



COLLEGE OF HEALTH TECHNOLOGY MAIDUGURI
Borno State

STRATEGIC PLAN
2018 to 2022

December 2018

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FORWARD

Borno state Health system is undergoing major transformation as part of the state's efforts in revitalizing the stamina in the sector aimed at delivering effective and quality health care to all people in the State. Acute shortage of Human Resources for Health (HRH) constitutes a major problem in actualizing this noble goal. Inadequate number of female students entering and graduating from the state's Health Training Institutions (HTIs) has been overwhelming. The urban-rural disparity in the distribution of female health workforce across the state is alarming and needs serious attention. Increasing the number of female students entering and graduating from health training courses is part of the challenge.

There is urgent need to attract students who are more likely to accept and stay in a rural posting, and to devise incentives that will keep them deployed to address this gap. In order to achieve this, intervention is required on a number of fronts, to improve the quality, accessibility and affordability of health training and governance bottlenecks.

In the last 1 year this institution has witnessed tremendous progress in the area of management planning with availability and utilization of tools such as Performance Management Framework and Annual Operational Plan but no specific strategic plan was ever developed for the college. For the first time, this College is having institution specific strategic plan to guide its operations in the next 5 years. This strategic plan has been developed to serve as management tool in reversing the devastating situation by ensuring that the College incrementally achieves the desired objectives as stipulated herein for improved outcomes.

I therefore urge and call for the collective commitment and dedication of all for the successful implementation of this strategic plan in order to achieve the desired change in this College and the healthcare of our people in general.

Honourable Commissioner for Health

Dr Salihu Kwayabura, MBBS, FWACS, Dip-HSM, F-MAS, D-MAS WALS

ACKNOWLEDGEMENT

The College of Midwifery, Maiduguri in collaboration with Women for Health (W4H), sincerely appreciates individuals that contributed considerable time and effort towards the development of this 5-year Strategic Plan for Strengthening Primary Health Care Services in Nigeria (2018-2022). We appreciate the direction and guidance given by our dedicated consultant, Mr Robert Bature, who took the lead in developing the strategic plan

I acknowledge sincerely the technical support provided by the W4H Technical Team Mr Balarabe A.Gaya, Largema Bukar and Tamadi Mohammed. The contribution of our Management Staff in actualizing this important document is unique.

I also wish to acknowledge with appreciation the maximum support and cooperation of the Hon. Commissioner of Health Dr Salihu Kwayabura, the Permanent Secretary SMOH Alh. Bukar Mustapha Allau for their continuous guidance.

This institution is compellingly mandated to adhere and focus on the execution of strategies contained herein for optimal performance of the College and better outcomes in the next 5 years.

Provost CHT

ACRONYMS

AoP	Annual Operational Plan
BAM	Bi- Annual Management Meeting
CHEW	Community Health Extension Workers.
CON&MW	College of Nursing and Midwifery
CSO	Civil Society Organization
FMC	Federal Medical Centre
FYP	Foundation Year Program
HRD	Human Resource Development
HRH	Human Resource for Health
HTI	Health Training Institution
ICM	International Confederation of Midwives
LGA	Local Government Area
LSS	Live Saving Skills
M&E	Monitoring and Evaluation
MTSS	Medium Term Sector Strategy
NMC	Nursing and Midwifery Council
PMF	Performance Management Framework
SDGs	Sustainable Development Goals
SHSDP	State Health Strategic Development Plan
CHT	College of Health Technology
SMOH	State Ministry of Health
SOM	College of Midwifery
SWOT	Strengths, Weaknesses, Opportunities and Threats
HTI	Health Training Institution
TNA	Training Needs Assessment
TOT	Trainers of Trainers
TTP	Tutor Training Plan
W4H	Women for Health

EXECUTIVE SUMMARY

Borno is faced with serious HRH challenges in the state, even before insurgency and the problem is further complicated by the insurgency, as such the state need a robust strategic plan on how to address the challenge. The fact that production of frontline health workers is dependent on the health training institutions (HTIs), the schools as well need a comprehensive strategic plan that will factor how to address the challenge facing the state. The development of a strategic plan for HTIs will help the state in increasing the capacity of the HTI and hence increase the number and quality of health workers produced in the state.

W4H program in the extension phase between April 2018 and October 2020 is designed to also support the Health Training Institutions in Borno to deliver its core mandate of producing highly skilled and motivated primary health care professional produced through innovation and use of modern technology

The development of this Five Year Strategic Plan for the CHT is a strategic support from W4H to help set overall direction for the College that will lead to the development of operational plans to help achieve the College mission and vision

The methodology used in developing the strategic plan involved several participatory approaches including meetings, one to one consultations, workshops as well as desk review of relevant literature including W4H baseline assessment of Borno.

The key findings from all the assessments reveal that; the College has planning tools such as Annual Operational Plan (AOP) and Performance Management Framework tools in use, but the College is yet to develop a specific strategic plan.

The community Health Department of the College has been on Full accreditation since the past 5 years with 8 registered PHC tutors as against 318 total students (Year 1 to 3) for the CHEW and 164 total students for the JCHEW program this is acceptable by the College regulatory body (CHPRB) in terms of tutor to student ratio. The College has experienced qualified and well-motivated leadership. The community Health department was however due for another Accreditation Visit in the last quarter of 2018.

The College Academic performance for 2017 CHEW final qualification examination was 99% this shows a significant improvement as against 46% in 2016 qualifying exams. The College has no modern learning strategies like student centered learning (SCL) E-learning to improve performance management of quality of teaching. The College will require modern furniture's, e- library and e-learning classroom for effective quality learning and to improve students' academic performance

The College has no budget line or overhead cost for the College and therefore lack access to budgetary allocations from the state government, only using internally generated revenue (IGR) from the College for its day to day running of the

College. The CHT which has a College status yet does not have a governing board or any form of autonomy to enable them control its own resources.

The College has come up with the following Mission and Vision statement;

Vision: To position the College as a regional centre of Excellence for the development of Health and Social services, manpower development through training and research on service delivery

Mission: To produce effective and efficient healthcare personnel that will provide health care services to all the people in Borno State and the nation at large.

Strategic Plan Objectives, Strategies, Activities and Indicators

A draft Five Year Strategic Plan for the CHT was developed to address the priority gaps observed from all the assessments' in order to achieve the above Vision and Mission of the College. The plan has the following seven Overall Objectives aligned with the College mandate:

- To plan, achieve and retain full Accreditation status, that will increase the number of students in training and indexed places
- To Improve the Quality of Education of the HTI that will increase students' performance and graduation rates of female students.
- To Increase the Pipeline of the HTI with adequate qualified Nurse & Midwife Educators that will meet the NMC standard and to also provide quality teaching.
- To Strengthen Management and Financing of the HTI, to control HTI own planning, budgeting, HRH management, production of financial management reports and performance monitoring
- To Improve Female-friendliness of the health training institution by Mainstreaming Gender.
- To establish, Implement and Monitor Foundation Year Program (FYP) that will recruit and build the academic, and personal and social capital of young women from rural areas.
- To Improve Governance and Leadership of the HTI s by facilitating the constitution and strengthening of the Governing Boards and legislation for legal mandate with some level of autonomy
- To Improve Financing of the HTI by advocating to the Government for a budget line, funds appropriation and releases.

Each overall Objective has a number of Strategic Objectives and activities to achieve them as well as indicators to track progress; each activity also has a timeline, person responsible. The budget for each Activity is also costed separately

W4H is supporting the College to develop a 5-year strategic plan to direct its operations. It is hoped that having the 2018-2022 Strategic Plan will help the management of College of Midwifery Maiduguri deliver its mandate and achievements in the next 5 years.

Financing the Strategic Plan

Institutional financing is crucial to achieving the success of every organization. The goals, objectives and strategic interventions set out in this document must be adequately funded for their smooth implementation to achieve optimal outcomes. Costing of the developed plan is carried out in order to determine the adequacy and availability of funds to support implementation.

Therefore mobilizing enough funds from government budgetary allocations through fiscal annual envelopes and supports from Development Partners remains the main funding source for financing the implementation of 2017 – 2021 SOM Maiduguri strategic plans. As noted earlier, the contribution of development partners is significant and more can be achieved if a Public Private Partnership is articulated and implemented for the development of the institute. Other opportunities exist for extra funding through community participation and public private partnerships.

Conclusion

The 5 Year Strategic Plan was developed through a participatory process. The costing in the strategic plan document are only estimates for recurrent expenditure, the College management will have to work further and come up with a detailed and more realistic costs of each activity including the capital costing. This five-year strategic document outlines policy objectives, indicators and broad interventions for planned and realistic approaches to drive development in the College. To facilitate effective implementation, the Strategic plan has to be stepped down to annual operational plans and the broad interventions broken down into simple activities for the year. A typical operational plan will outline activities, baselines, targets, timeline, and persons responsible

CHAPTER 1: INTRODUCTION

1.1 BACK GROUND

Enrolment and production of health workers in the Borno State health training institutions are currently not determined by evidence-based HRH needs. Both the regulatory bodies and the HRH planning divisions of all levels of government and the private sector need to perform their functions according to such evidence-based needs. The needs should be reviewed periodically in line with well-determined staffing gaps in both private and public institutions.

Both urban and rural areas do not have access to basic healthcare due to lack of caregivers with the necessary competence to take care of the health needs of the people. The gender mix of frontline caregivers in the ratio of 3:1 in favors of men means that access to same -sex caregivers is greatly reduced for the female population who make up the greater number of those needing basic healthcare

A State HRH education and training strategy is yet to be developed in Borno State, and the mechanism to link the supply of trainees with demand is not clear. The College of Health Technology, College of Nursing and College of Midwifery Maiduguri are the only three HRH training institutions in the State. Accreditation criteria depend on national regulatory bodies, such as the Nursing and Midwifery Council.

The number of HRH tutors for the training of all categories for HRH is inadequate. Tutors are not available and migration and Insecurity is a serious problem aggravating the situation, affecting services and the continuity of the training Plan. The number of yearly graduates is inadequate to cover the needs of the various categories of HRH. Male student admissions outnumber females by 3:1 and male graduates outnumber females by about 7: 1 due to a variety of factors related to

culturally dictated gender barriers to female enrolment and retention in Colleges. Training institutions adhere to the national admission policies of 5 credits in Science, English, Mathematics and two other subjects.

Enrollment of young rural northern women for professional training in health and medicine is challenging for a number of reasons. Restrictions on women's mobility and the deep-seated expectations around appropriate gender roles, and low educational attainment of girls in the north, especially from rural areas, means that very few have reached an appropriate educational level to succeed in nationally accredited training courses

This Five Year Strategic Plan is a guide for the CHT to implement its critical priorities which is to contribute to achieving the state national and international human resource for health goals to enhance social and economic growth and development.

1.2 RATIONAL FOR THE STRATEGIC PLAN

Borno State is faced with serious HRH challenges even before insurgency and the problem is further complicated by the insurgency, as such the state need a robust strategic plan on how to address the challenge. The fact that production of frontline health workers is dependent on the health training institutions (HTIs), the schools as well need a comprehensive strategic plan that will factor how to address the challenge facing the state. The development of a strategic plan for the CHT will help the state in increasing the capacity of the HTI and hence increase the number and quality of health workers produced in the state.

The College of Health Technology Maiduguri has planning/implementation tools such as the Annual Operational Plan (AOP) and Performance Management Framework (PMF) but no institutional specific strategic plan was ever developed for the College to guide and draw for the execution of its operational plan.

The College has been on full accreditation since the last 5 years and is due for another accreditation visit in last quarter of 2018. The college is currently faced with inadequate hostel accommodation, classrooms and other cadre of human resources. The College clinic which supposed to improve students clinical skills is grossly underequipped, no e library and ICT Centre

The College is on a College status but Lack Governing council, the college do not participate in the Planning & budgeting of the health sector, therefore the College do not have any budget line to pursue Government funds; students have not been paid monthly allowances since the past 3 years.

Women for Health (W4H) a UK-aid funded programme in collaboration with the SMOH is supporting the College to deliver its mandate in training female front-line health workers and their deployment to rural health facilities where they can have greatest impact. To actualize this, an institution specific strategic plan is being developed for the College for the first time, to its direction.

The strategic planning process is designed to change the future of the College through deliberate decision and actions. It is a disciplined effort to assess and adjust the institution's direction in response to the changing environment.

The Strategic Plan therefore attempts to answer three fundamental questions: Where are we now? Where do we want to be? And how do we get there? It is hoped that having the 2018-2022 Strategic Plan will help the management of College of Maiduguri obtain clarity about what it wants to achieve in the next 5 years and how to strategically achieve that.

1.3 COLLEGE OF HEALTH TECHNOLOGY PROFILE

In line with Nigeria's national health policy, the Borno State Ministry of Health in 1977 established College of Health Technology in Maiduguri, which will be responsible for training primary health care providers, in order to produce manpower at the grassroots level sufficient enough to tackle the health and health related problems amongst communities.

The College started with thirty five students (35) with the department of Community Health at the temporary site within the state epidemiological unit. As the demand for more primary health care services and man power in the state increased, the College was expanded. The expansion includes Public Health Department (presently, the Environmental Health Sciences), Medical Laboratory Science and Medical Record (presently, the Health Information Management)

The College was officially upgraded to a College in 2016 after the signing of the Borno State College of Health Technology Act No. 28 of 2013 by his Excellency Hon. Kashim Shetima, the executive Governor of Borno State. Currently, the College has 2077 Students spread across the following four (4) departments

- Community Health Department
- Medical Lab Science
- Health Management Information System
- Environmental Health Science.

Further, the College proposes three more departments- Pharmacy, Radiography and Dental therapy to train Technicians to meet up the demands of the cadres in the state.

1.3.1. CORE MANDATE OF THE COLLEGE.

The College has a total intake of 2077 Students out of which 827 Male and 1750 Female students. Furthermore, the College has 53 teaching staff and 25 non- academic staff. The College of Health Technology Maiduguri has the following core mandates:

- Provide knowledge and Education through training in such branches of learning and development of human resource for health and allied sciences as the College may deem fit.
- Make provisions for research and for advancement and dissemination of knowledge in health and allied sciences;
- Inculcate scholarship and discipline in the conduct of training and research in relevant fields of learning and human endeavour particularly in Health Sciences for teaching and non-teaching staff and to ensure the enforcement thereof;
- Encourage collaborative training and research activities in Health Sciences and Technology that will develop the social, economic and human resource needs of the people of Borno State, Nigeria and the world at large.
- Organize appropriate training programmes Courses, Seminar and workshops for Health and Health-related personnel in the State and the Nation

1.3.2 THE COLLEGE ACADEMIC PROGRAMMES

The institution runs 7 programmes in 4 departments; Medical laboratory technicians, Junior Community Health Extension worker, Community Health Extension worker, Health Information Management System, Environmental Health Assistant, Environmental Technician, Environmental Health Technologist.

The aim of the College is to produce skilled and competent personnel (health workers) that will provide qualitative, accessible and affordable basic healthcare services to the teaming rural population of Borno State and the country at large

The student academic performance is on average, the College is lacking in terms of providing improve teaching methodology such as Student centered learning and e- learning and that has contributed to the poor students performance in the final qualifying exams.

W4H is therefore making significant efforts to provide the best quality of teaching in the HTI s and ensuring that a basic standard of education is provided irrespective on contextual variances.

The strategic plan will introduce a number of strategies to improve the quality of teaching (QoT) for students.

1.4 MISSION AND VISION

Vision: To position the College as a centre of Excellence for the development of Health and Social services, manpower development through training and research on service delivery

Mission: To produce effective and efficient healthcare personnel that will provide health care services to all the people in Borno State and the nation at large.

1.5 OBJECTIVES

The overall aim of the CHT Strategic plan is to ensure that students of CHT are equipped with adequate knowledge and skills while in training and practice in a highly professional and responsive manner to meet the Health Workers needs of Nigerians especially the poor, irrespective of their locations. The CHT Strategic Plan outlines long-term processes and immediate actions to achieve the following key objectives:

- To plan, achieve and retain full Accreditation status, that will increase the number of students in training and indexed places
- To Improve the Quality of Education of the HTI that will increase students' performance and graduation rates of female students.
- To Increase the Pipeline of the HTI with adequate qualified PHC Educators and other cadres that will meet the CHPRB and other regulatory bodies standard and to also provide quality teaching.
- To Strengthen Management and Financing of the HTI, to control HTI own planning, budgeting, HRH management, production of financial management reports and performance monitoring
- To Improve Female-friendliness of the health training institution by Mainstreaming Gender.
- To Improve Governance and Leadership of the HTI s by facilitating the constitution and strengthening of the Governing Boards and legislation for legal mandate with some level of autonomy
- To Improve Financing of the HTI by advocating to the Government for a budget line, funds appropriation and releases.

1.6 METHODOLOGY

The process for the development of the CHT strategic Plan comprised of the following steps:

Planning

The planning stage started with a planning meeting with the consultant and key Borno W4H staff (STL & SSPO) to share and agree on strategic template to further sharpen the focus and skills for technical assistance in developing the plan.

A rapid assessment of the existing situation in the College with the CHT management was conducted through desk review, stakeholder consultations and other relevant documents - including the College laws, policies and guidelines, Accreditation report from the regulatory bodies such as CHPRBN, Borno Scoping report by W4H and final qualifying exams report from national bodies, such as CHPRBN.

1.6.1 Strategic Planning Workshop

A 2-days strategic planning workshop was conducted at Assa Pyramid Hotel Kaduna to review and validate the findings of the situational analysis and develop strategic plan for the HTI to give directional guidance to the HTIs with the aim of increasing the quality of training and student outcomes in the state. Basic approaches used during the strategic plan development workshop include:

- Presentations on overview of planning, types, vision and Mission statements.
- SWOT analysis to identify key areas of Strengths, Weaknesses, Opportunities and Threats in CHT to inform strategic planning.
- Identification of institutional problems using problem solving techniques such as problem identification, prioritization and root -cause analysis using “But-Why” technique to precisely identify critical challenges and their root-causes
- Specific intervention strategies to address the problems were developed and subjected to weighting grades using prioritization matrix to get the most effective and efficient strategic interventions specific to the College challenges.

CHAPTER 2: SITUATION ANALYSIS

2.1 HEALTH STATUS OF BORNO POPULATION

Borno State was created from the North Eastern State with the capital in Maiduguri in 1976. With a growth rate of about 3.0%, the current population in the State is estimated at about 5.5 million (2006 census projection). The population of children under five years of age is estimated at about 1,100,000 (20% of the total population) estimated population of women of reproductive age is 1,879,000

The State shares borders with Cameroon and Chad to the East, and Niger Republic to the North. Borno State has 27 Local Government Areas (LGAs). The major tribes include Kanuri, Babur and Shuwa Arabs who are predominantly farmers and fishermen. The northern part consists of Sahel Saharan-type, drier climate, dispersed, scattered population compared to the southern part which has thicker, Savannah-type vegetation

The main economic activities are farming and fishing. The majority of the population are peasant farmers/fishermen, and live below the poverty level. The predominant religions are Islam and Christianity.

The State belongs to a zone with one of the worst mortality indices in the country. While maternal mortality ratio (MMR) of 576 per 100,000 live births is the national average, MMR in Borno is estimated to be as high as 1500 - 2000 per 100,000 live births. Under-five mortality in Borno states are far above the national average of 157 with Borno having U5MMR of 192 per 1,000 live births (MICS 2011) and Skilled birth delivery of 22.3 %.(DHS 2013).

There are about 556 PHC facilities consisting of Primary Health Centre (83), and Health Clinics (169), Dispensaries and Health Posts (304) and 38 General Hospitals and a specialist hospital. In addition, there are 48 private health clinics, and two Missionary/NGO owned clinics and a federal teaching hospital (University of Maiduguri Teaching Hospital).

The Government health expenditure of the state has been on the decline from 12,016,631,000 million in 2011 to 10,260,000,000 million in 2016, far below the Abuja 15% declaration. As a result external donors such as development partners are left to fill the other financing gaps. Household out of pocket expenditure still remains the largest source of health expenditure, as high as 86%. Poverty levels continue to increase in the state with an attendant increase in financial inaccessibility to health service and lack of financial protection for catastrophic health expenditure especially for the poor.

In terms of education, Borno is one of the educationally disadvantaged states of the federation; there are seventy eight secondary and vocational training Colleges with 1,613 of classrooms, a total enrolment of 88,152 and 2,854 teachers with a teacher student ratio of 1:31. However, only one out of seven pupils (13.82 per cent) proceeds from primary College to the post primary level.

2.2 Borno HRH Situation

Borno state has Inadequate key health professionals - the state accounts for only 0.2% of the about 35,000 doctors present in the country under its public service, and about (0.6%) inclusive of all doctors in private and federal institutions. Moreover, there is lack of right-mix of health personnel. Only 25% of the key health personnel requirements (WHO standards) are presently obtainable in Borno state. Consequently, some of the hospitals do not have a pharmacist and or a medical laboratory scientist; most of the PHC facilities do not have midwives.

Generally, the state does not have adequate middle-level health personnel required to effectively provide primary healthcare services to the rural population. Nearly all of the current donor activity in Borno is humanitarian and the state government would like more investment in health systems strengthening and human resources.

Borno state has two training institutions that produce Human resource for Health; they are the colleges of nursing/midwifery and health technology. The college of Nursing and Midwifery yearly intake is 270, but graduate only 80 students, while the college of health technology admits 600 and graduates 450. The state government however intends to divide the college of nursing and midwifery into separate standalone colleges to make up for shortages in human resource. Teaching hospital

However, since the early 80s there has been an embargo on employment in the state as such, most of the manpower it produces is utilized by surrounding states to the detriment of the health system. This policy has led to gradual depletion of critically needed health man power. There is also a challenge of attrition by health worker looking for better remuneration packages offered to them by NGOs, leading to a further detrition of the health system.

2.3 SWOT ANALYSIS

It is very important and pertinent to understand the *Strengths, weaknesses, Opportunities, and Threats (SWOT)* of the College. The need to chart out a path for the future requires a critical evaluation of internal and external factors that would influence the College in achieving its stated mission and goals during the implementation period. This is achieved through the process of SWOT analysis. The following presents the outcome of basic SWOT analysis as documented in College of Health Technology, Maiduguri (Box 1):

Box 1- CHT- SWOT ANALYSIS

<p>STRENGTHS</p> <ul style="list-style-type: none"> ▪ Existence of Law for the College ▪ Have Full accreditation since the last 5 years ▪ Runs 7 courses in 4 departments ▪ Facilities available solidly built and maintained ▪ Experienced, qualified and well-motivated leadership 	<p>WEAKNESS</p> <ul style="list-style-type: none"> ▪ No budget Line for the College in the Health sector ▪ No e-learning and e-library facilities ▪ No improved teaching methodology (QoT) ▪ Provisional accreditation since inception, therefore minimal admission of students. ▪ Poor ICT facilities ▪ Inadequate human resource ▪ Political interference on admission. ▪ No Governing board for the College
<p>OPPORTUNITIES</p> <ul style="list-style-type: none"> ▪ Available donors and partners 	<p>THREATS</p> <ul style="list-style-type: none"> ▪ Embargo on employment of health workers by the State Government ▪ Easy access to the College premises especially the female hostels ▪

CHAPTER 3: STRATEGIC DIRECTION

3.0 PROBLEM SYNOPSIS AND RESULTS INDICATOR

Based on the outcome of the SWOT analysis exercise, the HTI agreed to focus on the weak critical areas with strategic approaches within the next 5 years, the following are the identified critical areas for strategic interventions;

S/No	Priority Area	Problem Synopsis	5 Years Results Indicator	Assumption
1.	Accreditation	Full Accreditation since the last 5 years. School due for another accreditation visit in last quarter of 2018	CHT Maiduguri Retaining Full Accreditation status	Accredited institutions will graduate maximum number of female health professionals annually (>80% of accredited capacity). activities will encourage state governments to prioritize and fund accreditation. Continue to maintain the maximum status permissible by the regulatory bodies.
2	Quality of Education	Lack of e-library, ICT centre, insufficient Demonstration Room, classrooms and office accomodation	-Number and % of female passing the final qualifying exams - improved performance in NQE -The number and % of female students graduating increases annually	TIs require strengthening of quality of teaching and clinical placement to enable deployment of female graduates to rural posts Improved Academic Performance.
		No available newly improved	CHT adopting all the QoT	

		teaching methodology (QoT)	methodologies	
3	Tutors Pipeline	Inadequate number of qualified Tutors, Preceptors and clinical Instructors	Increasing numbers of qualified tutors annually	Govt taking ownership and funding tutor training
4	Strengthening Management and financing of The HTI	-Limited capacity to control HTI own planning, budgeting, HRH management, production of financial management reports and performance monitoring -Low financing by the SMoH	-CHT with annual plans and budgets incorporated into SMOH annual operational plans and budgets -Joint bi-annual performance reviews of CHT conducted	
S/No	Priority Area	Problem Synopsis	5 Years Results Indicators	Assumption
5	Gender Mainstreaming in the HTI s	Low level of Gender awareness and sensitivity. Low Female friendliness in the HTI	Gender Mainstreamed in the HTI and Increasing level of female friendliness in the HTI	
6	HTI Financing	Poor financing of the HTI, Internally generated revenue as the only source No Budget Line	-Budget Line created for HTI and funded -HTI receiving monthly Imprest	
7	Leadership & Governance	-No HTI Governing Board - No any form of Autonomy.	- Some Autonomy-to participate in budget planning and control own resources	

3.1. Strategic Objectives 1: TO PLAN, ACHIEVE AND RETAIN FULL ACCREDITATION

The CHT has been on Full Accreditation since the last 5 years. A full accreditation status by the CHPRB allows the college to recruit up to 75 and 50 students per intake for the CHEW and JCHEW program

The CHT Maiduguri is due for another community Health accreditation visit in the last quarter of 2018; The College is deficient in the areas of ICT equipment, teaching Aids and Accommodation. This has been the accreditation status in the last five years

Accreditation Status- Community Health

Year	No of Registered Tutors	Male	Female	No of Indexed Students (CHEW)	No of Indexed Students (JCHEW)	Student to Tutor Ratio	Accreditation Status
2013	6	2	4	50	75	N/A	FULL
2014	6	2	4	50	75	N/A	FULL
2015	5	2	3	50	75	N/A	FULL
2016	4	2	2	50	75	N/A	FULL
2017	8	3	5	50	75	N/A	FULL

The strategic Activities to pursue and maintain full accreditation status will include;

3.1.1. Develop, Implement and Monitor Costed Accreditation Plan

A costed accreditation plan, defining milestones, timelines and monitoring frameworks for the HTI will be developed and implemented, The HTI will review the costs associated with addressing accreditation gaps, and identify methods and sources in which cost can be considered for Value for money. A standardized costing tool will help governments and TIs to determine the total costs associated with accreditation requirements.

3.1.2 High Level State Advocacy to fund costed Plan

The strategic Plan will therefore examine the existing procedural bottlenecks to obtain resources required to meet accreditation standards and identify solutions to accelerate the speed at which certain processes occur through increased advocacy, transparency, better information flow and systematic communication

3.1.3 Establish and Operationalized HTI Accreditation committee.

To facilitate development and implementation of accreditation plans, the HTI will establish accreditation committee at the institutional level, whose remit will have larger scope but whose responsibilities will be to Plan activities leading to the achievement and /or maintenance of Full accreditation for the HTI.

3.2. Strategic Objectives 2: TO IMPROVED QUALITY OF TEACHING IN THE HTI

In view of the current low quality of teaching in the HTI which has led to poor student performance especially in the final qualifying exams, the 5 year strategic plan will pursue the following core strategic intervention Activities;

Strategic Activities;

3.2.1. Monitor Academic performance trends of students in the HTI

Implementing an effective system for monitoring students' academic performance, this includes monitoring students pass rate in each year, identifying weak or repeating students that need support as well as number of students presented for and who passed national qualifying examination.

Student Performance- Trend of CHEW Final Qualifying Exams 2013-2017

Year of Completion	No. of Candidates Entered	No. of candidates entered		No. of Candidates Passed			Student overall score	Female student Pass rate%
		Total Male	Total Female	Total	Male	Female		
2013	47	24	23	41	21	20	87%	49%
2014	65	31	34	8	5	3	12%	38%
2015	50	25	33	39	12	27	78%	69.2%
2016	56	25	31	15	8	7	27%	47%
2017				57	21	36	99%	63%

	58	21	37					
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Student Performance- Trend of JCHEW Final Qualifying Exams 2013-2017

Year of Completion	No. of Candidates Entered	No. of candidates entered		No. of Candidates Passed			Student overall score	Female student Pass rate%
		Total Male	Total Female	Total	Male	Female		
2013	86	33	53	83	32	51	96.5%	61.4%
2014	75	30	45	17	11	6	22%	35.2%
2015	61	29	32	26	15	11	43%	42.3%
2016	87	35	52	40	20	20	46%	50%
2017	51	18	33	51	18	33	100%	65%

3.2.2. Strengthen HTI capacity to implement quality of Teaching

Institutionalised quality of teaching and development of a Quality of teaching Assurance Framework (QAF) will be the focus, the HTI will developed its own QAF that will provide management with guidance on how to monitor all aspects of performance of tutors and clinical instructors, facilitate self-assessment and organize relevant support based on staff needs. This framework will include indicators on gender. The focus will be on support and capacity development through collaborative working practices and mentoring

3.2.3 Strengthen capacity of tutors on research

The HTI will collaborate with Partners to undertake a review of the previous approach to research capacity building of tutors to establish reasons for limited progress on this initiative. The partnership will make effort to develop a 2-year plan

for research capacity building of tutors. HTI managers, tutors, lecturers and clinical instructors will be encouraged to engage in relevant research to improve the quality of management, teaching and learning, care and support of students, theoretical knowledge or practice of tutors, clinical instructors and preceptors as research in these areas will have a direct impact on quality of teaching. Therefore it will be important to identify the purpose of the research in terms of its value to the students, tutors and managers of the HTI.

3.2.4 Documentation of quality of teaching approach

The strategic Plan will built capacity of the HTI s to Document quality of teaching approach, Guidelines and training manuals for managers and staff of HTIs are essential if activities are to continue following the end of an intervention. These guidelines and manuals will provide practical, step-by-step approaches that support all aspects of the management and classroom implementation of quality teaching and learning approaches. There will be three complementary guides developed (i) How to develop and implement a quality of teaching assurance framework to improve management of quality of teaching and learning; (ii) How to analyze the context of the HTI (exam data, student perceptions, tutor perceptions) and use this analysis to develop effective plans to improve the quality of teaching and learning; and (iii) How to implement effective teaching approaches in the classroom and clinical practice room.

3.2.5 Strengthen the quality of e-learning and teaching, curricula and content

The HTI will collaborate with W4H in the development of expert based e-learning curriculum course to provide the best in class online content learning for students, ensuring that a basic standard of education is provided irrespective on contextual variances.. It will do so by seeking key experts to develop up to date content based on the prescribed curriculum. This content will then be translated for use as online learning. It will include using a range of pedagogical approaches to present the content to students. To make the most of the benefits education technology, capacity of tutors as well as skills lab facilitators will be build. Tutors and skills lab facilitators need to be capacitated with the practical skills to operate the online learning courseware and, how to do basic administration in uploading new supporting course materials and how to create student assessments.

3.2.6. Strengthen capacity of clinical instructors and preceptors to implement quality of teaching

There has been no existing of a formalized training for clinical instructors and preceptors in Nigeria. Most training have always been on Adhoc basis and largely funded by development partners. The HTI within the next two years will collaborate with W4H to support the development of a capacity building package for preceptors. Perhaps W4H will further

collaborate with the CHPRBN to develop a training package for clinical instructors and mentors to enable them to fit effectively into their roles and promote regular updates to ensure relevance of their knowledge.

3.3. Strategic Objectives 3: TO INCREASED PIPELINE OF PHC TUTORS & OTHER LECTURERS

The issue of lack of tutors at the HTIs is a major problem that the state leadership had little or no understanding of how it can be resolved. Inadequate number of tutors were the major cause of the HTI s are been awarded denied accreditation. However, the regulatory body (CHPRB) is quite flexible in terms of student to tutor ratio. The CHT currently has 8 registered PHC tutors as against 225 total students for the CHEW and 104 for the JCHEW Program. The College still enjoys the status of a College with Full Accreditation

Total Number of Students- CHEW Program as at 2018

Year	Number of students	No of Registered PHC tutors
Introduction (Weeding)	-	
Year 1	84	
Year 2	66	
Year 3	75	8
Total		8

Total Number of Students- CHEW Program as at 2018

Year	Number of Students	No of Registered PHC Tutors
Introduction (Weeding)	-	
Year 1	60	
Year 2	40	8
	164	8

3.3.1 Develop and Institutionalize tutor training Plan

The HTI will collaborate with partners to support in building the capacity of the HTI to develop tutor training plan, the plan will make efforts to identify potential tutors and other human resource for training. Training additional tutors from the state will increase local training capacity in the medium and long-term.

3.4 Strategic Objectives 4: TO STRENGTHEN MANAGEMENT AND FINANCE SYSTEM OF THE HTI

The management teams of the HTI have limited capacity and ability to control their own planning, budgeting, HRH management, production of financial management reports and performance monitoring. The following designed activities will be implemented to address this;

The Strategic Activities will include;

3.4.1 Strengthen HTI Capacity to have sustainable financial management systems

The strategic plan will focus on strengthening the HTI's to have sustainable financial management system to ensure that HTI's maintain good financial transaction records and generate accurate reports to support managerial decision making.

3.4.2 Strengthen HTI capacity to Institutionalised annual operational plans and budgets

The managers from the training institutions have limited capacity for planning and budgeting as most of their planning and budgeting functions are carried out by the SMOH. Therefore the Strategic plan will focus on building capacity of the HTI to plan and budget in the short, medium and long terms to ensure sustainability, and subsequently incorporate budget into the Health sector budget, the timely release of budgeted funds to Colleges from SMOH and MOF is also essential and will be considered.

3.4.3 Strengthen HTI capacity to Institutionalised Performance Management (PMF) reviews and Bi –Annual Meeting (BAM)

The **PMF** of the HTI comprises the systems, processes, structures and supporting arrangements developed by the HTI management to Identify, Assess, Monitor and respond to both performance and management issues . PMF allows actions to be taken which will contribute significantly to the achievement of the HTI s aim.

The **BAM** is a platform that provides rich discussion between the TI principals, provosts, the W4H team, the mentors and the regulatory bodies, in a sense, the BAM has become the pre-eminent forum enabling cross HTI learning. It also

includes specific capacity building on selected areas. The capacity building at every BAM focuses on agreed thematic areas and with emphasis on Regulatory Councils' policies as applicable to the HTIs

HTI s capacity will be built on how to develop and conduct PMF as part of the annual planning process and supporting the conduct of Biannual Performance Management (BAM) reviews that serve as a platform to improve management capacity in leadership and governance and on specific management issues like HRH, finance, gender, and social inclusion.

3.5 Strategic Objectives 5: TO MAINSTREAM GENDER IN HTI

To ensure the culture of organizations becomes and remains more gender responsive is a long-term process consisting of input, monitoring and the support of senior staff within the organization. The responsibility for mainstreaming gender should not rest with a single focal person or interested persons but with a group comprising representatives of different departments and chaired by the Provost.

The Strategic Activities will include;

3.5.1 Establishing Gender working group in the HTI

The HTI will establish a Gender working group (GWG) the group will be responsible for agreeing and monitoring the Gender Management Plans; providing or supporting gender training for all staff; ensuring that gender training is provided to all students; that gender and social inclusion statements are included in HTI documentation and ensuring that accommodation remains suitable for female students.

3.5.2 Gender Empowerment Training

Staff attitudes and practical strategies are crucial to establishing and maintaining gender responsive institutions. This strategic plan will focus on Gender and Empowerment training for all HTI members of staff. A core team of trainers (from the Gender Working Group) are to be developed in the HTI. The team will be provided with gender and empowerment trainer training. They will then implement a programme of training/capacity development for all staff.

3.5.3 Strengthen voice and accountability mechanisms between HTI management and the student union

The Borno HTI baseline conducted recently indicates that, the SUG, Student's charter and female responsiveness were identified as areas of priority that require support. The 5 year strategic plan will focus on strengthening the voice and accountability mechanisms between HTI management and the student union. Periodic capacity building will also be conducted for members of the SUG to increase their level of accountability and leadership among student and facilitate collation of voice for management actions of issues raised. In the event of Female students' need and College's

responsiveness their needs case of negotiating skills and managing the change processes related to increased power of student voice.

3.5.4 Develop and Institutionalised Gender Management Plans in the HTI s..

Each year, HTI's will develop and review their gender management plans, the HTI will collaborate with W4H partner to engage a gender facilitator to support the implementation of the plans and training of staff on gender issues. The HTI will develop materials on gender responsiveness and the HTI will be trained on gender responsiveness tracking. HTI will provide opportunities for female teachers and students to contest and be in leadership positions. A mechanism will be established for female students to provide feedback to HTI management.

3.6. Strategic Objectives 6: TO IMPROVE GOVERNANCE AND LEADERSHIP IN HTI s

The poor performance of the health system in Borno State is attributed to the inadequacy of clearly defined roles and responsibilities which results in duplication of efforts. This is compounded by inadequate political commitment especially at LGA and community levels, poor coordination, lack of communication between various actors, lack of transparency and poor accountability, despite the commitment of the state government at the highest level. The HTI has no governing board or council and no Autonomy of resources.

In addition, the private sector, a major contributor to health care delivery in the State, is poorly regulated due to weak capacity of the State government to set standards and ensure compliance.

Leading with an optimal responsive stewardship is central to achieving good governance for sustainable development. Strategic plan is key in achieving the desired stewardship role and mandate of the institution. College of Health Technology Maiduguri Strategic Plan 2018-2022 present the strategic initiatives of impact level ideas developed by top management to provide general guidance for the next 5 years.

The Five year plan will therefore focus on facilitating the constitution and strengthening of HTI s governing boards/council

3.7.1 Facilitate the constitution and strengthening of HTI s governing boards/council

Establishment of HTI governing boards/councils is a standard requirement from the two regulatory bodies. The HTI will collaborate with partners to sensitise key stakeholders like the SMOH leadership, the State Executive Council, State Assembly as well as the regulatory bodies to enhance the establishment of governing boards with credible and committed persons for effective oversight, advocacy and resource mobilisation for HTI s activities.

3.7.2 HTI to Facilitate the Establishment of a legal mandate/ Autonomy

In line with operating standards of the regulatory bodies, each HTI is expected to have an appropriate legal instrument to exercise its mandate as an autonomous institution. The HTI will collaborate with partners to work with the relevant Ministry

of Justice, Health, State Assembly and all other relevant agencies including CSOs to ensure effective legislation is produced, passed into law and gazetted to guide the operations of the HTI.

The HTI will partner with W4H to support the revision of existing HTI laws to ensure they have adequate provision for autonomy.

3.7. Strategic Objectives 7: TO IMPROVE HTI FINANCING

The Borno Government health expenditure of the state has been on the decline from 12,016,631,000 million in 2011 to 10,260,000,000 million in 2016, far below the Abuja 15% declaration. As a result external donors such as development partners are left to fill the other financing gaps. Household out of pocket expenditure still remains the largest source of health expenditure, as high as 86%. Poverty levels continue to increase in the state with an attendant increase in financial inaccessibility to health service and lack of financial protection for catastrophic health expenditure especially for the poor.

Institutional financing is one of the pillars to achieving the success of every organization. The goals, objectives and strategic interventions set out in this strategic document must be adequately funded for their smooth implementation to achieve optimal outcomes. Costing of the developed plan should be carried out in order to determine the adequacy and availability of funds to support implementation.

The College of Health Technology Maiduguri has suffered financial challenges for years; it has never enjoyed any budgetary allocation from the State Government. The College has No budget line or overhead cost to run the College and therefore Lack access to budgetary allocations, only using the Internally Generated Revenue (IGR) as the only source for day to day running of the College.

Therefore, the strategic plan will focus on increasing resource mobilization and public sector funding, government budgetary allocations through fiscal annual envelop and supports through private public partnership (PPP) with Development Partners to fund the implementation of the 2018 – 2022 CHT strategic plan.

Table- *Borno State Health Budget- 2011- 2016*

Year	2011	2012	2013	2014	2015	2016
Health Budget	12,016,631,000	14,284,268,000	14,432,000,400	15,355,962,000	17,681,930,000	10,260.000,000
Total State budget	99,806,804,000	130,606,674,000	184,307,992,244	178,500,582,000	175,918,759,525	155,007,345,180

% of health budget to total state budget	12.1%	10.9%	7.9%	8.6%	10.0%	7.0%

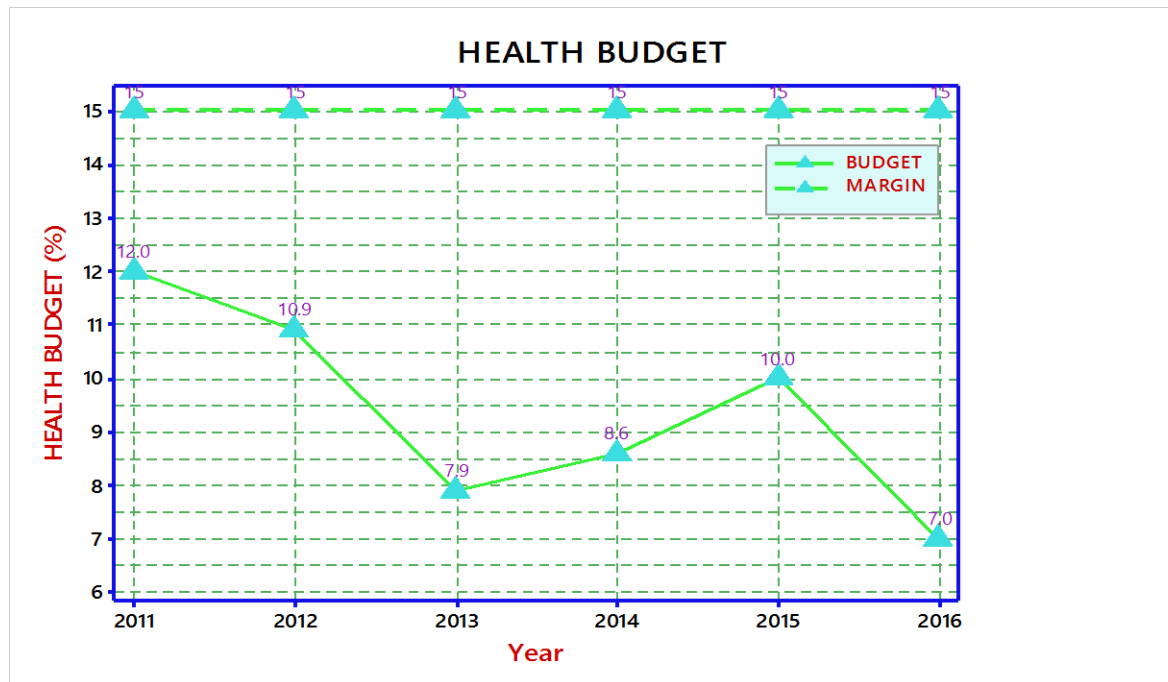


Figure 2: Borno state government health budget financing gaps from 2011-2016.

The strategic Activities will focus on;

3.8.1 Establish State Advocacy committee to Advocate for budget line for the HTI

The Advocacy committee will be responsible for carrying out high level advocacy for the HTI to participate in the health sector planning and budget and subsequently defend its HTI budget. The committee will also be responsible for increasing resource mobilization and public sector funding, government budgetary allocations through fiscal annual envelop and supports through private public partnership (PPP) with Development Partners to fund the implementation of the 2018 – 2022 CHT strategic plan

3.8.2 Engage with State Legislators to appropriate funds for the HTI

Main functions of Legislators include representation, oversight and appropriation. The legislators will be sensitized on the FYP and the HTI state advocacy team will work closely with the state legislators, relevant ministries and partners to create budget line, appropriate funds and provide oversight for the releases.

CHAPTER 4: PARTNERSHIP FOR HEALTH

4.0. PARTNERSHIP FOR HEALTH

Health is a multidimensional issue and government alone cannot secure the health of the people of Nigeria. Partnership with the private sector, non-governmental organizations, communities and development partners (donors) as well as other social and economic sectors is essential to deliver health services that can meet the needs of the population on a sustainable basis.

It is estimated that over 60% of health care services is said to be provided by the private sector in Nigeria. And private out-of-pocket expenditure account for 70% of the total health expenditure in the country. Yet the activities of both the public and private sector have been left uncoordinated.

The basis for undertaking public-private partnership (PPP) in improving health service delivery is to leverage additional resources and managerial approaches from the private sector with the social orientation of the public sector in order to improve the delivery of health services.

Although no one definition has been agreed upon, the essential feature is that there is collaboration between the public and private sectors to achieve specific goals with the public sector having a degree of supervision. Public-private partnership in health is not the same as privatization, which involves complete transfer of public assets to private owners. One of the constraints to promoting partnerships in health in Borno State is the fact that centrally administered accounts focused on specific diseases which makes it difficult to coordinate investments in the public health sector and to track donors' contributions and manage partnerships at various levels e.g. public-public, public-private, private-private partnerships.

The insurgency facilitated a major drawback in the previous efforts of the state government in harnessing the few partner funds spent on health. The WHO, UNICEF and UNFPA has made a lot of strides in enhancing health services in the state but the insurgency destroyed most of the efforts especially the ones in the communities.

Properly harnessed Partnership for Health, would provide synergized efforts for improving the performance of the health system and address the social determinants of health

The need for Private sector Partnership under Public Private Partnership (PPP) is necessary to satisfy the HRH needs in the state. The goal of partnership for health is to enhance harmonized implementation of essential health services in line with state HRH policy goal

Below is a list of partnership interventions to be carried out in the CHT Maiduguri by W4H and Borno State Government

S/N	ACTIVITY	AGENCY
1	Equipping and maintenance of ICT center	W4H
2	Provision of text books and E- library	Government
3	Provision of Solar classroom & e-learning facilities	W4H
4		

CHAPTER 5: MONITORING AND EVALUATION

5.0. MONITORING & EVALUATION

Monitoring and evaluation is vital for successful implementation this strategic plan. Without Monitoring and Evaluation, it will be challenging to assess whether the institution's interventions are on track or they need adjustment. It is important to establish a sustainable mechanism for tracking and reporting the execution of planned activities and progress towards achieving the desired targets. As an evolving process, it is envisaged that challenges, constraints and success factors in implementation of the Strategic Development Plans will be documented as the lessons learned aimed at improving usage and institutionalization process.

Monitoring and Evaluation of 2018-2022 CHT Maiduguri Strategic Plans will ensure the following core principles:

- a) Provide for routine tracking and reporting progress against planned targets
- b) Support accountability in the system
- c) Identify quality evidence to inform decision making
- d) Identify, document and share best practices
- e) Inform potential for replication and scale up

The CHT Maiduguri was supported by W4H to develop Performance Management Framework that identified key performance indicators and steps to be taken towards establishing the Colleges M&E system. Efforts are to be intensified to strengthen the institution's capacity to coordinate and manage information. Given this objective, there is need for periodic joint review of the PMF to ensure ownership by the institution towards its institutionalization.

To develop an effective M&E system in the College, the following important steps must be followed:

- The CHT should organize annual review meetings to review performance and track progress.
- Build support and buy-in of all stakeholders on the identified intervention, indicators to measure and the method of measurement.
- Establish a monitoring and evaluation Technical Working Group and unit to carry out such M&E functions.
- Build the capacity of the Monitoring and evaluation TWG group
- Establish a baseline data on each of the identified indicators
- Develop simple tools to collect data on a continuous routine basis, reflect and analyse the scope, quality and outcomes of the indicators.
- Document and report the process and findings
- Draw up an action plan on findings and feedback to key stakeholders

CHAPTER 6: STRATEGIC PLAN

6.0 STRATEGIC PLAN

ANNEX 1: College of Health Technology, Maiduguri, Borno State Strategic Plan (2018 to 2022) : Priority Areas, Goals, Strategic Objectives and Activities

	Priority Area/ OUTPUT	Indicators	Person Responsible	Timeline																			
				2018				2019				2020				2021				2022			
				Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q1	Q 2	Q3	Q4
1	ACCREDITATION OF HTI																						
1.1	To Plan , Achieve and Retain Full Accreditation status in the HTI																						
1.1.1	Develop and Institutionalised HTI Coasted Accreditation plans	Costed Accreditation Plan in Place	Provost	*			*			*				*				*					
1.1.2	High level State Advocacy to fund coasted plans	Number of costed plans funded.	Provost	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
1.1.3	Establish and Operationalized HTI Accreditation Committee	HTI Accreditation Committee in Place.	Provost	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	

2.0	Increased Tutor Pipeline																						
2.1	To Increase Pipeline of Nurse & Midwife Tutors																						
2.2.1	Develop and Institutionalised Tutor Training Plan	Cumulative number of female bonded tutors graduating	Provost	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
2.2.2	Advocate and support state MOH to source and recruit tutors BNSc graduates as tutors	Copy of tutor training plan and % of plans implemented	Provost		*		*		*		*		*		*		*		*		*		*
2.2.3	Monitor the number of tutors on grant/incentive scheme	Number of tutors on grant/incentive	Provost	*		*		*		*		*		*		*		*		*		*	
3.0	Improve Quality of Education																						
3.1	To Improve the quality of Education of the HTI																						
3.3.1	Monitor student academic Performance especially of female students in the HTI	Number of graduates (% of which are female) who pass national exam	Provost-				*			*			*		*		*		*		*		*
3.3.2	Strengthen HTI Capacity to institutionalised quality of teaching and SCL	Number of students and Tutors participating and implementing the new improved teaching methodology	Provost	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.3.3	Strengthen HTI capacity to Institutionalize e-learning and SIMs	Number (% of Tutors and students participating on the e-learning platform	Provost	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

3.3.3	Strengthen capacity of tutors on research	Number of Tutors conducting research or completed in a year	Provost	*	*			*	*			*	*			*	*			*	*		
3.3.4	Strengthen capacity of Clinical Instructors and Preceptors to implement QoT	Number of Clinical instructors & Preceptors trained and implementing QoT	Provost	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
3.3.5	Document quality of Teaching Approach	Copy of documented approach on QoT	Provost	*				*				*				*				*			
4.0	GENDER MAINSTREAMING IN HTI																						
4.1	To Improve Female-friendliness of the health training institution by Mainstreaming Gender																						
4.1.1	Establish and Institutionalised Gender working group in the HTI	HTI Gender working group in place	Provost			*				*				*				*				*	
4.1.2	Gender Empowerment training for all HTI staff	Number of gender trainings conducted and number of staff trained	Chair HTIGWG	*				*				*				*				*			*
4.1.3	Strengthen Voice & Accountability between HTI & SUG	Number of Meetings & Actions taken between the HTI management and the SUG	Chair HTIWG	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
4.1.4	Develop , Implement and Monitor Gender Management Plans	Number of Gender Actions implemented from the GMP Monthly.	Chair GWG	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CHAPTER 7: BUDGET AND COSTING

CHT COSTING SHEET



CHT MAIDUGURI
STRATEGIC PLAN CO

ANNEX 1

Participants at the BORNO HTI s Strategic Planning Workshop- Assa Pyramid Hotel Kaduna- 19 th & 20 th Dec, 2018					
S/N	NAME	SEX	DESIGNATION	ORGANISATION	PHONE NUMBER
1	Alhaji Malah Galti	M	HOD	CHT	0806 7802 589
2	Bukar Modu	M	Provost	CHT	0803 0640 090
3	Bura Kaumi Monguno	M	Ag Registrar	CHT	0806 5202 514
4	Patricia Phillip Mshellia	F	HOD	CHT	0803 1194 422
5	Yagana Alhaji Dungus	F	HOD – Community Health	CHT	0802 2650 211
6	Hamidu Musa Vaima	M	HOD- MLS	CHT	0803 8372 831
7	Bukar Aji	M	HOD Nursing	SON	0803 4091 339
8	Malgwi Samson	M	Deputy Provost SON	SON	0803 9093 939
9	Rukaiya Shetima Mustapha	F	Provost	CON&M	0803 4346 139
10	Amina Mustapha	F	HOD- Community Midwifery	CON&M	0802 3813 477
11	Wamdai Modu	F	Deputy Provost Midwifery	SOM	0703 6670 171
12	Liyatu Haruna	F	HOD Midwifery	SOM	0803 3894 758
13	Zainab Ali Grema	F	SAO	SOM	0703 529 8121
14	Malah Mallam Bukar	M	FYP Coordinator	SOM	0802 9587 981
15	Hadiza Yahaya	F	Registrar	CON&M	0706 3424 000
16	Umar M. Mustapha	M	Deputy Registrar	CON&M	0802 2514 878
17	Umar Bulama Yoksa	M	Librarian	CON&M	0802 2514 878
18	Mohammed Tamadi	M	SSPO	W4H	0803 5897 481
19	Largema Bukar	M	STL	W4H	0803 4132 355
20	Balarabe A. Gaya	M	CQA	W4H	0803 456 6261
20	Robert Bature	M	Consultant	Consultant	0803 598 6063