

JIGAWA STATE HEALTH SECTOR

2026 – 2028 MEDIUM-TERM SECTOR STRATEGY (MTSS)

NOVEMBER, 2025

Foreword

It is with great pleasure that I present this Medium-Term Sector Strategic Document (MTSSD), a blueprint that articulates our collective vision, priorities, and strategic direction for the next three years planning cycle. This document reflects our commitment to strengthening institutional capacity, improving service delivery, and ensuring that our sector contributes meaningfully to national development goals.

Over the years, the challenges confronting our sector have grown increasingly complex, requiring innovative approaches, evidence-informed decision-making, and coordinated investments. The MTSSD provides a coherent framework that aligns our programmes and interventions with broader government policies, global best practices, and the aspirations of the communities we serve. It also highlights the strategies through which we intend to address persistent gaps, enhance efficiency, and deliver sustainable outcomes.

The MTSS rollover development of this strategic document was a highly participatory process involving key stakeholders, technical experts, and implementing partners. Their insights and contributions have enriched both the analysis and strategic orientation presented herein. I extend sincere appreciation to all who played a role in shaping this document.

As we embark on implementing this strategy, I urge all stakeholders—government agencies, development partners, professional bodies, and community representatives—to continue their collaboration and support. The success of this plan depends on our collective dedication to ensuring that the outlined priorities are translated into concrete actions and measurable impact.

I am confident that this 2026 – 2028 Medium-Term Sector Strategic Document will serve as a guiding instrument for achieving enhanced performance, improved resource utilization, and meaningful development results within the sector. Together, let us move forward with renewed commitment, purpose, and shared responsibility.

Signed

Dr Muhammad Abdullahi Kainuwa
Honorable Commissioner of Health
Jigawa State

Acknowledgement

The successful development of the 2026–2028 Medium-Term Sector Strategy (MTSS) would not have been possible without the dedication, expertise, and collaboration of many individuals and institutions. We express our profound appreciation to all who contributed to this important process.

We are grateful to the leadership of the Ministry/Department for providing the strategic guidance and support that shaped every stage of the MTSS formulation. Our sincere appreciation also goes to the Planning, Research, and Statistics Department for coordinating the technical workstreams, facilitating stakeholder consultations, and ensuring alignment with national planning frameworks.

Special thanks are extended to the representatives of all departments, agencies, and units who participated actively in the diagnostic sessions, data reviews, costing exercises, and strategy formulation workshops. Their commitment and sector knowledge greatly enriched the quality of this document.

We equally acknowledge the valuable contributions of our development partners, civil society organizations, and community stakeholders whose insights and evidence-based recommendations strengthened the relevance and feasibility of the proposed interventions.

Finally, we appreciate the technical support from the facilitator (Mal Aminu Adamu Ringim) and the members of the Health Planning Team whose tireless efforts ensured the successful completion of this MTSS. Their professionalism and dedication were instrumental in delivering a document that reflects both our collective aspirations and our resolve to achieve measurable progress over the next three years.

To everyone who played a role in this process, we say thank you.

Signed

Dr Kabir Ibrahim
Permanent Secretary
State Ministry of Health

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Acknowledgement

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

Table of Acronyms

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

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

Executive Summary

As documented by this report, the health sector has just articulated the eleventh round of its three-year rollover Medium-Term Sector Strategy (MTSS) 2026- 2028 taken into cognizance the seven strategic objectives of the CDF and the strategic objectives the Health Sector Strategic Blue Print 2025—2027. Accordingly, the 2026 annual budget and operational plan shall be derived from the MTSS 2026–2028. The development of this MTSS document was undertaken from the 1st to 3rd October 2025. The participants comprised of members of the already formed sector planning and budget team drawn from SMOH, the Primary Health Care Development Agency, Jigawa Contributory Health Management Agency (JICHMA), the Health Training Institutions, Ministry of Budget and Economic Planning and CSOs including representative of the traditional institutions. A consultant was assigned to the sector by Ministry of Budget and Economic planning (MBEP) to support and facilitate the conduct of the MTSS process.

The development of the MTSS was informed by the new guidelines provided by the Jigawa State Ministry of Budget and Economic Planning which is an improvement on the previous template. The fundamental principles upon which the process was anchored include the following:

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

The development of the MTSS 2026 - 2028 recorded an appreciable level of improvement from the previous attempts of the Sector. The project assessment process of the MTSS 2026-2028 like the previous one focussed on the Project's Contribution to the Development Objectives of Jigawa State Comprehensive Development Framework III (CDF III). The sector considers the delivery of qualitative high yielding health services targeted local communities, and priorities were given to ongoing projects of 2025 budget cycle. The interventions of JSHSSB 2025 – 2027 and the MTSS 2026 -2028 are currently linked to the health budget for 2026. This serves as an effective mechanism for guaranteeing transparency and accountability for public resources by all stakeholders. In addition, the costing of the MTSS 2026 – 2028 was informed by total contract sum signed with Contractors for ongoing projects, vetted Quotations and Bill of Quantities by the Due Process and Project Monitoring Bureau.

The rollover of the Health Sector MTSS 2026-2028 encountered a number of difficulties. Adherence to the timelines for the planning process was inadequate. The three-day duration allotted for the Strategy session and Costing of the MTSS was grossly unrealistic to complete the process, and this significantly affected the quality of contribution from stakeholders. The funding of the MTSS process (logistic and technical) is still very much donor dependent; the financial support from the State is very inadequate to drive the process. In addition. However, most of the problems highlighted were surmounted following deeper high level policy makers engagement.

The health Sector MDAs - SMOH, SPHCDA, College of Nursing and Midwifery, College of Health Sciences and Tech, and JICHMA, developed and costed 116 projects to improve Key Performance Indicators contained in the CDF and JSHSSB.

The cost of the MTSS for the entire health sector for 2026, 2027 and 2028 is NGN 41,139,618,664, NGN 29,474,856,672 and NGN 25,837,356,672 respectively. The values were determined by the aggregated cost of capital projects proposed by the Ministry of Health, State Primary Health Development Agency, JICHMA,

State College of Nursing and Midwifery Nursing (Birnin-Kudu, Hadejia and Babura) and College of Health Sciences and Technology Jahun.

The development of the 2026-2028 MTSS from the Health Sector Strategic Blueprint 2025—2027 demonstrates the JSG commitment to sustain the ongoing health reform process. It is therefore pertinent that the SMOH should as next steps articulate and align the 2026 annual operational plan with the MTSS document to ensure the concurrence of all outlined activities and their timelines. It is also a priority for the sector to disseminate the MTSS 2026 -2028 widely to all stakeholders to enable the commencement of the implementation. Most important is the urgent need to develop monitoring plan for the MTSS and update the result matrix of the Strategic Development Plan.

Chapter One: Introduction

1.1 Objectives of the MTSS Document

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

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

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

1.2 Summary of the Process used for the MTSS Development

The rollover MTSS 2026 -2028 development process was based on the guidelines provided by the Jigawa State Ministry of Budget and Economic Planning. The fundamental principles upon which the process was anchored include the following:

- 1) Adherence of the MTSS to the sector envelopes (MTEF) provided by the Ministry of Budget and Economic Planning.
- 2) Sector-wide consultations and participation of all stakeholder groups in the process
- 3) Review of the current MTSS 2025 – 2027
- 4) Enhanced State ownership and alignment of the MTSS process to distinctive features of the CDF II and HSSBP.
- 5) Equity in allocation of the resource and activities across facilities to reflect demand
- 6) Emphasis on a hands-on approach for the development process
- 7) Consideration of issues of Gender and Social Inclusion

The rollover of the 2026 -2028 MTSS for the health sector was conducted from 1st to 3rd October 2025. Personalities that participated in the process comprised of members of the already established Sector Planning Cell drawn from SMOH, State Primary Health Care Development Agency, State Contributory Healthcare Management Agency, the Health Training Institutions, Civil Society Organizations, Development Partners (UNICEF, Lafiya Project, and JiPIEGO) and a Consultant assigned from the Ministry of Budget and Economic Planning.

The steps followed in the rollover of the MTSS 2026 – 2028 include the following:

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

The first step of the MTSS rollover process was the review of the sector wide performance assessment conducted in August 2025. As anticipated, a number of the key performance issues responsible for the low health outcomes in the State emerged.

With a clear description of the prevailing sectoral demands, technical sessions on the concept of result-based management were conducted as a planning tool to ensure that activities and resources of the 2026 - 2028 are effectively tailored to address identified health needs. Accordingly, the review of the result matrix of the Jigawa State Health Sector Strategic Blueprint 2025-2027 against which performance is measured, revealed that the HSSBP comes with some changes, thus making it very challenging to associate the MTSS progress with State and National benchmarks.

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

- Human capital development - Qualitative and Functional Education; Effective, Efficient and Affordable Healthcare Services, Portable Water Supply and Improved Sanitation Services
- Robust and Functional physical infrastructure, particularly roads and transportation, power generation and distribution, and Information and Communication Technology (ICT)
- Agriculture and Environment - Food Security, Environmental Suitability
- Economic Empowerment and Poverty Reduction, particularly for Youth & Women Empowerment Programme
- Improvement in the Business Environment and Investment Climate to engender an expanded role of private enterprises in growing the state's economy, with particular focus on the development of micro, small and medium-scale enterprises

- Administration and Institutional reforms that would continuously enhance process and procedures for better and responsive service delivery
- Rapid, Sustainable & Private Sector Driven Economic Growth.
- Project Status (Ongoing/New)
- Likelihood of completion not later than 2027
- Nature of Project (Developmental/Administrative)

The listed criteria were ranked on the scale of very strong, moderate, weak and no contribution to each initiative, with very strong being the most desirable score. The average score for each initiative served as the basis to shortlist the likely initiatives to be funded in 2026 within the sector envelope provided by the MBEP.

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

Table 1: Programmes, Expected Outcomes and Proposed Expenditures

Jigawa State Government Health Sector Medium Term Sector Strategy 2026-2028: Expenditure by Programme					
Programme Segment Code	Description	Programme Segment Level	Capital		
			2026	2027	2028
05	Health	Sector	39,298,118,663.63	27,747,856,671.63	24,105,356,671.63
0501	Reduction in health and disease burden among the	Objective	1,079,948,000.00	1,083,148,000.00	1,030,148,000.00
050101	Enhancement of the delivery of Essential Package o	Programme	60,000,000.00	90,000,000.00	100,000,000.00
050102	Reproductive, maternal and neonatal health	Programme	631,338,000.00	704,538,000.00	661,538,000.00
050103	Child health	Programme	-	-	-
050104	Adolescent health	Programme	-	-	-
050105	Communicable diseases	Programme	373,610,000.00	273,610,000.00	253,610,000.00
050106	Non-communicable diseases	Programme	15,000,000.00	15,000,000.00	15,000,000.00
0502	Pursue a decentralized and integrated health syste	Objective	35,000,000.00	35,000,000.00	35,000,000.00
050201	Health sector coordination mechanisms	Programme	35,000,000.00	35,000,000.00	35,000,000.00
0503	To institutionalize community empowerment struc	Objective	71,000,000.00	71,000,000.00	71,000,000.00
050301	Community engagement and participation in health	Programme	-	-	-
050302	Community interventions	Programme	71,000,000.00	71,000,000.00	71,000,000.00
050303	Community structures	Programme	-	-	-
0504	Introduce a strong health management informatio	Objective	218,750,000.00	189,750,000.00	95,250,000.00
050401	Evidence generation and utilisation	Programme	25,000,000.00	15,000,000.00	-
050402	Routine information system	Programme	147,750,000.00	56,250,000.00	56,750,000.00
050403	Surveys and facility assessments	Programme	-	-	-
050404	Research and development (Institutional Review Boa	Programme	10,000,000.00	82,500,000.00	2,500,000.00
050405	Monitoring and Evaluation (M&E)	Programme	36,000,000.00	36,000,000.00	36,000,000.00
0505	Improve human resource for health in quality, dep	Objective	1,301,000,000.00	950,000,000.00	1,270,000,000.00
050501	Human and institutional capacity performance manag	Programme	-	-	-
050502	Integrated supportive supervision	Programme	212,000,000.00	212,000,000.00	612,000,000.00
050503	Provision of the right number and right skill mix	Programme	880,000,000.00	550,000,000.00	470,000,000.00
050504	Pre-service training	Programme	56,000,000.00	50,000,000.00	50,000,000.00
050505	HRH Performance management	Programme	50,000,000.00	50,000,000.00	50,000,000.00
050506	In service training (continuing education)	Programme	103,000,000.00	88,000,000.00	88,000,000.00
0506	Promote and improve equitable distribution of hea	Objective	28,229,681,992.00	18,098,720,000.00	14,583,720,000.00

32	0506	Promote and improve equitable distribution of health services	Objective	28,229,681,992.00	18,098,720,000.00	14,583,720,000.00
33	050601	Provision of adequate and modern health infrastructure	Programme	17,733,961,992.00	8,204,000,000.00	4,749,000,000.00
34	050602	Functional health facilities	Programme	7,390,000,000.00	6,890,000,000.00	6,830,000,000.00
35	050603	Planned Preventive Maintenance (PPM)	Programme	-	-	-
36	050604	Facility electrification, water and sanitation	Programme	541,000,000.00	440,000,000.00	440,000,000.00
37	050605	Provision of quality, affordable, available, and sustainable health services	Programme	1,930,000,000.00	1,930,000,000.00	1,930,000,000.00
38	050606	Sustainable drug supply	Programme	155,000,000.00	155,000,000.00	155,000,000.00
39	050607	Vaccines supply chain	Programme	479,720,000.00	479,720,000.00	479,720,000.00
40	0507	Adoption and pursuit of multi-sectoral approach to health	Objective	444,000,000.00	444,000,000.00	444,000,000.00
41	050701	Nutrition	Programme	444,000,000.00	444,000,000.00	444,000,000.00
42	0508	To provide financial risk protection and minimize out-of-pocket payments	Objective	5,399,238,671.63	5,119,238,671.63	5,049,238,671.63
43	050801	Provision of universal health coverage and financial risk protection	Programme	2,939,238,671.63	2,659,238,671.63	2,589,238,671.63
44	050802	Mobilising equity contributions and vulnerable groups	Programme	1,200,000,000.00	1,200,000,000.00	1,200,000,000.00
45	050803	Mobilising employers' contributions to the State Social Security Fund	Programme	1,260,000,000.00	1,260,000,000.00	1,260,000,000.00
46	0509	To ensure a resilient health system for sustainable development	Objective	350,000,000.00	225,000,000.00	165,000,000.00
47	050901	Emergency services	Programme	315,000,000.00	195,000,000.00	135,000,000.00
48	050902	Institution and maintenance of a responsive public health system	Programme	-	-	-
49	050903	Integrated national disease surveillance	Programme	-	-	-
50	050904	Public health laboratories	Programme	10,000,000.00	5,000,000.00	5,000,000.00
51	050905	Emergency Operation Centres (EOC)	Programme	25,000,000.00	25,000,000.00	25,000,000.00
52	0510	Not Elsewhere Classified	Objective	2,169,500,000.00	1,532,000,000.00	1,362,000,000.00
53	051001	Effective governance of the health system	Programme	-	-	-
54	051002	Legal, policy, regulations and standards, guidelines	Programme	-	-	-
55	051003	Health Sector Expenditures Not Elsewhere Classified	Programme	2,169,500,000.00	1,532,000,000.00	1,362,000,000.00
56	051004	Health Not Elsewhere Classified	Programme	-	-	-

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1.4 Outline of the Structure of the Document

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

This MTSS report is in five chapters as follows:

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

Chapter Two: The Sector and Policy in the State

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

Chapter Three: The Development of Sector Strategy

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

Chapter Four: Three Year Expenditure Projections

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

Chapter Five: Monitoring and Evaluation

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

Chapter Two: The Sector and Policy in the State

2.1 A Brief Introduction to the State

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

The CDF II has seven strategic objectives as follows:

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

The JSHSSBP 2024 – 2027 provided the framework for the development of the first three-year Medium-Term Sector Strategy (MTSS) 2025 -2027 and this was a rollover MTSS 2026-2028 aimed at addressing the current challenges besetting the health sector within the limits of available resource envelopes. The health sector designed the MTSS to guide the development of the annual budget and operational plans of the Health Sector Ministry, Departments and Agencies (MDAs).

Furthermore, the health sector is articulating this round of its three-year renewable MTSS 2026-2028 across the four pillars and 3three enablers of the HSSBP 2024 – 2027. In developing this MTSS document the sector is being guided by the seven strategic objectives of the CDF III.

2.2 Overview of the Sector's Institutional Structure

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

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

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

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

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

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

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

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

2.3 The Current Situation in the Sector

During the period under review the state government has made a lot of interventions in the health sector with the aim of improving accessibility and affordability of health services in the state. These include improvement in health infrastructures, recruitment of HRH, upgrading of Health Training Institutions to increase production, increase funding of specific target interventions like free MNCH, Nutrition, emergency medical transportation and providing counter funding to National and multinational interventions on improving health indices (BHCPF, GAVI, IMPACT, JICHMA, etc.), and finally release of equity fund to increase the coverage of poor and vulnerable population with social health insurance. Based on the Health Sector Annual Performance Review Reports, a number of key performance indicators in the sector have improved during the review period as follows;

- Recruitment of 924No. Health workers on permanent and pensionable status and posted to State Primary Health Care Development Agency for further distribution.
- Absorption into state service of 250 recruited GAVI Midwives. This is as a result of exit of the GAVI program in the state.
- Recruitment of 127 out of 200No. Health workers approved and posted to secondary health facilities on permanent and pensionable basis.
- Bonding of 153 Medical Students in addition to existing 483 making a total number of bonded students to 636 on the scheme.
- Accreditation for the three campuses of the college of Nursing Sciences have been secured by the relevant regulatory bodies and it led to increase in admission quota of Nursing and Midwifery students across all the campuses. The current admission quota for Nursing is 360 while that of Midwifery is 240 as against earlier 250 and

145. Already all the colleges have enrolled student based on this quota in 2025 academic session.

- College of Health Sciences and Technology also secured accreditation for the introduction of new programs (ND&HND Public Health, HND Environmental, HIT and Dental Therapy). Already students have enrolled in to the programs, this implies that the institution is expanding as expected of a college. Academic staff are employed, deployed and promoted in the year.
- The health sector appropriations in terms of percentage of budgetary allocation has witnessed a decline over the period from 9.9% in 2024 to 8.9% in 2025 respectively, conversely the releases has increased particularly for the fiscal year 2024 which is 94% and for 2025 the Q1 fund release report show a budget performance of 19.6% with the potential of exceeding 80% by end of the year. Furthermore, the decline in percentage allocation was due to increased volume of the state total budget estimate without commensurate consideration for the 15% allocation to health.
- Infrastructural developments, increase in human resource (number, capacity, and mix), provision of equipment and working materials, are some of the noticeable government intervention carried out in the state during the period under review. These includes rehabilitation of existing General Hospitals, upgrade of some ward level PHCs to general hospitals, revitalization of many apex PHCs, Provision of Medical Equipment, Construction of more Primary Health clinics, Construction of new general hospitals at Kafin-Hausa and Ringim, construction of New College of Nursing and Midwifery at Hadejia, completion of the construction new college of Nursing and Midwifery Babura, completion of construction of 2 number new specialists hospitals (Hadejia and Kazaure), construction of Orthopedic hospital Gumel, and the rehabilitation and upgrade of School of Health Technology Jahun to College of Health Sciences. Presently, there are 809 primary health facilities as against 720 in 2022, this has surpassed the set target of 760 by 2023. Also, the target of one PHC per political ward has been achieved as currently there are 281 ward level PHCs, although the state has 287 political ward but 6 ward (4 in Hadejia and 2 in Gumel) doesn't have apex PHC, however, the sector is making effort for the construction of facilities in this wards. By 2025 the state government has concluded the upgrade of 12 PHCs to secondary health facilities and the construction of 7 new ones to ensure one secondary health facility in all the 30 political constituencies of the state. Already, four (4) of the newly constructed hospitals have started providing outpatient services and plans are in place to upscale the services to cover in-patients.
- Presently the programs pursued by the health sector targeting improvements in access and quality of healthcare service delivery include Reproductive, Maternal, Neonatal, Child, Adolescent Health plus Nutrition (RMNCAH+N), Disease Control,

Malaria booster programme, HIV/AIDS, TB and Leprosy, Onchocerciasis control, Blindness prevention programmes, were pursued.

- In 2024 the emergency transport scheme (ManCeT) 3536 women were transported from hard to reach communities to health facilities for delivery, the scheme recorded 100% success rate with no single causality of any client. This scheme has augmented other intervention like free MNCH in reversing poor maternal and child health indices in the state.
- Additional enablers for the improvement in the health indicator observed in the review period are the strengthening of the state drug revolving fund (DRF) scheme and Health Management Information System (HMIS).
- The State Social Health Insurance Scheme has witness tremendous reforms which include review of enactment law to allow for the provision of employer contribution and the utilization of equity fund. The state government released the sum of 2 billion Naira to the agency for the implementation of J-Basic Health Care Provision fund to increase the coverage of poor and vulnerable population and employer contribution that will increase the premium of the formal sector. This intervention have resulted in the increase of proportion of the state population covered with social health insurance from 4% to 7% and the employer contribution is expected to improve the quality of care provided to the formal sector.
- Based on the sector 2024 annual performance review report, the sector recorded some achievement on the set targets (KPIs) while some set targets were not met.
- The neonatal mortality rate slightly decreased from 2018 to 2021, i.e. 10.97 to 10.14 per 1000 live births respectively. For infant mortality rates in the reviewed period was 53/1000 live birth based on the 2021 MICS6 Survey and 85/1000 live birth which indicate 62% reduction thereby surpassing the target of 50% reduction by 2021. The state witnessed a decrease in under 5 mortality rate from 192 in 2016 (MICS) to 174 in 2021 (MICS). This indicate % decrease in neonatal, infant and children under 5 mortality rate.
- The proportion of 12-23 months-old children fully immunized in the state stands as 37%, which is higher than 2016 MICS of 1.8%. However, the state target was 60% by 2022.
- In the area of maternal health, though there is no state specific data on maternal mortality rate, other maternal outcomes indices indicate progressive improvement over the years under review. For example, the rate of women whose last delivery was attended by a skilled birth attendant was 16.9% (MICS 2016) while in 2021 (MICS 6) the rate was 22.2%; the state target was 40%. For modern contraceptives prevalence rate (CPR), there was no state target set in the document, however, the state has recorded marginal improvement from 1.3% in 2016 (MICS) to 3.6% in 2021 (MICS). Similarly, for Antenatal care attendance the state has recorded

improvement from 51% in 2016 (MICS) to 72.2% in 2021 (MICS). Furthermore, the state's total fertility rate dropped from 8.5% in 2016 (MICS) to 7.5% 2021 (MICS).

- In respect to nutrition services, for stunting rate there is no current survey data. However, the rate was 59% in 2015 (NDHS) and 64.0% as of 2018 (NDHS, 2018). This is still higher than the set target of 40% for 2022. Similarly, for Underweight, the rate was 17% in 2015 and 10.6% (NDHS 2018) as there is no available survey data beyond 2018 which surpassed the set target of 30% by 2020. While wasting was 44% (2015 NDHS) and 46.4% (NDHS 2018).
- The implementation of the malaria elimination program resulted in an increase in the percentage of Children U5 Sleeping under bed nets from 86.2% (SMART 2015) to 90.5% (NDHS 2018), the state target was 100%. Also, there was a reduction in percentage of Malaria prevalence among Children U5 from 50% in 2015 to 33.8% in 2018 (NDHS) thereby surpassing the set target of 40% in 2023.
- The 2019 National HIV/AIDS Indicator and Impact Survey showed that Jigawa State HIV prevalence rate was 0.2% which was the lowest in the country. There is no recent date on this outcome, however, in consistent with this value the prevalence of mother to child transmission of HIV/AIDS has reduced in the state based on recent report of NACA.
- Increase in the number of health training institutions in the state from 2 in 2020 to 14 in 2023. This has increased the number of health workforce production.
- Data from Health Management Information System (HMIS) indicated a significant increase in reporting rate from 93% in 2023 to 97% in 2024.
- The State remains polio free for the past 12 years; and almost all the communicable and vaccine preventable diseases such as measles and meningitis have generally shown a very appreciable decline.
- The health sector has improved the coordination and effectiveness of development and implementing partners over the period (2021—2024). The State Health Sector enjoys tremendous support from different development partners both from bilateral and multilateral organisations. These are the areas of collaborative interventions:
 1. Maternal and Child Health Services
 2. Malaria Elimination Programme
 3. TBL, HIV/AIDS
 4. Immunization Services
 5. Nutrition
 6. Neglected Tropical Diseases/Eye Care
 7. Systems Strengthening/Governance
 8. Health finance

2.4 Summary of the MTSS Rollover Process

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

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

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

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

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

2.5 Statement of the Sector's Mission, Vision and Core Values

1. VISION

The vision of the health sector is to have a healthy and productive population in the State

2. MISSION

- Is to promote the health status of the people of Jigawa State through improved, integrated health care services, on the basis of Primary Health Care.
- To ensure good resource mobilization and practices with increased public-private partnership (PPP) and effective community participation and ownership
- To ensure that basic health services are made available, accessible, affordable and acceptable to the people of Jigawa State.

3. Goal

To provide effective leadership and enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care services and development.

4. Health Sector Policy Thrust/Core values

In line with National Health Policy, Primary Health Care approach will be the main focus of State Health Care Delivery System.

- The primary objective of the policy is to universally improve the health status of the people of the state sustainably.
- The policy implementation will aim at improving access, equity and quality of care across the state.

2.6 The Sector's Objectives and Programmes for the MTSS Period

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

State Level Goal	Sector Level Objective	Programme	Outcome
Human Capital Development and Improvement in the Human Development Index (HDI)	Promote universal access to comprehensive quality sexual and reproductive health services throughout life cycle and reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria	Provision of free drugs and other services to pregnant women & children U5 years as well as exemption of accident victims	Reduced maternal, neonatal and child mortality
		Conduct of Maternal, New-born and Child Health week	Reduced maternal, neonatal and child mortality
	To improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and NTDs	Malaria Elimination Interventions (prevention, diagnosis, treatment, PSM, M&E and ACSM)	Reduced morbidity and mortality due malaria
		Counterpart funding for TBL Control	Reduced morbidity and mortality due TBL
		Procurement of Reagents and maintenance of laboratory equipment (HIV/AIDS)	Improved diagnostic services for HIV services
		Awareness creation, screening and procurement for Viral Hepatitis drugs and reagents	Improved access to Viral Hepatitis services

		Lid and cataract Surgeries (Primary Eye Care and Oncho)	Increased access to lid and cataract surgeries
		Counterpart funding for NTDs (Primary Eye Care and Oncho)	Improved access to NTDs services
	To improve availability and functionality of health infrastructure required to optimize service delivery at all levels and ensure equitable access to effective and responsive health services throughout the state.	Completion of Guri and Equipping of 3No General Hospitals at Garki, Gantsa and Guri (Improvement of General Hospitals)	Increased access to secondary health services
		Construction and equipping of New Orthopaedic Hospital at Gumel (Improvement of General Hospital)	Create access to orthopedic, trauma, accident and emergency services
		Construction of New Specialist Hospital at Hadejia and Kazaure	Increased access to medical specialty services
	To reduce the burden of morbidity, mortality and disability due to non-communicable diseases	Screening and intervention of non-communicable diseases (hypertension, diabetes, cancer, mental health, oral and ear health, sickle cell)	Reduced morbidity, mortality and disability due to non-communicable diseases

Summarize in Table 3 the objectives, programmes and outcomes deliverable of your sector over the MTSS period (2026 – 2028). These should include Key Performance Indicators (KPIs), baseline and realistic targets of the outcomes. Add rows to the table as necessary!

Table 3: Objectives, Programmes and Outcome Deliverable

Programme	Sector Objective	Expected Output / Outcome	Output / Outcome KPI	Output / Outcome KPI Baseline		Output / Outcome Targets			
				Value	Year	2025	2026	2027	2028
Enhancement of the delivery of Essential Package of health	Reduction in health and disease burden among the people; and other targeted intervention programmes specifically aimed at the attainment of the health-related SDGs and UHC	Increase in number of Ward Level PHCs providing BEmNOC services	% of Ward Level PHCs providing BEmONC services	40%	2024	65%	75%	80%	85%
Reproductive, maternal and neonatal health	Reduction in health and disease burden among the people; and other targeted intervention programmes specifically aimed at the attainment of the health-related SDGs and UHC	Increase in number of State Constituencies having SHC providing CEmNOC services	% of State Constituencies having SHC providing CEmONC services	10%	2024	25%	50%	60%	65%

Adolescent health	Reduction in health and disease burden among the people; and other targeted intervention programmes specifically aimed at the attainment of the health-related SDGs and UHC	Increase in health seeking behaviour among adolescents in the State	% of married adolescent girl accessing ANC service in health facilities	25%	2024	40%	50%	60%	70%
Communicable diseases	Reduction in health and disease burden among the people; and other targeted intervention programmes specifically aimed at the attainment of the health-related SDGs and UHC	Reduce the prevalence of Malaria among children under years by 30% in the State by 2030.	Reduced prevalence of Malaria (fever cases)	15%	2024	12%	10%	8%	7%
Non-communicable diseases	Reduction in health and disease burden among the people; and other targeted intervention programmes specifically aimed at the attainment of the health-related SDGs and UHC	Reduce the prevalence of non communicable - hypertension and diabetes in the State.	Percentage of prevalence of hypertension in the state		TBD	TBD	TBD	TBD	
Health sector coordination mechanisms	Pursue a decentralized and integrated health system that addresses the provision of primary health care services that is "promotive, curative, preventive and	Strong and efficiently healthcare institutions	Improve performance of the health sector above 50%	67%	2024	70%	75%	80%	85%

	rehabilitative” in line with the National Health Policy								
Community engagement and participation in health	To institutionalize community empowerment structure to improve ownership and management of the health system with the view to increase demand and utilization of health services	Increase service utilization	% of Skilled Birth Attendance	25%	2024	30%	40%	50%	60%
Community interventions	To institutionalize community empowerment structure to improve ownership and management of the health system with the view to increase demand and utilization of health services	Increased ANC uptake among pregnant women	% of ANC 4th Visit	38%	2024	40%	45%	48%	50%
Community structures	To institutionalize community empowerment structure to improve ownership and management of the health system with the view to increase demand and utilization of health services	Increased functionality of the community structures	% of functional community structures	50%	2024	55%	65%	70%	75%

Evidence generation and utilisation	Introduce a strong health management information system and digital health to ensure systematic planning and monitoring including surveillance and control of major diseases	Increased data demand and utilization in the sector	(%) of planning, policy, or management decisions in the health sector that are based on data/evidence.	25%	2024	30%	40%	45%	50%
Routine information system	Introduce a strong health management information system and digital health to ensure systematic planning and monitoring including surveillance and control of major diseases	Improved accuracy and reliability of routine data in the state	Percentage score of data quality in the state						
Surveys and facility assessments	Introduce a strong health management information system and digital health to ensure systematic planning and monitoring including surveillance and control of major diseases	Increased in readiness of secondary health care facilities providing CEmNOC services	% of readiness of SHC facilities providing CEmNOC services	4%	2024	10%	25%	35%	60%
Research and development (Institutional Review Board)	Introduce a strong health management information system and digital health to ensure systematic planning and monitoring including surveillance and	Improved functionality of the State Health Research Ethical Committee	% of monthly meetings held by the SHREC per year.	0%	2024	25%	50%	100%	100%

	control of major diseases								
Monitoring and Evaluation (M&E)	Introduce a strong health management information system and digital health to ensure systematic planning and monitoring including surveillance and control of major diseases	Introduced electronic medical records system in public health facilities (Ward Level PHCs and SHC facilities) in the state	% of public health facilities with electronic medical record system	0%	2024	2%	5%	10%	15%
Human and institutional capacity performance manag	Improve human resource for health in quality, deployment and retention, mix and number	Increased number of health facilities complying with their accountability framework	% of health facilities complying with their Accountability framework	75%	2024	80%	100%	100%	100%
Integrated supportive supervision	Improve human resource for health in quality, deployment and retention, mix and number	Improved quality of service delivery in SHCs and Ward Level Apex PHCs	% of health facilities achieving at least 60% score on the integrated supportive supervision checklist	0%	2024	50%	60%	65%	70%
Provision of the right number and right skill mix	Improve human resource for health in quality, deployment and retention, mix and number	Reduced percentage Doctor to Population in the state	% of Doctor to popluation	0%	2024	1%	2%	2%	2%

HRH Performance management	Improve human resource for health in quality, deployment and retention, mix and number	Reduced attrition rate of essential health workforce in the state	Attrition Rate	43%	2024	33%	30%	25%	25%
In service training (continuing education)	Improve human resource for health in quality, deployment and retention, mix and number	Minimized capacity gap in the provision of RMNCHA +N services ithe state health facilities	% of health workforce undertaking annual in-service training on RMNCAH-related courses	30%	2024	40%	50%	60%	70%
Provision of adequate and modern health infrastruc	Promote and improve equitable distribution of health infrastructure, provision of equipment, social services, medicines and drugs among citizens of Jigawa State	Improved quality of healthcare delivery at the health facilities	% of modern equipment supplied on time to the newly constructed health facilities.	50%	2024	50%	65%	75%	100%
Functional health facilities	Promote and improve equitable distribution of health infrastructure, provision of equipment, social services, medicines and drugs among citizens of Jigawa State	Improved quality of RMNCHA + N healthcare delivery at the health facilities	% of health facilities providing effective CEmNOC and BEmNOC services	40%	2024	60%	70%	75%	80%

Planned Preventive Maintenance (PPM)	Promote and improve equitable distribution of health infrastructure, provision of equipment, social services, medicines and drugs among citizens of Jigawa State	Improved routine maintenance of medical equipment and health facility infrastructure for sustainability	PPM Unit fully established	20%	2024	30%	100%	100%	100%
Facility electrification, water and sanitation	Promote and improve equitable distribution of health infrastructure, provision of equipment, social services, medicines and drugs among citizens of Jigawa State	Reliable water and alternative power supply ensured in SHCs and Apex PHCs	% of SHC and Apex PHCs with reliable water and alternative power supply	24%		62%	70%	80%	80%
Provision of quality, affordable, available, and s	Promote and improve equitable distribution of health infrastructure, provision of equipment, social services, medicines and drugs among citizens of Jigawa State	Improved availability of quality and affordable drugs and medicines in health facilities	% of population with access to essential medicines through DRF system	50%	2024	50%	60%	70%	80%
Sustainable drug supply	Promote and improve equitable distribution of health infrastructure, provision of equipment, social services, medicines and drugs among citizens of Jigawa State	Improved availability of quality and affordable drugs and medicines in health facilities	% of population with access to essential medicines through DRF system	50%	2024	50%	60%	70%	80%

Vaccines supply chain	Promote and improve equitable distribution of health infrastructure, provision of equipment, social services, medicines and drugs among citizens of Jigawa State	Increased coverage of children vaccination	% of children 0-12 months who have received Penta 3 vaccination	62%	2024	70%	75%	80%	85%
Nutrition	Adoption and pursuit of multi-sectoral approach to dealing with nutrition issues in the State	Reduced prevalence of malnutrition among children under 5 years	Stunting Rate	40%	2024	35%	30%	25%	20%
Provision of universal health coverage and financial support	To provide financial risk protection and minimize out-of-pocket expenditure and ensure that at least 50% of the population is covered with a form of health insurance	Reduce out-of-pocket expenditure on health by the state population	% of total population of the state (formal and informal) that are enrolled into health insurance scheme	7%	2024	900%	1400%	2000%	3000%
Mobilising equity contributions and vulnerable group	To provide financial risk protection and minimize out-of-pocket expenditure and ensure that at least 50% of the population is covered with a form of health insurance	Increase coverage of poor and vulnerable population of the state	% of persons benefiting from informal sector health insurance scheme	12%	2024	15%	25%	30%	35%
Mobilising employers' contributions to the State S	To provide financial risk protection and minimize out-of-pocket expenditure and ensure that at least 50% of the population	Expand the overall funding available for formal sector social health insurance	Annual Growth Rate in the Capital Base of the Insurance Scheme	TBD	2024	TBD	TBD	TBD	TBD

	is covered with a form of health insurance								
Emergency services	To ensure a resilient health system for sustainable health security, effective preparedness and response mechanisms to disease outbreaks and natural disasters	Faster response to life-threatening conditions (e.g., accidents, cardiac arrest, stroke) decreases preventable deaths	% progress towards establishment of functional SEMSAS in the state	30%	2024	45%	6000%	8000%	10000%
Institution and maintenance of a responsive public	To ensure a resilient health system for sustainable health security, effective preparedness and response mechanisms to disease outbreaks and natural disasters	Timely identification and response to diseases outbreaks, hazards, and public health emergencies	% of effectiveness in response and containment of disease outbreak per 1000 population in the state	78%	2024	80%	90%	100%	100%
Integrated national disease surveillance	To ensure a resilient health system for sustainable health security, effective preparedness and response mechanisms to disease outbreaks and natural disasters	Timely identification and response to diseases outbreaks, hazards, and public health emergencies			2024				

Public health laboratories	To ensure a resilient health system for sustainable health security, effective preparedness and response mechanisms to disease outbreaks and natural disasters	Improve Emergency Response Capacity and Effective in the Mitigation and Containment of Epidemics	% functionality of the public health laboratory	TBD	TBD	TBD	TBD	TBD	TBD
Emergency Operation Centres (EOC)	To ensure a resilient health system for sustainable health security, effective preparedness and response mechanisms to disease outbreaks and natural disasters	Improve Emergency Response Capacity and Effective in the Mitigation and Containment of Epidemics	% of effectiveness in response and containment of disease outbreak per 1000 population in the state	78%	2024	80%	90%	100%	100%
Effective governance of the health system	Not Elsewhere Classified	Improve health system performance	% annual score of sector performance in delivery and coordination	65%	2024	80%	100%	100%	100%

Chapter Three: The Development of Sector Strategy

3.1 Outline Major Strategic Challenges

The rollover of the Health Sector MTSS 2026-2028 encountered a number of difficulties as follows:

- I. Adherence to the timelines for the planning process was inadequate. The three-day duration allotted for the Strategy session and Costing of the MTSS was grossly unrealistic to complete the process, and this significantly affected the quality of contribution from stakeholders.
- II. The funding of the MTSS process (logistic and technical) is still very much donor dependent; the financial support from the State is very inadequate to drive the process. In addition. However, most of the problems highlighted were surmounted following deeper high level policy makers engagement. Additionally, to minimize high level of donor dependence a budgetary provision has been made available in the next year's (2026) budget provision, this is to ensure sustainability and guarantee quality of the MTSS developed.

Other challenges of the sector that informed the development of the robust MTSS 2026 – 2028 strategy include:

1. The major challenge experience by the sector is the delay in the conduct and release of national survey by responsible federal agencies. This is affecting proper evaluation of the health performance as per many target indicators are assessed using national surveys. However, with the revitalization of the state bureau of statistics we recommend the conduct of state surveys regularly to make relevant data available to support effective performance review.
2. Lack of adequate supportive supervision is affecting quality of healthcare provision, although the sector witness some appreciable improvement in this aspect, however, the ISS will make the sector to achieve better results. In this line the sector has introduce the quality improvement program aimed to ensure delivery of quality health services at all level of care in the state.
3. The state has high level of out-of-pocket expenditure on health due to limited coverage of the state population with social health insurance coverage. To address this challenges a strategy was adopted which include consistent increase and release of equity fund by the state government for the expansion of coverage of state population by social health insurance.
4. The state health infrastructure is mostly not climate resilient and thus health care services is always disrupted particularly during rainy season. Thus, the sector have strategically embark on revitalization of all health facilities to ensure the facilities infrastructure are climate change compliant.
5. To improve the quality of health data, seamless management and coordination of the health system, the sector have adopted digital health system as a strategy to ensure migration of health system from manual to digital platform. This is aimed to ensure efficiency and effective health system in the state.
6. The state is faced with challenges of high attrition and inadequacy of health care workers especially the middle level manpower like nurses, midwives and CHEWs. In this regards a strategy was included to ensure the upgrade of college of Nursing and health technology to full colleges with accreditation to increase manpower production.
7. The sector annual performance review reports over the period (2024 and 2025) have revealed a decline in the percentage of fund allocation to the sector. This implies that the state have not been complying with the Abuja declaration of 15% budgetary allocation to health for the years under review. Therefore, this inform the decision of the sector to allocate funds in the MTSS (2026 - 2028) document beyond the ceiling allocation by the Ministry of Budget and Economic Planning. Additionally the ministry has improve advocacy to ensure improve fund allocation to the sector.

3.2 Resource Constraints

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

Table 4: Summary of 2024 Budget Data

Item	Approved Budget (N'000) in 2024	Amount Released (N'000) in 2024	Actual Expenditure (N'000) in 2024	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	13,672,494,000	12,498,876,758	12,498,876,758	91	100
Overhead	2,585,952,000	2,153,006,015	1,317,234,997	82	61
Capital	23,411,140,000	16,743,247,844	15,505,283,120	72	92
Total	37,849,586,000	31,395,130,618	31,395,130,618	82	100

Table 5: Summary of 2025 Budget Data (Up to August)

Item	Approved Budget (N'000) in 2025	Amount Released (N'000) in 2025 (Up to August)	Actual Expenditure (N'000) in 2025 (Up to August)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	20,358,154,000	15,268,615,500	15,268,615,500	75	100
Overhead	3,132,891,000	1,879,734,600	1,528,134,556	60	81
Capital	42,281,010,000	25,297,365,144	25,297,365,144	60	100
Total	65,772,055,000	42,094,115,200	42,094,115,200	65	100

3.3 Projects Prioritization

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

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

1	Jigawa State Government Health Sector Medium Term Sector Strategy 2026-2028: Expenditure by Project in Priority Order												
2	S/N	Programme Code and Description	Project Name	Implementation MDA	Project Score	Project Ranking	Location	Project Status (Ongoing/ New)	Timelines		Budget Requirement for Plan (N) - Capital Expenditure		
3									Project Commence ment Year	Expected Year of Completion	2026	2027	2028
4	Total Budget Requirement									39,298,118,663.63	27,747,856,671.63	24,105,356,671.63	
5	1	050601 - Provision of adequate and modern health	Construction of 2ND New General Hospitals at Ringim and	052100100100 - Ministry of Health	20	1	State Wide	Ongoing	2024	2026	2,400,000,000	2,400,000,000	1,000,000,000
6	2	050601 - Provision of adequate and modern health	Completion and equipping of New Orthopaedic Hospital at	052100100100 - Ministry of Health	20	1	Gumel	Ongoing	2022	2026	350,000,000	300,000,000	150,000,000
7	3	050201 - Health sector coordination mechanisms	Provision for procurement of office equipment for the	052100100100 - Ministry of Health	20	1	Dutse	Ongoing	2025	2026	10,000,000	10,000,000	10,000,000
8	4	050601 - Provision of adequate and modern health	Completion of New Specialist Hospital at Hadejia	052100100100 - Ministry of Health	20	1	State Wide	Ongoing	2021	2026	500,000,000	50,000,000	10,000,000
9	5	050602 - Functional health facilities	Renovation 90 dilapidated PHCs(PHC	052102400100 - Primary Health Care Development Agency	20	1	State Wide	Ongoing	2024	2027	200,000,000	200,000,000	200,000,000
10	6	050601 - Provision of adequate and modern health	Construction of 17No Ward Level PHCs (2No at Gumel,	052102400100 - Primary Health Care Development Agency	20	1	State Wide	Ongoing	2024	2027	40,000,000	40,000,000	40,000,000
11	7	050503 - Provision of the right number and right skill mix	Construction of College of Nursing Sciences, Hadejia	052101900300 - College of Nursing Science Hadejia	20	1	Hadejia	Ongoing	2024	2027	500,000,000	300,000,000	200,000,000
12	8	050605 - Provision of quality, affordable, available, and s	Implementation of Quality Care Programme in secondary	052100100100 - Ministry of Health	20	1	State Wide	Ongoing	2025	2027	130,000,000	130,000,000	130,000,000
13	9	050201 - Health sector coordination mechanisms	Health System Strengthen Fund	052100100100 - Ministry of Health	20	1	State Wide	Ongoing	2021	2031	25,000,000	25,000,000	25,000,000
14	10	050601 - Provision of adequate and modern health	Optimization of 8no. General Hospitals at Garki, Gantsa,	052100100100 - Ministry of Health	19	10	State Wide	Ongoing	2023	2027	488,000,000	244,000,000	244,000,000
15	11	050601 - Provision of adequate and modern health	Improvement of Upgraded 13 PHCs/CH to General	052100100100 - Ministry of Health	19	10	State Wide	Ongoing	2021	2027	750,000,000	750,000,000	450,000,000
16	12	050602 - Functional health facilities	Renovation/Improvement of the Hospital (Psychiatric	052100100100 - Ministry of Health	19	10	State Wide	Ongoing	2025	2026	450,000,000	100,000,000	40,000,000
17	13	050601 - Provision of adequate and modern health	Completion and equipping of School of Midwifery at	052101900300 - College of Nursing Science Hadejia	19	10	Babura	Ongoing	2021	2026	400,961,932	100,000,000	0
18	14	050505 - HRH Performance management	Renovation and improvement of old site at Jigawa College	052101900100 - Office of the Provost College of Nursing	19	10	Jahun	Ongoing	2024	2027	50,000,000	50,000,000	50,000,000
19	15	050601 - Provision of adequate and modern health	Construction and equipping Physiotherapy and Dental	052100100100 - Ministry of Health	19	10	State Wide	Ongoing	2024	2027	280,000,000	280,000,000	280,000,000
20	16	051003 - Health Sector Expenditures Not Elsewhere	Development of Ward Level Facilities for BHCPF	052102400100 - Primary Health Care Development Agency	19	10	State Wide	Ongoing	2023	2031	497,000,000	497,000,000	497,000,000
21	17	050602 - Functional health facilities	Revitalization of 287 PHC facilities (Upgrading of Primary	052102400100 - Primary Health Care Development Agency	18	17	State Wide	Ongoing	2018	2028	5,925,000,000	5,925,000,000	5,925,000,000
22	18	050601 - Provision of adequate and modern health	Completion and equipping of New Orthopaedic Hospital at	052100100100 - Ministry of Health	18	17	Gumel	Ongoing	2022	2026	0	0	0
23	19	050601 - Provision of adequate and modern health	Procurement Hospital Equipment to New Birnin Kudu	052100100100 - Ministry of Health	18	17	State Wide	Ongoing	2022	2026	750,000,000	450,000,000	450,000,000
24	20	050102 - Reproductive, maternal and neonatal health	Establishment of additional 2 Sexual Assault Referral	052100100100 - Ministry of Health	18	17	State Wide	Ongoing	2025	2027	45,000,000	45,000,000	45,000,000
25	21	050601 - Provision of adequate and modern health	Procurement of Equipment for 90 Ward Level PHCs	052102400100 - Primary Health Care Development Agency	18	17	State Wide	Ongoing	2025	2027	0	0	0
26	22	050102 - Reproductive, maternal and neonatal health	Maternal and Neonatal Emergency Transport Scheme	052102400100 - Primary Health Care Development Agency	18	17	State Wide	Ongoing	2024	2027	25,984,000	25,984,000	25,984,000
27	23	050604 - Facility electrification, water and sanitation	Installation of Solar Street Light in 12 General Hospitals	052100100100 - Ministry of Health	18	17	State Wide	Ongoing	2024	2027	125,000,000	125,000,000	125,000,000
28	24	050601 - Provision of adequate and modern health	Renovation and conversion of old General Hospital, Birnin	052101900200 - College of Nursing Science Birnin Kudu	18	17	Birnin Kudu	Ongoing	2025	2026	50,000,000	50,000,000	50,000,000
29	25	050604 - Facility electrification, water and sanitation	Solarization of Specialist Hospitals Hadejia and Kazaure	052100100100 - Ministry of Health	18	17	State Wide	Ongoing	2025	2027	80,000,000	0	0
30	26	050604 - Facility electrification, water and sanitation	Construction of 9No Incinerator (Improvement of General	052100100100 - Ministry of Health	18	17	State Wide	Ongoing	2025	2027	15,000,000	15,000,000	15,000,000
31	27	050601 - Provision of adequate and modern health	Construction and furnishing additional 12No staff quarters	052100100100 - Ministry of Health	17	27	State Wide	Ongoing	2023	2028	1,200,000,000	1,200,000,000	400,000,000
32	28	050602 - Functional health facilities	Construction and equipping of additional 30No L1 Block	052102400100 - Primary Health Care Development Agency	17	27	State Wide	Ongoing	2018	2030	500,000,000	500,000,000	500,000,000
33	29	050601 - Provision of adequate and modern health	Construction and Furnishing of 500 seat capacity	052102300100 - College of Health Science and Technology	17	27	Jahun	Ongoing	2025	2027	500,000,000	100,000,000	0
34	30	050601 - Provision of adequate and modern health	Furnishing of 500 seat capacity auditorium at SoN Hadejia	052101900300 - College of Nursing Science Hadejia	17	27	Jahun	Ongoing	2025	2027	500,000,000	100,000,000	0
35	31	050505 - HRH Performance management	Transition Plan for College of Nursing and Midwifery to	052101900100 - Office of the Provost College of Nursing	17	27	State Wide	Ongoing	2024	2027	0	0	0
36	32	050503 - Provision of the right number and right skill mix	Construction of 2No Students Hostels at CHST Jahun	052102300100 - College of Health Science and Technology	17	27	Jahun	Ongoing	2025	2026	200,000,000	100,000,000	100,000,000
37	33	050604 - Facility electrification, water and sanitation	Supply and installation of Solar Power System to all	052100100100 - Ministry of Health	17	27	State Wide	Ongoing	2024	2027	300,000,000	300,000,000	300,000,000
38	34	050601 - Provision of adequate and modern health	Construction of 4 Apartment blocks of staff quarters at 12	052100100100 - Ministry of Health	17	27	State Wide	Ongoing	2024	2027	500,000,000	500,000,000	200,000,000
39	35	050105 - Communicable diseases	Malaria Elimination Interventions (prevention, diagnosis,	052100100100 - Ministry of Health	17	27	State Wide	Ongoing	2018	2031	101,610,000	101,610,000	101,610,000
40	36	050602 - Functional health facilities	Upgrading of School of Health Technology, Jahun to Full	052102300100 - College of Health Science and Technology	17	27	Jahun	Ongoing	2024	2027	15,000,000	15,000,000	15,000,000
41	37	050102 - Reproductive, maternal and neonatal health	State Emergency Maternal and Child Health Intervention	052102400100 - Primary Health Care Development Agency	17	27	State Wide	Ongoing	2019	2031	100,000,000	100,000,000	100,000,000
42	38	051003 - Health Sector Expenditures Not Elsewhere	Construction of Linkage roads and drainages at CHST	052102300100 - College of Health Science and Technology	17	27	Jahun	Ongoing	2024	2026	300,000,000	0	0
43	39	050401 - Evidence generation and utilisation	Establishment of IT Centre at SMCH	052100100100 - Ministry of Health	17	27	State Wide	New	2025	2026	25,000,000	15,000,000	0
44	40	050503 - Provision of the right number and right skill mix	Construction and Furnishing of 6No 100 capacity	052102300100 - College of Health Science and Technology	17	27	Jahun	Ongoing	2025	2027	30,000,000	60,000,000	90,000,000

Jigawa State Government Health Sector Medium Term Sector Strategy 2026-2028: Expenditure by Project in Priority Order													
S/N	Programme Code and Description	Project Name	Implementation MDA	Project Score	Project Ranking	Location	Project Status (Ongoing/ New)	Timelines		Budget Requirement for Plan (N) - Capital Expenditure			
						LGA(s)		Project Commence ment Year	Expected Year of Completion	2026	2027	2028	
45	41	050604 - Facility electrification, water and sanitation	Provision of Solar Security Light at CHST, Jahun	052102300100 - College of Health Science and Technology	17	27	Jahun	Ongoing	2025	2026	21,000,000	0	0
46	42	050801 - Provision of universal health coverage and	Provision of Government Subsidy for the implementation	052101800100 - Jigawa State Healthcare Management	17	27	State Wide	Ongoing	2025	2027	210,000,000	210,000,000	210,000,000
47	43	050405 - Monitoring and Evaluation (M&E)	Institutionalization of Service Quality, Utilization,	052102400100 - Primary Health Care Development Agency	17	27	State Wide	Ongoing	2024	2031	12,000,000	12,000,000	12,000,000
48	44	050601 - Provision of adequate and modern health	Establishment of Crayon Oxygen Plant	052100100100 - Ministry of Health	17	27	Dutse	Ongoing	2024	2027	2,000,000,000	105,000,000	70,000,000
49	45	050605 - Provision of quality, affordable, available, and s	Provision of free drugs and other services to pregnant	052100100100 - Ministry of Health	16	45	State Wide	Ongoing	2018	0	1,800,000,000	1,800,000,000	1,800,000,000
50	46	050701 - Nutrition	Procurement of RUTF, F75 and F100 to DTP Sites in 27	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2018	0	324,000,000	324,000,000	324,000,000
51	47	050506 - In service training (continuing education)	Improvement of Training Centre for	052100100100 - Ministry of Health	16	45	Dutse	Ongoing	2022	2027	103,000,000	88,000,000	88,000,000
52	48	050602 - Functional health facilities	Establishment of Special Care Baby, Emergency	052100100100 - Ministry of Health	16	45	State Wide	Ongoing	2023	2027	150,000,000	150,000,000	150,000,000
53	49	050601 - Provision of adequate and modern health	Construction and Equipping of Ophthalmic Unit in 3	052100100100 - Ministry of Health	16	45	State Wide	Ongoing	2022	2028	80,000,000	80,000,000	80,000,000
54	50	050602 - Functional health facilities	Provision for renovation and construction of additional	052100100100 - Ministry of Health	16	45	Hadejia	New	2026	2027	150,000,000	0	0
55	51	050802 - Mobilising equity contributions and vulnerable	State Equity Contribution	052101800100 - Jigawa State Healthcare Management	16	45	State Wide	Ongoing	2024	2031	1,200,000,000	1,200,000,000	1,200,000,000
56	52	050701 - Nutrition	Rollout of Masaki Nutrition Programme including Nutrition	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2024	2026	120,000,000	120,000,000	120,000,000
57	53	050102 - Reproductive, maternal and neonatal health	Maternal, Perinatal Death Surveillance and Response	052100100100 - Ministry of Health	16	45	State Wide	Ongoing	2021	2028	4,554,000	4,554,000	4,554,000
58	54	050301 - Community engagement and participation in	Community Engagment - Jakadan LafiyarCommunity	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2024	2028	0	0	0
59	55	050106 - Non-communicable diseases	Screening and intervention of non communicable	052100100100 - Ministry of Health	16	45	State Wide	Ongoing	2025	2028	15,000,000	15,000,000	15,000,000
60	56	051003 - Health Sector Expenditures Not Elsewhere	Construction of 4No Blocks of Intermediate staff	052101900200 - College of Nursing Science Birnin Kudu	16	45	Birnin Kudu	Ongoing	2025	2027	60,000,000	20,000,000	0
61	57	050102 - Reproductive, maternal and neonatal health	Maternal, Perinatal Death Surveillance and Response	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2025	2027	5,000,000	5,000,000	5,000,000
62	58	050302 - Community interventions	Lid and cataract Surgeries (Primary Eye Care and Oncho)	052100100100 - Ministry of Health	16	45	State Wide	Ongoing	2024	2027	26,000,000	26,000,000	26,000,000
63	59	050405 - Monitoring and Evaluation (M&E)	Quarterly Performance Review (SPHCDA - Health System	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2024	2027	20,000,000	20,000,000	20,000,000
64	60	050601 - Provision of adequate and modern health	Construction, equipping of 250 capacity ICT complex at	052101900200 - College of Nursing Science Birnin Kudu	16	45	Birnin Kudu	Ongoing	2026	2028	270,000,000	190,000,000	70,000,000
65	61	050102 - Reproductive, maternal and neonatal health	Reproductive Health Services (PHCDA Health System	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2018	2031	24,000,000	24,000,000	24,000,000
66	62	050405 - Monitoring and Evaluation (M&E)	Quarterly HMS Review (PHCDA Health System	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2025	2027	4,000,000	4,000,000	4,000,000
67	63	050102 - Reproductive, maternal and neonatal health	Free Maternal and Child Health Programme in Primary	052102400100 - Primary Health Care Development Agency	16	45	State Wide	Ongoing	2018	2031	226,800,000	300,000,000	300,000,000
68	64	050601 - Provision of adequate and modern health	Establishment of Diagnostic and Cardiac Centre Dutse	052100100100 - Ministry of Health	16	45	Dutse	Ongoing	2024	2027	3,500,000,000	300,000,000	300,000,000
69	65	050606 - Sustainable drug supply	Provision for DRF capitalization of new general hospitals	052100100100 - Ministry of Health	15	65	State Wide	Ongoing	2023	2028	30,000,000	30,000,000	30,000,000
70	66	050102 - Reproductive, maternal and neonatal health	Support Family Planning/Child Birth Spacing	052102400100 - Primary Health Care Development Agency	15	65	State Wide	Ongoing	2023	2028	70,000,000	70,000,000	70,000,000
71	67	050801 - Provision of universal health coverage and	Expected fund from BHCFF for all the Gateways	052101800100 - Jigawa State Healthcare Management	15	65	State Wide	Ongoing	2021	2028	1,763,390,937	1,763,390,937	1,763,390,937
72	68	050801 - Provision of universal health coverage and	25% Counterpart funding for all Gateways	052101800100 - Jigawa State Healthcare Management	15	65	State Wide	Ongoing	2021	2028	440,847,734	440,847,734	440,847,734
73	69	050607 - Vaccines supply chain	Support to Supplementary Immunization (Supplementary	052102400100 - Primary Health Care Development Agency	15	65	State Wide	Ongoing	2018	0	0	0	0
74	70	050905 - Emergency Operation Centres (EOC)	Provision for operations of Emergency Operation Centre	052100100100 - Ministry of Health	15	65	Dutse	Ongoing	2021	2031	25,000,000	25,000,000	25,000,000
75	71	050504 - Pre-service training	Sustainability of FYP for students at Jigawa State College	052101900100 - Office of the Provost College of Nursing	15	65	State Wide	Ongoing	2018	2035	50,000,000	50,000,000	50,000,000
76	72	050404 - Research and development (Institutional Review	Conduct of Operational Research	052100100100 - Ministry of Health	15	65	State Wide	Ongoing	2025	2027	10,000,000	82,500,000	2,500,000
77	73	050504 - Pre-service training	Equipping of Science Laboratory at Jigawa State College	052101900200 - College of Nursing Science Birnin Kudu	15	65	Birnin Kudu	Ongoing	2025	2026	6,000,000	0	0
78	74	050105 - Communicable diseases	Operations of Infectious Disease Hospital Dutse (IDH)	052100100100 - Ministry of Health	15	65	Dutse	Ongoing	2024	2027	50,000,000	50,000,000	50,000,000
79	75	050503 - Provision of the right number and right skill mix	Construction of 1 block of male hostel at CHST Jahun	052102300100 - College of Health Science and Technology	15	65	Jahun	Ongoing	2025	2027	0	30,000,000	20,000,000
80	76	050402 - Routine information system	Provision of NHMIS and LMIS data collection tools	052100100100 - Ministry of Health	15	65	State Wide	Ongoing	2025	2026	20,250,000	20,250,000	20,750,000
81	77	050503 - Provision of the right number and right skill mix	NBTE Accreditation of HND programs (Dental Therapy,	052102300100 - College of Health Science and Technology	15	65	Jahun	Ongoing	2024	2026	15,000,000	0	0
82	78	050503 - Provision of the right number and right skill mix	Regulatory Councils Accreditation of 7 ND programmes	052102300100 - College of Health Science and Technology	15	65	Jahun	Ongoing	2024	2026	70,000,000	0	0
83	79	051003 - Health Sector Expenditures Not Elsewhere	Re-construction of Gate and Gate House, Improvement of	052102300100 - College of Health Science and Technology	15	65	Jahun	Ongoing	2025	2026	27,500,000	0	0
84	80	050601 - Provision of adequate and modern health	Dialysis & Oncology Operational Units	052100100100 - Ministry of Health	15	65	Dutse	Ongoing	2024	2027	560,000,000	120,000,000	120,000,000
85	81	050102 - Reproductive, maternal and neonatal health	Conduct of MNCH week	052102400100 - Primary Health Care Development Agency	14	81	State Wide	Ongoing	2018	0	30,000,000	30,000,000	0

1	Jigawa State Government Health Sector Medium Term Sector Strategy 2026-2028: Expenditure by Project in Priority Order												
2	SN	Programme Code and Description	Project Name	Implementation MDA	Project Score	Project Ranking	Location LGA(s)	Project Status (Ongoing/ New)	Timelines		Budget Requirement for Plan (N) - Capital Expenditure		
3									Project Commence ment Year	Expected Year of Completion	2026	2027	2028
86	82	050601 - Provision of adequate and modern health	General renovation and construction of additional	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2022	2028	2,600,000,000	830,000,000	820,000,000
87	83	050607 - Vaccines supply chain	Support Routine Immunization -SERICC and LERICC,	052102400100 - Primary Health Care Development Agency	14	81	State Wide	Ongoing	2018	2050	479,720,000	479,720,000	479,720,000
88	84	050904 - Public health laboratories	Upgrade of Molecular Laboratory to Public Health	052100100100 - Ministry of Health	14	81	Dutse	Ongoing	2024	2027	10,000,000	5,000,000	5,000,000
89	85	050803 - Mobilising employers' contributions to the State	Government Contribution to formal sector contributory	052101800100 - Jigawa State Healthcare Management	14	81	State Wide	Ongoing	2025	2031	0	0	0
90	86	050901 - Emergency services	Procurement of 10 Ambulances (improvement of general	052100100100 - Ministry of Health	14	81	State Wide	New	2026	2027	300,000,000	180,000,000	120,000,000
91	87	051005 - Communicable diseases	Provision of critical support services to PLWHA (HIV/AIDS	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2018	2031	20,000,000	20,000,000	20,000,000
92	88	051001 - Enhancement of the delivery of Essential	Strengthen Quality of Care Strategy	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2025	2031	60,000,000	90,000,000	100,000,000
93	89	050302 - Community interventions	Counterpart funding for NTDs (Primary Eye Care and	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2018	2031	45,000,000	45,000,000	45,000,000
94	90	050502 - Integrated supportive supervision	Quarterly Integrated PHC Supportive Supervision	052102400100 - Primary Health Care Development Agency	14	81	State Wide	Ongoing	2025	2027	200,000,000	200,000,000	600,000,000
95	91	050402 - Routine information system	Printing of Free MNCH Data tools (HIMS)	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2018	2031	10,000,000	10,000,000	10,000,000
96	92	050503 - Provision of the right number and right skill mix	Procurement of 30No Desktop Computer for HIM	052102300100 - College of Health Science and Technology	14	81	Jahun	Ongoing	2025	2027	60,000,000	60,000,000	60,000,000
97	93	050402 - Routine information system	Development of electronic Monitoring and Supervision	052102400100 - Primary Health Care Development Agency	14	81	State Wide	New	2025	2027	75,500,000	4,000,000	4,000,000
98	94	050102 - Reproductive, maternal and neonatal health	Establishment of Neonatal Resuscitating Corners at PHC	052102400100 - Primary Health Care Development Agency	14	81	State Wide	New	2026	2028	100,000,000	100,000,000	87,000,000
99	95	051003 - Health Sector Expenditures Not Elsewhere	Provision for the construction and equipping of 30	052102300100 - College of Health Science and Technology	14	81	Jahun	New	2026	2027	300,000,000	150,000,000	150,000,000
100	96	050803 - Mobilising employers' contributions to the State	Expected formal Sector Employee Contribution (contra	052101800100 - Jigawa State Healthcare Management	13	96	State Wide	New	2025	2031	1,260,000,000	1,260,000,000	1,260,000,000
101	97	050601 - Provision of adequate and modern health	Procurement of endoscopy machine in Dutse, Hadejia and	052100100100 - Ministry of Health	13	96	State Wide	New	2025	2027	15,000,000	15,000,000	15,000,000
102	98	050102 - Reproductive, maternal and neonatal health	State Counterpart funding to various engagment for	052100100100 - Ministry of Health	13	96	State Wide	Ongoing	2025	2027	0	0	0
103	99	051003 - Health Sector Expenditures Not Elsewhere	Construction of 5No. additional Staff quarters and 2No	052102300100 - College of Health Science and Technology	13	96	Jahun	New	2026	2028	100,000,000	100,000,000	0
104	100	050105 - Communicable diseases	Provision for procurement of ELISA machine and HIV P24	052100100100 - Ministry of Health	13	96	State Wide	New	2026	2026	160,000,000	60,000,000	40,000,000
105	101	050105 - Communicable diseases	Awareness creation, screening and procurement for Viral	052100100100 - Ministry of Health	13	96	State Wide	New	2026	2027	22,000,000	22,000,000	22,000,000
106	102	050801 - Provision of universal health coverage and	Construction of 27 LGA PHC Offices	052102400100 - Primary Health Care Development Agency	13	96	State Wide	Ongoing	2025	2027	525,000,000	245,000,000	175,000,000
107	103	050606 - Sustainable drug supply	Construction and equipping of modular pharmacy	052100100100 - Ministry of Health	13	96	State Wide	New	2026	2028	125,000,000	125,000,000	125,000,000
108	104	050105 - Communicable diseases	Provision and Maintenance of Laboratory equipment	052100100100 - Ministry of Health	12	104	State Wide	Ongoing	2018	0	20,000,000	20,000,000	20,000,000
109	105	051004 - Health Not Elsewhere Classified	Establishment of College of Health Sciences at Sule	052100100100 - Ministry of Health	12	104	Kafin Hausa	Ongoing	2022	2027	0	0	0
110	106	050901 - Emergency services	Provision for procurement of drug for Rapid	052100100100 - Ministry of Health	12	104	State Wide	Ongoing	2024	2027	15,000,000	15,000,000	15,000,000
111	107	050402 - Routine information system	Piloting of electronic Health Record (EMR) HMS in 3	052100100100 - Ministry of Health	12	104	State Wide	Ongoing	2025	2027	42,000,000	22,000,000	22,000,000
112	108	050502 - Integrated supportive supervision	Departmental supervision (PHCDA Health System	052102400100 - Primary Health Care Development Agency	11	108	State Wide	Ongoing	2018	0	12,000,000	12,000,000	12,000,000
113	109	051003 - Health Sector Expenditures Not Elsewhere	Procurement of 15No Utility Vehicles (HTI) and Specialist	052100100100 - Ministry of Health	11	108	Dutse	New	2026	2027	105,000,000	75,000,000	45,000,000
114	110	050503 - Provision of the right number and right skill mix	Supply of Book and other reading materials to the Existing	052102300100 - College of Health Science and Technology	11	108	Jahun	New	2025	2027	5,000,000	0	0
115	111	051003 - Health Sector Expenditures Not Elsewhere	Procurement of 7No of Utility Vehicles for CHST, Jahun	052102300100 - College of Health Science and Technology	10	111	Jahun	Ongoing	2025	2027	30,000,000	20,000,000	20,000,000
116	112	051003 - Health Sector Expenditures Not Elsewhere	Procurement of 27No Utility vehicles for LGA PHC Offices	052102400100 - Primary Health Care Development Agency	7	112	State Wide	New	2026	2027	150,000,000	70,000,000	50,000,000
117	113	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0
118	114	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0
119	115	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0
120	116	051003 - Health Sector Expenditures Not Elsewhere	Implementation of Health Student Care Programme	052100100100 - Ministry of Health	0	113	0	0	0	0	600,000,000	600,000,000	600,000,000
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Jigawa State Government Health Sector Medium Term Sector Strategy 2026-2028: Expenditure by Project in Priority Order												
S/N	Programme Code and Description	Project Name	Implementation MDA	Project Score	Project Ranking	Location LGA(s)	Project Status (Ongoing/ New)	Timelines		Budget Requirement for Plan (N) - Capital Expenditure		
								Project Commence ment Year	Expected Year of Completion	2026	2027	2028
86	050601 - Provision of adequate and modern health	General renovation and construction of additional	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2022	2028	2,600,000,000	830,000,000	820,000,000
87	050607 - Vaccines supply chain	Support Routine Immunization -SERICC and LERICC,	052102400100 - Primary Health Care Development Agency	14	81	State Wide	Ongoing	2018	2050	479,720,000	479,720,000	479,720,000
88	050904 - Public health laboratories	Upgrade of Molecular Laboratory to Public Health	052100100100 - Ministry of Health	14	81	Dutse	Ongoing	2024	2027	10,000,000	5,000,000	5,000,000
89	050803 - Mobilising employers' contributions to the State	Government Contribution to formal sector contributory	052101800100 - Jigawa State Healthcare Management	14	81	State Wide	Ongoing	2025	2031	0	0	0
90	050901 - Emergency services	Procurement of 10 Ambulances (improvement of general	052100100100 - Ministry of Health	14	81	State Wide	New	2026	2027	300,000,000	180,000,000	120,000,000
91	050105 - Communicable diseases	Provision of critical support services to PLWHA (HIV/AIDS	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2018	2031	20,000,000	20,000,000	20,000,000
92	050101 - Enhancement of the delivery of Essential	Strengthen Quality of Care Strategy	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2025	2031	60,000,000	90,000,000	100,000,000
93	050302 - Community interventions	Counterpart funding for NTDs (Primary Eye Care and	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2018	2031	45,000,000	45,000,000	45,000,000
94	050502 - Integrated supportive supervision	Quarterly Integrated PHC Supportive Supervision	052102400100 - Primary Health Care Development Agency	14	81	State Wide	Ongoing	2025	2027	200,000,000	200,000,000	600,000,000
95	050402 - Routine information system	Printing of Free MNCH Data tools (HMS)	052100100100 - Ministry of Health	14	81	State Wide	Ongoing	2018	2031	10,000,000	10,000,000	10,000,000
96	050503 - Provision of the right number and right skill mix	Procurement of 30No Desktop Computer for HIM	052102300100 - College of Health Science and Technology	14	81	Jahun	Ongoing	2025	2027	60,000,000	60,000,000	60,000,000
97	050402 - Routine information system	Development of electronic Monitoring and Supervision	052102400100 - Primary Health Care Development Agency	14	81	State Wide	New	2025	2027	75,500,000	4,000,000	4,000,000
98	050102 - Reproductive, maternal and neonatal health	Establishment of Neonatal Resuscitating Corners at PHC	052102400100 - Primary Health Care Development Agency	14	81	State Wide	New	2026	2028	100,000,000	100,000,000	87,000,000
99	050103 - Health Sector Expenditures Not Elsewhere	Provision for the construction and equipping of 30	052102300100 - College of Health Science and Technology	14	81	Jahun	New	2026	2027	300,000,000	150,000,000	150,000,000
100	050803 - Mobilising employers' contributions to the State	Expected formal Sector Employee Contribution (contra	052101800100 - Jigawa State Healthcare Management	13	96	State Wide	New	2025	2031	1,260,000,000	1,260,000,000	1,260,000,000
101	050601 - Provision of adequate and modern health	Procurement of endoscopy machine in Dutse, Hadejia and	052100100100 - Ministry of Health	13	96	State Wide	New	2025	2027	15,000,000	15,000,000	15,000,000
102	050102 - Reproductive, maternal and neonatal health	State Counterpart funding to various engagement for	052100100100 - Ministry of Health	13	96	State Wide	Ongoing	2025	2027	0	0	0
103	051003 - Health Sector Expenditures Not Elsewhere	Construction of 5No. additional Staff quarters and 2No	052102300100 - College of Health Science and Technology	13	96	Jahun	New	2026	2028	100,000,000	100,000,000	0
104	050105 - Communicable diseases	Provision for procurement of ELISA machine and HIV P24	052100100100 - Ministry of Health	13	96	State Wide	New	2026	2026	160,000,000	60,000,000	40,000,000
105	050105 - Communicable diseases	Awareness creation, screening and procurement for Viral	052100100100 - Ministry of Health	13	96	State Wide	New	2026	2027	22,000,000	22,000,000	22,000,000
106	050801 - Provision of universal health coverage and	Construction of 27 LGA PHC Offices	052102400100 - Primary Health Care Development Agency	13	96	State Wide	Ongoing	2025	2027	525,000,000	245,000,000	175,000,000
107	050606 - Sustainable drug supply	Construction and equipping of modular pharmacy	052100100100 - Ministry of Health	13	96	State Wide	New	2026	2028	125,000,000	125,000,000	125,000,000
108	050105 - Communicable diseases	Provision and Maintenance of Laboratory equipment	052100100100 - Ministry of Health	12	104	State Wide	Ongoing	2018	0	20,000,000	20,000,000	20,000,000
109	051004 - Health Not Elsewhere Classified	Establishment of College of Health Sciences at Sule	052100100100 - Ministry of Health	12	104	Kafin Hausa	Ongoing	2022	2027	0	0	0
110	050901 - Emergency services	Provision for procurement of drug for Rapid	052100100100 - Ministry of Health	12	104	State Wide	Ongoing	2024	2027	15,000,000	15,000,000	15,000,000
111	050402 - Routine information system	Piloting of electronic Health Record (EMR) HMS in 3	052100100100 - Ministry of Health	12	104	State Wide	Ongoing	2025	2027	42,000,000	22,000,000	22,000,000
112	050502 - Integrated supportive supervision	Departmental supervision (PHCDA Health System	052102400100 - Primary Health Care Development Agency	11	108	State Wide	Ongoing	2018	0	12,000,000	12,000,000	12,000,000
113	051003 - Health Sector Expenditures Not Elsewhere	Procurement of 15No Utility Vehicles (HTI) and Specialist	052100100100 - Ministry of Health	11	108	Dutse	New	2026	2027	105,000,000	75,000,000	45,000,000
114	050503 - Provision of the right number and right skill mix	Supply of Book and other reading materials to the Existing	052102300100 - College of Health Science and Technology	11	108	Jahun	New	2025	2027	5,000,000	0	0
115	051003 - Health Sector Expenditures Not Elsewhere	Procurement of 7No of Utility Vehicles for CHST, Jahun	052102300100 - College of Health Science and Technology	10	111	Jahun	Ongoing	2025	2027	30,000,000	20,000,000	20,000,000
116	051003 - Health Sector Expenditures Not Elsewhere	Procurement of 27No Utility vehicles for LGA PHC Offices	052102400100 - Primary Health Care Development Agency	7	112	State Wide	New	2026	2027	150,000,000	70,000,000	50,000,000
117	113	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0
118	114	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0
119	115	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	0	0	0
120	116	051003 - Health Sector Expenditures Not Elsewhere	Implementation of Health Student Care Programme	0	113	0	0	0	0	600,000,000	600,000,000	600,000,000

3.4 Personnel and Overhead Costs: Existing and Projections

Complete Table 7 with the approved 2025 budgeted figures (approved and actual) for your sector's personnel and overhead; as well as what you project the figures to be for each of the MTSS years of 2026 – 2028. Justify your projections for personnel and overhead.

Item	Approved Budget (N'000) in 2025	Amount Released (N'000) in 2025 (Up to August)	Actual Expenditure (N'000) in 2025 (Up to August)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	20,358,154,000	15,268,615,5000	15,268,615,500	75	100
Overhead	3,132,891,000	1,879,734,600	1,528,134,556	60	81
Capital	42,281,010,000	25,297,365,144	25,297,365,144	60	100
Total	65,772,055,000	42,094,115,200	42,094,115,200	65	100

Table 7: Projected Personnel and Overhead Costs

Jigawa State Government Health Sector Medium Term Sector Strategy 2026 - 2028: Aggregate Costing and Ceiling by Main Expenditure Classification					
Expenditure Type	Item	2026	2027	2028	Total 2026 - 2028
Personnel	Ceiling	25,124,940,000.00	21,554,205,919.00	22,472,909,625.00	69,152,055,544.00
	Proposal	23,324,645,746.00	24,567,123,001.00	25,000,983,370.00	72,892,752,117.00
	Balance	1,800,294,254.00	(3,012,917,082.00)	(2,528,073,745.00)	(3,740,696,573.00)
Other Recurrent	Ceiling	3,253,350,000.00	3,007,563,617.00	3,135,754,832.00	9,396,668,449.00
	Proposal	3,246,794,670.00	3,000,000,674.00	3,000,000,674.00	9,246,796,018.00
	Balance	6,555,330.00	7,562,943.00	135,754,158.00	149,872,431.00
Capital	Ceiling	29,538,000,000.00	25,564,290,742.00	26,653,916,067.00	81,756,206,809.00
	Proposal	39,298,118,663.63	27,747,856,671.63	24,105,356,671.63	91,151,332,006.88
	Balance	(9,760,118,663.63)	(2,183,565,929.63)	2,548,559,395.38	(9,395,125,197.88)
Total	Ceiling	57,916,290,000.00	50,126,060,278.00	52,262,580,524.00	160,304,930,802.00
	Proposal	39,298,118,663.63	27,747,856,671.63	24,105,356,671.63	91,151,332,006.88
	Balance	18,618,171,336.38	22,378,203,606.38	28,157,223,852.38	69,153,598,795.13

3.5 Contributions from our Partners

The sector enjoy several external supports over the period under review, the sector in 2024 received World Bank assisted grant through IMPACT project to the tune of 13.5 billion for the revitalization of 114 apex PHCs, improvement of health data quality and digitization of state health system, health system strengthening and demand creation. Other support comes from UNICEF in the three years under review the state received about ₦1.3 billion, however, the GAVI intervention ends in September 2024. Global Fund (GF) has made number of interventions in the state during the period under review particularly in the area of TB, Malaria and HIV/AIDS, in all these areas the GF funding expect 15% Co-financing from the

state. Also, during the period under review the GF has provided grant through Resilient and Sustainable System for Health (RSSH) project which NACA coordinates. This support tremendously helped in strengthening health system particularly on quality improvement on outcomes of HIV, TB and Malaria. Additionally, the intervention was tilted to support the implementation of pilot project for community based health insurance programs, the grant period ended in September 2023, but the implementation extended to 2024. Additional support the health sector enjoyed under the period from 2024-2025 is Basic Health Care Provision Fund which came through the two gateways i.e. SPHCDA and JICHMA gateways. This has tremendously supported the healthcare delivery services in terms of improved access to quality health services by the poor and vulnerable, facility funding, and availability of essential Human Resources for Health at the apex PHCs

Table 8: Grants and Donor Funding

Source / Description of Grant	Amount Expected (N'000)			Counterpart Funding Requirements (N'000)		
	2026	2027	2028	2026	2027	2028
IMPACT World Bank	2.5 Billion					
BHCPF	2.7 Billion	2.7 Billion	2.7 Billion	675 Million	675 Million	675 Million
HOPE Project	6.0 Billion					
Gate Foundation	4.5 Billion					
UNICEF	1.0 Billion					
WHO	2.0 Billion					

3.6 Cross-Cutting Issues

It is recognized that the attainment of a number of the sector objectives and targets for the health sector depends what happens in other sectors for example:

1. Education – Improved literacy enhances peoples’ productive potentials which could enable them to escape poverty and improve their socio-economic living conditions. For women, the link between education and health status is even more obvious as it reflects on their understanding of best health practice such antenatal attendance, hospital delivery, child nutrition, immunization, etc;
2. Water and Sanitation – the link between Water & Sanitation and Healthy living conditions is also obvious particularly in the area of preventive health behaviors;
3. Women affairs—Collaboration in the area of rehabilitation and improvement of maternal health outcomes.
4. Environment collaborate with health in the areas of water quality and environmental hygiene. Recently the two sectors are collaborating in tackling adverse effect of climate changes by developing multisectoral policies, strategic plans including monitoring and evaluation document
5. Agriculture and Animal Health: Ministry of Agric has always been a partner to health in the aspect of human nutrition and control of public health challenges from zoonotic diseases.

3.7 Outline of Key Strategies

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

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

3.8 Justification

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

3.9 Responsibilities and Operational Plan

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

Chapter Four: Three Year Expenditure Projections

4.1 The process used to make Expenditure Projections

The MTSS development process

Stakeholders' composition

The 2026 – 2028 MTSS document serves as a critical tool for translating health plans into actionable interventions, ensuring efficient resource allocation and program implementation. The MTSS development process in the State was led by the SMOH with support from all the MDAs and development partners which include the Lafiya, UNICEF, Centre for Health Economics and Development (CHECOD) and other Development Partners.

Priority Setting

The Top Management Committee (TMC) led by the Commissioner of Health and comprising, Executive Secretaries (ES), Directors, Provosts, Program Officers from different Ministries Departments and Agencies (MDAs) and Development Partners, held a priority setting meeting to select projects that will feature in the 2026 – 2028 MTSS document. The projects are selected based on their situation analysis (SITAN)/SWOT analysis, ASPER 2024 and reflection of the HSSB document for alignment. The Technical support from the Consultant assisted in coordinating the reading of the project from the Priority Setting Sheet in the MTSS document of the 2025 – 20227 and new projects from SWOT analysis and sector ASPER 2024 document. Selected projects that are SWOT-mapped on the tool automatically reflected in the MTSS document.

The Director, Planning Research and Statistics (DPRS) read the projects before all the stakeholders for selection and rating based priority objectives for contribution to the state development plan. Program Officers from the implementing MDAs and DPs supporting the respective projects confirmed the selection. The selected projects were selected from ongoing projects and new once were added particularly those addressing the objectives HSSB document and link to HOPE projects DLI. The SWOT-mapped interventions were subjected to further deliberations during stakeholders' engagement.

Unit Cost Standardization

The MTSS development process began with the standardization of unit cost of program/project management costs across MDAs and harmonization with unit costs as agreed upon by all MDAs.

Upon review and adoption, the harmonized unit cost is use in the MTSS development. Overall, the process ensures consistency in costing across the MDAs.

Project Development and Harmonization

Planning Officers proceeded with their MDAs to develop a profile of SMART (Specific, Measurable, Achievable, Relevant and Time-bound) projects to implement the selected projects, providing clear costing parameters in the projects description. The projects were further subject to harmonization at the sector level to identify and eliminate duplications. Where duplications or commonalities were identified, the concerned MDAs worked together to either keep both activities if they serve a valuable purpose, assign a lead MDA if both were allowed to proceed or eliminate one to avoid redundancy and save funds.

Ingredient-based costing

The ingredient-based costing sheet was adopted from the revised version used to develop the sector AOP, the projects are costed based on budgeting parameters (quantities and frequencies) from the planning sheet. Cost items (ingredients) required for each of the project profiled were selected from an in exhaustive (more could be added) predefined cost menu. These items include a wide range of inputs, including procurement of specific commodities, infrastructure costs (construction, renovation and maintenance) and purchase of medical equipment that were pre-determined in the standardized unit cost. The cost was developed through an ingredient-based approach in the form of quantity¹ per unit times unit price ($q \times p$). The costing sheet was automated to calculate the cost for each project and reflected across the years in the MTSS template, this produce cost estimate for each year's budget line.

4.2 Outline Expenditure Projections

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

Chapter Five: Monitoring and Evaluation

5.1 Conducting Annual Sector Performance Review

The sector usually conduct Annual Sector Performance Review around July or August of the previous fiscal year. The aim of this performance review is to find out if the set targets were achieved and ascertain the actual performance of the health sector based on the activities conducted e.g. 2024 to mid 2025. This would be within the context of the sectors KPIs set to periodically evaluate the attainment of the sector's policy objectives as provided in the CDF and other sector-level policy documents such as the State Strategic Health Plan.

The health sector enjoyed the support of several key stakeholders which contributed in conducting its activities in the period under review. The activities conducted, progress recorded, challenges and recommendations based on approved Budget of the year implementation. The review covers ten (10) outcome indicators of health sector as follows:

Outcome 1: Improved accessibility to effective and affordable basic health services to the people.

Outcome 2: Reduction in infant mortality

Outcome 3: Reduction in under 5years mortality

Outcome 4. Reduction in Maternal Mortality

Outcome 5: Increased utilization of services

Outcome 6: Effective and well-coordinated partnerships with development partners

Outcome 7: A well-motivated Staff

Outcome 8: Reduction in Preventable Diseases:

Outcome 9: Reduction in prevalence of HIV/AIDS

Outcome 10: Increased nutritional status of children U5

However, the attainment of the some of the set targets could only be ascertained by a national survey. But most times the review usually centered on programs administrative data and availability of recent survey reports.

The recommendations from the review report are mostly used to inform the set target for the MTSS and projects to be prioritized for rollover.

Performance Monitoring Plan

The 2026 – 2028 MTSS Framework provided output indicators for tracking the implementation of its projects. The MDAs implementing the respective projects were required to provide the indicator baselines and annual targets. The baseline is established using available data and information sourced from records and serves as a critical reference for measuring progress, as it captures the status of the intervention before the implementation of the MTSS. The planners determined the annual output targets based on two key factors:

1. Capacity to Deliver: Planners assessed the available resources, infrastructure and human capacity to determine what can feasibly be accomplished within the given timeframe.

2. Baseline Information: The targets are informed by the data and insights gathered during the baseline definition phase, ensuring that they are evidence-based and aligned with the current realities of the intervention.

The PMP is not harmonized but are for tracking implementation at the respective MDA levels.

5.2 Organisational Arrangements

The State Ministry of Health is responsible for advising the government on policy formulation, regulations and coordinating the implementation of all health-related projects, programs, and activities in the State. The Ministry provides oversight function to the State Primary Health Care Development Agency, Jigawa State Contributory Health Care Management Agency, College of Nursing and Midwifery, College of Health Science and Technology, THE Specialist Hospitals, Jigawa State Pharmaceutical Company LTD (JiPHARMA) and Private Health Institutions. The main purpose of the State Health Sector is to ensure a healthy and productive population in the State. The policy objective is to provide qualitative, affordable, accessible, and sustainable health Services to the population through the priority areas in the state strategic health development plan. These areas are;

1. Leadership and Governance
2. Community Participation and Ownership
3. Partnerships for Health
4. Reproductive, Maternal, New-born, Child, Adolescent Health Services & Nutrition
6. Communicable Diseases (Malaria, TB, Leprosy, HIV/AIDS) And Neglected Tropical Diseases
7. Non-Communicable Disease, Care of The Elderly, Mental Health, Oral Health, Eye Healthcare
8. General And Emergency Hospital Services
9. Health Promotion And Social determinants of Health (Environmental Health)
10. Human Resource for Health
11. Health Infrastructure
12. Medicines, Vaccines and other Health Technologies and Supplies Priority Areas
13. Health Information System
14. Research for Health
15. Public Health Emergencies: Preparedness and Response
16. Health Financing