



ONDO STATE HEALTH SECTOR

2020-2022

Medium Term Sector Strategy (MTSS)

August, 2019

Foreword

The Medium Term Sector Strategy of the Health Sector was developed by the MTSS Steering Committee and the Sector Planning Team (SPT); comprising, the Honourable Commissioner, the Permanent Secretary, Directors from the Ministry, Departments and Agencies, all key officers from the main Ministry and the Departments and Agencies; with the assistance of the Ministry of Economic Planning and Budget (MEPB) which acted as the coordinating Ministry over the MTSS process.

The Medium Term Sector Strategy (MTSS) represents a vital link in the process of translating the long and medium-term health reform strategies of the Ondo State Government from 2020 to 2022 into the spending reality of the annual budget. The MTSS of the Health Sector as presented in this document sets out the fully costed initiatives and expenditure plans through which the Sector seeks to contribute to the delivery of qualitative and accessible health care service delivery of government for the years 2020 to 2022.

I wish to commend all the stakeholders within the Health sector who contributed to the development of the MTSS Document which will serve as an important instrument for guiding policy direction and delivering value for money, in addition to contributing to improved health care service delivery and expected health outcomes in Ondo State and Nigeria as a whole.

Dr Wahab Adegbenro
Hon. Commissioner for Health

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- Honourable Commissioner for Health,
- Permanent Secretary of the Ministry of Health,
- Permanent Secretary of Hospitals Management Board
- Executive Secretary of Ondo State Primary Health Care Development Agency (OSPHCDA),
- Directors and Staff of all MDAs in the Health Sector,
- Chief Medical Director, UNIMED Teaching Hospital, Ondo
- The Principals of the Schools of Nursing, Midwifery and Health Technology,
- The State House of Assembly for enacting relevant laws and approval of the State's annual budget; Central planning MDAs –SMEPB and SMOF – for providing guidance on the MTSS and resource envelopes available to each sector;
- Sector line ministries and other MDAs for developing the suite of programmes/activities to be implemented by the sector through the MTSS period and for drafting the MTSS document
- Civil Society and the general public for providing feedback on the current levels of service provision this establishes the gaps in service provision and informs the formulation of new strategies and
- The Health Sector MTSS Planning Team.

Table of Acronyms

| Acronym | Definition |
|--------------|---|
| MTSS | Medium Term Sector Strategy |
| BCC | Budget Call Circular |
| MEPB | Ministry of Economic Planning and Budget |
| ACT | Artemisinin-based Combination Therapy |
| AFENET-NSTOP | African Field Epidemiology Network – National Stop Polio Transmission Programme |
| AIDS | Acquired Immune Deficiency Syndrome |
| ARV | Anti-Retroviral |
| CCFN | Catholic Cariters Foundation of Nigeria |
| CEMDOS | Confidential Enquiry into Maternal Deaths in Ondo State |
| CSO | Civil Society Organizations |
| DHIS | District Health Information System |
| DLI | Disbursement Linked Indicator |
| DST | Dental Surgery Technician |
| EHAI | Equitable Health Access Initiative |
| EMS | Emergency Medical Services |
| FAST | First Aid Support Team |
| GH | General Hospital |
| HDC | Health Development Committee |
| HDCC | Health Data Consultative Committee |
| HIV | Human Immuno-deficiency Virus |
| HMB | Hospitals' Management Board |
| HMIS | Health Management Information Systems |
| HR | Human Resource |
| HRH | Human Resources for Health |
| ICT | Information and Communication Technology |
| IEC | Information and Education Communication |
| IGR | Internally Generated Revenue |
| IHVN | Institute of Human Virology of Nigeria |
| KCC | Kidney Care Centre |
| LACA | Local Action Committee on AIDS |
| LGA | Local Government Area |
| LLIN | Long Lasting Insecticidal Nets |
| LM | Line Ministries |
| LMCU | Logistics Management and Coordinating Unit |
| MCH | Mother and Child Hospital |
| MDA | Ministry Department and Agency |

| | |
|---------|---|
| MDCN | Medical and Dental Council of Nigeria |
| MEC | Millennium Eye Centre |
| MEPB | Ministry of Economic Planning and Budget |
| MICS | Multiple Indicators Cluster Survey |
| MPDSR | Maternal and Perinatal Deaths Surveillance and Response |
| MTSS | Medium Term Sector Strategy |
| MoH | Ministry of Health |
| NMCN | Nursing and Midwifery Council of Nigeria |
| NDHS | Nigeria Demographic and Health Survey |
| NHIS | National Health Insurance Scheme |
| NHMIS | National Health Management Information Systems |
| NISONMG | Nigeria Schools of Nursing and Midwifery Games |
| NPHCDA | National Primary Health Care Development Agency |
| ODEMSA | Ondo State Emergency Medical Services Agency |
| ODSACA | Ondo State Agency for the Control of AIDS |
| ORIREWA | Ondo Routine Immunization Reaching Every Ward Always |
| OSPHCDB | Ondo State Primary Health Care Development Board |
| PCR | Polymerase Chain Reaction |
| PPE | Personal Protective Equipment |
| PHC | Primary Health Care |
| PMR | Performance Management Review |
| PMTCT | Prevention of Mother to Child Transmission |
| RH | Reproductive Health |
| SACA | State Agency for the Control of AIDS |
| SHT | School of Health Technology |
| SMoH | State Ministry of Health |
| SoM | School of Midwifery |
| SoN | School of Nursing |
| SP | Sulfadoxine-Pyrimethamine |
| SPT | Sector Planning Team |
| SSH | State Specialist Hospital |
| SSHDP | State Strategic Health Development Plan |
| SURE-P | Subsidy Reinvestment Programme |
| TBAs | Traditional Birth Attendants |
| TBL | Tuberculosis and Leprosy |

Executive Summary

The MTSS document for the health sector is inspired by the need to guarantee affordable, accessible and qualitative healthcare for all residents of Ondo State. This drive necessitated a broad-based participation of stakeholders within the sector over a meaningful period of time for a robust and implementable document of this nature to be produced.

The Year 2018 Budget analysis showed that out of N15,971,905,256.58 allocated to the health sector, N9,115,935,674.34 was expended, meaning a performance of 57.07%. Additionally, in the Year 2019 Ondo State has a total budget of N193,902,899,000.00 out of which N16,727,911,054.79 representing 8.63% was allocated to Health sector. Within the period of January – March of the current year, there has been a budget release of N2,816,621,752.69 which gives a budget performance of 16.84% so far. This is bound to increase as the year progresses. Further review of the budget revealed that MDAs would have performed better, but for the low revenue inflow the state is experiencing.

In all, 6 programmes with 57 projects are earmarked for implementation within the period under consideration. Some of the major highlights of the sector strategy is to improve healthcare coverage, explore new areas of healthcare financing apart from government expenditure in order to enhance better citizen participation and sustainability, stimulate the expansion of the disease scope to properly focus on non-communicable diseases especially cancer, and fortify the apex referral center in the state.

The preparation of the Health Sector 2020-2022 MTSS will set the pace for the 2020 budget and the subsequent ones. The total cost of the programmes for years 2020, 2021 and 2022 are N7,360,714,747.00, N4,325,256,518.00 and N5,164,036,214.00 respectively. Also, knowing the critical place of Monitoring & Evaluation for effective realization of sector outcomes, appropriate frameworks are contained in this document for monitoring the implementation trajectory of the strategic plan of the health sector from 2020 to 2022.

Conclusively, the palpable political commitment of the present administration to the health sector is a major impetus anticipated going forward. The quality of Human Resource that form the critical mass of the health sector's policymakers cannot be shoved aside in the implementation of the sector's strategic plan. In addition, the collective drive of all segments of the sector, which is spearheaded by the State Ministry of Health, is undoubtedly another critical success factor for implementation of the MTSS.

1.1 Objectives of the MTSS Document

The MTSS for the Health sector is an offshoot of the broader State Development Plan (SDP), with a core component of the latter being in line with the Sustainable Development Goals (SDG). The common strategic considerations of all three are to ensure a qualitative healthcare delivery system in Ondo state that is well coordinated, cost-effective and accessible to all, thus ensuring Universal Health Coverage in a sustainable manner. In addition, this MTSS document generates a lot of its input from the state Strategic Health Development Plan (2018-2022) and also incorporates the unachieved targets of the previous MTSS document. Also for the sake of resource allocation, this document is integrated with the State's budgetary framework.

1.2 Summary of the Process used for the MTSS Development

The process of development of the MTSS document was driven by a cross-section of sector stakeholders from all MDAs. Plenary meetings and strategy sessions were held whereby the MTSS template was extensively discussed. Furthermore, tasks were appropriately shared and assigned to relevant desks while appropriate timelines were noted. The Heads of all MDAs, Directors, Deputy Directors, Programme Officers (where applicable) and other pertinent staff of all MDAs within the health sector contributed significantly to the preparation of this document by making available all necessary documents. Where necessary and in order to have a robust and workable document, the experience and opinions of major development partners within the State health sector were considered.

More importantly, all documents, including high-level policy papers that were provided by various MDAs were dispassionately reviewed in line with the sector goals and objectives. Also, the process of developing the MTSS document engendered collaboration and interaction with other sectors such as officials of the State Ministry of Economic Planning & Budget, Ministry of Finance and many more.

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 | Improved health indices | | | |
| 1.2 Health Care Financing | Improved access to health care service | | | |
| 1.3 Maternal and Child Health | Reduced Maternal and child mortality | | | |

| | | | | |
|--|--|------------------|------------------|------------------|
| 1.4 Community participation and engagement program | Strengthened community participation in health development | | | |
| 2.1 Health System Management | Effective health system management | | | |
| | Improved data quality | | | |
| | Improved logistic management | | | |
| 2.2 Disease prevention and control | Reduced incidence of communicable and non-communicable disease | | | |
| Total Cost | | 7,360,714,747.00 | 4,325,256,518.00 | 5,164,036,214.00 |
| Indicative Budget Ceiling | | 7,360,714,747.00 | 4,325,256,518.00 | 5,164,036,214.00 |
| Indicative Budget Ceiling – Total Cost | | 0.00 | 0.00 | 0.00 |

1.4 Outline of the Structure of the Document

This MTSS report is in five chapters as follows:

Chapter One is *Introduction*. 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 is *The Sector and Policy in the State*. This chapter begins by providing useful insight into the socioeconomic profile of Ondo State. Thereafter, peculiar features of the State's health sector, especially the institutional framework, policy thrust, crucial programmes as well as the Mission & vision, are clearly highlighted.

Chapter Three is *The Development of Sector Strategy* and it discusses the projects, several challenges encountered in actualizing these projects in previous MTSS document, details of personnel & overhead costs and the major implementation strategies of the sector.

Chapter Four is *Three year expenditure projection*, which is a forecast of the proposed spending for capital and recurrent projects in the health sector over the MTSS period herein.

Chapter Five is Monitoring and Evaluation and this chapter outlines the planned framework for appraising performance indicators in the health sector over the period in view.

2.1 A Brief Introduction to the State

Ondo State with a land area of 14,606 km² represents about 1.66 percent of the total surface area of Nigeria and was created on 3rd of February, 1976 from the former Western Region. The state is located in the South Western part of Nigeria. Ondo State has a population of 5,053,260 (projected to 2019 from NPC 2006), of which 2,476,097 (49%) are females and 2,577,162 (51%) males. The State has its capital situated in Akure and is made up of eighteen (18) Local Government Areas.

There are 948 registered health facilities; Primary (595), Secondary (21), Tertiary (2, including the Federal Medical Centre, Owo) and Private (329). The health facilities are distributed across the entire state with each local government area having a General Hospital. The specialist hospitals are distributed across the 3 senatorial zones. These institutions offer technical and/or specialized services while some are responsible for the training of health care providers.

With the advent of the Contributory Health Insurance Scheme, the State hopes to witness a remarkable increase in the demand of qualitative health care services by the entire populace of Ondo state because of the increased accessibility to health care that the insurance scheme will ensure. Also the plan to establish Mother and Child Hospital in each senatorial district that will provide maternal and child health services at little or no cost is intended to improve the health seeking behavior of the citizens of the State and hence increase the demand for maternal and child health services.

2.2 Overview of the Sector's Institutional Structure

The Ministry of Health is the Supervising Ministry for the Health sector of Ondo State and is headed by the Honorable Commissioner for Health. Apart from its oversight functions, it also provides policy directions for the overall health system development in the state. The services of the Sector are provided by a broad spectrum of health care institutions, both public and private. Both the private and public sectors provide orthodox health care services. The Hospitals Management Board (HMB) is statutorily the regulator of secondary health facilities in the state and is responsible for the management of all health workers of the secondary health facilities, which include all General Hospitals, Specialist Hospitals and Mother & Child Hospital. The Ondo State Primary Health Care Development Agency is responsible for management of all health workers in the primary health care domain of the health system and implements primary healthcare programs & interventions.

The Ondo State Emergency Medical Services Agency provides prompt response and rescue of accident victims across the boundaries of the State to the nearest health facility where help and hope can be secured for the victims. Ondo State Agency for the Control of AIDS serves as the institution that coordinates the HIV/AIDS control programmes across the State.

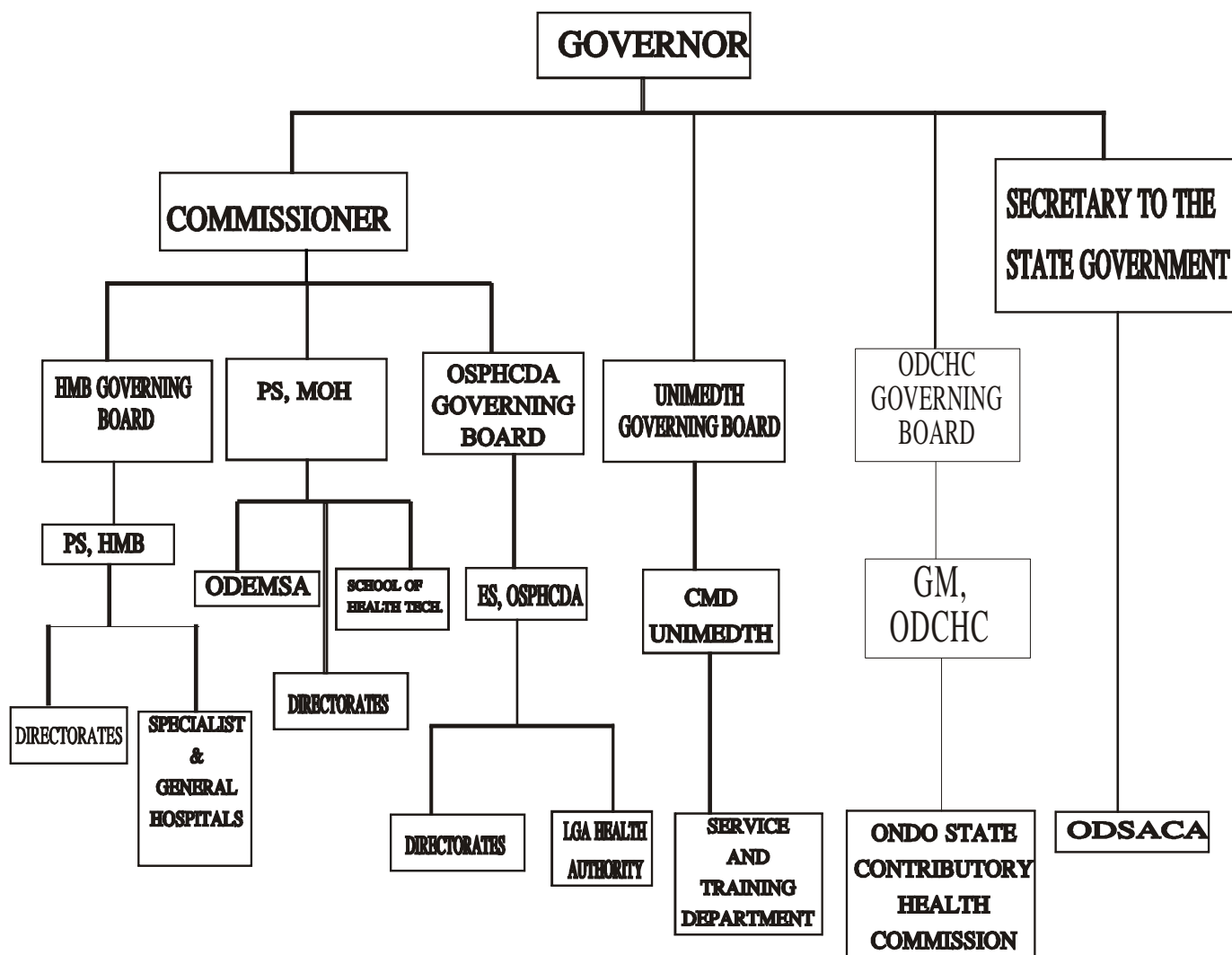
The University of Medical Sciences Teaching Hospital is an institution that provides tertiary medical services. In addition, the hospital collaborates with the University of Medical Sciences in research and training of Medical personnel. The College of Health Technology is a

training institution supervised by the Ministry of Health and is responsible for the training of mid-level Health workers. Ondo State Contributory Health Commission is a newly established institution responsible for the coordination of Universal Health Access in the State.

The State has a total of about 7,149, health work force comprising about 71 professional groups. The population of human resource in the sector is as follows:

| | |
|--|---------|
| Ministry of Health | 343 |
| Hospitals Management Board | 4,222 |
| Ondo State Primary Health Care Development Agency | 131 |
| Primary Health Care (PHC) workers under Local government payroll | 3,475 |
| University of Medical Science Teaching Hospital (UNIMEDTH) | ongoing |

ORGANOGRAM OF THE HEALTH SECTOR



2.3 The Current Situation in the Sector

The Health sector of the State provides all levels of care to residents of Ondo State. The Ministry of Health acts as the coordinating unit for the sector while the other agencies are in charge of providing both qualitative and quantitative health care services. The primary health care facilities under the supervision of the Ondo State Primary Health Care Development Agency provide the first level of care, which are primary health care services to Ondo State residents. The secondary health facilities are responsible for the provision of secondary level of care and serve as referral centres for the primary health care facilities in each Local Government Area. The University of Medical Sciences Teaching Hospital (UNIMEDTH) (located in Ondo and Akure) provides tertiary care and are referral centres for all the General hospitals.

The projected 2019 population of the State (from 2006 census) indicates that the Health sector serves over five million people (Table 1, Annexe) and twenty percent of the total population (1,010,652) are children under 5 years of age. The State has over 1 million women of childbearing age (1,111,717), of which about a quarter are pregnant women (252,663).

If fertility were to remain constant at current levels in Nigeria, a woman in Ondo State would bear an average of 5.3 children in her lifetime, which is quite high. Also, about 17.7% of married women 15-49 years in Ondo State use modern family planning method, which is lower than 31.1% recorded in 2013. This shows a drastic fall of 43% in the uptake of family planning method over the years.

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. The 2018 NDHS results shows that 92% of women in Ondo State receive antenatal care from a skilled provider during pregnancy which is very high compared to the National average of 62%. Over eighty percent of births (82.8%) are delivered by skilled births attendants and 80.7% deliver in health facilities in Ondo State, which are also very high compared to the National figures of 43% and 39% respectively. The 2018 NDHS showed results of women who gave birth in the 5 years preceding the survey. The high figures recorded in Ondo State may not be unconnected with the free and high skilled maternal health care services operated in the State for some years now. With the dwindling resources available to health care now and user fees being introduced in some facilities for maternal and child health services, these gains may be lost and these high figures may not be sustained if drastic steps are not taken.

Universal immunization of children against six the common vaccine-preventable diseases is crucial to reducing infant and child mortality. Nigeria has established a schedule for the administration of all basic childhood vaccines and an important measure of vaccination coverage has been the proportion of children age 12-23 months who have received all “basic” vaccinations. Just about a third of children 12-23 months in Ondo State has full immunization coverage which is comparable to the National figure of 31% and quite low. Even though the OSPHCDA is up and doing in ensuring all children are fully immunized, all efforts need to be intensified and more needs to be done in the coming years to increase this statistics.

Wasting in under 5 children which is a measure of acute malnutrition is low (3.3%) in Ondo State but about a fifth (20.4%) of Ondo State under 5 children are stunted or chronically malnourished. Stunting affects both physical and cognitive potentials of affected children, hence this calls for urgent interventions.

The use of insecticide-treated mosquito nets (ITNs) is a primary health intervention designed to reduce malaria transmission, a major cause of child and maternal mortality in Nigeria. About half (58.4%) of children and 61.1% of pregnant women sleep under ITN. Also 62.3% of children under 5 with fever receiving malaria treatment while 67.8% of pregnant women receiving IPT. All these figures are not optimal, hence more concerted efforts are needed to ensure prevention and management of Malaria of all vulnerable groups.

Comprehensive knowledge of HIV prevention by everybody is one of the critical strategies to reduce the risk of acquiring HIV infection. Comprehensive knowledge of HIV prevention among women and men in Ondo state is similar (75.3% and 72.9% respectively). This shows that as high as a quarter of Ondo State people don't have adequate knowledge about HIV prevention which may have a negative impact on the prevention strategy.

Like several other sectors, the healthcare sector of the state has in recent times been confronted with some challenges which have impacted on healthcare outputs and outcomes. The major challenges in the delivery of health care services in the State are;

- **Non-release of budgeted funds for projects:** in spite of the inclusion of several projects in the previous MTSS document, the budgeted funds could not be accessed due to non-release by relevant authorities. The complaints of the approving bodies could however be linked to the State government's lean purse during the period under review. Since health care is a social service, it cannot be profit oriented, hence imposes severe limitation on service charges. However most of the General Hospitals receive no subvention even for capital project, they depend entirely on the out- of- pocket fees paid by patients. The result of this is that limited funds are available to run the hospitals. Unfortunately without adequate funding quality of service will remain poor.
- **Inadequacy of Human Resource for Health:** Many of the frontline health workers who deliver healthcare services at the public facilities to the populace have retired from the service. Although the Specialist and General and hospitals are the hub of healthcare delivery responsible for majority of curative services, they remain grossly understaffed in all departments. Many facilities utilize ad hoc staff and lower cadre officers for what trained professionals should do. In the past few years the emerging teaching hospital had also mopped up most of the highly skilled workers at this level. Though the Government had recently employed some staff, there is however need for more. The primary healthcare system on the other hand is yet to benefit from the recruitment process of the state government and therefore has a huge shortfall in the required Human resource for delivery of qualitative healthcare.
- **High out-of-pocket expenditure for health among the populace:** Financial barrier to accessing healthcare is still a major concern in the state. Although the Ondo State Contributory Health Commission commenced operations in June 2019, the Contributory Health Scheme is yet to take-off as at the time of preparing this document. The out-of-pocket expenditure for health in the state therefore remains very high and a forms a huge stumbling block to accessing healthcare services.
- **Low diagnostic and therapeutic accuracy of primary healthcare facilities:** The primary healthcare delivery system of the state is challenged by the dearth of accurate diagnostic and therapeutic skills. Ranging from low number of laboratory and radiological services to reduced technical capacity of personnel for accurate clinical diagnosis, the primary health care sector of the state, which is the closest healthcare system to the rural populace, requires a full-scale increase in its diagnostic and therapeutic capacity.

- **High patronage of alternative medical services:** Traditional Birth Attendants, Herbal homes, patent medicine sellers and so forth are very much in the healthcare pool by offering more readily available but quack services to residents. There are several reasons for this ugly trend and these include financial barrier to access, non-availability of healthcare facilities in some remote areas, poor staffing of public primary & secondary facilities, poor attitude of existing health workers etc. This document hopes to address some of these components in order to reverse the patronage of alternative medical services.

CHALLENGES PECULIAR TO SECONDARY HEALTH CARE LEVEL

- **National Policy**
Nigeria operates a three tier health care level system, primary, secondary and tertiary. For several decades now, emphasis had been at the primary health care level, whilst this is justifiably so, it has led to almost a total neglect of the secondary health care level in terms of policy. As at today whilst there are national institutions responsible for the primary and tertiary health care levels none exists for the secondary level. The implication of this is that the secondary healthcare is totally left uncaptured at the national level of health planning. This is sad because since independence, in all the states of the federation the Secondary health care or General hospitals remain the hub of majority of good health care service delivery in the country. Even now that PHC remains a priority, the secondary health care is still responsible for more than 75% of public hospital consultations. It is therefore imperative that appropriate institution be established to draft policies and address other concerns in this level of care.
- **Management / Coordination**
At the state level, Ondo State Hospitals Management Board is responsible for management and coordination of health care service delivery at secondary health facility. It is the oldest parastatal in the health sector established by an act of the state parliament. Sadly it appears to be the most neglected. No significant investment had been undertaken by government in the HMB in the last 20 years. Without adequate accommodation, transportation and logistics, ICT upgrade for digitalization of data and record etc., it is severely hampered in management of the 21 Specialist and General hospitals it controls across all the LGAs of the state.
- **Infrastructure**
Many of the General hospitals in the State were established at a time when the towns they were serving had modest populations. Since then, there has been population explosion in those towns and cities. Consistent government neglect over these decades as well as huge patronage had left most of the infrastructure derelict. There are severe shortages of building infrastructures, equipment etc. and many of the facilities still depend on ageing and outdated equipment. All these challenges over the years have had a huge negative impact on the delivery of qualitative health services at this level of care.

2.4 Summary of the review of sector policies

Describe here the main policy thrusts and outcomes in your sector. This is where to report the results of your review of high-level policy documents. This may require reference to the State Development Plan and other high-level policy documents, but possibly including more details and refinements. You may also wish or need to refer to national, regional and global policy guidelines in your sector. For example, aspects of the Economic Recovery and Growth

Plan (ERGP), New Partnership for Africa Development (NEPAD) and Sustainable Development Goals (SDGs) that are pertinent to your sector.

The following policy documents which are operational in the Health sector were reviewed in the preparation of this MTSS:

- SDGs (Sustainable Development Goals)
- Africa Health Strategy (AHS): 2016 – 2030
- National Strategic Health Development Plan 2018-2022
- Economic Recovery & Growth Plan (ERGP) 2017-2020
- DAWN {Development Agenda For Western Nigeria}
- Ondo State Government State Strategic Health Development Plan 2018-2022
- Ondo State Blue-Print To Progress (Reports Of Strategic Development & Policy Implementation Committee)

SDGs (Sustainable Development Goals)

The SDG covers the period 2016 – 2030 and has 17 goals. SDG 3 focuses on health and has as a goal to ‘*Ensure healthy lives and wellbeing for all ages*’ by improving reproductive, maternal and child health; ending the epidemics of major communicable diseases; reducing non-communicable and environmental diseases. The goal has 13 targets:

- Reduce maternal mortality to less than 70/100, 000 live births
- End preventable newborn and child deaths
- End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases
- Reduce mortality from NCD and promote mental health
- Strengthen prevention and treatment of substance abuse
- Halve global deaths and injuries from road traffic accidents
- Ensure universal access to sexual and reproductive health-care services
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all
- Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen implementation of framework convention on tobacco control
- Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all
- Increase health financing and health workforce in developing countries
- Strengthen capacity for early warning, risk reduction and management of health risks

AFRICA HEALTH STRATEGY (AHS): 2016 – 2030

The Overall Objective of AHS is to strengthen health systems performance, increase investments in health, improve equity and address social determinants of health to reduce priority disease burdens by 2030. The two strategic Objectives are:

- a. By 2030, to achieve universal health coverage by fulfilling existing global and continental commitments which strengthen health systems and improve social determinants of health in Africa
- b. Reduce morbidity and end preventable mortality from communicable and non-communicable diseases and other health conditions in Africa by implementing the following strategic priorities:

- Ending preventable maternal, new born and child deaths and ensure equitable access to comprehensive, integrated sexual, reproductive, maternal, neonatal, child and adolescent services, including voluntary family planning;
- Ending AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other emerging and reemerging communicable diseases;
- Sustaining and scaling up expanded programs on immunization;
- Reducing all forms of malnutrition including stunting among young children and related nutrition objectives as specified in the Africa Regional Nutrition Strategy (2016-2025);
- Prioritizing programs to address premature mortality from diabetes, cancer, cardiovascular diseases, respiratory infections, mental health, injuries and other non-communicable diseases.

NHSDP II NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II (2017 – 2021)

These are **National focal priority areas** for the period 2017 to 2021 and the Strategic Objectives are to:

- To ensure universal access to an essential package of care
- To increase access to health care services
- To improve the quality of health care services
- To increase demand for health care services
- To provide financial access especially for the vulnerable groups
- Promote community participation
- Strengthen the organization of PHC services at LGA level

ECONOMIC RECOVERY & GROWTH PLAN (ERGP) 2017-2020

The National ERGP Policy objectives are to:

- Improve the availability, accessibility, affordability and quality of health services.
- Expand healthcare coverage to all Local Governments.
- Provide sustainable financing for the health care sector.
- Reduce infant and maternal mortality rates.

Some of the strategies to achieve the objectives include to revitalize the primary healthcare system, roll out universal health coverage (NHIS), strengthen delivery beyond the primary health care system, Partner with the private sector to construct model mega-health centres, build the capacity of health care personnel to improve service delivery

DAWN (Development Agenda for Western Nigeria)

According to OneBloc, which is the organisational paradigm for charting the pathway for the sustainable development of the Western part of Nigeria, DAWN states that its priorities are:

1. Pursuit of singularities in areas such as common health insurance, data center, disease control and containment among others
2. Putting the well-being of the people at the centre of all development planning by addressing key social indicator gaps including poverty, new opportunities for primary health, affordable housing, etc.
3. Develop Centres of Excellence for Health
4. To transform the people of Western Nigeria into educated, healthy, highly skilled, motivated and engaged men and women, ready to work hard for the prosperity of the Region in particular, and Nigeria in general.
5. To pursue the emergence of an optimal and resilient Homeland where issues of disaster risk management; disease control and proactive containment; etc., are constantly put on the front-burner of collective and coordinated regional actions

ODSSHDP II (Ondo State Strategic Health Development Plan II)

In line with the National framework, the ODSSHDP II is also organized along fifteen priority areas, broadly classified under two broad headings and listed as follows:

A) *Health System Strengthening Priorities*

- Leadership and Governance;
- Human Resources for health;
- Sustainable Health Financing;
- Health Information System;
- Essential Medicines, Vaccines, Equipment Supplies and logistics
- Partnerships for health;
- Community Participation and Ownership;
- Research and development for Health;
- Health infrastructure.
- Health Promotion and Social determinants
- Protection from health emergencies and risks

B) *Health Service Delivery Priorities*

- RMNCAH (Reproductive, Maternal, Neonatal Care& Adolescent health)+ Nutrition
- Communicable Diseases, including environmental health, health emergencies and preparedness response, and neglected tropic diseases (NTDs)
- Non- communicable Diseases, including mental health, injuries, and care of the elderly
- General & Emergency Hospital Services

Strategic Development and Policy Implementation Committee of Ondo State (SDPIC)

Strategic plans by Ondo State to achieve the sustainable development goals include:

- Putting strong health institutions in place
- Making health care services affordable with minimal out of pocket expenses, access to health must be non-discriminatory and the work force must consist of highly skilled health workers.
- Collating credible data to enable proper planning and distribution of services.
- Appropriate motivation of health care workers to carry out extra duties whilst in Government employment.
- Integration of the three tiers of health delivery system and private practitioners to ensure a smooth flow of service delivery to the populace.
- Prevention and control of cancers and other non-communicable diseases
- Establishment of medical consumable factories in the State.

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

Mission: To put in place appropriate health policies and programmes through a transparent leadership and trained and motivated staff while committed to delivering affordable and qualitative health care for all.

Vision : To be a healthy, economic and socially productive State, free from any form of preventable disease; that meets national targets on the elimination and eradication of diseases; and has significantly improved life expectancy and quality of life.

CORE VALUES

- Professionalism
- Teamwork
- Transparency & accountability
- Fairness
- Responsiveness
- Excellence

| Value | Definition | Examples of Behaviour | Strategy Implications |
|---|--|---|--|
| Professionalism (The key to delivering qualitative and efficient healthcare services is professionalism.) | Competence or Skill expected of every healthcare professional | <ul style="list-style-type: none"> • Expertise • Competence • Respect • Thoroughness | <ul style="list-style-type: none"> • Establishment of routine monitoring and supervision processes that ensure continuous coaching and mentoring of all cadres based on the ethics of their profession |
| Teamwork (Giving the diversity of personnel in the health care system, working as a team is essential to achieving our goal). | Collaboration, and willingness of a group of people to work together to achieve a common goal. | <ul style="list-style-type: none"> • Cooperation • Synergy • Partnership • Unity | <ul style="list-style-type: none"> • Well established work process that ensure mutual respect & sense of belonging should be instituted. |
| Transparency & Accountability | Running a system that is open to public scrutiny Upholding the principle of responsibility to the public and government | <ul style="list-style-type: none"> • Maintaining an open door policy. • Honesty in all dealings with everyone. • Doing what you say and saying what you mean and feel. | <ul style="list-style-type: none"> • Institution of best management practices and systems in the Health Sector (financial, HR, facilities) to facilitate the demonstration of integrity. • Demonstration of zero tolerance to lapses relating to lack of integrity on the part of any member of staff through appropriate use of rewards and sanctions in relation to integrity. |

| | | | |
|----------------|---|---|---|
| Fairness | <p>Ensuring equality and equity to all, irrespective of gender, social status, tribe, age or religion.</p> <p>Practical demonstration of equity that manifests in equality under the law, equal opportunity and equal access to human, financial and other productive resources</p> | <ul style="list-style-type: none"> • Accountability to all constituent parts of Ondo State's population. • Ensuring equity and equality in the treatment of men and women in service delivery in the Health sector. | <ul style="list-style-type: none"> • Explicitly publicize that Ondo State Health Sector is an equal opportunity organization and act accordingly always. • Avoid discrimination in service delivery to men and women. |
| Responsiveness | <p>Quality of being responsive to our environment, public needs and emerging technology</p> | <ul style="list-style-type: none"> • Reacting quickly and in a positive manner • Reacting with interest and enthusiasm | <ul style="list-style-type: none"> • Establishing a feedback system • Establishing an evaluation mechanism that influences policy |
| Excellence | <p>The quality of being outstanding or extremely good</p> <p>Delivery of health care services that ensure patient/client satisfaction</p> | <ul style="list-style-type: none"> • Conformance to SOPs and Treatment protocols • Prompt response to patients needs | <ul style="list-style-type: none"> • Establishment of standard operating procedures and protocols • Integrated supportive supervision that ensures compliance with approved standard norms • Quarterly Quality Assessment of health facilities using checklists • Client exit surveys to identify and respond to gaps |

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 |
|---|---|--|---|
| Provision of accessible and Qualitative Health care and Social Service Delivery | To provide equitable access to comprehensive health care delivery | Health policy development | Improved health indices |
| | | Health care financing programme | Improved access to health care service |
| | | Maternal and child health | Reduced Maternal and child mortality |
| | | Community participation and engagement program | Strengthened community participation in health development |
| | To ensure qualitative health care delivery | Health system management | Effective health system management |
| | | | Improved data quality |
| | | | Improved logistic management |
| | | Disease prevention and control | Reduced incidence of communicable and non-communicable disease. |

Table 3: Objectives, Programmes and Outcome Deliverables

| Sector Objectives | Programme | Outcome Deliverable | KPI | Baseline (e.g. Value of the Outcome in 2018) | Target | | |
|---|--|--|--|--|--------|------|------|
| | | | | | 2020 | 2021 | 2022 |
| To provide equitable access to comprehensive health care delivery | Health policy development | Improved health indices | Facility Attendance. | 32% | 50% | 75% | 90% |
| | Health care financing programme | Improved access to health care service | % coverage of health insurance. | 0% | 10% | 30% | 60% |
| | Maternal and child health | Reduced Maternal and child mortality | % of skilled birth attendant deliveries. | 82.8 % | 90% | 95% | 99% |
| | | | % of female 15 – 49 using modern contraceptives. | 17.7% | 20% | 30% | 50% |
| | | | % of fully immunized children age 12 – 23 months. | 50.5 % | 65% | 85% | 100% |
| | | | Maternal mortality ratio. | TBD | TBD | TBD | TBD |
| | | | Under five mortality rate. | TBD | TBD | TBD | TBD |
| | Community participation and engagement program | Strengthened community participation in health development | % of LGAs fully involved in health development. | TBD | TBD | TBD | TBD |
| | Health system management | Effective health system management | % of facilities having the full complement of health workers | 0% | 5% | 10% | 20% |

| | | | | | | | |
|--|--------------------------------|--|--|-----|-----|-----|------|
| | | | % of health facilities offering qualitative health care services (using LQAS) | TBD | TBD | TBD | TBD |
| | | | Number of joint management meetings of all MDAs in the sector in a year. | 50% | 75% | 75% | 100% |
| | | Improved data quality | % of facilities reporting quality data on a monthly basis | | | | |
| | | Improved logistic management | % of facilities without stock out of drugs and commodity in a year. | TBD | TBD | TBD | TBD |
| | Disease prevention and control | Reduced incidence of communicable and non-communicable disease | Number of new infection prevented. Number of policies developed and implemented to control epidemic. | 30% | 50% | 60% | 70% |

Chapter Three: The Development of Sector Strategy

3.1 Outline Major Strategic Challenges

Like several other sectors, the healthcare sector of the State has in recent times been confronted with some challenges, which have impacted on healthcare outputs and outcomes. These challenges prevented the effective implementation of the preceding MTSS document. Going by the situation analysis of the sector, the major challenges are;

- Non-release of budgeted funds for projects: in spite of the inclusion of several projects in the previous MTSS document, the budgeted funds could not be accessed due to non-release by relevant authorities. The complaints of the approving bodies could however be linked to the State government's lean purse during the period under review.
- Inadequacy of Human Resource for Health: Many of the frontline health workers who deliver healthcare services at the public facilities to the populace have retired from service. Although the State government recruited some personnel for the secondary health institutions in 2018, there are still a lot of grounds to be covered. The primary healthcare system on the other hand is yet to benefit from the recruitment process of the state government and therefore has a huge shortfall in the required Human resource for delivery of qualitative healthcare.
- High out-of-pocket expenditure for health among the populace: Financial barrier to accessing healthcare is still a major concern in the state. Although the Ondo State Contributory Health Commission commenced operations in June 2019, the Contributory Health Scheme is yet to take-off as at the time of preparing this document. The out-of-pocket expenditure for health in the state therefore remains very high and a forms a huge stumbling block for accessing healthcare services.
- Low Diagnostic and therapeutic accuracy of primary healthcare facilities: The primary healthcare delivery system of the state is challenged by the dearth of accurate diagnostic and therapeutic skills. Ranging from low number of laboratory and radiological services to reduced technical capacity of personnel for accurate clinical diagnosis, the primary health care sector of the state, which is the closest healthcare system to the rural populace, requires a full-scale increase in its diagnostic and therapeutic capacity.

High patronage of alternative medical services: Traditional Birth Attendants, Herbal homes, patent medicine sellers and so forth are very much in the healthcare pool by offering more readily available but quack services to residents. There are several reasons for this ugly trend and these include financial barrier to access, non-availability of healthcare facilities in some remote areas, poor staffing of public primary & secondary facilities, poor attitude of existing health workers etc. this document hope to address some of these components in order to reverse the patronage of alternative medical services.

3.2 Resource Constraints

Table 4: 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 + Grant | 8,066,722,911.65 | 8,404,463,869.50 | 8,404,463,869.50 | 104.19% | 100% |
| Overhead | 87,471,300.00 | 48,570,500.00 | 48,570,500.00 | 55.53% | 100% |
| Special Programme | 314,000,000.00 | 89,497,832.84 | 89,497,832.84 | 28.50% | 100% |
| Capital | 7,503,661,044.93 | 573,403,472.00 | 573,403,472.00 | 7.64% | 100% |
| Total | 15,971,855,256.58 | 9,115,935,674.34 | 9,115,935,674.34 | 57.07% | 100% |

Table 5: 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 + Grant | 8,741,071,054.79 | 2,464,696,785.29 | 2,464,696,785.29 | 28.20% | 100% |
| Overhead | 77,700,000.00 | 10,974,000.00 | 10,974,000.00 | 14.12% | 100% |
| Special Programme | 267,540,000.00 | 6,225,000.00 | 6,225,000.00 | 2.33% | 100% |
| Capital | 7,641,600,000.00 | 334,725,967.40 | 334,725,967.40 | 4.38% | 100% |
| Total | 16,727,911,054.79 | 2,816,621,752.69 | 2,816,621,752.69 | 16.84% | 100% |

3.3 Projects Prioritisation

Complete Table 6 with the results of your projects prioritisation and described how you have prioritised your projects; what criteria were used, how was the scoring done, etc.? Also explain why the prioritisation was necessary and how you plan to use the results of your prioritisation exercise.

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

| S/N | Project Code | Project Name | Project's Contribution to State Development Plan Goals | | | | | Project Status (Ongoing = 3; New = 1) | Likelihood of completion not later than 2022 (2020 = 3; 2021 = 2; 2022 = 1; Beyond 2022 = 0) | Nature of Project (Developmental = 3; Administrative = 1) | Total Score | Project Ranking | Physical Location: Local Government/ Statewide (Add comment if more than one LGA) | Project Status (Ongoing/ New) | Timeline | |
|-----|--------------|--------------|--|---|--|---|--|---------------------------------------|--|---|-------------|-----------------|--|-------------------------------|-----------------------------|---------------------------|
| | | | Job Creation through Agriculture, Entrepreneurship and Industrialization | Massive Infrastructural Development and Maintenance | Promotion of Functional Education and Technological Growth | Provision of Accessible and Qualitative Health Care and Social Service Delivery | Rural Development and Community Extension Services | | | | | | | | Expected Year of Completion | Project Commencement Year |
| 1 | | | | | | | | | | | 0 | 1 | | | | |
| 2 | | | | | | | | | | | 0 | 1 | | | | |
| 3 | | | | | | | | | | | 0 | 1 | | | | |
| 4 | | | | | | | | | | | 0 | 1 | | | | |
| 5 | | | | | | | | | | | 0 | 1 | | | | |
| 6 | | | | | | | | | | | 0 | 1 | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | |

3.4 Personnel and Overhead Costs: Existing and Projections

Table 7: Personnel and Overhead Costs: Existing and Projected

| Expenditure Head | 2019 (N'000) | | Projections (N'000) | | |
|-----------------------|-------------------------|-------------------------|-------------------------|-------------------------|--------------------------|
| | Approved | Actual (By March) | 2020 | 2021 | 2022 |
| Personnel Cost | 8,741,071,054.79 | 2,464,696,785.29 | 9,180,779,086.00 | 9,639,818,041.00 | 9,832,614,401.00 |
| Overhead Cost | 77,700,000.00 | 10,974,000.00 | 57,857,669.00 | 58,190,244.00 | 58,965,035.00 |
| Special Programmes | 267,540,000.00 | 6,225,000.00 | 267,500,000.00 | 267,500,000.00 | 267,500,000.00 |
| Total Cost (N) | 9,086,311,054.79 | 2,481,895,785.29 | 9,506,136,755.00 | 9,965,508,285.00 | 10,159,079,436.00 |

3.5 Contributions from our Partners

Across the sector, some donor organizations and development partners support healthcare delivery in the state. The World Bank, through the Nigerian State Health Investment Project (NSHIP) that is a 5-year project of about \$180 million dollars, piloted the Results-Based Financing (RBF) model of healthcare in Adamawa, Nassarawa and Ondo States. The World Bank shall therefore continue to support the Ondo State health system till the expiration of NSHIP in the year 2020. NSHIP is an output financing framework that ensured that over 500 primary healthcare facilities and 20 secondary hospitals are contracted to render certain services whose quantity and quality are verified periodically and funds remitted to these facilities based on percentage of the agreed criteria that the appraisal recommends to the contract holder. The contract holder on behalf of the state is the Ondo State Primary Healthcare Development Agency.

In addition, UNICEF supports specific children-related interventions such as Nutrition, Immunization, Social mobilizations and some operational strategies that impact positively on the overall healthcare system. The purview and extent of these forms of support are determined by the yearly operational focus of UNICEF that is in tandem with the State Strategic Health Development Plan. In most cases, funds are directly disbursed to the end-users for activities highlighted under the relevant programmes. The World Health Organization (WHO) majorly provides technical aids and some financial support to Immunization and Disease Surveillance activities. The Neglected

Tropical Diseases (NTDs) Control Programme in Ondo State has over the past three years been supported financially and technically by an NGO called the Mission To Save The Helpless (MITOSATH). This support is implemented through the provision of high net worth drugs, training of health workers & community distributors and provision of logistic funds for the Mass Administration of Medicines (MAM) periodically to ensure the elimination of Schistosomiasis, Onchocerciasis, Soil-transmitted Helminthiasis and Lymphatic Filariasis in Ondo State.

Furthermore, the United Nations Population Fund (UNFPA) supports Family Planning (FP) activities in the State by providing funds for health workers' capacity building, distribution of commodities and supportive supervision, although the Federal Ministry of Health supplies varying types of contraceptives (Implants, Intra-uterine Contraceptive Devices -IUCDs, Oral contraceptives etc.) to ensure zero-charge at the point of uptake and promote contraceptive use. Marie Stopes supported the training of health workers as providers of Long-Acting Reversible Contraceptives (LARC) in several health facilities.

The General Electric (GE) Healthcare donated 45 portable ultrasound scanners to 45 primary healthcare facilities in year 2018 and also trained 90 primary healthcare workers to man the equipment. Also, the Medical Women Association of Nigeria (MWAN) donated 3 Doppler ultrasound machines to the primary healthcare in 2019 and trained the handlers.

The Global fund and USAID support the State Tuberculosis and Leprosy (TBL) Control programme via the provision of drugs, procurement and donation of laboratory reagents & equipment, capacity building of healthcare workers , funding of strategic meetings and routine supportive supervision.

The Logistic Management and Coordinating Unit (LMCU) for all healthcare commodities in the State is supported by Family Health International (FHI) 360 and GHscPSM (Chemonics) by funding meetings and some other logistics for the distribution of commodities. Instrat Global Health is a for-profit Information Technology (IT) solutions organization that supports the State health system in the area of data management.

Rotary International also supports the State health sector through the donations of some logistic-related commodities to enhance the implementation of Special Immunization Exercises (SIEs), particularly those that are Polio-related.

Table 8: Grants and Donor Funding

| Source / Description of Grant | Amount Expected (N'000) | | | Counterpart Funding Requirements (N'000) | | |
|-------------------------------------|-------------------------|------|------|---|------|------|
| | 2020 | 2021 | 2022 | 2020 | 2021 | 2022 |
| UNICEF | | | | | | |
| UNFPA | | | | | | |
| WHO | | | | | | |
| World Bank | | | | | | |
| PEPFAR | | | | | | |
| Global Fund | | | | | | |
| DFB | | | | | | |
| GHS cPSM | | | | | | |
| Rotary International | | | | | | |

*** Expected Funds from above listed partners cannot be projected. There is no statutory amount given to the State, they only give Technical support and fund programs as need arises.

3.6 Cross-Cutting Issues

The establishment of the Ondo State Contributory Health Commission (ODCHC) and the Vulnerability criteria operationally deployed by all NSHIP-contracted primary healthcare facilities usually guarantee social inclusion, thereby providing healthcare benefit to the vulnerable across all 203 wards of the State. The ODCHC is perhaps the most strategic means of ensuring sustainability of healthcare funding in the state because it aims to alleviate to the minimum, the financial barriers to access and also promote the quality process of healthcare delivery by routinely assessing all healthcare providers contracted by the Contributory Health Scheme.

Gender-related biases have also been prevented by formulating healthcare policies that do not favour one sex over the other.

3.7 Outline of Key Strategies

Table 9: Summary of projects' expenditures and output measures (The Logframe)

| Outcome | Project Title | Proposed Expenditure (N'000) | | | Output | Output KPI | Base Line (e.g. Output Value in 2018) | Output Target | | | MDA Respo nsible |
|--|---|------------------------------|---------|--------------|--|---|---|---------------|------|------|------------------------|
| | | 2020 | 2021 | 2022 | | | | 2020 | 2021 | 2022 | |
| Reduced Cancer Incidence | Establishment of Cancer Treatment Center, Owo | 60,000 | 4,507 | 5,667,000.00 | Cancer Treatment Established | Early detection of cancer cases | 0% | 60% | 40% | 0 | MoH |
| Improved access to Healthcare | Establishment of Health Insurance Agency | 300,000 | 150,000 | 150,000,000 | Contributory Health Insurance established | Health care services accessible to the citizens of Ondo State | 30% | 60% | 95% | 100% | MoH |
| Improved diagnostic system | Procurement of Basic Laboratory Equipment and other Medical equipment | 200,000 | 208,000 | 216,320 | Laboratory Equipment procured | Availability of Laboratory Equipment and other medical equipment procured | 40% | 50% | 60% | 80% | MoH |
| Improved access to health care service | Establishment of Central Blood Transfusion Centers | 10,000 | 10,400 | 10,816 | Functional Central Blood Transfusion Centers established | Blood Transfusion Centers accessible to the populace | 10% | 50% | 70% | 95% | MoH |
| Improved access to health care | Upgrading Infectious Disease Hospital, Igbatoro Road | 50,000 | 58,990 | 86,978 | Infectious disease Hospital, Established | Early detection and treatment | 10% | 50% | 70% | 90% | MoH |

| Outcome | Project Title | Proposed Expenditure (N'000) | | | Output | Output KPI | Base Line (e.g. Output Value in 2018) | Output Target | | | MDA Respo nsible |
|--------------------------------|--|------------------------------|---------|-------------|--|---|---|---------------|------|------|------------------------|
| | | 2020 | 2021 | 2022 | | | | 2020 | 2021 | 2022 | |
| service | | | | | | of infectious diseases | | | | | |
| Improved diagnostic system | Establishment Public Health Laboratory | 80,000 | 70,000 | 60,000 | Public health Laboratory established | Availability of a functional public health laboratory in Ondo State | 0% | 10% | 40% | 60% | MoH |
| Reduce malaria burden | Malarial Control Project | 200,000 | 200,000 | 200,000 | Reduction in new malaria infection | Reduction in new malaria infection | 20% | 40% | 60% | 80% | MoH |
| Improved access to health care | Construction and Upgrading of Secondary Health Facilities | 570,000 | 342,160 | 77,875 | Secondary Health facilities renovated | Improved quality of services | 20% | 60% | 80% | 90% | MoH |
| Improved access to health care | Rehabilitation of existing building Central Medical Store, Ondo Road | 61,000 | 63,440 | 0 | Central Medical Store, Ondo Road rehabilitated | Availability of a functional central medical store | | 60% | 80% | 90% | MoH |
| Improved access to health care | Completion of abandoned building at Central Medical Store, Ondo Road | 66,000 | 100,880 | 133,036,000 | Central Medical Store, Ondo Road completed | Availability of a functional central medical | 0% | 60% | 80% | 90% | MoH |

| Outcome | Project Title | Proposed Expenditure (N'000) | | | Output | Output KPI | Base Line (e.g. Output Value in 2018) | Output Target | | | MDA Respo nsible |
|--|---|------------------------------|---------|---------|--|--|---|---------------|------|------|------------------------|
| | | 2020 | 2021 | 2022 | | | | 2020 | 2021 | 2022 | |
| | | | | | | store | | | | | |
| Improved access to health care | Public Health Programmes | 8,000 | 8,000 | 8,000 | Access to quality health care | Quality health care accessible to the populace | 20% | 40% | 60% | 80% | MoH |
| Improved access to health care | Health research and development | 45,400 | 45,400 | 45,400 | Access to quality health care | Quality health care accessible to the populace | 20% | 40% | 60% | 80% | MoH |
| Improved access to health care | Nursing/Midwifery programmes and Activities | 29,500 | 29,500 | 29,500 | Improved maternal and child health services | Improved maternal and child health services | | 40% | 60% | 80% | MoH |
| Improved access to optical health care | Festival of Surgery Eye Camp | 10,000 | 10,400 | 10,816 | Number of Festival of Surgery Eye Camp conducted | Improved access to optical services | 0% | 10% | 30% | 40% | MoH |
| Good working condition | Renovation of Offices | 9,500 | 9,880 | 10,275 | Number of offices renovated | Improved working conditions | 20% | 40% | 60% | 80% | MoH |
| Improved access to health care | Improvement to Human Health | 20,400 | 20,400 | 20,400 | | | | 40% | 60% | 80% | MoH |
| Effective supply chain management | Pharmaceutical Management Programmes and Activities | 163,500 | 163,500 | 163,500 | Availability of drugs | Reduction in stock out | 20% | 40% | 60% | 80% | MoH |

| Outcome | Project Title | Proposed Expenditure (N'000) | | | Output | Output KPI | Base Line (e.g. Output Value in 2018) | Output Target | | | MDA Respo nsible |
|--|---|------------------------------|---------|---------|--------------------------------------|--|---|---------------|------|------|------------------------|
| | | 2020 | 2021 | 2022 | | | | 2020 | 2021 | 2022 | |
| Improved surveillance system | Communicable disease prevention and control | 51,000 | 51,000 | 51,000 | Surveillance system strengthened | Effective surveillance system | 40% | 60% | 80% | 90% | MoH |
| Improved surveillance system | Non-communicable disease prevention and control | 4,000 | 4,000 | 4,000 | Surveillance system strengthened | Effective surveillance system | 40% | 60% | 80% | 90% | MoH |
| Effective Health Management Information System | Health Management Information System (HMIS) | 30,600 | 30,600 | 30,600 | Improved quality of health data | Availability of quality health data | 40% | 60% | 80% | 90% | MoH |
| Health policies for guidance | Development of State Health Policy and Allied matters | 8,600 | 8,600 | 8,600 | Health policies developed | Availability of health policies | | 30% | 50% | 70% | MoH |
| Good working condition | Purchase of Office Equipment | 21,500 | 22,412 | 23,308 | Office equipment purchased | Availability of working tools | | 40% | 60% | 80% | MoH |
| Good working condition | Purchase of Furniture | 11,000,000 | 11,502 | 11,962 | Office furniture purchased | Improved working condition | | 40% | 60% | 80% | MoH |
| Improved viral suppression of PLHIV. | HIV/AIDS Treatment Programmes | 128,800 | 139,104 | 150,232 | Suppressed viral load of 9,660 PLHIV | Number of PLHIV with suppressed viral load | | 95 | 95 | 95 | ODSA CA |
| Reduction of new | HIV Prevention | 85,600 | 92,448 | 98,537 | New HIV infections | number of new HIV | | 95 | 95 | 95 | ODSA |

| Outcome | Project Title | Proposed Expenditure (N'000) | | | Output | Output KPI | Base Line (e.g. Output Value in 2018) | Output Target | | | MDA Respo nsible |
|---|---|------------------------------|--------|--------|--|---|---|---------------|---------------|---------------|------------------------|
| | | 2020 | 2021 | 2022 | | | | 2020 | 2021 | 2022 | |
| infection among General and key Population | Programmes | | | | prevented | infections prevented | | | | | CA |
| Improved care for PLHIV, PABA and OVC. | HIV/AIDS Care & Support Programmes | 34,160 | 36,892 | 39,844 | 600 PLHIV, PABA and VC for positive living. | Number of PLHIV, PABA & VC that received HIV care. | | 95 | 95 | 95 | ODSA CA |
| Improved process for staff assessment and employment | Printing of employment/APER forms | 2,000 | 2,200 | 2,500 | Printed employment and APER Forms | Availability of employment /APER forms all year round (12 months) | 0% | 70% | 80% | 90% | HMB |
| Improved Coordination of secondary health care service delivery | Monitoring/Board Meeting/Monthly meeting of all CMDS/MDS and Hospital secretaries | 13,000 | 14,000 | 15,500 | <ul style="list-style-type: none"> Monthly Hospital Monitoring Quarterly Board meeting | <ul style="list-style-type: none"> Percentage of all hospitals that receive ISS in the year Monthly supervisi | 50% 0 | 100% 0 | 100% % | 100% % | |

| | | | | | | | | | | | |
|---|----------------------------|-------|--------|--------|---|--|------------------------|---------------------------|---------------------------|------------------------------|--|
| | | | | | <ul style="list-style-type: none"> Quarterly CMDs/MDs meetings | on report and checklists <ul style="list-style-type: none"> No of meetings in a year Minutes of meetings <ul style="list-style-type: none"> No of meetings in a year Minutes of meetings | 0 4 4 | 0 4 4 | 0 0 4 4 | 0 4 4 | |
| Prevention/Reduction of Hospital Acquired Infections (HAI) and standard management of medical waste | Hospital infection control | 9,000 | 10,000 | 12,000 | <ul style="list-style-type: none"> Constitution of HIC committees in facilities Training of all members of committee Distribution of IPC and HCWM protocols to all hospitals Monthly report | Percentage of health facilities with HIC committees Percentage of hospitals with trained committee members | 0% 0% 0% | 50% 50% 50% | 75% 75% 75% | 100% 100% 100% | |

| | | | | | | | | | | | |
|---|--|--------|-------|-------|---|---|----|-----|-----|------|---------|
| | | | | | of activities by facility HIC committee • Quarterly Hospital assessment to ensure compliance with protocols | Percentage of hospitals with IPC and HCWM protocols Report of assessment | 0% | 50% | 75% | 00% | |
| Improved data quality | Developing a web-based distributed database of all the accident and road crash victims across the state(ODEMSA) | 5,000 | 5,000 | 5,000 | Functional Web site and functional EMS database in place | Functional EMS Website and Access to efficient crashes record | 0 | 65% | 80% | 100% | ODE MSA |
| Improved access to health care service | Synchronisation of all the base stations with the communication equipment at the Call Centre for effective Communication(ODEMSA) | 5,000 | 5,000 | 5,000 | Functional 3 digit EMS toll free line in place | Effective communication and % of reduction in response time | 0 | 60% | 70% | 80% | ODE MSA |
| Improved logistic management | Maintenance of operational vehicles (Ambulances, Towing Trucks, | 10,000 | 0 | 0 | Functional Hilux EMS 03 Functional ALS EMS 08 Functional EMS Towing Truck EMS 16 | % of reduction in response time | 0 | 60% | 70% | 80% | ODEMSA |

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|---|---|---------------|---------------|------------------|---|---|---|-----|-----|-----|---------|
| | Extrica | | | | | | | | | | |
| Effective health system management | Capacity Building(For Professional & Other Categories of staff) | 5,000 | 5,000 | 5,000 | Effective training for 150 staff carried out | | 0 | 60% | 70% | 80% | ODEM SA |
| Improved access to health care service | Procurement of Medicament & Consumables | 5,000 | 5,000 | 5,000 | Availability of medicament in the ALS Ambulance | No of medicament procured | 0 | 60% | 70% | 80% | ODEM SA |
| Functional PHC Facilities | Renovation of 2 PHC Health Facilities in each of the 18 LGAs in the state | 67,600,000.00 | 53,700,000.00 | 52,800,000.00 | PHC Facilities Renovated | No of PHC facilities renovated | 0 | 16 | 10 | 10 | PHC DA |
| Improved Potency of Vaccines. | Renovation of Cold Chain Store (Akoko South East and Ifedore) | 6,730,0 | 1,548,500,000 | 1,392,500,000.00 | Improved Functional Cold Chain Stores in place. | Two improved Functional Cold Chain Stores in place. | 0 | 0 | 0 | 0 | PHC DA |
| Improved primary health care intervention | Primary Health care services | 42,000,000.00 | 40,000,000.00 | 43,000,000.00 | Reduction in the burden of diseases | No of people with improved health | | 85% | 85% | 85% | PHC DA |
| Strengthened ICT and data | District Health Management Information System | 5,000,000.00 | 5,600,000.00 | 6,200,000.00 | Improved data reporting system | Quality of data reported | | 85% | 85% | 85% | PHC DA |

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|---|---|------------------|---------------|---------------|--|---|--|-----|-----|-----|--------|
| reporting system | | | | | | | | | | | |
| Improved disease surveillance and notification | Communicable disease prevention and control | 2,000,000.00 | 2,200,000.00 | 2,400.000.00 | Increased efficiency and effectiveness of the public health system | No of public health emergencies documented, monitored and clarified | | 85% | 85% | 85% | PHC DA |
| Reduction of non-communicable disease | Non-communicable disease prevention and control | 10,000,000.00 | 11,000,000.00 | 12,000,000.00 | Enhances delivery of quality health care to individuals in the community | No of non-communicable disease prevented and controlled | | 85% | 85% | 85% | PHC DA |
| Strengthened health system | Nigeria State Health Investment Project (NSHIP) | 3,555,600,000.00 | | | Improved quality of services. Improved financing. | No of services improved Availability of funds in the health system | | 85% | | | PHC DA |
| Functional primary health care board activities | Expansion of Primary Health Care Board Office Complex | 18,000,000.00 | | | Primary health care board extended | One primary health care board extended | | 85% | | | PHC DA |
| Improved diagnostic system | Laboratory/Hospital Equipment | 14,500,000.00 | | | Improved health status | No of laboratory/hospital equipment | | 85% | | | PHC DA |

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|---|--|------------------|--|--|--|--|--|-----|--|--|-----------|
| | | | | | | t purchased | | | | | |
| Enhanced efficiency and productivity | Purchase of Office Furniture/Equipmen t (PHC) | 2,500,00 0.00 | | | Improved working condition | No of furniture/ equipmen t purchased | | 85% | | | PHC DA |
| Improved Potency of Vaccines. | Reconstruction of Cold Chain Store, Okitiupupa | 2,000,00 0.00 | | | Improved Functional Cold Chain Stores in place. | Two improved Functiona l Cold Chain Stores in place. | | 85% | | | PHC DA |

3.8 Justification

The policy direction of the state is currently geared towards significantly improving access to qualitative healthcare services, creating a sustainable funding model for the sector and expanding the scope of healthcare services to include reduction in morbidity and mortality associated with non-communicable diseases.

Therefore, the strategies are tailored towards reducing the overall disease burden of the state. In other words, the programs and projects adopted have beneficial effects on not only the health status of the citizens, but the economy of the state. The strategies chosen are in consonance with the sector's broader policies to provide quality, equitable and accessible health care services to the citizens.

3.9 Responsibilities and Operational Plan

The Ministry of Health, being the Coordinating Ministry for all Agencies within the health sector, shall ensure that each Agency implements its own part of the strategic plan. The Honourable Commissioner for Health, supported by the Permanent Secretary, shall annually review the extent to which each Agency realizes its own part of the overall strategic plan of the health sector.

Chapter Four: Three Year Expenditure Projections

4.1 The process used to make Expenditure Projections

In the last quarter of every year, each MDA in the health sector reviews its annual budget plan implementation and prepares another plan for the succeeding year which goes through the government budget defence and approval processes. During the budget implementation review, performance of the previous year as well as other emerging health issues, usually determines the area of focus in budget preparation for the succeeding year. These processes are preceded by Pre-Treasury Board Meeting at Ministry of Economic Planning and Budget (MEP&B). It is worthy of note that the State government operates e-budgeting with all the MDAs represented on the portal.

The year 2016 is used as the baseline for calculation with a projected inflation rate of 12.42%. Subsequently the inflation rate can be reviewed based on economic realities. Some of the key assumptions in preparing the budget estimate for the succeeding year are:

- Inflation rate in the price of commodities except where such item is fixed and not controlled directly by the MDA (such as registration fees etc.);
- Another assumption is that partners will continue to work with government in those areas of competence because no cost was attached to those areas to avoid duplication of effort as well as waste of funds; and
- Community needs assessment.

4.2 Outline Expenditure Projections

Personnel cost

The sum of N8,741,071,054.79 was approved as personnel cost for 2019. So far, as at March 2019, the actual expenditure stood at N2,464,696,785.29. The sums of N9,180,779,086.00, N9,639,818,041.00 and N9,832,614,401.00 are budgeted for 2020, 2021 and 2022 respectively bearing in mind the inflation trend, promotion of workers, employment of workers and the proposed minimum wage for workers.

Overhead Cost

The sum of N77,700,000.00 was approved as budget under over-head cost for 2019. As at March 2019, the sum of N10,974,000.00 had so far been expended. However, the total sum of N57,857,669.00 was projected for 2020 budget while the sums of N58,190,244.00 and N58,965,035.00 were projected for 2021 and 2022 respectively bearing in mind the inflationary trend of items needed to run the offices within these periods.

Special Programme

For the Special Programme, the sum of N267,540,000.00 was approved out of which N6,225,000.00 was expended as at March 2019. The sum of N267,500,000.00 was projected for 2020 each of the years 2020, 2021 and 2022. The inflationary trend was put into consideration in the projections.

Table 9: This is geared towards provision of qualitative, accessible and affordable health service delivery to the citizenship of the state. The budgetary provisions/projections for year 2020-2022 took into consideration the establishment rehabilitation of hospitals/health facilities within the state. The proposed capital expenditure versus recurrent expenditure for health sector very healthy since the proportion of capital proposal is higher than recurrent in each of the years in view. The sector, however, must work on how to get better budget performance by liaising with relevant Government Agencies so that these funds will be released for their respective purposes as outlined in this document.

Chapter Five: Monitoring and Evaluation

5.1 Conducting Annual Sector Performance Review

The Health sector plans to carry out yearly Performance Management Review (PMR) of the Budget in the Ministry, Department and Agencies. Thereafter, the Sector Planning Team will review the MTSS and come up with recommendations to improve on future performance. Consequently, gaps identified will now be addressed with new strategy in order to meet the expected outcome. With the review of the projects baselines, targets and key performance indicators, the sector will be able to attain excellence in health care service delivery in Ondo State

5.2 Organizational Arrangements

The responsibilities for monitoring will be done quarterly at the Planning Research and Statistics department of the Ministry of Health, OSPHCDB, HMB and other key stakeholders. This will afford close monitoring of the Budget and necessary corrections or conclusions be derived. The Health Management Information System and M & E unit of each the MDAs will be involved in the collection, collation, analysis and dissemination of findings. The report will be presented to the MTSS Steering committee to review, which will be headed by the Permanent Secretary. This will assist in the preparation of Annual Budget, implementation and preparation of the Health Sector Performance Report.