Monitoring and Evaluation Annual Operational Plan

2020

For

National Strategic Health Development Plan II

2018 - 2022

FEDERAL MINISTRY OF HEALTH

NOVEMBER 2019

FOREWORD

The focus of the Federal Government of Nigeria is to achieve inclusive and sustained economic growth in the country. For this to occur, the populace must be healthy, vibrant, and productive. The Federal Ministry of Health (FMOH) in contributing to this goal, has aligned its National Health Strategic Development Plan towards achieving health for all. Universal health coverage ensures that all people have access to needed health services while also ensuring that these services does not impoverish them. This goal of universal health coverage is also a global priority needed to achieve the sustainable development goals.

A well-articulated National Strategic Health Plan for 2018 – 2022 (NSHDP 2018 – 2022) has been developed by the Federal Ministry of Health. The plan is based on evidence of what needs doing around the unfinished business of meeting the Millennium Development Goals and learnings from implementing the country's first National Strategic Health Development Plan.

The Federal Ministry of Health is committed to continuous improvement in achieving the goals set out in the NSHDP 2018 – 2022. The 2018 National HIV/AIDS Indicator and Impact Survey result that demonstrates improvement and estimates Nigeria's HIV/AIDs prevalence at 1.4% is a testament to our focus on achieving better health for Nigerians.

We are deepening our ability to in the health sector to effectively monitor and evaluate health programs and create a culture of, critical reviews, learning, and continuous program improvement across all levels of the sector. This is fundamental to achieving the goal of universal health coverage in Nigeria. Without it, stakeholders will find it difficult to understand what works and what to improve on.

We developed this 2020 Monitoring and Evaluation (M&E) Annual Operational Plan (AOP) through the collaborative effort of stakeholders in the health sector. By it, we demonstrate the FMOH's willingness to ensure that evidence guides the cycle of planning and implementing quality health programs in the country. Our ultimate goal is that the health sector contributes to the overall economic and social development Nigeria.

We have done a lot to improve the capacity for M&E in the health sector over the years and there has been a lot learned. However, there are gaps we must fill if quality evidence must further shape our collective actions towards universal health coverage. Based on our experiences and learnings, we have identified key activities needed to improve M&E in a sustainable and impactful way in the health sector. Important to note is the fact that we have taken a proactive approach and avoided the failures of the past. In 2020 and beyond, we will systematically implement activities that improves our ability to track the country's progress towards achieving the Universal Health Coverage goals and foster use of data for decision making across all levels.

I wish to use this opportunity to encourage for all hands to be on deck to implement the activities specified in this M&E AOP. Together, we can better ensure that the country's health sector has an M&E system that is responsive, effective, efficient, and sustainable. Also, we will together ensure that the health sector is accountable to its citizens by clearly demonstrating how it has contributed to inclusive and sustainable economic growth in the country; and achievement of the sustainable development goals.

The Honorable Minister for Health

ACKNOWLEDGEMENTS

The Federal Ministry of Health Monitoring and Evaluation Technical Working Group (FMOH M&E TWG), under the leadership of the Department of Health Planning Research and Statistics (DHPRS) gave the mandate to develop this document. The members of the M&E TWG include the different departments, parastatals and agencies of the across the FMoH, representative State DPRS, relevant ministries, development partners, development partners, civil society and the private sector. The M&E division of the DHPRS is the secretariat of the TWG.

Foremost, I would like to express my gratitude to the members of the National M&E TWG without whose vision and commitment, this document would not have been possible. The TWG reviewed and agreed on the workplan priorities based on the NSHDP II M&E Plan Strategic Objectives; they also reviewed and updated the first draft of this Plan. The contribution of all the members of the Group led by the Head of M&E division, FMOH, Mr. Bolaji Oladejo is appreciated.

My sincere thanks goes to the core development team of the M&E Operational Plan. These individuals who were selected by the TWG saw to the drafting and finalization of this Plan. They worked tirelessly amidst several challenging situations to get this document to this point. The contribution of the WHO Consultant, Dr. Shobo Olukolade George who supported the core team and that of other members of the core group - Adeleke Balogun, Abatta Emmanuel, Ali Gubio, Lawrence Kwagha, Adeola Jegede, Adeyinka Adewemimo, Ogeh Ajiroghene, Nkiruka Ukor and Olutobi Adeogo are highly appreciated. Dr. Moses Ongom, WHO Health Systems Advisor reviewed and made vital comments on the Plan, his effort is noted with thanks.

I would like to express my special thanks to the European Union and the World Health Organization (WHO) for the funding and technical assistance provided to accomplishing this work.

The contribution of several other Partners such as IHP, Plan International, MNCH2, ARFH, Malaria Consortium, CHAI, FHI360, HISP, D4I/W4H and Marie Stopes are specially appreciated.

Director, Health Planning, Research and Statistics

TABLE OF CONTENTS

TABLE OF FIGURES

LIST OF TABLES

ABBREVIATIONS

AOP	Annual Operational Plan
DHIS2	District Health Information System 2
DHPRS	Department of Health Planning Research and Statistics
DPRS	Department of Planning Research and Statistics
DQA	Data Quality Assessment
EPHS	Essential Package of Healthcare Services
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
HDCC	Health Data Consultative Committee
HDGC	Health Data Governance Council
HIS	Health Information System
HMIS	Health Management Information System
HRH	Human Resources for Health
HSS	Health Systems Strengthening
IDSR	Integrated Disease Surveillance and Response
ISS	Integrated Supportive Supervision
KPI	Key Performance Indicator
LGA	Local Government Area
LMIS	Logistics Management Information System
NBS	National Bureau of Statistics
NCDs	Non- Communicable Diseases
NCH	National Council on Health
NDHS	Nigeria Demographic and Health Survey
NHA	National Health Accounts
NHAct	National Health Act
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NHRHIS	National Human Resources for Health Information System
NPHCDA	National Primary Health Care Development Agency
NPopC	National Population Commission
NSHDP	National Strategic Health Development Plan
TWG	Technical Working Group

EXECUTIVE SUMMARY

The Nigerian government is committed to achieving universal health coverage for its citizens by 2030. Universal health coverage means that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality while also ensuring that the use of these services does not expose them to financial hardship. Universal health coverage is also a global priority and necessary for achieving the sustainable development goals in 2030.

To achieve universal health coverage, the components of the country's health system must be optimal. Despite stakeholder's investments in improving the Monitoring and Evaluation component of Nigeria's health sector over the years, more still needs doing if universal health coverage must be achieved. In 2016, stakeholders jointly identified the weak capacity of the health sector to carry out Monitoring and Evaluation (M&E) as one reason for the underachievement of the first strategic plan (2010–2015). They also identified that M&E in the health sector has remained poorly responsive to the information needs of domestic and international stakeholders during the period of implementing the plan. The effectiveness of the M&E system is central to the country's ability to continuously review the result and improve the planning and implementation of its health strategy. Without an effective and efficient M&E system, the health sector will not achieve critical parts of its strategic goal that contributes to achieving universal health coverage.

As part of the health sector's M&E system's strengthening effort, the FMOH has developed a 2018 - 2022 M&E plan for NSHDP II. It details the strategic priorities for M&E for the period of implementing the NSHDP II.

The 2020 annual operational plan for M&E (AOP for M&E) in the health sector focuses on the specific activities to be carried out to strengthen the M&E system of the sector. It derives from the 2018-2022 M&E plan for the NSHDP II. It is a detailed M&E implementation framework for stakeholders at the national and sub-national levels, and it will improve the generation and use of health data for decision making across all levels. It shows harmony between the NSHDP II and its M&E plan and focuses on time-bound activities and tasks to improve Monitoring and Evaluation in the health sector. It describes the activities that will be carried out, the responsible stakeholder, and the timeline for delivering on M&E activities.

Chapter 1 of this document presents the situation of M&E in the health sector and justifies the need for the operational plan. Chapter 2 summarizes the strategic goals of the NSHDP II with a focus on the theory of change and pillars on which universal health coverage will be realized in Nigeria. In chapter 3, the document presents an overview of the NSHDP II's M&E plan. Chapter 4 highlights the main M&E activities and sub-activities that will be implemented in 2020.

Overall, there are five major strategies for improving the health sector's capacity to carry out M&E. These strategies are to: strengthen the health sector M&E system governance; provide health sector-wide plan for tracking and reporting on key performance indicators; build human capacity for National M&E system; strengthen M&E data management system; and facilitate advocacy, dissemination, and data use for action.

This annual operational plan (AOP) describes the specific sub-activities for achieving each of the strategies described above. By achieving the goal of the M&E strengthening strategies, the AOP contributes to achieving the goals of the NSHDP II. It also contributes to the goals of the ERGP and the Sustainable Development Goals (SDGs).

The FMOH developed this AOP, guided by a sub-committee of its M&E Technical Working Group (TWG). Through a series of meetings and workshops with relevant stakeholders in the health sector, the sub-committee collated inputs and agreed on the framework and content of the document. The M&E TWG validated the AOP and approved by FMOH leadership.

A sub-committee of the FMOH M&E Technical Working Group (TWG) developed the 2020 AOP for M&E. The broader M&E TWG validated the AOP and presented it to the senior leadership of FMOH for approval.

The AOP will improve the capacity of the health sector to track its indicators, understand performance, and provide and use quality information in a transparent, timely, and effective manner. It is hoped that it will be adopted and/or adapted at the State levels. Every quarter, throughout the period of implanting the NSHDP II, the FMOH M&E TWG will monitor its implementation and plan for improvements based on identified gaps. Similar structures will track the operational plan at State levels. At the end of the year, the FMOH DHPRS will lead the review of the AOP's achievement with stakeholders in the sector. The resolutions reached at the review will inform the development of the 2021 M&E AOP.

The resources required for the implementation and achievement of the 2020 M&E AOP of the NSHDP II target is enormous. The cost estimate of the AOP has been determined using the cost assumption obtainable in the public service and in line with the current financial regulation in place. The AOP excel template consist of four data sheets that was populated. The overall cost of delivering the package of M&E AOP is summed up in the summary and result sheet. This is in addition to taking into consideration the cost of activities to be carried out and the health system inputs that are required to be in place to achieve the desired coverage targets and impact goals. The total cost of implementing the 2020 M&E AOP of the M&E Plan of NSHDP II is estimated at ₦1,151,134,340.

AOP Budget and Financing

M&E Strategic Objectives	Total Cost of AOP	Government's Commitment	Development Partners including Private Sector	AOP Funding Gap
Strategic Objective 1: To strengthen the health sector M&E System Governance	₦ 382,124,840	₦ -	₦ -	₦ 382,124,840
Strategic Objective 2: To provide Health Sector-Wide Plan for Tracking and reporting on Key Performance Indicators	₦ 94,072,000	₦ -	₦ -	₦ 94,072,000
Strategic Objective 3: To Build Human Capacity for National M&E System	₦ 106,685,000	₦ -	₦ -	₦ 106,685,000
Strategic Objective 4: To strengthen M&E Data Management System	₦ 339,054,000	₦ -	₦ -	₦ 339,054,000
Strategic Objective 5: To facilitate Advocacy, Dissemination, and data use for action	₦ 229,198,500	₦ 31,370,000	₦ -	₦ 197,828,500
Total	₦ 1,151,134,340	₦ 31,370,000	₦ -	₦ 1,119,764,340

	% Distribution	2.73%	0.00%	97.27%

M&E units of the Departments, Agencies and Programmes are responsible for implementing their 2020 component of the AOP while the Department of Health, Planning, Research And Statistics of the FMOH is responsible for the overall coordination of the M&E 2020 AOP.

CHAPTER 1. INTRODUCTION

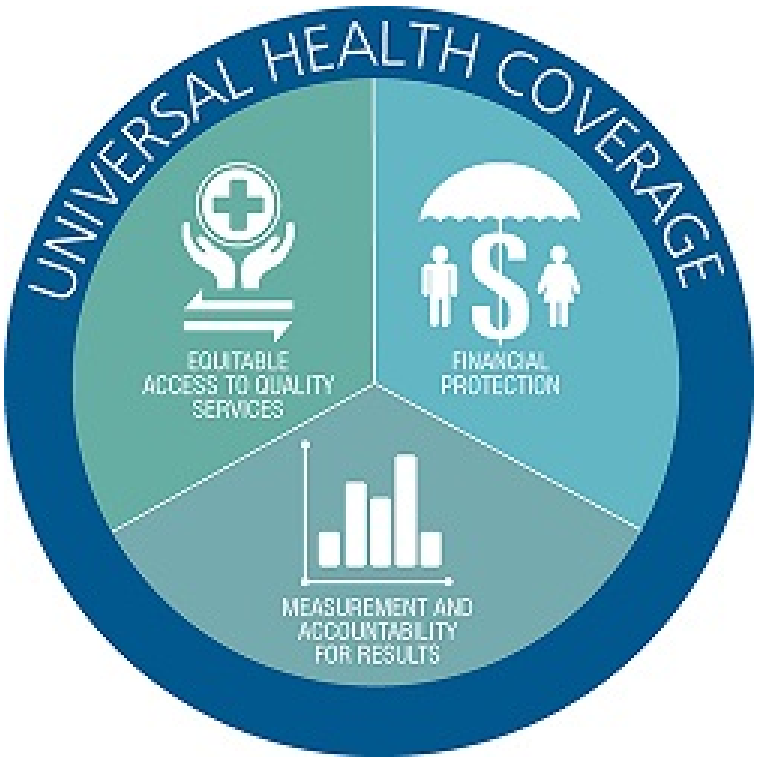
Although the Nigerian health system has recorded gains in pushing back the prevalence of diseases like HIV, it is yet to deliver on the needs of the country's population. Health outcomes have remained poor in the country compared to other African countries. For instance, the life expectancy, child mortalities, immunization coverage, contraceptive prevalence, and tuberculosis treatment success amongst others in Rwanda, are better than that of Nigeria despite the huge human and natural resources Nigeria has[1]. The average life expectancy at birth in Nigeria is 54.5 years which is much lower than that of Algeria (75.5 years), Mauritius (74.6 years), and Cape Verde (73.3 years). In the Republic of Congo, the life expectancy for females and males are 62 and 59 respectively, compared to 55 and 53 in Nigeria. Similarly, in 2015, Nigeria's crude death rate of 12.8, was higher than that of Kenya (5.8), Senegal (6.1), and Rwanda (6.1); while comparable to that of countries like Lesotho (12.9), Sierra Leone (13.0), and Chad (13.2). Also, Nigeria is one of the top 10 countries with the highest mortality rate per 1000 population in the world. It is also one of the top three with the highest maternal mortality ratio per 100,000 live births, and one of the top five with the lowest proportion of pregnant women who had their births attended to by a skilled health worker in the African Region[2].

In 2015, the Nigerian government committed to achieving universal health coverage for its citizens by 2030. Universal health coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship. Universal health coverage has therefore become a major goal for health reform in many countries and is a global priority for achieving the Sustainable Development Goals in 2030. Nigeria's Economic Recovery and Growth Plan (ERGP) 2017 - 2022, the revised National Health Policy 2016, and the National Strategic Health Development Plan for 2018–2022 (NSHDP II) articulates this commitment to achieving the universal health coverage. While the ERGP and NHP describe the aspiration of the Government towards achieving this goal, the NSHDP II guides national and sub-national governments on achieving it.

An important element of achieving universal health coverage, lies not only in the willingness and ability of the government to provide adequate and timely access to care, nor in the provision of financial safety nets, but also in the ability to track, monitor, evaluate, and learn from its programs (Figure 1). A strengthened M&E system is key to achieving universal health coverage. Without an effective and efficient M&E system, the health sector will not achieve critical parts of its strategic goals which link to achieving universal health coverage in the country.

In 2016, stakeholders in the health sector jointly identified the weak capacity of the health sector to carry out Monitoring and Evaluation (M&E) as one reason for the underachievement of the first health strategic plan (2009–2015). They also identified that M&E in the health sector remained poorly responsive to the information needs of domestic and international stakeholders during the period of implementing the plan.

FIGURE 1: UNIVERSAL HEALTH COVERAGE[3]



1.1. SITUATIONAL ANALYSIS: MONITORING AND EVALUATION IN THE NIGERIAN HEALTH SECTOR

The Nigerian health system comprises of both public and private sectors. The constitution of the country divides the public and private sectors into tertiary, secondary, and primary levels, with the primary level as the entry into the Nigerian health system. The responsibility for healthcare management system for the public sector is independently carried out by the three tiers of government - Federal, State and Local Government. The governments at these levels regulate and monitor the private sector. One key implication of this arrangement is states and LGAs responds to their unique needs based on their social, cultural, economic, and political realities. It also means that the health systems grow at different levels between and within each tier. It also means that the system for M&E in the health sector follows a complex pattern and different administrative dependencies for results across the three levels. While the FMOH M&E system usually sets the policy and agenda for M&E in the health sector, it is not strictly in charge of administering resources or ensuring implementation across the three levels.

1.1.1. STRENGTHS OF THE HEALTH SECTOR M&E SYSTEM

The FMOH has human and organizational capacity to develop policies and plans, establish systems, and institute leadership for M&E in the health sector. The Department of Planning, Research and Statistics of FMOH is responsible for overall coordination of M&E activities in the health sector.

There exist a National HIS Policy and National HIS Strategic Plan (2014)that describe the aspiration of government for producing 'timely, reliable, and accurate data for informed policy making, programming, and resource allocation for health care'[4]

In line with the HIS Policy, the FMOH established the Health Data Governance Council (HDGC) and Health Data Consultative Committee (HDCC) at the Federal level. The HDGC is the highest coordinating body that provides oversight and governance for the National HIS in the country. The HDCC serves as technical committee to the HDGC.

Other documents that set the agenda for strengthening M&E in the sector include the 2013 Blueprint for One National Database for Routine Health Data, 2014 National Standard Operating Procedure for the Collection and Management of Integrated Routine Health Data in Nigeria, and the 2016 health ICT Strategic Framework.

There is a harmonized National HMIS data collection tools. The NHMIS uses these tools to report service delivery data from health facilities into the DHIS2 platform. In addition, there is an Integrated Disease Surveillance and Response system for tracking and managing notifiable diseases. There are strategies and National tools for registration of births and deaths in the country.

1.1.2. WEAKNESSES OF THE HEALTH SECTOR M&E SYSTEM

While there are policies, plans, governance structures, and capacity for coordination and leadership, the 2016 M&E system assessment and the End-Term Evaluation of NSHDP I showed that weaknesses still exist in the health sector's M&E system. The M&E system's response to the information needs of stakeholders during the period of implementing the NSHDP I was poor. Delayed development of the M&E plan in 2012 including its non-operationalization was a major setback to health sector development.

The human resources for carrying out M&E activities in the health sector at the State and LGA levels including the institutional and individual capacity to plan and implement health sector M&E activities are inadequate. The high attrition and/or transfer of health workers trained to manage NHMIS worsen the weakness of M&E at the LGA level. There are also gaps in infrastructural readiness to carry out M&E activities in many LGAs. Primary health facilities are still the main users of the NHMIS tools. The data reporting tools for secondary and tertiary health facilities have not been standardized. Hence, the secondary and tertiary health facilities transmit most of their routine service delivery data through parallel data flow systems outside of the NHMIS. Only a few private hospitals report routine data using the NHMIS tools. Also, the NHMIS reporting rate by public primary health facilities varies from State to State.

Lack of quality data on available resources for health, the cost and use of health services, and the performance of front line providers has made it hard for the health sector to efficiently plan and advocate for additional investments in health as well. There is a need for strengthening the weak institutional capacity to collect and analyze health expenditure data, and interpret the results in a way policy makers can relate to[7].

1.2. JUSTIFICATION FOR AN M&E ANNUAL OPERATIONAL PLAN

The FMOH has developed robust strategies for strengthening M&E in the health sector. These strategies are documented in the M&E plan for the NSHDP II. In order to implement them, there is a need to have a clear

and workable set of activities and targets. An operational plan communicates the activities for achieving the strategies within a specified fiscal period and identifies those responsible for implementing these activities. It also identifies the cost for implementing these activities. With respect to the identified under-achievement of the NSHDP I, an M&E plan has been developed for NSHDP II. Therefore, for a successful operationalization of the M&E plan, an AOP is needed to provide the priority M&E strengthening activities for the health sector in 2020. By articulating these activities, the M&E AOP will serve as a tool for mobilizing and coordinating stakeholders' resources for M&E. This will improve the generation and use of health data for timely decision making in the health sector which is needed for the achievement of the goals of the NSHDP II (Annex 1).

1.3. ORGANIZATION OF THE DOCUMENT

The document shows the harmony between the NSHDP II and its M&E plan. It focuses on activities that are time-bound and the resources needed to implement them. Chapter 1 presents the situation of the health sector M&E, and the need for strengthening it through an operational plan. Chapter 2 summarizes the NSHDP II, focusing on the theory of change and the strategic pillars on which Nigeria will achieve universal health coverage. In chapter 3, the document presents an overview of the NSHDP II M&E plan. Chapter 4 highlights the key activities under each strategic intervention in the NSHDP II M&E plan. Chapter 5 presents the M&E AOP matrix.

CHAPTER 2. OVERVIEW OF NSHDP II

The second National Strategic Health Development Plan (2018-2022) provides the framework to move the country towards attainment of the Sustainable Development Goal 3 and Universal Health Coverage on the basis of revitalisation of primary health care. It builds on the successes and lessons learned from the implementation of Nigeria's first National Strategic Health Development plan 2010–2015. Developed through a participatory process and guiding principles which include accessibility and equity, it reflects the health plans of all the 36 states of the Federation, the Federal Capital Territory and the Federal Ministry of Health It has 15 priority areas grouped under five strategic pillars, 15 goals, 48 strategic objectives and 282 interventions

The NSHDP II's chain of results theorizes that if resources are available to support the processes to deliver interventions, then the primary health care health system will be strengthened, delivery of the essential package of healthcare services will be improved, and the quality of health services will also improve, all leading to increased availability and utilization of health care services and reduced out-of-pocket healthcare expenditure. These will then result in better health and wellbeing for all Nigerians, reduction in maternal and child mortality, and decrease in the prevalence of diseases caused by communicable and non-communicable diseases. This is in annex 1 (Figure 2: Overview of the NSHDP II).

CHAPTER 3. OVERVIEW OF NSHDP II M&E PLAN

The NSHDP II has an M&E plan designed to track its performance. Specifically, the M&E plan describes the approach and system developed to assess progress and impact of the overall strategic objectives of the NSHDP II, and the strategies for strengthening the M&E system to ensure it functions effectively and efficiently in delivering its mandate. Beyond tracking, it is also a health sector management tool for promoting program performance, ensuring accountability, and generating learnings that will help stakeholders make timely informed decision. It outlines various roles and responsibilities regarding M&E of the NSHDP II as well as describes indicators for tracking the results of the NSHDP II, and responsible organizations for data management.

In addition, the plan identifies 48 indicators that covers health sector governance and readiness to deliver quality services, coverage, and access to health services (annex 2). The principle of developing the indicators followed the logic model of input, process, output, outcomes, and impact. The M&E plan also describes the data management approach for collating, analyzing, and making available quality health data across all levels of the health sector. It was developed through a participatory approach by the stakeholders in the sector.

The 48 indicators identified in Nigeria's M&E plan for the NSHDP II are in line with the focus of the global UHC tracking framework. Both indicators to measure service coverage index and financial risk protection as identified in the UHC tracking framework is used in the country. Some of the country's indicators are however specific for tracking sustainable, predictable financing and risk protection in the country's context. Also, some of the indicators are not identified as core for the country, therefore not listed in the NSHDP II although tracked at programme levels. Table 1 below is a list of UHC global indicators compared to the NSHDP II core indicators.

TABLE 1: UNIVERSAL HEALTH COVERAGE INDICATORS

Global universal health coverage indicators **Coverage Indicators**	**Indictor in the NSHDP II**
Promotion/prevention	
Family planning coverage with modern methods: *% of total demand for family planning among married or in-union women aged 15 to 49 years that is satisfied by a modern method*	Not captured verbatim. The M&E of the NSHDP II tracks *contraceptive prevalence rate.*
Antenatal care coverage: *% of women aged 15 to 49 years with a live birth in a given period that received ANC four or more times d=from any provider*	Not captured verbatim. The M&E of the NSHDP II tracks % of deliveries by skilled birth attendants.
Skilled birth attendance: *% live births attended by health personnel trained in providing life-saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period; conducting deliveries on their own, and caring for neonates*	Tracked by NSHDP II as indicated above.
Diphtheria, tetanus and pertussis (DTP3) immunization coverage among 1-year-olds	Tracked by NSHDP II. Age disaggregation however not specified.

Prevalence of no tobacco smoking in the past 30 days among adults age >= 15 years	Not captured verbatim. The M&E of the NSHDP II tracks the *prevalence rate of tobacco use among adults aged 18 and above*
% population using improved drinking water sources	Not tracked
preventive chemotherapy (PC) coverage against neglected tropical diseases (NTDs)	Not tracked. The M&E of the NSHDP tracks *prevalence of targeted NTDs*
Treatment	
Antiretroviral therapy coverage: % people on ART among all persons living with HIV	Not captured verbatim. The M&E of the NSHDP II tracks the *% of diagnosed PLHIV receiving quality HIV treatment services AND % of diagnosed PLHIV on ARV who achieve sustained virological suppression*
Tuberculosis treatment coverage: treatment success rate, defined at treatment completed among notified cases	Not tracked
Hypertension coverage	Not tracked. *Mortality from NCDs (cardiovascular, chronic respiratory diseases, Cancer, Diabetes, sickle cell disease, etc.)* tracked by the M&E of the NSHDP II instead
Diabetes coverage	
Cataract surgical coverage	Not tracked. *% of blind or visually impaired persons that have access to eye treatment and rehabilitative services by 2022* tracked by the M&E of the NSHDP II instead
Financial Protection Indicators	
Catastrophic health expenditure	
No. of people spending 25% or more of their total expenditure on out-of-pocket (OOP) health expenditures	Not tracked or aligned. *-National Resource Allocations as a share of GDP to Health budget of GDP* *-Annual health expenditure per capita* *-% of Nigerian population covered by any risk protection mechanisms* *-Number of States that have established functional state health insurance schemes, and* *-Proportion of Federal Level MDAs, SMOH, & FCT that have institutionalized routine NHA and SHA* tracked by the M&E of the NSHDP II instead
No. of people spending 40& or more of their capacity to pay on OOP	
No. of people spending 40% or more of their non-food expenditures on OOP	
Impoverishing health expenditures	
No. of people with expenditures net of OOP below an international poverty line but with expenses gross of OOP above such an international poverty line	
No. of people with expenditure net of OOP below levels corresponding to subsistence food expenditure but with expenses gross of OOP above subsistence levels of food.	
No. of people with expenditure net of OOP below the international poverty line applied to the country according to its World Bank income classification	

3.1. PURPOSE

The main purpose of the NSHDP II M&E Plan is to document the means by which the health sector will be monitored and evaluated, describe the process for determining progress made against milestones and evaluating the outcomes. It will track progress and effect corrective measures where necessary, allowing all stakeholders in the health sector to work effectively and efficiently through clearly defined roles and responsibilities in order to achieve the goals and objectives of NSHDP II within a stipulated timeframe.

3.2. STRATEGIC OBJECTIVES

There are five major strategies identified to address the barriers described in the background of this document and speed up the health sector's efforts in strengthening the M&E system. The strategies are: strengthen the health sector M&E system governance; provide health sector-wide plan for tracking and reporting on key performance indicators; build human capacity for National M&E system; strengthen M&E data management system; and facilitate Advocacy, Dissemination, and data use for action. The section below elaborates the interventions under each strategy. Table 2 summarizes the five strategic objectives and interventions that fall under each of the strategies

1. ***Strengthening health sector M&E system governance***

The health sector M&E Technical Working Group, Health Data Consultative Committee, and Health Data Governance Council are the platforms for coordination and partnership; they have the mandate to establish standards and provide guidance to the broader health sector M&E and HIS in Nigeria. The data governance structure provides leadership and coordinates the mechanisms for M&E. This defines scope and establishes a working relationship among the different groups of the M&E governance structure. This strategy ensures that the health sector focuses the health information system policies and plans on effective practices and international standards. It also ensures that the foundational elements to promote data use and access are available in the country.

2. ***Provide health sector-wide plan for tracking and reporting on key performance indicators***

The NSHDP II will be implemented by many stakeholders in the health sector. This presents a complex network for the M&E processes that justifies the need for harmonisation and coherence to data management in the sector. The FMOH has developed a health sector-wide M&E plan. To further ensure harmony between the players in the health sector, a detailed mapping of M&E activities of stakeholders in the health sector will be conducted.

The Federal M&E TWG will develop guidelines and templates for reporting on KPIs of the NSHDP II and M&E system, and share for use by relevant stakeholders to streamline reporting. The guidelines will identify reporting timelines, audience, and responsibility for routine reporting. At the LGA, State, National levels, there will be a regular review of KPIs The overall impact of this strategy contributes to making information available for evidence-based decision-making in the health sector

3. ***Build human capacity for national M&E system***

The 2016 situational analysis of the health sector M&E system identifies inadequate skills and human capacity at sub-national levels to manage data for information use. The report further specifies that the capacity gap is partly due of inadequate training/retraining of relevant staff on the various aspects of M&E.

Therefore, to improve the individual job performance of staff with M&E responsibilities under the NSHDP II, the focus will be on identifying the M&E capacity needs of relevant staff at all levels, developing standard M&E training modules and manuals, and providing relevant M&E trainings. This strategy will lead to improved capacity of staff with M&E responsibilities and a well-established M&E system capable of independently monitoring health services across all levels.

4. Strengthen M&E Data Management System:

Data quality is associated with effective M&E systems. This strategy focuses on a set of approaches that improves the readiness of and ease with which the health sector collects, collates, validates, analyzes, reports, and archives quality data. It focuses on strengthening and broadening the NHMIS to include data reporting from the secondary and tertiary health facilities, and integration of different databases with the DHIS2 to facilitate easy access to health data for stakeholders. Scalable digital-health solutions will be deployed to improve health data management.

5. Facilitate advocacy, dissemination, and data use for action:

Data demand and use requires political will and resources. This strategy aims at increasing buy-in and funding for M&E, through careful planning and implementation of evidence-based advocacy strategy across the different tiers of the health sector. The strategy will contribute to sustainable funding for M&E, development and dissemination of appropriate information products and improve the culture of using data for decision making in the health sector.

TABLE 2: STRATEGIC OBJECTIVES AND ACTIVITIES OF THE NSHDP II M&E PLAN

Strategic Objectives	**1. Strengthen the health sector M&E System governance**	**2. Provide Health Sector-Wide Plan for Tracking and reporting on Key Performance Indicators**	**3. Build Human Capacity for National M&E System**	**4. Strengthen M&E Data Management System**	**5. Facilitate Advocacy, Dissemination, and data use for action**
Strategic Activities	1.1. Facilitate and coordinate the establishment and strengthening of M&E governance structures (HDGC, HDCC, TWGs) at all levels 1.2. Promote the development, review and use of the M&E policy documents (HIS policy, strategic plans etc.) 1.3. Establish and strengthen Health Data Collaborative in Nigeria 1.4. Conduct mapping of all donor support in the M&E systems of the health sector at all levels	2.1. Develop guidelines and templates for tracking KPIs for the different levels of the health sector 2.2. Track and report KPIs at all levels using routine and non-routine data	3.1 Carry out capacity needs assessment for M&E officers at all levels 3.2 Conduct trainings for state and LGA HMIS and M&E officers on Monitoring and Evaluation 3.3. Expand scope of national collaborating centers to include M&E training	4.1. Institutionalize Data Quality Assurance (DQA) and Integrated Supportive Supervision (ISS) plan and process 4.2. Strengthen national health information systems (e.g. Master Facility List/Health facility registry, LMIS, CHMIS, surveillance HRHIS) 4.3 Strengthen coordination of non-routine information systems (surveys, NHA, and special studies) 4.4 Develop and strengthen the use of digital health	5.1. Develop M&E advocacy and communication strategies for the NSHDP II 5.2. Advocate to the legislature, states, LGAs and other stakeholders for improved resource allocation to health M&E systems strengthening 5.3. Conduct and disseminate the outcome of joint annual reviews (JARs), mid-term review, and end term evaluation 5.4. Present quarterly KPIs of NSHDP II to TMC of FMOH

				applications for both routine and survey data 4.5 Institutionalize mechanisms for health data documentation and archiving 4.6. Strengthen the use of research findings for health policy development/implementation	5.5 Prepare and present annual NHSDP II implementation status report to National council on health

CHAPTER 4. 2020 M&E ANNUAL OPERATIONAL PLAN

The 2020 M&E AOP describe the activities for strengthening M&E in the health sector. It derives from the 2018 – 2022 M&E plan of the NSHPD II and defines sub-activities for each M&E strategic objective. Through achieving the goal of the M&E strategies in the health sector, the AOP contributes to attaining the overall goal of the NSHDP II. The AOP identifies the health sector's M&E system strengthening activities, products, and results that will be achieved in 2020. This includes using robust methods and innovative technologies and tools, promoting accountability and transparency amongst stakeholders, contributing to local and global health learnings, and fostering the availability and use of health data for decision making across all levels in the country (annex 3). It also includes the capacity building plan for relevant staff in the system.

Overall, the AOP activities will strengthen the system's ability to track coverage of the population with quality, essential health services, and the coverage of the population with financial protection[8], in line with the goals of the NSHDP and global priority for universal health coverage. It will also improve the country's ability to plan and sustain economic growth (annex 3).

4.1. PURPOSE

The 2020 M&E AOP will improve the capacity of the health sector to provide and use quality information on key performance indicators of the NSHDP II, in a transparent, timely, and effective manner. Specifically, the plan aims to:

1. Strengthen the platforms for governance of M&E across all levels in the health sector by 2020
2. Improve capacity of the health sector to track the performance of the NSHDP II across all levels by 2020
3. Incrementally increase funding for M&E in the health sector in a sustainable way
4. Improve the use of health data for decision making

4.2. PROCESS OF DEVELOPMENT

The AOP was developed under the guidance of an 8-man sub-committee of the M&E TWG. Through series of meetings and workshops with relevant stakeholders in the health sector, the sub-committee collated inputs

and agreed on the framework for the development of the document. The AOP was validated by the M&E TWG and approved by the leadership of FMOH for implementation.

4.3. M&E COST

The total cost of the 2020 M&E annual operational plan stood at ₦1,151,134,340 spread across the 5 strategic objectives. Of this amount, government funds amount to _____ while partner funds amount to _____ with an AOP funding gap of _____ as summarized in table 3 below

TABLE 3: M&E AOP BUDGET AND FINANCING

AOP Budget and Financing				
M&E Strategic Objectives	**Total Cost of AOP**	**Government's Commitment**	**Development Partners including Private Sector**	**AOP Funding Gap**
Strategic Objective 1: To strengthen the health sector M&E System Governance	₦ 382,124,840	₦ -	₦ -	₦ 382,124,840
Strategic Objective 2: To provide Health Sector-Wide Plan for Tracking and reporting on Key Performance Indicators	₦ 94,072,000	₦ -	₦ -	₦ 94,072,000
Strategic Objective 3: To Build Human Capacity for National M&E System	₦ 106,685,000	₦ -	₦ -	₦ 106,685,000
Strategic Objective 4: To strengthen M&E Data Management System	₦ 339,054,000	₦ -	₦ -	₦ 339,054,000
Strategic Objective 5: To facilitate Advocacy, Dissemination, and data use for action	₦ 229,198,500	₦ 31,370,000	₦ -	₦ 197,828,500
Total	₦ 1,151,134,340	₦ 31,370,000	₦ -	₦ 1,119,764,340
	% Distribution	2.73%	0.00%	97.27%

4.4. MONITORING, EVALUATION AND REVIEW OF THE ANNUAL OPERATIONAL PLANS

The FMOH M&E TWG will monitor and track the implementation of the AOP quarterly. Similar M&E TWGs will track it at subnational levels. The DHPRS will provide leadership around updating the AOP based on emerging lessons from implementing it.

The DHPRS will conduct a qualitative evaluation to examine the bottlenecks around the implementation of the AOP at the national and sub-national levels. The findings of the evaluation and status of implementation of the AOP will inform its review.

CHAPTER 5. HEALTH SECTOR M&E ANNUAL OPERATION PLAN MATRIX

5.1. OVERVIEW

This chapter presents the health sector's M&E AOP for the period 2018 – 2019. It highlights the timeline for implementing activities scheduled for 2019 under the column 'Quarter for 2019 schedule' in Table 2. On the table, the blue and light brown bars show the strategic aim and activities in the M&E plan. The first column describes sub-activities for achieving the strategic activities and objectives. It also breaks the sub-activities down to tasks where applicable.

TABLE 4: M&E OPERATIONAL PLAN MATRIX

2020 M&E ANNUAL OPERATIONAL PLAN

Planned sub-activities		Q1	Q2	Q3	Q4		Status of Implementation	Stakeholder/ Key Responsible	AOP Milestone	Description of Cost Inputs/Assumptions	Total Cost ₦ 1,151,134,340	Govt Funding	Name of Development partner	Partners Funding	Funding Gap
Strategic Objective 1: To strengthen the health sector M&E System Governance	**Annual target:**	Establish HDDC, HDGC, TWGs at all levels with a functional secured repository to store all relevant documents									**₦ 382,124,840**	**₦ -**		**₦ -**	**₦ 382,124,840**
1.1.1. Conduct rapid study to understand the opportunities and challenges of improved M&E governance structures across all levels	1.1.1.1. Conduct situation analysis to determine opportunity and challenges of M&E governance structures across all levels	▲		▲		National Level	New-Project/Activity	DHP RS M&E	Situation analysis conducted	• Consultant fees for 2 consultants @ 100,000/day for 30days • DSA for 2 consultants for 30days @ 35,000/day • Validation meeting for 50 people @ 5,000,000 • Printing and dissemination of 1,000 copies @ 450 per copy	₦ 27,100,000	₦ 0		₦ 0	₦ 27,100,000

1.1.2. Review mandate, membership, and ToRs for HDGC, HDCC, TWGs across all levels based on evidence	1.1.2. Review mandate, membership, and ToRs for HDGC, HDCC, TWGs across all levels based on evidence	▲				National Level	On-going Project/Activity	DHP RS M&E	Mandate reviewed	Conponent of HIS Policy document review	₦ -	₦ 0		₦ 0	₦ -
1.1.3. Conduct necessary advocacy for functional HDGC, HDCC, and TWGs across all levels	1.1.3.1. Mapping/ rapid assessment to identify structures across all levels		▲			National Level		DHP RS M&E	Mapping/rapid assessment conducted	Part of SITAN (1.1.1.1)	₦ -	₦ 0		₦ 0	₦ -
	1.1.3.2. Develop and produce advocacy documents; concept notes, pamphlets- HIS policy, share strategic plans		▲			National Level	On-going Project/Activity	DHP RS M&E	Advocacy documents developed	• Consultant fees for 1 consultants @ 100,000/day for 14days • DSA for 1 consultant for 14days @ 35,000/day • Validation meeting for 50 people @ 5,000,000 • Printing of 5,000 copies @ 450 per copy • Dissemination of documents @2,500,000	₦ 11,640,000	₦ 0		₦ 0	₦ 11,640,000
	1.1.3.3. Leverage on existing meetings and platforms to advocate		▲	▲	▲	National Level	On-going Project/Activity	DHP RS M&E	Adcocacy conducted	At no cost	₦ -	₦ 0		₦ 0	₦ -
1.1.4. Support states to establish and hold HDGC biannually; and HDCC, TWGs meeting quarterly	1.1.4. Support states to establish and hold HDGC biannually; and HDCC, TWGs meeting quarterly	▲	▲	▲	▲	National Level	On-going Project/Activity	DHP RS M&E	HDGC, HDCC, TWG, established	• Hall hire for 2days @ no cost • Refreshment for 72 Federal staff @ 3,500 per person • DSA for 72 Federal officers for 2days @ 35000 per day • Transportation for 72 officers @ 92,000 • Local runs for 72 officers @ 5,000 •	₦ 50,112,000	₦ 0		₦ 0	₦ 50,112,000
1.1.5. Establish HDGC, HDCC, and TWG Community of Practice for experience sharing and learning	1.1.5.1. Develop necessary online platforms for experience learnings		▲			National Level	New-Project/Activity	DHP RS M&E	Online platform developed	• Internet service charge for 12 months @ 5,000/month• Maintenance of ICT infrastucture @ 500,000	₦ 560,000	₦ 0		₦ 0	₦ 560,000

1.1.6. Conduct HDGC biannually; HDCC, and TWG meetings quarterly	1.1.6.1. Host HDGC biannually; HDCC, and TWG meetings quarterly; HDGC (30), HDCC (30), TWG (70+)	▲	▲	▲	▲	National Level		DHP RS M&E	HDGC, HDCC, TWG, hosted	• Hall hire for 130 people for 6days @ 160,000/day • Lunch for 130 people for 6days @ 3,500/day • Tea-breaks 130 people for 6days @ 1,000/day • Stationaries for 130 people @ 1,000/person • Local transport for 130 people for 6days @ 5000/day • Communication @ 50,000	₦ 27,763,840	₦ 0		₦ 0	₦ 27,763,840
	1.1.6.2. Host HDPU biannually (150)			▲		National Level	On-going Project/Activity	DHP RS M&E	HDPU hosted	• Hall hire for 150 people for 2days @ 160,000/day • DSA for 150 people for 3days @ 35,000/day • Tea-breaks 150 people for 3days @ 1,000/day Lunch 150 people for 3days @ 3,500/day • Stationaries for 150 people @ 1,000/person • Communication @ 50,000 • Transport for 150 people @ 92,000/person	₦ 32,045,000				
1.1.7. Develop and implement template for documenting progress of HDCC and TWG activities at all levels	1.1.7. Develop and implement template for documenting progress of HDCC and TWG activities at all levels	▲				National Level	New-Project/Activity	DHP RS M&E	Template developed	• Consultancy fees for template development @ 50,000 for 10days • DSA for 1 consultant @ 35,000 • Transportation for 1 consultant @ 92,000 • Levevage on existing secured repository for documenting templates		₦ 0		₦ 0	₦ -
1.1.8. Establish a secured repository/drop-box folder to store all meeting notes and minutes of all HDGC and HDCC across the federation	1.1.8.1. Collate relevant documents for storage		▲			National Level	New-Project/Activity	DHP RS M&E	Documents collated	• Levevage on existing secured repository for documenting templates At no cost	₦ -	₦ 0		₦ 0	₦ -
	1.1.8.2 Establish drop-box/google drive	▲				National Level	New-Project/Activity	DHP RS M&E	Dropbox, google drive established	• Levevage on existing secured repository for documenting templates At no cost	₦ -	₦ 0		₦ 0	₦ -

	1.1.8.3 Appoint administrative head to store	▲				National Level	New-Project/Activity	DHPRS M&E	Administrative head appointed	No cost implication	₦ -	₦ 0		₦ 0	₦ -
1.1.9. Monitor progress in M&E systems implementation of HDGC and HDCC members	1.1.9. Monitor progress in M&E systems implementation of HDGC and HDCC members	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	HDGC and HDCC progress monitored	• Internet service charge for 12 months @ 5,000/month • Maintenance of ICT infrastucture @ 500,000	₦ 560,000	₦ 0		₦ 0	₦ 560,000
Sub-total											₦ 149,780,840	₦ -		₦ -	**₦ 117,735,840**
Activity 1.2: Promote the development, use and review of the M&E related- policy documents (HIS policy, strategic plans etc)															
1.2.1. Review M&E policy documents as necessary	1.2.1.1. Conduct situation analysis to determine opportuity and challenges of M&E governance structures across all levels	▲				National Level	New-Project/Activity	DHPRS M&E	Situation analysis conducted	• Consultant fees for 2 consultants @ 100,000/day for 30days • DSA for 2 consultants for 30days @ 35,000/day • Validation meeting for 50 people @ 5,000,000 • Printing and dissemination of 1,000 copies @ 450 per copy	₦ 13,550,000	₦ 0		₦ 0	₦ 13,550,000
	1.2.1.2. Hosting of review meetings of the current HIS policy and strategic plans	▲	▲	▲	▲	National Level	On-going Project/Activity	DHPRS M&E		• Consultant fees for 1 consultants @ 100,000/day for 14days • DSA for 1 consultant for 14days @ 35,000/day • Validation meeting for 30 people @ 3,500,000 • Printing of 1,000 copies @ 450 per copy • Local transport for 30 people @ 5,000 for 5 days • Hall hire for 30 people for 5days @ 160,000/day • Tea-breaks 30 people for 5days @ 1,000/day • Stationaries for 30 people @ 1,000/person • Lunch for 30 people @ 3,500 for 5days • Dissemination of documents @2,500,000	₦ 42,380,000	₦ 0		₦ 0	₦ 42,380,000
	1.2.1.3. Initiation of health sector M&E policy	▲				National Level	New-Project/Activity	DHPRS M&E	M&E policy development initiated	• Consultant fees for 2 consultants @ 100,000/day for 14days • DSA for 2 consultant for 14days @ 35,000/day • Validation meeting for 50 people @ 3,500,000	₦ 35,705,000	₦ 0		₦ 0	₦ 35,705,000

										• Local transport for 50 people @ 5,000 for 5 days • Hall hire for 50 people for 5days @ 160,000/day • Tea-breaks 50 people for 5days @ 1,000/day • Stationaries for 50 people @ 1,000/person • Lunch for 50 people @ 3,500 for 5days					
1.2.2. Widely disseminate electronic and hardcopy of the policy documents	1.2.2.1. Production of the review policy		▲			National Level	New-Project/Activity	DHPRS M&E	M&E policy produced	• Printing of 1,000 copies @ 450 per copy	₦ 450,000	₦ 0		₦ 0	₦ 450,000
	1.2.2.2. Distribution and dissemination of the policy		▲			National Level	New-Project/Activity	DHPRS M&E	M&E policy disseminated	• Dissemination of documents @2,500,000	₦ 2,500,000	₦ 0		₦ 0	₦ 2,500,000
1.2.3. Review and finalize national health indicator dictionary	1.2.3.1. Host a 3-day review meeting of the National indicator dictionary		▲			National Level	New-Project/Activity	DHPRS M&E	National indicator dictionary reviewed	• Consultant fees for 1 consultants @ 100,000/day for 5days• DSA for 1 consultant for 5days @ 35,000/day• Validation meeting for 50 people @ 3,500,000• Local transport for 50 people @ 5,000 for 5 days• Hall hire for 50 people for 5days @ 160,000/day• Tea-breaks 50 people for 5days @ 1,000/day• Stationaries for 50 people @ 1,000/person• Lunch for 50 people @ 3,500 for 5days• Printing of 1,000 copies @ 450 per copy• Dissemination of documents @2,500,000	₦ 10,350,000	₦ 0		₦ 0	₦ 10,350,000
Sub-total											₦ 104,935,000	₦ -		₦ -	₦ 104,935,000
Activity 1.3: Establish and strengthen Health Data Collaborative in Nigeria															

1.3.1. Conduct workshop to enhance country capacity to monitor and review progress towards the health SDGs through better availability, analysis and use of data.	1.3.1.1. Host a workshop meeting		▲		▲	National Level	New-Project/Activity	DHPRS M&E	workshop meeting hosted	• Consultant fees for 1 consultants @ 100,000/day for 5days • DSA for 1 consultant for 5days @ 35,000/day • Validation meeting for 50 people @ 3,500,000 • Local transport for 50 people @ 5,000 for 5 days • Hall hire for 50 people for 5days @ 160,000/day • Tea-breaks 50 people for 5days @ 1,000/day • Stationaries for 50 people @ 1,000/person • Lunch for 50 people @ 3,500 for 5days	₦ 14,800,000	₦ 0		₦ 0	₦ 14,800,000
1.3.2. Establish national level platform and hold bi-annual workshops to improve efficiency and alignment of investments in health data systems through collective action	1.3.2.1. Host workshop meetings		▲		▲	National Level	New-Project/Activity	DHPRS M&E	workshop meeting hosted	• Consultant fees for 1 consultants @ 100,000/day for 5days • DSA for 1 consultant for 5days @ 35,000/day • Validation meeting for 50 people @ 3,500,000 • Local transport for 50 people @ 5,000 for 5 days • Hall hire for 50 people for 5days @ 160,000/day • Tea-breaks 50 people for 5days @ 1,000/day • Stationaries for 50 people @ 1,000/person • Lunch for 50 people @ 3,500 for 5days	₦ 25,410,000	₦ 0		₦ 0	₦ 25,410,000
1.3.3. Leverage and link up with existing and future collaborative	1.3.3.1. Prepare country report	▲				National Level	New-Project/Activity	DHPRS M&E	Country report prepared	• • • • • •	₦ -	₦ 0		₦ 0	₦ -

platforms and working groups to harmonize tools and guidance	1.3.3.2. Identify existing collaborative platforms and working groups	▲				National Level	New-Project/Activity	DHP RS M&E	Collaborative platforms and working group identified	At no cost	₦ -	₦ 0		₦ 0	₦ -
	1.3.3.3. Participate in collaborative platforms and working groups	▲	▲	▲	▲	National Level	New-Project/Activity	DHP RS M&E	Collaborative meeting attended	• Local runs for 10 people @5,000 for 12 day • DSA for 10 people @ 35,00 per day for 13 days • Transportation for 10 people @ 92,000 per person	₦ 24,280,000	₦ 0		₦ 0	₦ 24,280,000
1.3.4. Develop a joint technical package of tools and standards for strengthening country health performance measurement for accountability.	1.3.4.1. Develop TOR		▲			National Level	New-Project/Activity	DHP RS M&E	TOR developed	At no cost	₦ -	₦ 0		₦ 0	₦ -
	1.3.4.2. Engage a consultant		▲			National Level	New-Project/Activity	DHP RS M&E	Consultant engaged	• Consultant fees for 2 consultants @ 100,000/day for 5days • DSA for 2 consultants for 5days @ 35,000/day	₦ 1,350,000	₦ 0		₦ 0	₦ 1,350,000
	1.3.4.3. Host performance measurement meeting		▲	▲	▲	National Level	New-Project/Activity	DHP RS M&E	Performance measurement meeting hosted	• Meeting for 50 people @ 3,500,000 • Local transport for 50 people @ 5,000 for 5 days • Hall hire for 50 people for 5days @ 160,000/day • Tea-breaks 50 people for 5days @ 1,000/day • Stationaries for 50 people @ 1,000/person • Lunch for 50 people @ 3,500 for 5days	₦ 20,025,000	₦ 0		₦ 0	₦ 20,025,000

1.3.5. Testing and use of tools across all levels	1.3.5. Testing and use of tools across all levels		▲			National Level	New-Project/Activity	DHPRS M&E	Tools tested	• DSA for 72 Federal officers for 7days @ 35000 per day • Transportation for 72 officers @ 92,000 • Local runs for 72 officers @ 5,000 for 7 days	₦ 26,064,000	₦ 0		₦ 0	₦ 26,064,000
1.3.6. Promote and facilitate open data access and integrated analyses through interoperable repositories of data at global and regional levels using 21st century information and communications technology	1.3.6. Promote and facilitate open data access and integrated analyses through interoperable repositories of data at global and regional levels using 21st century information and communications technology			▲		National Level	New-Project/Activity	DHPRS M&E	Open data access promoted	• Advocacy meeting for 2days @ 3,500,000	₦ 7,000,000	₦ 0		₦ 0	₦ 7,000,000
1.3.7. Engage a network of users to innovate data analytics, data visualizations, interpretation and use of data for policy and programmatic decisions.	1.3.7. Engage a network of users to innovate data analytics, data visualizations, interpretation and use of data for policy and programmatic decisions.			▲		National Level	New-Project/Activity	DHPRS M&E	Users engaged	• Engage a network web deveoper for innovative analysis, visualization, interpretation and data for policy and programme management @25,000,000	₦ -	₦ 0		₦ 0	₦ -

1.3.8. Review and evaluate progress in implementing the roadmap to ensure lessons are shared widely and identify areas where opportunities for joint learning across activities and initiatives exist	1.3.8. Review and evaluate progress in implementing the roadmap to ensure lessons are shared widely and identify areas where opportunities for joint learning across activities and initiatives exist				▲	National Level	New-Project/Activity	DHP RS M&E	Roadmap reviewed	• Meeting for 50 people @ 3,500,000• Local transport for 50 people @ 5,000 for 5 days• Hall hire for 50 people for 5days @ 160,000/day• Tea-breaks 50 people for 5days @ 1,000/day• Stationaries for 50 people @ 1,000/person• Lunch for 50 people @ 3,500 for 5days	₦ 6,025,000	₦ 0		₦ 0	₦ 6,025,000
1.3.9. Determine inclusion criteria for donor listing	1.3.9. Determine inclusion criteria for donor listing	▲				National Level	New-Project/Activity	DHP RS M&E	Inclusion criteria determined	At no cost	₦ -	₦ 0		₦ 0	₦ -
1.3.10. Create awareness and support for mapping exercise	1.3.10.1. Send out emails to relevant partners and donors	▲				National Level	New-Project/Activity	DHP RS M&E	Email sent	Communication @ 25000	₦ 25,000	₦ 0		₦ 0	₦ 25,000
1.3.11. Collaborate with Ministry of Budget and National Planning to map all health sector M&E support	1.3.11.1. Host initiation meetings	▲				National Level	New-Project/Activity	DHP RS M&E	Meetings initiated	Hall at no cost Refereshment for 15people @ 1500/person	₦ 22,500	₦ 0		₦ 0	₦ 22,500
	1.3.11.2. Develop and administer tools for mapping	▲				National Level	New-Project/Activity	DHP RS M&E	Mapping tools administered	• Develop template for mapping @800,000 • Local runs for template administration for 5people for 14days @ 5000per day	₦ 1,150,000	₦ 0		₦ 0	₦ 1,150,000
	1.3.11.3. Retrieve scope of implementation		▲			National Level	New-Project/Activity	DHP RS M&E	M&E budget implemen	Hall at no cost Refereshment for 15people @ 1500/person	₦ 22,500	₦ 0		₦ 0	₦ 22,500

	and budget from partners relating to M&E								tation scope reviewed						
1.3.12. Develop report on donor support to the health sector M&E	1.3.12. Develop report on donor support to the health sector M&E		▲		▲	National Level	New-Project/Activity	DHPRS M&E		Hall at no cost Refereshment for 15people @ 1500/person	₦ 45,000	₦ 0		₦ 0	₦ 45,000
1.3.13. Integrate M&E donor mapping into existing database	1.3.13. Integrate M&E donor mapping into existing database	▲				National Level	New-Project/Activity	DHPRS M&E	M&E donor mapping integrated	• Consultant fees for 1 consultants @ 50,000/day for 14days • DSA for 1 consultants for 14days @ 35,000/day	₦ 1,190,000	₦ 0		₦ 0	₦ 1,190,000
1.3.14. Make database available to relevant stakeholders	1.3.14. Make database available to relevant stakeholders				▲	National Level	New-Project/Activity	DHPRS M&E	Database disseminated	At no cost	₦ -	₦ 0		₦ 0	₦ -
Sub-total											₦ 127,409,000	₦ -		₦ -	₦ 127,409,000
Strategic Objective 2: To provide Health Sector-Wide Plan for Tracking and reporting on Key Performance Indicators	**Annual target:**									**₦ 94,072,000**	₦ -	₦ -		₦	**94,072,000**
Activity 2.1: Develop guidelines and templates for tracking KPIs for the different levels of the health sector															
2.1.1. Develop/review guidelines for the conduct of KPI review meetings at all levels	2.1.1.1. Set up a core technical team (efficiency team) to develop TOR for the consultant	▲				National Level	New-Project/Activity	DHPRS M&E	Efficiency team set up	No cost implication	₦ -	₦ 0		₦ 0	₦ -

	2.1.1.2. Core technical team develop TOR for consultant	▲				National Level	New-Project/Activity	DHP RS M&E	TOR develped for Consultant	No cost implication	₦ -	₦ 0		₦ 0	₦ -
	2.1.1.3. Engage consultant to develop a zero draft of KPI guidelines (5 days)		▲			National Level	New-Project/Activity	DHP RS M&E	Zero draft developed by consultant	• Consultancy fees for 1 consultants @ 100,000/day for 5days	₦ 500,000	₦ 0		₦ 0	₦ 500,000
	2.1.1.4. Organize 3-days residential stakeholder review workshop to review draft KPI guidelines (30 participants)		▲			National Level	New-Project/Activity	DHP RS M&E	KPI Guidelines reviewed	• DSA for 30 people for 4days@ 35,000 per person• Hall hire for 30 people for 5days @ 120,000/day• Tea-breaks 30 people for 5days @ 1,000/day• Stationaries for 30 people @ 1,000/person• Transport for 30 people @92,000 per person	₦ 7,740,000	₦ 0		₦ 0	₦ 7,740,000
	2.1.1.5. Harmonize inputs by stakeholders and finalization of KPI guidelines by consultant		▲			National Level	New-Project/Activity	DHP RS M&E	KPI Guidelines Harmonised	• Consultancy fees for 1 consultants @ 100,000/day for 5days	₦ 500,000	₦ 0		₦ 0	₦ 500,000
	2.1.1.6. 1 day non-residential emergency TWG meeting to validate finalized KPI guidelines		▲			National Level	New-Project/Activity	DHP RS M&E	KPI Guidelines Validated	• Local transport for 50 people for 1days@ 5,000 per person • Hall hire for 50 people for 1days @ 120,000/day • Tea-breaks 50 people for 1days @ 1,000/day • Stationaries for 50 people @ 1,000/person	₦ 470,000	₦ 0		₦ 0	₦ 470,000

	2.1.1.7. Print validated KPI guidelines		▲			National Level	New-Project/Activity	DHPRS M&E	KPI Validated Guidelines Printed	• Printing of 500 copies @ 450 per copy	₦ 225,000	₦ 0		₦ 0	₦ 225,000
2.1.2. Develop and share reporting template on KPIs for all levels	2.1.2.1. Engage consultant to develop reporting template for KPIs – 2 days		▲			National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 2days	₦ 200,000	₦ 0		₦ 0	₦ 200,000
	2.1.2.2. 1-day Stakeholder non-residential review meeting to review and validate reporting template		▲			National Level	New-Project/Activity	DHPRS M&E	Review meeting held	• Local transport for 50 people for 1days@ 5,000 per person • Hall hire for 50 people for 1days @ 120,000/day • Lunch foor 50 people @3500 per person • Tea-breaks 50 people for 1days @ 1,000/day • Stationaries for 50 people @ 1,000/person	₦ 645,000	₦ 0		₦ 0	₦ 645,000
	2.1.2.3. Develop and test KPI reporting module in DHIS2 (15 days)		▲			National Level	New-Project/Activity	DHPRS M&E	KPI reporting developed and tested	• Consultancy fees for 1 consultants @ 100,000/day for 15days	₦ 1,500,000	₦ 0		₦ 0	₦ 1,500,000
2.1.3. Train relevant officers in MDAs on KPIs templates, and guidelines at National and sub-national levels and share reporting templates	2.1.3.1. Identify focal persons from MDAs that will be trained on KPI guidelines and reporting templates		▲			National Level	New-Project/Activity	DHPRS M&E	KPI FP from MDAs trainied	At no cost	₦ -	₦ 0		₦ 0	₦ -

	2.1.3.2. Organize a 2-days residential zonal training on KPI guidelines and reporting templates (80 participants)			▲		National Level	New-Project/Activity	DHPRS M&E	Training on KPI guidelines and reporting held	• DSA for 80 people for 3days@ 35,000 per person• Hall hire for 80 people for 6 zones for 2days @ 100,000/day/zone• Tea-breaks 80 people for 2days @ 1,000/day• Stationaries for 80 people @ 1,000/person• Transport for 80 people @92,000 per person	₦ 17,120,000	₦ 0		₦ 0	₦ 17,120,000
Sub-total											**₦ 28,900,000**	**₦ -**		**₦ -**	**₦ 28,900,000**
Activity 2.2: Share KPI guidelines and reporting templates to MDAs																
2.2.1. Track and report KPIs at all levels using routine and non-routine data	2.2.1.1. Send out monthly reminders to MDAs to submit completed KPI templates to DHPRS	▲	▲	▲	▲	National Level		DHPRS M&E	Completed KPI templates submitted t DHPRS	Communication @ 25000	₦ 100,000	₦ 0		₦ 0	₦ 100,000
	2.2.1.2. Collate submitted KPIs templates	▲	▲	▲	▲	National Level		DHPRS M&E	KPIs templates submitted	(DHIS2 platform) At no cost	₦ -	₦ 0		₦ 0	₦ -
	2.2.1.3. Analyze submitted KPIs	▲	▲	▲	▲	National Level		DHPRS M&E	Submitted KPIs analysed	(DHIS2 platform) At no cost	₦ -	₦ 0		₦ 0	₦ -

2.2.2. Quarterly review of KPIs by M&E TWG	2.2.2.1. Conduct 3 days residential quarterly TWG meeting to review KPIs (60 participants)	▲	▲	▲	▲	National Level		DHPRS M&E	TWG meeting held	• DSA for 60 people for 4days@ 35,000 per person • Hall hire for 60 people for 3days @ 120,000/day • Tea-breaks 60 people for 3days @ 1,000/day • Stationaries for 60 people @ 1,000/person • Transport for 60 people @92,000 per person	₦ 58,080,000	₦ 0		₦ 0	₦ 58,080,000
2.2.3. Develop and disseminate quarterly report on the NSHDP II KPIs	2.2.3.1. Set up a 8-man TWG sub-committee to develop quarterly report on KPIs	▲	▲	▲	▲	National Level		DHPRS M&E	8-Man TWG Sub-committee set up	At no cost	₦ -	₦ 0		₦ 0	₦ -
	2.2.3.2. Conduct a 3-days residential workshop for 8-man TWG sub-committee to develop quarterly report on KPIs	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	8-Man TWG Sub-committee set up	• DSA for 8 people for 5days@ 35,000 per person• Hall hire for 8 people for 5days @ 5,000/day• Tea-breaks 8 people for 5days @ 1,000/day• Stationaries for 8 people @ 1,000/person• Printing of draft report @50,000	₦ 6,992,000	₦ 0		₦ 0	₦ 6,992,000
	2.2.3.3. Share draft quarterly report to M&E TWG electronically for inputs	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	Quarterly report shared with M&E TWG	At no cost	₦ -	₦ 0		₦ 0	₦ -

	2.2.3.4. Harmonize and finalize reviewed quarterly report by TWG sub-committee	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	Quarterly report harmonised with TWG Sub-Committee	At no cost	₦ -	₦ 0		₦ 0	₦ -
	2.2.3.5. Include quarterly KPI report in FMOH Newsletter and official website	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	Quarterly KPI report included in fMOH Newsletter	At no cost	₦ -	₦ 0		₦ 0	₦ -
Sub-total											**₦ 65,172,000**	**₦ -**		**₦ -**	**₦ 65,172,000**
Strategic Objective 3: To Build Human Capacity for National M&E System	**Annual target:**										**₦ 106,685,000**	**₦ -**		**₦ -**	**₦ 106,685,000**
Activity 3.1: Carry out capacity needs assessment and develop capacity building plan for M&E officers at all levels															
3.1.1. Assess M&E Training needs of M&E officers at all levels	3.1.1.1. Engage a consultant to design and develop assessment templates on training needs at all levels	▲				National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000

	3.1.1.2. Organize a 2-day training needs assessment meeting at the National and state levels.	▲				National Level	New-Project/Activity	DHPRS M&E	Training need asessment meeting held	• Local transport for 82 people for 2days@ 5,000 per person • Hall hire for 82 people for 2days @ 120,000/day • Lunch foor 82 people @3500 per person per day • Tea-breaks 82 people for 1days @ 1,000/day • Stationaries for 82 people @ 1,000/person	₦ 1,880,000	₦ 0		₦ 0	₦ 1,880,000
	3.1.1.3. Organize a one day meeting to harmonize assessment feedback on training needs		▲			National Level	New-Project/Activity	DHPRS M&E	Feedback assessment meeting held	• Local transport for 15 people for 1days@ 5,000 per person • Hall hire for 15 people for 1days @ 50,000/day • Lunch foor 15 people @3500 per person per day • Tea-breaks 15 people for 1days @ 1,000/day • Stationaries for 15 people @ 1,000/person	₦ 207,500	₦ 0		₦ 0	₦ 207,500
3.1.2. Develop capacity building plan for addressing M&E training needs of M &E officers	3.1.2.1. Organize a 2 day stakeholders workshop to develop M&E capacity building plan based on training needs		▲			National Level	New-Project/Activity	DHPRS M&E	M&E capacity building plan workshop held	• Local transport for 15 people for 2days@ 5,000 per person• Hall hire for 15 people for 2days @ 50,000/day• Lunch foor 15 people @3500 per person per day• Tea-breaks 15 people for 2days @ 1,000/day• Stationaries for 15 people @ 1,000/person	₦ 207,500	₦ 0		₦ 0	₦ 207,500

	3.1.2.2. 3 day TWG meeting to review, cost and validate the capacity building plan		▲			National Level	New-Project/Activity	DHPRS M&E	Capacity Building Plan reviewed, costed and validated	At no cost. Leverage on existing platform	₦ -	₦ 0		₦ 0	₦ -
	3.1.2.3. Present plan for approval by the relevant authority			▲		National Level	New-Project/Activity	DHPRS M&E	Plan presented by relevant authority	At no cost	₦ -	₦ 0		₦ 0	₦ -
3.1.3. Review the M&E capacity building plan for implementation	3.1.3.1. 2-day workshop to develop implementation strategy			▲		National Level	New-Project/Activity	DHPRS M&E	Implemetation Strategy workshop held	• Local transport for 15 people for 2days@ 5,000 per person • Hall hire for 15 people for 2days @ 50,000/day • Lunch foor 15 people @3500 per person per day • Tea-breaks 15 people for 2days @ 1,000/day • Stationaries for 15 people @ 1,000/person	₦ 400,000	₦ 0		₦ 0	₦ 400,000
	3.1.3.2. Organize workshop to secure stakeholders buy –in and adaptation of the implementation strategy.			▲		National Level	New-Project/Activity	DHPRS M&E	Stakeholders buy-in workshop held	At no cost. Leverage on existing platform	₦ -	₦ 0		₦ 0	₦ -
	3.1.3.3. Present the M&E capacity building plan to HDGC for implementation approval			▲		National Level	New-Project/Activity	DHPRS M&E	M&E Capacity Buidling Plan presented to HDGC	At no cost. Leverage on existing platform	₦ -	₦ 0		₦ 0	₦ -

3.1.4. Identify funding sources for M&E capacity building	3.1.4.1. Develop a list of key stakeholders and map out area of relevant support they can offer in relation to M&E capacity building.	▲				National Level	New-Project/Activity	DHPRS M&E	List of key Stakeholders developed	At no cost. Leverage on existing platform	₦ -	₦ 0		₦ 0	₦ -
	3.1.4.2. Conduct advocacy visits to key stakeholders and policy makers to secure buy-in and funding for M&E capacity building	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	Advocacy Visits to key stakeholders conducted	• Car Hire for 5 vehicles @25,000 per car	₦ -	₦ 0		₦ 0	₦ -
	3.1.4.3. Develop list of supporting donor to the relevant or appropriate training	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	List of Supprting Donors developed	At no cost. Leverage on existing platform	₦ -	₦ 0		₦ 0	₦ -
Sub-total											₦ 3,695,000	₦ -		₦ -	₦ 3,695,000
Activity 3.2: Conduct Monitoring and Evaluation trainings as identified in the needs assessment report															
3.2.1. Build capacity of M&E officers on performance management using KPIs	3.2.1.1. Zonal training of M&E officers on M&E tools and program KPIs		▲	▲		National Level	New-Project/Activity	DHPRS M&E	Capacity of M&E Officers built on Performance Mgt	• DSA for 90 federal and state officers for 6days @35,000per day• Transport for 12 federal officers @92,000 each• Hall hire for 6 zones for 5days @ 120,000/day• Lunch foor 90 people @3500 per person per day• Tea-breaks 90 people for 1days @ 1,000/day• Stationaries for 90 people @ 1,000/person	₦ 24,189,000	₦ 0		₦ 0	₦ 24,189,000

	3.2.2.1. Convene meeting of health data producers and users at all levels		▲		▲	National Level	New-Project/Activity	DHPRS M&E	HDPU meeting held	Already costed under governance	₦ -	₦ 0		₦ 0	₦ -
3.2.2. Conduct data demand and use trainings at all levels	3.2.2.2. Organize a 2 day training on data demand and use		▲	▲		National Level	New-Project/Activity	DHPRS M&E	Training conducted	• DSA for 90 federal and state officers for 3days @35,000per day • Transport for 12 federal officers @92,000 each • Hall hire for 6 zones for 2days @ 120,000/day • Lunch foor 90 people @3500 per person per day • Tea-breaks 90 people for 2days @ 1,000/day • Stationaries for 90 people @ 1,000/person	₦ 25,788,000	₦ 0		₦ 0	₦ 25,788,000
3.2.3. Conduct National TOT on the updated NHMIS and DHIS2	3.2.3.1. Organize a 5-day TOT workshop for federal and state M&E officers on the updated NHMIS and DHIS2		▲			National Level	New-Project/Activity	DHPRS M&E	ToT Workshop held	• DSA for 30 federal officers for 6days @35,000per day • Transport for 30 federal officers @92,000 each • Hall hire for 5days @ 120,000/day • Lunch foor 30 people @3500 per person per day • Tea-breaks 30 people for 5days @ 1,000/day • Stationaries for 30 people @ 1,000/person	₦ 5,994,000	₦ 0		₦ 0	₦ 5,994,000

	3.2.3.2. Organize a 3-day workshop to cascade trainings for LGA HMIS and M&E Officers on the administration use of the updated NHMIS and DHIS2		▲			National Level	New-Project/Activity	DHP RS M&E	Cascade Training held	• DSA for 90 federal and state officers for 4days @35,000per day • Transport for 12 federal officers @92,000 each • Hall hire for 6 zones for 3days @ 120,000/day • Lunch foor 90 people @3500 per person per day • Tea-breaks 90 people for 3days @ 1,000/day • Stationaries for 90 people @ 1,000/person	₦ 12,894,000	₦ 0		₦ 0	₦ 12,894,000
3.2.4. Conduct on the job mentoring for LGA M&E officers by the state HMIS officers	3.2.4.1. Develop database and dashboard to track officers trained and mentored on M&E OR leverage on existing module on DHIS2	▲	▲	▲	▲	National Level	New-Project/Activity	DHP RS M&E	Database and Dashboard developed	• • At no cost • • • •	₦ -	₦ 0		₦ 0	₦ -
3.2.5. Evaluate the impact of the M&E capacity building trainings(biannually	3.2.5.1. Engage a consultant to develop tool for evaluating impact of M&E capacity building trainings and techniques for evaluation		▲			National Level	New-Project/Activity	DHP RS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000

	3.2.5.2. Conduct training on the application and use of tool and techniques		▲			National Level	New-Project/Activity	DHP RS M&E	Training Conducted	• Local transport for 50 people for 5days@ 5,000 per person • Hall hire for 50 people for 5days @ 50,000/day • Lunch foor 50 people @3500 per person per day • Tea-breaks 50 people for 5days @ 1,000/day • Stationaries for 50 people @ 1,000/person	₦ 2,675,000	₦ 0		₦ 0	₦ 2,675,000
	3.2.5.3. Administration of tools and techniques at various levels.			▲		National Level	New-Project/Activity	DHP RS M&E	Tools Adminins tered	Online deployment of the tool and Communication @100,000	₦ 100,000	₦ 0		₦ 0	₦ 100,000
	3.2.5.4. Collation and harmonization of evaluation report ; finding will be used for decision making,			▲		National Level	New-Project/Activity	DHP RS M&E	Evaluation report collated and harmonised	At no cost	₦ -	₦ 0		₦ 0	₦ -
3.2.6. Train health staff M&E officers on SOP and tools for DQA and ISS	3.2.6.1. Engage consultant to develop templates on the use of SOP and tools for DQA and ISS	▲				National Level	New-Project/Activity	DHP RS M&E	Consultant engaged	At no cost (done)	₦ -	₦ 0		₦ 0	₦ -
	3.2.6.2. Organize a 3day workshop on the use of the tools for DQA and ISS	▲				National Level	New-Project/Activity	DHP RS M&E	Workshop hosted	At no cost (done)	₦ -	₦ 0		₦ 0	₦ -

	3.2.6.3. Assessment visit to the facilities to track the use of the tools	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	Assesment visit conducted	• DSA @35,000 for 50 federal officers for 5days Local runs @5000 for 50 officers • Transport for 50 federal officers @92,000 each	₦ 13,600,000	₦ 0		₦ 0	₦ 13,600,000
3.2.7. Develop database and dashboard to track officers trained and mentored on M&E	3.2.7.1. Engage a consultant to design and develop modules and dash board to track number of officers trained, the type of courses held, and sponsor, number of courses held, where , when and future training needs	▲				National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
	3.2.7.2. Organize a 2 day TWG workshop to review and validate the modules of the dashboard.	▲				National Level	New-Project/Activity	DHPRS M&E	TWG workshop held	At no cost (done)	₦ -	₦ 0		₦ 0	₦ -

3.2.8. Hold national professional meeting/ conference to share lessons learned and best practices (biennially)	3.2.8.1. Organize a 2 day stakeholders meeting to develop modalities for the conference, select conference Technical committee and sub committees/Hosting of the conference.		▲			National Level	New-Project/Activity	DHPRS M&E	Stakeholders meeting held	• Local run @5000 for 40 federal officers for 2days • Hall hire @450,000/per day • Lunch foor 150 people @3500 per person per day • Tea-breaks 150 people for 3days @ 1,000/day • Conference bag/Stationaries for 150 people @ 10,000/person	₦ 4,150,000	₦ 0		₦ 0	₦ 4,150,000
	3.2.8.2. TOR for the Conference Technical Committee		▲			National Level	New-Project/Activity	DHPRS M&E	TOR Developed	At no cost	₦ -	₦ 0		₦ 0	₦ -
	3.2.8.3. Advocate for conference funding support		▲			National Level	New-Project/Activity	DHPRS M&E	Advocacy conducted	At no cost	₦ -	₦ 0		₦ 0	₦ -
Sub-total											**₦ 91,390,000**	**₦ -**		**₦ -**	**₦ 91,390,000**
Activity 3.3 Expand the scope of National Collaborating Centers to include M&E training																
3.3.1. Engage HRH branch of FMOH for inclusion of M&E program in FMOH collaborating center	3.3.1.1. Organize a meeting between HRH branch of FMOH HSS Division to include M&E program in National collaborating center program	▲				National Level	New-Project/Activity	DHPRS M&E	Meetiing held	At no cost	₦ -	₦ 0		₦ 0	₦ -

	3.3.1.2. Printing of the training modules for M&E trainings program		▲			National Level	New-Project/Activity	DHPRS M&E	Modules printed	Printing of 1000 copies @1,000/per copy	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
	3.3.1.3. Appoint a liaison officer that will follow up, ensure the inclusion of the M&E program in FMOH collaborating center and report feedback		▲			National Level	New-Project/Activity	DHPRS M&E	Liason Officer Appointed	Communication @50,000	₦ 50,000	₦ 0		₦ 0	₦ 50,000
3.3.2. Develop training modules, curriculum , course materials and outline for all M&E courses	3.3.2.1. Engage 3 consultants to design and develop standard M&E training modules, manuals and curriculum course materials and outlines		▲			National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 3 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
	3.3.2.2. Organize a 2 day TWG workshop to review and validate the M&E training modules, manuals, curriculum course materials and outlines			▲		National Level	New-Project/Activity	DHPRS M&E	TWG meeting held	Local runs @5000 for 50 officers • Transport for 50 federal officers @92,000 each • Hall hire @4100,000/per day for 2 days • Lunch foor 50 people @3500 per person per day • Tea-breaks 50 people for 3days @ 1,000/day • Stationaries @ 1,000 for 50 people	₦ 5,550,000	₦ 0		₦ 0	₦ 5,550,000

	3.3.2.3. Present revised and validated M&E training modules, manuals, curriculum, course materials and outline			▲		National Level	New-Project/Activity	DHPRS M&E	Revised and Validated M&E manuals Presented	At no cost	₦ -	₦ 0		₦ 0	₦ -
	3.3.2.4. Printing of the M&E training modules, manuals and curriculum				▲	National Level	New-Project/Activity	DHPRS M&E	M&E Training modules printed	Printing of 3000 copies (of training modules, curriculum and manuals) @1,000/per copy	₦ 3,000,000	₦ 0		₦ 0	₦ 3,000,000
3.3.3. Develop course materials	3.3.3. Develop course materials			▲		National Level	New-Project/Activity	DHPRS M&E	Course materials developed	• Consultancy fees for 3 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
Sub-total											**₦ 11,600,000**	**₦ -**		**₦ -**	**₦ 11,600,000**
Strategic Objective 4: To strengthen M&E Data Management System	**Annual target:**									**₦ 339,054,000**	**₦ -**	**₦ -**		**₦**	**339,054,000**
Activity 4.1: Institutionalize Data Quality Assurance (DQA) and Integrated Supportive Supervision (ISS) plan and process															
4.1.1. Review national guidelines or SOPs for DQA and ISS in the health sector	4.1.1.1. Develop TOR for consultant	▲				National Level	Completed-Project/Activity	DHPRS M&E	TOR for Consultant developed	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.1.1.2. 10 days' engagement of a consultant for desk review and support of the national guidelines or SOPs for DQA and ISS in the	▲				National Level	On-going Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000

	health sector														
	4.1.1.3. Consultant to support the finalization of the document	▲				National Level	On-going Project/Activity	DHP RS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 3days	₦ 300,000	₦ 0		₦ 0	₦ 300,000
	4.1.1.4. 2-day non-residential workshop to Review national guidelines or SOPs for DQA in the health sector SOPs for DQA	▲				National Level	Completed-Project/Activity	DHP RS M&E	Review workshop held	Done	₦ -	₦ 0		₦ 0	₦ -
	4.1.1.5. 2-day non-residential workshop to Review national guidelines or SOPs for ISS in the health sector SOPs for ISS		▲			National Level	New-Project/Activity	DHP RS M&E	Review workshop held	• Local run @5000 for 40 federal officers for 2days • Hall hire @150,000/per day for 2 days • Lunch foor 40 people @3500 per person per day• Tea-breaks 40 people for 2days @ 1,000/day• Stationaries for 40 people @ 1,000/person	₦ 1,100,000	₦ 0		₦ 0	₦ 1,100,000

	4.1.1.6. 1-day validation meeting for the revised SOPs for DQA and ISS		▲			National Level	New-Project/Activity	DHP RS M&E	Validation meeting held	• DSA for 6 particpants across 6 zones @35,000 per person • Local run @5000 for 50 participants for 1day • Transport for 6 participants @92,000 • Hall hire @150,000/per day • Lunch for 56 people @3500 per person per day • Tea-breaks 56 people for 1day @ 1,000/day • Stationaries for 56 people @ 1,000/person	₦ 1,470,000	₦ 0		₦ 0	₦ 1,470,000
4.1.2. Review harmonized National DQA and ISS tools - paper and mobile data collection device based, for PHCs, SHFs, and tertiary institutions	4.1.2.1. Develop TOR for consultant	▲	▲			National Level	New-Project/Activity	DHP RS M&E	Consultants TOR developed	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.1.2.2. 10 days engagement of an IT consultant (a programmer) for the review of harmonised National DQA and National ISS tools	▲	▲			National Level	Completed-Project/Activity	DHP RS M&E	IT Consultant engaged	Done	₦ -	₦ 0		₦ 0	₦ -
	4.1.2.3. 3-day residential Workshop for the review of harmonised National DQA tools	▲	▲			National Level	Completed-Project/Activity	DHP RS M&E	Workshop held	Done	₦ -	₦ 0		₦ 0	₦ -
	4.1.2.4. 3-day residential Workshop for the review of harmonised National ISS tools		▲			National Level	Completed-Project/Activity	DHP RS M&E	Workshop held	Done	₦ -	₦ 0		₦ 0	₦ -

4.1.3 Conduct training workshop on DQA and ISS in the health sector	4.1.3.1. Develop TOR for facilitators	▲				National Level	Completed-Project/Activity	DHP RS M&E	Facilitator's TOR developed	Done	₦ -	₦ 0		₦ 0	₦ -
	4.1.3.2. Engage 2 facilitators for National training of trainers (TOT)	▲				National Level	Completed-Project/Activity	DHP RS M&E	ToT facilitator engaged	Done	₦ -	₦ 0		₦ 0	₦ -
	4.1.3.3. 3-day residential workshop for National training of trainers (TOT) for National DQA tools	▲				National Level	Completed-Project/Activity	DHP RS M&E	Workshop held	Done	₦ -	₦ 0		₦ 0	₦ -
	4.1.3.4. 3-day residential workshop for National training of trainers (TOT) for National ISS tools	▲				National Level	New-Project/Activity	DHP RS M&E	workshop held	• DSA for 25 particpants for 4days @35,000 per person• Transport for 25 participants @92,000 • Hall hire @150,000/per day • Tea-breaks 25 people for 3days @ 1,000/day• Stationaries for 25 people @ 1,000/person	₦ 6,350,000	₦ 0		₦ 0	₦ 6,350,000
4.1.4. Support states to coordinate DQA and ISS at the LGA level monthly, and the state level quarterly - across all health facility	4.1.4.1. Identify participating states for the quarterly round of DQA and ISS	▲	▲	▲	▲	National Level	On-going Project/Activity	DHP RS M&E	DQA and ISS participating States identified	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.1.4.2. Selection of health facilities/sites for the quarterly round of DQA and ISS	▲	▲	▲	▲	National Level	On-going Project/Activity	DHP RS M&E	DQA and ISS Health Facilities selected	At no cost	₦ -	₦ 0		₦ 0	₦ -

	4.1.4.3. 5 days Deployment of 4 federal staff to support each participating state for the quarterly round of the DQA and ISS	▲	▲	▲	▲	National Level	On-going Project/Activity	DHP RS M&E	Federal officers deployed to states	• DSA for 5 particpants for 6days @35,000 per person • Transport for 5 participants @92,000 • Car Hire for 5 teams @25,000 per vehicle	₦ 2,760,000	₦ 0		₦ 0	₦ 2,760,000
4.1.5. Conduct national DQA bi-annually	4.1.5.1. Identify participating states for the biannual round of DQA and ISS		▲		▲	National Level	On-going Project/Activity	DHP RS M&E	DQA and ISS participating states identified	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.1.5.2. Selection of health facilities/sites for the biannual round of DQA and ISS		▲		▲	National Level	On-going Project/Activity	DHP RS M&E	DQA and ISS Health Facilities selected	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.1.5.3. 5 days Deployment of 4 federal staff to support each participating state for the biannual round of the DQA and ISS		▲		▲	National Level	New-Project/Activity	DHP RS M&E	Federal officers deployed to states	• DSA for 5 particpants for 6days @35,000 per person • Transport for 5 participants @92,000 • Car Hire for 5 teams @25,000 per vehicle	₦ 3,270,000	₦ 0		₦ 0	₦ 3,270,000
Sub-total											**₦ 16,250,000**	**₦ -**		**₦ -**	**₦ 16,250,000**
Activity: 4.2: Strengthen national health information systems (e.g. NHMIS, Master Facility List, LMIS, CHMIS, HRHIS)															
4.2.1. Develop/adapt template for assessment of key components of HIS	4.2.1.1. Develop TOR for facilitator	▲				National Level	New-Project/Activity	DHP RS M&E	Facilitator's TOR develope	At no cost	₦ -	₦ 0		₦ 0	₦ -

minimum package (e.g. infrastructure, human resources, and funding)									d						
	4.2.1.2. Engage 1 consultant to develop/adapt template for assessment of key components of HIS minimum package	▲				National Level	New-Project/Activity	DHP RS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 3days	₦ 300,000	₦ 0		₦ 0	₦ 300,000
	4.2.1.3. 1 day stakeholder meeting to validate and finalize the template	▲				National Level	New-Project/Activity	DHP RS M&E	Workshop held	• Local run @5000 for 40 participants for 1day • Hall hire @150,000/per day • Lunch foor 40 people @3500 per person per day• Tea-breaks 40 people for 1days @ 1,000/day• Stationaries for 40 people @ 1,000/person	₦ 570,000	₦ 0		₦ 0	₦ 570,000
4.2.2. Conduct assessment of key components of HIS minimum package (e.g. infrastructure, human resources, and funding)	4.2.2.1. Send electronic template to all relevant stakeholders to conduct assessment of key components of HIS minimum package	▲				National Level	New-Project/Activity	DHP RS M&E	Electronic templates sent to relevant stakeholders	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.2.2. Follow-up and collation, analysis and dissemination of findings from the completed assessment templates of HIS minimum package	▲				National Level	New-Project/Activity	DHP RS M&E	Dissemination of findings carried out	Communication @50,000	-₦ 50,000	₦ 0		₦ 0	-₦ 50,000
4.2.3. Develop/enhance/adapt web-based HRHIS database for Nigeria and	4.2.3.1. Liaise with HRH branch of federal ministry of health to		▲			National Level	New-Project/Activity	DHP RS M&E	HRHIS Data base develped	No cost implication	₦ -	₦ 0		₦ 0	₦ -

establish interoperability with DHIS2	develop HRHIS database															
	4.2.3.2. Develop TOR for consultant		▲			National Level	New-Project/Activity	DHP RS M&E	Consultant's TOR developed	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.3.3. 1-month engagement a consultant to develop/enhance/ adapt web-based HRHIS database for Nigeria and establish interoperability with DHIS2			▲		National Level	New-Project/Activity	DHP RS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 30days	₦ 3,000,000	₦ 0		₦ 0	₦ 3,000,000
	4.2.3.4. 2-day meeting with stakeholders to test the interoperability of the web-based HRHIS database for Nigeria with DHIS2			▲		National Level	New-Project/Activity	DHP RS M&E	Meeting held	• Local run @5000 for 40 participants for 2day • Hall hire @150,000/per day • Lunch for 40 people @3500 per person per day • Tea-breaks 40 people for 2days @ 1,000/day • Stationaries for 40 people @ 1,000/person	₦ 1,100,000	₦ 0		₦ 0	₦ 1,100,000
	4.2.3.5. Identify and train HRHIS users at the national and state levels			▲		National Level	New-Project/Activity	DHP RS M&E	HRHIS Users trained	• DSA @35000 for 150 participants for 6days • Hall hire @150,000/per day • Transport for 150 participants @92,000• Tea-breaks 40 people for 2days @ 1,000/day• Stationaries for 40 people @ 1,000/person	₦ 17,820,000	₦ 0		₦ 0	₦ 17,820,000
4.2.4. Enhance/adapt web-based LMIS database for Nigeria and establish interoperability with	4.2.4.1. Liaise with HRH branch of federal ministry of health	▲				National Level	New-Project/Activity	DHP RS M&E	HRH Branched liased	At no cost	₦ -	₦ 0		₦ 0	₦ -

DHIS2	4.2.4.2. Develop TOR for consultant	▲				National Level	New-Project/Activity	DHPRS M&E	Consultant's TOR developed	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.4.3. 1-month engagement a consultant to develop/enhance/ adapt web-based LMIS database for Nigeria and establish interoperability with DHIS2		▲			National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 30days	₦ 3,000,000	₦ 0		₦ 0	₦ 3,000,000
	4.2.4.4. 2-day meeting with stakeholders to test the interoperability of the web-based LMIS database for Nigeria with DHIS2		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Local run @5000 for 40 participants for 2day • Hall hire @150,000/per day • Lunch for 40 people @3500 per person per day • Tea-breaks 40 people for 2days @ 1,000/day • Stationaries for 40 people @ 1,000/person	₦ 3,620,000	₦ 0		₦ 0	₦ 3,620,000
	4.2.4.5. Identify and train LMIS users at the national and state levels			▲		National Level	New-Project/Activity	DHPRS M&E	LMIS Users trained	• DSA @35000 for 150 participants for 6days • Hall hire @150,000/per day • Transport for 150 participants @92,000 • Tea-breaks 40 people for 2days @ 1,000/day • Stationaries for 40 people @ 1,000/person	₦ 17,820,000	₦ 0		₦ 0	₦ 17,820,000
4.2.5. Link HIV/AIDS, Malaria, TB etc national data repository to the DHIS2	4.2.5.1. Liaise with FMOH/NASCP	▲				National Level	New-Project/Activity	DHPRS M&E	FMOH and NASCP Liased	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.5.2. Develop TOR for consultant	▲				National Level	New-Project/Activity	DHPRS M&E	Consultant's TOR developed	At no cost	₦ -	₦ 0		₦ 0	₦ -

	4.2.5.3. 1-month engagement a consultant to develop/enhance/ adapt web-based HIV/AIDS national data repository for Nigeria and establish interoperability with DHIS2		▲			National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 30days	₦ 3,000,000	₦ 0		₦ 0	₦ 3,000,000
	4.2.5.4. 2-day meeting with stakeholders to test the interoperability of the web-based HIV/AIDS, Malaria, TB etc national data repository for Nigeria with DHIS2			▲		National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Local run @5000 for 40 participants for 2day • Hall hire @150,000/per day • Lunch for 40 people @3500 per person per day • Tea-breaks 40 people for 2days @ 1,000/day • Stationaries for 40 people @ 1,000/person	₦ 1,100,000	₦ 0		₦ 0	₦ 1,100,000
	4.2.5.5. Identify and train national data repository users at all levels		▲			National Level	New-Project/Activity	DHPRS M&E	National Data Repository users trained	• DSA @35000 for 150 participants for 6days • Hall hire @150,000/per day • Transport for 150 participants @92,000 • Tea-breaks 150 people for 5days @ 1,000/day • Stationaries for 150 people @ 1,000/person	₦ 46,950,000	₦ 0		₦ 0	₦ 46,950,000
4.2.6. Finalize the Health Facility Registry and create interoperability with DHIS2	4.2.6.1. Liaise with M&E/DHPRS	▲				National Level	New-Project/Activity	DHPRS M&E	M&E and DHPRS liased	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.6.2. Develop TOR for consultant	▲				National Level	New-Project/Activity	DHPRS M&E	Consultant's TOR developed	At no cost	₦ -	₦ 0		₦ 0	₦ -

	4.2.6.3. 1-month engagement a consultant to develop/enhance/ adapt web-based Health Facility Registry for Nigeria and establish interoperability with DHIS2		▲			National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	Done	₦ -	₦ 0		₦ 0	₦ -
	4.2.6.4. 2-day meeting with stakeholders to test the interoperability of the web-based Health Facility Registry for Nigeria with DHIS2			▲		National Level	New-Project/Activity	DHPRS M&E	Meeting held	Done	₦ -	₦ 0		₦ 0	₦ -
	4.2.6.5. Identify and train Health Facility Registry users at the national and state levels			▲		National Level	New-Project/Activity	DHPRS M&E	HF Registry Users trained	• DSA @35000 for 150 participants for 6days • Hall hire @150,000/per day • Transport for 150 participants @92,000 • Tea-breaks 150 people for 2days @ 1,000/day • Stationaries for 150 people @ 1,000/person	₦ 46,950,000	₦ 0		₦ 0	₦ 46,950,000
4.2.7. Develop NHMIS data collection	4.2.7.1. 2-day stakeholder			▲		National Lev	New-Project/Acti	DHPRS	Meeting held	• Local run @5000 for 40 participants for 2day • Hall hire @150,000/per day • Lunch for 40	₦ 1,100,	₦ 0		₦ 0	₦ 1,100,00

tools for secondary and tertiary institutions	meeting to submit and harmonise existing data tools for secondary and tertiary institutions					el	vity	M&E		people @3500 per person per day• Tea-breaks 40 people for 2days @ 1,000/day• Stationaries for 40 people @ 1,000/person	000				0
	4.2.7.2. 5-day stakeholder meeting to develop data collection tools for secondary and tertiary institutions			▲		National Level	New-Project/Activity	DHP RS M&E	Meeting held	• Local run @5000 for 40 participants for 5day • Hall hire @150,000/per day • Lunch for 40 people @3500 per person per day • Tea-breaks 40 people for 5 days @ 1,000/day • Stationaries for 40 people @ 1,000/person	₦ 2,690,000	₦ 0		₦ 0	₦ 2,690,000
	4.2.7.3. 1 day stakeholder meeting to validate data collection tools for secondary and tertiary institutions			▲		National Level	New-Project/Activity	DHP RS M&E	Meeting held	• Local run @5000 for 40 participants for 1day • Hall hire @150,000/per day • Lunch foor 40 people @3500 per person per day • Tea-breaks 40 people for 1days @ 1,000/day • Stationaries for 40 people @ 1,000/person	₦ 570,000	₦ 0		₦ 0	₦ 570,000
4.2.8. Institutionalize the use of ICD 11 across all tertiary health institutions	4.2.8.1. Desk review of ICD 10 status of implementation and recommendation for implementation of ICD 11 in country		▲			National Level	New-Project/Activity	DHP RS M&E	Activity carried out	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.8.2. Liaise with relevant MDAs to discuss on implementation of ICD11 at all level with central coordination		▲			National Level	New-Project/Activity	DHP RS M&E	Implemetation discussion done	At no cost	₦ -	₦ 0		₦ 0	₦ -

	4.2.8.3. 1-day National Stakeholders meeting		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Local run @5000 for 40 participants for 1day • Hall hire @150,000/per day • Lunch foor 40 people @3500 per person per day• Tea-breaks 40 people for 1days @ 1,000/day• Stationaries for 40 people @ 1,000/person	₦ 570,000	₦ 0		₦ 0	₦ 570,000
	4.2.8.4. Constitute implementation committee for ICD		▲			National Level	New-Project/Activity	DHPRS M&E	implementation committee constituted	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.8.5. Advocacy to policy makers		▲	▲		National Level	New-Project/Activity	DHPRS M&E	Advocacy conducted	Fueling of 5 vehicles @25000 per vehicle	₦ 250,000	₦ 0		₦ 0	₦ 250,000
	4.2.8.6. Stakeholder mapping		▲			National Level	New-Project/Activity	DHPRS M&E	Stakeholders mapped	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
	4.2.8.7. Situational analysis including desk review of ICD 10 (9) implementation status		▲			National Level	New-Project/Activity	DHPRS M&E	Situation analysis conducted	• Consultancy fees for 1 consultants @ 100,000/day for 30days	₦ 3,000,000	₦ 0		₦ 0	₦ 3,000,000
	4.2.8.8. To identify facilities that implement ICD in the country and experience sharing with non-implementer			▲	▲	National Level	New-Project/Activity	DHPRS M&E	ICD Facilities identified	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.2.8.9. Develop country Implementation plan				▲	National Level	New-Project/Activity	DHPRS M&E	Country Implementation Plan Develope	• Local run @5000 for 40 participants for 1day • Hall hire @150,000/per day • Lunch foor 40 people @3500 per person per day • Tea-breaks 40 people for 1days @ 1,000/day	₦ 570,000	₦ 0		₦ 0	₦ 570,000

									d	• Stationaries for 40 people @ 1,000/person					
	4.2.8.10. Develop SOP, guidelines for ICDs				▲	National Level	New-Project/Activity	DHP RS M&E	SOP, Guidelines for ICDs Developed	• Consultancy fees for 1 consultants @ 100,000/day for 10days• Local run @5000 for 40 participants for 10 days • Hall hire @150,000/per day • Lunch foor 40 people @3500 per person for 10 days• Tea-breaks 40 people for 10 days @ 1,000/day• Stationaries for 40 people @ 1,000/person	₦ 6,340,000	₦ 0		₦ 0	₦ 6,340,000
	4.2.8.11. Capacity building (Retraining of those tertiary already implementing and linking to the national)				▲	National Level	New-Project/Activity	DHP RS M&E	Capacity Building Conducted	• DSA @35000 for 150 participants for 6days • Hall hire @150,000/per day • Transport for 150 participants @92,000 • Tea-breaks 150 people for 5days @ 1,000/day • Stationaries for 150 people @ 1,000/person	₦ 46,950,000	₦ 0		₦ 0	₦ 46,950,000
	4.2.8.12. National Implementation to ICD-11				▲	National Level	New-Project/Activity	DHP RS M&E	Implementation held	At no cost	₦ -	₦ 0		₦ 0	₦ -
4.2.9 Biennial review of NHMIS tools	4.2.9.1. 5-day stakeholder workshop to review NHMIS tools	▲				National Level	Completed-Project/Activity	DHP RS M&E	NHMIS workshop held	Done/next review 2021	₦ -	₦ 0		₦ 0	₦ -
	4.2.9.2. 1-day stakeholder workshop to validation of NHMIS tools	▲				National Level	Completed-Project/Activity	DHP RS M&E	NHMIS workshop held	Done/next review 2021	₦ -	₦ 0		₦ 0	₦ -
	4.2.9.3. 4-day training workshop for state level	▲				National Lev	Completed-Projec	DHP RS M&E	Training Conducted	Done/next review 2021	₦ -	₦ 0		₦ 0	₦ -

	officers to pilot test the reviewed data tools					el	t/Activity								
	4.2.9.4. 2-day state level meeting in 6 selected states to train state/LGA/facility staff for pilot of NHMIS tools	▲				National Level	Completed-Project/Activity	DHP RS M&E	Training conducted in selected states	Done/next review 2021	₦ -	₦ 0		₦ 0	₦ -
	4.2.9.5. 3-day stakeholder workshop to finalization of NHMIS tools	▲				National Level	Completed-Project/Activity	DHP RS M&E	NHMIS finalizatin workshop held	Done/next review 2021	₦ -	₦ 0		₦ 0	₦ -
	4.2.9.6. Rollout of NHMIS tools (printing of tools, training of users at all levels, upgrading of the DHIS tools)	▲				National Level	On-going Project/Activity	DHP RS M&E	NHMIS Tools rolled out	Print 20,000 copies @3000 per copy	₦ -	₦ 0		₦ 0	₦ -
	4.2.9.7. Data analytics training for NHMIS officers	▲				National Level	New-Project/Activity	DHP RS M&E	Training conducted	• DSA @35000 for 150 participants for 6days • Hall hire @150,000/per day • Transport for 150 participants @92,000• Tea-breaks 150 people for 5days @ 1,000/day• Stationaries for 150 people @ 1,000/person	₦ 46,950,000	₦ 0		₦ 0	₦ 46,950,000
Sub-total											**₦ 255,170,000**	**₦ -**		**₦ -**	**₦ 255,170,000**
Activity 4.3: Strengthen coordination of non-routine information systems (surveys, NHA, and special studies)															

4.3.1 Inaugurate health survey coordination committee at all levels	4.3.1. 1-day stakeholder meeting to inaugurate health survey coordination committee at all levels		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Local run @5000 for 30 participants for 1day • Hall hire @150,000/per day • Lunch foor 30 people @3500 per person per day • Tea-breaks 30 people for 1days @ 1,000/day • Stationaries for 30 people @ 1,000/person	₦ 465,000	₦ 0		₦ 0	₦ 465,000
4.3.2 Develop national health survey coordination guidelines	4.3.2.1. Hold a day technical meeting with key stakeholders – MDAs/Research Institutions/Partners		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Local run @5000 for 15 participants for 1day • Hall hire @150,000/per day • Lunch foor 15 people @3500 per person per day • Tea-breaks 15 people for 1days @ 1,000/day • Stationaries for 15 people @ 1,000/person	₦ 307,500	₦ 0		₦ 0	₦ 307,500
	4.3.2.2 Hold a 3-day workshop to develop the national health survey coordination guidelines			▲		National Level	New-Project/Activity	DHPRS M&E	National health survey coordination guidelines developed	• Local run @5000 for 25 participants for 3days • Hall hire @150,000/per day • Lunch foor 25 people @3500 per person for 3 per day• Tea-breaks 25 people for 3days @ 1,000/day• Stationaries for 25 people @ 1,000/person	₦ 1,187,500	₦ 0		₦ 0	₦ 1,187,500
	4.3.2.3 Validate national health survey coordination guidelines during the quarterly M&E TWG meeting			▲		National Level	New-Project/Activity	DHPRS M&E	National health survey coordination guidelines validated	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.3.2.4 Constitute a national health survey coordination committee with TOR			▲		National Level	New-Project/Activity	DHPRS M&E	Committee's TOR Constituted	At no cost	₦ -	₦ 0		₦ 0	₦ -

4.3.3 Identify relevant periodic health surveys for documentation and archiving	4.3.3.1. Hold a 1-2day technical meeting of the national health survey coordination committee to identify relevant periodic health surveys for documentation and archiving on the approved national platform			▲		National Level	New-Project/Activity	DHP RS M&E	Meeting held	• Local run @5000 for 15 participants for 2days • Hall hire @150,000/per day • Lunch foor 15 people @3500 per person per day • Tea-breaks 15 people for 1days @ 1,000/day • Stationaries for 15 people @ 1,000/person	₦ 600,000	₦ 0		₦ 0	₦ 600,000
	4.3.3.2 Collate the report periodically and archive			▲	▲	National Level	New-Project/Activity	DHP RS M&E	report collated and archived	At no cost	₦ -	₦ 0		₦ 0	₦ -
4.3.4 Develop calendar of all health sector related periodic studies and put forward recommendations for improved coordination	4.3.4.1. Hold a 2-day meeting of the national health survey coordination committee to develop a calendar of all health sector related periodic studies and put forward recommendations for improved coordination			▲		National Level	New-Project/Activity	DHP RS M&E	Meeting held	• Local run @5000 for 15 participants for 2days • Hall hire @150,000/per day • Lunch foor 15 people @3500 per person per day • Tea-breaks 15 people for 1days @ 1,000/day • Stationaries for 15 people @ 1,000/person	₦ 600,000	₦ 0		₦ 0	₦ 600,000
	4.3.4.2.	▲	▲	▲	▲	Nati	New-	DHP	Meeting	• Local run @5000 for 15 participants for 2days	₦	₦ 0		₦ 0	₦

	Quarterly meeting of national health survey coordination committee					onal Level	Project/Activity	RS M&E	held	• Hall hire @150,000/per day • Lunch foor 15 people @3500 per person for 2 days• Tea-breaks 15 people for 2days @ 1,000/day• Stationaries for 15 people @ 1,000/person	2,400,000				2,400,000
	4.3.4.3. Quarterly report/presentation of national health survey coordination committee activities			▲	▲	National Level	New-Project/Activity	DHP RS M&E	Report presented	At no cost	₦ -	₦ 0		₦ 0	₦ -
Sub-total											**₦ 5,560,000**	**₦ -**		**₦ -**	**₦ 5,560,000**
Activity 4.4: Develop and strengthen digital health applications for both routine and survey data															
4.4.1. Conduct workshop with selected stakeholders to identify opportunities for digital health and appropriate innovations for current data needs	4.4.1.1. Hold one-day planning/sensitization meeting with relevant stakeholders	▲				National Level	New-Project/Activity	DHP RS M&E	Sensitization on meeting held	• Local run @5000 for 30 participants for 1days • Hall hire @150,000/per day • Lunch foor 30 people @3500 per person per day • Tea-breaks 30 people for 1days @ 1,000/day • Stationaries for 30 people @ 1,000/person	₦ 465,000	₦ 0		₦ 0	₦ 465,000
	4.4.1.2. Organize 3-day workshop to identify opportunities for digital health and appropriate innovations for current data needs	▲				National Level	New-Project/Activity	DHP RS M&E	Workshop held	• Local run @5000 for 30 participants for 2 days • Hall hire @150,000/per day • Lunch foor 30 people @3500 per person per day • Tea-breaks 30 people for 1days @ 1,000/day • Stationaries for 30 people @ 1,000/person	₦ 900,000	₦ 0		₦ 0	₦ 900,000
	4.4.1.3. Create on-line interactive platform for all stakeholders to share innovations	▲				National Level	New-Project/Activity	DHP RS M&E	Platform Created	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -

	4.4.1.4. Constitute a sub-committee to facilitate development/review of relevant policy documents	▲				National Level	New-Project/Activity	DHPRS M&E	Sub-Committee constituted	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.4.1.5. Periodic presentation of the sub-committee activities to the TWG	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	Sub-Committee activities presendted to TWG	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -
4.4.2. Develop appropriate framework for integrating digital health solutions into current health data information system and/or platforms in the health sector	4.4.2.1. Conduct a desk review of extant documents on E-health or digital health		▲			National Level	New-Project/Activity	DHPRS M&E	Desk Review conducted	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
	4.4.2.2. Hold a 5-day technical meeting (physical and virtual) to develop appropriate national policy documents on E-health or digital health		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Consultancy fees for 1 consultants @ 100,000/day for 20days • Local run @5000 for 40 participants for 20days • Hall hire @150,000/per day • Lunch foor 40 people @3500 per person per day for 20days • Tea-breaks 40 people for 20days @ 1,000 • Stationaries for 40 people @ 1,000/person	₦ 12,640,000	₦ 0		₦ 0	₦ 12,640,000
	4.4.2.3. Validate the appropriate national policy documents on E-health or digital health during next Health M&E TWG meeting		▲			National Level	New-Project/Activity	DHPRS M&E	E-Health Policy document validated	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -

4.4.3. Develop concept note to pilot a scalable digital health solution in the country	4.3.2.1. A day meeting to develop concept note to pilot a scalable digital health solution in the country		▲			National Level	New-Project/Activity	DHP RS M&E	Meeting held	• Local run @5000 for 30 participants for 1days • Hall hire @150,000/per day • Lunch foor 30 people @3500 per person per day • Tea-breaks 30 people for 1days @ 1,000/day • Stationaries for 30 people @ 1,000/person	₦ 465,000	₦ 0		₦ 0	₦ 465,000
4.4.4. Pilot the digital health innovation in selected sites to support routine and survey data	4.4.4.1. Hold a 3-day planning meeting for the pilot of digital health innovation			▲		National Level	New-Project/Activity	DHP RS M&E	Meeting held	• Local run @5000 for 20 participants for 3days • Hall hire @150,000/per day • Lunch foor 20 people @3500 per person per day • Tea-breaks 20 people for 3days @ 1,000/day • Stationaries for 20 people @ 1,000/person	₦ 1,040,000	₦ 0		₦ 0	₦ 1,040,000
	4.4.4.2. Conduct 4-weeks deployment and field-testing of the digital health innovation in selected sites			▲		National Level	New-Project/Activity	DHP RS M&E	Field-testing of digital health innovation conducted	• DSA for 12 people @35000 for 17days • Car hire for 6 teams @25000 for 16days • Communication @50,000	₦ 3,164,000	₦ 0		₦ 0	₦ 3,164,000
	4.4.4.3. Write the report on the pilot and recommended actions/next step			▲		National Level	New-Project/Activity	DHP RS M&E	Report developed	At no cost	₦ -	₦ 0		₦ 0	₦ -
4.4.5. Disseminate the findings from the pilot and use result for programming	4.4.5.1. Share the report including recommended actions/next steps during the next Health M&E TWG meeting and/or HDCC meeting				▲	National Level	New-Project/Activity	DHP RS M&E	Report shared	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.4.5.2. Share report including recommended actions on on-line				▲	National Level	New-Project/Activity	DHP RS M&E	Report shared	At no cost	₦ -	₦ 0		₦ 0	₦ -

	interactive platform for all stakeholders														
Sub-total											**₦ 19,674,000**	**₦ -**		**₦ -**	**₦ 19,674,000**
Activity 4.5: Institutionalize mechanisms for health data archiving															
4.5.1. Review existing data inventory platform and policy documents	4.5.1. Review existing data inventory platform and policy documents	▲				National Level	New-Project/Activity	DHPRS M&E	Platform Reviewed	• Consultancy fees for 1 consultant @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
4.5.2. Integrate data archiving policies into the national HIS policy	4.5.2.1. Hold a one-day planning meeting for review of the existing inventory platform and policy document		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Local run @5000 for 20 participants for 1day • Hall hire @150,000/per day • Lunch foor 20 people @3500 per person per day • Tea-breaks 20 people for 1days @ 1,000/day • Stationaries for 20 people @ 1,000/person	₦ 360,000	₦ 0		₦ 0	₦ 360,000
	4.5.2.2. Engage a consultant to facilitate the process of the HIS policy review and integration of data archiving policies (20-days)		▲			National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 20days	₦ 2,000,000	₦ 0		₦ 0	₦ 2,000,000

	4.5.2.3. Hold a 5-day joint workshop with stakeholders including the e-Health/digital health groups to review existing data inventory platform and HIS policy documents		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	• Local run @5000 for 20 participants for 5 days • Hall hire @150,000/per day • Lunch for 20 people for 5days @3500 per person per day • Tea-breaks 20 people for 5 days @ 1,000/day • Stationaries for 20 people @ 1,000/person	₦ 1,720,000	₦ 0		₦ 0	₦ 1,720,000
	4.5.2.4. Conduct 2 days meeting for validation of revised HIS Policy		▲			National Level	New-Project/Activity	DHPRS M&E	Meeting held	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -
	4.5.2.5. Presentation of the revised His Policy to HDCC			▲		National Level	New-Project/Activity	DHPRS M&E	HIS Policy presented to HDCC	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -
	4.5.2.6. Dissemination of the new HIS policy during next HDGC meeting			▲		National Level	New-Project/Activity	DHPRS M&E	HIS Policy Disseminated	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -
4.5.3. Digitize and/or convert content to appropriate formats	4.5.3.1. Collaborate with key stakeholders to digitize and/or convert contents to appropriate			▲		National Level	New-Project/Activity	DHPRS M&E	Stakeholders collaboration conducted	At no cost	₦ -	₦ 0		₦ 0	₦ -

	formats on the approved platform															
	4.5.3.2. Engage lead consultant to digitize and/or convert content			▲		National Level	New-Project/Activity	DHP RS M&E	Consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
4.5.4. Present digitized content as offline and online version as per policy statement of data security	4.5.4.1. Present digitized content as offline and online version as per policy statement of data security			▲	▲	National Level	New-Project/Activity	DHP RS M&E	Digitized content presented	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -
4.5.5. Conduct workshop to create awareness and accessibility for the content	4.5.5.1. Hold a planning meeting with stakeholders				▲	National Level	New-Project/Activity	DHP RS M&E	planning meeting held	• Local run @5000 for 40 participants for 1 days • Hall hire @150,000/per day • Lunch for 40 people for 5days @3500 per person per day • Tea-breaks 40 people for 1 day @ 1,000/day • Stationaries for 40 people @ 1,000/person	₦ 570,000	₦ 0		₦ 0	₦ 570,000
	4.5.5.2. Conduct 2-day sensitization meeting				▲	National Level	New-Project/Activity	DHP RS M&E	Sensitization meeting held	• Local run @5000 for 80 participants for 2 days • Hall hire @150,000/per day • Lunch for 80 people for 2 days @3500 per person per day • Tea-breaks 80 people for 2 days @ 1,000/day • Stationaries for 80 people @ 1,000/person	₦ 1,900,000	₦ 0		₦ 0	₦ 1,900,000
	4.5.5.3. Write and share workshop report with stakeholders recommended actions/next step				▲	National Level	New-Project/Activity	DHP RS M&E	workshop report shared	At no cost	₦ -	₦ 0		₦ 0	₦ -

4.5.6. Monitor access to digital content.	4.5.6.1. Monitor access to the digital content on the approved platform				▲	National Level	New-Project/Activity	DHP RS M&E	digital content monitored	Communication @50,000	₦ 50,000	₦ 0		₦ 0	₦ 50,000
Sub-total											**₦ 8,600,000**	**₦ -**		**₦ -**	**₦ 8,600,000**
Activity 4.6: Strengthen the use of research findings for health policy development, implementation and review															
4.6.1. Develop and implement a mechanism to periodically collate, analyse, and use research results	4.6.1.1. Establish a Research Community of Practice (CoP) forum for key stakeholders to periodically collate, analyse, and use research results	▲				National Level	New-Project/Activity	DHP RS M&E	research community forum established	At no cost	₦ -	₦ 0		₦ 0	₦ -
	4.6.1.2. Research Community of Practice (CoP) forum for key stakeholders meets periodically to collate, analyse, and use research results	▲	▲	▲	▲	National Level	New-Project/Activity	DHP RS M&E	periodic meeting of research community held	• DSA @35000 for 25 participants for 6days • Hall hire @150,000/per day • Transport for 25 participants @92,000 • Tea-breaks 25 people for 5days @ 1,000/day • Stationaries for 25 people @ 1,000/person	₦ 33,800,000	₦ 0		₦ 0	₦ 33,800,000
4.6.2. Collate and document research results on the FMOH databases	4.6.2.1. The Secretariat of the CoP to collate and document research results on the FMOH databases	▲	▲	▲	▲	National Level	New-Project/Activity	DHP RS M&E	Cop document collated by secretariat	At no cost	₦ -	₦ 0		₦ 0	₦ -

4.6.3. Utilize analyses research results towards policy initiation, implementation or review	4.6.3.1. The CoP facilitates or participate in and utilize research results in all relevant national activities including policy initiation, implementation or review	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	Cop participated in relevants research result policy at in national activities	At no cost	₦ -	₦ 0		₦ 0	₦ -
Sub-total											**₦ 33,800,000**	**₦ -**		**₦ -**	**₦ 33,800,000**
Strategic Objective 5: To facilitate Advocacy, Dissemination, and data use for action	**Annual target:**									**₦ 229,198,500**	**₦ 31,370,000**		**₦ -**	**₦**	**197,828,500**
me															
5.1.1. Identify champions for M&E at the different levels of the health sector	5.1.1.1. One- day meeting to identify the M&E champions	▲				National Level	New-Project/Activity	DHPRS M&E	Meeting held	Leverage on esisting platform (at no cost)	₦ -	₦ 0		₦ 0	₦ -
5.1.2. Develop M&E advocacy strategy and tools for the health sector	5.1.2.1. Engagement of consultants to develop the M&E advocacy strategy	▲				National Level	New-Project/Activity	DHPRS M&E	consultant engaged	• Consultancy fees for 1 consultants @ 100,000/day for 10days	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000

	5.1.2.2. Advocacy strategy development workshop		▲			National Level	New-Project/Activity	DHPRS M&E	Advocacy strategy development workshop held	• Local runs @5000 for 25 participants for 10days • Hall hire @150,000/per day • Lunch for 25 participants @3,500 • Tea-breaks 25 people for 10days @ 1,000/day • Stationaries for 25 people @ 1,000/person	₦ 3,900,000	₦ 0		₦ 0	₦ 3,900,000
	5.1.2.3. Advocacy strategy validation meeting		▲			National Level	New-Project/Activity	DHPRS M&E	Advocacy strategy validation workshop held	• Local runs @5000 for 25 participants for 1days • Hall hire @150,000/per day • Lunch for 25 participants @3,500 • Tea-breaks 25 people for 1day @ 1,000/day • Stationaries for 25 people @ 1,000/person	₦ 412,500	₦ 0		₦ 0	₦ 412,500
	5.1.2.4. Printing of the advocacy strategy document and tools		▲			National Level	New-Project/Activity	DHPRS M&E	Advocacy strategy document printed	Print 1,000 copies @2000 per copy	₦ 2,000,000	₦ 0		₦ 0	₦ 2,000,000
5.1.3. Create awareness for and disseminate the health sector M&E advocacy strategy	5.1.3.1. Dissemination and launching of the M&E advocacy strategy documents			▲		National Level	New-Project/Activity	DHPRS M&E	Advocacy document disseminated	• Local runs @5000 for 60 participants for 1days • Hall hire @150,000/per day • Lunch for 60 participants @3,500• Tea-breaks 60 people for 1day @ 1,000/day• Stationaries for 60 people @ 1,000/person	₦ 780,000	₦ 0		₦ 0	₦ 780,000

	5.1.3.2. Continuous use of FMOH websites and media handles	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	FMOH Web sites and medial handle continously used	At no cost	₦ -	₦ 0		₦ 0	₦ -
	5.1.3.3. Conference exhibitions		▲		▲	National Level	New-Project/Activity	DHPRS M&E	conference exhibition conducted	At no cost	₦ -	₦ 0		₦ 0	₦ -
5.1.4. Engage champions for M&E to deliver advocacy packages targeted at policymakers	5.1.4.1. Conduct M&E advocacy to policy makers	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E	M&E Advocacy to policy makers conducted	Leverage on esisting Ministry's activities (at no cost)	₦ -	₦ 0		₦ 0	₦ -
	5.1.4.2. Orientation meeting of the M&E champions	▲				National Level	New-Project/Activity	DHPRS M&E	M&E orientation for champion conducted	• DSA @35000 for 25 participants for 6days • Hall hire @150,000/per day • Transport for 25 participants @92,000 • Tea-breaks 25 people for 5days @ 1,000/day • Stationaries for 25 people @ 1,000/person	₦ 3,050,000	₦ 0		₦ 0	₦ 3,050,000
Sub-total											**₦ 11,142,500**	**₦ -**		**₦ -**	**₦ 11,142,500**
Activity 5.2: Advocate to the legislature and other stakeholders for improved resource allocation for health M&E systems strengthening															
5.2.1. Prepare advocacy action plan, talking points, and materials for engaging legislature and other identified stakeholders	5.2.1. Prepare advocacy action plan, talking points, and materials for engaging legislature and other identified	▲				National Level	New-Project/Activity	DHPRS M&E	Advocacy action plan developed	At no cost	₦ -	₦ 0		₦ 0	₦ -

	stakeholders														
5.2.2. Conduct advocacy visits and develop harmonized plan of next steps and actions based on advocacy visits	5.2.2. Conduct advocacy visits and develop harmonized plan of next steps and actions based on advocacy visits	▲				National Level	New-Project/Activity	DHPRS M&E	Advocacy visited and harmonised plan conducted	Leverage on esisting Ministry's activities (at no cost)	₦ -	₦ 0		₦ 0	₦ -
5.2.3. Monitor and evaluate the results of M&E advocacy activities and communication strategy for NSHDP II	5.2.3. Monitor and evaluate the results of M&E advocacy activities and communication strategy for NSHDP II	▲	▲	▲		National Level	New-Project/Activity	DHPRS M&E	M&E advocacy result monitored	at no cost	₦ -	₦ 0		₦ 0	₦ -
5.2.4. Follow-up and monitor implementation of advocacy next steps/action plan and results	5.2.4. Follow-up and monitor implementation of advocacy next steps/action plan and results	▲	▲	▲	▲	National Level	New-Project/Activity	DHPRS M&E		at no cost	₦ -	₦ 0		₦ 0	₦ -
Sub-total											₦ -	₦ -		₦ -	₦ -
Activity 5.3: Conduct joint annual reviews (JARs), mid-term review, and end term evaluation															
5.3.1. Conduct a pre-planning meeting for the joint annual review	5.3.1. Conduct a pre-planning meeting for the joint annual review			▲		National Level	New-Project/Activity	DHPRS M&E	Pre Planning meeting held	at no cost	₦ -	₦ 0		₦ 0	₦ -

5.3.2. Conduct selected state/site visit with stakeholders	5.3.2. Conduct selected state/site visit with stakeholders			▲		National Level	New-Project/Activity	DHPRS M&E	State/Site visit with stakeholders conducted	• DSA @35000 for 12 participants for 6days in 6 zones • Hall hire @100,000/per day for 6zones • Transport for 12 participants @92,000• 5 days local runs @5000 per day for 12 participants	₦ 2,256,000	₦ 0		₦ 0	₦ 2,256,000
5.3.3. Conduct joint annual review of implementation of NSHDP II workshop	5.3.3.1. Sensitize members of the HDGC, TWG and HDCC towards collation/analysis and use of research results			▲		National Level	New-Project/Activity	DHPRS M&E	HDGC &TWGsensitizatied	at no cost	₦ -	₦ 0		₦ 0	₦ -
5.3.4. Conduct mid-term and end term evaluation of the NSHDP II	5.3.4.1. Engage consultants to conduct Joint Annual Review of the NSHDP II		▲			National Level	New-Project/Activity	DHPRS M&E	Consultant engaged	• Consultancy fees for 43 (National and State level consultants) @60,000,000	₦ 60,000,000	₦ 0		₦ 0	₦ 60,000,000
	5.3.4.2. Conduct JAR	▲	▲			National Level	New-Project/Activity	DHPRS M&E	JAR Conducted	• Planning meeting including development of JAR tools @5,000,000 • Orientation of State and Federal level consultant @26,000,000 • Federal level participation in JAR field visit @26,000,000 • 2day federal level validation of JAR @3,700,000 • 1 day State level validation @37,000,000 • 10 days JAR report writing workshop @7,500,000 • National stakeholder validation of 2018-2019 health sector performance report @13,300,000	₦ 151,800,000	₦ 31,370,000		₦ 0	₦ 120,430,000
	5.3.4.3. Disseminate the results of the JAR				▲	National Level	New-Project/Activity	DHPRS M&E		• Printing and dissemination of JAR report @2,000,000	₦ 2,000,000	₦ 0		₦ 0	₦ 2,000,000

Sub-total											**₦ 216,056,000**	**₦ 31,370,000**		**₦ -**	**₦ 184,686,000**
Activity 5.4: Prepare and present (disseminate) annual NHSDP II implementation status report to National council on health															
5.4.1. Produce and disseminate annual bulletin using HMIS data	5.4.1. Produce and disseminate annual bulletin using HMIS data				▲	National Level	New-Project/Activity	DHP RS M&E	HMIS annual bulletng & data produced	• Printing of 1000 copies of bulletin @ 1000 per copy • Leverage on exisiting platform for dissemination	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
5.4.2. Conduct annual HMIS data producers and users meeting	5.4.2. Conduct annual HMIS data producers and users meeting				▲	National Level	New-Project/Activity	DHP RS M&E	HMIS data producers meeting held	Already costed under governance	₦ -	₦ 0		₦ 0	₦ -
5.4.3. Prepare and submit Quarterly, Biannual and Annual Reports on the NSHDP II KPIs	5.4.3. Prepare and submit Quarterly, Biannual and Annual Reports on the NSHDP II KPIs	▲	▲	▲	▲	National Level	New-Project/Activity	DHP RS M&E	NSHDP II biannual KPI prepared and submitted	at no cost	₦ -	₦ 0		₦ 0	₦ -
5.4.4. Develop information products (fact sheets, bulletins, newsletter, reports, etc.) quarterly	5.4.4. Develop information products (fact sheets, bulletins, newsletter, reports, etc.) annual				▲	National Level	New-Project/Activity	DHP RS M&E	Information products bulleting developed	Printing of 1000 copies of annual report @1000 per copy	₦ 1,000,000	₦ 0		₦ 0	₦ 1,000,000
5.4.5. Conduct quarterly knowledge café on result of advocacy, HMIS and research findings as a learning, best practices and knowledge sharing platform	5.4.5. Conduct quarterly knowledge café on result of advocacy, HMIS and research findings as a learning, best	▲	▲	▲	▲	National Level	New-Project/Activity	DHP RS M&E	Quartely knowledged café on result of advocacy shared on	leverage on existing platform	₦ -	₦ 0		₦ 0	₦ -

	practices and knowledge sharing platform								platform						
Sub-total											**₦ 2,000,000**	**₦ -**		**₦ -**	**₦ 2,000,000**

REFERENCE

1. Istifanus Anekoson, J. A Comparative Analysis of Health Indicators of Nigeria and Rwanda: A Nigerian Volunteer's Perspective. *Am. J. Public Health Res.* **1**, 177–182 (2013).

2. WHO Regional Office for Africa. *Atlas of African Health Statistics 2018: Universal Health Coverage and the Sustainable Development Goals in the WHO African Region.* http://www.aho.afro.who.int/sites/default/files/Atlas%202018-eng_1.pdf (2018).

3. Somaliland Sun. The Keys to Universal Health Coverage. *Somaliland Sun* http://www.somalilandsun.com/the-keys-to-universal-health-coverage/ (2018).

4. Federal Ministry of Health. Nigeria Health Information System Policy. https://ehealth4everyone.com/wp-content/uploads/2015/09/Nig-Health-Info.pdf (2014).

5. Department of Planning Research and Statistics. *Situational Analysis: Monitoring and Evaluation Framework for the Nigerian Health Sector 2016*. (2017).

6. Lawanson, A. O. Health Care Financing in Nigeria: National Health Accounts Perspective. *Asian J. Humanit. Soc. Stud.* **2**, (2014).

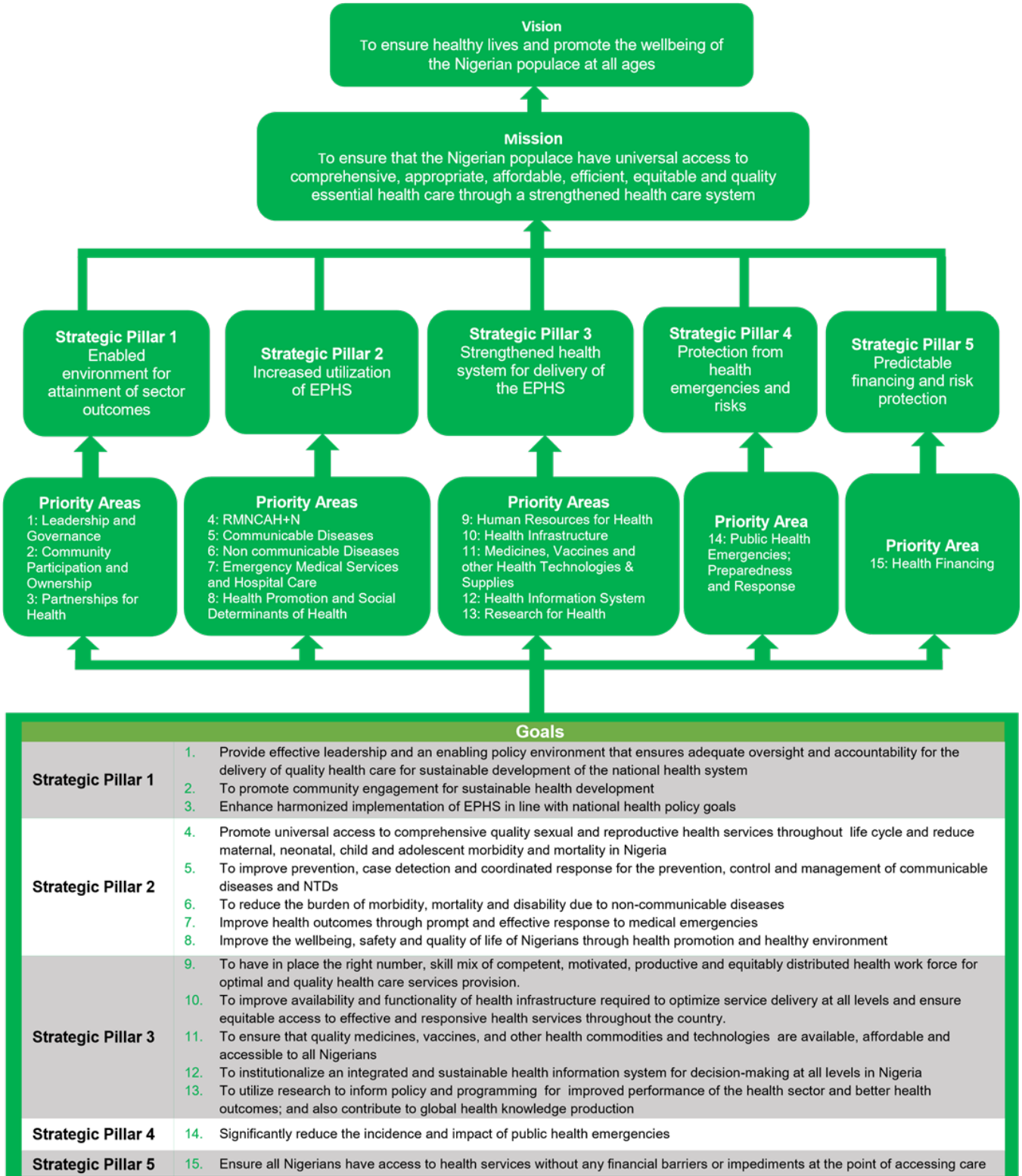
7. (1) National Health Accounts estimation: lessons from the Nigerian experience | Request PDF. *ResearchGate* https://www.researchgate.net/publication/236835250_National_Health_Accounts_estimation_lessons_from_the_Nigerian_experience.

8. Organisation mondiale de la santé & Groupe de la Banque mondiale. *Tracking universal health coverage: first global monitoring report.* (World Health Organization, 2015).

ANNEXURE

ANNEX 1

FIGURE 2: OVERVIEW OF THE NSHDP II



ANNEX 2:

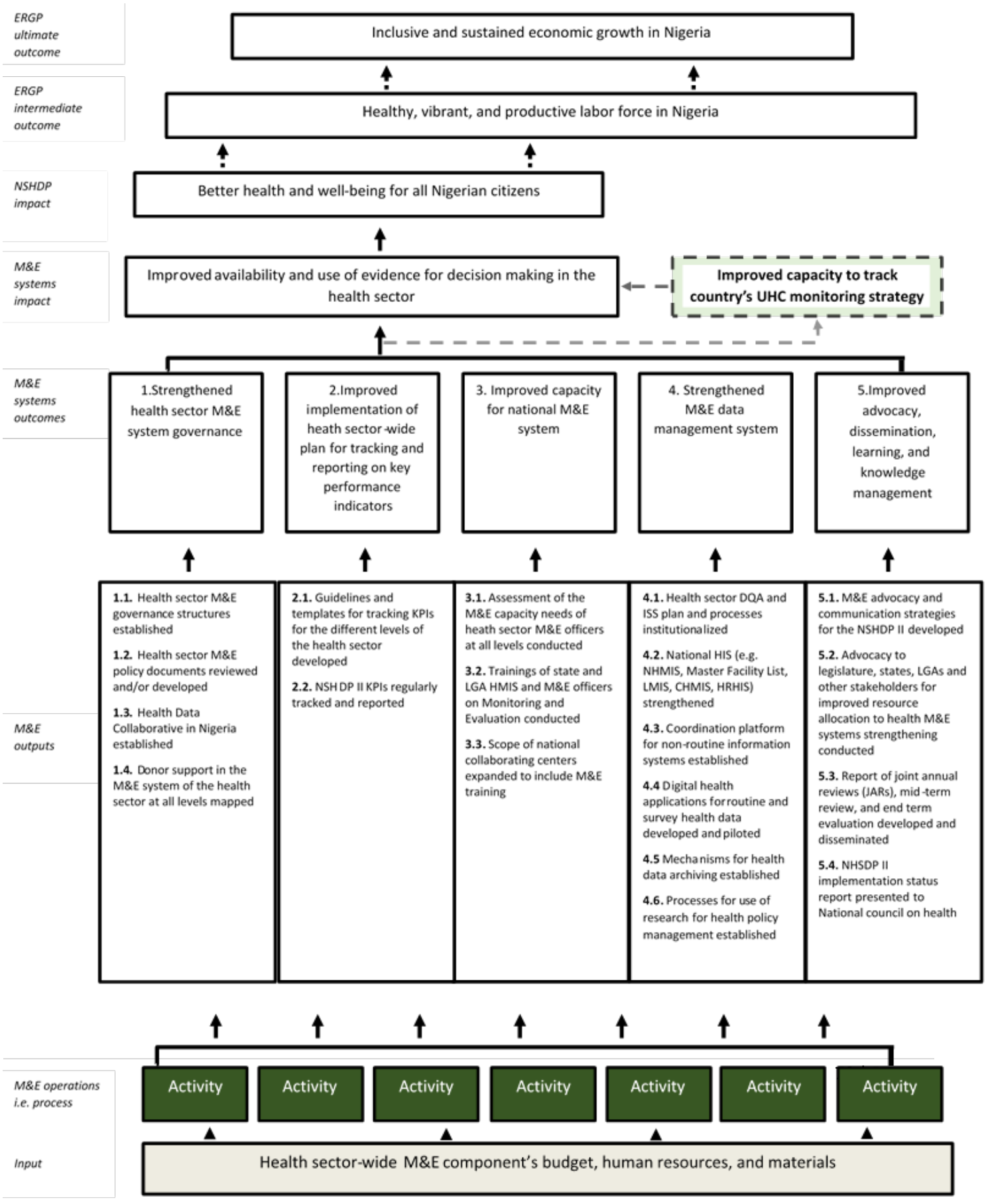
TABLE 5: CORE INDICATORS FOR TRACKING NSHDP II PROGRESS

Strategic Pillar One: Enabled Environment for attainment of sector outcomes
% of coordination organs at national and subnational levels (NCH, SCH, WDC) that are functional.
% of PHCs linked with functional Community Health Committees
% of funding of health from partners (development partners and private sector) by 2022
Strategic Pillar Two: Increased utilization of essential package of health care services
Maternal mortality ratio
% of deliveries by skilled birth attendants
Contraceptive prevalence rate
Proportion of women having comprehensive ANC (at least one visit, at least 8 visits)
Neonatal Mortality Rate
Infant mortality rate
Under-five mortality rate
DPT immunization coverage
Prevalence of wasting among under-fives
Prevalence rate of stunting in under-fives
Prevalence of overweight among under-five
Malaria prevalence in the general population
Prevalence of Malaria in children under five
Prevalence of Malaria in pregnancy
% of care seeking persons with suspected Malaria that are tested using RDT or microscopy
% of all individuals with confirmed Malaria seen in private or public facilities treated with effective anti-malarials
% of health facilities reporting more than one week stock out of anti-malarials, diagnostic kits in last 3 months
TB case detection rate
TB incidence per 1000 population
TB mortality rate
Incidence of HIV infections by age and sex among the key and general populations
% of diagnosed PLHIV receiving quality HIV treatment services
% of diagnosed PLHIV on ARV who achieve sustained virological suppression
Incidence of Viral hepatitis B per 100,000 population
Prevalence of targeted NTDs
Mortality from NCDs (cardiovascular, chronic respiratory diseases, Cancer, Diabetes, sickle cell disease, etc.)
Prevalence rate of tobacco use among adults aged 18 and above
% of the elderly in Nigeria accessing basic and long-term care

Incidence of mental illnesses in Nigeria
Coverage of pharmacological, psychosocial, rehabilitation and aftercare services for substance use disorders
Incidence of snakebites
% of blind or visually impaired persons that have access to eye treatment and rehabilitative services by 2022
Strategic Pillar Three: Strengthened health system for delivery of package of essential health care services
% of health facilities providing general outpatient services appropriate for the level of care
Health workers density and distribution
% of Wards in the country with at least one fully functional PHC providing comprehensive PHC services
% of the States with dedicated centres for integrated emergency and trauma services
% of the LGAs that have functional general hospitals for referral from PHCs
% of all health facilities (public and private) generating and transmitting routine HMIS data
% of primary/ward health centers providing BEmONC services disaggregated by level of care
Strategic Pillar Four: Protection from health emergencies and risks
Proportion of health facilities with functional ambulance services.
% of blood collected from voluntary non-remunerated donors
Death rate due to RTA
Strategic Pillar Five: Increased sustainable, predictable financing and risk protection
National Resource Allocations as a share of GDP to Health budget of GDP
Annual health expenditure per capita
% of Nigerian population covered by any risk protection mechanisms
Number of States that have established functional state health insurance schemes.
Proportion of Federal Level MDAs, SMOH, & FCT that have institutionalized routine NHA ad SHA

Annex 3

FIGURE 3:RESULT CHAIN OF HEALTH SECTOR M&E STRENGTHENING INTERVENTIONS



Annex 4: List of contributors

Core team:

1. Adeleke Balogun
2. Abatta Emmanuel
3. Adeyinka Adewemimo
4. Ogeh Ajirioghene
5. Ali Gubio
6. Lawrence Kwaghga
7. Adeola Jegede
8. Ukor Nkiruka
9. Tobi Adeogo
10. Shobo Olukolade George

M&E TWG members:

1.	Emmanuel Meribole	FMOH
2.	Bolaji Oladejo	FMOH
3.	Balogun Adeleke	FMOH
4.	Emmanuel Abatta	FMOH
5.	Greg Ashefor	NACA
6.	Charles Nzelu	NASCP
7.	Adeola Jegede	NIPRD
8.	Nkiruka Ukor	WHO
9.	Hannah J. Adagi	FMOH
10.	Yetunde Hussein	FMOH
11.	Seldun Austine S.	FMOH
12.	Zara Shettima	FMOH
13.	Harkins Dickson	FMOH
14.	Haruna Aminu Aliyu	FMOH
15.	Anne Taiwo	Marie Stopes
16.	Chiamaka Omoleye	FMOH
17.	Priye Ruth Igali	HSDF
18.	Brooks Godwin	FMOH
19.	Micheal Ekholnenetale	ARFH
20.	Abiodun Hassan	ARFH
21.	Oni Olugbenga	Ekiti SMOH
22.	Osindeide Ademilayo	FMOH
23.	Odume Henry C.	FMOH
24.	Ahmadu Ismaila	FMOH
25.	Oyeniyi O. S.	DFH, RH, FMOH
26.	Kehinde Adeniyi	FHD,NUT
27.	Victor Odewole	FMOH CPO/MNCH
28.	Zitta, E. A.	FMOH
29.	Aisha Abdulkarim	HRORBN

30. Ogeh Ajirioghene FMOH
31. Aluka Terpese HISP
32. Jumare Abdulazeez Plan Int.
33. Blessing Konobe FMOH
34. Dr Beade Nunbere HSDF
35. Nasiru S. Fakai D4I/W4H
36. Abdulaziz Mohammed MNCH2
37. Lawrence Kwaghga NACA
38. Sam Obasi NPHCDA
39. Solomon K. James SMOH/LAFIA
40. Jane Onyilo Malaria Consortium
41. John O. Bisong FMOH/DHPRS
42. Obukohwo Fidelia FMOH
43. Chinyere Ohazulike FMOH
44. Aimuirovbaeki O. Victoria FMOH
45. Ofoekii Evangeline FMOH
46. Kalu Onyema FMOH
47. Toye Femi Adedokun FMOH
48. Okunromade Jonathan FMOH
49. Adeyinka Adewemimo FMOH
50. Muhammad Sani Safiyanu DTHRBN
51. Ononuju Okonkwo CHIPS, NPHCDA
52. Olusola Idowu FMOH/NBTS
53. Tobi Adeogo IHP
54. Amobi Ngozi Francisca MLSCN
55. Segun Adeshina NTBLCP
56. Ale Oluwayormi
57. Abdul B. Iman Plan Int
58. Tyra Fom CHAI
59. Farahat Bello CHAI
60. Tijani Danladi FMOH
61. Stanley Nwosu FHI 360
62.