
# Kaduna State
# Health Policy

*"Ensure healthy lives and well-being for all residents"*

Kaduna State Ministry of Health
No. 18 Independence Way, Kaduna, Nigeria
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Kaduna State Health Policy



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# Abbreviations & Acronyms

| | |
|---|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| ATM | AIDS, Tuberculosis, Malaria |
| CBO | Community-based Organization |
| CDTI | Community Direct Treatment Initiative |
| ComDT | Community Direct Treatment |
| CHO | Community Health Officers |
| CHPB | Community Health Practitioners Board |
| CHEW | Community Health Extension Worker |
| CSOs | Civil Society Organizations |
| CSM | Cerebro-Spinal Meningitis |
| DHIS | District Health Information System |
| DOS | Development Outcomes and Support Center |
| DOTS | Directly Observed Treatment Short-Course |
| DPs | Development Partners |
| DRF | Drug Revolving Fund |
| ELSS | Extended Life Saving Skills |
| FCT | Federal Capital Territory |
| FMOH | Federal Ministry of Health |
| HDCC | Health Data Consultative Committee |
| HIV | Human Immunodeficiency Virus |
| HMIS | Health Management Information System |
| HPCC | Health Partners' Coordinating Committee |
| HPRS | Health Planning, Research and Statistics |
| HRH | Human Resources for Health |
| IDD | Iron Deficiency Anaemia |
| ICT | Information & Communication Technology |
| IDA | Iodine Deficiency Disorder |
| IEC | Information, Education, and Communication |
| IPT | Intermittent Preventive Therapy |
| ITN | Insecticide Treated Net |
| JCHEW | Junior Community Health Extension Worker |
| LGHA | Local Government Health Authority |
| LGAs | Local Government Areas |
| LSS | Life Saving Skills |
| M&E | Monitoring and Evaluation |
| MDAs | Ministries, Departments, and Agencies |
| MDCN | Medical and Dental Council of Nigeria |
| MICS | Multiple Indicator Cluster Survey |
| MNCH | Maternal, New-born, and Child Health |
| MNCHW | Maternal New-born & Child Health Week |
| MSS | Midwives Services Scheme |
| NARHS | National AIDS & Reproductive Health Survey |
| NAFDAC | National Agency for Food and Drug Administration and Control |

| | |
|---|---|
| NCDs | Non-Communicable Diseases |
| NCH | National Council on Health |
| NDHS | National Demographic and Health Survey |
| NHIS | National Health Insurance Scheme |
| NPHCDA | National Primary Health Care Development Agency |
| NSHDP | National Strategic Health Development Plan |
| OOP | Out-of-Pocket |
| OP | Operational Plan |
| PHC | Primary Health Care |
| PHCUOR | PHC Under One Roof |
| PPP | Public Private Partnership |
| SDGs | Sustainable Development Goals |
| SERVICOM | Service Compact |
| SHDP | Strategic Health Development Plan |
| SPHCB | State Primary Health Care Board |
| SMOH | State Ministry of Health |
| SRH | Sexual & Reproductive Health |
| SSHDP | State Strategic Health Development Plan |
| STIs | Sexually Transmitted Infections |
| TA | Transformation Agenda |
| TB | Tuberculosis |
| TBL | Tuberculosis and Leprosy |
| TWG | Technical Working Group |
| VAD | Vitamin A Deficiency |
| VCT | Voluntary Counselling and Testing |
| VPD | Vaccine Preventable Disease |
| VVF | Vesico Vaginal Fistula |
| UNFPA | United Nations Population Fund |
| UN IAEG | United Nations Inter-Agency Expert Group |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |

# Foreword

Over the last decade, Kaduna State recorded some progress in the performance of its health indices. Progress includes improvements in the indices of 'major' communicable diseases (HIV/AIDS, Tuberculosis and Malaria), as well as in maternal and child health. The State was able to halt the transmission of the wild poliovirus, eradicated the guinea-worm disease, reduced the prevalence of HIV to 1.1% and successfully controlled the spread of the deadly Corona Virus (Covid-19) via a vibrant Covid-19 Emergency Operation Center (EOC).

Other milestone recorded by the State includes the institutionalization of the Primary Health Care Under One Roof (PHCUOR), which translated to the establishment of the State Primary Health Care Board. The State Contributory Health Authority, the Health Supplies Management Authority, Bureau for Substance Abuse Prevention and Treatment and upgrading of a Barau-Dikko Hospital to a teaching hospital, are among the reforms initiated by the State government to improve access to quality health services. These initiatives reiterate the State's commitment to building a resilient health system that is responsive to the yearning and aspiration of the health needs of the people in a sustainable manner in response to the overall goal of achieving Universal Health Coverage.

As a prelude to the development of the State Health Policy, various assessments were conducted: Health System Assessment, Health Workforce Productivity Assessment, Health Inventory Assessment and Bottle Neck Analysis, which provided trend and baseline information for the development of the policy. The result of these assessments revealed that Kaduna State has recorded progress in some of its health indicators, while other areas showed slow progress or have worsened over the years. It is in light of all these that the State sees the need to have a state specific health policy that put into consideration the cultural, economic and epidemiological peculiarities of the state, and renew commitment of the State government to the attainment of universal health coverage.

In this Policy, we have taken a deeper look at our stakeholder base and recognized their importance in the successful implementation of the Policy. It is our hope that all state and non-state actors, including the private sector, will closely collaborate with relevant health authorities at the Federal, State, and Local Government levels in the implementation of this Policy, considering the general acceptance that achieving good health is a collective responsibility.

I, therefore, recommend this policy document to all stakeholders in health and health-related sectors in the State, and the nation at large.

**Dr. Amina Mohammed Baloni**
**Commissioner for Health**
**Kaduna State**

# Acknowledgement

The Kaduna State Health Policy was adapted from the revised National Health Policy of 2016. The Policy emerged following an elaborate consultative process involving all relevant stakeholders from Ministries, Departments and Agencies (MDAs), Health development partners, CSOs, leadership of the Nigerian Medical Association (NMA), Health Professional Associations, Private health establishments, the academia and other public health experts. The Ministry of health acknowledges its indebtedness to the representatives of these bodies, who made inputs to the development of this Policy.

Sincere appreciation goes to the Commissioner for Health, Dr. Amina Mohammed Baloni, for her leadership and guidance, and to the Permanent Secretary, Adamu Mohammed Mansur, for his support and commitment to the success of the process of developing the policy.

We are also thankful to the Chief Executives and Program officers of the health sector MDAs of the State namely; Barau Dikko Teaching Hospital, Primary Health Care Board, Shehu Idris College of Health Sciences Makarfi, Bureau for Substance Abuse Prevention and Treatment, AIDS and STIs Control Agency, Health Supplies Management Authority, College of Nursing and Midwifery Kafanchan and the Contributory Health Management Authority, for their contribution towards the successful development of the policy.

Finally, sincere appreciation is also extended to all development partners for supporting this process, particularly the Lafiya project, DOS Center, UNICEF, PERL, WHO, CIHP, UNFPA, SFH, HSDF, BMGF/ADF for their technical and financial support in developing the policy. We also appreciate the contribution of CSOs; KADMAM, and MCH-CS partnership. Our profound appreciation also goes to the Lead Consultant, Malam Lawal Abubakar and his Asst. Dr. Emos Tella, for their technical guidance, articulation, and compilation of the policy document.

**Dr. Sunday Joseph**
**Director, Department of Health Planning Research and Statistics**
**Kaduna State Ministry of Health**

# Executive Summary

## Rationale for the Policy

In the last decade, Kaduna State has developed and implemented its first and second Strategic Health Development Plans (SSHDP), which sought to address challenges militating against the delivery of high impact interventions. However, the Kaduna State Health System Assessment report (2021) shows that, despite these efforts, the health status of the people remains poor. It becomes necessary for the state to develop its state health policy to reflect new realities and trends, including the Sustainable Development Goals (SDGs), emerging health issues such as COVID19 and also reflect the renewed government commitment to the attainment of universal health coverage. The state's experiences in the implementation of the first and second Strategic Health Development Plans, as well as the poor health indices documented in the State Health System Assessment report, provided a basis for contextualizing the development of a State Health Policy. The State health policy also comes at an opportune time, following the development of the National Health Policy (2016), which provides the framework for the State Health Policy.

## Situational Analysis

Kaduna state is the third most populous state in Nigeria (after Lagos and Kano states), with 2021 estimated population of 9.8 million people, with an annual growth rate of 3.18 percent. Without any intervention, the state population is estimated to reach 13 million persons in 2030. This may be related to the high fertility rate of 5.4 children per woman aged 15-45 years, and low modern contraceptive prevalence rate of 13.7%. The population is characterized as predominantly dependent population, with almost half (46%) of the population as children aged 0-14 years, and adults 65 years and above, who are not in the labour force. The high dependency ratio could lead to increased pressure on the health system, more expenditure on health, social security & education. However, the youthful population, if well developed, presents a unique opportunity for economic growth and development.

The State has recorded some important milestones in recent years, such as the eradication of guinea worm, control of COVID19 outbreak, and the interruption of Wild Polio Virus (WPV) transmission. The Kaduna State Health System Assessment report (2021) revealed that the State health system is underperforming across all building blocks, resulting to poor health outcomes. The average life expectancy at birth is 45 years, which is lower than the national average of 49 years. Women have a higher (48 years) life expectancy at birth than men (43 years). The state Maternal Mortality Ratio is 452.6 deaths per 100,000 live births, which is worse than some States in the North-west zone. Neonatal mortality rate of 63 deaths per 1,000 live births recorded by the State is the highest among States and FCT in Nigeria. The State ranked as the sixth State with the highest under-5 mortality rate of 187 deaths per 1,000 live births. The burden of most of the communicable diseases is also high. Malaria (33.0%), Schistosomiasis (13.8%), Soil Transmitted Helminthiasis (21.9%) and HIV among adults (1.1%) prevalence are higher than the national average and most States in the federation.

Kaduna state is the third most populous state in Nigeria (after Lagos and Kano states), with 2021 estimated population of 9.8 million people (KBS, 2021) and an annual growth rate of 3.18% (NPC, 2006), without any intervention, the state population is estimated to reach 13 million persons in

2030. This may be related to the high fertility rate of 5.4 children per woman aged 15-45 years, and low modern contraceptive prevalence rate of 13.7%. The population is characterized as predominantly dependent population. Almost half (46%) of the population are children aged 0-14 years, and adults 65 years and above, who are not in the labour force. The high dependency ratio could lead to increased pressure on the health system, more expenditure on health, social security & education. However, the youthful population, if well developed, presents a unique opportunity for economic growth and development.

## The Policy Development Process

A desk review of the sector was carried out on fifteen health priority areas, which assessed and analyzed progress against targets. The Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the sector was done by the eight-health sector Technical Working Groups (TWGs), comprising officials of the SMOH and its Agencies, representatives of development partners, Civil Society Organisations (CSOs) and related MDAs. Based on the findings of the desk review and SWOT analysis, the TWGs used the national health policy framework and developed the State strategic goals, strategic goals, objectives and policy interventions for the fifteen priority areas of the policy. The draft policy was validated, produced, and disseminated to all key stakeholders.

**Vision:** Universal Health Coverage and healthy lives for all Kaduna state residents.

**Mission:** To provide all stakeholders with a comprehensive framework for harnessing all resources towards the attainment of universal health coverage and healthy lives for all residents of Kaduna state.

## Policy Goal:

To strengthen Kaduna state's health system, particularly the primary health care sub-system, to deliver quality effective, efficient, equitable, accessible, affordable, acceptable, and comprehensive health care services to all residents of Kaduna state.

## Policy Priorities

There are Fifteen (15) policy thrusts in the policy. They were derived from the State SHDP framework and the WHO health systems building blocks. They are Leadership & Governance, Community participation, Partnership for Health, Reproductive, Maternal, Child, Adolescent Health and Nutrition, Communicable Diseases, Non-Communicable Diseases, Emergency Medical Services, Health Promotion, Human Resources for Health, Medicines, Vaccines, Commodities and Health Technologies, Health Infrastructure, Health Information System, Health Research and Development, Public Health Emergencies and Health Financing.

## Policy Objectives and Interventions

Policy objectives and interventions (actions) were developed for the 15 policy thrusts. These are activities to ensure that the Kaduna State health system would be significantly strengthened to improve the health status and wellbeing of all residents of the State. Many of the actions would require inter-sectoral and multi-sectoral collaborations. The faithful implementation of the actions should lead to the achievement of the health-related SDGs and UHC.

## Roles and Responsibilities

The roles and responsibilities of key stakeholders have been identified and spelt out for actors that will be involved in the implementation of the policy. The faithful adherence of the stated roles and responsibilities by all the health system actors will not only mainstream health in all sectors within the State economic space but will also assure adequate resourcing and achievement of the health-related SDGs, with emphasis on the achievement of UHC in the Kaduna State.

## Policy Implementation, Monitoring and Evaluation (M&E)

The health policy shall be implemented through the development and implementation of a series of State Strategic Health Development Plans, each covering a period of 5 years. A simple M&E framework has been proposed to help track progress in the implementation of the Policy, compared to 2020 baseline values. Specific indicators for monitoring progress will be fully specified in the State Strategic Health Development Plans. Federal and State Governments as well as other stakeholders will be involved in the monitoring and evaluation of the implementation of the Policy.

## Conclusion

It is imperative for the state to implement this policy. Hence, it is expected that Kaduna State the next Strategic Health Development Plans will be derived from this policy and implemented through Annual Operational Plans (AOPs).

# Chapter 1: INTRODUCTION

## 1.1 Justification for Developing a State Health Policy

Health is critical to sustainable development, which enhances productivity and competitiveness[1]. Evidence suggest that the health status of populations affects productivity and longevity.[2] Over the past decade, Kaduna State has invested in health reforms to strengthen its health system. The first Strategic Health Development Plan (2010-2017) sought to address challenges militating against the delivery of high impact life-saving interventions.[3] However, end term evaluation of the plan showed that, while there were marginal gains in the delivery of health services in some areas, the health system remained prostrate. The second State Strategic Health Development Plan (2018-2022)[4] was drawn from the National Health Strategic Development Plan-2 and National Health Policy (2016), which sought to continue investing in strengthening the health system, but with an increased focus on Primary Health Care (PHC). However, the Kaduna State Health System Assessment report (2021) shows that, despite the investments made in developing PHC, the health status of the people of Kaduna State remains poor.[5]

The state's experiences in the implementation of the first and second Strategic Health Development Plans, as well as the poor health indices documented in the State Health System Assessment report, provided a basis for contextualizing the development of a State Health Policy. It has also become necessary to develop the state policy to reflect the new Sustainable Development Goals (SDGs), emerging health issues, especially epidemics, the PHC governance reform of bringing PHC Under One Roof (PHCUOR), and the state's renewed commitment to Universal Health Coverage and to develop strategies to respond adequately to the high disease burden and its impact on the health system of the state.

## 1.2 The Kaduna State context for health development

The overall goal of Kaduna State Development Plan (2021-2025)[6] is to achieve inclusive economic growth and socio-economic transformation of the state, that translates into substantial improvements in the quality of lives of Kaduna citizens, through higher productivity and competitiveness. The health sector is domiciled in the social development area of the State Development Plan, which has a goal of ensuring that "All citizens have access to quality healthcare and education, while promoting gender and social inclusion. The health sector is to contribute to the achievement of universal health coverage by ensuring that all citizens of the State have access to quality, affordable healthcare, resulting in healthy lives.

## 1.3 The National context for health development

The State Health Policy is framed within the National Health Act (2014)[7] and the National Health Policy (2016).[8] The Act provides a legal framework for the regulation, development and management of a health system and sets standards for rendering health service in Nigeria. Section 3(a) of the Act stated that "The Federal Ministry of Health shall, where necessary, provide State Ministries of Health with technical assistance in the development of state health policies and plans". The National Health Policy provides the policy and strategic directions necessary to implement the National Health Act, to support the achievement of significant progress in improving the performance of the Nigerian health system. Section 5.1(b) of the policy encourage all States to adapt and disseminate the national health policy, of which this policy document was derived.

## 1.4 The Kaduna State Health Policy development process

As a prelude to the development of the State Health Policy, a Health System Assessment and other studies were conducted,[5] which provided empirical evidence on the level of attainment of core health system goals and objectives, and areas of priorities for improvement efforts. A desk review of the sector was carried out on health system blocks and other priority areas, which analyzed progress against State targets.

A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was done by the health sector Technical Working Groups (TWGs), comprising officials of the SMOH and its Agencies, representatives of development partners, Civil Society Organisations (CSOs) and related MDAs. The outcome of the desk review and SWOT analysis was used in developing the goals, strategic objectives and policy interventions. The national health policy framework and taxonomy was used in developing and contextualizing the State health policy. The draft policy was validated, produced, and disseminated to all stakeholders.

# Chapter 2: SITUATION ANALYSIS

## 2.1 Geographic, Political and Demographic Features

Kaduna State is located in the North-West geo-political zone of Nigeria, and occupies a land area of 45,711.19 $km^2$, making it the sixth largest by total land mass in Nigeria.[9] It is bounded in the north by Zamfara, Katsina and Kano States, in the east by Bauchi and Plateau States, in the south by the Federal Capital Territory and Nasarawa State, and in the west by Niger State. There are two marked seasons: rainy season from April to October and dry season from November to March, with great variations as you move northwards. Average rainfall varies within the state, from about 878mm in the south to 1,082mm in central and 860mm in the north.[10] There is evidence suggesting that this type of climate found in the State often initiates changes in the incidence of diseases, increasing or decreasing incidence with the seasons. [11]

The state is made up of three Senatorial Districts (North, Central and South), 23 Local Government Areas (LGAs) and 255 political wards. Kaduna state is culturally very diverse with differences in religion, ethnicity, traditions, and social norms between the predominantly Muslim population in the North and largely Christian ethnic groups in the South. Up to 36 indigenous ethnic groups are found in different parts of the State. It also has a considerable population of other Nigerians (Yoruba, Igbo, etc.) who settled in when its capital city of Kaduna served as capital of the defunct Northern Region. About 80% of the people are farmers, while others engage in animal rearing and poultry farming.

Kaduna state is the third most populous state in Nigeria (after Lagos and Kano states), with 2021 estimated population of 9.8 million people (KBS, 2021) and an annual growth rate of 3.18% (NPC, 2006).[9] Without any intervention, the state population is estimated to reach 13 million persons in 2030.[12] This may be related to the high fertility rate of 5.4 children per woman aged 15-45 years,[13] and low modern contraceptive prevalence rate of 13.7%.[14] The population is characterized as predominantly dependent, with half (46%) of the population as children aged 0-14 years, and adults 65 years and above,[12] who are not in the labour force. The high dependency ratio could lead to increased pressure on the health system, more expenditure on health, social security & education. However, the youthful population, if well developed, presents a unique opportunity for economic growth and development.

## 2.2 Socio-Economic features

The Kaduna State Gross Domestic Product (GDP) grew significantly from ₦1.93 trillion in 2013 to N2.89 trillion in 2018.[15] The State does not produce crude oil and natural gas but has a refinery for refining crude oil. The major growth drivers in 2018 were Agriculture; Telecommunications; Trade; Public Administration; and Professional, Scientific and Technical Services. The health sector's contribution to the GDP was only 0.73%,[15] which is lower than the national average of 3.67% (NBS, 2020).[16] This suggest that the State economic growth has not fully translated to increased investment in the health sector. However, with declining oil revenues and ongoing security challenges in the North-West geo-political zone, the state government has made some efforts to increase internally generated revenues, improved efficiency in government spending, and broadening the tax base of the State.[17]

According to Kaduna State General Household Survey, 28.2% of the population was unemployed,[1] indicating the scale of the economic challenge. However, disaggregating these figures indicates that part of the problem is linked to social norms and an employment bias towards men, with unemployment among women reaching 42.2% but among men the rate is much lower, at 15.8%.[1] Similarly, young people face the largest difficulties securing employment; while 35.4% of the 15-35 age group are unemployed, only 19.2% of the 36-59 age group were unemployed, and that fell further to 8.4% among those aged 60-64. The survey also showed that 62.9 percent of the population are self-employed, 14.6 percent worked within the household or for private person, 5.4 percent were state government workers, 6.9 percent work in Local Government while 3.8 percent worked in small private enterprises. The State also has a high poverty rate of 84.9% (measured at US$ of 1.9 per person/day), with inequity between rural (86.8%) and urban (81.8%).[18]

## 2.3 Progress in Overall Health Status

Kaduna State has recorded modest progress in some of its health indices, while other areas have worsened over the years. The 2016 Nigeria human development report shows that the average life expectancy at birth in Kaduna State is 45 years, which is lower than the national average of 49 years.[19] Women have a higher (48 years) life expectancy at birth than men (43 years). The state has an estimated Maternal Mortality Ratio (MMR) of 452.6 deaths per 100,000 live births. Although the figure is lower than the national average (567.5 deaths per 100,000 live births), it is higher than Kano (364.3), Jigawa (298.8), Zamfara (259.8) and Katsina (214.2) states in the North-west zone.[19] Thus, the state is far from reaching SDG target 3.1 of reducing maternal mortality ratio by two-third (151 per 100,000 live births), by 2030.[20]

Kaduna has the highest neonatal mortality rate of 63 deaths per 1,000 live births and is the sixth state with the highest under-5 mortality rate of 187 deaths per 1,000 live births.[2] Without significant interventions, the State is unlikely to achieve SDG target 3.2, which seeks to reduce neonatal mortality to at least 12 per 1,000 live births, and under-5 mortality to at least 25 per 1,000 live births, by 2030.[20] Data on adult mortality rate and the cause of such deaths is almost non-existing at State level. However, the 2018 NDHS data show that the adult mortality rate is 3.18 deaths per 1,000 population among women and 3.25 deaths per 1,000 population among men,[14] which indicates that women have a lower probability of dying than men.

In 2020, the Kaduna State Bureau of Statistics conducted the General Household Survey (GHHS) which showed significant improvement in the major health indicators in the state as compared to the 2018 Nigerian Demographic and Health Survey (NDHS): there was a reduction in Neonatal mortality from 63/1,000 LB to 31.2/1,000LB, Infant mortality from 97/1,000LB to 52.2/1,000LB, Under5 Mortality from 187/1,000LB to 124.7/1,000LB.[14, 21] also, modern contraceptive prevalence have increased from 13.7% to 15.8% resulting in decrease in the Total Fertility Rate (TFR) of 5.9% to 5.3%. although there was a decrease in Antenatal attendance of at-least 4 visits in a single pregnancy from 54.1% to 48%, the rate of deliveries supervised by a skilled birth attendant (SBA) increased from 26.5% to 29.2%.[21] as a result, data from Maternal and Perinatal Death Surveillance and Response (MPDSR) showed a significant decline in the rate of maternal death between 2015 to 2020 from 17% to 10% respectively.[22]

The State have also been able to reduce the case fatality rate of covid-19 from 1.4% in 2020 to 0.7% in 2021 with a case recovery rate of 97% for patients managed in the isolation center and at home. In terms of Covid-19 vaccination, the state was ranked 4th in the nation among states with the highest coverage. This showed that remarkable progress has been made as a result of the heavy investment in health although a lot still need to be done as the improvement made are not yet the most desirable.[23]

## 2.4 Major causes of the disease burden

A maternal death review report from 30 public hospitals in Kaduna state identified post-partum haemorrhage (33%), eclampsia (16.5%) and sepsis (14%) as the three leading causes of maternal deaths, while embolism (2.3%) and anaemia (3%), as the least. The annual abortion rate of 31 per 1,000 women aged 15–49 years and the abortion ratio of 19 abortions per 100 live births in Northwest zone[24] where Kaduna State is located is high, putting more women to higher risk of maternal death. There is no data on causes of child mortality for the state. However, data from Verbal and Social Autopsy in Nigeria (2019)[25] shows that Measles (3%), Pneumonia (10%), Malaria (22%), and Diarrhea (17%), Pertussis (2%), Malnutrition (2%), Dysentery (5%), Meningitis (10%), other infections (13%) other (10%), and Injuries (1%), Injuries (1%), AIDS (1%) are the leading causes of childhood mortality in Nigeria. Most of the causes of maternal and child mortalities are preventable and treatable.

There is paucity of data on the cause of adult mortality in Kaduna State. However, according to WHO estimates, the main causes of adult deaths in Nigeria are neonatal disorders (12.25%) malaria (12%), diarrheal diseases (11.36%), and lower respiratory infects (10.85%).[26] Other common causes included HIV/AIDS (5.98%), ischemic heart disease (4.37%), stroke (3.98%), congenital birth defects (3.26%), tuberculosis (2.84%) and meningitis (2.82%).[26] The risk factors identified to be the drivers of most adult mortality in Nigeria are malnutrition, poor access to safe water, sanitation and hygiene, air pollution, unsafe sex, high blood pressure, non-optimal temperature, alcohol use, non-optimal temperature, dietary risks, high body-mass index, high fasting plasma glucose and high body-mass index.[26]

## 2.4 Kaduna State Health System Analysis

### 2.4.1 Leadership and Governance

In the past few years, Kaduna State government has enacted several laws and policies to move the health agenda forward. However, some of these laws and policies are not in alignment to the context of achieving Universal Health Coverage (UHC). The State Council on Health (SCH), which is the highest policy making body on matters relating to health, exists but meets irregularly and resolutions of the meetings are hardly implemented. Annual Operational Plans (AOPs) are developed and reviewed by the health sector MDAs; however, sector performance reports are sometimes not disseminated in compliance with the NHAct. Although the sector recognizes the role of the civil society organizations (CSOs) and professional bodies as watchdogs to foster accountability in governance, their engagement during planning and budget processes have not been fully institutionalized. The ideals of Service Compact (SERVICOM), which gives the public the right to demand good services, are not widely implemented in both public and private facilities.

### 2.4.2 Community Participation

Effective partnership between government and rural communities in improving health care service delivery remains critical for the achievement of UHC. The sector has established and sustained

the Ward Development Committees (WDCs) in all the 255 wards, and the Facility Health Committees (FHCs) at the community level. This has resulted in improved community participation in planning and delivery of health services at the community level. These community structures are engaged in developing integrated Reaching Every Ward (REW) micro-plan, annual quality improvement plan, quarterly business plan at the PHC level as well as in the development of AOPs at the ward levels. With the introduction of the Basic Health Care Provision Fund (BHCPF), all the 255 WDCs are involved in the co-management, including financial management of PHC Centres. However, the capacity of the FHC and WDC members to monitor the implementation of health programmes is low. Community Volunteers (CVs) are engaged to provide health promotion and integrated demand creation activities, but this has not translated to a significant increase in utilization of essential health services.

### 2.4.3 Partnership for Health

Health is a multidimensional issue and government alone cannot secure the health of its citizens. Partnership with the private sector, non-governmental organizations, communities, and development partners (donors) as well as other social and economic sectors is essential to deliver health services that can meet the needs of the population on a sustainable basis. There is a growing plethora of private sector providers, ranging from private hospitals and clinics to pharmaceutical shops, patent, and proprietary medicine stores, as well as traditional healers across the state. The health partners' coordination forum has been established, with the AOP as the framework for regulating the activities of partners. Presently, there is little inter-sectorial collaboration with relevant MDAs, and no platform for regular engagement with health professional groups in order to improve industrial harmony and improve quality of services. The State has developed a Public-Private-Partnership (PPP) for the health sector but is yet to develop a strategic framework for implementing the PPP policy in the State.

### 2.4.4 Reproductive, Maternal, Child, Adolescent and Elderly Health plus Nutrition (RMNCAH+N)

In the past decade, the State has recorded a dwindling coverage in Reproductive, Maternal, Child and Adolescent and Elderly Health (RMNCAEH+N) interventions, as shown in table 1 below. For instance, modern contraceptive prevalence rate plummeted from 8.4% in 2008 to 18.5% in 2013 but deflated to 13.7% in 2018. Wanting to become pregnant (31.4%) and side effects/health concerns (42%) are the major reasons for discontinuing the use of Implants. The prevalence of obstetric fistula in Nigeria is less than one percent (0.4%).[14] Although there is dearth of data on fistula prevalence, information from Hajia Gambo Sawaba VVF hospital, Zaria shows a dwindling number of obstetric fistula cases treated by the centre: 352 (2014), 371 (2015), 357 (2016), and 245 (2017).[27] Getting money for treatment is the major (52.3%) reason faced by women in accessing treatment services. The quality of health services offered by healthcare providers, such as adherence to guidelines (33.5%), diagnostic accuracy (44.4%) and managing maternal and neonatal complications correctly (11.3%), are poor.[28]

*Table 1: Roles and responsibilities of stakeholders:* Error! Bookmark not defined.

| Indicator | 2008 | 2013 | 2018 |
|---|---|---|---|
| Women aged 15-49 using modern contraceptives | 8.4% | 18.5% | 13.7% |
| Women who received antenatal care from a skilled provider | 62.1% | 54.6% | 69.0% |
| Women delivered by a skilled provider | 21.8% | 35.5% | 26.5% |
| Women with a postnatal check during the first 2 days after birth | 40.3% | 32.0% | 21.1% |
| Children aged 12-23 months who received DPT/Penta3 vaccine | 32.7% | 43.7% | 31.9% |
| Children aged 6-59 months given vitamin A supplements | 20.3% | 37.3% | 27.5% |

### 2.4.5 Communicable Diseases

The state has a very high burden of most of the communicable diseases. HIV among adults (15-64 years) is high (1.1%) compared to other States.[29] The prevalence of malaria (33.0%)[14] Schistosomiasis (13.8%) and 21.9% Soil Transmitted Helminthiasis is higher than the national average of 23.0% and 9.5%,[30] respectively. There is dearth in data on the burden of Leprosy, and hepatitis at the state level. About 3,000 leprosy cases are reported annually in Nigeria the last seven years[31] against the global target of less than 1 per Million.[32] Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years is 2.94%, Tuberculosis incidence is 219 per 100 000 population,[33] while the prevalence rate for Tuberculosis is 219 per 100,000 population (15 years and above.[34] Malaria incidence is 303.3 per 1000 population at risk. These figures are worse than most of the countries in the African region. Although there may be geographical disparities, in the absence of State data, these may be applied to Kaduna State.

Only 34% of HIV positive persons in Kaduna State know their HIV status, of which 95% are placed on treatment, with only 67.2% of them that achieved viral suppression[35] as against the 95-95-95 target. Coverage with key malaria, TB and neglected tropical diseases interventions are low. For instance, NDHS 2018 report shows that only 55% of households use Insecticide Treated Nets, while 33% of pregnant women received two or more doses of SP/Fansidar for malaria prevention.[14]

### 2.4.6 Non-Communicable Diseases

In recent times, the state is witnessing emergence of non-communicable diseases such as Cancer, Sickle cell disease and road traffic accidents. In a 5-year cancer registration, from 2009 to 2013 a total of 2,536 new cancer cases were recorded in the Zaria Cancer Registry (ZCR),[36] of which 258 (10.2%) were from Kaduna State. In another study conducted in several communities of Kaduna and Katsina States and the FCT, it was found that 2.76% of children under-5 years screened had sickle cell disease.[37] In 2019, the state recorded 484 deaths due to road traffic accident. The 2015 Kaduna State General Household Survey revealed that 2.2% of household members are physically/mentally challenged, of which 74.9% do not receive any form of support or treatment for their disability. The prevalence of drug use in Kaduna State is estimated at 10 per cent of the population aged 15-64 years.[38] The most recent National Blindness and Visual Impairment Survey (2005-2007) showed that the prevalence of blind persons aged ≥40 years in the North-West zone, where Kaduna State is located, is 4.84%.[39]

### 2.4.7 General and Emergency Medical Services

Basic Trauma services are available in Secondary and Tertiary health facilities; however, specialized trauma services are available in Barau Dikko Teaching Hospital, Ahmadu Bello

University, Zaria. 44 Nigeria Army Reference Hospital and Saint Gerald Catholic Hospital Kaduna. Coordination and regulation mechanisms for emergency referral and trauma care is lacking between the three levels of care (primary-secondary-tertiary), which overburdens the secondary and tertiary health facilities. Some public health facilities have ambulances, but majority of them are not functioning. Access to safe blood is poor despite the location of the National Blood Service Commission in Kaduna. Whole blood transfusion is not available, particularly for patients that require only blood products. Out of the 29 Public Secondary Health Facilities in the State, only nine (9) have the capacity to conduct specialized investigations using ELISA machine. Five (5) Secondary Health facilities have the capacity for Viral Load Services using m-PIMA machine. BDTH and YDMH, are the only Health Facilities with RT-PCR machine for COVID-19 Services. Palliative care is provided only in tertiary facilities.

### 2.4.8 Health Promotion and Social Determinants of Health (Environmental Health)

The prevalence of some high-risk behaviours such as poor hygiene, cigarette smoking, alcohol consumption is high, which contributes to the burden of communicable and non-communicable diseases in the State. Fifteen (15.7%) of men and 1.6% of women use tobacco products; 9.4% men and 4.3% women drink alcohol.[40] Diarrhea prevalence among children under-5 years is high (11.8%) compared to national average. A study conducted in Kaduna metropolis showed a typhoid fever prevalence of 10.6%.[41] Food contamination is very common. For example, 50% of Millet and 39% of Maize products had *aflatoxin flavus*,[42] which is above the tolerance level stipulated by WHO (0.5 to 15 µg/kg).[43] Snake bite is common, with a total of 472 people bitten by Snakes.[44] There is no effective mechanism for management of medical and bio-waste at all levels of the health care. However, incinerators have been installed in some secondary health facilities. There is dearth of information on occupational hazards. Not less than 200 cases of industrial accidents occur in the workplaces in Nigeria daily with an equally high rate of fatalities.[45]

### 2.4.9 Human Resources for Health

There is no gold standard for assessing the sufficiency of the health workforce. However, WHO estimates that it will be unlikely for nations or sub-nationals with fewer than 23 health-care professionals (physicians, nurses and midwives) per 10,000 population to achieve universal health coverage targets set by the SDGs.[46] Despite the abundance of over 7,000 Doctors, Nurses/Midwives in the public and private sector, their density Kaduna State is only 2 per 10,000 population.[47] Administrative data (2020) from SMOH revealed a high (41%) attrition rate among health workforce in the public sector due to retirement (50%), death (11.2%), abscondment (9.6%), transfer of service (8.2%) and resignation (6.5%), majority of which are Doctors (20%) and Nurses (5%). Although accreditation has been given for some courses, state-owned health training institutions are still facing accreditation challenges due to poor infrastructure, inadequate teaching materials and equipment. A recent state health workforce productivity report revealed that 75% of public secondary/tertiary facilities performing below the state average of Workforce Productivity Index (WPI) scores of 1,458 cases per N1 million salary expenditure.

#### 2.4.10 Health Infrastructure

Kaduna State has a total of 5,263 Health facilities of which 1,939 offer clinical services (public-1,156; private-782) and 3,324, non-clinical services including Pharmacies Chemist/PPMVs and Diagnostic Laboratories.[47] The state government has invested heavily in the renovation of 255 Primary Health Centres (1 per political ward). However, only 25% has the prioritized medical equipment.[48] There is skewed distribution of secondary and tertiary health facilities toward urban

areas. Majority of the public hospitals had no purposely built Accident and Emergency (A&E) unit.[49] Where available, the space used as A&E are not adequate, and poorly equipped. None of the public hospitals has a standard theatre. Majority of the public hospitals have boreholes; however, they are not reticulated to the clinics and wards. Although some staff quarters were renovated recently, the quarters are inadequate as 2-5 staff sometimes share an apartment or room.

### 2.4.11 Medicines, Vaccines, and other Health Commodities

The State has established Health Supplies Management Agency (KADHSMA), and given the mandate to manufacture, select, quantify, source, store and distribute medical consumables, and laboratory equipment to public health institutions. The state has launched a Supply Chain Transformation Initiative since 2017, to ensure sustainable end-to-end visibility and well-coordinated and integrated public health supply chain management system. KADHSMA is yet to start manufacturing of drugs and medical consumables. Public health supply chain for some interventions (Malaria, HIV, TB) is yet to be fully harmonized and integrated into a single supply chain, resulting in duplication of efforts, wastages, and high supply chain cost. Not all health facilities have functional Drugs and Therapeutic Committee and Pharmacovigilance Committee, leading to irrational drug use and low reporting rate for adverse drug reaction.

Many public health facilities still experience stockout of essential drugs and medical consumables due to inadequate supply and sub-optimal logistics management system. The Kaduna State Government has signed a Service Level Agreement (SLA) with Zipline International Limited to facilitate the use of drone delivery service to deliver essential medicines and vaccines to hard-to-reach communities. There is also a framework procurement agreement with Pharmaceutical Manufacturers Group of the Manufacturers Association of Nigeria (PMG-MAN) to improve supply of drugs and consumables. Feasibility and financial studies have been conducted towards the realization of the drug manufacturing mandate of the KADHSMA. A functional Logistics Management Coordinating units (LMCU) has been established at state and local government levels to facilitate the realization of supply chain integration dive.

### 2.4.12 Health Information System

The state has a Health Information System (HIS), which collects, collates, analyses, and interprets routine data from public and private health facilities. However, it is bedeviled with low (28%) participation of the private health facilities in data collection/reporting. Manual (non-electronic) system of data collection at health facility level is the most common practice as against the recommended use of Electronic Medical Records (EMR). Even though heath data is collected at various level of care, there is dearth of capacity to analyze and use data for decision making. Although the data collection tools are reviewed periodically, availability and capacity to use the tools, especially at the PHC level and private sector is a critical challenge. Basic ICT infrastructure (computers, telephones, access to email/Internet) is adequate across health facilities and the LGAs, which is compounded by irregular supply of electricity.

### 2.4.13 Research for Health

The State government has established the Bureau of Statistics, which collaborates with the health sector in carrying out research. The Bureau has conducted the State general household survey as well as the health facilities census for the health sector. However, there is no budget line on

research in the State Ministry of Health. This is contrary to the provision in the National Health Act (2014), which stipulates that at least 2% of state total health budget should be assigned to health research. Research culture is near absent in the sector. Most of the research is usually supported by either development partners or the federal Ministry of Health. The State is yet to develop a health research agenda. Although there is a research ethics committee, a repository for the archiving of health-related research findings do not exist. There is also a serious disconnect between research in teaching institutions and the health sector, which negates the principles of using research findings to inform policies and practices in the health sector.

### 2.4.14 Public Health Emergencies

Kaduna State has experienced several outbreaks of epidemic prone diseases, especially Cerebro-spinal Meningitis, Cholera, Lassa Fever, Measles, and the dreaded COVI-19 pandemic. The State has been implementing the Integrated Disease Surveillance and Response (IDSR) strategy. And recently (2019) the Surveillance Outbreak Response Management and Analysis System (SORMAS) was introduced. However, the national health facility survey (2018) shows that 38% of health facilities do not have any standard case definitions for the priority diseases. A well-equipped public health laboratory is not available. an ultra-modern Public Health Laboratory is under construction at the Integrated Disease Control Centre (IDCC), Mando. The State Epidemiological Unit, though key in Emergency Preparedness and Response (EPR), is grossly understaffed. However, the EPR committee and Rapid Response Teams (RRTs) exist but is mainly reactive. There is a weak coordination mechanism for public health emergencies at all levels especially at the Local Government Areas level. The integration of disease surveillance activities at all levels of the health care system is week especially at the tertiary and some secondary facilities.

### 2.4.15 Health Financing

The state government has, through Law No. 7 of 2018, established the Kaduna State Contributory Health Management Authority (KADCHMA), which serves as the legal entity of implementing the State Health Insurance Scheme. In the past five years, the state has consistently allocated more than 15% of its total budget to the health, which exceeds the 15% target of the “Abuja Declaration”, but the average budget performance was 51.5% as against 75%-80% recommended benchmark . The share of the state Total Health Expenditure (THE) from GDP was 7.9%, higher than national average of 3.8%.[50] However, the relative contribution of government health spending to current health expenditure (CHE) stood at 7%, lower than the 40% recommended benchmark. The state’s population enrolled under any financial protection mechanism is 5.5%.[50] This is due to limited awareness and low sensitization of the population especially in the rural areas. Households Out-Of-Pocket Expenditure (OOPE) as share of total health expenditure is 80%, which is higher than the 40% benchmark.[50]

# Chapter 3: VISION, MISSION, CORE-VALUES AND GUIDING PRINCIPLES

## 3.1 Vision:

Universal Health Coverage and healthy lives for all Kaduna state residents.

## 3.2 Mission:

To provide all stakeholders with a comprehensive framework for harnessing all resources towards the attainment of universal health coverage and healthy lives for all residents of Kaduna state.

## 3.3 Overall Policy Goal:

To strengthen Kaduna state's health system, particularly the primary health care sub-system, to deliver quality effective, efficient, equitable, accessible, affordable, acceptable, and comprehensive health care services to all residents of Kaduna state.

## 3.4 Core-values:

- *Professionalism:* a well-motivated and dedicated work force that demonstrate high level of expertise, ethics, integrity, accountability, teamwork, respect, and client focus

- *Innovation:* Strive to continually improve services through application of appropriate technology including the development of telemedicine in service provision.

- *Accountability:* Tracking resources and health outcomes, ensuring efficiency, transparency, and quality of care and services

## 3.5 Guiding principles:

The policy is founded on the following guiding principles:

- *Integration of health services:* All efforts will be made to implement the proposed priority interventions at various levels of the health system in a coherent, integrated, and effective manner that is responsive to the needs of the people

- *Equity:* Emphasis will be on ensuring equity, equality, justice, and fairness being the basis for distribution and delivery of health services

- *Multi-sectoral collaboration:* Considering that health issues are development issues, achieving health outcomes requires contributions from other sectors. Deliberate efforts will be made to ensure collaboration between the health sector and relevant sectors

- *Partnerships:* Emphasis will be put on developing new partnerships and strengthening existing ones to ensure that health interventions are fully integrated in national, state, and local government health systems in a sustainable way

# Chapter 4: PRIORITIES, GOALS, OBJECTIVES AND POLICY INTERVENTIONS

## Priority 1: Leadership & Governance

### Goal:

- Provide effective leadership and an enabling policy environment that ensures adequate oversight and accountability for the delivery of quality health care for sustainable development of Kaduna state health system.

### Strategic Objectives:

- Provide clear policies, plans, legislative and regulatory framework for the health sector
- Strengthen transparency and accountability in planning, budgeting, and procurement process
- Improve health sector performance through regular integrated reviews and reports
- Strengthen health system coordination, harmonization, and alignment at all levels

### Policy Interventions:

- Review / develop health policies and laws for the health sector
- Develop sector strategic and harmonized annual operational plan, and link it with the annual budget process
- Strengthen voice and accountability and Civil Society Organizations (CSOs) engagement
- Institutionalize a mechanism for assessing and disseminating health sector's progress status and performance, using scorecards and health sector reports
- Design and institutionalize an incentivization and reward system for the efficient performance of the health sector Ministry, Departments and Agencies (MDAs)
- Strengthen governance structures (corporate plans), rules, regulations, and processes
- Strengthen intra-sectoral (primary, secondary, and tertiary healthcare levels) and inter-sectoral collaboration (health-related MDAs)
- Strengthen implementation of health service Charter

## Priority 2: Community Participation

### Goal:

- Promote community engagement for sustainable health development

### Strategic Objectives:

- To strengthen community level coordination mechanisms and capacities for health planning
- To strengthen community engagement in the implementation, monitoring and evaluation of health programs

### Policy Interventions:

- Strengthen the institutional and demand creation capacity of community engagement structures (community, health facility, ward and LGA development committees) at all levels
- Develop the financial management capacities of members of community engagement structures to enable them to track financial transactions at the facility level

- Intensify advocacy, social mobilization, and behavioral change communication in an integrated manner for positive adolescent behavior
- Strengthen the development and use of community development Charters
- Improve the capacity of members of community engagement structure to participate in planning, implementation and monitoring of essential health service package at all levels
- Strengthen the capacity of community members to participate in data collection, collation, storage, analysis, utilization, and accountability at community level

## Priority 3: Partnerships for Health

### Goal:

- Enhance harmonized implementation of essential health services in line with state health policy goals

### Strategic Objective:

Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance of the health system

## Policy Interventions:

- Adapt/review national/state policies, legal and regulatory framework on Public-Private-Partnership (PPP)
- Strengthen mechanisms for the implementation of PPP (contracting or out-sourcing, leases, concessions, social marketing, franchising, etc.)
- Facilitate effective intra and inter-sectoral partnership and collaboration at all levels for the implementation of priority health programs
- Establish partnerships with health professional groups, community, faith-based institutions, CSOs, and traditional medicine practitioners for improved healthcare service delivery
- Strengthen mechanisms for fund raising through common basket funding models (Joint funding Agreement, Sector Wide Approaches, (multi-donor budget support)

## Priority 4: Reproductive, Maternal, Newborn, Child, and Adolescent Health + Nutrition

### Goal:

- Promote universal access to comprehensive quality sexual and reproductive health services throughout life cycle and reduce maternal, neonatal, child and adolescent morbidity and mortality among in the state

### Strategic Objectives:

- *Sexual and reproductive health:* Promote demand and increase access to sexual and reproductive health services (family planning and post abortion care)
- *Maternal health:* Reduce maternal mortality and morbidity through the provision of timely, safe, appropriate, and effective healthcare services before, during and after childbirth
- *Fistula care:* Strengthen prevention, treatment, and rehabilitation services for fistula care
- *Child health:* Reduce neonatal and childhood mortality and promote optimal growth, protection and development of all newborns and children under five years of age

- *Adolescent health:* Improve access to adolescent health and young people information and services
- *The Elderly:* Promote the health and wellbeing of the elderly
- *Nutrition:* Improve the nutritional status of Kaduna state residents throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescents, women of reproductive age and the elderly

## Policy Interventions:

### Sexual and reproductive health:

- Increase access to family planning and post abortion care
- Strengthen procurement of SRH commodities and family planning consumables
- Build capacity of more personnel providing sexual and reproductive health services
- Strengthen integration of family planning and post abortion care into RMNCAH+N services
- Promote prevention of harmful traditional practices and gender-based violence
- Scale up Prevention, counseling and treatment of rape and other gender-based violence such intimate partner violence etc.

### *Maternal health:*

- Improve access to quality group antenatal and postnatal Care
- Expand coverage of skilled delivery services
- Capacity building to TBAs in identification of danger signs and prompt referral to health facilities
- Increase access to basic and comprehensive emergency obstetric services

### Fistula care:

- Promote information, education, and communication on fistula prevention
- Strengthen the existing and scale-up fistula treatment centres to provide quality, appropriate and accessible fistula treatment services
- Strengthen community capacity to help women access fistula treatment services
- Promote community participation in intersectoral collaboration for rehabilitation and reintegration of fistula survivors

### Neonatal and Child health:

- Ensure that all health facilities have functional newborn baby care/resuscitation corners/units appropriate to their level of care
- Strengthen the provision of quality postnatal care services in all health facilities with focus on the first week of birth
- Establish/strengthen special care baby units at secondary facilities and the more advanced neonatal intensive care units in selected tertiary facilities
- Optimize the Reach Every Ward (REW) strategy through planning and implementation of the Optimized Integrated Routine Immunization sessions (OIRIS) in all health facilities
- Reach Every Settlement (RES), Reach Inaccessible Children (RIC) strategies in security compromised locations
- Scale-up the provision of quality Integrated Community Case Management (ICCM) services at community level

- Strengthen and expand the provision of quality Integrated Management of Childhood Illnesses (IMCI) at all levels of care

Adolescent health:

- Strengthen and scale up prevention, detection, and management of HIV and STIs among adolescents and integration with other services
- Expand the implementation of integrated comprehensive sexuality education including life skills training into existing FLHE programmes in all schools
- Scale up screening and management of drug use, internet addiction, self-harm, mental health, nutrition disorders and other leading adolescent health problems

*Care of the Elderly:*

- Promote generation of evidence for planning, implementation and monitoring of geriatric services
- Scale-up appropriate health services for the promotion of health and care of the elderly at all levels of care
- Strengthen coordination mechanism for mental health service delivery at all levels

Nutrition:

- Strengthen the delivery of Vitamin A and deworming medication in health facilities, schools and through maternal and child health week strategy
- Promote exclusive breastfeeding for the first six months of life, and continued breastfeeding and appropriate complementary feeding from six months to two years
- Expand coverage with micronutrient powder supplementation
- Scale up nutrition for children with special nutritional needs including (children born to HIV positive mothers, infants, and young children in emergencies with persistent diarrhea etc.
- Promote optimal nutrition of adolescents and women of reproductive age (WRA)

## Priority 5: Communicable Diseases

### Goal:

Improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and Neglected Tropical Diseases (NTDs) among the people of Kaduna state

### Strategic Objectives:

- *Malaria:* Significantly reduce morbidity and mortality due to Malaria and move towards pre-elimination levels
- *TB/Leprosy:* Ensure universal access to high quality, client-centered TB/Leprosy diagnosis and treatment services for the reduction in the incidence and prevalence of tuberculosis/leprosy
- *HIV/AIDS:* Significantly reduce the incidence and prevalence of HIV/AIDS
- *Viral Hepatitis:* Reduce the incidence, morbidity, and mortality due to viral hepatitis
- *NTDs:* Reduce morbidity, disability, and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected

### Policy Interventions:

*Malaria:*

- Establish mechanism for the expansion of Integrated Vector Control (IVC) Interventions
- Strengthen the mechanism for improved availability and access to Malaria commodities and supplies for treatment of uncomplicated and severe malaria
- Strengthen laboratory capacity for malaria diagnosis at all levels, both private and public health facilities
- Strengthen the systems for quality assurance and quality control of malaria diagnosis and treatment

*TB/Leprosy:*

- Strengthen TB and Leprosy case detection, diagnostic capacity, and access to quality treatment services for general population, including paediatric
- Expand and improve access to TB diagnosis and treatment services for persons co-infected by TB and HIV
- Enhance access to diagnosis and management services for drug resistant TB
- Strengthen collaboration with and enhance the capacity of CBOs to support TB program interventions
- Establish mechanisms for the Integration of TB and leprosy into the general health services

*HIV/AIDS:*

- Expand access to Minimum Package of Preventive Interventions (MPPI) for HIV targeting AYPA, key and general populations
- Increase the number of facilities providing HIV/AIDS treatment, co-infection management, care, and support services for people living with HIV/AIDS
- Establish a mechanism for linking HIV/AIDS patients with other health services and socio-economic empowerment programs
- Promote HIV/AIDS research for improved evidence-based response
- Strengthen advocacy, legislation, social mobilization, and behaviour change communication for improved HIV response

*Viral Hepatitis:*

- Expand access of key and general populations to viral hepatitis prevention, screening, and treatment services
- Scale-up interventions for the prevention of iatrogenic transmission of viral Hepatitis
- Strengthen HBV vaccination for adult populations, especially those at occupational risk

## Priority 6: Non-Communicable Diseases

### Goal:

Reduce the burden of morbidity, mortality, and disability due to non-communicable diseases in Kaduna state

### Strategic Objectives:

- *NCDs:* Reduce morbidity and mortality due to NCDs (Cancers, Cardiovascular Diseases, Chronic Obstructive Airway Diseases, Diabetes and Sickle Cell Disease)

- *Mental health and Substance abuse:* To improve the mental health and psychosocial wellbeing of the populace by reducing prevalence of serious, moderate, and mild mental illnesses and substance use disorders
- *Oral Health:* Promote optimal oral health
- *Eye Health:* Eliminate avoidable blindness and reduce the burden of various visual impairments

### Policy Interventions:

*Non-Communicable Diseases (NCDs):*

- Promote generation of evidence for planning, implementation and monitoring of NCDs
- Expand and strengthen the capacity of health facilities at all levels to provide NCD services
- Expand minimum benefit package to include NCDs access
- Ensure screening, treatment, and referrals for NCDs in all health facilities at PHC level

*Mental health and Substance abuse:*

- Expand and strengthen the provision of comprehensive, integrated, and responsive mental health and psychosocial support services at all levels of care
- Scale-up integrated prevention programmes to reduce demand for substance (drug) abuse
- Implement full package of management of harm related to drug use, and drug overdose management
- Integrate substance use health services in all primary health care facilities
- Establish mechanisms to prevent diversion of controlled medicines from public and private health facilities to the public

*Oral Health:*

- Expand access to oral health care services by integrating oral health into the mainstream of service delivery at all levels, especially at primary health care level
- Promote oral health focused research and information system to ensure that oral health policies, decisions and practice are evidence based
- Integrate oral health into school health programmes.

*Eye Health:*

- Strengthen eye health focused research and information system
- Strengthen and expand access to comprehensive (promotive, preventive, curative and rehabilitative), appropriate and quality eye health services at all levels

## Priority 7: General and Emergency Medical Services

### Goal:

Ensure that healthcare facilities provide equitable, safe, appropriate, quality, and effective medical and laboratory services to meet current and future needs

### Strategic Objectives

- *Medical services:* Strengthen the provision of health services at public and private health facilities that are appropriate, accessible, and meet minimum quality and safety standard for optimized health outcomes

- *Trauma care:* Increase provision and access to quality, affordable & integrated emergency, and trauma care
- *Out-patient services:* Improve provision, access, quality, and responsiveness of Ambulatory (outpatient) Services at all levels of health care
- Blood & Blood products: Promote provision of and access to effective, safe blood and blood products at appropriate levels of health care
- Medical Laboratory services: Provide appropriate, efficient, quality, equitable and cost-effective public health, and medical laboratory services at all levels of health care delivery
- Palliative care: Promote the provision of and access to palliative and end-of-life care services at public and private health facilities that meet defined minimum quality and safety standards

## Policy Interventions:

*Medical services:*

- Scale up provision of accessible medical services at all levels, especially secondary level
- Intensify continuous quality improvement in medical service provision at all levels
- Strengthen Infection, Prevention and Control (IPC) practices in health care settings

*Trauma care:*

- Strengthen coordination and regulation mechanisms for emergency referral and trauma services at all levels of care
- Strengthen integrated functional national and sub-national referral systems
- Strengthen coordinated and integrated transport systems for emergency and trauma services
- Build capacity (human and institutional) and infrastructure for continuous quality improvement of comprehensive emergency and trauma care

*Out-patient services:*

- Promote the development of practice standards and guidelines for ambulatory services
- Scale-up functional and integrated ambulatory services (general, and specialized) in all facilities according to standards
- Promote & enhance capacity (human and institutional) for continuous quality improvement of Outpatient services

*Blood and Blood products:*

- Expand the availability of and access to safe blood and blood products including strengthening of linkages between hospitals and National Blood Transfusion Services screening centres
- Promote and increase public awareness on blood transfusion services including voluntary non remunerated blood donation
- Develop quality management system and institutionalize hemovigilance for Blood and blood products services in all blood screening centres

*Medical Laboratory services:*

- Ensure the availability and accessibility of quality laboratory services at all levels
- Strengthen coordination and networking of public health and medical laboratories for effective health care delivery
- Implement quality assurance (QA) and continuous quality improvement of laboratory services

*Palliative care:*

- Build capacity (human and institutional) for continuous quality improvement of palliative and End-of-life care services
- Strengthen community systems to support Palliative and End-of-life care services
- Promote appropriate disposal of dead bodies

## Priority 8: Health Promotion

### Goal:

- Improve the wellbeing, safety, and quality of life of Kaduna state residents through health promotion and healthy environment

### Strategic Objectives:

- *Health promotion:* Promote the wellbeing of individuals and communities through protection from health risks, and promotion of healthy lifestyle and environment
- *Food safety:* Promote food hygiene and safety for the reduction of illnesses associated with unwholesome food
- Water and Sanitation: Promote universal access to safe drinking water and acceptable sanitation
- *Snake bites:* Reduce morbidity and mortality from snake bites
- *Hospital waste management:* Protect human health, environment and infrastructure from chemical hazard, medical & Bio waste, and poisoning
- *Occupational health:* Promote optimal health and safety of workers in their work environment

### Policy Interventions:

*Health promotion:*

- Scale-up health promotion activities at all levels
- Promote the inclusion of health promotion in school curricula and workplace health programs
- Intensify multi-sectoral and intra-sectoral collaboration and partnerships in planning, implementation, and health promotion activities

*Food safety:*

- Strengthen system for food and water safety surveillance
- Scale up the training of food inspectors that will ensure that foods sold within the community follow current standards and regulations
- Promote the practice of food safety across the food production pipeline from farm to the table

*Water and sanitation:*

- Promote preventive and curative healthcare for water and sewage borne diseases
- Strengthen behavioral change communication, social mobilization, and advocacy for the promotion of safe water and sanitation
- Intensify multi-sectoral and intra-sectoral collaboration and partnerships in planning, implementation of safe water and sanitation activities

*Snake bites*

- Scale up sustainable supply of anti-snake venom in the state
- Build capacity of health care workers on snakebite management at all levels
- Scale up generation of local evidence to inform more responsive snakebite programming

- Promote snakebite prevention and Control interventions

*Hospital waste management:*

- Build capacity of health workers for effective management of medical and Bio waste and hazardous chemicals at all levels of the health care system
- Deepen collaboration with relevant stakeholders on Chemicals Management, medical & Bio waste management and climate change
- Improve systems for data collection, management and utilization for chemical hazards and poisons, medical and Bio waste, and climate change

*Occupational health:*

- Scale up occupational health preventive and promotive activities
- Expand access to appropriate occupational health services for health workers
- Promote health and safety in the workplace

## Priority 9: Human Resources for Health

### Goal:

- To have in place the right number, skill mix of competent, motivated, productive, and equitably distributed health work force for optimal and quality health care services provision

### Strategic Objectives:

- *Partnership and coordination:* Ensure coordination and partnership for aligning investment of current and future needs and institutional strengthening for HRH agenda
- *HRH Production:* Ensure the production of adequate numbers of qualified health workers
- *M&E of HRH:* Ensure the development of monitoring and evaluation for HRH including systems for HRHMIS and Registry
- *HRH management:* Ensure effective health workforce management through retention, deployment, work condition, motivation, and performance management
- *Planning for HRH:* Strengthen Health workforce planning for effective management

### Policy Interventions:

*Partnership and coordination:*

Strengthen institutional capacities of HRH coordinating structures

Strengthen coordination of public, private, regulatory, Health workforce association and development partners at all levels

*HRH Production:*

- Strengthen the quality assurance for HRH training institutions especially for producing frontline health workers
- Strengthen the platform between HRH training institutions, regulatory bodies, and other stakeholders to increase health workforce production
- Improve gender sensitivity in the production of health work force for all cadres at all levels

*M&E of HRH:*

- Strengthen/establish human resources health information system at state and LGA levels

- Establish mechanisms for annual HRH reviews and reporting for evidence and decision making at the State and LGA levels

*HRH management:*

- Strengthen mechanism for recruitment, deployment, and retention of HRH at state and LGA levels
- Improve HRH performance management systems at state and LGA levels
- Strengthen the task shifting and task sharing implementation

*Planning for HRH:*

- Improve capacity for HRH planning at state and LGA at all levels
- Strengthen mechanisms for HRH joint planning at primary, secondary and tertiary levels

## Priority 10: Health Infrastructure

### Goal:

Improve availability and functionality of health infrastructure required to optimize service delivery and ensure equitable access to effective and responsive health services

### Strategic Objective:

To improve availability and functionality of health infrastructure required to optimize service delivery at all levels

### Policy Interventions:

- Promote the establishment of norms and standards for health infrastructure for all levels of the health care system in the state
- Ensure availability of equipment and other health infrastructure in line with the standards for the different levels of health care and other health institutions as set in the state Essential Services and Systems Package (ESSP) policy
- Strengthen the monitoring of health infrastructure, including inventories and performance
- Promote partnerships between equipment manufacturers / suppliers and government at all levels for technology transfer/training/ maintenance agreements
- Improve the capacity of biomedical Engineers and health infrastructure equipment maintenance officers, to increase quality availability of health infrastructure

## Priority 11: Medicines, Vaccines and Other Health Commodities and Technologies

### Goal:

- Ensure that quality medicines, vaccines, and other health commodities and technologies are available, affordable, and accessible to all the residents of Kaduna State

### Strategic Objective:

- Strengthen the availability and use of affordable, accessible, and quality medicines, vaccines, and other health commodities and technologies at all levels of care

### Policy Interventions:

- Strengthen effective coordination of structures that ensures accessibility of medicines, vaccines, and other health commodities, and technologies at all levels.
- Enhance production and use of locally manufactured medicines and other health commodities that meet global standards.
- Strengthen effective procurement systems (forecasting, quantification, selection, and orders, to ensure (40% local content) and commodity security on a sustainable basis at all levels
- Strengthen integrated public health supply chain management and quality assurance models for medicines, vaccines, other health commodities, and technologies with a functional Logistics Management Information System (LMIS)
- Improve pharmacovigilance framework, rational drug use and antimicrobial stewardship at all levels of care.
- Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines, and other commodities at all levels of care
- Strengthen the development of Traditional Comparative and Alternative Medicine (TCAM) practice in Kaduna state

## Priority 12: Health Information System

### Goal:

Institutionalize an integrated and sustainable health information system for decision-making

### Strategic Objective:

Improve the health status of Kaduna state residents through the provision of timely, appropriate, and reliable health information services at all levels, for evidenced based decision making

### Policy Interventions:

- Strengthen institutional framework and coordination for Health Information System (HIS) at all levels
- Strengthen capacity to generate, transmit, analyze, and utilize routine health data, from all health facilities, including private health facilities
- Improve integration of existing surveillance systems and diseases registries into the overall health information system
- Improve the mechanism of an integrated data repository for data sharing amongst stakeholders at all levels
- Strengthen monitoring of the sub-sector performance

## Priority 13: Research for Health

### Goal:

Utilize research to inform policy and programming for improved performance and better health outcomes; and contribute to global health knowledge production

### Objective:

Strengthen health research and development to significantly contribute to the overall improvement of the health system performance.

### Policy Interventions:

- Strengthen coordination and regulatory mechanisms for health research and development
- Strengthen the development and implementation of the State research agenda
- Increase resource mobilization and allocation for research activities at all levels in line with agreed international declarations, especially Algiers Declaration on Health Research
- Strengthen institutions and systems at all levels for the promotion, regulation, and ethical oversight of health research
- Enhance strategic partnerships at the national and international levels for the promotion and timely dissemination of research findings
- Strengthen the utilization of research findings to inform policy, programming, and practice
- Facilitate the development of a repository for the collation and archiving of health-related research findings for improved knowledge management

## Priority 14: Public Health Emergency Preparedness and Response

Goal: To significantly reduce the incidence and impact of public health emergencies.

Strategic Objective: Reduce incidence and impact of public health emergencies in Kaduna State.

### Policy Interventions:

- Promote an integrated disease surveillance and response system
- Expand/strengthen a network of public health laboratories
- Promote access to comprehensive services for the prevention, treatment, and impact mitigation of public health emergencies
- Promote integration of disease surveillance activities at all levels of the health care system
- Strengthen coordination mechanisms for public health emergencies at all levels

## Priority 15: Health Financing

### Goal:

Ensure all residents of Kaduna state have access to health services without any financial barriers or impediments at the point of accessing care

### Strategic Objectives:

- *Governance and coordination:* Strengthened governance and coordination for actualizing stewardship and ownership of Health Financing reforms
- *Revenue for health:* Increase sustainable and predictable revenue for health
- *Pooled funds:* Enhance financial risk protection through pooled funds at all levels
- Strategic purchasing: Enhance transparency and accountability in strategic purchasing of health services

### Policy Intervention:

*Governance and coordination:*

- Strengthen health financing equity and investment units at state and LGA levels
- Strengthen coordination frameworks and TWG for health financing
- Establish and Strengthen systems for health financing evidence generation and management at state and LGA levels

- Strengthen community sensitization and mobilization strategies including Social and religious institutions and associations to intensify awareness creation towards increasing participation in the contributory scheme of the state

*Revenue for health:*

- Strengthen and scale-up the implementation of the State equity and Basic Health Care Provision Fund by crowding in donor funding and funding from other sources (including the private sector)
- Ensure increase in government spending on health
- Develop and implement resource mobilization strategy and guideline including Sin Taxes

*Pooled funds:*

- Increase enrolment and contribution to the contributory health scheme
- Strengthen laws and regulations for the implementation of the contributory health scheme
- Review provider payment mechanisms in the health sector to focus on result-based financing
- Develop/strengthen mechanism for aggregation of the fragmented health financing pools

*Strategic purchasing:*

- Institutionalize routine expenditure tracking mechanisms
- Strengthen the public finance management processes in the health sector
- Review provider payment mechanisms in the health sector to focus on result-based financing

# Chapter 5: IMPLEMENTATION FRAMEWORK

## 5.1: General implementation arrangement

*a. Dissemination of the Policy:*

The State Ministry of Health shall ensure widespread dissemination of this Policy and other related instruments, through various relevant channels

*b. State-level Adaptation:*

Reports on progress shall be presented at state and National Council on Health. The State Ministry of Health shall strengthen agencies and Departments under it to function for effective service delivery

*c. Strategic Plans:*

i. The State Ministry of Health shall develop State Strategic Health Development Plan, in line with the State Health Policy 2021
ii. Annual and mid-term reviews of the implementation of the Strategic Plan shall be undertaken by SMOH and all stakeholders with reports presented to the State Council on Health and this will be followed by dissemination

*d. Medium-term Expenditure Framework:*

The State Ministry of Health shall interact regularly with State Ministry of Finance and Planning and Budget Commission on the development of the Medium-Term Expenditure Framework

*e. Operational Plans:*

i. The State Ministry of Health, Health MDAs and the Local Government Health Authority shall develop operational plans, based on the State Strategic Plan on an annual basis
ii. Reviews of the implementation of the Policy's annual operational plans shall be institutionalized at all levels and the reports widely disseminated

## 5.2 Stakeholders' Roles and Responsibilities for the Implementation of the Policy

*Table 2: Roles and responsibilities of stakeholders*

| STAKEHOLDERS | ROLES & RESPONSIBILITIES |
|---|---|
| The Office of the Governor | ▪ Shall ensure that all public sector Ministries, Departments and Agencies (MDAs) and the private sector faithfully implement all the provisions of the State Health Policy<br>▪ Shall ensure a state health multi-sectoral collaboration (human capital development) for implementing 'Health-in–All' policies for achievement of the health-related SDG targets<br>▪ Shall ensure and implement a framework for achieving the SDGs in the state, with adequate provision of funding for achieving the health-related SDG targets |
| The office of the Commissioner of Health | ▪ Shall ensure the full implementation of the State Health Policy<br>▪ Shall ensure that the private sector and community groups participate fully in decision making and implementation of the State Health Policy<br>▪ Shall ensure improved evidence-based planning, budgeting, resourcing and effective (efficient and equitable) use of health resources to achieve the goals and objectives of the SHP<br>▪ Shall ensure that the State Health Policy implements and enforces the key provisions of the National Health Act (2014) and other relevant health legislations |
| State Council on Health | ▪ Shall recommend the State Health Policy 2021 for implementation<br>▪ Shall review and approve council on health memos on changes and innovation of health issues affecting the state |
| State Executive Council | ▪ Shall take the lead in entrenching and mainstreaming of health in all sectors<br>▪ Shall speedily approve the State Health Policy 2021<br>▪ Shall review resource envelopes for MDAs and increase the envelope for health<br>▪ Shall review quarterly reports of meetings of the State platform on multi-sectorial collaboration for implementing 'Health-in-All' policies |
| State Assembly | ▪ Shall facilitate the passage of relevant publicly and privately sponsored health legislations<br>▪ Shall ensure that adequate resources are appropriated and disbursed in a timely manner to ensure that health activities/interventions are conducted as planned<br>▪ Shall undertake regular oversight activities to ensure that funds are disbursed effectively and efficiently utilized for the purposes intended |
| Human Capital Development Council | ▪ Shall continually monitor the implementation of the policy on a regular basis<br>▪ Shall provide strategic guidance to the health sector to ensure the full implementation of the policy<br>▪ Shall provide the political environment that mandate other line ministries to support the implementation of the policy |
| State Ministry of Health | ▪ Shall ensure widespread dissemination of this Policy and other related instruments, through various channels<br>▪ Shall develop a State Strategic Health Development Plan, in line with State Health Policy 2021<br>▪ Shall estimate the full costs for implementing the Strategic Plan |

| | |
|---|---|
| | ▪ Shall undertake annual and mid-term reviews of the implementation of the Strategic Plan and reports of the reviews presented to the State Council on Health for wide dissemination<br>▪ Shall pursue timely release and disbursement of allocated or appropriated funds to achieve the goals and objectives of the new SHP 2021<br>▪ Shall ensure that appropriate budget expenditure reporting and budget tracking mechanisms are put in place at all levels to track the use of resources for the new SHP 2021<br>▪ Shall institutionalize the processes of State health accounts<br>▪ Shall mobilize additional resources from external and domestic sources for achieving the goals and objectives of the State Health Policy (especially the goal of UHC)<br>▪ Shall ensure sector-wide monitoring and evaluation of the status of implementation of the SHP health policies<br>▪ Shall provide evidence-based achievements of the SHP objectives, through routine research and data analysis, which will also inform policy reviews and formulation of new policies when necessary (through regular joint annual reviews and other mechanisms) |
| Office of the LGA Chairmen | ▪ LGA Chairpersons shall be encouraged to disseminate the policy<br>▪ Shall undertake other responsibilities at the LGAs level as stated by the policy |
| State Ministry of Environment and Natural Resources | ▪ Shall collaborate with the Ministry of Health and other line ministries to implement environmental management programs to reduce environment-related health risks and enhance vector control activities as contained in the SHP 2021<br>▪ Shall be actively involved as participants in the multi-sectoral forum on implementing the 'Health-in-All' policies and mechanisms |
| Department of Public Affairs (Government House) | ▪ Shall disseminate all information about the SHP 2021 to all Residents within the State |
| Professional Associations | ▪ Shall ensure that the services they provide are of high quality and ethical standards in the spirit of inter-professional collaboration and in conformity with the National Health Act 2014 and the State Health Policy (SHP 2021) |
| Academia and Research | ▪ Shall participate in research and development for health care delivery<br>▪ Shall support capacity development for health service delivery<br>▪ Shall provide technical assistance in advancing health programs |
| Media<br>(Print and Electronic) | ▪ Shall support demand creation for health services<br>▪ Shall support health promotion and awareness creation for health care |
| The Private Sector | ▪ Shall contribute to health service delivery within the State health policy framework in compliance with State standards and guidelines<br>▪ Shall invest in healthcare<br>▪ Shall always comply with the provisions of the State Health PPP Policy |
| Civil Society Organizations | ▪ Shall function as an instrument for ensuring accountability and monitoring health service provisions<br>▪ Shall create demand for health services and mobilize communities in the achievement of health goals<br>▪ Shall contribute to strengthen health services delivery |
| Community Groups | ▪ Shall participate in determining community health needs and planning/implementation, as well as interventions to address such needs |

| | |
|---|---|
| Healthcare Providers | ▪ Shall collaborate with all relevant authorities in health to ensure mutual accountability<br>▪ Individuals, families, caregivers, and communities shall be involved in the planning, implementation, and evaluation of health services |
| Clients/Consumers | ▪ Shall take appropriate actions to contribute to their own health |
| Trade Unions | ▪ Shall work with government to realize the health outcomes of their members |
| Development Partners | ▪ Shall collaborate with government in aligning their support and activities in the health sector, in line with the provisions of the State health policy<br>▪ Shall effectively engage with government to ensure adequate participation in health development<br>▪ Shall provide appropriate technical assistance in advancing health programs<br>▪ Shall support capacity development for health service delivery |
| Religious Organizations | ▪ Shall work with the SMOH to ensure that health services are in consonance with the provisions of the State Health Policy<br>▪ Shall collaborate closely with the communities to ensure appropriate participation in the planning and implementing health programs |
| State & LGAs Emergency Management Agency | ▪ Shall work with the SMOH and other relevant stakeholders to coordinate efficient and effective disaster prevention, preparedness, mitigation, and appropriate responses in the State |
| Kaduna State Water Corporation | ▪ Shall provide safe and potable drinking water for all Residents<br>▪ Shall participate actively in inter-sectoral actions for health |
| Association of Local Government Chairmen of Nigeria (ALGON) | ▪ Shall include discussions on health issues of State interest in their agenda and take common positions |

## 5.3 Legal Framework

The legal framework is critical for the implementation of the State Health Policy. To this end:

- The State Health Policy shall be oriented to implement the provisions of the National Health Act 2014 and other relevant state legislation.
- Provision shall be made to revise, update, and enact new health legislation as relevant, including but not limited to the following:
  - State Primary Health Care Board Law
  - Kaduna State Contributory Health Scheme Law no. 8, 2017
  - Kaduna State AIDS Control Agency Law no. 9 2018
  - Kaduna State Bureau for Substance Abuse, Prevention and Treatment Law no. 9, 2016
  - Kaduna State health Supplies Management Agency Law no. 27, 2018
  - Barau Dikko Teaching Hospital Law no. 5, 2015
  - Kaduna state Private Health Establishment Law
  - Kaduna State Public Health Laws
  - Kaduna State College of Nursing & Midwifery Law
  - Kaduna State Law to Protect Persons Living with HIV/AIDS

## 5.4 Funding of policy implementation

### 5.4.1 Funding:

- The State Government shall allocate at least 15% of the annual budget (in line with the Abuja declaration) for the implementation of the State Health Policy

- Local Government Councils shall allocate 60% of the SPHCB health requirement in their annual budget as enshrined in the SPHCB law
- The State Government shall allocate at least 25% of the allocated Basic Health Care Provisions Funds (BHCPF) from the national as state counterpart funds as stated in the BHCPF guidelines
- Stakeholders, especially Civil Society Organisations, shall advocate to the executive and the legislative arms of government at all levels on the need to sustain budgetary allocations to health to meet 15% of the total budget as per Abuja Declaration
- Government shall encourage private sector participation in the implementation of the National Health Policy, including investment in health
- The State shall allocate at least 1% of State annual Consolidated Revenue Funds (CRF) to State Contributory Health scheme as enshrined in KADCHMA Law. No. 1

### 5.4.2 Disbursement:

- There shall be timely release and disbursement of government allocated or appropriated funds for health
- Budget expenditure reporting and tracking mechanisms shall be strengthened at all levels
- Conducting and updating of State Health accounts shall be institutionalized
- There shall be timely release and disbursement of State counterpart funds as enshrined in the signed MOUs with private investors and development Partners

# Chapter 6: MONITORING AND EVALUATION FRAMEWORK

## 6.1 The Monitoring & Evaluation (M&E) Framework:

The State Health Policy 2021 is the primary policy document providing long-term direction for health development in Kaduna State for the period of 2021-2030. •The State Health Policy will be operationalized and implemented through the State Strategic Health Development Plans and Annual Operational Plans drawn up by the SMOH and its Departments & Agencies. The implementation shall be monitored using a comprehensive monitoring and evaluation framework, based on the objectives and targets set out in the policy and the SSHDP.

The Mechanism for the monitoring and evaluation of the policy shall be through quarterly M/E activities undertaken by the State and the LGHAs based on the set goals, objectives, and targets. The mechanism for M&E shall also be affected through Joint Annual Reviews (JAR) to be coordinated by the FMOH, Annual Performance Review to be coordinated by SMOH and PHC review coordinated by the SPHCB. In the last year of each cycle of the Strategic Plan, evaluation of the plan shall be undertaken as well as development of a new Strategic Plan. State Strategic Health Development Plans shall be used to identify priority investment areas while Operational Plans shall be developed for specific decision-making levels of health care systems and units, such as at the levels of State and the Local Government Areas that are able to plan and raise resources for defined services. In this context, it should be noted that referral services are critical delivery units at both State and LGAs levels.

State Strategic Health Development Plans shall provide information and guidance on the annual targets and budgeting processes. The budgeting process and framework, therefore, shall be based on agreed priority investments in the respective investment plans. During the budgeting process, the priorities for investment should be directly derived from the State Strategic Health Development Plans. The policy orientations would constitute the sector programs in the budget around which priorities and budgets would be defined. The defined priorities and budgets constitute the guidelines for the elaboration of Annual Work Plans—the priority activities for implementation in the short term, based on the resources available.

## 6.2 Progress Indicators:

Progress indicators shall be based on the respective priority areas and set objectives. These targets shall be measured clearly indicating absolute achievements and variations across the National, geo-political zones, States and LGAs. The overall result expected from implementing this policy is shown in table 4 below.

## 6.3 Data Management and Feedback

Monitoring and evaluation of progress on policy implementation shall require data collection, collation and analysis on the priority areas as defined in the SSHDP. The required data can be acquired through special surveys or the acquisition of routine data from DHIS2. Feedback on progress of policy implementation shall be carried out through the generation and dissemination of periodic reports, annual review meetings at state, zonal & LGA levels.

## Overall Goal/Thrust:

Ensure Universal Health Coverage (UHC) and healthy lives for all Kaduna State residents, through the attainment of the medium and long term targets set in table 3 below.

*Table 3: Kaduna State Health Policy Performance Monitoring Matrix (Targets)*

| S/N | Key Performance Indicators | Baseline (2016) | Medium term (2021-2025) | Long term (2026-2030) | Data Source(s) |
|---|---|---|---|---|---|
| 1 | Life expectancy at birth (in years) Male & Female | 45 | 47 | 50 | NBS, HDI Survey 2016 |
| 2 | Infant mortality rate (per 1,000 live birth) | 97 | 87 | 77 | NBS, HDI Survey 2016 |
| 3 | Under-five mortality rate (per 1,000 live birth) | 187 | 168 | 150 | NBS, HDI Survey 2016 |
| 4 | Maternal mortality ratio (per 100,000 live birth) | 463 | 394 | 324 | NBS, HDI Survey 2016 |
| 5 | Prevalence of children under five years of age who are stunted (%) | 48.1 | 33.1 | 18 | NDHS 2018 |

# Appendix I: List of Contributors

| S/N | Name | Designation | Organization |
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