

SOKOTO STATE MINISTRY OF HEALTH

Government Policy On Health Presented to

The Participants For Study Tour Of The Senior Executive Course (Sec)
No 32, National Institute For Policy And Strategic Studies Kuru

By:

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On

22nd April, 2010

At Dankane Hotel, Sokoto

Presentation Outline:

- Background Information
- Objective of the State Health Policy
- Sokoto State Health Policy Thrust
- Strategies for Achieving the Health Policy Thrust
- Key Achievements of the Health Sector
- Challenges
- Way Forward
- Conclusion
- Lists of Key Development Partners in the Health Sector

Map of Sokoto State:

No. of LGAs : 23
No of Political Wards: 244

Background Information: 1/3

- Total population of the State: -4,056,509
- Children under one year -(4%) 162,274
- Under 5 target population -(20%) -805,102
- Population of women of child bearing age -202,843
- No. of health facilities -637
- No. of Private Health Facilities -37
- No. of Health Facility running State free medical care program (RUMCARE) -26
- Under 5 Mortality -166/1000 live birth (UNICEF 2009)
- Maternal Mortality -850/10,000 live birth (UNFPA 2009)

Background Information: 2/3

- No. of HFs running NHIS/MDG MCH Programs - 60
- No. of HIV/AIDS Screening Centres - 13
- No. of ITN Distributed (2009) -1.6 million
- No. of Doctors Trained on ELSS -50
- No. of Midwives Trained on LSS -165
- No. of CHEWs trained on MLSS -127
- % Delivery conducted by skilled personnel - 30%
- % of Delivery at health facility - 20%

Background Information: 3/3

Polio Eradication Initiative/RI

- No. of WPV in 2009 -16
- No. of WPV Type 1 in 2009 -3
- No. of WPV type 3 in 2009 -13
- No single case of WPV recorded since June 2009
- No. of Health Facilities conducting RI -457
- Routine Immunization (DPT3 coverage.)- 83%
- No. of community outreach services in 2009 - average 418/month.

VISION OF THE STATE HEALTH POLICY

The Strategic Vision of Sokoto State Health Policy

- To reduce the morbidity and mortality rates due to communicable diseases to the barest minimum;
- Reverse the increasing prevalence of non-communicable diseases;
- Meet State and National targets on the elimination and eradication of diseases;
- And significantly increase the life expectancy and quality of life of residents in Sokoto State”.

To achieve this, the State is committed “

- To develop and implement appropriate policies and programs that will strengthen the State Health System in order to deliver effective, quality and affordable health care services.”

Health Policy Thrust:

- Sokoto State Health Policy was adopted in line with the National Health Policy to achieve Health for all citizens through:
 - Provision of comprehensive health care system which is based on Primary health Care.
 - The Goals, Strategies and the Policy direction of the Sokoto State health care delivery have been revised in conformity with Millennium Development Goals (MDGs) and SEEDs.
 - It is set to achieve the following:

Health Policy Thrust:

- Health prevention and Promotion through Immunization against communicable, Non-Communication diseases and sanitation
- Treatment and Control of Diseases including HIV/AIDS, Malaria, Tuberculosis, Avian and Swine Flu.
- Provision of essential Drugs Usage & Control
- Human Resource development through training and retraining of health personnel
- Development and maintenance of health infrastructure and provision of equipment
- Improve nutritional status of children



Health Policy Thrust:

- Strengthening Disease Surveillance and Emergency Preparedness and Response
- Strengthening Health Management information System for Effective Monitoring and Evaluation of health program in the State
- To reduce the high rate of Maternal mortality through improvement in reproductive health services
- Encourage Public Private Partnership as well as the application of Information Communication Technology (ICT) in the health sector to facilitate service delivery



STRATEGIES

- The State in year 2009 developed State Strategic Health Development Plan in line with the National Plan to implement the policies enumerated above.
- Interventions and activities have been enunciated in the said Strategic Plan for implementation through annual operation plans. Program Officers appointed to manage programs and projects with built in mechanism for monitoring and evaluation.

Key Achievements: -1

- Well established and equipped Health Education Unit
- Completion of inherited Projects including:
 - Upgraded 9 Primary Health Centres to General Hospitals; 21 No of Clinics to Primary Health Centres
 - Constructed 12 No. Primary Health Centres by the National Primary Health Care Development Agency
 - Purchased Medical Furniture and Equipment worth 2,349,917,428.16 for the health facilities across the State.



Key Achievements: 2/7

- Purchased 30 No. Ambulances for the newly Established Rural Medical Care Program at the cost of 258,199,932.30.
- Purchased 6 No vehicles for supervision by Zonal Health Offices, Inspectorate Services and Monitoring/Evaluation Unit (M&E Unit) at the cost of **32,294,000.00**
- Procured Essential drugs, Laboratory Chemical, X-Ray Consumables for Free Medical Care Program and Drug Revolving Fund Scheme as well as HIV Testing Kits and Anti Retroviral Drugs for hospitals at the cost of **318,247,352.00**
- Health Training Institutions supported by Sokoto Health Systems Dev. Project II with Utility vehicles for supervision of field activities at the cost of **35,800,000**

Key Achievements: 3/7

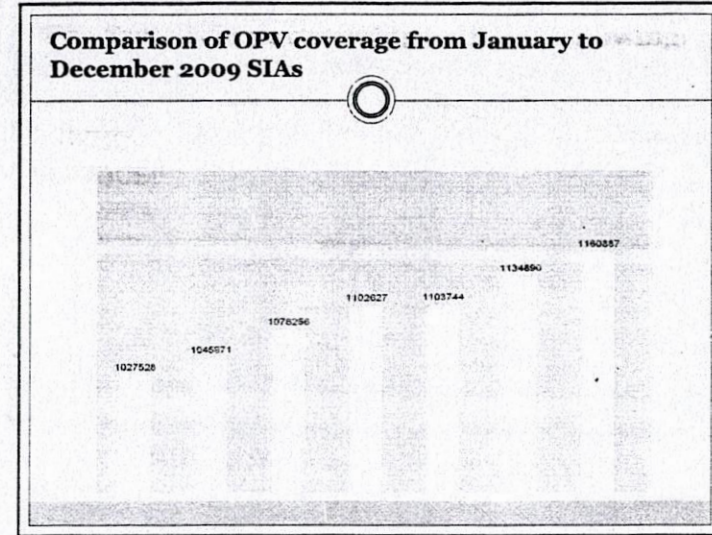
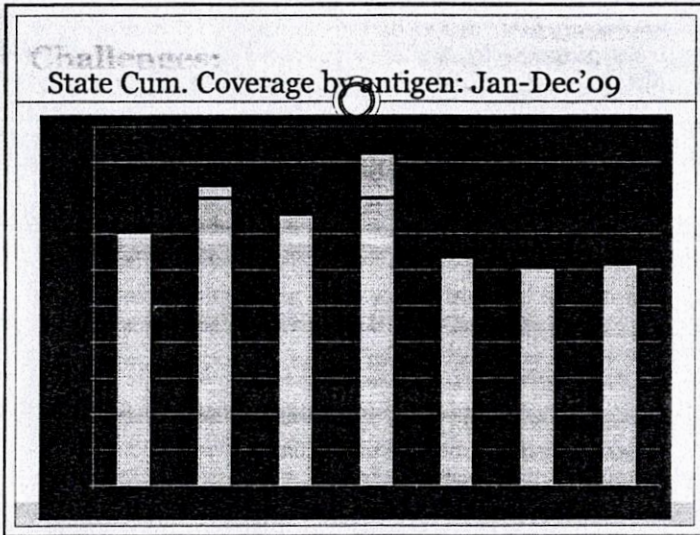
- Established in collaboration with UNICEF and MSF 3 Nutrition Rehabilitation Units in Gada, Tangaza and Goronyo LGAs.
- Under MDG/CGS intervention program for MCH, Drugs and essential obstetric equipment were supplied to 92 PHCs/Clinics in the State.
- In addition, 69 Solar Boreholes were constructed in the selected Sites.
- Also 92 female CHEWS were trained on Modified Life Saving Skills.
- UNFPA – supplied essential obstetric Care equipment to all Hospitals and 230 PHCs/Clinics in the State.

Key Achievements: 4/7

- Conducted capacity building of 50 Doctors and 165 Midwives on Emergency and life Saving Skills (ELSS and LESS respectively).
- Conducted capacity building for 125 Midwives on commodity Logistics Management System (CMLS).
- Supply of Hospital Consumables by UNFPA/CIDA i.e. Magnesium Sulphate, Mama Kits and Anti Shock Garment.
- State Ministry of Health in collaboration with Development Partners conducted Joint Supportive Supervision of Health Care Services in the State.
- NPHCDA deployed 96 Midwives to the State and conducted capacity building on LSS/IMCI for the Midwives under the Midwifery Services Scheme.

Key Achievements: 5/7

- NPHCDA constructed and equipped 10 Model PHCs across the State
- An average of 8 Rounds of NIDs/IPDs were conducted annually in the State since 1999 to date by NPHCDA in collaboration with the State and Development Partners.
- Bundled Vaccines and Cold Chain Equipment were supplied by NPHCDA in each of the rounds conducted
- NPHCDA supplied Logistics vehicles, Motorcycles and Bicycles to the State to improve immunization services, monitoring and evaluation of the activities
- The State developed State Strategic Health Development Plan 2010-2015 as well as 2010 Operational Plan.



- Key Achievements:6/7**
- The State established Free Medical Care for Pregnant Mothers and Children Under 5 tagged FREMCARE as well as Rural Medical Care also tagged as RUMCARE programs for under served communities.
 - Implemented Pilot NHIS/MDG/MCH free medical care for pregnant mothers and children in six LGAs covering 60 Health facilities.
 - Established health sector partners and private health facilities forum to enhance collaboration and services delivery
 - Government made upward review of salaries and fringe benefits of health workers to motivate them for higher productivity
 - Government trained additional human resources within and outside the country as well as recruitment of various health staff

- Key Achievements:7/7**
- Reactivated State Drug Revolving Fund Scheme.
 - Established additional School of Midwifery at Tambuwal, Sokoto State Agency for the Control of Aids and Tuberculosis as well as MDG Desk Office.
 - Established NOMA Children Hospital for the treatment, prevention and control of NOMA disease.
 - Expanded and re-equipped Maryam Abacha Women and Children Hospital for the treatment and rehabilitation of VVF Patients.
 - Established State Eye Care Program in year 2005 in collaboration with Sight Savers International

Challenges:

- Inadequate Human Resources for Health.
- Inadequate funding of Health Care Projects and Programs especially at the LGA level. Budgetary allocation still below 15% WHO standard
- Weak referral system.
- Inadequate monitoring and supervision of health care Program especially at Primary Health Care level.
- Inadequate access to health care services by some rural populace due to cultural barriers, poverty, illiteracy and insufficient health facilities.
- Mal-distribution of health facilities and health personnel in the rural areas especially as it affect private health facilities.

The State is in partnership with the following:

- ❖ WHO
 - ❖ UNICEF
 - ❖ UNFPA
 - ❖ UNDP
 - ❖ USAID
 - ❖ GAVI
 - ❖ IPASS
 - ❖ NHIS/MDG
 - ❖ MSF
 - ❖ AWD FOUNDATION
- TSHIP
 Northern Nig Educ. Initiative
 Fistular Project
 GHAIN

The State is in partnership with the following:

- ❖ SIGHT SAVERS INTERNATIONAL
- ❖ CIDA
- ❖ LEPROSY MISSION INTERNATIONAL
- ❖ AVIAN INFLUENZA
- ❖ LOCAL NGOs/CBOs, FBOs etc
- ❖ PSOs

Way Forward:

- Adequate health human resource to address the needs of the State. Needs of State and Ministerial, health manpower committees to be established to achieve results.
- Adequate financing for the full implementation of State Strategic Health Development Plan and Annual Operational Plan.
- Strengthening of referral system as well as monitoring and evaluation at all levels through the provision of adequate funds, logistics and Data tools.
- Ensure equitable distribution of public and private health facilities and personnel to all communities in the State.

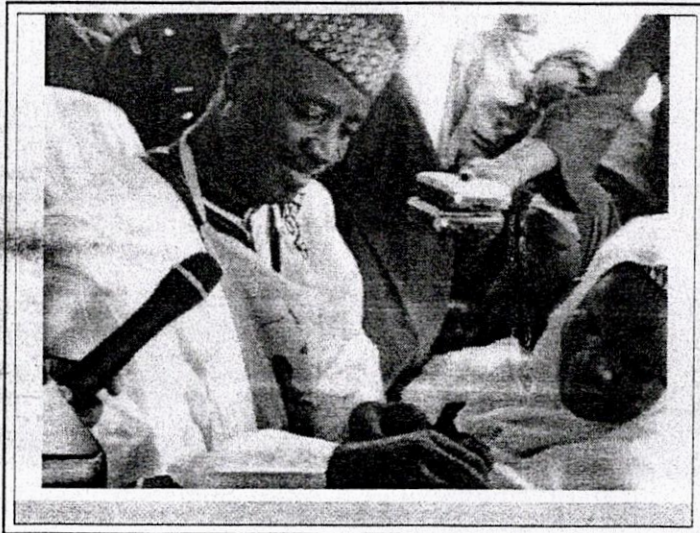
Conclusion:

- It is very clear that considerable achievements have been recorded in the health sector during the period under review as part of the dividend of democracy with evidence of proven continuity. However, some laudable initiative of the present administration such as FREMCARE and RUMCARE geared towards reducing morbidity and mortality among the vulnerable groups need to be sustained to ensure fast tracking of MDGs health related goals by the year 2015.



Conclusion:2/2

- Extra efforts need be put by all tiers of government to address some of the highly notable challenges such as the insufficient health human resource, funding gaps and mal-distribution of health facilities and health human resource.
- As we are making efforts at concluding the polio eradication, Malaria, Tuberculosis and HIV/AIDS, are now becoming progressively focused for containment.
- The budgetary allocation for health needs to be increased to meet the WHO standard of 15% annually for different programs and interventions to record optimum results.
- Finally, health workers attitudes to work and interaction with clients need to change for better, if we are to achieve the desired objectives of health for our citizens.



HE The Sultan, vaccinating a child.





**THANK YOU FOR YOUR
ATTENTION**