



# Government of Adamawa State

## Health Sector

### Medium-Term Sector Strategy (MTSS) 2023 – 2025



August 2022

## **DISCLAIMER**

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## Foreword

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The Adamawa State Medium Term Sector Strategy (MTSS) is an initiative which has provided a new direction in policy implementation and has enabled the Sector MDAs to align budget preparation and execution with the overarching policy direction of the state. While there have been other policy documents guiding the delivery of healthcare service delivery in the state, the MTSS has emerged as an initiative that has brought more focus in policy implementation especially as it relates to ensuring realism in planning for the budget.

Through the MTSS process, we were able to take time to brainstorm on the appropriate strategies, programmes and projects that would achieve the State Government's policy priorities. It also enabled us to prioritise these projects to ensure efficient allocation of resources – staying within the budget ceiling by allocating resources to the prioritised projects while spreading the rest to the outer years.

Through central guidance by the Adamawa State Ministry of Economic Planning and Budget and the instrumentality of the multistakeholder Sector Planning Team (SPT), this MTSS was developed as an all-inclusive process with the input of various stakeholders incorporated.

The development of this Health MTSS demonstrates the commitment of the Adamawa State Government to ensuring that the budget is realistic and that the resource allocation is in line with well-reasoned and costed strategies for the attainment of sector objectives, State Health goals and ultimately, the Sustainable Development Goals (SDGs). This MTSS will hopefully feed into the 2023 budget which is currently under preparation.

We look forward to effective collaboration and coordination of the efforts of all stakeholders in ensuring effective implementation of the MTSS.



Rt. Hon. Ahmadu Umaru Fintiri  
Executive Governor  
Adamawa State

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## Acknowledgements

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We would like to acknowledge the contribution of all our stakeholders in ensuring the successful development of the Adamawa State Health Medium Term Sector Strategy (MTSS).

We owe a lot of gratitude to the members of the Health Sector Planning Team (SPT) and the State MTSS steering committee for the commitment to the MTSS process. The steering Committee provided the authorising environment for the MTSS while the SPT worked assiduously to gather all data required for the [process, develop the strategies and cost the Projects and activities.

We appreciate the contribution of the Civil society partners who co-created this MTSS with us and without whom we would not have clearly understood the demand side perspective for an inclusive and equitable MTSS document.

We would like to thank all the Ministries, Departments and Agencies within the health Sector for their contribution in making this a truly sector wide approach. Special thanks go the following MDAs: State Ministry of Health; State Primary Healthcare Development Agency (SPHCDA); Adamawa State Contributory Health Management Agency (ASCHMA); Essential Drugs Programme, Hospital Services Management Board; Adamawa State Referral Center; among others.

Special thanks to the Adamawa State Ministry of Economic Planning and Budget for providing the central guidance and support to the MTSS process.

The USAID State to State Programme Provided the funding and technical support to make this MTSS possible. They supported in the initial training and ongoing capacity building of the Sector Planning Team. Thank you State to State for your continuing support, and we look forward to an enduring partnership.



Dr Mary Paninga  
Executive Chairman  
Adamawa State Planning Commission

## Table of Acronyms

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Acronym	Definition
ADSACA	Adamawa State Action Committee on HIV AIDS
ASMTDP	Adamawa State Medium Term Development Plan
ASPR	Annual Sector Performance Review
BCC	Budget Call Circular
BHCPF	Basic Healthcare Provision Fund
CBOs	Community Based Organisations
CHEW	Community Health Extension Workers
CONHESS	Consolidated Health Salary Structure
CONMESS	Consolidated Medical Salary Structure
CSOs	Civil Society Organisations
EU	European Union
FGM	Female Genital Mutilation
HIV/AIDS	Human Immuno Virus/ Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
ICT	Information Communication Technology
IDC	Infectious Disease Center
JCHEW	Junior Community Health Extension Workers
KPIs	Key Performance Indicators
LGA	Local Government Areas
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MSP	Minimum Package of Service
MTSS	Medium Term Sector Strategy
NCD	Non-Communicable Diseases
NHDS	National Health and Demographic Survey
PHC	Primary Health Care
PHCUOR	Primary Healthcare Under One Roof
SDGs	Sustainable Development Goals
SDP	State Development Plan



SPHCDA	State Primary Healthcare Development Agency
SSHDP	State Strategic Health Development Plan
UHC	Universal Health Coverage
UNFPA	United Nations Family Planning Agency
UNICEF	United Nations Children's Emergency Fund
WASH	Water Sanitation and Health
WDC	Ward Development Council
WHO	World Health Organisation

## Executive Summary

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To maximise the use of scarce resources to achieve the objectives of the State, the Adamawa State Health Sector Medium Term Sector Strategy (MTSS) has been developed to enable prioritization of the needs of the State and allocation of resources towards achievement of the State goals. It has been discovered that it is more beneficial to adopt a medium-term perspective in planning to enable the spread of resource requirements over three years while keeping the cost of plan within the resource constraints of the State as indicated in the Medium-Term Expenditure Framework (MTEF)

The Adamawa State Medium Term Development Plan (ASMTDP) envisions “Peaceful harmonious and economically vibrant State that sustainably promotes inclusive growth based on equality of opportunity and justice for all its people.” It sets out a mission statement around “Building Adamawa State that is economically sustainable, socially inclusive and environmentally resilient both at present and in the future.” To realise this vision, the State Development Plan (SDP) identified four key pillars covering ten thematic areas of development fundamentals. The goal of one of the thematic areas is the “development of human capital to facilitate improved access to quality education, affordable healthcare and access to water and Sanitation.”

Target 3.8 of the SDGs calls on countries to achieve Universal Health Coverage (UHC), including financial risk protection alongside access to quality essential health care services. The Government of Adamawa State envisages that investment in healthcare will enable it to achieve its objective of human capital development needed for the achievement of the SDGs.

The Health Sector MTSS will enable the development of strategies that will seek to achieve the highest quality of healthcare to achieve the expected health outcomes.

The following objectives were set for the MTSS:

- Investment in Healthcare to fill the gap in the Sector and meet the targets set in meeting the Sustainable Development Goals.
- Strengthening coordination and regulatory institutions and processes aimed at reducing geographic and socioeconomic barriers to access to healthcare services, by strengthening health care delivery system.
- Increasing resource mobilization and public-Sector funding in line with Abuja Declaration, improving equity and efficiency in resource allocation and utilization.
- Ensuring the generation of information that promotes evidence-based decision making.
- Increase access to safe, affordable, and quality essential medicines, vaccines, equipment, and supplies, through the building and maintaining of an integrated and effective supply chain system.
- Improve the availability and distribution of functional health facilities and equipment to ensure equitable access to health services in the State.
- Deepen community participation and ownership, ensuring gender and social inclusion in the health care delivery process.


The MTSS was developed in partnership with all stakeholders through the constitution of a multistakeholder Sector Planning Team (SPT) which worked under technical guidance from

USAID State to State Programme to develop the health MTSS. The Sector Planning Team identified the following programmes through which the MTSS objectives would be achieved; Human Resource for Health; Universal Health Coverage; Health Policy and Partnership coordination; Health Service Digitization; Medical Equipment and Consumables; Essential Drugs; Health Infrastructure Development; and Community Participation and Health Education Programmes. The overall budgeted expenditure for the health MTSS for the three-year period is 3,458,870,000; 6,262,700,000 and 5,746,500,000 and these are within the MTEF indicative budget ceiling of; 3,458,370,035; 6,382,931,248 and 7,071,425,001 for 2023, 2024 and 2025 respectively.

Some of the proposed outcomes for the Sector include healthy population, improved access to healthcare facilities, availability and access to essential drugs, availability and equitable distribution of Health Workers, etc. The MTSS document shows the programmes, the corresponding projects, key performance indicators (KPIs), the projected financial allocations over the plan period, the expected outputs and the proportions or percentages of funds attracted by each programme.

Finally, the MTSS document, in its Chapter Five (Annual Performance Review and Monitoring and Evaluation) provides for a framework for measuring performance in the Sector, roles/responsibilities and timelines for monitoring performance.

It is hoped that this MTSS document will support the State Government in achieving greater efficiency in Health service delivery.



Hon. Prof. Abdullahi Isa  
Hon. Commissioner, Ministry of Health  
Adamawa State

# Chapter One: Introduction

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## 1.1 Motivations for Preparing the MTSS

The Adamawa State Medium Term Development Plan (ASMTDP) envisions “Peaceful, harmonious and economically vibrant State that sustainably promotes inclusive growth based on equality of opportunity and justice for all its people.” It sets out a mission statement around “Building Adamawa State that is economically sustainable, socially inclusive, and environmentally resilient both at present and in the future.” To realise this Mission, ASMTDP identified four key pillars covering ten thematic areas of development fundamentals. One of the thematic areas focused on development of human capital to facilitate improved access to quality education, affordable healthcare and access to water and Sanitation. SDGs target 3.8 calls on countries to achieve Universal Health Coverage, including financial risk protection alongside access to quality essential health care services. Government of Adamawa State envisages that investment in healthcare will enable it to achieve its objective of human capital development needed for the achievement of the Sustainable Development Goals (SDGs). The Health Sector MTSS will enable the development of strategies that will seek to achieve the highest quality of healthcare to achieve the expected health outcomes. Under this thematic area, the following strategic objectives were identified

- Investment in healthcare to fill the gaps in the Sector and meet the targets set in meeting the Sustainable Development Goals.
- Strengthening coordination and regulatory institutions and processes aimed at reducing geographic and socioeconomic barriers to access, to strengthen health care delivery system.
- Increasing resource mobilization and Public-Sector funding in line with Abuja Declaration, improving equity and efficiency in resource allocation and utilization.
- Ensuring the generation of information that promotes evidence-based decision making.
- Increase access to safe, affordable, and quality essential medicines, vaccines, equipment, and supplies, through the building and maintaining of an integrated and effective supply chain system.
- Improve the availability and distribution of functional health facilities and equipment to ensure equitable access to health services in the State.
- Deepen community participation and ownership, ensuring gender and social inclusion in the health care delivery process.

The ASMTDP also sets the following targets as evidence of the achievement of the policy objectives:

- Ensure that at least 80% of Primary Healthcare Centres (PHCs) are linked to Community Health Committees.
- 100% of the Ward Development Committees currently constituted are functional
- 100% of PHCs have functional PHC Management Committees
- At least 80% of PHC are implementing Minimum Service Package (MSP)
- 100% of the population has access to basic and affordable healthcare.

- Drastically reduce Index incidence of diseases (including NCD, Malaria, HIV, mental health, etc.)
- Ensure low maternal mortality rates below the national average.
- Employ skilled health care workers to enhance workers population ratio
- Ensure 100% access to potable water sources and sanitation in health facilities
- Ensure 100% proportion of one-year-old children immunized against all the killer diseases
- Reduce the prevalence and death rates associated with malaria below the national average.
- Promote enhanced HIV/AIDS prevention and management below the status
- Ensure that the population with access to affordable essential drugs on a sustainable basis will have increased more than the national average.

Based on the above premise, the Health Sector MTSS will help achieve the desired policy objectives and targets by linking the ASMTDP and central policies to the annual budget through the development of appropriate strategies, programmes and projects that will deliver the expected outcomes. It fits into the Annual Budget Cycle allowing us to link budgets of successive years within the MTEF. The MTSS also brings the medium-term perspective to planning in the Health Sector, enabling greater space for planning, and accommodating critical projects whose cost exceed the stipulated resource ceiling for the respective years. This MTSS shall also provide the basis for the Annual Sector Performance Reviews and Reporting towards the achievement of the policy goals and targets within the plan period of 2023 – 2025. It is hoped that the MTSS will provide the much-needed coordination between Sectors in the implementation of cross cutting issues while also enabling greater efficiency and sustainability. This will help in allocation of funds to critical projects and programmes that will lead to achievement of the policy thrust of Adamawa State Government while also serving as a guide to individual MDAs towards implementing programmes and projects of the Sector that would achieve the health objectives of the State.

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

The MTSS was developed using a participatory approach through multistakeholder Sector Planning Team(SPT), comprising the Honourable Commissioner for Health as the Chairman, Permanent Secretary as the Secretary, the most senior director in the Ministry, the most senior budgeting officer, heads of major department within the Ministry of Health, heads of core agencies, a representative of the Adamawa State House of Assembly Committee on Health, a representative of the Civil Society Organisations and a member of the Nigerian Medical Association . The MTSS development was based on the principle of all-inclusiveness, participation, and ownership and this was reflected in the composition of the SPTs. The SPT members were trained on the MTSS process, tools, concepts, and principles, including the need and techniques for mainstreaming Gender, Equity and Social Inclusion (GESI) and conflict sensitivity in the MTSS development process.

This was followed by review of a review of high-level policy and other relevant central documents (ASMTDP 2021 – 2025, the State Strategic Health Development Plan (SSHDP) 2016 – 2030, the Adamawa State Health Policy 2017, National HRH Strategic Plan and SDGs) to ensure adequate alignment to the overall policy thrusts of State, national and international agenda.

A situational analysis was undertaken, using the SWOT analysis tool, with a view to understanding the context of the MTSS while establishing baseline for the various intervention areas. This was followed by a 3-day strategy session to agree on the Vision, Mission and Core Values statements of the Sector and develop appropriate Sector strategies and the results framework for achieving the strategic objectives contained in the State Adamawa State Medium Term Development Plan.

These sector objectives were further broken down into programmes and projects with due consideration given to ongoing programmes and projects, and costed over a three-year period, within the resource constraints imposed by the Adamawa State Medium Term Expenditure framework 2023 – 2025. The cost of the programmes and projects for the first year of the MTSS will form the 2023 capital budget for the Health Sector.

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

Table I summarizes the Sectors programmes, outcomes and expenditures over the MTSS period.

**Table I: Programmes, outcomes, and cost/expenditures**

Programme	Outcome	Budgeted Expenditure		
		2023	2024	2025
Human Resources for Health	Availability and equitable distribution of Competent health workforce	125,580,000	482,000,000	532,500,000
Universal Health Coverage	Quality and affordable healthcare (Universal health coverage attained for improved wellbeing of Adamawa citizens)	1,020,500,000	1,020,500,000	1,020,500,000
Health Policy and Partnership Coordination	Improved coordination and synergy amongst partners.	23,000,000	13,000,000	3,000,000
Health Service Digitization and Computerisation	Evidence based service delivery and availability of baseline data to inform decision making	348,990,000	372,500,000	289,000,000

Programme	Outcome	Budgeted Expenditure		
		2023	2024	2025
Medical Equipment and Consumables	Improved access to and seamless distribution of medical commodities and well-equipped health facilities across the State	649,500,000	1,889,500,000	2,184,200,000
Essential Drugs Programme	Availability of essential drugs for effective management of diseases.	126,500,000	84,500,000	84,500,000
Health Infrastructure Development	Equitably distributed and improved access to health facilities	1,085,000,000	2,250,000,000	1,489,600,000
Community Participation and Health Education	Empowered citizens with positive health seeking behaviour	79,800,000	150,700,000	143,200,000
<b>Total Cost</b>		3,458,870,000	6,262,700,000	5,746,500,000
<b>Indicative Budget Ceiling</b>		3,458,370,035	6,382,931,248	7,071,425,001
<b>Indicative Budget Ceiling Less Total Cost</b>		35	120,731,248	1,325,425,001

## 1.4 Outline of the Structure of the Document

This MTSS document is structured in 5 chapters as follows:

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

**Chapter 2: Sector and Policy in the State:** This gives an overview of the Sector within the context of the Adamawa State Health policy priorities. It begins with a brief introduction to the State and provides an overview of the Sector institutional structure, the current situation of the Sector, the Sector policy, vision, mission and core values statements as well as Sector objectives and programmes for the MTSS period.

**Chapter 3: The development of Sector strategy:** This chapter outlines the major strategic challenges in the Sector, Sector financial resources, projects prioritisation, contributions from Sector's development partners and programme connections between sectors. It finally outlines the strategies for the Sector and the related results framework, which includes responsibilities and the need for an operational plan.

**Chapter 4: Expenditure Projection Process and Capital - Recurrent Expenditures Comparison:** This chapter highlights the expenditure projections which informed the cost allocation to the strategic priorities and draws an analytical comparison between the capital and recurrent expenditures.

**Chapter five: Annual Performance Review and Monitoring and Evaluation:** The chapter provides a framework for annual Sector Performance Reviews and Monitoring and Evaluation of the MTSS towards ensuring impact and effectiveness of the Sector policies and strategies.



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

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### 2.1 A Brief Introduction to the State

Adamawa State, with a population of 4.8 million lies in the North-eastern part of Nigeria, occupying a land mass of about 42000 sq. Km. The State is administratively divided into 21 Local Government Areas and 226 wards. There is marked diversity in the State in terms of the number of ethnic groups which include Fulani, Bille, Burra, Bwatiye, Chamba, Fali, Gaánda, Gude, Higgi, Lunguda, Kanakuru, Kilba, Margi, Mbula, Yandang, Yangur, Mumuye, Laka, Njaji, and Verre. These ethnic groups live in segmented communities and speak different languages. The bulk of the State's resources come from the Federation Account with the presence of private Sector investment being minimal. The predominant occupation in the State is public service and farming while some other economic activities include, tailoring, shoe making, GSM, furniture making, iron fabrication etc. The Government has embarked on various skill acquisition trainings aimed at promoting small scale businesses in the State and addressing the high level of poverty and unemployment.

The Government of Adamawa State is committed to human capital development as one of the tenets of economic development and they believe that investment in health is critical towards building healthy individuals who would contribute to the workforce required to develop the various Sectors of the economy. In furtherance of this, the Government adapted the National Health Policy of 2016 and developed a State focused Health Policy.

Between 2021 and 2022, the Government, in a bid to ensure equitable access to secondary health care services across the State, constructed 5 new cottage hospitals and upgraded 2 existing, cottage hospitals in various LGAs. Facilities in the three General Hospitals owned by the State are also being upgraded, to handle referrals effectively. A modern Infectious Diseases Center (IDC) was also established, to manage and contain epidemics generally. Government has been working towards improving the quality-of-service delivery in our Primary Health Centers, through the recruitment of 1,200 personnel into the Primary Health Care system; construction of 22 Primary Health Care Facilities and renovation of over 20 existing facilities across the State with support from Development Partners.

### 2.2 Overview of the Sector's institutional structure

Provision of health care in Nigeria is a concurrent responsibility of the three tiers of Government. The LGAs with support from the State through the State Primary Healthcare Development Agencies, have responsibility for providing primary health care services. The State Government manages the public secondary level of care while the Federal Government provides tertiary level care. In addition to tertiary health care provision, the Federal Government drives the development and implementation of disease specific programmes. The Federal and State Health Ministries, Departments and Agencies manage the implementation of these programmes at all levels. Adamawa State adopts the same system of healthcare delivery and the need to address critical service delivery issues across these tiers is the main driver of the Adamawa State Health Sector MTSS.

The National Health Act (NHA) 2014 provides an overarching framework for the management and regulation of the health system across the Country. The three interrelated pillars of Primary Health care – Empowered people and engaged communities; Multisectoral action for health; and health services that prioritize the delivery of high-quality primary care and essential public health functions, are the main principles undergirding the Adamawa Health MTSS development. In Adamawa State, the Primary Healthcare Centres are managed by the State Primary Healthcare Development Agency (SPHCDA) while the secondary level is managed by the Hospital Services Management Board HSMB).

The composition and mandates of the Ministries, Departments and Agencies in Adamawa State Health Sector are as outlined in Table 2:

**Table 2: Health Sector MDAs Core Mandates**

SN	MDA	Core Mandate
1	Ministry of Health and Human Services	<ul style="list-style-type: none"> <li>Promote healthcare service delivery by providing policies and regulatory services towards affordable and accessible health for all Adamawa State residents.</li> </ul>
2	Hospital Services Management Board	<ul style="list-style-type: none"> <li>Control, manage and operate all General hospital hospitals and cottage hospitals in the State.</li> <li>Provide information and advice to the State Ministry of Health to facilitate realistic development of State policies and plans</li> </ul>
3	Adamawa State Contributory Health Management Agency	<ul style="list-style-type: none"> <li>Support provision of free basic healthcare services to indigent children under five years of age, indigent pregnant women, persons living with disability, amongst others.</li> <li>Monitor disbursement of funds to healthcare providers.</li> <li>Monitor financial trends and ensure that funds are always available for sustainable services.</li> </ul>
4	Adamawa State Primary Healthcare Development Agency	<ul style="list-style-type: none"> <li>Develop policies, strategies, guidelines and plans to facilitate access to effective, efficient and sustainable primary healthcare services to the people of Adamawa State</li> </ul>
5	Adamawa State Referral Center	<ul style="list-style-type: none"> <li>Provide support services for victims of sexual assault by providing free and immediate emergency medical treatment, trauma counselling as well as legal advice where necessary.</li> </ul>
6	Adamawa State Action for the control of HIV AIDS (ADSACA)	<ul style="list-style-type: none"> <li>Coordination of the various activities of HIV AIDS in the State.</li> </ul>
7	Adamawa Essential Drugs Programme	<ul style="list-style-type: none"> <li>Drug selection, quantification, procurement distribution and promotion of cost effectiveness</li> <li>Ensure that available drugs are effective, accessible and affordable at all levels of primary healthcare.</li> </ul>
8	Adamawa Traditional Medicine Board	<ul style="list-style-type: none"> <li>Provision of regulations and guidelines to the traditional medicine practice in the State</li> </ul>

Table 3 below highlights the staff disposition of the health MTSS disaggregated by grade level. Information on gender disaggregation is however not available at the time of MTSS development.

**Table 3: Health Sector Workforce Disposition Disaggregated by MDAs, Salary Grade Levels and Gender**

Sector MDA	Department	Number of Staff		Male	Female
Ministry of Health and Human Services	Administration	GL 14 +	3		
		GL 07-13	24		
		GL 02-06	11		
	Planning	GL 14 +	8		
		GL 07-13	27		
		GL 02-06	0		
	Public Health	GL 14 +	2		
		GL 07-13	4		
		GL 02-06	0		
	Hospital Services	GL 14 +	3		
		GL 07-13	0		
		GL 02-06	0		
	Laboratory	GL 14 +	2		
		GL 07-13	1		
		GL 02-06	0		
	Pharmacy	GL 14 +	3		
		GL 07-13	4		
		GL 02-06	0		
	Finance	GL 14 +	12		
		GL 07-13	2		
		GL 02-06	0		
	Nursing	GL 14 +	4		
		GL 07-13	0		
		GL 02-06	0		
	Procurement	GL 14 +	0		
		GL 07-13	4		
		GL 02-06	0		
	<b>Total</b>		<b>114</b>		
Hospital Services Management Board	Administration	GL 14 +	35		
		GL 07-13	141		
		GL 02-06	1,126		
	Medical Services	GL 14 +	35		
		GL 07-13	51		
		GL 02-06	96		
	Pharmacy	GL 14 +	11		
		GL 07-13	19		
		GL 02-06	340		
	Medical Laboratory	GL 14 +	12		
		GL 07-13	99		
		GL 02-06	176		
	Finance and Supply	GL 14+	34		
		GL 07-13	124		
		GL02-06	195		
	Planning Research and Statistics	GL 14+	9		
		GL 07-13	91		
		GL02-06	464		
	Nursing	GL 14+	135		
		GL 07-13	645		
		GL02-06	0		
	<b>Total</b>		<b>3,748</b>		
State Primary Healthcare d Development Agency	Administration and Human resources	GL 14 +	6	5	1
		GL 07-13	21	14	7
		GL 02-06	43	27	16

	Planning Research and Statistics	GL 14 +	4	3	1
		GL 07-13	9	5	4
		GL 02-06	-	-	-
	Essential Drugs and Logistics	GL 14 +	2	2	-
		GL 07-13	7	4	3
		GL 02-06	6	2	4
	Finance	GL 14 +	2	1	1
		GL 07-13	4	3	1
		GL 02-06	4	2	2
	Environmental Health Services	GL 14 +	2	2	-
		GL 07-13	2	1	1
		GL 02-06	1	1	-
	Audit	GL 14 +	1	-	1
		GL 07-13	5	1	4
		GL 02-06	-	-	-
	Community Health	GL 14 +	13	4	9
		GL 07-13	8	1	7
		GL 02-06	1	1	-
	Disease Control and Immunisation	GL 14 +	8	6	2
		GL 07-13	9	6	3
		GL 02-06	4	3	1
	Legal Unit	GL 14 +	--	-	-
		GL 07-13	1	1	-
		GL 02-06	-	-	-
	Information Unit	GL 14 +	1	1	-
		GL 07-13	1	1	-
		GL 02-06	1	-	1
	<b>Total</b>		<b>166</b>	<b>97</b>	<b>69</b>
Adamawa State Contributory Health Management Agency	Administration	GL 14 +	4	4	-
		GL 07-13	4	3	1
		GL 02-06	-	-	-
	Finance	GL 14 +	2	2	
		GL 07-13	6	5	1
		GL 02-06	--		
	Planning	GL 14 +	1	1	-
		GL 07-13	2	1	1
		GL 02-06	1	1	
	Standard and Quality Assurance	GL 14 +	2	1	1
		GL 07-13	2	2	-
		GL 02-06	-	-	-
	Programme	GL 14 +	1	1	-
		GL 07-13			-
		GL 02-06	1	1	-
	ICT Department	GL 14 +	-	-	-
		GL 07-13	1	1	-
		GL 02-06	1	1	-
	Marketing and Business Development	GL 14 +	-	-	-
		GL 07-13	1	1	-
		GL 02-06	-	-	-
	<b>Total</b>		<b>28</b>	<b>24</b>	<b>4</b>
Adamawa Essential Drugs Programme	Accounts	GL 14 +	6	4	2
		GL 07-13	23	10	13
		GL 02-06	4	3	1
	Administration	GL 14 +	1	0	1
		GL 07-13	4	1	3
		GL 02-06	0	0	0
	Procurement and Logistics	GL 14 +	1	1	0
		GL 07-13	4	4	0
		GL 02-06	0	0	0
	Monitoring and Evaluation	GL 14 +	1	0	1

		GL 07-13	0	0	0
		GL 02-06	2	1	1
	<b>Total</b>		<b>46</b>	<b>24</b>	<b>22</b>
<b>Grand Total</b>			<b>4, 102</b>		

## 2.3 The Current Situation of the Sector

The Adamawa State Medium Term Development Plan 2021 – 2025 outlines the current situation of the Sector as well as provides some baseline data to inform planning for health services. The Government of Adamawa State sees health Sector as an essential social service which serves as an enabler for all round economic development of the State. Affording the State's residents access to healthcare services is central to human capital development.

Currently, there are 957 health facilities in the State, with 403 PHCs and 11 general hospitals to provide 24/7 services, medicines, equipment, supplies, and health technologies. The Sector has about 6, 789 staff, of which less than 30% of them are professionals, while the remaining 70% are support staff and are largely untrained. The worst-hit are the secondary and tertiary healthcare facilities. For example, there are only 55 doctors in the State service. The average number of health workers in Primary Health Care (PHC) facilities is 15.1, the Average monthly sick report in PHC facilities is 100.2, Average monthly in-patients in PHC facilities is 347.4. Despite these provisions, over 52% of the people are Suffering from self-reported health issues, with Malaria being the dominant reason for the health care visits (over 60%). This is irrespective of the fact that more than 70% of the population use insecticide-treated mosquito bed-net. A major share (45.1%) of ill people visits patent chemists in search of medical treatment, while 28.6% visit hospitals. On average it takes about 2 hours and 8 minutes to reach and receive consultations in the hospitals and only 87.2 minutes in clinics. For persons not visiting hospitals/clinics for medical attention, 47.5% reported the high cost of medical treatment precluded them from seeking medical help. About 1.47% of the population in the State are disabled.

The State is reported to have a high maternal mortality rate of 855 per 100,000 live births, compared to the national figure of 576 per 100,000 live births. The report also shows that though 85.1% of women aged 15 – 49 received antenatal care from skilled providers, only 66.5% of live births were protected against neonatal tetanus and 36.3% of the women were delivered by skilled providers. Delivery at health facilities was 33.4%. Family planning is low in Adamawa State, as only 4% of married women ages 15–49 used contraceptives. Life expectancy at birth in the State is 43 years, while 11.6% of the people of the State have one form of disability or the other. The prevalence of HIV/AIDS is 6.8%. The low indices, combined with the existence of socio-cultural practices, low level of education of women in this age group, and low levels of income, continue to impact the performance of the health care system in the State. (NDHS 2018)

A swot analysis done for the Sector showed the following strengths weaknesses, opportunities and threats.

### **Strengths**

- The State has about 17 functional Secondary Health Care facilities and 403 functional Primary Health Care facilities and 5 on-going cottage hospitals. These hospitals provide 24/7 health care services to the communities around them.
- Improved Referral System - with the coming and implementation of Primary Health and Care Under One Roof (PHCUOR) in the State, the referral system has been strengthened through capacity building of Facilities Managers. Referral Desk Officers were appointed to handle referral cases from the facilities to referral centres and feedback.
- Availability of State policy - The National Health Care policy have been domesticated and is being implemented across the State PHC.
- Existing Community Structure in form of Ward Development Councils (WDCs) and Facility Health Committees (FHC).
- With the coming of Primary Health Care Under One Roof, there exists a ward development committee member at the local Government level that assist the Government in the implementation of Primary Health Care delivery at the local Government level. The Ward Development Committee works together with the Facility Management Committee to enhance Health Facilities at the local Government level.
- There is strong collaboration and synergy between the State and the Local Government in health care delivery services in the State.
- Sound procurement process - Procurement units have been established in the health institutions to enhance transparency and accountability in governance.

### **Opportunities**

- Support from Federal Government and Development Partners - The Federal Government through the National Primary Health Care Development Agency supports the State Primary Care Development Agency activities in the State. On the other hand, UNICEF assists with immunizations, while UNFPA assist maternal and child health activities/Gender Based Violence. World Health Organisation (WHO) supports the State through mobilization and funds to address disease outbreak in the State.
- Private Investors - There are more than 150 Private Health Facilities across the State contributing to healthcare delivery.
- High Commitment to primary health - Apart from bringing PHC under one roof by the State, the State has also made PHC a priority through supply of drugs, furniture, etc.
- Availability of the National Health Policy- The National Health Policy has provided guidelines for effective services delivery.
- Availability of training institutions - The State has numerous Institution such as the school of Nursing, School of Health Technology and the newly established Modibbo Adama Teaching Hospital which supports the training of health personnel for effective service delivery.

## Weaknesses

- Inadequate skilled manpower- within the primary and secondary health facilities, there is paucity of professional health-workers e.g., Nurses, Pharmacist, Medical Doctors, Medical Laboratory Scientist, CHEWs, JCHEWs.
- Shortage of essential drugs to manage the hospitals – There is low supply of essential drugs to all secondary health facilities in the State since the End-Sars protest that led to the vandalization of the stores. There has been no funding to the Essential Drug Program to enable them to supply the needed drugs to the facilities.
- Poor structural design of health facilities - most of the structures of Health Facilities did not consider the physically challenged persons walking access within the facility.
- Inadequate data collection and management system: Monthly data collection from PHCC and secondary providers for evaluation are inadequately generated for planning and decision making.
- Weak referral system - The two-way referral system in the State is low and the cases are being managed at the lower level and referring the treated patient to the lower level from the higher level is not in practice.
- Inadequate monitoring vehicle for supervision - MDAs has inadequate monitoring vehicles in the State, most of the available vehicle are not functional and cannot match the 237 health facilities in the State.
- Lack of synergy between the collaborating Health MDAs - There is serious disconnect between Ministry, Board and Agency.
- Inadequate ICT infrastructures - There is need to intensify the use of ICT within the health Sector to move with the global trend in the healthcare provision by providing ICT machinery complemented by capacity building of the staff.
- Lack of Health education for the rural populace - There is need to create awareness on the effects of Non-Communicable Diseases and Communicable Diseases among rural dwellers for effective management.
- Poor preparedness for emergency disease outbreak (COVID 19 and Monkey Pox) - Sensitization of the skilled staff and populace on the emergency disease outbreak preparedness.

## Threats:

- High level of poverty amongst the citizenry threatens their access to the medical care. They therefore resort to self-medication and patronise traditional options, which portends huge danger to their lives.
- The high level of insecurity in some LGAs has led to the shutting down of medical activities, with staff and patients afraid to move from one place to another to access care.
- Poor remuneration of Health Workers occasioned by non-implementation of CONMES and CONHESS policies has seen health workers migrating to other states to look for greener pastures.
- Obnoxious cultural beliefs in some locations - Some cultures do not allow for the use of modern medical attention and resort to the traditional method of treatment.

## 2.4 Sector Policy

The National Health policy aims to strengthen the health system so that it would be able to provide effective, efficient, quality, accessible and affordable health services. The main policy thrusts of the Adamawa State Health Sector as outlined in the ASMTDP are hinged on the development of human capital to facilitate improved access to quality and accessible healthcare. In the light of the situation and challenges highlighted in section 2.3 above, the Adamawa State MTSS adopted the following policy objectives outlined in the ASMTDP which already respond to the highlighted challenges and adapted them to the Adamawa Health Sector context. The Sector objectives, programmes, and expected outcomes are as set out in Table 2: The objectives and strategies developed to enable their achievement are in Annex 1.

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

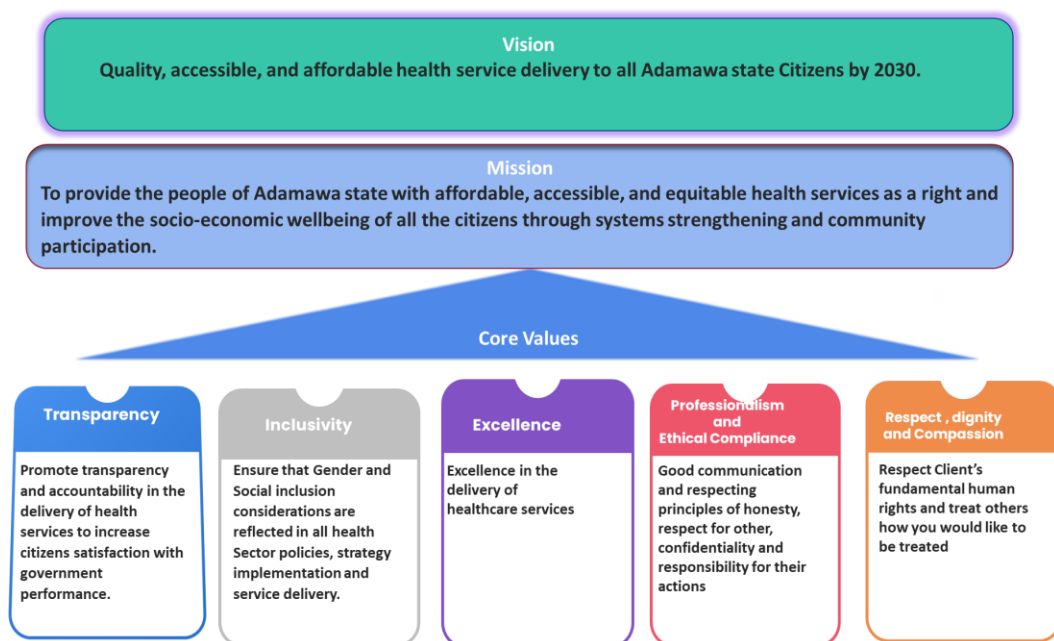


Figure 1 : Vision, Mission and Core Values Statements

## 2.6 The Sector's objectives and programmes for the MTSS period

Table 4 shows the objectives that Adamawa Health Sector wishes to pursue over the MTSS period of 2023 - 2025; the programmes it plans to execute in relation to each objective; and the expected outcomes of the respective programmes. This table demonstrates how the health Sector objectives over the medium-term period relate to the goal set in the Adamawa State Medium Term Development Plan. Table 5 shows the targets set for the achievement of each of the objectives, the baseline value and how performance will be measured (Key Performance Indicators).



**Table 4: Summary of State Level Goals, Sector Level Objectives, Programmes and Outcomes**

State Level Goal	Sector Objective	Programme	Outcome
Development of Human Capital to facilitate improved access to quality education, affordable healthcare and access to water and Sanitation	To achieve a healthier population for Adamawa State because of comprehensive, high-quality health services accessible to all citizens.	Service delivery programme	Improved SDGs Health Indicators
		Human Resources for Health	Availability and equitable distribution of Competent health workforce
	Investment in healthcare and Public private partnership to fill the gap in the Sector and meet the targets set in meeting the Sustainable Development Goals.	Universal Health Coverage	Quality, accessible and affordable healthcare (Universal Health Coverage attained for improved wellbeing of Adamawa citizens)
	Strengthening coordination and regulatory institutions and processes aimed at reducing geographic and socioeconomic barriers to access, to Strengthen health care delivery system.	Health Policy and Partnership coordination	-Improved coordination and synergy amongst partners.  -Regulated use of traditional medicine
	Increasing resource mobilization and public-Sector funding in line with Abuja Declaration, improving equity and efficiency in resource allocation and utilization.	Resource mobilization and Health financing	Improved funding for the health Sector.
	Ensuring the generation of information that promotes evidence-based decision making	Health Service digitization and computerisation	Availability of baseline data to inform decision making.
	Increase access to safe, affordable, and quality essential medicines, vaccines, equipment, and supplies, through the building and maintaining of an integrated and effective supply chain system	Medical equipment /consumables	Improved access to and seamless distribution of medical commodities Well-equipped health facilities across the State
		Essential Drugs Programme	Availability of essential drugs for effective management of diseases.
	Improve the availability and distribution of functional health facilities and equipment to ensure equitable access to health services in the State.	Health infrastructure development	Equitably distributed and improved access to health facilities
	Deepen community participation and ownership, ensuring gender and social inclusion in the health care delivery process.	Community engagement and health Education.	Increased community participation
			Inclusive and equitable health service delivery achieved
			Empowered citizens with positive health seeking behaviour

Table 5: Goals, programmes, and outcome deliverables (Results Framework)

Sector Objective	Programme	Outcome Deliverable	KPI of Outcome	Baseline (e.g., Value of Outcome in 2021)	Outcome Target		
					2023	2024	2025
To achieve a healthier population for Adamawa as a result of comprehensive, high-quality health services accessible to all citizens.	Service delivery programme	Improved SDG Health Indicators	SDGs Indicators -Incidence index of diseases	NA	20%	30%	40%
			-Maternal Mortality rate.	855per 100,000 live birth	20%	30%	40%
			-infant mortality rate.	NA	20%	30%	40%
			-HIV prevalence rate	6.8%	30%	40%	50%
			-Malaria prevalence rate	NA	10%	20%	30%
			-skilled Birth attendant delivery	NA	10%	20%	30%
			-% of 1 year old children immunized against killer diseases	NA	30%	50%	90%
			-Death rate from Malaria	NA	10%	20%	30%
			-Women delivered by -skilled birth attendant	NA	20%	40%	60%
			- life expectancy	43	10%	20%	30%
	Human Resource for Health	Availability and equitable distribution of Competent health workforce	-Doctor -Patient ratio	NA	20%	40%	60%
			-Patients waiting time	NA	20%	40%	60%
			-Nurse -Patient Ratio	NA	20%	40%	60%
			- Proportion of health facilities with full staff complement	0	30%	50%	90%
Investment in healthcare to fill the gap in the Sector and meet the targets set in meeting the Sustainable Development Goals.	Health Financing /Universal Health Coverage	Quality and affordable healthcare (Universal health coverage attained for improved wellbeing of Adamawa citizens)	-% of population with access to UHC	NA	30%	50%	70%
			% of population with access to Minimum Service Package (MSP)	NA	30%	40%	60%
		Improved funding and health service delivery	-Level of healthcare funding (as a % of total budget allocated to health)	7% for 2022 budget	50%	70%	100%
Strengthening coordination and regulatory institutions and processes aimed at reducing geographic and socioeconomic barriers to access, to Strengthen health care delivery system.	Health Policy and Partnership coordination	Improved systems and processes, coordination and synergy amongst partners.	-Availability of coordination framework and M&E systems - Existence of up-to-date policies	No CF  Policies Out of date	20%	40%	60%
			-Staffing levels at the regulatory institutions. (SMOH, SPHCDA)	NA	30%	40%	60%
Increasing resource mobilization and public-Sector funding in line with Abuja Declaration, improving equity	Resource mobilization and Health financing.	Improved funding for the health Sector.	-Budgetary provision for health as percentage of total budget,	7%			

Sector Objective	Programme	Outcome Deliverable	KPI of Outcome	Baseline (e.g., Value of Outcome in 2021)	Outcome Target		
					2023	2024	2025
and efficiency in resource allocation and utilization.			-Extent of releases -Actual expenditure	20.3%			
Ensuring the generation of information that promotes evidence-based decision making	Health Service digitization and computerisation	Availability of baseline data to inform decision making.	-Extent of availability of baseline data  -Existence of HMIS  -Functionality of the HMIS	10%  Rudimentary  suboptimal	30%	40%	50%
Increase access to safe, affordable, and quality essential medicines, vaccines, equipment, and supplies, through the building and maintaining of an integrated and effective supply chain system	Medical equipment and consumables	Improved access to and seamless distribution of medical equipment commodities	- % of Health facility fully equipped and resourced for effective service delivery - utilisation rate of equipment -Proportion of Communities with well-equipped Primary Healthcare facilities -Proportion of LGAs with well-equipped secondary health facilities.	10%  NA  NA	30%	50%	70%
	Essential Drugs Programme	Availability of essential drugs for effective management of diseases.	-Status/ functionality of Central medical stores  -Status of essential drugs supply at the health facilities  - % of the population with access to affordable essential drugs compared to National Average	Not Functional  No stock  NA	30%	60%	90%
Improve the availability and distribution of functional health facilities and equipment to ensure equitable access to health services in the State.	Health infrastructure development	Equitably distribution and improved access to health facilities	-Average travel time to PHCs and Secondary Health care facilities  -proportion of wards, communities with functional primary healthcare facility	2hrs 8min and 87 mins respectively  NA	30%	50%	70%
Deepen community participation and ownership, ensuring gender and social inclusion in the health care delivery process.	Community Engagement and Health Education	Increased Community participation and empowered citizens with positive health seeking behaviour	-Proportion of communities with functional WDCs and FHCs	NA	40%	70%	100%
			-Proportion of Primary healthcare facilities linked to Community Health Committees	NA	40%	70%	80%
		Empowered citizens with positive health seeking behaviour	- behavioural change and extent of health seeking behaviours (Antenatal attendance, immunization levels,	NA	40	70%	80%

Sector Objective	Programme	Outcome Deliverable	KPI of Outcome	Baseline (e.g., Value of Outcome in 2021)	Outcome Target		
					2023	2024	2025
			reduction in FGM, etc)				
		Inclusive and equitable health service delivery achieved	-Proportion of Primary Healthcare facilities with ramps  -Proportion of PHCs with adequate WASH facilities  -Proportion of PHCS with separate toilet facilities for women.	NA   NA	30%	70%	100%

## Chapter Three: The Development of Sector Strategy

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### 3.1 Outline of Major Strategic Challenges in the Sector

The key challenges facing the Sector have been outlined in sections 2.3. Key among the challenges are; poor state of health infrastructure, High disease prevalence and poor funding, with average budget performance from 2018 – 2021 being 47.6% and the capital budget performance pro-rated for July 2022 standing at 8.5%. (Source MTEF2023 – 2025, 2022 Half year Budget Performance reports)

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

The Health Sector will leverage its strengths and opportunities to improve the capacity of its MDAs to deliver superior services. Some of the challenges include Poor state of Health Infrastructure, inadequate Hospital Equipment, inadequate skilled manpower; etc. These strategies were developed within the constraint of Sectoral ceilings imposed by the 2023– 2025 Medium Term Expenditure Framework. The financial resources available to the Health Sector are as summarized in the tables 6 and 7, and the detailed strategies for addressing the challenges within the Sector and achieving the desirable outcomes are in Annex I.

To address the challenges identified through the swot analysis, the Sector Planning Team developed the following strategies in response to those challenges and to achieve some set objectives which were derived from the identified challenges. These strategies were broken down into projects and costed for inclusion in the multiyear budget 2023 – 2025.

- Provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care services and increase annual budget implementation rate by 50%.
- Strengthen the mechanisms for HRH training institutions, regulatory bodies, and other stakeholders to increase health workforce production.
- Effective health workforce management through retention, deployment, work condition, motivation, and performance.
- Strengthen Health workforce planning for effective management.
- Strengthen the State's Coordination Frameworks for health financing.
- Improve integration of existing surveillance systems and diseases registries into the overall health information system Provision and use of affordable, accessible, and quality medicines, vaccines, and other health commodities and technologies at all levels of health care.
- Strengthen the development and regulation of traditional medicine in the State.
- Scale up the provision of equipment and other health infrastructure in line with established standards.
- Entrench citizens participation through support to establishment of Community based structures (WDCs, FHCs etc).

### 3.3 Sector Financial Resources

Tables 6 and 7 summarise the financial resources available to the Sector and shows the deviation between the budgeted amount and the actual expenditure for the preceding years of 2021 and 2022.

**Table 6: Summary of Year 2021 Sector Budget Data**

Item	Approved Budget (N)	Amount Released (N)	Actual Expenditure (N)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	4,481,085,000	4,754,682,497	4,754,682,497	101%	100%
Overhead	257,805,000	239,661,900	239,661,900	93%	100%
Capital	6,276,240,000	1,861,003,577	1,861,003,577	29.7%	100%
Total	11,015,130,000	6,855,347,974	6,855,347,974	62.2%	100%

**Table 7: Summary of 2022 Sector Budget Data**

Item	Approved Budget (N)	Amount Released (N)	Actual Expenditure (N)	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	5,350,461,000	1,849,873,547.93	1,849,873,547.93	34.6%	100%
Overhead	424,649,000	105,488,323.96	105,488,323.96	24.8%	100%
Capital	6,400,000,000	518,216,169.97	518,216,169.97	8.1%	100%
Total	12,175,110,000	2,473,578,041.86	2,473,578,041.86	20.3%	100%

This actual expenditure is pro-rated for July 2022

**Table 8: Personnel and Overhead Costs – Existing and Projected**

Cost Item	Approved 2022	Actual 2022	Projections (Over MTSS Period)		
			2023	2024	2025
Number of Staff	NA	NA	NA	NA	NA
Personnel Cost (N'000)	5,350,461,000	1,849,873,547.93	5,163,242,795	5,412,974,589	5,680,672,697
Overhead Cost (N'000)	424,649,000	105,488,323.96	200,349,353	181,665,417	157,221,644

The declining overhead projection indicates Governments action achieve budget realism through the reduction of administrative cost. Personnel cost projection for 2023 – 2025 has remained consistent with the 2022 projection and is indicative of the need to maintain the staff numbers while making effort to strike a balance between the administrative and the professional health workers.

### 3.4 Projects Prioritisation

Projects prioritisation is imperative to enable the selection of priority projects that fit within the indicative budget ceiling allocated to a Sector. The prioritisation was done using the Excel Projects Prioritisation and Costing Template and is as shown in Table 9.

Table 9: Results of Projects Prioritisation

S/N	Project Code  (The Code of the Project in the current year's budget. If the Project is new, add 6 zeros)	Project Name  (As in the current year's budget or if it is a new project, as you want it to appear in the next year's budget)	Project's Contribution to State Development Plan Goals							Project Status (Ongoing = 3; New = 1)	Likelihood of completion not later than 2025 (2023 = 3; 2024 = 2; 2025 = 1; Beyond 2025 = 0)	Nature of Project (Developmental = 3; Administrative = 1)	Total Score	Project Ranking	Physical Location: Local Government/ Multiple LGAs/ Statewide  (Add comment if more than one LGA)	Project Status (Ongoing/ New)	Timelines	
			Agriculture Development	Commerce and Industry Development	Revenue Generation	People Oriented Development	Reconstruction, Rehabilitation, and Resettlement.	Human Capital Development	Social Development and Welfare								Project Commencement Year	Expected Year of Completion
1	23020106	Completion of ongoing cottage hospital in Demsa	1	1	0	3	2	3	3	3	3	3	22	1	Demsa	Ongoing	2022	2023
2	100001	Medical Specialist Recruitment	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
3	23050108	Overseas Training for medical specialists (19 officers)	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
4	23010122	CT Scan scan and MRI Machine in 3 secondary healthcare facilities	1	1	0	3	2	3	3	1	3	3	20	2	Yola North	New	2023	2023
5	100001	Health Policy review( State Health Policy,Rural Posting, etc)	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
6	100001	Recruitment and deployment of 2000 Skilled health workers	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
7	23050101	Provision of Fund for research in Human Resources for Health	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
8	100001	Quarterly health awareness sensitization on Community participation	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
9	3050108	Annual WDC and HFMC training	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
10	3050108	Annual Training for Community and religious leaders	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
11	100001	Stakeholder Consultation on domestication of the National Health Act	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
12	3050108	M&E Officers Capacity Building for all Health MDAs.	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
13	100001	Procurement of Solar Refrigerator for 22 secondary health facilities for drugs and vaccine storage	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
14	100001	Refurbishing of forklift	1	1	0	3	2	3	3	1	3	3	20	2	Yola North	New	2023	2023
15	100001	Purchase of metal shelves for drugs at the central medical store	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
16	100001	3 days residential meeting for 30 stakeholders to review and adopt the National Health Policy on essential	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
17	100001	1 day meeting for 20 stakeholders to draw up the essential medicine list.	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
18	100001	1. day residential meeting with 300 Health Facility Managers to advocate and disseminate the essential	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
19	100001	Procurement of essential drugs for replenishing seed stock at the central medical stores	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
20	23010105 -	Purchase of 3 Hiluxes for delivery and monitoring of essential drugs	1	1	0	3	2	3	3	1	3	3	20	2	Yola North	New	2023	2023



21	23050101	Minimum service Package (MSP) equity fund	1	1	0	3	2	3	3	1	3	3	20	2	Yola North	New	2023	2025
22	23020106	Construct 3 PHC facilities in each LGA, equipped with RAMPS and other facilities for easy access for people with	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
23	23030105	Rehabilitate 3 per LGAs dilapidated PHC across the state	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
24	23010122	Procurement of 800 hospital beds in PHCs (6per PHC)	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
25	23010122	Procurement of basic medical equipment for 126 PHCs	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
26	100001	Purchase of Office furniture for 126 PHCs	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
27	100001	Provision of solar motorized Boreholes overhead tank in all 126 PHCs and 22 secondary health facilities	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
28	100001	Provision of toilet facilities in all 126 PHCs ( with separate facilities for men, women and PWD)	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
29	100001	Provision of waste disposal facilities in all 126 PHCs	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
30	23050108	5 days ( TOT) workshops for WDCs, and 2700 Community Health Influencers and Promoter services on health	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
31	100001	Sensitization outreach to 21 LGAs on positive and health seeking behaviours( Breastfeeding, family planning	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2023
32	100001	Provision of Logistic funding support for 226 WDCs	1	1	0	3	2	3	3	1	3	3	20	2	State Wide	New	2023	2025
33	100001	Procurement of Fumitures for Essential Drugs Agency	1	1	0	3	2	3	3	1	3	3	20	2	Yola North	New	2023	2023
34	23020106	Upgrade Laboratories in 22 secondary healthcare facilities	1	1	0	3	2	3	3	1	2	3	19	34	State Wide	New	2023	2025
35	100001	Rural Area motivation fund	1	1	0	3	2	3	3	1	2	3	19	34	State Wide	New	2023	2024
36	23020106 -	Construction of 2 secondary health facilities in Mubi North and Yola South	1	1	0	3	2	3	3	1	2	3	19	34	Multiple LGAs	New	2023	2024
37	23010122	Equipping of the Newly constructed secondary Health care facilities in Mubi North and Yola South.	1	1	0	3	2	3	3	1	1	3	18	37	Multiple LGAs	New	2024	2025
38	100001	Reactivation of the Ministry's website .	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
39	100001	Production and distribution of 2000 copies of Guideline on retention and shifting	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
40	100001	Management staff training ( 100 persons) on Retention and shifting guideline	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023

41	100001	Annual Policy Review meetings ( for improved monitoring and supervision)	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
42	100001	Printing, production, dissemination/ distribution of the Adamawa state health Law	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
43	23050103	Annual Sector Performance Review Meetings	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
44	100001	Production of data collection tools ( forms, Templates etc)	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
45	100001	Construction of pallets for drugs storage at the central medical stores and pharmacies at the various secondary	1	1	0	3	2	3	3	1	1	3	18	37	State Wide	New	2023	2025
46	100001	Construction of coldroom at the central medical store	1	1	0	3	2	3	3	1	1	3	18	37	State Wide	New	2023	2025
47	100001	Purchase and Installation of Solar system at the Central Medical Stores, Hospitals and PHCs to improve storage of	1	1	0	3	2	3	3	1	1	3	18	37	State Wide	New	2023	2025
48	100001	Production and distribution of 500 copies essential medicines list to 403 PHCs and 22 Secondary Facilities	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
49	100001	Conduct 7 days assessment of PHCs in the 21 LGAs	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
50	100001	2 day workshops to develop checklist for health educators activities	1	1	0	3	2	3	3	1	3	1	18	37	Yola North	New	2023	2023
51	100001	3 day exercise for administration of checklist in 21 LGAs	1	1	0	3	2	3	3	1	3	1	18	37	State Wide	New	2023	2023
52	3050108	Medical Officers Training (various)	1	1	0	3	2	3	3	1	1	3	18	37	State Wide	New	2023	2025
53	100001	Procurement of Computers( For Essential Drugs Programme, PHCs and HSMB)	1	1	0	3	2	3	3	1	2	1	17	53	State Wide	New	2023	2024
54	3020127 -	Procurement of internet( For the essential drugs programme, PHC facilities and HSMB)	1	1	0	3	2	3	3	1	2	1	17	53	State Wide	New	2023	2024
55	100001	Employment of ICT staff	1	1	0	3	2	3	3	1	2	1	17	53	State Wide	New	2023	2024
56	23020102 -	Building of staff Quarters in 3 Secondary Healthcare Facility( For new staff and existing Doctors and Nurses)	1	1	0	3	2	3	3	1	2	1	17	53	Multiple LGAs	New	2023	2024
57	100001	ICT Training / Capacity Building	1	1	0	3	2	3	3	1	0	3	17	53	State Wide	New	2023	beyond 2025
58	100001	Connecting the Health Management Information system(HMIS) to all Health Facilities	1	1	0	3	2	3	3	1	1	1	16	58	State Wide	New	2023	2025

### 3.5 Contributions from Sector's Development Partners

Various development partners are undertaking various activities in the State Health Sector, including, HIV AIDS, Malaria Control, Malnutrition, Hospital Equipment among others. Some of these interventions require counterpart contribution from the State Government while others do not. The available grants and development partners funding and their counterpart funding requirements are outlined in Table 10:

**Table 10: Grants and Development Partners' Funding**

Source / Description of Grant	Amount Expected (N)			Counterpart Funding Requirements (N)		
	Year 2023	Year 2024	Year 2025	Year 2023	Year 2024	Year 2025
Basic Healthcare Provision Fund	10,000,000	577,500,000	577,500,000	10,000,000	288,750,000	288,750,000
Adamawa State immunization plus Malaria progress	5,000,000	250,000,000	250,000,000	-	-	-
FMOH- Save one Million Lives	10,000,000	500,000,000	500,000,000	-	-	-
Family Health International	5,000,000	80,850,000	80,850	-	-	-
World Bank Malaria Control	5,000,000	115,500,000	115,500,000	-	-	-
WHO- AFRH Tuberculosis and Leprosy Control	7,700,000	7,700,000	8,085,000	-	-	-
TIB Hospital Equipment	5,000,000	138,600,000	138,600,000	-	-	-
EU-UNICEF – Safe motherhood Treatment for women	5,000,000	57,750,000	57,750,000	-	-	-
WHO Outreach Service	5,000,000	57,750,000	57,750,000	-	-	-

Source / Description of Grant	Amount Expected (N)			Counterpart Funding Requirements (N)		
	Year 2023	Year 2024	Year 2025	Year 2023	Year 2024	Year 2025
UNFPA- Sexual and Reproductive Health	5,000,000	34,650,000	34, 650,000	-	-	-
Global Fund Malaria Control	5,000,000	57,750,000	57,750,000	-	-	-
World Bank HIV AIDS Control	10,000,000	200,000,000	200,000,000	-	-	-
Total Grant	40,000,000	1,238,750,000	1,238,830,850	-	-	-

Source: Adamawa MTEF 2023 - 2025

### 3.6 Programme Connections Between Sectors

The Adamawa State Medium Term Expenditure document predicates its projections on identified policy objectives including “Continuous improvement in access to - and quality of - public services, these include Agriculture, Environmental and Infrastructural Development, Education, Water and Health Care Delivery Systems at all levels. Inherent in this is the resolve of Government to promote gender equality and inclusive development.”

The state of Water Sanitation and Hygiene (WASH) in Health Facilities across the State is a major concern and will require effective coordination between the Health and WASH Sectors to achieve the objective of providing WASH facilities in all PHCs and Secondary Health facilities in the State. Effective teaching and learning of Physical and Health Education will enable behavioural change towards an informed citizenry and a healthier environment. A healthier population will in turn build the human capital required for increased productivity for economic growth and development.

### 3.7 Identification and Treatment of Cross Cutting Projects

The following projects will need interagency cooperation to enable their effective implementation:

- Development of Health Infrastructure: Min of Health; Ministry of Works and Infrastructure
- Provision of WASH Facilities in all health facilities: Ministry of Health; Min of Water Resources: Ministry of Environment.
- Recruitment of Health workers: Min of Health; Office of Head of Service; Civil Service Commission.

### 3.8 Sector's Strategic Priorities

The Health Sector strategic priorities for 2023 – 2025 are as follows:

- Scale up the provision of equipment and other health infrastructure in line with established standards.
- Provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care services and increase annual budget implementation rate by 50%.
- Effective health workforce management through retention, deployment, work condition, motivation, and performance.
- Strengthen the State's Coordination Frameworks for health financing.
- Improve integration of existing surveillance systems and diseases registries into the overall health information system provision and use of affordable, accessible, and quality medicines, vaccines, and other health commodities and technologies at all levels of health care.
- Strengthen the development and regulation of traditional medicine in the State.
- Entrench citizens participation through support to establishment of Community based structures (WDCs, FHCs etc).

### 3.9 Outline of Key Strategies

Table 11 shows the projects that the Health Sector will implement to deliver the outcomes specified for the respective programmes in Table 2. These projects derive from the strategic responses specified in Section 3.2 and Sector priorities specified in Section 3.7.

**Table 11: Summary of Projects Expenditure and Output Measures**

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
Equitably distributed and improved access to health facilities	Completion of ongoing cottage hospital in Demsa	19,000,000	15,000,000	0	0	Cottage Hospital Completed	Completion status	95% completion	100%	-	-	23020106	MOH
	Construct 3 PHC facilities in each LGA, equipped with RAMPS and other facilities for easy access for people with disability (PWDs)	-	600,000,000	600,000,000	690,000,000	PHC Facilities with Ramps and other PWDs Constructed	-Completion Status -Presence of Ramps and Access for PWDS	NA	33%	66%	100%	23020106	ASPHCDA
	Rehabilitate 3 per LGAs dilapidated PHC across the State	-	200,000,000	200,000,000	230,000,000	3 PHCs per Local Government rehabilitated	Number of PHCs rehabilitated	0	33%	66%	100%	23030105	ASPHCDA
	Provision of solar motorized Boreholes overhead tank in all 126 PHCs and 22 secondary health facilities	-	0	450,000,000	290,000,000	Solar Motorised Borehole and Overhead Tanks provided in all 126 PHCs and 22 Secondary Health facilities	-Proportion of PHCs provided with Solar Motorized Borehole -Proportion of Secondary Health facilities provided with motorised Borehole	NA	0%	40%	60%	100001	ASPHCDA SMOH
	Provision of toilet facilities in all 126 PHCs (with separate facilities for men, women and PWD)	-	70,000,000	600,000,000	29,600,000	Toilet Facilities Provided (with separate facilities for men, women and PWD)	-Proportion of PHCs with adequate toilet facilities - Proportion of facilities with separate facilities	NA	20%	80%	100%	100001	ASPHCDA

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
							for men, Women and PWD						
	Upgrade Laboratories in 22 secondary healthcare facilities	-	120,000,000	200,000,000	180,000,000	Laboratories in 22 Secondary Facilities upgraded	Number of Secondary Facilities with up to standard laboratory	NA	20%	70%	100%	23020106	MOH
	Construction of 2 secondary health facilities in Mubi North and Yola South	-	80,000,000	200,000,000	70,000,000	2 Secondary Health Facilities constructed in Mubi North and Yola South	Status of completion	0	20%	80%	100%	23020106	MOH
Availability and equitable distribution of Competent health workforce	Medical Specialist Recruitment	-	2,080,000	0	0	Medical Specialists recruited	Number of medical workers recruited by category	55	100%	-	-	100001	MOH
	Overseas Training for medical specialists (19 officers)	-	32,000,000	50,000,000	100,000,000	Overseas training for medical specialists completed	Number of medical specialists trained overseas	NA	2	6	19	23050108	MOH
	Recruitment and deployment of 2000 Skilled health workers	-	9,500,000	12,000,000	12,500,000	2000 skilled workers recruited and deployed	Number of skilled health workers recruited and deployed	NA	33%	66%	100%	100001	MOH
	Provision of Fund for research in Human Resources for Health	-	12,000,000	20,000,000	20,000,000	Funding for HRH research released	Amount released and utilised for HRH research	NA	100%	100%	100%	23050101	MOH
	Rural Area motivation fund	-	50,000,000	50,000,000	50,000,000	Rural area Motivated fund endowed	Rural Area Motivation Fund in place	NA	100%	100%	100%	100001	MOH
	Production and distribution of 2000 copies of Guideline on retention and shifting	-	5,000,000	0	0	2000 copies of Retention and Task Shifting Guideline produced and distributed.	-Number of copies of Guideline produced -Number PHCs having Guideline	0	100%	-	-	100001	MOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
	Management staff training (100 persons) on Retention and task shifting guideline	-	10,000,000	0	0	Management staff trained on Retention and Task Shifting Guideline	Number of management staff trained	0	100%	-	-	100001	MOH
	Medical Officers Training (various)	-	5,000,000	50,000,000	50,000,000	Medical Officers in various cadre Officers Trained	Number of Medical Officers Per cadre trained	0	100%	100%	100%	3050108	MOH OHOS
	Building of staff Quarters in 3 Secondary Healthcare Facility (for new staff and existing Doctors and Nurses)	-	0	300,000,000	300,000,000	Staff Quarters for 3 Secondary Health Facilities built	Completion Status	NA	-	50%	100%	23020102	MOH
Improved access to and seamless distribution of medical commodities and well-equipped health facilities across the State	CT Scan and MRI Machine in 3 secondary healthcare facilities	-	0	620,000,000	1,000,000,000	CT Scan and MRI Machines procured and installed	CT scan and MRI Scan in place	0		40%	100%	23010122	MOH
	Procurement of Solar Refrigerator for 22 secondary health facilities for drugs and vaccine storage	-	5,500,000	5,500,000	0	Solar Refrigerator procured and distributed	-Number of solar refrigerators procured Number of Secondary Health facilities having solar refrigerators	0	50%	100%		100001	MOH
	Procurement of 800 hospital beds in PHCs (6per PHC)	-	10,000,000	70,000,000	0	800 Hospital Beds (6 per facility) Procured	Number of Beds Procured	NA	25%	100%	-	23010122	Improved access to and seamless distribution of medical commodities and well-equipped health facilities across the State
	Procurement of basic medical equipment for 126 PHCs	-	378,000,000	252,000,000	252,000,000	Basic Medical Equipment Procured for 126 PHCs	Number and type of medical equipment procured.	NA	50%	75%	100%	23010122	Improved access to and seamless distribution of medical



Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
							Number of PHCs having adequate basic medical equipment						commodities and well-equipped health facilities across the State
	Purchase of Office furniture for 126 PHCs	-	0	378,000,000	378,000,000	Office furniture for 126 PHCs Procured	-Number and type of medical equipment purchased. -Number of PHCs having adequate Office furniture	NA	0%	50%	100%	100001	Improved access to and seamless distribution of medical commodities and well-equipped health facilities across the State
	Provision of waste disposal facilities in all 126 PHCs	-	6,000,000	14,000,000	5,200,000	Waste disposal facilities provided in all 126 Facilities	Proportion of PHCs with adequate waste disposal facilities.	NA	30%	70%	100%	100001	ASPHCDA
	Equipping of the Newly constructed secondary Health care facilities in Mubi North and Yola South.	-	200,000,000	200,000,000	200,000,000	Newly constructed Secondary Health Facility in Mubi North and Yola South Equipped	Types and numbers equipment in place	0	33%	66%	100%	23010122	MOH
	Purchase and Installation of Solar system at the Central Medical Stores, Hospitals and PHCs to improve storage of vaccines, reagents and other medical supplies.	-	50,000,000	350,000,000	349,000,000	Solar System Purchased and Installed at the CMS, Hospitals and PHCs	-Solar system in place at the CMS -Proportion of Secondary and Primary Healthcare Facilities having solar system	0	15%	60%	100%	100001	MOH
Evidence based service delivery and availability of baseline data to inform decision making.	Health Policy review (State Health Policy, Rural Posting, etc)	-	14,990,000	0	0	Health policy review undertaken	Relevant health policy document in place		100%	-	-	100001	MOH
	M&E Officers Capacity Building for all Health MDAs.	-	10,000,000	10,000,000	20,000,000	Capacity of M&E Officers built	Capacity level of M&E Officers	NA	100%	100%	100%	3050108	MOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
	Reactivation of the Ministry's website.	-	5,000,000	0	0	Ministry of Health Website reactivated	Functionality of the Ministry of Health website	0	100%	-	-	100001	MOH
	Annual Sector Performance Review Meetings	-	10,000,000	20,000,000	20,000,000	Annual Sector Performance review meetings held	Sector Performance reports in place	100%	100%	100%		23050103	MOH All Health Sector MDAs
	Production of data collection tools (forms, templates etc)	-	5,000,000	0	0	Data Collection Tools Produced	Number and types of data collection tools produced	0	100%	-	-	100001	MOH
	Procurement of Computers (for Essential Drugs Programme, PHCs and HSMB)	-	0	7,500,000	7,500,000	Computers Procured for Essential Drugs Programme, PHCs and HSMB	-Number of Computers Procured -Proportion of PHCs having computers	0	-	50%	100%	100001	MOH
	Procurement of internet (for the essential drugs programme, PHC facilities and HSMB)	-	304,000,000	300,000,000	206,000,000	Internet Procured for Essential Drugs Programme, PHCs and HSMB	-Existence and Functionality of internet -Proportion of PHCs having internet.	0	40%	80%	100%	3020127	MOH Essential Drugs Programme
	Employment of ICT staff	-	0	0	500,000	ICT Staff Employed	Number of ICT staff employed	NA	-	-	100%	100001	MOH
	ICT Training / Capacity Building	-	0	5,000,000	5,000,000	ICT training/ capacity building undertaken	-Number of ICT training trained -Capacity level of ICT staff	NA	-	100%	100%	100001	MOH
	Connecting the Health Management Information system (HMIS) to all Health Facilities	-	0	30,000,000	30,000,000	HMIS connected to all Health Facilities in the State	Deployment rate	0	-	50%	100%	100001	MOH
Empowered citizens with positive health seeking behaviour	Quarterly health awareness sensitization on Community participation	-	8,800,000	12,000,000	14,000,000	Quarterly sensitization undertaken	Number, frequency and level of sensitization undertaken	NA	100%	100%	100%	100001	ASPHCDA
	Annual WDC and HFMC training	-	10,000,000	10,000,000	10,000,000	Annual WDC and	Number of WDCs and	NA	100%	100%	100%	3050108	ASPHCDA

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
						HFMC training undertaken	HFMCs trained/type of training provided						
	Annual Training for Community and religious leaders	-	5,000,000	5,000,000	5,000,000	Annual training undertaken for traditional and religious leaders	Number/type of trainings	NA	100%	100%	100%	3050108	ASPHCDA
	5 days (TOT) workshops for WDCs, and 2700 Community Health Influencers and Promoter services on health promotion	-	5,000,000	5,500,000	6,000,000	Workshop for WDCs and 2700 Health influencers and Promoters services held	Number of WDCs trained Awareness level of the WDCs and CHIPS	NA	100%	100%	100%	23050108	ASPHCDA
	Sensitization outreach to 21 LGAs on positive and health seeking behaviours (Breastfeeding, family planning antenatal attendance, etc)	-	21,000,000	63,000,000	63,000,000	Sensitisation outreach held in 21 LGAs On positive and health seeking behaviours	-Number of LGAs covered  -Type of training delivered -Awareness level of residents	NA	100%	100%	100%	100001	ASPHCDA
	Provision of Logistic funding support for 226 WDCs	-	0	45,200,000	45,200,000	Funding support to 226 WDCs released	Amount released to WDCs Number of WDCs that benefitted from funding support	NA	0	100%	100%	100001	ASPHCDA
	2-day workshops to develop checklist for Health Educators activities	-	0	10,000,000	0	Workshop held and checklist for Health Educators developed	Checklist in place for Health Educators activities in place	0	-	100%	-	100001	ASPHCDA
	3-day exercise for administration of checklist for Health Educators activities in 21 LGAs	-	30,000,000	0	0	3-day exercise for administration of checklist undertaken	Number of LGAs covered	0	100%	-	-	100001	ASPHCDA
Improved coordination and	Stakeholder Consultation on	-	10,000,000	10,000,000	0	Stakeholder inputs	Record of stakeholder inputs	NA	100%	100%		100001	MOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
synergy amongst partners.	domestication of the National Health Act					obtained and collated							
	Annual Policy Review meetings (for improved monitoring and supervision)	-	3,000,000	3,000,000	3,000,000	Annual Policy Review meetings held	Frequency of meetings held	NA	100%	100%	100%	100001	MOH
	Printing, production, dissemination/ distribution of the Adamawa State Health Law	-	10,000,000	0	0	Adamawa State Health Law produced and disseminated	Number of copies produced Number of copies distributed	0	100%	100%	100%	100001	MOH
Availability of essential drugs for effective management of diseases.	Refurbishing of forklift at the Central Medical Store	-	5,000,000	0	0	Forklift refurbished	State of the forklift	0	-100%	--	-	100001	MOH Essential Drugs Programme
	Purchase of metal shelves for drugs at the central medical store	-	5,000,000	0	0	Metal shelves for drugs purchased	Metal shelves in place	0	100%	-	-	100001	MOH Essential Drugs Programme
	3 days residential meeting for 30 stakeholders to review and adopt the National Health Policy on essential medicine	-	6,000,000	0	0	Residential meeting held -National Policy on essential drugs adopted	State Policy on essential drugs in place	0	100%			100001	MOH Essential Drugs Programme
	1 day meeting for 20 stakeholders to draw up the essential medicine list.	-	2,000,000	2,000,000	2,000,000	1 day meeting held, and essential drugs list produced	Essential Drugs list in place		100%	100%	100%	100001	Essential Drugs Programme.
	1. day residential meeting with 300 Health Facility Managers to advocate and disseminate the essential medicine list and other policy documents	-	6,000,000	0	0	1-day residential meeting held, and essential drugs list and other policy documents disseminated	-HFM attendance at meeting -Number of Health facilities having essential drugs list.		100%	-	-	100001	Essential Drugs Programme

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
	Procurement of essential drugs for replenishing seed stock at the Central Medical Stores	-	30,000,000	50,000,000	50,000,000	Essential drugs procured and distributed	Status/availability of seed stock at the Central Medical Stores		100%	100%	100%	100001	Essential Drugs Programme MOH
	Purchase of 3 HiLux for delivery and monitoring of essential drugs	-	30,000,000	30,000,000	30,000,000	3 Hilux purchased	Number of Hilux purchased	0	33%	66%	100%	23010105	MOH Essential Drugs Programme
	Procurement of Furniture for Essential Drugs Agency	-	3,000,000	2,000,000	2,000,000	Furniture for essential drugs procured	Adequacy of furniture at the Essential Drugs Agency	NA	40%	60%	100%	100001	MOH Essential Drugs Programme
	Construction of pallets for drugs storage at the central medical stores and pharmacies at the various secondary health facilities	-	25,000,000	0	0	Pallets for drugs storage constructed at CMS and Various Secondary Healthcare Facilities	-Pallets in place at the CMS -Proportion of Secondary Healthcare Facilities having Pallets	0	100%	-	-	100001	MOH
	Construction of cold room at the Central Medical Store	-	10,000,000	0	0	Cold room at the Central Medical Store constructed	Completion Status.	0	100%	-	-	100001	MOH
	Production and distribution of 500 copies essential medicines list to 403 PHCs and 22 Secondary Facilities	-	4,000,000	0	0	500 copies of Essential Medicines List produced and distributed to 403 PHCs and 22 Secondary Health Facilities	Proportion of PHCs and Secondary Health facilities having the Essential Drugs List	0	100%	-	-	100001	MOH Essential Drugs Programme
Quality and affordable healthcare (Universal health coverage attained for improved	Minimum Service Package (MSP) equity fund	-	1,020,000,000	1,020,000,000	1,020,000,000	Minimum Service Package Equity Fund Paid	Payment status for the MSP equity fund	NA	100%	100%	100%	23050101	MOH

Outcome	Project / Activity Title	Amount Spent on The Project So Far (N)	Proposed Expenditure / Cost (N)			Output	Output KPI	Base Line (i.e. Output Value in 2021)	Output Target			Project's Budget Code	MDA Responsible
			2023	2024	2025				2023	2024	2025		
wellbeing of Adamawa citizens)	Conduct 7 days assessment of PHCs in the 21 LGAs	-	500,000	500,000	500,000	7 days assessment of PHCs in 21 LGAs undertaken	-Proportion of LGAs covered -Level of Assessment done	NA	100%	100%	100%	100001	ASPHCDA
<b>Total</b>		-	3,458,870,000	6,262,700,000	5,746,500,000								

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### 3.10 Results Framework

The Results Framework outlines the outcome targets that would be achieved by the Sector over three years of 2023 – 2025 and has Key Performance Indicators for measuring Sector performance on each of the deliverables. The output measures, when effectively implemented, would result in the achievement of the set outcome targets. For example, the building, equipping and deployment of adequate number of staff to all the facilities will result in efficient and effective health service delivery towards improved citizens satisfaction and well-being. Performance measurement will therefore focus on the progress made against the targets set in the results framework, using the key performance indicators. This will be done periodically especially during annual Sector performance reviews. Table 5 sets out the Results Framework that will be used for the monitoring and evaluation of the implementation of this MTSS.

### 3.11 Responsibilities and Operational Plan

The responsibilities for developing and implementing the operational plan is as indicated in column 14 of table 11. The breakdown of projects and activities into sub activities were undertaken during the costing of the projects; these are expected to guide the annual operational planning by respective implementing MDAs. The annual operational plan outlines the sequence and timing of key activities, including expected outputs of the respective activities, responsibilities, and resource requirements for executing the projects.

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

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### 4.1 The process used to make Expenditure Projections

The Projects and activities were costed using the costing template provided. This was done after the projects were prioritised based on the following set of criteria: Whether it is ongoing or a new project; relationship with the State policy priorities; likelihood of completion within the medium term, whether it is developmental or administrative. The projects were sorted with the highest priority projects coming first. The costing took into cognisance the expenditure ceiling provided by the Adamawa State Economic Planning Commission in the State 2023 – 2025 Medium Term expenditure framework. Project costs were spread over the medium-term period as in the MTEF. Details of the costing is in Annex 2.

### 4.2 Capital – Recurrent Expenditures Comparison

Table 12 shows the comparison between projected expenditure for the recurrent and capital items. The ratio of the capital to recurrent expenditure tends to improve across the medium-term period but is yet to reach the desired standard of 60:40. This is indicative of the fact that while the asset maturity level of the State is yet to be attained, the skewedness of the budget towards recurrent expenditure is a cause for concern and will be improved upon over the years.

This MTSS seeks to address issues of availability and capacity of health workers as well as essential drugs and medical consumables for improved functionality of the Healthcare facilities across the State while investing in equipment and infrastructure upgrade.

**Table 12: Capital – Recurrent Expenditures Comparison**

<b>Year</b>	<b>Personnel Expenditure (N' 000)</b>	<b>Overhead Expenditure (N' 000)</b>	<b>Capital Expenditure (N' 000)</b>	<b>Ratio of Capital to Recurrent Expenditure</b>
Projected 2023	5,163,242,795	200,349,353	3,458,370,035	39: 61
Projected 2024	5,412,974,589	181,665,417	6,382,931,248	53: 47
Projected 2025	5,680,672,697	157,221,644	7,071,425,001	55: 45



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## Chapter Five: Annual Performance Review and Monitoring and Evaluation

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This chapter outlines the general framework to ensure an outcome based MTSS implementation for this Sector. The framework provides a guide to the Sector in reporting service performance to citizens and the Government. The production of the Annual or Quarterly Performance Report and the conduct of the Performance Management Review shall enhance our accountability to citizens on account of our results against Sector policy objectives and targets. This helps to strengthen the social contract between the Adamawa State Government and its citizens.

### 5.1 Conducting Annual Sector Performance Review

The Annual Sector Performance Review (ASPR) shall be conducted for all MDAs within the Sector and shall include various Health stakeholders across the State. The essence of the Annual Sector performance review is to review progress in the implementation of the MTSS strategies and roll over the MTSS to cover the next three years. This will need to happen within the month of March to April of the preceding year to the commencement of the next budget year. A performance review and reporting template shall be developed and used for presenting the performance reports. This will be followed by a multistakeholder forum to discuss the Sector performance and propose strategies for improvement. The resulting report provides an account of how the Sector has performed in terms of delivering outcomes for citizens and the highlighting of the challenges faced by Government e.g., inadequate resources. It also enhances the prospects of citizens appreciation of their obligations towards the administration i.e., payment of taxes and performance of other civic duties.

The outcome of the Sector performance review will form the basis for the rollover of the MTSS for the next three years. The Health Sector Annual Performance Review will be supported by the Monitoring and Evaluation Department of the Adamawa State Ministry of Economic Planning and Budget through the provision of central guidance, training and quality assurance for the process.

### 5.2 Monitoring and Evaluation of the MTSS

The M&E unit of the Department of Planning Research and Statistics (DPRS) shall lead on the technical monitoring and evaluation of programmes and projects implementation across the Sector. This shall be structured to be undertaken periodically and based on listed KPIs, and it requires setting out resources for the process. This also requires getting the required checklists ready from the plan in force.

The monitoring and Evaluation process for this MTSS entails continuous data collection from routine and institutional monitoring and evaluation of on-going sectoral projects and programmes by the Adamawa State Health Sector MDAs. There shall also be quarterly or six-monthly reviews accompanied by a report written by the Commissioner and transmitted to the Ministry of Economic Planning and Budget. The Performance Reports and its contents shall be subjected to an “independent” validation prior to publication and dissemination to the public. Independent and technical review and validation shall be carried out by the Adamawa State Ministry of Economic Planning and Budget.

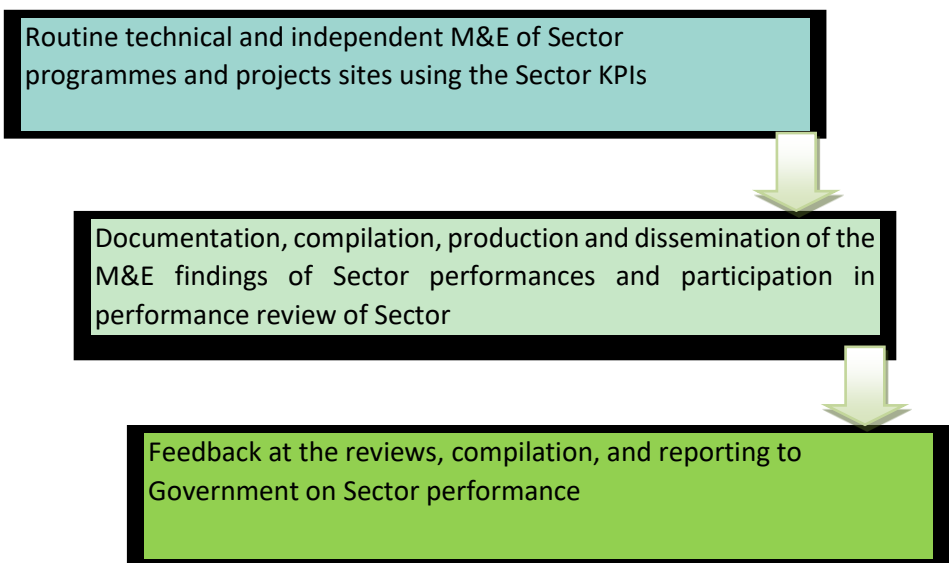


Figure 2: MTSS Monitoring and Evaluation Process Chart

The Department of Planning Research and Statistics in liaison with the Adamawa State Ministry of Economic Planning and Budget shall develop KPIs and other M&E indicators and routinely collate, analyse and report M&E information for informed management decisions to guide implementation and adjustment of plans and for the annual performance reporting of this Sector Strategy.



Figure 3: Performance Monitoring and Evaluation Framework

### 5.3 Coordination Mechanisms

Other performance management activities of this Sector shall involve meeting and consultations designed to foster proper coordination of implementation of different programmes during the MTSS

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period. Some of these mechanisms shall involve weekly management meetings in the Ministry where reports are received from Directors and Coordinators of programmes and projects to:

- Receive and review the reports of activities by the project implementation units of the projects and CSOs, CBOs, WDCs etc.
- Evaluate the reports from various donor-assisted projects in the State; and
- Review reports of oversight functions of the State House of Assembly.

## 5.4 Collaborations

### i) **Federal Government of Nigeria:**

- (a) Health is on the concurrent list of activities for the three tiers of Government. The Federal Government of Nigeria often implements several projects requiring counterpart funding by participating States.
- (b) Adamawa State Government will participate in any Federal Government of Nigeria project of interest to it that will advance her health programmes.

### ii) **Collaboration with other States, Ministries and Parastatals:**

- (a) Government welcomes collaboration with other States, other ministries, and parastatals in the pursuit of her health programmes, including HIV/AIDS and COVID 19 pandemic.
- (b) Government will cooperate and advise other MDAs with health projects and programmes.

### iii) **Collaboration with Local Governments:**

- (a) Effective collaboration is required between the State and local Government for improved effectiveness and to avoid unnecessary wastage of funds. The Primary Healthcare Under One Roof is one initiative that enables effective collaboration between the Local Government Service Commission and the State Primary Healthcare Development Agency (SPHCDA) in effective management of primary healthcare delivery.
- (b) Government will:
  - Coordinate such activities to optimize the use of resources through the Basic Healthcare Provision Fund (BHCPF) and other innovations that might be introduced by either federal, State or Local Government.
  - Foster effectiveness participation in the National Council on Health and conduct of State specific Council on Health to align interventions, support and agree on a common resolution to effectively manage Healthcare services.

### iv) **Private Healthcare Providers:**

Effort will be made to ensure that the services of the Private healthcare providers are in line with the State Health Policy standards. These facilities will be carried along in the implementation of the Universal Health Coverage and thus periodic review meetings with partners will ensure their effective participation.

### v) **Donors/Development Partners:**

- (a) Government welcomes assistance from national, international, and non-governmental organizations in achieving her health programmes and projects.

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- (b) Government will encourage donor conferences to bring stakeholders into agreement on areas of collaboration, establish a donor basket and reduce duplication of programmes, projects and interventions.

### 5.5 Roles and Responsibilities of MTSS Partners

The Roles and Responsibilities of the Sectors (MDAs) and the State Economic Planning Commission, the Ministry of Gender Affairs, the CSOs and Development Partnerships in the State are as follows:

- i) The DPRS shall be responsible for generating and presenting the reports of progress of projects and programmes as in this MTSS and for noting suggestions and comments.
- ii) The Adamawa State Ministry of Economic Planning and Budget shall be responsible for independent and technical evaluation of claims of the respective Sectors and for provision of further guidance on better strategic options.
- iii) The clients, including the development partners shall be present at annual performance reviews of this Sector to make contributions to provide clients' opinion and suggestions for future service delivery improvements.
- iv) The Honourable Commissioner for Health shall provide overall superintendence and management of the Performance management process of the Sector.

## Annex I: Objectives and Strategies

SN	Sector Objectives	Strategies
1	To achieve a healthier population for Adamawa State through comprehensive, high-quality health services accessible to all citizens.	<ul style="list-style-type: none"> <li>• Recruit, build capacity and deploy adequate healthcare workers to health care facilities (Medical services, Obstetrics and gynae, paediatrics, Surgery)</li> <li>• Provision of modern medical equipment in health facilities to facilitate accurate diagnosis of diseases</li> <li>• Digitisation and computerisation of the health MDAs and facilities through Provision of ICT and communication gadgets.</li> <li>• Continuous surveillance for early identification and containment of disease outbreak</li> <li>• Initiate service delivery programmes that will enable a reduction in the incidence and prevalence of Malaria, HIV, Tuberculosis and other killer diseases and provide free maternal and childcare health services.</li> </ul>
2	Investment in healthcare to fill the gap in the Sector and meet the targets set in meeting the Sustainable Development Goals (SDGs).	<ul style="list-style-type: none"> <li>• Deployment of at least 15% of the total budget to the Health Sector</li> <li>• Employment and deployment of skilled health professionals</li> <li>• Training and retraining of health personnel in the State</li> <li>• Creating incentives for health workers with emphasis on those that will attract and retain staff in rural and deprived areas.</li> <li>• Provide health infrastructure and equipment to facilitate effective healthcare delivery services</li> <li>• Establishing human resources research as a tool for improving on health staff management in the public and private Sectors</li> <li>• Develop and implement guidelines on retention and task shifting</li> <li>• Establish a forum for public private partners to institutionalise human resources policy review for supervisory and monitoring frameworks</li> </ul>
3	Strengthen coordination and regulatory institutions and processes aimed at reducing geographic and socioeconomic barriers to access, to Strengthen health care delivery system.	Engage and establish partnership with the development partners and private investors for effective coordination and regulation.

SN	Sector Objectives	Strategies
4	Increase resource mobilization and public-Sector funding in line with Abuja Declaration, improving equity and efficiency in resource allocation and utilization.	<ul style="list-style-type: none"> <li>• Advocacy to the Executive Council and Legislature on actualisation of Abuja Declaration.</li> <li>• Reviewing the existing legislations and initiate the process for the domestication of the National Health Act.</li> <li>• Develop and implement a Monitoring and evaluation framework to ensure the projects and programmes are equitably distributed and funded</li> </ul>
5	Ensure the generation of information that promotes evidence-based decision making.	<ul style="list-style-type: none"> <li>• Procurement and deployment of ICT in data collection and service delivery</li> <li>• Recruitment Capacity building and deployment of M&amp;E staff</li> </ul>
6	Increase access to safe, affordable, and quality essential medicines, vaccines, equipment, and supplies, through the building and maintaining of an integrated and effective supply chain system	<ul style="list-style-type: none"> <li>• Provision of modern medical equipment in health facilities to facilitate accurate diagnosis of diseases</li> <li>• Standardize the warehouse for medicine and vaccines (with solar power supply)</li> <li>• Implement a systematic approach to improve the use of traditional medicine and herbs</li> <li>• Adhere to the National policy Guidelines on medicines and vaccines</li> <li>• Provision of adequate transportation facilities for effective distribution of medicines vaccine and health personnel.</li> <li>• Community sensitisation on existing drug laws and policies.</li> <li>• Implementation of minimum service package (MSP)</li> </ul>
7	Improve the availability and distribution of functional health facilities and equipment to ensure equitable access to health services in the State	<ul style="list-style-type: none"> <li>• Build more Primary and secondary healthcare facilities.</li> <li>• Equip and standardise all healthcare facilities in the State.</li> <li>• Recruit additional skilled manpower to manage the health facilities</li> <li>• Provide access to potable water sources and sanitation in health facilities</li> </ul>

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SN	Sector Objectives	Strategies
8	Deepen community participation and ownership, ensuring gender and social inclusion in the health care delivery process.	<ul style="list-style-type: none"><li>• Create awareness on citizens engagement, participation and ownership through workshops, seminars, and town hall meetings</li><li>• Build capacity of key stakeholders (WDCs, Trad rulers, on engaging Government on quality health service delivery.</li><li>• Sensitize community leaders and train other stakeholders on priority public health issues through collaboration between the CSOs and the health management team</li><li>• Periodic review of community health activities to ensure effective collaboration between communities and healthcare providers.</li><li>• Facilitate effective linkage between the PHCs and Community Health Committees (CHCs)</li></ul>

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## Annex 2: MTSS Costing Template



S/N	Project Code	Project Name	Project Components	Unit or Quantity			Cost per Unit (=N=)			Amount Approved for the Project in 2022 Budget (N)	Budget Requirement in MTSS Years (N)			Total Budget Requirement for the MTSS Period (N)
				2023	2024	2025	2023	2024	2025		2023	2024	2025	
										0	3,458,370,000	6,262,200,000	5,746,000,000	15,466,570,000
1	23020106	Completion of ongoing cottage hospital in Demsa									15,000,000	0	0	15,000,000
			Contract Sum	1			15,000,000				15,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
2	100001	Medical Specialist Recruitment									2,080,000	0	0	2,080,000
			Newspaper publication/interview	1			1,580,000				1,580,000	0	0	
			Honorarium	1			500,000				500,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
3	23050108	Overseas Training for medical specialists (19 officers)									32,000,000	50,000,000	100,000,000	182,000,000
			Overseas Training	4	5	10	8,000,000	10,000,000	10,000,000		32,000,000	50,000,000	100,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
4	23010122	CT Scan scan and MRI Machine in 3 secondary healthcare facilities									0	620,000,000	1,000,000,000	1,620,000,000
			CT Scan		3		0	40,000,000			0	120,000,000	0	
			MRI Scan		1	2	0	500,000,000	500,000,000		0	500,000,000	1,000,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
5	100001	Health Policy review( State Health Policy,Rural Posting, etc)									14,990,000	0	0	14,990,000
			Workshops	1			10,000,000				10,000,000	0	0	
			Printing and Publishing	1			4,990,000				4,990,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
6	100001	Recruitment and deployment of 2000 Skilled health workers									9,500,000	12,000,000	12,500,000	34,000,000
			Advert/interview	1	1	1	1,500,000	2,000,000	2,500,000		1,500,000	2,000,000	2,500,000	
			Honorarium	1	1	1	3,000,000	5,000,000	5,000,000		3,000,000	5,000,000	5,000,000	
											0	0	0	
			Induction / training	1	1	1	5,000,000	5,000,000	5,000,000		5,000,000	5,000,000	5,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
7	23050101	Provision of Fund for research in Human Resources for Health									12,000,000	20,000,000	20,000,000	52,000,000
			Grant	1	1	1	12,000,000	20,000,000	20,000,000		12,000,000	20,000,000	20,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
8	100001	Quarterly health awareness sensitization on Community participation									8,800,000	12,000,000	14,000,000	34,800,000
			Workshop	4	4	4	2,200,000	3,000,000	3,500,000		8,800,000	12,000,000	14,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
9	3050108	Annual WDC and HFMC training									10,000,000	10,000,000	10,000,000	30,000,000
			Workshop for 250 attendees	1	1	1	10,000,000	10,000,000	10,000,000		10,000,000	10,000,000	10,000,000	
			Transport Refreshment								0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
10	3050108	Annual Training for Community and religious leaders									5,000,000	5,000,000	5,000,000	15,000,000
			workshop	1	1	1	5,000,000	5,000,000	5,000,000		5,000,000	5,000,000	5,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	

11	100001	Stakeholder Consultation on domestication of the National Health Act								10,000,000	10,000,000	0	20,000,000	
			workshop	1	1		10,000,000	10,000,000			10,000,000	10,000,000	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
12	3050108	M&E Officers Capacity Building for all Health MDAs.								10,000,000	10,000,000	20,000,000	40,000,000	
				1	1	1	10,000,000	10,000,000	20,000,000		10,000,000	10,000,000	20,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
13	100001	Procurement of Solar Refrigerator for 22 secondary health facilities for drugs and vaccine storage								5,500,000	5,500,000	0	11,000,000	
			Purchase of solar	11	11		500,000	500,000			5,500,000	5,500,000	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
14	100001	Refurbishing of forklift								5,000,000	0	0	5,000,000	
				1			5,000,000				5,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
15	100001	Purchase of metal shelves for drugs at the central medical store								5,000,000	0	0	5,000,000	
			Metal Shelve	1			5,000,000				5,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
16	100001	3 days residential meeting for 30 stakeholders to review and adopt the National Health Policy on essential medicine								6,000,000	0	0	6,000,000	
			workshop	1			6,000,000				6,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
17	100001	1 day meeting for 20 stakeholders to draw up the essential medicine list.								2,000,000	2,000,000	2,000,000	6,000,000	
			Workshop	1	1	1	2,000,000	2,000,000	2,000,000		2,000,000	2,000,000	2,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
18	100001	1. day residential meeting with 300 Health Facility Managers to advocate and disseminate the essential medicine list and other policy documents								6,000,000	0	0	6,000,000	
			Residential Workshop	1			6,000,000				6,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
19	100001	Procurement of essential drugs for replenishing seed stock at the central medical stores								30,000,000	50,000,000	50,000,000	130,000,000	
			Drugs procurement	1	1	1	30,000,000	50,000,000	50,000,000		30,000,000	50,000,000	50,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
20	23010105	Purchase of 3 Hiluxes for delivery and monitoring of essential drug.s								30,000,000	30,000,000	30,000,000	90,000,000	
			Purchase of Hilux	1	1	1	30,000,000	30,000,000	30,000,000		30,000,000	30,000,000	30,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	

[illegible]



41	100001	Annual Policy Review meetings ( for improved monitoring and supervision)									3,000,000	3,000,000	3,000,000	9,000,000
			Workshop	1	1	1	3,000,000	3,000,000	3,000,000		3,000,000	3,000,000	3,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
42	100001	Printing, production, dissemination/ distribution of the Adamawa state health Law									10,000,000	0	0	10,000,000
			Printing and Publishing	2,000			2,000				4,000,000	0	0	
			dissemination workshop	1			6,000,000				6,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
43	23050103	Annual Sector Performance Review Meetings									10,000,000	20,000,000	20,000,000	50,000,000
			Workshop	1	1	1	10,000,000	20,000,000	20,000,000		10,000,000	20,000,000	20,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
44	100001	Production of data collection tools ( forms, Templates etc)									5,000,000	0	0	5,000,000
			Data collection tools	1			5,000,000				5,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
45	100001	Construction of pallets for drugs storage at the central medical stores and pharmacies at the various secondary health facilities									25,000,000	0	0	25,000,000
			Central Medical stores	1			5,000,000				5,000,000	0	0	
			Pharmacies of Secondary facilities	10	6	6	2,000,000				20,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
46	100001	Construction of coldroom at the central medical store									10,000,000	0	0	10,000,000
			Contract Sum	1			10,000,000				10,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
47	100001	Purchase and Installation of Solar system at the Central Medical Stores, Hospitals and PHCs to improve storage of vaccines, reagents and other medical supplies.									50,000,000	350,000,000	349,000,000	749,000,000
			Central Medical stores	1			20,000,000				20,000,000	0	0	
			22 Secondary Facilities	6	10	8	5,000,000	5,000,000	5,000,000		30,000,000	50,000,000	40,000,000	
			403 PHCs		100	103	3,000,000	3,000,000	3,000,000		0	300,000,000	309,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
48	100001	Production and distribution of 500 copies essential medicines list to 403 PHCs and 22 Secondary Facilities									4,000,000	0	0	4,000,000
			Production	500			2,000				1,000,000	0	0	
			Distribution	1			3,000,000				3,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
49	100001	Conduct 7 days assessment of PHCs in the 21 LGAs									500,000	500,000	500,000	1,500,000
			Logistics	1	1	1	500,000	500,000	500,000		500,000	500,000	500,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
50	100001	2 day workshops to develop checklist for health educators activities									0	10,000,000	0	10,000,000
			Workshop		1			10,000,000			0	10,000,000	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	

51	100001	3 day exercise for administration of checklist in 21 LGAs	Logistics	1			30,000,000				30,000,000	0	0	30,000,000
											30,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
52	3050108	Medical Officers Training (various)									5,000,000	50,000,000	50,000,000	105,000,000
			Training Needs Assessment ( Consultancy)	1	1	1	5,000,000				5,000,000	0	0	
			Training		1	1		50,000,000	50,000,000		0	50,000,000	50,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
53	100001	Procurement of Computers( For Essential Drugs Programme, PHCs and HSMB)	Essential Drugs		5		150,000	0	0		0	7,500,000	7,500,000	15,000,000
			PHCs		50		150,000	150,000	150,000		0	7,500,000	7,500,000	
			HSMB		10		150,000	0	0		0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
54	3020127 -	Procurement of internet( For the essential drugs programme, PHC facilities and HSMB)	Essential Drugs	1			2,000,000				304,000,000	300,000,000	206,000,000	810,000,000
			PHCs	150	150	103	2,000,000	2,000,000	2,000,000		2,000,000	0	0	
			HSMB	1			2,000,000				300,000,000	300,000,000	206,000,000	
											2,000,000	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
55	100001	Employment of ICT staff	Advert/interview			1			500,000		0	0	500,000	500,000
											0	0	500,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
56	23020102 -	Building of staff Quarters in 3 Secondary Healthcare Facility( For new staff and existing Doctors and Nurses)	Contract Sum		3	3		100,000,000	100,000,000		0	300,000,000	300,000,000	600,000,000
											0	300,000,000	300,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
57	100001	ICT Training / Capacity Building	Workshop		1	1		5,000,000	5,000,000		0	5,000,000	5,000,000	10,000,000
											0	5,000,000	5,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
58	100001	Connecting the Health Management Information system(HMIS) to all Health Facilities	Upgrading MOH HMIS		1	1		30,000,000	30,000,000		0	30,000,000	30,000,000	60,000,000
											0	30,000,000	30,000,000	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	
											0	0	0	

### Annex 3: Health Sector Planning Team

SN	Name	Organisation	Designation	Phone Number	E mail Address
1	Annah A Balami	CEPFWY	ED	08064133154	<a href="mailto:cepfoyola@gmail.com">cepfoyola@gmail.com</a>
2	Tanimu Buba	Min of Health (MOH)	Dir Admin	08063012502	<a href="mailto:Tanimububa8@gmail.com">Tanimububa8@gmail.com</a>
3	Paulina Yusuf	ASEDP	IMSO	07063626787	<a href="mailto:paulinayusuf@gmail.com">paulinayusuf@gmail.com</a>
4	Adamu Simon	ASPHCDA	PMI	07032197594	<a href="mailto:adamusubagana@gmail.com">adamusubagana@gmail.com</a>
5	Zibta B Kwada	MOH	PDHS&ST	07033003783	<a href="mailto:zanstantai@gmail.com">zanstantai@gmail.com</a>
6	Akeem Peters	HSMB	DRN Program Analyst	08036092123	<a href="mailto:Akeempeters15@gmail.com">Akeempeters15@gmail.com</a>
7	Jacob Ezra Gigama	ASCHMA	DPRS	08038783107	<a href="mailto:Ezrajacob1972@gmail.com">Ezrajacob1972@gmail.com</a>
8	Fabian Jiddere	MOH	AOII	08052856531	<a href="mailto:fabianjiddere@gmail.com">fabianjiddere@gmail.com</a>
9	Jesse Dogo Mshelia	Planning Commission	DIR SPI	07064644784	<a href="mailto:dogojesse@gmail.com">dogojesse@gmail.com</a>
10	Mohammed Bello Jatau	MOH	Planning Officer	07036178368	
11	Hassan Bello	APHCDA	DF	08032853566	<a href="mailto:Hbello892@gmail.com">Hbello892@gmail.com</a>
12	Dogara Yakubu	NMA	Analyst	08062913687	<a href="mailto:dogarazoe@gmail.com">dogarazoe@gmail.com</a>