2020– 2022 MEDIUM-TERM SECTOR STRATEGY (MTSS)

HEALTH SECTOR

JULY 2019

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

Table of Contents

Contents

List of Tables

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
MoEPBD	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 Organisations
NBS	National Bureau of Statistics
WHO	World Health Organisation
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 Organisation
NHP	National Health Policy

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 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 (2020– 2022):

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

Total Costs of the Programmes for each of the Years (2020 – 2022):

Programme	Proposed Expenditure		
	2020	**2021**	**2022**
1.1. Health Policy Development and Coordination	188,800,000	87,450,000	78,200,000
2.1 Disease Control and Prevention	407,728,050	**184,485,118**	184,051,118
2.3 Health Insurance Scheme	1,978,824,000	1,978,824,000	1,978,824,000
3.1 Human Resource for health development	320,936,520	340,132,600	459,686,000
3.2 Health Infrastructure	3,971,128,770	3,694,745,890	1,825,230,890
3.3 Monitoring & Evaluation	179,066,000	124,460,000	124,460,000
3.4 Logistics Management and Coordination	378,583,800	378,363,800	378,363,800
Total Cost	**7,434,391,160**	**6,788,461,425**	**5,028,815,828**
Indicative Budget Ceiling	7,040,061,850.00	7,040,061,850.00	7,040,061,850.00
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 feed back 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.

1. Promote an enabling environment for attainment of sector goals
2. Equitably increase coverage with packages of quality essential health care services
3. Strengthen health system for delivery of packages of essential health care services
4. Enhance healthcare financial risk 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

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.

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

Unfortunately, time given to finish the preparation was not sufficient and the sector team members were not adequately provided for.

It is therefore recommended that the MTSS preparation for the next one should be adequately funded and the Sector Planning Team members be given opportunity to prepare MTSS without any other assignment from their sector during the period of preparation.

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

Table 1: Programmes, Expected Outcomes and Proposed Expenditures

Programme	EXPECTED OUTCOME	Proposed Expenditure		
		2020	2021	2022
1.1. Health Policy Development and Coordination	Improved health coordination and development	188,800,000	87,450,000	78,200,000
2.1 Disease Control and Prevention	Reduced diseases incidence, prevalence and mortalities	407,728,050	**184,485,118**	184,051,118
2.3 Health Insurance Scheme	Improved health care coverage	1,978,824,000	1,978,824,000	1,978,824,000
3.1 Human Resource for health development	Improved health indices	320,936,520	340,132,600	459,686,000
3.2 Health Infrastructure	Improved quality of health infrastructure	3,971,128,770	3,694,745,890	1,825,230,890
3.3 Monitoring & Evaluation	Improved quality of decision making for health planning, development and implementation	179,066,000	124,460,000	124,460,000
3.4 Logistics Management and Coordination	Improved access to Medicines and consumables	378,583,800	378,363,800	378,363,800
Total Cost		**7,434,391,160**	**6,788,461,425**	**5,028,815,828**

1.4 Outline of the Structure of the Document

Table 1b: 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
		Logistics Management and Coordination Programme	Improved access to Medicines and consumables

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	55.3% MICS 2016

	22% (MICS, 2011)	
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

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

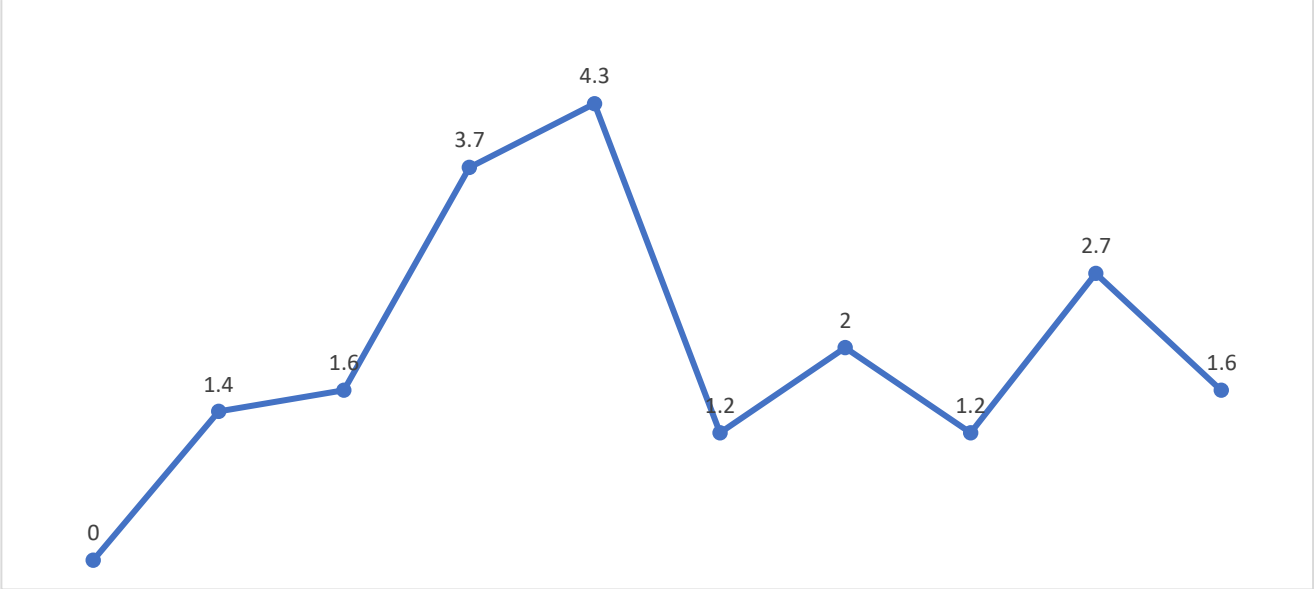
The WHO End TB Strategy, approved by the World Health Assembly in 2014, calls for a 90% reduction in TB deaths and an 80% reduction in the TB incidence rate by 2030 (WHO, 2015)Nigeria and five other countries (India, Indonesia, China, Pakistan and South Africa) account for 60% of the overall 10.4million 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%.

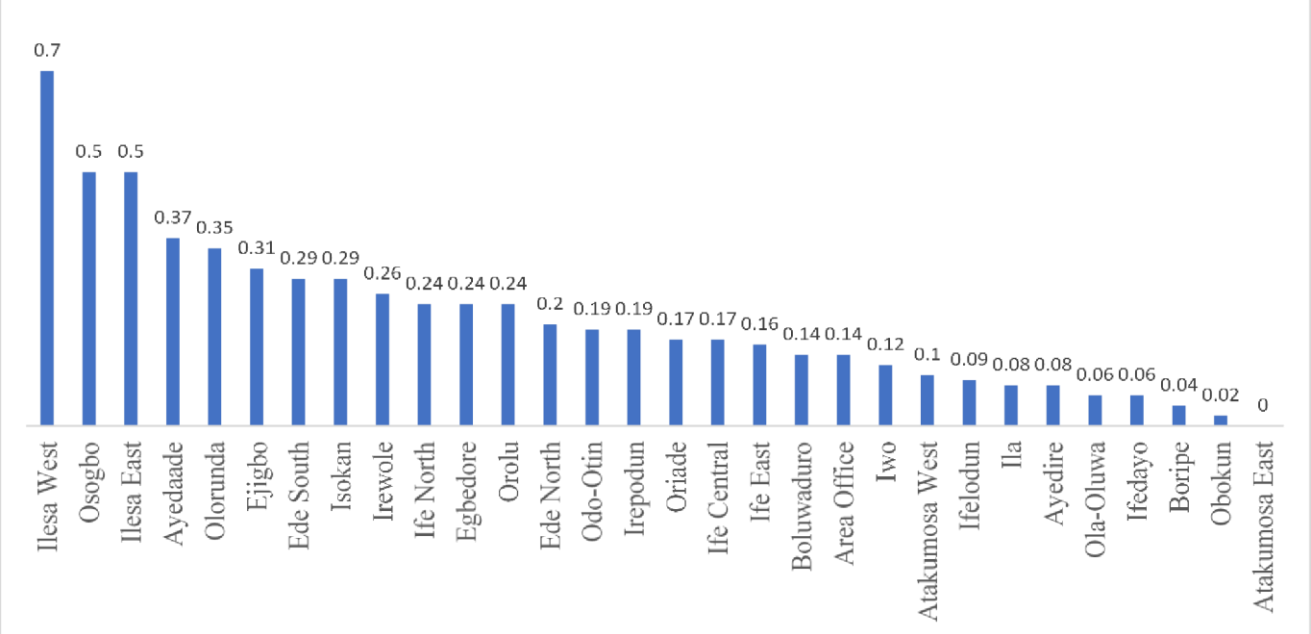
Figure 1: Osun State HIV Prevalence Trend: 1999-2014



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).

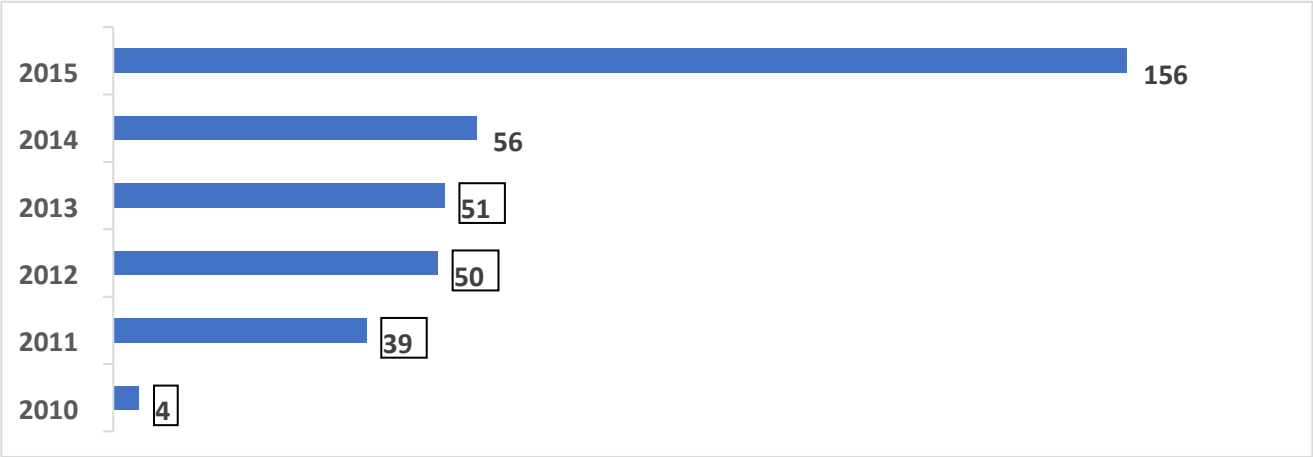
Use of Insecticide Net was high with 41.6% of households sleeping under net the night before interview. Artemisinin Combination Therapy (ACT) treatment was given to only 7.4% children with fever in the previous night. The source of the antimalaria to children with fever was more from private than the 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

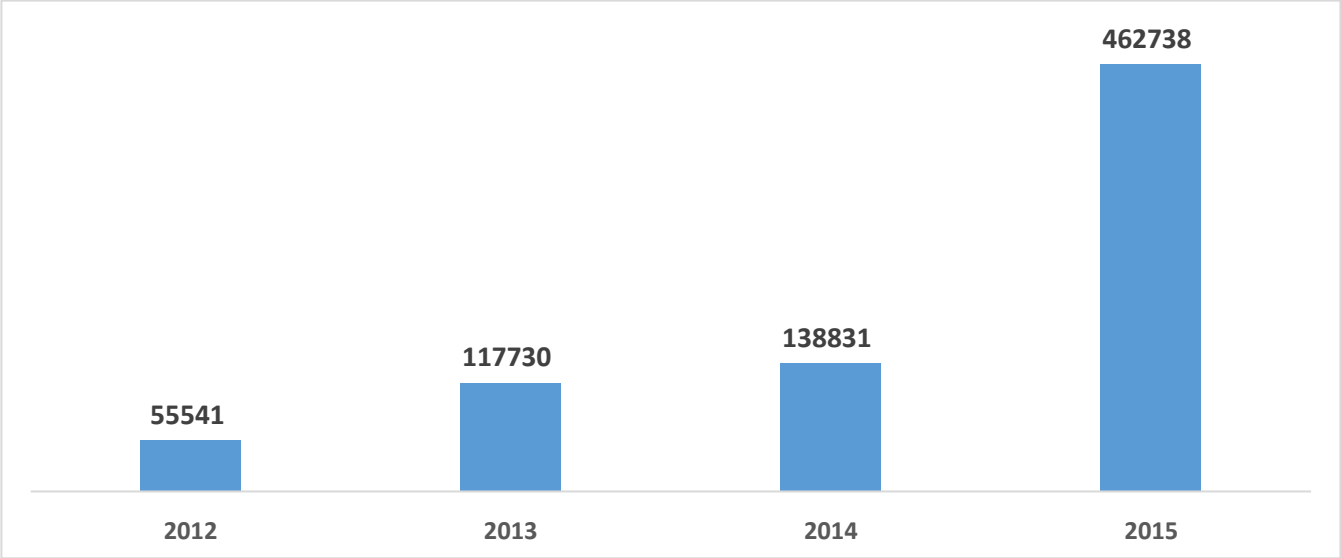
Scale up of HCT services: By December, 2015, HCT service delivery sites had increased to 156 from 4 in 2010 (Figure 4). There is an increase in the number of individuals counseled, tested and received result between 2012 and 2015 and 462, 738 individuals had been counseled, tested and received result 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

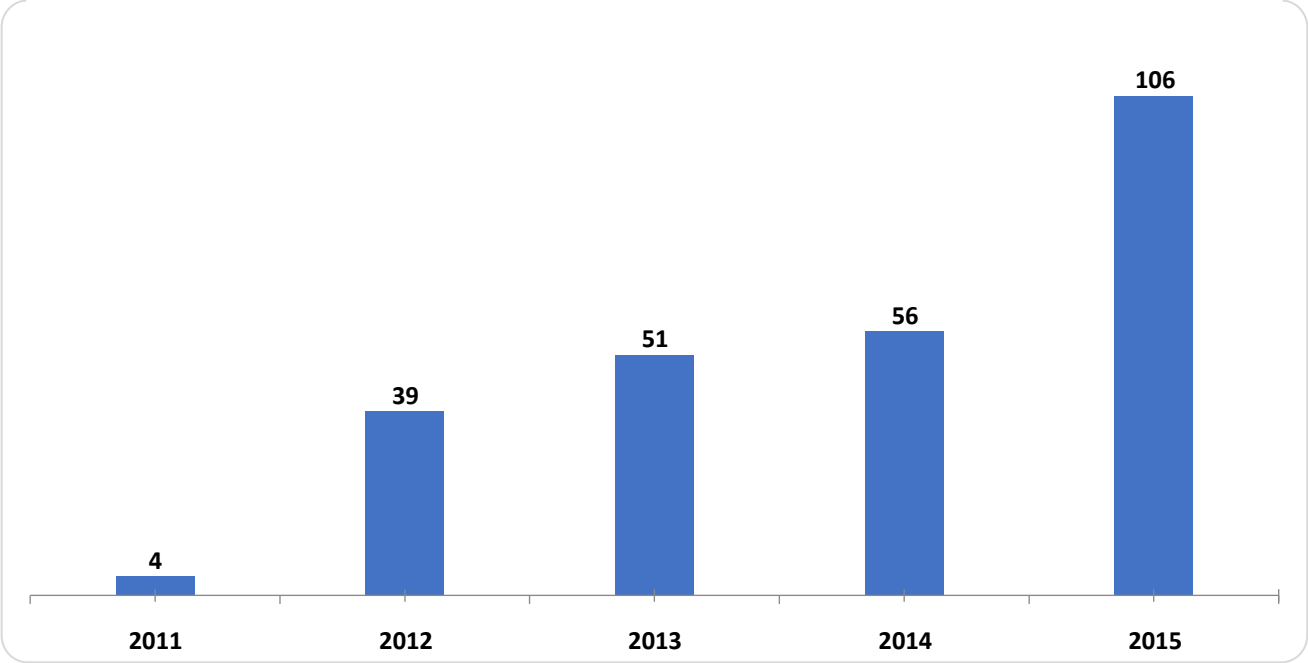
Figure 4: Number of individuals counseled and tested for HIV from HCT Sites (2012-2015)



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.	✓ 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

✓ 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.	✓ 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

The Core Values

Core Value	Interpretation	
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.	

Table 2: Objectives, Programmes and Outcome Deliverables

Sector Objectives	Programme	Outcome Deliverable	KPI	Baseline (e.g. Value of the Outcome in 2017)	Target		
					2020	2021	2022
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	188,800,000	87,450,000	78,200,000
Ensure equitable access of residents to quality health care services	**Disease control and Prevention**	Reduced diseases incidence, prevalence and mortalities	Incidence and prevalence rate of common diseases		76,198,120	65,279,920	65,279,920
			MMR, IMR. U5MR	165/100,000, 78/1000LB, 101/1000.B	340,853,950	119,205,218	118,771,218
	Health insurance	Improved health care coverage	Proportion of population enrolled Proportion of enrollees accessing health care services	NA NA	1,978,824,000	1,978,824,000	1,978,824,000
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	320,936,520	340,132,600	459,686,000
	Health Infrastructure	Improved quality of health infrastructure	Proportion of health facilities with basic minimum Health Infrastructure	NA	3,971,128,770	3,694,745,890	1,825,230,890

	Monitoring and Evaluation	Improved quality of decision making for health planning, development and implementation	Proportion of health facility monitored for adhering to SOPs	NA	179,066,000	124,460,000	124,460,000
	Logistics Management and Coordination Programe	Improved access to Medicines and consumables	Proportion of clients accessing essential medicines and consumables in Health facilities	NA	378,583,800	378,363,800	378,363,800
TOTAL;					**7,434,391,160**	**6,788,461,425**	**5,028,815,828**

Table 2b: Objectives, Project and Outcome Deliverables

S/N	Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Responsible
			2020	2021	2022				2020	2021	2022	
1	Improved Quality of Health Care Services	Supportive Supervisions for Health	44,200	44,340	44,340	Supportive Supervision carried out	Proportion of Health Facilities visited	n/a	50%	70 %	95 %	SMOH/ SPHCDB
2	Improved Availability & Functionality of Health Infrastructure	Procurement of Medical / Laboratory Equipment / Upgrading of Blood Bank	68,725.890	68,725.890	68,725.890	Availability of Medical / Laboratory Equipment / Upgrading of Blood Bank	Proportion of Medical / Laboratory Equipment / Upgrading of Blood Bank	5%	20%	30 %	40 %	HMB/SMOH/SPHCDB
3	Improved Quality of Health Care Services	Capacity Building (Seminars, Workshops & Conferences)	140,250	140,250	140,250	Increased skill and capacity building	Proportion of Staff trained	nil	40%	50 %	60 %	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	106,866	49,320	49,320	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	70%	80 %	90 %	SMOH/ SPHCDB/O'HIS
5	Reduction in incidence and prevalence of vaccine preventable disease	National Immunization Polio Plus Days Activities	12,000	12,000	12,000	Elimination of Polio virus across the state	Proportion of children immunized with OPV	100	100	100	100	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)	7,942	8,707.268	8,707.268	Increased access to ANC, Labour, Puerperium and Post abortal Care, Cancer Screening	% coverage of various services	NA	60	70	85	MOH/ SPHCDB
7	Improved quality of life	Female Genital Mutilation/cutting Reduction Activities	9,350	0	0	Reduction in Female Genital Mutilation/cutting	% of female genital mutilation/cutting recorded	76.3	50	40	30	SPHCDB
8	Reduction in incidence and prevalence of childhood illnesses	Maternal Newborn and Child Health Week	50,000	57,000	57,000	MNCHW conducted	% Coverage of various services &interventions	2 Rounds	2 Rounds	2 Rounds	2 Rounds	SPHCDB
9	Reduction in incidence and prevalence of vaccine preventable disease	Immunization service across all LCDAs	18,447.950	18,447.950	18,447.950	Regular Immunization Services in all health facilities in the state	Proportion of health facilities with regular immunization services	43	70	90	95	SPHCDB

10	Reduction in incidence and prevalence of vaccine preventable disease	Maintenance of existing cold chain	1,000	1,000	1,000	Cold chain regularly maintained	Functionality of CC equipment	NA	NA	NA	NA	SPHCDB
11	Reduction in incidence and prevalence of NTDs	Quarterly Meeting of State Advisory Committee on NTDs	3,900	3,900	3,900	Meetings conducted	Proportion of planned meetings conducted	NA	NA	NA	NA	SPHCDB
12	Reduction in incidence and prevalence of NCDs	Activities for Control of non-communicable diseases (Diabetes, Cancer screening & mental health)	5,640	3,200	3,200	Number of the populace reached with NCDs screening services	Early detection rate of NCDs	NA	NA	NA	NA	SPHCDB
13	Reduction in incidence and prevalence	HIV/AIDS Testing Services	4,510	4,510	4,510	More pregnant women tested	proportion for pregnant women tested for HIV	30%	40%	50%	60%	MoH/SASCP
14	Improved Waste Management	Health care waste management activities	150,000	0	0	More HCWs trained on waste management	Proportion of HCWs trained	34%	55%	60%	60%	MoH/SASCP
15	Improved Quality of Care	Health Research Activities	20,000	22,800	22,800	Research on HIV/AIDS	Reported Research on HIV/AIDS	NA	NA	NA	NA	MOH
16	Improved Quality of Health Care services	National /State Council on Health Meetings	8,700	8,700	8,700	National /State Council on Health Meetings conducted	Number of National /State Council on Health Meetings conducted	National -1 State - 0	National - 1 State - 1	National -1 State - 1	National - 1 State – 1	MOH
17	Improved Quality of Health Care services	Development of State Strategic Health Plan	20,000	20,000	20,000	Availability of SHDP	Proportion of SHDP implemented	10%	30%	35%	40%	MOH
18	Improved Availability & Functionality of Health Infrastructure	Renovation and Upgrading of Buildings	1,560,000	1,695,240	1,695,240	Dilapidated health care facilities renovated.	Proportion of dilapidated Health facilities renovated.	N/A	30%	40%	50%	SMOH/SPHCDB

19	Improved Quality of Data/documentation of patients	Printing of Hospitals Cards/Forms	6,000	6,000	6,000	Availability of Hospital Cards	Proportion of Health Facilities with Hospital Cards/Forms	5%	10%	15 %	20 %	HMB
20	Improved Contraceptive Pravenlent Rate	Family planning Services	2,400	2,400	2,400	More people, especially woman accessing modern contraceptives	Contraceptive prevalence rate	22	28	35	40	MOH/SPHCDB
21	Improved Contraceptive Pravenlent Rate	Last Mile Distribution (LMD) of FP commodities	468,000	468,000	468,000	Increase the contraceptives in all the service delivery points (SDPs)	% of SDPs with contraceptives	15%	30	45	70	SPHCDB
22	Improved health seeking behaviors of the populace	Health Promotion and Education (including Production of BCC materials and community mobilization)	71,669	1,669	71,669	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	40%	60 %	70 %	SPHCDB
23	Reduction in neo-natal/infant mortality rate	Baby Friendly Hospital Initiatives and promotion of EBF	4,480	4,480	4,480	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	64	67	70	SPHCDB
24	Reduction in micronutrient deficiencies	Micronutrient Deficiency Control Activities among pregnant mothers, adolescent girls	10,478	2,000	2,000	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	50	65	80	SPHCDB
25	Reduced incidence and prevalence of NTDs	Distribution of PC-NTD Drugs (Microfilaria diseases)	2,000	2,000	2,000	Reach all eligible populace with PCT-NTDs drugs	% of people reached	65	70	75	80	SPHCDB/MOH

26	Reduction in incidence and prevalence of NCDs	Prevention of Diet related non communicable diseases among adult population (Hypertension, Heart Diseases)	30,924	0	0	Reduction in the incidence of DR-NCDs	% of adult population with DR-NCDs	19	18	17	15	SPHCDB
27	Improved Quality of Health Data	Quarterly State Data Review Meetings	3,800	3,800	3,800	Meetings conducted	Proportion of planned meetings held	100 %	100%	100%	100 %	MOH
28	Improved capacity for HRH	Development & Equiping of Health Institution Libraries	9,240	0	9,610	Libraries equipped	Proportion of libraries equipped	NA	40%	50 %	60 %	MOH
29	Availability and accessibility of quality medicines,vaccines and other health commodities	Procurement of Drugs/Medication / Consumables	382,000	382,000	382,000	Availability of Drugs/Medication / Consumables in Health Facilities	Proportion of Health Facilities with Drugs/Medication / Consumables	40%	60%	80 %	90 %	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	5,600	9,250	0	Accredited /Re-accredited Hospitals/Internship Programs/Health Institutions & Programs / Health Care Providers	Proportion of Internship Programs Accredited	50%	70%	90 %	100 %	HMB/SMOH
31	Improved Availability & Functionality of Health Infrastructure	Procurement/Refurbishment of Motor Vehicles	192,000	30,780	30,780	Vehicles Refurbished/ Procured	Proportion of Vehicles available for MDAs/Health Facilities use	nil	45%	50 %	55 %	HMB/SMOH/ O'HIS/SPHCDB
32	Improved Awareness and demand creation	Advocacy Activities for Health & Nutrition	65,000	35,000	35,000	Advocacy activities conducted	No of advocacy visits conducted	Nil	10%	20 %	25 %	MOH / O'HIS
33	Reduced prevalence of health complication	Medical Mission Activities/ refund of Medical expenses	60,079.920	60,079.920	60,079.920	Medical missions conducted/refunds made	Proportion of planned Medical missions conducted/ Proportion of medical expenses of patients refunded	NA	50%	60 %	70 %	MOH
34	Enhanced operational effectiveness	Procurement of Office Equipment and Furniture	20,875	20,875	20,875	Availability of Office Equipment	Proportion of Agencies/MDAs with equipped offices	30%	40%	50 %	55 %	MOH / O'HIS/ SPHCD

												B
35	Reduction in child and maternal malnutrition	Establishment of community based health and nutrition intervention centres linked to SDGs/MCH facilities	34,270	0	0	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	NA	NA	NA	SPHCDB
36	Reduction of malaria incidence	Routine distribution of Net	109,120	108,900	108,900	Increase net ownership	Proportion of Households with at least one LLINs	47%	60%	80%	100%	MOH
37	Improved awareness of malaria control activities	Celebration of World Malaria Day Activities	7,900	8,740	8,306	Increased awareness	Proportion of the population aware	NA	50%	60%	70%	MOH
38	Improved awareness of TB control activities	Annual World TB Day celebration	1,170	1,170	1,170	Increased awareness	Proportion of the population aware	NA	30%	40%	60%	MOH
39	Improved Availability & Functionality of Health Infrastructure	Construction of New Buildings	2,118,287.880	1,900,000	0	New Buildings Constructed	Proportion of MDAs with New Buildings constructed	nil	30%	60%	90%	MOH / O'HIS/SPHCDB
40	Improved adolescent sexual health	Establishment of youth friendly centers (Adolescent sexual reproductive health)	3,750	1,750	1,750	Youths, especially adolescent girls have access to RH services	% of centres offering youth friendly services	5	20	30	40	MOH/SPHCDB
41	Reduction in child malnutrition	Establishment of blended complementary food centre	5,000	0	0	Blended Complementary foods plant established and functional	Availability of blended foods from the plant					SPHCDB
42	Improved quality of health Data	Consultancy Services-Software Application and Deployment for Health	300	300	300	Improved Data collection	Percentage increase in Enrolment	NIL	15%	20%	30%	O'HIS
43	Improved Quality of HRH	Internship for Graduate Nurses	109,017.520	198,213.600	247,767	Increase human resource for health	Proportion of graduate nurses completing internship	NA	20%	30%	60%	SMOH/ HMB
45	Improved quality of health service delivery	Review of State Strategic Health Development Plan	14,500	14,500	14,500	SHDP reviewed	No of inputs in the reviewed SHDP					

46	Reduction in Out of pocket expenditures	Payment of premium for priority population	1,978,824	1,978,824	1,978,824	Premium paid for priority population	No of Priority population premium paid					
	Total		**7,951,927.160**	**7,349,601.948**	**5,618,352.028**							

Chapter Three: The Development of Sector Strategy

3.1 Outline of Major Strategic Challenges

1. Lack of state health policy to provide the state direction
2. Dearth of skills and quantity as well as distribution of human resource for health (HRH)
3. Poor health infrastructure
4. Lack of sex disaggregated data and danger statistics for evidence-based planning
5. Inadequate health care consumables e.g drugs, vaccines and others
6. High out-of-pocket spending on health and too high per capita cost of health care
7. Poor health seeking behavior by the populace
8. Inadequate in the distribution of health care resources and access to service, especially between urban and rural areas
9. Poor motivation of human resources for health
10. Inadequate monitoring and evaluation mechanism

3.2 Resource Constraints

Table 3: Summary of 2018 Budget Data

Item	Approved Budget (N'000) in 2018	Amount Released (N'000) in 2018	Actual Expenditure (N'000) in 2018	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	6,740,683,950.00	5,456,202,870.65	5,456,202,870.65	81%	100%
Overhead	313,575,060.00	59,178,021.05	59,178,021.05	19%	100%
Capital	1,310,299,393.00	7,510,000.00	7,510,000.00	1%	100%
Total	**8,364,558,403.00**	**5,522,890,891.07**	**5,522,890,891.07**	-	-

Table 3b: Summary of 2019 Budget Data

Item	Approved Budget (N'000) in 2019	Amount Released (N'000) in 2019 (Up to March)	Actual Expenditure (N'000) in 2019	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	8,188,465,550.00	2,165,369,713.64	2,165,369,713.64	26%	100%
Overhead	412,712.040.00	13,768,640.00	13,768,640.00	3%	100%
Capital	7,040,061,850.00	-	-	0%	-
Total	**15,641,239,440.00**	**2,179,138,353.64**	**2,179,138,353.64**	-	-

3.3 Projects Prioritisation

Project Name	Criterion 1	Criterion 2	Criterion 3	Criterion 4	Criterion 5	Total Score	Ranking (Sorted in Descending Order
Supportive supervisions for Health	0	0	2	3	1	15	1
rennovation and upgrading of buildings	1	1	2	3	0	14	2
Payment of Premium for Priority Population	0	0	0	3	1	13	3
Monitoring and Evaluation Activities/Health Management Information System (HMIS) Activities	2	0	0	3	2	13	3
Maternal Newborn and Child Health Week	1	0	0	3	0	13	3
Immunization Service across all LCDAs	1	0	0	3	0	13	3
Procurement of medical and laboratory equipment/upgrading of blood bank	1	0	2	3	0	13	3
Maintenance of existing cold chain	0	0	0	3	0	12	8
Health Reasearch Activities	2	1	2	3	0	12	8
Establishment of blended complimentary food centres	0	0	0	3	0	11	10
Establishment Of Community based health and nutrition intervention Centres linked to SDGs/MCH facilities	0	0	0	3	0	11	10
Establishment Of Youth friendly centres(Adolesentsexual reproductive health)	0	0	0	3	2	11	10

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	11	10
Review of State Strategic Health Development Plan	0	0	0	3	2	11	10
National/State Council on Health meetings	0	0	0	3	2	11	10
Activities for Contorl of non communicable dieases(Diabeties, Cancer screening & mental health)	1	0	0	3	0	10	16
Advocacy Activities for Health and Nutrition	1	0	0	3	0	10	16
Consultancy services software application and develpoment for Health	1	0	3	1	0	10	16
Routiine Distribution of net	1	0	0	3	0	10	16
Micronutrient deficiency Control Activities among pregnant mothers, adolescent girls	1	0	0	3	0	10	16
Prevention of Diet related non-communicable diseases among adults population(Hypertension, Heart Diseases)	1	0	0	3	0	10	16
Procurement of Drugs/Medication/Consumables	1	0	0	3	0	10	16
Health care waste management activities	0	0	0	3	1	10	16
Health promotion and Education(including production of BCC materials and communities mobilization)	0	0	0	3	1	10	16
HIV/AIDS Testing Services	1	0	0	3	0	10	16

Baby friendly Hospital initiative and promotion of EBF	1	0	0	3	0	10	16
Distribution of PC-NTD Drugs (Microfilaria Diseases)	1	0	0	3	0	10	16
Accreditation / Reaccreditation of Hospitals/Internship programs/Health Institutions and programs/Health Care providers	0	0	0	3	0	9	28
Capacity building (Seminals, Workshops and Conferences)	1	0	0	1	0	9	28
Family Planning Services	0	0	0	3	0	9	28
Female Genital Mutilation/ Cutting Reduction Acctivies	0	0	0	3	0	9	28
Last Mile Distribution(LMD) of FP commodities	0	0	0	3	0	9	28
Quarterly State Data Review Meeting	0	0	0	3	0	9	28
Annual World TB Day celebration	0	0	0	2	0	8	34
Celebration of World Malaria DayAactivities	0	0	0	2	0	8	34
Development and Equiping of Health Institution Libraries	0	0	0	2	0	8	34
Printing of Hospital Cards/Forms	0	0	0	1	0	8	34
Refund of Medical Expenses	0	0	0	3	0	7	38
Consruction of new buildings	1	0	0	2	0	7	38
Intership for Graduate Nurses	0	0	0	3	0	7	38
Procurement/Refurbishment of Motor Vehicles	0	0	0	1	1	7	38
Quarterly Meeting of State Advisory Committee on NTDs	0	0	0	2	0	6	42
Procurement of Office Equipment and Funitures	0	0	0	1	0	5	43
intervention Centres linked to SDGs/MCH facilities						0	44

3.4 Personnel and Overhead Costs: Existing and Projections

Table 3C: Personnel and Overhead Costs: Existing and Projected

Expenditure Head	2019 (N'000)		Projections (N'000)		
	Approved	Actual	2020	2021	2022
Personnel Cost	8,188,465,550	2,165,369,713.64	8,188,465,550	8,188,465,550	8,188,465,550
Overhead Cost	412,712,040	13,768,640	412,712,040	412,712,040	412,712,040
Total Cost (N)	**8,601,177,590.00**	**2,179,138,353.64**	**8,601,177,590.00**	**8,601,177,590.00**	**8,601,177,590.00**

3.5 Contributions from our Partners

Table 3d: Grants and Donor Funding

Source / Description of Grant	Amount Expected (N'000)			Counterpart Funding Requirements (N'000)		
	2020	2021	2022	2020	2021	2022
SOMLPforR	-	-	-	-	-	-

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:

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

3.7 Outline of Key Strategies

- Table 3e: 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
			2020	2021	2022				2020	2021	2022	
1	Improved Quality of Health Care Services	Supportive Supervisions for Health	44,200	44,340	44,340	Supportive Supervision carried out	Proportion of Health Facilities visited	n/a	50%	70 %	95 %	SMOH/ SPHCDB
2	Improved Availability & Functionality of Health Infrastructure	Procurement of Medical / Laboratory Equipment / Upgrading of Blood Bank	68,725.890	68,725.890	68,725.890	Availability of Medical / Laboratory Equipment / Upgrading of Blood Bank	Proportion of Medical / Laboratory Equipment / Upgrading of Blood Bank	5%	20%	30 %	40 %	HMB/SMOH/SPHCDB
3	Improved Quality of Health Care Services	Capacity Building (Seminars, Workshops & Conferences)	140,250	140,250	140,250	Increased skill and capacity building	Proportion of Staff trained	nil	40%	50 %	60 %	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	106,866	49,320	49,320	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	70%	80 %	90 %	SMOH/ SPHCDB/O'HIS
5	Reduction in incidence and prevalence of vaccine preventable	National Immunization Polio Plus Days Activities	12,000	12,000	12,000	Elimination of Polio virus across the state	Proportion of children immunized with OPV	100	100	100	100	SPHCDB

	disease											
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)	7,942	8,707.268	8,707.268	Increased access to ANC, Labour, Puerperium and Post abortal Care, Cancer Screening	% coverage of various services	NA	60	70	85	MOH/ SPHCDB
7	Improved quality of life	Female Genital Mutilation/cutting Reduction Activities	9,350	0	0	Reduction in Female Genital Mutilation/cutting	% of female genital mutilation/cutting recorded	76.3	50	40	30	SPHCDB
8	Reduction in incidence and prevalence of childhood illnesses	Maternal Newborn and Child Health Week	50,000	57,000	57,000	MNCHW conducted	% Coverage of various services &interventions	2 Rounds	2 Rounds	2 Rounds	2 Rounds	SPHCDB
9	Reduction in incidence and prevalence of vaccine preventable disease	Immunization service across all LCDAs	18,447.950	18,447.950	18,447.950	Regular Immunization Services in all health facilities in the state	Proportion of health facilities with regular immunization services	43	70	90	95	SPHCDB
10	Reduction in incidence and prevalence of vaccine preventable disease	Maintenance of existing cold chain	1,000	1,000	1,000	Cold chain regularly maintained	Functionality of CC equipment	NA	NA	NA	NA	SPHCDB
11	Reduction in incidence and prevalence of NTDs	Quarterly Meeting of State Advisory Committee on NTDs	3,900	3,900	3,900	Meetings conducted	Proportion of planned meetings conducted	NA	NA	NA	NA	SPHCDB

12	Reduction in incidence and prevalence of NCDs	Activities for Control of non-communicable diseases (Diabetes, Cancer screening & mental health)	5,640	3,200	3,200	Number of the populace reached with NCDs screening services	Early detection rate of NCDs	NA	NA	NA	NA	SPHCDB
13	Reduction in incidence and prevalence	HIV/AIDS Testing Services	4,510	4,510	4,510	More pregnant women tested	proportion for pregnant women tested for HIV	30%	40%	50 %	60 %	MoH/SASCP
14	Improved Waste Management	Health care waste management activities	150,000	0	0	More HCWs trained on waste management	Proportion of HCWs trained	34%	55%	60 %	60 %	MoH/SASCP
15	Improved Quality of Care	Health Research Activities	20,000	22,800	22,800	Research on HIV/AIDS	Reported Research on HIV/AIDS	NA	NA	NA	NA	MOH
16	Improved Quality of Health Care services	National /State Council on Health Meetings	8,700	8,700	8,700	National /State Council on Health Meetings conducted	Number of National /State Council on Health Meetings conducted	National -1 State - 0	National - 1 State - 1	National -1 State - 1	National - 1 State – 1	MOH
17	Improved Quality of Health Care services	Development of State Strategic Health Plan	20,000	20,000	20,000	Availability of SHDP	Proportion of SHDP implemented	10%	30%	35 %	40 %	MOH
18	Improved Availability & Functionality of Health Infrastructure	Renovation and Upgrading of Buildings	1,560,000	1,695,240	1,695,240	Dilapidated health care facilities renovated.	Proportion of dilapidated Health facilities renovated.	N/A	30%	40 %	50 %	SMOH/SPHCDB
19	Improved Quality of Data/documentation of patients	Printing of Hospitals Cards/Forms	6,000	6,000	6,000	Availability of Hospital Cards	Proportion of Health Facilities with Hospital Cards/Forms	5%	10%	15 %	20 %	HMB
20	Improved Contraceptive Pravenlent Rate	Family planning Services	2,400	2,400	2,400	More people, especially woman accessing modern contraceptives	Contraceptive prevalence rate	22	28	35	40	MOH/SPHCDB
21	Improved Contraceptive Pravenlent Rate	Last Mile Distribution (LMD) of FP commodities	468,000	468,000	468,000	Increase the contraceptives in all the service delivery points (SDPs)	% of SDPs with contraceptives	15%	30	45	70	SPHCDB

22	Improved health seeking behaviors of the populace	Health Promotion and Education (including Production of BCC materials and community mobilization)	71,669	1,669	71,669	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	40%	60 %	70 %	SPHCDB
23	Reduction in neo-natal/infant mortality rate	Baby Friendly Hospital Initiatives and promotion of EBF	4,480	4,480	4,480	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	64	67	70	SPHCDB
24	Reduction in micronutrient deficiencies	Micronutrient Deficiency Control Activities among pregnant mothers, adolescent girls	10,478	2,000	2,000	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	50	65	80	SPHCDB
25	Reduced incidence and prevalence of NTDs	Distribution of PC-NTD Drugs (Microfilaria diseases)	2,000	2,000	2,000	Reach all eligible populace with PCT-NTDs drugs	% of people reached	65	70	75	80	SPHCDB/MOH
26	Reduction in incidence and prevalence of NCDs	Prevention of Diet related non communicable diseases among adult population (Hypertension, Heart Diseases)	30,924	0	0	Reduction in the incidence of DR-NCDs	% of adult population with DR-NCDs	19	18	17	15	SPHCDB
27	Improved Quality of Health Data	Quarterly State Data Review Meetings	3,800	3,800	3,800	Meetings conducted	Proportion of planned meetings held	100 %	100%	100%	100 %	MOH
28	Improved capacity for HRH	Development & Equiping of Health Institution Libraries	9,240	0	9,610	Libraries equipped	Proportion of libraries equipped	NA	40%	50 %	60 %	MOH

29	Availability and accessibility of quality medicines,vaccines and other health commodities	Procurement of Drugs/Medication / Consumables	382,000	382,000	382,000	Availability of Drugs/Medication / Consumables in Health Facilities	Proportion of Health Facilities with Drugs/Medication / Consumables	40%	60%	80 %	90 %	SMOH/ SPHCD B
30	Increased quality and quantity of Human Resource for Health	Accreditation/Re-accreditation of Hospitals/Internship Programs/Health Institutions & Programs / Health Care Providers	5,600	9,250	0	Accredited /Re-accredited Hospitals/Internship Programs/Health Institutions & Programs / Health Care Providers	Proportion of Internship Programs Accredited	50%	70%	90 %	10 0 %	HMB/S MOH
31	Improved Availability & Functionality of Health Infrastructure	Procurement/Refurbishment of Motor Vehicles	192,000	30,780	30,780	Vehicles Refurbished/ Procured	Proportion of Vehicles available for MDAs/Health Facilities use	nil	45%	50 %	55 %	HMB/S MOH/ O'HIS/S PHCDB
32	Improved Awareness and demand creation	Advocacy Activities for Health & Nutrition	65,000	35,000	35,000	Advocacy activities conducted	No of advocacy visits conducted	Nil	10%	20 %	25 %	MOH / O'HIS
33	Reduced prevalence of health complication	Medical Mission Activities/ refund of Medical expenses	60,079.920	60,079.920	60,079.920	Medical missions conducted/refunds made	Proportion of planned Medical missions conducted/ Proportion of medical expenses of patients refunded	NA	50%	60 %	70 %	MOH
34	Enhanced operational effectiveness	Procurement of Office Equipment and Furniture	20,875	20,875	20,875	Availability of Office Equipment	Proportion of Agencies/MDAs with equipped offices	30%	40%	50 %	55 %	MOH / O'HIS/ SPHCD B
35	Reduction in child and maternal malnutrition	Establishment of community based health and nutrition intervention centres linked to SDGs/MCH facilities	34,270	0	0	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	NA	NA	N A	SPHCD B
36	Reduction of malaria incidence	Routine distribution of Net	109,120	108,900	108,900	Increase net ownership	Proportion of Households with at least one LLINs	47%	60%	80 %	10 0 %	MOH
37	Improved awareness of malaria control	Celebration of World Malaria Day Activities	7,900	8,740	8,306	Increased awareness	Proportion of the population aware	NA	50%	60 %	70 %	MOH

	activities											
38	Improved awareness of TB control activities	Annual World TB Day celebration	1,170	1,170	1,170	Increased awareness	Proportion of the population aware	NA	30%	40 %	60 %	MOH
39	Improved Availability & Functionality of Health Infrastructure	Construction of New Buildings	2,118,287.880	1,900,000	0	New Buildings Constructed	Proportion of MDAs with New Buildings constructed	nil	30%	60 %	90 %	MOH / O'HIS/SPHCDB
40	Improved adolescent sexual health	Establishment of youth friendly centers (Adolescent sexual reproductive health)	3,750	1,750	1,750	Youths, especially adolescent girls have access to RH services	% of centres offering youth friendly services	5	20	30	40	MOH/SPHCDB
41	Reduction in child malnutrition	Establishment of blended complementary food centre	5,000	0	0	Blended Complementary foods plant established and functional	Availability of blended foods from the plant					SPHCDB
42	Improved quality of health Data	Consultancy Services-Software Application and Deployment for Health	300	300	300	Improved Data collection	Percentage increase in Enrolment	NIL	15%	20 %	30 %	O'HIS
43	Improved Quality of HRH	Internship for Graduate Nurses	109,017.520	198,213.600	247,767	Increase human resource for health	Proportion of graduate nurses completing internship	NA	20%	30 %	60 %	SMOH/ HMB
45	Improved quality of health service delivery	Review of State Strategic Health Development Plan	14,500	14,500	14,500	SHDP reviewed	No of inputs in the reviewed SHDP					
46	Reduction in Out of pocket expenditures	Payment of premium for priority population	1,978,824	1,978,824	1,978,824	Premium paid for priority population	No of Priority population premium paid					
	Total		**7,951,927.160**	**7,349,601.948**	**5,618,352.028**							

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