

DISCLAIMER: WHILE THE ACTUAL INDICATORS ARE NEAR-FINAL, SOME BASELINE AND TARGETS ARE STILL BEING DISCUSSED - AIM TO BE FINALISE BY JANUARY 2019

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY INDICATORS FOR NSIPSS ACCOUNTABILITY FRAMEWORK

S/N	Theme	Level	Objectives	Indicator	Description/comments	Implications (if not targets/objectives are met)	Data sources	Target	Annual milestones										Responsible			
									Baseline	2019	2020	2021	2022	2023	2024	2025	2026	2027		2028		
1	Core indicators	National	Build capacity of NPHCDA/SPHCDA to ensure compliance to best financial management practices	Outcome of annual external audit and/or Gavi Programme Cash audit of Gavi funds	The audit will be conducted by independent external auditors. Possible outcomes include: A. Satisfactory B. Partially satisfactory, and C. Unsatisfactory (Report shows evidence of fraud and/or systemic misuse of funds)	"C" result for any of the core indicators (the two mandatory requirements) will trigger a suspension of Gavi Cash and New Vaccine support or even entirely stopped in line with Gavi policies	Independent external audit report	A	N/A	A	A	A	A	A	A	A	A	A	A	A	NPHCDA / SPHCDA	
2			Continued, timely co-financing of any newly introduced and of already introduced vaccines and monitoring the financial sustainability of transitional vaccines	Timeliness of release of funding for traditional and co-financed vaccines	Potential results are: A. Timely payment (vaccine financing requirements for the year paid before the end of the same year); B. Late payment (default) but arrears paid by June of the following year C. Default not cleared by time of annual in-country high-level review meeting Note: UNICEF SD procurement process requires payment for vaccines to be made 6 months in advance. Ideally release of funds for vaccines for the current year should be made by latest February of the same year. For the following year by latest September of the current year. Attach exact funding requirements for the succeeding year as an annex		UNICEF Supply Division report; Central Bank of Nigeria (CBN) debit note; Government Integrated Financial Management Information System (GIFMIS) report	A	A (2017)	B	A	A	A	A	A	A	A	A	A	A	MoF, Budget Office	
3	Health financing	National	Increased year-on-year health sector and immunisation budgetary commitments, increase in government expenditure on vaccines and immunization programmes, and a commitment to sustain the enhanced programme once Gavi support ends.	Proportion of approved FGN budget allocated to health (FMoH+Vaccine co-financing+BHCDF)	The sum of the approved budget of the FMoH, allocation for co-financing (included in service wide votes) and BHCDF allocation will be used as the proxy for computing allocation to health.		gazetted annual Appropriation Act of FGN	15%	4.3% (2018)	To be further discussed with Ministry of Budget and National Planning										MINP / budget office		
4				Proportion of the approved health sector budget allocated to PHC (NPHCDA capital budget + BHCDF + Co-financing for vaccines)	Refers to the repositioning of health, which has historically been low. There is a clear understanding that this indicator does not comprehensively capture the PHC and immunization budget, as some PHC activities are not currently being coordinated/overseen by the NPHCDA. However, it is the best indicator that can be objectively measured on an annual basis using readily available data. BHCDF and funds for co-financed vaccines (now included as service wide votes from 2019) are beyond the FMOH budget, hence will be included in both the numerator and denominator for the computation of this indicator		gazetted annual Appropriation Act of FGN	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	FMOH
5				Proportion of appropriated NPHCDA + BHCDF funds released	Release of NPHCDA budget and BHCDF funds is good proxy for measuring availability of funding at the frontlines for implementation of PHC activities across the country		Government Integrated Financial Management Information System (GIFMIS)	100%	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	MoF / Budget office
6				Proportion of annual vaccine procurement expenditure released from government budgetary resources	This holds government accountable for increasing the budget, and reducing reliance on loans for vaccines.		GIFMIS report	100%	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	MoF / Budget office
7				Vaccine financing plan for the next year developed and updated by end of August of the current year	This plan should be used to make decisions about affordability of new vaccine introductions. The vaccine forecast for the next year is a key component of the vaccine financing plan and will need to be ready before June of the current year. Development of the financing plan should be aligned with national MTEF development		Approved vaccine financing plan	Yes	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NPHCDA / Budget office
8	Financial management and institutional capacity building	National	Build financial management capacity of relevant national and sub-national institutions	Proportion of jointly agreed financial control and management recommendations that have been fully implemented by NPHCDA (KPMG, PCA, NPHCDA)	Key strategic recommendations drawn from the KPMG financial assessment, Programme Capacity Assessment (PCA) and NPHCDA organizational capacity assessment will be developed and agreed upon by Government, Gavi alliance, partners and donors. Progress on the implementation of the recommendations will be tracked annually		PCA report NPHCDA annual report, annual audit report	100%	N/A (plan yet to be developed)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	NPHCDA
9	Governance	National	Ensure sustainable governance and improved coordination for PHC systems at National level	Proportion of PHC programmes at the National level that are coordinated by the NPHCDA	This indicator tracks PHC repositioning and aims to eliminate verticalization of PHC programmes. The target will be to have 100% of PHC programmes at the national level domiciled within the NPHCDA, in line with the PHCUOR policy		NPHCDA annual report	100%	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	FMoH
10				Proportion of states where repositioning of PHC has been fully implemented as stipulated in the PHCUOR policy			PHCUOR scorecard	100%	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Executive Governor
11				Proportion of meetings of the Presidential Task Force on Polio Eradication where RI and PHC are agenda items			Agenda & Minutes of PTOE meetings	100%	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	FMoH / NPHCDA
12				Proportion of partners and donors working on immunization and PHC that align their activities with NSIPSS/NPHCDA & SPHCDA strategic and annual operational plans	The NSIPSS annual/biennial operational plan will be reviewed once every six months. The alignment would apply mainly to new interventions. When all partners and donors align their plans with NPHCDA, duplication of efforts would be minimized		Annual operational plan for National and states	100%	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	NPHCDA
13	Coverage	National average	Increased coverage for immunization and PHC services	Pent3 coverage IPV coverage MCV1 coverage ANCA coverage SBA coverage	Survey data will be used. (NCS/SMART/NDHS) in order for immunization survey data to be timely, will use "vaccinated for age". Based on NSIPSS projections (milestones will be reviewed annually based on available data)		Immunization coverage survey (NCS, SMART, NDHS, MICS, DHS2)	84%	33% (2018)	48	55	60	65	69	73	78	80	82	84			NPHCDA / SPHCDA
		States' performance		Proportion of states that achieved projected coverage rates for Pent3, IPV and MCV1; ANCA and SBA	Based on projections for the different categories of states in line with the NSIPSS			84%	NA	48	55	60	65	69	73	78	80	82	84			NPHCDA / SPHCDA
				Pent3 coverage IPV MCV1 ANCA SBA				91%	41.7% (2018)	63	69	73	77	82	84	86	88	89	91			NPHCDA / SPHCDA
								TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	NPHCDA / SPHCDA
14	Data quality	National	Improved PHC data quality at National and sub-national levels	Variance between DHS2 and survey Pent3 coverage	The milestones were determined by evenly distributing the difference between the baseline and target over 10 years Baseline: 105% (admin - DVD-MT 2016) - 33% (2016 MICS/NICS survey)		DHS2, immunization coverage surveys (NCS, SMART, NDHS, MICS)	10%	72%	65.8%	59.6%	53.4%	47.2%	41.0%	34.8%	28.6%	22.4%	16.2%	10%			NPHCDA / SPHCDA
		States' performance		Proportion of states with variance between DHS2 and survey coverages within recommended values	Projected target values for variance will be graduated over the period of 10 years			TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	NPHCDA / SPHCDA
15	Vaccine accountability	National	Improved vaccine accountability by ensuring that unjustifiable vaccine wastage rates are within recommended values	Triangulated (unjustifiable) wastage rate of the following vaccines: IPV MCV1 PCV	Projected target values for vaccine misuse will be graduated over the period of 10 years Data from DHS2, surveys, physical vaccine stock count will be used in the triangulation		Wastage rate study, DHS2, immunization coverage surveys, report of physical vaccine stock count	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	NPHCDA / SPHCDA
		States' performance		Proportion of states with triangulated (unjustifiable) wastage rate within recommended values for IPV MCV1 PCV	Projected target values for vaccine misuse will be graduated over the period of 10 years			TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	NPHCDA / SPHCDA