



**JIGAWA STATE**  
**MINISTRY OF HEALTH**

**Health Sector Performance**  
**Evaluation Report**



July, 2025

Health Sector Planning Team

## **FORWARD**

The purpose of the health sector performance review is to find out if the set targets were achieved and ascertain the actual performance of the sector based on the activities conducted in 2024. The performance evaluation would be conducted based on the prior set Key Performance Indicators provided in the CDF from the health sector MTSS and Annual Budget were largely derived. The report thus provides a valuable information on the health sector key performance indicators over the last three years (2022 – 2024) evaluating the performance trend.

The report contained five chapters as follows:

- a) Chapter 1- Introduction and Background,
- b) Chapter 2 - Analysis of Progress and Key Performance Indicators,
- c) Chapter 3 - Financial Performance Analysis,
- d) Chapter 4 - Institutional and Organisational Capacity Developments, and
- e) Chapter 5 - Summary of Findings and Recommendations.

Similar assessments previously carried out by the Health Sector Planning Team (HSPT) in collaboration with Ministry of Budget and Economic Planning, technical support from Implementing Partners particularly Lafiya-FCDO have been very helpful in the review of the sector's MTSS and Budget which helps in improving performance and dealing with issues that could potentially affect the attainment of the set targets. In the same spirit, it is expected that the 2024 Annual Sector Performance Evaluation would come up with issues and recommendation that inform the preparation of 2026 – 2028 MTSS and the 2026 Budget of the health sector... and by so doing engender the attainment of the sector's policy objectives.

## **Signed**

Hon. Commissioner,  
Dr. Abdullahi Kainuwa

## ACKNOWLEDGEMENT

The need to review the performance of the sector annually has become imperative. The review is expected to come up with findings on the performance of the sector based on prior set Key Performance Indicators. The sector recognizes the tremendous contributions of all stakeholders in the development of this report.

We appreciate the immense support received from Implementing Partners, Ministry of Budget and Economic Planning, the Consultants appointed by the MBOEP, Members of the Health Sector Planning and Budgeting Team, and Representative of the CSOs.

The Executive Secretary State Primary Health Care Development Agency, Executive Secretary JICHMA and the Director Planning, Research and Statistics as the Secretary of the Sector Planning Team, are highly appreciated for the commitments and immense support in the review process.

### Signed

**Dr Kabir Ibrahim**  
Permanent Secretary

## Acronyms and Glossary of Terms

4Chlidren	Coordinating Comprehensive Care for Children
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ACF	Action Contrel La Faim (Action Against Hunger)
ACT	Artemisinin Based Combined Therapy
AFFENET	African Field Epidemiological Network
AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
BEPD	Budget and Economic Planning Department
CBM	Christophe Blinding Mission
CHAI	Clinton Health Access Initiative
CHPRBN	Community Health Practitioners Registration Board of Nigeria
CON&M	College of Nursing and Midwifery
CRS	Catholic Relief Services
CSO	Civil Society Organization
DQA	Data Quality Assessment/Data Quality Assurance
DRF	Drugs Revolving Fund
DSNO	Disease Surveillance and Notification Officer
E4A	Evidence for Action
EPI	Expanded Programme on Immunization
EPR	Emergency Preparedness Response
FHCs	Federal Health Centres
FHI	Family Health International
GF	Global Fund
GIS	Geographical Information System
HANDS	Health and National Development Support Programme
HCT	HIV Counselling and Testing
HDCC	Health Data Consultative Committee
HF	Health Facility
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HRHD	Human Resource for Health Department

HSRF	Health Sector Reform Forum
ICT	Information, Communication Technology
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IPDs	Immunization Plus Days
IPT	Intermittent Preventive Treatment.
IRS	Indoor Residual Spray
ISS	Integrated Supportive Supervision
ITCI	International Trachoma Control Initiative
JIDMA	Jigawa Drug Management Agency
JIMSO	Jigawa Medicare Organisation
JPAL	Jamil Abdulatif Poverty Laboratory
KM	Knowledge Management
KPI	Key Performance Indicators
KRAs	Key Results Areas
LARC	Long Acting Reversible Contraceptive
LEB	Life Expectancy at Birth
LERICC	Local Emergency Routine Immunization Coordinating Centre
LGA	Local Government Areas
LLIN	Long Lasting Insecticidal Treated Net
LoOR	Low Osmolar Oral Rehydration
LQAS	Lot Quality Assurance Sampling
M&E	Monitoring and Evaluation
MC	Malaria Consortium
MCBP	Malaria Control Booster Project
MDAs	Ministries Department and Agencies
MDCN	Medical and Dental Council of Nigeria
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate

MNCH	Maternal, Neonatal and Child Health
MOWASD	Ministry of Women Affairs and Social Development
MSF	Medicen San Frontiers
MTSS	Medium Term Sector Strategies
NCH	National Council on Health
NDHS	Nigeria Demographic and Health Survey
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme
NIPHCDA	National Primary Health Care Development Agency
NLRA	Netherlands Leprosy Relief Association
NMCN	Nursing and Midwifery Council of Nigeria
NSCIP	National Supply Chain Integration Programme
NTDs	Neglected Tropical Diseases
NURTW	National Union of Road Transport Workers
NYSC	National Youth Service Corp
OCAT	Organizational Capacity Assessment Tools
ORAC	Operational Research Advisory Committee
PATHS	Partnership for Transforming health System
PCN	Pharmacists Council of Nigeria
PEI	Polio Eradication Initiative
PENTA	Pentavalent Vaccine
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
PI	Plan International
PMTCT	Prevention of Mother to Child Transmission
PPFN	Planned Parenthood Federation of Nigeria
PPM	Proprietary Patent Medicine
PRRINN	Partnership for Reviving Routine Immunization in Northern Nigeria
RDT	Rapid Diagnosis Test
RI	Routine Immunization

RSA	Republic of South Africa
RSSH	Rasheed Shekoni Specialist Hospital
SBA	Skilled Birth Attendant
SB	Seeing is Believing
SCI	Schistosomiasis Control Initiative
SCH	State Council on Health
SDSS	Sustainable Drug Supply System
SERICCC	State Emergency Routine Immunization Coordinating Centre
SFH	Society for Family Health
SHT	School of Health Technology
SIACC	State Inter-Agency Coordinating Committee
SMI	Safe Motherhood Initiative
SMoH	State Ministry of Health
SMoLG	State Ministry for Local Government
SODs	State Outreach Immunization Days
SOP	Standard Operating Procedure
SMOL PforR	Saving One Million Live Programme for Results
SPARC	State Partnership for Accountability, Responsiveness and Capability
SPBT	Sector Planning and Budgeting Team
SPHCDA	State Primary Health Care Development Agency
TB	Tuberculosis
TBA	Traditional Birth Attendant
TLF	Traditional Leaders Forum
UN	United Nations
UNICEF	United Nations International Children' Emergency Fund
W4H	Women for Health
WHO	World Health Organization
WINNN	Working to Improve Nutrition in Northern Nigeria

## Executive Summary

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

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

The aim of this performance review is to find out if the set targets were achieved and ascertain the actual performance of the health sector based on the activities conducted in 2023 to 2024. This would be within the context of the sectors KPIs set to periodically evaluate the attainment of the sector's policy objectives as provided in the CDF and other sector-level policy documents such as the State Strategic Health Plan.

The health sector enjoyed the support of several key stakeholders which contributed in conducting its activities in the period under review. The activities conducted, progress recorded, challenges and recommendations based on approved Budget 2022 to 2024 implementation were highlighted in this report as per the implementation of the approved budgets of the respective years. The report covers ten (10) outcome indicators of health sector as follows:

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

**Outcome 2:** Reduction in infant mortality



**Outcome 3:** Reduction in under 5years mortality

**Outcome 4:** Reduction in Maternal Mortality

**Outcome 5:** Increased utilization of services

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

**Outcome 7:** A well-motivated Staff

**Outcome 8:** Reduction in Preventable Diseases:

**Outcome 9:** Reduction in prevalence of HIV/AIDS

**Outcome 10:** Increased nutritional status of children U5

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

- The health sector appropriations in terms of percentage of budgetary allocation has witnessed a decline over the period under review (2022—2024) from 16.9%, 13.8% and 9.9% respectively, conversely the releases has increased particularly for the fiscal year 2024 which is 94% and the other two years are 68% and 63% respectively. On the quantum of the volume of fund allocation there has been marginal consistent increase across the years under review (2022—2024) from 33.4, 33.5 and 39.4 Billion respectively, this implies the decline in percentage allocation was due to increased volume of the state total budget estimate.
- The sector Malaria Eradication Program has conducted combined ITN distribution and SMC campaign in 2024, this exercise has witness increase uptake and coverage of household with LLIN and children who received SMC drugs. The ITN campaign was able to reach a total of 6,829,193 state population making a coverage of 97% of the target population, while the SMC had an average coverage of 96% after the fourth cycle which implies a total of 1,392,999 target population of under 5 children were reached with the SMC drugs. This intervention has resulted in the decrease of malaria prevalence among under 5 children and pregnant women.
- The State remains polio free for the past 12 years; and almost all the communicable and vaccine preventable diseases such as measles and meningitis have generally shown a very appreciable decline. There has been an increase in the coverage of PENTA-3 vaccine from 49.3% in 2021 to 65.7% in 2024 (NDHS 2024), this performance was recorded from the DHIS2 data which reported 97.2% that is closer to the state target of 98.5%. Other routine immunization coverage have also increased which result in the improve child health indices of the state.
- Additionally, there was also remarkable improvement on Maternal and Child health during the period under review. Also, from the recent available survey data (MICS 2021 and NDHS 2024), the results compared to immediate pass

survey data shows improvement in under 5 mortality rate 161 from 213, neonatal mortality rate 47 against 53, skill birth attendance 24.6 against 21.4. Other routine data sources shows remarkable improvement on maternal and child health indicators e.g. antenatal care, hospital deliveries, uptake of modern contraceptives, immunization, reduction in PMTC, etc.

- Increase in enlightenment campaigns on Malaria, Immunization, HIV/AIDS, Nutrition and control of Diarrheal diseases
- Increase in Supply of Medicines and equipment to all health facilities.
- Increase in the number Midwives working in rural health facilities.
- Increase in funding of free services for children and pregnant women (Free MNCH).
- Allocation and releases of one billion naira as equity contribution by the state government to increase the coverage of poor and vulnerable population with social health insurance (J-Basic Health Care Provision Fund)
- Revitalization of 181 apex PHCs for optimization of service delivery and improvement of quality of care.
- The Sector Wide Approach (SWAp) program was introduced in the year, this is a national program aimed to fast track the implementation of the HSSB and the delivery of HOPE DLIs. The concept is to sector wide one plan, one budget, one report and one conversation for the implementation of all the plans in the HSSB (2024—2027).

The sector has continued with the implementation of reforms that are in line with National Health policy and strategic plan/blueprints. These include reviews of laws, operational guidelines and streamlining of (RMNCAEH+N) services across primary, secondary and tertiary health care facilities. The introduction of Sector Wide Approach which is a national health sector strategy has improve the coordination mechanism of the health system at national and the state level, this has ensured the gradual implementation of one plan, one budget, one report and one conversation in the health sector. Thus the reason for the improvement in participation and alignment of implementation partners with the sector plans. Capacity buildings were undertaken for various categories of personnel to ensure effective and efficient service delivery in health sector during the review period. The financial and organizational service delivery performance data could be found in the table 1, 2 and the appendix attached to this report for further guidance.

## **Key Findings**

1. There is significant improvement in accessing health services having achieved one functional ward level health facility in the 281 political wards of the State. Furthermore, the sector is currently revitalizing 181 ward level facilities to improve quality of care.
2. There is remarkable improvement of maternal and child health indicators within the period under review. The results shows improvement in under 5 mortality rate 161 from 213, neonatal mortality rate 47 against 53, skill birth attendance 24.6%

against 21.4%. The administrative DHIS data shows a remarkable reduction in child and maternal death in 2024 compared to previous years.

3. Additionally, HRH output indicators have indicated an increase in the number of Midwives and other frontline health workers at PHCs particularly in rural areas.
4. On the quantum of the volume of fund allocation there has been marginal consistent increase across the years under review (2022—2024) from 33.4, 33.5 and 39.4 Billion respectively. However the percentage allocation has declined over the period, this is believed to be due to increased volume of the state total budget estimate. The releases has increased particularly for the fiscal year 2024 which is 94% and the other two years are 68% and 63% respectively.
5. The ITN campaign was able to reach a total of 6,829,193 state population making a coverage of 97% of the target population, while the SMC had an average coverage of 96% after the fourth cycle which implies a total of 1,392,999 target population of under 5 children were reached with the SMC drugs.
6. Remarkable progress was recorded in reducing the incidence of preventable diseases based on the reported incidence in the output indicators, these include HIV, Malaria, TB and vaccine preventable diseases.
7. The health sector organizational structured has been reshuffled to improve coordination, performance and capacity to deliver on the mandate of the sector.
8. The sector witness improvement in coordination and performance of developing partners supporting health programs implementation.

## **Recommendations**

1. The government may consider maintaining or increasing the appropriation of 15% of the State's total annual budget to the health sector in line with Abuja's declaration for effective and efficient health service delivery in the State.
2. The State Government may consider prompt release of health sector appropriation.
3. The MDAs in the sector may consider following up on the activities planned in the MTSS for prompt implementation. This could be achieved through the strengthening of the sector planning cell. This can be achieved by ensuring proper and timely tracking of the implementation of the annual operational plan and budget expenditure periodically within the year.
4. The health sector may consider implementing the findings and recommendations made in this report.
5. The State may consider intensifying campaigns on HIV/AIDS, Nutrition, Malaria, Immunization, Reproductive Health, and other services to improve the performance of the sector.
6. The sector may consider strengthening supportive supervision by developing integrated supervision framework.
7. Development Partners working in the sector may consider synchronizing their plans with the annual sector plans for sustainability and efficiency.
8. The state may consider sustaining the innovative measures (SODs, SERICC and LERICC) in addressing low immunization coverage.

## CHAPTER 1

### 1.0 Introduction and Background

#### 1.1 Background, Sector Objective in CDF-II and intended outcomes

The responsibility of the Health Sector under the leadership of the Ministry of Health is to advise the government on policy formulation, regulations as well as implementation of all health-related activities in the State.

The functions of the SMOH include policy formulation and regulations, resource mobilization, human resource development and management, social protection of the underprivileged and external relations. It supervises the delivery of secondary and tertiary health care services. The Commissioner for Health heads the SMOH supported by the Permanent Secretary, and a team of Directors responsible for major departments (Administration & Finance, Planning Research & Statistics, Hospital Services, Pharmaceutical Services, Medical Services, Nursing Services, Public Health Services, Family Health and Medical Lab. Services).

In addition, the Ministry provides oversight functions to State Primary Health Care Development Agency (SPHCDA), College of Nursing and Midwifery, College of Health Sciences and Technology, Rasheed Shekoni Specialist Hospital, Jigawa Pharmaceutical Company LTD, Jigawa State Contributory Health Management Agency (JICHMA) and Private Health Institutions.

The mandate of the SMOH includes but not limited to the improvement of the health status of the people of the state in a sustainable manner, through improved accessibility to affordable and qualitative healthcare services; reduction in health and disease burdens among the people; and other targeted intervention programs specifically aimed at the attainment of the health-related SDGs. The sector's intended outcomes as contained in the state development framework are as follows:

1. Reduction in Infant Mortality Rate
2. Reduction in Under 5 Mortality Rate
3. Reduction in Maternal Mortality
4. Reduction in Malaria Prevalence among Children U5
5. Increase in Percentage of Children U5 Sleeping under a bed net
6. Reduction in Incidence of Diarrhoea among Children aged 0–59 Months
7. Combat and Reverse the Spread of HIV/AIDS
8. Reduction in Mother to Child HIV Infection
9. Increase Knowledge of HIV
10. Increase Access to Healthcare Services
11. Minimize out of pocket expenditure on health

#### 1.2 Sector Policies, Sector Strategic Plan, MTSS and Linkage with the CDF II

The sector uses national and state policies in its day to day operations such as National Health Policy, National Health Act 2016, Basic Health Care Provision Fund, National Drug Policy, National Policy on Food Safety, Jigawa State CDF III, State Human Resource for Health Policy, State Nutrition Policy among others.

The Health Sector Strategic Blueprint (2024—2027) that replaced the Sector Strategic Health Development Plan II (2018 – 2022) was also derived from National and State high level policy documents, the State Development Plan (CDF III).

The Medium-Term Sector Strategy (MTSS) is derived from the State Strategic Health Development Plan II, the new Health Sector Strategic Blueprint and CDF III which then informs the annual budget of the sector.

### **1.3 Key Implementing Actors, Stakeholders and their Roles**

The key implementing actors in the health sector and their roles are:

The Health Sector Planning cell headed by the DPRS comprises of members from all the MDAs plan and execute the health sector annual plans, review the plans implementation periodically and provide relevant information to the ministry's top management team on the sector performance.

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

The JICHMA ensures resources mobilization to increase the total government expenditure on health, improve access to social health insurance, and the Implementation of formal and formal social health insurance programs in the state.

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

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

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

The health sector enjoyed the support of many key stakeholders in conducting its activities in 2024. These include the following: -

1. Traditional Leaders Forum (TLF)
2. Civil Society Organizations (CSOs)
3. Community Based Organizations (CBOs)
4. FCDO-funded LAFIYA Project
5. Jhpiego
6. Family Health International 360 (FHI 360)
7. Save the Children
8. SAMU-Lafiya
9. PACE-PAM
10. Malaria Consortium (MC)
11. Clinton Health Access Initiatives (CHAI)
12. African Field Epidemiological Network (AFFENET)
13. Marie Stopes
14. GHC-PSM (Chemonics)
15. GEORGE TOWN GLOBAL HEALTH NETWORK (GGHN)
16. SOLINA

17. Netherlands Leprosy Relief Association (NLRA)
18. Medecines Sans Frontieres-France (MSF)
19. United Nations Children Emergency Fund (UNICEF)
20. World Health Organization (WHO)
21. Action Against Hunger (ACF)
22. Nutrition International
23. National Supply Chain Integration Project (NSCIP)
24. TB and Leprosy mission Nigeria
25. IPAS International
26. Health and National Development Support Programme (HANDS)
27. Schistosomiasis Control Initiative (SCI)
28. International Trachoma Control Initiative (ITCI)
29. Society for Family Health (SFH)-HIV
30. CORONA MANAGEMENT SYSTEM
31. MANAGEMENT SCIENCE FOR HEALTH (MSH)
32. SARMAAN II PROJECT

#### **1.4 Purpose of the Sector Performance Review**

The purpose of this review is to find out if the set targets were achieved and ascertain the actual performance of the health sector based on the activities conducted in 2024.

#### **1.5 Summary of Findings, Challenges and Recommendations**

The sector uses national and state policies in its day to day operations, such as National Health Policy, Jigawa State Development Plan - CDF II, among others.

The responsibility of the Health Sector is to advise government on policy formulation, regulations and implementation of health and health related activities in the State.

The functions of the SMOH include policy formulation & regulations and supervises the delivery of secondary and tertiary health care services. While the Civil Society Organizations are responsible for demand creation for health services. The health sector enjoyed the support of many key stakeholders in conducting its activities in 2024. Particularly of interest is the introduction of Sector Wide Approach (SWAp) which is a national program designed to fast track the implementation the HSSP and delivery of the HOPE project DLIs for the sector.

## **CHAPTER 2**

### **2.0 ANALAYSIS OF PROGRESS AND KEY PERFORMANCE INDICATORS**

#### **2.1 Assessment of Actual Performance against KPIs, Targets for each Outcome**

The sector executed 87 capital projects across the state in 2024, the projects are captured in the 2022—2024 MTSS document, these includes eight (8) ongoing (rollover) and seventy-nine (79) new projects. Furthermore, sixty (60) projects have been completed, twenty-seven (27) are ongoing. This is to ensure availability of quality health services at communities, ward level PHCs, secondary health facilities across

30 constituencies and tertiary health care in the three specialist facilities located in the three senatorial districts in the state.

For 2024 about 70% of the projects received appropriations with more than 60% being fully or partially funded by the end of the year.

The sector 2024 budget was developed through the 2022—2024 MTSS document which was derived from the Comprehensive Development Framework II of the State. All the objectives, outcomes and outcome-indicators for the sector in the CDF II were reflected in this performance evaluation.

### **Improved accessibility to effective and affordable basic health services to the people**

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

- Recruitment of 924No. Health workers on permanent and pensionable status and posted to State Primary Health Care Development Agency for further distribution.
- Absorption into state service of 250 recruited GAVI Midwives. This is as a result of exit of the GAVI program in the state.
- Recruitment of 127 out of 200No. Health workers approved and posted to secondary health facilities on permanent and pensionable basis.
- Bonding of 153 Medical Students in addition to existing 483 making a total number of bonded students to 636 on the scheme.
- Accreditation for the three campuses of the college of Nursing Sciences have been secured by the relevant regulatory bodies and it led to increase in admission quota of Nursing and Midwifery students across all the campuses. The current admission quota for Nursing is 360 while that of Midwifery is 240 as against earlier 250 and 145. Already all the colleges have enrolled student based on this quota in 2025 academic session.
- College of Health Sciences and Technology also secured accreditation for the introduction of new programs (ND&HND Public Health, HND Environmental, HIT and Dental Therapy). Already students have enrolled in to the programs, this implies that the institution is expanding as expected of a college. Academic staff are employed, deployed and promoted in the year.

- The health sector appropriations in terms of percentage of budgetary allocation has witnessed a decline over the period under review (2022—2024) from 16.9%, 13.8% and 9.9% respectively, conversely the releases has increased particularly for the fiscal year 2024 which is 94% and the other two years are 68% and 63% respectively. On the quantum of the volume of fund allocation there has been marginal consistent increase across the years under review (2022—2024) from 33.4, 33.5 and 39.4 Billion respectively, this implies the decline in percentage allocation was due to increased volume of the state total budget estimate without commensurate consideration for the 15% allocation to health.
- Infrastructural developments, increase in human resource (number, capacity, and mix), provision of equipment and working materials, are some of the noticeable government intervention carried out in the state during the period under review. These includes rehabilitation of existing General Hospitals, upgrade of some ward level PHCs to general hospitals, revitalization of many apex PHCs, Provision of Medical Equipment, Construction of more Primary Health clinics, Construction of new general hospitals at Kafin-Hausa and Ringim, construction of New College of Nursing and Midwifery at Hadejia, completion of the construction new college of Nursing and Midwifery Babura, completion of construction of 2 number new specialists hospitals (Hadejia and Kazaure), construction of Orthopedic hospital Gumel, and the rehabilitation and upgrade of School of Health Technology Jahun to College of Health Sciences. Presently, there are 809 primary health facilities as against 720 in 2022, this has surpassed the set target of 760 by 2023. Also, the target of one PHC per political ward has been achieved as currently there are 281 ward level PHCs, although the state has 287 political ward but 6 ward (4 in Hadejia and 2 in Gumel) doesn't have apex PHC, however, the sector is making effort for the construction of facilities in this wards. By 2024 the state government has concluded the upgrade of 12 PHCs to secondary health facilities and the construction of 7 new ones to ensure one secondary health facility in all the 30 political constituencies of the state. Already, four (4) of the newly constructed hospitals have started providing outpatient services and plans are in place to upscale the services to cover in-patients.
- Presently the programs pursued by the health sector targeting improvements in access and quality of healthcare service delivery include Reproductive, Maternal, Neonatal, Child, Adolescent Health plus Nutrition (RMNCAH+N), Disease Control, Malaria booster programme, HIV/AIDS, TB and Leprosy, Onchocerciasis control, Blindness prevention programmes, were pursued.
- In 2024 the emergency transport scheme (ManCeT) 3536 women were transported from hard to reach communities to health facilities for delivery, the scheme recorded 100% success rate with no single causality of any client. This scheme has augmented other intervention like free MNCH in reversing poor maternal and child health indices in the state.



- Additional enablers for the improvement in the health indicator observed in the review period are the strengthening of the state drug revolving fund (DRF) scheme and Health Management Information System (HMIS).
- The State Social Health Insurance Scheme has witness tremendous reforms which include review of enactment law to allow for the provision of employer contribution and the utilization of equity fund. The state government released the sum of 2 billion Naira to the agency for the implementation of J-Basic Health Care Provision fund to increase the coverage of poor and vulnerable population and employer contribution that will increase the premium of the formal sector. This intervention have resulted in the increase of proportion of the state population covered with social health insurance from 4% to 7% and the employer contribution is expected to improve the quality of care provided to the formal sector.
- Based on the sector 2022 annual performance review report, the sector recorded some achievement on the set targets (KPIs) while some set targets were not met.
- The neonatal mortality rate slightly decreased from 2018 to 2021, i.e. 10.97 to 10.14 per 1000 live births respectively. For infant mortality rates in the reviewed period was 53/1000 live birth based on the 2021 MICS6 Survey and 85/1000 live birth which indicate 62% reduction thereby surpassing the target of 50% reduction by 2021. The state witnessed a decrease in under 5 mortality rate from 192 in 2016 (MICS) to 174 in 2021 (MICS). This indicate % decrease in neonatal, infant and children under 5 mortality rate.
- The proportion of 12-23 months-old children fully immunized in the state stands as 37%, which is higher than 2016 MICS of 1.8%. However, the state target was 60% by 2022.
- In the area of maternal health, though there is no state specific data on maternal mortality rate, other maternal outcomes indices indicate progressive improvement over the years under review. For example, the rate of women whose last delivery was attended by a skilled birth attendant was 16.9% (MICS 2016) while in 2021 (MICS 6) the rate was 22.2%; the state target was 40%. For modern contraceptives prevalence rate (CPR), there was no state target set in the document, however, the state has recorded marginal improvement from 1.3% in 2016 (MICS) to 3.6% in 2021 (MICS). Similarly, for Antenatal care attendance the state has recorded improvement from 51% in 2016 (MICS) to 72.2% in 2021 (MICS). Furthermore, the state's total fertility rate dropped from 8.5% in 2016 (MICS) to 7.5% 2021 (MICS).
- In respect to nutrition services, for stunting rate there is no current survey data. However, the rate was 59% in 2015 (NDHS) and 64.0% as of 2018 (NDHS, 2018). This is still higher than the set target of 40% for 2022. Similarly, for Underweight, the rate was 17% in 2015 and 10.6% (NDHS 2018) as there is no available survey data beyond 2018 which surpassed the set target of 30% by 2020. While wasting was 44% (2015 NDHS) and 46.4% (NDHS 2018).

- The implementation of the malaria elimination program resulted in an increase in the percentage of Children U5 Sleeping under bed nets from 86.2% (SMART 2015) to 90.5% (NDHS 2018), the state target was 100%. Also, there was a reduction in percentage of Malaria prevalence among Children U5 from 50% in 2015 to 33.8% in 2018 (NDHS) thereby surpassing the set target of 40% in 2023.
- The 2019 National HIV/AIDS Indicator and Impact Survey showed that Jigawa State HIV prevalence rate was 0.2% which was the lowest in the country. There is no recent date on this outcome, however, in consistent with this value the prevalence of mother to child transmission of HIV/AIDS has reduced in the state based on recent report of NACA.
- Increase in the number of health training institutions in the state from 2 in 2020 to 14 in 2023. This has increased the number of health workforce production.
- Data from Health Management Information System (HMIS) indicated a significant increase in reporting rate from 73% in 2015 to 93% in 2023.
- The State remains polio free for the past 12 years; and almost all the communicable and vaccine preventable diseases such as measles and meningitis have generally shown a very appreciable decline.
- The health sector has improved the coordination and effectiveness of development and implementing partners over the period (2020—2023). The State Health Sector enjoys tremendous support from different development partners both from bilateral and multilateral organisations. These are the areas of collaborative interventions:
  1. Maternal and Child Health Services
  2. Malaria Elimination Programme
  3. TBL, HIV/AIDS
  4. Immunization Services
  5. Nutrition
  6. Neglected Tropical Diseases/Eye Care
  7. Systems Strengthening/Governance
  8. Health finance

## 2.2 Summary of Findings, Challenges and Recommendations

As earlier indicated, some of the outcomes that had been analysed revealed an increase in access to health services both in terms of service points and mix of services rendered. These were achieved as a result of consistent increase in budgetary allocation and releases by the state government over the period under review. The state was able to surpass the Abuja declaration of 15% budget allocation to health, this facilitate the attainment of one PHC per political ward, one secondary health facilities per political constituencies and improvement of infrastructures including upgrading of health training institutions.

The state also witness a mix up improvement and deterioration on the level of other health outcomes, this was based on the results on 2021 MICS and other national surveys. The state witness remarkable improvement on child health especially the decrease of the neonatal,

infant and under five mortality rate, including increase in proportion of children fully immunized. Also, maternal outcomes indices indicate progressive improvement over the years under review, thanks to the integrated RMNCAH+N program vigorously pursued by the health sector across primary and secondary health facilities. This has improve accessibility and quality of health care services to women at reproductive age and children under five (U5). Although the state witnessed marginal increase on nutrition indices over the period (2020—2023). Malaria program in the state has resulted in reduction in percentage of Malaria prevalence among Children U5.

The state has maintained its polio free status and very low HIV prevalence (0.2%) in the country with minimal rate of mother to child transmission of the disease. There was an improvement in the reporting rate health data and its quality during the period under review and the sector has improved the coordination and performance of developing partners supporting the implementation of health programs.

The major challenge experience by the sector is the delay in the conduct and release of national survey. This is affecting proper evaluation of the health performance as per many target indicators are assessed using national surveys. Lack of adequate supportive supervision is affecting quality of healthcare provision, although the sector witness some appreciable improvement in this aspect, however, the ISS will make the sector to achieve better results.

It is therefore recommended that the state bureau of statistics may consider conducting state survey annually to evaluate the sector with the aim of measuring performance.

Outcomes KPIs And Related Output Interventions		Unit	2023 Actual	Data Source	2024 Actual	Data Source	Achievement %	KPI Target	
								2022	2023
	Proportion of the population with access to health service								
	Number of Tertiary Health Care Facilities	Number	2	Annual sector report	4	Annual sector report	100	4	4
	Secondary Health Care Facilities	Number	14	DHIS2	20	Annual sector report	66	17	30
	Primary Health Care Facilities	Number	745	DHIS2	760	DHIS2	100	720	720
	Infant Mortality Rate	1,000	53/1000	MICS 5	53/1000	NDHS 2024	94	63/1000 live birth	53/1000 live birth
1.1.1	Under 6 month's exclusively Breast-feeding coverage (%)	%	29.8	MICS 5	29.8	MICS 5	66	40%	45%
1.1.2	Routine Immunization coverage for children fully immunized	%	39%	MICS 5	56.9	NDHS 2024		40%	45%
1.1.3	Percentage (%) of PENTA-3 coverage.	%	31	NDHS 2018	62.2	NDHS 2024		50%	60%
1.1.4	Percentage of children 6-59month given vit A.	%	82.6%	NDHS 2018	82.6%	NDHS2 018		80%	90%
1.1.5	Number of Long-Lasting Insecticide treated Nets distributed.	%	3,596,241	MEP Annual report 2021	6,829,193	MEP Annual report 2024		194,510	200,000
1.1.6	Percentage of children provided with appropriate Treatment of diarrhoea disease	%	82%	DHIS2	90%	DHIS2		100%	100%

	and upper respiratory infection.								
1.1.7	Number of Malnourished children provided with Micronutrient.	Number		DHIS2 2023	18,339	DHIS2 2024		65,000	55,000
	Fully Immunized Children under 1 yr.		78%	DHIS2	97%	LQAS 2018		80%	80%
	Incidence rate of measles								
	Number Measles vaccine distributed to all facilities providing RI.		250,000	SRIV					
	Number of proper symptomatic treatment given to children effected by measles.	Number	813	IDSR Report	912	Epid report			1000
	Conduct annual measles campaign for under 5 children.	Number	1	Program Report	1	Program report	100	1	1
	Number of radio programmes and jingle provided on Measles control.		150	Program Report	95	Program report	59	160	160
	Number of Training Provided LGA DSNO on measles case surveillance.		1	Program Report	3	Program Report	75	4	4
	Incidence rate of Polio	Unit	2023 Actual	Data Source	2024 Actual	Data Source			
	Training of all LGA teams on AFP	Number							100%
	Number of LGA micro plan develop for PEI	Number							

	Number of times Trained of teams and supervisors on Polio campaign	Number							
	Number of state and LGA task force meeting Conducted.	Number							
	Number of PEI rounds conducted.	Number							
	<b>Incidence of meningitis</b>								
	Number Trainings to DSNOs of 27 LGA on meningitis case surveillance.	Number	2	Epid-Program me Report	1	Epid-Program me Report	1 (100%)		100%
	Number of clinicians Trained on case management of meningitis	Number	105	Epid-Program Report	200	Epid-Program Report	100		200
	Number of radio jingles on prevention of meningitis aired	Number	192	Epid-Program me Report	375	Epid-Program me Report	450 (83%)		
	Number meningitis campaign on age group 1-30 years	Number	0	Epid-Program me Report	0	Epid-Program me Report	Not planned for.		
	<b>Under Five Mortality rate</b>		<b>213/1000 Live birth</b>	<b>NDHS 2018</b>	<b>161/1000 Live birth</b>	<b>NDHS 2024</b>	62	<b>150/1000 Live birth</b>	<b>150/1000 Live birth</b>
2.1.1	Number of children under 5 provided with LLIN	Number	19,993	DHIS2	51,469	DHIS2		194,510	200,000
2.1.2	Number of children under 5 Treated for malnutrition	Number	13,476	DHIS2	18,339	DHIS2		65,000	60,000

2.1.3	Number of measles campaign conducted for under 5 children	Number	1	Program Report	0	Program Report		0	1
2.1.4	Number of children treated in Free MNCH.	Number	625,046	Program Report	708,466	Program Report		1,450,000	1,500,000
2.1.5	Number of Polio eradication campaign conducted.								
	Maternal Mortality Rate (MMR):								
3.1.1	Number of midwives in rural Health facilities	Number	450	DPHC Report	515	DPHC Report	90	574	574
3.1.2	Number of LLIN Distributed to Pregnant Women at First ANC visit	Number	93,406	DHIS2	176,121	DHIS2		95%	
3.1.3	Number of Intermittent treatments of malaria distributed (SP) IPT1	Number	362,395	DHIS2	419,040	DHIS2		95%	95%
3.1.4	Number of health facilities in rural areas	Number	715	DHIS2	760	DHIS2			
3.1.5	Numbers of Basic Emergency Obstetric Care Facilities in the state	Number	279	Program Report	281	DPHC Report		287	287
	Antenatal Care Coverage								
	Percentage of ANC at 4 <sup>th</sup> Visit	%	45%	MICS 2021	37.7%	NDHS 2024		60	65
	Percentage of ANC at 1 <sup>st</sup> visit	%	72.2%	MICS 2021	76%	NDHS 2024		75	80
	Skilled Birth Attendant (SBA) coverage	%	21.2%	MICS 5 2016	22.2%	MICS 2021		30%	38%

	% of ward-level Basic Health Clinic	%	92%		100%				
	Number of constructed ward level PHC	Number	279	Contract document	281	Contract document		287	287
	Proportion of 12-23 months-old children fully immunized				39%	NDHS 2024		60%	70%
	Proportion of women who delivered in Health facilities		20.1%	NDHS 2018	21.4%	NDHS 2024			35%
	Number of health programs funded by development partners								
	Life expectancy rate								
6.1.1	Number of facilities Screening for non-communicable diseases		23		23				
6.1.2	Number of community engagement programmes on positive health seeking behaviour conducted.		102						



6.1.3	Number of jingles on prevention of hypertension and diabetics.		50						
6.1.4	Number of adults Immunize with hepatitis vaccine		577						
6.2	<b>Female life expectancy rate</b>								
6.2.1	Number of facilities Screening for cervical cancer		2						
6.2.2	Number of pap-seamier units established in the health facilities		2						
6.2.3	Number of condoms distributed to social worker								
6.3	<b>Male life expectancy rate</b>								
6.3.1	Number of facilities Screening for prostate cancer		2	2					
6.3.2	Number of condoms distributed to social worker								
	<b>Outcomes KPIs And Related Output Interventions</b>	<b>Unit</b>	<b>2023 Actual</b>	<b>Data Source</b>	<b>2024 Actual</b>	<b>Data Source</b>			
	Acute malnutrition prevalence rate in children								
	Wasting rate	%	7	MICS 2021	8	MICS 2021			
	Stunting rate	%	62	MICS 2021	40	NDHS 2024			
	Underweight rate	%	22	MICS 2021	27	MICS 2021			



## **CHAPTER 3**

### **3.0 Financial Performance Analysis**

#### **3.1 Sector Budget Expenditure Trend over three Years (2022, 2023 and 2024) by Capital, Personnel and Overhead**

The sector derived its annual budget from the sector MTSS as requested in the budget call circular. Therefore, all projects (100%) in the sector MTSS were reflected in the 2024 Approved Budget.

The sector adhered to budget envelop as contained in the MTSS and budget call circulars and prioritized its projects, as such there is no project in MTSS not reflected in Approved 2024 budget.

The health sector appropriations for 2022 and 2023 were ₦11,260,000,000 and ₦21,300,000,000 representing about 7.36% and 14% respectively, while that of 2024 was 28,690,000,000 indicating about 16.14% this surpass the 15% Abuja declaration of health sector allocation. Over the three-year period, the appropriation for the sector has markedly increased which demonstrate strong commitment of the state government to transform the sector for effective and efficient health service delivery in the State. This is further reflected sustained increases in budget releases and performance that translated into the achievement of the sector during the period.

**Table 1: Health Sector Appropriation from 2022—2024**

Details	2022	2023	2024
Total State Budget	₦177,790,000,000	₦242,775,000,000	₦383,580,000,000
Total Health Sector	₦33,437,619,400	₦33,468,653,000	₦39,457,931,000
% Allocation	16.14	14	9.9
Sector budget Releases	₦27,255,500,000	₦21,117,826,736.32	₦31,395,130,617.92
% budget performance	95	63.1	83

**Table 5: Capital Appropriations from 2022 to 2024**

Details	2022	2023	2024
Capital Allocation (N' Billion)	12.6	18.8	21.591
Actual Capital (N' Billion)	12.51	9.9	16.74
Performance of Capital Appropriations (%)	92	53	78

#### Health Sector 2024 at a glance

Item	Allocation (revised)	Annual Expenditure	% Performance
Total Budget	₦37,849,586,000	₦31,395,130,617.92	83.0
Personnel cost	₦13,672,494,000	₦12,498,876,758.10	90.0
Recurrent cost	₦2,585,952,000	₦1,317,234,997.64	51.0
Capital cost	₦21,591,140,000	₦15,505,283,120.16	78.0

## Health Sector 2023 at a glance

Item	Allocation (revised)	Annual Expenditure	% Performance
Total Budget	₦33,468,653,000	₦21,117,826,736	63.1
Personnel cost	₦12,162,469,000	₦9,452,870,902	77.7
Recurrent cost	₦2,533,338,000	₦1,721,007,587	67.9
Capital cost	₦18,770,196,000	₦9,942,306,246	53.0

The Capital allocation to health sector has been increasing annually, in 2024 it was ₦21,591,140,000 compared to ₦18,770,196,000 allocated in 2023. The table 5 above indicated a sharp increase in capital allocation to the sector. There also remarkable improvement in the expenditure of all the budget component for the 2024 fiscal year compared to 2023. This trend if maintained might result in rapid and remarkable improvement in the health sector performance in terms of increase access to quality health care services at all levels as well improvement of quality of teaching and learning and increase production of middle level human resources in the HTIs.

### 3.2 Recurrent Appropriations

The trend of recurrent appropriations (personnel and overhead costs) over the review period was shown in table 6 & 7 below. The personnel appropriation (Table 6) increased from ₦11.5 billion in 2022 and to ₦13.7 billion in 2024. Furthermore, there was commensurate increase in expenditure performance in 2024 compared to 2023, even though the performance in 2022 was 100%, however, the gap might be due increased attrition of health workers in recent time.

**Table 6: Personnel Cost**

Details	2022	2023	2024
Personnel Cost Allocation (N' Billion)	11.5	12.2	13.7
Actual Personnel Cost (N' Billion)	11.4	9.5	12.5
Personnel Cost Performance (%)	100	77.7	90

**Table 7: Overhead Cost from 2022 to 2024**

Details	2022	2023	2024
Overhead Cost Allocation (N' Billion)	4.319	2.5	2.6
Actual Overhead Cost (N' Billion)	NA	1.7	1.3
Overhead Cost Performance (%)	NA	67.9	51

### 3.1.1 CONTRIBUTION OF THE SECTOR BUDGET PERFORMANCE TO THE OUTCOME PERFORMANCE

In the year under review, the health sector budget expenditure was ₦31,395,130,617.92 representing 83.0% of the approved budget. This performance has allowed for the completion of all ongoing projects and substantial progress made on the new projects during the fiscal year 2024. Additionally, the sector has sustained many ongoing health programs targeted in the improvement of the health indices /outcomes of the state. During the year the sector recorded increase in immunization coverage of 97, percentage of women who had live birth by skilled birth attendance 95.9%, ANC 4 coverage of 76%, increase in coverage of free MNCH program, general OPD attendance 8.9 million, increase in health facilities with stock availability 92%, increase finance of health facilities especially apex PHCs, and general improvement of public health programs especially public health emergency response, Nutrition, immunization and quality improvement programs at service delivery points.

### 3.2 OVERVIEW OF EXTERNAL ASSISTANCE TREND

The sector enjoy several external supports over the period under review, the sector in 2024 received World Bank assisted grant through IMPACT project to the tune of 13.5 billion for the revitalization of 114 apex PHCs, improvement of health data quality and digitization of state health system, health system strengthening and demand creation. Other support comes from UNICEF in the three years under review the state received about ₦1.3 billion, however, the GAVI intervention ends in September 2024. Global Fund (GF) has made number of interventions in the state during the period under review particularly in the area of TB, Malaria and HIV/AIDS, in all these areas the GF funding expect 15% Co-financing from the state. Also, during the period under review the GF has provided grant through Resilient and Sustainable System for Health (RSSH) project which NACA coordinates. This support tremendously helped in strengthening health system particularly on quality improvement on outcomes of HIV, TB and Malaria. Additionally, the intervention was tilted to support the implementation of pilot project for community based health insurance programs, the grant period ended in September 2023, but the implementation extended to 2024. Additional support the health sector enjoyed under the period from 2022 to 2024 is Basic Health Care Provision Fund which came through the two gateways i.e. SPHCDA and JICHMA gateways. This has tremendously supported the healthcare delivery services in terms of improved access to quality health services by the poor and vulnerable, facility funding, and availability of essential Human Resources for Health at the apex PHCs.

#### 3.2.1 CONTRBUTION OF THE EXTERNAL ASSISTANCE TO THE OUTCOME PERFORMANCE

The State Health Sector received external support from different development partners both from bilateral and multilateral organisations. The sector collaborates with development partners in the following interventions areas: - Maternal and Child Health Services, Malaria Elimination Programme, TBL, HIV/AIDS, Immunization Services, Nutrition, Neglected Tropical Diseases/Eye Care and Systems Strengthening/Governance. Also, the collaborations have greatly help in the improvement of health indices of the state, increase manpower at the PHCs, PHCs funding and availability of drugs and medical consumables at health facilities.



## Chapter 4

### 4.0 INSTITUTIONAL AND ORGANISATIONAL CAPACITY DEVELOPMENTS

#### 4.1 Clarity of the Mandate and Structures Clarifications by MDAs

The health sector has an organizational capacity at various operational levels in providing health services in the state. The organizational capacity is structured to give hierarchical flow of authority within the Ministry and its parastatals.

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

The Ministry provides oversight function to State Primary Health Care Development Agency, Jigawa State Contributory Health Management Agency (JICHMA), College of Nursing and Midwifery with its three campuses at Birnin Kudu, Hadejia and Babura, College of Health Sciences and Technology, JiPharma, Rasheed Shekoni Specialist Hospital and Private Health Institutions.

There are clear job descriptions for MDAs within the sector and various standard operational guides for service delivery. However, there is inadequacy of human resource for health in mix and number in the State.

The SPHCDA is responsible for supervising the service delivery outlet including family health at the primary health care level through the 27 LGA PHC Offices.

The JICHMA is established as an institutional framework for improving healthcare financing through contributions, premiums or taxes paid into a common pool to make access to healthcare services easier for all residents of Jigawa State in line with Universal Health Coverage.

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

Ji-Pharma formerly called JIMSO is responsible for the supply of safe, quality and affordable drug and medical consumable in the State.



In 2024 the Sector Wide Approach (SWAp) program was introduced, this is a national program aimed to fast track the implementation of the HSSB and the delivery of HOPE DLIs. The concept of the SWAp is to ensure one plan, one budget, one report and one conversation for the implementation of all the plans in the HSSB (2024—2027) in the state. It also help align resources including partners support for enhance performance of the health sector.

In 2024, various capacity buildings were undertaken for various categories of personnel to ensure effective and efficient service delivery within the ministry and its parastatals. These trainings were both on long term and short terms basis. The trainings were done for both the staff of the SMOH and those working at the various service delivery units of the hospitals e.g. LARC, IMCI, HRH, HMIS, HIV, MALARIA, MPDSR, DRF, ISS, OCAT, NUTRIRION, IMMUNIZATION, IDSR, EOC, ETC.

In order to boost the human resource base, the SMOH sponsors students to study various health professions both within and outside Nigeria such as Medicine, Pharmacy, Nursing, Physiotherapy, and Medical Laboratory Science etc. Additionally, the sector has secured approval for the absorption of 250 GAVI sponsored midwives on permanent and pensionable basis, absorption of 925 J-Health workers and recruitment of 200 senior health professionals to be posted to secondary health facilities.

## Chapter 5

### 5.0 SUMMARY OF FINDINGS AND RECOMMENDATIONS

Following extensive review and analyses of performance in the sectors based on the reviewed budgetary outputs, outcomes, and performance indicators as made possible by the financial performance, the following conclusions and recommendations are made to inform subsequent MTSS development for 2024-2026 and the 2026 planning and budget processes.

1. There significant increase in budgetary allocation and releases of funds to health sector, however, there is a decline in the percentage of the allocation and the percentage is far below the Abuja declaration.
2. The health sector appropriations in terms of percentage of budgetary allocation has witnessed a decline over the period under review (2022—2024) from 16.9%, 13.8% and 9.9% respectively, conversely the releases has increased particularly for the fiscal year 2024 which is 94% and the other two years are 68% and 63% respectively. On the quantum of the volume of fund allocation there has been marginal consistent increase across the years under review (2022—2024) from 33.4, 33.5 and 39.4 Billion respectively, this implies the decline in percentage allocation was due to increased volume of the state total budget estimate.
3. The financial performance of the capital appropriation in 2024 was 78% which indicated an increase compared with 2023 (53%).
4. The financial performance for the recurrent (personnel cost) appropriation in 2023 stands at 77% while that of 2024 witness remarkable improvement of 90%.
5. Access to quality health services has increased with rise in the number of hospital attendance to 8.9 million, this is achieved with through the provision of one apex PHC per ward and one secondary health facility per constituency. Although some secondary health facilities are yet to commence full scale operation and still 6 political wards in the state doesn't have the apex ward PHCs constructed.
6. There is a remarkable improvement of maternal and child health outcomes in the state, this is based on the current national surveys (NDHS 2024 and MICS 2021) which is in accordance with the available DHIS2 data. The results compared to immediate pass survey data shows improvement in under 5 mortality rate 161 from 213, neonatal mortality rate 47 against 53, skill birth attendance 24.6 against 21.4. Other routine data sources shows remarkable improvement on maternal and child health indicators e.g. antenatal care, hospital deliveries, uptake of modern contraceptives, immunization, reduction in PMTC, etc.
7. The sector Malaria Eradication Program has conducted combined ITN distribution and SMC campaign in 2024, this exercise has witness increase uptake and coverage of household with LLIN and children who received SMC drugs. The ITN campaign was able to reach a total of 6,829,193 state population making a coverage of 97% of the target population, while the SMC had an average coverage of 96% after the fourth cycle which implies a total of 1,392,999 target population of under 5 children were reached with the SMC drugs. This intervention has resulted in the decrease of malaria prevalence among under 5 children and pregnant women.
8. The State remains polio free for the past 12 years; and almost all the communicable and vaccine preventable diseases such as measles and meningitis have generally shown a very appreciable decline. There has been an increase in the coverage of

PENTA-3 vaccine from 49.3% in 20218 to 65.7% in 2024 (NDHS 2024), this performance was recorded from the DHIS2 data which reported 97.2% that is closer to the state target of 98.5%. Other routine immunization coverage have also increased which result in the improve child health indices of the state.

9. There was remarkable progress recorded in reducing incidence for preventable diseases based on the reported incidence in the output indicators. The state still maintain a prevalence rate of HIV 0.3% which far below the national average and still lower than regional average.
10. The health sector has witness certain reforms aimed to strengthen its function and productivity in delivering quality service relative to its mandate.
11. The sector witnessed improvement in the coordination and performance of developing partners supporting health programs implementation.

#### **5.1 Recommendation for MTSS Strategy Adjustment**

The MDAs in the sector may consider following up on the activities planned in the MTSS for prompt implementation.

#### **5.2 Recommendation for Medium-Term Budget Adjustment**

1. The government may consider maintaining or increasing the appropriation of the 15% of the State total annual budget to the health sector in line with Abuja declaration for effective and efficient health service delivery in the State.
2. The State Government may consider prompt release of health sector appropriation.

#### **5.3 Recommendation for Strengthening Partnership and External Assistance in the Sector**

1. The sector may consider strengthening the SWAp coordination office to aid the actualization of one plan, one budget, one report, and one conversation for all health programs that will ensure the delivery of the HSSP plan in the state.
2. The sector may consider improving the function of donor coordination unit in the Ministry, this will ensure improve coordination and tracking of development partners activities.
3. Development Partners working in the sector may consider aligning with the SWAp for improved performance and sustainability.

#### **5.4 Recommendation for improving institutional and organizational development**

1. The state may consider sustaining the innovative measures (SODs, SERICC and LERICC) in addressing low immunization coverage.
2. The Sector Planning and Budgeting Team/Cell (SPBT) may consider the sustaining the conduct of the sector performance review quarterly.

#### **5.5 Recommendation for enhancing internal coordination**

1. The health sector may consider through its MDAs developing and implementing annual operational plans.
2. The State may consider intensifying campaign on Nutrition, Malaria, Immunization, Reproductive Health and other services to improve performance of the sector.






3. The health sector may consider implementing the recommendations made in this report.

**LIST OF PARTICIPANTS INVOLVED IN THE MTSS REVIEW PROCESS, 2024**

<b>SN</b>	<b>NAME</b>	<b>DESIGNATION</b>	<b>POSITION</b>
	Dr Kabir Ibrahim	Permanent Secretary SMOH	<b>Chairman</b>
1	Dr. Yusuf Saleh	Director Planning Research and Statistics SMOH	Member
2	Yusuf Bashir Hakimi	Director Planning, Monitoring and Evaluation JSPHCDA	Member
3	Dr. Zubair Usman	Deputy Director Hospital Services SMOH	Member
4	Dr. Usman Abba Ahmed	Deputy Director Planning Research and Statistics SMOH	Secretary



## Section 4: Institutional, Organizational and Budget Performance

	Name of indicator	None of Sector MDAs  Black	Upto 25% of sector MDAs  Red	26% to 50% of sector MDAs  Yellow	51% to 75% of sector MDAs  Amber	76% to 100% of Sector MDAs  Green	Title of Evidence
	<b>MDA Specific</b>						
1	Existence and clarity of organizational mandate (any mandate review or plan in this regard)	<p><b><u>Provide Explanation Here</u></b></p> <p>The responsibility of the Health Sector is to advise government on policy formulation, regulations and implementation of health and health related activities in the State.</p> <p>The functions of the SMOH include policy formulation and regulations, resource mobilization, human resource development and management, social protection of the underprivileged and external relations. It supervises the delivery of secondary and tertiary health care services. The Commissioner for Health heads the SMOH supported by Permanent Secretary, and a team of Directors responsible for major departments (Administration &amp; Finance, Planning Research &amp; Statistics, Hospital Services, Pharmaceutical Services, Medical Services, Nursing Services and Public Health Services).</p>					

		<p>In addition, the Ministry provides oversight functions to State Primary Health Care Development Agency (SPHCDA), College of Nursing and Midwifery, School of Health Technology, Rasheed Shekoni Specialist Hospital, Jigawa State Pharmaceutical Company Limited (JiPharma) and Private Health Institutions.</p> <p>The SPHCDA is responsible for supervising the effective and efficient delivery of services at primary health care facilities through the 27 LGA PHC Offices. An Executive Secretary heads the SPHCDA and supported by Directors responsible for departments (Primary Health Care, Administration and Finance, Planning, Research, Monitoring and Evaluation and Essential Drugs). The Executive Secretary reports to the Commissioner for Health, while the 27 LGA PHC Offices are headed by Primary Health Care Managers who report to the Executive Secretary.</p> <p>The SPHCDA provides strategic direction to the LGA PHC Offices, recommends policy changes to the SMOH, sets fees and charges, coordinates and promotes collaboration among all primary health care providers in the State, supervises and monitors programmes and teams at the primary level of care. Currently the law establishing the SPHCDA has been reviewed for the proper implementation of primary health care under one roof. This is aimed to enhance effective and efficient health care delivery services at the primary healthcare and community level. Additionally, the JICHMA law has been reviewed to allow for the provision of employer contribution and other amendments to strengthen the implementation of the social health insurance in the state.</p>						
2	Effectiveness of MDA Structure and processes in relation to mandate delivery (Any structural and process						<p><b><u>Provide Explanation Here</u></b></p> <p>The sector has an effective structure in policy formulation and regulations, resource mobilization, human resource development and management, social protection of the underprivileged and external relations.</p>	



	review or plan in this regard?)	The sector has effective supervisory structures at various levels that and coordinate and supervise the delivery of primary, secondary, tertiary health care services.					
3	Extent to which internal MDA partners/clients (overseeing Ministry, relating Parastatals and Departments within MDA) are Identified						
		<p><b><u>Provide Explanation Here</u></b></p> <p>The Ministry of Health, is primarily concerned with the formulation and implementation of policies geared towards ensuring provision of qualitative, affordable, accessible and sustainable health services to the people of Jigawa State. The Ministry has seven departments as follows:</p> <ol style="list-style-type: none"> <li>1. Administration and Finance</li> <li>2. Hospital Services</li> <li>3. Medical Service</li> <li>4. Nursing Services</li> <li>5. Pharmaceutical Services</li> <li>6. Planning, Research and Statistics</li> <li>7. Public Health</li> </ol> <p>The Ministry also supervises the the following Agencies:</p> <ol style="list-style-type: none"> <li>1. Primary Health Care Development Agency</li> <li>2. College of Nursing and Midwifery</li> <li>3. School of Health Technology</li> <li>4. Rasheed Shekoni Specialist Hospital</li> <li>5. Jigawa State Pharmaceutical Company Limited</li> <li>6. State Agency for the Control of AIDS</li> </ol> <p>The MDAs within the sector collaborate with different development partners in the provision effective health care services in the State.</p>					

4	Extent to which external beneficiaries of MDA services are identified						
		<b><u>Provide Explanation Here</u></b>  The beneficiaries of the sector services include, but are not limited to, the following: <ol style="list-style-type: none"> <li>1. General population with special consideration to vulnerable and less privileged</li> <li>2. Pregnant women</li> <li>3. Children under five years</li> <li>4. Accident victims</li> <li>5. People Living with HIV/AIDS</li> <li>6. Assault victims e.g Rape persons</li> <li>7. Disaster affected persons</li> <li>8. Senior citizen (Aged people)</li> </ol>					
	<b>Human Resource Capacity</b>						
5	Existence of job descriptions for each staff in the MDA (not schedule of duties)						
		<b><u>Provide Explanation Here</u></b>  <b>There is existence of job descriptions in all the MDAs in the sector.</b>					
6	Clarity of roles and responsibilities of staff in MDAs in relation to job description						
		<b><u>Provide Explanation Here</u></b>  <b>The roles and responsibilities are clearly defined in the MDAs.</b>					

7	The appropriateness of staffing level and skills mix in MDA re: Organisational mandate and job descriptions						
		<b><u>Provide Explanation Here</u></b> <b>There is inadequacy of human resources for health both in quantity and mix.</b>					
8	Existence of staff skills enhancement plan in relation to job descriptions and skills requirement						
		<b><u>Provide Explanation Here</u></b> <b>There continuous human resource for health capacity building plan in the sector</b>					
9	Effectiveness of MDA staff skills enhancement plan						
		<b><u>Provide Explanation Here</u></b> The plan is effective in enhancing staff skills.					
10	Existence of supportive infrastructure such as office accommodation, furniture and equipment						
		<b><u>Provide Explanation Here</u></b> <b>There is existence of supportive infrastructure in all the MDAs.</b>					

	including ICT (please specify)						
	<b>Sector based</b>						
11	Extent to which data is available in response to output and outcome KPIs in the results framework relating to the MDA (state information for years 2021)						
		<b><u>Provide Explanation Here</u></b> There is availability of data from different source (routine and survey) to measure KPI.					
12	Results orientation of annual sector performance assessments and reports.						
		<b><u>Provide Explanation Here</u></b> <b>There is sector performance report for previous years.</b>					
13	Effectiveness with which data collection and information sharing processes within sector MDAs						
		<b><u>Provide Explanation Here</u></b> There is structure for data collection and information sharing within the MDAs.					
14	Extent to which the sector MTSS responds to the output KPI targets in the						
		<b><u>Provide Explanation Here</u></b>					

	Sector Performance Management Framework and findings/ recommendations of Sector Performance Management Report	The sector MTSS is derived from the sector strategic plan which has KPIs that are reviewed annually using Sector Performance Management Framework. The findings/issues identified in the framework are included in subsequent MTSS.					
15	Extent to which the activities in the MDA's operational plans are derived from the projects and programmes specified in the sector MTSS for the year						
		<b><u>Provide Explanation Here</u></b> The Annual Operation Plan is derived from the sector MTSS.					
		<b>2023 approved</b>	<b>2023 Actual</b>	<b>% perf.</b>	<b>2024 approved</b>	<b>2024 Actual</b>	<b>% perf.</b>
	Sector Capital Budget Performance	18,770,196,000.00	9,942,306,246.65	<b>53.0</b>	<del>₦</del> 21,591,140,000	<del>₦</del> 15,505,283,120.16	78.0
17	Sector Personnel budget performance	12,162,469,000.00	9,452,870,902.08	<b>77.7</b>	<del>₦</del> 13,672,494,000	<del>₦</del> 12,498,876,758.10	90.0
18	Sector Overhead budget performance	2,533,338,000	1,721,007,587.59	67.9	<del>₦</del> 2,585,952,000	<del>₦</del> 1,317,234,997.64	51.0

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## Section 5: Summary and Conclusion

1. List the major factors that limited the ability of the Sector to achieve all its targets as intended, with the assumption that the allocation to the sector remains the same in the next 3 years.
  - 1.1 Inadequate skilled human resources for health
  - 1.2 Maldistribution of health workforce affect quality of care
  - 1.3 Inadequate funding for provision of health services
  - 1.4 Inadequate medical equipment across various levels of service delivery
  - 1.5 Cultural barriers affecting demand for health services
  - 1.6 Lack of integrated supportive supervision framework
  
2. For each of the factors you stated in '1' above, explain what enabled it to remain as a limitation.
  - 2.1 The dynamic nature of health care delivery require high level of competency, lack of training and retraining plan affects the capacity of the health workers to provide adequate and quality services to the patient.
  - 2.2 Maldistribution of health workforce affect availability and quality of health delivery in the facilities, the typical example is you can find large number or high concentration of a cadre (Nurse, midwives of Doctors) in a facility particularly those located in urban areas and rarely you get few personnel of this cadre in the next facility located mostly in rural areas. This imbalance couple with inadequacy of manpower hampers the quality of services provided.
  - 2.3 The state government is yet to fulfill the pledge of allocating the 15% of the total state budget to health sector which is termed Abuja declaration on health. The current allocation is inadequate to meet the growing need of health by the state increasing population. This is more so a challenge as development partners funding is decreasing due to global changes on policy. Areas like immunization, Nutrition, Public health Emergencies, Malaria, TB, supply chain and neglected tropical diseases require increase funding by government for the sustainability of the success achieved through partners support.
  - 2.4 With government expansion of the existing health facilities and construction of new ones across political wards and constituencies calls for more investment in the provision of equipment for effective service delivery. Lack of medical equipment in health facilities will limit the functionality of the facility in providing optimum service delivery.
  - 2.5 There still exist high level of poor health seeking behavior in many communities, this affects utilization of the health services available in the facilities or the communities.
  - 2.6 The lack of integrated supportive supervision in the sector result in efficient and e=ineffective supervision of the health facilities and programs.

3. For each of the challenge listed in '1' above, state what could be done differently to address it by the sector and specify which MDA and designation of the officer to drive the implementation.

3.1. The Sector may consider developing a robust training plan and further establish collaboration with other health training institutions for the training of the state health workforce.

3.2 The sector may encourage adherence to the use of HRH gap analysis for staff deployment to facilities

3.3 The State government may consider increasing budget allocation to at least 15% of the state total budget.

3.4 The increase funding will support capital investment particularly the increase supply of medical equipment

3.5 The sector may strengthen the health education unit for improvement in demand creation for health services

3.6 The sector may consider development of integrated supportive supervision framework to improve effectiveness and efficiency of facility and program supervision

4. List in details the factors that were helpful in achieving the portion of the targets that were achieved, and explain how each factor contributed to the success.

4.1 introduction of State Outreach Reach Days has greatly increased the State Immunization coverage.

4.2 Introduction of SWAp that help improve coordination and tracking of program implementation

4.3 Increased funding for free Maternal, Neonatal and Child Health Services has significantly increased uptake ANC coverage and facility delivery.

4.4 Intensified campaign on ATM (HIV/AIDS, TB and Malaria), particularly adherence to legislation on couple screening for HIV/AIDS before marriage has greatly reduced HIV Prevalence in the State.

5. For each of the factors stated in '4' above, state what need to be done about it to ensure that the contribution is sustained.

5.1 Continuation of the State Outreach Days programme

5.2 Maintain the existing funding for free MNCH services

5.3 Sustain the HIV/AIDS campaign tempo and enforce couple testing before marriage law.



- 6. State other factors to recommend for general improvement in the sector outside increasing allocation.
- 6.1 The State Government may consider increasing the equity funding to cover more poor and vulnerable people with state social health insurance service
- 6.2 The State Government may consider strengthening collaborating with development partners and work out sustainable strategic plan for partners' supported programs.
- 6.3 The sector may consider engaging Philanthropists to support the delivery of health services and resource mobilization
- 6.4 The sector may consider implementing Private Public Partnership.