ZAMFARA STATE GUIDELINES FOR THE

DEVELOPMENT OF ANNUAL OPERATIONAL PLANS

(AOPs) FOR THE HEALTH SECTOR

A Comprehensive Framework for Health Sector Planning,

Budgeting, Implementation, Monitoring, Accountability,

Coordination, and Service Delivery

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APPROVAL PAGE

This document has been reviewed and approved as the official guideline for the development and implementation of Annual Operational Plans (AOPs) within the Zamfara State Health Sector.

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Date: 20/03/2025

ABSTRACT

The Guidelines for the Development of Annual Operational Plans (AOPs) for the Health Sector provide a structured framework for translating health sector policies, strategic priorities, and sector goals into implementable annual activities and budgets. The document is designed to support the Ministry of Health, State Primary Health Care Development Agencies/Boards, Hospitals Management Boards, Local Government Health Authorities, health facilities, development partners, and other stakeholders in strengthening evidence-based planning, budgeting, implementation, monitoring, accountability, and service delivery within the health sector.

The guidelines establish standardized procedures for annual planning, budgeting, costing, implementation, monitoring, evaluation, accountability, risk management, resource mobilization, and coordination to ensure that health sector interventions remain realistic, prioritized, adequately funded, measurable, and aligned with the Health Sector Strategic Blueprint (HSSB), National Health Policies, Universal Health Coverage (UHC) priorities, and Sustainable Development Goals (SDGs).

1.0 INTRODUCTION

The Annual Operational Plan (AOP) is a key implementation, coordination, and management instrument used to translate the priorities, goals, objectives, and strategic directions of the Health Sector Strategic Blueprint (HSSB) into actionable annual activities.

The AOP provides a structured framework for planning, budgeting, implementation, monitoring, evaluation, accountability, and performance management of health sector interventions at State, Local Government Area (LGA), and health facility levels.

These guidelines are designed to support Ministries of Health, State Primary Health Care Development Agencies/Boards, Hospitals Management Boards, Local Government Health Authorities, Development Partners, and other stakeholders in the preparation of evidence-based, costed, realistic, coordinated, and results-oriented Annual Operational Plans.

The development of the AOP shall promote:

- Integrated and evidence-based planning;
- Efficient allocation and utilization of health resources;
- Improved healthcare service delivery;
- Accountability and performance tracking;
- Coordination among health sector stakeholders;
- Harmonization with national and subnational planning frameworks.

1.1 BACKGROUND AND RATIONALE

Zamfara State continues to face several health system challenges including:

- Inadequate financing;
- Weak infrastructure;
- Limited human resources for health;
- Disease outbreaks;

- Low service utilization;
- Poor maternal and child health indices;
- Inadequate health information management systems.

The Health Sector Strategic Blueprint (HSSB) provides a long-term strategic direction for strengthening the health system and improving health outcomes across the State. To ensure effective implementation of the HSSB, there is a need for structured Annual Operational Plans that clearly define yearly priorities, interventions, budgets, responsibilities, indicators, and implementation timelines.

The development of annual operational plans also supports:

- Improved coordination among health sector stakeholders;
- Efficient allocation and utilization of resources;
- Strengthened accountability and transparency;
- Improved monitoring and performance tracking;
- Alignment of donor and partner interventions with State priorities;
- Evidence-based decision-making.

1.2 STRATEGIC ALIGNMENT

All AOP submissions must directly align with:

- Health Sector Strategic Blueprint (HSSB);
- State Health Sector Strategic Plans (SHSSP);
- National Health Policy;
- National Strategic Health Development Plan (NSHDP);
- Primary Health Care Under One Roof (PHCUOR) policy;
- Universal Health Coverage (UHC) priorities;
- Sustainable Development Goals (SDGs);
- Relevant disease-specific strategic frameworks;
- State Development Plans.

The AOP must comprehensively reflect all programs, interventions, and projects related to:

- Primary healthcare services;
- Secondary and tertiary healthcare services;
- Maternal, newborn, child, and adolescent health;

- Disease prevention and control;
- Nutrition and immunization;
- Public health emergency preparedness;
- Water, sanitation, and hygiene (WASH) in healthcare facilities;
- Health systems strengthening;
- Human resources for health;
- Health infrastructure and medical equipment.

This is to ensure that no interventions are duplicated, fragmented, or implemented in isolation.

2.0 PURPOSE OF THE GUIDELINES

The purpose of these guidelines is to:

1. Provide a standardized approach for the preparation of Annual Operational Plans within the Zamfara State Health Sector;
2. Guide health sector stakeholders on the planning process, timelines, roles, and responsibilities;
3. Ensure consistency between the HSSB, Medium-Term Sector Strategy (MTSS), annual budgets, and operational plans;
4. Facilitate evidence-based prioritization of interventions;
5. Improve implementation tracking and reporting;
6. Promote stakeholder participation and ownership;
7. Promote harmonized planning, budgeting, implementation, and reporting across all health sector institutions;
8. Facilitate effective monitoring, evaluation, accountability, and learning;
9. Enhance accountability and transparency in the health sector;
10. Strengthen coordination among government institutions and development partners.

3.0 OBJECTIVES OF THE ANNUAL OPERATIONAL PLAN

The Annual Operational Plan shall:

- Translate strategic objectives of the HSSB into annual deliverables;
- Define priority interventions and implementation timelines;
- Assign responsibilities to implementing departments and units;
- Provide detailed activity costing and financing arrangements;

- Establish measurable indicators and targets;
- Support monitoring, supervision, and performance assessment;

- Strengthen accountability and results-based management;
- Improve coordination and service delivery.

4.0 GUIDING PRINCIPLES

The development of the AOP shall be guided by the following principles:

4.1 Alignment

All planned activities must align with:

- Health Sector Strategic Blueprint (HSSB);
- National Health Policy;
- National Strategic Health Development Plan (NSHDP);
- State Development Plans;
- Sustainable Development Goals (SDGs);
- Universal Health Coverage (UHC) priorities;
- BHCPF priorities.

4.2 Evidence-Based Planning

Planning shall be based on:

- Routine Health Management Information System (HMIS) data;
- Survey findings;
- Joint Annual Reviews (JAR);
- Disease surveillance reports;
- Financial and program performance reports;
- Community feedback;
- Assessments and evaluations.

4.3 Inclusiveness and Participation

The planning process shall involve:

- Government institutions;
- LGAs;

- Development partners;
- Civil society organizations;
- Professional bodies;
- Community representatives;
- Private sector stakeholders;
- Traditional and religious institutions;
- Ward Development Committees.

4.4 Equity and Accessibility

Interventions shall prioritize underserved and vulnerable populations including:

- Women;
- Children;
- Adolescents;
- Persons with disabilities;
- Internally displaced persons;
- Hard-to-reach communities.

4.5 Efficiency and Value for Money

Resources shall be allocated to high-impact interventions with measurable outcomes.

4.6 Accountability and Transparency

Roles, responsibilities, timelines, outputs, budgets, and performance indicators shall be clearly defined.

4.7 Sustainability

Interventions shall prioritize sustainability, local ownership, and efficient utilization of available resources.

5.0 HEALTH SECTOR PROFILE AND CONTEXT ANALYSIS

The AOP shall include a comprehensive health sector profile and contextual analysis covering:

- Demographic profile;

- Geographic profile;
- Population distribution;
- Health facility distribution;
- Disease burden analysis;
- Service availability and readiness;
- Maternal and child health indicators;
- Nutrition indicators;
- Public health trends;
- Vulnerability and hard-to-reach population mapping;
- Health workforce distribution;
- Health financing trends.

Comparative analysis shall include:

- State averages;
- National averages;
- Regional benchmarks where applicable.

6.0 SWOT AND SITUATIONAL ANALYSIS

A comprehensive situation analysis shall be conducted during AOP preparation using:

- SWOT analysis;
- Root cause analysis;
- Bottleneck analysis;
- Gap assessments;
- Disease burden analysis;
- Infrastructure assessments;
- Financial analysis;
- Commodity and logistics assessments.

The analysis shall identify:

- Strengths;
- Weaknesses;
- Opportunities;
- Threats;
- Key achievements;
- Gaps and bottlenecks;

- Emerging priorities;
- Lessons learned.

7.0 PROJECTED FUNDING ENVELOPE

To ensure realistic and implementable planning, the AOP development process shall begin with a clearly defined fiscal framework.

7.1 Budget Ceilings

The Ministry of Health, in collaboration with the Ministry of Budget and Economic Planning and Ministry of Finance, shall issue projected funding envelopes and budget ceilings for the health sector.

All proposed activities by:

- Ministries and Departments;
- State Primary Healthcare Development Agencies;
- Hospitals Management Boards;
- Local Government Health Authorities;
- Health facilities;
- Donor-supported programs;

shall be prioritized strictly within the approved fiscal space.

7.2 Funding Sources

The AOP shall clearly indicate all anticipated funding sources including:

- State Government allocations;
- Local Government contributions;
- Basic Health Care Provision Fund (BHCPF);
- Development partner support;
- Donor-funded interventions;
- Internally Generated Revenue (IGR);
- Special intervention funds;
- Grants and counterpart funding arrangements.

8.0 STRATEGIC PILLARS AND PRIORITY INITIATIVES

The AOP shall organize interventions under strategic pillars, enablers, and priority initiatives.

Strategic pillars may include:

- Governance and Leadership;
- Quality Health Systems;
- Health Security;
- Disease Prevention and Control;
- Maternal, Newborn, Child, and Adolescent Health;
- Health Systems Strengthening;
- Community Health Systems;
- Emergency Preparedness and Response.

Enablers may include:

- Health Financing;
- Data and Digitalization;
- Human Resources for Health;
- Supply Chain Systems;
- Infrastructure Development;
- Organizational Culture and Performance Management.

Each strategic pillar shall include:

- Strategic objectives;
- Priority interventions;
- Expected outputs;
- Annual targets;
- Financing requirements.

9.0 SCOPE OF THE ANNUAL OPERATIONAL PLAN

The AOP shall cover all health sector thematic areas including:

1. Governance and Leadership;
2. Human Resources for Health;
3. Health Financing;
4. Service Delivery;

5. Essential Medicines and Commodities;
6. Health Information Systems;
7. Disease Prevention and Control;
8. Maternal, Newborn, Child, and Adolescent Health;
9. Nutrition Services;
10. Immunization;
11. Primary Health Care;
12. Secondary and Tertiary Health Services;
13. Emergency Preparedness and Response;
14. Public Health Security;
15. Monitoring and Evaluation;
16. Infrastructure Development;
17. Community Engagement and Risk Communication;
18. WASH in Healthcare Facilities;
19. Digital Health Systems;
20. Health Systems Strengthening.

10.0 COSTING AND BUDGETING ALIGNMENT

All planned activities shall be properly costed using approved budgeting templates and standardized costing methodologies.

10.1 Chart of Accounts (CoA) Expenditure Classification

Every activity, procurement, intervention, and operational cost captured in the AOP must align with the official Zamfara State Chart of Accounts expenditure classifications and program segments.

This alignment shall ensure:

- Seamless integration into the state budgeting system;
- Improved expenditure tracking;
- Financial accountability and transparency;
- Harmonized reporting structures.

10.2 Recurrent Health Sector Costs

The AOP must explicitly capture all recurrent costs associated with healthcare service delivery.

These shall include:

- Salaries and allowances of healthcare workers;
- Hazard and rural posting allowances;
- Training and capacity building;
- Operational costs of health facilities;
- Utility and maintenance costs;
- Medical consumables and essential medicines;
- Disease surveillance and reporting costs;
- Outreach and community mobilization activities.

Funding Source Delineation

The AOP must clearly specify which funding source will cover each recurrent expenditure to avoid duplication, payroll fragmentation, and funding gaps.

11.0 HUMAN RESOURCES FOR HEALTH (HRH)

Human resources are central to effective healthcare delivery.

The AOP must include:

- Existing workforce distribution;
- Staffing gaps and needs assessments;
- Planned recruitment and deployment;
- Capacity development and training schedules;
- Retention strategies for rural and underserved areas;
- Performance management systems;
- Leadership and talent development initiatives.

Priority should be given to:

- Doctors;
- Nurses and midwives;
- Community Health Extension Workers (CHEWs);

- Laboratory personnel;
- Pharmacists;
- Public health officers;
- Health records personnel.

12.0 CAPITAL EXPENDITURE AND HEALTH INFRASTRUCTURE MANAGEMENT

Capital investments must be guided by evidence-based prioritization and service delivery needs.

12.1 Prioritization Criteria

Capital projects shall be prioritized based on:

- Facility condition assessments;
- Population coverage gaps;
- Disease burden;
- Maternal and child mortality indicators;
- Geographic accessibility;
- Emergency response needs;
- Availability of essential healthcare services;
- Equity considerations for vulnerable and underserved populations.

12.2 Eligible Capital Investments

Capital investments may include:

- Construction and rehabilitation of health facilities;
- Solarization of healthcare facilities;
- Medical equipment procurement;
- Ambulances and emergency response systems;
- Laboratory upgrades;
- ICT and digital health systems;
- Water and sanitation infrastructure.

12.3 Investment Management

Capital plans must include:

- Lifecycle cost analysis;
- Procurement readiness assessments;
- Sustainability plans;
- Maintenance strategies;
- Implementation timelines;
- Monitoring mechanisms.

13.0 ESSENTIAL MEDICINES, SUPPLY CHAIN, AND LOGISTICS MANAGEMENT

The AOP must include comprehensive planning for:

- Procurement of essential medicines;
- Vaccine logistics;
- Medical consumables;
- Cold chain systems;
- Distribution systems;
- Stock monitoring and reporting mechanisms.

All procurement and distribution activities must align with national procurement guidelines and essential medicines lists.

14.0 PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE

The AOP must include preparedness strategies for:

- Disease outbreaks;
- Epidemics and pandemics;
- Floods and humanitarian emergencies;
- Conflict-related health disruptions;
- Nutrition emergencies.

Preparedness plans shall include:

- Rapid response mechanisms;

- Emergency medical supplies;
- Surveillance systems;
- Risk communication strategies;
- Emergency coordination structures.

15.0 INSTITUTIONAL ARRANGEMENTS

15.1 State Ministry of Health

The Ministry of Health shall:

- Provide leadership and coordination;
- Issue planning circulars and timelines;
- Facilitate stakeholder engagement;
- Consolidate sector-wide AOP submissions;
- Ensure alignment with HSSB priorities;
- Monitor implementation progress.

15.2 State Primary Health Care Development Board

The SPHCDA/SPHCB shall:

- Coordinate PHC operational planning;
- Support LGA-level planning;
- Consolidate PHC-specific interventions;
- Track implementation of PHC activities.

15.3 Hospitals Management Board

The HMB shall:

- Coordinate operational planning for secondary healthcare services;
- Ensure hospital-level plans align with sector priorities;
- Monitor service delivery performance.

15.4 Local Government Health Authorities

LGAs shall:

- Conduct local-level needs assessment;
- Develop LGA operational plans;
- Coordinate facility-level inputs;
- Monitor implementation within the LGA.

15.5 Development Partners

Development partners shall:

- Align partner support with government priorities;
- Participate in planning and review meetings;
- Provide technical and financial support;
- Share planned interventions and budgets.

15.6 Monitoring and Evaluation Unit

The M&E Unit shall:

- Provide planning templates;
- Support indicator selection and target setting;
- Coordinate data analysis;
- Develop performance monitoring frameworks.

16.0 STAKEHOLDER ENGAGEMENT AND COORDINATION

The AOP development process must be participatory and inclusive.

Key stakeholders include:

- State Ministries and Agencies;
- Local Government Health Authorities;
- Development partners;
- Traditional and religious institutions;
- Civil society organizations;
- Professional associations;
- Community structures and Ward Development Committees.

Coordination mechanisms shall be established to:

- Avoid duplication of interventions;

- Improve resource utilization;
- Strengthen accountability;
- Promote integrated service delivery.

17.0 AOP DEVELOPMENT PROCESS

17.1 Step 1: Issuance of Planning Circular

The Ministry of Health shall issue a planning circular indicating:

- Planning objectives;
- Timelines;
- Submission requirements;
- Planning templates;
- Budget ceilings;
- Reporting formats.

17.2 Step 2: Situation Analysis

A comprehensive situation analysis shall be conducted using:

- Health sector performance data;
- Disease burden analysis;
- Human resource gaps;
- Infrastructure assessments;
- Financial analysis;
- Commodity and logistics reports.

17.3 Step 3: Stakeholder Consultations and Workshops

The planning process shall include:

- Stakeholder workshops;
- Technical planning sessions;
- Facility-level consultations;
- Joint harmonization meetings;
- Capacity-building sessions.

17.4 Step 4: Priority Setting

Priority interventions shall be selected based on:

- Burden of disease;
- Public health importance;
- Cost-effectiveness;
- Available resources;
- Equity considerations;
- Feasibility.

17.5 Step 5: Development of Objectives and Targets

Each thematic area shall define:

- Strategic objective;
- Annual objective;
- Expected outputs;
- Performance indicators;
- Baseline values;
- Annual targets;
- Means of verification.

17.6 Step 6: Activity Planning

Activities shall be developed with clear:

- Description;
- Responsible unit;
- Timeline;
- Resource requirements;
- Expected outputs;
- Monitoring indicators.

17.7 Step 7: Costing and Budgeting

All activities shall be costed using standardized costing templates.

17.8 Step 8: Resource Mapping

Resource mapping shall identify:

- Government funding sources;
- Donor contributions;
- Partner commitments;
- Funding gaps.

17.9 Step 9: Stakeholder Validation

Draft AOPs shall be presented during stakeholder validation meetings for:

- Technical review;
- Harmonization;
- Consensus building;
- Approval.

17.10 Step 10: Finalization and Approval

The finalized AOP shall be approved by:

- Honourable Commissioner for Health;
- Executive Management Committee;
- State Health Executive Council where applicable.

17.11 Step 11: Dissemination

Approved AOPs shall be disseminated to:

- Departments and units;
- LGAs;
- Health facilities;
- Development partners;
- Implementing agencies.

18.0 MONITORING, EVALUATION, ACCOUNTABILITY, AND LEARNING (MEAL)

18.1 Monitoring Framework

Monitoring shall focus on:

- Activity implementation;
- Financial performance;
- Service delivery outputs;
- Outcome indicators.

18.2 Performance Indicators

Each intervention shall include:

- Baseline data;
- Annual targets;
- Key Performance Indicators (KPIs);
- Means of verification;
- Reporting timelines;
- Responsible officers.

18.3 Reporting Requirements

All implementing institutions shall submit:

- Monthly implementation reports;
- Quarterly performance reviews;
- Mid-year assessments;
- Annual performance evaluations;
- Data Quality Assessment reports.

18.4 Supportive Supervision

The AOP shall include provisions for:

- Routine supportive supervision;
- Facility monitoring visits;
- Data quality assessments;
- Performance review meetings.

19.0 FINANCIAL DASHBOARD AND IMPLEMENTATION ANALYSIS

The AOP shall include:

- Total AOP cost;
- Government contribution;
- Partner contribution;
- Funding gaps;
- Cost-by-pillar analysis;
- Cost-by-program analysis;
- Cost-by-implementation-level analysis.

Implementation-level financing analysis shall include:

- State-level implementation;
- LGA-level implementation;
- Facility-level implementation;
- Community-level implementation.

The AOP shall also classify activities as:

- New interventions;
- Ongoing interventions;
- Completed interventions.

20.0 DEVELOPMENT PARTNER ALIGNMENT MATRIX

The AOP shall include a development partner coordination matrix showing:

Partner	Intervention Area	Geographic Coverage	Funding Amount	Reporting Mechanism

21.0 IMPLEMENTATION MATRIX TEMPLATE

S/N	Strategic Objective	Activity Description	CoA Program Segment Code	Annual Target	Responsible Unit	Budget (₦)	Funding Source
1	Improve Primary Healthcare Access	Rehabilitation of 10 PHCs in underserved communities	23020101	10 PHCs	SPHCDA / Works Department	120,000,000	State / BHCPF
2	Strengthen Human Resources for Health	Recruitment and deployment of frontline healthcare workers	21010103	250 Health Workers	Ministry of Health / SPHCDA	85,000,000	State Government
3	Improve Maternal & Child Health Services	Procurement of maternal delivery kits and medicines	22020105	500 Kits	Department of Public Health	45,000,000	Donor / State

22.0 TIMELINES FOR AOP DEVELOPMENT

Activity	Timeline
Issuance of planning circular	July
Data review and situation analysis	August
Stakeholder consultations	August–September
Draft AOP preparation	September
Costing and budgeting	October
Validation meeting	October
Finalization and approval	November
Dissemination	December

Implementation commencement	January

23.0 PERFORMANCE INDICATORS

Indicators shall be SMART:

- Specific;
- Measurable;
- Achievable;
- Relevant;
- Time-bound.

Thematic Area	Indicator
Maternal Health	Percentage of deliveries attended by skilled birth attendants
Immunization	Penta 3 coverage rate
Human Resources	Percentage of health facilities with minimum staffing
Health Financing	Percentage budget release rate
Disease Control	Malaria test positivity rate
HMIS	Timeliness and completeness of reporting

24.0 RISK MANAGEMENT

Potential risks to implementation may include:

- Inadequate budgetary allocation;
- Delayed release of funds;
- Weak coordination among stakeholders;
- Limited human resources for health;
- Poor quality health data;

- Disease outbreaks and public health emergencies;
- Insecurity and difficult terrain;
- Political interference and policy inconsistency;
- Weak monitoring and supervision systems;
- Donor dependency and funding uncertainty;
- Procurement delays;
- Inadequate community engagement;
- Poor infrastructure and equipment gaps;
- Resistance to change and innovation;
- Weak accountability mechanisms.

Mitigation measures shall be identified for each risk and integrated into implementation planning and monitoring processes.

25.0 RESOURCE MOBILIZATION

The health sector shall pursue diversified financing strategies including:

- Government budget allocations;
- Development partner support;
- Donor grants;
- Public-private partnerships;
- Health insurance mechanisms;
- Community contributions where appropriate;
- BHCPF allocations;
- Special intervention funds.

26.0 ACCOUNTABILITY AND GOVERNANCE

To strengthen accountability:

- Quarterly financial and program reports shall be published;
- Performance contracts may be developed for departments;
- Procurement processes shall comply with regulations;
- Internal audits shall be conducted periodically;
- Financial controls shall be strengthened;
- Performance accountability systems shall be institutionalized.

27.0 IMPLEMENTATION ARRANGEMENTS

Implementation of the AOP shall be coordinated through:

- Technical Working Groups (TWGs);
- Program managers;
- Departmental focal persons;
- LGA implementation teams.

Each implementing unit shall develop detailed activity schedules and reporting mechanisms.

28.0 CONCLUSION

The Annual Operational Plan remains an essential instrument for translating the Zamfara State Health Sector Strategic Blueprint into measurable and impactful health interventions.

Effective implementation of these guidelines will strengthen coordination, accountability, resource utilization, healthcare financing, monitoring systems, and service delivery across Zamfara State.

All stakeholders are encouraged to actively participate in the planning, implementation, monitoring, evaluation, accountability, and learning processes to ensure improved health outcomes for the people of Zamfara State.

ANNEX 1: SAMPLE AOP IMPLEMENTATION TEMPLATE

S/N	Strategic Objective	Activity	Output	Indicator	Baseline	Annual Target	Timeline	Responsible Unit	Budget (₦)	Funding Source
1	Improve immunization coverage	Conduct outreach sessions	Increased immunization uptake	Penta 3 coverage	62%	85%	Q1–Q4	Immunization Unit	25,000,000	State/Partner

ANNEX 2: SAMPLE MONITORING FRAMEWORK

Indicator	Definition	Data Source	Frequency	Responsible Officer
ANC Coverage	Percentage of pregnant women attending ANC	DHIS2	Monthly	M&E Officer
Skilled Birth Attendance	Percentage of deliveries attended by skilled personnel	Facility Registers	Monthly	RH Coordinator

ANNEX 3: CHECKLIST FOR AOP QUALITY REVIEW

Criteria	Yes/No
Aligned with HSSB priorities	
Activities are costed	
Indicators are SMART	
Funding sources identified	
Timelines clearly stated	
Stakeholders consulted	
Monitoring framework included	
Risk mitigation measures identified	
SWOT analysis conducted	
Means of verification included	
Cost-by-pillar analysis included	
Development partner alignment included	

ANNEX 4: SWOT ANALYSIS TEMPLATE

Strengths	Weaknesses	Opportunities	Threats

ANNEX 5: DEVELOPMENT PARTNER ALIGNMENT TEMPLATE

Partner	Intervention Area	Geographic Coverage	Budget Support	Reporting Structure

ANNEX 6: HEALTH INDICATOR DASHBOARD TEMPLATE

Indicator	Baseline	Annual Target	Current Status	Variance