



**KADUNA STATE HEALTH PROMOTION POLICY**

Kaduna State Ministry of Health, Nigeria  
2022



## ABBREVIATIONS AND ACRONYMS

AOPs	Annual Operational Plans
BA-N	Breakthrough Action Nigeria
BCC	Behavior Change Communication
CAN	Christian Association of Nigeria
CBOs	Community-Based Organizations
CCSI	Centre for Communication and Social Impact
CDC	Centre for Disease Control
CHAI	Clinton Health Access Initiative
CHIPS	Community Health Influencers, Promoters and Services
DFID	Department for Inter-State Development
HE	Health Education
HP	Health Promotion
HPD	Health Promotion Division
HPE	Health Promotion and Education
ICT	Information Communication and Technology
KSHPP	Kaduna State Health Promotion Policy
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
MNCH2	Maternal, Newborn and Child Health Programme 2
NCH	National Council on Health
NGO	Non-Governmental Organization
NHPF	National Health Promotion Forum
NHPP	National Health Promotion Policy
NIFAA	Nigeria Inter-Faith Action Association
NMCN	Nursing and Midwifery Council of Nigeria
NSHDP II	National Strategic Health Development Plan II
OAU	Obafemi Awolowo University
SBC	Social and Behaviour Change
SBCC	Social and Behaviour Change Communication
SDGs	Sustainable Development Goals
SFH	Society for Family Health
SCH	State Council on Health
SHPF	State Health Promotion Forum
SHPP	State Health Promotion Policy
SSHDP II	State Strategic Health Development Plan II
UHC	Universal Health Coverage
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UNN	University of Nigeria, Nsukka
WHO	World Health Organization



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## FOREWORD

Health promotion is a strategy to improve the health and well-being of people and it is aimed at improving physical, mental, and social health of individuals by promoting healthy lifestyles. The goal of health promotion is to improve the nation's health and well-being. This is accomplished by promoting healthy behaviors, educating the public about how to prevent disease and promote good health, providing information on the causes of disease and ways to prevent them, improving access to care for those who need it most, and reducing barriers that limit people from getting needed services.

Therefore, this policy is a deliberate attempt to enhance population well-being through coordinated action at all levels of society. It also defines the vision for the future, outlines priorities and expected roles of different groups. It will also enable people to increase control over their health and its determinants, and thereby improving their health. This policy will address health issues from the perspective of creating healthy communities and promoting lifestyle changes.

The policy will be implemented in several ways that vary by context and characteristics of population served: through legislation; regulations; programs offered by public agencies (e.g., hospitals, schools); programs offered by private organizations (e.g., community centers).

I am confident that, this policy will improve the health and well-being of all people, the policy includes preventing disease, promoting healthy behaviors, and restoring health when it is lost or disrupted. It will also address the social determinants of health such as poverty, income inequality, unemployment, and lack of access to quality education.

I hereby recommend that this policy should be disseminated to all stakeholders (policy makers, regulators, service providers, programme manager, the general public etc.) for implementation.



**Dr. Amina Mohammed Baloni**  
Honorable Commissioner of Health



## ACKNOWLEDGEMENT

The Health Promotion Policy is a critical contribution to health systems strengthening in Kaduna State. It is a result of an inclusive and deliberative process which has benefited from the insights, rich experience, and deep expertise of a broad range of stakeholders to ensure the delivery of quality health care services to all the people in Kaduna state.

I would like to begin by appreciating the vision and foresight of the Honorable Commissioner of Health, Dr. Amina Mohammed Baloni who had been pushing for the strengthening of health promotion and communication in Kaduna State.

We appreciate the rich contributions and support of the Kaduna State Advocacy Communication and Social Mobilization Technical Working Group in the review of this document. We thank stakeholders from the State Ministry of Health, State Ministry of Education, National Orientation Agency, Kaduna State Contributory Health Management Agency (KADCHMA), Ministry of Education, the State Primary Health Care Board, Kaduna State Agency for the Control of AIDS, KADSHMA, KADBUSA, BDTH, who provided key information and important inputs which enriched the document.

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Saving One Million Lives (SoM P4R), played a pivotal role in bringing the development of the Health Promotion Policy and the implementation plan, to fruition and greatly supported the success of the deliberations. It provided financial support for the workshops and important technical support for the finalization. A special appreciation to United Nation Children's Fund (UNICEF) for the great support towards the validation of the Policy and implementation plan.

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## CHAPTER ONE

### 1.0 BACKGROUND, POLICY CONTEXT, DEVELOPMENT AND REVIEW

#### 1.1 Background

Kaduna State is one of the most populous state in Nigeria with an estimated population of over 8.9 million in 2021. Kaduna is located in North-Western Nigeria and it is often referred to as the gateway to Northern Nigeria. It has a land mass of 431 km<sup>2</sup> and an elevation of 250m with a weather of 28°C and 65% Humidity. Kaduna State has 23 Local Government Areas: BirninGwari, Chikun, Giwa, Igabi, Ikara, Jaba, Jema'a, Kachia, Kaduna North, Kaduna South, Kagarko, Kajuru, Kaura, Kauru, Kubau, Kudan, Lere, Makarfi, Sabon Gari, Sanga, Soba, Zangon Kataf, and Zaria.

The Nigerian 1999 Constitution (as amended) guarantees the right to health and the National Health Policy (NHP) 2016 provides the compass for the country's health system. The State Health Act (2014) provides a framework for the regulation, development, and management of the health system as well as sets standards for rendering health services in the federation (NSHDP II 2018). While the National Health Promotion Policy (revised 2019) is a guide for effective and impactful health promotion. In addition to these State health frameworks, Kaduna has developed state-tailored strategic health documents including the Kaduna State Health Development Plan and Health Sector Communication Strategy.

However, the implementation of the NHPP (National Health Promotion Policy)(2006) was affected by some challenges such as weak intersectoral collaboration, weak management structures, poor infrastructure, and limited understanding of the concept of health promotion and consumer rights at all levels. These gaps current trends in Health Promotion practices as well as emerging and re-emerging health issues of public health importance informed the revision of the 2006 edition and resulted in the NHPP 2019.

A Health Promotion Division exists at the State Ministry of Health and in each Local Government Area (LGA) and operates Health Promotion Units. There are also ward health promotion committees, Village Development Committees and Health Facility Committees that carry out functions of health promotion in Kaduna State. The responsibilities of these committees include demand creation, monitoring of the accessibility and quality of health service delivery, community mobilization and participation in health programme implementation, among others. However, there is a challenge of these committees not receiving the adequate support needed to be effective and most times they are not well involved in the design and planning of interventions. Therefore, unable to carry out their mandate within the communities.

#### 1.2 The Context of the Health Promotion Policy

According to the State Health Policy (SHP) 2022, Nigeria grapples with an unbearable burden of Communicable Diseases (CDs) and Non-Communicable Diseases (NCDs),



exacerbated by the outbreak of COVID-19 in 2020 and current post-pandemic challenges. Kaduna State faces a similar health situation and challenges as other states in Nigeria. This is coupled with issues such as low levels of health literacy, poor sanitation, and inadequate attention to key social determinants of health. The objective of the Kaduna State Health Promotion Policy in consonance with the objectives of the National Health Promotion Policy is to contribute to the achievement of Kaduna State Health Development Plan, and delivery of health care that is preventive, promotive, protective, restorative, and rehabilitative to every citizen of the country.

According to the State Health Policy:

*Due to globalization and other factors, the country is experiencing drastic changes in consumption patterns of alcohol, food, and tobacco. Disease patterns are changing with more people affected by cancers, diabetes, and hypertension. Mental health conditions, road traffic accidents, domestic violence, unsafe sex, and insufficient physical activity are also on the rise. Other threats to the Nigerian populace include insecurity, floods, Lassa fever, Ebola, Cholera, Polio, and Avian Influenza (NHP 2016:1).*

The State Health Policy also points out inadequate spending on the health sector. Spending in the Nigerian Health Sector has not fully met the 15 per cent commitment set out in the Abuja Declaration of 2001, whereby the African Union Member States committed to allocating at least 15% of the annual State budget to health. The health inequities encountered reflect the linkage between peoples' health, their economic status, and social conditions amongst states in Nigeria, including Kaduna State. This is responsible for almost all causes of illness and mortality driven by political, economic, and social forces. Thereby making it difficult for the government to sufficiently address the social determinants of health. Health promotion becomes a vital strategy for enhancing government efforts in promoting positive health behavior, reducing the prevalence of disease and morbidity.

Health promotion programmes have the singular aim of engaging and empowering individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities. Health Promotion is defined in the Ottawa Charter (1986) as the process of enabling people to increase control over and improve their health. According to the World Health Organization, health promotion moves beyond a focus on individual behavior toward a wide range of social and environmental interventions (WHO2014).

Reports show that health promotion has economic benefits; that when people adopt positive health behaviors promoted during health interventions, there are cost savings and there are more healthy human resources; translating to increased productivity (Merkur *et al* 2013:19). It promotes wellbeing through the adoption of positive lifestyles and disease prevention. It also increases the use of available health services by combining approaches of equity, multi-sectoral collaboration, partnerships, alliances and networks. Health Promotion offers practical approaches to ensure equal access to health through the promotion of lawful, financial, economic, and targeted environmental interventions.

*Hence, Health Promotion promotes high quality of life, healthy productive population with reduced morbidity, mortality and expenditure on health leading to resultant benefit of a prolonged life span (NHP 2016:2).*





As Kaduna's population continues to grow, resulting in increased demand on a fragile health system, the state requires a vibrant, robust, and sustained Health Promotion system. Deliberate efforts are required to integrate health interventions within a multi-sectoral context, addressing the broader determinants of health, promoting healthy lifestyles, and galvanizing health actions by individuals, families, communities, and the entire population.

In 2022, the Health Promotion Division of Kaduna State Ministry of Health (SMoH), domesticated the National Health Promotion Policy (NHPP). With the National Health Promotion Policy, it developed this State's Health Promotion Policy, which is contextualized and tailored to the needs of Kaduna State. The process was supported by the *Saving One Million Lives Project Performance for Results* in collaboration with other development partners.

Along with a sector-wide stakeholder workshop held in June 2022, several consultations and desk reviews were conducted to produce the first draft of the Kaduna State Health Promotion Policy (KDSHPP). This draft went through several levels of reviews and was eventually certified by the State Ministry of Health as a guide for health promotion in Kaduna State.



## CHAPTER TWO

### 2.0 POLICY STATEMENT, GUIDING PRINCIPLES AND VALUES

#### 2.1 Policy Statement

In line with declaration by the Federal Government of Nigeria (FGN), Kaduna State also

*...recognizes Health Promotion as an essential component to achieving the highest level of health and development of individuals, families, households and communities across Nigeria. Health Promotion interventions will be adequately resourced and deployed to effectively address the increasing burden of diseases, other public health challenges and social determinants of health (NHP 2016:3).*

In tandem with the recommendation of the State Health Promotion Policy (SHPP), this health promotion policy will be consistent with the State Health Act (2014), State Health Policy (2022) and other health-related policies; Resolutions of the World Health Assemblies, Regional Strategy for Health Promotion, Sustainable Development Goals (SDGs), Kaduna State Health Development Plan, Kaduna State Health Sector Communication Strategy, and other inter-state framework and best practices.

At the State level, it is expected that Health Promotion programmes will be led by qualified Health Promotion specialists, complemented by a variety of cadres and experts as may be required. The Health Promotion Policy aligns with this requirement.

This health promotion policy, in line with the State health promotion policy requirement, recommends that all health promotion interventions as well as advocacy and communication products should satisfy the following minimum standards:

- Conform to the approved procedure for the development of health promotion materials.
- Be sensitive to religion, culture, and gender.
- Be conducted based on evidence including accurate data and information.
- Be audience and geographically specific.
- Be relevant to the issue it aims to address.
- Have a Call to Action.

#### 2.2 Guiding Principles and Values

The State Health Promotion Policy (2022) is underpinned by the following principles and values:

##### 2.2.1 Government Accountability and Responsibility



All levels of government have a responsibility and are accountable for protecting, maintaining and improving the health of its citizens; as health is a global public good. The pursuit of this responsibility comes with the need to mainstream Health Promotion as a major component of efforts aimed at the delivery of social services, development, and environmental sustainability.

### **2.2.2 Equality, Equity and Social Inclusion**

People have a right to equal opportunities, good health and well-being. Interventions must take cognizance of generic, cross-cutting and special needs of the under-reached and vulnerable members of the population regardless of socio-economic status, gender, religion, ethnicity, literacy, race, and location. Consequently, approaches determined by issues, population and settings must be carefully thought through, balanced and appropriately applied.

### **2.2.3 Ethics**

All interventions will endeavor to engender respect, justice and fairness for persons or beneficiaries, end users and their rights.

### **2.2.4 Professionalism**

Nigerians deserve the best that government and other entities, including professionals and service providers can offer. The outputs of Health Promotion interventions must be at the highest standards and best practices. Quality Assurance, Monitoring and Evaluation will ensure optimal outcomes.

### **2.2.5 Efficiency**

The design and implementation of interventions must aim at maximizing value for all the resources invested. Assigned responsibilities and roles must be delivered at the appropriate levels and by qualified persons. Actions must be driven by evidence, innovation, quality and results.

### **2.2.6 Regulation and Legislation**

Health Education, Sensitization, Communication, Community Mobilization and Advocacy are undoubtedly effective in their own rights as strategies for influencing human behavior. Hence, health promotion interventions shall be regulated and legislated to ensure achievement of Health Promotion outcomes.

### **2.2.7 Community Ownership**

The role of individuals, families and communities are fundamental for preventing diseases, improving health, wellbeing and ensuring a healthy society. As communities are dynamic and differ, improving health literacy will be targeted based on the needs of entities, target groups



and communities. Efforts shall be geared towards progressing from participation to ownership and sustainability.

### 2.2.8 Multi-dimensional Collaboration

This Policy recognizes the invaluable positive roles and immense contributions of the community, the Private Sector, Non-Governmental Organizations (NGOs), Interstate Organizations and all other Donor Agencies in disease prevention, improving health, wellbeing and taking measures to ensure a healthy society.

As indicated in Figure 1 below, the diversity of players has been classified into five major stakeholder groups: The Kaduna populace, Frontline, Strategic, Allied and Collaborative stakeholders. The comprehensive roles and responsibilities of various players shall be as outlined in Appendix I.

<p><b>Frontline Stakeholders</b></p> <ul style="list-style-type: none"> <li>▪ Policy makers, managers and service providers across the health sector (public and private)</li> <li>▪ State Health Promotion Forum and coordination structures at State, LGA, Ward and Community levels</li> </ul>	<p><b>Strategic Stakeholders</b></p> <ul style="list-style-type: none"> <li>▪ Office of the Head of Civil Service</li> <li>▪ Federal Ministry of Finance, Budget and State Planning</li> <li>▪ Development Agencies and Implementing Partners</li> <li>▪ Academia, Research, Regulatory and Professional bodies and their institutions</li> </ul>
<p><b>Kaduna Populace</b></p>	
<p><b>Allied Stakeholders</b></p> <ul style="list-style-type: none"> <li>▪ Media</li> <li>▪ Telecommunication Institutions</li> <li>▪ Financial Institutions</li> <li>▪ Civil Society Organizations</li> <li>▪ NGOs, FBOs and CBOs</li> <li>▪ Technical Assistants/Experts</li> </ul>	<p><b>Collaborative Stakeholders</b></p> <p>Ministries, Departments and Agencies (other than health) across the tiers of government</p>

**Figure 1: Stakeholders for Health Promotion in Kaduna State**



## CHAPTER THREE

### 3.0 GOAL, BROAD OBJECTIVES AND ACTION POINTS

#### 3.1 Goal

To positively influence the health behavior of Kaduna State residents towards taking timely actions in disease prevention, improving their health, wellbeing and taking measures to ensure a healthy society.

#### 3.2 Broad Objectives

- a. To empower Kaduna State residents with the knowledge that will help in improving their behaviors positively towards their health and well-being.
- b. Facilitate health promotion interventions with the support of government efforts to sustain healthy behavior, a healthy lifestyle to provide an enabling environment that includes health policy.
- c. Enhance Human resources and capacity strengthening for the delivery of health promotion interventions
- d. Strengthen the coordination system to monitor, evaluate and manage evidence related to health promotion intervention.

#### 3.2.1 Objective One

To empower Kaduna State residents with the knowledge that will help in improving their behaviors positively towards their health and well-being.

##### Action points

- i. Carry out advocacy to government agencies, civil society organizations, and development partners on the exigent need to invest in and the implementation of behavioral change programmes.
- ii. Sensitization and community dialogue to be held in selected communities to address health issues peculiar to the community.
- iii. Sensitization and mobilization of health workers including other stakeholders with the necessary information and resources to promote health issues and health education in their constituencies.
- iv. Strengthen community action by providing support for community leaders and groups to conduct health promotion activities in their communities.



### 3.2.2 Objective Two

Facilitate health promotion interventions with the support of government to sustain healthy behavior, a healthy lifestyle to provide an enabling environment that includes health policy.

Action points.

- i. Integrate health promotion across sectors and facilitate stronger collaborative work and dialogue among diverse partners and health providers to address health promotion related to complex challenges for healthy lifestyle attainment.
- ii. Use a system approach to provide technical leadership in the integration of preventive, promotional, and protective health behaviors into School Health programs aimed at students, management, staff, parents, and the broader community. Interventions must be comprehensive ranging from inclusion in school curricula to promoting a healthy school culture.
- iii. Pledge the Ministry of Budget and Planning to make Health Promotion a priority requirement for the approval of Developmental/Donor Agency interventions in Kaduna State.
- iv. Establish an effective media strategy that includes social media to raise awareness about the population health gradient and potential actions to be taken. Promote positive reinforcement of healthy behavior and lifestyle.

### 3.2.3 Objective Three

Enhance Human resources and capacity strengthening for the delivery of health promotion interventions

Action points

- i. Create a clear structure for changing and scaling up staff capacity building including a database of health promotion experts.
- ii. At all levels, improve competency-based capacity building in health promotion.
- iii. Design and implement procedures for continuing professional education including certification for health promoters.
- iv. Create a Health Promoters' Community of Practice.

### 3.2.4 Objective Four

Strengthen the coordination system to monitor, evaluate and manage evidence related to health promotion intervention.

Action points

- i. Institutionalize the production of the full suite of operational documents related to the State Health Promotion Policy.



- ii. Secure budget lines and dedicated trust fund for Health Promotion at the State and Local Government levels.
- iii. Establish a State Health Promotion Data Bank.
- iv. Set up and operationalize a routine data collection and reporting system at the State and Local Government (Ward level) levels.

## CHAPTER FOUR

### 4.0 INSTITUTIONAL ARRANGEMENTS, COORDINATION PLATFORMS, ROLES, AND RESPONSIBILITIES

#### 4.1 Institutional Arrangements

For effective and impactful health promotion in Kaduna State, a Health Promotion Division (HPD) shall exist in the State Ministry of Health at the State level, Local Government Area (LGA) level and the Primary Health Care centers in the state.

The Media and Civil Society Organizations (CSOs) will facilitate accountability and transparency in Health Promotion. Development Agencies and Implementing Partners will support the mobilization and provision of resources and sustainable funding mechanisms external to the government and serve as agents for promoting global standards and best practices.

##### 4.1.1 State Health Promotion Division, State Ministry of Health

The Health Promotion Division at the state level will be strengthened to fulfill the following responsibilities:

- Overall leadership and state-wide oversight of health promotion.
- State Policy formulation and implementation across the state.
- Mobilizing additional resources for State and sub-State level interventions.
- Capacity building for health promoters especially at the community level.
- Maintaining a State and LGA Data Banks for decision-making and programme designs.
- Monitoring and evaluation across the State to enhance implementation of the health promotion policy and standards.
- Aligning with State policies and resolutions.
- Sustaining Kaduna State's relevance on health interstate platforms.

The Health Promotion Unit at the State Ministry of Health will play the following roles:



- 1) Act as State focal point for Health Promotion in the state and in relation to State health bodies.
- 2) Act as secretariat for the State Health Promotion Forum consisting of government agencies and partners.
- 3) Serve as a reference point for all Health Promotion messages and materials from vertical programmes, line Departments/Ministries/Agencies and other public and private sectors at all levels.
- 4) Advocate for increased Government budgetary allocation and timely release of funds for Health Promotion activities at all levels to promote effective implementation of programmes.
- 5) Advocate for transparency and accountability of funds released for health promotion programmes at all levels.
- 6) Provide technical assistance at State, LGA and Ward levels in planning, implementation, monitoring and evaluation of Health Promotion activities.
- 7) Act as a focal point for movements to develop Health Promotion interventions within specific settings e.g., Health-Promoting Schools, Healthy Cities, Health-Promoting Hospitals, Healthy Village and Healthy Workplace.
- 8) Provide technical assistance to line ministries, NGOs, CBOs, FBOs and Private Sector Organizations working to achieve optimal healthcare services for beneficiaries.
- 9) Conduct and promote research into various aspects of Health Promotion and disseminate the findings.
- 10) Act as a focal point for actions to promote Consumer Rights within healthcare settings.
- 11) Develop guidelines on minimum resource requirements (human, infrastructure, materials and equipment) for health promotion at the State and Local Government.
- 12) Promote Human Resource Development in Health Promotion at the State, Local government and other sectors.
- 13) Develop, adapt or adopt global guidelines and prototype health information i.e. Social and Behavior Change (SBC) materials.
- 14) Collaborate through partnership agreements with State and Inter-state Agencies and Non-Governmental Organizations (NGOs) on Health Promotion matters.
- 15) Produce quarterly and annual reports on Health Promotion activities in the State.
- 16) Establish an electronic and paper-based documentation Centre which includes both general resources on Health Promotion and details of previous and on-going Health Promotion activities in the State.
- 17) Make information from the documentation Center available to all interested groups through a website.

#### 4.1.3 LGA Health Education/Promotion Unit, Primary Health Care Department

Each LGA Health Education/ Promotion Unit will be strengthened to fulfill the following responsibilities through the health education department at the state primary health care board:





- Manage and implement Local Government Area level activities including Community Mobilization.
- Oversight of Health Promotion activities at Ward and Community levels.
- Documentation of all health promotion/education activities.

The Unit will play the following roles:

- 1) Liaises with the Health Promotion Division at the State ministry of health
- 2) Advocates for resource support for Health Promotion activities.
- 3) Develop, adopt or adapt and distribute Social and Behavior Change (SBC) materials to suit local requirements.
- 4) Conduct training in Health Promotion and Consumer rights for staff in the LGA and provide technical support to LGA Health Educators on health-related interventions.
- 5) Provides support to the Health Promotion and Consumer Rights activities at ward/village level.
- 6) Carries out comprehensive Health Promotion activities in communities including community mobilization for health actions.
- 7) Assists in designing the Health Promotion component of LGA health interventions Monitor and evaluates all Health Promotion activities at the LGA level.
- 10) Liaises with the State and other Stakeholders on Health Promotion activities and research in the LGA.
- 11) Produces quarterly and annual reports on Health Promotion activities within the LGA and sends them to the State Health Promotion Division.
- 12) Coordinates and ensures implementation of health promotion activities in the LGA.
- 13) Designs and implements health promotion/communication plan.
- 14) Coordinates the adoption/adaptation and standardization of IEC, promotional materials and relevant national guidelines for health interventions in the state.
- 15) Coordinates media engagement activities.

## 4.2 Roles and Responsibilities of MDAs and other Stakeholders

### 4.2.1 State Ministries

- 1) *State Ministry of Health*
  - a. Health Policy formulation, strategic planning and overall coordinating body saddled with the responsibility of providing preventive, promotive, curative and rehabilitative health services.
  - b. Capacity development for health promotion implementers at state.
  - c. Coordinates resource mobilization for health promotion services.
  - d. Monitors and evaluates implementation of planned health promotion programs.
- 1) *Ministry of Education*
  - a. Collaborates with the Health Promotion Division/Unit at various levels in the implementation, monitoring and evaluation of school health activities.
  - b. Facilitates the incorporation of Health Promotion into school curriculum teaching.



- c. Assists in the distribution and use of relevant Social and Behavioral Change Communication materials and promotes Human Resource Development in Health Promotion.
  - d. Advocates for policies to support girl and boy child education.
- 2) *Ministry of Agriculture*
- a. Liaises with the Health Promotion Division/Unit at various levels in the promotion of nutrition education.
  - b. Assists in the distribution of Social Behavioral Change Communication materials through Agricultural Extension Workers.
  - c. Contributes to the achievement of food security in Nigeria.
  - d. Provides research materials on Agriculture and Animal Health.
- 3) *Ministry of Environment*
- a. Collaborates with the Health Promotion Division/Unit at various levels in the development of messages/materials on environmental health issues.
  - b. Advocacy on environmental protection issues such as Environmental Degradation, Pollution, Climate Change etc.
  - c. Advocates for policies on Environmental Protection.
  - d. Assists in the development and distribution of Social Behavioral Change Communication materials.
- 4) *Public affairs division (office of the Governor)*
- a. Collaborates with the Health Promotion Division/Unit at various levels in the development and production of Publicity/Advocacy packages on Health Promotion.
  - b. Foster collaboration between the various Media bodies within the division and the various levels of Health Promotion divisions/units.
  - c. Assists in the distribution of Social Behavioral Change Communication materials.
  - d. Coordinates activities between public and private media houses.
- 5) *Ministry of Sports*
- a. Collaborates with the Health Promotion Division/Unit in the development and implementation of sporting activities at all settings (schools, communities, health facilities, workplace, etc.) to ensure an active and healthy population.
- 6) *Ministry of Finance*
- a. Ensures health is accorded a central place in the development and planning of State programs.
  - b. Ensures adequate budgetary provision and prompt budgetary disbursement for Health Promotion.



- c. Ensures innovative HP financing through taxation of harm producing products e.g., Tobacco, Alcohol, Sugar, Salt, Vehicular emissions etc.
  - d. Collaborates with the Federal and State Ministries of Health on matters relating to Health Promotion
- 7) *Ministry of Internal security and Home Affairs*
- a. Provides security and enforce public health regulations and laws to facilitate the achievement of the health goals of Nigeria.
  - b. Institutionalizes Health Promotion services in Military Charity outreach.
  - c. Assists Federal and State Ministries of Health-on-Health Promotion issues.
- 8) *Ministry of Public Works*
- a. Provides an enabling supportive environment for the development of healthy cities including housing schemes which safeguards and protects human life.
  - b. Ensures workplace safety.
  - c. Collaborates with the Federal and State Ministries of Health on Health Promotion issues.
  - d. Assists in the provision of land to build community centers where HP lectures can be given.
- 9) *Ministry of Human Services and Social Development*
- a. Collaborates with the Health Promotion Division/Unit at various levels in the development of messages/materials on the health of women and children.
  - b. Collaborates with the Health Promotion Division/Unit in the development and implementation of sporting activities at all settings (schools, communities, health facilities, workplace, etc.) to ensure an active and healthy population.
  - c. Assists in the distribution of Social Behavioral Change Communication materials.
  - d. Advocates on issues relating to the rights of women, girl child education, FGM, gender inequality, etc.
  - e. Advocates for policies that affect women and children.
- 10) *State Primary Health Care Board*
- a. Coordinates Primary health care services in the state which covers preventive and curative services including referrals.
  - b. Coordinates and provides guidance for health promotion activities at LGA, Ward and community levels.
  - c. Monitors and evaluates health promotion programs at LGA, Ward and community levels.
  - d. Recruits and trains health promotion agents at LGA, Ward and Community levels.
  - e. Works with SMOH to design various health promotion programs at community level using integrated demand creators such as CHIPS (Community Health Influencers, Promoters & service), VCMs (Volunteer Community Mobilizers) Community volunteers etc.



- 11) *Rural Water Supply and Sanitation Agency*
  - a. Provides technical guidance to the Health promotion unit on key hygiene practices such as hand washing, water treatment, etc. to be used during health promotion sessions.
- 12) Kaduna State Bureau for Substance Abuse
  - a. Collaborates with the Health promotion unit in identification and rehabilitation of substance addicts and alcoholics in the community.
  - b. Collaborates with health promotion units in development of key messages to be used in awareness creation about danger of drugs and substance abuse.
  - c. Works as a team with health promoters in identifying key locations for rallies, campaigns, advocacies and media engagement on fight against substance abuse.
- 13) Kaduna State Health Contributory Management Authority
  - a. Collaborates with health promotion units in planning and implementation of population enlightenment about benefits of enrolling into state owned health insurance schemes for both formal and informal sectors.
  - b. Provides financial support to fund health promotion activities from the funds remitted.
- 14) Kaduna State Aids Control Agency
  - a. Works closely with health promotion units in sensitizing the population on HIV and AIDS prevalence, treatment and control programs.
- 15) State Emergency Management Agency
  - a. Collaborates with the Health promotion unit to provide timely information and guidance to communities on emergency preparedness & response services.
- 16) Kaduna State Environmental Protection Agency
  - a. Coordinates all environmental waste management as well as pollution control.
  - b. Provides technical guidance to the Health Promotion unit on key environmental health practices such as excreter disposals, solid waste management, control of pollution etc. to be used during health promotion sessions.
- 19) Kaduna State Health Supplies Management Agency
  - a. Works closely with health promotion units to supply needed health promotion on medical supplies and consumables.

#### 4.2.2 Government Agencies

- 1) *State Primary Health Care Board*



- a. Collaborates with the State Ministry of Health to ensure the provision of quality Health Promotion services at PHC facilities.
- b. Monitors and evaluates the implementation of Health Promotion activities at LGA and Ward levels.

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3) *Standard Organization of Nigeria*

- a. Ensures high standards of consumables and non-consumables.
- b. Reduces the prevalence of goods with poor standards in the market.
- c. Collaborate with the State Ministry of Health in Health Promotion activities.

4) *NAFDAC*

- a. Ensures food and drug safety.
- b. Reduces the prevalence of fake and substandard drugs and food substances in the market through research, policy formulation and enforcement.
- c. Collaborates with the State Ministry of Health in Health Promotion activities.
- d. Promotes consumer awareness on the safe use of medicines.

5) *National Orientation Agency*

- a. Collaborates with the State Ministries of Health in Health Promotion issues.
- b. Creates an enabling environment for Health Promotion activities.

#### 4.2.3 Other Stakeholders

1) Private Health Providers

- a. Create awareness on healthy lifestyles and practices to clients.
- b. Disseminate information on Consumer Rights and Responsibilities.
- c. Prompt referral of consumers to secondary and tertiary healthcare facilities.
- d. Carry out Health Promotion activities with patients.
- e. Collaborate with the State Ministry of Health and other Partners in implementing Health Promotion activities

2) Professional Bodies

- a. Regulate activities and practices of their members.
- b. Advocate for healthy lifestyles and Consumer Rights for members and clients.
- c. Collaborate with the State Ministry of Health in Health Promotion activities.

3) Civil Society Organizations

- a. Promote healthy lifestyles and practices among members.
- b. Collaborate with the State Ministry of Health in Health Promotion activities.
- c. Promote Consumer Rights and the protection/enforcement of such rights.



- d. Strengthen the capacity of Civil Society Organizations and members on Social Determinants of Health.
- e. Conduct Social Marketing Campaigns to increase public and decision makers' awareness on social determinants of health.
- f. Increase Health literacy around Political Determinants of Health.
- g. Generate evidence on the contribution of health promotion in the quality of health.
- h. Generate evidence on the economic benefits of health promotion to the overall quality of health.
- i. Participate in the development of Health Promotion interventions at all levels.
- j. Build capacity of CSOs to monitor and track government Health Promotion funding.
- k. Track and monitor government Health Promotion funding at State and LGAs levels.
- l. Build a constituency of Health Promotion champions that advocate for Health Promotion at different levels. Media to continuously make HP a development priority.

### 4.3. Health Promotion Coordination Platforms

At State, LGA and Ward levels, a multi-sectoral committee made up of representatives of all key stakeholders will be in place. The committees are to be based on existing multi-sectoral arrangements, but with an expanded membership and defined Health Promotion and Consumer Rights responsibilities.

#### 4.2.1 State Level: State Health Promotion Forum

The State Health Promotion Forum (SHPF) is put in place as an extension of the National Health Promotion Forum. It is the major platform for successful engagement of all stakeholders in health promotion at the state level.

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The State Health Promotion Forum (SHPF) is a multi-sectoral technical advisory forum focused on strengthening collaboration on the implementation of the State Health Promotion Policy state-wide. Membership will be based on institutional representation by designated focal persons.

The corporate members include relevant Ministries, Departments and Agencies (MDAs); Development and Implementing Partners, Non-Governmental Organizations, Professional Associations, Regulatory bodies, Academic Research and Training Institutions, Media and Telecommunication Organizations, Private Sector, Traditional Institutions, Faith Based Organizations and Civil Society Organizations working on communication activities related to health.

The SHPF will fulfill the following responsibilities:

- Establishes a successful network among all partners supporting Health Promotion interventions at all levels.



- Strengthens the capacity of Government structures on sustainable development in Health Promotion Policy and Practice.
- Mobilizes resources outside Government Sector for Health Promotion interventions.

The SHPF will play the following roles:

- 1) Facilitates the mobilization of financial and technical support for the establishment or the adoption, launch and functioning of Health Promotion Forum or existing structure at the States, LGAs, Wards and Community levels;
- 2) Supports the development, review, implementation and wide dissemination of all Health Promotion documents such as the State Health Promotion Policy (2022), Strategic and Annual Operational Plans, Coordination Guidelines, Standards, Monitoring and Evaluation tools, Training Manual, Protocols, and Social and Behavior Change (SBC) materials for Health Promotion programmes.
- 3) Engages in High level Advocacy to policy and decision makers for increased commitment to provision of the required legislature and resources for Health Promotion programmes in all sectors and at all levels.
- 4) Facilitates the capacity development of Health Promotion focal persons and support Health Promotion interventions that will ensure active community participation and ownership for improvement of health and social wellbeing at all levels.
- 5) Builds successful partnership with Agencies and Actors in Public and Private sectors, and advocate for inclusion of Health Promoting measures in all sectors' policies and strategies in line with the relevant areas of the State Health Promotion Policy (2022).
- 6) Advocates for Public-Private Partnership investment in multi-sectoral Health Promotion interventions that address the preventable causes of disease, disability and premature deaths in all population groups throughout the life course at diverse settings (workplace, community, school and health facility).
- 7) Participates in Progress, Monitoring and Evaluation of implementation of SHPP (2022) and Health Promotion programmes across sectors state-wide to ensure that Policy objectives are achieved.
- 8) Facilitates Resource Mobilization for planning and hosting of Annual commemorative days/weeks, Interstate and State Health Promotion Conferences and follow-up with the implementation of the communiqué agreed upon at the Conferences.
- 9) Provides technical support on the content development and management of Health Promotion website and ~~listserv~~.

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- 10) Facilitates mapping of Donor supported projects/interventions for decision-making, networking and programme planning. Donor mapping will be based on type of services supported, location and scope of support.
- 11) Supports the SMOH to achieve the objectives of the State Health Promotion Policy (2022) by working with existing Coordination Guideline and Implementation Plans.
- 12) Facilitates the development of State research priorities and mobilizes resources for conducting the research on Health Promotion with focus on personal skills development, community action, public policies, etc.
- 13) Supports the use of the research outcomes in Evidence-Based Health Promotion programming and service provision.
- 14) Conducts end of year Health Promotion Forum meetings to plan for the coming year health promotion activities.
- 15) Conducts Health Promotion Forum meetings on quarterly basis to review activities and discuss appropriate communication strategies to adopt with stakeholders.

#### **4.2.3 LGA Level: LGA Health Education/Promotion Forum**

The Health Education/Promotion Unit of the LGA Primary Health Care Department will adapt the existing coordination platform for successful engagement of all stakeholders in health promotion at the LGA level. The strengthened and expanded platform will perform the same functions as the State Health Promotion Forum.

#### **4.2.4 Ward Level: Ward Health Development Committee**

A Health Promotion Committee will be set up in each Ward. The Ward Development Committee as prescribed by the State Health Act (2014) and State Health Policy (2022) will adopt Health Promotion and Consumer Rights responsibilities.

The Committee will:

- i. Identify and prioritize Health Promotion and Consumer Rights needs in the Ward and villages.
- ii. Develop action plans for Health Promotion interventions at the ward level.
- iii. Mobilize fund to implement planned activities.
- iv. Support the monitoring and evaluation of Health Promotion and consumer rights activities.
- v. Coordinate the Health Promotion activities of different Stakeholders to ensure that Health Promotion messages are consistent and do not contradict each other.
- vi. Advocate with local Stakeholders to increase their involvement in Health Promotion.
- vii. Liaise with Health Promotion staff in the LGAs.





- viii. Mobilize resources for Health Promotion from the local community and the LGAs.
- ix. Produce quarterly and annual reports on Health Promotion activities within the ward and send them to LGA Health Promotion Unit.



## CHAPTER FIVE

### 5.0 POLICY IMPLEMENTATION PROCESS, DOCUMENTS AND RESOURCES

#### 5.1 Policy Implementation Process and Documents

In consonance with the revised National Health Promotion Policy (NHPP 2019), Kaduna State Health Promotion Policy outlines policy direction and sets standards for health promotion in Kaduna State. These standards are expected to be translated into actionable interventions by health professionals and institutions in the state. To do this effectively, there is a need to strengthen the existing health promotion systems and set up new ones such as planning and periodic implementation review systems where they do not exist. Standard Operating Procedures (SOPs), guidelines and other planning frameworks will be developed in line with the health promotion policy in the implementation of health interventions in the State.

##### 5.1.1 Strategic Health Promotion Plans for Health Intervention

Currently, there is no standard health promotion plan. As earlier stated, each health intervention would use the Kaduna State Health Promotion Policy (KSHPP) as a guide to develop a health promotion plan for its programmes. These strategic Health Promotion plans will determine how to apply relevant and applicable strategies, define demonstrable performance results and provide a monitoring and evaluation framework. It will also facilitate efficiency and harmonization among the frontline, strategic, allied, and collaborative stakeholders, including the beneficiaries.

In order to ensure cohesion, these strategic Health Promotion plans must be packaged in such a way that it will identify resource requirements over time and contribute to evidence-based budgeting across the tiers of government.

##### 5.1.2 State Annual Operational Plans and LGA Work Plans

Annual Operational Plans (AOPs) for Health Promotion will strengthen public management capacity by establishing a regular annual cycle of planning and budgeting, implementation and review. The State Health Promotion Forum will facilitate the development of annual operational plans at the State and LGA levels.

Operationally, Health Promotion requires multi-sector partnership and collaboration. The efficiency and effectiveness of health promotion interventions depend on a considerable extent on the forum's ability to maximize and synergize the efforts of all the diverse players and stakeholders involved. Participatory operational planning is one way to streamline the multiplicity of plans and increase efficiency in the application of resources for the good of Kaduna State. AOPs establish clear annual objectives, activities, and budgets for managers to implement, report on and serve as the basis for regular review. They are also strategic tools in advocating for cost interventions.

A major strategy for mobilizing monetary resources and strengthening government ownership of Health Promotion efforts is to ensure that the cost of the operational plan for each year is part of the evidence-based State health sector budget for the year. In order for this to happen, the operational planning process must commence



early and progress at such a speed to provide cost estimate figures to respond to budget estimate call circulars.

Each LGA Work Plan will address health promotional activities that support healthy and enabling environment, and determinants of health which includes, but not limited to the following:

- Activities aimed at addressing health issues peculiar to the LGA,
- Special activities that re-occur each year,
- Routine activities,
- Focused state-wide interventions,
- Activities driven by State and implemented at the LGA, Ward and Community levels,
- Health Promotion activities driven by stakeholders outside the health sector, and
- Emergencies (disease outbreaks and disasters) preparedness and response.

## **5.2 Resources for Health Promotion**

Currently, health promotion in Kaduna State is underfunded at all levels, hindering holistic programming and impactful outcomes. To achieve the expected outcomes of this policy, it is imperative that the government and relevant partners put in place robust and sustainable mechanisms for mobilizing, utilizing and accounting for human, material and monetary resources for health promotion in Kaduna State.

### **5.2.1 Human Resources: Staffing and Management**

Health Promotion is becoming increasingly recognized as a specialized discipline and profession. It has moved beyond purely a Health Education intervention, focusing on individual behavior, to holistically include a wide range of social and environmental interventions aimed at enabling people to increase control over and to improve their health. It has become important to have adequately trained personnel that would work to implement the objectives of the Kaduna State Health Promotion Policy and plans tailored to interventions.

In building a strong personnel structure for health promotion in Kaduna State, it is imperative to find innovative ways to scale up the training and recruitment of appropriate professional cadres. It is also important that Health Promotion Divisions and Units institutionalize Public Private Partnerships, outsourcing and hiring of Short-Term Technical Assistance.

Currently, there is a shortage of professional Health Promoters and complementary experts such as Librarians, Information Communication and Technology (ICT) personnel, Photographers, Camera Operators, Graphic and Recording Artists, Editors and Producers are in short supply both in terms of quantity and quality. Health Promotion Units should explore capacity development in these areas even as it outsources some of its projects or tasks.

As part of its oversight role to ensure Health Promotion Units are manned by qualified health professionals, the Health Promotion Division of the State Ministry of Health shall undertake the following:



- A census to generate a comprehensive inventory of Health Promotion Officers and recommend to the government for the required human resources across the State.
- Engage with all the LGAs to ensure that all Heads of Health Promotion Divisions are qualified Health Promoters.
- Minimum requirements for various levels are as follows:
  - i. *State level*: a Master's degree in Health Promotion; a Master's degree in Public Health or allied disciplines with specialization in Health Promotion; a minimum of six months Health Promotion Certification in addition to other basic Professional qualifications in health.
  - ii. *Local Government Area level*: a Degree (BSc, HND or OND) in Health Promotion; a minimum of six months of Health Promotion Certification in addition to other basic professional qualifications in health. Experience in working at the LGA level is required and proficiency in the local language is an added advantage.
- Facilitate the adoption of Health Promotion nomenclature across sectors.
- Impress on the state government, the need for multiple Health Promoters and succession planning for Division and Unit Heads.
- Engage with other frontline, strategic, allied and collaborative stakeholders to ensure compliance with the transition from health education to health promotion.

In terms of best practice, a typical health promotion team would do the following:

- Must be led by a health promotion specialist.
- Consists of professionals and have requisite professional training.
- They must be strategic in their approach.
- They need to be adequately motivated.
- They must have the ability to work as a team.
- There must be commitment to their activities.
- Develop a working culture that encourages partnership.
- The health promotion team must be updating their knowledge to be in tune to current trends and development.
- The health promotion team must be conversant with and able to utilize IEC tools.

### **Roles and Responsibilities of HP Personnel**

#### **1. Health Promotion Officer:**

- i. Coordinates appropriate Health Promotion activities for implementation in the state.
- ii. Ensures the development, printing, distribution and implementation of State health promotion policy.
- iii. Provides technical support to Social Mobilization Officers and health workers in the development and implementation of health promotion activities.
- iv. Monitors and evaluates all Health Promotion activities in the State.
- v. Promotes partnership in planning and implementation of health promotion activities.
- vi. Support Advocacy for increased attention to and resources for ACSM/SBCC interventions.
- vii. Collaborates and partners with other units within the Ministry.
- viii. Promotes partnership in planning and implementation of ACSM/TWG monthly meeting.

#### **2. Deputy Health Promotion Officer:**

- i. Identifies and strengthens the ward development committee.
- ii. Creates awareness about services, activities and resources for the health promotion program.



- iii. Monitors all Health Promotion activities in the State.
- iv. Collaborates with other units for implementation of health promotion activities.
- v. Collaboration with MDAs (Bureau for inter-faith, MOE, SUBEB, SPHCB, KADSACA),

**3. Asst. Deputy Health Promotion Officer**

- i. Responsible for building capacity of Primary and Secondary School teachers on health promotion.
- ii. Collaboration with FBOs, TLs, CSOs, CBOs.
- iii. Monitors all Health Promotion activities in the State.

**4. ADVOCACY COMMUNICATION AND SOCIAL MOBILIZATION OFFICER:**

- i. Coordinates Advocacy, Communication and Social Mobilization activities in 12 LGAs.
- ii. Collaborates with other units for implementation of health promotion activities.
- iii. Monitors all Health Promotion activities in the State.
- iv. Responsible for ensuring the proper and correct dissemination of health BCC messages during community dialogue sessions in 11 LGAs.
- v. Plans, organizes and participates in training programs on ACSM.

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- ix. Plans, organizes and participates in training programs on ACSM.

**5. ICT/Social Media OFFICER**

- i. Monitoring of health promotion activities
- ii. Collaborates with other units for implementation of health promotion activities.
- iii. Data analysis, interpretation, and dissemination of health promotion reports.
- iv. Assists the State Health Promotion officer to analyze the health promotion data and give feedback to stakeholders.

**6. MEDIA OFFICER**

- i. Coordinates Advocacy, Communication and Social Mobilization activities in 12 LGAs.
- ii. Collaborates with other units for implementation of health promotion activities.
- iii. Monitors all Health Promotion activities in the State.
- iv. Responsible for ensuring the proper and correct dissemination of health BCC messages during community dialogue sessions in 11 LGAs.
- v. Plans, organizes and participates in training programs on ACSM.
- vi. Ensures the development of appropriate behavior change communication (BCC) materials.
- vii. Collaborates with media houses to produce and air jingles on health-related issues.
- viii. Monitoring of media engagement sessions.

**5.2.2 Materials and Infrastructure**

Adequate health promotion materials and infrastructure enable health promotion personnel to perform their functions effectively and efficiently. Health Promotion



Divisions, Units and Staff can only achieve the goals and objectives of health promotion in the state if they have the required infrastructure, materials and equipment to carry out their assignment. Consequently, the Health Promotion Division of the Kaduna State Ministry of Health will produce, disseminate and facilitate compliance with guidelines spelling out minimum requirements in terms of infrastructure, materials and equipment required at each operational level.

At State and LGA, the *minimum* requirements of Health Promotion office set-ups shall include (but not limited to) the following:

- Dedicated furnished offices, including studio/documentation and library facilities,
- Cameras, modern recording devices, television and radio,
- General office equipment: public address system, projector and screen, photocopier, printer, computers (desktops and laptops), microphone, tape recorder, handset, modem, etc.
- Project vehicle: four-wheel drive,
- Backup power generating sets and/or solar inverters.

The following MDAs need a standard office Set-ups:

- Ministry of Health needs a standard office set,
- Primary Health Care Development Board,
- Local Government Areas,

The following MDAs require only dedicated Desk Officers:

- Ministry of Agriculture,
- Ministry of Environment,
- Rural Water Supply and Sanitation Agency,
- Ministry of Education,
- National Orientation Agency,
- State Bureau for Statistics,
- Ministry of Budget and Planning,
- Ministry for Human Services and Social Development,
- Department of Public Affairs, Kaduna State Government House (Public Relations Officers in MDAs),
- Kaduna State Agency for the Control of HIV /AIDS,
- Kaduna State Bureau for Substance Abuse, Prevention and Treatment,
- Kaduna State Contributory Health Management Authority,
- Kaduna State Health Supply Management Agency,
- National Agency for Food and Drug Administration and Control,

The following are vendors with standard infrastructure that can provide health promotion services:

- Tele-Communication Operators MTN, AIRTEL, GLO Nigeria, 9Mobile,
- Media,
- Kaduna State existing Theatre for Development,
- Celebrities,
- Community Based Organizations /Faith Based Organizations
- National Orientation Agency.



### 5.2.3 Funding and Resource Mobilization

The allocation of funds and mobilization of resources for health promotion reveals where the priority of the government and/or stakeholders lies. It is not effective to have health policies and frameworks with inadequate funds to execute them.

*A health budget, typically included in the general government budget, is more than a simple accounting instrument to present revenues and expenses – rather, it is a crucial orienting text, declaring key financial objectives of the country and its real commitment to implementing its health policies and strategies (Dheepa et al 2016:viii)*

Inadequate and arbitrary allocations of funds for Health Promotion programmes are unethical and would stifle the efforts to achieve the objectives of health promotion in the state. The State government and relevant stakeholders should ensure the availability of adequate and sustained funds for the successful implementation of Health Promotion activities at State and sub-State levels to reduce communicable diseases that can be prevented.

However, it is relevant to note that the government alone cannot fund Health Promotion sufficiently. There is a need to strengthen closer relations with resource partners and build on trust and mutual accountability.

The following are sources of funding that could be explored, mobilized, monitored and accounted for:

- Inter-state agencies and donors,
- Private sector,
- Community support,
- Sin taxation on products that are injurious to health,

Other sources of resource mobilization for health promotion in Kaduna State include the following:

- Technical Support,
- Fundraising events (charity concert),
- Product Sales,
- Mobilizing youth Volunteers to contribute their skills and time to the organization services,
- Crowd funding,
- Use of hard assets such as equipment rental e.g., cameras, public address system, and
- Endowment Funds.

To further ensure the availability of funds for health promotion, the following have been identified as agencies and institution that should have budget allocation for health promotion:

- State Ministry of Health
- State Primary Health Care Board



- Kaduna State Contributory Management Authority
- Kaduna State Health Supply Management Agency
- Kaduna State Bureau for Substance Abuse, Prevention and Treatment
- Kaduna State Aids Control Agency
- Rural Water Supply and Sanitation Agency
- State Universal Basic Education Board

This health promotion policy recommends that 2% of the yearly budget of these agencies should be allocated to health promotion

To improve budget implementation for HP in Kaduna, the following are recommended:

- Sustained strategic advocacy for transparency and accountability.
- Judicious use of available resources.
- Sustainable fund allocation for Health Promotion.
- Collaboration with the CSOs to ensure budget implementation on health promotion.
- Set a realistic budget that is implemented with few significant derivations from the plan.
- Development of follow-up training indicating budget stages could prove to be an effective method of budget implementation.

NGOs and INGOs can also mobilize funds for HP in Kaduna State:

- Provides Technical support.
- Media Engagement through production of Jingles and production of IEC materials.
- Provides Logistic support For Community Engagement.
- Provides equipment such as cameras, public address system, computers, printers, four wheeled vehicles.
- Provide grants for projects.

As part of resource mobilization, it is important that the State Health Promotion Unit can do this through capacity building in terms of service Provision; strategic social media communication; and advocacy and courtesy visits.





## CHAPTER SIX

### 6.1 POLICY MONITORING AND EVALUATION

Consultation with stakeholders and partners in health promotion suggests that there are inadequate statistics for health promotion in Kaduna State. There is no centralized data collection system to collect data on health promotion programming; available data is not synergized or accessible for learning and to inform executive decision-making and programming. Hence, the paucity of data is a major impediment for decision making in the design of health promotion activities.

Standardized state-specific data that is inter-LGA comparable and comparable to national and global benchmarks should be developed. This would require elaborate Monitoring and Evaluation (M&E) mechanisms to generate information and evidence on the progress, extent and how well health promotion interventions are implemented in relation to existing Policies and Guidelines. An efficient M&E system is required to provide a dashboard on implementation as well as assist in the identification of bottlenecks and enhancers, leading to evidence-based and timely management decisions.

The strategic annual health promotion operational plans to be developed will include indicators and monitoring and evaluation frameworks. For this purpose, the Health Promotion Division of the State Ministry of Health will ensure institutionalization of the following:

1. **Routine Reporting System (RRS):** Government will institute a State Routine Reporting System as a sub-system of the State Health Management Information System.
  - a) The State Ministry of Health (Health Promotion Division), in collaboration with stakeholders will develop and mainstream a set of health promotion indicators into the State Health Management Information system, data collection mechanism at all levels to monitor and evaluate the implementation of the Kaduna State Strategic Health Development Plan II, and health promotion programmes.
  - b) Quarterly monitoring of sectoral health promotion activities shall be carried out at Community, LGA, and State levels to ensure that each sector mainstream health in public policies.
  - c) A comprehensive State survey of health promotion programmes will be carried out every five years using the standardized indicators.
  
2. **Planned Preventive Maintenance (PPM).** Health Promotion utilizes diverse equipment; ranging from logistics to Information Technology to Materials Development equipment, etc. As Kaduna invests and mobilizes more resources towards Health Promotion, a Planned Preventive Maintenance (PPM) culture needs to be clearly defined and factored into the Routine Monitoring and Evaluation of Health Promotion activities. A PPM guideline shall be part of the requirements for driving this process.



3. **State Health Promotion Conferences** will be organized periodically to:
- a) Monitor and evaluate the implementation of the Kaduna State Health Promotion Policy.
  - b) Measure responses and reactions to Health Promotion activities and their immediate short-term effects.
  - c) Determine Stakeholders' understanding of the revitalized Health Promotion activities and programs; minimize the risk of project failure; and assess progress in implementation.
  - d) Facilitate learning and sharing information among all stakeholders at different levels.

The health promotion personnel will oversee health promotion activities at different levels:

- At State Level- Department of Planning, Research and Statistics of Kaduna State Ministry of Health.
- At LGA level – Health Secretary /Monitoring and Evaluation Officer.
- At ward level- Ward Focal Person/ Ward Development Committees.
- Community level – Village Development Committee/ Facility management committee.

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