

**THE PEER REVIEW TOUR OF
ONDO STATE BY THE
GOVERNORS' FORUM
SECRETARIAT:
PRESENTATION BY THE
HEALTH SECTOR**

Delivered by Dr Bade Omolaja
Permanent Secretary SMOH

PRESENTATION OUTLINE

- Background
- 'A CARING HEART'/ MDGs
- Declaration: Vision/ Mission/ Target
- Health Sector Priority Areas/ Sector objectives
- Health Policy and institutional framework.
- Health indices
- Citizen's engagement and participation
- Current efforts
- Constraints
- Conclusion

Background

- Health Care delivery system in Ondo State has gone through many stages and metamorphosis over the years.
- There were few health facilities to serve many people at the creation of this state in 1976. Today the system has developed to the extent that every political ward has at least a health facility to render qualitative health care services to the people.
- Healthcare services are provided by broad spectrum of health care institutions both public and private.
- About 61% of the state's population are rural dwellers and 39% reside in the urban areas of Akure, Ondo, Owo, Ikare and Okitipupa.
- Majority of the population are exposed to diseases and low standard of living especially in rural areas. Limited access to qualitative health care facilities, most of which are situated in urban areas.

A CARING HEART

The 12-point programme of the Mimiko-led administration is encapsulated in the acronym 'A CARING HEART':

- | | |
|--|---|
| • A- Agriculture & Food Security | • H- Health care & Housing |
| • C-Community –driven city and coastal region renewal & general development initiative | • E- Education & Capacity building |
| • A- Aggressive capitalisation of our land resources | • A- Artisanhip development & empowerment programme |
| • R- Roads & infrastructure | • R- Rural development |
| • I- Industrialisation | • T- Tourism ,Sports & Youth development |
| • N- No-to-poverty programme | |
| • G- Gender equality & women empowerment | |

MILLENNIUM DEVELOPMENT

GOALS:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equity and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases,
- Ensure environmental sustainability
- Develop a global partnership for development

Declaration

- **Vision:** 'to reduce the burden of diseases on the people to enable them live an economic and socially productive life; meet state targets on the elimination and eradication of diseases and significantly increase the life expectancy and the quality of life of the citizen.
- **Mission Statement:** " To put in place appropriate policies and programme under a transparent and honest leadership to be able to strengthen the health system to ensure affordable and qualitative health care for all citizens of Ondo state.
- **The target** is to ensure that 70% of the state's population enjoy quality and effective health care services by equipping all government health facilities with modern equipment and personnel to be able to deliver to every patient ,the minimum health care package.

HEALTH SECTOR PRIORITY AREAS

- Leadership and Governance for Health.
- Health Service delivery.
- Human Resources for Health.
- Financing for Health.
- Health Information System.
- Community Participation and Ownership.
- Partnerships for Health.
- Research for Health.

Sector objectives

Leadership and Governance for health.

- To provide clear policy directions for health development.
- To facilitate legislation and a regulatory framework for health development.
- To strengthen accountability, transparency and responsiveness of the state health system.

Sector objectives contd.

Health service delivery

- To ensure universal access to an essential package of care.
- To improve the quality of health care services.
- To increase demand for health care services.
- To provide financial access especially for the vulnerable groups.

Sector objectives contd.

Human Resources for Health

- To formulate comprehensive policies and plans for HRH for health development.
- To strengthen the capacity of training institutions to scale up the production of a critical mass of quality, multipurpose, multi-skilled, gender sensitive mid-level health workers.
- To improve organizational and performance-based management systems for human resources for health.
- To foster partnerships and networks of stakeholders to harness contributions for human resources for health agenda.

Sector objectives contd.

FINANCING FOR HEALTH

- To develop and implement health financing strategies consistent with the State Health Financing Policy.
- To ensure that people are protected from undue financial burden and impoverishment as a result of using health services.
- To secure a level of funding needed to achieve desired health development goals and objectives in a sustainable manner.
- To ensure efficiency and equity in the allocation and use of health sector resources.

Sector objectives contd.

HEALTH INFORMATION SYSTEM

- To improve data collection and transmission.
- To provide infrastructural support and ICT for health databases.
- To monitor and evaluate the HMIS.
- To strengthen analysis of data and dissemination of health information.

Sector objectives contd.

COMMUNITY PARTICIPATION AND OWNERSHIP

- To strengthen community participation and ownership in health development.
- To empower communities with skills for positive health actions.
- To strengthen the community - health services linkages.
- To increase state capacity for integrated multisectoral health promotion.

Sector objectives contd.

PARTNERSHIPS FOR HEALTH

- To ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health sector.

RESEARCH FOR HEALTH

- To build institutional capacities to promote, undertake and utilize research for evidence-based policy making in health.

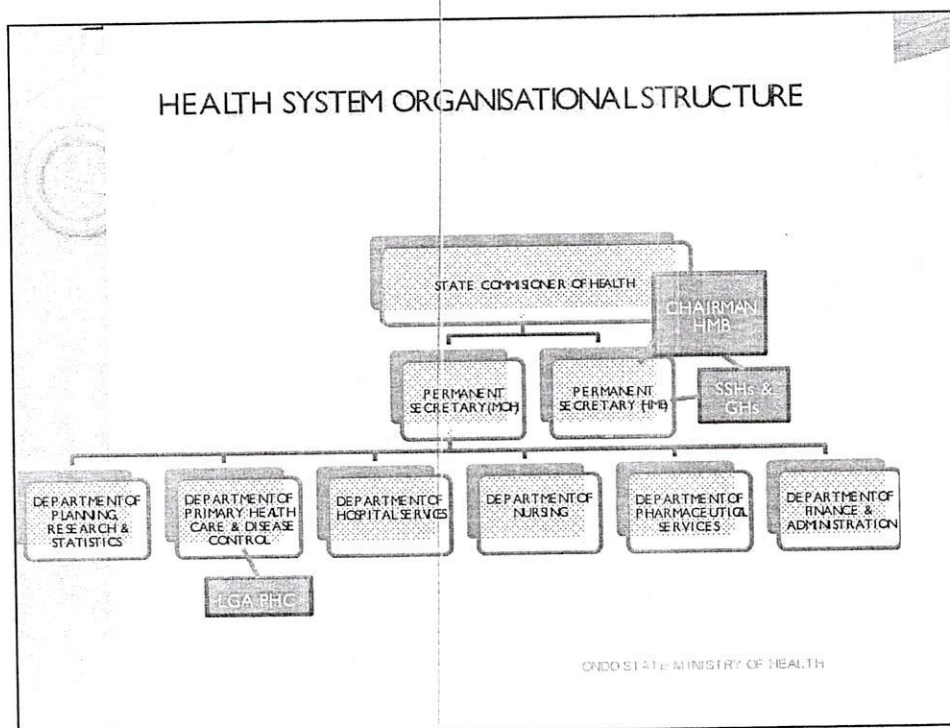
Policy documents

- Health policy, 2005.
- State Strategic Health Development Plan(final draft), 2010-2015
- Law on Confidential Enquiry into Maternal Deaths, 2010.
- Agency for the Control of AIDS, 2010
- State Strategic Plan for the Prevention and Control of HIV and AIDS, 2010-2015

FREE HEALTH POLICY

The state free health policy comes under four main categories:

- **Children < 5 years**
 - Outpatient
 - Admission
 - surgery and laboratory
 - drugs
- **6 – 18 years of age**
 - outpatient
- **> 70 years of age**
 - outpatient
- **Pregnant women**
 - Ante-natal
 - delivery(normal and complicated)
 - post-natal



RESPONSIBILITIES

- **Ministry of Health** - formulates healthcare policies and supervises it's implementation.
- **Hospitals' Management Board (HMB)**- manages all State Government secondary and tertiary health facilities and also provides support to Comprehensive Health Centres.
- **LGA** -manages the Primary Health Care (PHC) facilities under its jurisdiction and provides primary healthcare services such as immunization, health education, and provision of basic outpatient services at its maternities, among others.
- The state provides a supportive linkage to the LGAs through management of referrals from the PHC level to the secondary level as well as technical guidance.

HEALTH STATISTICS

S/N	INDICATORS	VALUE (NDHS 2008)
1	Total fertility rate	4.9%
2	Antenatal care provided by skilled health workers	70%
3	Skilled attendant at birth	51%
4	Delivery in health facility	47%
5	Use of family planning modern method by married women(15 - 49 yrs)	15%
6	Insecticide treated net utilisation(pregnant women)	1%
7	Insecticide treated net utilisation(children)	4%
8	Total pregnant women receiving intermittent preventive therapy(IPT) for malaria	5%

ONDO STATE MINISTRY OF HEALTH

Health indices contd.

	national baseline	regional baseline	1990	1999	2008
Infant mortality rate(per 1000 live birth)	75/1000LB	59/1000LB	84.6	69.9	59
Under 5 mortality rate(per 1000 live birth)	157/1000LB	89/1000LB	167.2	101.5	89
Proportion of 1 year-old children immunised against measles	38.30%	77.30%			90.20%

Health indices contd.

	National (2008)	Regional (2008)	State (2008)
Maternal mortality ratio	545/100,000LB		
Proportion of births attended by skilled health personnel	39%	76.5%	50.1%
Contraceptive prevalence rate	15%	37%	21.2%
Adolescent birth rate	23%	9%	4%
Antenatal care coverage (at least one visit and at most four visits)	58%	87.1%	70%

Health Facilities (Public)

Facility	Total no.
State Specialist Hospitals	4
General Hospitals	16
Comprehensive Health Centres	45
Basic Health Centres	203
State Dental Clinics	4
State Ophthalmology Centres	3
State Medical Laboratories	5
State ART Centres	6
State PMTCT Centres	7
State Chest Clinics	2

ONDO STATE MINISTRY OF HEALTH

Health Facilities (Private)

Facilities	Total No.
Specialists Hospitals	15
Mission Hospitals	3
General Hospitals	65
Clinics & Maternity Centres	24
Dental Clinics	2
Optical Centres	5
ART centre	2
PMTCT centre	3
Clinics only	80

ONDO STATE MINISTRY OF HEALTH

Facilities mapping by LGA

LGA	BHC	CHC	GH	SSH	M&CH	FMC
Akoko N-E	13	1	1	1		
Akoko N-W	10	1	2			
Akoko S-E	11	1	1			
Akoko S-W	15	1	1			
Akure North	12	1	1			
Akure South	10	2	-	1	1	
Ese-Odo	10	1	1			
Idanre	10	1	1			
Ifedore	10	4	1			
Ile-Oluji/Okeigbo	10	1	1			
Irele	10	1	1			

ONDO STATE MINISTRY OF HEALTH

Facilities mapping by LGA contd.

LGA	BHC	CHC	GH	SSH	M&CH	FMC
Odigbo	11	1	1			
Okitipupa	13	1	1	1		
Ilaje	12	1	1			
Ondo East	10	1	1			
Ondo West	12	1		1		
Ose	12	1	1			
Owo	11	1	1			1

ONDO STATE MINISTRY OF HEALTH

Human Resources for Health

Core Health Professionals' Disposition table (Dec 2009)

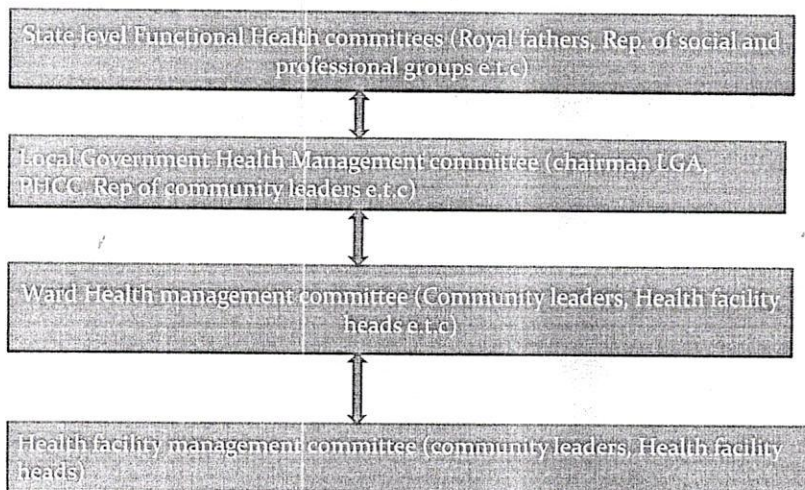
S/N	STAFF DESIGNATION	HMB	MOH	FMC	LGAs	PRIVATE	TOTAL
1	CONSULTANTS	9	-	36	-	15	60
2	PUBLIC HEALTH DOCTORS/M.O OF HEALTH	-	10	-	23		33
3	REGISTRARS	-	-	35	-	-	35
4	MEDICAL OFFICERS	163		64		121	348
5	NURSES/MIDWIVES	871	58	267	296	N/A	1492

ONDO STATE MINISTRY OF HEALTH

Health Training Institutions (Mid-Level Manpower)

- School of Health Technology
- School of Nursing
- School of Midwifery
(Granted full autonomy)

CITIZEN'S ENGAGEMENT AND PARTICIPATION



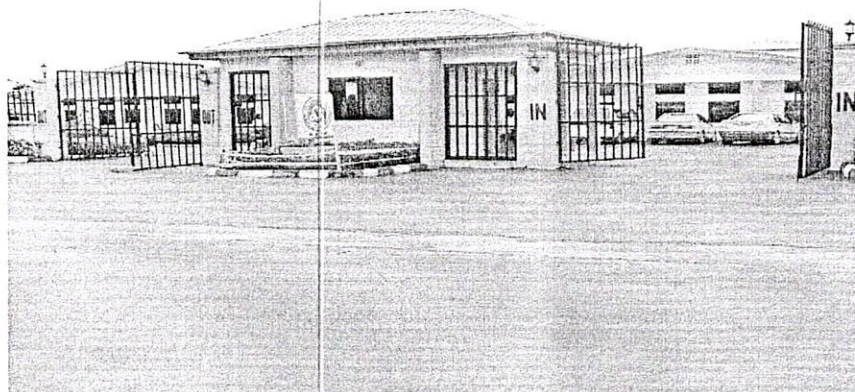
CURRENT EFFORTS

- **Establishment of Mother and Child Hospital**
 - Reduction of child mortality, MDG4: < 5 mortality & Infant mortality rates. The first of such hospital was commissioned in Akure in February this year. The construction of the second one at Laje Road, Ondo is ongoing.
 - Improving maternal health, MDG5: reduction of maternal mortality ratio; increasing the proportion of births attended by skilled health personnel.

Mother and Child Hospital

- The Hospital has registered the following as at 22nd August 2010:
 - Under five-----7,258
 - ANC-----4,490
 - Normal deliveries- -1,465
 - C/S-----273
 - U5 admission-----659
 - Neonatal admission- 357
 - Maternal death----- 15
 - Child death----- 12
 - Neonatal death-----42

Mother and Child Hospital, Akure.



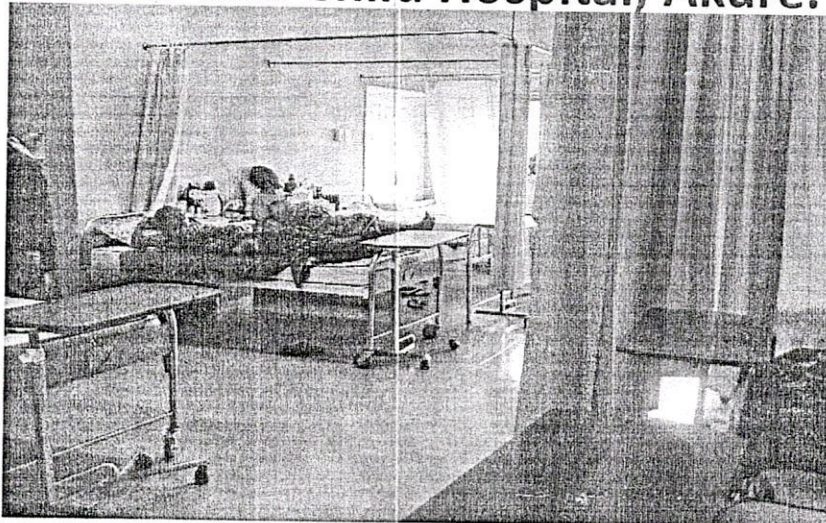
Mother and Child Hospital, Akure.



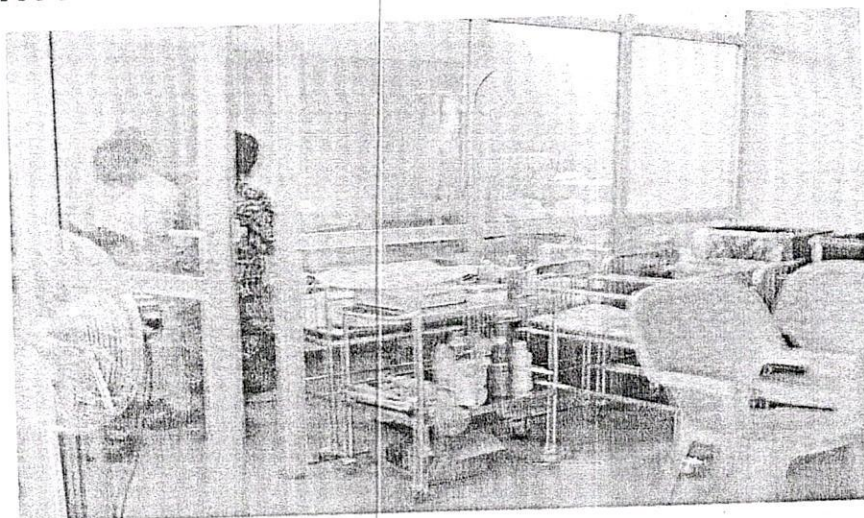
Mother and Child Hospital, Akure.



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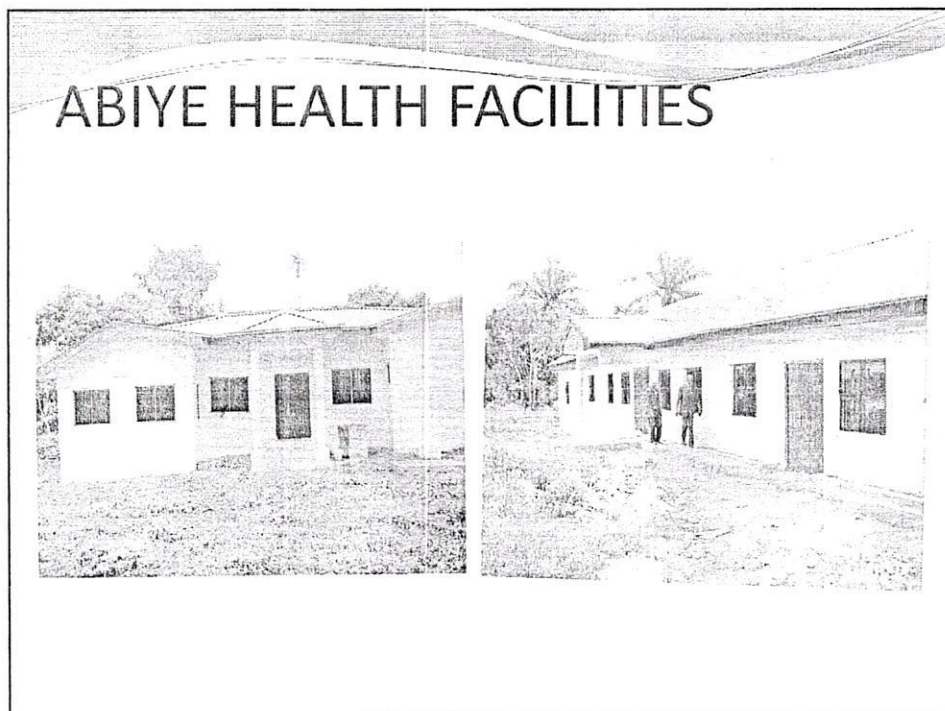
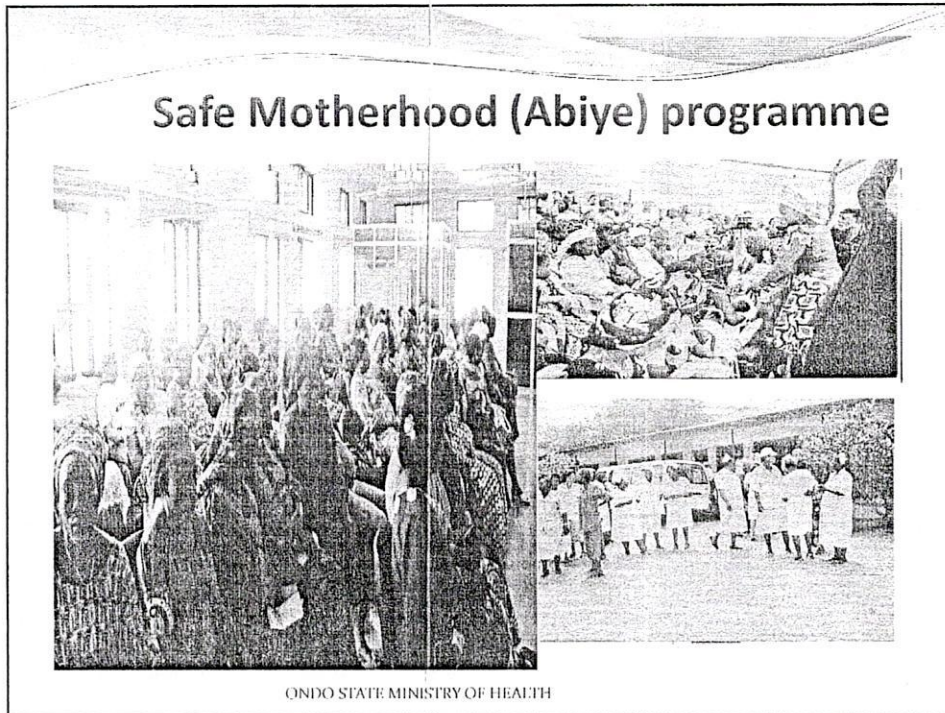


Mother and Child Hospital, Akure.



CURRENT EFFORTS contd.

- **Safe Motherhood (Abiye) Programme –**
 - A comprehensive health care delivery system being piloted at Ifedore LGA to strengthen reproductive health services and referral system at the PHC level.
 - Enhanced access to health providers throughout the pregnancy period by regular visits of a team of 'Health Rangers', free GSM telephone network and routine antenatal/postnatal visits to the clinics.
 - Reduction of infant and maternal deaths in line with the MDGs 4, 5 & 6.



ABIYE HEALTH FACILITY/ AMBULANCES



SAFE MOTHERHOOD PROGRAMME

ABIYE Health facility
Ifedore LGA.



CURRENT EFFORTS contd.

Highway Emergency Medical Services

- Reduction of deaths arising from the highways through the establishment of a Rapid Response Team to evacuate accident victims promptly to the nearest health facility where they can receive adequate care.

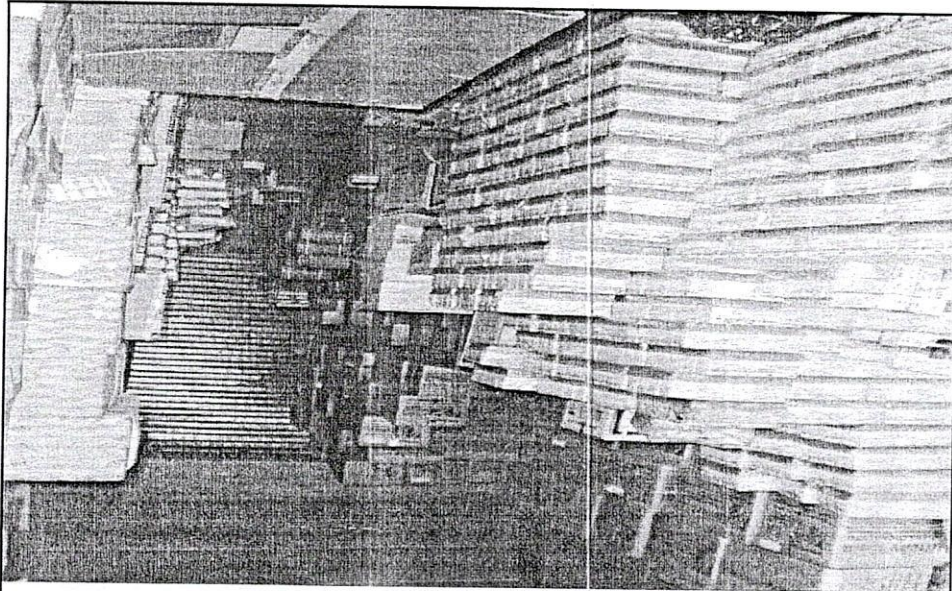
Gani Fawehinmi Diagnostic Centre, Ondo.

- To facilitate prompt diagnosis of medical condition in order to enhance timely intervention and possible treatment. This is being done under the PPP arrangement with Mecure Nigeria.

National Health Insurance Scheme/Millennium Development Goal Maternal and Child health

(NHIS/MDGs MCH) program has commenced in six LGAs. Six other LGAs will be included before the end of the year.

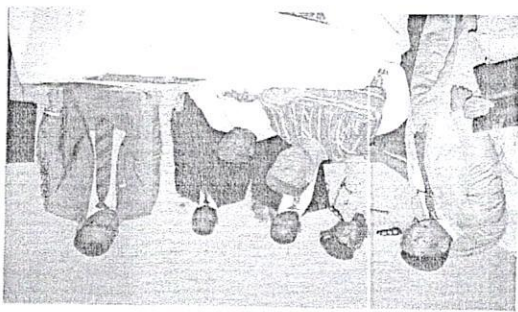
Drugs and Supplies



A LAW ON CONFIDENTIAL ENQUIRY INTO MATERNAL DEATHS

- Makes mandatory reporting of pregnancy-related death of a woman irrespective of the cause or where the death occurred;
- Lays the foundation for the accurate measurement of maternal mortality ratio in the State;
- Determines the common factors contributing to maternal deaths;
- Provides evidence based-policy decision on reproductive health.

SIGNING INTO LAW CONFIDENTIAL ENQUIRY INTO MATERNAL DEATHS IN ONDO STATE

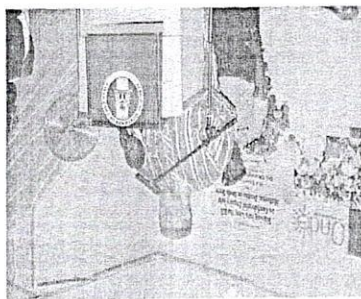
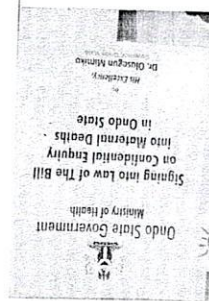


Medical Board of Inquiry and Assistance

Renders assistance to the indigent citizens of the state that require medical and surgical interventions. This programme increases access and reduces financial barrier to quality health care.

YEAR	No of Beneficiary
2003	18
2004	72
2005	145
2006	185
2007	210
2008	147
2009	138
2010	253
Total	1,168

SIGNING INTO LAW CONFIDENTIAL ENQUIRY INTO MATERNAL DEATHS IN ONDO STATE



Eye Camp

A free health programme initiative where people receive treatment for cataract and other eye-related problems. Eye glasses are also provided free of charge.

YEAR	No of Cataract	No of Eye glasses distributed
2008	150	2,950
2009	254	1,800
2010	60	600
Total	464	5,350

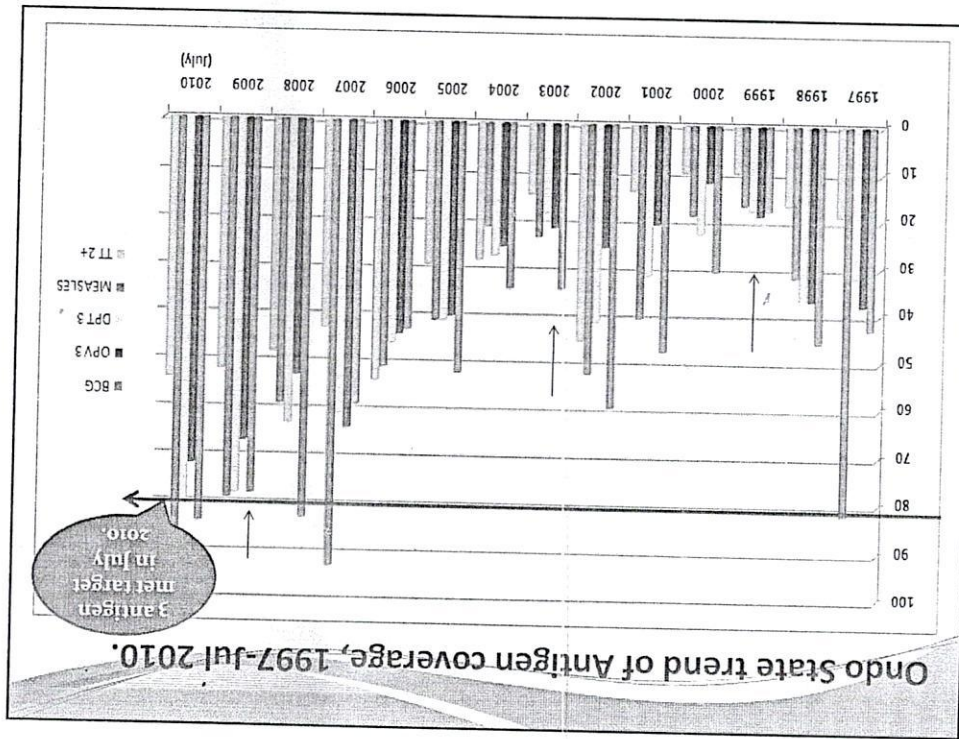
Festival of Surgery

A free Health Care program where surgical teams visit each LGA to perform operation. This programme brings within the reach of the people quality health services at no cost to the beneficiaries.

YEAR	No of Beneficiary
2004	291
2005	409
2006	384
2007	349
2008	470
2009	502
2010	224
Total	2,629

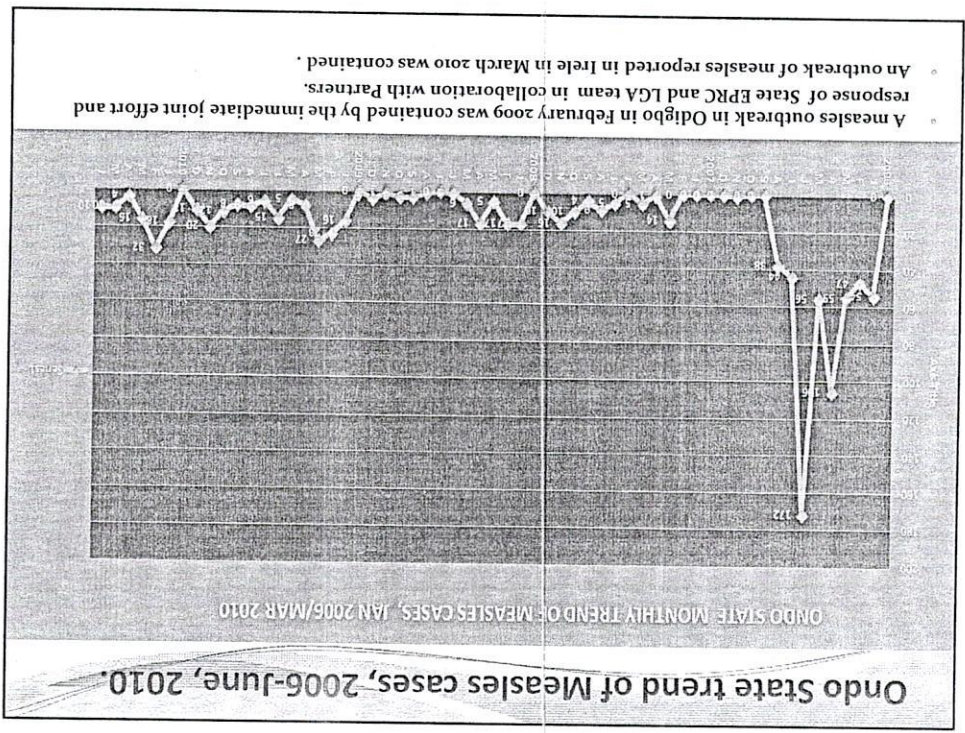
Immunization

- Immunization activities have been scaled up to control the spread of Vaccine preventable diseases.
- Out of the 498 officially registered health facilities 133 of these are designated reporting sites for AFP, Measles and IDSR.
- Last case of WPV (type 1) was reported in September 2008 at Ilaje LGA.
- Number of AFP cases reported: Jan-Jul=49
- Number of Measles: Jan - Jul=103
- Yellow Fever = 0
- % of DPT3:OPV3 coverage as at Mar, 2010 = 73%:49% ; and in Jul = 76%:65%



Roll Back Malaria (RBM)

- ✓ RBM is an initiative focusing on the control of malaria by reducing its prevalence and deaths associated with malaria in consistent with the targets of MDG6.
- ✓ 54,200 Long Lasting Insecticidal Nets (LLIN) provided to people at risk.
- ✓ 18 Lab. Scientists from the LGAs trained on the diagnosis of malaria using RDT, blood film etc.
- ✓ Campaign against RBM boosted with support from Global Fund Round 8 Grant and signing of MOU with the Yakubu Gowon Centre.
- ✓ 1,260 Role Model Mothers trained on home management of malaria.
- ✓ 200,000 doses of ACT 1-4 distributed to all LGAs health facilities.
- ✓ State vector control officers trained on IRS technique.



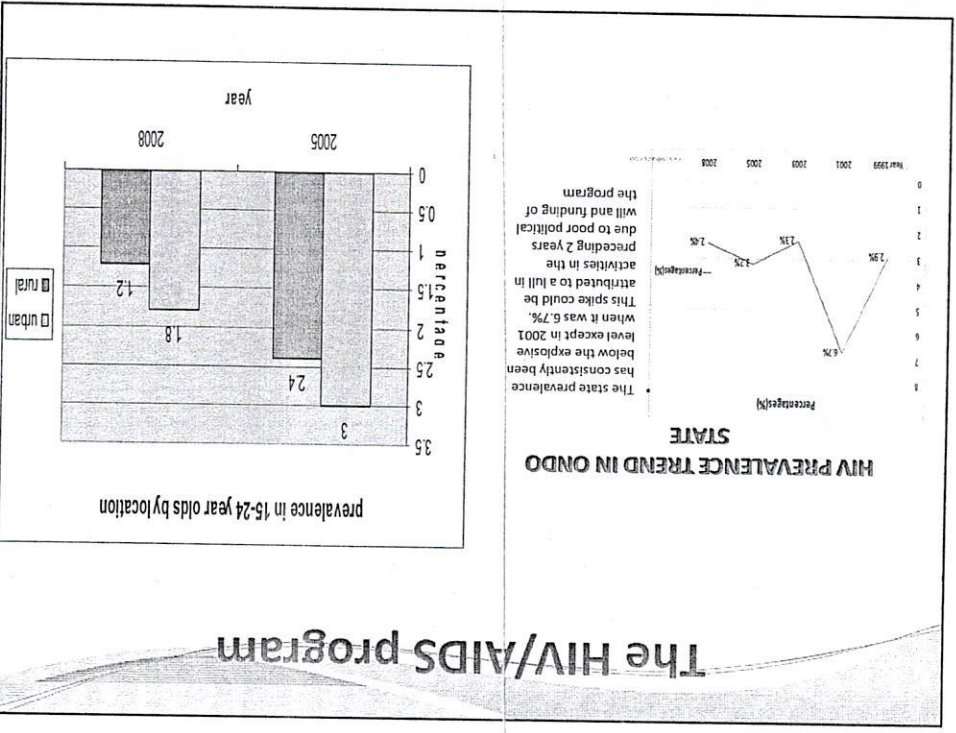
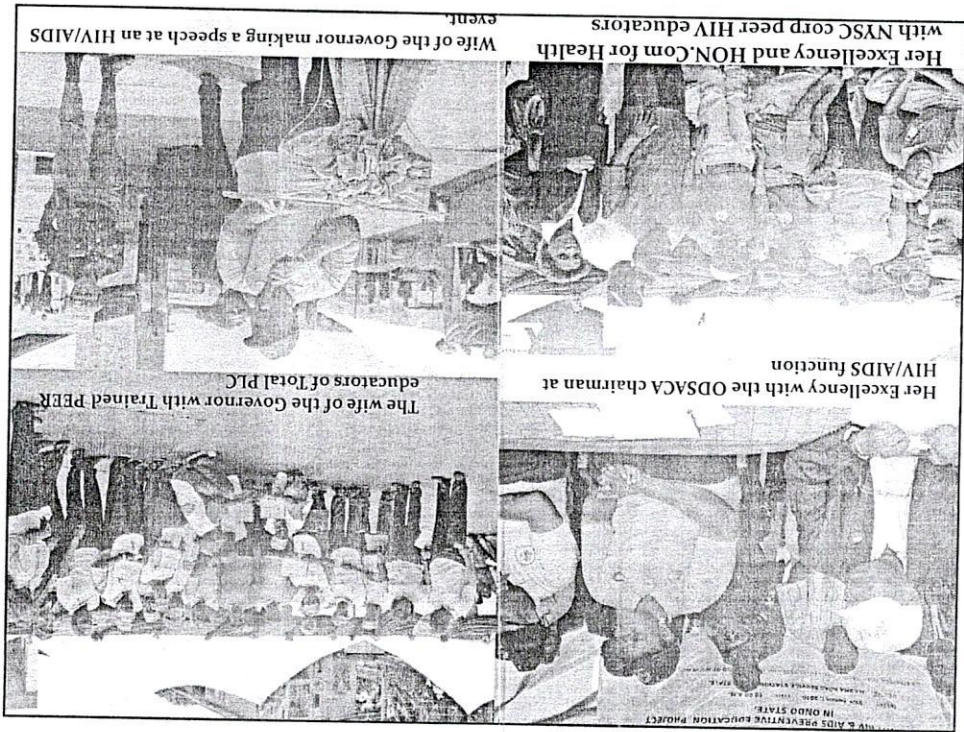
HIV/AIDS program

- HIV Prevalence in the general population..0.9% (NARHS Plus 2007)
- HIV Seroprevalence sentinel survey.....2.4% (NASCP sentinel survey 2008).
- Level of HIV awareness: male 93.2%, Female 84.2% (NDHS 2008 preliminary report)
- Level of condom use: Male 70.1%,Female 52.5% (NDHS 2008 preliminary report)

ROLL BACK MALARIA INITIATIVE

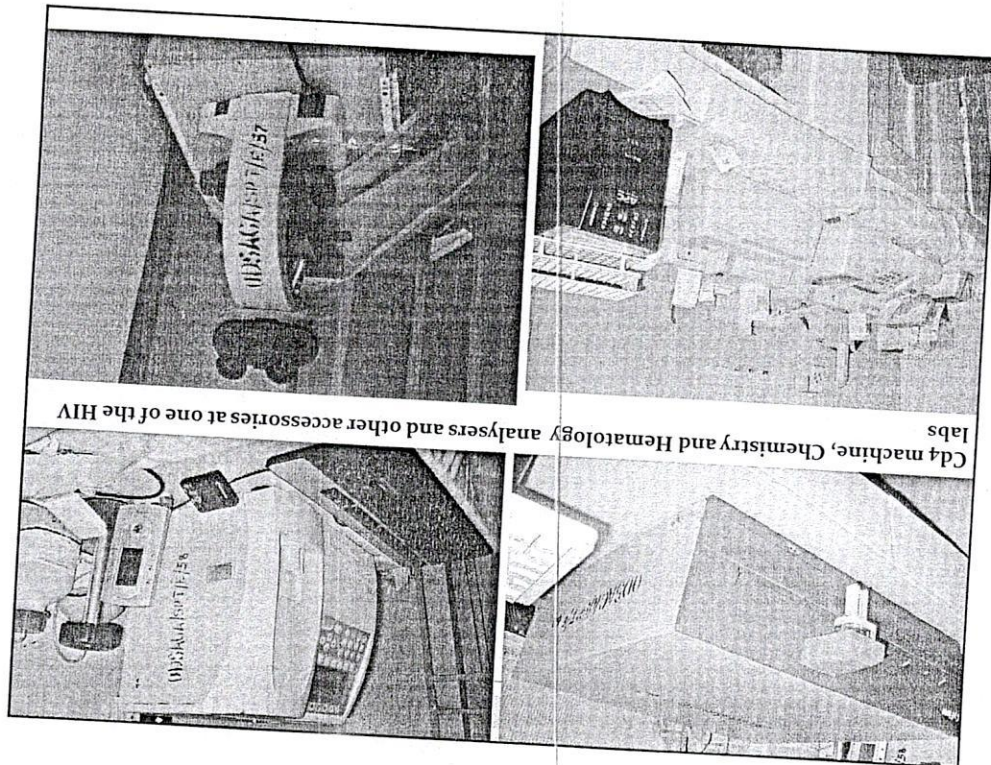



Long-lasting
Insecticidal nets
distributed in
Idanre LGA.



CONSTRAINTS

- Modernisation of Healthcare services and Infrastructures - Paucity of fund;
- Engaging ICT in HMIS;
- Continuous Manpower training/capacity building;
- Promotion of Health System Development Research;
- Public Private Partnership in health services delivery;
- Establishment of postgraduate training institutions i.e. Teaching hospitals/college of medicines;
- Community health care financing- Informal sector.



Cd4 machine, Chemistry and Hematology analysers and other accessories at one of the HIV Labs

