Federal Government of Nigeria

MONITORING AND EVALUATION PLAN FOR THE SECOND NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN 2018 – 2022

Ensuring healthy lives and promoting the wellbeing of Nigerian populace at all ages





Foreword

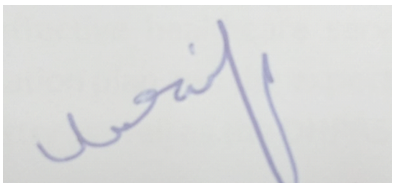
Successful implementation of the NSHDP II calls for a robust National Monitoring and Evaluation (M&E) Plan that will help us maintain strong evidence base that will guide our activities in the health sector for the next five years.

The main purpose of this M&E Plan is to track the NSHDP II progress and effect corrective measures where necessary. This will enable all stakeholders and implementers 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 its stipulated timeframe. This M&E plan is based on the WHO Global M&E Framework which links inputs to intended results, ensuring that considerations are made for influencing and facilitating factors. The M&E Plan provides a tool to track and report Nigeria's progress towards global health reporting requirements and global commitments such as SDGs. It is a common framework for tracking and reporting progress against the compact agreements made nationally.

The M&E plan for NSHDP II was developed within the National M&E framework using existing tools and indicators that are aligned with the NSHDP II strategic pillars, NSHDP II Country Compact, programme-specific M&E plans and the detailed NSHDP II M&E Plan. It has 48 core indicators with sources and methodologies for data collection. These indicators track UHC coverage, equity (disaggregation by zone/state, urban/rural, gender and wealth quintiles), quality of care and financial risk protection. Data for tracking and evaluating NSHDP II implementation will be drawn from administrative and programme reports, facility assessments and population-based surveys.

This plan details what data needs to be collected, how best they should be collected and how the results of the NSHDP II should be disseminated and used. It will also help to organize the numerous M&E activities that must take place for NSHDPII M&E to be carried out efficiently and effectively. It is a communication tool outlining the M&E roles and responsibilities of various parties, thus ensuring that organizations work more synergistically towards achieving the NSHDP II goals and objectives.

I am therefore pleased to introduce this plan which is part of our plans to provide greater accountability in the health sector and enjoin all stakeholders in the health sector to use this plan for the effective monitoring and evaluation of the NSHDPII.



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Acknowledgements

The successful development of the NSHDP II M&E plan was preceded by an end term evaluation of the first National Strategic Health Development Plan and development of an NSHDP II M&E framework which builds on existing health information management systems at all levels including development partners and the private sector. The NSHDP II M&E Framework was adapted from the WHO, World Bank, GAVI and Global Fund joint work on health systems strengthening and IHP+ common evaluation framework. This framework was made available to the states and the Federal and it guided the production of state specific M&E plan and the federal plan. This was then followed by the integration, harmonization and validation of the state specific M&E Plans and the Federal M&E Plan into ONE National M&E Plan for the Second National Strategic Health Development Plan.

This process and eventual approval of ONE M&E plan for the NSHDP II by the NCH and FEC was made possible through the support of our Federal and State M&E officers, national consultants for the NSHDPII, M&E experts from the different organisations supporting the health sector and our development partners including SunMAP, WHO, HP+, UNICEF, MNCH2 and others too numerous to mention, who provided the resources to ensure the completion of the plan.

I am particularly grateful to the immediate past Director, Health Planning, Research and Statistics, Dr. Oyemakinde who provided leadership and remained steadfast despite the unclear and infrequent funding source for most of the activities during the process of developing this plan. I am also grateful to Dr. Jabulani Nyenwa who edited the plan. The staff of the M&E Division and the Policy & Plans Division of the Department have been very wonderful in their commitment and perseverance in seeing to the completion of this document. The last steps in a long-drawn race are usually the most difficult and hence the support from HP+ and SOML to finish the work is very highly appreciated.

Finally, I want to thank the top management staff of the Federal Ministry of Health, Honourable Minister of Health, Honourable Minister of State for Health and the Permanent Secretary for the able leadership provided in the development of the plan and hopes for more support in its effective implementation.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AOP	Annual Operational Plan
ARH	Adolescent Reproductive Health
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BEmONC	Basic Emergency Obstetric and New-born Care
BHCPF	Basic Health Care Provision Fund
BMGF	Bill and Melinda Gates Foundation
CEmONC	Comprehensive Emergency Obstetric and New-born Care
CHC	Comprehensive Health Centre
CHEW	Community Extension Health Worker
CHO	Community Health Officer
CPR	Contraceptive Prevalence Rate
CSO	Community Service Organisation
DALYs	Disability Adjusted Life Years
DFID	UK Department for International Development
DHIS2	District Health Information System 2
DPRS	Department of Planning, Research and Statistics
DQA	Data Quality Assurance
EMS	Emergency Medical Services
EOC	Emergency Operations Centre
EPHS	Essential Package of Health care Services
FCT	Federal Capital Territory
FEC	Federal Executive Council
FHC	Facility Health Committee
FMOH	Federal Ministry of Health
FP	Family Planning
GAVI	The Vaccine Alliance
GIS	Geographic Information System
HDGC	Health Data Governance Council
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCC	Health Partners Coordination Committee
HRH	Human Resources for Health
HSS	Health Systems Strengthening
ICT	Information Communication Technology
IDSR	Integrated Disease Surveillance and Response
IHP+	International Health Partnership (UHC2030)
ISS	Integrated Supportive Supervision
LGA	Local Government Area
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
mCPR	modern Contraceptive Prevalence Rate
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MMR	Maternal Mortality Ratio
MNCH2	Maternal New-born and Child Health Programme
MPDSR	Maternal Perinatal Death Review and Surveillance
mRDT	Malaria Rapid Diagnostic Test
NASCP	National AIDS and STD Control Programme
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
NHMIS	National Health Management Information System
NHP	National Health Policy
NHREC	National Health Research and Ethics Committee
NHRHIS	National Human Resources for Health Information System
NMR	Neonatal Mortality Rate
NPHCDA	National Primary Health Care Development Agency
NPopC	National Population Commission
NSHDP	National Strategic Health Development Plan
NTD	Neglected Tropical Disease
NTLCP	National TB and Leprosy Control Programme
OOPE	Out of Pocket Health Expenditure
PFM	Public Financial Management
PHCUOR	Primary Health Care Under One Roof
PHE	Public Health Emergencies
PLHIV	People Living with HIV
PPMV	Patent and Proprietary Medicine Vendors
PPP	Private Public Partnership
RDT	Rapid Diagnostic Test
RMNCAH+N	Reproductive, Maternal, New-born, Child, Adolescent Health and Nutrition
SBA	Skilled Birth Attendance

Operational Definitions

Data Management: comprises all processes related to data collection, analysis, synthesis and dissemination.

Data Use: Data is said to be used when actions/decisions or policy are made based on the data.

Data Quality Assurance: The process of profiling data to discover inconsistencies, and other anomalies in the data cleansing activities (e.g. removing outliers, missing data interpolation) to improve the data quality

Evaluation: The rigorous, science-based collection of information about program activities, characteristics, outcomes and impact that determines the merit or worth of a specific program or intervention.

Impact: Fundamental intended or unintended changes in the conditions of the target group, population, system or organization.

Indicator: A variable that measures the performance level of one aspect of a program/project.

Knowledge Management: Is a set of principles, tools and practices that enable people to create knowledge, and to share, translate and apply what they know to create value and improve effectiveness.

Monitoring: The routine tracking and reporting of priority information about a program and its intended outputs and outcomes.

Monitoring & Evaluation Plan: Is an integral part of the component of the national health strategy that addresses all the monitoring and evaluation activities of the strategy.

Monitoring & Evaluation Framework: Refers to the performance based framework for monitoring and evaluation of health systems strengthening.

Outcome: Actual or intended changes in use, satisfaction levels or behaviour that a planned intervention seeks to support.

Performance: The extent to which relevance, effectiveness, efficiency, economy, sustainability and impact (expected and unexpected) are achieved by an initiative, programme or policy.

Performance measurement: The on - going monitoring and evaluation of the results of an initiative, programme or policy, and in particular, progress towards pre-established goals.

Performance management: Reflects the extent to which the implementing institution has control, or manageable interest, over a particular initiative, programme or policy.

Review: Is an assessment of performance or progress of a policy, sector, institution, programme or project, periodically or on an ad hoc basis. Reviews tend to emphasize operational aspects, and are therefore closely linked to the monitoring function.

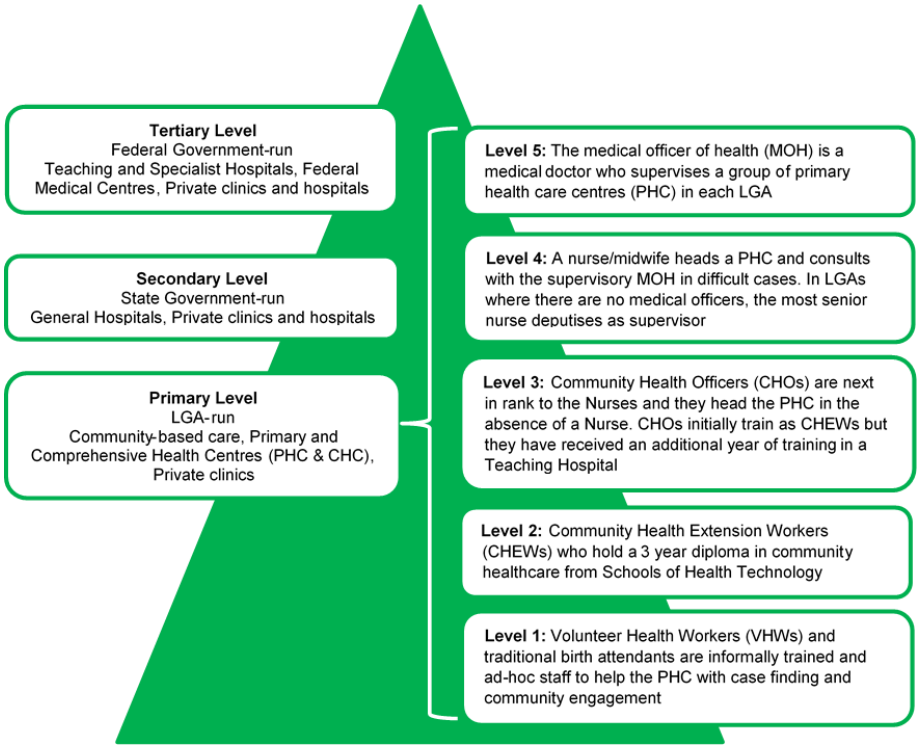
Chapter 1

Introduction

1.1 Background

Nigeria's health care system is decentralised with roles and responsibilities shared among the three tiers of governments: Federal, States and Local Governments. As shown in the diagram below, LGAs have responsibility for PHC services, State Governments provide secondary level care while the Federal Government provides tertiary level care. In addition to tertiary health care provision, the FMOH leads the development and implementation of specific public health programmes, e.g. National AIDS and STDs Control Programme (NASCP), National Malaria Elimination Programme (NMEP), National Tuberculosis and Leprosy Control Programme (NTLCP). The Federal and State Health Ministries, Departments and Agencies (MDAs) manage the implementation of these programmes at all levels.

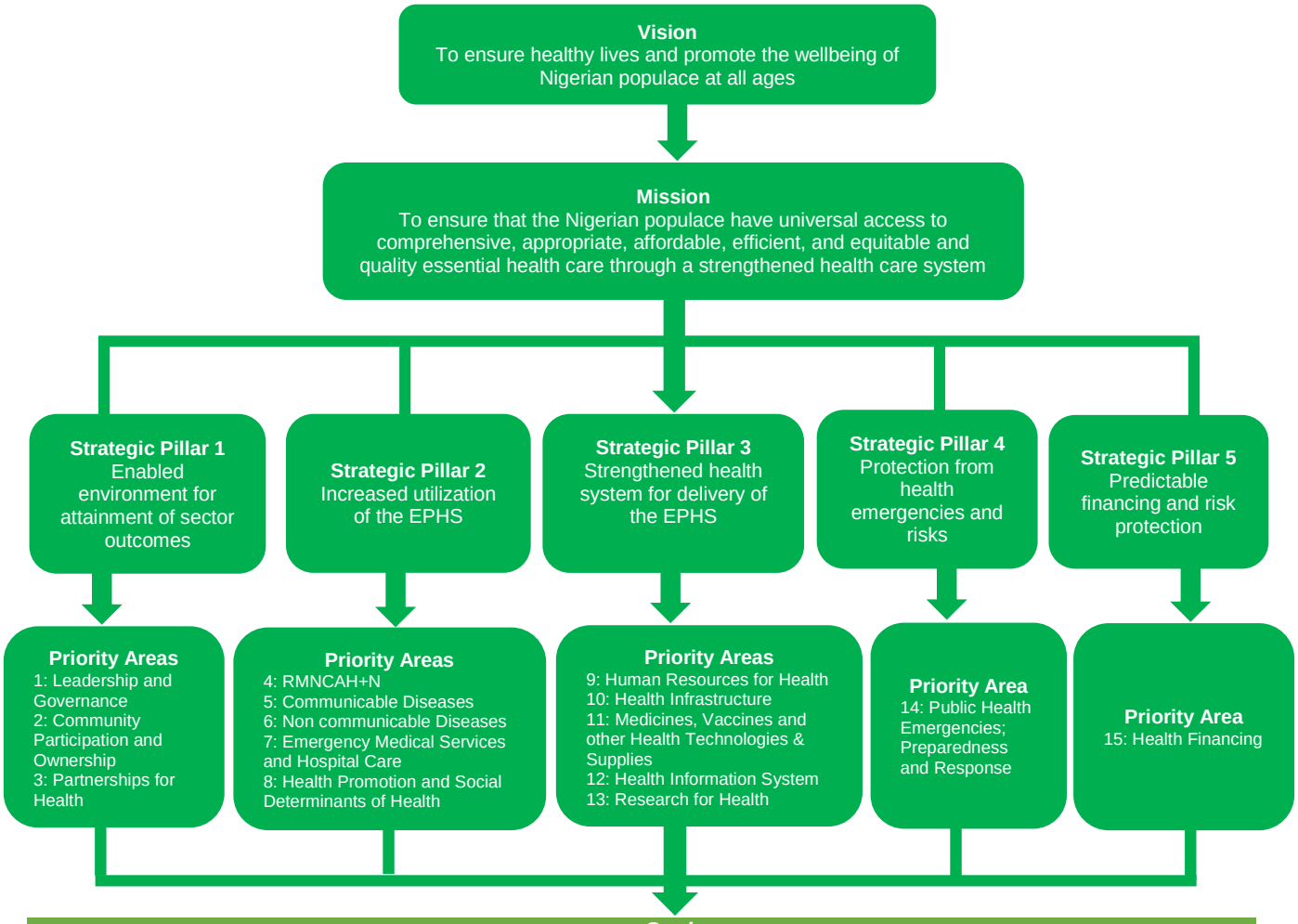
Figure 1: Nigeria's Health System



Nigeria has a growing private health sector which provides 60% of the health care services through 30% of the country's conventional health facilities – this includes not-for-profit services provided by faith-based and non-governmental organizations; and private-for-profit providers. The broader private health sector also includes traditional medicine providers, patent and proprietary medicine vendors (PPMVs), drug shops and complementary and alternative health practitioners.

With the large number of stakeholders in the health sector, the National Strategic Health Development Plan serves as an important coordination mechanism. Nigeria has developed its second National Strategic Health Development Plan covering the period 2018-2022.

1.2 Overview of NSHDP II



Goals	
Strategic Pillar One	1. Provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care for sustainable development of the national health system 2. To promote community engagement for sustainable health development 3. Enhance harmonized implementation of the EPHS in line with national health policy goals
Strategic Pillar Two	4. Promote universal access to comprehensive quality sexual and reproductive health services throughout life cycle and reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria 5. To improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and NTDs 6. To reduce the burden of morbidity, mortality and disability due to non-communicable diseases 7. Improve health outcomes through prompt and effective response to medical emergencies 8. Improve the wellbeing, safety and quality of life of Nigerians through health promotion and healthy environment
Strategic Pillar Three	9. To have in place the right number, skill mix of competent, motivated, productive and equitably distributed health work force for optimal and quality health care services provision. 10. To improve availability and functionality of health infrastructure required to optimize service delivery at all levels and ensure equitable access to effective and responsive health services throughout the country. 11. To ensure that quality medicines, vaccines, and other health commodities and technologies are available, affordable and accessible to all Nigerians 12. To institutionalize an integrated and sustainable health information system for decision-making at all levels in Nigeria 13. To utilize research to inform policy and programming for improved performance of the health sector and better health outcomes and also contribute to global health knowledge production
Strategic Pillar Four	14. Significantly reduce the incidence and impact of public health emergencies
Strategic Pillar Five	15. Ensure all Nigerians have access to health services without any financial barriers or impediments at the point of accessing care

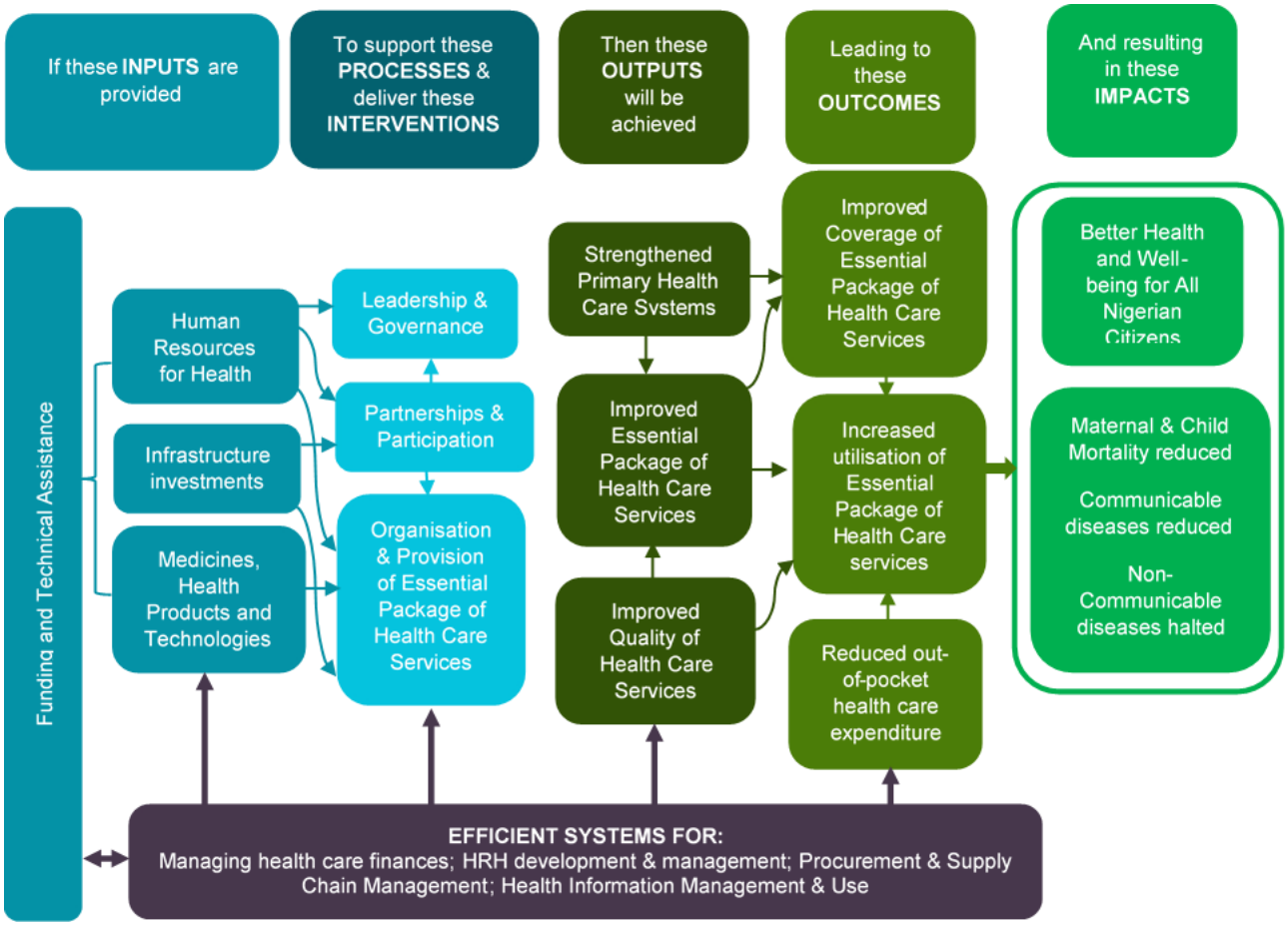
48 Strategic objectives

Strategic interventions and key actions and their specific indicators and targets

1.3 NSHDP II Theory of Change

The Theory of Change outlined below is the critical link between the NSHDP II and this M&E Plan. The promotion of healthy lives and improved wellbeing of the Nigeria populace is premised on ensuring universal access to quality health care services built on a foundation of a revitalised primary health care, with adequate health services support inputs – infrastructure, laboratory support, essential medicines etc. and effective partnerships and community participation. This is supported by strengthening the management systems that support health care services delivery – human resources for health, health information system, supply chain management and predictable and sustainable financing. Critical to ensuring a healthy populace is a transparent and accountable governance system that ensures a functional health care system and universal access to health care services in a sustainable manner.

Figure 3: The NSHDP II Theory of Change assumes a functional and reliable M&E system



1.4 Implications for NSHDP II Monitoring and Evaluation

The End Term Evaluation of NSHDP I (ETE) revealed systemic weakness in Nigeria's Health Sector M&E system including, but not limited to, lack of consensus on the roles and responsibilities across M&E structures, low priority given to M&E, poor demand for, and use of data and evidence for decision making; and fragmentation of M&E sub-systems notably due to vertical programmes. Lastly, the NSHDP I M&E framework was not developed until almost midway into the implementation.

The success of the NSHDP II requires a comprehensive M&E strategy, which uses input, output, outcome and impact indicators to generate information for analysis and use. The M&E strategy should have a supportive institutional environment, with defined roles and responsibilities for the different stakeholders. Sufficient funding and human resources with adequate technical capacity to manage the various components of the M&E strategy should be prioritised.

The NSHDP II will be implemented together with an M&E Plan that guides the overall systematic tracking and measurement of the effectiveness and impact of the NSHDP II implementation through a schedule of activities that defines clearly what is to be done, how, where (at what level), when, and who is responsible. The implementation of NSHDP II activities will be strongly guided and monitored by the M&E plan. This M&E plan is meant for the tracking of progress of the NSHDP II implementation and is based on global M&E operational framework which links inputs to intended results, ensuring that considerations are made for influencing and facilitating factors.

This M&E Plan describes the approach and system developed to assess progress and impact of the overall strategic objectives of the NSHDP II. Information from the M&E system will measure the extent to which activities contribute to achievement of the results described in the M&E framework.

This plan details what data needs to be collected, how best they should be collected and how the results of the NSHDP II should be disseminated and used. It will also help to organize the numerous M&E activities that must take place for NSHDPII M&E to be carried out efficiently and effectively. It is a communication tool outlining the M&E roles and responsibilities of various parties, thus ensuring that organizations work more synergistically towards achieving the NSHDP II goals and objectives.

Chapter 2

Monitoring and Evaluation Mechanism for NSHDP II

2.1 General M&E Framework for NSHDP II

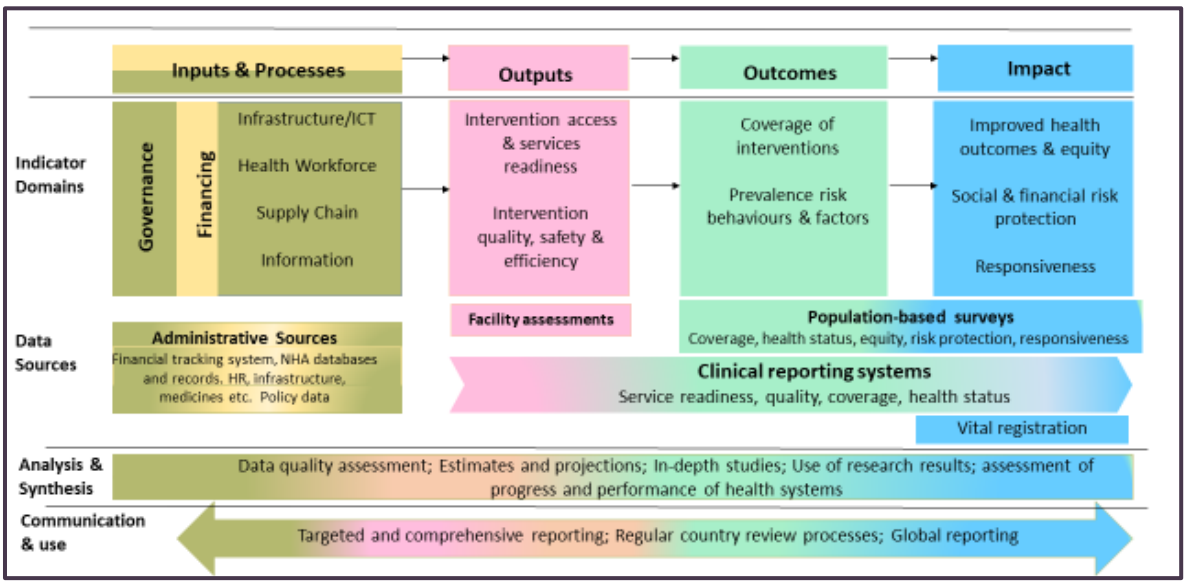
Successful implementation of the NSHDP II calls for a robust National Monitoring and Evaluation (M&E) Plan whose development was preceded by a framework which builds on existing health information management systems at all levels including development partners and the private sector. As such, integration, simplification, and standardisation will be essential to ensure effective tracking of the NSHDP II targets. The NSHDP II M&E Framework was adapted from the WHO, World Bank, GAVI and Global Fund joint work on health systems strengthening and IHP+ common evaluation framework. It serves as a management tool for promoting efficiency, effectiveness, accountability and transparency towards achieving the NSHDP II goals and objectives. It outlines various roles and responsibilities regarding the M&E, organising plans for data collection, data quality, analysis and use – as per existing national health information management system.

The DPRS took the following steps in developing the M&E Framework and Plan for the NSHDP II:

1. Determination of the purposes of the monitoring and evaluation mechanisms and assessment of the information needs.
2. Ensure prevention and response interventions have clearly defined objectives, outputs and indicators.
3. Establish coordinated and common reporting tools
4. Determine methods for obtaining information on indicators;
5. Assign responsibilities for information gathering, determine time frame and frequency of data collection, and allocate resources; and
6. Establish mechanisms for sharing information and incorporating results into prevention and response planning.

The NSHDP II M&E Framework tests the assumptions in the Theory of Change (Figure 3) and traces results chains that are necessary to deliver the targets set out in the NSHDP II.

Figure 4: A Framework for Tracking NSHDP II Implementation



2.2 Purpose of the M&E Plan for NSHDP II

The main purpose of this M&E Plan is to track the progress and effect corrective measures where necessary thereby allowing all stakeholders and implementers 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 its stipulated timeframe. The M&E Plan provides a tool to track and report Nigeria's progress towards global health reporting requirements and global commitments such as SDGs. It is a common framework for tracking and reporting progress against the compact agreements made nationally. The M&E Plan enables and guides the tracking of the health status of the populace of Nigeria and the performance of the health system and it specifically:

1. Serves as a guide in determining the processes to be undertaken to track progress made within the NSHDP II Plan period with regard to national and international indicators.
2. Provides opportunity to makes corrections in the implementation of NSHDP II through regular monitoring
3. Provides evidence for informed decisions regarding programs management and service delivery.
4. Ensures most effective and efficient use of resources.
5. Evaluates the extent to which the interventions have had the desired impact.
6. Serves as a tool that communicates the various roles and responsibilities of stakeholders regarding monitoring and evaluation of NSHDP II.
7. Gives systematic arrangement for quality data collection, collation, analysis and use.
8. Figures out specific strategies and tools to stimulate informed decision making.
9. Organizes the various M&E activities that must take place for M&E to be truly successful in the health sector.
10. Engages relevant stakeholders in the health sector to ensure M&E integration into all programmes.

2.3 Strategic Objectives and Key Activities of the M&E Plan

Strategic Objective 1: To strengthen the Health Sector M&E System Governance
Responsibility: Federal/State Ministries of Health
Ensure M&E governance structures (HDGC, HDCC, TWGs) are established and functional at all levels
Strengthen HIS institutional structures and ensure better coordination of multi-sectoral data stakeholders for at all levels
Develop M&E processes and establish cross institutional relationships that foster sharing of data and knowledge between the different members of the HDGC and HDCC
Hold quarterly internal meetings to review data management among FMOH and SMOH departments
Promote stakeholder participation in health data management and support evidence based programming
Strategic Objective 2: To provide Health Sector-Wide Plan for Tracking and reporting on Key Performance Indicators
Responsibility: FMOH with support given by Development Partners
Conduct a situation analysis of the current health M&E systems at all levels in order to identify gaps/weakness
Develop and finalise the M&E plan for the NSHDP II
Conduct mapping of all donor support in the health sector at all levels across the country
Support development and implementation of M&E plan for MDAs and other health-related institutions
Develop a dictionary or compendium including reference sheets for all heath indicators and data tables for each health KPIs
Develop and implement harmonised annual operational plans to guide NSHDP II implementation at federal and state level
Develop relevant data collection tools and reporting templates to all MDAs for quarterly, biannual and annual report towards collation of implementation status reports on NSHDP II
Strategic Objective 3: To Build Capacity for National M&E System
Responsibility: Federal/State Ministries of Health, Development Partners and the Private Sector through relevant government institutions e.g. National Population Commission and Research institutions
Develop M&E training modules, materials and guidelines.

Train State HMIS and M&E Officers on the administration use of DHIS2
Conduct data demand and use trainings
Carry out needs-based capacity building for the M&E Officers of FMOH, SMOH, Departments, Agencies and Programmes to be able to effectively track progress of the implementation of their NSHDP
Strategic Objective 4: To strengthen M&E Data Management System
Responsibility: Federal/State Ministries of Health in collaboration with Development Partners
Conduct monthly, quarterly, biannual and annual review of KPIs
Incorporate surveillance data in the national health information system
Integration of all health databases into DHIS2 platform to the extent possible
Establish cross institutional relationships that foster sharing of data and knowledge management
Strengthen the reporting of routine health information system in the public and private sector.
Conduct biannual DQA for all KPIs
Strengthen data quality procedures for routine and non-routine sources
Strengthen the vital registration systems
Build staff skills in data management
Carry out evaluation using routine data, surveys, surveillance and special studies in order to track NSHDP II
Collaborate and undertake implementation research including periodic NSHDP II and health sector reviews.
Conduct health system research studies and policy analysis to determine health situation in the country
Strategic Objective 5: To facilitate Advocacy, Dissemination, Learning and Knowledge Management
Responsibility: Federal/State Ministries of Health with the support of Development Partners and the private sector
Develop advocacy and communication Plan
Implement Health Information System (HIS) policy
Develop information products (fact sheets, bulletins, newsletter, reports, etc.)
Advocate to the legislature, States, LGAs and other stakeholders to strengthen resource allocation to health M&E system.
Prepare and submit Quarterly, Biannual and Annual Reports on the NSHDP II KPIs
Prepare and present annual NSHDP II implementation status report to National Council on Health
Produce and disseminate quarterly/ bi- annual fact sheets / briefs / publications and/ or reports on NSHDP II progress
Review of revised / harmonised NHMIS tools and disseminate widely the national indicator definition/ reference sheets
Conduct Joint Annual Reviews (JARs), and Mid Term Review (MTR) in collaboration with development partners/FMOH to monitor the implementation progress of the NSHDP II
Create or strengthen a feedback mechanism between FMOH, SMOH & MDAs on the NSHDP II implementation
Carry out mid-term and end term evaluation of the NSHDP II and widely disseminate findings.

2.4 NSHDP II Core Indicators

A core set of indicators to measure NSHDP II progress (Table 2) were developed through a consultative process involving key stakeholders, programme managers and M&E experts from FMOH and States. M&E for NSHDP II will be done within the National M&E framework using existing tools and indicators that are aligned with the NSHDP II strategic pillars, NSHDP II Country Compact, programme-specific M&E plans and the detailed NSHDP II M&E Plan. The NSHDP II impact targets for RMNCAH+N and HIV/AIDS were determined using One Health Tool (OHT). However the RMNCAH+N and HIV/AIDS Programme Strategic Plans propose much higher impact targets, e.g. the MMR target is 400 and 288 per 100,000 live births by 2022 in NSHDP II and RMNCAH Strategy respectively. The financial sustainability analysis of the strategy accounts for the difference in the MMR targets.

Data for tracking and evaluating NSHDP II implementation will be drawn from administrative and programme reports, facility assessments and population-based surveys. Table 3 lists the sources and tools for data collection for tracking NSHDP II implementation. The results of the interventions will be communicated using different existing channels targeting a diverse audience and multiple stakeholder groups. These indicators track UHC coverage, equity (disaggregation by zone/state, urban/rural, gender and wealth quintiles), quality of care and financial risk protection. Table 4 presents strategies to address common data limitations that may impinge effective monitoring of the NSHDP II implementation.

Table 2: 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)
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
Prevalence of Malaria in children under five
% 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.
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

Table 3: Sources and data collection methods for the NSHDP II M&E Plan

Data source or tool	Information provided	Data collection methods	Type	Limitations
Supportive supervision checklists	Facility based data on inputs, provider competency and quality of services.	Facility visits and checklist	Routine	Variable coverage and limited completeness
National Health Management Information System	Aggregate data on service utilization including information on surveillance of communicable diseases and NCDs	NHMIS tools	Routine	Variable completeness, validity, reliability, timeliness and inadequate integrity
Facility surveys	Service utilisation records, HRH, Health Infrastructure etc.	Patient records Survey instruments	Annual Periodic	Quality of data and inadequate dissemination
Human resource information system	Data on human resources for health including availability, skill mix, distribution	Regulatory Agencies report NPHCDA report	Annual Periodic	Inadequate integrity
Federal government gazettes, audit reports and notifications	Data on government notifications, budget allocation, disbursement, utilization and implementation progress	Executive orders, FEC conclusions, Administrative Statistics reports, Acts of the National Assembly, White paper	Periodic	Variable timeliness and limited dissemination
National Health Logistics Management Information System	Information on health inventories, supervision, management meetings, logistics management, etc.	Logistic tools/registers	Routine	Variable timeliness and limited dissemination
National Health Account	Information of utilization of healthcare services, financial flows and expenditure	NHA publication	Annual	Variable timeliness, validity, reliability and inadequate dissemination
National demographic and health survey	Population, health, and nutrition data covering mortality, fertility and utilization of services etc.	Survey instruments	Periodic	Variable timeliness, validity, reliability, inadequate dissemination and domestication
Multiple indicator cluster survey	Population based data on maternal, child and WASH indicators covering morbidity, mortality and use of services	Survey instruments	Periodic	Variable timeliness, validity, reliability, inadequate dissemination and domestication
National AIDS and Reproductive Health Surveys (NARHS)	Population based data on HIV/AIDS and reproductive health behaviors and use of services	Survey instruments	Periodic	Variable timeliness, validity, reliability, inadequate dissemination and domestication
Civil registration and vital statistics	Provides quality data on births, death and causes of death	CVS registers	Routine	Variable completeness, validity, reliability, timeliness and inadequate integrity

Table 4: Addressing data quality issues in monitoring NSHDP II implementation

Data Quality Issues	Actions Taken or Planned to Address this Limitation
Data Inconsistency Data are inconsistent when the value of the data is not the same across applications and systems such as, the patient's medical record number.	The use of data definitions, extensive training, standardized data collection (procedures, rules, edits, and process) and integrated/interfaced systems will facilitate consistency.
Reliability issues, validity of data, timeliness, reliability, precision.	Regular training and step-down trainings of data generators on data capturing tools (DCTs) Intensive supportive supervision and spot checks to improve field data management systems via on-site support and mentoring. Data auditing and Data Quality Assurance- Quarterly DQA will also be conducted by the State and documented in the DQA checklists and the health facility staff designated to the data entry should be notified Conducting routine data verification and validation processes. Review availability and completeness of all indicator source documents for the selected reporting period. Verify Reported Results (Monthly data validation) - Recount the reported numbers from available source documents, compare the verified counts to the site reported number; and identify reasons for differences. Cross-check reported results with other data sources: Perform cross-checks of the verified report totals with other data-sources (e.g. inventory records, laboratory reports, register, etc.). Regular feedback for data quality improvement – National and State including M&E coordination meetings monthly or quarterly will be put in place to address data quality issues and discrepancies noticed. A quarterly feedback to states will be done by the National M&E team.
Timeliness issues Data may not be available quickly and frequently enough to support information needs and to influence the appropriate level of service or management decisions.	Advocacy visits for fund release to enable studies to be conducted at the appropriate time spot and to analyse data and provide feedback to the relevant stakeholders
Data Accessibility issues Data may not be easily available to stakeholders	Establish data ownership and guidelines for who may access data and/or systems. The amount of accessible data may be increased through system interfaces and integration of systems. Access to complete, current data will better ensure accurate analysis. Otherwise results and conclusions may be inaccurate or inappropriate.
Data incomprehensiveness All required data items may not be captured	Clarify how the data will be used and identify end-users to ensure complete data are collected for the survey. Ensure that the entire scope of the data is collected and document intentional limitations
Data not precise The study/survey's purpose, the question to be answered, or the aim for collecting the data element must be clarified to ensure data precision.	To collect data precise enough for the study, define acceptable values or value ranges for each data item.
Data Inaccuracy	Ensure accuracy involves appropriate training and timely and appropriate communication of data definitions to those who collect data.

Detailed indicators, targets and data sources for each Strategic Pillar are described in Chapters 3-7.

Chapter 3

Strategic Pillar One Indicator Matrix

Enabled Environment for Attainment of Sector Outcomes

Priority Area 1 - Leadership and Governance

GOAL: To provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care for sustainable development of the national health system.

Table 5: Strategic Objectives, Indicators and Results for Leadership and Governance

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Provide clear policy, plans, legislative and regulatory framework for the health sector	% of coordination organs at national and subnational levels (NCH, SCH, WDC, Health Partners Coordination Committee) are established/functional	National	Output	Annual Report	Annual	FMOH SMOH LGAs	0	30	40	50	60	70
Strengthen transparency and accountability in planning, budgeting and procurement process	% of States that increase annual budget implementation rate by 25%	National	Input	Annual Report	Annual	FMOH	0	20	40	60	70	80
Improve health sector performance through regular integrated reviews and reports	FMOH and 36 SMOH+ FCT HSS publish annual state of health report	National	Output	Annual Report	Annual	FMOH SMOH	0	2	15	30	35	38 reports
Strengthen coordination, harmonization and alignment at all levels	% of coordination organs at national and subnational levels that are functional	National	Output	Annual Report	Annual	FMOH	0	30	40	50	60	70

Priority Area 2 - Community Participation in Health

GOAL: To promote community engagement for sustainable health development

Table 6: Strategic Objectives, Indicators and Results for Community Participation in Health

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
To strengthen community level coordination mechanisms and capacities for health planning. framework for the health sector	% of PHC that are linked to Community Health Committees	National	Output	FMOH/NPHCDA Annual Report	Annually	NPHCDA FMOH	0	20	40	60	70	80
Strengthen transparency and accountability in planning, budgeting and procurement process	% of Community Health Committees that are functional	National	Output	FMOH Facility Survey Annual Report	Annually	NPHCDA FMOH	0	30	40	50	60	70

Priority Area 3 – Partnerships for Health

GOAL: To enhance harmonised implementation of the EPHS in line with national health policy goals.

Table 7: Strategic Objectives, Indicators and Results for Partnerships for Health

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector	% of funding of health from partners (development partners and private sector)	National	Input	National Health Accounts	Annually	MBNP FMOH	0	5	10	15	20	30

Chapter 4

Strategic Pillar Two Indicator Matrix
Increased utilization of the Essential Package of Health Care Services

Priority Area 4 - Reproductive, Maternal, New-born, Child & Adolescent Health plus Nutrition (RMNCAH+N)

GOAL: To promote universal access to comprehensive , quality, sexual and reproductive health services throughout the life cycle and reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria.

Table 8: Strategic Objectives, Indicators Key Results for RMNCAH+N

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate and effective healthcare services before, during and after child birth	Maternal mortality ratio (deaths per 100,000 live births)	Global	Impact	NDHS MICS	5 years 2 years	NPopC FMOH NBS	576 (2016)	450	300	200	144	100
	% of deliveries by skilled birth attendants	National	Outcome	NDHS MICS NHMIS	5 years 2 years Monthly	FMOH NPopC NPHCDA NBS	42	45	50	52	57	60
	% of women having ANC at least one visit	Global	Outcome	NDHS MICS NHMIS	5 years 2 years Monthly	FMOH NPopC NPHCDA NBS	65.8	TBD	TBD	TBD	TBD	TBD
	% of women having ANC at least 8 visits	Global	Outcome	Survey	Annual	FMOH NPHCDA	0	20	40	60	80	80
	% LGAs with health facilities providing BEmONC services	National	Output	Survey	Annual	FMOH NPHCDA	<20	TBD	TBD	TBD	TBD	80
Promote demand and increase access to SRH services (family planning and post abortion care)	Contraceptive prevalence rate	Global	Impact	NHMIS NDHS	Monthly 5 years	FMOH NPopC	15	16	25	36	42	43
	% reduction in unmet FP need among all females of reproductive age	Global	Outcome	NDHS MICS	5 years 2 years	NPopC NPHCDA NBS	NA	20	25	35	45	50

Reduce neonatal and childhood mortality and promote optimal growth, protection and development of all new-borns and children under five years of age	DPT immunization coverage	Global	Impact	NDHS MICS	5 years 2 years	NPopC NBS	33.0	45	55	65	75	85
	Neonatal Mortality rate	Global	Impact	NDHS MICS	5 years 2 years	NPopC FMOH NBS	32	30	27	24	21	18
	Infant mortality rate (infant deaths per 1000 live births)	Global	Impact	NDHS MICS	5 years 2 years	NPopC NPHCDA NBS	70	65	60	50	45	38
	Under-five mortality rate (deaths among children under 5 year per 1000 live births)	Global	Impact	NDHS MICS	5 years 2 years	NPopC NPHCDA NBS	120	96	91	84	79	74
Improve access to adolescent health and young people information and services	Adolescent birth rate (per 1000 girls aged 10–19 years)	Global	Impact	NMHIS	Annual	FMOH	NA	10	20	30	40	50
Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescents, women of reproductive age and the elderly	Prevalence of wasting among under five	Global	Impact	NDHS MICS SMART	5 years 2 years	NPopC NBS	18	16	14	13	11	10
	Prevalence rate of stunting in under-fives	Global	Impact	NDHS SMART	5 years 2 years	NPopC NBS	43.6	40	35	30	25	20
	% reduction in Prevalence of overweight among under five	Global	Impact	NDHS SMART	5 years 2 years	NPopC	NA	10	20	30	40	50

Priority Area 5 – Communicable Diseases (Malaria, TB, Leprosy) and Neglected Tropical Diseases (NTDs)

GOAL: To improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and NTDs

Table 9: Strategic Objectives, Indicators and Results for Communicable Diseases and NTDs

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Significantly reduce morbidity and mortality due to malaria and move towards pre-elimination levels	Malaria prevalence among children under five	Global	Impact	Malaria Indicator Survey	3-5 years	FMOH NMEP	27%	18.6	10.8	3.0	2.0	<2.0
	% of all individuals with confirmed malaria treated with effective antimalarials in private or public facilities	National	Outcome	NHMIS	Monthly	FMOH NMEP	100% (2017)	100%	100%	100%	100%	100%
	% of health facilities that report stock out of anti-malarial commodities	National	Output	NHMIS	Monthly	FMOH NMEP	11% (2017)	<25%	<20%	<10%	<10%	<10%
Ensure universal access to high quality, client-centred TB/Leprosy diagnosis and treatment services to reduce incidence and prevalence of TB/Leprosy.	% reduction in TB prevalence rate	Global	Impact	Survey	Yearly	FMOH NTBLP	NA	10	20	30	40	60
	% reduction in TB mortality	Global	Impact	Survey	Yearly	FMOH NTBLCP	NA	10	20	30	40	50
	Case detection rate of all forms of TB	Global	Impact	TB Survey	Annually	FMOH NTBLCP	15	25	40	50	60	70
Significantly reduce the incidence and prevalence of HIV/AIDS	% reduction in incidence of HIV infections among the key and general populations	Global	Impact	Survey	Biannually	FMOH NASCP	NA	30	40	50	60	70
	% increase in the general population who know their HIV status	Global	Outcome	Program Data Estimate	Annually	FMOH NASCP UNAIDS	NA	38	64	90	90	90
	Rate of Mother-to-child transmission of HIV	Global	Outcome	Program data Spectrum	Annually	FMOH NASCP	13.9	10.9	8.2	5.5	2.7	0
	% of PLHIV receiving quality HIV treatment services	National	Outcome	Operation Research		FMOH NASCP	0	TBD	TBD	90	90	90
	% of those on PLHIV receiving ART who achieve	Global	Outcome	Program Data	Monthly	FMOH NASCP	73.0	66.6	72.5	78.3	84.2	90

	sustained virological suppression											
Reduce the incidence, morbidity and mortality due to viral hepatitis.	% reduction in incidence of viral B hepatitis per 100,000 population	Global	Impact	Survey	2 years	NARHS	0	10	20	30	40	50
Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.	% reduction in prevalence of targeted NTDs	Global	Impact	Survey, NHMIS	Monthly Annually	FMOH NPopC	0	10	30	40	50	60
Reduce morbidity and mortality from snake bites in Nigeria	% reduction in the incidence of snake bites	National	Impact	Survey	Annual	FMOH	0	10	20	30	40	50

Priority Area 6 – Non-Communicable Diseases (NCDs), Elderly, Mental, Oral and Eye health care

GOAL: To reduce the burden of morbidity, mortality and disability due to non-communicable diseases

Table 10: Strategic Objectives, Indicators and Results for NCDs, Mental, Oral and Eye health care

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Reduce morbidity and mortality due to NCDs (Cancers, Cardiovascular Diseases, Chronic Obstructive Airway Diseases, Diabetes and Sickle Cell Disease)	% reduction in overall mortality from NCDs	National	Impact	NHMIS	Monthly	FMOH	NA	5	10	13	15	20
	Prevalence rate of tobacco use among adults	National	Impact	NMIS	Monthly	FMOH	5.6	5.4	5.2	5.0	4.8	4.6
Eliminate avoidable blindness, and reduce the burden of various visual impairment conditions	% of blind and visually impaired persons that have adequate access to eye treatment and rehabilitative services by 2022	Global	Outcome	Survey	Annual	FMOH	NA	30	40	50	60	70

Priority Area 7 – Emergency Medical Services and Hospital Care

GOAL: Improve health outcomes through prompt and effective response to medical emergencies

Table 11: Strategic Objectives, Indicators and Results for Emergency Medical Services and Hospital Care

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Increase provision and access to quality, affordable & integrated emergency medical services	% of States that have dedicated centres for integrated emergency medical services	National	Output	Survey	Annual	FMOH	NA	40	50	60	70	80
	% of health facilities with functional ambulance services	National	Output	Survey	Annual	FMOH	NA	30	40	50	60	70
	% of health facilities providing general outpatient services as appropriate to the level of care	National	Output	Survey	Annual	FMOH	NA	60	70	80	90	100

Priority Area 8 – Health Promotion and Social Determinants of Health

GOAL: To improve the wellbeing, safety and quality of life of Nigerians through health promotion and healthy environment.

Table 12: Strategic Objectives, Indicators and Results for Health Promotion and Social Determinants of Health

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Promote universal access to safe drinking water and acceptable sanitation	% reduction in mortality rate attributable to unsafe water, unsafe sanitation an lack of hygiene (WASH)	Global	Impact	Survey	Annually	NPopC FMOH	NA	40	50	60	70	80

Chapter 5

Strategic Pillar Three Indicator Matrix

Strengthened health system for delivery of the EPHS

Priority Area 9 – Human Resources for Health

GOAL: To have in place the right number, skill mix of competent, motivated, productive and equitably distributed health work force for optimal and quality health care services provision.

Table 13: Strategic Objectives, Indicators and Results for Human Resources for Health

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Ensure effective health workforce management through retention, deployment, work condition, motivation and performance management	Health workers density and distribution (%)	National	Input	HRIS	Annual	FMOH	NA	10	20	30	40	50

Priority Area 10 – Health Infrastructure

GOAL: To improve availability and functionality of health infrastructure required to optimize service delivery at all levels and ensuring equitable access to effective and responsive health services throughout the country.

Table 14: Strategic Objectives, Indicators and Results for Health Infrastructure

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
To improve availability and functionality of health infrastructure required to optimize service delivery at all levels	% of the LGAs that have functional general hospitals for referral from PHCs	National	Output	Survey	Annual	FMOH NPHCDA	NA	10	20	30	40	50

Priority Area 11 – Medicines, Vaccines and Other Health Technologies and Supplies

GOAL: To ensure that quality medicines, vaccines, and other health commodities and technologies are available, affordable and accessible to all Nigerians.

Table 15: Strategic Objectives, Indicators and Results for medicines, vaccines and other health technologies and supplies

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels.	Number of States that have a functional Logistic Management Coordinating Units at State and LGA levels	National	Output	Program Reports	Monthly Annual	FMOH	TBD	25	28	31	33	37

Priority Area 12 – Health Information

GOAL: To institutionalise an integrated and sustainable health information system for decision-making at all levels in Nigeria.

Table 16: Strategic Objectives, Indicators and Results for health information

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making.	% of all health facilities (public and private) generating and transmitting routine HMIS data on time	National	Output	NHMIS	Monthly Annually	FMOH	TBD	15	30	45	70	80

Priority Area 13 – Research for Health

GOAL: To utilize research to inform policy and programming for improved performance of the health sector and better health outcomes; and to contribute to global health knowledge production**.**

Table 17: Strategic Objectives and Key Results for research for health

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Strengthen health research and development to significantly contribute to the overall improvement of Nigeria's health system performance	% health research studies that are responsive to jointly set national health priorities/agenda	National	Output	Report	Annual	FMOH NHREC Research Institutes	NA	10	20	30	40	50

Chapter 6

Strategic Pillar Four Indicator Matrix

Protection from health emergencies and risks

Priority Area 14 – Public Health Emergencies, Preparedness and Response

GOAL: To significantly reduce the incidence and impact of public health emergencies.

Table 18: Strategic Objectives, Indicators and Results for Public Health Emergencies, Emergency Medical Services and Hospital Care

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Reduce incidence and impact of public health emergencies in Nigeria	Proportion of health facilities with functional ambulance services	National	Input	FMOH/NPHCDA	Annual	Survey	NA	30%	50%	60%	70%	80%
Increase provision and access to quality, affordable & integrated emergency medical services	% of Blood collected from voluntary non-remunerated donors	National	Output	Survey	Annual	FMoH NBTS	NA	40	50	60	70	80

Chapter 7

Strategic Pillar Five Indicator Matrix
Predictable financing and risk protection

Priority Area 15 – Health Financing

GOAL: To ensure all Nigerians have access to health services without any financial barriers or impediments at the point of accessing care.

Table 19: Strategic Objectives and Key Results for Health Financing

Strategic Objective	Indicator	Indicator Type	Indicator Level	Data Source	Freq. of collection	Organization Responsible	Baseline	Milestones/Target				
								2018	2019	2020	2021	2022
Strengthen transparency and accountability in planning, budgeting and procurement process	Annual health expenditure per capita	Global	Input	NHA 2016	Annual	FMOH	21,040	TBD	TBD	TBD	TBD	TBD
Strengthened governance and coordination for actualizing stewardship and ownership of health financing reforms	% of States that have approved investment cases for UHC priorities	National	Output	NHA Report	Annual	FMOH	NA	30	40	50	60	70
Enhance financial risk protection through pooled funds from federal and states level	% of Nigerian population covered by any risk protection mechanisms.	Global	Output	Survey	Annual	FMOH	5.1	10	15	20	25	30
	Number of States that have established functional state health insurance schemes.	National	Output	Survey	Annual	FMOH	7	14	20	25	31	37
Increase sustainable and predictable funding for health	% National Resource Allocations as a share of GDP to Health budget of GDP	Global	Input	NHA Report	Annual	FMOH	5.1	7	10	12	14	15
	Proportion (%) of SMOH & FCT that have institutionalized SHA	National	Output	Survey	Annual	FMOH SMOH	6	12	20	25	31	37

Chapter 8

Implementation Arrangements for the M&E Plan

8.1 Data Management

Data flow will be aligned with the existing national data management systems. Data collection for tracking the progress of the plan will occur both at the facility, community and population levels depending on the specific indicators. For purposes of this M&E Plan:

Data collection refers to the process of gathering data that are generated from various activities relevant to the NSHDP II and its M&E Framework. This involves obtaining data from original sources and using tools (paper or electronic) to collate, analyse, and report the data. Data can be collected using questionnaires, interviews, observations, and existing records.

Data collation is the process of combining data into summarized (often standardized) formats. This can be done electronically or manually and at a different levels (LGA, State and National), for example, the monthly surveillance summary sheets in all of the districts are sent to the national ministry of health where they are combined to get the total at the state or federal level.

Data analysis is the review and manipulation of data depending on the type of data and the purpose, this might include application of statistical methods, selecting or discarding certain subsets based on specific criteria, other techniques. Data analysis enables data users to understand or interpret the results and use them for decision-making (**Data use**).

8.2 Data Quality Management

Quality assurance which forms the bedrock of good systems should be incorporated at the levels of data collection, collation, analysis and reporting. The ETE reported the following weaknesses in data management:

- Non availability of standardized or updated data reporting tools
- Low reporting rates from the private health sector
- Significant data quality gaps as measured through DQAs
- Delayed and incomplete financial data reporting
- Inadequate number and capacity of M&E and HMIS Officers
- Data governance gaps
- Multiple vertical and fragmented reporting systems
- Inadequate capacity and practice in data analysis, synthesis, dissemination and use at all levels
- Lack of linkages between civil and vital registration and NHMIS

These gaps will be addressed effectively in order to meet the NSHDP II vision of improving the health status of the Nigerian people. Identifying and managing potential risks to the quality of data collected and information used is of utmost important to the successful implementation of

NSHDP II. Strategies to address common limitations in data management are outlined in Sections 2.3 and 2.4 of this M&E Plan.

Capacity building at all levels on data analysis and information use is a critical gap which FMOH will address urgently. Technical factors (data-collection tools and processes and IT devices), organizational and behavioural factors will be addressed to ensure sustainable production and use of good quality information.

Data analysis and synthesis will be done at all levels to enhance evidence-based decision-making. All relevant data will be synthesized based on determined parameters (disaggregated) where applicable and analysed for use at various levels of the sector. The results obtained will be summarized into a consistent assessment of the health situation and trends, using key sector performance indicators and targets to assess progress and performance.

Basic indicator information shall be presented as the national average achievement obtained from collating all the available information from all reporting units into the state level figures and thereafter consolidate the national figures.

Sub analyses of the indicator information shall be carried out to provide information on the impact of multi-dimensional poverty on actual coverage, health status and financial risk protection achievements. This shall enable better targeting of strategies to address the multi-dimensional poverty issues impacting on the results being sought.

Routine internal data quality assurance exercises will be carried out as part of M&E routine activities so as to consistently ensure the quality of program data reported. The quality assurance system and data management will include:

- Internal Data Quality Assurance check at facility level
- External Data Quality Assurance check conducted by the FMOH, SMOH and implementing partners
- Regular feedback for quality improvement

Regular data records review and periodic Data Quality Assurance processes are necessary core M&E routine activities designed to consistently ensure the quality of reported program data before reporting to the next level in the data flow.

Identifying and accounting for biases due to incomplete reporting, inaccuracies and non-representativeness is essential and will greatly enhance the credibility of the results. This involves a multi-step process including: (i) Assessment of the completeness of reporting by facilities and districts; (ii) Accuracy of coverage estimates from reported data; (iii) Systematic analysis of facility-based and household survey-based indicator values; and (v) Adjustments of the indicator values, using transparent and well-documented methods. The DQA should be done on a regular basis and the results should be published at all levels.

8.3 Health Data Governance Arrangements

"Health data are an increasingly essential ingredient to enhance health system performance and health care quality, and contribute to scientific discoveries that improve medical treatments and save lives. As the volume and variety of data increase, so does the ability to derive further information from these data, particularly when they are linked and merged across the many organisations that collect them. Health data are also sensitive in nature and fostering data sharing and use increases the risk of data loss or misuse that can bring personal, social and financial harms to individuals and can diminish public trust in health care providers and governments. Such risks must therefore be appropriately mitigated and managed." (OECD on Health Data Governance – January 2017)

In order to ensure harmonization and adequate coordination of Health Information System (HIS) at all levels in Nigeria, the Honourable Minister of Health inaugurated the **National Health Data Governance Council** (**NHDGC)** on 19th January 2017 to provide oversight and governance for health data.

The NHDGC coordinates the different stakeholders at all tiers of government, has the responsibility of granting approvals for all indicator sets to be collected and for significant changes in health data management. The NHDGC statutorily meets bi-annually and its objectives are:

- To ensure effective articulation and coordination of inputs from various data sources with a view to producing relevant, timely, up-to-date, and uniform health data
- To facilitate and coordinate the design of appropriate formats for health surveys
- To standardise formats for health data returns from all health facilities in the country and
- To promote inter-departmental and inter-agency cooperation and collaboration in health data related matters with due cognizance given to the statutory responsibility of the DPRS to coordinate public health data and information in the country

The National Health Data Consultative Committee (NHDCC) was established to serve as a forum for providing feedback on health data management in the country, dissemination of information and experience sharing among all stakeholders in the health and other relevant sectors. The NHDCC meets quarterly and it supports the NHDGC by providing technical guidance as related to the HIS policy, making recommendations to the NHDGC on a routine basis and responsible for coordinating all technical HIS related activities in the country.

The NHDCC is supported by the **Technical Working Groups (TWGs)** made up of members of the NHDCC based on areas of need and competence as appointed by the NHDCC Chairperson. Examples of TWGs include Informatics, Data Analysis and User Groups.

8.4 Monitoring and Reviewing NSHDP II Implementation

The implementation of the NSHDP II will be routinely monitored, reviewed and evaluated to ensure the country is on track in line with the set objectives and targets. The purpose of the **NSHDP evaluations** is to improve the effectiveness of the NSHDP II and/or to inform programming decisions. The structure of the evaluation process is to track results against indicators across the **"Results Chain" or Theory of Change**, with emphasis being placed on tracking outputs, outcomes and impacts of various interventions. Occasionally, evaluations will be conducted by respective MDAs, in collaboration with development partners, relevant stakeholders or jointly with independent consultants to determine issues relating to relevance, effectiveness, efficiency, Value-for-Money (VfM), impact and sustainability of service delivery in line with the Development Assistance Committee (DAC) criteria for evaluation.

This M&E Plan has made provision for routine monitoring through the Core Indicators outlined in Section 2.4 and Chapters 3-7, Joint Annual Reviews (JAR), a Mid-Term Review and End-Term Evaluation of the NSHDP II. However reviews will not be limited to these baseline, mid- and/or end-term evaluations. Evaluations may be triggered by certain performance issues in the relevant MDAs and may require an external independent review to be commissioned. "Mixed Methods" approaches will be used in conducting NSHDP II evaluations. It is also important to ensure that evaluation data is disaggregation by gender, age, or other important characteristics that will inform equity.

Figure 5: Framework for monitoring, reviewing and evaluating NSHDP II progress

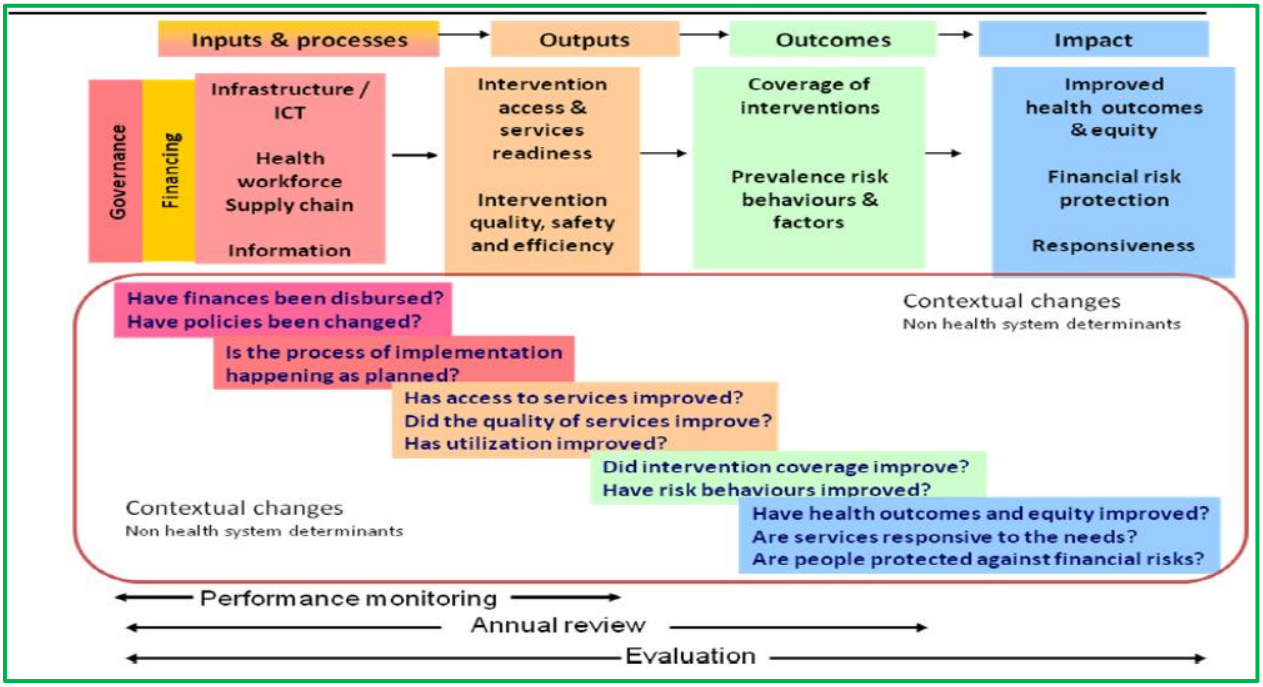


Table 20: NSHDP II Monitoring and Review Schedule

Methodology	Frequency	Output	Focus	Level of monitoring and review
Performance Monitoring	Quarterly	Quarterly progress reports; transmitted to next higher level of supervision	A review of progress against targets and planned activities.	Inputs, process, output and outcome
NHDGC	Quarterly	Progress report submitted to next higher level of supervision	A review of progress against targets and planned activities.	Inputs, process, output and outcome
NHDCC	Quarterly	Progress report submitted to next higher level of supervision		Inputs, process, output and outcome
Joint Annual review		Annual progress reports transmitted to next higher level of supervision	Done Jointly with development partners, key stakeholders and planning entities to review progress against set targets outcomes in line with IHP+ guidelines	Inputs, process, output and outcome
National Council on Health	Annually	Progress report and resolutions for the next	Review progress against resolutions	Outcome and impact levels
Mid Term Review	Mid-way point of NSHDP II	Midterm Review report	Done by sector to review progress against planned impact	Input, process, output, outcome and impact levels
End Term Evaluation	At end of NSHDP II	End Term Evaluation report	Independent review of progress against planned impact	Input, process, output, outcome and impact levels

Chapter 9

Work Plan and Budget for the NSHDP II M&E Plan

The NSHDP II work plan and budget below aligns with the strategic objectives and key activities outlined in Section 2.3 of this M&E Plan. This work plan and its budget only reflect the FMOH DPRS component of the overall M&E Plan costing. State-specific costed M&E Plan will be developed and aligned with each State Strategic Health Development Plan and corresponding Annual Operational Plans (AOP). The FMOH DPRS will work with the Federal Ministry of Budget and Planning to develop harmonised AOP guidelines and support domestication at state level.

Table 21: High level M&E Work Plan and Budget for the NSHDP II

Strategic Objective 1: To strengthen the Health Sector M&E System Governance	**Timeframe**					**Means of Verification**	**Budget in million ₦**				
Responsibility: Federal/State Ministries of Health	**2018**	**2019**	**2020**	**2021**	**2022**		**2018**	**2019**	**2020**	**2021**	**2022**
Ensure M&E governance structures (HDGC, HDCC, TWGs) are established and functional at all levels						Minutes, Resolutions and reports of HDGC and HDCC meetings	3	3	3	3	3
Strengthen HIS institutional structures and ensure better coordination of multi-sectoral data stakeholders at Federal, State and LGA levels						Reports of coordination platform establishment and meeting minutes /reports	5	3	2	1	1
Establish cross institutional relationships that foster sharing of data and knowledge between the different members of the HDGC and HDCC						Established platform for knowledge sharing and report of interaction	3	-	-	-	-
Disseminate the roles, responsibilities and TOR for the HDGC and HDCC to all stakeholders						Disseminated TOR	1	-	-	-	-
Hold quarterly HDCC meetings and prepare for the HDGC meeting.						Reports of HDCC and HDGC meetings	3	3	3	3	3
Hold quarterly internal meeting in FMOH between M&E and other departments to reflect on data collection and collation.						Reports on resolutions, next steps and activity plan	1	1	1	1	1
Strategic Objective 2: To provide Health Sector-Wide Plan for Tracking and reporting on KPIs	**Timeframe**					**Means of Verification**	**Budget in million ₦**				
Responsibility: FMOH with support given by Development Partners	**2018**	**2019**	**2020**	**2021**	**2022**		**2018**	**2019**	**2020**	**2021**	**2022**
Conduct a situation analysis of the current health M&E systems at all levels in order to identify gaps/weakness							-	-	-	-	-

Conduct mapping of all donor support in the health sector at all levels across the country							-	-	-	-	-
Support development and implementation of M&E plan for MDAs and other health-related institutions							-	-	-	-	-
Develop a dictionary or compendium including reference sheets for all heath indicators and data tables for each health KPIs						Completed and circulated dictionary, compendium of reference sheet of indicators	1	1	-	-	-
Develop and implement harmonised annual operational plans to guide NSHDP II implementation at federal and state level						Approved implementation /operational plan	2	1	1	1	1
Develop and distribute relevant data collection tools and reporting templates to all MDAs for quarterly, biannual and annual report towards collation of implementation status reports on NSHDP II						Revised and disseminated standard 2018 data collection tool	2	-	-	-	-
Develop/implement processes and institutional relationships to ensure survey data are archived with the relevant department in the FMOH						Established archival /storage facility available in the relevant department of FMOH.	1.5	1.5	0.5	0.5	-
Ensure that all MOVs are submitted to FMOH M&E Department and are archived.						Submitted and archived MoV	0.5	0.5	-	-	-
Strategic Objective 3: To Build Capacity for National M&E System **Responsibility:** Federal/State Ministries of Health, Development Partners and the Private Sector through relevant government institutions e.g. National Population Commission and Research institutions	**Timeframe**					**Means of Verification**	**Budget in million ₦**				
	2018	**2019**	**2020**	**2021**	**2022**		**2018**	**2019**	**2020**	**2021**	**2022**
Develop M&E training modules, materials and guidelines.						Developed, distributed and utilised M&E training materials and guidelines	0.7	0.5	-	-	-
Train State HMIS and M&E Officers on the administration use of DHIS2						Training report for HMIS and M&E Officers	2	2	1	1	1
Carry out need based capacity building for the M&E Officers of FMOH, SMOH, Departments, Agencies and Programmes e.g. training on general M&E, development and use of M&E self-assessment and data management and coordination tools						Capacity building report for effective implementation of the strategies in the work plan	2.5	2.5	1.5	1.5	1.5
Strategic Objective 4: To strengthen M&E Data Management System **Responsibility:** Federal/State Ministries of Health in collaboration with Development Partners	**Timeframe**					**Means of Verification**	**Budget in million ₦**				
	2018	**2019**	**2020**	**2021**	**2022**		**2018**	**2019**	**2020**	**2021**	**2022**
Conduct monthly, quarterly, biannual and annual review of KPIs						Report of KPIs review	1	1	1	1	1

Carry out Data Quality Auditing (DQA); MTR; JARs						Circulated report data quality auditing	10	10	10	10	10
Develop or strengthen routine health information system to regularly capture health information from both public and non-public sector.						NHIS	1.5	1.5	1.5	1.5	1.5
Enhance staff skills in data analysis, synthesis and use publication and dissemination of M&E reports.						NHIS	2.5	2.5	2.5	2.5	2.5
Carry out evaluation, surveys, surveillance, and special studies towards generating non-routine data.						Evaluation, surveys and study reports	5	5	4	4	4
Conduct health system research studies and policy analysis to track implementation.						Research and implementation reports	3	3	2	2	2
Strategic Objective 5: To facilitate Advocacy, Dissemination, Learning and Knowledge Management **Responsibility:** Federal/State Ministries of Health with the support of Development Partners and the private sector	**Timeframe**					**Means of Verification**	**Budget in million ₦**				
	2018	**2019**	**2020**	**2021**	**2022**		**2018**	**2019**	**2020**	**2021**	**2022**
Advocate to the legislature, states, LGAs and other stakeholders for improved resource allocation to Health M&E system strengthening						Advocacy report	-	1	0.5	0.5	0.5
Develop an M&E Advocacy and Communication Plan for the NSHDP II						Developed Plan	-	2	-	-	-
Develop and implement a Data Management Policy and support domestication at State level						Policy developed	-	1	-	-	-
Prepare and submit Quarterly, Biannual and Annual Reports on the NSHDP II KPIs						Submitted reports	-	-	-	-	-
Prepare and present annual NHSDP II implementation status report to National Council on Health						Implementation reports submitted to NCH	-	-	-	-	-
Send feedback letters to MDAs on data submitted quarterly report.						Feedback reports	-	-	-	-	-

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