2021– 2023
MEDIUM-TERM SECTOR STRATEGY
(MTSS)

HEALTH SECTOR

OCTOBER, 2020

Foreword

Medium Term Sector Strategy (MTSS) represents a process through which strategic policy priorities are determined and aligned with resources allocation, within the context of forecast information on the State's macro-economy and financial outlook. It represents medium term expenditure estimate (3 – 5 years) that are linked to clearly defined sector objectives that are derived from overall State's goal.

It aims at allocating resources towards strategic State's goals and programs within the constraints implied by the overall physical targets over a 3- year program.

The Health Sector like other Sectors, involve an application of activity budgeting with a view to improving strategic prioritization and the efficiency of public expenditures.

It enables effective implementation of State Development Plan (SDP) as regards Health Sector. It also ensures that government expenditure on Health Sector reflects government priorities as articulated SDP; wherein transparency and accountability in government expenditure is guaranteed. However, MTSS facilitates monitoring and evaluation with performance assessment of government expenditures.

Projects and programs elaborated in detail and costed over several years in a Medium Term Sector Strategy (MTSS) are more likely to be feasible and completed successfully than adhoc projects and programs

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Acknowledgements

The Health Sector Planning Team (HSPT) wishes to express profound appreciation to the political heads of the Sector, for their unflinching support in ensuring the success of the preparation of the MTSS.

To this end, the Team will like to place on record the unparalleled contributions of all the Accounting Officers in the State Health Sector for creating enabling environment for the successful preparation of the document.

It is also very pertinent to recognize the Sector Champion/Expert and Sector Planning Team for their untiring commitment and sacrifice.

The team also sincerely appreciates the Ministry of Economic Planning, Budget and Development, the various development partners as well as other relevant stakeholders.

Finally, and most importantly, the team thanks the Almighty God for the successful completion of the assignment.

Table of Acronyms

Acronym	Definition
MTSS	Medium Term Sector Strategy
BCC	Budget Call Circular
MoEP&B	Ministry of Economic Planning Budget and Development
MDAs	Ministries, Departments and Agencies
SPT	State Planning Team
SSHP	State Strategic Health Plan
SODP	State of Osun Development Plan
MTEF	Medium Term Expenditure Framework
SDP	State Development Plan
NEPAD	New Partnership for Africa Development
SDG	Sustainable Development Goals
ERGP	Economic Recovery and Growth Plan
PPP	Public Private Partnership
NGOs	Non-Governmental Organizations
NBS	National Bureau of Statistics
WHO	World Health Organization
USAID	United State Agency for International Development
UNDP	United Nation Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nation International Children Emergency/Education Fund
EU	European Union
SFH	Society for Family Health
MOH	Ministry of Health
HMB	Hospitals Management Board
O'SACA	Osun State Action Committee on Aids
O'AMBULANCE	Osun State Ambulance
OSPHCDB	Osun State Primary Health Care Development Board
O'HIS	Osun State Health Insurance Scheme
OAUTHC	Obafemi Awolowo University Hospital Complex
LAUTECH	Ladoke Akintola University of Technology
HIV/AIDs	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
CSO	Civil Society Organization
NHP	National Health Policy
COVID19	Novel Corona Virus (Pandemic) 2019

Executive Summary

The Key Motivations for Developing MTSS are to:

- Enable effective implementation of SDP
- Ensure that the government expenditure reflect government priorities as articulated in the SDP to make budgeting meaningful
- Promote transparency and accountability in government expenditure
- Facilitate monitoring and evaluation and performance assessment of government expenditures; ideally any projects not in the MTSS are not admitted into the 2020 -2022 plan.

Preparation of Health Sector's MTSS:
The MTSS was adopted by the State Government of Osun in 2018 wherein all MDAs in the State were divided into 12 (now 13) Sectors with the Health Sector as one of them. All relevant internal and external stakeholders in the Health Sector participated in the capacity building to formulate MTSS. The process included the following:

- 5 days envisioning of various stakeholders at Royal Park Motel, Iloko-Ijesa
- MDAs and other relevant stakeholders were divided into 12 Sectors and Sector Champions were selected
- 2 Days capacity building on MTSS at Western Sun Hotel, Ede
- A day inauguration and capacity building of SPT at Conference Room, HMB was held
- 3 days capacity building on MTSS at Aurora Event Center, Osogbo
- 3 days workshop for the development of MTSS document for the Health Sector at Leisure Spring Hotel, Osogbo.
- 5 days MTSS review strategy workshop at Western Sun Hotel Ede, June 2019.
- 4 days MTSS Rollover workshop at Leisure Spring Hotel Limited Osogbo July 2019.

Number of Programmes and Outcomes to be pursued in the Medium-Term (2021– 2023):
The Key Highlights of the Strategies:

- Produce medium-term expenditure framework
- Produce annual budgets that are strategic, realistic and forward looking
- Link higher-level State plans, and provides the basis for preparation of annual budget, work plans and cash flow projections
- Gain clear understanding of government policy, priorities and goals as contained in the Osun State Development Plan
- Cost each project and phase them over the medium-term period
- Define outputs and outcomes to be delivered to stakeholders in clear measurable terms
- Define Post COVID-19 Compliance Strategies, Outcome Deliverables, Projects and Outputs

Total Costs of the Programmes for each of the Years (2021 – 2023):

Total Costs of the Programmes for each of the Years (2021 – 2023):

Programme	Proposed Expenditure		
	2021	2022	2023
1.1. Health Policy Development and Coordination	74,092,000.00	17,000,000.00	-
2.1 Disease Control and Prevention	2,838,582,374.27	1,931,072,141.47	1,950,045,839.98
2.3 Health Insurance Scheme	2,439,938,342.00	-	-
3.1 Human Resource for health development	416,406,512.90	344,784,442.24	363,273,375.60
3.2 Health Infrastructure	4,659,507,521.17	1,030,557,022.20	1,137,800,385.70
3.3 Monitoring & Evaluation	278,313,566.85	245,795,435.24	275,819,542.32
Total Cost	**10,706,840,317.19**	**3,569,209,041.15**	**3,726,939,143.60**
Indicative Budget Ceiling			
Indicative Budget Ceiling – Total Cost			

How the Total Cost Were Brought Within the Indicative Budget Ceilings: the various projects were prioritized and the value of each project was summed culminating to the total cost.

Plans for Monitoring and Evaluation:

- A Technical Working Group (TWG) on monitoring and evaluation for MTSS implementation will be set up.
- Membership of the TWG will be drawn from all the MDAs that constitute the Health Sector
- The primary function of TWG amongst others is to conduct monitoring and supervisory visits to stakeholders for performance measurement
- Carry out quarterly and annual review of MTSS performance.
- Conduct an annual stakeholders meeting on MTSS performance

Summary of full Factors for the successful Implementation of the MTSS:

- Political Will on the part of Government will enhance full implementation of MTSS
- Unalloyed commitment of relevant stakeholders at ensuring transparency and accountability in all phases of implementation.

- Strict adherence and compliance to the details of MTSS to avoid misappropriation of resources.
- Appointment of Health Sector MTSS implementation focal person
- Coordination of all MTSS implementation activities through a collaboration among the various MDAs that make up the Health Sector
- Provision of feedback by the monitoring and evaluation technical working group to the implementers of projects in the MTSS.
- MTSS must dovetail in to the budget to achieve sector goals and objectives
- Increased revenue generation and blocking of leakages will improve MTSS implementation

Chapter One: Introduction

1.1 Objectives of the MTSS Document

The MTSS is a global best practice for mutual planning that usually span between 3 – 5 years. MTSS is very important in strengthening budget preparation process. Similarly, before MTSS was adopted by the State government of Osun, the health sector has a Strategic Health Planning document, which has being in use to provide direction and guidance in the strategic implementation of health care services. The State government has of recent embarked on the review of the existing SSHDP II with the following objectives.

i. Promote an enabling environment for attainment of sector goals
ii. Equitably increase coverage with packages of quality essential health care services
iii. Strengthen health system for delivery of packages of essential health care services
iv. Enhance healthcare financial risk protection
v. Enhance healthcare emergencies / pandemic protection

The objectives of SSHDP are in tandem with what MTSS is meant to address but with a slight difference. While MTSS represents a process through which strategic sectors priorities are determined and aligned with resource allocation within the context of forecast information on the state macroeconomic and financial outlook, SSHDP does not take this into account as funding gaps often exist.

The current MTSS for health sector has the following objectives:

i. Promote an enabling environment for attainment of sector goals
ii. Equitably increase coverage with packages of quality essential health care services
iii. Strengthen health system for delivery of packages of essential health care services
iv. Enhance healthcare financial risk protection
v. Enhance healthcare emergencies / pandemic protection

1.2. SUMMARY OF THE PROCESS USED FOR THE MTSS DEVELOPMENT

The MTSS was adopted by the State government of Osun in 2018 wherein all the MDAs in the State were divided into 12 sectors and health sector was one of them. All relevant internal and external stakeholders in the health sector were invited to participate in the capacity building to formulate MTSS. The process include the following

- 5 days Envisioning of various stakeholders at Royal Park Hotel, Iloko
- MDAs and other relevant stakeholders were divided into 12 sectors and Sector Champions were selected
- A day inauguration and capacity building of sector planning team at Conference room of Hospitals Management Board was held
- 3 days capacity building on MTSS at Aurora Event centre
- 3 days workshop for the development of MTSS document for the Health Sector.

- 5 days MTSS review strategy workshop at Western Sun Hotel Ede, June 2019.
- 4 days MTSS Rollover workshop at Leisure Spring Hotel Limited Osogbo July 2019.
- As a result of emergency situation of COVID-19, Sector Stakeholders were visited by the Sector Manager as a prerequisite to MTSS documentation and review for Post-COVID19 strategy for the fiscal year July, 2020
- Crafting and development of Post-COVID strategies to address emergencies in the health sector

In the course of the preparation of previous MTSS, it was discovered that it is high demanding job which require optimum competence and dedication of the SPT members. The SPT members therefore were trained in order to do their job to the required standard.

Unfortunately, the emergence of the novel coronal virus pandemic tagged COVID19 (March, 27th 2020) made it difficult bringing stakeholders together in a bid to observe the WHO social distancing and stay safe. However, the course of reviewing the Health Sector MTSS 2021 – 2023 was achieved through pragmatic approach of ensuring that a limited number stakeholders in the health sector was visited in order to harvest ideas and ensure prioritization of not only programmes but also projects that are key to providing Post_COVID19 health care delivery and its associate diseases.

It is therefore imperative to keep track of development in the health sector by ensuring effective implementation of the various projects contained in this MTSS document to fast track healthcare delivery and a "COVID19-free State".

1.3 Summary of the sector's Programmes, Outcomes and Related Expenditures

Table 1: Programmes, Expected Outcomes and Proposed Expenditures

Table 1:Programmes, Expected Outcomes and Proposed Expenditures

Programme	EXPECTED OUTCOME	Proposed Expenditure		
		2021	2022	2023
1.1. Health Policy Development and Coordination	Improved health coordination and development	74,092,000.00	17,000,000.00	-
2.1 Disease Control and Prevention	Reduced diseases incidence, prevalence and mortalities	2,838,582,374.27	1,931,072,141.47	1,950,045,839.98
2.3 Health Insurance Scheme	Improved health care coverage	2,439,938,342.00	-	-

3.1 Human Resource for health development	Improved health indices	416,406,512.90	344,784,442.24	363,273,375.60
3.2 Health Infrastructure	Improved quality of health infrastructure	4,659,507,521.17	1,030,557,022.20	1,137,800,385.70
3.3 Monitoring & Evaluation	Improved quality of decision making for health planning, development and implementation	278,313,566.85	245,795,435.24	275,819,542.32
		-	-	-
Total Cost		**10,706,840,317.19**	**3,569,209,041.15**	**3,726,939,143.60**

1.4 Outline of the Structure of the Document

The five chapters of this MTSS documents are as follow:

Chapter One: It summarizes the key objectives of the MTSS document; the process used for the development of the MTSS; and the sector's programmes, expected outcomes and related expenditures. The chapter ends with an outline of the structure of the MTSS document.

Chapter Two: This chapter contains brief introduction to the State, overview of sector institutional Structure, the current situation in the sector, Sector's policy, Statement of the Mission, Vision and Core Values, the Sector's objectives and programmes for the Medium-Term Sector Strategy period

Chapter Three has to do with the development of this sector's strategy; it contains an outline of the major strategic challenges to the sector, resource constraints, project prioritization, personnel and overhead cost (Existing and Projections), contributions from our partners, cross-cutting issues, outline of key strategies, justifications, responsibilities and operational plan.

Chapter Four contains the Sector's three (3) years (2021-2023) expenditure projections which includes the process used and outline in making the projections

Chapter Five contains the monitoring and evaluation process which has to do with conducting the annual sector review and organizational arrangement.

Chapter Two: The Sector and Policy in the State

2.1 A BRIEF INTRODUCTION OF THE HEALTH SECTOR OF THE STATE

The State Health Sector plays a vital role in ensuring health and healthy well-being of the residents of the state. The sector aims to achieve universal health coverage through provision of qualitative health care at all levels through the basic health care provision fund and the newly introduced health insurance scheme. The health sector came into being at the creation of the State on 27th August, 1991 with two (2) Agencies, Ministry of Health and Hospitals Management Board as the Administrative and Supervisory bodies controlling the activities of the Sector.

Since the creation of the State, the two agencies have always entered into partnership with local and international organizations such as WHO, USAID, UNDP, UNFPA, UNICEF, EU, SFH amongst others.

The Health Sector provides Preventive, Curative, promotive and Rehabilitative Services across the thirty (30) LGAs and 1 Area Office.

The Agencies within the health sector have increased from the initial two (2) to Six (6), namely:

== Ministry of Health (MOH);

== Hospitals' Management Board (HMB);

== Osun State Agency for the Control of Aids (O'SACA);

== Osun Ambulance Services (O'AMBULANCE);

== Osun Primary Health Care Development Board (OSPHCDB)

== Osun Health Insurance Scheme (O'HIS)

The State of Osun House of Assembly passed into law the establishment of the State Health Insurance Agency Bill which was assented to by Mr. Governor in November, 2018. This agency has the goal of providing access to qualitative and affordable health care delivery for all citizens. The scheme is also to provide regulatory and

oversight functions to all Tertiary Institution Social Health Insurance Program (TISHIP). They are also to minimize out of pocket expenditure, regulating the quality of health care facilities and providing health services in the state whether public or private.

Furthermore, the number of Health Care facilities has increased as follows:

Number of Primary Health Care facilities - 876

Number of Secondary Health Care facilities - 57

Number of Tertiary Health Institutions - 2 (OAUTHC and LAUTECH)

2.2 OVERVIEW OF THE SECTOR'S INSTITUTIONAL STRUCTURE

The Ministry of Health is the Policy making body in matters relating to the health sector. The Agencies involved in the implementation of these policies are:

- ✓ **Hospitals Management Board (HMB)**

Execute general health policies approved by the State Government through its Secondary Health Care outlets.

- ✓ **Osun State Agency for the Control of Aids (O'SACA)**

Agency responsible for HIV/AIDs control

- ✓ **Osun Ambulance Services (O'AMBULANCE)**

Renders free ambulance services on emergency basis across the State.

- ✓ **Osun Primary Health Care Development Board (OSPHCDB)**

Oversee Primary Health Care Services at LGA level.

- ✓ **Osun Health Insurance Scheme (O'HIS)**

The Agency responsible for the provision of universal health coverage through enrolment in the Health Insurance Scheme of the State Government

O'HIS has the goal of providing access to qualitative and affordable health care delivery for all citizens. The scheme is also to minimize out of pocket expenditure and to regulate the quality of health care facilities in the State whether public or private. In line with the circular released from office of HOS which state as follows:

- Deduction of 1.5% of the basic salary
- 3% of basic salary as counterpart fund from the government
- 2% Consolidated Revenue from both LG/State as part of contribution to Health Insurance pool
- BHCPF intervention in taking care of indigent vulnerable e.g. Pregnant Women, Children under- five e.t.c
- Save one Million Lives (P for R) this is a World Bank Project for strengthen health system in the State. the Program fetch the State a sum of $20,5million after becoming the second best in the nation in 2018 assessment

The above mentioned structures are considered adequate to deliver the expected mandates and outcomes

2.3. The Current Situation in the Sector

Socioeconomic Context

Osun has a fairly large population. According to the 2006 National Population Census, the population of the state is put at 3,423,535. Presently the state population is projected to be 5,134,434. Osun is culturally rich and this can be seen in all spheres of life such as arts, literature, music and other social activities in the state. Similarly, the state is blessed with a highly literate and articulate populace which makes up a strong and productive workforce. Primary school completion rate was 94.7% well above the national average. Furthermore, 94.7% of the young women were literate which will facilitate adoption of safe maternal and child care practices (National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017).

Seventy four percent of the household in Osun State have access to Electricity (National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017). Use of solid was 50.1% which is not a safe source of domestic energy for

cooking. However, 3.9% and 5.1% of the households use clean energy in the form of Electricity and natural gas respectively.

Access to potable water is cardinal to preventing Communicable Diseases, maintaining sanitation and sound health. Improved source of drinking water such sanitary wells, bore hole and main supply of water was accessible to 88.5% of the households well above the national average of 64.1%. However, only 4.2% of the households with the unimproved sources of water use one form treatment for the domestic source of water. More than a third (38.1%) of the households had none or unimproved sanitary facility.

Access to radio was 68.5% which is the highest for the South-West Geopolitical zone. This is essential for the effective dissemination of health education and services information. Being an agrarian state, agriculture is largely practiced both at commercial and subsistence scales. Other occupations practiced in the state are trading, commercial activities and artisans.

Health Status of the Population

The RMNCAH +N indicators are as in table 3 below. There has been improvement in some of the state health indices which has led to a national financial reward in the saving one million lives program.

Maternal, Newborn and Child Health, Family planning

Maternal Mortality remains persistently high with no significant improvement and is currently 576 per 100, 000 live births (National Population Commission - NPC/Nigeria and ICF International, 2014).The Osun state figure is 165 per 100,000 live birth(MICS 2016 SW) The country contributes a disproportionate 14% to the global maternal mortality burden. These maternal deaths account for 32 percent of all deaths among women of reproductive age group (National Health Policy 2016). The high burden of maternal mortality is largely due to suboptimal uptake and quality of ANC, low utilization of skilled birth attendance (38%), high rates of home deliveries, poor quality of delivery services, limited access to emergency obstetric care services and adverse reproductive behaviors. SBA in osun is presently 92%(NNHS 2018)

Additionally, fertility remains persistently high while use of modern contraceptives has remained low at 22.9% in Osun state above the national average of 13% (National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017). Presently it's at 41.3% (NNHS 2018). These are major contributors to the poor maternal health outcomes.

Coverage of high impact cost-effective child survival interventions remain much below the target with wide regional and state variations. Reports show that only 57.3% of babies received pre-lacteal feed in 2013 and exclusive breast feeding rate is 55.3% (National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017)as against the National target of 50%. Immunization coverage has remained low as only a quarter of children aged 12 – 23 months are fully immunized(National Population Commission - NPC/Nigeria and ICF International, 2014), but pentavalent vaccine 3 coverage in the state is 86.3% (NNHS 2018) and the proportion of U5 children who slept under insecticide treated net the night preceding the survey reduced from 49.8% to 16.6% in 2013 whereas the proportion of children with fever who received appropriate anti-malaria drugs reduced from 35.9% in 2008 with 18 points in 2013. In Osun State, children under 5years who slept under mosquito net the night before is 63.7% (NNHS 2018)

There is inequity in service delivery and uptake which have been attributed to both supply and demand related issues such as mal-distribution of health care workers, poor knowledge and involvement of the community in home based care, high out-of-pocket expenses, inadequate funding, poor commodity logistic supply chain leading to frequent stock outs and lack of information on the skill and population of health workers in specific child-related services. This situation is being addressed with the establishment of the State Social Health Insurance Scheme (OHIS) and the budget provision for equity grant by both state and LGAs and LCDAs in 2019. This fund is to pay for premiums for the vulnerable and poorest of the poor thus ensuring equitable access to health care services which quality, in terms of human resources, infrastructure, medicines and consumables, is to be regulated by the health insurance agency. Table 6 below shows the trends in coverage of selected integrated management of child illness services in Nigeria.

Illustration 1: Key Reproductive, Maternal, Newborn and Child and Adolescent Health Indicators

Coverage measures	Baseline data (year and source)	Most recent (year and source)	Differences by region or groups (highest/ lowest)
Proportion of mothers who received at least 4 ANC visits	14.2 (DHIS)2015	92.2 (MICS 2016)	Urban:68.8/ rural:33.8 (NDHS 2008) Urban:74.5/ rural:38.2 (NDHS 2013) SW: 85.7 /NW:32.8 (MICS 2011)
Proportion of mothers who received TT2+ during pregnancy	50(HMIS 2015)	51(HMIS2016)	SE:77.7 / NW:17.9 (NDHS 2008) SE:82.0 / NE:27.1 (NDHS 2013) SE:84.2/ NW:26.4 (MICSSS 2011)
Proportion of newborns protected against neonatal tetanus at birth	50.8 (MICS 2007) NA	55.2 (MICS 2011) NA	SE:83.5/ NW:23.5 (MICS 2007) SE:87.2 /NW:31.0 (MICS 2011)
Proportion of women who received iron during pregnancy	14.2(HMIS 2015)	20.2 (HMIS 2016)	SW:44.2/ NW:4.8 (NDHS 2008) SW: 42.0/ NW:5.8 (NDHS 2013)
Proportion of pregnant women who slept under an ITN the previous night(in all households)	26.4 MICS 2015		NC&SW:3.4/ SW:7.2 (NDHS 2008) SE:23.2/ NE:13.2 (NDHS 2013) NE:55.5 /SE:12.0 (MICS 2015)
Proportion of pregnant women who received at least 2 doses of IPT in pregnancy	6.5 (NDHS 2008)	14.6 (NDHS 2013) 17.4% (MICS 2015)	SS:9.3/ NE:4.0 (NDHS 2008) SE:18.3/ SS:10.1 (NDHS 2013) SS:25.0/NC:10.4 (MIS 2015)
Proportion of pregnant women with livebirth in the last two years who took SP/ fansidar during ANC Visit		37.5%(NNHS 2018)	
Proportion of HIV+ mothers who received ART prophylaxis	N/A	29% (2015) (End-of-term evaluation of NSP 2010-2015)	

Illustration 2: Key Reproductive, Maternal, Newborn and Child and Adolescent Health Indicators (Continues)

Coverage measures	Baseline data (year and source)	Most recent (year and source)
Proportion of women delivered by skilled birth attendants	87.1 SMART 2015	92..2% (NNHS 2018)
Neonatal Mortality rate (per 1000 live births)		56/1000 Live birth (mics 2016)
Infant Mortality rate (per 1000 live births)	75/1000	78/1000 MICS 2016

Under 5 Mortality rate (per 1000 live births)	157/1000	25/1000 MICS 2016
Exclusive breastfeeding rate	13% (2008) NDHS 22% (MICS, 2011)	55.3% MICS 2016
Coverage with Penta 3/Immunization coverage		Penta 3 (60%), Fully immunized (43%) MICS 2016
Maternal mortality ratio (per 100, 000 live births)	/100,000 live births	576/100,000 live births
Contraceptive prevalence rate (CPR %)	30.8 SMART 2015	22.9MICS 2016
Unmet need for family planning	**16.12015**	
Adolescent Birth rate (%)	121/1000	57/1000 MICS
Total Fertility rate (%)		**4.7 MICS 2016**

Source of data: NDHS and MICS surveys, 2008, 2013, 2016

Novel coronavirus Pandemic

The outbreak of Corona Virus Disease 2019 (COVID-19) a deadly disease which exhibits symptoms similar to those of flu, but with higher fatality rates started in Wuhan, China, December, 2019. This diseases was declared a pandemic by the World Health Organisation (WHO) on 11 March 2020.

Studies on flu revealed a fatality rate of around 0.01%-0.1%, while the COVID-19 fatality rate could not be easily ascertained as at the time of developing this strategy. An initial fatality of 2%- 4% was estimated, but its dynamics has later reached 5% and recently above 5% as more realities appear across the globe.

Coronavirus infections were limited to China with high concentration in Wuhan province, China in the first few weeks of the outbreak.

However, as at 7th April 2020, the disease has spread rapidly around the world, with 211 countries/territories reporting a total of 1,356,354 confirmed cases and 75,760 deaths with the number of cases maintaining an increase.

There was no record of the virus in the State of Osun until 25th March, 2020. For records, as at the time of preparing this document, Nigeria recorded 58,647 cases with 1,111 of these, there were 837 confirmed cased and 17 deaths in the State.

Coronavirus Cases in Nigeria

States Affected	No. of Cases (Lab Confirmed)	No. of Cases (on admission)	No. Discharged	No. of Deaths
Lagos	19,384	3,930	15,249	205
FCT	5,686	649	4,970	77
Plateau	3,425	820	2,572	33
Oyo	3,260	884	2,336	40
Edo	2,629	24	2,495	107
Kaduna	2,407	47	2,321	39
Rivers	2,395	95	2,241	59
Ogun	1,838	83	1,727	28
Delta	1,802	101	1,652	49
Kano	1,737	20	1,663	54
Ondo	1,631	50	1,545	36
Enugu	1,289	102	1,166	21
Ebonyi	1,040	3	1,007	30
Kwara	1,034	54	955	25
Abia	894	14	872	8
Gombe	883	111	747	25
Katsina	861	2	835	24
Osun	837	31	789	17
Borno	745	4	705	36
Bauchi	699	17	668	14
Imo	568	285	271	12
Benue	481	58	413	10
Nasarawa	450	112	325	13
Bayelsa	399	6	372	21
Jigawa	325	6	308	11
Ekiti	321	12	303	6
Akwa Ibom	288	6	274	8
Niger	259	15	232	12
Adamawa	240	25	198	17
Anambra	237	5	213	19
Sokoto	162	1	144	17
Taraba	95	16	73	6

Source: https://covid19.ncdc.gov.ng/

Nutrition

In the State of Osun, overall performance in almost all nutritional impact indicators is poor. The State continues to experience rise in incidence of Low birth weight from 12% in 2011 to 15.1% in 2016 when the national average is declining. The wasting rate among U5 children increased as clearly shown in the prevalence of low weight for height which increased from 6.6% in 2011 to 8% in 2016 and the prevalence of slow weight for age which also increased from 11% in 2011 to 18.7% in 2016. Stunting rate rose significantly from 22.2% in 2011 to 23.5% in 2016 making the State the third largest contributor to poor nutrition indicators in the Southwest. Although some significant progress were made in Exclusive Breastfeeding as the rate

rose from 40.7% to 55.3% but this has not reduced both the infant and under five mortality in the State. The State experienced over 80% increase in bottle-feeding within 5 years (from 13% to 23.5%) above the national average of 20.2% at the time when national rate was declining.

This means that 80% more of our children are being bottle fed today than they were five years ago; and are thereby exposed to dangers arising from this practice including increase in the prevalence of diarrhoea and mortality. The State IMR and U5MR were the worst in the South west. The IMR rose from 40 in 2011 to 78 in 2016 and U5MR from 56 to 101 within the same year(National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017).

Communicable Disease

Communicable diseases continue to pose major challenges to the global community accounting for over 60% of all causes of deaths in 2015*(World Health Organization, 2015).* In Nigeria, communicable diseases (AIDS/HIV, Viral Hepatitis, Malaria, Tuberculosis, Leprosy and neglected tropical diseases (filariasis, onchocerciasis, trachoma, worm infestation, and schistosomiasis), account for 66% of the total burden of morbidity. However, with advances in medicine, most of these diseases are now treatable (HIV, Viral Hepatitis B) and curable (Tuberculosis, Malaria and Viral Hepatitis C and NTDs). The SDG 3, Target 3.3, explicitly seeks to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases (filariasis, onchocerciasis, trachoma, worm infestation, schistosomiasis, leprosy etc.) and combat hepatitis, waterborne diseases and other communicable diseases by 2030. These diseases have also been listed as priority concerns in the National Health Policy.

Malaria

Malaria remains a major cause of morbidity and mortality in Nigeria, accounting for about 29% and 55% of the cases in Africa and West Africa respectively. In 2016, 26% of the estimated 430, 000 global malaria deaths were reported in Nigeria (World Health Organization, 2016). Malaria is endemic throughout the country with 97% of the estimated 182 million persons at risk, with more deleterious effects on children under five years of age and pregnant women. The disease exerts a huge social and economic burden on families, communities, resulting in an annual loss of approximately132billion Naira as payments for treatment and prevention as well as lost man -hours.

Over the last decade, the country recorded progress in the fight against malaria. The results of the 2015 Malaria Indicator Survey showed a decline in malaria prevalence

from 42% in 2010 to 27%. This is however marked by wide variation across the states, ranging from 0% in Lagos to 33% in Osun state. The state just distributed almost 3million long lasting insecticidal nets (LLIN) during 2017 replacement campaign with huge support from partners. This has led to Population coverage of households with at least one LLIN increased from 25% in 2013(National Population Commission - NPC/Nigeria and ICF International, 2014) to 66% in 2015 ((National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017)in Osun.)

In addition, the Basic Health Care Provision Fund (BHCPF) established by the National Health Act, 2014, which requires that at least 1% of the CRF be set apart as fund to provide a Basic Minimum Package of Health Services for all Nigerians was appropriated in the national budget for the first time in the 2018 budget. This provides that all Nigerians male and female of all ages will be treated for malaria fever free of charge thus creating an enabling environment for total population coverage with malaria treatment.

Tuberculosis

The WHO End TB Strategy, approved by the World Health Assembly in 2014, calls for a 90% reduction in TB deaths and an 80% reduction in the TB incidence rate by 2030 (WHO, 2015)Nigeria and five other countries (India, Indonesia, China, Pakistan and South Africa) account for 60% of the overall 10.4million new TB cases worldwide. In 2015, there were an estimated 480 000 new cases of multidrug-resistant TB (MDR-TB) and an additional 100 000 people with rifampicin-resistant TB (RR-TB) who were also newly eligible for MDR-TB treatment. Nigeria's TB incidence rate stands at 322/100,000, and this accounts for the highest TB burden in Africa. Children & male adult population are most at risk. Case detection rate for the estimated population affected with TB remains critically low at only 15%, though success rate among those who were commenced on treatment is impressive at 87%. The high prevalence of HIV increases the risk of TB infections among people living with HIV and therefore the global and National focus on ensuring TB/HIV collaboration to reverse the effects of TB/HIV co-morbidity.

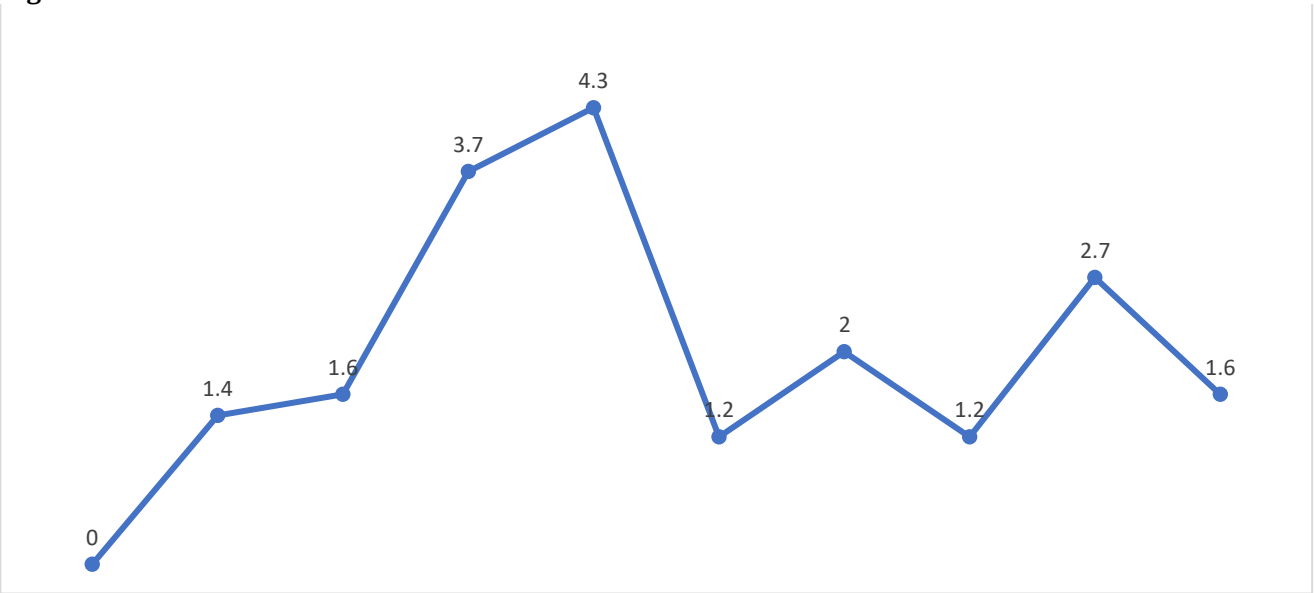
HIV

The pandemic of HIV/ AIDS in Nigeria has continued to constitute serious health and socio economic challenges for more than two decades. Since the first case of AIDS in Nigeria was reported in 1986, the HIV/ AIDS epidemics have continued to evolve, affecting all population groups and geographic areas of the country. Nigeria has the second largest burden of HIV in the World with about 3.6 million people living with HIV, about 90% as adult and 60% as Women. Nigeria contributed 9% of the people

living with HIV, 10% of new HIV infections, and 14% of HIV-related deaths in the world in 2013. The overall National Prevalence currently stands at 3.1%, however several variations exist in Nigeria's epidemic at the sub-national (state) levels and among different population groups.

Osun State has had a fluctuating HIV Prevalence over time with 0% at inception of the HIV Sentinel Survey in 1991. The HIV Prevalence peaked at 4.3% in 2001, declined to 1.2% in 2003, increased to 2% in 2005, declined again to 1.2% in 2008, rose to 2.7% in 2010 but reduced to 1.6% in 2014(FEDERAL MINISTRY OF HEALTH (Nigeria), 2012). The urban prevalence of HIV in the State is higher at 3.4% than the rural at 1.0%.

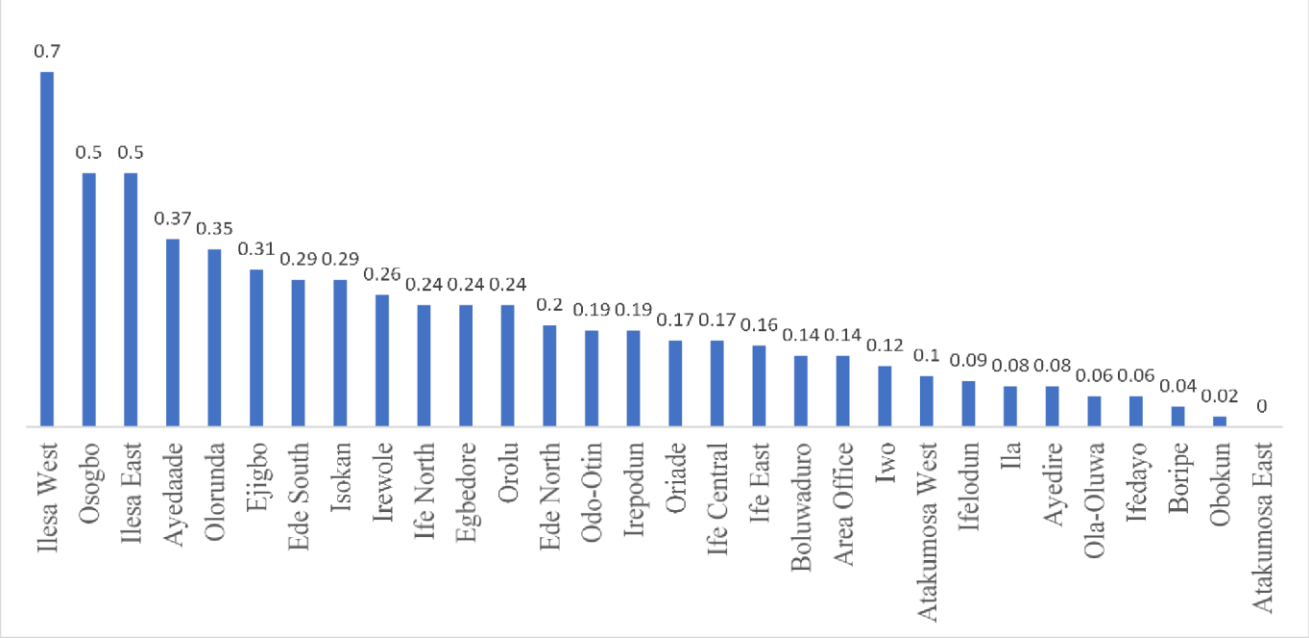
Figure 1: Osun State HIV Prevalence Trend: 1999-2014



According to Spectrum Estimation, 74, 313 were living with HIV in Osun State by the end of 2015 with a total of 69, 193 adults and 5, 120 children. Estimated New HIV infections was 6, 701 while estimated AIDS deaths-was 4, 025 in 2015. The estimated Cumulative AIDS deaths was 84, 667 by end of 2015

The result of the HIV Counseling and Testing (HCT) Outreaches conducted by the thirty-one (31) Local Agencies for the Control of AIDS (LACAs) showed that Ilesa West LGA has the highest prevalence of HIV at 0.7% followed by Osogbo LGA and Ilesa East LGA, while Obokun LGA had the lowest at 0.02

Figure 2: Osun State HIV positivity rate by LGA 2015



The drivers of the HIV Epidemic in Osun State are multiple sexual exposure, unprotected sex among youths, ignorance, low risk perception, significant presence of vulnerable population (Uniformed Service Personnel, Transport Workers & Migrant Workers) and significant presence of key population (Female Sex Workers-FSW, Men Sleeping with Men-MSM, People who inject drug-PWID)

According to existing National data, Osun State has a mixed epidemic with a dynamic transmission which is dependent on both activities of key population and the behavioural patterns of the general population. Anecdotal evidences suggest that the Ejigbo-Abidjan transnational migration factor also contributes to the epidemic in the State. This is worthy of note as prevalence amongst pregnant women in Abidjan is 5.2%. This prevalence is well above the national average of 3.4% (FEDERAL MINISTRY OF HEALTH (Nigeria), 2012).

Health services provision and coverage

Full vaccination coverage was 43%. Utilization of at least any method of family planning by women of children bearing age was 37.4% well above the national prevalence of 13% ((National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017). The exposure to the family message was 74.5%, highest in the zone. Unmet need of family planning was 10% and lower than the South West average of 11.3% (National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF), 2017).

Use of Insecticide Net was high with 41.6% of households sleeping under net the night before interview. Artemisinin Combination Therapy (ACT) treatment was

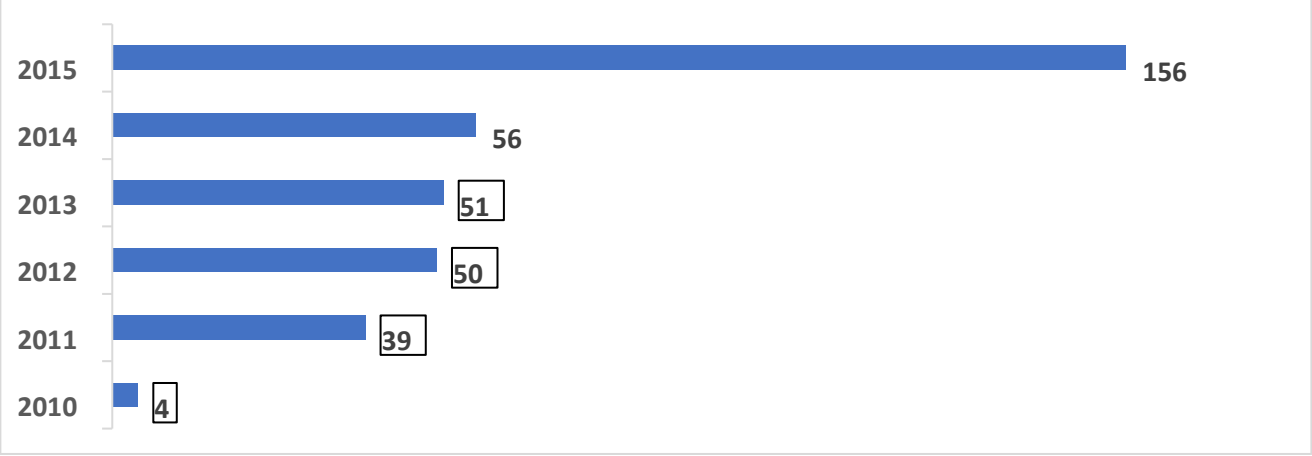
given to only 7.4% children with fever in the previous night. The source of the antimalaria to children with fever was more from private than the public with 45.7% and 30.7% respectively. This underscores the prominent role of private sector involvement in the healthcare delivery in the state. Intermittent Preventive Treatment (IPT) is a public health intervention aimed at treating and preventing malaria episodes in infants (IPTi), children (IPTc), schoolchildren (IPTsc) and pregnant women (IPTp). Only about one in ten (9.5%) of the pregnant women took 3 or more doses of IPT drugs.

Within the continuum of reproductive health care, antenatal care (ANC) provides a platform for important healthcare functions, including health promotion, screening and diagnosis, and disease prevention. ANC coverage by any skill provider was 95.6% among the highest in the country and well above the national average of 65.8%. Delivery by skilled attendant was 84.7%, highest in the south west geopolitical zone and well above national average of 43%.

HTC supported sites in Osun

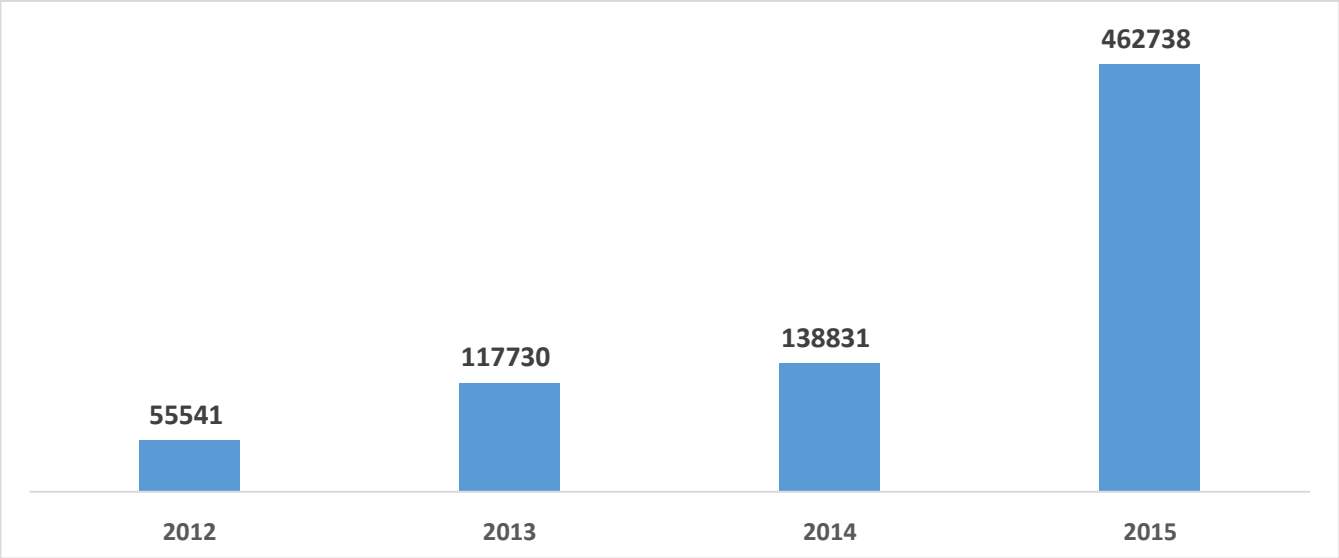
Scale up of HCT services: By December, 2015, HCT service delivery sites had increased to 156 from 4 in 2010 (Figure 4). There is an increase in the number of individuals counseled, tested and received result between 2012 and 2015 and 462, 738 individuals had been counseled, tested and received result by the end of 2015 by the various HCT Sites (Figure 5). The services are provided within health care facilities which are often insufficiently targeting hard to reach communities and most at risk populations. HCT coverage increased from 8.8% in 2007 to 34% in 2012(FEDERAL MINISTRY OF HEALTH (Nigeria), 2012).

Figure 3: HTC supported sites in Osun –State between 2010 and 2015



O-SACA supported MoH to activate fifty (50) Health Facilities for HCT services and LACAs, MDAs and CSOs to carry out community HCT outreaches. MoH Counseled & Tested 22, 825, other MDAs Counseled & Tested 9, 329, LACAs Counseled & Tested 334, 269 while CSO Counseled & Tested 234, 828 through OSACA support.

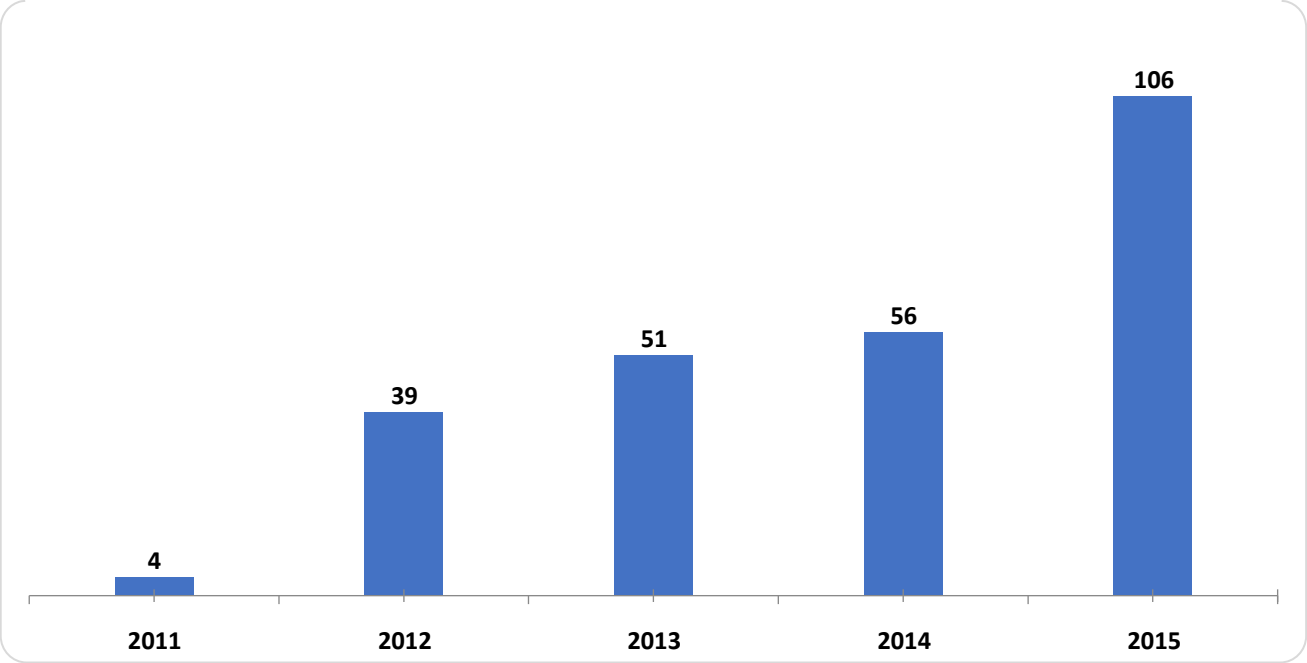
Figure 4: Number of individuals counseled and tested for HIV from HCT Sites (2012-2015)



Delivery of HCT as integrated services in TB clinics, Family Planning clinics and STI clinics is as follows: PEPFAR Funds, IHVN provided support to 14 PMTCT Facilities across 13 Local Government Areas while CCFN provided support to 3 PMTCT Facilities across 4 Local Government Areas in the state. Hygeia Foundation supported by the Global Fund supported PMTCT services in 25 Primary Health Centres (PHCs) across 9 Local Government Areas in the state.

PMTCT coverage increased from 9.3% in 2007 to 36.2% in 2015, though less than the expected national/ state target of 90% for PMTCT. This was associated with major scale up of PMTCT sites supported by Implementing Partners and with a significant increase in the number of O-SACA supported PMTCT sites as shown in chart below.

Figure 5: Number of PMTCT sites in Osun-State 2011-2015



Health Sector Situation Analysis using SWOT Approach

The situation analysis was conducted using Strength, Weakness, Opportunity and Threat (SWOT) of the relevant strategic interventions in the state by priority areas:

SWOT Analysis Summary

Strengths	Weaknesses
✓ Availability of State Strategic Health Development Plan (SSHDP II) document (2018-2022). ✓ Availability of State Strategic Health Development Plan Monitoring and Evaluation document (2018-2022). ✓ Operationalization of State Primary Health Care Under one Roof (SPHCUOR). ✓ Operationalization of Osun State Health Insurance Scheme (O'HIS). ✓ Operationalization of Basic Health Care Provision Fund (BHCPF). ✓ Involvement of development partners in the health Sector. ✓ Availability of tools for data collation and analysis. ✓ Availability of Competent Health workers. ✓ Strong political will and enabling environment for development of State health care policy.	✓ Non availability of State health policy. ✓ Non availability of policy guideline for health workers. ✓ Inadequate professional staff (e.g Consultants, Radiographer) for health care services. ✓ Inadequate equipping of Health facilities by government resulting into poor condition of services for Health workers. ✓ Poor policy, plan and programmatic implementation ✓ Inadequate resourcing of health programs ✓ Weak coordination mechanisms ✓ Weak alignment of development partners support with state plans ✓ Poor regulation of alternative medicine ✓ Weak referral system ✓ Weak Integrated Supportive Supervision

Opportunities	**Threats**
✓ Availability of development partners if government can pay counterpart fund e.g. BHCPF to achieve Universal Health Coverage (UHC) by World Bank. ✓ Relative peace in the State. ✓ Services integration at Community level.	✓ Concentration of Health practitioners in urban areas which pose serious problem for rural dwellers. ✓ Economic meltdown of the State. ✓ Insecurity such as Communal clashes, political crisis and kidnapping. ✓ High rate of quackery in Heath Sector. ✓ Poor accessibility of Health facilities in term of bad roads and poor locations.

2.4 SECTOR POLICY

Since the creation of the State, Health care services especially at the primary and secondary levels have been free for all age groups. This is in form of free Consultation by Doctors, free basic Laboratory investigations, free treatment and management of obstetric emergencies. Government has equally as from year 2015 raised a committee on health system reform resulted in private public partnership in health care services.

The focus of the current government in the State has been to sustain the achievements of the past administration and to improve the indices of the health sector. In an attempt to access the health needs of the people, His Excellency Alhaji Gboyega Oyetola, has of recent, commissioned a Mind Mapping Research of every citizen in all the senatorial districts of the State of Osun.

By the end of year 2016, the government directed the Ministry of Health and Hospitals Management Board to implement and outsourcing of drugs and healthcare commodities in its secondary health facilities whereby the accredited private providers supply drugs and consumables to the health facilities.

Recently following the establishment of the Primary healthcare development board, the government directed the ministry of health and her two health related agencies,(HMB, SPHCDB) to explore the possibility of establishing the state health insurance scheme with a view to achieving Universal health coverage using the

existing levels of health care delivery system. The state government in an attempt to reduce out of pocket expenditure on health related conditions has also begun the process to kick start the Osun Health Insurance Scheme (O'HIS).

2.5 Statement of the Sector's Mission, Vision and Core Values

Our Vision

To be a leading health care provider in Nigeria that will guarantee a healthy and productive population in Osun State.

Our Mission

"To ensure that the Citizens and residents of Osun State have universal access to health care through a strengthened health care system that is comprehensive, appropriate, affordable, efficient, equitable, and qualitative.

The Core Values

Professionalism	Health Service administration with adequate skills, good judgement, standard and ethical value	
Teamwork	Health services shall be administered through necessary interaction and collaboration with all stakeholders	
Community participation	Health services shall be promoted through inclusive participation at all levels	
Quality of care	Standard operating Procedures should be duly followed	
Gender-sensitivity	Genders equity and differences shall be prioritized in all health service delivery in the state	
Patient Satisfaction	Patients' right shall be upheld at all times during health care services.	

2.6 The Sector's Objectives and Programmes for the MTSS Period

Table 2: Summary of State Level Goals, Sector Level Objectives, Programmes and Outcomes

State Level Goal	Sector Level Objective	Programme	Outcome
Ensure qualitative and functional education and healthy living	Strengthen regulatory systems and processes within the health sector	Health Policy development and coordination	Improved health coordination and development
	Ensure equitable access of residents to quality health care services	Disease prevention and control	Reduced morbidity and mortality
		Health Insurance	Enhanced Universal Health Coverage
	Strengthen health system for delivery of package of essential health care services	Human Resource for Health Development	Improved Health Indices
		Health Infrastructure	Improved quality health infrastructure
		Monitoring and Evaluation	Improved quality health care delivery

Table 3: Objectives, Programmes and Outcome Deliverables

Sector Objectives	Programme	Outcome Deliverable	KPI	Baseline (e.g. Value of the Outcome in 2020)	Target		
					2021	2022	2023
Strengthen regulatory systems and processes within the health sector	Health policy development and coordination	Improved health coordination and development	Percentage of health care worker adhering to SOPs and protocols Proportion of Health Facilities with SOPs and protocols	NA	50%	90%	100%
Ensure equitable access of residents to quality health care services	**Disease control and Prevention**	Reduced diseases incidence, prevalence and mortalities					
			MMR, IMR. U5MR	165/100,000, 78/1000LB, 101/1000.B	20%	40%	50%
	Health insurance	Improved health care coverage	Proportion of population enrolled Proportion of enrollees accessing health care services	NA NA	100%	0%	0%
Strengthen health system for delivery of package of essential health care services	**Human Resource for health development**	Improved health indices	Ratio of health workers per population	NA			
	Health Infrastructure	Improved quality of health infrastructure	Proportion of health facilities with basic	NA	50%	70%	80%

			minimum Health Infrastructure				
	Monitoring and Evaluation	Improved quality of decision making for health planning, development and implementation	Proportion of health facility monitored for adhering to SOPs	NA	50%	70%	90%
TOTAL;							

Chapter Three: The Development of Sector Strategy

3.1 Outline of Major Strategic Challenges

1. Inadequate Intensive Care Personnel to provide health care delivery during Post COVID19
2. Non-existence of Health Intelligence Unit (HIU) to provide leadership ahead of outbreak of pandemic / diseases
3. Inadequate ICUs skilled experts within the mainstream
4. Lack of state health policy to provide the state direction
5. Dearth of skills and quantity as well as distribution of human resource for health (HRH)
6. Poor health infrastructure
7. Lack of sex disaggregated data and danger statistics for evidence-based planning
8. Inadequate health care consumables e.g drugs, vaccines and others
9. High out-of-pocket spending on health and too high per capita cost of health care
10. Poor health seeking behavior by the populace
11. Inadequate in the distribution of health care resources and access to service, especially between urban and rural areas
12. Poor motivation of human resources for health
13. Inadequate monitoring and evaluation mechanism

3.2 Resource Constraints

Table 4: Summary of 2019 Budget Data

Item	Approved Budget (N'000) in 2019	Amount Released (N'000) in 2019	Actual Expenditure (N'000) in 2019	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	8,467,196,440	5,518,833,654.45	5,518,833,654.45	65	100
Overhead	412,712,040	300,088,647.84	500,088,647.84	73	100
Capital	7,040,061,850	4,705,043,202.77	4,705,043,202.77	67	100
Total	**15,919,970,330**	**10,723,965,505.06**	**10,723,965,505.06**	**67**	**100**

Table 5: Summary of 2020 Budget Data

Item	Approved Budget (N'000) in 2020	Amount Released (N'000) in 2020 (Up to March)	Actual Expenditure (N'000) in 2020	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	7,417,622,710	1,099,189,408.89	246,476,331.63	15	22.42
Overhead	729,369,980	260,092,000.00	260,092,000.00	19	100.00
Capital	4,311,456,450	209,033,980.00	209,033,980.00	1	100.00
Total	**12,458,449,149**	**1,265,655,580.87**	**715,602,311.63**	**10**	**45.63**

3.3 Projects Prioritization

Table 6: Summary of Projects Review and Prioritization (Ongoing, Existing and New Projects)

Project Name	Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5	Criterion 6	Criterion 7	Criterion 8	Total Score	Ranking (Sorted in Descending Order
Public Health Emergencies(COVID-19,Lassa Fever,Ebola etc.) response activities	3	3	3	2	3	1	3	3	21	1
Supportive supervisions for Health	0	0	2	3	1	3	3	3	15	2
Payment of Premium	1	1	0	3	1	3	3	3	15	2
renovation and upgrading of buildings	1	1	2	3	0	3	1	3	14	3
Procurement of medical and laboratory equipment/upgrading of blood bank	1	0	2	3	0	3	1	3	13	4
Maternal Newborn and Child Health Week	1	0	0	3	0	3	3	3	13	4
Immunization Service across all LCDAs	1	0	0	3	0	3	3	3	13	4
Monitoring and Evaluation Activities/Health Management Information System (HMIS) Activities	2	0	0	3	2	3	0	3	13	4
Maintenance of existing cold chain	0	0	0	3	0	3	3	3	12	9
Health Research Activities	2	1	2	3	0	1	0	3	12	9
National/State Council on Health meetings	0	0	0	3	2	3	0	3	11	11
Review of State Strategic Health Development Plan	0	0	0	3	2	3	0	3	11	11
Establishment Of Community based health and nutrition intervention Centres linked to SDGs/MCH facilities	0	0	0	3	0	3	2	3	11	11
Establishment Of Youth friendly centres(Adolesentsexual reproductive health)	0	0	0	3	2	3	0	3	11	11
Establishment of blended complimentary food centres	0	0	0	3	0	3	2	3	11	11
Reproductive Health activities involving Post-abortal care, screening for reproductive cancer (Breast,Prostate cancer) Obsteric fistula prevention and control, Safe Motherhood Day Celebration, Essential new borb care, Maternal Perinatal Death Survellance REsponse(MPDSR)	1	0	0	3	1	3	0	3	11	11
Consultancy services software application and develpoment for Health	1	0	3	1	0	1	3	1	10	17
Advocacy Activities for Health and Nutrition	1	0	0	3	0	3	0	3	10	17
Health promotion and Education(including production of BCC materials and communities mobilization)	0	0	0	3	1	3	0	3	10	17

Baby friendly Hospital initiative and promotion of EBF	1	0	0	3	0	3	0	3	10	17
Micronutrient deficiency Control Activities among pregnant mothers, adolescent girls	1	0	0	3	0	3	0	3	10	17
Distribution of PC-NTD Drugs (Microfilaria Diseases)	1	0	0	3	0	3	0	3	10	17
Prevention of Diet related non-communicable diseases among adults population(Hypertension, Heart Diseases)	1	0	0	3	0	3	0	3	10	17
Procurement of Drugs/Medication/Consumables	1	0	0	3	0	3	0	3	10	17
Routiine Distribution of net	1	0	0	3	0	3	0	3	10	17
Activities for Contorl of non communicable dieases(Diabeties, Cancer screening & mental health)	1	0	0	3	0	3	0	3	10	17
HIV/AIDS Testing Services	1	0	0	3	0	3	0	3	10	17
Health care waste management activities	0	0	0	3	1	3	0	3	10	17
Capacity building (Seminals, Workshops and Conferences)	1	0	0	1	0	3	3	1	9	29
Accreditation / Reaccreditation of Hospitals/Internship programs/Health Institutions and programs/Health Care providers	0	0	0	3	0	3	0	3	9	29
Family Planning Services	0	0	0	3	0	3	0	3	9	29
Last Mile Distribution(LMD) of FP commodities	0	0	0	3	0	3	0	3	9	29
Quarterly State Data Review Meeting	0	0	0	3	0	3	0	3	9	29
Female Genital Mutilation/ Cutting Reduction Acctivies	0	0	0	3	0	3	0	3	9	29
Printing of Hospital Cards/Forms	0	0	0	1	0	3	3	1	8	35
Development and Equipping of Health Institution Libraries	0	0	0	2	0	3	0	3	8	35
Celebration of World Malaria DayAactivities	0	0	0	2	0	3	0	3	8	35
Annual World TB Day celebration	0	0	0	2	0	3	0	3	8	35
Procurement/Refurbishment of Motor Vehicles	0	0	0	1	1	3	1	1	7	39
Refund of Medical Expenses	0	0	0	3	0	3	0	1	7	39
Consruction of new buildings	1	0	0	2	0	1	0	3	7	39
Intership for Graduate Nurses	0	0	0	3	0	1	0	3	7	39
Quarterly Meeting of State Advisory Committee on NTDs	0	0	0	2	0	3	0	1	6	43
Procurement of Office Equipment and Funitures	0	0	0	1	0	3	0	1	5	44

3.4 Personnel and Overhead Costs: Existing and Projections

Table 7: Personnel and Overhead Costs: Existing and Projected

Item	Approved Budget (N'000) in 2020	Amount Released (N'000) in 2020 (Up to March)	Actual Expenditure (N'000) in 2020	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	7,417,622,710	1,099,189,408.89	246,476,331.63	15	22.42
Overhead	729,369,980	260,092,000.00	260,092,000.00	19	100.00
Capital	4,311,456,450	209,033,980.00	209,033,980.00	1	100.00
Total	**12,458,449,149**	**1,265,655,580.87**	**715,602,311.63**	**10**	**45.63**

3.5 Contributions from our Partners

Table 8: Grants and Donor Funding

Source / Description of Grant	Amount Expected (N'000)			Counterpart Funding Requirements (N'000)		
	2021	2022	2023	2021	2022	2023
SOML PforR	-	-	-		-	-
Global Fund	755,000,000	-	-	113,250,000	-	-

Optimizing Private Sector Participation

Maximizing Private Sector Participation

The State Government will continue to encourage Public Private Partnership (PPP) by creating the necessary enabling environment for the private sector to thrive especially on priority projects in the Health Sector. Government's efforts toward maximizing private sector participation in the implementation of the SDP through MTSS will include the following:

- Facilitating project funding where there are fund limitations;
- Providing capacity building where there is a knowledge gap
- Management support to Private Sector for project monitoring, supervision and administration;
- Development of regulations/MoU that specifically apply to each type of PPP;
- Creating an enabling environment that will give confidence to the private sector on the security of their investments in the State;
- Putting in place all necessary infrastructures (e.g. road, processing and storage facilities, land sourcing and development that will ensure easy take-off of the participation of the private sector; and
- Establishing High Level Stakeholders Forum in the Health Sector for speedy implementation of resolutions in line with the aspiration of the SDP and MTSS

3.6 Cross-Cutting Issues

The sector is having some Cross Cutting Projects like Project on Female Genital Mutilation which will require efforts from Ministry of Women and Children Affairs and Ministry of Education to achieve results.
Other Cross-Cutting Issues include:

- Establishment of Health Intelligence Unit
- Construction, Renovation and Upgrading of Health Facilities
- Reproductive Health Program
- Nutrition Program
- Health Promotion and Education

3.7 Outline of Key Strategies

- **Table 9: Summary of Projects' expenditures and output measures**

S/N	Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Responsible
			2021	2022	2023				2021	2022	2023	
1	Improved Quality of Health Care Services	Supportive Supervisions for Health	36,953,847.25	32,937,135.26	37,074,039.45	Supportive Supervision carried out	Proportion of Health Facilities visited	n/a	34.5%	30.8%	34.7%	SMOH/SPHCDB
2	Improved Availability & Functionality of Health Infrastructure	Procurement of Medical / Laboratory Equipment / Upgrading of Blood Bank	347,710,400.00	175,915,404.32	35,764,039.58	Availability of Medical / Laboratory Equipment / Upgrading of Blood Bank	Proportion of Medical / Laboratory Equipment / Upgrading of Blood Bank	5%	62.2%	31.4%	6.4%	HMB/SMOH/SPHCDB
3	Improved Quality of Health Care Services	Capacity Building (Seminars, Workshops & Conferences)	293,199,012.90	252,894,442.24	271,156,575.60	Increased skill and capacity building	Proportion of Staff trained	nil	35.9%	30.9%	33.2%	MOH / O'HIS/SPHCDB/HMB
4	Improved Timeliness, accuracy and quality of health data for decision making	Monitoring and Evaluation Activities/Health Management Information System (HMIS) Activities	166,788,369.60	135,396,588.82	152,402,400.38	1. Quality data available for programme design and implementation. 2. Data tools and ICT utilities available	1. Proportion of HFs reporting timely. 2. Proportion of Health care facilities with data tools and ICT utilities	NA	36.7%	29.8%	33.5%	SMOH/SPHCDB/O'HIS

5	Reduction in incidence and prevalence of vaccine preventable disease	National Immunization Polio Plus Days Activities	20,765,012.52	23,373,098.10	26,308,759.21	Elimination of Polio virus across the state	Proportion of children immunized with OPV	100	29.5%	33.2%	37.3%	SPHCDB
6	Improved quality of MCH Services	Reproductive Health activities involving Post-abortal care, screening for reproductive cancers (Breast, Prostate cancer), Obstetrics fistula prevention and control, Safe Motherhood Day Celebration, Essential new born care, Maternal Perinatal Death Surveillance Response (MPDSR)	33,171,257.56	23,569,567.51	4,017,905.19	Increased access to ANC, Labour, Puerperium and Post abortal Care, Cancer Screening	% coverage of various services	NA	54.6%	38.8%	6.6%	MOH/ SPHCDB
7	Improved quality of life	Female Genital Mutilation/cutting Reduction Activities	37,174,360.00	38,496,219.62	39,984,104.80	Reduction in Female Genital Mutilation/cutting	% of female genital mutilation/cutting recorded	76.3	32.1%	33.3%	34.6%	SPHCDB
8	Reduction in incidence and prevalence of childhood illnesses	Maternal Newborn and Child Health Week	56,280,000.00	63,348,768.00	71,305,373.26	MNCHW conducted	% Coverage of various services &interventions	2 Rounds	29.5%	33.2%	37.3%	SPHCDB
9	Reduction in incidence and prevalence of vaccine preventable disease	Immunization service across all LCDAs	20,765,012.52	23,373,098.10	26,308,759.21	Regular Immunization Services in all health facilities in the state	Proportion of health facilities with regular immunization services	43	29.5%	33.2%	37.3%	SPHCDB
10	Reduction in incidence and prevalence of vaccine	Maintenance of existing cold chain	3,376,800.00	3,800,926.08	4,278,322.40	Cold chain regularly maintained	Functionality of CC equipment	NA	29.5%	33.2%	37.3%	SPHCDB

	preventable disease											
11	Reduction in incidence and prevalence of NTDs	Quarterly Meeting of State Advisory Committee on NTDs	4,389,840.00	4,941,203.90	5,561,819.11	Meetings conducted	Proportion of planned meetings conducted	NA	29.5%	33.2%	37.3%	SPHCDB
12	Reduction in incidence and prevalence of NCDs	Activities for Control of non-communicable diseases (Diabetes, Cancer screening & mental health)	6,348,384.00	7,145,741.03	8,043,246.10	Number of the populace reached with NCDs screening services	Early detection rate of NCDs	NA	29.5%	33.2%	37.3%	SPHCDB
13	Reduction in incidence and prevalence	HIV/AIDS Testing Services	32,538,228.00	22,857,029.44	3,215,872.33	More pregnant women tested	proportion for pregnant women tested for HIV	30%	55.5%	39.0%	5.5%	MoH/SASCP
14	Improved Waste Management	Health care waste management activities	50,652,000.00	57,013,891.20	64,174,835.93	More HCWs trained on waste management	Proportion of HCWs trained	34%	29.5%	33.2%	37.3%	MoH/SASCP
15	Improved Quality of Care	Health Research Activities	47,092,000.00	17,000,000.00	-	Research on HIV/AIDS	Reported Research on HIV/AIDS	NA	73.5%	26.5%	0.0%	MOH
16	Improved Quality of Health Care services	National /State Council on Health Meetings	27,000,000.00	-	-	National /State Council on Health Meetings conducted	Number of National /State Council on Health Meetings conducted	National -1 State - 0	100.0 %	0.0%	0.0%	MOH
17	Improved Quality of Health Care services	Development of State Strategic Health Plan	-	-	-	Availability of SHDP	Proportion of SHDP implemented	10%				MOH
18	Improved Availability & Functionality of Health Infrastructure	Renovation and Upgrading of Buildings	3,137,096,770.67	-	-	Dilapidated health care facilities renovated.	Proportion of dilapidated Health facilities renovated.	N/A	100.0 %	0.0%	0.0%	SMOH/SPHCDB

19	Improved Quality of Data/documentation of patients	Printing of Hospitals Cards/Forms	13,503,600.00	14,351,852.16	15,306,644.79	Availability of Hospital Cards	Proportion of Health Facilities with Hospital Cards/Forms	5%	31.3%	33.3%	35.5%	HMB
20	Improved Contraceptive Pravenlent Rate	Family planning Services	7,701,440.00	3,040,740.86	3,422,657.92	More people, especially woman accessing modern contraceptives	Contraceptive prevalence rate	22	54.4%	21.5%	24.2%	MOH/SPHCDB
21	Improved Contraceptive Pravenlent Rate	Last Mile Distribution (LMD) of FP commodities	526,780.80	592,944.47	667,418.29	Increase the contraceptives in all the service delivery points (SDPs)	% of SDPs with contraceptives	15%	29.5%	33.2%	37.3%	SPHCDB
22	Improved health seeking behaviors of the populace	Health Promotion and Education (including Production of BCC materials and community mobilization)	80,670,626.40	90,802,857.08	102,207,695.92	1. Increased awareness on various health intervention 2. Improved knowledge of NTDs prevention including chemotherapy	1. Proportion of population with increased awareness on targeted health intervention. 2. Prop. of the populace with appropriate knowledge on NTDs prevention	NA	29.5%	33.2%	37.3%	SPHCDB
23	Reduction in neo-natal/infant mortality rate	Baby Friendly Hospital Initiatives and promotion of EBF	5,042,688.00	5,676,049.61	6,388,961.44	1. Increase the proportion of children 0-6months exclusively breastfed to 70%. 2. Proportion of HF that are BFHI compliant increased by 40%	55.3	60	29.5%	33.2%	37.3%	SPHCDB

24	Reduction in micronutrient deficiencies	Micronutrient Deficiency Control Activities among pregnant mothers, adolescent girls	11,404,053.67	12,836,402.81	14,448,655.00	1. Pregnant mothers supplemented with iron folate. 2. Adolescent girls supplemented with iron folate	1. Proportion of pregnant mothers supplemented with Iron folate. 2. Proportion of Pregnant and Adolescent girls supplemented with Iron folate.	36	29.5%	33.2%	37.3%	SPHCDB
25	Reduced incidence and prevalence of NTDs	Distribution of PC-NTD Drugs (Microfilaria diseases)	2,251,200.00	2,533,950.72	2,852,214.93	Reach all eligible populace with PCT-NTDs drugs	% of people reached	65	29.5%	33.2%	37.3%	SPHCDB/MOH
26	Reduction in incidence and prevalence of NCDs	Prevention of Diet related non communicable diseases among adult population (Hypertension, Heart Diseases)	35,003,908.80	39,400,399.75	44,349,089.95	Reduction in the incidence of DR-NCDs	% of adult population with DR-NCDs	19	29.5%	33.2%	37.3%	SPHCDB
27	Improved Quality of Health Data	Quarterly State Data Review Meetings	5,000,000.00	-	-	Meetings conducted	Proportion of planned meetings held	100%	100.0 %	0.0%	0.0%	MOH
28	Improved capacity for HRH	Development & Equiping of Health Institution Libraries	9,000,000.00	-	-	Libraries equipped	Proportion of libraries equipped	NA	100.0 %	0.0%	0.0%	MOH
29	Availability and accessibility of quality medicines,vaccines and other health commodities	Procurement of Drugs/Medication / Consumables	142,730,270.00	85,098,874.80	82,835,910.59	Availability of Drugs/Medication / Consumables in Health Facilities	Proportion of Health Facilities with Drugs/Medication / Consumables	40%	45.9%	27.4%	26.7%	SMOH/SPHCDB
30	Increased quality and quantity of Human Resource for Health	Accreditation/Re-accreditation of Hospitals/Internship Programs/Health Institutions & Programs / Health Care Providers	24,207,500.00	1,890,000.00	2,116,800.00	Accredited /Re-accredited Hospitals/Internship Programs/Health	Proportion of Internship Programs Accredited	50%	85.8%	6.7%	7.5%	HMB/SMOH

						Institutions & Programs / Health Care Providers						
31	Improved Availability & Functionality of Health Infrastructure	Procurement/Refurbishment of Motor Vehicles	630,415,200.00	250,059,269.12	276,012,633.32	Vehicles Refurbished/ Procured	Proportion of Vehicles available for MDAs/Health Facilities use	nil	54.5%	21.6%	23.9%	HMB/SMOH/ O'HIS/SPHCDB
32	Improved Awareness and demand creation	Advocacy Activities for Health & Nutrition	59,656,800.00	67,149,694.08	75,583,695.66	Advocacy activities conducted	No of advocacy visits conducted	Nil	29.5%	33.2%	37.3%	MOH / O'HIS
33	Reduced prevalence of health complication	Medical Mission Activities/ refund of Medical expenses	50,000,000.00	-	-	Medical missions conducted/refunds made	Proportion of planned Medical missions conducted/ Proportion of medical expenses of patients refunded	NA	100.0 %	0.0%	0.0%	MOH
34	Enhanced operational effectiveness	Procurement of Office Equipment and Furniture	156,319,076.00	40,565,458.64	75,156,119.34	Availability of Office Equipment	Proportion of Agencies/MDAs with equipped offices	30%	57.5%	14.9%	27.6%	MOH / O'HIS/ SPHCDB
35	Reduction in child and maternal malnutrition	Establishment of community based health and nutrition intervention centres linked to SDGs/MCH facilities	38,574,312.00	43,419,245.59	48,872,702.84	Proportion of SDGs/MCH facilities with community based H&N intervention centres	Proportion of SDGs/ MCH facilities with community based health and nutrition intervention centres	NA	29.5%	33.2%	37.3%	SPHCDB
36	Reduction of malaria incidence	Routine distribution of Net	17,000,000.00	-	-	Increase net ownership	Proportion of Households with at least one LLINs	47%	100.0 %	0.0%	0.0%	MOH

37	Improved awareness of malaria control activities	Celebration of World Malaria Day Activities	5,000,000.00	-	-	Increased awareness	Proportion of the population aware	NA	100.0 %	0.0%	0.0%	MOH
38	Improved awareness of TB control activities	Annual World TB Day celebration	5,000,000.00	-	-	Increased awareness	Proportion of the population aware	NA	100.0 %	0.0%	0.0%	MOH
39	Improved Availability & Functionality of Health Infrastructure	Construction of New Buildings	735,676,474.50	739,932,294.44	786,631,633.04	New Buildings Constructed	Proportion of MDAs with New Buildings constructed	nil	32.5%	32.7%	34.8%	MOH / O'HIS/SPHCDB
40	Improved adolescent sexual health	Establishment of youth friendly centers (Adolescent sexual reproductive health)	4,221,000.00	4,751,157.60	5,347,902.99	Youths, especially adolescent girls have access to RH services	% of centres offering youth friendly services	5	29.5%	33.2%	37.3%	MOH/SPHCDB
41	Reduction in child malnutrition	Establishment of blended complementary food centre	5,628,000.00	6,334,876.80	7,130,537.33	Blended Complementary foods plant established and functional	Availability of blended foods from the plant		29.5%	33.2%	37.3%	SPHCDB
42	Improved quality of health Data	Consultancy Services-Software Application and Deployment for Health	-	-	-	Improved Data collection	Percentage increase in Enrolment	NIL				O'HIS
43	Improved Quality of HRH	Internship for Graduate Nurses	90,000,000.00	90,000,000.00	90,000,000.00	Increase human resource for health	Proportion of graduate nurses completing internship	NA	33.3%	33.3%	33.3%	SMOH/HMB
45	Improved quality of health service delivery	Review of State Strategic Health Development Plan	-	-	-	SHDP reviewed	No of inputs in the reviewed SHDP					
46	Reduction in Out of pocket expenditures	Payment of premium	2,439,938,342.00	-	-	Premium paid for priority population	No of Priority population premium paid		100.0 %	0.0%	0.0%	

47		Public Health Emergencies(COVID-19,Lassa Fever,Ebola etc.) response activities	1,755,000,000.00	1,125,600,000.00	1,266,975,360.00				42.3%	27.1%	30.5%	
48		Basic Health Care Provision Fund (New)	56,067,750.00	63,109,859.00	71,036,457.70				29.5%	33.2%	37.3%	
			-	-	-							
	Total											

3.8 Justification

The weak Health System manifesting as Low governance for health, poor health finance resulting in high out of pocket expenditure, lack of essential medicine and consumable, inadequate human resource for health and poor health infrastructure due to neglect of the PHC in the past coupled with low data quality, data use for decision making.

This weak Health System is better appreciated by high reproductive health burden with the state having one of the worst indices in infant and childhood mortalities in the south – west with unacceptable high rate of Maternal Mortality Rate.

This is further complicated by high malnutrition rate among under-fives and maternal anemia, this have grave consequences on the development of the state. Most deaths among under- fives are due to high burden of malnutrition and morbidity from various childhood illnesses.

3.9 Responsibilities and Operational Plan

MDA Responsible	Project Title
SMOH/SPHCDB/OHIS/HMB	Supportive Supervisions for Health
HMB/SMOH/SPHCDB	Procurement of Medical / Laboratory Equipment / Upgrading of Blood Bank
MOH / O'HIS/SPHCDB/HMB	Capacity Building (Seminars, Workshops & Conferences)
SMOH/SPHCDB/O'HIS	Monitoring and Evaluation Activities/Health Management Information System (HMIS) Activities
SPHCDB	National Immunization Polio Plus Days Activities
MOH/ SPHCDB	Reproductive Health activities involving Post-abortal care, screening for reproductive cancers (Breast, Prostate cancer), Obstetrics fistula prevention and control, Safe Motherhood Day Celebration, Essential new born care, Maternal Perinatal Death Surveillance Response (MPDSR)
SPHCDB	Female Genital Mutilation/cutting Reduction Activities
SPHCDB	Maternal Newborn and Child Health Week
SPHCDB	Immunization service across all LCDAs
SPHCDB	Maintenance of existing cold chain
SPHCDB	Quarterly Meeting of State Advisory Committee on NTDs
SPHCDB	Activities for Control of non-communicable diseases (Diabetes, Cancer screening & mental health)
MoH/SASCP	HIV/AIDS Testing Services
MoH/SASCP	Health care waste management activities
MOH	Health Research Activities
MOH	National /State Council on Health Meetings
MOH	Development of State Strategic Health Plan
SMOH/SPHCDB	Renovation and Upgrading of Buildings
HMB	Printing of Hospitals Cards/Forms
MOH/SPHCDB	Family planning Services
SPHCDB	Last Mile Distribution (LMD) of FP commodities
SPHCDB	Health Promotion and Education (including Production of BCC materials and community mobilization)
SPHCDB	Baby Friendly Hospital Initiatives and promotion of EBF
SPHCDB	Micronutrient Deficiency Control Activities among pregnant mothers, adolescent girls
SPHCDB/MOH	Distribution of PC-NTD Drugs (Microfilaria diseases)
SPHCDB	Prevention of Diet related non communicable diseases among adult population (Hypertension, Heart Diseases)
MOH	Quarterly State Data Review Meetings
MOH	Development & Equiping of Health Institution Libraries
SMOH/SPHCDB	Procurement of Drugs/Medication / Consumables
HMB/SMOH	Accreditation/Re-accreditation of Hospitals/Internship Programs/Health Institutions & Programs / Health Care Providers
HMB/SMOH/ O'HIS/SPHCDB	Procurement/Refurbishment of Motor Vehicles
MOH / O'HIS	Advocacy Activities for Health & Nutrition
MOH	Medical Mission Activities/ Refund of Medical expenses

MOH / O'HIS/ SPHCDB	Procurement of Office Equipment and Furniture
SPHCDB	Establishment of community based health and nutrition intervention centres linked to SDGs/MCH facilities
MOH	Routine distribution of Net
MOH	Celebration of World Malaria Day Activities
MOH	Annual World TB Day celebration
MOH / O'HIS/SPHCDB	Construction of New Buildings
MOH/SPHCDB	Establishment of youth friendly centers (Adolescent sexual reproductive health)
SPHCDB	Establishment of blended complementary food centre
O'HIS	Consultancy Services- Software Application and Deployment for Health
SMOH/HMB	Internship for Graduate Nurses
SMOH	Review of State Strategic Health Development Plan
OHIS	Payment of premium
SMOH/SPHCB/HMB	Public Health Emergencies(COVID-19,Lassa Fever,Ebola etc.) response activities

Chapter Four: Three Year Expenditure Projections

4.1 The process used to make Expenditure Projections.

The department concerned with each of the programme gave a forecast of the future expenditure based on past experience of expenditure and recent estimates based on the current market situation and values as well as the current inflationary trend using ta set of assumptions provided by MoEP&B.

The practical methods adopted included minimum reasonable estimate of unit costs and reasonable estimate of number of units required.

The costing was undertaken over 3-year time frame

The costing assumptions are as stated below:

• There will be stability in the macro-economic variables e.g. exchange rate, price of crude oil in the world market

• There will be no capricious fluctuation in prices;

• Current inflationary rate will remain fairly stable and will not get worse.

• There will be no further outbreak of disease, calamity, catastrophe, emergency or disaster in the State (Fire, Flood, political unrest)

- The prices of certain items were made available in the monthly price Bulletin under the Central Pricing Reference System (CPRS) published by the State Bureau of Statistics of the MoEP&B.

The costed projects were subjected to reconciliation and re-configuration by the under-listed mechanistic process:

• Accept the project into the ceiling as costed;

• Revise the project to change the associated costs, e.g. scaling down the project;

• Trading off between competing projects based on expected worth or outcome of the project

• Postponing/spreading the project to one of the outer years of the MTSS;

4.2 Outline Expenditure Projections

The proportion of approved capital to recurrent expenditure is expected to be enough for the sector to tackle various health challenges in the State and according to the international standard. This is considered healthy for the Health sector. However, the proportion of actual capital to recurrent expenditure fall below expectations and there is the need for better budgetary allocation and better release of funds to the.

Table 4.1: Summary of Projects' expenditures and output measures

S/N	Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Responsible
			2021	2022	2023				2021	2022	2023	
1	Improved Quality of Health Care Services	Supportive Supervisions for Health	36,953,847.25	32,937,135.26	37,074,039.45	Supportive Supervision carried out	Proportion of Health Facilities visited	n/a	34.5%	30.8%	34.7%	SMOH/SPHCDB
2	Improved Availability & Functionality of Health Infrastructure	Procurement of Medical / Laboratory Equipment / Upgrading of Blood Bank	347,710,400.00	175,915,404.32	35,764,039.58	Availability of Medical / Laboratory Equipment / Upgrading of Blood Bank	Proportion of Medical / Laboratory Equipment / Upgrading of Blood Bank	5%	62.2%	31.4%	6.4%	HMB/SMOH/SPHCDB
3	Improved Quality of Health Care Services	Capacity Building (Seminars, Workshops & Conferences)	293,199,012.90	252,894,442.24	271,156,575.60	Increased skill and capacity building	Proportion of Staff trained	nil	35.9%	30.9%	33.2%	MOH / O'HIS/SPHCDB/HMB
4	Improved Timeliness, accuracy and quality of health data for decision making	Monitoring and Evaluation Activities/Health Management Information System (HMIS) Activities	166,788,369.60	135,396,588.82	152,402,400.38	1. Quality data available for programme design and implementation. 2. Data tools and ICT utilities available	1. Proportion of HFs reporting timely. 2. Proportion of Health care facilities with data tools and ICT utilities	NA	36.7%	29.8%	33.5%	SMOH/SPHCDB/O'HIS
5	Reduction in incidence and prevalence of vaccine preventable disease	National Immunization Polio Plus Days Activities	20,765,012.52	23,373,098.10	26,308,759.21	Elimination of Polio virus across the state	Proportion of children immunized with OPV	100	29.5%	33.2%	37.3%	SPHCDB

6	Improved quality of MCH Services	Reproductive Health activities involving Post-abortal care, screening for reproductive cancers (Breast, Prostate cancer), Obstetrics fistula prevention and control, Safe Motherhood Day Celebration, Essential new born care, Maternal Perinatal Death Surveillance Response (MPDSR)	33,171,257.56	23,569,567.51	4,017,905.19	Increased access to ANC, Labour, Puerperium and Post abortal Care, Cancer Screening	% coverage of various services	NA	54.6%	38.8%	6.6%	MOH/ SPHCDB
7	Improved quality of life	Female Genital Mutilation/cutting Reduction Activities	37,174,360.00	38,496,219.62	39,984,104.80	Reduction in Female Genital Mutilation/cutting	% of female genital mutilation/cutting recorded	76.3	32.1%	33.3%	34.6%	SPHCDB
8	Reduction in incidence and prevalence of childhood illnesses	Maternal Newborn and Child Health Week	56,280,000.00	63,348,768.00	71,305,373.26	MNCHW conducted	% Coverage of various services &interventions	2 Rounds	29.5%	33.2%	37.3%	SPHCDB
9	Reduction in incidence and prevalence of vaccine preventable disease	Immunization service across all LCDAs	20,765,012.52	23,373,098.10	26,308,759.21	Regular Immunization Services in all health facilities in the state	Proportion of health facilities with regular immunization services	43	29.5%	33.2%	37.3%	SPHCDB
10	Reduction in incidence and prevalence of vaccine preventable disease	Maintenance of existing cold chain	3,376,800.00	3,800,926.08	4,278,322.40	Cold chain regularly maintained	Functionality of CC equipment	NA	29.5%	33.2%	37.3%	SPHCDB
11	Reduction in incidence and prevalence of NTDs	Quarterly Meeting of State Advisory Committee on NTDs	4,389,840.00	4,941,203.90	5,561,819.11	Meetings conducted	Proportion of planned meetings conducted	NA	29.5%	33.2%	37.3%	SPHCDB
12	Reduction in incidence and	Activities for Control of non-communicable	6,348,384.00	7,145,741.03	8,043,246.10	Number of the populace reached with	Early detection rate of NCDs	NA	29.5%	33.2%	37.3%	SPHCDB

	prevalence of NCDs	diseases (Diabetes, Cancer screening & mental health)				NCDs screening services						
13	Reduction in incidence and prevalence	HIV/AIDS Testing Services	32,538,228.00	22,857,029.44	3,215,872.33	More pregnant women tested	proportion for pregnant women tested for HIV	30%	55.5%	39.0%	5.5%	MoH/SASCP
14	Improved Waste Management	Health care waste management activities	50,652,000.00	57,013,891.20	64,174,835.93	More HCWs trained on waste management	Proportion of HCWs trained	34%	29.5%	33.2%	37.3%	MoH/SASCP
15	Improved Quality of Care	Health Research Activities	47,092,000.00	17,000,000.00	-	Research on HIV/AIDS	Reported Research on HIV/AIDS	NA	73.5%	26.5%	0.0%	MOH
16	Improved Quality of Health Care services	National /State Council on Health Meetings	27,000,000.00	-	-	National /State Council on Health Meetings conducted	Number of National /State Council on Health Meetings conducted	National -1 State – 0	100.0 %	0.0%	0.0%	MOH
17	Improved Quality of Health Care services	Development of State Strategic Health Plan	-	-	-	Availability of SHDP	Proportion of SHDP implemented	10%				MOH
18	Improved Availability & Functionality of Health Infrastructure	Renovation and Upgrading of Buildings	3,137,096,770.67	-	-	Dilapidated health care facilities renovated.	Proportion of dilapidated Health facilities renovated.	N/A	100.0 %	0.0%	0.0%	SMOH/SPHCDB
19	Improved Quality of Data/documentation of patients	Printing of Hospitals Cards/Forms	13,503,600.00	14,351,852.16	15,306,644.79	Availability of Hospital Cards	Proportion of Health Facilities with Hospital Cards/Forms	5%	31.3%	33.3%	35.5%	HMB
20	Improved Contraceptive Pravenlent Rate	Family planning Services	7,701,440.00	3,040,740.86	3,422,657.92	More people, especially woman accessing modern contraceptive	Contraceptive prevalence rate	22	54.4%	21.5%	24.2%	MOH/SPHCDB
21	Improved Contraceptive Pravenlent Rate	Last Mile Distribution (LMD) of FP commodities	526,780.80	592,944.47	667,418.29	Increase the contraceptives in all the	% of SDPs with contraceptives	15%	29.5%	33.2%	37.3%	SPHCDB

						service delivery points (SDPs)						
22	Improved health seeking behaviors of the populace	Health Promotion and Education (including Production of BCC materials and community mobilization)	80,670,626.40	90,802,857.08	102,207,695.92	1. Increased awareness on various health intervention 2. Improved knowledge of NTDs prevention including chemotherapy	1. Proportion of population with increased awareness on targeted health intervention. 2. Prop. of the populace with appropriate knowledge on NTDs prevention	NA	29.5%	33.2%	37.3%	SPHCDB
23	Reduction in neo-natal/infant mortality rate	Baby Friendly Hospital Initiatives and promotion of EBF	5,042,688.00	5,676,049.61	6,388,961.44	1. Increase the proportion of children 0-6months exclusively breastfed to 70%. 2. Proportion of HF that are BFHI compliant increased by 40%	55.3	60	29.5%	33.2%	37.3%	SPHCDB
24	Reduction in micronutrient deficiencies	Micronutrient Deficiency Control Activities among pregnant mothers, adolescent girls	11,404,053.67	12,836,402.81	14,448,655.00	1. Pregnant mothers supplemented with iron folate. 2. Adolescent girls supplemented with iron folate	1. Proportion of pregnant mothers supplemented with Iron folate. 2. Proportion of Pregnant and Adolescent girls supplemented with Iron folate.	36	29.5%	33.2%	37.3%	SPHCDB
25	Reduced incidence and prevalence of NTDs	Distribution of PC-NTD Drugs (Microfilaria diseases)	2,251,200.00	2,533,950.72	2,852,214.93	Reach all eligible populace with PCT-NTDs drugs	% of people reached	65	29.5%	33.2%	37.3%	SPHCDB/MOH

26	Reduction in incidence and prevalence of NCDs	Prevention of Diet related non communicable diseases among adult population (Hypertension, Heart Diseases)	35,003,908.80	39,400,399.75	44,349,089.95	Reduction in the incidence of DR-NCDs	% of adult population with DR-NCDs	19	29.5%	33.2%	37.3%	SPHCDB
27	Improved Quality of Health Data	Quarterly State Data Review Meetings	5,000,000.00	-	-	Meetings conducted	Proportion of planned meetings held	100%	100.0 %	0.0%	0.0%	MOH
28	Improved capacity for HRH	Development & Equipping of Health Institution Libraries	9,000,000.00	-	-	Libraries equipped	Proportion of libraries equipped	NA	100.0 %	0.0%	0.0%	MOH
29	Availability and accessibility of quality medicines, vaccines and other health commodities	Procurement of Drugs/Medication / Consumables	142,730,270.00	85,098,874.80	82,835,910.59	Availability of Drugs/Medication / Consumables in Health Facilities	Proportion of Health Facilities with Drugs/Medication / Consumables	40%	45.9%	27.4%	26.7%	SMOH/SPHCDB
30	Increased quality and quantity of Human Resource for Health	Accreditation/Re-accreditation of Hospitals/Internship Programs/Health Institutions & Programs / Health Care Providers	24,207,500.00	1,890,000.00	2,116,800.00	Accredited /Re-accredited Hospitals/Internship Programs/Health Institutions & Programs / Health Care Providers	Proportion of Internship Programs Accredited	50%	85.8%	6.7%	7.5%	HMB/SMOH
31	Improved Availability & Functionality of Health Infrastructure	Procurement/Refurbishment of Motor Vehicles	630,415,200.00	250,059,269.12	276,012,633.32	Vehicles Refurbished/ Procured	Proportion of Vehicles available for MDAs/Health Facilities use	nil	54.5%	21.6%	23.9%	HMB/SMOH/ O'HIS/SPHCDB
32	Improved Awareness and demand creation	Advocacy Activities for Health & Nutrition	59,656,800.00	67,149,694.08	75,583,695.66	Advocacy activities conducted	No of advocacy visits conducted	Nil	29.5%	33.2%	37.3%	MOH / O'HIS
33	Reduced prevalence of health complication	Medical Mission Activities/ refund of Medical expenses	50,000,000.00	-	-	Medical missions conducted/refunds made	Proportion of planned Medical missions conducted/	NA	100.0 %	0.0%	0.0%	MOH

							Proportion of medical expenses of patients refunded					
34	Enhanced operational effectiveness	Procurement of Office Equipment and Furniture	156,319,076.00	40,565,458.64	75,156,119.34	Availability of Office Equipment	Proportion of Agencies/MDAs with equipped offices	30%	57.5%	14.9%	27.6%	MOH / O'HIS/ SPHCDB
35	Reduction in child and maternal malnutrition	Establishment of community based health and nutrition intervention centres linked to SDGs/MCH facilities	38,574,312.00	43,419,245.59	48,872,702.84	Proportion of SDGs/MCH facilities with community based H&N intervention centres	Proportion of SDGs/ MCH facilities with community based health and nutrition intervention centres	NA	29.5%	33.2%	37.3%	SPHCDB
36	Reduction of malaria incidence	Routine distribution of Net	17,000,000.00	-	-	Increase net ownership	Proportion of Households with at least one LLINs	47%	100.0 %	0.0%	0.0%	MOH
37	Improved awareness of malaria control activities	Celebration of World Malaria Day Activities	5,000,000.00	-	-	Increased awareness	Proportion of the population aware	NA	100.0 %	0.0%	0.0%	MOH
38	Improved awareness of TB control activities	Annual World TB Day celebration	5,000,000.00	-	-	Increased awareness	Proportion of the population aware	NA	100.0 %	0.0%	0.0%	MOH
39	Improved Availability & Functionality of Health Infrastructure	Construction of New Buildings	735,676,474.50	739,932,294.44	786,631,633.04	New Buildings Constructed	Proportion of MDAs with New Buildings constructed	nil	32.5%	32.7%	34.8%	MOH / O'HIS/SPHCDB
40	Improved adolescent sexual health	Establishment of youth friendly centers (Adolescent sexual reproductive health)	4,221,000.00	4,751,157.60	5,347,902.99	Youths, especially adolescent girls have access to RH services	% of centres offering youth friendly services	5	29.5%	33.2%	37.3%	MOH/SPHCDB

41	Reduction in child malnutrition	Establishment of blended complementary food centre	5,628,000.00	6,334,876.80	7,130,537.33	Blended Complementary foods plant established and functional	Availability of blended foods from the plant		29.5%	33.2%	37.3%	SPHCDB
42	Improved quality of health Data	Consultancy Services-Software Application and Deployment for Health	-	-	-	Improved Data collection	Percentage increase in Enrolment	NIL				O'HIS
43	Improved Quality of HRH	Internship for Graduate Nurses	90,000,000.00	90,000,000.00	90,000,000.00	Increase human resource for health	Proportion of graduate nurses completing internship	NA	33.3%	33.3%	33.3%	SMOH/HMB
45	Improved quality of health service delivery	Review of State Strategic Health Development Plan	-	-	-	SHDP reviewed	No of inputs in the reviewed SHDP					
46	Reduction in Out of pocket expenditures	Payment of premium	2,439,938,342.00	-	-	Premium paid for priority population	No of Priority population premium paid		100.0 %	0.0%	0.0%	
47		Public Health Emergencies(COVID-19,Lassa Fever,Ebola etc.) response activities	1,755,000,000.00	1,125,600,000.00	1,266,975,360.00				42.3%	27.1%	30.5%	
48		Basic Health Care Provision Fund (New)	56,067,750.00	63,109,859.00	71,036,457.70				29.5%	33.2%	37.3%	
			-	-	-							
	Total											

Chapter Five: Monitoring and Evaluation

Monitoring and Evaluating the efficiency, effectiveness and cost-effectiveness of the Medium Terms Sector Strategy (MTSS) for the Sector is essential to keep tracking the progress of activities against established Key Performance Indicators (KPIs) which would help determine the need for revising policies, strategies, budget, outputs, outcomes and KPI targets.

5.1 Conducting Annual Sector Performance Review

5.1.1 Preamble:

The overall objective of Sector Performance review is to support State in assessing the performance of MTSS with regards to programmes and projects using a constructive, participatory and coordinated approach, and in improving implementation where necessary, to reach the expected results. The Sector Performance Review is a review, conducted preferably midway into the MTSS implementation on annual basis, to identify any corrective measures to be taken. The specific objective of the Sector Performance Review is to provide an independent assessment of MTSS implementation to support projects management. The review assesses the status of projects design and implementation through analysis of documentation and meaningful consultation with all stakeholders involved, including beneficiaries. It also reviews the progress in terms of input provision, activities undertaken, results delivered (outputs and outcomes) and risk management. Sector Performance Review highlight the strengths and weaknesses of the projects implementation in the MTSS with a view to assisting State and key stakeholders in dealing with questions and problems that have emerged, find solutions to revise approaches and, where relevant, adapt to changing needs and circumstances.

5.1.2 Reasons for Conducting Sector performance review:

Conducting Sector performance review and distributing information regarding MTSS performance will help State to:

- Track progress and results achievements to be able to demonstrate MDAs' capacity to deliver and report on results;
- Support the overall programme and implementation with accurate, evidence-based reporting that informs Sector Planning Team and wider stakeholders on how to guide and improve MTSS performance whenever required and deliver effective services to its beneficiaries;
- Show accountability for resources invested in programmes and projects; and
- Provide opportunities for stakeholders' feedback, including beneficiaries, to provide input into Sector's work during implementation.

The review will also consider how projects or programmes include cross-cutting issues in their design and implementation, such as: gender, Rights-Based Approach (RBA) and the environment.

5.1.3 Stages for conducting Sector performance Review:

The stages of Sector Performance Review include: (1) the preparatory stage, which encompasses (i) the logistics, and (ii) a desk or document review phase; and (2) the implementation stage consisting of (iii) a field phase, which includes consultations with the Chief Executive officer of the constituent MDAs and key stakeholders; (iv) a report drafting phase; and (v) a quality check and finalization phase, ending with the release of the performance review report and finally, (3) the dissemination and use of the performance review report.

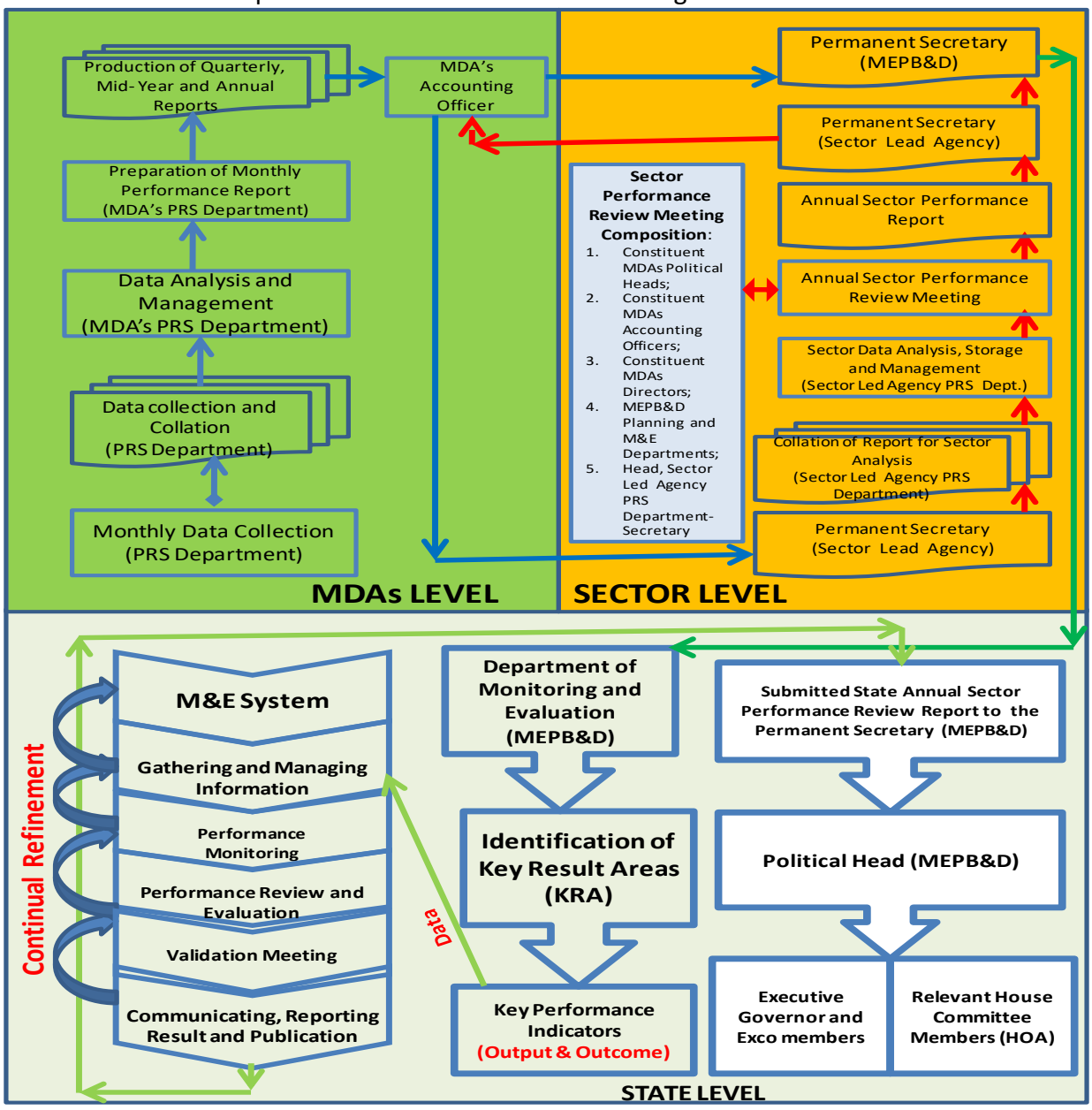
5.1.4 Sector Performance Review Reporting Template:

The Sector Performance review report template developed by the Ministry of Economic Planning, Budget and Development shall be adopted by the Sector for the purpose of consistency and uniformity. The detail is as par annex 5.

5.2 Organisational Arrangements

The use of evidence derived from data in policy making requires the ability to collect and analyze data, clear administrative channels through which timely evidence is made available to decision makers. Hence, the collection of accurate and timely data coupled with analysis through the use of agreed monitoring indicators is very crucial to assess and review the performance of the Sector Medium Term Strategic Plan for the period of 2021 to 2023.

The architectural presentation of the monitoring tasks is as detailed below:



Annex 5

MTSS PERFORMANCE REVIEW REPORT TEMPLATE

Name of sector:	**Reporting Period**
Name of Lead Agency:	
Name of Constituent MDAs:	
Executive Summary	
Not more than 1 page, summarise the achievement(s), factors militated against the implementation of the plan, financial input and others.	
Projects Synopsis	
Context	
Provide a brief sectoral, thematic and the geographic location of the targeted population and what issues the projects are addressing. Then, list briefly the objective, outcomes and outputs of the executed project(s). Finally, indicate project(s) and institutions responsible for implementation, actors involved in the implementation and the direct and indirect beneficiaries.	
1. Relevance	
1.1 As presently designed, does the intervention logic and related tools allow for effective implementation?	
Relevance is the extent to which the executed project's objective and intended results remain valid and pertinent either as originally planned or as subsequently modified. *Mention if the indicators have target values, if they are realistic/SMART or need to be updated. Analyze also if activities and indicators consider the participation of women and is covered in M&E reports as per reporting standards on gender.* *Analyse the information/data needed to measure indicators, if it is appropriate, realistic, accessible and effectively used in the reports to enable assessing progress towards results or consider alternative information/data sources, if necessary.*	
2. EFFECTIVENESS	
2.1 Is the project(s) effective in reaching its the planned results (outcomes)?	
Findings/comments	
The effectiveness criterion assesses the extent to which a project achieves its intended results. Start with an overall finding relating to the main question (2.1), of the extent to which the project is effective or not in reaching its results (outcomes) and if the planned results are expected to be reached by project's end. Assess the output delivery and quality, to verify if satisfactory as per work plan. In case of delays or deviations, mention the reasons and the implications for milestones and targets. It is not about "justifying" the delays but rather identifying the causes, analysing and describing the adopted corrective measures. If such actions were not performed, then negative effects on the project or risks of such effects need to be mentioned. *To understand inter-institutional structures, coordination and communication mechanisms among stakeholders ,analyse the relationships, and if an internal monitoring or follow up system exists (such as technical committees), its characteristics (i.e. how regularly it convenes, who are the members, discussions, reporting etc.), and if it is effective to steer the action, ensure accountability and rectify situation if necessary. Consider additionally if the project M&E system is functional and linked to the results.*	

Analyse sector coordination mechanisms (if it is effective, how regularly it convenes) and if the complementarity support impact and sustainability, enable synergies and prevent overlap.
2.2 As presently implemented what is the likelihood of the project(s) objective and outcomes to be reached/achieved?
Findings/comments
Provide an overall finding relating to the guiding question above (2.2) *Analyse causes and effects of the strategy of implementation and its flexibility and each main output and the level of achievement or delivery. Compare what was planned (i.e. implementation schedule, work plan, etc.) and what was effectively implemented. The analysis can be done by component/result with concrete cases or examples. Analyse if any relevant facts or circumstances took place in the project context (political, economic, social, etc.) since it was commenced, and if those affected the project and how.* *Comment if the project(s) environment has produced any planned or unplanned positive or negative effects on target groups, and if the project actions contributed to increasing positive and diminishing negative effects.*
2.3 Does the project(s) presently respond to the needs of the target groups and does the project work effectively with all relevant stakeholders?
Findings/comments
As a priority, start with the overall finding relating to the guiding question (2.3), whether the project presently responds to the beneficiary needs and if the commitment of all stakeholders towards the project objectives is effective.
3. EFFICIENCY
3.1 How well is the availability/usage of means/inputs managed?
Findings/comments
Efficiency is the level of how economically resources/inputs (funds, expertise, time, etc.) are converted into outputs. Check the project budget, burn rate or expenditures and compare it with the time elapsed under the project, to understand if the input utilization is aligned with the timeframe spent. Use the quantitative analysis to understand the state of inputs (human, material and financial means) and delays in the planned situation to identify any deviations. *To check cost-efficiency: a) assess if there are synergies with other projects, activities, organizations, etc. to save costs or make more profitable activities or outputs (i.e. common events, sharing venues, reusing manuals, etc.); b) compare the actual cost of outputs versus the planned costs in the original budget to check for deviations and its causes and effects.* *Mention any delays in the disbursements made by the State nor or other partners or if the planning for activities has been revised.* *Identify issues or serious deficiencies, which need to be immediately addressed in order not to jeopardize results. In such cases the cost-efficiency of outputs may also be questioned, and if corrective measures can be financially implemented... Check how effective the monitoring mechanisms established regularly report on the efficient and cost-effective implementation, and if these reports are regularly shared with the stakeholders.* *Analyse the implementation modalities under the project.* *Consider: 1) human resources: quantity, quality, geographic distribution; 2) technical and physical resources: quality/know-how, offices, technology, vehicles and materials; 3) implementation time: was it sufficient and realistic? 4) Financial resources: is the budget well-structured and sufficient for the project purposes?*
4. CROSS-CUTTING ISSUES
4.1. So far, are there good practices inherent in the project which could be useful to share beyond the project context?
Findings/comments
Summarize good practices and/or lessons learned) that have already been identified, referring to, for example: coordination, management and implementation mechanisms, relationship between partners, quality of outputs and outcomes, M&E mechanisms, sustainability factors, etc., having a high replication potential in geographic or thematic terms. If applicable, mention specific current practices and eventually "possible or future" practices, and indicate why they are good and their replication potential. Good practices can also be related to the innovative aspects of the project, but not necessarily.

OVERALL CONCLUSIONS
Summarise the most important conclusions surfacing under all criteria. Conclusions must be simple and short, highlighting the relationships between cause – effect – findings. Confirm if the situation assessed is satisfactory overall or if the issues were noted in case of deficient.
RECOMMENDATIONS
Recommendations address the most significant weaknesses identified in the findings and summarized under conclusions above. *The tone in recommendations should be appropriate, constructive and positive.*

Recommendations should be listed from the highest to the least importance, and priorities in recommendations should be considered as not every conclusion necessarily leads to a recommendation. *Recommendations must clearly identify who is responsible for their implementation, i.e. project team, ministry,* *Provide consistent and realistic recommendations in line with midterm implementation timeframe.*
ANNEX
Photographs, meetings attendance list, Projects Performance Table and others