



ONDO STATE HEALTH SECTOR

2021-2023

Medium Term Sector Strategy (MTSS)

September, 2020

Foreword

Budget is the policy instrument for the allocation of public resources among the socio-economic needs of any government. It therefore helps in planning the deliverables for the State and a key process towards the overall development of the State.

The Medium Term Sector Strategy (MTSS) of the Health Sector was developed by the 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 utmost assistance from the Ministry of Economic Planning and Budget (MEPB) as the coordinating Ministry over the MTSS process.

The MTSS provide the vital link in the process of translating the long and medium-term health reform strategies of the Ondo State Government from 2021 to 2023 into the spending reality of the annual budget. The MTSS providing the 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 2021 to 2023.

I therefore wish to commend all the stakeholders within the Health sector and Ministry of Economic Planning & Budget for their contributions in the development of the MTSS document which will guide the policy direction of the government, in contributing immensely to improved health care service delivery in Ondo State.

Dr. (Hon) Adeyeye Jibayo
Ag Honourable Commissioner for Health

Table of Contents

Contents

Foreword	2
Table of Contents	3
List of Tables.....	5
List of Annexes	6
Acknowledgements	7
Table of Acronyms	8
Executive Summary	10
1.1 Objectives of the MTSS Document	11
1.2 Summary of the Process used for the MTSS Development.....	11
1.3 Summary of the sector's Programmes, Outcomes and Related Expenditures	11
1.4 Outline of the Structure of the Document	12
2.1 A Brief Introduction to the State.....	13
2.3 The Current Situation in the Sector.....	14
2.4 Summary of the review of sector policies	17
ODSSHDP II (Ondo State Strategic Health Development Plan II)	19
2.5 Statement of the Sector's Mission, Vision and Core Values	20
2.6 The Sector's Objectives and Programmes for the MTSS Period.....	23
Chapter Three: The Development of Sector Strategy	26
3.1 Outline Major Strategic Challenges	26
3.2 Resource Constraints.....	27
3.3 Projects Prioritisation.....	28
3.4 Personnel and Overhead Costs: Existing and Projections.....	29
3.5 Contributions from our Partners	29
3.6 Cross-Cutting Issues	32
3.7 Outline of Key Strategies.....	32
3.8 Justification	42
3.9 Responsibilities and Operational Plan.....	42
Chapter Four: Three Year Expenditure Projections.....	43
4.1 The process used to make Expenditure Projections.....	43
4.2 Outline Expenditure Projections	43

Chapter Five: Monitoring and Evaluation..... 44

5.1 Conducting Annual Sector Performance Review..... 44

5.2 Organisational Arrangements 44

List of Tables

Table 1: Programmes, Expected Outcomes and Proposed Expenditures	11
Table 2: Summary of State Level Goals, Sector Level Objectives, Programmes and Outcomes	23
Table 3: Objectives, Programmes and Outcome Deliverables	24
Table 4: Summary of 2018 Budget Data	27
Table 5: Summary of 2019 Budget Data	27
Table 6: Summary of Projects Review and Prioritisation (Ongoing, Existing & New Projects)	28
Table 7: Personnel and Overhead Costs: Existing and Projected.....	29
Table 8: Grants and Donor Funding	31
Table 9: Summary of projects' expenditures and output measures (The Logframe)	32

List of Annexes

(Format all Annexes Headings with “Insert Caption” command to enable automatic listing up of the annexes)

Acknowledgements

First, appreciation goes to the Almighty God for a successful outcome of this document and to the Ministry of Economic Planning & Budget who has successfully anchored and gave directions towards the accomplishment of this document. There is no gainsaying that the Ministry of Economic Planning & Budget under the political leadership of Pastor Igbasan and the administrative leadership of Mr. O Bunmi Alade, has been doing a tremendous job of overseeing the Medium Term Sector Strategy for an overall budget policy, which is hereby acknowledged.

Worthy of mention are the immense contributions of all the stakeholders in the Health sectors.

Acknowledgements therefore goes to:-

- The Ag. 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 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 members.

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
ODCHC	Ondo State Contributory Health Commission
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 2019 Budget analysis showed that out of N15,127,911,054.79 allocated to the health sector, N9,790,366,253.41 was expended, meaning a performance of 65%. Additionally, in the Year 2020 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 – September 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 2021-2023 MTSS will set the pace for the 2021 budget and the subsequent ones. The total cost of the programmes for years 2021, 2022 and 2023 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		
		2021	2022	2023
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 5,172,324 (projected to 2020 from NPC 2006), of which 2,564,314 (49%) are females and 2,608,009 (51%) males (source: Ondo State Bureau of Statistics). 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. 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.

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.

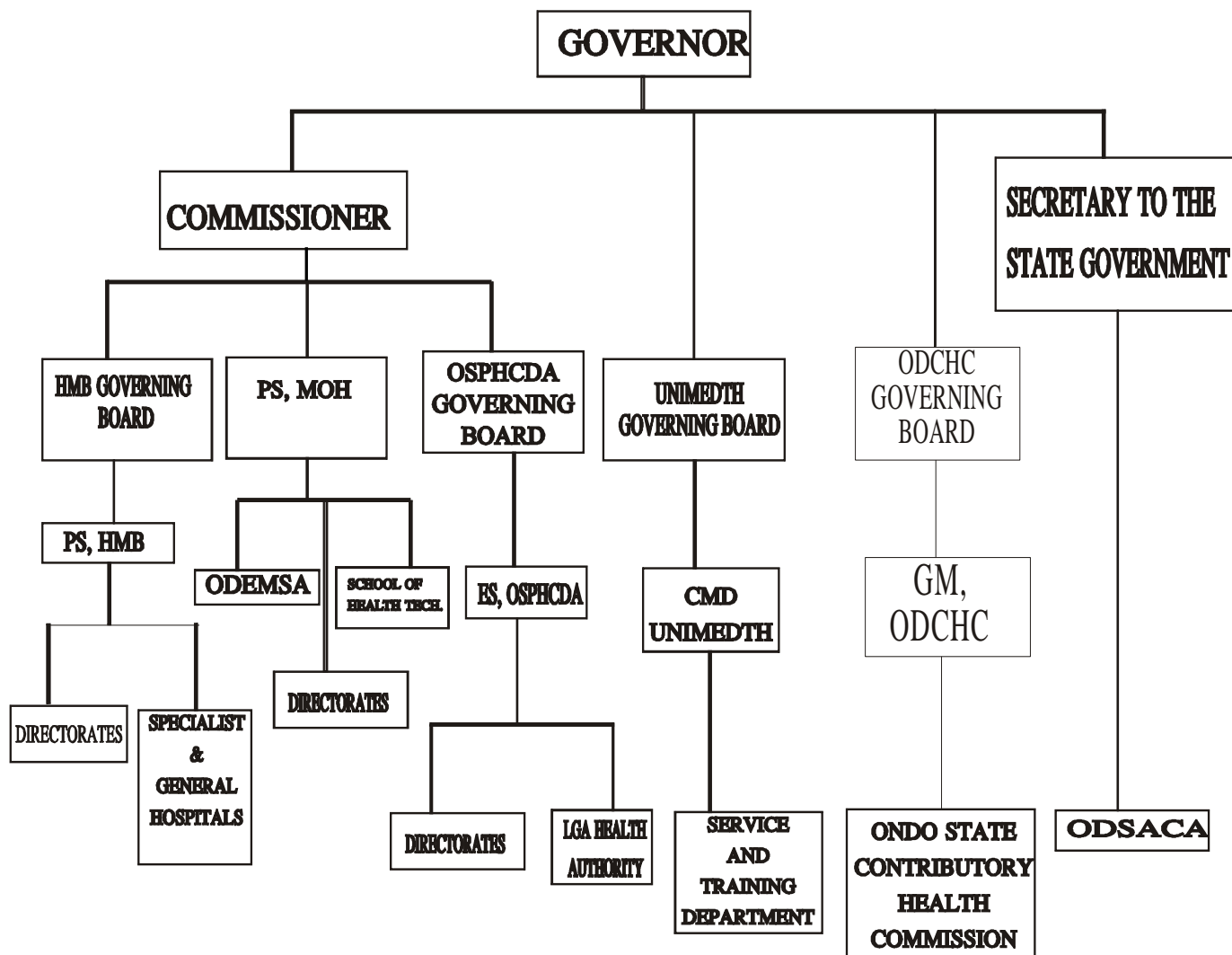
The University of Medical Sciences Teaching Hospital is an institution that provides tertiary medical services. In addition, the hospital collaborates with the University of Medical Sciences in research and training of Medical personnel. The College of Health Technology is a training institution supervised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

mid-level Health workers. Ondo State Contributory Health Commission is an 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	357
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

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	Ensuring equality and equity to all, irrespective of gender, social status, tribe, age or religion. Practical demonstration of equity that manifests in equality under the law, equal opportunity and equal access to	<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.

	human, financial and other productive resources		
Responsiveness	Quality of being responsive to our environment, public needs and emerging technology	<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 2019)	Target		
					2021	2022	2023
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 services	% 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%

			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.	30%	50%	60%	70%
			Number of policies developed and implemented to control epidemic.				

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 2019 Budget Data

Item	Approved Budget (N) in 2019	Amount Released (N) in 2019	Actual Expenditure (N) in 2019	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	8,341,071,054.79	9,289,466,438.89	9,289,466,438.89	111.37%	100%
Grant to UNIMEDTH	950,000,000.00	767,306,401.69	767,306,401.69	80.77%	100%
Overhead	77,700,000.00	50,460,000.00	50,460,000.00	64.94%	100%
Special Programme	218540000	113,491,444.44	113,491,444.44	51.93%	100%
Capital	6,412,600,000.00	2,671,041,133.79	2,671,041,133.79	41.65%	100%
Total	15,999,911,054.79	12,891,765,418.81	12,891,765,418.81	80.57%	100%

Table 5: Summary of 2020 Budget Data

Item	Approved Budget (N) in 2020	Amount Released (N) in 2020 (Up to March)	Actual Expenditure (N) in 2020	Amount Released as % of Approved	Actual Expenditure as % of Releases
Personnel	9,358,190,517.89	2,419,639,695.06	2,419,639,695.06	25.86%	100%
Grant to UNIMEDTH	1,750,000,000.00	200,000,000.00	200,000,000.00	11.43%	100%
Overhead	69,928,000.00	13,166,000.00	13,166,000.00	18.83%	100%
Special Programme	202,600,000.00	0.00	0.00	0.00%	-
Capital	7,687,200,000.00	5,000,000.00	5,000,000.00	0.07%	100%
Total	19,067,918,517.89	2,637,805,695.06	2,637,805,695.06	13.83%	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				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, Overhead Costs and other Recurrent Expenditure: Existing and Projected

Expenditure Head	2020(N)		Projections (N)		
	Approved	Actual (By March)	2021	2022	2023
Personnel	9,358,190,517.89	2,419,639,695.06	10,294,009,569.68	10,808,710,048.16	11,349,145,550.57
Grant to UNIMEDTH	1,750,000,000.00	200,000,000.00	1,837,500,000.00	1,929,375,000.00	2,025,843,750.00
Overhead	69,928,000.00	13,166,000.00	73,424,400.00	77,095,620.00	80,950,401.00
Special Programme	202,600,000.00	0.00	212,730,000.00	223,366,500.00	234,534,825.00
Total Cost (N)	11,380,718,517.89	2,632,805,695.06	12,417,663,969.68	13,038,547,168.16	13,690,474,526.57

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						
GHScPSM						
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

Thousands of children, women and men of different ages within different social and economic groups do not benefit adequately from State health policies or strategies in a sustainable way. There have been multiple pronouncements and commitments on women and child health care but adequate funding to implement State health strategies has been a challenge. Practical ways to uphold these commitments are often absent, leaving men, women and children in vulnerable groups at increased risk of negative health outcomes.

Health improvement is the overall goal of all health systems. The establishment of the Ondo State Contributory Health Commission (ODCHC) in addition with other Health agencies of Government are supposed to guarantee the implementation of pronouncements and commitments made by government on Health care, Human right, and Gender equality by ensuring sustainability of healthcare funding and removing financial barriers to quality service delivery. In addition, we need to identify other gaps and opportunities in health sector documents for future strategic interventions to catalyze the creation of supportive policy environment that respects and promotes quality health care for children, women and men of different ages and vulnerable groups and linking pronouncements and commitments of Government on health care, human rights and gender equality to health sector policies and strategies. We also need to support a harmonized approach among different health actors whose responsibilities include implementation or monitoring of health policies, health planning, and engagement in broader development activities, health care delivery and patient advocacy in order to avoid duplication of efforts.

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
		2021	2022	2023				2021	2022	2023	
Reduced Cancer Incidence	Establishment of Cancer Treatment Center, Owo	60,000	4,507	5,667,00 0.00	Cancer Treatment Established	Early detection of cancer cases	0%	60%	40%	0	MoH
Improved diagnostic	Procurement of Basic Laboratory Equipment	200,000	208,00 0	216,320	Laboratory Equipment	Availability of	40%	50%	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
		2021	2022	2023				2021	2022	2023	
system	and other Medical equipment				procured	Laboratory Equipment and other medical equipment procured					
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 service	Upgrading Infectious Disease Hospital, Igbatoro Road	50,000	58,990	86,978	Infectious disease Hospital, Established	Early detection and treatment of infectious diseases	10%	50%	70%	90%	MoH
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
Improved access to health care	Construction and Upgrading of Secondary Health	570,000	342,160	77,875	Secondary Health facilities renovated	Improved quality of services	20%	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
		2021	2022	2023				2021	2022	2023	
	Facilities										
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	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 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
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
Improved surveillance	Communicable disease	51,000	51,000	51,000	Surveillance system	Effective surveillance	40%	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
		2021	2022	2023				2021	2022	2023	
system	prevention and control				strengthened	system					
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
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 infection among General and key	HIV Prevention Programmes	85,600	92,448	98,537	New HIV infections prevented	number of new HIV infections prevented		95	95	95	ODSA CA

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Respo nsible
		2021	2022	2023				2021	2022	2023	
Population											
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 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 manageme	Maintenance of operational vehicles	10,000	0	0	Functiona Hilux EMS 03 Functional ALS EMS 08 Functional EM S	% of reduction in response time	0	60%	70%	80%	ODEM SA

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Respo nsible
		2021	2022	2023				2021	2022	2023	
nt	(Ambulances, Towing Trucks, Extrica				Trowing Truck EMS 16						
Effective health system managemen t	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 medicame nt 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	67,600,0 00.00	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	1,548,5 00,000 .	1,392,50 0,000.0 0	Improved Functional Cold Chain Stores in place.	Two improved Functiona l Cold Chain Stores in place.	0	0	0	0	PHC DA

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Respo nsible
		2021	2022	2023				2021	2022	2023	
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 reporting system	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
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	No of services improved Availabilit y of funds		85%			PHC DA

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Respo nsible
		2021	2022	2023				2021	2022	2023	
					financing.	in the health system					
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 purchased		85%			PHC DA
Enhanced efficiency and productivity	Purchase of Office Furniture/Equipment (PHC)	2,500,000.00			Improved working condition	No of furniture/ equipment purchased		85%			PHC DA
Improved Potency of Vaccines.	Reconstruction of Cold Chain Store, Okitipupa	2,000,000.00			Improved Functional Cold Chain Stores in place.	Two improved Functional Cold Chain Stores in place.		85%			PHC DA
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	0%	70%	80%	90%	

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Respo nsible
		2021	2022	2023				2021	2022	2023	
						(12 months)					
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 Quarterly CMDs/MDs meetings 	<ul style="list-style-type: none"> Percent age of all hospitals that receive ISS in the year Monthly supervision report and checklists No of meetings in a year Minutes of meetings No of meetings in a year Minutes of 	50%	100%	100 %	100 %	

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2018)	Output Target			MDA Respo nsible
		2021	2022	2023				2021	2022	2023	
						meetings					
Prevention/ Reduction of Hospital Acquired Infections (HAI) and standard management of medical waste	Hospital infection control	9,000	10,000	12,000	• Constitution of HIC committees in facilities	Percentage of health facilities with HIC committee s	0%	50%	75%	100 %	
					• Training of all members of committee		0%	50%	75%	100 %	
					• Distribution of IPC and HCWM protocols to all hospitals	Percentage of hospitals with trained committee members	0%	50%	75%	100 %	
					• Monthly report of activities by facility HIC committee	Percentage of hospitals with IPC and HCWM protocols	0%	50%	75%	00%	
					• Quarterly Hospital assessment to ensure compliance with protocols						
						• Report of assessme nt					

3.8 Justification

The policy direction of the State in light of COVID-19 pandemic is currently anchored on the compelling need to reduce morbidity and mortality associated with communicable as well as non-communicable diseases in 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.

This is to be achieved through upgrading our health infrastructure, investing in human resources for health and improvement in health management systems. In view of current challenges,` special emphasis will also be laid on Infection Prevention and Control, and Integrated Disease Surveillance and Response.

In order to effectively deliver on this mandate, the expansion of the Contributory Health Scheme as a sustainable funding model for the sector is imperative. To this extent, the programs and projects proposed for implementation have beneficial effects on the health status of the citizens and the economy of the state, especially while considering the Poverty-Health nexus.

3.9 Responsibilities and Operational Plan

The Ministry of Health, being the coordinating Ministry for the sector shall ensure that each Agency implements its own part of the strategic plan. An annual review process, driven by the Honourable Commissioner for Health and supported by the Accounting Officers of all agencies shall be put in place to evaluate 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 2019 is used as the baseline for calculation with a projected inflation rate of 11.95%, 10.94% and 11.02% for years 2021 to 2023 respectively. 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 N8,341,071,054.79 was approved as personnel cost for 2019. So far, as at March 2020, the actual expenditure stood at N2,464,696,785.29. The sums of N10,294,009,569.68, N 10,808,710,048.16 and N 11,349,145,550.57 are budgeted for 2021, 2022 and 2023 respectively bearing in mind the inflation trend, promotion of workers, employment of workers and retirement of workers.

Overhead Cost

The sum of N 13,166,000.00 was approved as budget under over-head cost for 2020. As at March 2020, the sum of N 13,166,000.00 had so far been expended. However, the total sum of N73,424,400.00 was projected for 2021 budget while the sums of N77,095,620.00 and N80,950,401.00 were projected for 2022 and 2023 respectively bearing in mind the inflationary trend of items needed to run the offices within these periods.

Grants to UNIMEDTH

The sum of N 1,750,000,000.00 was approved as grant to UNIMEDTH for year 2020. The grant is expected to meet the personnel cost and other recurrent expenditure of the institution. As at March 2020, the sum of N200,000,000.00 had so far been expended. However, the total sum of N 1,837,500,000.00 was projected for 2021 budget while the sums of N1,929,375,000.00 and 2,025,843,750.00 were projected for 2022 and 2023 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 N202,600,000.00 was approved out of which N0.00 was expended as at March 2020. The sum of N 212,730,000.00, N223,366,500.00 and N234,534,825.00 was projected for each of the years 2021, 2022 and 2023. The inflationary trend was put into consideration in the projections.

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 of 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.