# Sokoto State Minimum Service Package for Primary Health Care


## Adaptation, costing and investment planning
## Preliminary report

**August 22, 2020**

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# Content



**Background**

Overall cost to implement MSP

Investment plan/next steps

# What is the Minimum service package (MSP)?

- The MSP is a guaranteed minimum priority set of health care interventions that will be provided at primary health facilities in line with the constitution of Federal republic of Nigeria (National Health Act, 2014)
- It is one of the key pillars of strengthening PHCs across the 9 defined pillars which are – **Government and ownership, Legislation, Minimum service package, repositioning, operational guidelines, systems development, human resources , sustainable funding and office set-up**

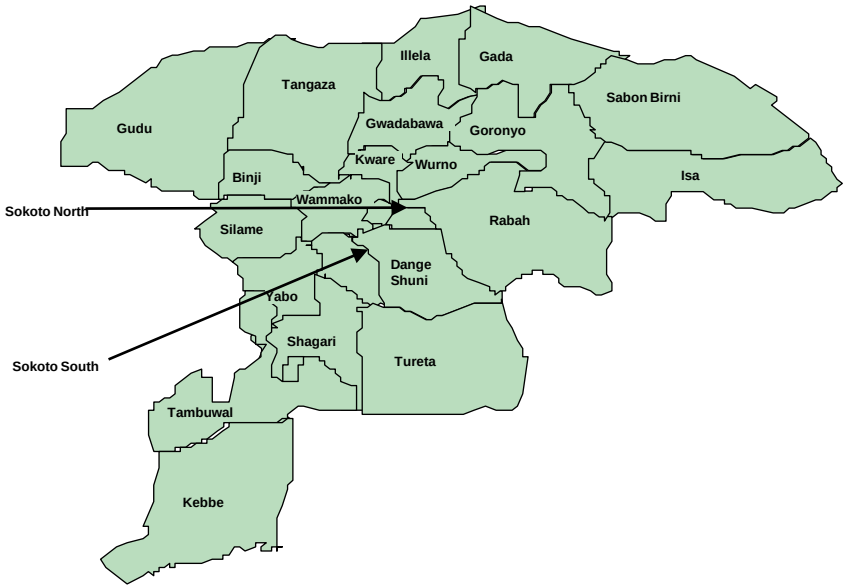
# What did we do?

- As part of measures to achieve universal health coverage goals, Sokoto state adapted, costed its minimum service package and developed an investment plan to address PHC needs of the population across the 244 wards in the state
- The following slides show the MSP cost and investment plan that is tailored to available and projected state resources in line with the strategic health development plan and PHC MoU and the planned PHC MoU to be developed

Source: Team Analysis

# Sokoto State context

## Map of Sokoto state showing LGA boundaries




## Administrative information

| | |
|---|---|
| Total population[1] | 5,592,043 |
| Land mass[1] | 32,000 KM square |
| Population density | 162/KM square |
| Capital | Sokoto |
| No. of LGAs/wards | 23/244 |
| No. of Public health facilities | 798 |

## Key indicators (2019)

| | |
|---|---|
| GDP per capita | $4.79 (NGN 1,850.39) |
| Commerce | SME |
| Health budget[2] | NGN 24 Billion |
| PHC budget[2] | NGN 1.4 Billion |
| PHC budget performance[2] | 29% (NGN 1.4 Billion) |
| Skilled Birth Attendant[3] | 24% |
| Under 5 Mortality Rate[3] | 197/1000 |

1. Sokoto state strategic Health Development Plan, 2. Sokoto state Budget 2019 3. NDHS 2018

# Sokoto state currently lags behind the national scores on 11 of 13 PHC coverage targets


| Program | Coverage indicators | Scores |
|---|---|---|
| ANC | % receiving ANC from skilled provider[1] | 24 / 85 |
| Family Planning | % of unmet family planning needs[2] | 31 / 20 |
| | Contraceptive prevalence rate[1] | 2 / 27 |
| Labour, delivery and post-natal care | % of births attended by skilled attendant[1] | 9 / 85 |
| | % of women with PNC in the first two days after birth[2] | 0 / 50 |
| Immunization | % of children under 2 fully immunized[2] | 2 / 95 |
| | % of under 2 receiving Penta 3 vaccine[1] | 7 / 80 |
| | Measles vaccine coverage[1] | 19 / 95 |
| Malaria | % of households with at least one ITN[1] | 87 / 60 |
| | % of children < 5 with fever who took antimalarial drugs[2] | 9 / 60 |
| Nutrition | % given vitamin A supplements in last 6 months[1] | 45 / 80 |
| IMCI | % children < 5 with diarrhea whom advise or treatment was sought[1] | 75 / 100 |
| | % children < 5 with suspected ARI receiving appropriate treatment[1] | 36 / 100 |

- **The state will need to implement targeted interventions to improve the lagging coverage targets whilst sustaining performance of the improved ones**
- **The state may also leverage mechanisms adopted by Family planning and Malaria programs to improve**

Source: 1; NDHS 2018; 2 - MICS 2017

# Developing and implementing the MSP will help to improve PHC service delivery in Sokoto state

| Key Drivers | Problems with the current system | What needs to be done |
|---|---|---|
| 1 Services – Interventions/ services | ▪ Sokoto state is **lagging in 11 of 13[1]** national coverage targets<br>▪ There are variations in the delivery of services provided across health facility types<br>– **Sporadic availability of specialized care** among higher health facility types (e.g. emergency obstetric care)<br>▪ **Limited availability of basic essential commodities** in health facilities as specified in the national MSP guidelines | ▪ **Standardize health care services** across each category of health facilities<br>▪ **Sustain funding** for the provision of outreach services |
| Services – Delivery Channel | ▪ Only 547 out of 798 Primary Health care facilities conduct at least **4 RI fixed and outreach sessions per month** | ▪ **Standardize Outreach to include other PHC services** |
| 2 Infrastructure | ▪ **Over 70% of health facilities do not have the equipment required for delivery of services.**<br>▪ **High proportion of non-model PHCs in wards - 798[2]** HFs; 531 **health post** (66.5%)**, 161 health clinics** (20.2%), **and 106 primary health centers** (13.3%) | ▪ Ensure equitable distribution of **fully functional health care facilities** across the state |
| 3 HRH | ▪ **High proportion of support staff over front line staff;**<br>– 11202 personnel; 3,395 **frontline staff** (30%) and 7807 **support staff** (70%); Frontline consist of clinical staff (**78 Nurse/Midwives), 1,927 CHO and 787 CHEW, 603 JCHEW** | ▪ **Optimize current HRH**<br>▪ Determine and **fill HRH gap** |

1: List of the national coverage indicators which the state is lagging on includes; % receiving ANC from skilled provider, Contraceptive prevalence rate, % of women with PNC in the first two days after birth, % of children under 2 fully immunized, % of infants receiving DPT3 vaccine, Measles vaccine coverage, % of households with at least one ITN, % of children < 5 with fever who took antimalarial drugs, % of children < 5 with fever who took antimalarial drugs, % given vitamin A supplements in last 6 months, % children < 5 with diarrhea receiving ORS, % children < 5 with suspected ARI receiving appropriate treatment
2: DHIS 2 platform
3: Clinical HWs are those that interface with clients daily to provide direct health care service package; Medical officers, Nurses/Midwives, CHEWs, JCHEWs, CHOs, Pharm.tech, Lab. tech
Source: Sokoto SPHCDA PHC assessment, Team analysis

# Sokoto state aspires to guarantee access to PHC services for all its population in need

Details ahead

| Component | | What the Minimum service package seeks to achieve |
|---|---|---|
| 1 Services | Services to be rendered | ▪ Sokoto to provide all the services in the ward minimum healthcare package **(WMHCP)** across its 244 wards to ensure access to 100% of the population in need (PIN[1])<br>▪ **Services defined** for each of the three health facility (HF) types<br>▪ Sokoto to include only primary health centers and health clinics in the MSP for resource prioritization |
| | Delivery Channel | ▪ Specification of a **minimum of 4 outreach sessions per month per HF** in the state<br>▪ HF **in wards** with hard to reach areas to conduct **1 mobile sessions per month**<br>▪ State to also implement community based interventions to increase health **access** in the **community** |
| 2 | Infrastructure | ▪ **244 main functional PHC is** required<br>- **One PHC i**n wards with less than 20000 population<br>**- Two HFs( one PHC and one clinic )** in wards with population greater than 20000<br>- T**hree HFs (1 PHC and 2 clinics )** across wards with population greater than 40,000<br>▪ Of **the 379 facilities available**, **207 require upgrade** to meet the MSP standard[3] for health facilities, **26 facilities do not exist** and needs to be constructed<br>▪ All Centers and Clinics to run **24 hours/day** |
| 3 | HRH | ▪ Minimum frontline HRH and community-based health personnel optimized based on population<br>- At least 46 **medical officers**, **244 Nurses/midwives**, 244 **CHOs**, 352 **CHEWs,** 3,125 **JCHEWS community based HWs** are required<br>▪ Number of support HRH computed based on the HF types:<br>- Health centers (244): 758 **health attendants**, 244 **lab tech.**, 244 **pharm. tech.**, 488 **MRO**, 244 **EHO**, 758 **security personnel** and 244 **general maintenance staff**<br>- Health clinics (135): 758 **health attendants** and 758 **security personnel** |

1. Population in need is the population that requires access to primary healthcare services across all interventions as defined by national/state targets
2. These include: Anti retroviral for pregnant women; Promotion of use of iodized salt, promotion of dietary diversification arthritis and ear nose and throat infections
3. As defined in the minimum standard for PHC document.

CHO; Community health officers, CHEW; Community health extension worker, JCHEW; Junior community health extension worker, MRO; Medical record officer, EHO; Environmental health officers

Source: Sokoto MSP costing, Sokoto State Primary Health Care Board; WMHCP document; Team analysis

# Sokoto adopted all the services detailed in the ward minimum health care package for PHCs

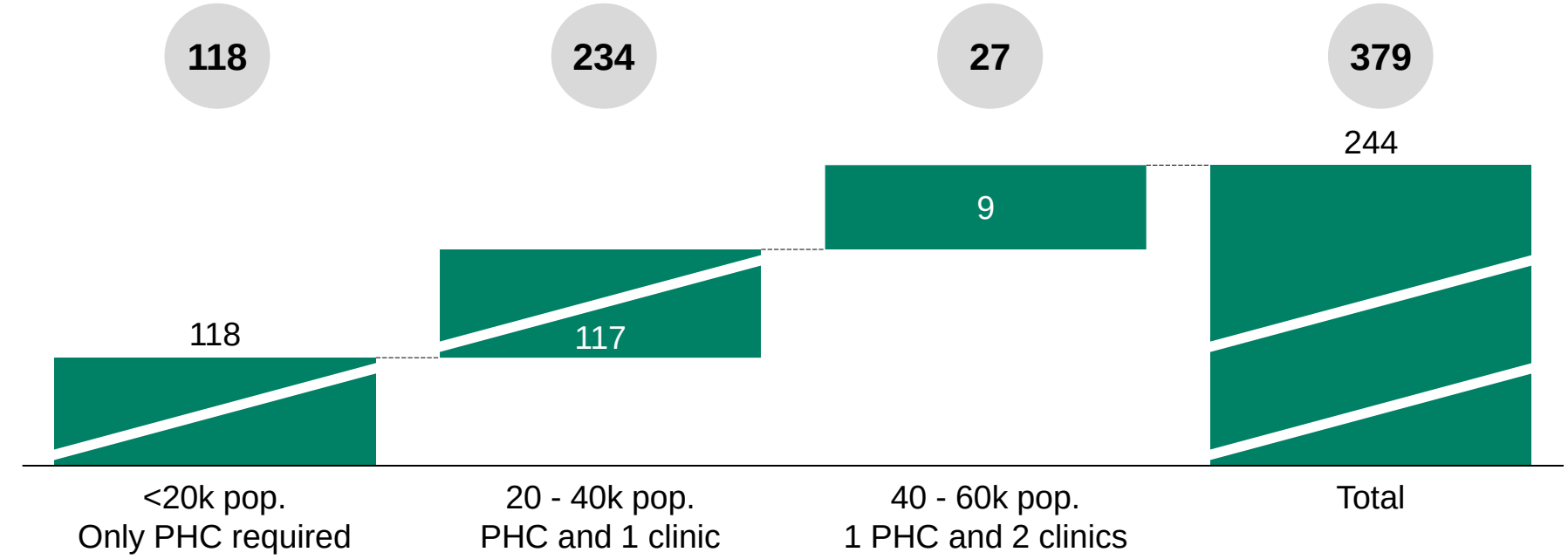
| Interventions | Description | |
|---|---|---|
| **Control of Communicable diseases** | ▪ Malaria prevention and treatment<br>▪ STIs/HIV/AIDs including syphilis<br>▪ Hepatitis<br>▪ TB/ Leprosy | ▪ Screening and diagnosis of NTDs[1]<br>▪ Epidemic prone diseases[2]<br>▪ Minor ailments<br>▪ Anti-retroviral for pregnant women |
| **Reproductive Maternal New-born child and Adolescent health** | ▪ Antenatal care, delivery care managing pregnancy complications, postnatal care<br>▪ New born health<br>▪ Immunization | ▪ Integrated management of childhood illness Adolescent health<br>▪ Family planning |
| **Nutrition** | ▪ Routine vitamin A supplementation<br>▪ Micronutrient supplementation for children 6-23 months<br>▪ Promotion of exclusive breastfeeding<br>▪ Food demonstration | ▪ Nutrition screening<br>▪ Routine weighing/growth monitoring<br>▪ Promotion of use of iodized salt<br>▪ Promotion of dietary diversification |
| **Non-communicable disease prevention** | ▪ Cardiovascular diseases<br>▪ Mental health<br>▪ Oral health<br>▪ Geriatric care<br>▪ Hypertension treatment[3]<br>▪ Diabetes treatment[3] | ▪ Obstructive airway disease treatment[3]<br>▪ Cervical cancer screening<br>▪ Arthritis management<br>▪ Ear, nose and throat infections<br>▪ Road traffic accident |
| **Health Education and Community mobilization** | ▪ Health education<br>- Health promotion<br>- Disease prevention by creating awareness | ▪ Community mobilization<br>- Arousing interest of people for active involvement in PHC planning |

1: Includes but not limited to Schistosomiasis, Soil transmitted helminths, Leishmaniasis, Chagas disease, hookworm infestation
2: Incudes but not limited to Cholera, Ebola, Lassa fever, Yellow fever, Meningitis, Leptospirosis, Measles, Poliomyelitis
3: Formally limited to prevention and pre-referral treatment

Source: Team analysis, WMHCP document

# Sokoto state will prioritize a minimum of 379 health facilities to deliver services to the population in need

## Distribution of health facilities required to equitably deliver the MSP *(# of wards)*




- **Of the 379 health facilities, 146 health facilities** currently exist and have infrastructures that meet the MSP standard
- **207** require some degree of renovation and maintenance whilst **26 facilities** need to be constructed as they do not exist

Source: Sokoto State Primary Health Care Board; Team analysis

# Overview of the Sokoto state HRH requirement

xx Gap  xx Excess

| | Overview of the HRH cadre | Required | Available | Gap/Excess | |
|---|---|---|---|---|---|
| **Clinical health workers** | Medical officers | 46 | 2 | 44 | |
| | Nurses | 244 | 78 | 166 | |
| | CHOs | 244 | 1,927 | 1,683 | |
| | CHEW | 352 | 787 | 435 | |
| | JCHEW | 3,152 | 603 | 2,549 | |
| **Non clinical health workers** | Environmental health | 244 | 887 | 643 | |
| | Health attendant | 758 | 4,501 | 3,743 | |
| | Pharmacist | 23 | 79 | 56 | |
| | Pharmacist technician | 244 | 56 | 188 | |
| | Medical record officer | 23 | 485 | 462 | |
| | Nutritionist | 46 | 54 | 8 | |
| | Medical record assistant | 488 | 25 | 463 | |
| | Lab scientist | 23 | 791 | 768 | |
| | Lab technician | 244 | 474 | 230 | |
| | Gen. maint. officer | 244 | - | 244 | |
| | CHIPS agent | 142 | 108 | 34 | |
| | Health educator | 23 | - | 23 | |
| | Security personnel | 758 | 345 | 413 | |
| | **Total** | **11,202** | **7,272** | **4,124** | **8,028** |

- Sokoto state may need to consider task shifting (i.e. rational distribution of tasks among cadres.) for better use of human resources and uninterruptable service provision
  - E.g. Medical record officers vs Pharmacist technicians
- Additional resource should also be recruited to fill gaps for specific cadres (Security personnel, CHIPS agent, Health educator etc)

Source: Sokoto MSP costing, Sokoto State Primary Health Care Development Agency; Team analysis

# Content



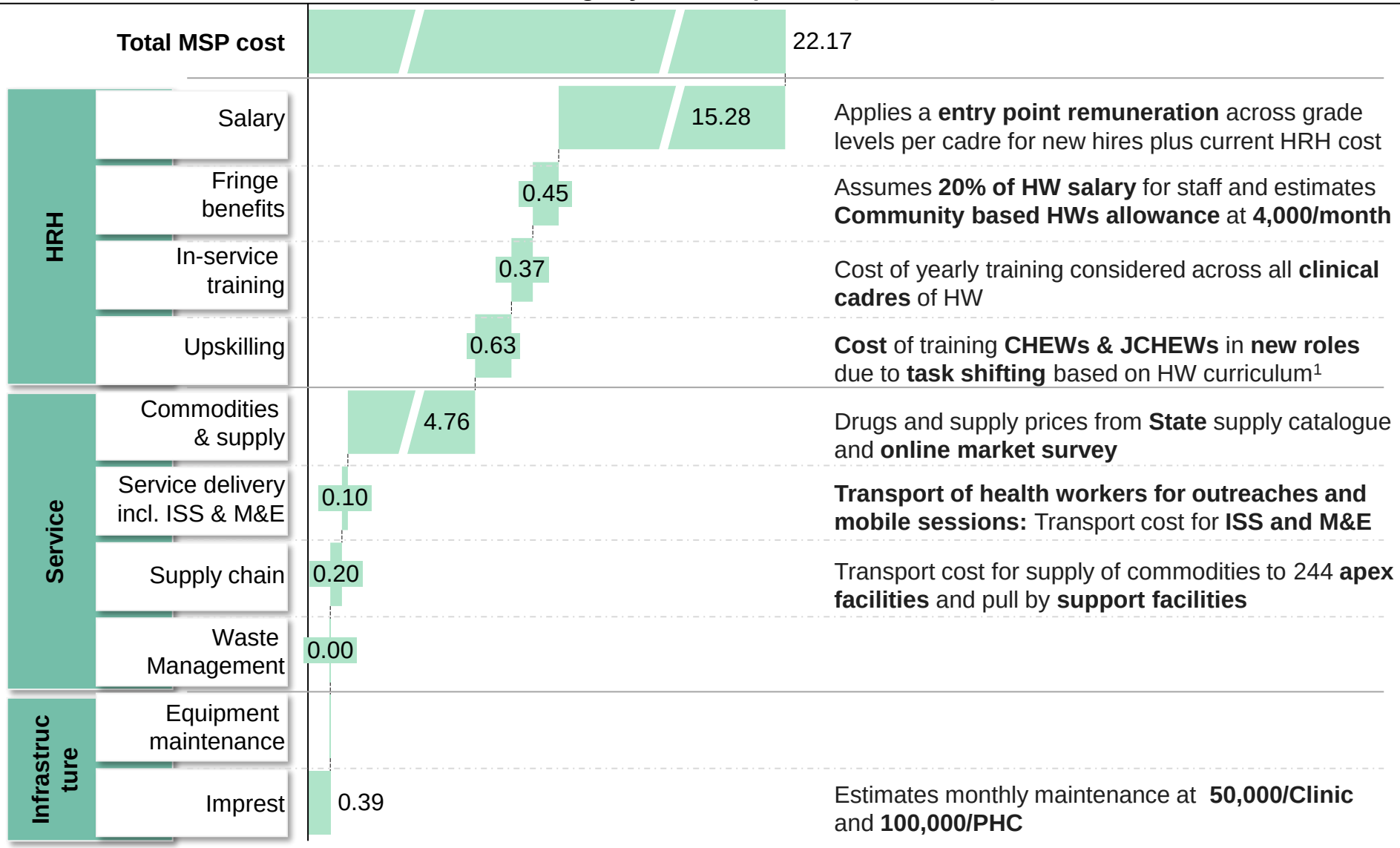
Background

**Overall cost to implement MSP**

Investment plan/next steps

# Sokoto will require ~22 billion naira to implement its aspired MSP

**Total cost of Sokoto's state Minimum Service Package by cost components** *(Billion NGN)*

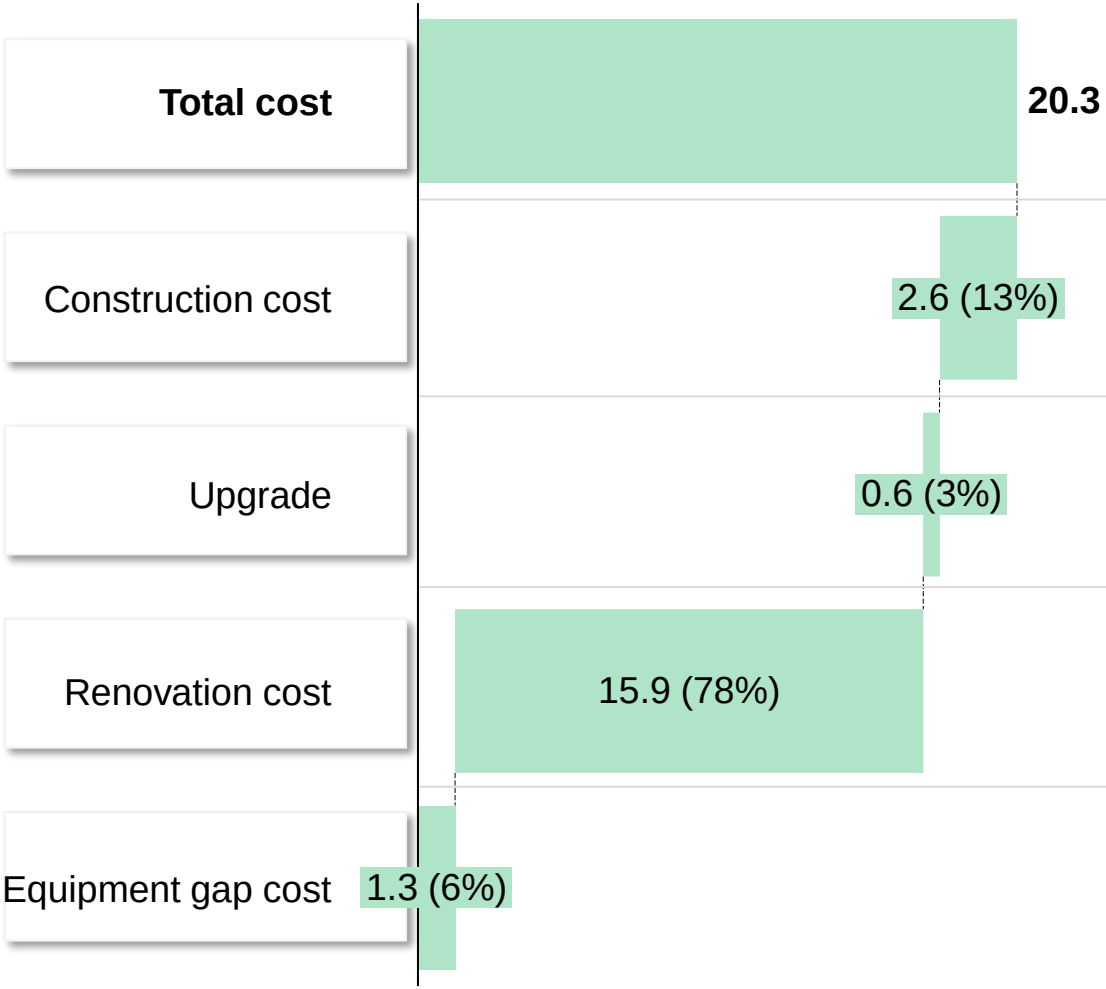



1. Training will be considered overtime to ensure HW curriculum is exhaustively covered

Source: Sokoto MSP costing, WHO medical supplies for PHC management and procurement, Sokoto SPHCDA, Heath facility surveys, Team analysis

# Preliminary analysis shows Sokoto will require additional ~20 billion naira for infrastructural upgrade and maintenance

**Breakdown of Sokoto's state PHC infrastructural capital cost components** *(Billion NGN)*




| Description |
|---|
| Cost incurred for health facilities infrastructure and equipment expenditures |
| Cost of **building 26 new** health facilities |
| Cost of **upgrading 68 health posts** to clinics and **139 health clinics** to PHCs |
| Cost of **revamping 207** existing health facilities. Based on **BHCPF infrastructural assessment** conducted |
| Cost of procuring 70% of the equipment for 379 **existing selected health facilities**. |

Source: Sokoto MSP costing, Sokoto State Primary Health Care Development Agency, Team analysis

# Content

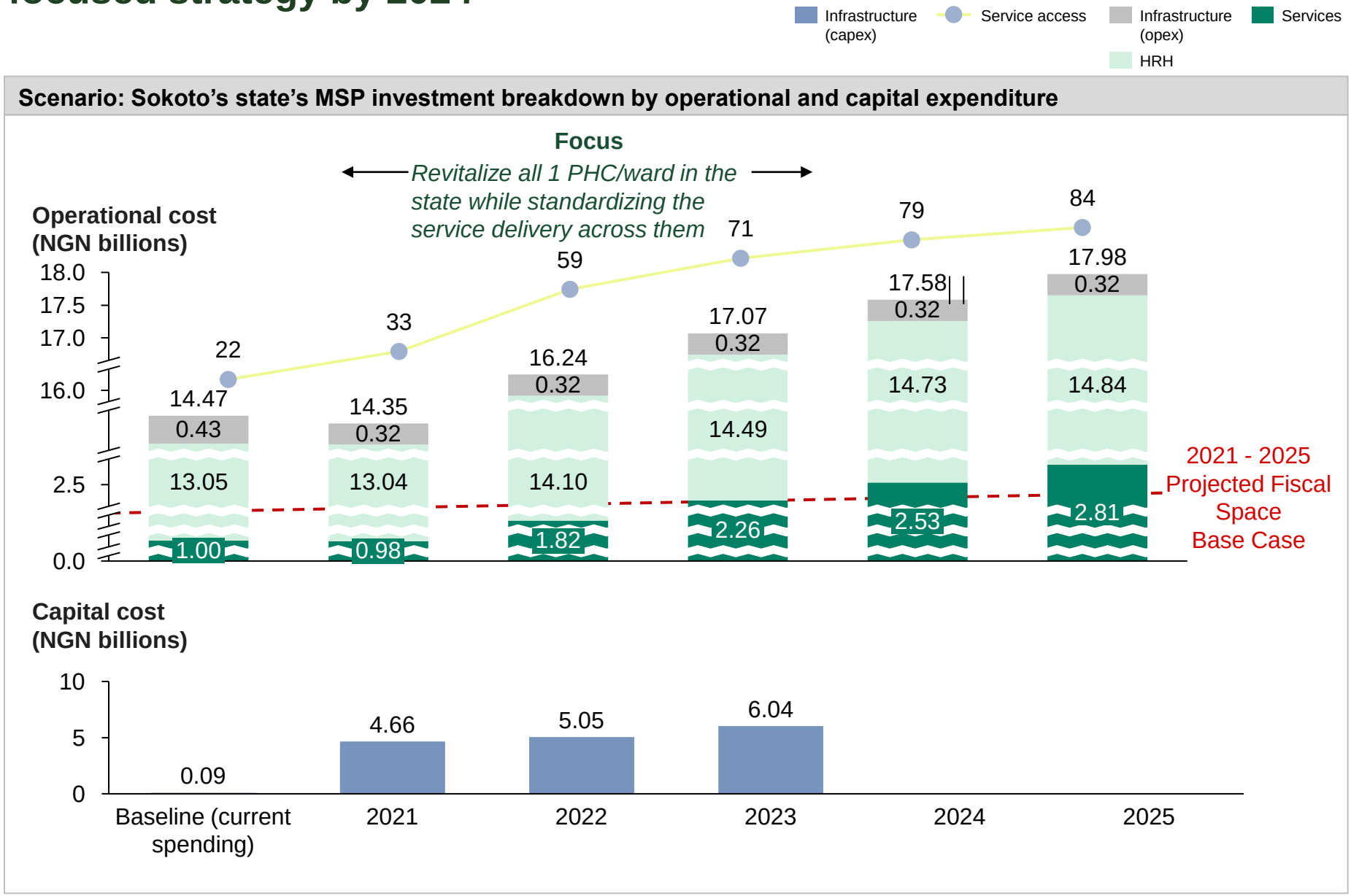


Background

Overall cost to implement MSP

**Investment plan/next steps**

# Sokoto state plan to achieve 79% service access through a 1PHC/ward focused strategy by 2024




Source: Sokoto State MSP investment workshop

# Our prayers

1. Solicit for funds to cover cost of Minimum service package
2. Provision of assistance on the delivery of specific PHC services
3. Promotion of private-public partnership
4. Express of interest in the renovation or construction of select health facilities
5. Procurement of needed equipment for health facilities
6. Training of HRH to promote task shifting across health facilities
7. Promotion of community participation and ownership in terms of provision of security and patronage