Gombe State Ministry of Health

2022 Annual Report

June 2023

Foreword

Over the years, the Gombe state government has demonstrated its political will to improve the state's health sector towards achieving Universal Health Coverage (UHC) for its residents. This can be seen through the dedication to implement national health policies, including the National Health Act 2014 and the National Health Policy. The key thrusts of both policies focus on attaining UHC through the provision of Basic Healthcare Package (including reproductive, maternal, newborn, child, adolescent health and nutrition RMNCAH+N), communicable and noncommunicable disease control (including disease surveillance), and functional referral system with quality secondary and tertiary healthcare services. The state has also made progress in the implementation of the Primary Health Care Under One Roof (PHCUOR), Basic Health Care Provision Fund (BHCPF) and the State Social Health Insurance Scheme (SSHIS). The Annual Health Sector Report is an institutional requirement compiled to highlight progress, challenges, lessons learned, and propose ways of moving the health sector forward in relation to the National Health Policy, the Gombe State 10-year Development Plan (DevaGom), the State health, and Strategic Plan 11 (2018-2022). This report is the first annual report for the Health Sector. The report mainly focuses on the progress in implementation of the Harmonized annual operation plans for 2022 by the different health sector institutions as well as overall health sector performance against the HSDP key performance indicator targets set for the FY 2021/22. The sector performance will be deliberated upon during the partners forum meeting slated for 21st to 22nd August 2023. The outcomes of the sector performance review are expected to guide planning and programming for the next FY 2023/2024.

The Gombe State Annual Health Sector Report for the Year 2022 reports on the progress of the health sector against the annual work plans, as well as the overall health sector performance against the annual targets of the HDPP 11 key performance indicators. This report shall be presented to stakeholders at the partners forum meeting, in which the sector shall specifically review what has been achieved, what has not been achieved and the reasons why the set targets have not been achieved. The review shall guide future planning and programming and help to refocus priorities towards achieving the NDP III and SDG targets.
The Ministry of Health recognizes the contributions of the relevant Ministries, Departments and Agencies, Health Development Partners, Civil Society Organizations, the Private Sector and the Community in the achievement of progress in 2022, and HPDPP 11 (2018-2022). I would also like to acknowledge the strong partnership and collaboration exhibited by Development Partners during the COVID-19 pandemic. This needs to be sustained for the sector to maintain its gains over the last one year. Improvements in performance were made possible by the commitment of health providers and health workers in the public and private sectors, working under sometimes difficult conditions, especially in the hard-to-reach areas of the State. I commend the dedicated and productive health workers and implore and appeal to those who are not dedicated to work ethics in the health sector to improve so that the State's health indicators move to acceptable levels. I would like to thank all who have contributed to the compilation of this annual report and all partners who. Special gratitude to the MoH Planning Department that ensured that this annual report was compiled and presented as required.

Dr. Habu Dahiru
Hon. Commissioner of Health
Gombe State Ministry of Health

Acknowledgments

I express gratitude to all government stakeholders who contributed to the implementation of the 2022 Annual Operational Plan (AOP) which is a key instrument for the successes recoded during the period. These include stakeholders from the State Ministry of Health, the Primary Health Care Development Agency, the Gombe Contributory Health Management Agency (GoHealth) and the State Hospital Management Board. I give sincere appreciation to our implementing partners, Bill and Melinda Gates Foundation, GAVI, ATA Consults, Civil society organizations, Academia, and other development partners; for providing technical and financial support to the achievement recorded in 2022. Finally, due acknowledgment goes to the leadership of the Ministry of Health which was led by the Honourable Commissioner of Health, Dr. Habu Dahiru **and the permanent secretary Alh. Danladi Adamu** for providing an enabling environment for the successes of the 2022 Annual report.

Dr. Suraj Abdulkarim
DPRS, Gombe State Ministry of Health

Table of Contents

List of Tables

List of Acronyms

BMGF	Bill and Melinda Gates Foundation
BHCPF	Basic Health Care Provision Fund
BPS	Birth Preparedness Scheme
CD	Capacity Development
CDC	Center for Disease Control
CHECOD	Center for Health Economic and Development
CSS	Community Systems Strengthening
CBO	Community-based Organization
CSO	Civil Society Organization
CHEW	Community Health Extension Worker
CHO	Community Health Officer
DHIS	District Health Information System
DQA	Data Quality Assessment
DRF	Drug Revolving Fund
FGD	Focus Group Discussion
FMoH	Federal Ministry of Health
FOMWAN	Federation of Muslim Women's Association
FSA	Fiscal Space Analysis
GGE	General Government Expenditure
GGHE	General Government Health Expenditure
GPI	Government Performance Index
GS	Gombe State
GSPHCDA	Gombe State Primary Health Care Development Agency
GSPHCS	Gombe State Primary Health Care System
HCW	Healthcare Worker
HDCC	Health Data Consultative Committee
HFA	Health Facility Assessment
HMIS	Health Management Information System
HRH	Human Resources for Health
HSIS	Health System Information System
KII	Key Informant Interview
LGA	Local Government Area

LMIS	Management Information System
MDA	Ministry, Department or Agency
MICS	Multiple Indicator Cluster Survey
MM	Maturity Model
MNCH	Maternal, Neonatal and Child Health
MPDSR	Maternal and Perinatal Death Surveillance and Reporting
NDHS	National Demographic and Health Survey
NEML	National Essential Medicine List
OIRIS	Optimized Integrated Routine Immunization Strategy
PHC	Primary Health Care PHCs Primary Health Centers
PHCUOR	Primary Health Care Under One Roof
PI	Principal Investigator
PMDCF	Performance Matrix Data Collection Framework
PO	Primary Outcome
PPE	Personal Protective Equipment
PRISM	Performance of Routine Information System Management
QI	Quality Improvement
QoC	Quality of Care
RCCE	Communication and Community Engagement
RFP	Request for Proposal
ROCA	Rapid Organizational Capacity Assessment
SAQIP	Strengthening Accountability for Quality Improvement Project
SPHCDA	State Primary Health Care Development Agency
SSHDP	State Strategic Health Development Plan
TA	Technical Assistance
TGE	Total Government Expenditure
TWG	Technical Working Group
USAID	States Agency for International Development

Executive Summary

The global commitment to achieving universal health coverage in which everyone has access to quality health care without incurring financial hardship at the point of use has gained momentum in recent decades.

The Annual Health Sector Report highlights progress, challenges, lessons learned, and proposes mechanisms for improvement. The report focuses on progress in implementation of the 2022 AOP, overall sector performance against the targets set for the year 2022, and trends in performance for selected indicators over the previous. The compilation process was participatory with involvement of all the Sector Departments, Agencies, partners through the Technical Working groups, Senior Management Committee, and Top Management.

The Gombe State government made several efforts during the reporting year to develop and implement key health reforms and policies that articulate strategic thrusts to improve governance, health leadership, disease burden, mobilization and utilization of health resources, health service delivery, community involvement, partnership, collaboration, and coordination, among other sub-aims. Among the triumphs in 2022 are the establishment of primary health care under the One Roof National Policy and the reactivation of the State Task Force on Immunization. Furthermore, to provide quality health care to people at the grassroots level, the government has completed the rehabilitation of at least one primary health care centre in each of the state's 114 wards. The government erected motorized solar powered boreholes in each of the rehabilitated PHCs, and all financial to partners who needed them to execute healthcare activities in the sector have been settled.

To protect the state's informal sector from financial hardship, the government established a Contributory Health Insurance Scheme and Community-Based Health Insurance (CBHI). The Gombe State Contributory Health Scheme (Go-Health) uses a Sector-Wide Approach (SWAP) basket funding method to protect against ballooning health expenditures. The program enrolled approximately 70,000 people. Services for maternal, newborn, and child health have also received much-needed attention. The state enrolled 25,565 vulnerable individuals, including women and children, in the Basic Health Care Provision Fund to save and secure equal access to healthcare for all groups in society. This has helped to lower the state's maternal, baby, and child mortality rates.

Another notable achievement in the health sector is the construction and equipping of more general and cottage hospitals in worthy communities throughout the state's rural and urban communities. The renovation, reconstruction, and modernization of the State Specialist Hospital, as well as the general hospitals in the towns of Bajoga, Kumo, and Kaltungo, which represent the three senatorial districts, is without a doubt a huge leap in the history of the gem state's healthcare system.

The government actively engaged significant development partners in the country and abroad in order to gain greater support and development funding in the state. This has increased and deepened the collaboration and commitment with multilateral, bilateral, national, and international NGOs, resulting in significant results in the health care system.

Gohealth receives the 2022 eHealthcare Leadership Award in 2022, highlighting the significance of digital communication in public health. The government recently allowed the production of supplemental meals for 22,000 malnourished children in order to spare them from acute malnutrition and other health problems. Despite its gains, the health sector faced challenges throughout the year. Most of its initiatives are heavily reliant on donor money, which poses a huge danger to sustainability and ownership. Weak partner coordination, limited private sector participation, and poor data quality are all issues that must be addressed immediately in the coming year

1.0 INTRODUCTION

1.1 Background

Gombe State is one of the 36 states of Nigeria, located in the north-east part of the Country between latitudes 9º 30 and 12º 30 north and longitudes 8º 45 and 11º 45 East. The state shares boundaries with Borno to the east, Yobe to the north-east, Bauchi to west, Taraba to the south, and Adamawa to the Southeast. With a growth rate of 3.2%, the projected population was 3,854,131 in 2022 comprising of 2,027,272.91(52.6%) males and 1,826,858.09 (47.4%) females. Young persons (10-29 years) comprise 39.9% of the population, women of reproductive age are 4.4% of the population and the population of children aged 5 years and below is 645,076. Structurally, the state has 11 local government areas including, Akko, Balanga, Billiri, Dukku, Funakaye, Gombe, Kaltungo, Kwami, Nafada, Shongom, and Yamaltu Deba (Fig 1). For political administrative purposes, the State is organized into three senatorial districts (North, Central and South districts) with one hundred and fourteen (114) political wards. Additionally, the literacy level in the State is low (Male 66.6%; females 32.7%) (NDHS, 2018).

The State is called a Jewel in the Savannah because of its location in the savannah and comprises three senatorial districts - North, Central and south districts. Structurally, Gombe State has 11 LGAs namely Akko, Balanga, Billiri, Dukku, Funakaye, Gombe, Kaltungo, Kwami, Nafada, Shongom, and Yamaltu Deba. For political administrative purposes, the State is organized into three senatorial districts (North, Central and South districts) with one hundred and fourteen (114) political wards. The major tribes in the State includes Hausa, Fulani, Tangale, Waja, Tera, Bolewa, Tula, Cham, Lunguda, Awak, Kamo, Dadiya, Pero, and Shonge.

1.2 Socio-Economic Context

Gombe State is the North-East geopolitical zone's commercial nerve center. Due to its attractiveness as a hub of business and industry, as well as its position as home to an industrialized population, the state has witnessed relatively rapid development. Agriculture (which employs 80% of the state workforce), trading, and mining are the state's main economic activities. Agricultural crops are farmed for both commercial and subsistence needs, with the most common crops being millet, sorghum, maize, vegetables, cotton, and ground nuts. Some residents also work in livestock husbandry, fishing, and crafts such as leather work, cloth weaving, and calabash ornamentation. The state also possesses vast reserves of solid minerals, such as limestone, gypsum, and kaolin, and is home to one of the country's largest cement mills (Ashaka Cement Company Plc), which employs locals.

The government is the primary employer in the public sector, and the private sector is dominated by informal sector activities such as trading, transportation, and the production of local arts and crafts, which employ a significant portion of the state's population.

Gombe state is one of the poorest states in the country in terms of MPI value, which captures the proportion of poor people as well as the intensity of their poverty, according to the 2022 multi-dimensional poverty index (MPI) survey. The government recently developed a 10-year (2021-2030) plan to transform Gombe into a highly educated, innovative, healthy and prosperous state driven by peace, efficient infrastructure, a sustainable environment, and good governance.

1.3 State Health System

The Ministry of Health is the Supervising Ministry for the Health sector of Gombe State and is headed by the Honorable Commissioner for Health. In addition to its oversight functions, it also provides

policy directions for the development of the overall health system in the state. The services of the Sector are provided by a broad spectrum of health care institutions, both public and private. Both the private and the public sectors provide health care services. The Hospitals Management Board (HMB) is statutorily the regulator of secondary health facilities in the state and is responsible for the management of all health workers of the secondary health facilities, which include all General Hospitals, Specialist Hospitals and cottage Hospitals. The Gombe State Primary Health Care Development Agency is responsible for management of all health workers in the primary health care domain of the health system and implements primary healthcare programs & interventions. The Gombe State contributory health care Agency is a newly established institution responsible for the coordination of Universal Health Access in the State. The Gombe State Agency for the Control of AIDS serves as the institution that coordinates the HIV/AIDS control programmes in the State. The Gombe state college of Medical Sciences is an institution that provides tertiary medical services. In addition, the college collaborates with Federal Teaching Hospital to train medical personnel. The College of Health Technology is a training institution supervised by the Ministry of higher education and is responsible for the training of mid-level Health workers. The Ministry has eight (8) Directorates out of which six (6) are Professional Directorates namely, Directorate of Administration, Finance and Accounts, Medical Services, Planning, Research and Statistics, Public Health, Pharmaceutical Services, Nursing Services and Directorate of Med. Lab. Service which are directly under the supervision of the Permanent Secretary. Other agencies under the purview of the ministry are; -

I. Gombe State Primary Healthcare Development Agency (GSPHCDA).
II. Gombe State Agency for the Control of HIV/AIDS (GomSACA).
III. Gombe State Hospital Service Management Board (GSHSMB)
IV. Established Gombe State Contributory Health services (GOHEALTH)

The College of Nursing and Midwifery Gombe and Collage of Health Science and Technology Kaltungo which were hitherto under the purview of the Ministry were transferred to Ministry of Higher Education.

The SMOH is supported in the design and implementation of health policies by the Hospital Management Board (HMB) directly responsible for coordinating the functions of secondary health facilities and the State Primary Health Care Development Agency (SPHCDA) that is responsible for managing the primary health care system, the State Contributory Health Care Management Agency (GoHealth), which offers financial risk protection through pooling of resources for the achievement of Universal Health Coverage.

Gombe state has 2 tertiary institutions, 23 general hospitals, and 592 primary healthcare facilities. The private sector also plays a major role in service delivery through 75 private hospitals, 43 pharmacy shops and 260 patent medicine stores.

Distribution of Health Facilities in Gombe State by Ownership and Level of Care

Description	**Public**	**Private**	**Total**
PHC	592	0	592
Secondary Health Facilities	23	75	91
Tertiary Health Facilities	2	0	2
Pharmacy shops			43
Patent medicine stores			260
Total	**616**	**75**	**988**

Source: MOH/SPHCDA, 2021

The health sector is largely financed through the government budget. However, as a result of the dwindling oil revenues compounded by the economic impact of the Covid-19 pandemic, allocations to health have the potential of being reduced or remaining stagnant for the foreseeable future. This situation necessitates effective public financial management practices to ensure value is gained from existing resources.

Key Health Indices

The projected 2022 population of the State (from 2006 census) indicates that the health sector serves close to four million people and twenty percent of the total population (1,010,652) are children under 5 years of age. The State has close 1 million women of childbearing age (981,717), of which about a quarter are pregnant women (245,663). If fertility were to remain constant at current levels in Gombe a woman would bear an average of the total fertility rate of 7.0 children in her lifetime which which is quite high. Also, about 16% of married women 15-49 years in Gombe State use modern family planning method, which is lower than 23% target in 2022. Proper care during pregnancy and delivery is important for the health of both the mother and the baby. The 2018 NDHS results shows that 46.4% of women in Gombe State receive antenatal care from a skilled provider during pregnancy which is very low compared to the National average of 62%. Over thirty six percent of births (36.9%) are delivered by skilled births attendants and 36.8% deliver in health facilities in Gombe State, which are also low compared to the National figures of 43% and 39% respectively.

The 2018 NDHS showed results of women who gave birth in the 5 years preceding the survey. The low figures recorded in Gombe State may not be unconnected with the user fees being introduced in some facilities for maternal and child health services for some years now. Universal immunization of children against six the common vaccine-preventable diseases is crucial to reducing infant and child mortality. Nigeria has established a schedule for the administration of all basic childhood vaccines and an important measure of vaccination coverage has been the proportion of children age 12-23 months who have received all “basic” vaccinations. Just 32.7%. of children 12-23 months in Gombe State has full immunization coverage which is comparable to the National figure of 31% and quite low. Even though the GSPHCDA is up and doing in ensuring all children are fully immunized, all efforts need to be intensified and more needs to be done in the coming years to increase this statistics. Wasting in under 5 children which is a measure of acute malnutrition is low (3.3%) in Gombe State but about a fifth (17.7%) of Gombe State under 5 children are stunted or chronically malnourished. Stunting affects both physical and cognitive potentials of affected children, hence this calls for urgent interventions.

The use of insecticide-treated mosquito nets (ITNs) is a primary health intervention designed to reduce malaria transmission, a major cause of child and maternal mortality in Nigeria. About half (74%) of children and 61.1% of pregnant women sleep under ITN. Also 56.3% of children under 5 with fever receiving malaria treatment while 67.8% of pregnant women receiving IPT. All these figures are not optimal, hence more concerted efforts are needed to ensure prevention and management of Malaria of all vulnerable groups. Although maternal mortality rate (MMR) infant mortality rate (IMR) and neonatal mortality rate (NMR) have been on a decline in Gombe state from 2019 till date, these figures are still far from the SDG 2030 target. The MMR for 2021 and 2022 were 1,092/100,000 livebirths and 993/100,000 live births respectively while the NMR were 76.1/1000 births in 2021 and 37.2/1000 births in 2022. Comprehensive knowledge of HIV prevention by everybody is one of the critical strategies to reduce the risk of acquiring HIV infection. Comprehensive knowledge of HIV prevention among women and men in Gombe state is similar (50.3% and 85.9% respectively). This shows that as high as a quarter of Gombe State people don’t have adequate knowledge about HIV prevention which may have a negative impact on the prevention strategy.

Malaria, diarrhoea and typhoid are the most common ailments among the people and there is an increasing intensity and frequency of other health and social issues, including malnutrition, diabetes,

hypertension, road traffic accidents, and cancers. In addition to the Covid-19 pandemic, the health system has been faced with epidemics such as, meningitis, measles, diarrhoea, as well as with social vices like drug abuse, gender-based violence, communal clashes, banditry, and robbery.

The table below presents a snapshot of the context in Gombe state in comparison across key health indicators as at the end of 2022.

Like several other sectors, the healthcare sector of the state has in recent times been confronted with some challenges which have impacted on healthcare output.

Table 1: Gombe State Key Health Indices

Indicator	Description	Gombe
Institutional Delivery	Delivered in health facility	36.80%
Skilled Birth Attendance	Delivery assisted by any skilled attendant	36.90%
Fully Immunized Children	Basic Antigens	32.70%
maternal mortality rate (MMR)		993/100,000
ANC Attendance	Percentage of women who were attended at least once by skilled health personnel	57.30%
	% of women who complete four ANC visits	35.9%
Post-natal care	% of women who receive postnatal care.	41.5%
Breastfeeding within the first hour	initiated within the first hour of birth	23.50%
Exclusively Breastfed children (0-5 months)		30.70%
Unmet need for Family Planning	Unmet need for Family Planning	21.50%
Demand for Family Planning	Demand for Family Planning	29.30%
Neonatal mortality rate		37
Post neonatal mortality rate		28
Maternal Mortality ratio (facility)/100,000 live births		1135.4
Infant Mortality rate		65
Child mortality rate		56
U5 mortality rate		117
HIV prevalence		1.2%
Knowledge of HIV & AIDS	Only 50% of women and 85.3% of men aged 14-49 years have heard of AIDS.	
State Social Health Insurance Coverage (as at 31/01/2023)		
	Formal Sector Beneficiaries	44,188
	Informal Sector Beneficiaries	672
	Equity Program Beneficiaries	35,111

*Source: MICS 2021, ** Go Health Website accessed July 21, 2023, NA, Not Available*

1.4 Vision Statement

To reduce morbidity and mortality rates due to communicable diseases to the barest minimum; reverse the increasing prevalence of non-communicable diseases; meet global targets on the elimination and eradication of diseases; and significantly increase the life expectancy and quality of life of the people of Gombe State.

1.5 Mission statement

To develop and implement appropriate policies and programmes as well as undertake other necessary actions that will strengthen the State Health System to be able to deliver effective, quality and affordable health.

1.6 Functions of Ministry of Health and its Agencies

The functions of the Ministry of Health and its agencies are to:

1. Formulate, coordinate, and monitor the implementation of sector policies and programmes.
2. Provide public health and clinical services at the primary and secondary levels.
3. Regulate registration and accreditation of health service delivery facilities as well as the training and practice of various health professions regarding standards and professional conduct.
4. Conduct and promote scientific research.
5. Provide prehospital care during accidents, emergencies, and disasters.

1.7 Objectives

- **Enhance Healthcare Infrastructure:** The ministry aims to improve healthcare infrastructure by constructing and renovating healthcare facilities, ensuring they are well-equipped with modern medical technology and accessible to all communities within Gombe State. By expanding and upgrading the healthcare infrastructure, the ministry seeks to improve the capacity to deliver quality healthcare services.
- **Strengthen Human Resource Capacity:** The ministry is committed to investing in the professional development and training of healthcare personnel. By empowering and upskilling the healthcare workforce, the ministry aims to enhance their knowledge, skills, and abilities to provide efficient and effective healthcare services.
- **Improve Health Service Delivery:** The ministry strives to optimize health service delivery by adopting evidence-based practices, promoting preventive healthcare measures, and employing innovative approaches to address the diverse health needs of the population. By focusing on health service efficiency and effectiveness, the ministry aims to ensure better health outcomes for all citizens.
- **Promote Disease Prevention and Control:** The ministry places a strong emphasis on disease prevention and control strategies. Through public health programs and awareness campaigns, the ministry seeks to combat communicable and non-communicable diseases, reduce morbidity, and improve overall community health.
- **Ensure Equitable Access to Healthcare:** The ministry is committed to promoting equitable access to healthcare services for all segments of the population, including vulnerable and underserved communities. By reducing barriers to access to healthcare, such as geographic distance and financial restrictions, the ministry aims to promote equity in health and social inclusion.
- **Enhance Health Governance and Accountability:** The ministry emphasizes the importance of effective health governance and accountability in all its operations. By fostering transparent and accountable management practices, the ministry aims to ensure responsible utilization of resources and efficient implementation of healthcare initiatives.

- **Collaborate and Engage Stakeholders: The** ministry recognizes the value of collaboration and multi-stakeholder engagement in achieving its healthcare objectives. By working closely with governmental agencies, development partners, non-governmental organizations, and the private sector, the ministry seeks to leverage expertise and resources for the collective advancement of healthcare services in Gombe State.

1.8 Core Values

The core values adopted from the national level for the State are:

- Accountability
- Equity-driven
- Alignment
- Multi-sectoral collaboration
- Efficiency and effectiveness
- Ethics and respect for human rights
- Industrial harmony
- Teamwork
- Innovativeness
- Community participation

The goal and objectives of the Gombe State Ministry of Health guide its dedication to providing quality healthcare services, promoting health equity, and improving the well-being of the people of Gombe State. The ministry is committed to developing a robust and sustainable healthcare system that can effectively respond to the changing health demands of the state's people through strategic planning, collaborative partnerships, and evidence-based initiatives.

2.0 METHODOLOGY

The methodology of this review is quantitative methods approach which includes desk review and preliminary analysis of the health sector. The data are sourced from activities implemented within the Priority Areas of the 5 Health Sector Pillars.

3.0 FINDINGS OF IMPLEMENTED ACTIVITIES

The Gombe State Ministry of Health is actively engaged in several crucial activities in 2022. These efforts included the construction and renovation of healthcare facilities, the supply of medical equipment, and the sponsorship of staff training programs. The ministry also established new initiatives to improve healthcare management and services, aligning with the vision of providing comprehensive and modern healthcare to all citizens. The detailed account of these activities demonstrates the ministry's dedication to improving healthcare accessibility, capacity, and quality across the state.

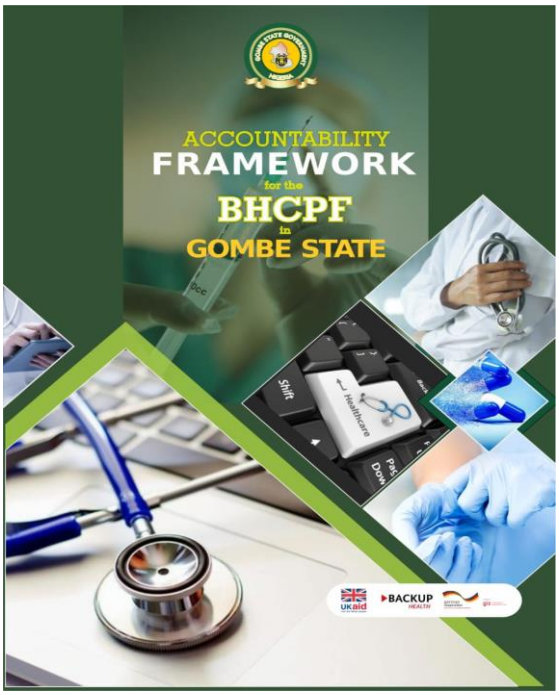
3.1 Strategic Pillar 1: Enabling environment for attainment of health sector outcomes

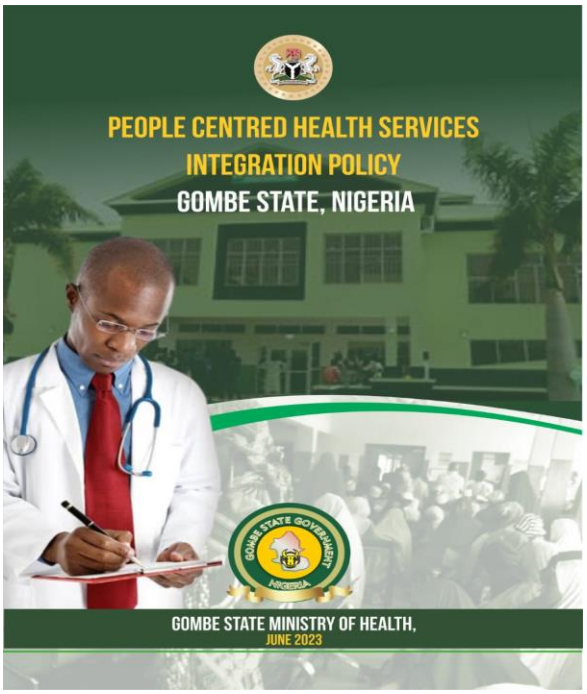
3.1.1 Priority Area 1: Health Governance and Leadership

This aims to provide efficient and effective governance and leadership to the health sector; formulate and update policies; and supervise, monitor, and evaluate the delivery of health services. To achieve this, the Ministry came up with the following activities in 2022.

a) AOP 2022 Implementation: The 2022 AOP was developed on15th February, 2022 and had a total of 417 activities planned for implementation across the 15 priority areas

b) Development of 3 policy documents with support from GIZ –Accountability Policy on BHCPF, Policy on community system strengthening and the State Policy and Operational Documents on Health Services Integration have been developed in collaboration with relevant stakeholders and implementation of the policy provisions have already commenced.





c) The draft Gombe State Primary Health Care Development Agency (GSPHCDA) Law amended has been developed in collaboration with Gombe State House of Assembly (GSHA), the Gombe State Judiciary and other relevant stakeholders. The draft amendment now provides adequate support for the optimal adoption of the IPCHS strategy and improved funding of the PHC System. The draft is currently awaiting final hearing by the GSHA and eventual ascension by the Gombe State Governor. Furthermore, one unanticipated positive outcome from this activity is the development of Gombe State legislative agenda that resulted due to the technical retreat conducted with the House Committee on Health honourable members of the GSHA.

This was done with collaborative effort of an NGO, the Legislative Advocacy Initiative for Sustainable Development (LISDEL).

a) Staff upgrade, advancement, conversion and promotion exercise for health workers across all cadres.
b) The Sector Working Group (SWG) meetings. The essence is to facilitate coordination and dialogue in the health sector; provide modalities for effective implementation of health sector programs; integrate plans and resources of relevant stakeholders into health sector planning and management processes. These coordinating platforms include.
    - State Oversight committee on BHCPF
    - Partners forum
    - Stakeholders coordination meetings
    - State-wide coordination structure for health service integration was established, namely the Health Service Integration Technical Working Group (HSI-TWG). The HSI-TWG was inaugurated and has continued to be functional and has made possible the development and implementation of the Joint Integrated Supportive Supervision (JISS) strategy, as well as the adoption of the National Integrated Training Manual (ITM) for TB, Malaria, HIV/AIDS, and RMNCAH+N. For the first time, the Gombe State health sector has a reference policy document that guides on such practices for optimal adoption of IPCHS strategies across the different levels of the health sector. Although this intervention made available the necessary policy and operational documents for optimal service integration, further capacity building efforts will be needed at the facility and community levels.

c) Capacity Building and Leadership Development:
    - The Ministry invested in the completion of the internship apartments at the Specialist Hospital in Gombe, providing suitable accommodation for medical interns. This initiative aimed to enhance the training experience and attract skilled healthcare professionals to the state.
    - Annual Sponsorship of Directors to Participate in the National Council on Health:
    - The ministry sponsored its directors to participate in the National Council on Health, enabling them to engage in knowledge exchange, networking, and policy discussions at the national level. This initiative facilitated informed decision-making and strategic planning in healthcare governance.
    - Sponsorship of Perm. Sec, ESs, and Directors to National Institute of Policy and Strategic Studies, Kuru for one-week training on Leadership and Ethics. This initiative aimed to equip leaders with the necessary skills to drive effective healthcare governance and policy formulation.

d) Although there was plan to conduct State council on health annual meetings, however due lack of funding the meeting couldn't hold during the reporting period.

3.1.2 Priority Area 2: Community Participation in Health

During the year under review, the ministry of health with funding from GIZ, conducted a number of activities in the Strengthening of Community System. Scorecard was developed in collaboration with the different community actors, including CSOs and journalists from different media houses. Gender mainstreaming is one of the key themes that the scorecard appraises. The scorecard is expected to be administered quarterly to community stakeholders through interviews and focus group discussions across selected wards of the state. The findings will be disseminated to the appropriate stakeholders in the health sector, and this eventually shapes the interventions by the health sector in improving gender equality and gender sensitivity efforts in health service programming.

In addition, the complete formation of Ward Development Committees (WDCs) in 114 political wards which resulted in the improvement in community mobilization and ensured community representations at high level health management.

Key Achievements

- Establishment of a hospital relations committee across all secondary health Facilities.
- Sensitization of the Community Leaders such as Religious/opinion leaders, Clubs and societies, politicians etc.
- Engagement of civil societies, organized labor unions etc.
- Establishment of Community Maternal Prenatal Children Death Surveillance Response (CMPCDSR)

3.1.3 Priority Area 3: Partnerships for Health

In the sector, some donor organizations and development partners support the delivery in the state. The World Bank, through the Nigerian State Health Investment Project (NSHIP), implemented the results-based financing (RBF) model of healthcare. Furthermore, UNICEF supports specific children-related interventions related to children such as nutrition, vaccination, social mobilizations, and some operational strategies that positively impact the overall healthcare system. The purview and extent of these forms of support are determined by the yearly operational focus of UNICEF that is in tandem with the State Strategic Health Development Plan. In most cases, funds are directly disbursed to the end-users for activities highlighted under the relevant programmes. The World Health Organization (WHO) majorly provides technical aids and some financial support to Immunization and Disease Surveillance activities. Furthermore, the United Nations Population Fund (UNFPA) supports family planning (FP) and maternal and child health interventions in the state by providing funds for health workers, the distribution of commodities and supportive supervision, although the Federal Ministry of Health supplies varying types of contraceptives (Implants, Intrauterine Contraceptive Devices -IUCDs, Oral contraceptives, etc.) to ensure zero-charge at the point of uptake and promote contraceptive use. Marie Stopes and TCI supported the training of health workers as providers of Long-Acting Reversible Contraceptives (LARC) in several health facilities. The Global Fund supports the State Malaria elimination strategy, the Tuberculosis and Leprosy (TBL) Control program and HIV control among key and vulnerable population via the provision of drugs, procurement and donation of laboratory reagents & equipment, capacity building of healthcare workers, funding of strategic meetings and routine supportive supervision. The Center of Diseases Control (CDC), PEFPER through the Center for Integrative Health Program (CIHP), supports comprehensive HIV control in the State. The Logistic Management and Coordinating Unit (LMCU) for all healthcare commodities in the State is supported by John Snow International by funding meetings and some other logistics for the distribution of commodities. Rotary International and New Incentives also support the State health sector through the donations of some logistic-related commodities to enhance the implementation of (RMNCAH+N). Finally, BMGF and GIZ through state structures at PHCDA and SMOH support strengthening activities of the health system strengthening activities.

Partners in the State and Their Role.

Name of partner	Role	Status
Rotary international	The maternal and child health intervention selected Primary, Secondary and tertiary health facilities in the State in Two (2) LGAs of the State; Yamaltu Deba and Gombe LGAs	Jan.2021 -Dec.2025

World Health Organisation (WHO)	Promote health, keep the world safe from disease and serving the vulnerable	On-going
UNICEF		On-going
GIZ BACK UP HEALTH PARTNERSHIP	Health system strengthening	
Maries topes	Family planning	Aug.2021-
Pathfinder	Advocacy on FP	Jan.2018 -Dec.2023
SHF	Sexual Reproductive Health	March 2022 to Dec. 2025
TCI	Family planning	Oct.2022-Dec.2023
ARFH	Sexual Reproductive Health	Nov.2022 -Dec.2026
John Snow International	Logistics Management	Jan.2019-Dec.2022
Center for Intergrated Health Program (CIHP)	Comprehensive care of HIV/AIDS	Oct.2020-Sept.2023
AHEF	Reproductive Health	On-going
UNFPA	Reproductive Health	On-going
State 2 State	Governance, Accountability and Transparency	Dec.2021 -Sept.2023
CHAD Intern.		Dec.2021-Nov.2022
IPAS	Reproductive Health	Jan. 2017
Chigari Foundation		Aug.2022 -Feb.2024
New Incentives	Increase Demand for Immunization	Aug.2021 -jul.2024
BMGF	Reproductive Health	Nov.2021-Oct.2024

3.2 Strategic Pillar 2: Increased utilization of the Essential Package of Health Care Services

3.2.1 Priority Area 4: Reproductive, Maternal, Newborn, Child & Adolescent Health plus Nutrition

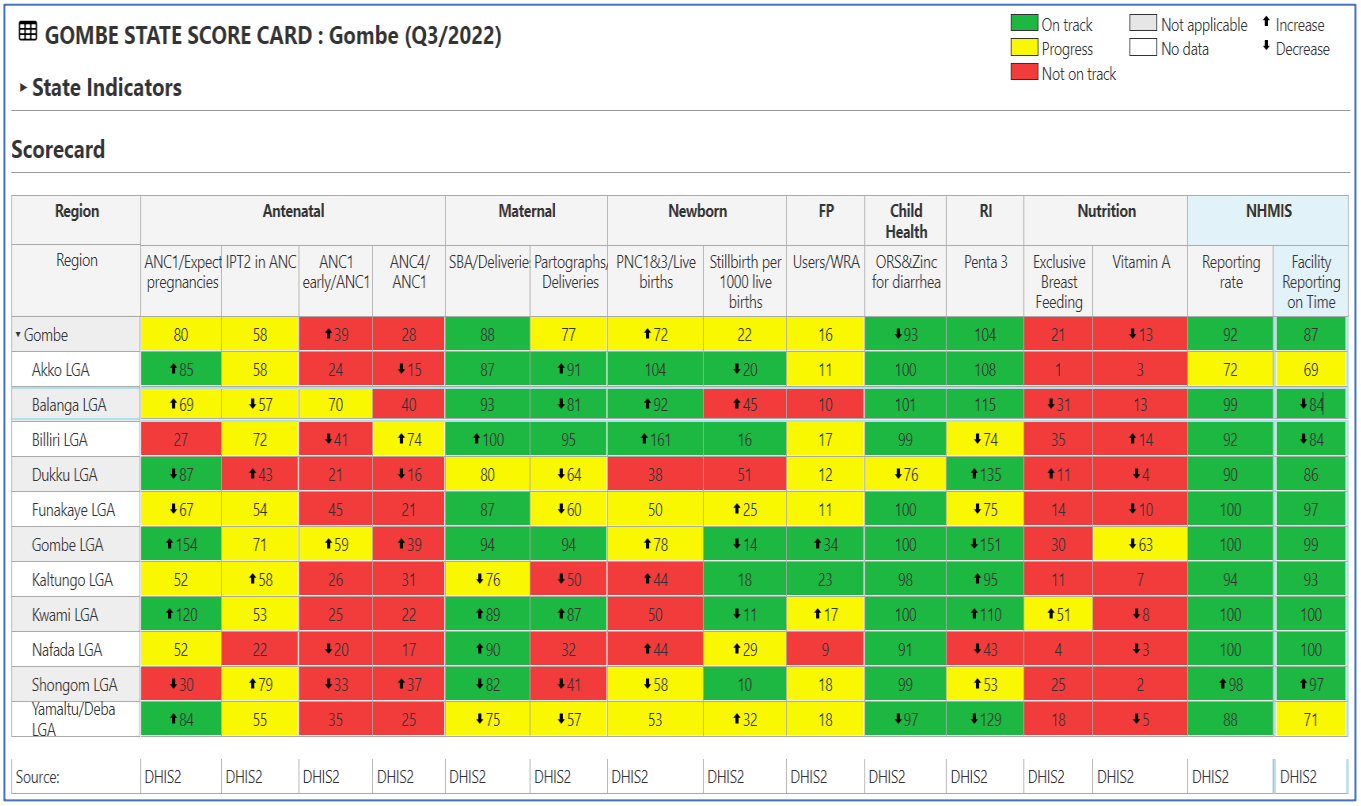
The provision of an essential package of health care services is key to increasing the utilization by communities

- The prevalence rate increased from 4% to 22.1% by 2022.
- 50% reduction in unmet FP needs among all females of reproductive age
- The proportion of health facilities offering post-abortion care to increase from 3.3% to 7% by 2022
- In August 2022 as part of its effort to increase demand for SRH and Family Planning Services in Gombe, UNFPA Nigeria conducted activities with 125 Community Health Influence Promotion and Service (CHIPS) agents **to increase utilization and demand for sexual and reproductive health**, focusing on family planning in five local government areas
- During the reporting year, Gombe State has expanded family planning and adolescent and youth sexual and reproductive health (AYSRH) best practices to improve health systems and increase contraceptive access. TCI has coached state government health staff through a series of capacity-strengthening activities, including on-the-job training to address coordination, documentation, and clarifying roles and responsibilities.

- Advocacy priority towards improving RMNCAH+N status in the State emerged following the investiture of RMNCAH-N Champions at the High-level Roundtable Dialogue organized in collaboration with the Gombe State Ministry of Health and the Office of the First Lady, with Support from the Legislative Initiative for Sustainable Development (LISDEL). The champions in delivering on their mandate embarked on various advocacy visits to a number of stakeholders, beginning with the Honorable Commissioner for Health and some selected traditional rulers. The purpose of the advocacy visits was to further highlight maternal mortality and morbidity indices in the state and demand necessary actions, ensuring that there is a proper and adequate cash backing of funds for RMNCAH+N activities in the fiscal year.

  Champions indicated the need for the creation of a RMNCAH+N desk officer in the State Ministry of Health, amongst other prayers. The Honorable Commissioner, who was pleased to receive the champions, asked the Permanent Secretary of the Ministry of Health to identify a focal person for RMNCAH+N in the Ministry. He further assured the champions of full support and an enabling environment for the smooth running of the RMNCAH+N programs in the state. Alhaji Abdulkadir Abubakar Kwairanga, the Senior District Head of Gombe in his comment stated that he will summon all the traditional title holders in the state including the District Heads, and intimate them about the need to prioritize the health of women, particularly pregnant women, nursing mothers, etc. According to him, all parents and guardians will also be encouraged by their District Heads to provide their children and wards for immunization services.

GOMBE RMNCAH+N Scorecard highlighting Quarterly Data Analysis using surveys and administration data



GOMBE STATE SCORE CARD : Gombe (Q3/2022)

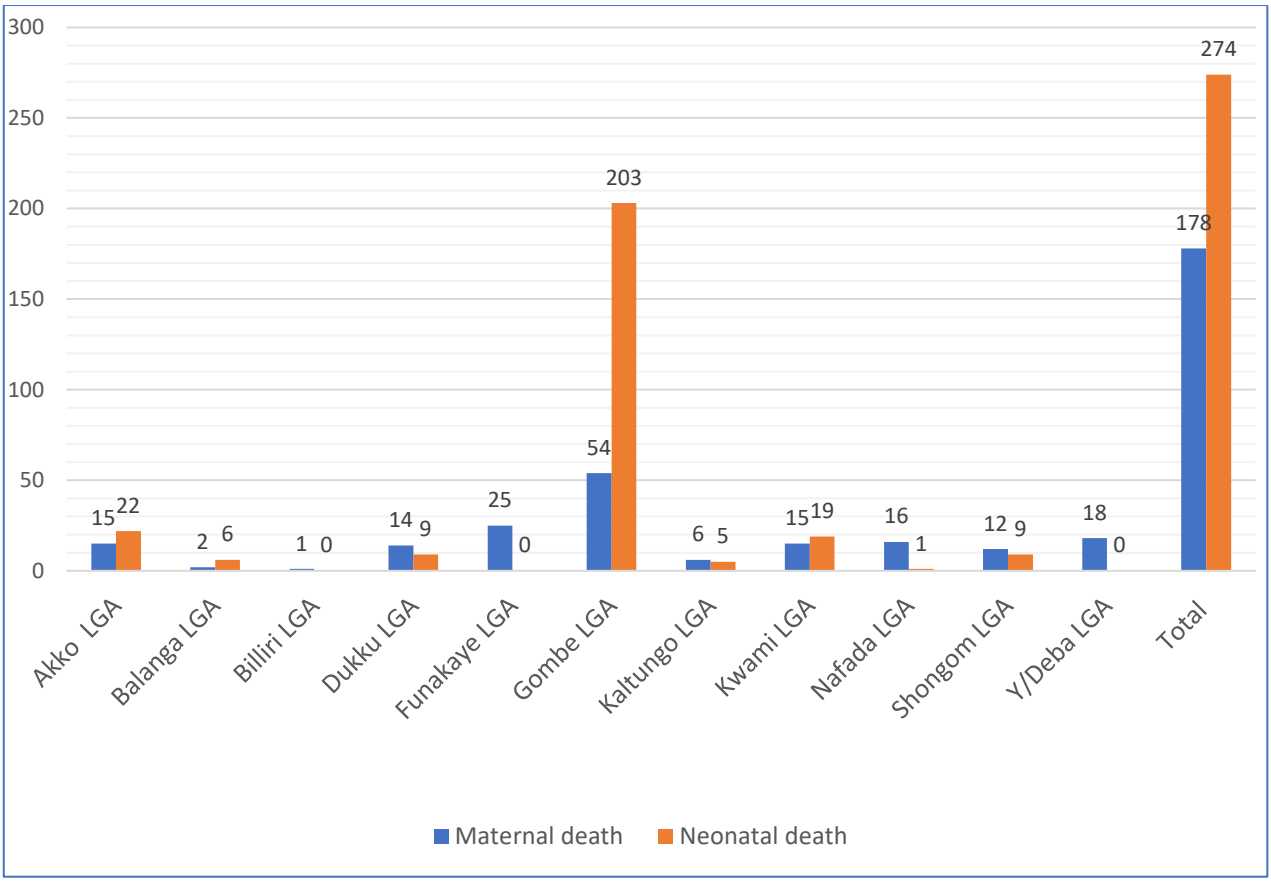
On track · Progress · Not on track · Not applicable · No data · Increase · Decrease

▸ State Indicators

Scorecard

Region	Antenatal				Maternal		Newborn		FP	Child Health	RI	Nutrition		NHMIS	
Region	ANC1/Expect pregnancies	IPT2 in ANC	ANC1 early/ANC1	ANC4/ ANC1	SBA/Deliverie	Partographs/ Deliveries	PNC1&3/Live births	Stillbirth per 1000 live births	Users/WRA	ORS&Zinc for diarrhea	Penta 3	Exclusive Breast Feeding	Vitamin A	Reporting rate	Facility Reporting on Time
▾ Gombe	80	58	⬆39	28	88	77	⬆72	22	16	⬇93	104	21	⬇13	92	87
Akko LGA	⬆85	58	24	⬇15	87	⬆91	104	⬇20	11	100	108	1	3	72	69
Balanga LGA	⬆69	⬇57	70	40	93	⬇81	⬆92	⬆45	10	101	115	⬇31	13	99	⬇84
Billiri LGA	27	72	⬇41	⬆74	⬆100	95	⬆161	16	17	99	⬇74	35	⬆14	92	⬇84
Dukku LGA	⬇87	⬆43	21	⬇16	80	⬇64	38	51	12	⬇76	⬆135	⬆11	⬇4	90	86
Funakaye LGA	⬇67	54	45	21	87	⬇60	50	⬆25	11	100	⬇75	14	⬇10	100	97
Gombe LGA	⬆154	71	⬆59	⬆39	94	94	⬆78	⬇14	⬆34	100	⬇151	30	⬇63	100	99
Kaltungo LGA	52	⬆58	26	31	⬇76	⬇50	⬆44	18	23	98	⬆95	11	7	94	93
Kwami LGA	⬆120	53	25	22	⬆89	⬆87	50	⬇11	⬆17	100	⬆110	⬆51	⬇8	100	100
Nafada LGA	52	22	⬇20	17	⬆90	32	⬆44	⬆29	9	91	⬇43	4	⬇3	100	100
Shongom LGA	⬇30	⬆79	⬇33	⬆37	⬇82	⬇41	⬇58	10	18	99	⬆53	25	2	⬆98	⬆97
Yamaltu/Deba LGA	⬆84	55	35	25	⬇75	⬇57	53	⬆32	18	⬇97	⬇129	18	⬇5	88	71
Source:	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2

Maternal and neonatal death in 2022 by LGAs



3.2.1.1 Priority Area 4.1: Quality of Care (QoC)

The state has a Standard Operating Procedure (SOP) that states the protocol guiding the activities of health workers to maintain the quality of service in the State. Through Integrated Supportive Supervision (ISS), there is a quality of care assessment that takes place quarterly at various facilities in the state. Specific thematic areas and the general quality of care are measured using about 10 predetermined parameters (mix of personnel, drug supply, laboratory services, skilled birth attendants, entry of data in registers, HMIS record, immunizations, delivery, etc.), scores are allocated, and recommendations are given, it is expected that by the visit of the next quarter, some of the recommendations should have been implemented and consequently, the quality of care should have increased. Other activities implemented during the year include.

a) Establishment of QoC terms at LGA and 114 facilities
b) Training of the QoC team on quality of care
c) Quarterly quality assessment to selected facilities in the 11 LGAs

However, there is unclear oversight and fragmentation in quality approaches with limited impact on patient experience and health outcomes. Several attempts to improve the quality of care in the health system for maternal, neonatal, and child health has not been successful. TWG on QoC established in 2018 with support from UNFPA remain dormant throughout 2022.

3.2 Strategic Pillar 2: Increased utilization of the Essential Package of Health Care Services

3.2.2 Priority Area 5: Communicable Disease (Malaria, TB, Leprosy, HIV/AIDS) and Neglected Tropical Diseases)

The HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases (HTM) Cluster is concerned with the prevention and treatment of these high-burden diseases and account for 66% of the total burden of morbidity in Nigeria. In an effort to scaling up communicable diseases intervention in the state in 2022, the state Ministry of Health has adopted and reinforced the implementation of an

integrated approach to malaria control, tuberculosis and neglected tropical diseases (NTDs). The current status of the communicable diseases as at 2022 are; HIV epidemic remains one of the major public health concerns in Gombe State, with current prevalence of 1.2.% (NAIISS, 2018) which pose a threat to the socioeconomic development.

Neglected Tropical Diseases (NTDs) are a group of disabling, chronic, and disfiguring conditions that occur mostly in settings of extreme poverty. Although the burden of most NTDs in Gombe state is not known as no survey/mapping was done. However, Leprosy, Lymphatic Filariasis, Onchocerciasis or river blindness; Soil Transmitted Helminthic (STH) are endemic in some LGAs while trachoma appears to be a disappearing disease in the State, considering that none of the LGAs had prevalence in children at or above the 5% elimination threshold set by WHO. This indicates gaps in the effort towards NTDs control in the state; therefore, more needs to be done.

The prevalence of 11% for Hepatitis B and 2.2% for Hepatitis C has been reported between 2000 and 2013. Despite availability of highly effective and inexpensive vaccine for hepatitis B since 1995 only 41% of Nigerians were vaccinated against HBV in 2013 (Rainey JJ, et al 199-2009).
The actual burden of hepatitis is not known in Gombe State. However, the transmission of hepatitis B virus occurs mainly during childhood.

Gombe State was supported by the World Bank to boost malaria interventions through the Malaria Booster Project, which began in 2006 and ended 2014. The State launched a massive scale-up of malaria interventions with massive support from partners, distributing 2.7 million long-lasting insecticidal nets (LLINs) between 2010 and 2014. The proportion of pregnant women that received at least one dose of Intermittent Preventive Treatment (IPT) was 38.2% for Gombe against the north east average of 59.9% (MICS, 2016/208). Children with malaria whom treatment was sought from health facility provider was 61.7% in the north east while Gombe state recorded 72.5%. On the other hand, the treatment sought from community health providers was 11.4% in Gombe compared to the north-east average of 48%. The percentage of children who received ACT -3 was 4.5% in Gombe, higher than the north-east average of 3.5% (MICS, 2016/208). The case detection rate in Gombe state for the estimated population affected by TB remains critically low at only 15%, although the success rate among those who started treatment is impressive at 87%. The TB burden is borne by the entire population of the state, but especially by higher risk populations such as people living with HIV/AIDS and urban areas where several important risk factors for TB are concentrated amongst the urban poor. The greatest burden of TB incidence and mortality occurs among younger adults aged in the productive age group 25-45 years and in men than in women, with a ratio of about 2:1 while mortality was higher in women, likely related to HIV and advanced disease. The state HIV prevalence among TB is currently high (21%), a decrease from 35% in 2011. Similarly, mortality and morbidity among patients co-infected with TB/HIV have decreased over the years following improvements in access to both TB and HIV diagnosis and treatment services in the state. The emergence of DR-TB also poses a threat to TB control in the state, which, if not effectively addressed, may wipe out the achievements of previous efforts in controlling TB.

Although the burden of most NTDs in Gombe state is not known as no survey/mapping was done. However, Leprosy, Lymphatic Filariasis, Onchocerciasis or river blindness; Soil Transmitted Helminthic (STH) are endemic in some LGAs while trachoma appears to be a disappearing disease in the State, considering that none of the LGAs had prevalence in children at or above the 5% elimination

threshold set by WHO. This indicates gaps in the effort towards NTDs control in the state; therefore, more needs to be done.

3.2.3 Priority Area 6: Non-Communicable Diseases (NCDs), Elderly, Mental and Oral Health

3.2.4 Priority Area 7: Emergency Medical Services and Hospital Care

a. Establishment of Health Emergency Unit.
b. Training and retraining of staff at the Healthcare Emergency Units.
c. Availability of Oxygen through Special intervention strategy by GSHSMB.
d. Procurement and supply of emergency drugs and consumables
e. Availability of ambulance services.

3.2.5 Priority Area 8: Health Promotion and Social Determinants of Health

3.3 Strategic Pillar 3: Strengthened health system for delivery of the EPHS

3.3.1 Priority Area 9: Human Resources for Health

Human Resource Development The Human Resource Development programme, which remains a major function of the health sector, aims to ensure the production of adequate and skilled health professionals and the provision of adequate resources to support their training. The sub programs include: Availability and equitable distribution of healthcare professionals are crucial to achieving the SDG related goals, particularly maternal and child health outcomes.

Gombe state has some HRH policy thrusts like the Task Shifting and Sharing Policy (TSTS) policy, the HRH policy,Gombe State HRH strategic plan 2014 -2018, Biometric Tracking Technology and HRH recruitment policy/strategy among others

HRH Density

STAFF TYPE	Number of Staff	No. of Staff/100,000 Population
Doctors	160	5.3
Nurses/midwives	861	28.6
Dentists	18	0.59
Pharmacists	45	1.49
Medical lab scientists	98	3.25
Community health practitioners	1,161	38.5
Physiotherapists	6	0.19
Radiographers	7	0.23
Health record officers	34	1.12
Environmental health officers	211	7

Key HRH Activities Implemented

- Conduct of quarterly HRH TWGPHC HRH profiling.
- With support from NPHCDA, PHC staff profiling was carried from 12th August to 23rd September 2022Key HRH Issues in the State

- Gombe state has a ratio of 1 Medical Doctor per 19,400 people. (WHO recommends 1:600)
- Nurses/midwives constitute the largest number of health workers in the state with 837.
- Next in terms of number are the CHEWs at 559 and JCHEWs at 375.
- The least available health worker category in the state is Medical Records Technicians where the state has none and Radiographers where there are only 8 in the entire state.
- HCWs are less available in rural areas and more in urban centers
- Increasing pop; high HRH attrition and low recruitment
- Imbalance in the distribution of HCWs harms service delivery because increased workload leads to fatigue which ultimately impact the patients negatively.

The state Government introduced biometric attendance system to check payroll fraud in the state's civil service and reduce absenteeism in 2019, the initiative tagged "Gombe state Integrated Payroll Payment Gateway and Human Resource Management Information System. Gombe State government has imposed ban on employment in the heath sector. The embargo also affected the sponsorship offered by the state government in the past to all Gombe State students enrolled in health institutions such as the College of Nursing and Midwifery, the College of Health Sciences and Technology, and other institutions within and outside the state. Historically, the state supported students' education and employed them automatically upon graduation. The system was largely effective until influence from individuals inside and outside the government began to misuse it. After graduating from school or leaving the military prior to completing their bonds, individuals began to discover ways to avoid state service. In light of this, the current administration has determined that the state is wasting possibly more resources that do not necessarily transform into health services and has decided to discontinue the program. In 2022, the following were achieved

- The ministry in collaboration with GSPHD developed 2 documents related human resource for health, the PHC HRH policy and the Human Resources for Health Strategic Plan (HRHSP) 2022-2027 is designed for the Primary Health Care (PHC) system in Gombe State and is the first since the establishment of the Gombe State Primary Health Care Development Agency (GSPHCDA).
- The State Government has recruited 440 healthcare workers to reposition the health sector for improved performance. The cadre recruited were 106 Midwives, 213 Community Health

Extension Workers, CHEW and 132 Junior Community Health Extension Workers, JCHEW, and were deployed to various Primary Health Care facilities across the state.

- The ministry has commenced housemanship programme at the specialist hospital through engagement of specialist consultants. The commencement of residency training and the ongoing construction of a brand new College of Nursing and Midwifery in Gombe were all geared towards improving the human resource for health capacity in the state.

3.3.2 Priority Area 10: Health Infrastructure

Health infrastructure is an essential component of the development of the health system and health infrastructure investments constitute crucial opportunities for the achievement of the Universal Health Coverage and Sustainable Development Goals. The following achievements were recorded in the state

a) Construction, upgrading and Renovation of health facilities
b) Construction of A&E Complex, Maternity, and Molecular Lab at Specialist Hospital Gombe:
c) the ministry undertook the construction of a state-of-the-art Accident & Emergency (A&E) complex, a modern maternity ward, and a well-equipped molecular laboratory at Specialist Hospital Gombe. This infrastructure expansion aimed to enhance emergency response capabilities, provide comprehensive maternal care, and strengthen the capacity for Covid-19 testing and research

- **Construction of A&E Complex at General Hospitals Bajoga and Kaltungo:** The ministry extended its focus on improving healthcare accessibility by constructing dedicated Accident & Emergency (A&E) complexes at General Hospitals in Bajoga and Kaltungo. These facilities were designed to cater to the medical needs of the local communities, ensuring timely and efficient emergency medical services.

- **Re-Construction of General Hospital Kumo:** The re-construction of General Hospital Kumo aimed to revitalize and upgrade the hospital infrastructure, creating a modern healthcare center with advanced medical facilities. This initiative was crucial in enhancing healthcare services and expanding medical capabilities in the region.

- **Establishment of Isolation and Treatment Centre at Kwadon:**
  In response to the Covid-19 pandemic, the ministry established an isolation and treatment center at Kwadon to efficiently manage and treat Covid-19 patients. This specialized facility played a pivotal role in containing the spread of the virus and providing essential care to affected individuals.

- **Construction/Renovation of Cottage Hospital Kuri:** The ministry focused on improving primary healthcare services by constructing and renovating the Cottage Hospital in Kuri. This initiative aimed to enhance healthcare accessibility at the grassroots level, providing essential medical services to local communities.
- **Construction of Hostel at the School of Nursing Gombe:** Recognizing the importance of nurturing a skilled healthcare workforce, the ministry constructed a hostel at the School of Nursing Gombe. This facility provided suitable accommodation for nursing students, enabling them to focus on their education and training.
- **Renovation of Warehouse at State Medical Stores Gombe:** In an effort to streamline medical supply management, the ministry collaborated with Axios to renovate the state medical stores' warehouse. This initiative aimed to ensure proper storage and efficient distribution of medical supplies, optimizing the healthcare supply chain.
- **Re-construction of Perimeter Wall at State Medical Stores:** Recognizing the importance of secure medical facilities, the ministry re-constructed the perimeter wall surrounding the state medical stores. This initiative aimed to enhance security and safeguard valuable medical assets.

d) Healthcare Equipment Enhancement

- **Supply of Equipment at Specialist Hospital Gombe**: Gombe state Government has awarded contract for the Supply of Equipment at Specialist Hospital Gombe:The ministry prioritized the enhancement of medical facilities by providing modern and cutting-edge equipment at Specialist Hospital Gombe. This initiative aimed to equip healthcare professionals with the necessary tools to deliver effective and efficient healthcare services.
- **Supply of Equipment at General Hospitals Bajoga and Kaltungo:**The ministry extended its focus on equipment supply to General Hospitals in Bajoga and Kaltungo, equipping these facilities with essential medical equipment to enhance diagnostic and treatment capabilities.

e) Refurbishing of 4 Vehicles at the Ministry Headquarters: In a bid to strengthen transportation logistics, the ministry refurbished four vehicles at the headquarters. This initiative facilitated efficient movement of staff and medical supplies, ensuring smooth operations across various healthcare projects.

f) Provision of 350kVA Dedicated Transformer and 80kVA Standby Generator: To ensure uninterrupted power supply to medical facilities, AKESIS provided a dedicated 350kVA transformer and an 80kVA standby generator. This initiative aimed to mitigate power outages and ensure the continuous functioning of critical medical equipment.

3.3.3 Priority Area 11: Medicines, Vaccines and Other Commodities and Supplies

Access to essential medicines is critical to achieving universal health coverage. The primary goal is to ensure **commodity security**. Gombe state has continued to make concerted effort towards ensuring availability of essential drugs and commodities in the state through effective supply chain, formulation of policies and issuance of guidelines in the reporting period.

Key Achievements

- Establishment of state Logistic Management Coordinating Unit [LMCU]
- Logistic TWG

3.3.4 Priority Area 12: Health Information

GSPHCDA concluded it's three day workshop on Data Quality Assessment (DQA), today 11th, May 2023. The workshop was organised by UNICEF in collaboration with GSPHCDA.

Major Activities

- From 67.2% to 90% of all health facilities (public and private) generating and transmitting routine HMIS data by 2022
- Improve use of the health Information System software (DHIS) in data management at State and LGA levels
- Capacity building for 85 M&EB officers at State and LGAs on how to generate, transmit, analyze and utilize routine health data, from all health facilities, including private health facilities
- Distribution of computer laptops to LGA M&EV officers
- Conduct of periodic supervision, monitoring and evaluations
- Conduct of effective monthly vital statistics data generation and Transmission (e.g MPCDSR Activities, QoC/QIT)
- Printing and distribution of HMIS Tools.

3.3.5 Priority Area 13: Research for Health

Research and Development is critical for innovative and sustainable development of the health sector. Evidence-based policy and decision making at the State and Local Government level can be enhanced through the availability of research findings. There are institutions involved in health research such as Gombe State University, Federal Teaching Hospital, College of Nursing and Midwifery, College of Health Sciences and Technology Kaltungo. Most of the research conducted in these institutions are meant to fulfill academic or professional requirements with the exception of a few that are operational research as well as a few clinical trials. In addition, some of the research are also carried out by donors to generate baseline data before undertaking an intervention. A major challenge with research conducted is the weak linkages between health research and community needs as well as use of research findings for evidence-based policy making in health at all levels.

- Two functional Research ethics committees exist at the Federal Teaching Hospital Gombe and the State Ministry of Health. These committees have responsibility for review and approve any health research to be conducted in the state.
- Guidelines are provided to intending researchers to comply with in order to protect human subjects and to ensure added value to the health sector.

3.3.6 Priority Area 14: Monitoring and Evaluation

- Conducting Annual Sector Performance Review
  The health sector plans to carry out yearly Performance Management Review (PMR) of the Budget in the Ministry, Department and Agencies. Thereafter, the Sector Planning Team reviewed the AOP 2022 and came up with recommendations to improve on future performance. Consequently, gaps identified would be addressed with new 2023 AOP in order to meet the expected outcome. With the review of the projects baselines, targets and key performance indicators, the sector was be able to record progress in health care service delivery in Gombe State
- Organizational Arrangements
  The responsibilities for monitoring was done quarterly at the Planning Research and Statistics department of the Ministry of Health, GSPHCDB, HMB, Gohealth and other key stakeholders.
- The Health Management Information System and M & E unit of each the MDAs was involved in the collection, collation, analysis and dissemination of findings.
- The report was presented to the SMOH Management to review, which was headed by the Permanent Secretary. This assisted in the preparation of Annual Budget, implementation and preparation of the Health Sector Performance Report.
- Conduct of quarterly integrated supportive supervision (ISS). The ISS is a three-day activity aimed at mentoring staff on improving the quality of health care service delivery across health facilities.

3.4 Strategic Pillar 4: Protection from health emergencies and risks

3.4.1 Priority Area 15: Public Health Emergencies, Preparedness and Response

The strategic objective of the interventions is to reduce incidence and impact of public health emergencies in the State.

Gombe State has designated isolation units located at state specialist hospital and general hospital Zambuk for containment of public health emergencies. These facilities require comprehensive upgrade to serve the emergency needs within the state health care system. The establishment of a standard and functional laboratory service for public health emergencies will be a decision in the right direction to support the management of health emergencies.

3.5 Strategic Pillar 5: Predictable financing and risk protection

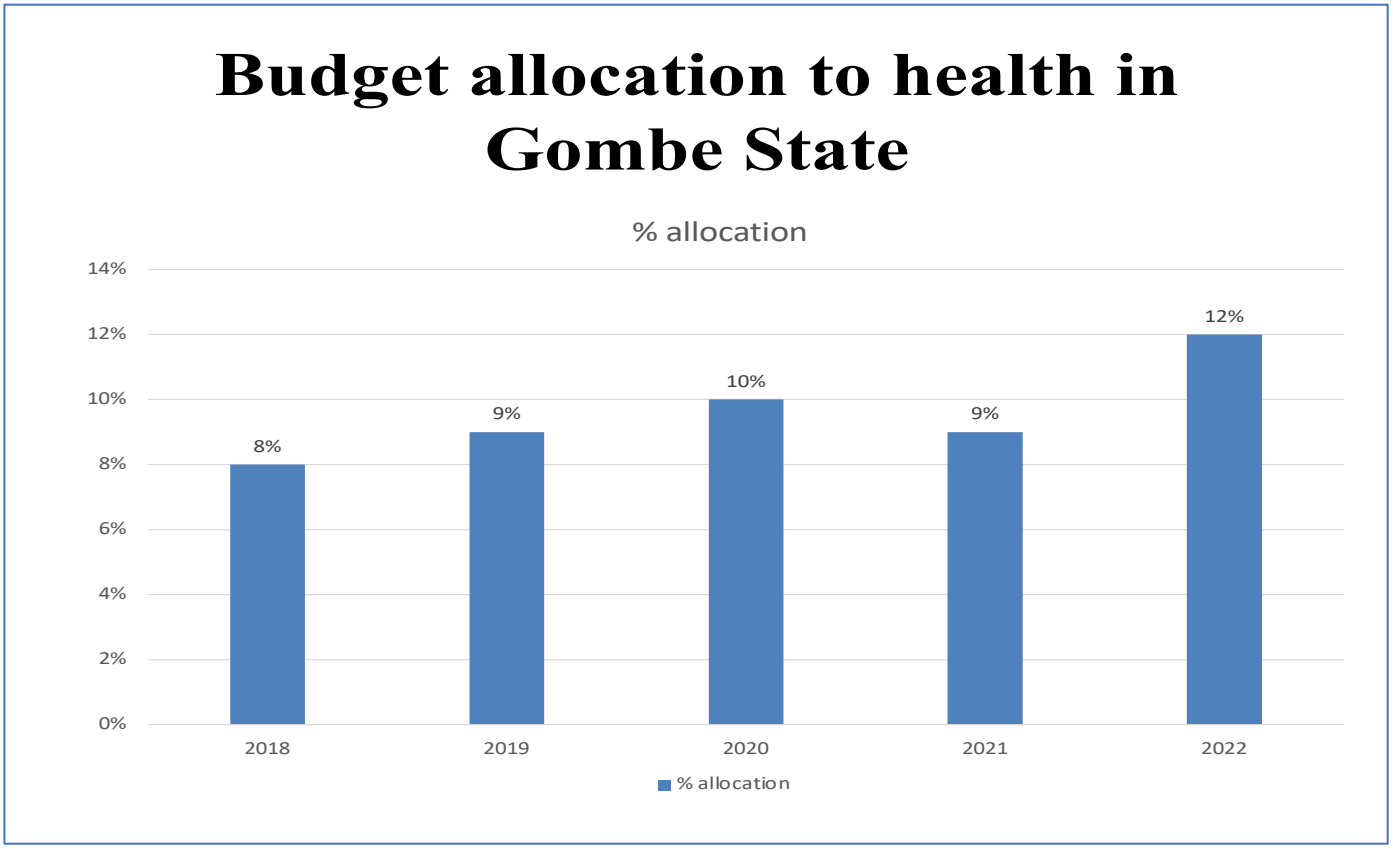
3.5.1 Priority Area 16: Health Financing

Adequate funding is key to providing quality health care services. The removal of financial barriers to access by putting in place financing mechanism that removes financial barriers to access influences optimal utilization of the health care services. Health care financing in Gombe State is through the State budgetary allocation, donor funding, out-of-pocket payments, and health insurance. The government health expenditure as a proportion of the total general government expenditure measures the extent to which government takes responsibility for the financing of health services. Gombe State government release for health financing in the period 2010-2015 is only 4.3% of the state total budget. This is a far cry from the recommended 15% by the Abuja Declaration.

In 2022 Gombe's health expenditure was 4% of GDP or approximately US$ 70 per capita. Overall Government proportional budget allocation to the health sector has been improved g (from 7% to 12% between 2016 and 2022), as is funding from Development Partners (from 12% to 25% between 2015 and 2021). Budget execution has been low and since 2013, only about half of the budget for goods and services (mainly for operational costs of service delivery) is disbursed. The external funding landscape has also changed in recent years.

3.5.2 Budget Allocation/Performance

BUDGET ALLOCATIONS AND PERFORMANCES FOR HEALTH (2020-2022)			
YEAR	**REVISED BUDGET**	**BUDGET PERFORMANCE (Q1-Q4)**	**Percent (%)**
2020	14,080,241,227.03	9,768,688,053.08	69%
2021	14,075,645,700.00	9,174,119,415.71	65%
2022	15,884,220,000.00	12,868,142,581.30	81%



3.5.3 Analysis of AOP Financing

Based on the Gombe State Budget for the year 2022, the tables below provide guidance on the budget and other potential sources of funds available for the implementation of activities by each of the four health MDAs involved in the development of the AOP:

Table 4: 2022 budget allocation by MDA

MDA	Personnel	Overhead	Capital	Total
Ministry of Health	839,650,000	224,600,000	4,503,000,000	5,567,250,000
Primary Health Care Development Agency	20,000,000	204,000,000	1,033,000,000	1,257,000,000
Gombe State Hospital Services Management Board	5,148,800,000	50,000,000	123,500,000	5,322,300,000
Gombe State Contributory Healthcare Management Agency	613,200,000	51,400,000	70,000,000	734,600,000
Total	**6,621,650,000**	**530,000,000**	**5,729,500,000**	**12,881,150,000**

Table 6: 2022 budget contribution by partners allocation

Domestic Grants	Approved budget	Foreign Grants	Approved budget
Community Based Health Insurance Scheme	250,000,000.00	Bill and Melinda Gate Foundation [BMGF]	500,000,000.00
		Health System Support Grant [GAVI]	750,000,000.00
Save One Million Lives	1,500,000,000.00	Basic Health Care Provision Fund	500,000,000.00
Total	**1,750,000,000.00**	**Total**	**1,750,000,000.00**

4.0 SUMMARY OF MAJOR ACHIEVEMENTS

During the review period, the following achievements were recorded:

1. State Accountability Framework for BHCPF has been developed in collaboration with the NPHCDA, the NHIA and the Federal Ministry of Health, making Gombe State, the first state to have developed such document in the federation.
2. The draft Gombe State Primary Health Care Development Agency (GSPHCDA) Law amended has been developed providing adequate backing for the optimal adoption of the IPCHS strategy and improved funding of PHC System.
3. State Policy and Operational Documents on Health Services Integration have been developed in collaboration with relevant stakeholders and implementation of the policy provisions have already commenced.
4. State-wide coordination structure for health service integration, namely the Health Service Integration Technical Working Group (HSI-TWG), was activated and operationalized.
5. Community System Strengthening Framework document has been developed and being implemented.
6. Digital Registry for poor and vulnerable persons have been developed and operationalized.

5.0 LESSONS LEARNED

1. Integration improves efficiency: One of the key lessons learned came from the harmonization of the SERICC and SEMCHIC workplans, which were both programs under two different directorates of the GSPHCDA. During the harmonization meeting, several duplications of efforts were identified as well as multiple areas of complementarity. The results of such Cross-Programmatic Efficiency Analysis provided evidence for integration of services instead of running discrete vertical programmes with almost autonomous organizational arrangements and structures. This led to a new reawakening on the need for integration of health services at SMOH, SPHCDA and GoHealth.
2. Strengthening partnerships potentiates sustainability: Several partnerships were strengthened during year under review, mainly facilitated by the deliberate effort in establishing the donor coordination unit by the SMoH. The regular review meetings with the partners led to improved sustainability of the different interventions by the multiple partners. The SMoH took full control of all interventions and led in negotiation for support in sustaining some of the interventions that outgoing partners might leave.
3. Innovations accelerate effectiveness: The development of the digital registry for GoHealth is one of the highlight innovative interventions of this project. The demonstrable impact in improving the agency's effectiveness and efficiency in timely enrolment of the allocated BHCPF beneficiaries into the scheme in record time.
4. Gohealth receives the 2022 eHealthcare Leadership Award in 2022, highlighting the significance of digital communication in public health.

6.0 CONSTRAINTS/CHALLENGES/BOTTLENECKS

1. There is weak HRH governance, institutional capabilities and inadequate funding. This contributes to poor staff development plan, lack of HRH Database in Operation and poor assessment structure for HRH optimization

2. With regards to health infrastructure, the state does not have adequate office accommodation, functional medical equipment in cottage hospitals, scarcity of ambulances in facilities posed hurdles to delivering optimal healthcare services, Insufficient vehicles for project monitoring and supervision which impacted the ministry's operations and slow executing of capital projects

3. The major barriers to Gombe state health products management practices and the health commodities supply chain include: Poor funds allocation for medicines and commodities; high prices of health commodities which lead to low spending on pharmaceuticals and vaccines as a proportion of health expenditure; inadequate warehouses which do not meet the minimum standards and stock-outs of essential supplies Research for health is constraints with weak health information system. Although the state has 68 private health facilities, very few capture their data into the HMIS and there is no systematic process of routine analysis of submitted HMIS data and feedback to health institutions.
4. The lack of Standard laboratory with the capacity for quick emergency preparedness and response.
5. Poor Surveillance Alert System in the State.
6. Inadequate Skilled Human resource at all levels in the area of public health.
7. Influx of Internally Displaced Persons (IDPs) as a result of insurgency and stigmatization among the health workers.
8. Low utilization of health data by policy makers has limited the use of HMIS data as a management tool for health planning and improvement of health outcomes
9. Weak M&E mechanism at all levels; inadequate trained human resource and equipment at state and LGA levels.
10. The duplication of data collection tools and DHIS2.0 are good examples of lack of standardized indicators. Also, there is reluctance in the use of the adopted National tools by some of the Development Partners and the programmes they support (including programmes within the SMoH)
11. Inactive Health Data Consultative Committee.
12. Very high levels of out-of-pocket spending: Gombe State high out-of- pocket expenditure (OOPE) poses a barrier to accessing health services, thereby fueling inequity in health outcomes and further exposing the already poor to impoverishment and financial devastation.
13. Poor resource mobilization. The public health sector, of Gombe State relies solely on government & donor funding with little or no effort for mobilization from other sources. Many opportunities exist for increased domestic funding of health such as corporate social responsibility funds, health impact bond, taxes, VAT, philanthropy; these remain grossly underexploited. The state does not have a resource mobilization plan for health financing.

7.0 RECOMMENDATION

1. Continue sponsoring staff members for training programs, such as the National Council on Health and National Institute of Policy and Strategic Studies, to develop strong leadership capabilities.
2. Establish a comprehensive governance framework that fosters transparency, accountability, and efficiency in healthcare management

3. There is a need to increase government expenditure allocated to the health sector to improve HRH; establishment of functional X-ray and ultrasound machines in all cottage hospitals, enhancing diagnostic capabilities;

4. There is a need to have a central digital database in the state's health sector.

5. There is a need to update the mostly outdated HRH policy documents of the state

6. Strengthen the capacity of the healthcare workforce through continuous training and skill development programs to improve service delivery.

7. Develop and implement retention strategies to address the high attrition rate of healthcare staff, including offering incentives and professional development opportunities

8. There is need to also pprioritize construction and renovation of healthcare facilities, especially in rural areas, to improve accessibility and healthcare delivery.
9. Implement regular maintenance programs for healthcare infrastructure and medical equipment to prolong their lifespan and ensure optimal functionality.
10. Strengthen monitoring and evaluation of all healthcare projects and programmes to ensure timely completion and adherence to quality standards.
11. Enhance strategic partnerships with other relevant organizations, institutions, private sector in promotion of health research and utilization.
12. Promote mechanisms for the dissemination and utilization of research findings to inform effective policy making, programming and health practice and overall economic development.

8.0 CONCLUSION

The 2022 Annual Report of the Gombe State Ministry of Health depicts a year of remarkable achievements as well as the obstacles experienced in developing healthcare services in the state. The ministry hopes to overcome these difficulties and improve healthcare service in Gombe State through strategic planning, teamwork, and the execution of proposed actions. The achievements in infrastructure development, equipment supply, and worker capacity building indicate the ministry's dedication to providing accessible and high-quality healthcare services to all citizens. As the ministry progresses, it stays committed to its objective of improving the health and well-being of the people of Gombe State, ultimately contributing to the state's overall development and prosperity. The Gombe State Ministry of Health stays steadfast in its commitment to enhancing healthcare services and, ultimately, improving the health and well-being of the people of Gombe State by acknowledging achievements and addressing challenges.

Annexes

Table 1: Summary of Health Service Indicators from survey and administrative data

KEYS: Nigeria | **North East** | **Gombe**

Key Performance Indicators	Data Sources													
	NDHS			MICS			NNHS			DHIS				
	2008	2013	2018	2011	2016	2021	2014	2015	2018	2017	2018	2019	2020	2021
Maternal Mortality Ratio (per 100,000 Live births)	545	576								344	376	594	646	1135
Neonatal mortality rate (per 1000 live births)	40	37	38		35	37				25	12	13	10	8
Infant mortality rate (per 1000 Live births)	75	69	67	117	90	65				21	9	9	7	7
Under 5 mortality Rate (per 1000 Live births)	157	128	132	196	162	117				32.3	16.7	17.0	17.0	17.1
% children 0-59 months underweight							29.4	23.5	26.9	218.3	156.6	65.1	203.8	
% children 0-59 months moderately underweight	34.5		51.2	37.1	41.2		20.5	17.8	20.6					
% children 0-59 months severely underweight	15.2	7.8	26.9	14.3	17.6		8.9	5.7	6.2					
% children 0-59 months Stunted							45.6	44.1	44.6					
% children 0-59 months moderately stunted	48.6	47.5	51.2	56.3	54.4		28.7	26.8	27					
% children 0-59 months severely stunted	29.2	27.2	26.9	29.6	32.5		16.9	17.3	17.7					
% children 0-59 months Wasted														
% children 0-59 months moderately wasted	22.2	14.2	7.8	12.3	13.4									
% children 0-59 months severely wasted	11.4	5.9	3.5	4.1	3.9									
% Children 6-59 months with Acute Malnutrition (WHZ							8.9	5.6	6.6					
% Children 6-59 months with Acute Malnutrition (MUAC)							5.1	4.8	3.2					
% Children 0-59 months with overweight		0.6			1.1		1.1	0.7	0.4					
% Children 0-23 months who were ever breastfed	97.9	97.1	97.2	97.1	90.2		97.3	97.1	99.9					
% Children 0-23 months who were first breastfed within 1 hour of birth	24.7	48.2	18.0	26.4	26.8		5.2	24.7	10.1					
% Children 0-23 months who were first breastfed within 1 day of birth	49.2	70.3	77.9	61.7	72.6		64.5	91.3	78.8					
% exclusive breastfed 0 - 5 months				15.2	24.5		22.3		23	43.8	48.3	94.3	85.3	54.0

Key Performance Indicators		Data Sources												
		NDHS			MICS			NNHS			DHIS			
	2008	2013	2018	2011	2016	2021	2014	2015	2018	2017	2018	2019	2020	2021
% Children 0-23 Months appropriate/predominantly Breastfed				39.0	60.5	50.0	85							
% Children 6-23 months currently breastfeeding with other foods				45.5	73.8	57.2								
% Children 6-59 months who received Vitamin A	18.6						31.6	8.8	58.5	21.7	15.0	45.6	20.9	43.0
% Children 12-59 months given deworming drugs	5.7									24.2	24.2	46.9	27.3	24.7
% fully immunized children by 1 year reached	19	25		31.3	16.7	21.5				35.0	49.6	63.7	67.7	61.5
% of children 12-23 months given any vaccination						26.4	98.1	96.9	69.7					
% of children 12-23 months given Penta 3 (Coverage)		36.0	42.5	36.6	25.0	38.0	53.5	23.9	49.1					
% of children 12-23 months given OPV 3 (Coverage)		44.3	25.8	19.6	35.9	34.1								
% of children 12-23 months given measles (Coverage)		36.1	18.2	59.9	32.4	36.7	50.9	34.4	63.0					
% of vaccination card seen		33.6	28.6	25.3	25.8	48.8	26.4	17.2	31.5					
% not vaccinated		51.9	34.4	20.5		34.4								
% of children who in the last 2 weeks had symptoms of ARI	7.5	5.1		7.9	0.9		4.3	1.1	6					
% of children for whom advice or treatment was sought from a HF or provider	30.7	32.7	40.7		2.8									
% of children who received antibiotics	18.2	37.2		43.2			33.8	55.7	18.8	93.2	95.5	96.0	92.4	97.2
% of women with Knowledge of two danger signs of pneumonia				10.1	16.1									
% of children who in the last two weeks had	20.8		22.1	22.1	23.7	11.	31.2	18.2	25.5					

diarrhea						1								
% of children with diarrhea who receive advice or treatment from HF or provider	35.9	24.4			23.9	46.8								
% of children with diarrhea who didn't receive or sought advice or treatment	38.1	19.8			41.6	34.4								

Key Performance Indicators		**Data Sources**												
		NDHS			**MICS**			**NNHS**			**DHIS**			
	2008	**2013**	**2018**	**2011**	**2016**	**2021**	**2014**	**2015**	**2018**	**2017**	**2018**	**2019**	**2020**	**2021**
% children with diarrhea who receive ORS	17.6	28.5	38.6	14.2	35.2	43.7	18.5	20	30.0					
% children with diarrhea who receive Zinc	0.3	0.8	22.0		28.3	31.9	2.6	3.9	52.2					
% children with diarrhea who receive ORS & Zinc				17.5	12.2	19.5				53.2	59.2	66.5	76.9	97.4
% of children with fever last 2 weeks	21.9	13.2	37.0	24.2	31.3	15.9	48.7	16.5	22.8					
% of children with fever tested		7.2	6.5	2.1	14.3	7.7	4.6	7.9	9.7	100.0	100.0	100.0	88.4	67.4
% of children with fever who receive advice or treatment from HF or provider	42.6	81.1	84.4		72.5	56.6								
% of children with fever who didn't receive or sought advice or treatment					25.7	38.6								
% of children under five with fever last 2 weeks treated with antimalarial drug	21.8	16.9		47.3	29.6	59.8	20.3	29.1	48.6					
% of children under five with fever last 2 weeks treated with ACT					4.5	18.4	14.6	22	23.2					
% of Households with at least 1 mosquito net	7.1	74.5	47.7	88.0	60.8		52.1	75.5	57.0					
% of children under five who slept under any mosquito net the night before the survey.	12.8	12.8	46.8	40.8	74.7		13.9	64.2	33.3					
% of pregnant women who slept under a mosquito net the previous night	17.6	17.6	37.8	17.5	61.2									

% of pregnant women with live birth in the last 2 years who received 3 or more doses of SP	2.9	4.7	4.4	30.0	10.9			5.6	15.7					
% of pregnant women who received ANC from a skilled provider	43	58.2	46.4	30.0	67.5	57.3		75.1	72.5	50.9	27.6	27.7	26.1	26.0
% of pregnant women who had at least 1 visit	51.2		2.6	3.2	10.2	33.7		76.3	74.9	34.2	30.2	34.3	33.6	36.0
% of pregnant women who had 4 or more ANC visits		51.1	56.8	44.9	34.1	35.9		51.3		50.9	27.6	27.7	26.1	26.0

Key Performance Indicators		**Data Sources**												
		NDHS			**MICS**			**NNHS**			**DHIS**			
	2008	**2013**	**2018**	**2011**	**2016**	**2021**	**2014**	**2015**	**2018**	**2017**	**2018**	**2019**	**2020**	**2021**
% of pregnant women who received HTC and received result					32.2			55.8	49.5					
% of women whose delivery was assisted by any skilled birth attendant		26.2	18.8	21.7	39.1	36.9	19.4	26	35.6	29.1	43.1	55.4	48.8	42.2
% of women whose delivery was in a Health Facility	35	27.6	27.7	18.6	29.3	36.8				47.7	40.6	47.2	43.5	37.7
% of women whose delivery was at home	62	71.4	72.2	81.2	68.4	63.0								
% of women currently married or in union who are using (or whose partner is using modern contraceptive	11.8	4.0	16.2	8.1	6.0	7.1	11	14	5.0					
% of women currently married or in union who are not using (or whose partner is not using modern contraceptive	96.0	96.0	83.0	80.1	93.4	92.3								