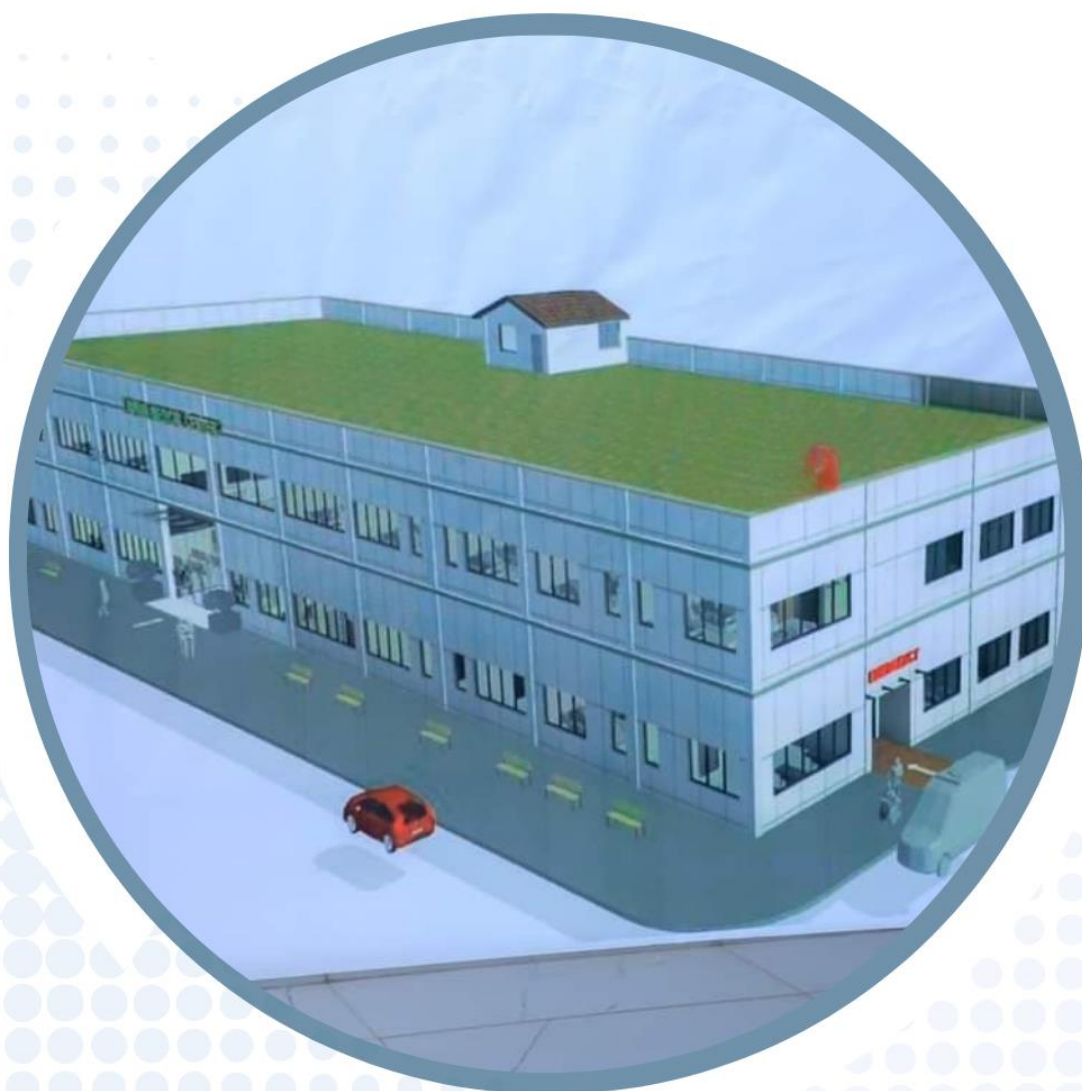


REPUBLIC OF SOMALILAND



HEALTH SECTOR

NDP III PRIORITIES 2025-2027



MINISTRY OF PLANNING AND NATIONAL DEVELOPMENT



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Abbreviations

EPHS	Essential Package of Health Services
EPI	Expanded Programme on Immunization
HIV	Human Immunodeficiency Virus
MDA	Ministries, Departments and Agencies
MOHD	Ministry of Health Development
MORHA	Ministry of Rehabilitation and Humanitarian Affairs
MOYS	Ministry of Youth and Sport
NCD	Non-Communicable Disease
NDP	National Development Plan
NDPIII	National Development Plan Three (NDP III)
PHEOC	Public Health Emergency Operations Centre
SOLNAC	Somaliland National HIV/AIDS Commission
TB	Tuberculosis
USD	United States Dollars
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

1. Introduction

Somaliland Vision 2030 envisions a nation where all citizens have equitable access to quality healthcare. This goal remains critical as the country continues to face major health challenges, including high child and maternal mortality, preventable diseases such as tuberculosis, and a rising burden of non-communicable diseases. Achieving quality healthcare requires a strong community health system, a well-regulated private sector, and a highly trained health workforce capable of delivering services across all regions of the country.

The health sector is a national priority and receives the second-largest share of the public budget after infrastructure, with an estimated allocation of USD 947,471,000 under NDP III. Its strategic direction is guided by two core objectives: (1) expanding access to acceptable, affordable, and equitable healthcare services, and (2) strengthening the country's capacity to manage and respond to public health emergencies.

This sector booklet presents the health sector's contributions to NDP III, including its alignment with national development pillars and SDGs, progress highlights, prioritization rationale, methodology, and agreed priorities for 2023–2027. It also provides an overview of sector monitoring mechanisms, coordination structures, and institutional responsibilities. By consolidating progress to date and clarifying

future priorities, the booklet serves as a roadmap for policymakers, development partners, private sector actors, and civil society to jointly accelerate progress in the sector.

1.1. Mandate of the Sector

The Ministry of Health Development (MoHD) is the government body responsible for protecting and improving the health of the Somaliland population. Its mandate includes leadership, policy development, regulation, and ensuring access to quality health services, guided by the national commitment to Universal Health Coverage and the principle of "leaving no one behind."

Health services are delivered through the Essential Package of Health Services (EPHS) across five levels of care: community outreach, primary health units, health centres, referral hospitals, and regional hospitals. The sector aims to provide affordable, accessible, and socially acceptable healthcare, with a focus on vulnerable communities. Its work is supported by the WHO-inspired health system building blocks, which include service delivery, health workforce, governance, health information systems, financing, essential medicines and technology, infrastructure, emergency preparedness, and attention to determinants of health.

1.2. A Pillar and SDGs Alignment

The health sector falls under the Social Development Pillar, of the Somaliland National Vision 2030 alongside with other key sectors such as education, WASH, and broader social development. The health sector also aligned with the following Sustainable development Goals (SDGs):

SDG2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

SDG3: Ensure healthy lives and promote well-being for all at all ages.

SDG5: Achieve gender equality and empower all women and girls.

1.3. Historic Achievements

The health sector in Somaliland has recorded notable progress in recent years, particularly in governance, service delivery, health information systems, and emergency response. Key health indicators have improved significantly. According to the 2020 Somaliland Health and Demographic Survey, the maternal mortality ratio fell from 732 to 396 per 100,000 live births, while infant mortality declined from 90 to 70 per 1,000 live births, and under-five mortality from 137 to 93 per 1,000 live births. Malaria incidence stands at 2.15 per 1,000 population, and tuberculosis prevalence remains 285 per 100,000.

Health management data systems have strengthened, achieving an 85% reporting rate in 2022, including the integration of HIV, TB, nutrition, and logistics data into the national DHIS2 platform. The Ministry also installed new servers to improve data storage and management.

A government-funded national mental health programme was launched for the first time, supported by a mental health policy and a five-year strategy. New guidelines for Non-Communicable Diseases (NCDs) were introduced, and a dedicated NCD strategy is under development.

Emergency preparedness improved with the establishment of the Public Health Emergency Operations Centre (PHEOC) and completion of the National Referral Laboratory building. During the COVID-19 pandemic, Somaliland conducted over 231,000 tests and vaccinated more than 672,000 people, representing about 24.7% of adults fully vaccinated.

Government reforms including several policy and legal instruments were approved and enacted to improve health service delivery. These policies will continue to guide the sector in the foreseeable future. Key among these including; National Expanded Programme on Immunization (EPI) Policy 2020, National Health Policy 2021, Mental Health Policy, Nutrition Sub-sector Strategy 2019 and Health Sector Strategic Plan 2017 to 2021. Development of a Universal Health Coverage roadmap, and the financial transparency tools

and policies, including digital management of partner funds were also introduced.

Access to health facilities expanded significantly, with facilities increasing from 381 in 2018 to 588 in 2022, alongside the opening of two new district hospitals and major upgrades at Hargeisa Group Hospital, including a cancer pathology center and oxygen plant. Additional investments led to the opening of specialized hospitals in Burao and Berbera. Human resources for health also grew substantially, with the number of doctors, nurses, midwives, and auxiliary staff increasing from 1,065 in 2015 to 7,794 in 2021. Staff on the government payroll rose from 2,682 in 2018 to 4,393 in 2022.

2. NDP3 Progress highlights (2023-2025)

The health sector has planned 59 operational benchmarks for the first two and half years in the NDP3 implementation period only 21 Operational benchmarks has successfully completed as below pie chart shows.

This illustrates the implementation status of operational benchmarks within the health sector. According to the data, 36% of the planned benchmarks have been completed, while 64% remain pending, Outlined in the National Development Plan (NDP III). While this reflects commendable progress, it also underscores the urgent need to accelerate implementation and address existing bottlenecks within the health system

The high proportion of pending benchmarks signals the need for strengthened implementation efforts, improved resource allocation, and closer monitoring to ensure that remaining targets are achieved within the planned timeline.

HIV/AIDS Crosscutting Theme

The HIV/AIDS section reported 16 planned activities, of which only 5 were completed, resulting in a performance rate of 31%. Together, these sections highlight both successful youth interventions and significant gaps in HIV/AIDS programs, pointing to the need for intensified efforts in addressing HIV/AIDS-related challenges.

Youth Crosscutting Theme

The initiatives under the Measure of Youth (MoY) aim to empower young people. Of the six planned activities, only one has been completed, resulting in a low performance rate of 17%. This suggests that more effective strategies and support mechanisms are needed to engage youth and ensure the successful implementation of planned initiatives.

3. Prioritization Rationale

The Somaliland National Development Plan III (NDP-III) was officially launched in March 2023 to serve as the country's guiding framework for sustainable development. However, the implementation of the plan has faced significant setbacks due to unforeseen national

and global events. Delayed elections and armed conflicts in the eastern Sool region diverted national attention and resources away from planned development initiatives. At the same time, the global economic crisis and subsequent reduction in international aid further constrained fiscal space, limiting the government's ability to deliver on its development commitments.

These challenges have forced the government to reallocate portions of the development budget toward urgent security and election-related expenditures, leaving critical development priorities underfunded or delayed. The combination of political, security, and financial pressures has disrupted the pace and balance of NDPIII implementation, reducing the plan's ability to deliver results as originally envisioned.

Given these realities, a mid-term review was deemed essential to recalibrate NDPIII for the remaining implementation period (2025 - 2027). The review provides an opportunity to re-prioritize interventions, ensuring that scarce resources are directed toward the most pressing and feasible development needs. It also strengthens the alignment of ongoing initiatives with the country's long-term Vision 2030 while responding to current contextual challenges.

Specifically, the objectives of the mid-term review are to: (i) prioritize outcomes and critical outputs; (ii) refine indicators to allow for more accurate monitoring of progress; (iii)

adjust cost estimates to reflect present realities; (iv) reassess potential budget and financing sources; and (v) address emerging implementation challenges. These adjustments will enhance accountability, efficiency, and impact in the delivery of NDPIII.

In summary, the mid-term review is both a corrective and strategic exercise. It acknowledges the unforeseen disruptions that have constrained progress while providing a clear roadmap for improved implementation. By focusing on realistic priorities, recalibrated costs, and credible financing strategies, the government aims to safeguard the relevance of NDPIII and ensure its continued contribution to Somaliland's socio-economic transformation.

4. Prioritization Methodology and Process

The prioritization methodology was designed to be evidence-based, participatory, and results-oriented, ensuring both technical rigor and broad ownership. The process began with a comprehensive stocktaking of the first 2.5 years of NDPIII implementation. This review identified what had been achieved, what remained incomplete, and where significant gaps persisted. Interventions already delivered were set aside, while unfinished and high-impact priorities became the focus of the review.

Using standardized tools and agreed criteria, interventions were then scored and ranked against dimensions such as strategic alignment

with NDPIII and SDGs, urgency, feasibility, cost-effectiveness, and equity. This process was supported by extensive consultations including 48 meetings with Ministries, Departments, and Agencies (MDAs), as well as sector-level discussions with development partners to validate evidence and secure consensus. Once priorities were identified, cost estimates were recalculated, financing options were reassessed, and the results were consolidated into sector-specific booklets. These booklets will serve as the national framework for guiding investment, coordination, and monitoring of NDPIII for the period 2025 to 2027.

5. Health Sector priorities

Somaliland's health sector is pursuing a transformative agenda centered on building a more resilient and equitable system. A primary focus is the expanded coverage of the Essential Package of Health Services (EPHS) to ensure quality care reaches every community. This foundation is strengthened by a robust Public Health Emergency Preparedness and Response (PHEPR) system, designed to swiftly and effectively counter public health threats. Underpinning all these efforts is a commitment to enhanced health promotion and proactive community engagement, empowering individuals and fostering collective ownership of health outcomes for a healthier future.

The health sector tables are shown in two main formats. The first is the NDP Outcome table, which has five columns: NDP Outcome, Indicator, Unit, Baseline (2021), and Target (2027). This table shows the main goals and targets for each level of the sector. The second is the Critical Output table, which has ten columns: Critical Output, Operational Benchmark, Type of Target, Priority, Cost Estimates, the years 2025, 2026, 2027, and the Responsible Institution (MDA).

Health Sector

Note: "The following table categorizes the operational benchmarks by priority level, which is defined by our current resource capacity. High priority operational benchmarks are those we can achieve with our available resources. Medium priority indicates that only some of the operational benchmarks in this category can be accomplished with our present means. Finally, low priority operational benchmarks are those we cannot currently achieve given our resource and technical constraints. This classification ensures our efforts are focused on what is immediately actionable.

Strategic Objective HEA - SO-1: To increase access to acceptable quality health care services				
NDP Outcome	NDP Outcome Indicator	Unit	Baseline	Target (2027)
HEA - 1: By 2027, improved coverage of the Essential Package of Health Services (EPHS).	HEA - 1.A: Maternal mortality ratio	No. of deaths per 100.000 live births	396	286
	HEA - 1.B: Child mortality rate (under-fives / infants / neonatal)	No. of deaths per 1.000 live births	91 / 72 / 42	77 / 61 / 30
	HEA - 1.C1: Percentage of moderately and severely malnourished children under five (MAM and SAM rate = Moderate/Severe Acute Malnutrition).	% of under-fives	3% / 23%	1.5% / 18%
	HEA - 1.C2: Prevalence of stunting among children under 5 years of age.	% of under-fives	20.7%	16.0%
	HEA - 1.C3: Prevalence of wasting among children under 5 years of age.	% of under-fives	12.6%	11.0%
	HEA 1.D: Proportion of children aged 12 - 23 months that are fully vaccinated by public health facilities.	% of children under 2 yrs	13%	50%
	HEA - 1.E1: Incidence of Tuberculosis per 100.000 population (new infections)	No. new cases per 100.000 people	250	230
	HEA - 1.E2: Proportion of Tuberculosis patients that completed their treatment and were cured (TB treatment Success Rate)	% of TB patients	85%	>95%

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	HEA - 1.F1: Proportion of people living with HIV that know their status	% of PLWHIV	65%	90%
	HEA - 1.F2: % of People diagnosed with HIV infection receiving ART	% of PLWHIV	43%	90%

					NDP III period			
Critical outputs	Operational benchmarks	Type of target	Priority level	Cost Estimate	2025	2026	2027	MDA resp.
HEA - 1.1: Increased coverage of services for reproductive maternal, new born, child, and adolescent health [RMNCAH]	HEA - 1.1.a: Increase of CEmONC sites (Comprehensive Emergency Obstetric and Newborn Care).	Accumulated total	High	31620113	15	16	17	MoHD
	HEA - 1.1.b: % pregnant women receiving at least 4 ante-natal care visits plus (ANC 4 visit plus).	Annual Total	High		37%	40%	45%	MoHD
	HEA - 1.1.c: % of mothers delivering at Health facilities	Annual Total	High		48%	52%	55%	MoHD
	HEA - 1.1.d: No. of hospitals with functioning neo-natal unit.	Annual Total	High		7	8	9	MoHD
	HEA - 1.1.e: % of under-one children who received BCG.	Annual Total	High		45%	55%	60%	MoHD

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	HEA - 1.1.f: % of under-one children who received Measles vaccination.	Annual Total	High		35%	45%	50%	MoHD
	HEA - 1.1.g: % of under-one children who received Penta 3 vaccination.	Annual Total	High		40%	55%	65%	MoHD
HEA - 1.2: Improved prevention and control of malnutrition	HEA - 1.2.a: % of registered malnourished children who have been treated.	Annual Total	High	21080075	100%	100%	100%	MoHD
	HEA - 1.2.b: % of under-five children who have had Vit.A supplements.	Annual Total	High		24%	30%	35%	MoHD
HEA - 1.3: Improved prevention and control of communicable diseases	HEA - 1.3.a: Number of well-equipped TB diagnostic centers in the country.	Accumulated total	Medium	31620113	30	32	33	MoHD
	HEA - 1.3.b: TB notification rate.	Annual Total	High		38%	41%	44%	MoHD
HEA - 1.4: Improved prevention and control of non-communicable diseases	HEA - 1.4.a: National NCD strategy developed.	Milestone	Medium	5270019	--	Completed	--	MoHD
	HEA - 1.4.b: National Oncology Center established.	Milestone	High		Completed	--	--	MoHD

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HEA - 1.5 Increased specialized support assisting people with disabilities.	HEA - 1.5.a: Integrated National Disability Strategy developed.	Milestone	High		Completed	--	--	
	HEA - 1.5.b: Number of disability centers established.	Accumulated total	Medium		3	2	2	MoHD
HEA - 1.6: Increased coverage of integrated mental health services	HEA - 1.6.a: Number of hospitals providing mental health facilities.	Accumulated total	High	5270019	10	11	12	MoHD
	HEA - 1.6.b: Number of integrated Primary Health care facilities providing mental health services	Accumulated total	High		84	112	140	MoHD
	HEA - 1.6.c: Number of Health care providers trained on mental health gap program version2 (mhGAP-2)	Accumulated total	High		555	555	695	MoHD
HEA - 1.7: Expanded EPHS and Health Referral network	HEA - 1.7.a: Number of functioning Referral Health Centres in the country.	Accumulated total	High	5398556	13	17	20	MoHD
	HEA - 1.7.b: Number of districts implementing EHPS.	Accumulated total	Medium		15	15	16	MoHD
NDP Outcome	NDP Outcome Indicator		Unit		Baseline (2021)		Target (2027)	

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HEA - 2: By 2027, a more resilient Health System has been built, guided by the sector's Health System Conceptual Framework.	HEA - 2.A: Annual HMIS report with clear evidence-based recommendations disseminated to all Health Stakeholders.	No. of HMIS reports in NDP III period	0	5
	HEA - 2.B1: No. of medical doctors serving in the public sector per 10,000 population (M/F).	Medical doctors per 10,000 pop.	0.99	1
	HEA - 2.B2: No. of midwives serving in the public sector per 10,000 population.	Midwives per 10,000 pops.	1.5	2
	HEA - 2.B3: No. of nurses serving in the public sector per 10,000 population (M/F).	Nurses per 10,000 pop.	6.1	7
	HEA - 2.B4: No. of Health Workers in the public sector per 10,000 population.	Health workers per 10,000 pop.	9	11
	HEA - 2.C1: No. of functioning public health facilities (excluding PHUs) per 100,000 population.	Health facilities per 100,000 pop.	6	8

HSBB - I: LEADERSHIP AND GOVERNANCE

Critical outputs	Operational benchmarks	Type of target	Priority level	Cost	NDP III period			MDA resp.
					2025	2026	2027	
HEA - 2.1: Improved Health Sector coordination and partnership with bilateral and multilateral agencies.	HEA - 2.1.a: No. of regular health sector coordination meetings held at national and sub-national levels.	Annual Total	High	\$8,997,593.12	7	7	7	MoHD
	HEA - 2.2.b: National Health Policy endorsed.	Milestone	Medium		Completed	--	--	MoHD

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HEA - 2.2: Improved health legislative and regulatory framework	HEA - 2.2.c: Health Sector Strategic Plan HSSP 2023 - 2027 finalized and approved.	Milestone	High		Completed	--	--	MoHD
	HEA - 2.2.d: Public Health Act developed and approved.	Milestone	High		--	Completed	--	MoHD
					NDP III period			MDA Resp.
Critical outputs	Operational benchmarks	Type of target	Priority level	Costs Estimates	2025	2026	2027	
	HEA - 2.3.a: No. of fully or partially vertical health programs that are integrated in DHIS2 (Total of 10 as listed in the health sector chapter).	Accumulated total	Medium	5141481.78	10	10	=	MoHD
HEA - 2.3: Scaled up DHIS2 capability and functionality.	HEA - 2.3.b: Proportion of health facilities that have rolled out electronic data entry.	Accumulated total	High		25%	35%	35%	MoHD
HEA - 2.4: - Improved Health Information	HEA - 2.4.a: % of health facilities submitting Monthly Reports to the HMIS (Reporting Rate).	Annual Total	High	\$4,370,259.51	100%	100%		MoHD

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System and data quality.	HEA - 2.4.b: % of health facilities submitting timely Monthly Reports to the HMIS (Timely Reporting Rate).	Annual Total	High		88%	90%		MoHD
	HEA - 2.4.c: No. of quarterly data quality audits conducted at district level.	Annual Total	Medium		4	4	=	MoHD
	HEA - 2.4.d: Number of priority public health researches conducted.	Annual Total	Medium		3	0	=	MoHD

HSBB - III: HEALTH WORKFORCE

					NDP III period			
Critical outputs	Operational benchmarks	Targets	Priority level	Costs Estimates	2025	2026	2027	MDA's Respond
HEA - 2.: National Health Human Resource Strategy updated and under implementation	HEA - 2.5.a: Human Resource Assessment conducted.	Milestone	Medium	\$44,730,891.49	Completed			MoHD
	HEA - 2.5.b: Human resource distribution plan developed.	Milestone	High			Completed		MoHD
	HEA - 2.5.c: No. of health care staff appraised annually.	Annual Total	Medium		60	65	100	MoHD

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	HEA - 2.5.d: Additional number of nurses employed in the public sector.	Annual Total	Low		250	370	223	MoHD
	HEA - 2.5.e: Additional number of midwives employed in the public sector.	Annual Total	Low		135	75	75	MoHD
	HEA - 2.5.f: Additional number of doctors employed in the public sector.	Annual Total	Low		80	60	32	MoHD

HSBB - IV: MEDICINE AND TECHNOLOGY

HEA - 2.6: Improved management of the health supply chain	HEA - 2.6.a: Integrated Logistics Management Information System (LMIS) into HMIS in place.	Milestone	medium	\$41,131,854.24		Completed		MoHD
	HEA - 2.6.b: No. of staff working in supply chain management who have been upgraded through relevant short duration courses (< 6 mths).	Annual Total	Medium					

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	HEA - 2.6.c: No. of staff working in supply chain management who have been upgraded through relevant medium duration courses (> 6 mths).	Annual Total	medium		9	15	0	MoHD
HEA - 2.7: Improved access to health services through expanded health facilities and means of transport for referral.	HEA - 2.7.a: Updated standards / protocols for the design of health facilities developed.	Milestone	High	\$17,738,112.14	Pending	Completed	--	MoHD
	HEA - 2.7.b: No. of Health Facilities assessments conducted.	Annual Total	High		0	1	0	MoHD
	HEA - 2.7.c: No. of additional hospitals constructed.	Annual Total	Medium		0	1	1	MoHD
	HEA - 2.7.d: No. of additional referral health centres constructed or upgraded.	Annual Total	Medium		3	2	1	MoHD
	HEA - 2.7.e: No. of additional health centres constructed.	Annual Total	High		31	36	17	MoHD
	HEA - 2.7.f: No. of new ambulances acquired.	Annual Total	High		12	10	9	MoHD
NDP Outcome	NDP Outcome Indicator	Unit	Baseline (2021)	Target (2027)				

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HEA - 3: By 2027, Somaliland will have an enhanced health promotion and community engagement.	HEA - 3.A: % of health facilities providing the standardized package of health education (HE) sessions regularly	% of health facilities	0%	45%				
					NDP III period			MDA resp.
Critical outputs	Operational benchmarks	Type of target	Priority level	Costs Estimates	2025	2026	2027	
HEA - 3.1: Updated national health promotion policy and strategy	HEA - 3.1.a: Updated national health promotion strategy.	Milestone	High	\$10,797,111.74	Pending	Completed	==	MoHD
HEA - 3.2: improved National health promotion programs at all levels	HEA - 3.2.a: Develop a standardized Health Education package	Milestone	Medium		In progress	Completed	- -	MoHD
	HEA - 3.2.b: Number of districts with a functioning community health promotion committee.	Accumulated total	Medium		3	10	16	MoHD
	HEA - 3.2.c: Number of health facilities with proper medical waste management system.	Annual Total	Medium		10	15	15	MoHD
	HEA - 3.2.d: Number of villages with community led total sanitation effort.	Annual Total	Medium		16	50	50	MoHD

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NDP Outcome		NDP Outcome Indicator		Unit	Baseline (2021)			Target (2027)
HEA - 4: By 2027, a stronger Public Health Emergency Preparedness and Response system (PHEPR) responds more effectively to public health emergencies.		HEA - 4.A: Existence of a stronger Emergency Preparedness and Response System, based on a comparative assessment of Somaliland's PHEPR using the WHO "Toolkit for assessing health-system capacity for crisis management" in consecutive years.		Boolean (Yes/No)	No			Yes
				NDP III period			MDA resp.	
Critical outputs	Operational benchmarks	Type of target	Priority level	Estimated Costs	2025	2026	2027	
HEA - 4.1: Improved risk assessment, prevention, preparedness, response, and recovery measures to reduce impact on human lives.	HEA - 4.1.a: No. of fully functioning Integrated Surveillance Sentinel Sites in the country.	Accumulated total	High	\$19,537,630.76	80	90	100	MoHD
	HEA - 4.1.b: No. of health staff trained in EPR at all levels.	Accumulated total	High		70	80	100	MoHD
	HEA - 4.1.c: Functioning Public Health Emergency Operations Centre (PHEOC).	Milestone	High		--	--	--	MoHD
	HEA - 4.1.d: No. of public health laboratories functioning at National /Regional level.	Accumulated total	High		1- / 6	1- / 6	1- / 6	MoHD

Displacement Affected Communities Crosscutting Theme

Critical Output	Operational Benchmark	Type of Target	Priority Level	Total Cost Estimates	The Remaining NDP-III Period			MDA Resp.
					2025	2026	2027	

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CCT-DAC - 3.2: Proper data registration system operational to reliably measure the proportion of DACs who have access to education, health, and drinking water.	CCT-DAC - 3.2.e: % of DACs with access to the Essential Package of Health Services (EPHS).	Accumulated Total	Medium	S0	130 HH	200 HH	--	MoRHA
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HIV/AIDS Crosscutting Theme

Critical Output	Operational Benchmark	Type of Target	Priority Level	Total Cost Estimates	The Remaining NDP-III Period			MDA Resp.
					2025	2026	2027	
CCT-HIV - 7.1: Regional and district HIV/Aids Committees have been established to strengthen the national coordination framework.	CCT-HIV - 7.1.c: Rolling out the establishment of HIV/Aids committees in all 23 electoral districts.	Milestone	Medium	NA	--	In Progress	Completed	SOLNAC

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	CCT-HIV - 7.1.d: Drafting and approval of district workplans and coordination mechanisms for the District HIV/Aids Committees.	Milestone	Medium	NA	--	In Progress	Completed	SOLNAC
CCT-HIV - 7.2: On-site estimates of key vulnerable population related to HIV/Aids have been mapped.	CCT-HIV - 7.2.a: Mapping survey implemented together with UNICEF.	Milestone	High	NA	In Progress	In Progress	Completed	SOLNAC
	CCT-HIV - 7.2.b: SOLNAC's Action framework updated based on findings from mapping survey report.	Milestone	High	NA	--	In Progress	Completed	SOLNAC

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CCT-HIV - 7.3: The Knowledge, Attitude, Practices, and Behaviour survey has been implemented.	CCT-HIV - 7.3.b: Conducting the KAPB survey in all 6 regions.	Milestone	High	NA	--	In Progress	Completed	SOLNAC
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Youth Crosscutting Theme

Critical Output	Operational Benchmark	Type of Target	Priority Level	Total Cost Estimates	The Remaining NDP-III Period			MDA Resp.
					2025	2026	2027	
CCT-YOU - 6.5: Community awareness campaigns rolled out against youth violence.	CCT-YOU - 6.5.b: Number of electoral districts covered by the anti-youth violence awareness campaigns	Accumulated Total	High	\$110,000.00	5	10	15	MoYS

6. Annexes

6.1. Annex1: NDP III MEAL Calendar (2025–2027)

(Prepared by the Monitoring & Evaluation Department, MoPND)

The following calendar outlines the monitoring, evaluation, accountability, and learning (MEAL) processes of the National Development Plan III (NDP III). It is binding for all Government Ministries, Departments, and Agencies (MDAs), as well as Sector Lead MDAs, and aligned development partners.

Type of report	Action	"Year N "(This is the Implementation year)												" Year N+1"						
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J
quarterly Operational Progress Reports	Submission to DG	31			30			31			31									
	MDA internal validation		15			15			15			15								
	Sharing with SCF-chairs		20			20			20			20								
	Compilation for the whole year													28						
sector Outcome Progress Report	Data collection Outcome targets													28						
	Submission to DG														15					
	Analysis and validation w/SCF														31					
	Sharing with MoPND/CSD														5					
Annual Operational Progress Report	Compilation of Annual Report															10				
	Submission to DG															15				
	MDA internal validation															30				
	Sharing with MoPND/M&E																15			

