NIGERIAN MEDICAL ASSOCIATION

OYO STATE BRANCH

STRATEGIC PLAN AND PERFORMANCE MANAGEMENT FRAMEWORK

August 2026 – July 2028

RESTORING DIGNITY, UNITY AND ENHANCING WELFARE

Document Control and Adoption

Item	Details
Document title	NMA Oyo State Branch Strategic Plan and Performance Management Framework 2026–2028
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Document custodian	Branch Secretary
Performance custodian	Monitoring, Evaluation and Strategy Committee
Financial custodian	Treasurer and Financial Secretary

Adoption Resolution

The State Executive Council adopts this Strategic Plan as the principal governance, implementation, monitoring and accountability framework for the 2026–2028 tenure. All officers, committees and project teams shall align their work plans, budgets, procurement decisions and reports with its objectives, indicators, quarterly milestones and control requirements.

Officer	Signature	Date
Chairman		
1st Vice Chairman		
2nd Vice Chairman		
General Secretary		
Treasurer		
Financial Secretary		

Foreword

"This plan converts a mandate to serve into a measurable contract with every doctor in Oyo State."

The medical profession in Oyo State stands at a defining moment. Workforce migration, inflation, remuneration pressures, workplace insecurity, quackery, technological changes and rising expectations from members require a leadership model that is courageous, inclusive, disciplined and transparent.

This Strategic Plan is not a catalogue of aspirations. It is an execution framework. It specifies the outcomes we seek, the measures by which we will be judged, the people accountable for delivery, the evidence required, the resources needed and the corrective actions that will follow when performance falls short.

Our central promise is straightforward: members should experience a more responsive Association, stronger professional protection, clearer financial accountability, greater influence in health policy, better career support and a modern NMA House that generates value beyond the tenure.

We invite members, affiliates, elders, partners and public institutions to hold the administration accountable to this plan and to participate actively in its delivery.

Dr. Olufemi Aworinde

LIST OF ABBREVIATIONS

Abbreviation	Meaning
AGM	Annual General Meeting
AI	Artificial Intelligence
BOQ	Bill of Quantities
CCTV	Closed-Circuit Television
CME	Continuing Medical Education
IGR	Internally Generated Revenue
KPI	Key Performance Indicator
M&E	Monitoring and Evaluation
NMA	Nigerian Medical Association
PESTLE	Political, Economic, Social, Technological, Legal and Environmental
Q1–Q8	Quarter 1 to Quarter 8
RAG	Red, Amber and Green
SEC	State Executive Council
SOP	Standard Operating Procedure
SWOT	Strengths, Weaknesses, Opportunities and Threats

Executive Summary

This Strategic Plan establishes a two-year transformation agenda for the Nigerian Medical Association, Oyo State Branch. It responds to urgent member concerns while building the institutional systems required for long-term credibility, financial resilience and continuity.

The strategic proposition

A respected and sustainable professional association will emerge when member welfare, professional protection, financial discipline, policy influence, inclusive leadership and productive infrastructure are managed as one integrated performance system.

The six strategic pillars

Pillar	Strategic intent	Headline 2028 outcome
1. Welfare	Improve responsiveness, remuneration advocacy, recruitment and emergency support.	Members experience timely, equitable and trusted welfare support.
2. Institutional Respect, Security and Anti-Quackery	Protect doctors, strengthen legal aid and improve enforcement.	Doctors practice in safer and more respected environments.
3. Transparency, Accountability, Financial Growth and Sustainability	Strengthen reporting, controls, revenue and reserves.	Trust and financial resilience increase.
4. Advocacy, Policy Influence and Strategic Collaboration	Place NMA at the centre of state health policy and public discourse and support private hospitals and their proprietors.	NMA influence and public value increase.
5. Inclusive Leadership and Career Growth	Institutionalise inclusion, mentorship and professional development.	Participation, competence and succession improve.
6. Infrastructure and Digital Transformation	Modernise physical and digital infrastructure and productive assets.	NMA House and member services become secure, accessible and digitally enabled.

1. Strategic Identity and Governance Philosophy

Vision

A united, respected, responsive and financially sustainable professional association that protects the dignity, welfare and future of every doctor in Oyo State.

Mission

To provide courageous, inclusive and accountable leadership; advance members' welfare and professional interests; influence health policy; safeguard ethical medical practice; and steward the Association's assets for current and future generations.

Core values

Value	Operational meaning
Integrity	Truthful leadership, proper stewardship and avoidance of conflicts of interest.
Inclusion	Every affiliate, cadre, location, gender and career stage has a voice.
Service	Leadership is measured by timely solutions to members' needs.
Courage	The Branch speaks firmly and constructively on matters affecting doctors.
Accountability	Decisions, finances and outcomes are documented and reported.
Professionalism	All engagements reflect dignity, evidence and institutional respect.
Sustainability	Projects and investments are designed to outlive the tenure.

Governance principles

- Evidence-led decision-making and documented assumptions.
- Quarterly disclosure and performance reporting.
- Separation of oversight, execution, custody and assurance.
- Competitive procurement and conflict-of-interest declarations.
- Affiliate inclusion in policy and programme design.
- Capital preservation and prudent investment.
- Documented handover and institutional memory.

2. Why This Strategy Matters

The Branch operates in an environment where members face simultaneous professional, economic and institutional pressures. A strategy centred only on events and advocacy meetings would be inadequate. The Branch requires a disciplined operating model that links member's needs to measurable outcomes and converts assets, relationships and leadership authority into sustained value.

Strategic pressure	Implication for NMA Oyo State
Doctor migration and workload pressure	Advocacy must address recruitment, retention, workload and professional morale.
Inflation and constrained public finances	Targets and capital projects require prioritisation, scenario planning and diversified funding.
Workplace violence and professional vulnerability	Rapid legal and security response protocols are essential.
Quackery and weak enforcement	Coalition-based enforcement and legislative action must be institutionalised.
Rising member expectations	Members expect faster communication, digital access, transparency and measurable delivery.
Technological disruption	Digital member services, data governance and cybersecurity become strategic necessities.
Institutional memory gaps	SOPs, registers, asset records and structured transition must outlive individual officers.

Strategic challenge

The Branch must deliver visible short-term improvements without sacrificing control, affordability or institutional sustainability.

3. Situation Analysis

3.1 PESTLE analysis

Dimension	Key issues	Strategic response
Political	State policy priorities, leadership changes, industrial relations and regulatory delays.	Maintain non-partisan relationships, formal memoranda and coalition advocacy.
Economic	Inflation, exchange-rate volatility, constrained budgets and declining purchasing power.	Phase projects, validate costs quarterly, protect reserves and diversify income.
Social	Migration, generational expectations, gender inclusion, burnout and public trust.	Strengthen welfare, mentorship, inclusion, communication and public value.
Technological	AI, telemedicine, digital payments, data privacy and cyber threats.	Create secure digital services, dashboards, electronic records and cyber controls.
Legal	Labour law, professional regulation, quackery, procurement and data protection.	Use legal review, compliance protocols, documented decisions and legislative advocacy.
Environmental	Power instability, extreme weather, energy cost and facility resilience.	Invest in renewable energy, maintenance, insurance and business continuity.

3.2 Stakeholder analysis

Stakeholder	Interest / expectation	Influence	Engagement approach
Members and affiliates	Welfare, protection, transparency, inclusion and value.	High	Monthly communication, pulse surveys, quarterly dashboards and consultation.
State Government and agencies	Constructive professional input and service delivery collaboration.	High	Formal policy dialogue, memoranda, technical support and joint initiatives.
Health institutions and employers	Stable workforce, professional conduct and dispute resolution.	High	Protocols, liaison structures and evidence-led engagement.
Medical elders and past leaders	Institutional dignity, continuity and mentorship.	Medium–High	Elders' forum, advisory roles and legacy documentation.
Young doctors and trainees	Career development, voice, mentorship and fair working conditions.	High	Mentorship platform, representation and targeted professional development.
Media and public	Credible health information and accountable leadership.	Medium	Spokesperson protocol, regular briefs and public education.
Partners, donors and diaspora	Governance assurance, measurable impact and credible projects.	Medium–High	Business cases, MoUs, reporting and benefits tracking.
Private hospitals and proprietors	Fair taxation, lawful regulation, professional protection, workforce access and visibility.	High	Private-practice liaison desk, structured dialogue, verified directory and regular consultation.

3.3 Professional association and industry outlook

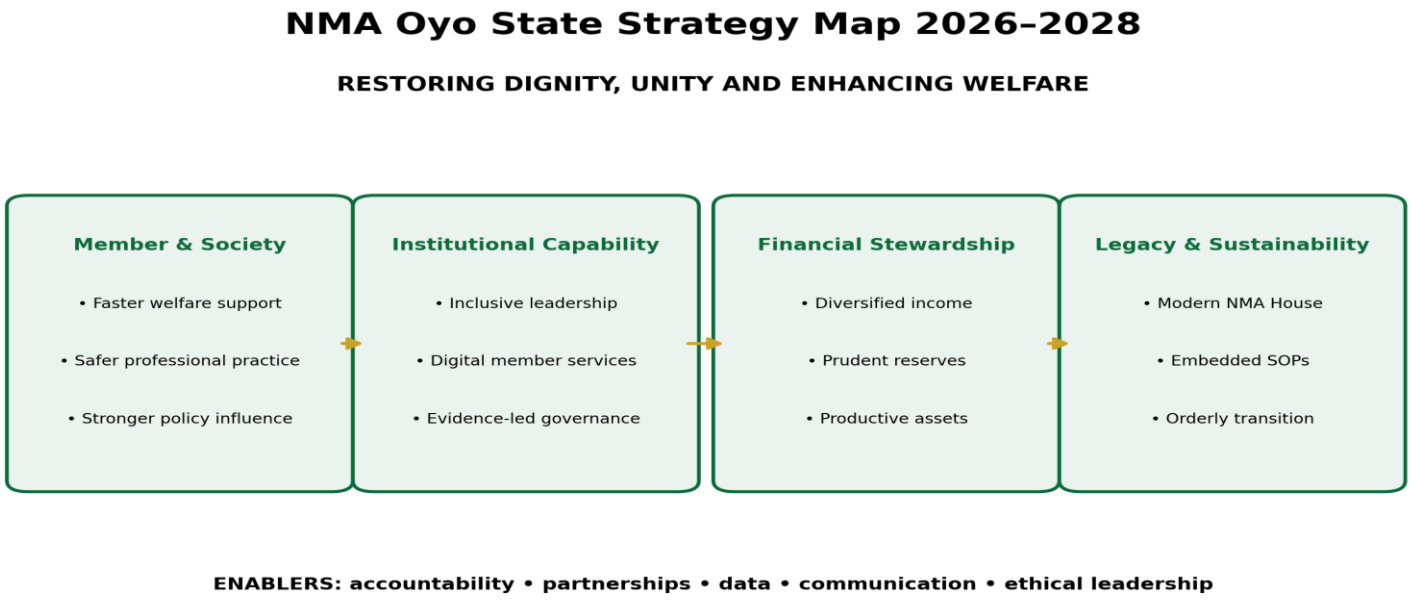
Professional associations are increasingly judged not by the volume of meetings they convene but by the speed and quality of member service, policy influence, financial transparency, digital accessibility and the sustainability of their institutions. The competitive benchmark is therefore an agile, evidence-led and member-centred organisation rather than a traditional committee-based association.

3.4 SWOT synthesis

Strengths	Weaknesses	Opportunities	Threats
Professional legitimacy; experienced leadership; established NMA House; diverse affiliates.	Uneven engagement; limited revenue diversity; infrastructure gaps; weak baseline data.	Government policy engagement; private-sector and diaspora partnerships; digital services; productive assets; renewable energy.	Brain drain; poor remuneration; workplace violence; quackery; inflation; political and regulatory delays.

4. Theory of Change and Strategy Map

If the Branch combines inclusive leadership, disciplined advocacy, transparent financial management, modern physical and digital infrastructure, commercially sound ventures and quarterly performance accountability, then members will experience faster welfare support, stronger professional protection, greater policy influence and a more sustainable Association.



Results architecture

Level	Definition	Illustrative examples
Inputs	People, funds, assets, partnerships and authority.	SEC, committees, NMA House, dues and partnerships.
Activities	Actions implemented by the Branch.	Advocacy, projects, legal support and mentorship.
Outputs	Immediate deliverables.	Protocols, reports, completed projects and training.
Outcomes	Changes experienced by members and institutions.	Faster support, safer workplaces and improved revenue.
Impact	Long-term institutional value.	A respected, united and sustainable NMA Branch.

5. Strategic Pillars, Outcomes and Performance Measures

The performance framework balances leading indicators (activities and milestones) with outcome and impact measures.

Pillar 1: Welfare

Improve remuneration advocacy, recruitment, emergency support and member responsiveness.

Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
Welfare response	Median first-response time to eligible cases	Case register	Baseline in Q1	≤72 hours by Q8	Welfare Committee
Resolution effectiveness	Percentage of eligible welfare cases resolved or formally escalated within service standard	Case register	Q1 baseline	≥85% by Q8	Welfare Committee
Member satisfaction	Positive rating for welfare support	Quarterly pulse survey	Q1 baseline	≥90% by Q8	M&E Committee
Remuneration impact	Documented policy, payment or implementation gains attributable in part to NMA advocacy	Government records / communiqués	0	At least 2 material gains	Chairman/Advocacy
Recruitment relief	Priority institutions showing verified recruitment or workload improvement	Institution records	Q1 baseline	≥60% of priority institutions	Chairman/Welfare
Emergency support	Eligible cases supported within approved policy and funding limits	Payment records	Q1 baseline	100% of approved eligible cases	Treasurer/Welfare

Pillar 2: Institutional Respect, Security and Anti-Quackery

Protect members, improve workplace security, provide legal support and strengthen enforcement.

Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
Workplace safety	Priority institutions with signed and tested incident-response protocols	Signed protocols / drills	Q1 baseline	All priority institutions	Security Committee
Legal response	Median legal triage time	Time stamped register	Q1 baseline	≤24 hours	Legal Committee
Legal outcomes	Eligible cases receiving documented legal guidance or representation	Legal register	Q1 baseline	100%	Legal Committee
Anti-quackery impact	Joint operations leading to verified closure, sanction or prosecution	Operation and agency records	Q1 baseline	Progressive annual increase	Anti-quackery committee
Legislative progress	Anti-quackery bills/amendments advancing through defined legislative stages	Bill records / Hansard	Concept stage	At least 2 initiatives materially advanced	Anti-quackery committee
Professional respect	Member-reported confidence in institutional support after incidents	Survey	Q1 baseline	≥85%	M&E Committee

Pillar 3: Transparency, Accountability, Financial Growth and Sustainability

Publish timely reports, strengthen controls, expand income, build reserves and invest prudently.

Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
Financial disclosure	Quarterly financial reports published within 30 days	Published reports	Current practice baseline	100% on time	Treasurer/Financial Secretary
External assurance	Annual independent audit/review completed and findings closed	Audit reports	Current practice baseline	Annual assurance completed	Treasurer/Financial Secretary
Revenue growth	Real growth in internally generated revenue over validated baseline	Management accounts	Q1 baseline	≥40% nominal; report real growth	Business Committee
Revenue diversity	Share of income from sources other than dues	Accounts	Q1 baseline	≥35%	Business Committee
Reserve strength	Months of core operating expenditure covered by unrestricted reserve	Bank records / budget	Q1 baseline	Minimum 3 months	Treasurer
Asset productivity	Net contribution and utilisation of bus, hall and guest house	Venture accounts	Q1 baseline	Positive contribution and improving utilisation	Business Committee
Investment governance	Portfolio compliant with policy, liquidity and capital-preservation limits	Statements / policy	No approved policy	100% compliant	Business Committee

Pillar 4: Advocacy, Policy Influence and Strategic Collaboration

Position the Branch at the centre of health policy, public communication and collaboration and ensure private health-sector support and development.

Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
Policy influence	Submitted NMA proposals reflected in policy, budget, circular or implementation decisions	Policy records	Q1 baseline	At least 4 evidenced influences	Advocacy Committee
Government access	Priority issues receiving formal response or decision from government	Letters/minutes	Q1 baseline	≥75% of priority issues	Chairman
Partnership value	Active partnerships delivering quantified resources, reach or expertise	MoUs / reports	Q1 baseline	At least 6 value-producing partnerships	Chairman
Public value	Reach and quality of evidence-based public health communication	Media analytics	Q1 baseline	Quarterly growth with quality threshold	Publicity Secretary
Outreach impact	Beneficiaries receiving referral, diagnosis or follow-up from outreach	Outreach records	Q1 baseline	Targets set after baseline	Medical Outreach Committee
Stakeholder confidence	Partner satisfaction with NMA credibility and collaboration	Annual survey/interviews	Q1 baseline	≥85%	M&E Committee
Fiscal relief	Documented reduction, removal or harmonisation of taxes, levies and charges affecting	Government circulars, tax schedules, MoUs and official correspondence	Baseline tax and levy mapping in Q1	At least two material fiscal or administrative gains by Q8	Chairman/ Advocacy Committee

Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
	private hospitals following NMA advocacy				
Multiple-taxation control	Proportion of identified duplicative or unauthorised taxes and levies formally resolved, suspended or escalated for government action	Tax-issue register and official responses	Q1 baseline	≥75% formally resolved or escalated by Q8	Advocacy Committee/Private Practice Liaison Desk
Regulatory protection	Percentage of reported unauthorised enforcement or inspection cases receiving a substantive NMA response within the approved service standard	Regulatory incident register	Q1 baseline	100% acknowledged within 24 hours; ≥90% substantively addressed or formally escalated within 7 days	Chairman/Legal Committee
Regulatory coordination	Relevant regulatory, revenue and enforcement bodies operating under documented jurisdictional or inter-agency engagement protocols	Signed protocols, communiqués or meeting records	No consolidated protocol	Protocols or formal agreements with all priority authorities by Q6	Chairman/Legal and Advocacy Committees
Hospital mapping	Proportion of identifiable private hospitals whose ownership, location, services and contact information	Private hospital register and verification records	Baseline established in Q2	≥90% of identifiable private hospitals verified and listed by Q5	Private Practice Liaison Desk/Digital Team

Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
	have been verified				
Directory quality	Percentage of published hospital records reviewed and updated within the preceding 12 months	Portal audit and update logs	0	≥95% current by Q8	Private Practice Liaison Desk
Employment platform adoption	Number and proportion of verified private hospitals using the portal to advertise vacancies or recruit doctors	Platform analytics and hospital records	0	≥60% of registered private hospitals activated by Q8	Private Practice Liaison Desk/Digital Team
Employment outcomes	Number of young doctors securing verified employment or structured placement through the platform	Matched applications, employer confirmation and follow-up survey	0	Target established after Q2 demand assessment; progressive quarterly increase thereafter	Medical Education Committee/Private Practice Liaison Desk
Recruitment effectiveness	Percentage of verified vacancies filled through the portal within the defined recruitment period	Platform analytics and employer confirmation	0	≥60% by Q8	Private Practice Liaison Desk
Stakeholder satisfaction	Private hospital owners and medical directors rating NMA's advocacy, protection and support positively	Annual stakeholder survey	Q1 baseline	≥85% positive rating by Q8	M&E Committee

Pillar 5: Inclusive Leadership and Career Growth

Institutionalise affiliate inclusion, mentorship, professional development and succession.

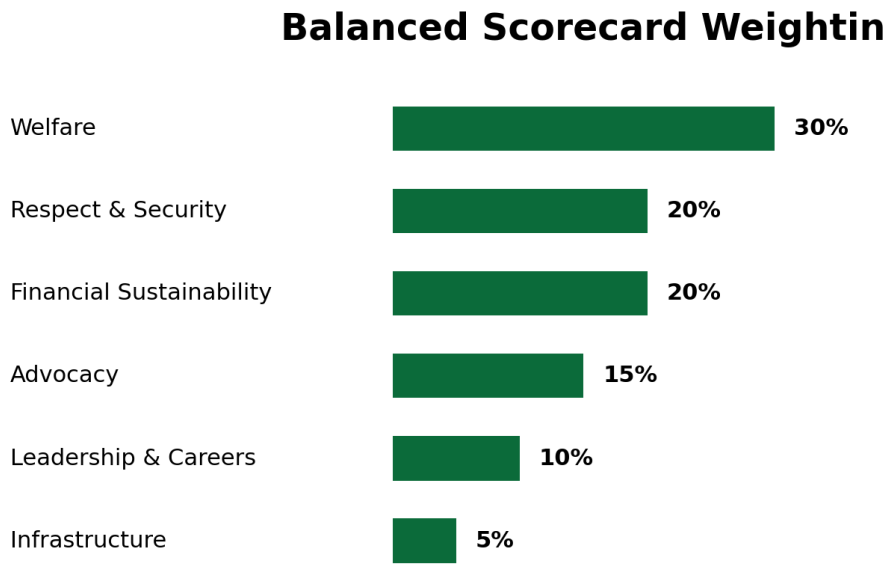
Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
Mentorship reach	Active mentor–mentee pairs completing agreed engagements	Platform records	Q1 baseline	≥100 active pairs	Medical Education Committee
Career outcomes	Participants reporting documented career or competency gain after programmes	Follow-up survey	Q1 baseline	≥75%	Medical Education Committee
Affiliate inclusion	Affiliates represented in defined consultations and strategic committees	Attendance/decisions	Current baseline	100%	Secretary
Affiliate satisfaction	Positive rating for inclusion and responsiveness	Survey	Q1 baseline	≥90%	Secretary
Women's participation	Proportion of leadership-development opportunities accessed by female doctors	Programme records	Q1 baseline	Equitable representation	Chairman
Succession readiness	Critical workstreams with documented SOPs and trained successors	SOP register	Q1 baseline	100% by Q7	M&E

Pillar 6: Infrastructure and Digital Transformation

Modernise NMA House, productive assets and member-facing digital services.

Strategic objective	Outcome / impact KPI	Evidence	Baseline	2028 target	Accountable owner
Energy resilience	Reduction in grid/generator energy cost and downtime after alternative-energy project	Energy records	Energy audit	Target set in business case; verified savings	Works Committee
Security coverage	Critical areas covered by functional CCTV and access protocols	Coverage map/logs	Security audit	100% critical-area coverage	Works Committee
Accessibility	External ramp/stairs completed and passing safety/accessibility audit	Completion certificate	Design baseline	100% compliant	Works Committee
Guest house value	Occupancy, revenue and net contribution from renovated guest house	Booking/accounts	Feasibility baseline	Positive operating contribution	Works/Business Committee
Digital adoption	Percentage of active members using at least one digital service	Platform analytics	0 / baseline	≥70%	Digital Transformation Team
Service digitisation	Priority member processes available end-to-end online	Process register	Q1 baseline	At least 6 priority processes	Digital Transformation Team
Cybersecurity	Critical controls implemented and incidents resolved within protocol	Security review	Q1 assessment	100% critical controls	Digital Transformation Team

6. Integrated Balanced Scorecard



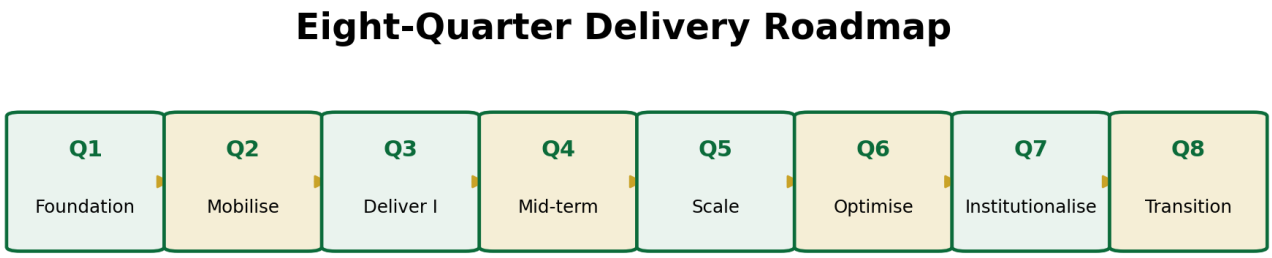
Strategic pillar	Weight	Core measures	Intended outcome
Welfare	30%	Response, resolution, satisfaction, remuneration and recruitment impact.	Members experience timely and equitable support.
Respect, Security and Anti-Quackery	20%	Safety, legal outcomes, enforcement and legislation.	Doctors practise in safer and more respected environments.
Transparency and Financial Sustainability	20%	Reporting, assurance, revenue, reserves, assets and investments.	Trust and financial resilience increase.
Advocacy and Collaboration	15%	Policy influence, partnerships, outreach and public value. Private-sector headline measures: material tax or regulatory gains; unauthorised enforcement cases addressed or escalated within seven days; verified private-hospital directory coverage; and confirmed employment matches.	NMA influence and public value increase.
Inclusive Leadership and Career Growth	10%	Mentorship, career outcomes, inclusion and succession.	Participation, competence and continuity improve.
Infrastructure and Digital Transformation	5%	Capital projects, savings, accessibility, digital adoption and cyber controls.	Member services and assets become secure and productive.

Scoring rules

- Overall score equals the weighted sum of verified pillar achievement.
- Outcome and impact indicators carry at least 70% of each pillar score; activities and milestones carry no more than 30%.
- A pillar cannot exceed 100% unless a stretch methodology is approved before the reporting period.
- Material control failure may cap the affected pillar score irrespective of delivery volume.

Overall score	Rating	Governance interpretation
90–100	Outstanding	Promises substantially delivered with strong evidence and sustainability.
80–89	Excellent	Most outcomes delivered; minor gaps require closure.
70–79	Good	Meaningful progress, but several targets remain incomplete.
60–69	Fair	Mixed delivery; formal recovery plan required.
Below 60	Needs improvement	Material underperformance; SEC corrective action required.

7. Eight-Quarter Implementation Roadmap



Quarter	Strategic phase	Priority actions	Decision product
Q1 Aug–Oct 2026	Foundation	Validate baselines; appoint owners; approve policies; audit projects and digital maturity; establish registers and disclosure calendar. Map private-hospital tax, levy and regulatory issues.	Approved work plans, baseline report and prioritised portfolio.
Q2 Nov 2026–Jan 2027	Mobilisation	Procurement; mentorship launch; legislative drafting; digital prototype; venture marketing; early partnerships. Establish the private-practice liaison desk or committee.	Early wins and approved investment decisions.
Q3 Feb–Apr 2027	Delivery I	Install energy/CCTV; complete access works; launch member portal; expand advocacy and revenue initiatives. Launch the verified private-hospital directory and secure employment-matching portal.	Visible projects and expanding member reach.
Q4 May–Jul 2027	Mid-term consolidation	Commission priority works; first-year audit; guest-house renovation; independent mid-term review. Expand private-hospital and doctor adoption of the directory and portal.	Year-1 scorecard and corrective plan.
Q5 Aug–Oct 2027	Scale	Expand successful programmes; commission guest house; increase digital adoption and productive asset utilisation. Expand private-hospital and doctor adoption of the directory and portal.	Broader reach and improved internally generated revenue.
Q6 Nov 2027–Jan 2028	Optimisation	Maintenance systems; investment review; process automation; deepen policy and legislative advocacy.	Higher efficiency and sustainability.

Quarter	Strategic phase	Priority actions	Decision product
		Expand private-hospital and doctor adoption of the directory and portal.	
Q7 Feb–Apr 2028	Institutionalisation	Document SOPs; conduct safety, accessibility and cyber audits; succession and legacy planning. Expand private-hospital and doctor adoption of the directory and portal.	Programmes embedded beyond tenure.
Q8 May–Jul 2028	Accountability and transition	Final audit; member survey; independent evaluation; benefits review; handover report. Review directory coverage, employment outcomes, fiscal gains and regulatory protection.	Evidence-based end-term report and orderly transition.

8. Benefits Realisation Framework

Benefits management ensures that projects are judged by the value they create rather than by completion alone. Each major initiative shall have a named benefit owner, baseline, target, measurement method and sustainability plan.

Initiative	Expected benefit	Benefit measure	Owner	Review frequency	Sustainability action
Welfare case management	Faster, more consistent member support.	Response time, resolution rate and satisfaction.	Welfare Chair	Quarterly	SOP, trained alternates and digital register.
Legal/security protocols	Reduced vulnerability after workplace incidents.	Protocol coverage, triage time and member confidence.	Legal Lead	Quarterly	Institutional agreements and case register.
Alternative energy	Lower energy cost and improved uptime.	Cost savings, downtime and maintenance compliance.	Works Chair	Monthly / quarterly	Maintenance contract and reserve.
Guest house and hall	Additional recurring income.	Occupancy, revenue, margin and customer rating.	Business Chair	Monthly	Professional management and asset plan.
Digital member platform	Faster access, better data and greater engagement.	Adoption, completion time and user satisfaction.	Digital Lead	Monthly	Cyber controls, support and documented ownership.
Mentorship programme	Improved career progression and professional confidence.	Active pairs, completion and reported outcomes.	Medical Education Chair	Quarterly	Mentor pipeline and programme handbook.
Private Health-Sector Support Platform	Improved viability, visibility, professional protection and workforce access for private hospitals.	Fiscal relief, regulatory protection, verified hospital coverage and employment placements	Inter affiliate lead	Quarterly	Liaison desk, annual verification, privacy controls and documented operating standards.

9. Integrated Budget and Financial Sustainability Framework

The budget is an adoption framework rather than a final appropriation. SEC shall approve annual and project-specific amounts after baseline costing, competitive quotations, cash-flow analysis and affordability testing. No capital project or investment shall proceed without an approved business case and funding plan.

Area	Cost categories	Potential funding sources	Planning allocation
Pillar 1	Welfare support, advocacy, surveys and case management.	Dues, donations and national support.	20%
Pillar 2	Legal aid, security, anti-quackery and legislation.	Dues, partnerships and grants.	12%
Pillar 3	Audit, systems, reserve and revenue development.	IGR and dues.	10%
Pillar 4	Policy, outreach, media and partnerships.	Partnerships, sponsorship and grants.	10%
Pillar 5	Mentorship, CME, inclusion and diaspora programmes.	Registration, sponsorship and grants.	8%
Pillar 6	Energy, CCTV, access, guest house, digital platform and productive assets.	Capital reserve, IGR, donations and project finance.	35%
Cross-cutting	M&E, administration, communications and contingency.	All approved sources.	5%

Financial planning requirements

- Rolling 12-month cash-flow forecast updated quarterly.
- Base, constrained and accelerated funding scenarios.
- Minimum liquidity and reserve thresholds.
- Quarterly comparison of nominal and inflation-adjusted revenue growth.
- No borrowing or project finance without explicit SEC approval and affordability assessment.

Capital project control gates

Gate	Required evidence	Approval
Concept	Need statement, expected benefits and preliminary estimate.	SEC
Business case	Options, full costing, cash flow, benefits, risks and funding source.	SEC
Procurement	BOQ/specification, competitive bids, declarations and evaluation.	Procurement authority
Contract	Scope, milestones, warranties, payment terms and retention.	Authorised officers
Completion	Inspection, certificate, asset register and handover.	Works Committee
Post-project review	Benefits, defects, maintenance and value-for-money review.	M&E Committee

10. Governance, Decision Rights and Accountability

Workstream	Accountable	Responsible	Consulted	Independent assurance
Welfare and remuneration advocacy	Chairman	Welfare/Advocacy Committees	Secretary, affiliates and Treasurer	M&E Committee
Legal aid, security and anti-quackery	Chairman / SEC	Legal, Security and Task Teams	Secretary and affected institutions	M&E/Audit
Financial reporting and audit	AGM	Treasurer/Financial Secretary	Secretary and Chairman	Independent auditor
Capital and digital projects	SEC	Works/Digital Team	Treasurer, users and Procurement	M&E/Audit
Commercial ventures and investments	SEC	Business Committee	Treasurer and professional advisers	Audit Committee
Quarterly dashboard	SEC	Secretary and M&E Committee	All KPI owners	Evidence validation by M&E

Control principle

No high-value procurement, investment or payment process shall be controlled by one individual from initiation through approval, custody and reporting.

11. Monitoring, Evaluation, Learning and Dashboard

- Every KPI has a named owner, data source, calculation rule and reporting frequency.
- Quarterly reports compare target, actual, variance, explanation, evidence quality and corrective action.
- Financial measures reconcile to approved accounts and bank records.
- Capital projects require certificates, photographs, asset records and benefits reviews.
- Member-facing reports exclude confidential personal or legal information.
- M&E validates evidence before scores are published.

RAG status	Threshold	Required action
Green	**At least 90% of target achieved and evidence verified.**	**Sustain performance and document lessons.**
Amber	**70–89% achieved or minor evidence/timing weakness.**	**Owner submits recovery action within 14 days.**
Red	**Below 70%, missed critical milestone or material control weakness.**	**SEC corrective review and revised delivery plan.**
Grey	**Not yet due or baseline awaiting approval.**	**Resolve baseline before next quarter.**

Executive dashboard template

Pillar	Weight	Quarter target	Actual	Achievement %	RAG	Key evidence	Corrective action
Pillar 1	30						
Pillar 2	20						
Pillar 3	20						
Pillar 4	15						
Pillar 5	10						
Pillar 6	5						

Capital, commercial and digital dashboard

Initiative	Milestone	Budget	Actual spend	Schedule	Quality	Benefit / revenue	Risk and action
Alternative energy							
CCTV							
Ramp and stairs							
Guest house							
Bus venture							
Event hall							
Digital member platform							
Investment portfolio							

12. Enterprise Risk Management Framework

Risk	Likelihood	Impact	Key mitigation	Owner	Early-warning indicator
Funding shortfall	High	High	Phase projects, diversify funding and prohibit unfunded contracts.	Treasurer/SEC	Cash-flow coverage and funding gap.
Inflation / exchange pressure	High	High	Contingency, short bid validity and scope prioritisation.	Procurement/Works	Cost variance above tolerance.
Procurement failure / conflict	Medium	High	Declarations, competitive bids and segregation of duties.	SEC/Audit	Single-source exceptions or complaints.
Project delay / poor quality	Medium	High	Milestones, retention, warranties and independent inspection.	Works Committee	Schedule variance and defect rate.
Investment or liquidity loss	Low–Medium	High	Policy limits, regulated institutions, diversification and capital preservation.	Business Committee	Concentration or liquidity breach.
Cybersecurity / data breach	Medium	High	Access controls, backups, incident plan and annual review.	Digital Team	Failed logins, downtime or control exceptions.
Reputational crisis / misinformation	Medium	High	Spokesperson protocol, rapid verification and response plan.	Chairman/Publicity Secretary	Negative media velocity.
Leadership conflict / transition failure	Medium	High	Decision rights, mediation, SOPs and structured handover.	Chairman/Secretary	Unresolved decisions or missing records.
Litigation / compliance failure	Low–Medium	High	Legal review, insurance and documented approvals.	Legal Committee	Claims, notices or non-compliance.
Business continuity disruption	Medium	High	Backups, insurance, alternate operations and emergency plan.	Secretary/SEC	Facility or system downtime.

13. Communication, Change and Stakeholder Engagement

Audience	Purpose	Channel	Frequency	Lead
Members	Accountability, welfare information and mobilisation.	Dashboard, email, WhatsApp and meetings.	Monthly / quarterly	Secretary/ Publicity Secretary
Affiliates	Consultation, coordination and inclusion.	Affiliate forum and structured briefs.	Monthly	Secretary
Government / institutions	Policy advocacy and operational collaboration.	Formal meetings, memoranda and technical briefs.	As required / quarterly	Chairman
Public and media	Health education and institutional credibility.	Media briefs, interviews and digital channels.	Monthly	Publicity Secretary
Partners / donors / diaspora	Resource mobilisation and expertise.	Business cases, MoUs and progress reports.	Quarterly	Chairman
Elders and past leaders	Advice, continuity and mentorship.	Elders' forum and briefings.	Quarterly	Chairman

Change-management approach

- Create a visible case for change and explain the member benefit of each reform.
- Engage affiliates and users before process or technology design is finalised.
- Pilot digital and operational reforms, gather feedback and scale what works.
- Train officers, committee members and successors in the new operating model.
- Recognise delivery, publish lessons and address resistance through evidence and dialogue.

14. Digital Transformation Strategy

Digital transformation is a cross-cutting enabler rather than a stand-alone technology project. The objective is to make the Branch easier to access, faster to manage, more transparent and more resilient.

The private-hospital directory and employment platform shall include hospital verification, vacancy publication, doctor profiles, matching, consent, privacy controls and outcome tracking. Doctors' personal profiles shall not be published openly; they shall be visible only to verified employers under clear consent, access-control and data-protection rules.

Digital capability	Priority deliverable	Outcome measure	Target horizon
Member identity	Secure, deduplicated member database with affiliate and career-stage fields; issue members identity cards	Data completeness and active-member coverage.	Q2
Digital payments	Online dues and service payments with reconciliation.	Share of payments completed digitally and reconciliation time.	Q3
Welfare and legal requests	Online intake, triage, status tracking and confidential access controls.	Processing time, completion and satisfaction.	Q3
Performance dashboard	Automated KPI submission and evidence repository.	Reporting timeliness and evidence quality.	Q4
Document management	Controlled repository for minutes, policies, contracts, assets and handover.	Retrieval time and document completeness.	Q4
Virtual learning and mentorship	Registration, attendance and follow-up for CME and mentorship.	Adoption and career outcomes.	Q5
Cybersecurity and continuity	Access controls, backups, incident response and annual review.	Critical controls implemented and incident recovery time.	Q2–Q8
Private-hospital directory and employment matching	Verified hospital records, verified vacancy publication, consent-based doctor profiles, secure matching and outcome tracking.	Hospital verification and directory coverage, verified vacancies, confirmed employment matches and sustained placements.	Q3–Q8

15. Mid-Term Review, End-Term Evaluation and Transition

Review	Timing	Purpose	Required outputs
Quarterly review	Within 30 days of each quarter	Assess performance, evidence and corrective actions.	Dashboard, decisions and recovery actions.
Mid-term review	July 2027	Test strategic relevance, affordability and implementation quality.	Independent assessment, revised targets and Year-2 plan.
End-term evaluation	July 2028	Assess effectiveness, efficiency, sustainability and member value.	Independent report and benefits assessment.
Transition review	Q7–Q8	Protect continuity, assets, records and commitments.	SOPs, asset register, contracts schedule, risk register and handover report.

Appendix A: KPI Dictionary

KPI	Definition / calculation	Unit	Source	Frequency	Owner
Median first-response time	Median elapsed time between receipt of an eligible welfare request and documented first substantive response.	Hours/days	Welfare register	Quarterly	Welfare Chair
Welfare resolution rate	Eligible cases resolved or formally escalated within the approved service standard divided by eligible cases received.	Percentage	Case register	Quarterly	Welfare Chair
Welfare satisfaction	Respondents rating welfare service good or very good divided by valid respondents.	Percentage	Pulse survey	Quarterly	M&E
Policy influence	Number of submitted NMA proposals demonstrably reflected in a policy, circular, budget, protocol or implementation decision.	Count with evidence	Policy tracker	Quarterly	Advocacy Chair
Non-dues income share	Income from sources other than member dues divided by total income.	Percentage	Accounts	Quarterly	Treasurer
Reserve coverage	Unrestricted liquid reserve divided by average monthly core operating expenditure.	Months	Accounts/bank records	Quarterly	Treasurer

KPI	Definition / calculation	Unit	Source	Frequency	Owner
Asset net contribution	Revenue less directly attributable operating and maintenance cost for each commercial asset.	Naira / margin	Venture accounts	Monthly/quarterly	Business Chair
Digital adoption	Active members completing at least one authenticated digital transaction in the period divided by active members.	Percentage	Platform analytics	Quarterly	Digital Lead
Mentorship completion	Active mentor–mentee pairs completing the minimum agreed engagement cycle divided by enrolled pairs.	Percentage	Programme records	Quarterly	Medical Education
Affiliate satisfaction	Affiliate representatives giving a positive rating for inclusion and responsiveness.	Percentage	Survey	Biannual	Secretary
Energy savings	Difference between baseline and post-project energy cost, adjusted for usage and tariff where feasible.	Naira / percentage	Energy records	Quarterly	Works Chair
Cyber control compliance	Implemented critical cybersecurity controls divided	Percentage	Security review	Quarterly	Digital Lead

KPI	Definition / calculation	Unit	Source	Frequency	Owner
	by controls required in the approved standard.				
Material fiscal gain	A documented change in a tax, levy, fee, assessment or compliance requirement affecting private hospitals that is attributable wholly or partly to NMA advocacy and produces a measurable financial or administrative benefit. This includes the removal, reduction, suspension or harmonisation of a tax or levy; prevention of duplicate taxation; introduction of tax relief; or elimination of an unnecessary compliance burden.	Count	Official circular, revised tax schedule, gazette, government letter, memorandum of understanding, payment records or other evidence demonstrating implementation and benefit	Quarterly	Advocacy Chair
Unauthorised enforcement case	A reported inspection, demand, sealing, closure, seizure, sanction, threat, harassment or other enforcement action against a	Count / percentage	Complaint record; identity of enforcing body; notice, demand letter, photographs or recordings; relevant legislation or regulation;	Quarterly	Legal Committee

KPI	Definition / calculation	Unit	Source	Frequency	Owner
	private hospital, medical director or doctor by a person, agency or professional body that lacks the applicable statutory authority, acts outside its lawful jurisdiction, fails to follow required due process, or seeks to regulate the professional practice of medical doctors without legal mandate. Classification as unauthorised must follow preliminary review by the NMA Legal Committee or an appointed legal adviser.		legal review; NMA correspondence ; and final resolution or escalation record		
Verified private hospital	A privately owned healthcare facility operating in Oyo State whose identity, physical location, ownership or responsible medical leadership, contact details, services and applicable	Count / percentage	Facility registration or licence; physical address and geolocation; contact verification; details and credentials of the responsible medical practitioner; documentary or physical verification	Quarterly	Private Practice Liaison Desk

KPI	Definition / calculation	Unit	Source	Frequency	Owner
	registration or licensing status have been authenticated through approved documentary and/or physical verification. A hospital remains verified only if its essential information has been reviewed within the preceding 12 months. Listing by itself does not amount to NMA endorsement of the quality of its services.		record; and date of most recent review		
Verified vacancy	A genuine, current employment or structured placement opportunity submitted by a verified healthcare facility and authenticated before publication. It must specify the job title, required qualifications, location, employment type, principal duties, application process, closing	Count	Submission by an authorised facility representative; employer contact verification; vacancy description; stated employment terms; approval log; publication and expiry dates; and subsequent filled, withdrawn or expired status	Quarterly	Private Practice Liaison Desk

KPI	Definition / calculation	Unit	Source	Frequency	Owner
	date or validity period, and material terms of engagement, including remuneration or an approved remuneration range where applicable. A vacancy ceases to be verified when it is filled, withdrawn, expires or its terms materially change without revalidation.				
Confirmed employment match	A completed recruitment outcome in which a doctor registered on the employment platform is engaged by a verified healthcare facility for a vacancy initiated or facilitated through the platform. Count only after both doctor and employer confirm commencement. Shortlisting, interviews, verbal offers, unaccepted offers and engagements not commenced shall not be	Count / percentage	Platform referral record; accepted written offer or contract; confirmation from doctor and employer; commencement date; and follow-up verification, preferably within 30–90 days	Quarterly	Medical Education/Private Practice Liaison Desk

KPI	Definition / calculation	Unit	Source	Frequency	Owner
	counted. Count each doctor–employer engagement once, irrespective of applications or interviews. Report both total count and the percentage sustained for at least 90 days.				

Appendix B: Baseline and Target Validation Template

Field	Required entry
KPI name	
Strategic objective	
Definition and formula	
Baseline value and period	
Data source and evidence	
Quarterly and end-term targets	
Target rationale / benchmark	
Assumptions and dependencies	
Data owner	
Approval date and authority	

Appendix C: Quarterly Performance Commentary Template

Issue	Required commentary
Result	What was achieved against target?
Evidence	What evidence validates the result?
Variance	Why did actual performance differ from target?
Member impact	What changed for members or institutions?
Corrective action	What will be done, by whom and by when?
Risk	What new or changed risk requires attention?

Appendix D: Assumptions Register

Assumption	Why it matters	Owner	Validation date	Status / action
Timely access to government decision-makers				
Availability of funding for priority capital projects				
Member willingness to use digital services				
Institutional cooperation on security protocols				
Stable regulatory environment for investments and ventures				