PATHS2

SUPPORT TO THE REVIEW OF HEALTH SECTOR MTSS 2011 – 2013 AND DEVELOPMENT OF 2012 ANNUAL HEALTH SECTOR PLAN AND GUNDUMA COUNCILS OPERATIONAL PLAN IN JIGAWA STATE

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ABBREVIATIONS

BEOC	Basic Emergency Obstetrics Care
CDF	Comprehensive Development Framework
CHEWs	Community Health Extension Workers
CWIQ	Core Welfare Indicators Questionnaire (Survey)
CSO	Civil Society Organisation
DBEP	Directorate of Budget and Economic Planning
DFID	Department for International Development
DHS	Nigeria Demographic and Health Survey
DP	Development Partners
DPRS	Department of Planning, Research and Statistics
ESP	Essential Service Package
ESSPIN	Education Sector Support Programme in Nigeria
FMOH	Federal Ministry of Health
GDP	Gross Domestic Product
GHA	Gunduma Health Area
GHC	Gunduma Health Council
GHS	Gunduma Health System
GHSB	Gunduma Health Systems Board
HDI	Human Development Index
HF	Health Facility
HIS	Health Management Information System
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency Syndrome
HRH	Human Resources for Health
HW	Health worker
IEC	Information, Education, and Communication
IMCI	Integrated management of Childhood Illnesses
IMNCH	Integrated Maternal, Newborn and Child Health
IFMIS	Integrated Financial Management Information System
ISS	Integrated supportive supervision
IPDs	Immunistaion Plus Days
ITNs	Insecticide treated nets
JIMSO	Jigawa Medicare supply Organization
JSCDF	Jigawa State Comprehensive Development Framework
JSSHDP	Jigawa State Strategic Health Sector Development Plan
JSEED	Jigawa State Economic Empowerment & Development Strategy
LEEDS	Local Government Economic Empowerment & Development Strategy
LGA	Local Government Area
LLITNs	Long Lasting Insecticide Treated Nets
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDAs	Ministries, Departments, and Agencies
MDGs	Millennium Development Goals
MICS	Multiple Indicators Cluster Survey
MNCH	Maternal and Newborn Child Health
MOLG	Ministry of Local Government
MTEF	Medium Term Expenditure Framework
MTSS	Medium Term Sector Strategy

NDHS	National Demographic and Health Survey
NEEDS	National Economic Empowerment & Development Strategy
NGOs	Non-Governmental Organizations
NPHCDA	National Primary Health Care Development Agency
OPS	Organized Private Sector
PATHS2	Partnership for Transforming Health Systems2
PEM	Public Expenditure Management
PFM	Public Financial Management
PER	Public Expenditure Review
PETS	Public Expenditure Tracking Survey
PPEM	Participatory Public Expenditure Management
PHC	Primary Health Care
PHCMIS	Primary Health Care Management Information System
PPP	Public Private Partnerships
PRRINN	Partnership for Reviving Routine Immunisation in Northern Nigeria
QA	Quality Assurance
SACA	State Action Committee on AIDS
SAVI	State Accountability and Voice Initiative
SHAs	State Health Accounts
SLGP	State & Local Government Reform Programmes
SMOH	State Ministry of Health
SMWASD	State Ministry of Women Affairs and Social Development
SPARC	State Partnership for Accountability Responsiveness and Capability
SBPT	State Budget and Planning Team
SOPs	Standard Operation Procedures
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TOT	Training of Trainer
TWG	Technical Working Group
UNICEF	United Nations Children Fund
UN-S	United Nations-System
VHW	Village health workers
WHO	World Health Organization

SECTION 1: EXECUTIVE SUMMARY

PATHS 2 and PRRINN-MNCH are two frontline programs of DFID addressing the ailing health care systems in Jigawa State. While PATHS 2 seeks to improve the planning, financing and delivery of sustainable and replicable pro-poor[1] services for common health problems in up to 6 states, PRRINN-MNCH on the hand has worked extensively in northern four states to develop local capacities for immunization being key components of its Maternal Newborn and child health initiative.

Since the national baseline survey feedback meeting held in October 2007, PATHS II and PRRINN-MNCH have been supporting the State Ministry of Health and the Gunduma Health System Board in review and development of Strategic and operational plans. In 2010 the state health sector developed the MTSS 2011-2013 -the multiyear renewable plan- with the support from PATH2 and other key stakeholders. It is expected that the SMOH, Gunduma Health System are to develop their annual operational plans from the MTSS.

The health sector is set to rollover the MTSS 2011 -2013 as a pre condition for the development of the MTSS 2012 – 2014, annual budgets and operational plans for the SMOH, Gunduma Health System Board and Gunduma Councils. It against this premise that PATHS2 and PRRINN-MNCH entered into strategic partnership to support the SMOH, Gunduma Health System Board and Councils.

The purpose of the mission is specifically to support the SMOH, Gunduma Health System Board and Councils to review 2011 – 2013 health sector MTSS and develop operational plan 2012 derived from the MTSS 2012 – 2014. In carrying out this mission two technical consultants were recruited by the two DFID programs. Following preliminary consultations organized for the consultants and officers from PATHS 2, PRRINN-MNCH, SMOH and the Gunduma Health System Board the agenda for the MTSS review process and the operational plan development for the 9Gunduma Council was articulated.

The development of the Gunduma Council 2012 operational plans was the first of the two meetings to be organized. It was scheduled for the 15th to 17th September 2011. The participants were drawn from the health facilities across the nine Gunduma health councils. While the review of the 2011 – 2013 MTSS was undertaken from the 20th to the 21st of September 2011, with participants drawn from SMOH, the health institutions and the Gunduma Health System board. With fore knowledge of the capacity demands of the various participants on result based management, operational and financial planning and skills for aligning activity costs to their annual budgets, the two meetings were structured to serve both as a capacity development and planning processes.

The following represent the summary of findings that emerged from the assignment

1. The budget ceilings allocated to GHSB is exclusive of anticipated funding from the LGAs. Going by this information, if the GHSB capture expected funding from the LGAs, then parallel budgeting will be inevitable.

[1] The PATHS2 team understands the term ‘pro-poor’ as meaning all citizens have equitable access to health services, irrespective of their financial means.

2. The feedback mechanism between SMOH and the State Treasury on treatment of outstanding capital liabilities both at the state of budget preparation and execution is rather weak.
3. The current effort to dissemination of information about health sector MTSS is grossly inadequate. Likewise, the dissemination and utilization of the JSHDP 2010 - 2015 for development of operational plans.
4. The budgetary allocation to health sector in fiscal year 2011 was 15% of the total state budget in line with the Abuja declaration, however this value dropped in 2012 by 4%. The increase in allocation to the personnel costs accounted for the high allocation in 2011.
5. With the introduction of Gunduma Health System, a large proportion of expenditure on health is gradually been shifted from SMOH to the Gunduma Board and the 9 Gunduma councils to facilitate health care delivery.

Following from the findings of this assignment, the following recommendations were advance on the issues raised

i. The Directorate of Budget and Economic Planning need to intensify efforts to encourage GHSB to prepare integrated budget that captures expected funding from the State and the LGAs in line with the provisions of Gunduma Health system law as amended. This can be done by ensuring that budget ceilings are inclusive of expected funding from both the State Government and the LGAs. This is the only way to ensure that all sources of funding are properly captured in the annual appropriation law.

ii. Also, the Directorate of Budget and Economic Planning should introduce a code that will clearly capture outstanding liabilities in the state chart of accounts and budget classification. Introduction of such a code will help to avoid distortions in both budget implementation and financial statements of the previous year as unpaid approved vouchers can be properly classified

iii. In order to clearly help key stakeholders to clearly understand and key into the vision of MTSS and the entire planning processes, there is need for the SMOH to conduct a dissemination event for 2012 – 2013 MTSS. Such dissemination event should ensure that copies of the approved health sector MTSS are made available to key stakeholder and that each stakeholder understand their individual and collective roles in its implementation.

iv. Since resource requirement for implementation of 2012 operational plan is far higher than allocated ceiling, there will be need for both the SMOH and GHSB to conduct budget profiling to ensure that funds are made available on a monthly basis to implement planned activities in order of importance

SECTION 2: INTRODUCTION

2.1 Background to the Assignment

PATHS 2 and PRRINN-MNCH are two frontline programs of DFID addressing the ailing health care systems in Jigawa State. While PATHS 2 seeks to improve the planning, financing and delivery of sustainable and replicable pro-poor[2] services for common health problems in up to 6 states, PRRINN-MNCH on the hand has worked extensively in northern four states to develop local capacities for immunization being key components of its Maternal Newborn and child health initiative.

Since the national baseline survey feedback meeting held in October 2007, PRRINN-MNCH and PATHS 2 have been supporting Jigawa State Ministry of Health and the Gunduma Health System Board to review and develop Strategic and costed operational plans.

The Gunduma Health System (GHS) is responsible for all aspects of health service delivery in the state, while the SMOH assumes responsibility for all stewardship of the health sector. The Gunduma Health Board provides strategic health planning and development for the service delivery sector and recommends any policy changes to the SMOH and Ministry of Local Government. The Gunduma board is also responsible for overseeing the integration of primary and secondary health care, allocation and disbursement of resources and oversight for the equitable delivery of health care services by Gunduma councils. To date, 9 Gunduma Councils with their Gunduma head quarters have been established. Each Gunduma has a governing council supported with a technical team responsible for the day to day monitoring and coordination of the health facilities.

In 2011 the state health sector developed the MTSS 2011-2013 with the support from PATH2 and other key stakeholders. This exercise set out a three year plan and budget that was derived from the strategic plans developed (in line with national health strategic planning guidelines) in 2009. The MTSS 2011-2013 was supposed to guide development of annual budget and operational plans for 2011.

The development of 2012 operational plan and budget for the SMOH, Gunduma Board and Council, is premised on the performance review of operational plans and output results for 2011; in relation to the attainment of the medium term result – outcomes – proposed by the MTSS 2011-2013. The shortfalls and gains in the implementation of the 2011 operational plans of SMOH, Gunduma Board and Councils would form the basis for articulating the MTSS 2012-2014. It is from the MTSS 2012-2014 that the SMOH, Gunduma Board and Councils will develop their annual plan (for health sector) 2012.

2.2 Assignment Objectives

The purpose of the mission is to support the SMOH, Gunduma Health System Board and Councils to review 2011 – 2013 health sector MTSS and develop operational plan 2012 derived from the MTSS 2012 - 2014.

[2] The PATHS2 team understands the term ‘pro-poor’ as meaning all citizens have equitable access to health services, irrespective of their financial means.

2.3 Approach/Activities conducted during the assignment

PATHS2 and PRRINN-MNCH entered into strategic partnership to support the SMOH, Gunduma Health System Board and Councils review the 2011 – 2013 health sector MTSS and develop operational plan 2012 derived from the MTSS 2012 – 2014. In carrying out this mission two technical consultants were recruited by the two DFID programs. Preliminary meetings were organized for the consultants and officers from PATHS 2, PRRINN-MNCH, SMOH and the Gunduma Health System Board in preparation for the meeting and workshop that followed.

Key outputs of the preparatory meetings include the agendas for both the Gunduma Council Operational Plans and MTSS 2012-2014 process. With this in view the entire mission was divided into two phases; the operational plan development for the Gunduma Council and the rollover of the 2011-2013 MTSS for the SMOH, health institutions and Gunduma board.

As part of activities leading to the development of the operational planning and revision of the MTSS, the following documents were reviewed to obtain additional information and establish synergy with other related assignments. The documents include the following;

i. 2011 approved budget of Jigawa State
ii. Report on Jigawa State Health Sector annual performance review which was conducted in July 2011
iii. 2011 operational plan of the Gunduma Councils
iv. Jigawa State Health Sector MTSS 2011-2013
v. 2012 Budget Call Circular

The development of the Gunduma Council 2012 operational plans was the first of the two meetings to be organized. It was scheduled for the 15th to 17th September 2011. The participants were drawn from the health facilities across the nine Gunduma health councils. The 3day meeting was structured as a capacity building process aimed at deepening their understanding and skills on result based management approach to planning. In addition, emphasis was made on the need to ensure that planned activities are consistent with the Jigawa state strategic health development plan 2010-2015, which is the overarching policy document for the health sector in the state.

An overview of the recently conducted sector performance assessment was equally discussed. The dialogue raised key areas of concern for which activities were anticipated during the group work session. Going forward, the excel-based operational planning template was introduced. The template was designed to aid the various councils define and cost result based activities that are aligned to and within the budget ceiling for both Capital and recurrent expenditures. With the understanding that the planning process ought to be participatory and need driven, the various council representatives departed the meeting to engage their facility staff in the development of their operational plan as key next steps for the process.

The other phase of the mission was to facilitate the rollover of the 2011 -2013 MTSS for the health sector. The 3day meeting to review the 2011 – 2013 MTSS was undertaken from the 20th to the 21st of September 2011. The participants were drawn from the SMOH, the health institutions and the Gunduma Health System board. Following the introductory session, the process commenced with in-depth discussions on the sector wide performance assessment

conducted in the first half 2011. As anticipated a number of the key performance issues responsible for the low health outcomes in the state were identified in the course of the discussions that ensured. Going forward, the concept of result based management was introduced as a planning tool that guarantees that activities and resources are effectively tailored to address identified health needs. The result matrix of the Jigawa state strategic health development plan 2010-2015 was highlighted as a vital component of the MTSS process that required to be updated.

The MTSS costing template was introduced as an excel-based file used for prioritization of the activities, costing of sub activities/tasks and generating the budgets for the three year period of the MTSS. The use of the costing template was demonstrated to guide the group work that followed afterwards. Working groups were formed along these three lines; SMOH, Health institutions and Gunduma Health System Board.

The first group assignment was the identification of the key activities from the 2011 operational plans to be rolled over into the 2012-2014MTSS activities. This was followed by the identification of additional activities from the Jigawa State Strategic Health Development Plan 2010 – 2015 that would guarantee the achievement of the proposed MTSS targets for 2012, 2013, and 2014 respectively. These activities were prioritized, costed and allocated budget economic codes to facilitate the articulation of the 2012, 2013, and 2014 budgets submission for the health sector. The group process brought the three day MTSS workshop to an end. As next steps, the stakeholders present at the meeting were to continue the process as the number of days allotted for the workshop was inadequate to conclude the MTSS process.

2.4 Structure of Report

This technical report documents the detailed account of the Gunduma Councils Operational Plan and the health sector's medium term sector strategy (MTSS) 2012 to 2014 development process. The report is organized into eight sections. Section 2 outlines the background of the assignment and purpose for which PATHS 2 and PRRINN-MNCH are supporting the process. Likewise, it summaries of the methodology adopted and activities conducted to achieve the set objective of the assignment. Section 3 presents the main findings from the process while the section 4, 5 and 6 highlights recommendation, emerging issues and key lessons learnt in the course of the assignment. Finally, in section 7 which concludes the report, suggestion on the next step for the process is captured. The annex of the report contains the terms of reference for the assignment.

SECTION 3: MAIN FINDINGS

In the conduct of the mission to rollover the health sector MTSS and develop the operational plans for the Gunduma Health Councils the following issues were identified as findings and have been discussed under the following headings.

Parallel Budgeting by Gunduma Health System Directorate

Section 61 of the Gunduma Health System Law – 2007 (as amended) stipulates that "the State shall maintain a special account to be known as Gunduma Health Account, into which shall be paid all revenue allocated by the State and Local Government Councils for health care services". This section of the law suggests that both the state and the LGAs would be periodically releasing certain sum of money into a common account for delivery of Gunduma health care services. It would however appear that budgetary ceilings allocated to the GHSB, excludes the envisaged contributions from the LGAs. If the GSHB ceiling excludes the envisaged LGA contributions, then this important source of funding for the Board will ultimately not be captured in the appropriation law implying that there will be nothing to induce the LGAs to plan and budget for release of needed funds to the "Gunduma Health Account". Another dimension is the fact that the GHSB may have to prepare a parallel budget so as to capture the anticipated contributions from the LGAs

Weak feedback mechanism between State Treasury and MDAs regarding outstanding liabilities

The feedback mechanism between the State Treasury and other MDAs especially on payment of Government liabilities appears to be weak even as the state chart of accounts does not have a code to validate outstanding liabilities. Consequently, ministries are compelled to reclassify outstanding liabilities of previous year as though they were part of approved budget of the succeeding year. The implication of this scenario is that half-way into the implementation of the succeeding year's budget, MDAs such as the Ministry of Health are instructed to reclassify vouchers which were assumed to have been paid in the previous year thereby distorting both the financial statement of the previous year and in deed the budget of the succeeding year since such payments were no longer provided for.

Weak dissemination of State Strategic Health Development Plan and 2011 – 2013 MTSS

The State Health Sector MTSS 2011 – 2013 derives from the State Strategic Health Development Plan (SSHDP) 2010 - 2015. While the SSHDP has been published and circulated to MDAs within the health sector, the MTSS 2011 – 2013 is still is soft copy and access to it is limited to few senior officers who took part in the process. As at the time of these consulting inputs, very few staff of the health sector had actually seen the MTSS not to talk of studying the contents for implementation. Since the MTSS has not been widely circulated, it is difficult to guarantee that key staff clearly understand and share in the vision of developing an MTSS

Budgetary Allocation to Health Sector 2011 / 2012

Table 1 below indicates that budgetary allocation to the health sector in year 2011 was **NGN 11, 136,167,011** representing 15% of the state approved budget. However, the budgetary ceiling allocated to health in fiscal year 2012 has decreased to NGN **10,693,002,012.** This **represents** about -4% decrease compared with fiscal year 2012. This marginal decrease can be justified by the fact that in

year 2012, Government will not be expected to pay accrued salary arrears for the health sector as was the case in fiscal year 2011

Table 1: Budgetary Allocations to Health Sector 2011 / 2012

Budget Item	**Approved Budget 2011**	**Budget Ceiling 2012**
Personnel Cost	7,454,265,000	7,728,100,000
Overhead Cost	483,900,000	486,900,000
Capital Cost	3,198,000,000	2,478,000,000
Total Health	**11,136,167,011**	**10,693,002,012**
Total State Budget	**72,230,000,000**	
% Allocated to Health	**15%**	

Source: 2011 State Approved Budget Book and 2012 Call Circular

Table 2 below presents resource allocation within health sector institutions. The distribution of resources as shown in the table is a clear manifestation that Government is gradually shifting away from concentrating the largest proportion of funds within the Ministry of Health but rather, much of the resources are now allocated to the Gunduma Health Systems for effectively delivery of health care services to citizens

Table 2: Allocations within the Health Sector 2010 - 2012

Budget Item	**2010 (Approved Budget)**	**2011 (Approved Budget)**	**2012 (Budget Ceiling)**
State Ministry of Health	2,328,530,000	1,871,276,000	1,562,300,000
School of Nursing	122,200,000	217,961,000	134,500,000
School of Health Technology	187,904,000	228,810,000	258,000,000
Rasheed Shekoni Specialist Hospital	223,689,000	476,353,000	528,400,000
Gunduma Health System Board	1,986,266,000	2,416,318,000	2,063,700,000
Gunduma District Hadejia	294,440,000	1,084,002,000	991,800,000
Gunduma District Ringim	218,132,000	844,058,000	921,700,000
Gunduma District Dutse	186,511,000	608,648,000	649,400,000
Gunduma District Birniwa	48,298,000	342,664,000	341,700,000
Gunduma District Birnin Kudu	211,089,000	777,200,000	874,600,000
Gunduma District Kazaure	210,821,000	703,141,000	790,700,000
Gunduma District Kafin Hausa	106,124,000	436,535,000	401,600,000
Gunduma District Gumel	191,687,000	682,856,000	761,400,000
Gunduma District Jahun	105,273,000	446,343,000	410,200,000
JISACA	-	-	3,000,000
Local Government Gunduma Health Facilities	1,374,734,000	-	-
Total	**7,795,698,000**	**11,136,165,000**	**10,693,000,000**

SECTION 4: RECOMMENDATIONS

i. The Directorate of Budget and Economic Planning need to intensify efforts to encourage GHSB to prepare integrated budget that captures expected funding from the State and the LGAs in line with the provisions of Gunduma Health system law as amended. This can be done by ensuring that budget ceilings are inclusive of expected funding from both the State Government and the LGAs. This is the only way to ensure that all sources of funding are properly captured in the annual appropriation law

ii. Also, the Directorate of Budget and Economic Planning should introduce a code that will clearly capture outstanding liabilities in the state chart of accounts and budget classification. Introduction of such a code will help to avoid distortions in both budget implementation and financial statements of the previous year as unpaid approved vouchers can be properly classified

iii. In order to clearly help key stakeholders to clearly understand and key into the vision of MTSS and the entire planning processes, there is need for the SMOH to conduct a dissemination event for 2012 – 2013 MTSS. Such dissemination event should ensure that copies of the approved health sector MTSS are made available to key stakeholder and that each stakeholder understand their individual and collective roles in its implementation.

iv. Since resource requirement for implementation of 2012 operational plan is far higher than allocated ceiling, there will be need for both the SMOH and GHSB to conduct budget profiling to ensure that funds are made available on a monthly basis to implement planned activities in order of importance

SECTION 5: EMERGING ISSUES

1. Adherence to the timelines for the planning process was inadequate. The three-day duration allotted for the Strategy session and Costing of the MTSS was grossly unrealistic, and this significantly affected the quality of contribution from Stakeholders. It would appear that the sectors' key consideration was developing the 2012 annual budget rather than review the MTSS implementation and this explains the rationale for concentrating all MTSS activities within the period the "call circular" was announced.
2. The funding of the MTSS process (logistic and technical) is very much donor dependent. The financial support from the State is very insignificant to drive the process and this account in part for the very late commencement of the MTSS development process.
3. The absence of the 2011operational plans that flow from the MTSS 2011- 2013 activities was another major challenge to the review process. As expected the 2011 operational plans were to be derived from the approved MTSS activities but this was not the case, as little evidence exist to support the existence of such plans.
4. The capacity of the health sector to develop the MTSS was limited. Defining result-based activities is still very challenging. Moreover, the timelines for the capacity development of the sector team was very much inadequate.
5. The paucity of data for quantification of costs for the planned activities was a major constraint.
6. The neglect of the result matrix was another challenging experience of the MTSS development process. It was almost impossible to determine progress made on the implementation of the previous MTSS activities.
7. Although the development process involved civil society, their level of participation did not reflect a consensus representation of their demands or community views for health care delivery.

SECTION 6: LESSONS LEARNT

1. The quality of outputs generated at the end of the three day MTSS process was a significant indication that the number of days for the entire process was grossly in adequate. This was worse for the Gunduma Health Councils' operational planning process with relatively lower number of days for capacity development.
2. The logistic arrangement of the Gunduma Health Councils' operational planning process significantly impacted on the quality of participation at the meeting. The meeting was non residential and participant arrived relatively late and had to leave early to the local government from which they have come.
3. The limited IT skills of the participants also affect the output of the operational plan development tool/template which was based on the basic understanding of MS Excel.
4. The operational planning process provided the platform to reinforce deepen the understanding of the GHCs of their contributions to the achievement of the target in JSHDP2010 -2015.

SECTION 7: CONCLUSIONS AND NEXT STEPS

As already established, the rollover of the MTSS2011 – 2013 is a very positive indication of government's irrevocably commitment to the reform policy particularly on public financial management. The articulated MTSS2012 – 2014 represents an improvement on the first MTSS development effort of the sector. The prioritization process of the MTSS 2012-2014 focussed more on the delivery of qualitative high yielding health services targeted at members of local communities. The current capacity gap of the sector to fully take-charge of the MTSS process is very much an issues for concern, but it must be understood that the development MTSS is still very much work in process in Jigawa State. However, in this attempt, the limitations of previous efforts such as linking the budget to the MTSS were resolved, thus reinforcing the measure of transparency and accountability associated with the MTSS process. It is important to note that the MTSS can only be useful to the sector if it is effectively implemented and monitored.

SECTION 8: ANNEXES

TERMS OF REFERENCE TO SUPPORT THE REVIEW OF HEALTH SECTOR MTSS 2011 – 2013 AND DEVELOPMENT OF 2012 ANNUAL HEALTH SECTOR PLAN AND GUNDUMA COUNCILS OPERATIONAL PLAN IN JIGAWA STATE

Budget activity code: P.JG.1.1.1.G	Output 2 and initiative Strategic Activity 2a. (PATH2) and 1.1.1 (PRRINN-MNCH)
Date of draft: 15th August, 2011	Lead STA: Andrew McKenzie
Decision Date: ASAP	Dates: September 2011
Responsible Persons: Abubakar Kende and Yusuf A. Yusufari	Status: Final

Background

Jigawa State is one of the four states where the DFID supported PRRINN-MNCH programme has been operational. Since the national baseline survey feedback meeting held in October 2007, PRRINN-MNCH has been supporting the State Ministry of Health and the Gunduma Health System Board in review and development of Strategic and operational plans. This has led to revisions of strategic plan and development and costing of operational plans.

The Gunduma Health System (GHS) is responsible for all aspects of health service delivery for the state, while the SMOH assumes responsibility for all stewardship of the health sector. The Gunduma Health Board provides strategic health planning and development for the service delivery sector and recommends any policy changes to the SMOH and Ministry of Local Government. The board is also responsible for overseeing the integration of primary and secondary health care, allocation and disbursement of resources and oversight for the equitable delivery of health care services by Gunduma governing councils, the Gunduma head quarters, and Gunduma technical teams. To date, 9 Gunduma Councils with their Gunduma head quarters have been established. Each Gunduma has a governing council supported with a Gunduma technical team responsible for the day to day monitoring and coordination of the health facilities.

In 2011 the state health sector developed the MTSS 2011-2013 with the support from PATHS2 and other key stakeholders. This exercise set out a three year plan and budget that was derived from the strategic plans developed (in line with national health strategic planning guidelines) in 2009. It is from the MTSS that the SMOH, Gunduma Board and Councils will develop their annual plan (for health sector) 2012.

Rationale

The rationale for this ToR is support the SMOH, Gunduma Health System board and Councils to develop operational plans for 2012 fiscal year. This operational plan will be derived from the existing strategic plan and MTSS which was developed in 2010. With the release of call circular, the Directorate of Budget has instructed all MDAs to develop operational plans for 2012 in line with the

approved MTSS and the state Comprehensive development framework CDF (state's version of SEEDS2).

Purpose of Assignment

This TA is to support the SMOH, Gunduma Health System Board and Councils to review 2011 – 2013 health sector MTSS and develop operational plan 2012 derived from the MTSS 2011- 2013.

Specific Tasks

A team of two national consultants, one national health financing consultant (funding by PRRINN-MNCH) and one National Consultant on MTSS and financial management (funded PATHS2), will support the staff of the SMOH and Gunduma Health System Board and the 9 Gunduma health councils to review the MTSS and develop 2012 operational plans.

Specific tasks for the consultants are:

- Facilitate a one day review of the report of the health sector annual performance conducted in July 2011
- Review the key issues identified from the MTSS and annual 2011 PPRHAA
- Support the State Planning team to prepare a planning programme for the 2012 operational planning.
- Assist the state planning team and the council planning teams to link the 2012 operational plan to the MTSS and the Comprehensive development framework (CDF)
- Link the facility based planning from PPRHAA to feed into the respective council planning
- Facilitate the planning process as one exercise by harmonising the nine Gunduma Council Plans together with the SMOH and Gunduma Board Plans.
- Facilitate costing of the operational plan in line with the revised MTSS and health sector budget envelope allocated by the Directorate for Budget and Economic Planning.
- Facilitate dissemination of the 2012 OP to key policy makers and stakeholders
- Facilitate the establishment of linkage between the operational plan and health sector performance reviews.

Expected Outputs

By the end of the assignment the following outputs will be expected:

- Costed annual operational plan 2012 for Gunduma board and Councils
- Revised Health Sector MTSS for 2012 – 2014
- A combined summary operational plan for the state health sector produced

Type of Consultants Required

National Consultant (Health System-MTSS)

- Have an extensive understanding of the Nigerian health sector especially northern Nigeria

- Have an extensive experience of strategic and operational planning within the health sector in Jigawa state.
- Have an extensive experience of strategic and operational plans
- Capacity building expertise
- Be prepared to work in a resource scare environment
- Excellent report writing and facilitation skills

National consultants (Financial expert)

- Have an extensive understanding of the Nigerian health sector
- Have expertise in health sector financing and management
- Previous proven experience on similar exercises, including costing of SSP & OP
- Have excellent team work and facilitation skills
- Have proven strong report writing skills
- Knowledge of Northern Nigeria and Hausa language has added value

Mr Ate Wombu (Financial management expert) has been selected for this role because of their previous experience in implementing similar ToR in PRRINN-MNCH States in the 4 years. He will be contracted by CDC

Mr Emeka Nsofor (Health System expert) has facilitated the development of health sector MTSS in 3 States supported by PATHS2 and facilitated the development of health sector operational plans since 2009. Nsofor will be contracted by PATH2.

Timing of Consultancy

These activities are planned to take place in September 2011

Activities	**Band C Consultants**
Preparations	2 X 1 day
Review MTSS, ISS, PPRHAA and 2011 operational plan	2x2 days
Linking performance reviews and OP	2x2 days
Development of SMOH, GHSB and 9GHCs Plans	2x5 days
costing of OP-2012	2x2days
Dissemination of plans	2x1days
Report writing	2x1days
Total for 1 consultant	14 days
TOTAL for all consultants	**28 Days**

Annex 2: List of Persons Consulted

Name	Position	Organization
Bala I.A. Abubakar	Permanent Secretary	SMOH
Adamu M. Garun Gabas	Permanent Secretary	Directorate of Budget and Economic Planning
Pharm. Usman Tahir	Director-General	GHSB
Yusuf A. Yusufari	State Team Manager	PRRINN-MNCH
Abubakar Kende	State Team Leader	PATHS 2
K. Kawa	DPRS	SMOH
Pharm. Ibrahim Hassan	DPRME	GHSB
Bayero	DDPRS	SMOH
Zanna O. Ali	HMIS Officer	PATHS 2
Largema Bukar	HFO	PATHS 2
Umar Muhammed		PATHS 2

PATHS2 Offices

ABUJA
No 37 Panama Street,
Off Ibrahim Babangida
Boulevard, Maitama - Abuja

ENUGU
No 1, Coal City Gardens Estate,
Off Okpara Avenue, GRA,
Enugu

JIGAWA
Plot No. 212
Nuhu Muhammed Sanusi Way,
Dutse, Jigawa

KADUNA
1st Floor, Wema Bank Building,
No. 22 Bida Road, Off
Yakubu Gowon Way, Kaduna.

KANO
No 9 Suleiman Crescent, after
Ni'ima Guest Palace Hotel,
Nasarawa - Kano.

LAGOS
Desiree House,
No 2 Sheraton/Opebi Road,
Beside Afrijet Building,