

KADUNA STATE MINISTRY OF HEALTH



Kaduna State Health Sector Implementation Plan (2022-2024)

Ministry of Health

October 2021

Foreword

The Kaduna State 2022-2024 Sector Implementation Plan (SIP) comprises of fifteen (15) strategic objectives, and fifteen (15) strategic priorities which the Health Sector is determined to implement in the next three years. The Health Sector Implementation Plan sets out realistic and achievable goals and objectives and will, as much as practicable, be the focal point of and the driving force behind all the actions and activities of the Health Sector, over the next three years.

It is worthy of note that the health sector attached a great importance to the SIP. This is demonstrated by the participation and support from key stakeholders in development of the SIP notably, all head of the nine health agencies, programme managers, monitoring and evaluation officers, development and implementing partners as well as civil Society Organizations. The health sector shall ensure that interventions highlighted in the plan are adequately implemented with efficient utilization of the limited resources in her disposal. The path set out in the SIP will ensure the achievement of the strategic goals and objectives therein, which will in turn facilitate the realization of the overall goal of the sustainable development goals of achieving universal health coverage for the people of Kaduna State.

The Ministry of Health is committed to the SIP including the full realization of its objectives and goals by providing an enabling environment for the implementation of this important plan. I recommend the SIP to all stakeholders in the health sector in Kaduna State as medium-term strategy for the attainment of the socio-economic growth and development of the citizens of Kaduna State.

Dr. Amina Mohammed Baloni
Commissioner



Acknowledgement

The development of the SIP is a landmark achievement reflecting the commitment of the health sector and her partners towards improving the well-being of the residents of Kaduna State. Special Appreciation goes to the Honorable Commissioner for health, Permanent Secretary and head of agencies for their leadership role in ensuring successful development of the Sector Implementation plan.

Sincere gratitude also goes to all the directors, program managers, monitoring, evaluation officers, partners and Civil Society Organizations who dedicated their time and effort to the entire process of developing the SIP.

I am particularly thankful to the lead consultant; Malam Lawal Abubakar, who provided technical guidance and support towards the development of the document.

It is our belief that the successful implementation of the interventions outlined in the document across the different levels of care and the positive outcomes resulting from improvement in our health indicators will be the justification for our collective efforts.



Dr. Sunday Joseph

Director, Department of Health Planning Research and Statistics



Abbreviations

Acronym

ACT
AIDS
ANC
ART
ARV
BCC
BDTH
BMGF
CHAI
CHEW
CHO
CHV
CIHP
CMAM
CSOs
DFID
DHIS
DOTS
DQA
EID
ELSS
eMTCT
ENC
ETS
FMCH
FMOH
FP
HCW
HDCC
HF
HIV
HMIS
HPRS
HRH
HRIS
HSIP
HSDF
ICCM
ICT
IEC
IMCI
IMNCHW
IPT
ISS/OJCB
ITNs
IYCF
JCHEW
KADSACA

Definition

Artemisinin-based Combination Therapy
Acquired Immune Deficiency Syndrome
Ante-Natal Care
Anti-Retroviral Therapy
Anti-Retroviral
Behavioural Change Communication
Barau Dikko Teaching Hospital
Bill and Melinda Gates Foundation and Dangote Foundation
Clinton Health Access Initiative
Community Health Extension Workers
Community Health Officers
Community Health Volunteers
Centre for Integrated Health Programme
Community Management of Acute Malnutrition
Civil Society Organizations
Department for International Development
District Health Information System
Directly Observed Treatment Short-Course
Data Quality Assurance
Early Infant Diagnosis
Extended Life Saving Skills
elimination of Mother to Child Transmission of HIV
Essential Newborn Care
Emergency Transport Scheme
Free Maternal and Child Health
Federal Ministry of Health
Family Planning
Health Care Worker
Health Data Consultative Committee
Health Facilities
Human Immunodeficiency Virus
Health Management Information System
Health Planning, Research and Statistics
Human Resources for Health
Human Resources Information System
Health Sector Implementation Plan
Health Strategy and Delivery Foundation
Integrated Childhood Case Management
Information Communication Technology
Information Education and Communication
Integrated management of Childhood Illnesses
Integrated Maternal Newborn & Child Health Week
Intermittent Preventive Therapy
Integrated Supportive Supervision/On-the-Job Capacity building
Insecticide Treated Nets
Infants and Young Children Feeding
Junior Community Health Extension Worker
Kaduna State AIDS Control Agency

KADHSMA	Kaduna State Health Supplies Management Agency
KADCHMA	Kaduna State Contribution Health Management Authority
KASU	Kaduna State University
KSCON&M	Kaduna State College of Nursing and Midwifery
LGA	Local Government Area
LLIN	Long Lasting Insecticide treated Nets
LMCU _s	Logistics Management Coordination Units
LMIS	Logistics Management Information System
LSS	Life Saving Skills
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDA	Ministries Departments and Agencies
MLSS	Modified Life Saving Skills
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
NCH	National Council on Health
NDHS	National Demographic and Health Survey
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NMCN	Nursing and Midwifery Council of Nigeria
NMR	Neonatal Mortality Rate
NSHDP	National Strategic Health Development Plan
NTD	Neglected Tropical Disease
PBC	Planning and Budget Commission
PETS	Public Expenditure Tracking Survey
PHCUOR	Primary Health Care Under One Roof
PMTCT	Prevention of Mother-To-Child Transmission
RI	Routine Immunization
SCH	State Council on Health
SDGs	Sustainable Development Goals
SDSS	Sustainable Drugs Supply System
SHA	State Health Account
SHF	Secondary Health Facility
SICHST	Shehu Idris College of Health Sciences and Technology
SIP	Sector Implementation Plan
SMOH	State Ministry of Health
SPHCB	State Primary Health Care Board
SPT	Sector Planning Team
SSHDP	State Strategic Health Development Plan
TB	Tuberculosis
TBA	Traditional Birth Attendant
TWG	Technical Working Group
U5MR	Under-five Mortality Rate
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WAM	War Against Malaria
WHO	World Health Organization

Executive Summary

The Health Sector has continually remained a priority of Government at all levels. The vision for the state is achieving “a disease free and productive citizenry. The Sector Implementation Plan (SIP) document is a presentation of Kaduna State Health strategic policy priorities which are aligned with efficient resource allocation, within the context of projected medium-term expenditure estimates derived from information on the State’s fiscal space. The sector objectives over a three-year period of 2022 – 2024 were derived from State goals in the Kaduna State Development Plan 2021 – 2025.

The Health Sector Implementation Plan was developed by Sector Planning Team (SPT) Chaired by the Honorable Commissioner. Members were drawn from Ministry of Health, its Agencies, Health Training Institutions, Ministry of Budget and Planning, Development Partners, professional bodies and civil society groups. Series of meetings were held where relevant information needed to develop the SIP were sourced and discussed, followed by validation during which, the document was harmonized. The development process was thus highly participatory.

This effort led to the development of this three-year costed plan, to be used subsequently in developing state annual budgets and operational plans for the Sector. The SIP has a Monitoring and Evaluation and Performance Management framework. It enhances easy Monitoring and Evaluation of Sector Programmes and Projects

The benefits of developing such a plan cannot be overemphasized. It is hoped that with adequate funding and effective implementation of the plan, health care services will dramatically improve in the State. In addition, the SIP will create an enabling environment for economic growth of the State. Universal access to quality health care would have been enhanced via the State’s Social Health Insurance scheme

The complete ownership by the State and buy-in of stakeholders in the development of SIP will lead to successful implementation of the plan

Table of Contents

Foreword	2
Acknowledgement	3
Abbreviations	4
Executive Summary	6
CHAPTER ONE	9
1.0 Introduction	9
1.1 Aims and Objectives	9
1.2 Summary of the process	9
1.3 Summary of Conclusions (Sector Objectives, Programmes, Outcomes and Planned Expenditure)	10
1.4 Outline of the Structure of the Document	19
CHAPTER TWO: HEALTH SECTOR AND POLICY IN THE STATE	20
2.0 A Brief Introduction to the State	20
2.1 Current Health Sector Situation	20
2.2 The Mandates of the Health Sector	20
2.3 Key Health Sector Issues	21
2.4 Projects and Reforms Undertaken During the Health SIP 2020-2022	21
2.5 Challenges Faced During the Implementation of Health SIP 2020-2022	23
2.6 Policy Objectives	23
2.7 Statement of the Sector’s Mission, Vision and Core Values	24
CHAPTER THREE: DEVELOPMENT OF SECTOR STRATEGY	25
3.0 Outline of Major Strategies	25
3.1 Resource Constraints	40
3.2 Contributions from Our Partners	41
3.3 Programme Connections Between Sector MDAs	42
3.4 Summary of Cost by Policy Objective	42
3.5 Justification for Selected Strategies	42
3.6 Results Framework	42
CHAPTER FOUR: THREE-YEAR EXPENDITURE PROJECTIONS	48
4.0 The Process Used to Make Expenditure Projections.	48
4.1 Outline of Expenditure Projections	48
CHAPTER FIVE: MONITORING AND EVALUATION	49

5.0 Identifying Sources of Data for the Results Framework..... 49
5.1 Conducting Annual Sector Performance Review..... 49
5.2 Performance Evaluation..... 49



CHAPTER ONE

1.0 Introduction

The Government of Kaduna State under the leadership of His Excellency, Mal. Nasir El-Rufai is committed to providing access to quality and affordable Health Care for all in the State. The overarching goal of the present administration in Health is to have “A State where quality health care services are available, accessible and affordable to its citizens in an equitable manner and on a sustainable basis through active participation of all individuals and communities”

The Sector Implementation Plan (SIP) document is a presentation of Kaduna State Health strategic policy priorities which are aligned with efficient resource allocation, within the context of projected medium-term expenditure estimates derived from information on the State’s fiscal space. The sector objectives over a three-year period of 2022 – 2024 were derived from State goals in the Kaduna State Development Plan 2021 - 2025.

The Sector Implementation Plan (SIP) 2022-2024 will therefore provide a basis for linking the State Development Plan 2021-2025, the state health policy, the State Strategic Health Development Plan II with the annual budget, taking into consideration the limited resources to ensure realistic budgeting over the three years period and value for money.

1.1 Aims and Objectives

The Health Sector Implementation Plan document will achieve the following specific objectives:

- Ensure that service delivery targets are achieved at all levels through:
 - improvement in the quality of health at all levels,
 - improvement in access to health care for all residence,
 - upgrade of health infrastructure,
- Ensure that government expenditure reflects government priorities in health as articulated in the documents.
- Ensure that plans are feasible
- Ensure that resources used are effectively and efficiently utilized; and
- Facilitate monitoring and evaluation, and performance assessment of government expenditure on Health.

1.2 Summary of the process

The development of this SIP commenced with formation of sector teams/planning teams for collaboration and political buy in with membership from all agencies and parastatals in health sector

Key activities undertaken included the following:

- Identified and collated high level policy documents (SDP, Health Policy and SSHDP II)
- Desk review of relevant documents and policy pronouncements guiding implementation in the health sector (e.g., existing SDP and SIP, SSHDP II)
- Reviewed goals and objectives based on high level policy plans and documents
- Agreed on initiatives to deliver the goals considering existing budget
- Developed broad output and outcomes and draft SIP (2022-2024)
- Broader stakeholder consultation on the updated SIP; and
- Validated the Health Sector Implementation Plan (2022-2024).

The major weakness is that Budget ceiling are unrealistic which may limit the funding of the activities planned in the SIP.

1.3 Summary of Conclusions (Sector Objectives, Programmes, Outcomes and Planned Expenditure)

Table 1 contains information on the set of programmes that have been selected from the broad strategies in the SDP as well as the estimated cost of each programme over a medium-term period. The cost was estimated from detailed activities for actualizing each programme, which were later prioritized to lie within the budget ceiling of the sector for the plan period. The estimated cost of all the programmes for the HSIP for 2022-2024 is Forty-nine Billion, five Hundred and forty-six million, six hundred and five thousand, six hundred and seventy-nine naira, ninety-toe kobo. **(49,546,605,679.92)**



Table 1: Total Cost estimate for the three years (2022-2024)

Broad Strategies	Cost for 2022	Cost 2023	Cost for 2024	3-year cost
	33,147,410,032.81	18,758,081,047.64	17,050,192,949.48	68,955,684,029.92
Sector Objective 1	1. 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 health system of Kaduna State.			
EXPECTED OUTCOME 1	Improved effective leadership, enabling policy environment and accountability			
Provide clear health policies, plans, legislative and regulatory framework in Kaduna State	55,575,750.00	41,923,750.00	0.00	97,499,500.00
Strengthen transparency and accountability in planning, budgeting and procurement process	836,250.00	0.00	0.00	836,250.00
Improve health sector's performance through regular integrated reviews and reports	1,533,750.00	0.00	0.00	1,533,750.00
Strengthen coordination, harmonization and alignment of all departments and units	3,330,000.00	0.00	0.00	3,330,000.00
SUB TOTAL	61,275,750.00	41,923,750.00	0.00	103,199,500.00
Sector Objective 2	2. Promote community engagement for sustainable health development			
EXPECTED OUTCOME 2	Community engagement Promoted			
To strengthen communication between the facility and community	256,436,550.00	203,353,392.00	203,353,392.00	663,143,334.00
To strengthen community engagement in the implementation, monitoring and evaluation of health programs	66,403,900.00	0.00	0.00	66,403,900.00
SUB TOTAL	322,840,450.00	203,353,392.00	203,353,392.00	729,547,234.00
Sector Objective 3	3. Enhance harmonized implementation of essential health services in KADUNA in line with national health policy s.			
EXPECTED OUTCOME 3	Implementation of essential health services enhanced.			
Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance	8,957,250.00	9,852,975.00	9,852,975.00	28,663,200.00
SUB TOTAL	8,957,250.00	9,852,975.00	9,852,975.00	28,663,200.00

Sector Objective 4	4.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 the people of Kaduna State			
EXPECTED OUTCOME 4	Improved comprehensive quality sexual, reproductive, maternal, neonatal, child and adolescent health and nutrition services.			
Promote universal access to comprehensive quality sexual and reproductive health services throughout life cycle and reduce maternal, neonatal, child and adolescent morbidity and mortality in Nigeria	1,850,631,912.00	1,058,684,672.70	1,005,169,220.00	3,914,485,804.70
Strengthen prevention, treatment and rehabilitation services for fistula care in Kaduna State	13,612,500.00	8,221,261.00	0.00	21,833,761.00
Promote demand and increase access to sexual and reproductive health services (family planning and post abortion care)	37,564,750.00	37,564,750.00	30,064,750.00	105,194,250.00
Improve access to adolescent health and young people information and services	29,858,600.00	29,858,600.00	29,858,600.00	89,575,800.00
Improve the nutritional status of Nigerians throughout their life cycle with a particular focus on vulnerable groups especially children under five years, adolescents, women of reproductive age and the elderly	1,699,900,694.64	769,426,898.04	769,426,898.04	3,238,754,490.71
Reduce neonatal and childhood mortality and promote optimal growth, protection and development of all newborns and children under five years of age.	9,113,865,235.00	2,390,015,088.21	3,461,138,628.75	14,965,018,951.96
SUB TOTAL	12,745,433,691.64	4,293,771,269.95	5,295,658,096.79	22,334,863,058.37
Sector Objective 5	5. Improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and Neglected Tropical Diseases (NTDs) among clients attending KADUNA.			
EXPECTED OUTCOME 5	Improved prevention, case detection and coordinated response for the prevention, control and management of malaria, HIV/AIDS, TB and NTDs			

Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination levels	3,454,029,600.00	3,560,522,460.00	3,560,522,460.00	10,575,074,520.00
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 in Nigeria.	261,760,950.00	259,187,500.00	259,187,500.00	780,135,950.00
Significantly reduce the incidence and prevalence of HIV/AIDS in Nigeria by 2022	486,455,771.89	530,086,339.08	457,564,714.08	1,474,106,825.05
Objective 5.5: Reduce morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected.	51,031,861.00	55,891,825.00	55,891,825.00	162,815,511.00
SUB TOTAL	4,253,278,182.89	4,405,688,124.08	4,333,166,499.08	12,992,132,806.05
Sector Objective 6	6. • Reduce the burden of morbidity, mortality and disability due to noncommunicable diseases among clients attending KADUNA			
EXPECTED OUTCOME 6	Reduced burden of morbidity, mortality and disability due to non-communicable diseases			
Reduce morbidity and mortality due to NCDs (Cancers, Cardiovascular Diseases, Chronic Obstructive Airway Diseases, Diabetes and Sickle Cell Disease)	51,955,000.00	34,906,850.00	14,716,350.00	101,578,200.00
Promote the health and wellbeing of the elderly in Kaduna State	50,494,750.00	14,256,000.00	14,256,000.00	79,006,750.00
To improve the mental health and psychosocial wellbeing of Nigerian populace by reducing prevalence of serious, moderate and mild mental illnesses and substance use disorders.	11,169,000.00	-	-	11,169,000.00
Promote optimal oral health in Nigeria.	14,214,000.00	15,635,400.00	15,635,400.00	45,484,800.00
Eliminate avoidable blindness, and reduce the burden of various visual impairment conditions.	4,387,500.00	4,826,250.00	4,826,250.00	14,040,000.00
SUB TOTAL	132,220,250.00	69,624,500.00	49,434,000.00	251,278,750.00

Sector Objective 7	7.Ensure that healthcare facilities provide equitable, safe, appropriate, quality, and effective medical and laboratory services to meet current and future needs.			
EXPECTED OUTCOME 7	Equitable, safe, appropriate, quality, and effective medical and laboratory services are provided by all health facilities			
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	9,730,000.00	0.00	0.00	9,730,000.00
Increase provision and access to quality, affordable & integrated emergency and trauma care	4,057,000.00	1,658,800.00	1,658,800.00	7,374,600.00
Improve provision, access, quality and responsiveness of Ambulatory (outpatient) Services at all levels of health care	187,368,000.00	179,704,800.00	146,704,800.00	513,777,600.00
Promote provision of and access to effective, safe blood and blood products at appropriate levels of health care.	505,236,000.00	527,357,600.00	494,357,600.00	1,526,951,200.00
Provide appropriate, efficient, quality, equitable and cost-effective public health and medical laboratory services at all levels of health care delivery.	33,058,000.00	27,500,000.00	26,576,000.00	87,134,000.00
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.	6,199,000.00	4,611,200.00	4,611,200.00	15,421,400.00
SUB TOTAL	745,648,000.00	740,832,400.00	673,908,400.00	2,160,388,800.00
Sector Objective 8	8. Improve the wellbeing, safety and quality of life of Kaduna State residents of KADUNA through health promotion and healthy environment.			
EXPECTED OUTCOME 8	Improved wellbeing, safety and quality of life			
Promote the wellbeing of individuals and communities through protection from health risks, and promotion of healthy lifestyle and environment	43,967,100.00	10,827,960.00	10,827,960.00	65,623,020.00
Promote food hygiene and safety for the reduction of illnesses associated with unwholesome food.	18,546,500.00	12,943,150.00	12,943,150.00	44,432,800.00

Protect human health, environment and infrastructure from chemical hazard, medical & Bio waste and poisoning	2,549,000.00	-	-	2,549,000.00
Promote optimal health and safety of workers in their work environment	5,341,500.00	-	-	5,341,500.00
Promote universal access to safe drinking water and acceptable sanitation	17,625,750.00	17,568,375.00	17,568,375.00	52,762,500.00
Reduce morbidity and mortality from snake bites in Nigeria	560,000.00	550,000.00	550,000.00	1,660,000.00
SUB TOTAL	88,589,850.00	41,889,485.00	41,889,485.00	172,368,820.00
Sector Objective 9	9. To have in place the right number, skill mix of competent, motivated, productive and equitably distributed health work force in KADUNA for optimal and quality health care services provision			
EXPECTED OUTCOME 9	The right number, skill mix of competent, motivated, productive and equitably distributed health work force available.			
Ensure coordination and partnership for aligning investment of current and future needs and institutional strengthening for HRH agenda	1,825,500.00	775,500.00	775,500.00	3,376,500.00
Ensure the production of adequate numbers of qualified health workers	2,838,750.00	3,122,625.00	3,122,625.00	9,084,000.00
Collaborate with external QI/QA committee	225,000.00	247,500.00	247,500.00	720,000.00
Ensure the development of monitoring and evaluation for HRH including systems for HRHMIS and Registry	5,154,750.00	5,670,225.00	5,670,225.00	16,495,200.00
Ensure effective health workforce management through retention, deployment, work condition, motivation and performance management	393,750.00	288,750.00	288,750.00	971,250.00
Strengthen Health workforce planning for effective management	7,145,450.00	7,859,995.00	7,859,995.00	22,865,440.00
SUB TOTAL	17,583,200.00	17,964,595.00	17,964,595.00	53,512,390.00
Sector Objective 10	10. Improve availability and functionality of health infrastructure required to optimize service delivery in KADUNA and ensure equitable access to effective and responsive health services.			

EXPECTED OUTCOME 10	Improved health infrastructure required to optimize service delivery.			
Improve availability and functionality of health infrastructure required to optimize service delivery at all levels	11,249,500,000.00	5,370,750,000.00	2,862,200,000.00	19,482,450,000.00
SUB TOTAL	11,249,500,000.00	5,370,750,000.00	2,862,200,000.00	19,482,450,000.00
Sector Objective 11	11. Ensure that quality medicines, vaccines, and other health commodities and technologies are available, affordable and accessible to all clients attending KADUNA.			
EXPECTED OUTCOME 11	Quality medicines, vaccines, and other health commodities and technologies are available.			
Strengthen the development and implementation of legal, regulatory framework, policies and plans for drugs, vaccines, commodities and health technologies at all levels	2,396,250.00	1,320,000.00	1,320,000.00	5,036,250.00
Strengthen effective coordination of structures that ensures accessibility of medicines, vaccines, commodities and other technologies at all levels and at all times	4,965,000.00	3,960,000.00	3,960,000.00	12,885,000.00
Enhance production and use of locally manufactured medicines and vaccines that meet global standards	533,501,500.00	586,851,650.00	585,200,000.00	1,705,553,150.00
Strengthen effective procurement systems (forecasting, orders, procurement) to ensure (40% local content) and commodity security on a sustainable basis at all levels.	1,630,585,948.28	1,774,982,630.61	1,764,191,080.61	5,169,759,659.50
Strengthen integrated supply chain management system and quality assurance models for medicines, vaccines, commodities and other technologies with a functional logistics management information system (LMIS)	138,426,250.00	109,345,500.00	123,226,400.00	370,998,150.00
Strengthen rational drug use and antimicrobial stewardship at all levels	11,180,750.00	9,187,750.00	9,187,750.00	29,556,250.00

Strengthen existing systems for the management of biological and non-biological wastes including expiries of medicines, vaccines and other commodities at all levels	5,118,750.00	1,056,000.00	1,056,000.00	7,230,750.00
Strengthen the development of traditional medicine in Nigeria	347,562,500.00	382,318,750.00	381,084,000.00	1,110,965,250.00
SUB TOTAL	2,673,736,948.28	2,869,022,280.61	2,869,225,230.61	8,411,984,459.50
Sector Objective 12	12. institutionalize an integrated and sustainable health information system for decision making.			
EXPECTED OUTCOME 12	Enhanced integrated and sustainable health information system for decision-making.			
Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making.	103,049,250.00	113,354,175.00	113,354,175.00	329,757,600.00
SUB TOTAL	103,049,250.00	113,354,175.00	113,354,175.00	329,757,600.00
Sector Objective 13	13. Utilize research to inform policy and programming for improved performance of KADUNA and better health outcomes; and contribute to global health knowledge production.			
EXPECTED OUTCOME 13	Health research utilized to inform policy and programming			
SUB TOTAL	15,010,000.00	15,727,250.00	16,002,250.00	46,739,500.00
Sector Objective 14	14. Significantly reduce the impact of public health emergencies			
EXPECTED OUTCOME 14	Impact of public health emergencies significantly reduced.			
Reduce incidence and impact of public health emergencies in Nigeria.	463,084,010.00	344,784,011.00	344,784,011.00	1,152,652,032.00
SUB TOTAL	463,084,010.00	344,784,011.00	344,784,011.00	1,152,652,032.00

Sector Objective 15	15. Ensure all the people attending KADUNA have access to health services without any financial barriers or impediments at the point of accessing care.			
EXPECTED OUTCOME 15	Improved access to health services without any financial barriers or impediments at the point of accessing care.			
Strengthened Governance and Coordination for actualizing stewardship and ownership of Health Financing reforms	3,158,250	0	0	3,158,250.00
Enhance transparency and accountability in strategic purchasing of Health Services	13,038,000.00	935,000.00	792,000.00	14,765,000.00
Increase sustainable and predictable revenue for health	4,302,750.00	-	-	4,302,750.00
Enhance financial risk protection through pooled funds at state levels	246,704,200.00	218,607,840.00	218,607,840.00	683,919,880.00
SUB TOTAL	267,203,200.00	219,542,840.00	219,399,840.00	706,145,880.00

1.4 Outline of the Structure of the Document

The Health Sector Implementation Plan is structured into five chapters as follows.

Chapter 1: introduction: This chapter sets out the justifications for SIP as well as the aims and objectives. It also provides a brief description of the process used for developing the SIP; summarizes key strategic direction of the Health Sector; and provides a summary of the programmes, outcomes, and related expenditures of the Health Sector.

Chapter 2: Describes the State's Health Sector policy environment. It gives an overview of the current situation in Kaduna State Health Sector by highlighting its problems and challenges. It provides the Health Sector's Mission, Vision and Core Values as well as the Sector's Objectives, Programmes and Outcomes.

Chapter 3: Describes the Sector's strategies for developing the medium-term implementation plan. Contains Strategic Sector Challenges and Responses; Health Sector's Strategic Priorities; Detailed description of Projects' Expenditures and Output Measures.

Chapter 4: Provides detail costing process; Expenditure Projection Process; Capital to Recurrent Expenditures Comparison.

Chapter 5: Provides framework for monitoring the implementation of the SIP and for evaluating the results achieved vis-à-vis the targets set in the SIP.



CHAPTER TWO: HEALTH SECTOR AND POLICY IN THE STATE

2.0 A Brief Introduction to the State

Kaduna State with an estimated population of 9.7 million (KBS 2020 Estimate) is the 3rd most populous state in the federation, trailing Lagos and Kano states. Demographic dependency ratio of 95% arising from 48.8% of total population (46.2% are children under 15 years and 2.6% are elderly above 64 years) being demographically dependent on the working age group which constitutes 51.2% of the population.

Kaduna is predominantly rural with 50% of the rural households engaged in agriculture compared to 15% of the urban households, on average. An estimated 22% of the working age population is unemployed, and poverty rate in the state was 56.5% in 2018.

The Kaduna State government is deeply concerned about the wellbeing of its citizens and in conformity with the constitution of the Federal Republic of Nigeria which affirms that health is a right. The government of Kaduna State also believes that good health is central to economic development. Since 2015, the government have invested significant resource addressing priority health challenges by training human resource for health, infrastructural development, procurement of equipment, making drugs and other health technologies available at all levels of health care, building future managers and undertaking major policy reforms for a resilient and sustainable health system.

The State is committed to achieving global and regional established targets such as the Sustainable Development Goals and the Abuja declaration through improved funding for health with the aim of achieving Universal Health Coverage. Although progress in health indicators have been slow and many women and children die of preventable health conditions, this necessitate the need to critically assess the health system in the State to X-ray the challenges that are responsible for the set back in the health indices in the State so as to guide strategic decision making

In the approved budget of 2021, budgetary allocation to health sector of ₦39.3bn represents 15.9% of total State budget which is slightly higher than the 2001 Abuja declaration. This demonstrates the political will to ensure that the vision is actualized. As admirable as this may sound, this SIP brings to the table the reality of the commitments.

The 2022-2024 Health Sector Implementation plan focused more on the policy of infrastructural development towards coordinated and purposeful development to complement previous government efforts in the Health Sector as well as to ensure system strengthening. Service delivery to reverse the worse health indices in line with the vision and policy direction of the current administration as obtained in the 2021-2025 SDP; this HSIP will also consolidate on the success recorded by the government of Kaduna State by ensuring sustainability of the good work while given more energy to areas with challenges.

2.1 Current Health Sector Situation

There are 5,263 healthcare facilities; 1,938 offers clinical services (Public = 1,156 and Private = 782) and 3,324 nonclinical services including Pharmacies Chemists/PPMVs and diagnostic Laboratories. There are 7 (0.36%) Tertiary (all public), 211 (11.0%) Secondary (37 Public) and 1720 (88.6%) Primary health facilities (1,112 Public) (HEFA 2018). There is a skewed distribution of Secondary and Tertiary health facilities towards the urban settlements.

2.2 The Mandates of the Health Sector

The MDAs responsible for the implementation of the Health Sector Implementation plan are:

a). Ministry of Health

-Provides secondary healthcare services, which includes preventive, curative, rehabilitative and school health services, set and maintain standard of medical practice and regulation of the health sector activities

b) State Primary Health Care Board

-Provides effective and efficient primary health care services at the community level

c) Kaduna State AIDS Control Agency

- Coordinate the multi-sectorial response to Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV&AIDS)

d) **Kaduna State Health Supplies Management Agency,**

-Empowered to manufacture, procure, store and distribute drugs and medical supplies

e) **Kaduna State College of Nursing and Midwifery**

- Charged with training of Nurses and Midwives

f) **Barau Dikko Teaching Hospital**

- Mandated to provide tertiary health services, medical education and training to future and current health professionals

g) **Kaduna State Bureau for Substance Abuse Prevention and Treatment:**

-Prevent and control of substance abuse

h) **Kaduna State Contributory Health Management Authority**

-Ensure access to qualitative and affordable health care for the residence of Kaduna State

2.3 Key Health Sector Issues

In spite of attempts to improve public health services in the State, a number of challenges continually hinder progress to the attainment of the Health Sector's desired goals. The major challenges include the following:

1. Limited number of skilled health professionals to man existing health facilities with associated high attrition of existing staff (20% for Doctors and 10% for Nurses)
2. Inadequate supplies of medical equipment, drugs and consumables
3. Poor state of health infrastructure
4. Low utilization to basic health care services especially in rural and hard to reach areas
5. Weak public health education and promotion system
6. Low level of community participation in the health care services
7. Low level of State-driven health research
8. Non accreditation of some courses in some health institutions due to inadequate infrastructure and staffing
9. No proper structure for Emergency Preparedness and Response
10. Poor monitoring supportive supervision due to inadequate funding
11. Poor cash backing to implement many planned cost-effective interventions and operational activities (logistics, fueling and vehicles for routine supervision)
12. Inadequate and obsolete equipment (photocopier, Computer / accessories & medical equipment in Health Facilities), inadequate planned preventive maintenance and no budgetary provision.
13. Insecurity in HF in some LGAs (Sanga, Birnin Gwari, Giwa, Chikun and Igabi etc.)
14. High number of Private Health facilities operating illegally

2.4 Projects and Reforms Undertaken During the Health SIP 2020-2022

Below are key interventions and reform initiatives undertaken that worked well in addressing the issues that existed in the sector and factors that enabled the interventions to work well.

- Primary Health Care Under One Roof (PHCuR) is a policy that integrates all PHC services under one authority to reduce fragmentation in PHC management, promote quality service delivery and increase efficient use of resources to maximize benefit in terms of better health outcomes. Kaduna State have keyed into this initiative as one of its numerous strategies to improve the health status of its

residents. The government have renovated at least one PHC in the 255 wards in the State and improve their staffing requirements and also provides equipment for efficient delivery of services

- In terms of access to quality and affordable health care, this was a great challenge to the residents of Kaduna State as an estimated 80% of the residents pay out of their pockets to access health care services. This has led to catastrophic spending by households resulting into a vicious cycle of poverty and ill health. The government of Kaduna State in its bit to address these challenges established the Kaduna State Contributory Health Management Authority to operationalize the Kaduna State Contributory Health Scheme and the Basic Health Care Provision Fund (BHCPF) to increase access. The State government also earmarked 1% Consolidated Revenue Fund (CRF) to cater for the poor and vulnerable population all in a bit to reverse the 80% out of pocket spending and to pave the way towards achieving Universal Health Coverage.
- The logistic supply in the health sector for drugs, vaccines, consumables, and other health technologies is fragmented. This has led to a lot of stock outs especially of drugs and vaccine in the health facilities and patients frequently must purchase drugs outside the facilities. This has contributed to proliferation of counterfeit and fake drugs that are not affordable. Hence rational drug use standards are not attained. Several innovations have been put to practice including the Drug Revolving Fund (DRF) and the Sustainable Drug Supply System (SDSS) initiative. Despite all these efforts, the availability of health commodities in the health facilities remain erratic and stock out of health commodities continue to affect the efficient delivery of health services with attendant poor health outcomes. It is in light of this that the State government, in its effort to improve the service delivery in the health system, adopted the Supply Chain Management (SCM) approach with the aim of providing timely supply of adequate, quality and affordable drugs and other health commodities in an integrated manner. This is operationalized by amending the law that establishes the Kaduna State Health Supplies Management Agency (KADHSMA) in 2018 with the mandate to Manufacture, select, quantify, source, store and distribute health supplies to end users through the health institutions.
- Kaduna State government have engaged the services of Zipline, a drone delivery organization to help transform access and availability of routine and emergency medicine. The revolutionary new service will make on-demand deliveries of hundreds of different blood, vaccines, and life-saving medications. The service will operate around the clock from three distribution centers each equipped with 30 drones and deliver to more than 1,000 health facilities serving millions of people across Kaduna State. Together, all three distribution centers will be capable of micro-targeting the delivery of more than six tons of medical products each week over more than 60,000 square kilometers. This is in line with the National Health Product Supply Chain Strategic Development and Implementation Plan 2021-2025 and the National Strategic Health Development Plan (NSHDP II).
- The Kaduna State Government through the Ministry of Health and KADHSMA signed a Memorandum of Understanding (MoU) with the local pharmaceutical companies under the Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN), to ensure the supply of quality and affordable Essential Medicines across all of its 1069 Health facilities
- In Nigeria, a prevalence of 20–40% and 20.9% of drug abuse from a systematic review was reported among students and youths respectively in 2021. the prevalence of drug abuse among youths in

Kaduna State was estimated to be 10%. This has contributed to the rising rate of civil unrest and banditry in Kaduna State and Nigeria at large. In order to curb the menace of drug abuse in Kaduna State, an agency for the control of drug abuse; Kaduna State Bureau for Substance abuse Prevention and Treatment (KADBUSA), was created in 2016.

- Malnutrition and nutrition related diseases continue to be problems of great public health importance in Nigeria and indeed in Kaduna State. The Kaduna State Emergency Nutrition Action Plan, KADENAP was inaugurated in January 2017 following the disturbing statistics of 263,495 cases of children with Severe Acute Malnutrition (SAM) and 248,394 case with Moderate Acute Malnutrition (MAM) according to Federal Ministry of Health and UNICEF, 2017. KADENAP was immediately created to fast track the activities of existing Ministries, Departments and Agencies implementing nutrition activities to improve nutritional status in children and women and enhance development. This has led to improved synergy of functions, avoid duplication of efforts, and eliminate unnecessary delays in addressing malnutrition through holistic and sustainable ways. Other nutrition intervention efforts are the securing by the State government of the Accelerating Nutrition Result in Nigeria (ANRiN), a five-year national World Bank-funded project to strengthen the role of the state to plan, finance, implement and monitor large-scale nutrition programmes, through effective coordination of all nutrition activities in the state. the project was structured to increase access to quality and cost-effective health and nutrition services to vulnerable groups like pregnant and lactating women, adolescent girls and children under five years old.
- The prevalence of HIV in the State was reduced to as low as 1.0%. this imply that the transmissibility of the disease has been tremendously reduced in the State, although all HIV interventions must continue in order to maintain or completely eliminate the disease in the State.

2.5 Challenges Faced During the Implementation of Health SIP 2020-2022

As identified in HSIP 2020-2022 and the Kaduna State Strategic Health Development Plan 2018-2022, the following are major challenges of the Health Sector that hindered some interventions/strategies to be fully implemented includes:

- a. Poor Cash Backing to implement planned cost-effective interventions
- b. Security Challenges due to banditry activities in some LGAs in the State
- c. COVID 19 Pandemic ravage the economy leading to economic Melt Down

2.6 Policy Objectives

The goal of the State's health policies is to have a disease-free and productive citizenry and Universal Health Coverage. The state Health policy thrust is centered on:

- Prevention of illnesses through appropriate strategies and measures which offer the lowest cost and highest impact
- Effective and efficient Primary Health Care service delivery (that is community centered) for all but targeting the most vulnerable groups of the society; pregnant women and children under five years
- Free healthcare for pregnant women and children under 5 (4% and 20% of the population respectively)
- Free malaria treatment and prevention for all, and free Services in other areas; clinical consultation, counseling and testing for HIV, antiretroviral therapy and ambulance services;

- Strong public-private sector collaboration in the area of preventive, rehabilitative and curative primary and secondary care
- An effective linkage between the three levels of health care in the State through a robust referral system, emphasizing specialty of care at the secondary and tertiary level
- Improved skilled manpower and infrastructural capacity at all levels of care
- Promote community participation in health care delivery
- To promote the culture of research to guide the health sector policies and decision making

2.7 Statement of the Sector's Mission, Vision and Core Values

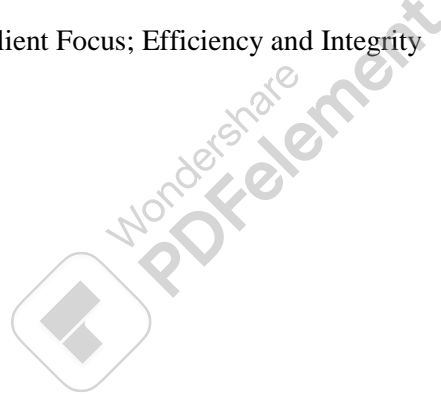
Vision Statement

To be a leading Ministry in the provision of equitable, affordable, accessible and sustainable quality health care services to achieve the highest health status for the people in Kaduna state

Mission Statement

To ensure the delivery of quality health care services to all people in Kaduna State by providing clear policy directions and implementing all necessary health plans with the participation of relevant stakeholders

Core Values: Professionalism; Client Focus; Efficiency and Integrity



CHAPTER THREE: DEVELOPMENT OF SECTOR STRATEGY

3.0 Outline of Major Strategies

In addressing the Key Issues of the Health Sector, the HSIP 2022-2024 will prioritize, identify and develop strategies that can effectively achieve policy objectives and desired outcome targets. Table 2 sets out strategic responses to the sector issues identified in Section 2.3

Table 2: SECTOR’S STRATEGIES FOR DEVELOPING THE MEDIUM-TERM IMPLEMENTATION PLAN

Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies	Programmes
Strategic Objectives-1: 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 health system				
<ul style="list-style-type: none"> •Inadequacy of some health policies, plans, legislative and regulatory framework which provides effective leadership and an enabling policy environment. •The public health law revised in 1991 (two decades ago, is obsolete with minimal sanctions •Inadequate collaboration between third party agents, Health facilities accountants and KADHSMA resulting in poor remittance of funds collected •Weak sanction and reward system to encourage and motivate staff who demonstrated excellence (punctuality, dedication & achievement and punish those that are found wanting) •Weak mechanism for collaboration between the three levels of care (primary, secondary, and tertiary) •Service charter not available in some health facilities 	Improved effective leadership, enabling policy environment and accountability	90% of coordination organs at State and LGA levels (SCH, WDCs, Health Partners Coordination Committee) are established/functional	Provide clear health policies, plans, legislative and regulatory framework	Leadership and governance
		Improve the health sector’s performance from 32.5% in 2021 to 70% in 2023	Strengthen transparency and accountability in planning, budgeting and procurement process	
			Improve health sector’s performance through regular integrated reviews and reports	
			Strengthen coordination, harmonization and alignment of all departments and units	
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies	Programmes

Strategic Objective-2: Promote community engagement for sustainable health development				
<ul style="list-style-type: none"> •Inadequate understanding on integrated demand creation and community engagement strategy •Partners introducing unsustainable packages /Rewards /incentives for demand creation •Inadequate capacity of the ward development committees’ members to track financial transactions at the facility level <ul style="list-style-type: none"> • Less attention in implementing Social and Behavioral Change Communication targeting community influencers •Inadequate training and re-training of the WDCs and other stakeholders to meet up with the current demand of the MSP 	community engagement for sustainable health development Promoted	PHCs having functional Ward Development Committees increased from 25% in 2021 to 95% in 2024	To strengthen communication between the facility and community	· Demand creation and social mobilization
		PHCs linked to Facility Health Committee increased from 38% in 2021 to 88% in 2024	To strengthen community engagement in the implementation, monitoring and evaluation of health programs	
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies	Programmes
Strategic Objective-3: Enhance harmonized implementation of essential health services in line with national health policy goals				
<ul style="list-style-type: none"> •There is no coordination mechanism for the implementation of the health sector PPP •Poor linkages with academic institutions to undertake research, education and monitoring through existing networks 	Implementation of essential health services enhanced	Increase the proportion of health services administered through PPP from 25% in 2021 to 50% In 2024 in the state Health Plan	Ensure that collaborative mechanisms are put in place for involving all partners in the development and sustenance	· Public Private Partnerships for Health
		funding for health sector that comes from development partners and the private sector increased from 4% in 2021 to 12% In 2024		
Weaknesses)	Expected Outcome	Targets	Strategies	Programmes
Strategic Objectives -4: Promote universal access to comprehensive quality sexual and reproductive health services throughout the life cycle and reduce maternal, neonatal, child and adolescent morbidity and mortality				

<ul style="list-style-type: none"> • Inadequate capacity for PNC services (emphasis is on ANC) and Inadequate awareness on need for neonatal and child health services • Inadequate number of skilled birth attendants • Inadequate public awareness on need for safe motherhood services • Inadequate capacity to identify danger signs and refer by community structures such as TBAs • Inadequate monitoring and supervision of TBAs activities in the community • Inadequate capacity of HCWs and number of facilities providing BEMONC services • Inadequate commodities to provide BEMONC services across all facilities • Irregular review/audit of maternal and perinatal deaths at health facilities/communities and lack of implementation of action plans • Non-functional Quality of Care (QoC) teams at all levels due to inadequate funding for activities • week feedback and follow-up of referred cases • Inefficient ETS due to inadequate and / or non-functional ambulances • Insufficient commodities at the HF level due to supply chain challenges • Inadequate obstetric fistula services and skilled human resources and high level of stigmatization (services only available in Zaria) • Inadequate linkage between obstetric fistula physical rehabilitation efforts by SMOH and socio-economic efforts by human services • Poor community awareness and support for AYSRH • Inadequate knowledge and stigma associated with HIV and STIs among adolescents. • Inadequate number of Schools participating in E-FLHE 	<p>Improved comprehensive quality sexual, reproductive, maternal, neonatal, child and adolescent health and nutrition services</p>	<p>Reduce maternal mortality from 1025/100,000 (NDHS 2013) to <700/100,000 in 2024</p> <p>Reduce neonatal mortality from 63/1000 (NDHS 2018) to <50/1000 in 2024</p> <p>Reduce child mortality from 187/1000 (NDHS 2018) to <100/1000 in 2024</p> <p>Reduced fistula case in Kaduna State from 1-10/1000 livebirth in 2021 to 1-10/100,000 livebirth in 2024</p> <p>Increase contraceptive prevalence rate form 13.7% in 2021 to 22.8% in 2024</p>	<p>Reduce maternal, neonatal, child mortality</p> <p>Strengthen prevention, treatment and rehabilitation services for fistula care in Kaduna State</p> <p>Promote demand and increase access to sexual and reproductive health services (family planning and post abortion care)</p>	<p>Reproductive Maternal Newborn Child Adolescent Health and Nutrition (SBA, FP, Immunization, Nutrition, Adolescent Health, QoC)</p>
--	--	---	--	---

<ul style="list-style-type: none"> • No PHC center is accredited for Baby Friendly Hospital Initiative (BFHI) Inadequate coverage of the CMAM program • No emphasis on geriatric nutrition • Partial implementation of the Community IYCF SBCC strategy within the State and at the LGAs • Inadequate manpower and funds to support the conduct of food demonstration in most of the HF • Poor knowledge on Micronutrient Powder (MNP) administration • Stock out of ready-to-Use Therapeutic Food • Inadequate knowledge and stigma associated with Adolescents during Menstruation • Inadequate trained teachers on E-FLHE • Inadequate AYFH Services facilities in the State • Inadequate coverage of nutrition intervention across wards in the local governments • Inconsistent implementation of the bi-annual MNCH Week • Inadequate manpower and funds to support conduct of food demonstration in most of the facilities • Weak linkage with KADSACA and SEMA to handle nutrition in emergencies • Absence of strategy to address IFA supplementation targeting adolescent school girls • Low capacity of HCW to provide postnatal and 	<p>Increase access to adolescent health and young people services form 60 Health Facilities to 204 Facilities (80% of 255 PHC Centres) in 2024</p>	<p>Improve access to adolescent health and young people information and services</p>
	<p>Increase the nutritional status of children under five years from 95.3% (NNHS 2018) to 98% in 2024</p>	<p>Improve the nutritional status throughout the life cycle with a particular focus on vulnerable groups especially children under five years, adolescents, women of reproductive age</p>

<p>newborn care (Only three neonatal centers in the state)</p> <ul style="list-style-type: none"> • Lack of Emergency Transport System (ETS) in most communities • Myths and Misconceptions on vaccines • Occasional stock out of some antigens and consumables • Poor availability of resuscitators, suction machines and equipment for newborn care • Inadequate use of media to disseminate need for newborn and child health services. • Insufficient commodities, Chart Booklets and Other Job aids for IMCI & ICCM particularly pneumonia and diarrhea, insufficient Staff trained on IMCI and inadequate Monitoring, Supervision and Mentoring of the existing IMCI and ICCM staff 		<p>Increase the nutritional status of adolescents from 81% (NNHS 2018) to 90% in 2024</p>		
<p>Key Issues (Weaknesses)</p>	<p>Expected Outcome</p>	<p>Outcome Targets</p>	<p>Strategies/Interventions</p>	<p>• Programme s/Activities</p>
<p>Strategic Objectives -5: Improve prevention, case detection and coordinated response for the prevention, control and management of communicable diseases and non-communicable diseases</p>				
<ul style="list-style-type: none"> • Inadequate quantity of the SP/LLIN • Poor practice of integrated vector control management leading to persistence of vector borne diseases (malaria, NTDs) • Inadequate diagnostic capacity and equipment for TB, HIV and malaria <p>Inadequate screening and treatment sites with poor exploration of opportunities for case finding (eg nutrition clinics, inpatient treatment for DRTB and treatment for drug reactions)</p>	<p>Improved prevention, case detection and coordinated response for the prevention, control and management of malaria,</p>	<p>Reduce malaria morbidity from 58.5% in 2021 to 10% in 2024.</p>	<p>Reduce significantly morbidity and mortality due to Malaria and move towards pre-elimination levels</p>	<ul style="list-style-type: none"> • State Malaria Elimination Programme • Tuberculosis, Leprosy and Buruli Ulcer Control Programme • Neglected Tropical
		<p>Reduce under-5 mortality attributable to Malaria from 53% in 2021 to 5% in 2024</p>		

<ul style="list-style-type: none"> • Inadequate access to TB care through the state Health Insurance scheme and private health facilities • Inadequate capacity (technical and Financial) of the CBOs to conduct community TB case finding. <p>Poor integration of the Leprosy component of the TB program which comprises service delivery, training, community mobilization, case finding and service delivery.</p> <ul style="list-style-type: none"> • Lack of an active leprosy surveillance mechanism in the state • Inadequate OSS for KP/AYP friendly centres in the state • 824 out of 1499 facilities provide PMTCT services • Inadequate number of assault sites integrated with HIV/AIDS services • No linkages between HIV/AIDS with the states social-economic empowerment programs • Inadequate capacity (technical and financial) of CBOs to support HIV/AIDS programming • Inadequate support and sites for viral hepatitis testing and treatment • Limited locations for the delivery of integrated preventive chemotherapy packages and other packages for NTDs • lack of collaboration with MDA such as RUWASSA in provision of potable water and vector control • Poor integration and linkages of NTD programme and financial plans into sector-wide and state budgetary and financing mechanisms. 	<p>HIV/AIDs, TB and NTDs</p>	<table border="1"> <tr> <td data-bbox="1115 191 1421 375"> <p>Increase TB case detection rate from 34% in 2021 to 70% in 2024</p> </td> <td data-bbox="1434 191 1753 375"> <p>Ensure universal access to high quality, client-centered TB / Leprosy diagnosis and treatment services</p> </td> </tr> <tr> <td data-bbox="1115 380 1421 521"> <p>Reduce the incidence of HIV/AIDS from 0.6% in 2021 to 0.3% in 2024</p> </td> <td data-bbox="1434 380 1753 672" rowspan="2"> <p>Significantly reduce the incidence and prevalence of HIV/AIDS by 2022</p> </td> </tr> <tr> <td data-bbox="1115 526 1421 672"> <p>Reduce the prevalence of HIV/AIDS from 1.1% in 2021 to 0.7% in 2024</p> </td> </tr> <tr> <td data-bbox="1115 677 1421 834"> <p>Reduce the incidence of viral hepatitis from 6.7% in 2021 to 4.7% in 2024.</p> </td> <td data-bbox="1434 677 1753 985" rowspan="2"> <p>Significantly reduce the incidence, morbidity and mortality due to viral hepatitis by 2022</p> </td> </tr> <tr> <td data-bbox="1115 839 1421 985"> <p>Reduce the morbidity and mortality of viral hepatitis from 12% in 2021 to 9.5% in 2024</p> </td> </tr> <tr> <td data-bbox="1115 990 1421 1393"> <p>Reduce disability of lymphatic filariasis from 61% in 2021 to 30% in 2024</p> </td> <td data-bbox="1434 990 1753 1393"> <p>Reduced morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected</p> </td> </tr> </table>	<p>Increase TB case detection rate from 34% in 2021 to 70% in 2024</p>	<p>Ensure universal access to high quality, client-centered TB / Leprosy diagnosis and treatment services</p>	<p>Reduce the incidence of HIV/AIDS from 0.6% in 2021 to 0.3% in 2024</p>	<p>Significantly reduce the incidence and prevalence of HIV/AIDS by 2022</p>	<p>Reduce the prevalence of HIV/AIDS from 1.1% in 2021 to 0.7% in 2024</p>	<p>Reduce the incidence of viral hepatitis from 6.7% in 2021 to 4.7% in 2024.</p>	<p>Significantly reduce the incidence, morbidity and mortality due to viral hepatitis by 2022</p>	<p>Reduce the morbidity and mortality of viral hepatitis from 12% in 2021 to 9.5% in 2024</p>	<p>Reduce disability of lymphatic filariasis from 61% in 2021 to 30% in 2024</p>	<p>Reduced morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected</p>	<p>Diseases (NTDs) Programme</p> <ul style="list-style-type: none"> • State HIV / AIDS / STIs Control Programme
<p>Increase TB case detection rate from 34% in 2021 to 70% in 2024</p>	<p>Ensure universal access to high quality, client-centered TB / Leprosy diagnosis and treatment services</p>												
<p>Reduce the incidence of HIV/AIDS from 0.6% in 2021 to 0.3% in 2024</p>	<p>Significantly reduce the incidence and prevalence of HIV/AIDS by 2022</p>												
<p>Reduce the prevalence of HIV/AIDS from 1.1% in 2021 to 0.7% in 2024</p>													
<p>Reduce the incidence of viral hepatitis from 6.7% in 2021 to 4.7% in 2024.</p>	<p>Significantly reduce the incidence, morbidity and mortality due to viral hepatitis by 2022</p>												
<p>Reduce the morbidity and mortality of viral hepatitis from 12% in 2021 to 9.5% in 2024</p>													
<p>Reduce disability of lymphatic filariasis from 61% in 2021 to 30% in 2024</p>	<p>Reduced morbidity, disability and mortality due to targeted Neglected Tropical Diseases (NTDs) and improve quality of life of those affected</p>												

Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies/Intervention	Programmes /Activities
Strategic Objectives - 6: Reduce the burden of morbidity, mortality and disability due to non-communicable diseases (NCDs) among clients in Kaduna State.				
<ul style="list-style-type: none"> •Poor data availability on NCDs •Poor awareness on the risk factors of NCDs in the community •Absence of Mental, Oral, Eye care, Geriatric and other NCD services at PHC levels and Limited number of facilities offering Screening and treatment of Cancers •Limited Capacity of health Workers at PHC level for NCDs prevention and screening •Lack of existing program/policy specifically targeting the elderly •Inadequate knowledge on the importance of mental health among health care workers and the community •Inadequate or dearth of clinical psychologist in our health work force •Inadequate number of health care facilities providing oral health services •poor capacity of HCWs providing Oral health services •Limited number of eye profession in the state •Inadequate equipment and instruments in our facilities 	Reduced burden of morbidity, mortality and disability due to non-communicable diseases	Increase the proportion of eligible population screened for hypertension from 25% in 2021 to 55% in 2024	Reduce morbidity and mortality due to NCDs (Cancers, Cardiovascular Diseases, Chronic Obstructive Airway Diseases, Diabetes and Sickle Cell Disease)	Non-Communicable Disease Care of the Elderly services Mental Health services Oral health services eye care services
		Increase access to geriatric services by 25% in 2024	Promote the health and wellbeing of the elderly in Kaduna State	
		Reduce prevalence of substance use disorders form 10.9% in 2019 to 7% in 2024	To improve the mental health and psychosocial wellbeing of Nigerian populace by reducing prevalence of serious, moderate and mild mental illnesses and substance use disorders.	
		Increase oral health services form 25% in 2021 to 50% in 2024	Promote optimal oral health in Nigeria.	
		Reduce the burden of visual impairment due to cataract from 25% in 2021 to 10% in 2024	Eliminate avoidable blindness, and reduce the burden of various visual impairment conditions.	
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies/Intervention	Programmes/Activities
Objective 8.1: Promote the wellbeing of individuals and communities through protection from health risks, and promotion of healthy lifestyle and environment				

<ul style="list-style-type: none"> •Inadequate community capacity and ownership of health promotion to prevent diseases and respond to outbreaks •Poor capacity and under-performance of the occupational health unit to improve health promotion practices in the work place •Poor collaboration with School Based Management Committee (SBMC) and Health Promotion unit •Poor awareness on food safety in the communities 	<p>Improved wellbeing, safety and quality of life</p>	<p>Reduce Mortality rate attributable to unsafe sanitation from 8.1%% in 2021 to 4.1% in 2024.</p>	<p>Promote the wellbeing of individuals and communities through protection from health risks, and promotion of healthy lifestyle and environment</p>	<p>Health Promotion</p>
		<p>Reduce Mortality rate attributable to lack of hygiene from 8.1% in 2021 to 3.1% in 2024.</p>	<p>Promote food hygiene and safety for the reduction of illnesses associated with unwholesome food.</p>	
		<p>Reduce Mortality rate attributable to unsafe water from 8.1%% in 2021 to 5.1% in 2024.</p>	<p>Promote universal access to safe drinking water and acceptable sanitation</p>	
		<p>Improve health and safety of workers in their work environment from 0.5% in 2021 to 0.2% in 2024.</p>	<p>Promote optimal health and safety of workers in their work environment</p>	
<p>Key Issues (Weaknesses)</p>	<p>Expected Outcome</p>	<p>Outcome Targets</p>	<p>Strategies</p>	<p>Program</p>
<p>Strategic Objectives -7: Ensure that healthcare facilities provide equitable, safe, appropriate, quality, and effective medical and laboratory services to meet current and future needs.</p>				
<ul style="list-style-type: none"> •Inadequate domestication of national policies and guidelines on safety and quality improvement of medical services across levels of care • Weak referral system • Weak capacity to respond to medical emergencies • Poor Medical waste management system for IPC • No policy/guidelines on safe blood transfusion •Lack of logistics support for blood donation drive •No hemovigilance policy 	<p>Equitable, safe, appropriate, quality, and effective medical and laboratory services are provided by all health facilities</p>	<p>Increase the number of facilities providing the minimum service package for health services form 25% in 2021 to 88% in 2024</p>	<p>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</p>	<p>General and Emergency Hospital Services Blood and blood product</p>

<ul style="list-style-type: none"> •Lack of standard tools and Data base for Information Management system on blood transfusion • Limited coverage of facilities involves in laboratory audit • Lack of guidelines for funding on logistics and coordination on logging samples • Weak External Quality Assurance [EQA] assessment of Laboratory services in all the SHFs • Lack of clear policies and clinical standard for palliative and end-of-life care •Non-availability of policies, legislations and regulations for the reduction of snakebites in Kaduna state •Lack of awareness on chemical wastes, poisoning, medical and Bio-waste and climate change 	<p>Increase proportion of SHC facilities providing quality, affordable & integrated emergency and trauma care from 13.8% in 2021 to 24.1% in 2024</p>	<p>Increase provision and access to quality, affordable & integrated emergency and trauma care</p>
	<p>Increase Ambulatory (outpatient) Services form 45% in 2021 to 80% in 2024</p>	<p>Improve provision, access, quality and responsiveness of Ambulatory (outpatient) Services at all levels of health care</p>
	<p>Increase the proportion of facility having ELISA machine providing safe blood and blood products from 34.4% in 2021 to 67% in 2024</p>	<p>Promote provision of and access to effective, safe blood and blood products at appropriate levels of health care</p>
	<p>Increase access to public health and specialized medical laboratory services from 10 Laboratories offering specialized services in 2021 to 20 in 2024</p>	<p>Provide appropriate, efficient, quality, equitable and cost-effective public health and medical laboratory services at all levels of health care delivery</p>
	<p>Increase End-of-life care services to meet defined minimum quality and safety standards from 0% in 2021 to 30% in 2024</p>	<p>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</p>

		Reduce mortality from snake bite from 0.5% in 2021 to 0.2% in 2024.	Reduce morbidity and mortality from snake bites in Nigeria	
		Reduce chemical hazard, medical & Bio waste and poisoning from 3% in 2021 to 1% in 2024.	Protect human health, environment and infrastructure from chemical hazard, medical & Bio waste and poisoning	
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies	Programmes
Strategic Objectives - 9: 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				
<ul style="list-style-type: none"> • Inadequate staffing • non- Existence of Quality Assurance Committee in SICHST Makarfi and Kaduna State College of Nursing and Midwifery • No external QI/QA committee for both public and private health training institutions • Poor funding of accreditation exercise • No time bound for the development of HRHIS • Difficulty of harvesting private sector HRH data • Poor remuneration when compared with the neighboring States • Non-availability of Productivity Assessment in the Health Training Institutions • Absence of online and real time HRH performance management system tool in the state • Poor implementation of the TSTS Policy in the State • Lack of control of the Health Workforce Registry in the State 	The right number, skill mix of competent, motivated, productive and equitably distributed health work force available.	Increase the production of health workers from 550 in 2021 to 1545 in 2024	Ensure the production of adequate numbers of qualified health workers	Human resource for Health
		Increase the implementation of systems for HRHMIS and Registry from 0% in 2021 to 25% in 2024	Ensure the development of monitoring and evaluation for HRH including systems for HRHMIS and Registry	
		Increase workforce productivity index from 1458 in 2021 to 2460 in 2024	Ensure effective health workforce management through retention, deployment, work condition, motivation and performance management	
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies	Programmes

Strategic Objectives -10: Improve availability and functionality of health infrastructure required to optimize service delivery and ensure equitable access to effective and responsive health services				
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies/Intervention	Programmes/Activities
<ul style="list-style-type: none"> •No specific law and policy for health infrastructural maintenance (non-availability of such documents for Secondary and Tertiary facilities) • Inadequate maintenance units within the health facilities at all level • Poor availability of Corporate Social Responsibility (CSR) • Sourcing of equipment through third party (GeneXpert machine at Yusuf Dan Tsoho Memorial Hospital, Kaduna). • Third party training and maintenance of equipment • Insufficient number and lack of adequate capacity building of Biomedical Engineers • Inadequate funding of projects 	Improved health infrastructure required to optimize service delivery.	<p>Increase the % of secondary health facilities that has fully functional health infrastructure (related to: medical equipment; water supply; electricity supply; roads; waste disposal; ICT; and security) needed for supporting and facilitating health service delivery from 56 % 2021 to 75% in 2024</p> <ul style="list-style-type: none"> • Increase the % of Wards in the state with at least one fully functional PHC center providing comprehensive primary health care service from 91% in 2021 to 100% in 2024 	Improve availability and functionality of health infrastructure required to optimize service delivery at all levels	Health Infrastructure
Strategic Objectives -11: Ensure that quality medicines, vaccines, and other health commodities and technologies are available, affordable and accessible				

<ul style="list-style-type: none"> •Weak Governance structures for effective monitoring of supply chain activities •Lack of State drugs, Supply Chain, Quality Assurance and Pharmaceutical waste management policies •Lack of adequate LMIS coverage for State Contributory Health Insurance Scheme (SHIS) and Basic Health Care Provision Fund (BHCPF) by LMCU • Lack of State drugs / Health Commodities donations guidelines • Lack of manufacturing facility for local production of medicines and vaccines in the State • Lack of appropriate human resource capacity for local production of medicines and vaccines in the State • Inadequate certified procurement expertise in the State • Lack of adequate budgetary provision and fund release for health product procurement • Lack of onboarding of some public programs into National Health Logistic Management Information System (NHLMIS) reporting platform • Parallel Health intervention Supply Chains • Non availability of LMIS reporting tools in Health Facilities (Registers) <p>Poor end-to-end supply chain visibility or data records or monitoring of its commodities</p> <ul style="list-style-type: none"> • Pharmacovigilance committee yet to established in primary health care facilities. • Lack of functional medical waste management policy / Guidelines • Lack of State Traditional and Complimentary Alternative Medicine regulatory system in the State • Lack of formal training for Traditional and Complimentary Alternative Medicine practitioners in 	<p>Quality medicines, vaccines, and other health commodities and technologies are available</p>	<ul style="list-style-type: none"> • Reduce stockout rate of essential medicines and other health consumables & technologies from 36% in 2021 to 5% in 2024 	<p>Strengthen the availability and use of affordable, accessible and quality medicines, vaccines, and other health commodities and technologies at all levels</p>	<ul style="list-style-type: none"> •Integrated Sustainable Health Supplies System (ISHSS) for essential medicines •Free Maternal & Child Health Program •Public Health Programs (HIV/AIDS, Malaria, TB, Family Planning, Vaccines, Nutrition, NTD)
		<ul style="list-style-type: none"> • Reduce stockout rate of vaccines from 5% in 2021 to 1% in 2024 		

the State • Lack of a credible database for the Traditional and Complimentary Alternative Medicines in the State				
GOAL: Institutionalize an integrated and sustainable health information system for decision-making				
<ul style="list-style-type: none"> • Non availability of HIV/AIDS tools Version 2017 DCT, • Inadequate NHMIS tools version 2019 • Lack of capacity to generate, transmit, analyze and utilize routine health data by health facilities (private health facilities inclusive) • Health Facility Registry not fully updated • Baseline on data demand and use was only established and implemented in 255 priority PHCs • Health Surveillance data module on DHIS2 platform not operational • The state scorecard is limited to RMNCAH+N indicators 	Enhanced integrated and sustainable health information system for decision-making.	Increase HMIS reporting rate from 73% in 2021 to 90% in 2024	Improve the health status of Nigerians through the provision of timely, appropriate and reliable health information services at all levels, for evidenced based decision making	health information system
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies/Intervention	Programmes
GOAL: Utilize research to inform policy and programming for improved performance and better health outcomes; and also contribute to global health knowledge production				
<ul style="list-style-type: none"> • State HREC registration with NHREC has expired • The State is yet to develop a research agenda • Budget line for research is not up to 2% of the State health budget • Poor synergy between the ministry and research Institutions • Most of the archived research are in paper format 	Health research utilized to inform policy and programming	Researches utilization in the state Increase by 80% in 2024	Strengthen health research and development to significantly contribute to the overall improvement of Nigeria's health system performance	Health Research
Key Issues (Weaknesses)	Expected Outcome	Outcome Targets	Strategies/Intervention	Programme/Activities
GOAL: Significantly reduce the impact of public health emergencies				

<ul style="list-style-type: none"> •Poor implementation of Epidemic Preparedness and Response Plan (EPRP) for all emergencies •Lack of policy and inadequate legal framework for Public health emergencies • Inadequate budgetary provision for IDSR,SORMAS and IHR activities, data tools and capacity building • Inadequate capacity for public education and awareness creation on public health emergencies • Inadequate staff for comprehensive response to public health emergencies • Lack of prepositioning of drugs and consumables for public health emergencies • Poor capacity among the surveillance officers • Inadequate resources for coordination of public health emergencies at all levels • Inadequate capacity of CVs, WDCs to respond to public health emergencies 	<p>Impact of public health emergencies significantly reduced</p>	<p>Reduce response time to public health emergencies (any of the 44 epidemic prone diseases).</p>	<p>Reduce incidence and impact of public health emergencies in Nigeria.</p>	<p>Public Health Emergency Preparedness and Response</p>
<p>Key Issues (Weaknesses)</p>	<p>Expected Outcome</p>	<p>Outcome Targets</p>	<p>Strategies/Intervention</p>	<p>Programmes/Activities</p>
			<p>(solutions)</p>	
<p>GOAL: Ensure access to health services without any financial barriers or impediments at the point of accessing care</p>				
<ul style="list-style-type: none"> •Inadequate HRH to manage the Health care financing unit of SMoH (only one out of 6) •Inadequate equipment/infrastructure (Office space, Computers, Internet facilities, furniture's) to support operations of the unit • The Health Care financing policy document is yet to receive final review and validation • Lack of funding and inadequate capacity to conduct yearly State Health Account (SHA) and PETS • State Oversight Committee for BHCPF meetings not regular • Only 239 out of 510 PHCs and zero out of 29 SHFs in the state are implementing the BHCPF program 	<p>Improved access to health services without any financial barriers or impediments at the point of accessing care</p>	<p>Level of adherence to health financing policies, plans, legislative and regulatory framework increase from 20% in 2021 to 80% in 2024</p> <p>Increase revenue for health from 65% in 2021 to 90% in 2024</p> <p>Increase the proportion of the population covered by social health</p>	<p>Strengthened Governance and Coordination for actualizing stewardship and ownership of Health Financing reforms</p> <p>Increase sustainable and predictable revenue for health</p> <p>Enhance financial risk protection through</p>	<p>Health care Financing</p>

<ul style="list-style-type: none"> • Poor cash backing for the 15% budget allocation to health • No strategy to mobilize funds from the private sector • Inadequate Mass media sensitization of BHCPF and the Contributory scheme in Radio (2 times per day in 8 stations) and Television (once per day) in terms of frequency and coverage • Inadequate use of social media platforms(Facebook and twitter only) • Delay in the quarterly disbursement of BHCPF due to late submission of quarterly business plan and this affect financial management systems • The law establishing KADCHMA did not clearly define the enforcement /sanctions • Poor capacity to develop and implement QIP, QBP, financial management and Poor capacity of the mentors • Low patronage of the State insurance scheme from the informal sector •RBF is not implemented in Kaduna State (Implementing PBF is expensive and very technical) • Some PHC OIC Staff have not been trained on PFM and Most of the accredited PHCs and the Finance Staff have not been train to manage financial issues 	insurance from <10% to 60% by the year 2024	pooled funds at state levels
	Reduce out-of-pocket expenditure on health from 79.2 %in 2016 to 40% by the year 2024	
	increase proportion of heath expenditure on health by the Government from 7% to 40%	Enhance transparency and accountability in strategic purchasing of Health Services
	Increase proportion of expenditure on health by government from 7% to 40% by the year 2024	

3.1 Resource Constraints

The Government of Kaduna State in its determination to revitalize the Health Sector, has committed more than 15% of the state Budget to the Health Sector in line with the 2001 Abuja declaration over the past three years. However, actual release and cash backing is very poor, this has affected the implementation of programmes in the SIP.

Table 3: Summary of 2018 – 2020 Budget and Expenditure Data

Item	Approved Budget (N) in 2018	Actual Expenditure (N) in 2018	Actual Expenditure as % of Approved
Recurrent	16,593,346,649.72	9,305,610,007.15	56%
Capital	19,808,969,259.23	6,625,940,913.53	33%
Total	36,402,315,908.95	15,931,550,920.68	44%
Item	Approved Budget (N) in 2019	Actual Expenditure (N) in 2019	Actual Expenditure as % of Approved
Recurrent	10,214,964,395.95	10,490,694,732.49	103%
Capital	18,098,259,735.77	6,496,606,389.74	36%
Total	28,313,224,131.72	16,987,301,122.23	36%
Item	Approved Budget (N) in 2020	Actual Expenditure (N) in 2020	Actual Expenditure as % of Approved
Recurrent	14,824,046,336.02	13,001,846,307.24	88%
Capital	25,066,833,123.91	4,284,203,237.63	17%
Total	39,890,879,459.92	17,286,049,544.87	43%

In 2018, a total budget allocation for the health sector was **N36,402,315,908.95** while expenditure was **N15,931,550,920.68** representing 44% performance. The three-year period of 2018-2020 as shown in table 5, reveals that only 44% of the Capital budget was spent in the sector in 2018; this means that about 56% of the planned capital projects were not executed. The year 2019 and 2020 recorded 36% and 43% performance respectively, it implies that most of the capital projects that were planned in each of the years were not executed.

This has serious implication on addressing identified challenges and the achievement of stated objectives and expected outcome for the sector such as infrastructural decay and insufficiency, as detailed in table 2 Strategic Responses to challenges; limit the possibility of achieving the tenth (10) Sector objective (Improve availability and functionality of health infrastructure required to optimize service delivery and ensure equitable access to effective and responsive health services as set out in Table 7 Results Framework.

Therefore, there is an urgent need to intervene and address the issues of budget releases and cash backing if the State will achieve the objectives and outcomes presented in this HSIP.

3.2 Contributions from Our Partners

The health sector has enjoyed funding and technical support from partners including donors, development partners, NGOs, Federal Government, private agencies, religious organizations, etc. The projections are based on current commitments from Federal Government and development partners (including UN System, FCDO, BMGF, IsDB and the World Bank Group) who have so far provided their financial information and planned support to the health sector.

The funds are aimed at addressing the challenges of the sector and improve access and retention, learning outcome, health infrastructure and system efficiency. Since grant funding is non-discretionary, these funds are tied to the implementation of specific programs/projects. If the funds are not forthcoming, the programs/projects will not be implemented. The estimates for 2022 - 2024 are based on the 2022 budget and estimates of which grants will carry over beyond 2021.

Table 4: Grants and Donor Funding

Source / Description of Grant	Type	Amount Expected ('000)			Counterpart Funding Requirements ('000)		
		2022	2023	2024	2022	2023	2024
MALARIA PROGRAM (Global Fund)	External Grants	4,882,751,826.33	4,882,751,826.33		862662084	862662084	
Kaduna State Tuberculosis and Leprosy CP (DRTB) Leprosy Control (Global Fund)	External Grant	417,290,462.67	417,290,462.67		62,593,569	62,593,569-	-
Construction and equipping of 300 Bed Specialist Hospital (Islamic Development Bank)	External Loan	7,410,600,000.00	7,410,600,000.00		402,000,000	402,000,000	
Neglected Tropical Disease Control Programme	External Grant	25,000,000			23,641,000	23,641,000	
PHC MoU	External Grant	\$600,000	\$600,000NA	\$600,000	N276,000,000	N276,000,000	N276,000,000
Impact project	External Grant	\$1,079,242	\$1,079,242	\$1,079,242	100,000,000		

3.3 Programme Connections Between Sector MDAs

Key strategies and activities from other sectors that could enhance the potential for achieving the outcome targets in the sector are as follows.

Giving that poor cash backing was identified as one of the major problems affecting the health sector, the health sector will adopt a multisectoral approach through synergy with MoF, PBC and CSOs to ensure adequate release of funds to the sector. Constant power supply is another issue identified to ensure that water is steady even where there is a borehole. To address the issue of infrastructure decay, the sector will collaborate with other Ministry (Ministry of Housing and Urban Development (MHUD) and KADFAMA, MOE, MOEnv, and RUWASSA etc.)

3.4 Summary of Cost by Policy Objective

This HSIP has given due consideration for fifteen well-defined objectives for the sector as contained in the SDP 2021-2025 and the State Strategic Health Development Plan II. The SSHDP II contains a set of carefully articulated broad strategies for actualizing each of the sector objectives; and this HSIP 2022-2024 contains a selection of programmes and activities that were considered as priorities for the first three years of the 5-year Health Strategy Plan with their indicative costs, guided by the trend in actual expenditure in the past three years and projections from the MTEF.

3.5 Justification for Selected Strategies

The strategies selected in this HSIP are those that have been approved by the State on the 5-year strategic plan for implementation in the years 2021, 2022, 2023 and 2024. The strategies stated in year 2022 comprise the approved strategies of 2020 and 2021 as contained in the HSIP 2020-2022. This also includes the activities that have already been approved in the 2021 budget for the sector. For the selection of the strategies, due consideration was given to how each of them will contribute to the well-defined objectives for the sector as contained in the SDP 2021-2025 and the SSHDP II; and other issues such as cost effectiveness, expected benefits and impact.

3.6 Results Framework

The results framework (Table 5) documents each of the objectives with corresponding details of specific expected outcome, Key Performance Indicators (KPIs), Baseline (e.g., Value of the Outcome in 2019); and targets for 2022, 2023 and 2024.

Table 5: RESULT FRAMEWORK

Outcomes	Outcome Indicators	Actual unit of measurement	Targets						DATA SOURCE
			2019	2021	2022	2023	2024	2025	
Improved effective leadership, enabling policy environment and accountability	• % Of functional coordination organs	%	71%	78%	85%	92%	99%	100 %	TWGs Functionality Report KDSG Budget
	• % Increase of annual health budget	%	3%	5%	6%	7%	8	10%	
Community engagement Promoted	• % Of PHCs linked to Facility Health Committee	%	38%	52%	64%	76%	88%	100	Administrative Data
	• % Of PHCs with functional Ward Development Committees	%	25%	50%	70%	85%	95%	100%	Administrative Data
Implementation of essential health services enhanced.	• % Of funding for health sector that comes from partners (development partners and private sector)	%	4	6	8	10	12	15	SHA 2016
	• Proportion of health services administered through PPP	%	25	50	75	80	95	100	BDTH, SICHST (PPP)
Improved comprehensive quality sexual, reproductive, maternal, neonatal, child and adolescent health and nutrition services.	• Proportion of delivery taken by Skilled Birth Attendant (SBA)	%	23.3	30	40	45	50	60	NDHS 2018
	• Contraceptive prevalence rate	%	13.7	24	33	45	55	64	NDHS 2018
	• Coverage of Penta3 immunization	%	32	45	54	66	75	90	NDHS 2018

	<ul style="list-style-type: none"> • Infant Mortality Rate • Under-5 Mortality Rate • proportion of children with stunted growth 	<p>/1,000 livebirths</p> <p>/1,000 livebirths</p> <p>%</p>	<p>97/1000</p> <p>187/1000</p> <p>48.1%</p>	<p>87/1000</p> <p>33.1%</p>	<p>83/1000</p> <p>29.1%</p>	<p>80/1000</p> <p>23.1%</p>	<p>79/1000</p> <p>20%</p>	<p>77/1000</p> <p>18%</p>	<p>NBS, HDI SURVEY 2016</p> <p>NBS, HDI SURVEY 2016, NDHS 2018</p>
Improved prevention, case detection and coordinated response for the prevention, control and management of malaria, HIV/AIDs, TB and NTDs	<ul style="list-style-type: none"> • % Of persons suspected for malaria tested using RDT or microscopy • TB case notification rate • % Of diagnosed PLHIV received quality HIV treatment services • % Of viral hepatitis • Prevalence of targeted NTDs 	<p>%</p> <p>per 100,000 population</p> <p>%</p> <p>%</p> <p>%</p>	<p>85%</p> <p>22</p> <p>65</p>	<p>95</p> <p>32</p> <p>90</p> <p>14</p> <p>71</p>	<p>100</p> <p>42</p> <p>93</p> <p>33</p> <p>75</p>	<p>100</p> <p>52</p> <p>96</p> <p>52</p> <p>78</p>	<p>100</p> <p>62</p> <p>98</p> <p>71</p> <p>80</p>	<p>100</p> <p>70</p> <p>1000</p> <p>90</p> <p>80</p>	<p>DHIS 2</p> <p>NTBLCP</p> <p>NNRIMS</p> <p>NNRIMS NATIONAL NTDs DATA</p>
Reduced burden of morbidity, mortality and disability due to non-communicable diseases	<ul style="list-style-type: none"> • Proportion of eligible population screened for NCDs (Diabetes, Hypertension) • % Of blind and visually impaired persons who have adequate access to eye treatment and rehabilitative services 	<p>%</p> <p>%</p>	<p>25</p> <p>25</p>	<p>25</p> <p>45</p>	<p>50</p> <p>70</p>	<p>75</p> <p>100</p>	<p>100</p> <p>100</p>	<p>100</p> <p>100</p>	<p>NHSDP II</p> <p>NHSDP II</p>
Equitable, safe, appropriate, quality, and effective medical and laboratory services are provided by all health facilities	<ul style="list-style-type: none"> • % Of Secondary and Tertiary hospitals with functional ambulance services • % Of blood collection and utilization centers 	<p>%</p>		<p>25</p> <p>34</p>	<p>35</p> <p>50</p>	<p>50</p> <p>65</p>	<p>65</p> <p>75</p>	<p>80</p> <p>85</p>	

	that meet the minimum quality standards								
Improved wellbeing, safety and quality of life	• % Of Mortality rate attributable to unsafe water, unsafe sanitation and lack of hygiene (WASH)			70	65	57	45	30	
	• Incidence of snakebites			65	45	35	30	20	
The right number, skill mix of competent, motivated, productive and equitably distributed health work force available.	• health workers attrition rate	%	0	41	35	30	24	19	HRH TWG REPORT HRH TWG REPORT
	• Curses offered by state govt-owned health training institutions accredited by the relevant regulatory institution	%	0	30	44	58	72	100	
Improved health infrastructure required to optimize service delivery.	• % Of secondary health facilities that has fully functional health infrastructure (related to: medical equipment; water supply; electricity supply; roads; waste disposal; ICT; and security) needed for supporting and facilitating health service delivery	%	56%	60%	65%	70%	75%	80%	PROJECT UNIT REPORT
	• % Of Wards in the state with at least one fully functional PHC center providing comprehensive primary health care services	%	91%	95%	100%	100%	100%	100%	PROJECT UNIT REPORT

Quality medicines, vaccines, and other health commodities and technologies are available.	<ul style="list-style-type: none"> Proportion of Quality essential medicines manufactured by KADSHMA 	%	0	0	0	6	8	10	KADCHMA/KAD HSMA
	<ul style="list-style-type: none"> % Of the population that have access to affordable medicines on a sustainable basis 	%	0	5.12	15	30	40	50	
Enhanced integrated and sustainable health information system for decision-making.	<ul style="list-style-type: none"> % Of health facilities that are generating and transmitting routine HMIS data 	%	50	60	70	80	90	100	NHMIS Policy
	<ul style="list-style-type: none"> % Of reporting rate by health facilities 	%	50	60	70	80	90	100	NHMIS Policy
Health research utilized to inform policy and programming	<ul style="list-style-type: none"> % Of health institutions and health MDAs that spend a minimum of 2% of their health budgets for health research 	%	0	20	30	35	40	45	KDSG BUDGET
Impact of public health emergencies significantly reduced.	<ul style="list-style-type: none"> % Of health facilities in the state participating in disease surveillance and reporting using HIS /IDSR tools 	%	74.5%	78%	83%	87%	90%	100%	IDSR2020
Improved access to health services without any	<ul style="list-style-type: none"> proportion of the population covered by 	%	7%	15%	20%	25%	30%	40%	KADCHMA Annual

financial barriers or impediments at the point of accessing care.	any risk protection mechanism									Performance Review Report
--	-------------------------------	--	--	--	--	--	--	--	--	---------------------------



CHAPTER FOUR: THREE-YEAR EXPENDITURE PROJECTIONS

4.0 The Process Used to Make Expenditure Projections.

The HSIP 2022-2024 projections were based on budget and actual expenditure trend in the sector in the past three years as contained in Tables 8 and 10 which provide comparative financial data. The personnel projection was primarily guided by the actual expenditure and the establishment plan (personnel projection) that was articulated in the Corporate Plan of the Ministry and SUBEB. The projection for the overhead was based on the trend in the past three years in addition to estimation of increase in overhead expenditure based on anticipated increase in the capital projects.

Capital expenditure forecasting was guided by the trend in actual expenditure in the past three years, with the supplies and quality assurance policy commitments that were endorsed by the State Executive Council in fiscal year 2019.

Table 6: Average Medium-Term Budget and Expenditure

Budget line Item	3-year Average Budget (2018-2020) in '000	3-year Average Actual Expenditure (2018-2020) in '000	Medium Term Budget performance (%)
Personnel (2020)	13,358,601,394.01	12,121,867,454.54	91%
Overhead	6,823,792,734.59	3,404,651,387.79	49.8
Capital	62,974,062,118.91	17,406,750,540.90	27%
Total	83,156,456,247.51	32,933,269,383.23	39.6%

4.1 Outline of Expenditure Projections

As contained in Annex 1, an estimated total sum of **N109,466,362,897.00** only is estimated as the budget ceiling for implementing various strategies during this HSIP period. Table 8 contains projected expenditure figures for the 2022-2024 HSIP period broken down into Personnel, Overhead and Capital.

Table 7: Annual and Medium-Term Expenditure Projection

Budget line Item	2022 ('000 Naira)	2023 ('000 Naira)	2024 ('000 Naira)	Medium Term Projection in '000 (2022-2024)	Annual Ave ('000)
Personnel	11,955,271,130.46	12,313,929,264.37	12,683,347,142.31	36,952,547,537.14	12,317,515,845.71
Overhead	1,226,344,060.10	1,263,134,381.90	1,301,028,413.36	3,790,506,855.36	1,263,502,285.12
Capital	22,234,076,969.32	22,901,099,278.40	23,588,132,256.75	68,723,308,504.47	22,907,769,501.49
Total	35,415,692,159.89	36,478,162,924.69	37,572,507,812.43	109,466,362,897.00	36,488,787,632.33

CHAPTER FIVE: MONITORING AND EVALUATION

5.0 Identifying Sources of Data for the Results Framework

The outcome KPIs in the Results Framework and the output KPIs in the costing framework set the outlook for data requirement for tracking performance on this plan. There will be collaborative engagement between the M&E TWG and Kaduna State Bureau of Statistics (KDBS) to jointly agree on common definitions of outcome KPIs to form standard KPI reference sheet for the State. Data requirement for computation of the actual values of each KPI will be jointly done with the KSBS. This will then be integrated as a part of their State House-Hold Survey data sets for collection annually. The Bureau will be required to compute actual value of each outcome KPI and shared with the Ministry for further use.

The output and input data are constituent of project, activities and related cost as estimated in this plan. They are mainly data that will need to be collected by implementing units and Department for each project. Each implementing Department/Agency will be demanded to submit monthly data on the output and input data to the central M&E unit of the Ministry. The submissions will be collated and harmonized quarterly and be integrated with the outcome data annually. Rapid data quality assurance will be an inbuilt system that will be done quarterly in the output and input data sets. Output data will come from surveys and censuses.

5.1 Conducting Annual Sector Performance Review

The assembled performance data from section 5.0 will be used annually for sector performance review. The Ministry will work closely with all the MDAs in the sector to analyses the performance of the plan against the outputs and outcomes targets that were set in it. The Ministry will use the standard performance review reporting template that will be shared by the State Planning and Budget Commission for this exercise. It will be done within the first quarter of each year to extract lessons for adjustment of the HSIP in the second quarter.

5.2 Performance Evaluation

Health sector performance evaluation will be done at the end of every year. The evaluation will focus on integrating the beneficiary's feedback into the lessons from 3 years annual review summary. The feedback from the beneficiary will be used to assess effectiveness and sustainability of the HSIP interventions over the three-year period. It will be both an end-line and baseline evaluation study. An end-line because HSIP is a three-year rolling plan, so it will look at the three years within an SDP life, to establish effectiveness, effect size and contribution to the expected impact in the KSDP. It will also serve as baseline for designing of new intervention focus and approach during revision of Education sector of KSDP and its general ESIP. The M&E Department in the PBC will be engaged with the evaluation process. Key Evaluation Questions and approach will be developed as part of the evaluation process.