



ONDO STATE HEALTH SECTOR

2026-2028

Medium Term Sector Strategy (MTSS)

November, 2025

Foreword

Budget is the policy instrument for the allocation of public resources among the socio-economic needs of any government. It therefore helps in planning the deliverables for the State and a key process towards the overall development of the State.

The Medium-Term Sector Strategy (MTSS) of the Health Sector was developed by Health Sector MTSS Committee under the chairmanship of the Permanent Secretary, Ministry of Health, Dr. Adeniran Ikuomola. Others members of the committee who contributed to the development of this document include Directors from the Ministry, Departments and Agencies, with the utmost assistance from the Ministry of Economic Planning and Budget (MEPB).

The MTSS provides the vital link in the process of translating the long and medium-term health reform strategies of Ondo State Government from 2026 to 2028 into the spending reality of the annual budget. The MTSS provides the initiatives and expenditure plans through which the Sector seeks to contribute to the delivery of qualitative and accessible health care service delivery of government for the years 2026 to 2028.

I therefore wish to commend all the stakeholders within the health sector and Ministry of Economic Planning & Budget for their contributions in the development of the MTSS document which will guide the policy direction of the government in contributing immensely to improved health care service delivery in Ondo State.

Dr. Banji Awolowo Ajaka.

Honourable Commissioner for Health.

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Finally, I appreciate members of Health sector MTSS Committee and other supporting staff for their commendable efforts in bringing the 2026 MTSS document to fruition.

Dr. Adeniran A. Ikuomola MB; chB, MPH, MPA, FWACS, FMCOG, FCIPA
Permanent Secretary, Ministry of Health

Table of Acronyms

Acronym	Definition
ACT	Artemisinin-based Combination Therapy
AFENET-NSTOP	African Field Epidemiology Network – National Stop Polio Transmission Programme
AIDS	Acquired Immune Deficiency Syndrome
AMB	Alternative Medicine Board
ARV	Anti-Retroviral
BCC	Budget Call Circular
CCFN	Catholic Cariters Foundation of Nigeria
CHC	Contributory Health Commission
CEMDOS	Confidential Enquiry into Maternal Deaths in Ondo State
CSO	Civil Society Organizations
DHIS	District Health Information System
DLI	Disbursement Linked Indicator
DST	Dental Surgery Technician
EHA	Equitable Health Access Initiative
EMS	Emergency Medical Services
FAST	First Aid Support Team
GH	General Hospital
HDC	Health Development Committee
HDCC	Health Data Consultative Committee
HIV	Human Immuno-deficiency Virus
HMB	Hospitals' Management Board
HMIS	Health Management Information Systems
HR	Human Resource
HRH	Human Resources for Health
ICT	Information and Communication Technology
IEC	Information and Education Communication
IGR	Internally Generated Revenue
IHVN	Institute of Human Virology of Nigeria
KCC	Kidney Care Centre
KPI	Key Performance Indicators
LACA	Local Action Committee on AIDS
LGA	Local Government Area
LLIN	Long Lasting Insecticidal Nets
LMCU	Logistics Management and Coordinating Unit
MCH	Mother and Child Hospital
MDA	Ministry Department and Agency
MDCN	Medical and Dental Council of Nigeria
MEC	Millennium Eye Centre

MEPB	Ministry of Economic Planning and Budget
MICS	Multiple Indicators Cluster Survey
MPDSR	Maternal and Perinatal Deaths Surveillance and Response
MTSS	Medium Term Sector Strategy
MEPB	Ministry of Economic Planning and Budget
MoH	Ministry of Health
NMCN	Nursing and Midwifery Council of Nigeria
NDHS	Nigeria Demographic and Health Survey
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information Systems
NPHCDA	National Primary Health Care Development Agency
ODAMB	Ondo State Alternative Medicine Board
ODCHC	Ondo State Contributory Health Commission
ODEMSA	Ondo State Emergency Medical Services Agency
ODHCMA	Ondo State Drugs and Health Commodities Management Agency
ODSACA	Ondo State Agency for the Control of AIDS
OSPHCDA	Ondo State Primary Health Care Development Agency
PCR	Polymerase Chain Reaction
PEFFAR	President's Emergency for AIDs Relief
PPE	Personal Protective Equipment
PHC	Primary Health Care
PMR	Performance Management Review
PMTCT	Prevention of Mother to Child Transmission
R&D	Research & Development
RH	Reproductive Health
SACA	State Agency for the Control of AIDS
CHT	College of Health Technology
SMoH	State Ministry of Health
SP	Sulfadoxine-Pyrimethamine
SOP	Standard Operative Procedures
SPT	Sector Planning Team
SSH	State Specialist Hospital
SSHDP	State Strategic Health Development Plan
SURE-P	Subsidy Reinvestment Programme
TBAs	Traditional Birth Attendants
TBL	Tuberculosis and Leprosy
UNICEF	United Nations International Children Emergency Fund
USAID	United States Agency for International Development

Executive Summary

The MTSS document for the health sector is inspired by the need to guarantee affordable, accessible and qualitative healthcare for all residents of Ondo State. This drive necessitated a broad-based participation of stakeholders within the sector over a meaningful period of time for a robust and implementable document of this nature to be produced.

The Year 2024 Budget analysis showed that out of ₦28, 714,779,014.40 allocated to the health sector excluding grants and amount given to UNIMEDTH, Contributory Health Commission and Mother & Child Hospital respectively, ₦16,337,754,581.89 was expended, meaning a performance of 56.9%. Also, for Year 2025, Ondo State had a total budget of ₦698,659.496,000.00 out of which ₦ 59,348,668,963.43 representing 8.49% was allocated to Health sector including grants and amount given to UNIMEDTH, Contributory Health Commission and Mother & Child Hospital. Between the period of January – September of the current year, there has been a budget release of ₦23,595,724,659.17 which gives a budget performance of 39.76% so far. This is bound to increase as the year progresses. Further review of the budget revealed that MDAs would have performed better, but for the low revenue inflow being experienced by the State.

In all, 9 programmes with 126 projects were earmarked for implementation within the period under consideration. Some of the major highlights of the sector strategy is to improve healthcare coverage, explore new areas of healthcare financing apart from government expenditure in order to enhance better citizen participation and sustainability, stimulate the expansion of the disease scope to properly focus on non-communicable diseases especially cancer, and fortify the apex referral Centre in the State.

The preparation of the Health Sector 2026-2028 MTSS will set the pace for the 2026 budget exercise and the subsequent ones. The MTSS total cost of the programmes for years 2026, 2027 and 2028 are ₦8,890,000,000.00, ₦9,163,343,914.56 and ₦9,529,899,671.15 respectively. Also, knowing the critical place of Monitoring & Evaluation for effective realization of sector outcomes, appropriate frameworks are contained in this document for monitoring the implementation trajectory of the strategic plan of the health sector from 2026 to 2028.

Conclusively, the renewed political commitment of the present administration to the health sector is highly commendable. The quality of Human Resource that forms the critical mass of the health sector's policymakers cannot be pushed aside in the implementation of the sector's strategic plan. In addition, the collective drive of all segments of the sector, which is spearheaded by the State Ministry of Health, is undoubtedly another critical success factor for implementation of the MTSS document.

CHAPTER ONE:INTRODUCTION

1.1 Objectives of the MTSS Document

The MTSS for the Health sector is an offshoot of the broader State Development Plan (SDP), with a core component of the latter being in line with the Sustainable Development Goals (SDGs). The common strategic considerations of all the three documents are to ensure a qualitative healthcare delivery system in Ondo state that is well coordinated, cost-effective and accessible to all, thus ensuring Universal Health Coverage in a sustainable manner. In addition, this MTSS document generates a lot of its input from the State Strategic Health Development Plan (2018-2022) and also incorporates the unachieved targets of the previous MTSS document. Also, for the sake of resource allocation, this document is integrated with the State's budgetary framework.

1.2 Summary of the Process used for the MTSS Development

The process of development of the MTSS document was driven by a cross-section of sector stakeholders from all MDAs. Plenary meetings and strategy sessions were held whereby the MTSS template was extensively discussed. Furthermore, tasks were appropriately shared and assigned to relevant desks while appropriate timelines were noted. The Heads of all MDAs, Directors, Deputy Directors, Programme Officers (where applicable) and other pertinent staff of all MDAs within the health sector contributed significantly to the preparation of this document by making available all necessary materials. Where necessary and in order to have a robust and workable document, the experience and opinions of major development partners within the State health sector were considered.

More importantly, all documents, including high-level policy papers that were provided by various MDAs were dispassionately reviewed in line with the sector goals and objectives. Also, the process of developing the MTSS document engendered collaboration and interaction with other sectors such as officials of the State Ministry of Economic Planning & Budget, Ministry of Finance and many more.

1.3 Summary of the Sector's Programmes, Outcomes and Related Expenditures

Table 1: Programmes, Expected Outcomes and Proposed Expenditures

Programme	Expected Outcome	Proposed Expenditure		
		2025	2026	2027
1.1 Health Policy Development	Improved health indices	444,760,000.00	335,836,550.00	128,699,695.00
1.2 Health Care Financing	Improved access to health care service	798,000,000.00	712,600,000.00	762,350,000.00
1.3 Maternal and Child Health	Reduced Maternal and child mortality	173,160,000.00	190,476,000.00	209,523,600.00
1.4 Community participation and engagement program	Strengthened community participation in health development	27,699,000.00	21,355,000.00	20,211,040.00
2.1 Health System Management	Effective health system management	8,965,075,000.00	2,172,218,110.00	1,688,765,465.00
	Improved data quality	80,510,000.00	26,972,000.00	90,178,275.00
	Improved logistic management	1,669,200,000.00	2,21,015,200.00	1,888,137,280.00
2.2 Disease Prevention and Control	Reduced incidence of communicable and non-communicable disease	860,700,000.00	948,920,000.00	1,043,892,000.00
Total Cost		12,173,445,000.00	13,120,861,800.00	14,286,268,145.00
Indicative Budget Ceiling		12,173,445,000.00	13,120,861,800.00	14,286,268,145.00
Indicative Budget Ceiling – Total Cost		0.00	0.00	0.00

1.4 Outline of the Structure of the Document

This MTSS document is in five chapters as follows:

Chapter One contains *Introduction* where summary of the key objectives of the MTSS document; the process used for the development of the document and the sector programmes, expected outcomes and related expenditures are spelt out. The chapter ends with an outline of the structure of the MTSS document.

Chapter Two is made up of *The Sector and Policy in the State*. This chapter begins by providing useful insight into the socioeconomic profile of Ondo State. Thereafter, peculiar features of the State's health sector, especially the institutional framework, policy thrust, crucial programmes as well as the Mission & Vision, are clearly highlighted.

Chapter Three delves into *The Development of Sector Strategy* and discusses the projects, several challenges encountered in actualizing these projects in previous MTSS document, details of personnel & overhead costs and the major implementation strategies of the sector.

Chapter Four gives a *Three-year expenditure projection*, which is a forecast of the proposed spending for capital and recurrent projects in the health sector over the MTSS period under review.

Chapter Five tells of Monitoring and Evaluation and it outlines the planned framework for appraising performance indicators in the health sector over the period in view.

Chapter Two: The Sector and Policy in the State

2.1 A Brief Introduction of Ondo State

Ondo State was created on 3rd of February, 1976 from the former Western Region and has a land area of 14,606 km² which represents about 1.66 percent of the total surface area of Nigeria. The State is located in the South Western part of Nigeria. Ondo State has a population of 5,687,488 (projected to 2024 from NPC 2006), of which 2,820,994 (49.6%) are females and 2,866,494 (50.4%) males (source: Ondo State Bureau of Statistics). The State has its capital situated in Akure and is made up of eighteen (18) Local Government Areas and thirty-three (33) newly approved Local Council Development Areas (LCDA).

In the State, there are 962 registered health facilities; Primary (604), Secondary (24), Tertiary (4), including the Federal Medical Centre, Owo, Federal University of Technology Akure Teaching Hospital and Private (330) which are distributed across the entirety of the State with each Local Government Area having at least a General Hospital. The Specialist Hospitals are distributed across the 3 senatorial districts. These institutions offer technical and/or specialized services while some are responsible for the training of health care providers.

The Ondo State Contributory Health Commission was established to provide maternal and child health services at little or no cost to improve qualitative health care services for the entire populace of Ondo state. The establishment of the Ondo State Drugs and Health Commodities Management Agency (ODHCMA) will help to eradicate stock out syndrome and provide logistics support as well as ensure that quality drugs, consumables and medical equipment are procured. Also, Ondo State Alternative Medicine Board coordinate the activities of the

2.2 Overview of the Sector's Institutional Structure

The Ministry of Health is the Supervising Ministry for the Health sector of Ondo State and is headed by the Honorable Commissioner for Health. Apart from its oversight functions, it also provides policy directions for the overall health system development in the state. The services of the Sector are provided by a broad spectrum of health care institutions, both public and private. Both the public and private sectors provide orthodox health care services. The Hospitals Management Board (HMB) is statutorily responsible for the management and supervision of all health workers of the secondary health facilities, which include all General Hospitals and Specialist Hospitals. The Ondo State Primary Health Care Development Agency (OSPHCDA) is responsible for management of all health workers in the Primary Health Care (PHC) domain of the health system and implementation of primary healthcare programmes and interventions at the LGA levels.

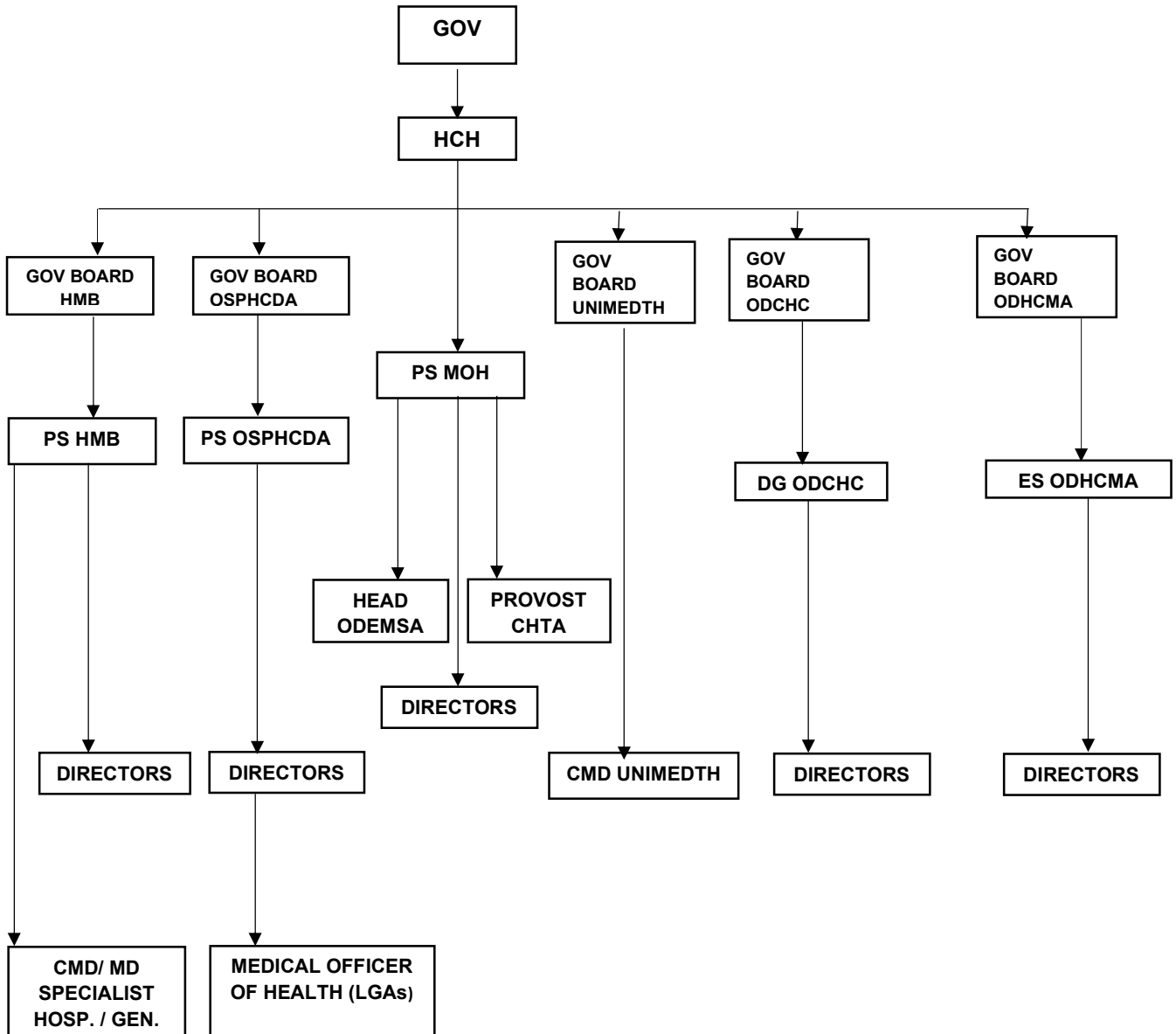
The Ondo State Emergency Medical Services Agency (ODEMSA) provides prompt response and rescue of accident victims across the boundaries of the State to the nearest health facility where help and hope can be secured for the victims; Ondo State Agency for the Control of AIDS (ODSACA) serves as the institution that coordinates the HIV/AIDS control programmes across the State. While University of Medical Sciences Teaching Hospital (UNIMEDTH) is an institution that provides tertiary medical services. In addition, the hospital collaborates with the University of Medical Sciences in research and training of medical personnel. The College of Health Technology is a training institution supervised by the Ministry of Health and is responsible for the training of mid-level Health workers. Ondo State Contributory Health Commission (ODCHC) is an institution responsible for the provision of Universal Health Coverage (UHC) through enrolment in the Health Insurance Scheme of the State Government. ODCHC has the goals of providing access to qualitative and affordable health care delivery for all citizens, ensuring: adherence to the highest levels of standards and quality of healthcare services, that all residents of the State are protected against catastrophic healthcare spending, significant reduction in Out-Of-Pocket Expenditure (OOPE) for healthcare services and ensure massive pooling of funds within the healthcare space in the State whether public or private. The Ondo State Drugs and Health Commodities Management Agency (ODHCMA) will help to eradicate stock out syndrome and provide logistics support as well as ensure consistent availability of quality drugs, consumables and medical equipment. The Neuro Psychiatric Hospital is saddled with the responsibility of tackling mental health issue.

The above-mentioned structures are considered adequate to deliver the expected healthcare mandates and outcomes in Ondo State. As at September, 2025, the State had a total of 8,711 health workforces comprising 71 professional groups.

The population of human resource in the sector is as follows:

Ministry of Health	303
Ondo State Contributory Health Commission (ODCHC)	29
Hospitals Management Board (HMB)	2, 368
Ondo State Primary Health Care Development Agency (OSPHCDA)	3, 533
University of Medical Science Teaching Hospital (UNIMEDTH)	2, 299
College of Health Technology	112
Ondo State Emergency Medical Services Agency (ODEMSA)	46
Ondo State Drugs and Health Commodities Management Agency (ODHCMA)	29
Ondo State Alternative Medicine Board (OSAMB)	10

ORGANOGRAM OF THE HEALTH SECTOR



2.3 The Current Situation in the Sector

The health sector of the State provides all levels of care to residents of Ondo State. The Ministry of Health acts as the coordinating unit for the sector while the other agencies are in charge of providing both qualitative and quantitative health care services. The primary health care facilities under the supervision of the Ondo State Primary Health Care Development Agency provide the first level of care, which are primary health care services to Ondo State residents. The secondary health facilities are responsible for the provision of secondary level of care and serve as referral centres for the primary health care facilities in each Local Government Area. The University of Medical Sciences Teaching Hospital (UNIMEDTH) (located in Ondo and Akure) provides tertiary care and are referral centres for all the General hospitals.

The projected 2024 population of the State (from 2006 census) indicates that the health sector serves over five million people and twenty percent of the total population (1,171,623) are children under 5 years of age. The State has over 1 million women of childbearing age (1,251,247), of which about quarters are pregnant women (284,374).

If fertility were to remain constant at current levels in Nigeria, a woman in Ondo State would bear an average of 3.1 children in her lifetime. Also, NDHS 2024 shows that 22.9% of married women 15-49 years in Ondo State use modern family planning method, which is higher than 12% recorded in 2018 of NDHS. This shows an increase of 10.9% in the uptake of family planning method over the years.

Proper care during pregnancy and delivery is important for the health of both the mother and the baby. The NDHS 2024 result shows that 79.8% of women in Ondo State receive antenatal care from a skilled provider during pregnancy which is slightly higher compared to the National average of 62.5%. Seventy-six per cent of births (76.3%) are delivered by skilled birth attendants and 83.2% deliver in health facilities in Ondo State, which are also very high compared to the National figures of 45.7% and 43.3% survey. The high figures recorded in Ondo State might not be unconnected with the free and high skilled maternal health care services operated in the State for some years now. With the dwindling resources available to health care now and user fees being introduced in some facilities for maternal and child health services, these gains may be lost and these high figures may not be sustained if drastic steps are not taken.

Universal immunization of children against six 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 about a third of children 12-23 months in Ondo State have full immunization coverage which is comparable to the National figure of 31% and quite low. Even though the OSPHCDA 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 these statistics.

Wasting in under 5 children which is a measure of acute malnutrition is low (10.2%) in Ondo State but about a fifth (17.8%) of Ondo 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. (2024 NDHS)

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. Over half (58.9%) of children and 40.1% of pregnant women sleep inside ITN. Also, 61.0% of children under 5 with fever receive malaria treatment while 62.5% of pregnant women receive IPT (All these figures are not optimal; hence more concerted efforts are needed to ensure prevention and management of Malaria of all vulnerable groups).

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 Ondo state is similar (75.3% and 72.9% respectively) (2018 NDHS). This shows that as high as a quarter of Ondo State people do not have adequate knowledge about HIV prevention which may have a negative impact on the prevention strategy.

Like several other sectors, the healthcare sector of the state has in recent times been confronted with some challenges which have impacted on healthcare outputs and outcomes. The major challenges in the delivery of health care services in the State are;

- **Inadequate Budgetary Release of Fund for Projects:** In spite of the inclusion of several projects in the previous MTSS document, the budgeted funds could not be accessed due to non-release by relevant authorities. The complaints of the approving bodies could however be linked to the State government’s lean purse during the period under review. Since health care is a social service, it cannot be profit oriented, hence imposing severe limitation on service charges. However, most of the General Hospitals receive no subvention even for capital projects: they depend entirely on the out-of-pocket fees paid by patients. The result of this is that limited funds are available to run the hospitals. Unfortunately, without adequate funding quality of service will be compromised.
- **Inadequacy of Human Resource for Health:** Many of the frontline health workers who deliver healthcare services at the public facilities to the populace have retired from the service. Although the Specialist and General hospitals are the hub of healthcare delivery responsible for majority of curative services, they remain grossly understaffed in all

departments. Many facilities utilize ad hoc staff and lower cadre officers for what trained professionals should do. In the past few years, the emerging teaching hospital had also mopped up most of the highly skilled workers at this level. Though Government has recently employed some staff, there is however need for more.

- **High out-of-pocket expenditure for health among the populace:** Financial barrier to accessing healthcare is still a major concern in the state. Ondo State contributory Health Commission commenced operations in June, 2019 and has recently started contributory health scheme. Even at this out-of-pocket expenditure for health in the state still remains high and forms a huge stumbling block to accessing healthcare services.
- **Low diagnostic and therapeutic accuracy of primary healthcare facilities:** The primary healthcare delivery system of the State is challenged by the dearth of accurate diagnostic and therapeutic skills. Ranging from low number of laboratory and radiological services to reduced technical capacity of personnel for accurate clinical diagnosis, the primary health care sector of the State, which is the closest healthcare system to the rural populace, requires a full-scale increase in its diagnostic and therapeutic capacity.
- **High patronage of alternative medical services:** Traditional Birth Attendants, Herbal homes, patent medicine sellers and so forth are many in the healthcare pool. They offer more readily available but quack services to residents. There are several reasons for this ugly trend and these include financial barrier to access, non-availability of healthcare facilities in some remote areas, poor staffing of public primary & secondary facilities, poor attitude of existing health workers etc. This document hopes to address some of these components in order to reduce the patronage of alternative medical services.

CHALLENGES PECULIAR TO SECONDARY HEALTH CARE LEVEL

- **National Policy**

Nigeria operates three tier healthcare level systems which are primary, secondary and tertiary. Emphasis has been on the primary health care level for several decades, while this is justifiably so, it has led to almost a total neglect of the secondary health care level in terms of policy. As at today whilst there are national institutions responsible for the primary and tertiary health care levels none exists for secondary level. The implication of this is that the secondary healthcare is totally left uncaptured at the national level of health planning despite the fact that the Secondary health care or general hospitals remain the hub of majority of curative health care service delivery in the country.
- **Management/Supervision**

At the State level, Ondo State Hospitals Management Board is responsible for management and supervision of health care service delivery at secondary health facilities. It is the oldest parastatal in the health sector established by an act of the State parliament. The board is faced with challenges of inadequate office spaces, shortage of vehicles to carry out monitoring and supervisory activities, Lack of ICT upgrade for digitalization of data and record among others. All these challenges are major contributors to inadequate management of the Specialist and General hospitals across all the LGAs of the state.
- **Infrastructure and manpower**

Many of the General hospitals in the State were established at a time when the towns they were serving had modest populations. Since then, there has been population explosion in those towns and cities. Due to increase in inflow of patients as a result of depression, substance abuse and increased access to commonly abused drugs, there is need for urgent provision of additional accommodation and upgrade of Neuro Psychiatric Hospital. There are severe shortages of building infrastructures, equipment and man power. Many of the facilities still depend on ageing and out-dated equipment. All these challenges over the years have had a huge negative impact on the delivery of qualitative health services at this level of care.

2.4 Partnerships and Collaboration

Locally, within the Ondo State government system, the Ministry of Health and associated MDAs collaborate actively with MDAs involved in planning, resource mobilization, pooling, infrastructure development and social services, these include:

1. Ministry of Economic, Budget and Planning
2. Ministry of Education, Science and Technology
3. Ministry of Finance
4. Ministry of Local Government and Chieftaincy Affairs
5. Ministry of Information and Orientation
6. Ministry of Work
7. Ministry of Environment
8. National Primary Health Care Development Agency (NPHCDA)
9. National Health Insurance Scheme (NHIS)

The Ministry also collaborates with Faith-Based Organizations (FBO), Civil Society Organizations (CSO) and international NGOs and multilateral organizations such as:

1. World Health Organization (WHO)
2. United Nations Children's Fund (UNICEF)
3. The World Bank
4. Clinton Health Access Initiative (CHAI)

2.5 State Government Policy

The State is committed to ensuring that her policies and initiatives serve the needs of the general public and optimize the welfare and quality of life of her indigenes. The goal of state programmes is to eliminate poverty and disparities in access to basic healthcare services and living standards of her people.

Priorities in the Ondo State health sector right now include:

1. Ensuring pregnant women and children under five have continuous, unfettered access to high-quality healthcare services
2. Availability of universal healthcare, especially through the Ondo State Health Insurance Programmes
3. Digitalization of medical facilities at all three levels of care
4. The availability of personnel and equipment at all levels of care among other essential resources
5. Assisting and improving state-owned health training institutions
6. Expanding the State public health security system (emergency preparedness and response).

The State Government through the Ministry of Health has designated the following service charters:

1. Ensuring that high quality and equitable healthcare is accessible to all citizenry
2. Zero tolerance for health facility preventable deaths

SUMMARY OF THE REVIEW OF SECTOR POLICIES

The identified Nine (9) policy documents which are operational in the Health sector and were reviewed in the preparation of this MTSS are as follows:

- i. SDGs (Sustainable Development Goals)
- ii. Africa Health Strategy (AHS): 2016 – 2030

- iii. National Strategic Health Development Plan 2018-2022
- iv. Economic Recovery & Growth Plan (ERGP) 2021-2024
- v. DAWN {Development Agenda for Western Nigeria}
- vi. Ondo State Government Strategic Health Development Plan 2018-2022
- vii. Ondo State Blue-Print to Progress (Reports of Strategic Development & Policy Implementation Committee)
- viii. The revised National Health Policy 2004, which includes
 - Primary Health Care Under One Roof (PHCUOR)
 - Nigeria's Basic Healthcare Provision Health
- ix. The National Health Product Supply Chain Strategic Development and Implementation Plan (2021-2025)

I. SDGs (Sustainable Development Goals)

The SDG covers the period 2016 – 2030 and has 17 goals. SDG 3 focuses on health and has as a goal to '*Ensure healthy lives and wellbeing for all ages*' by improving reproductive, maternal and child health; ending the epidemics of major communicable diseases; reducing non-communicable and environmental diseases. The goal has 13 targets:

- Reduce maternal mortality to less than 70/100, 000 live births
- End preventable newborn and child deaths
- End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases
- Reduce mortality from NCD and promote mental health
- Strengthen prevention and treatment of substance abuse
- Halve global deaths and injuries from road traffic accidents
- Ensure universal access to sexual and reproductive health-care services
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all
- Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen implementation of framework convention on tobacco control
- Provide access to medicines and vaccines for all, support research and development (R&D) of vaccines and medicines for all
- Increase health financing and health workforce in developing countries
- Strengthen capacity for early warning, risk reduction and management of health risks

II. AFRICA HEALTH STRATEGY (AHS): 2016 – 2030

The Objective of AHS is to strengthen health systems performance, increase investments in health, improve equity and address social determinants of health to reduce priority disease burdens by 2030. The two strategic Objectives are:

- a. By 2030, to achieve universal health coverage by fulfilling existing global and continental commitments which strengthen health systems and improve social determinants of health in Africa
- b. Reduce morbidity and end preventable mortality from communicable and non-communicable diseases and other health conditions in Africa by implementing the following strategic priorities:

- Ending preventable maternal, new born and child deaths and ensure equitable access to comprehensive, integrated sexual, reproductive, maternal, neonatal, child and adolescent services, including voluntary family planning;
- Ending AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other emerging and reemerging communicable diseases;
- Sustaining and scaling up expanded programmes on immunization;
- Reducing all forms of malnutrition including stunting among young children and related nutrition objectives as specified in the Africa Regional Nutrition Strategy (2016-2025);
- Prioritizing programmes to address premature mortality from diabetes, cancer, cardio-vascular diseases, respiratory infections, mental health, injuries and other non-communicable diseases.

III. NHSDP II NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN II (2017 – 2021)

These are **National focal priority areas** for the period 2017 to 2021 and the Strategic Objectives are to:

- To ensure universal access to an essential package of care
- To increase access to health care services
- To improve the quality of health care services
- To increase demand for health care services
- To provide financial access especially for the vulnerable groups
- Promote community participation
- Strengthen the organization of PHC services at LGA level.

IV. ECONOMIC RECOVERY & GROWTH PLAN (ERGP) 2021-2024

The National ERGP Policy objectives are to:

- Improve the availability, accessibility, affordability and quality of health services.
- Expand healthcare coverage to all Local Governments.
- Provide sustainable financing for the health care sector.
- Reduce infant and maternal mortality rates.

Some of the strategies to achieve the objectives include revitalizing the primary healthcare system, rolling out universal health coverage (NHIS), strengthening delivery beyond the primary health care system, Partner with the private sector to construct model mega-health centres, build the capacity of health care personnel to improve service delivery.

DAWN (Development Agenda for Western Nigeria)

According to One Bloc, this is the organizational paradigm for charting the pathway for the Sustainable Development of the Western part of Nigeria DAWN states that its priorities are:

1. Pursuit of singularities in areas such as common health insurance, data centre, disease control and containment among others
2. Putting the well-being of the people at the centre of all development planning by addressing key social indicator gaps including poverty, new opportunities for primary health, affordable housing, etc.
3. Develop Centres of Excellence for Health

4. To transform the people of Western Nigeria into educated, healthy, highly skilled, motivated and engaged men and women, ready to work hard for the prosperity of the Region in particular, and Nigeria in general.
5. To pursue the emergence of an optimal and resilient Homeland where issues of disaster risk management; disease control and proactive containment; etc., are constantly put on the front-burner of collective and coordinated regional actions

V. ODSSHDP II (Ondo State Strategic Health Development Plan II)

The Ondo State Strategic Health Development Plan II (ODSSHDP II) is also organized along fifteen priority areas, broadly classified under two broad headings and listed as follows:

A) Health System Strengthening Priorities

- Leadership and Governance;
- Human Resources for health;
- Sustainable Health Financing;
- Health Information System;
- Essential Medicines, Vaccines, Equipment Supplies and logistics
- Partnerships for health;
- Community Participation and Ownership;
- Research and development for Health;
- Health infrastructure.
- Health Promotion and Social determinants
- Protection from health emergencies and risks

B) Health Service Delivery Priorities

- RMNCAH (Reproductive, Maternal, Neonatal Care& Adolescent health) + Nutrition
- Communicable Diseases, including environmental health, health emergencies and preparedness response, and neglected tropic diseases (NTDs)
- Non- communicable Diseases, including mental health, injuries, and care of the elderly
- General & Emergency Hospital Services

VI. Strategic Development and Policy Implementation Committee of Ondo State (SDPIC)

Strategic plans by Ondo State to achieve the sustainable development goals include:

- Putting strong health institutions in place
- Making health care services affordable with minimal out of pocket expenses, access to health must be non-discriminatory and the work force must consist of highly skilled health workers.
- Collating credible data to enable proper planning and distribution of services.
- Appropriate motivation of health care workers to carry out extra duties whilst in Government employment.
- Integration of the three tiers of health delivery system and private practitioners to ensure a smooth flow of service delivery to the populace.
- Prevention and control of cancers and other non-communicable diseases
- Establishment of medical consumable factories in the State.

VII. The Revised National Health Policy 2004

The revised National Health Policy 2004 which includes Primary Health Care Under one Roof, Nigeria's Basic Health Care Provision.

VIII. The National Health Product Supply Chain Strategic Development and Implementation Plan (2021-2025)

Flow of service delivery to the populace.

2.6 STATEMENT OF THE SECTOR'S MISSION, VISION AND CORE VALUES

Mission: To put in place appropriate health policies and programmes through a transparent leadership, trained and motivated staff while committed to delivering qualitative, affordable and equitable health care services for all citizen.

Vision: To be a healthy, socially and economically productive State, free from any form of preventable diseases that meets national targets on the elimination and eradication of diseases, and has significantly improved the quality of life and its expectancy rate.

CORE VALUES

- Professionalism
- Teamwork
- Transparency & accountability
- Fairness
- Responsiveness
- Excellence

Value	Definition	Examples of Behaviour	Strategy Implications
Professionalism	Competence or Skill expected of every healthcare professional	• Expertise • Competence • Respect • Thoroughness	• Establishment of routine monitoring and supervision processes that ensure continuous coaching and mentoring of all cadres based on the ethics of their profession
Teamwork (With the diversity of personnel in the health care system, working as a team is essential to achieving our goal).	Collaboration, and willingness of a group of people to work together to achieve a common goal.	• Cooperation • Synergy • Partnership • Unity	• Well established work process that ensure mutual respect & sense of belonging should be instituted.

Transparency & Accountability	Running a system that is open to public scrutiny Upholding the principle of responsibility to the public and government	• Maintaining an open door policy. • Honesty in all dealings with everyone. • Doing what you say and saying what you mean and feel.	• Institution of best management practices and systems in the Health Sector (financial, HR, facilities) to facilitate the demonstration of integrity. • Demonstration of zero tolerance to lapses relating to lack of integrity on the part of any member of staff through appropriate use of rewards and sanctions in relation to integrity.
Fairness	Ensuring equality and equity to all, irrespective of gender, social status, tribe, age or religion. Practical demonstration of equity that manifests equality under the law, equal opportunity and equal access to human, financial and other productive resources	• Accountability to all constituent parts of Ondo State's population. • Ensuring equity and equality in the treatment of men and women in service delivery in the health sector.	• Explicitly publicize that Ondo State Health Sector is an equal opportunity organization and act accordingly always. • Avoid discrimination in service delivery to men and women.
Responsiveness	Quality of being responsive to our environment, public needs and emerging technology	• Reacting quickly and in a positive manner • Reacting with interest and enthusiasm	• Establishing a feedback system • Establishing an evaluation mechanism that influences policy
Excellence	The quality of being outstanding or extremely good Delivery of health care services that ensure patient/client satisfaction	• Conformance to SOPs and Treatment protocols • Prompt response to patients needs	• Establishment of standard operating procedures and protocols • Integrated supportive supervision that ensures compliance with approved standard norms • Quarterly Quality Assessment of health facilities using checklists • Client exit surveys to identify and respond to gaps

SUMMARY OF THE REVIEW OF SECTOR POLICIES

The identified Nine (9) policy documents which are operational in the Health sector and were reviewed in the preparation of this MTSS are as follows:

- x. SDGs (Sustainable Development Goals)
- xi. Africa Health Strategy (AHS): 2016 – 2030
- xii. National Strategic Health Development Plan 2018-2022
- xiii. Economic Recovery & Growth Plan (ERGP) 2021-2024
- xiv. DAWN {Development Agenda for Western Nigeria}
- xv. Ondo State Government Strategic Health Development Plan 2018-2022
- xvi. Ondo State Blue-Print to Progress (Reports of Strategic Development & Policy Implementation Committee)
- xvii. The revised National Health Policy 2004, which includes
 - Primary Health Care Under One Roof (PHCUOR)
 - Nigeria's Basic Healthcare Provision Health
- xviii. The National Health Product Supply Chain Strategic Development and Implementation Plan (2021-2025)

IX. SDGs (Sustainable Development Goals)

The SDG covers the period 2016 – 2030 and has 17 goals. SDG 3 focuses on health and has as a goal to '*Ensure healthy lives and wellbeing for all ages*' by improving reproductive, maternal and child health; ending the epidemics of major communicable diseases; reducing non-communicable and environmental diseases. The goal has 13 targets:

- Reduce maternal mortality to less than 70/100, 000 live births
- End preventable newborn and child deaths
- End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases
- Reduce mortality from NCD and promote mental health
- Strengthen prevention and treatment of substance abuse
- Halve global deaths and injuries from road traffic accidents
- Ensure universal access to sexual and reproductive health-care services
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all
- Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination
- Strengthen implementation of framework convention on tobacco control

- Provide access to medicines and vaccines for all, support research and development (R&D) of vaccines and medicines for all
- Increase health financing and health workforce in developing countries
- Strengthen capacity for early warning, risk reduction and management of health risks

X. AFRICA HEALTH STRATEGY (AHS): 2016 – 2030

The Objective of AHS is to strengthen health systems performance, increase investments in health, improve equity and address social determinants of health to reduce priority disease burdens by 2030. The two strategic Objectives are:

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Table 2: Objectives, Programmes and Outcome Deliverables

Sector Objectives	Programme	Outcome Deliverable	KPI	Baseline (e.g. Value of the Outcome in 2025)	Target		
					2026	2027	2028
To provide equitable access to comprehensive health care delivery	Health policy development	Improved health indices	Facility Utilization	35%	50%	75%	90%
	Health care financing programme	Improved access to health care service	% Coverage of health care services	No data	20%	30%	70%
	Health insurance	Improved health care coverage	% of enrolees accessing health care services.	0%	30%	60%	90%

	Maternal and child health	Reduced Maternal and child mortality	% of skilled birth attendant deliveries	86,1%	91%	92%	94%
			% of female 15 – 49 using modern contraceptives	15,1%	25%	40%	60%
			% of fully immunized children age 12 – 23 months	60%	80%	85%	90%
			Maternal mortality ratio/ 10,000 births (NDHS 2018)	576	250	150	100
			Under five mortality rate/ 10.000 births (NDHS 2018)	132	100	80	50
	Community participation and engagement program	Strengthened community participation in health development	% of LGAs fully involved in health development	TBD	TBD	TBD	TBD
	Health Infrastructure	Improved health care coverage	% of health facilities with basic minimum health infrastructure.	No data	30%	50%	70%
To ensure qualitative health care delivery	Health system management	Effective health system management	Number of joint management meetings of all MDAs in the sector in a year	50%	75%	75%	100%
		Improved data quality	% of facilities reporting quality data	97%	99%	100%	100%

			on a monthly basis				
		Improved logistic management	% of facilities without stock out of drugs and commodity in a year.	100%	100%	100%	100%
	Supply Chain management and Pharmacy investment	Improved access to medicine and consumables	% of clients accessing essential medicine and consumables in health facilities.	No data	70%	100%	100%
	Disease prevention and control	Reduced incidence of communicable and non-communicable disease	Percentage of new infection prevented	30%	50%	60%	70%
Number of policies developed and implemented to control epidemic			1	4	6	10	
	Human Resources for Health Development	Improved health indices	% of facilities having the full complement of health workers	No data	5%	7%	10%
	Monitoring and evaluation	Improved quality of decision making for health planning development and implementation	% of health facility monitored for adhering to SOPs	No data	60%	70%	80%

Chapter Three: The Development of Sector Strategy

3.1 Outline Major Strategic Challenges

Like several other sectors, the healthcare sector of the State has in recent times been confronted with some challenges, which have impacted on healthcare outputs and outcomes. These challenges prevented the effective implementation of the preceding MTSS document. Going by the situation analysis of the sector, the major challenges are;

- Inadequate Budgetary Release of funds for projects: in spite of the inclusion of several projects in the previous MTSS document, some budgeted funds could not be accessed due to non-release by relevant authorities. The complaints of the approving bodies could however be linked to the State government's lean purse during the period under review.
- Inadequacy of Human Resource for Health: Many of the frontline health workers who deliver healthcare services at the public facilities to the populace have retired from service. Although the State government recruited some personnel for the secondary health institutions in 2018, there are still a lot of grounds to be covered.
- High out-of-pocket expenditure for health among the populace: Financial barrier to accessing healthcare is still a major concern in the state. Although the Ondo State Contributory Health Commission commenced operations in June 2019, the Contributory Health Scheme is yet to take-off as at the time of preparing this document. The out-of-pocket expenditure for health in the state therefore remains very high and it forms a huge stumbling block for accessing healthcare services.
- Low Diagnostic and therapeutic accuracy of primary healthcare facilities: The primary healthcare delivery system of the state is challenged by the dearth of accurate diagnostic and therapeutic skills. Ranging from low number of laboratory and radiological services to reduced technical capacity of personnel for accurate clinical diagnosis, the primary health care sector of the state, which is the closest healthcare system to the rural populace, requires a full-scale increase in its diagnostic and therapeutic capacity. There is also the need to increase the technical capacity of personnel especially in the areas of accurate diagnosis and prompt and timely referral of patients.
- High patronage of alternative medical services: Traditional Birth Attendants, Faith based homes, Herbal homes; patent medicine sellers and so forth are many much in the healthcare pool. They offer by offering more readily available but quack services to residents. There are several reasons for this ugly trend and these include financial barrier to access fund, non-availability of healthcare facilities in some remote areas, poor staffing of public primary & secondary health facilities, poor attitude of existing health workers etc. This document hopes to address some of these components in order to reduce the patronage of alternative medical services.
- Lack of testing centres and the necessary diagnostic treatment equipment to curtail the outbreak of pandemic. There are also inadequate infectious disease isolation centres in the State.

3.2 Resource Constraints

Table 3: Summary of 2024 Budget Data

Item	Approved Budget (N) in 2024	Amount Released (N) in 2024	Amount released as % of Approved
Personnel	14,937,429,014.40	13,572,446,254.31	90.86
Overhead	1,009,000,000.00	445,732,478.83	44.18
Capital	12,768,350,000.00	2,539,575,848.75	19.89
Grant to UNIMEDTH	5,430,000,000.00	3,124,482,277.56	57.55
Contributory Health Commission	360,000,000.00	40,000,000.00	11.11
Mother & Child Hospital	36,000,000.00	0.00	0
Total	34,540,779,014.40	19,722,596,859.45	47.21

Table 4: Summary of 2025 Budget Data

Item	Approved Budget (N) in 2025	Amount Released (N) in 2025 (as at Sept)	Amount released as % of Approved	Actual Expenditure as % of Releases
Personnel	28,903,478,963.43	17,240,361,280.84	59.65	100
Overhead	1,800,570,000.00	434,360,587.40	24.12	100
Capital	22,545,320,000.00	5,921,002,790.93	26.26	100
Grant to UNIMEDTH	5,701,500,000.00	0	0	100
Contributory Health Commission	360,000,000.00	0	0	100
Mother & Child Hospital	37,800,000.00	0.00	0.00	100
Total	59,348,668,963.43	23,595,724,659.17	39.76	100

3.3 Projects Prioritizations

Table 5: Summary of Projects Review and Prioritization (Ongoing, Existing & New Projects)

ONDO Medium Term Sector Strategy (MTSS) 2026 - 2028												
MDA: HEALTH												
S/ N	Project Code	Project Name	Project Score	Project Ranking	Physical LGA(s)	Project Status (Ongoing/ New)	Timelines		Amount Approved for the Project in 2025 Budget (N)	Budget Requirement for Plan (N)		
							Project Commencement Year	Expected Year of Completion		2026	2027	2028
1	0	RENOVATION OF MORTUARY (HMB)	13	1	0	Ongoing	0	0	0	817,500,000	817,500,000	817,500,000
2	4100122000101	Construction of Perimeter Fence and Landscaping	17	2	0	Ongoing	0	0	0	0	0	0
3	4100123000050	Renovation of facilities for Accreditation (UN)	17	2	0	Ongoing	0	0	0	0	0	0
4	4100124000060	Renovation of Office Building (AMB)	17	2	0	New	0	0	5,000,000	5,000,000	0	0
5	0	MEDICAL EQUIPMENT (General)	17	2	0	Ongoing	0	0	0	32,450,000	134,475,000	93,522,500
6	0	Procurement of 1 no of Electric Motorcycle for	16	6	State W/H	New	2026	2027	0	684,000	705,000	733,000
7	4050123000100	Construction of Perimeter Fencing/security post	16	6	0	Ongoing	0	0	0	0	0	0
8	0	Office Equipments (General)	16	6	0	Ongoing	0	0	0	39,600,000	17,600,000	2,178,000
9	1040002760100	Renovation of ODEMSA offices	15	9	Akure So	Ongoing	2025	2026	0	0	0	0
10	4100123000060	Construction of New Hospital Complexes at U	15	9	0	Ongoing	0	0	0	0	0	0
11	0	PURCHASE OF TEXTBOOKS, JOURNALS AND	15	9	0	New	0	0	0	1,950,000	0	0
12	0	NON MEDICAL EQUIPMENT (General)	15	9	0	Ongoing	0	0	0	0	0	0
13	4040001820101	Upgrading of Emergency Medical Service Cent	14	13	Akure So	Ongoing	2025	2026	0	0	0	0
14	4.004E+13	Renovation of buildings (Classrooms and Off	14	13	Akure So	Ongoing	2026	2026	0	11,700,000	0	0
15	0	Construction of Computer Based Test (CBT)	14	13	0	New	0	0	0	0	0	47,614,840
16	0	Building of Entrepreneurship and skill acquisit	14	13	0	New	0	0	0	0	45,783,500	0
17	4100125000060	Construction of House Officer's Residence, R	14	13	0	Ongoing	0	0	0	0	0	0
18	4050123000100	Upgrading of the State Neuro Psychiatric Hos	14	13	0	Ongoing	0	0	0	0	0	0
19	4050124000010	Construction of Rehabilitative ward of 200 b	14	13	0	New	0	0	0	0	0	0
20	4050123000010	Construction and Upgrading of Secondary Ho	13	20	State W/H	Ongoing	2025	2027	500,000,000	360,000,000	700,000,000	800,000,000
21	0	Establishment/Construction of State College	13	20	State W/H	New	2025	2028	0	1,000,000,000	500,000,000	500,000,000
22	0	Construction of 1 Nos. incinerator (ODHCMA	13	20	State W/H	Ongoing	0	0	0	22,730,000	23,463,000	24,312,000
23	0	Procurement and Erection of four Billboard in	13	20	Akure So	New	2025	2026	0	2,279,000	2,348,000	2,442,000
24	4100124000030	Development and Deployment of Electronic M	13	20	0	Ongoing	0	0	0	0	0	0
25	4100123000070	Human Capital Development: Capacity Buildin	13	20	0	Ongoing	0	0	0	0	0	0
26	4040000474011	Development of the Health Insurance Scheme	13	20	0	Ongoing	0	0	0	35,000,000	36,050,000	10,712,000
27	0	CAPACITY BUILDING FOR 54 TUTORS (CH	13	20	0	New	0	0	0	12,360,000	0	0
28	4070323000010	Regulation and Research into Herbal Medicin	12	28	Irele	Ongoing	2025	2026	5,000,000	5,000,000	5,000,000	5,000,000
29	4030623000021	Procurement of Food and Nutrition Facilities	12	28	Ilafe	Ongoing	2025	2026	6,000,000	2,500,000	2,000,000	1,500,000
30	4100123000010	Digitalization of Health System Activities(SM	12	28	State W/H	Ongoing	2025	2027	20,000,000	33,000,000	30,000,000	25,000,000
31	4010123000060	Renovation of Dilapidated Office facilities(SH	12	28	State W/H	Ongoing	2025	2027	5,000,000	3,000,000	4,000,000	6,000,000
32	4010123000080	Renovation of Ministry of Health Library/Est	12	28	State W/H	New	2025	2027	3,000,000	7,000,000	5,000,000	3,500,000
33	4100124000020	Nigerian Immunisation Plus and Malaria Progr	12	28	Akure So	Ongoing	2025	2027	0	0	0	0
34	0	Procurement and installation of 40KVA solar	12	28	Akure So	Ongoing	2025	2026	0	27,348,000	28,168,000	29,295,000
35	0	Establishment of ICT centre for the Agency	12	28	State W/H	New	2025	2026	0	2,000,000	2,100,000	2,142,000

3.4 Personnel and Overhead Costs: Existing and Projections

Table 6: Personnel, Overhead Costs and other Recurrent Expenditure: Existing and Projected

Expenditure Head	2025 (N)		2026 (N)	PROJECTIONS	
	Approved	Actual (as at Sept)	Proposed	2027	2028
Personnel	28,903,478,963.43	17,240,361,280.84	21,445,082,774.44	22,088,435,257.67	22,971,972,667.98
Overhead	1,800,570,000.00	434,360,587.40			
Capital	22,545,320,000.00	5,921,002,790.00	8,890,000,000.00	9,156,700,000.00	9,522,968,000.00
Grant to UNIMEDTH	5,701,500,000.00	0	5,701,500,000.00	5,701,500,000.00	5,701,500,000.00
Contributory Health Commission	360,000,000.00	0	360,000,000.00	360,000,000.00	360,000,000.00
Mother & Child Hospital	37,800,000.00	0	37,800,000.00	37,800,000.00	37,800,000.00
Total	59,348,668,963.43	23,595,724,659.17			

3.5 Contributions from our Partners

Across the health sector, some donor organizations and development partners support healthcare delivery in the state;

UNICEF supports specific children-related interventions such as Nutrition, Immunization, Social mobilizations and some operational strategies that impact positively on 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.

World Health Organization (WHO) in Ondo State is providing leadership on matters related to provision of technical support, financial support, mobilization of resources, monitoring and evaluation. WHO is supporting Ondo State Government to strengthen health systems based on Primary Health Care revitalization and Universal Health Coverage. It strengthens health promotion, scale up priority interventions through life-course, and support evidence-based interventions for communicable and non-communicable diseases. WHO supports State capacity for preparedness and response to public health emergencies, Integrated Disease Surveillance Response and disease outbreak response including Polio eradication and crisis management. It also collaborates with Ministry of health on partners' coordination in the State.

USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project leads all aspects of procuring and distributing HIV/AIDS commodities in Ondo State. They support the sustained availability of key commodities (ARVs & RTKs) to

support the surge drive in Ondo State by coordinating supply chain activities across all 30 PEPFAR supported Health facilities.

Mission to Save The Helpless (MITOSATH) The Neglected Tropical Diseases (NTDs) Control Programme in Ondo State has over the past three years been supported financially and technically by MITOSATH. This support is implemented through the provision of high-net-worth drugs, training of health workers & community distributors and provision of logistic funds for the Mass Administration of Medicines (MAM) periodically to ensure the elimination of Schistosomiasis, Onchocerciasis, Soil-transmitted Helminthiasis and Lymphatic Filariasis in Ondo State.

United Nations Population Fund (UNFPA) supports Family Planning (FP) activities in the State by providing funds for health workers' capacity building, distribution of commodities and supportive supervision, this compliments the support from the Federal Ministry of Health that supplies varying types of contraceptives (Implants, Intra-uterine Contraceptive Devices -IUCDs, Oral contraceptives etc.) to ensure zero-charge at the point of uptake and promote contraceptive use. Marie Stopes supports the training of health workers as providers of Long-Acting Reversible Contraceptives (LARC) in several health facilities.

Rotary International also supports the State health sector through the donations of some logistic-related commodities to enhance the implementation of Special Immunization Exercises (SIEs), Training of health workers on MPDSR, Family Planning and conduct of community dialogues.

Damien Foundation (DFB): The Global fund through its principal recipient IHVN and sub recipient DFB supports the State Tuberculosis, Buruli Ulcer and Leprosy (TBL) Control Programme 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.

Table 7: Grants and Donor Funding for Health Sector

Source / Description	Amount Expected (N'000)	Counterpart Funding Requirements (N'000)
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of Grant	2026	2027	2028	2026	2027	2028
UNICEF	39,438,043.36	49,438,043.36	59,438,043.36			
UNFPA	2,000,000.00	2,000,000.00	2,000,000.00			
WHO	400,710,227.79	400,710,227.79	400,710,227.79			
DFB	32,030,848.11	32,030,848.11	32,030,848.11			
CHAI	3,534,500,000.	3,753,400,212.	4,256,780,000.			
GHSC-PSM	3,364,000.00	3,364,000.00	3,364,000.00			
CHAI	45,800,000,000.00	45,800,000,000.00	45,800,000,000.00			

*** Expected Funds from above listed partners cannot be projected. There is no statutory amount given to the State, they only give technical support and fund programmes as need arises, current workplan was used to extrapolate the annual funding.

3.6 Cross-Cutting Issues

The vulnerable groups such as the women, children, poor, people with disabilities have not benefitted immensely from the continual policies or strategies of the State. Several promises and declarations have been made as regards Maternal and Child health care but adequate funding to implement these has been a major barrier thus increasing the risk of unfavorable health indices and outcomes.

The establishment of the Ondo State Contributory Health Commission (ODCHC) in collaboration with other health agencies and institutions of government is geared towards achieving and guaranteeing the desired health outcome by removing the financial barrier to efficient and quality health care service delivery which will assist in implementing the pronouncements made by government.

There is the need to identify other strengths, weaknesses, threats and opportunities in the health sector documents for future strategic interventions that create an environment that is supportive and promote human rights and gender equality. The health sector needs a coordinated, collaborative and holistic approach among the critical stakeholders and players involved in strategic policy formulation and implementation to avoid duplication of efforts.

3.7 Outline of Key Strategies

Table 8: Summary of projects' expenditures and output measures (The Logframe)

Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2025)	Output Target			MDA Responsible
		2026	2027	2028				2026	2027	2028	
Improved access to emergency healthcare service	Upgrading of Emergency Medical Service Centre (ODEMSA)	3,000,000	3,300,000.00	3,630,000.00	Report on emergency medical service provided	Number of accident victims rescue	10%	52%	80%	100%	ODEMSA
Reduced Cancer Incidence	Cancer Control Programme (MoH)	22,000,000.00	24,200,000.00	26,620,000.00	Reduction in cancer cases	Cancer Programme conducted	30%	75%	93%	100%	MoH
Improved access to healthcare service	Procurement of Medical Equipment, Reimbursement to PHCs and Hospitals and TBAs	15,400,000.00	8,470,000.00	4,658,500.00	Increase in facility utilization	More Medical equipment procured .	20%	61%	78%	100%	ODCHC

Improved access to health care service	Construction of New Hospital Complexes of SSHA and SSHO to create Specialist Clinics (UNIMEDTH)	3,740,000,000,00	154,000,000.00	4,329,635,000.00	Increase in facility utilization	New hospital complex constructed at SSHA and SSHO	20%	86%	92%	100%	UNIMEDTH
Improved access to healthcare service	Upgrading/Repair of Medical Equipment of the Existing Facilities @ Akure and Ondo (UNIMEDTH)	45,700,000.00	37,510,000.00	42,271,000.00	Increase medical equipment	Medical Equipment upgraded and repaired	5%	40%	68%	100%	UNIMEDTH
Improved access to health care service	Construction and Upgrading of Secondary health facilities (MoH)	283,801,000.00	312,181,100.00	343,401,100.00	Reports with pictures of upgraded facility	Numbers of secondary facilities upgraded	10%	39%	67%	100%	MoH
Improved diagnostic system	Procurement of Basic Laboratory Equipment and other Medicals (ODHCMA)	187,500,000.00	206,305,000.00	226,935,500.00	Clinical laboratory equipment and other medical procured	Numbers of clinical laboratory equipment procured	10%	52%	68%	100%	ODHCMA
Improved learning condition	Renovation of Building : Classrooms/Offices (CHT)	23,595,000.00	5,250,000.00	3,250,000.00	12 classrooms and offices renovated	Numbers of classrooms and offices constructed	0%	87%	96%	100%	CHT

Improved access to health care	Upgrading of Reference Hospital Igbatoro Road (MoH)	50,000,00 0.00	55,000,000 .00	60,500,00 0.00	Reports with pictures of constructed facility	Reference Hospital Upgraded	20%	74%	88%	100%	MoH
Improved access to health care	Development of the Health Insurance Scheme Software and Hardware Infrastructure (ODCHC)	17,000,00 0.00	18,700,000 .00	4,484,00 0.00	30 enrollee tablets with health insurance scheme software installed procured	Numbers of enrolment in the health insurance scheme software	30%	79%	85%	100%	ODCHC
Improved learning condition	Provision for Accreditation of Course (UNIMEDTH)	120,000,0 00.00	66,000,000 .00	14,520,0 00.00	Courses accredited	Numbers of Courses to be accredited	0%	69%	72%	100%	UNIMEDTH
improved regulation on Herbal medicine	Regulation and Research into Herbal Medicine (MoH)	24,200,00 0.00	26,620,000 .00	27,282,11 0.00	Report of Identified herbal medicine	Number of herbal medicine research and regulated	5%	49%	67%	100%	MoH
Improved access to health care	Construction of Rehabilitative Ward of 150 Bed spaces (NPH)	15,000,00 0.00	43,872,950 .00	56,955,30 5.00	Reports with pictures of constructed facility	Number of Bed space al constructed	0%	32%	87%	100%	NPH

Improved learning condition	Procurement of Office Equipment (laptop computers and others) (CHT)	20,000,000.00	25,000,000.00	30,000,000.00	Report with the pictures of the office equipment purchased	Number of office equipment procured	0%	40%	70%	85%	CHT
Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2025)	Output Target			MDA Responsibility
		2026	2027	2028				2026	2027	2028	
Improved access to health care	Renovation of Hospitals and Other Facilities (HMB)	246,000,000.00	150,700,000.00	165,770,000.00	Reports with pictures of renovated facility	Numbers of Hospital and other facilities Renovated	10%	39%	69%	100%	HMB
Improved access to health care	Renovation and upgrading of State Specialist Hospital, Akure (SSHA)	165,000,000.00	181,500,000.00	199,650,000.00	Reports with pictures of renovated SSHA	Numbers of units Renovated and upgraded at SSHA	20%	52%	80%	100%	MoH

Protection against hazard	Procurement of Personal Protective Equipment (ODCHMA)	1,000,000.00	1,100,000.00	1,210,000.00	Improve protection against hazard	Reduction in occupation hazard	10%	50%	70%	95%	ODCHMA
Improved access to health care	Procurement of Warehouse Equipment	5,500,000.00	1,650,000.00	4,235,000.00	Warehouse equipment purchased	Numbers of warehouse equipment procured	0	40%	57%	100%	ODHCMA
Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2025)	Output Target			MDA Responsibility
		2026	2027	2028				2026	2027	2028	
Improved access to health care	Establishment of Cancer Treatment Centre , Owo (MoH)	770,000,000.00	847,000,000.00	931,700,000.00	Report with pictures of the Cancer treatment Centre established	Numbers of the units constructed	10%	67%	86%	100%	MoH

Functional and conducive Secondary Health facilities	Provision of Power Supply and Water(Generators, Solar Inverters, and Solar Powered Boreholes) for all health facilities (SSHs and GHs) (HMB)	15,400,00 0.00	26,620,000 .00	0	Reports with pictures of constructed secondary health facility	Number of health facilities identified and renovated	5%	75%	95%	0%	HMB
Improved diagnostic system	Purchase of Medical Equipment for all SSHs and GHs (HMB)	92,000,00 0.,00	102,300,00 0.00	109,505,0 00.00	Medical equipment purchased	Numbers of medical equipment purchased	30%	68%	88%	100%	HMB
Conducive work environment	Procurement & Installation of Air Conditioner(ODCHMA)	1,500,000 .00	1,650,000. 00	1,815,000 .00	Creation of conducive working environment	Enhance work efficiency	20%	50%	80%	100%	ODCHMA
Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2025)	Output Target			MDA Responsible
		2026	2027	2028				2026	2027	2028	
Improved diagnostic system	Refurbishment of Public Laboratory (MoH)	150,180,0 00.00	15,698,00 0.00	18,367,0 00.00	Reports with pictures of refurbished Laboratory	Public Laboratory refurbished	30%	70%	85%	100%	MoH

Improved logistics management	Purchase of Vehicles/Ambulance (UNIMEDTH)	150,000,000.00	157,500,000.00	165,375,000.00	Vehicles/Ambulance purchased	Numbers of vehicle /ambulance purchasd	20%	63%	80%	100%	UNIMEDTH
Sustainable Delivery of quality Services in all secondary Health facilities in Ondo State	Procurement of Medical Equipment: Healthcare for under 5 and Pregnant women (ODCHC)	4,000,000.00	2,200,000.00	1,210,000.00	Medical Equipment Procured	Numbers of Medical Equipment Procured	30%	77%	83%	100%	ODCHC
Functional PHC Facilities	Renovation of PHC Health Facilities (OSPHCDA)	5,500,000.00	6,050,000.00	6,655,000.00	Report with pictures of renovated PHC health facilities	Number of PHC health facilities renovated	30%	65%	93%	100%	OSPHCDA
Effective and efficient Disease Surveillance	Emergence Preparedness and Disease Surveillance (MoH)	33,000,000.00	35,300,000.00	39,930,000.00	Report on the Preparedness and Disease Surveillance	Number of Preparedness and Disease Surveillance	30%	62%	90%	100%	MoH

Effective Contributory Health Scheme	Research on Contributory Health Scheme (ODCHC)	9,000,000.00	9,900,000.00	10,890,000.00	Report on research conducted	Numbers of research conducted on contributory health scheme	20%	50%	80%	100%	ODCHC
Improved personal care for staffs	Personal Protective Equipment (PPE) for Covid-19 control (OSPHCDA)	5,000,000.00	5,500,000.00	3,500,000.00	100 PPEs procured	Numbers of personal protective equipment procured	25%	75%	90%	100%	OSPHCDA
Improve access to energy	Installation of solar and Windmill energy	60,000,000.00	660,000,000.00	726,000,000.00	Efficient service delivery	Uninterrupted power supply	0	40%	60%	80%	ODCHMA
Improved access to healthcare service	Refurbishment and Maintenance of Operational Vehicles and Extricating Machine (ODEMSA)	1,500,000.00	1,575,000.00	1,653,750.00	Report with pictures of vehicles and extracting machine refurbish	Numbers of vehicle and extricating machine refurbish and	20%	15%	85%	85%	ODEMSA

						maintained					
Improved access to healthcare service	Establishment of Ondo State Health Commodity Management Agency call Centre and Drug Information Centre (ODHCMA)	12,000,00 00.00	10,000,00 0.00	4,500,00 0.00	Call centre and drug information centre established	Number of call centre and drug information centre established	0	45%	80%	100%	ODHCMA
Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Output KPI	Output Target			MDA Responsible
		2026	2027	2028				2026	2027	2028	
Improved access to healthcare service	Purchase of beds and mattresses, Nurse and patients dresses for all hospitals (HMB)	45,700,00 0.00	37,510,00 0.00	42,271,0 00.00	Beds and Mattresses, Nurse and patients dresses for all hospitals purchased	Numbers of beds and mattresses, Nurse and patients dresses purchased	5%	40%	68%	100%	HMB
Boundary defined medical village	Construction of Perimeter Fence and Landscaping at Medical Village (UNIMEDTH)	10,000,00 0.00	10,500,00 0.00	11,025,0 00.00	Report with pictures of perimeter fence constructed	Perimeter fence constructed at medical village	0	45%	75%	100%	UNIMEDTH

Improved personal care for staffs	Personal Protective Equipment (PPE) for Covid-19 control (OSPHCDA)	5,000,000.00	5,500,000.00	3,500,000.00	100 PPEs procured	Numbers of personal protective equipment procured	25%	68%	84%	100%	OSPHCDA
Efficient Service delivery	Procurement of Printers (ODCHMA)	1,500,000.00	1,650,000.00	1,815,000.00	Enhance service delivery	Improve service delivery	20%	50%	70%	95%	ODCHMA
Conducive work environment	Replacement of the entire Broken Tiles in the Administrative Building (ODCHMA)	15,000,000	1,650,000.00	1,815,000.00	Enhanced Work environment	Improve service delivery	0	50%	70%	100%	ODCHMA
Boundary defined medical village	Construction of Perimeter Fence and Landscaping at Medical Village (UNIMEDTH)	10,000,000.00	10,500,000.00	11,025,000.00	Report with pictures of perimeter fence constructed	Perimeter fence constructed at medical village	0	55%	85%	100%	UNIMEDTH
Improved personal care for staffs	Personal Protective Equipment (PPE) for Covid-19 control (OSPHCDA)	5,000,000.00	0	0	100 PPEs procured	Numbers of personal protective equipment procured	25%	80%	0%	0%	OSPHCDA

Improved logistics management	Procurement of two Toyota Ambulance (ODEMSA)	150,000,000.00	0	0	Report with pictures of the vehicle procured	Number of the vehicle procured	100%	0	0	0	ODEMSA
Reduction of medical waste	Construction of Incinerator	50,000,000.00	550,000,000.00	605,000,000.00	Reduction in hazards due to health care waste	Improve waste disposal	0	40%	70%	90%	ODCHMA
Outcome	Project Title	Proposed Expenditure (N'000)			Output	Output KPI	Base Line (e.g. Output Value in 2025)	Output Target			MDA Responsible
		2026	2027	2028				2026	2027	2028	
Improved PHCDA office working condition	Expansion of Primary Health Care Board Office Complex (OSPHCDA)	20,000,000.00	0	0	Reports with pictures of OSPHDA office expanded	Primary Health Care Board office complex expanded	20%	85%	0%	0%	OSPHCDA
Good working condition	Renovation of Toilets facilities at HQRTS (MoH)	3,000,000.00	0	0	Reports with pictures of MOH toilets facilities renovated	Ministry of health toilets facilities renovated	10	80%	70%	95%	MoH

Established Commodity management Agency	Establishment of Drug and Health Commodities Management Agency (MoH)	100,000,000.00	105,000,000.00	110,250,000.00	Reports with pictures of Drug and Health Commodities Management Agency established	Drug and Health commodities management agency established	0%	53%	81%	100%	ODHCMA
Enhanced efficiency & Productivity	Purchase of Office Equipment (ODCHC)	4,900,000.00	4,777,500.00	6,229,125.00	10 scanners purchased	Numbers of scanners purchased	25	65%	86%	100%	ODCHC
Effectively managed PHCs & Hospitals	Re-imbursement to PHCs and Hospitals (ODCHC)	1,750,000,000.00	1,837,500,000.00	1,929,375,000.00	Reports with transaction details of re-imbursement to PHCs and Hospital	Numbers of PHCs and hospital reimburse	10%	50%	75%	100%	ODCHC
Enhanced efficiency & Productivity	Purchase of Office Furniture and Fittings (ODCHC)	2,000,000.00	3,097,500.00	3,307,000.00	10 office Furniture and Fittings procured	Number of Furniture and Fittings procured	5%	40%	70%	100%	ODCHC
Enhanced efficiency & Productivity	Procurement of Operational Vehicles: Toyota Hilux (ODCHC)	15,000,000.00	15,750,000.00	66,150,000.00	2 Toyota Hilux procured	Number of operational vehicles purchased	0%	65%	80%	100%	ODCHC

Enhanced efficiency & Productivity	Printing of Data Tools (ODCHC)	2,260,000.00	2,372,000.00	2,491,650.00	Data Tools Printed	Numbers of the Data tools Printed	30%	72%	93%	100%	ODCHC	
Availability of publicity materials	Production of Souvenir for publicity	5,000,000.00	5,500,000.00	6,050,000.00	Improve visibility	Improve awareness	5%	40%	75%	90%	ODCHMA	
Availability of publicity materials	Procurement of 4 Billboards	10,000,000.00	11,000,000.00	12,100,000.00	Enhancing advertisement	Improve awareness	20%	50%	70%	100%	ODCHMA	
Available of information equipment	Procurement of Public Address System	250,000.00	275,000.00	302,500.00		Enhance communication	0	40%	80%	100%	ODCHMA	
Improved logistics management	Procurement of 3 Delivery Vans	180,000,000	198,000,000	217,800,000	Vehicles purchased	Numbers of vehicle purchased						

Outcome	Project Title	Proposed Expenditure (N'000)	Output	Output KPI	Output KPI	Output Target	MDA Responsible		0	100%	HMB
Improved access to healthcare service	Establishment of Integrated NTD Clinic and Well Persons Clinic (OSPHCDA)	5,000,000	0	11,576,250.00	Reports with pictures of clinics established	Number of clinics established	0	40%	0	100%	OSPHCDA
Efficient service delivery	Procurement of 2 Sharp photocopier Machine(ODCHMA)	2,800,000	0	0	Enhance service delivery	Improve service delivery	40%	100%	0	0	ODCHMA

Improved learning condition	Logistics Management Information System (MoH)	10,000,000.00	10,500,000.00	11,025,000.00	5 desktop computers, 30 tablets purchased	Numbers of computers, tablets purchased	0	50%	70%	100%	MoH
Improved Human Health and Awareness	Nutrition Kitchen and Programmes (UNIMEDTH)	0	5,000,000.00	5,500,000.00	Nutrition programmes and health days celebration (i.e breast feeding)	Numbers of woman practice exclusive breast	0%	0%	0%	0%	UNIMEDTH

					day celebration, nutrition day)	feeding						
Effective and efficient Health Care delivery through improved capacity development	Human Capital Development/Capacity Building (ODEMSA)	1,680,000.00	2,604,000.00	3,528,000.00	Report of the human resource management system	Number of personnel enrolled on human resource management system	10%	49%	78%	100%	ODEMSA	
Improved healthcare coverage	Health Account and Related Matters/Partner Coordination	20,000,000.00	21,000,000.00	22,050,000.00	Report with Data of the Health Account Survey conducted and the partner coordinated	Numbers of Health Account Survey conducted and the partner coordinated	5%	40%	75%	100%	MoH	
Access to information repository	Procurement and Installation of Internet Facility Gadgets	3,500,000.00	3,850,000.00	4,235,000.00	Access to timely information	Global connectivity	0	50%	70%	100%	ODCHMA	

Availability of working tools	Procurement of Warehouse Equipment	800,000.00	880,000.00	968,000.00	Improve efficiency	Performance improvement	40%	70%	90%	100%	ODCHMA
Functional & conducive Secondary Health facilities	Purchase of Beds and mattresses, Nurse and patients' dresses for all state specialist hospitals and General hospitals (HMB)	12,300,000.00	16,905,000.00	16,890,300.00	Reports with pictures of bed, mattresses and patient dresses purchased	Numbers of beds and mattresses purchased	20%	67%	86%	100%	HMB
Prevention/Reduction of Hospital Acquired Infections and standard management of medical waste	Hospitals Infection control (HMB)	5,180,000.00	5,974,500.00	6,769,350.00	Report and minutes of hospital infection controlled	Numbers of hospital infection controlled	0%	30%	60%	100%	HMB
Strengthened ICT & data reporting system	Renovation of Ministry of Health Library/Establishment of e - Health Library	5,000,000.00	5,250,000.00	5,512,500.00	Report of the data generated on DHIS platform	Availability and access to quality data	30%	66%	80%	100%	MoH

Improvement in aesthetic look of the environment	Landscaping & Interlocking of ODHCMA's Premises	10,000,000.00	0	0	Report on environmental impact assessment	Erosion reduction	0	100%	0	0	ODCHMA	
Improvement in last mile delivery of drugs and health commodities	Refurbishment of Vehicles for Delivery of Drugs and Health Commodities (ODCHMA)	15,000,000.00	0	10,000,000.00	Improvement in service delivery	Reduction in lead time	10%	80%	0	100%	ODCHMA	
Conducive work environment	Procurement of Office Equipment (Standing Fans, Digital Camera, Printers)	2,000,000.00	1,100,000.00	1,210,000.00	Creation of conducive working environment	Enhance work efficiency	30%	50%	80%	100%	ODCHMA	
Effective and efficient Health Care delivery	Public Health Laboratory (MoH)	8,000,000.00	8,400,000.00	17,640,000.00	Maintenance of functional Public Health Laboratory	Number of functional Public Health Laboratory developed or maintained	5%	49%	75%	100%	MoH	

Improvement in warehouse security	Rehabilitation of Perimeter Fencing (ODCHMA)	6,000,000	6,600,000.00	726,000.00	Reduction in encroachment	Commodity security	20%	50%	70%	100%	ODCHMA	
Improve access to essential medicines	Provision of Drugs for Human Capital Development (ODCHMA)	250,000,000.00	275,000,000.00	325,000,000.00	Report on essential medicine annual consumption	Reduction in mobility and mortality	25%	60%	75%	95%	ODCHMA	

3.8 Justification

The new policy thrust of the State in the face of the aftermath of the COVID - 19 pandemic, dwindling economic resources and high inflation rate is anchored on the acronym “REDEEMED” Agenda associated with effective health care and social welfare services.

The strategies adopted are in tandem with the overall sector’s broader policies to provide accessible, affordable, equitable health care services to its citizens.

This can be achieved by strengthening the human resources for health, effective and efficient service delivery, improving the health information system, providing access to essential medicines and strategic leadership.

To deliver on this mandate, there is the need to have a sustainable health financing model using the Contributory Health Scheme as a platform.

3.9 Responsibilities and Operational Plan

The coordination of the health sector is driven by the Ministry of Health who provides leadership direction and responsibility to all the MDAs in the sector.

The Honourable Commissioner for Health is the political head and with the support of all other Accounting Officers from various MDAs has the responsibilities of evaluating the degree to which individual agencies achieve its desired goals.

Chapter Four: Three Year Expenditure Projections

4.1 The Process of making Expenditure Projections

In the last quarter of every year, each MDA in the health sector reviews its annual budget plan implementation and prepares another plan for the succeeding year which goes through the government budget defence and approval processes. During the budget implementation review, performance of the previous year as well as other emerging health issues, usually determines the area of focus in budget preparation for the succeeding year. These processes are preceded by Pre-Treasury Board Meeting at Ministry of Economic Planning and Budget (MEP&B). It is worthy of note that the State government operates e-budgeting with all the MDAs represented on the portal.

The year 2025 is used as the baseline for calculation with a projected inflation rate of 30.7%, 25.05% and 18.08% for years 2026 to 2028 respectively. Subsequently the inflation rate can be reviewed based on economic realities. Some of the key assumptions in preparing the budget estimate for the succeeding year are:

- Inflation rate in the price of commodities except where such item is fixed and not controlled directly by the MDA (such as registration fees, etc.);
- Another assumption is that partners will continue to work with government in those areas of competence because no cost was attached to those areas to avoid duplication of effort as well as waste of funds; and
- Community needs assessment.

4.2 Outline Expenditure Projections

4.2.1 Personnel cost

The sum of ~~₦~~9,886,866,738.42 was approved as personnel cost for 2023. So far, as at June 2024, the actual expenditure stood at ~~₦~~6,561,721,599.09. The sums of ~~₦~~10,134,038,406.88, ~~₦~~10,640,740,327.10 and ~~₦~~11,172,777,343.40 were budgeted for 2025, 2026 and 2027 respectively bearing in mind the inflation trend, ~~promotion~~ of workers, employment of workers and retirement of workers.

4.2.2 Overhead Cost

The sum of ~~₦~~ 12,118,000,161.19 was approved as budget under over-head cost for 2024. As at June 2024, the sum of ~~₦~~6,561,721,599.09 had so far been expended. However, the total sum of ~~₦~~2,317,080,000.00 has been projected for 2025 budget while the sums of ~~₦~~2,432,934,000.00 and ~~₦~~2,554,580,700.00 were projected for 2026 and 2027 respectively bearing in mind the inflationary trend of items needed to run the offices within these periods.

4.2.3 GRANTS

The sum of ~~₦~~2,746,000,000.0 was approved as grant to UNIMEDTH, Contributory Health Commission (CHC) and Mother & Child for year 2024. The amount is approved as follows: UNIMEDTH: ~~₦~~1,750,000,000.00; CHC: ~~₦~~360,000,000.00 while Mother & Child has ~~₦~~36,000,000.00. However, the total sum of ~~₦~~3, 020,600,000.00 was projected for 2025 budget with the sums of ~~₦~~3, 32,660,000.00 and ~~₦~~3,654,926,000.00 for 2026 and 2027 respectively bearing in mind the inflationary trend of items needed to run the offices within these periods.

Chapter Five: Monitoring and Evaluation

5.1 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 will review the MTSS and come up with recommendations to improve on future performance. Consequently, gaps identified will now be addressed with new strategy in order to meet the expected outcome. With the review of the projects baselines, targets and key performance indicators, the sector will be able to attain excellence in health care service delivery in Ondo State.

5.2 Organizational Arrangements

The responsibilities for monitoring will be done quarterly at the Planning Research and Statistics department of the Ministry of Health, OSPHCDA, HMB and other key stakeholders. This will afford close monitoring of the Budget and necessary corrections or conclusions. The Health Management Information System and M&E unit of each of the MDAs will be involved in the collection, collation, analysis and dissemination of findings. The report will be presented to the MTSS Steering committee headed by the permanent secretary for review. This will assist in the preparation of Annual Budget, implementation and preparation of the Health Sector Performance Report.

