

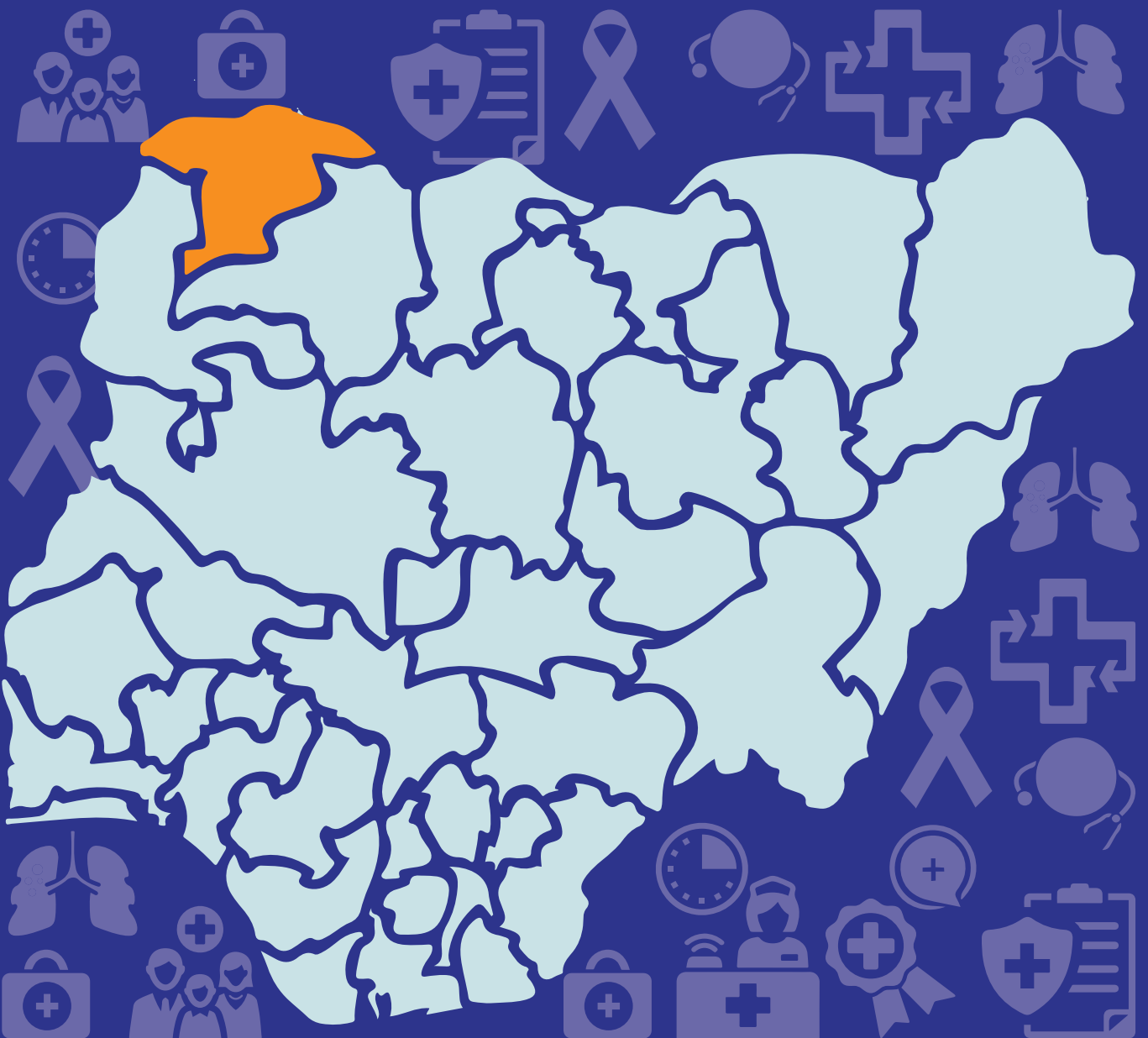


**USAID**  
FROM THE AMERICAN PEOPLE



# SOKOTO STATE

## HEALTH PROFILE





# Overview

## CAPITAL

Sokoto

## POPULATION

5,313,527 (2006 National Census)

## URBAN PROJECTED POPULATION

Male 434.662

Female 387.703

Total 822.365

## RURAL PROJECTED POPULATION

Male 2,239.860

Female 2,251.301

Total 4,491.162

## LOCAL GOVERNMENT AREAS

23 LGAs

## MAIN ETHNIC GROUPS

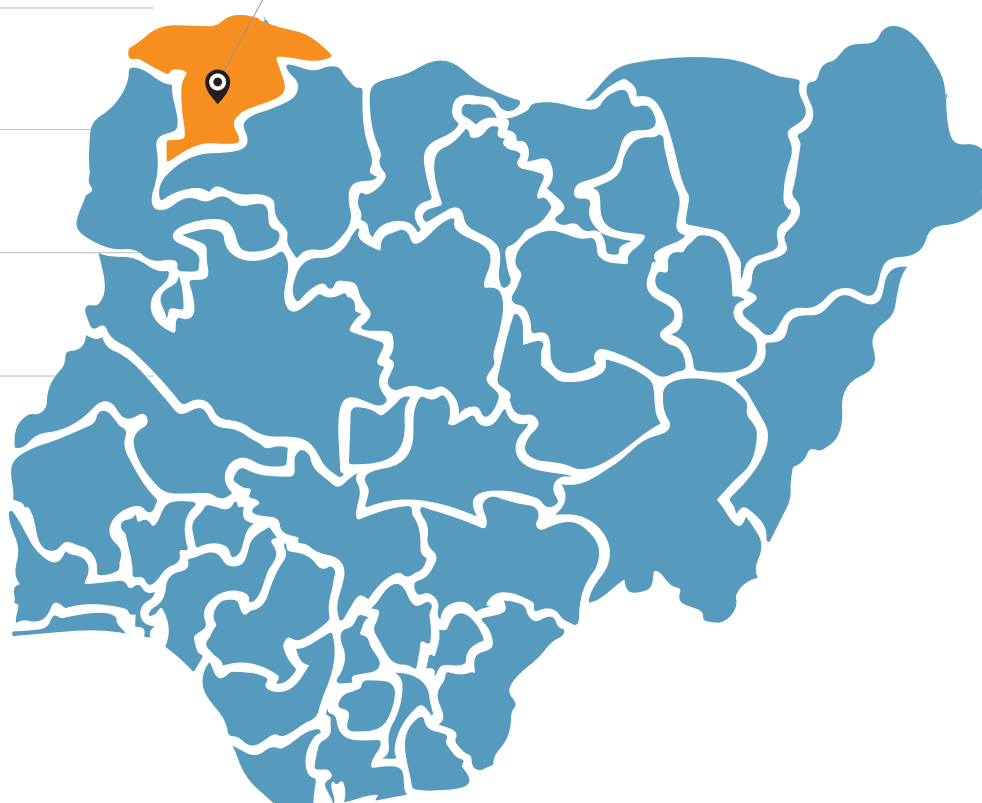
Fulani and Hausa

## MAIN OCCUPATIONS

Farming

## MAIN LANGUAGES

Fulfulde and Hausa





# Sokoto State Health Indices



## FULLY IMMUNIZED CHILDREN

Children aged  
12-23 months with  
full coverage vaccine  
for preventable  
childhood disease:

# 42%

(NBS/WHO, 2018)



## DELIVERY AT HEALTH FACILITY

# 4.7%

(NDHS 2013)



## SKILLED ANTENATAL COVERAGE

# 17.4%

(NDHS 2013)



## MALARIA PREVALENCE IN CHILDREN

# 19.6%

Microscopy, MIS 2015

## HIV AND AIDS PREVALENCE

# 3%

(HIV Sentinel Survey 2014)



## TUBERCULOSIS PREVALENCE

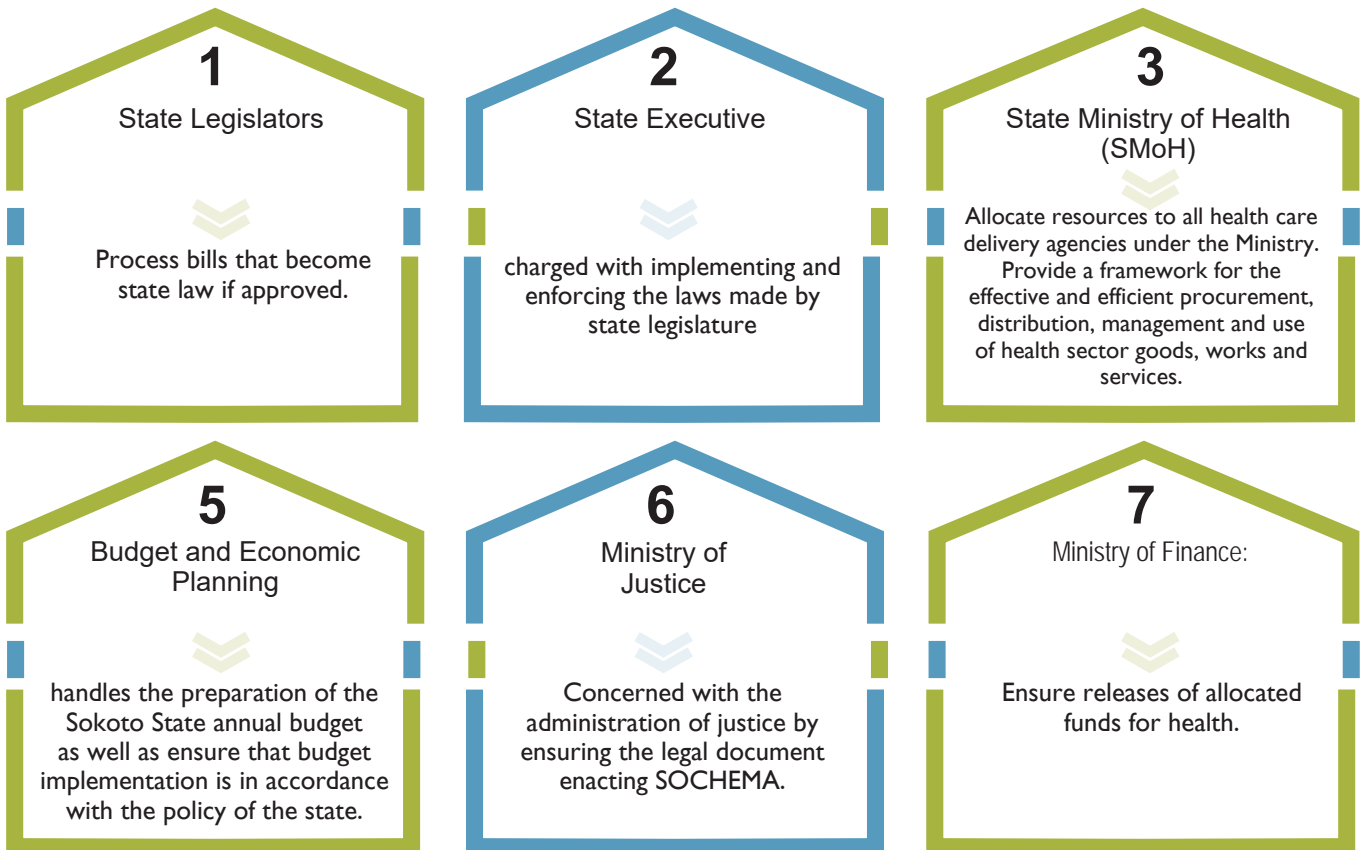
# 17,604

NUMBER OF PERSONS  
WITH TB BURDEN

Based on the 2013 national prevalence for all forms of TB in all ages at 326 per 100,000 population and a population estimate 5.4 million (2006 Census)



# Key Stakeholders



## THE USAID/HFG PROJECT IN SOKOTO STATE

**KICKED OFF NOVEMBER 2016**  
with stakeholder mapping and engagement



The HFG mandate for Osun state is to improve the financing, management, and delivery of sustainable pro-poor reproductive, maternal, neonatal and child health (RMNCH) services.



# USAID/HFG in Sokoto State

## HEALTH BUDGET ALLOCATION

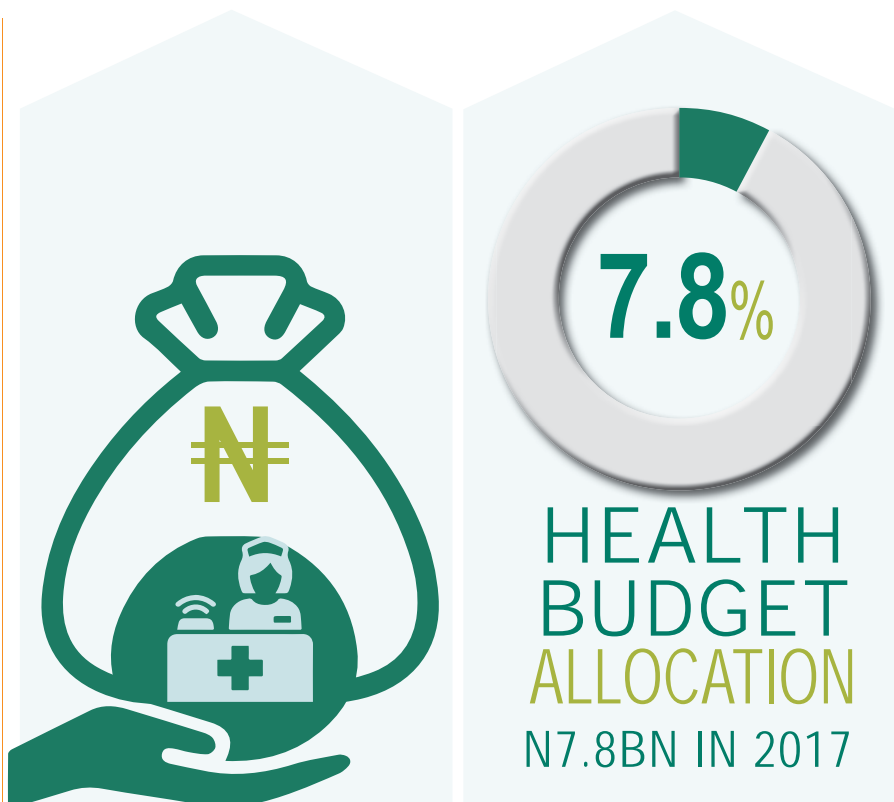
Health Budgetary allocation was 7.8 percent (N7.8 billion (\$21,487,604) in 2017.

## HEALTH STRUCTURES AND SERVICES

Only about 8 general hospitals in the state were in good shape but this has now increased to 20 general hospitals. All the hospitals were renovated and equipped with medical equipment.

## STATE HEALTH INSURANCE SCHEME

The state only had a draft bill and a functional committee saddled to work out modalities for its implementation.



## INTERVENTION AREAS



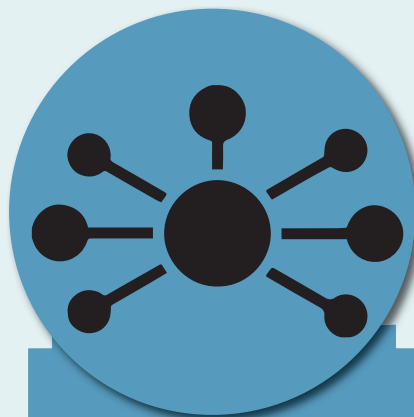


# Approach



## ADVOCACIES

Advocacies were conducted throughout the project and targeted the ministries for budget, house of assembly, Secretary to the State Government (SSG) amongst others, to increase budgetary allocation and effect releases of funds and improve health reforms in the state.



## MULTISECTORAL APPROACH

A Technical Working Group (TWG) for Domestic Resource Mobilization (DRM) was established to bring all stakeholders under one platform and advocate for health financing reforms in the state



## EVIDENCE GENERATION FOR DECISION MAKING

Conducted studies such as Fiscal space for health, Public Expenditure reviews, Governance and political economy assessment, Service Availability and Readiness Assessment (SARA).



# Achievements

- USAID/HFG supported the Sokoto State Health Insurance Scheme (SSHIS) bill from being a draft to law.
- Establishment of Multi-Sectoral TWG that has created synergy and understanding of the different stakeholders to come together and advocate for health sector reforms.
- Advocated for increments of health sector budget leading to 11.63 percent (N25 billion) allocated to health compared to 7.8 percent (N7.8 billion) in 2017.
- The SARA report provided evidence to earmark for additional funds and it achieved strong legislative support that made the passage for SSHIS Law with a provision of not less than 2 per cent Consolidated Revenue Fund (CRF).
- Co-supported the creation of a line budget for Child Birth spacing in the 2018 budget.
- SARA Report revealed the need for NGN 600 million (\$1,652,892.60) for PHC revitalization which resulted in the earmarking of NGN 405 million (\$1,115,702.51) for PHC revitalization in 2018.

**3.83%**

## INCREMENT IN HEALTH SECTOR BUDGET

Advocacy efforts led to the N25bn allocation to health in 2018 compared to N7.8bn in 2017



## ACHIEVED STRONG LEGISLATIVE SUPPORT

That made the passage for SSHIS Law with not less than 2 per cent Consolidated Revenue Fund (CRF)



## MADE A CASE FOR PHC REVITALIZATION

Through SARA Report that resulted in the earmarking of N405m



# Lessons Learnt



## MULTISECTORAL COORDINATION

Multisectoral coordination along with collaborative planning and programming across the state key players is necessary and accelerates achievements.



## EVIDENCE GENERATED

Evidence generated played a vital role in making a case for more money for health and release



## SENSITIZATION

Adequate sensitization during advocacy visits can be a game changer in the most difficult situation. The state legislators devoted 10 per cent of their monthly salaries to the scheme and the Governor assented the bill into law within three days of submission.





# Challenges



Inadequate manpower mostly at the state's Primary Health Centres (PHCs).



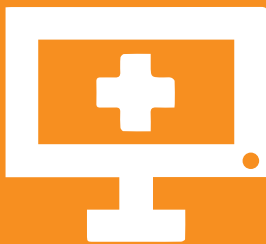
Poor health status indices as a result of poor health literacy influenced by culture and belief systems, low educational level, low health literacy and low socio-economic status, amongst others.



Inadequate funding and releases for health care services as result of reliance on federal allocation, so any decline in federal allocation affects the state.



Insecurity in Zamfara state which affects most local government areas bordering with Sokoto state and contributes to an influx of sick and injured patients into the mostly dilapidated PHCs.



# Legacy



Transferred capacity to support staff of SOCHEMA agency to implement SHIS effectively



Health Financing Unit (HFU) established with provision of budget line for its running.



Policy documents like the operational guideline, benefit package, claims and management guideline developed.



State Health Insurance scheme



Multisectoral Technical Working Group



# Recommendations

**Sokoto state should consider improving its Income Generating Fund (IGF) and review service laws like laws for the collection of revenue.**



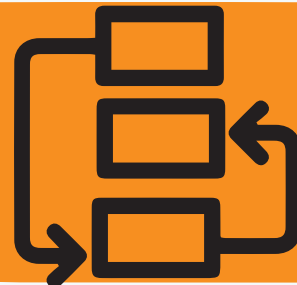
**The scheme needs more qualified manpower.**



**To ensure sustainability of the scheme the capacity of the staff need to be further developed.**



**Projects should consult with the state or include the state key players in the development of work plans to guarantee synergy and the buy in of the state.**



**Factors influencing health literacy in Sokoto state must be adequately identified and modified to help improve the health literacy level of the populace.**





# Sustainability Initiative



State has made provision in the 2018 budget to continue supporting Multi-sectoral HFTWG meetings, HFU activities and capacity building of staff.



Establishment of SSHIS with a legal document (Law).



USAID/HFG supported policy documents will be used for referral and proper implementation



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