

PROGRAMMES, ACHIEVEMENTS & FUTURE DEVELOPMENT, OF THE MINISTRY OF HEALTH,

JIGAWA STATE 2007-2010.

BY

Honorable Commissioner for Health, Jigawa State.

The mission and mandate of the Ministry of Health is to promote the health status of the people of Jigawa State through improved, integrated and decentralized health care services, awareness on health and health related matters, to ensure good resource mobilization and practices with increased public-private partnership (PPP) and effective community participation and ownership to ensure that basic health services are made available, accessible, affordable and acceptable to the people of Jigawa State

The major challenge of the health sector this administration inherited is the poor health indices particularly in respect of Maternal mortality, Infant and under five mortality rates, lack of adequate human resource for Health, Health infrastructural decay, lack of basic medical equipments and more glaring the weakness of the Health system to effectively tackle prevailing situation and their underlying causes in a practical and sustainable manner. The poor Health indices from relevant surveys were the outcomes expected to be tackled in the long run through proper planning and execution of programmes and projects in the sector.

The indices galvanized state action and attracted the support of the developmental partners, for the State Reform Agenda in the health sector. The reform process culminated in the introduction of several interventions that are gradually improving the quality of health services delivery and structural change which integrated both primary and secondary health care services under a single line of authority and accountability. Secondly, the powers and authority of the Ministry of health were decentralized into 9 Gunduma Governing councils with a Governing Board to oversee their activities.

The state Government increased the capital budgetary allocation from under 5.2% to 9% and 12% in the year 2008 and 2009.

Key Targets.

- Reduce infant mortality from 101/1000 to less than 50/1000 by 2015;
- Reduce under five mortality from 166/1000 to less than 75/1000 by 2015
- Reduce by 65% the level of maternal mortality by 2015 – from 2000/100000 live births to 700/100000 live births.

- Improving ward level access to comprehensive health care from 16% to 50% by 2015
- Increase number of facilities providing routine immunization from 316 to 500 by 2015
- Increase in health sector budgetary allocation from the current 9% to 15% by 2015 in accordance with Abuja declaration
- Combat and reverse the spread of HIV/AIDS and Tuberculosis by 2015. to less than 1% prevalence rate in the state.
- The targets is that for every 500,000 people there should be at least four facilities offering Basic Emergency Obstetric Care Services, one facility offering Comprehensive Emergency Obstetric services based on an optimal distribution.

Key Strategies.

- Ensure exclusive breastfeeding
- Promote infant nutrition services
- Strengthen routine immunization against six killer diseases
- Integrated Management of Childhood Illness (IMCI)
- Achieve Universal Immunization Coverage among highly vulnerable populations and children aged 0-5 years by 2015;
- Pursue of Safe Motherhood Initiative
- Demand creation for ANC, delivery at the facility and post natal care
- Integrated priority action on Maternal. New Born and Child Healthcare Strategic Interventions including antenatal /intrapartum care, Emergency Obstetric / New Born Care, Routine Post-natal / New Born care, Preventive Malaria Control, Institutionalized Routine Immunization; and Prevention and Management of Child Malnutrition
- Strengthening of Reproductive Health & Family Planning Services
- PHC rollout plan from 47 wards to 144
- Provide MSP package in the facilitie
 - Strengthened Aids Control Agencies (SACA and LACA) and advocacies to prevent new infection;
- Strengthened and scaled-up services including HIV Aids counseling, scale-up testing among vulnerable groups, access to services aimed at prevention of mother-to-child transmission, access to ARTs.
- Develop a HIV/AIDS State Strategic Framework for Action that adopts the NSF.
- Produce, disseminate and monitor implementation of Health Service Charter
- Direct recruitment by the state Government
- Continuous support and expansion of school of Nursing and School of Health Technology;
- Gradual development of a new school for the production of mid-wives

in the state and specialized/targeted training for TBAs.

- Ensure provision of adequate, high quality and affordable essential drugs and consumables in a sustainable manner.

The Ministry of Health executed the following projects in the last three years

1. RASHEED SHEKONI SPECIALIST HOSPITAL.

- Renovation of existing structure, Landscaping, Construction of wall fencing and Gen. house
- Additional works (Modification work)
- Site instruction , extension of wall fencing , increase width of access road and construction of access road and construction of additional gate house
- Construction of Admin block, 4 toilets, water tanks and taps.
- Construction of equipment store
- Procurement of 4No vehicles- 406, 18 seater bus, Ambulance and Toyota helix
- Supply of medical equipment
- Provision of concrete work top
- Provision of Hospital Security to Global securities Ltd.
- Landscaping of the Hospital.
- Provision of cleaning services.
- Insurance cover to the Hospital.
- Provision of other requirements for commissioning of the Hospital.

2. SCHOOL OF NURSING BIRNIN KUDU.

- Renovation work at temporary site
- Procurement coaster bus
- Construction of permanent site

3. IMPROVEMENT OF GENERAL HOSPITALS

a. Dutse General Hospital.

- Renovation of staff quarters
- Rehabilitation of Kitchen/Laundry, Pharmacy block and Maternity
- Conversion of Pediatric ward to A & E unit
- Construction of Pediatric ward
- Supply of 150 KVA Gen Set
- Construction of new OPD
- Improvement of Antenatal clinic
- Construction of X-ray and Scanning unit
- Construction of connecting corridor
- Renovation and re-roofing of 2No staff quarters
- Supply of X-ray machine
- Supply of Scanning machine
- Conversion of old OPD to the existing Pharmacy.

- Provision of equipments for OPD.

b. Gumel General Hospital

- Construction of 2No intermediate staff quarters
- Renovation of 2No Doctor's houses, Boys quarters and intermediate staff quarters
- Supply of 150 KVA Gen Set
- Procurement of Ultrasound machine
- Construction of 20bed ward
- Construction of new OPD
- Purchase of private house
- Procurement of X-ray machine
- Provision of additional staff quarters.

c. Kazaure General Hospital

- Re-roofing and renovation of Theater block
- Re-roofing and renovation of X-ray
- Renovation of Isolation ward
- Re-roofing and renovation of OPD
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Renovation of Maternity, Female, pediatric and Male wards and Laboratory

d. Ringim General hospital

- Renovation of 20bed ward
- Renovation of 40bed ward
- Renovation of 2No senior staff quarters and 3No bedroom house
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Completion of prototype theatre, Maternity ward and connecting corridor
- Construction of Ophthalmic unit.
- Provision of equipments for newly constructed OPD, and 20Bed ward.

e. Birnin Kudu General Hospital

- Construction of Theatre block
- Re-structuring Male and pediatric wards to create more space
- Construction of Generator house
- Construction of 20bed ward
- Re-roofing and provision of windows to renovated blocks
- Construction of X-ray and Scanning unit

- Wall fencing, connecting corridor to new structure and construction of medium sized Mortuary
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Provision of equipments for new theatater.
- Provision of equipmenys for newly constructed 20Bed ward.

f. Jahun General Hospital

- Repair of OPD
- Repair of Kitchen and Laundry
- Repair of X-ray and Admin block
- Completion of 3 bed room bungalow
- Renovation of 4No intermediate staff quarters
- Construction of female ward
- Re-roofing of Isolation ward and staff quarters
- Linking corridor to 20bed ward
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Equipments for newly constructed 20Bed wards and Theater.

g. Hadejia General Hospital

- Wall fencing
- General renovation of Isolation ward
- Completion of Ophthalmic clinic
- Renovation of children ward
- Rehabilitation of 3 bed room bungalow and boys quarters
- Construction of 200bed Ecliptic ward
- Repair of registry and connecting corridor
- Re-roofing of children ward
- Renovation of 3No intermediate staff quarters
- Construction of Generator house
- Rendering of existing wall fencing
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Construction of new OPD.
- Equipments for new Ophthalmic unit.

h. Babura General Hospital

- General renovation of Male and Female wards, OPD, X-ray, Theatre and Maternity

- Wall fencing, connecting corridor to new structure and construction of medium sized Mortuary
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Provision of equipments for new theatater.
- Provision of equipmenys for newly constructed 20Bed ward.

f. Jahun General Hospital

- Repair of OPD
- Repair of Kitchen and Laundry
- Repair of X-ray and Admin block
- Completion of 3 bed room bungalow
- Renovation of 4No intermediate staff quarters
- Construction of female ward
- Re-roofing of Isolation ward and staff quarters
- Linking corridor to 20bed ward
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Equipments for newly constructed 20Bed wards and Theather.

g. Hadejia General Hospital

- Wall fencing
- General renovation of Isolation ward
- Completion of Ophthalmic clinic
- Renovation of children ward
- Rehabilitation of 3 bed room bungalow and boys quarters
- Construction of 200bed Ecliptic ward
- Repair of registry and connecting corridor
- Re-roofing of children ward
- Renovation of 3No intermediate staff quarters
- Construction of Generator house
- Rendering of existing wall fencing
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine
- Construction of new OPD.
- Equipments for new Ophthalmic unit.

h. Babura General Hospital

- General renovation of Male and Female wards, OPD, X-ray, Theatre and Maternity

- Construction of new OPD
- Renovation of 3No senior and intermediate staff quarters
- Re-roofing of 20bed ward and construction of connecting corridor, provision of Sliding windows and removal of temporary
- Supply of 150 KVA Gen Set
- Supply of X-ray machine
- Supply of Ultrasound machine

i. Psychiatric Hospital Kazaure

- Rehabilitation of Female inmate ward and 2No pit latrines
- Rehabilitation of Female inmate ward and 1No pit latrines
- Painting of wall fencing
- Renovation and expansion of OPD
- Construction of Generator house
- Supply of 60 KVA Gen Set
- Renovation of administration block
- Wallfencing of the Hospital.

j. Basirka PHC

- Completion of Theatre block.
- Provision of theater equipments for the completed ward.

k. TBL Referral Centre Hadejia

- Completion of 20bed ward
- Rendering and painting of existing wall fence
- Renovation of 3bed room house and furnishing.
- Supply of furniture for renovated 3Bed room Bungalow.
- Provision of 100KVA Generator.
- Provision of Ambulance.
- Completion and equipping of 20Bed ward.
- Provision of 5,000 gallon overhead tank.

l. VVF centre Jahun/

- Construction of 20bed ward/
- Equioment for 20Bed ward.
- Construction of Operation Theatre.
- Equipments for Operation theatre.

m. MOH&SW H/Q.

- Procurement of Project monitoring vehicle
- Purchase of office equipment
- Renovation of Malaria office

n. SHT Jahun.

- Renovation of Female hostel
- Purchase of office equipment, Computers and Teaching Aids
- Procurement of Coaster bus
- Procurement of 200 KVA Gen Set.
- Completion of water system and reticulation to students hostel.
- Rehabilitation of party offices as Male Hostel.
- Construction of additional female Hostels.
- Construction of additional Classroom blocks.

o. Kafin Hausa Cottage Hospital.

- General renovation of the facility.
- Construction of additional wards.

p. Bulangu Cottage Hospital.

- Renovation

q. Construction of Lafiya BHC

r. Construction of Gwarta (Rauda) BHC

s. Construction of Shuwarin and Sindimina BHC

PROGRAMMES.

Health Management Information System (HMIS).

The Health Management Information System is an integrated system of collection, collation and analysis of Health data, with a view to making informed decisions on Health Planning, Monitoring of control programmes, and evaluation of impact of various Health interventions on Disease pattern, as well as planning for Health related problems and systems.

The HMIS system has achieved amongst others,

1. Provision of office furniture and 5 desktop and 5 laptop computers to HMIS Unit by SMOH in 2008.
2. The SMOH Printed Standardized National Health Management Information System Data collection tools at a cost of N1,976,000 in December 2008.
3. Conducted the State Level training on the use of the NHMIS tools for 55 staff comprising of Programme officers, monitoring and evaluation coordinators of the Gunduma Councils, monitoring and evaluation officers of the LGAs and HMIS unit staff in 2009 at a cost of N540,000.

4. Conducted the Gunduma Level training for 587 staff comprising of health records personnel, local immunization officers and health facility in-charges on the use of the NHMIS across the State in 2009. at a total cost of N3,328,700.
5. The SMOH conducted Senatorial Districts HMIS Review meeting in three locations namely Dutse for Central, Hadejia for North East and Gumel for North West Senatorial Districts in October and December 2008. The focus of the meeting was to ensure quality of data and was supported by PRRINN project.

HEALTH SYSTEM DEVELOPMENT II

Health system development is a world Bank assisted Programme of infrastructural, and manpower development. The Programme is operating within the Planning department and has undertaken the following in the last three years.

- 1) Renovation of Birnin Kudu Medical store,
- 2) Construction of twenty bed wards at Birnin Kudu and Hadejia.
- 3) Construction of operation theater at Ringim and Basirka.
- 4) Renovation of Maigatari PHC.
- 5) Renovation of Maternity ward at Hadejia General Hospital.
- 6) Procurement of Medical Equipments for Galambi PHC.
- 7) Procurement of Accident and Emergency equipments for Dutse General Hospital.
- 8) Procurement of theater equipments for Ringim and Basirka Hospitals.
- 9) Training of 583 staff of the Ministry, Gunduma Boards and councils, record officers, and in charges of health facilities on HMIS.
- 10) Procurement of bidding documents for 2010 additional financing projects.
- 11) Development of Jigawa State Strategic Health Development Plan (JSSHDP), 2010-2015.

Malarial Boaster Control

The Malaria control Programme is funded by the state Government in collaboration with other partners like the World Bank, UNICEF, and PATH Programme. In the last two years the Malaria Buster project came on board as a Programme under the Ministry of Health. Some of the activities conducted in the last two years includes.

- i) Case Management-
 - Training of 200 Health staffs on case management of malaria using the current treatment guideline.
 - Provision of N36,000,000.worth of ACT by the state Government.
 - Distribution of 396,000 doses of ACT provided by Partners..
- ii) Use of Long Lasting Insecticides.
 - Distribution of 247,000 to 12 LGAs.
 - Distribute 868,000 LLINs to remaining 15 LGAs.
- iii) Indoor Residual Spraying (IRS).
 - IRS conducted at Birniwa LGA.
 - Developed road map for IRS state wide.
- iv) Intermittent Preventive Therapy.
 - Distributed 296,000 doses of SP to pregnant women in Jigawa state.
- v) Behavioral Change Communication (BCC)
 - Regular appearance on National Dailies.
 - Celebrate World Malaria Day.
 - Sensitization of 220 mothers on Malaria Burden and Control strategy.

➤ Sponsored Radio Jingles.

TB and Leprosy control.

The TB and Leprosy control Programme in the state consists of the TB and Leprosy referral center at Hadejia, and the control Programme. The state Ministry of Health renovated the TBL referral center.

The control Programme conducts case search, case holding and treatment of all active leprosy cases, as well as providing treatment using the Directly Observed Short Course (DOTS) therapy for all cases of Pulmonary Tuberculosis. The Netherlands Leprosy Relief Agency has under the memorandum of understanding (MOU) signed between them and the state Ministry of Health, has been supporting the TB and Leprosy control in Jigawa state. This year alone the Jigawa state Government has set aside N22,000,000 as its counterpart funding of the Programme.

In the last three years a total of 997 case of TB were detected, out of which 412 were treated, with 13 failures and 59 death, while 24 cases defaulted and 23 were transferred out for further treatments.

VVF.

A total of 256 cases of VVF were operated in the year under review, while the VVF ward, operation theater and equipments have been provided at the VVF center in Jahun.

Onchocerciasis control Programme.

The Programme is a joint Programme between Vision 2020, the state Ministry of Health, LGAs and benefitting communities.

In the last three years treatment with Mectizan was conducted in 167 communities, in 17 Onchocerciasis endemic LGAs of the state. In all 384,136 person were given mectizan to treat/control Onchocerciasis.

The state Government supported the Programme with N5,000,000. as its counterpart funding in the last two years.

Primary Eye care Programme.

The Programme conducts cataract and lid surgery to affected individuals. In the last three years three Eye care centers were established in Dutse, Gumel and Kazaure.

In the last three year 5,954 patient were operated for cataract and 6,769 patients were treated for trachoma/trachiasis lid surgery. Six infants were referred to ECWA hospital for treatment.

Integrated Disease Surveillance and Response.

This section deals with surveillance of notifiable epidemics diseases and has an integrated system of reporting the occurrence of any notifiable disease like Measles, Meningitis, Cholera, Polio, etc.

In the last three years the Ministry has Provided working materials including Computers (4no), 2no Helix Vehicles and providing drugs worth Millions for Measles campaign and Meningitis control in the last 2 years. These includes Notification, Supply of Drugs and Vaccines for management of affected cases, Vaccination campaigns, transportation and Laboratory analysis at National Public Health Laboratory in Lagos, Measles referral Laboratory in Kaduna and WHO regional Laboratory in Accra, Ghana.

Measles and Meningitis Outbreak of 2008-2009.

In the last three years we had experience an outbreak of Measles in 2008 involving 3,730 cases and 40 Death in Jigawa state. The Ministry has expanded the above in case management of infected cases and immunized a total of throughout the state.

In the year 2009, from week I to week 22, we have recorded 7,552 cases of CSM and 232 Death. The Ministry of Health has committed towards the treatment of all affected cases and immunized 1,012,082 number of persons in 27 LGAs of the state in conjunction with MSF.

Treatment of Cancrum Oris (Noma)

The Government of Jigawa State in the last three years have sponsored two hundred and ninety six (296) patients with noma for treatment at Noma children Hospital in Sokoto. The Government of Jigawa state had also donated the sum of N2,000,000. to the Hospital to support its activity.

Immunization

- i. The tall order given by His Excellency to the State Ministry of Health to eradicate poliomyelitis from the State within seven months was backed by necessary political will and financial commitment. Top level supervision was carried out by Commissioner, Permanent Secretaries and Directors as well as Traditional Leaders.
- ii. Financially the government has increased its commitment from two million five hundred thousand naira (N2,500,000) per Immunization Days Plus (IPD) round to five million naira (N5,000,000) thus totally thirty five million naira (N35,000,000) similarly the 27 LGAs, W.H.O, and UNICEF provided fifty seven million naira (N57,000,000) per Immunization Plus Days.
- iii. As a result 835,781 children aged 0 – 59 months were immunized during every IPD round, and there is zero reported polio case in the State from March 2009 – Aril 2010.
- iv. Increased in the number of health facilities provided routine immunization services from 249 to 418 a cross the State.
- v. 54 cold boxes and 1835 vaccine carriers were distributed to all the LGAs in the State.
- vi. Procument and Distribution of 316no Motorcycles to all immunization ward focal persons at a total cost of N25,280,000 only.

Drug Revolving Fund.

- A total of 13 SHC and ward level 350 PHCs are operating and managing drug revolving fund in line with the government objective of making medicines available, accessible and affordable in all the nooks and crannies of the state.
- Roll out of DRF programme in 175 health facilities ,bringing the total DRF facilities to 464 out of 531 the state health facilities.
- Policy on all public health organizations to procure their drugs needs from JIDMA in the state developed and disseminated

- The training of 350 health workers in 175 health facilities and 36 staff in 9 Gunduma Council on managing and operating DRF with support from the Health Commodities Project (HCP)
- One day training on Procurement methods and LMIS for 15 staff under the auspices of PATHS2 programme
- Procurement and supply management training of the training of two staff with support from Roll Back Malaria programme
- Hadejia Regional JIDMA store was partially renovated
- Receipt of Hospital equipment worth £ 800,000.00 for 157 health facilities from Health Commodities project .
- JIDMA recorded an annual sale of N276 456, 255.34, procured items worth N271, 077,744.00 within 2009.

OUTCOMES/RESULTS.

Fig I: General OPD attendance 2005-2009 (HMIS Jigawa State)

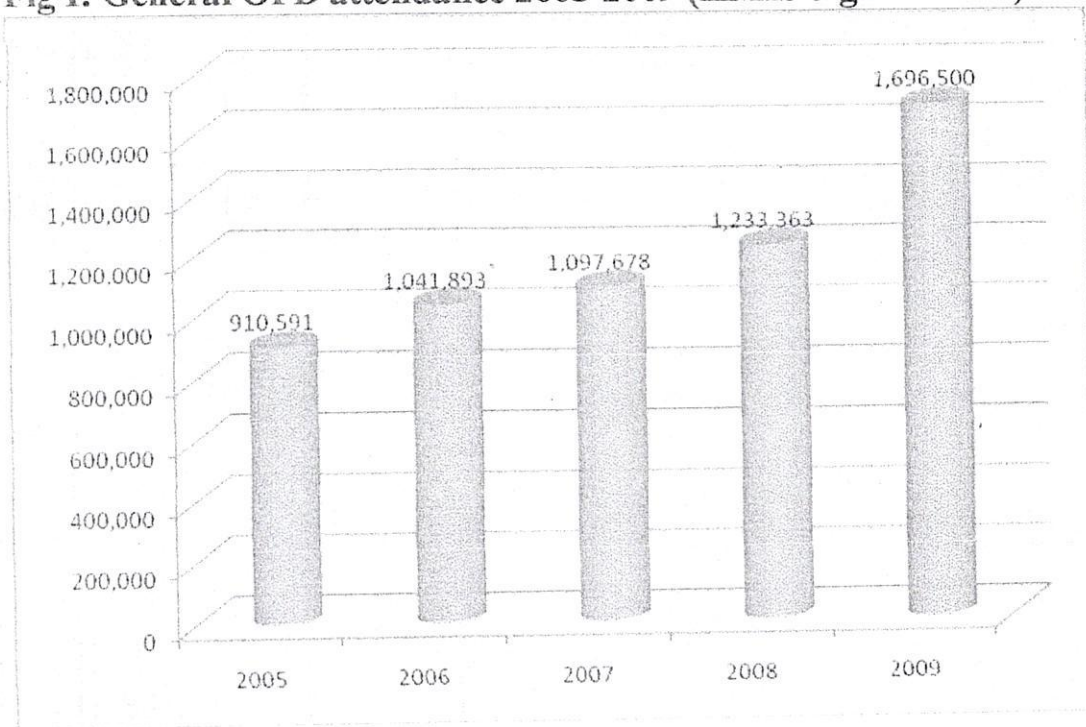


Fig II: Under Five OPD attendance 2005-2009 (HMIS Jigawa State)

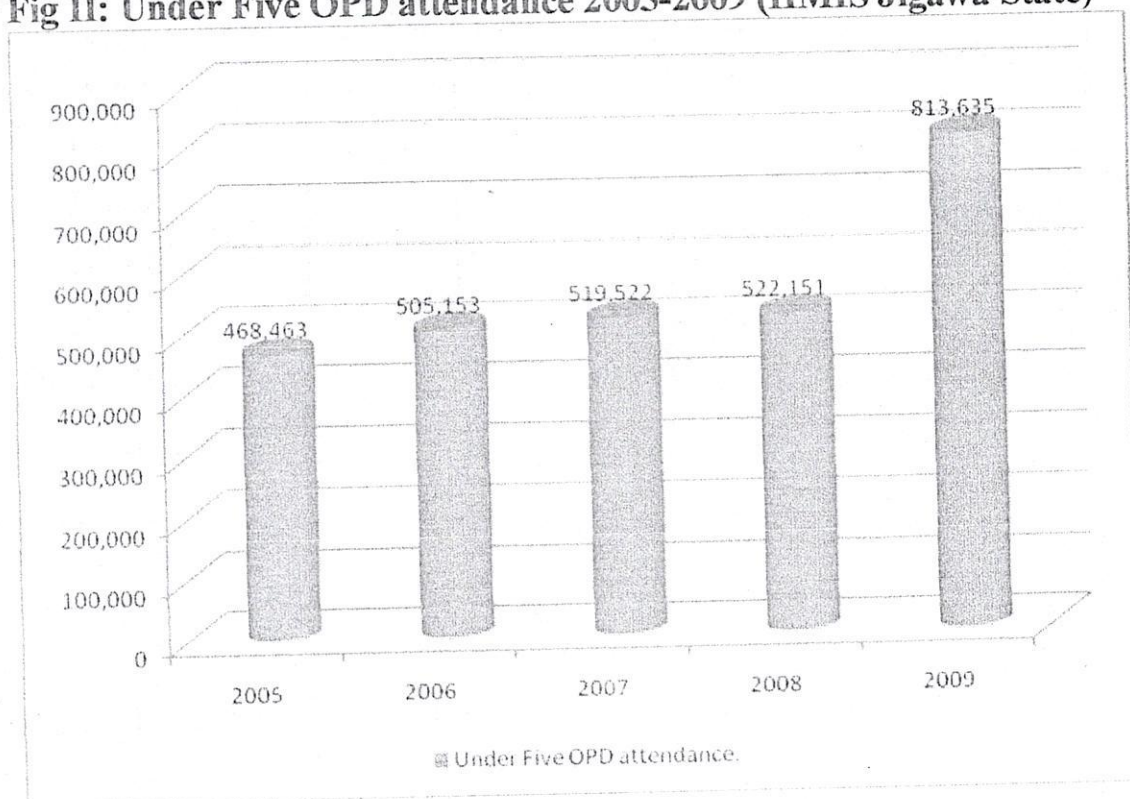


Fig III. ANC Attendance, 2005-2009 (HMIS Jigawa).

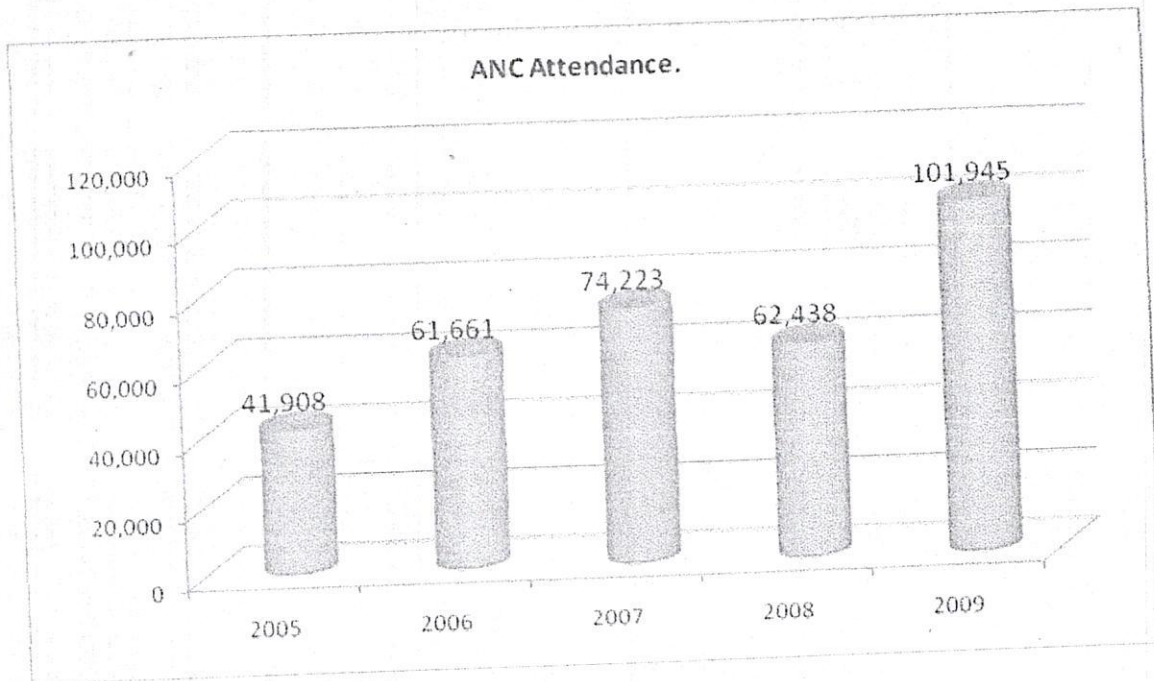


Fig IV. ANC Attendance % 2005-2009 (HMIS).

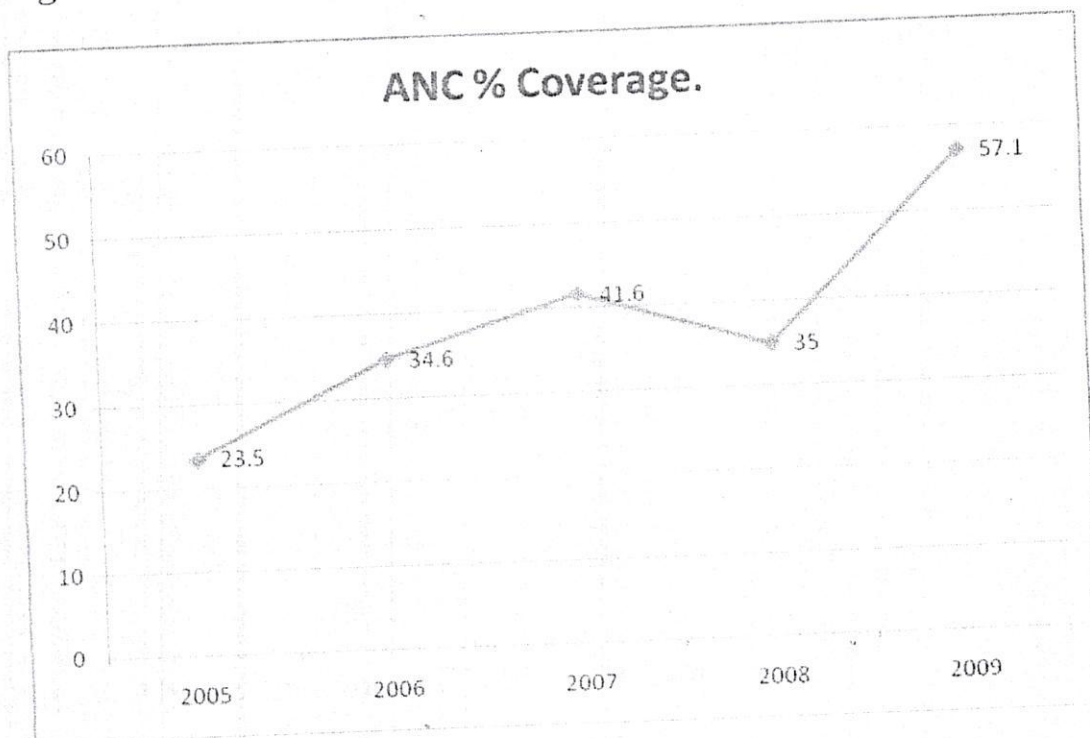


Fig V: Children under 1 Year Fully Immunized,(HMIS Jigawa State

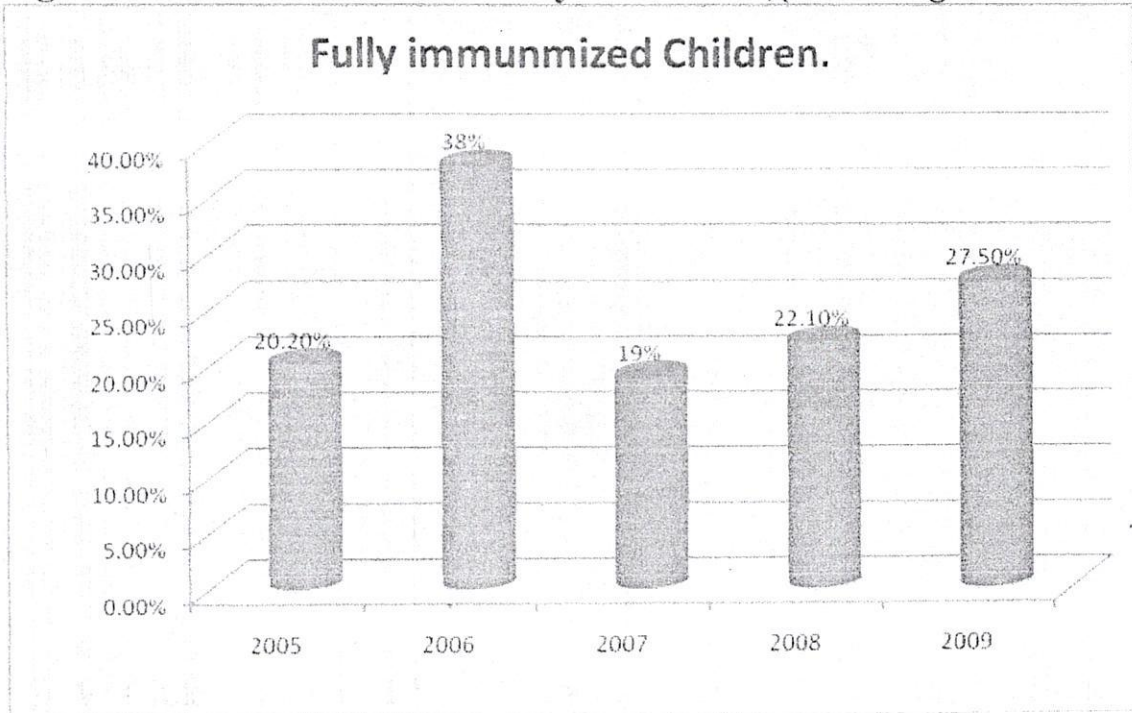


Fig VI: Children Fully immunized as Percentage, HMIS, Jigawa.

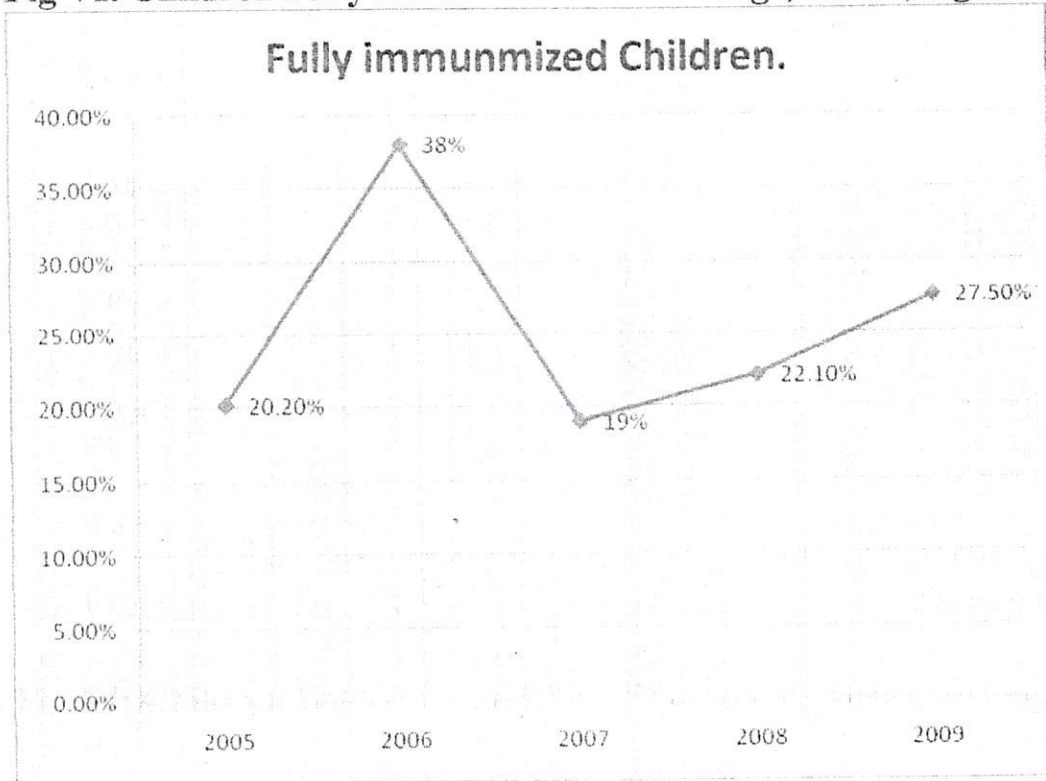


Fig: VII. DPTI-III, and Drop-out rates, HMIS, 2009 Data, Jigawa.

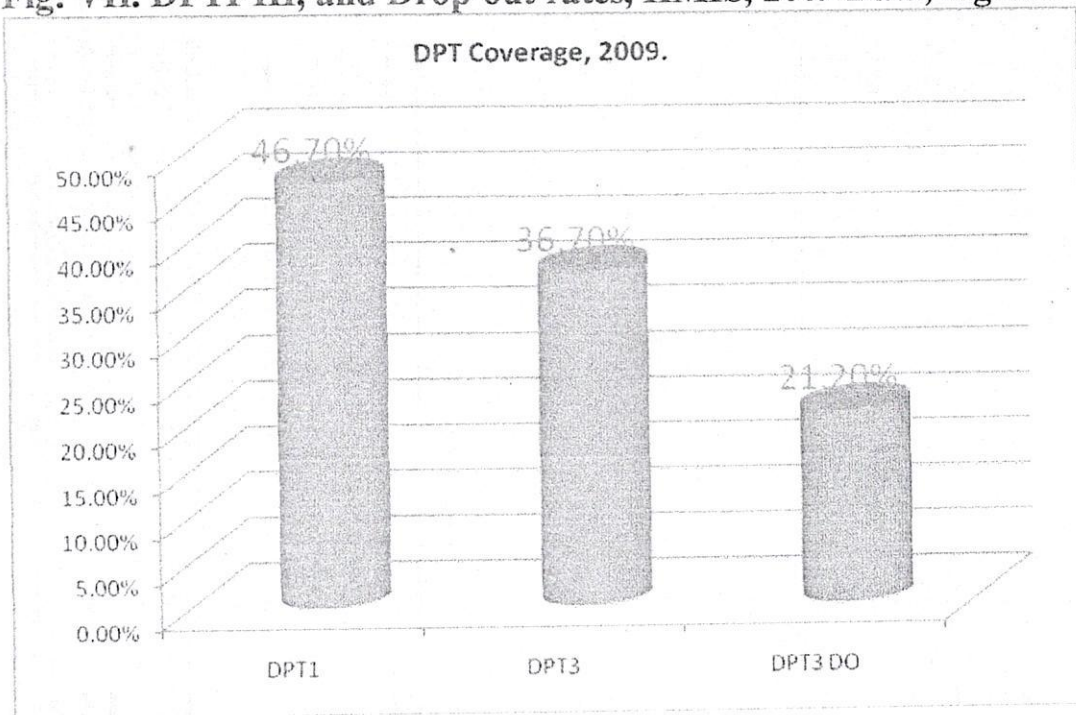


Fig VIII: Measles cases 2005-2009, HMIS, SMOH, Jigawa.

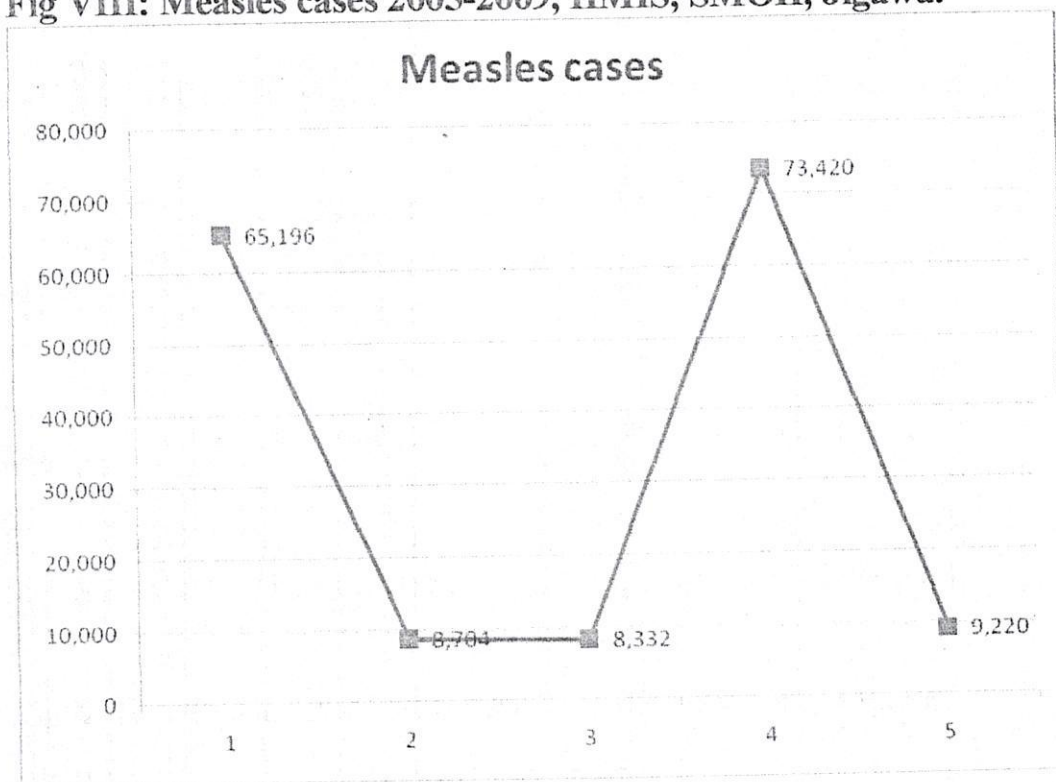


Fig IX: Malaria Cases, HMIS, Jigawa State.

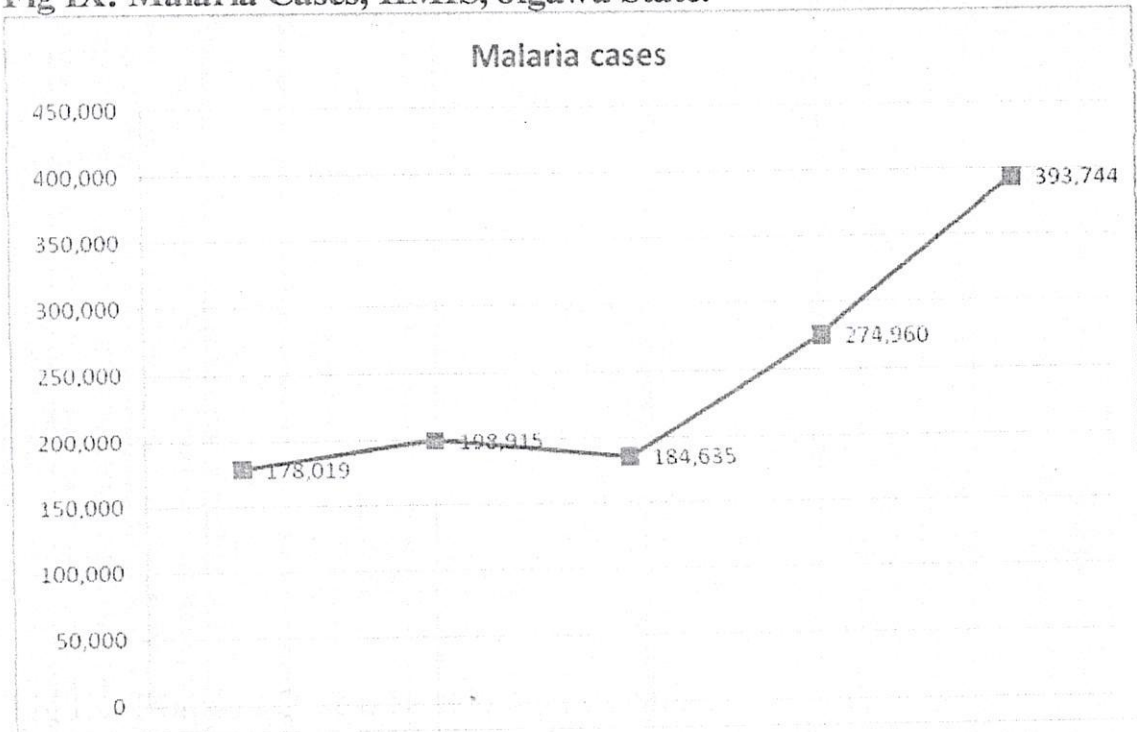


Fig: X. Cases of Severe Malnutrition, HMIS, Jigawa.

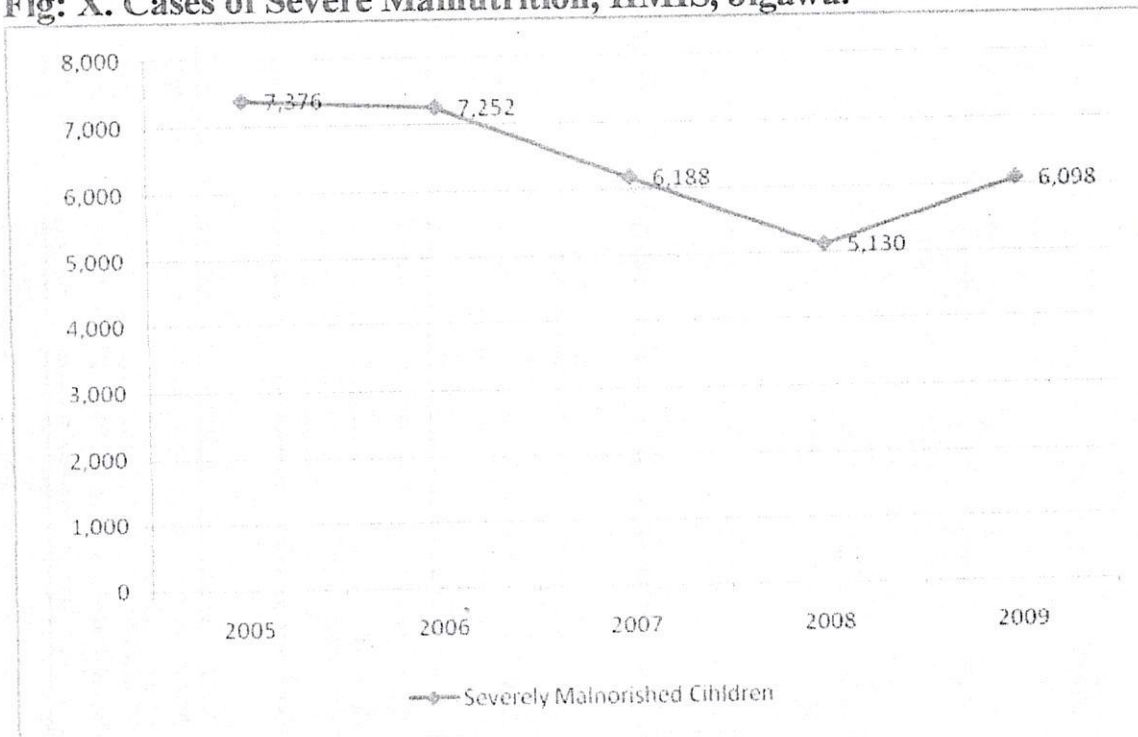


Fig: XI. Total Hospital Deliveries,(2005-2009) HMIS, Jigawa State

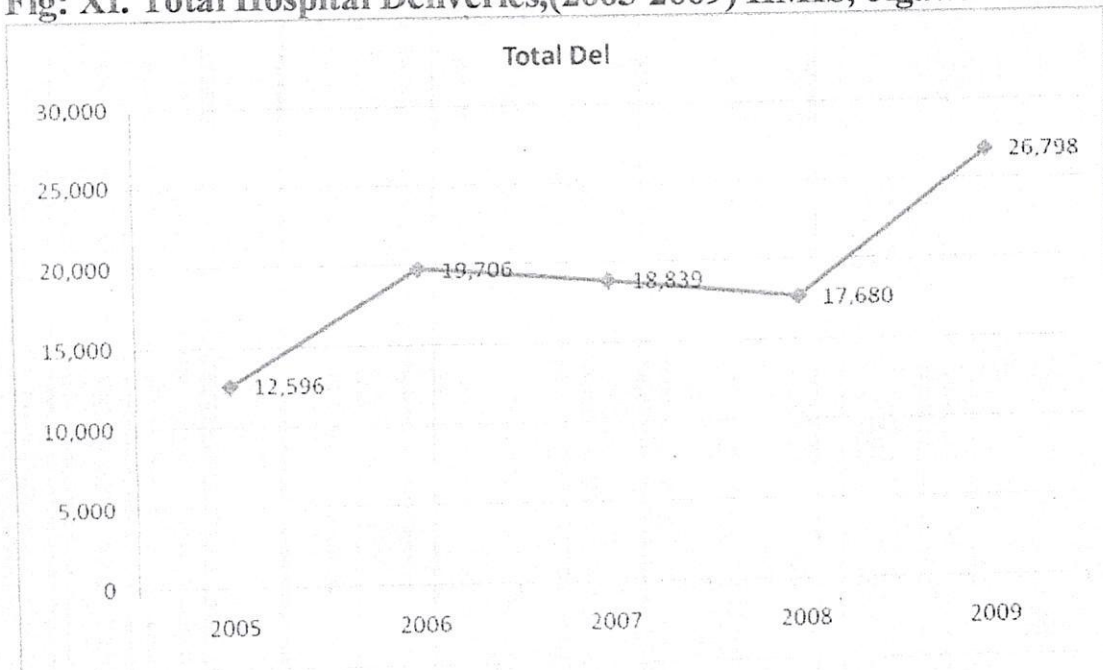


Fig XII: Deliveries and Outcomes, (2005-2009), HMIS, Jigawa.

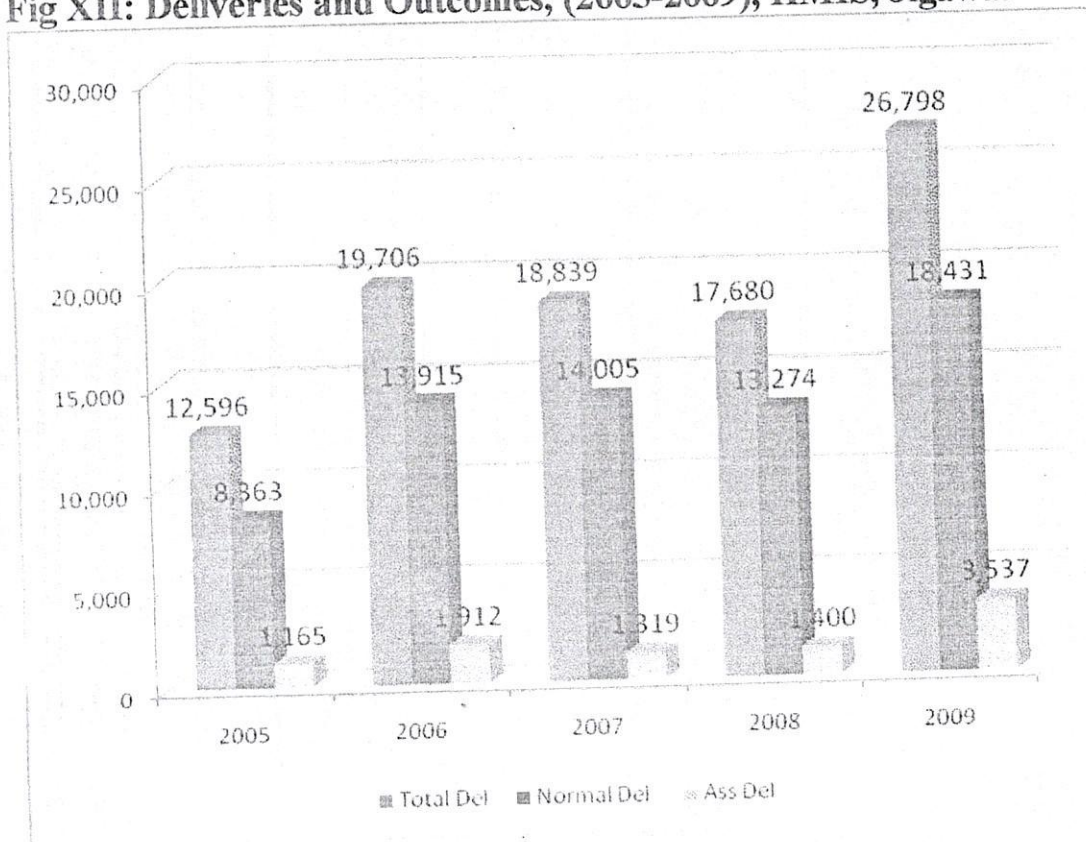


Fig XIII: Deliveries and Outcomes, (2005-2009), HMIS, Jigawa.

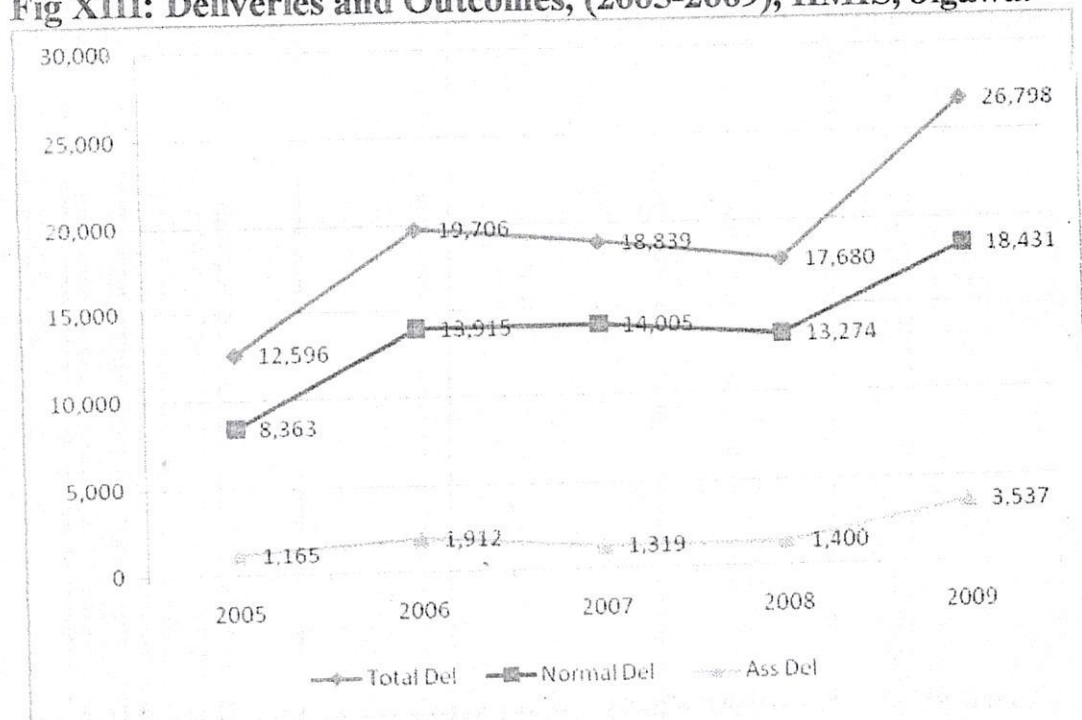


Fig XIV: Complicated Deliveries and Outcome (2005-2009), HMIS, Jigawa.

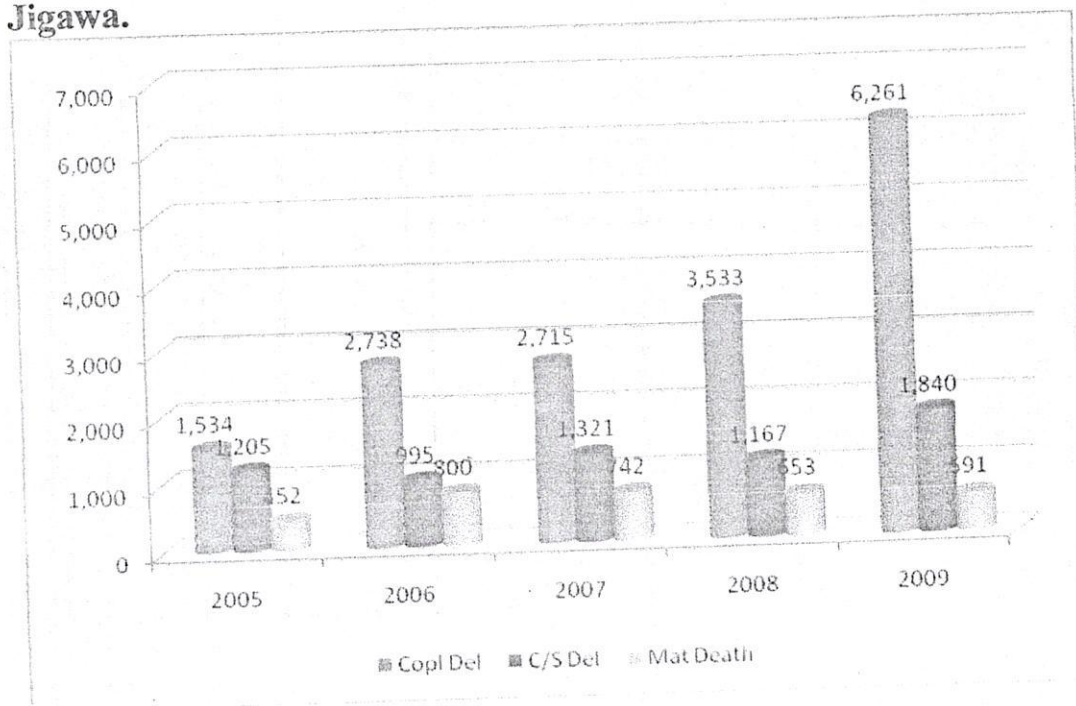


Fig XV: Complicated Deliveries and outcomes, HMIS, Jigawa.

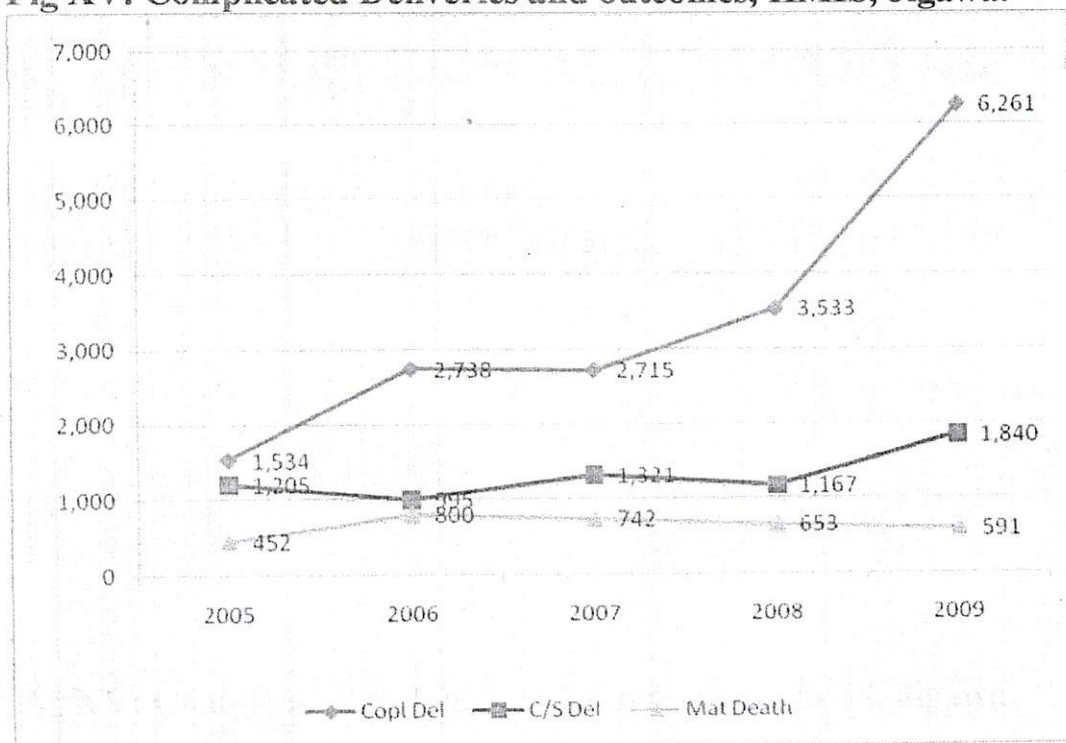
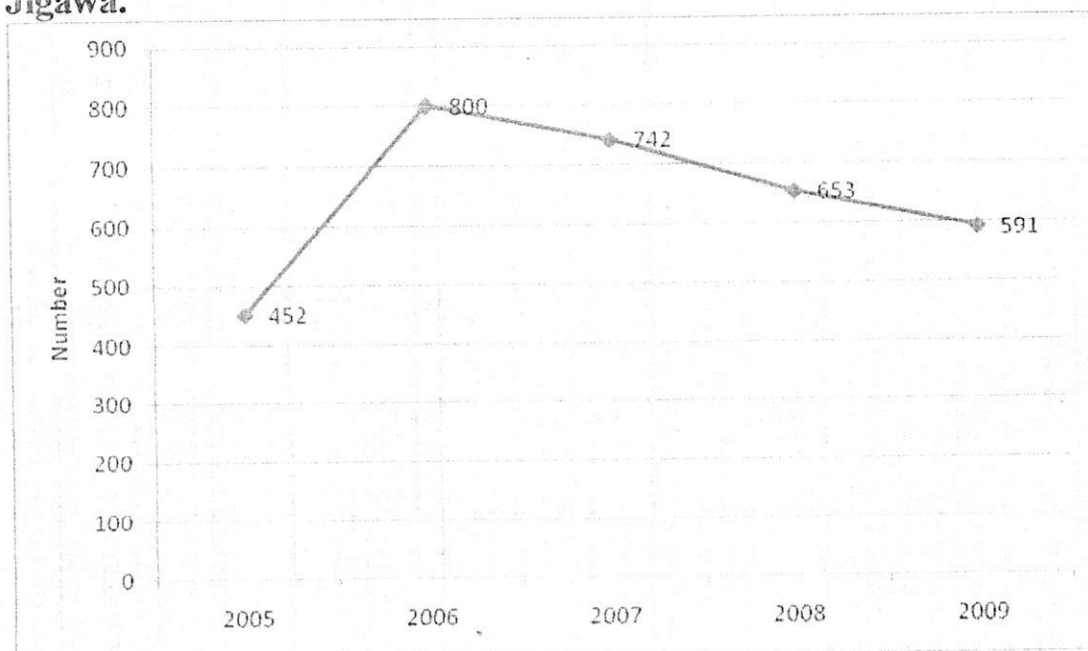


Fig XVI: Maternal Death in absolute number (2005-2009) HMIS, Jigawa.



FUTURE DEVELOPMENTS.

The future developments envisaged are contained in the Jigawa State Strategic Health Development Plan of 2010-2015. Issues contained therein involves Leadership and Governance, Improvement of Service delivery, Health care financing, Health management information system, Human resource for Health development, improving community participation and research for health.

The Ministry of Health has developed the 2010 operational plans based on activities contained in the strategic plan.

Issues of importance for future development includes.

1. Free Maternal and Child Health service.

Under this programme the Government of Jigawa State has adopted a policy of free treatment of all maternal cases and those of children under five years. The programme commenced in early 2009 and is receiving adequate monthly allocation from the state Government.

2. NHIS-MDG/MCH PROJECT.

This project involves the MDG and NHIS programmes and six local governments had been identified as focus areas. Already registration of all pregnant women and children under five years had commenced in these areas with the appointed HMOs to the LGAs. The state government is looking at the possibility of expanding the project to all 27LGAs, by paying the full complement of the counter funding required .

3. Result Based Financing.

The Federal Ministry of Health, World Bank, the State Ministry and partners are envisaging the introduction of Performance based financing with a view to improving the service delivery and community participation in Health care delivery. This will involve Conditional Cash Transfer to families in the community to access health care and contracting service providers to provide results based on identified remunerations. The programme will be piloted in some health facilities this year.

4. Establishment of School of Midwifery.

The Ministry of Health in its quest to fill the human resource gabs in the state, and the need to sustain the Midwife Service Scheme (MSS) is establishing the school of midwifery in the state. The school has already commenced training for introductory level.

5. Midwifery Service Scheme (MSS).

The Ministry of Health in collaboration with the National Primary Care Development Agency (NPHCDA), had deployed 96 to the state. These are posted to twenty Primary Health Centers across the state to address the acute shortage of midwives and to complement the free maternal and child health so that all communities could have access to these services.

**Dr Mohammad Ibrahim Nashabaru,
Honourable Commissioner of Health.**