Overview of the Ministry of Health, Abakaliki

Ebony State Ministry of Health is a ministry of the Ebonyi State Government charged with the responsibility of developing and planning health policies and supervising its implementation. It provides health services to the people of Ebonyi State through the services rendered at the health facilities. Presently there are 555 health facilities both registered private and public health facilities.

Further breakdown of this shows that we have 13 general hospitals and six mission hospitals, and 417 primary health care centres and 119 private hospitals/clinics.

However, in order to provide world-class health services, Ebonyi State Government is presently upgrading 171 PHCs i.e one PHC per ward and 13 General Hospital i.e 1 General Hospital per LGA in the State.

The Ministry also oversees all health training institutions in the State and at present we have Ebonyi University College of Medicine and health Sciences using the facilities of Federal Teaching Hospital Abakaliki.

Ebonyi State School of Health Technology Ngbo and School of Nursing and Midwifery Uburu billed to commence academic activities in 2017/2018 academic session.

The Ebonyi State Ministry of health also has 3 parastatals with boards viz: State Hospital Management Board, Ebonyi State Primary Health Care Development Agency and Ebonyi State Traditional Medicine Board.

The Head Office housing the administrative block is a complex of 3 storey building designated as block 5 in the New Secretariat complex Centenary City Abakaliki.

The modest achievements recorded so far in the past 2 years is dedicated to our pragmatic Governor Chief Engr. David Umahi Nweze (FNSE, FNATE) and his amiable wife Chief (Mrs.) Rachel Ogonna Umahi for their support to the Ministry. Our dear Governor is a health friendly Governor who declared a State of Emergency on health in the State and launched the comprehensive health transformation program on assumption of office.

VISION:

To achieve universal health coverage in Ebonyi State.

MISSION:
To develop a strategic health system through good health policies and health financing policy.
Dr Umezurike Howard Akuma Daniel (FWACS, FICS) was born on 18th August, 1971 in Agugwu Umunaga Uburu in Ohaozara LGA of Ebonyi State. He attended the prestigious Primary School Umunaga where he passed in flying colours and proceeded to Uburu Secondary School where he obtained West African School Certificate with outstanding performance. Because of his intelligence, he got admission into Abia State University, Uturu to study medicine and Surgery where he graduated in 1999 with MBBS degree. He has the following professional Honours in the field of Medicine and Surgery: Fellow West African College of Surgeons (FWACS), Fellow International College of Surgeons (FICS) Dr Umezurike because of all his outstanding qualities and accomplishments in his field of study was appointed the Hon. Commissioner for Health Ebonyi State on 1st July, 2015 by His Excellency, the Executive Governor of Ebonyi State, Engr. Chief David Umahi Nweze.
Dr. Sunday Z. Nwangele
SSA to Governor on Hospital Services
Dr. Chris E. Achi
SA to Governor on Primary Health Care
Victor A.E Chukwu (FPSN)
Director of Pharmaceutical Services

Dr. Michael Ndubuisi Urom
DIRECTOR OF PUBLIC HEALTH

Lady Anoke –Eze Nnenna Ogo
Director Admin and Supply SMOH

Mr. Uguru Boniface
DD/HOD PRS

Dr Okoro Uchenna Okoro
Chairman State Primary Health Care Development Agency Board

Dr. Nwali Okata James, MBBS, MPH
Executive Secretary , Ebonyi State Primary Healthcare Development Agency

Dr. GABRIEL O. ONWE (KSM)
MBBS, MPH
DIRECTOR MEDICAL SERVICES, EBONYI STATE MINISTRY OF HEALTH

Igboji, Jonathan Ogbonna (JP, FCAI, MNANNM, MHDg-N)
DIRECTOR, NURSING & MIDWIFERY SERVICES:

Dr. Inyang Oko,
The Chief Executive/Hospital Administrator, (SHMB)

Igwe Chidozie
HoD Finance/Account

Dr. Oliver E Nwankwo, MBBS, MPH
MD/Chairman State Hospitals Management Board , Ebonyi State
VISION: To achieve universal health coverage in Ebonyi State.

MISSION: To develop a strategic health system through good health policies and health financing policy.

Organization of the Ministry of Health

The Honourable Commissioner for Health is the political/executive head of the Ministry of Health through whom policy matters affecting health in the State are channeled to the State Executive Council and State Governor. The SSA to the Governor on Hospital Services and SA on Primary Health Care and the Permanent Secretary assist the Hon. Commissioner. The Permanent secretary is the chief accounting officer of the Ministry through whom all the directors and staff report to the Honourable Commissioner. Though at present the Permanent secretary has not been appointed for the Ministry after the retirement of the former permanent secretary.

Directorates of the Ministry

There are 7 Directorates:

1. Medical Services
2. Planning, Research & Statistics
3. Public Health
4. Pharmaceutical Services
5. Nursing Services
6. Administration and supply
7. Finance and Accounts

Parastatals

- Ebonyi State Hospital Management Board
- Ebonyi State Primary Healthcare Development Agency
- Ebonyi State Action Committee on Aids (EBOSACA)
- State Health Insurance Scheme

Institutions
- School of Health Technology
- School of Nursing Uburu
Boards
- State Hospital Management Board
- Primary Healthcare Development Board
- Traditional Medicine Board

PRINCIPAL OFFICERS
- Honourable Commissioner for Health
  Dr. Daniel Umezurike Akuma Howard (FWACS, FICS)
- Senior Special Assistant Hospital Services
  Dr. Sunday Z. Nwangele
- Special Assistant on Primary Health care
  Dr. Chris Achi
- Chairman State Primary Health Care Development Agency
  Dr Okoro Uchenna Okoro
- Director Primary Healthcare
  Elder Mrs Odi Ogonna
- Director Planning Research and Statistics
  Mr Uguru Boniface
- Director, Nursing and Midwifery Services:
  IGBOJI, JONATHAN OGBONNA (JP, FCAI, MNANNM, MHDg-N)
- Director, Administration and Supply:
  Lady Anoke Nnenna Nweze
- Director, Pharmaceutical Services:
  Victor A.E Chukwu
- Director, TB and Disease Control:
  Mr. Alobu Isaac
- Director, Medical Services:
  Dr. Onwe Gabriel
- Director, Public Health:
  Dr. Michael Urom
Chief Executive/Hospital Administrator (SHMB):
Dr. Inyang Oko

Executive Secretary State Primary Health care Development Agency:
Dr. James Okata Nwali

DEPUTY DIRECTORS
- Deputy Director Nursing
Mrs. Okpata
Mrs. Maryjane Ikechukwu Nwobodo

OTHER OFFICERS OF THE MINISTRY OF HEALTH
- Special Assistant to the Honourable Commissioner for Health
Agom Ogbonnaya
- Public Relation Officer of the Ministry (PRO)
Otu Catherine O.

HEAD OF DEPARTMENT OF THE MINISTRY
- HOD Finance and Accounts:
Mr. Chigozie Igwe

HEAD OF PROGRAMMES
- Family Planning coordinator/Baby Friendly Initiative Programme
Mrs. Maria Orji (Coordinator)
- Reproductive Health/ Safe MotherHood/ UNFPA
Mrs. MaryJane Ikechukwu Nwobodo (Program Coordinator)
The State Ministry of Health has recorded a lot of achievements in the area of health care delivery to the people of Ebonyi State. The Ministry courtesy of our wonder working Governor His Excellency Engr. Chief David Nweze Umahi (FNSE, FNATE) has been able to ensure steady improvement in the delivery of health care services in the State. These achievements shall be taking in sequence.

1. BASELINE SURVEY OF ALL HEALTH FACILITIES IN EBONYI STATE: The Ministry of Health in her quest to ensure that every Ebonyian is captured in its health plan conducted a baseline survey of all health facilities in Ebonyi State. This is to enable us know what is on ground and discover the gaps so as to determine the interventions needed. This has greatly assisted the ministry in its activities all over the State as it serves as a road map in achieving a laudable health care system in the State.

During the baseline survey

2. CONSTRUCTION/EQUIPPING OF ULTRA MODERN VIROLOGY CENTRE AT FETHA II ABAKALIKI:

The Ministry has completed the construction and equipping of a multi-million-naira modern virology centre in FETHA II Abakaliki. This is the first of its kind in South East where suspected cases of Lassa fever and other acute hemorrhagic fevers are diagnosed and managed. This project started as a result of the love of this Governor for the people of Ebonyi State who before this period has lost so many lives because of the delays in sending and receiving sample results from Irua Specialist Hospital in Edo state. This project has been completed and equipped and commissioned by the Hon. Minister of Health, Prof. Isaac F. Adewola on 5th September, 2016; all these
are courtesy of His Excellency our health friendly Governor within this short period in office.
Ultra-Modern Virology

PART OF THE BUILDING AT VIROLOGY CENTRE
OVER HEAD TANK

ULTRA MODERN VIROLOGY
DIALYSIS MACHINE

Ambulances well equipped with resuscitative gadgets
Inside the ward with beds over bed tables and bedside lockers

Vip ward

Installed dialysis machine with dialysis chair
Bedside lockers for the ward

Drug store

Matrasses and pillows
Deep freezers 25°C, 40°C-80°C

Lab with lab equipments on the cabinets
Giant autoclave machine, German made

Delivery bed in labour ward of the centre
DIALYSIS MACHINE WITH DIALYSIS CHAIR

DELIVERY COUCH
Autoclave machine

BIOSAFETY CHAMBER
INSTALLED DEEP FREEZER
Commissioning of Virology center by the Hon. Minister of Health

The Hon. Commissioner Dr. Daniel Umezurike answering questions from the Hon Minister of Health during the commissioning of the virology center.
CONTROL OF EPIDEMICS:

The ministry since May 29 2015 has put in professional competence in management of outbreaks and epidemics in the State. It has strengthened the epidemiology unit and its emergency response unit to ensure that all cases of outbreaks are brought under control. This is evident in the way the Ministry managed and controlled the cholera outbreak that was ongoing in different parts of the State starting from February 2015 prior to the inception of this administration in May 2015. This deadly disease was successfully controlled within two weeks of our intervention, courtesy of our dear Governor. The Ministry also during the recent outbreaks of the dreaded disease of Lassa fever controlled it to barest minimum and ensured the free treatment of 83 patients who had fully recovered and discharged from the hospital. The State Government in partnership with State Ministry of Health has also approved that the treatment and diagnosis of malaria in all Government owned Hospital is free of Charge and this has drastically reduced the morbidity and mortality associated with malaria.

The Hon. Comminster Dr Daniel Umezurike with his team sensitizing the villagers on the what control of Lassa fever
Control of Lassa fever

Control of Cholera

Distribution of Laptop for HIV AIDS control and data collection

3. DISTRIBUTION OF 1.7 MILLION BED NET:
The State Ministry of Health in partnership with USAID distributed 1.7 million insecticide treated bed nets which are all measures towards preventing the scourge of malaria. In the same vein, the ministry also attracted medical equipment worth 47 million naira from USAID in February, 2016. EU-SIGN also donated 121 million naira worth direct drive solar freezers (38 in no.) to the State to support and strengthen our immunization activities. It is worthy to note also that Ebonyi State took 1st position as the best performing State in Malaria Elimination in the whole country for the 2015 and 2016 consecutive years because of our robust programmes on malaria prevention since the inception of this administration. Ebonyi state has continue to maintain that position till date.
Her Excellency, Chief Mrs. Rachel Umahi Sensitizing the people on the importance of sleeping with insecticidal treated net

ROLLBACK MALARIA PROGRAMME

DISTRIBUTION OF LONGLASTING INSECTICIDAL TREATED NET
DISTRIBUTION OF LONG LASTING INSECTICIDAL TREATED NET
FLAG OF 2016 WORLD MALARIA DAY

FLAG OFF OF WORLD MALARIA DAY
DURING THE FLAG OFF

4. ESTABLISHMENT OF EBONYI STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY:

Prior to the inception of this administration under our able Governor, Chief Engr. David Umahi Nweze (FNSE, FNATE), Ebonyi State used to rank 2nd to the last by the National Primary Health Care Development Agency. However, the table has changed by our success stories as Ebonyi State now has a law passed in the State House of Assembly for the establishment of Ebonyi State Primary Health Care Development Agency. We have a management structure and board of the Agency. We have moved the staff from the Local Government system to the agency and presently we are ahead of all other States of the Federation and FCT in just less than 2 years in office by the Game Changer our dear Governor.

Other programmes and proposals:

i. Ebonyi State is fully prepared to start the implementation of the Save One Million Lives (PforR).

ii. The proposal for the bill for the establishment of the Ebonyi State Health Insurance Scheme is also ready for Exco discussion and subsequent forwarding to the State House of Assembly.
iii. The bill for the establishment of the School of Nursing Uburu and School of Health Technology Ngbo is also ready.

The Hon. Commissioner of Health, Dr Daniel Umezurike Flagging off and distribution of motorcycle for the control of Neglected tropical diseases.
5. COMPLETION OF EBONYI STATE SCHOOL OF NURSING UBURU

The Ebonyi State School of Nursing Uburu is one of the fixed assets inherited by Ebonyi State from Abia. However, this project was abandoned since 1992 and this administration under our dear Governor has commenced work for the completion of this project because our Governor has sworn that there will be no abandoned project in Ebonyi State under his watch.

Academic activities will certainly start in that institution this academic year as Ebonyi State needs this middle level manpower to drive our health sector.

WHAT WE MET AT THE SCHOOL OF NURSING AND MIDWIFERY, UBURU AND WHERE WE ARE CURRENTLY
The School’s Hostel Previously

The new Hostel Presently
Side view of the new hostel Presently

During Previous Inspection of the School of Nursing and Midwifery, Uburu
The new Hostel Presently

School's Admin Block Previously
The School's new Admin block Presently

The new Refectory Presently
The Schools Lecture Hall Presently

6. Renovation and completion of on-going work in the Ebonyi State school of Health Technology Ngbo is also on-going by the Ministry of Health Ebonyi State.
ONE OF THE CLASSROOM BLOCK
CLASSROOM

CLASS ROOM BLOCK
LECTURE HALL PREVIOUSLY

LECTURE HALL PRESENTLY
BRAND NEW LECTURE HALL CONSTRUCTED BY THE ADMINISTRATION OF HIS EXCELLENCY ENGR. CHIEF DAVID NWEZE UMAHI UNDER THE LEADERSHIP OF DR. DANIEL UMEZURIKE

7. UPGRADING OF 13 GENERAL HOSPITALS AND 171 PRIMARY HEALTH CENTRES:

The ministry because of her report to His Excellency on the state of the General Hospitals got His Excellency’s attention and subsequent approval to commence upgrading of the 13 General Hospitals and 171 PHCs in the State. This is aimed at strengthening the primary and secondary health care system in the State and make our health facilities functional in order to achieve the universal health coverage.

So presently, we are completing on-going projects in the hospitals. doing water projects in all the hospitals, providing power supply and constructing perimeter fencing and landscaping work in the 13 General Hospital to have a conducive hospital environment.
9. **MEDICAL OUTREACH:**

One of the most recent achievements of the Ministry is the Medical outreach called AKUBARAOHA Free Medical Outreach conducted at Ezzeama in Ezza South LGA and Agugwu Uburu in Ohaozara LGA. The results of the exercises are quite successful where over 2000 medical cases were seen, 98 surgeries, 26 tooth extractions and 262 eye glasses issued to eye patients. Most of our people who because of economic situation could not access medical care were treated free of charge. The joy of these people knew no bounds as they prayed for God’s guidance and long live for our Dear Governor. His Excellency having seen the success of these exercise and its attendant benefits gave us the mandate to conduct such free medical outreach in all the 24 constituencies of Ebonyi State. The Ministry is already concluding arrangements to kick start that. The whole essence is to ensure that the poorest of the poor get medical care of all ailments and to reduce their disease burden and ultimately prevent untimely deaths to the rural people.
The Hon. Commissioner for Health getting ready to perform surgery on a patient during a free medical outreach

Dr Umezurike performing surgery on a patient during the free medical services
Doctors operating on a patient free during the free medical outreach.

Cross section of people receiving drugs for various ailments during the free medical activities.
10. INCINERATORS:
The Ministry under this administration attracted 3 No. Modern giant incinerators from the National Primary Health Care Development Agency which is used for the management of medical waste. This medical wastes has posed treats and constituted public health hazards in the past in Ebonyi State as what we have been using is local crude methods of medical waste disposal. The Ministry has completed the construction of the concrete base platform for the installation in 2 locations. One of the incinerators is located in Onicha General Hospital and is already commissioned and functional and the other one at Ezzangbo General Hospital and they will service the whole of the State and beyond. The additional one incinerator sited in Onueke was given to us as an incentive from NPHCDA as the State met up with her own commitments in the project unlike most of other States.
11. CONSTRUCTION OF ULTRA MODERN CHEST CLINIC AT MILE FOUR HOSPITAL ABAKALIKI:

The ministry also through our informal connection with Chevron and Agbami partners attracted an Ultra Modern Chest Clinic for the treatment of drug resistant tuberculosis and other related chest pathologies. The construction which is ongoing in the mile four hospital, Abakaliki speedily and will be completed in the next two weeks.
Inside the Laboratory of the Clinic

ULTRA MODERN CHEST CLINIC
One of the ward inside the Clinic

ULTRA MODERN CHEST CLINIC

12. PURCHASE OF MEDICAL EQUIPMENT TO FETHA:
This ministry attracted a Cerumo Cell Harvester worth ₦10 million to the Federal Teaching Hospital, Abakaliki. All these are courtesy of Dear Governor Engr. Chief Dave Nweze Umahi who rightly believes that FETHA though is a Federal institution all that the people being treated are still predominantly Ebonyians.
Donation of Cerumo Cell Harvester to FETHA

13. IMMUNIZATION ACTIVITIES:
We have also sustained our immunization activities as enumerated below to ensure that no Ebonyi Child dies of vaccine preventable diseases. These activities includes but not limited to:

i. 1st and Second rounds of Maternal, Newborn and Child Health Week 14th-18th December, 2015 and all the two rounds of MNCH week in 2016

ii. Integrated Measles campaign in Ebonyi State 28th Jan, 1st Feb 2016.

iii. Round 2 maternal neonatal tetanus Elimination campaign (MNTE) in Ebonyi State 11th – 15th March every year, among other routine immunization activities in our Hospitals. They have been taskforce meeting headed by His Excellency the Deputy Governor, where all the stakeholders were specifically charged with responsibilities to ensure the success of these activities.

iv. National immunization plus days (NIPD) in which Ebonyi State participated actively and recorded more than 100% coverage and the preparation is on top of sear for a seamless NIPD in March, 2017.
During Flag off of Immunization activities

MNCH week flag off and distribution of intervention commodities and drugs
International Day to end Obstetric Fistula
COLD ROOM STABILIZER

SOLAR REFRIGERATOR
Fight against quackery, illegal, and unwholesome drugs
Fake and unwholesome drugs is a general public health problem, because of the dangers it poses to the general public. This is why the Ministry of Health is intensifying efforts to eradicate the sales and use of fake drugs. Some individual prefer self-medication when they are ill, and most time the drugs are bought from unlicensed drug vendors, whose drug qualities are not sure. Ebonyi State Ministry of Health is determined to eradicate fake and unwholesome drug sales in the State. This is to ensure the safety and general wellbeing of the citizens.

The Hon Commissioner for Health Dr. Umezurike Daniel
The fight against illegal and unwholesome drugs
Fight against quackery

Closing down illegal school of Nursing in Ikwo
Closing down illegal school of nursing

In conclusion, these modest achievements by the Ministry of Health after one and half year in office was made possible through the efforts and robust leadership of our miracle working Governor, Engr. Chief David Nweze Umahi. Our target is actually to achieve the universal health coverage and establish a sustainable health care system in the State in line with His Excellency’s vision and mission statement. And God helping us if these efforts are sustained and the General Hospitals and Primary Health Centres fully upgraded and operationalized before the end of 2017 Ebonyi State residents will for sure enjoy the full dividends of democracy health wise. The other packages like improved health and health financing policies, eradication of quackery in the system and elimination of fake and adulterated drugs through the establishment of State Drug Distribution Company is also our top priorities in this fiscal year.
FUTURE TARGETS OF THE MINISTRY

1. To ensure all ongoing projects are completed in the 13 general hospitals
2. To enhance the health service operations of the 171 primary health care centres for the benefit of all Ebonyians.
3. To help reduce maternal & Child mortality through Immunization activities and maternal health programs.
4. To ensure that all Ebonyian have access to basic medical care.
5. To ensure that No Ebonyian dies of preventable ailments
6. To constantly train and equip health workers to combat emerging health challenges.
7. To create a quick response system to attend to all cases of outbreaks.
8. To establish Ebonyi State Health insurance scheme
Programmes of the Ministry

- SOML (save one million lives/save 3 million lives)

Dr. Ogbonnia Boniface Onwe, RN, MBBS, MSc, MPH, MIBMS, MHDg-N.

State SOML PforR Program Manager & MCSP Focal Person

Dr. Ogbonnia Boniface Onwe is the State SOML PforR Program Manager and Focal Person for the USAID funded Maternal and Child Survival Program (MCSP)

Dr. Onwe attended the following academic institutions: Boys’ Secondary School Iboko, School of Nursing Umuahia, Ebonyi State University Abakaliki, University of Westminster London, UK and Barbican University Washington DC, USA. The degrees /certificates obtained were WASC/GCE O/L; Certificate of Registered Nurse (RN); Bachelor of Medicine & Bachelor of Surgery (MBBS); MSc Biomedical Sciences (Molecular & Cellular Pathology) and a Masters in Public Health (MPH) respectively.

He holds professional registration with the following bodies: Medical & Dental Council of Nigeria; General Medical Council UK; Institute of Biomedical Science London; Nursing & Midwifery Council of Britain and Nursing & Midwifery Council of Nigeria.

He has completed his training as a Health Development Consultant with the Health Development Group –Nigeria (HDg-N) and has become certified as Member Health Development Group Nigeria (MHDg-N). He has also completed the Executive Certificate Course on Health Policy and Health Systems Research (HPSR) of the African Institute of Health policy and Health Systems, Ebonyi State University Abakaliki.

Dr. Onwe represented the State Ministry of Health in the Board of Management of the Federal Teaching Hospital Abakaliki (FETHA) until it was dissolved by the Buhari administration.

He has a wide range of practice experience from both Nigeria and the United Kingdom.

Dr. Onwe was born on 23rd July 1968 at Nwomilla Village, Mgbalukwu Community in Izzi LGA of Ebonyi state.
He is happily married to Dr. (Mrs) Blessing idzunyia Onwe and the marriage is currently blessed with two angelic daughters.

The “Saving One Million Lives Program –for –Results (SOML, PforR)” is a Federal Ministry of Health Initiative which is funded from a $500 million IDA Credit from the World Bank secured in 2015.

Each State will get an initial seed grant of $1.5 million but subsequent disbursements will be based on results produced which will be assessed using standard national surveys and Independent Assessors.

SOML PforR focuses on six high impact interventions on maternal, newborn and child health that can save lives;

(i) Improving Maternal, Newborn and Child Health  
(ii) Improving routine Immunization Coverage and achieving polio eradication  
(iii) Elimination of Mother to Child Transmission of HIV  
(iv) Scaling up access to essential medicines and commodities  
(v) Malaria control  
(vi) Improving child nutrition.

States will be rewarded according to percentage improvement made from a baseline got from the last SMART Survey, Health facility Survey, NDHS conducted before the start of program implementation; 72% of all rewards are based on the above six priority intervention areas. Two things are assessed here, the percentage improvement and the quality of care.

Other Disbursement Linked indicators (DLIs) include

(i) **DLI 3**: Improving Monitoring and Evaluation System and Data Utilization (16% of Disbursements).  
(ii) **DLI 4**: Increasing Utilization and Quality of Reproductive and Child Health and Nutrition Interventions through Private Sector Innovation (4% of Disbursements).  
(iii) **DLI 5**: Increasing Transparency in Management and Budgeting for Primary Health Care (8% of Disbursements).

Any State that can demonstrate that she has legally established a State Primary Health Care Development Agency and all Primary Health Care workers in the State have been transferred to the Agency will automatically get a one off reward of $500,000.

**Achievements so far**

1. The Health friendly Governor of Ebonyi State Chief (Engr.) David Umahi, MNSE, FNATE, has already bought into the program by inaugurating a State Steering Committee.  
2. The State has submitted her revised Work Plan and opened an account with CBN  
3. A State Technical Consultative Group (TCG) has also been established.  
4. The State Governor has provided a matching grant of One Billion Naira in support of the Program.
5. Full establishment and operationalization of the Ebonyi State Primary Health Care Development Agency (EBSPHCDA).

Next Steps:

The State is awaiting a signal from Federal Ministry of Health to start implementation of the Program

Disbursement of the initial US$1.5 million to States

The Maternal and Child Survival Program (MCSP) has a United States Agency for International Development (USAID) cooperative mandate to introduce and support high-impact health interventions in 24 priority countries with the ultimate goal of ending preventable maternal and child deaths (EPMCD) within a generation. In Nigeria, MCSP is focused on improving the quality and utilization of maternal and neonatal services as well as post-partum family planning in public and faith-based facilities in Kogi and Ebonyi States. To be able to meet the program objectives, MCSP has sub-awards with four professional associations: the Society of Gynecology and Obstetrics of Nigeria (SOGON), Pediatric Association of Nigeria (PAN), Nigerian Society of Neonatal Medicine (N33SONM), and National Association of Nigerian Nurses and Midwives (NANNM).

Objectives of the Program:

1. **Improved quality** of facility-based MNH services
2. **Strengthened information systems** to monitor and evaluate health outcomes

3. Increased use of life-saving innovations

**Achievements of the Program:**

- Completion of Baseline Assessment in 130 health facilities
- Training of 114 health providers on Records Keeping and Data Management
- Training of 43 health providers from 33 health facilities on prevention and management of bleeding after birth
- Training of 27 health providers on Post-partum Family Planning counseling
- Support to FMOH to conduct National Training of Trainers on ENCC (47 participants)
- Support of SMOH in the review of 2010 -2015 SSHDP
- Completion of GIS data mapping in 16 HF
- Basic Emergency Obstetric and Newborn Care National TOT in Abakaliki
- Full and Modified ENCC step down trainings for 91 Participants
- PP LARC Training for 71 participants
- National TOT on Quality of Care Baseline Assessment at Riverton Hotel Lokoja
- Quality of Care Baseline data collection across the State
- Family Planning Balanced Counseling strategy Training for 57 Participants
- National TOT on Bubble c-PAP at Specialist Hospital Lokoja.
- *Donation of 2 bubble c-PAP machines to each of FETHA, Mater hospital and Mile 4 Hospital at the end of the above National TOT. These Machines have been installed.*
- *Equipment of newborn care corners in 30 MCSP Supported facilities.*
- *Equipment of two Adolescent and Youth friendly Centres in the State.*
- *Currently the State is benefiting from the Low dose high frequency vs Traditional modes of training study going on in Nigeria.*
- *Currently leading the development a National quality of care framework for Nigeria.*

**The future:** MCSP Nigeria in collaboration with the Federal Ministry of Health and the Government of Ebonyi State is hoping to remarkably improve the quality of care in the delivery of Reproductive, Maternal, Newborn, Child and Adolescent health with gender inclusiveness.

*The Ebonyi State Commissioner for Health with Management of MCSP and cross section of participants at the SSHDP Review meeting*
The Rural Health Programme (RHP)

The Rural Health Programme of the Government of Ebonyi State commenced in 2008 with the participation of Six accredited Rural Private Hospitals: St. Patrick’s Mile 4 Hospital Abakaliki, Mater Misericodae Hospital Afikpo, St. Vincent’s Hospital Ndubia, Presbyterian Rural Improvement Mission Hospital Ikwo, Sudan United Mission Hospital Onuenyim Agbaja and Presbyterian Joint Hospital Uburu.

The Government of Ebonyi State has so far invested 2.1 billion Naira (disbursed in 17 tranches) in this Public–Private Partnership.

Remarkable achievements have been made by the management of these hospitals in the areas of

- Upgrading and maintenance of infrastructure
- Provision of free maternal health care service to our rural women.
- Recruitment and retention of skilled manpower
- Promotion of child health through immunization and other disease control measures.

The following positive changes are specifically worthy of note:

- Significant increase antenatal clinic attendance in these hospitals
- Hospital deliveries by skilled birth attendants increased by 173%
- Immunization coverage by these hospitals increased by 39.8%
- Maternal Mortality ratio in these hospitals dropped by 58%
- Massive investment on medical equipment e.g. Mater Hospital opened a Dialysis Centre and St. Vincent’s Hospital opened an Eye Unit with ultramodern theatre.
- Massive infrastructural improvement across the six Hospitals
- Each of these hospitals has recruited more skilled staff including Clinical Consultants.

The collaboration between the State Government and Federal Teaching Hospital Abakaliki (FETHA) has beefed up highly skilled manpower in these Hospitals.

This programme was recognized and given a National Award by the Health Care Public Private Partnership Forum for Nigeria in April 2014.
This Programme is currently being repackaged by the present administration to ensure better efficiency, cost-effectiveness and greater positive impact on the lives of the rural populace.

- **Safe Mother Hood / UNFPA Project**

*Activities completed at Safe Motherhood / UNFPA*

![Image of Mrs. Mary Jane Ikechukwu Nwobodo](image)

*Mrs. Mary Jane Ikechukwu Nwobodo*

**Reproductive Health/ Safe Motherhood / UNFPA Project coordinator**

*Activities completed at Safe Mother Hood / UNFPA*

136 Health Care Workers from Afikpo North, Ebonyi, and Ohaukwu LGAs declared abandonment of medicalisation of FGM in their communities after sensitization workshop

60 non pneumatic Anti-Shock Garment (NASG) distributed to 28 Health facilities in the State

50 Health workers from Izzi Ezza North and Afikpo North LGAs were trained on MPDSR with the support of UNFPA

50 WDC were sensitised on MPDSR reporting with the support of UNFPA

**Ebonyi State Health Management Information System Officer,**

Dr. Chika Nwankwo

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**Dr. Chika Nwankwo (Head, Health System Information Management, Ministry of Health)**

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- **Free Medical Missions**
The Ministry of Health also embark on free medical services from time to time.

- **Integrated Management of Childhood Illnesses (IMCI)**

This is a strategy developed by UNICEF and WHO for the reduction of morbidity and mortality associated with 6 major causes of childhood illness including diarrhea, malaria, measles, pneumonia, malnutrition and paediatric, HIV/AIDS.

Alo Daniel N.

Head of IMCI Ministry of Health

- **Reproductive Health/Family Planning Services**

  **BACKGROUND INFORMATION:**

Reproductive Health (RH) is a multi dimensional health sector that implement health services delivery across every aspect of human needs and development throughout life cycle, from the womb to old age. Saddled with the responsibilities of improving and promoting reproductive health status of generality of Ebonyians through its component programmes, Reproductive Health (RH) unit has about eight components that focus on different health care services that target men, women, adolescents and children.

In fairness, Reproductive Health Unit is better re-designated as department as it is housing at least eight full programmes. This is because the stakeholders usually look at the name unit and not looking at its multi component programmes and usefulness/ importance of the components to general public. This leads to gross inadequate funding of the unit programmes.
Lady Kate Oboke  
Reproductive Health/Family Planning Services

COMPONENT PROGRAMMES OF REPRODUCTIVE HEALTH UNIT.

For purpose of clarity, Reproductive health Unit of Ebonyi State has eight component programs as adopted from the FMOH by Ebonyi state Ministry of Health. The unit is headed by a coordinator and each of the programme has a designated desk Officer for effective management. The components programmes include the following:-

1. Safe motherhood comprising prenatal care, safe delivery, essential obstetric care, perinatal and neonatal care, postnatal care and breastfeeding;

2. Family planning information and services: Include Family planning counselling, information, education, communication and services

3. Prevention and management of reproductive tract infections, especially sexually transmitted infections (STIs), including HIV infections and Acquired Immunodeficiency Syndrome (AIDS);

4. Adolescents Health and Development; including their sexual and reproductive health services and promotion of healthy sexual maturation from pre-adolescence and responsible safe sex throughout life.

5. Young child and infant feeding: Exclusive Breastfeeding, Complementary Feeding, Feeding in exceptionally difficult circumstances like:
   o Children born to HIV positive mothers.
   o Children in emergency situations.
   o Severely malnourished Children.
6. Gender Issues: This focus on women right, elimination of harmful traditional practices such as Female Genital Mutilation (FGM), child marriage, domestic and sexual violence against women and complications of FGM.

7. Reproductive health issues: prevention, management of non-infectious conditions of the reproductive system, such as genital fistula, cervical cancer, complications of female genital mutilation

8. Reproductive health problems associated with menopause.

Through these component programs every segment of the population is reached.

PICTURE OF REPRODUCTIVE HEALTH UNIT STAFF

Reproductive Health Action Team

REPRODUCTIVE HEALTH UNIT ACCOMPLISHMENT

The following activities were accomplish in this 2016 through RH component programs.

1. FAMILY PLANNING.

1. Training of 50 Chews on balanced Counseling for effective use of Family Planning, supported by Engenderhealth (Nov. 2015)

2. Training of 50 CHEWs on Long Acting Reversible Contraceptive Family Planning, supported by Engenderhealth (Feb. 2016)

3. Training of 13 LGAs Family Planning Coordinators and 1 State supervisor supported by Engenderhealth (Aug. 2016).

4. Conducted 2 FP outreach services in Feb and August 2016 with support from Engenderhealth.

5. Conducted monthly and quarterly supportive supervision with support from Marie Stopes and Engenderhealth.
6. Conducted monthly and quarterly review meeting with support from Engenderhealth

7. Distribution of RH/FP commodities to Service Delivery Points supported by the State and JSI.

2. MATERNAL AND CHILD HEALTH

I. Organized and establishment of Maternal and Perinatal Death Surveillance and Response Steering Committees at State level, 3 secondary health facilities and 15 PHCs supported by the State and UNFPA.

2. Trained Maternal and Perinatal Death Surveillance and Response Steering Committees members in 3 secondary health facilities and 15 PHCs supported by the State and UNFPA.

2. Organized orientation meeting for State level Maternal and Perinatal Death Surveillance and Response Steering Committee review meeting supported by UNFPA.

3. Conducted 1 Quarter State level Maternal and Perinatal Death Surveillance and Response Steering Committee review meeting supported by UNFPA.

4. Conducted quarter review meeting of Community-based essential new born care.

GENDER ISSUES:

1. Commemoration of 2016 world cancer week which special phone in programme at NTA Abakaliki lead by the Hon. Commission for Health Dr. Daniel Umekurah and participated by State RH coordinator, Lady Kate Oboke and two Consultants from FETHA Abakaliki.

Advocacy visit to Her Excellency on collaborating with her on MPDSR activities.

ii. Press briefing by the hon. Commission for health and brief orientation of the ministries stakeholders on cancer preventions.

2. Sensitization of health workers on end Female Genital Mutilation/Cutting, supported by UNFPA

C. ACTIVITIES ON GOING/YET TO BE ACCOUNPLISHED

1. Development of Ebonyi State Family Planning Costed Work plan 2016-2018

2. Setting up of MPDSR State secretariat

i. Office accommodation and Equipment

ii. Provision of MPDSR project vehicles

iii. Computer and accessories

3. Development of state MPDSR implementation plan for 2016-2019

4. Advocacy visits to /meetings with:

i. State key relevant establishments/stakeholders( Governor and His wife, State planning Commission, Ministry of Finance and State House of Assembly) to create budget line for MPDSR activities
ii. Ministry of information and media stakeholders for partnership.

5. Orientation of key State stakeholders (State level Maternal and Perinatal Death Surveillance Response (MPDSR) Steering Committee members and other relevant Stakeholders), on implementation of the MPDSR in Ebonyi State.

6. Training of MPDSR secondary health and PHC levels facilities’ steering committee members (both public and private including missions)

7. Inauguration of LGA and Community-Based Steering Committees

8. Community sensitization on MPDSR and prevention and reporting maternal and prenatal deaths in the State and inauguration of MPDSR community Steering Committee

9. Monitoring and investigating the causes reported maternal and perinatal deaths in the State by State Level MPDSR Steering Committee and reporting same to the Federal.

10. Regular, quarterly and annual meetings of State Level Steering committee in the state.

CONCLUSION:

The Unit is a very crucial one and capable of transforming the health status of Ebonyian in most positive way.

The entire staff of the Unit, most sincerely acknowledge and appreciate the supports from the Hon. Commission for Health and pledge our continuous services towards improving the health of Ebonyian.
BABY FRIENDLY INITIATIVE PROGRAMME (BFI)

PROFILE OF PROGRAMME COORDINATOR

Name: Maria Uduma Orji (Mrs)

Designation: Baby Friendly Initiative Coordinator (BFI)

Academic Qualifications: RN, RM, BNSc, BSc (HED), MPH (in view)

PROGRAMME OVERVIEW

Baby Friendly Initiative (BFI) has the responsibility of planning, implementing, monitoring, reporting and disseminating reports on Infant and Young Child Feeding Programme activities in Ebonyi State. The Programme implements Infant and Young Child Feeding which is aimed at promoting Child survival through optimal feeding of the Child.

The programme contents include:

♦ Exclusive Breastfeeding
♦ Complementary Feeding
♦ Feeding in exceptionally difficult circumstances like:
   - Children born to HIV positive mothers.
   - Children in emergency situations.
   - Severely malnourished Children.
   - Low birth weight Children.
   - Orphans.

ACTIVITIES CONDUCTED BETWEEN JANUARY TO AUGUST 2016.

The following activities were conducted between January-August 2016:

♦ Training of 89 Oi/cs in 3 IYCF Focal LGAs namely Afikpo North, Ezza South and Ishielu between 26th-30th January 2016.

♦ Advocacy/sensitization meeting with 3 focal LGAs Chairmen and their Exco conducted between 23rd to 25th February 2016.
Advocacy/sensitization meetings with 3 FLGAs CAN conducted between 26th-28th February 2016.

1-day Orientation meeting on IYCF for 600 men groups, women groups, and youth groups in 15 focal wards in the 3 LGAs conducted between 1st - 11th March 2016.

1-Day community dialogue with 100 Pregnant women and Nursing mothers in fifteen focal wards in the 3 FLGAs conducted between 15th-25th March 2016.

Review meeting on the state of IYCF in communities within 3 LGAs for 75 representatives of LGA umbrella organizations, members of the LGA Council of Chiefs and leaders of town/village age between 29th-31st March 2016.

Quarterly review meeting with 67 Oi/cs of focal wards 22nd April 2016.

Documentation of IYCF activities and results for sharing in States, National and International for a conducted between 7th-14th April 2016.

EBF for 6 months has become a law in Afikpo” says HRH Ezeogo John Ekuma Chairman Traditional leaders Council AFNLGA.

5 Day Training of 43 Tutors from Schools of Nursing and Midwifery in Abia, Akwa Ibom and Ebonyi States conducted between 18th-22nd April 2016.

Supportive supervision of 15 Health Facilities by 3 FLGAs IYCF Teams.

Strengthened to deliver quality IYCF services in their Facilities and report promptly.

State level advocacy meeting for State and LGAs policy makers and Programme implementers conducted on 4th May 2016 at Conference Hall Ebonyi State Ministry of Health.

Monitoring of Support Groups in 3 FLGAs conducted between 12th-14th May 2016.

Advocacy/Sensitization visits to 6 Churches in 3 FLGAs conducted on 29th May 2016.

Monthly supportive supervision to health facilities to strengthen IYCF interventions.

Bi-monthly monitoring of IYCF Support Groups in three selected LGAs.

Advocacy/policy dialogue on the Code and advocacy with wife of governor, exco, chairpersons and stakeholders on the importance of IYCF conducted on 1st - 7th August 2016 at Conference Hall Ministry of Health Abakaliki.
Advocacy/ sensitization meeting on the importance of EBF/IYCF with wife of governor, wives of EXCO, LGA chairpersons and stakeholders conducted on 5th August 2016 at Council Hall Ezza South LGA Onueke.

Her Excellency Chief/Mrs Raechel Umahi stressing the importance of Exclusive Breastfeeding.at WDC Abakaliki.

Hon. Commissioner for Health Dr Daniel Umezurike says Ebonyi State Ministry of Health will scale up IYCF in the 13 LGAs of Ebonyi State.

ACHIEVEMENTS BETWEEN JANUARY – AUGUST 2016

- 3 FLGA Chairmen and 21 FLGAs management reached during One day advocacy meetings expressed preparedness to support IYCF. Ishielu and Ezza South Chairmen promised to scale IYCF to all wards in their LGAs.

- 3 FLGAs Chapters of CAN comprising of 171 members reached during one day advocacy visits expressed preparedness to collaborate with EBSMOH to spread IYCF recommended practices among their members and local Churches. Some of the reached members have started putting IYCF in their sermon and want to invite the team during August Women Assembly of their respective churches.

- Increased awareness on IYCF recommended practices among congregation members of 6 mega churches visited during Advocacy visits to mega Churches. Priests and leaders of women wings of visited Churches extended invitation to us during their August Women Assembly.
20 state and FLGA Political leaders reached during States level Advocacy meeting with Commissioners and LGA Chairmen/Political leaders pledged their commitment to the support of IYCF in FLGAs and the State.

15 members of LGA teams of the 3 FLGAs orientated on IYCF during State level Advocacy strengthened and acquire the capacity to monitor facility and community workers.

Health Workers in 5 health facilities visited by 3 FLGAs IYCF team members during supportive supervision strengthened for effective and quality IYCF service delivery and prompt reporting.

635 men groups, women groups, and youth groups reached during meeting with community groups sensitizing their members on IYCF.

578 Pregnant women and breastfeeding mothers reached in 3 FLGAs during community dialogue meetings expressed their preparedness to adopt EIB, EBF and CF.

55 representatives of LGA umbrella organizations and LGA Council of Chiefs and leaders of town/village reached during review meeting testified of positive results of IYCF in their wards and their preparedness to support and monitor Counselors and support group members in their wards.

66 Oi/c that attended review meeting with focal persons gave reports of IYCF in their facilities and submitted their monthly data.

43 IYCF Support Group members reached during bi-monthly monitoring in 3 FLGAs strengthened for delivery effective and quality IYCF services and prompt reporting.

IYCF positive results in FLGAs documented for dissemination at LGAs, state, National and international fora.

Best first 10 EBF babies of Ebonyi with wife of Governor Chief/Mrs Raechel Umahi during baby show.

60 Heads of Health institutions in Abakaliki reached during sensitization on the CODE pledge their commitment in ensuring CODE compliance in their health institutions.
The wife of Executive Governor of Ebonyi state and 511 Political Office holders and stakeholders reached during Advocacy/sensitization on the importance IYCF state preparedness to support IYCF.

Increased in number of mothers/caregivers adopting the EIB, EBF and CF following activities of 2016 World Breastfeeding week.

**PLANNED ACTIVITIES FOR 4TH QUARTER 2016.**

- 3 day training of 150 wives of religious leaders and lady ministers in 3 FLGAs as peer counselors on IYCF to conduct marriage counselling, counselling of lactating mothers and pregnant women in their churches.
- 3 day training on IYCF for 200 out-going student nurses of Ebonyi state university.
- 3 day training on IYCF for 100 out-going student nurses and midwives of mater hospital Afikpo.
- Conduct second quarter review with oi/c of focal wards (90) (june 2016)
- Provision of data tools for data generation and reporting.
- Support of monthly meetings of 50 support groups in 3FLGAs.
- Monitoring Of November 2016 MNCHW.

**Details of the Principal Officers and Directors of the Ministry.**

The Following are details of Directors of the Ministry

- **STATE HOSPITALS MANAGEMENT BOARD**

The State Hospitals Management Board (SHMB) is a parastatal of the Ministry of Health charged with the responsibility of management and administration of all the general hospitals in the State in line with national guidelines and standards. The general hospitals are expected to provide specialized care for cases which cannot be handled at the PHC level.

They also serve as service points for most of the public health programmes such as the National programmes for the control of AIDS, Malaria, Tuberculosis, etc.

Health services though mainly a social service, contribute significantly in maintaining a healthy workforce to service the economy. Facilities of Ebonyi State Ministry of Health.
Dr. Inyang Oko is a versatile public health expert and administrator who is currently serving as the Chief Executive/Hospital Administrator of Ebonyi State Hospitals Management Board. He was born on 2nd April, 1958 in Afikpo in Ebonyi State. He has held several administrative and managerial positions in public service.

Dr. Oko attended many renowned public schools for his formal education. Namely, Government Primary School, Afikpo, 1963 to 1970 for his primary education, Government Secondary School, Afikpo, 1971 to 1975 for secondary education, University of Ibadan, 1976 to 1982 for medical training (M.B.B.S.) and University of Nigeria, 2004 for post graduate education (MPH). He has also undertaken several quality courses and trainings aimed at honing his knowledge and skills in his chosen field. Some of these are, JOHPIEGO sponsored clinical service provider training at UBTH, Benin 1985, Health Project Management training in Worthing, UK 1998, Leadership and Team Building in Organizations training at HETTA Institute, New York, US and GE sponsored training on Leadership, Innovation and Strategy in Istanbul, Turkey 2013.

He did his medical training as a State government scholar and post graduate training with a World Health Organization MPH fellowship. After graduation from medical school and having served the mandatory housemanship and NYSC at Queen Elizabeth Specialist, Umuahia and University College Hospital, Ibadan respectively, he started work at the then General Hospital, Owerri as medical officer in 1984. As a career civil servant, he rose progressively to Chief Medical Officer, the apex for his career path in 2004. He also served as the Senior Medical Officer in-charge, General Hospital, Egbema, Imo State, 1988 to 1991 and Principal Medical Officer in-charge General Hospital, Abiriba, Abia State, 1991 to 1996.

As an energetic, honest, hard-working and highly skilled and knowledgeable professional, Dr. Oko has been appointed to work in many national projects by other government agencies and development partners. Some of these are, Director Primary Health Care & Disease Control, Ebonyi State Ministry of Health, 1997 to 2000, NIDs Central Facilitator in-charge of Jos, Plateau State 2000 to 2002, Global Alliance for Vaccines and Immunization (GAVI) Consultant in-charge of Ebonyi State, 2002 to 2003, Director Public Health, Ebonyi State Ministry of Health, 2004, UNICEF EPI Coordinate in-charge Abia, Imo and Rivers States, 2004 to 2005, FMOH/DFID Consultant on Public Private Partnership (PPP) in Health Consultations, 2005, FMOH/HERFON Consultant to assess impact of advocacy visits to states on HSR, 2005, Chief Executive/Hospital Administrator Ebonyi SHMB, 2006 to 2010, Chairman Health Reform Foundation of Nigeria, Ebonyi State Branch, 2009 to
2010, Senior Special Assistant to Honourable Minister of Health, 2010 to 2014 and Member Medical and Dental Council of Nigeria (MDCN), 2013 to 2014.

Dr. Oko is not all work and no play but also a sports enthusiast. He is an avid golfer and a member of IBB International Golf and Country Club, Abuja and Abakaliki Golf Club.

He is married to his amiable wife, Victoria Chinyere Inyang-Oko.

DIRECTOR OF PUBLIC HEALTH

Dr. Michael Ndubuisi Urom

Dr. Michael Ndubuisi Urom is from Amuro Village, Afikpo in Afikpo North LGA. He attended Nigercem Primary Nkalagu where he got his FSLC in 1975. He attended Government secondary school, Afikpo and graduated in 1981. Studied medicin and surgery at University of Nigeria Nsuka and graduated with MBBS. He has worked in Private Hospital and the State Hospital Management board before his appointment as the director Public Health and disease control.

Key Department in Public Health include

1. Reproductive Health
2. Malaria
3. HIV AIDS
4. Epidemiology and disease surveillance
5. Tuberculosis and leprosy
6. Free Martinal
7. School Health
8. Neglected tropical disease
9. School of health technology
10. Baby friendly
11. Social mobilization
DIRECTOR, NURSING AND MIDWIFERY SERVICES:

IGBOJI, JONATHAN OGBONNA (JP, FCAI, MNANNM, MHDg-N)

(Director, Nursing and Midwifery Services - Ebonyi State)

E-mail: igboyam@yahoo.com, igboyam200@gmail.com

Mobile: +234(0) 803 579 0024, +234(0) 802 692 9270 and +234(0) 909 703 3024

Ogbonna Igboji was born to the family of Mr & Mrs Igboji Nwerwe of Mbeke Ndzieze in Izzi LGA of Ebonyi State. He rose from a humble beginning, attending Mbeke Ndzieze Community Primary School and Boys’ Secondary School, Iboko – Izzi LGA. He is currently the Director of Nursing and Midwifery Services, Ebonyi State. He is also the Chairman, Directors of Nursing and Midwifery Services, South East - Nigeria.

He aspires to be a role model and his motto is: “Be fair, to be free”

Profile/Attributes/Skills and Core-values.

Jonathan is a multi-skilled professional Nurse. His academic and professional Certificates include:

- Certificate of Registered Nurse, Nigeria (NRN) – ABSUTH, Aba
- Post Basic Diploma in Peri-Operative Nursing (DPON) – UNTH Enugu,
- Bachelor of Science (B.Sc) degree in Nursing Sciences from the University of Nigeria, Nsukka,
- Masters degree in Public Health (MPH) from Imo State University, Owerri,
- Masters degree in Nursing Sciences (M.Sc.) - EBSU, Abakaliki
- Post graduate Certificate in Health Policy and Health Systems Management, (EBSU- Abakaliki),
- Post graduate Diploma in Education (PGDE) Usman Danfodiyo University, Sokoto
- Doctorate Degree (in-view) from Ebonyi State University, Abakaliki.
- Certified National Consultant - Planning and Budgeting
- Certified National Consultant- Human Resource for Health Capacity Development
- UNICEF Master Trainer and WHO Facilitator.

He is a Fellow of the Institute of Cooperate Administration (FCAI), Member of the First Indigenous Health Development Guild Nigeria (HDg-N) and a Jerusalem Pilgrim (JP). He has good communication and computing skills, an astute administrator and charismatic leader who is passionate about improving the welfare of the marginalized, vulnerable and excluded populace. He is an advocate of equity and transparency; humility is his adored virtue.
He enjoys working hard and puts in his best in the midst of bottlenecks and tight schedules. He hates procrastination and leaving tasks uncompleted. He likes to be challenged and enjoys constructive criticism. For him, challenges are opportunities to think ‘outside the box’. He is physically, mentally and socially stable. He is a self made man, a good team player and result-driven team builder. He believes in himself, determined and stoops to conquer.

**BRIEF ON THE NURSING SERVICES DEPARTMENT**

Sequel to your Directive on the subject matter above, I wish to submit the Brief on the Nursing Services Department thus:

1. **Office Location:** Ministry of Health, State Secretariat, Abakaliki.

**Vision:**

A Nursing Department where all fields of Nursing are fully functional and unique role of the nurse is recognized, appreciated and respected.

**Mission:**

To co-ordinate and regulate Nursing Education and Practice in the State to ensure Evidence-Based Practice (EBP) in line with International best practice in Nursing

**Goal:**

To raise Nursing Education and Practice to an enviable height in Ebonyi State and Nigeria.

2. **Departmental Responsibilities:**

1) To best-advice Government on issues concerning Nursing and Midwifery in the State.
2) To contribute in the development and formulation of evidence-based health policies.
3) To oversee the proper/quality training of Nurses and Midwives in the State.
4) Ensure quality standard in the practice of Nursing and Midwifery through regular Supportive supervision and monitoring.
5) Conduct periodic Mandatory Continuing Professional Development Programme (MCPDP) for Nurses and Midwives to update them on the current trends in Nursing and Midwifery practice in the State and prepare them for renewal of practicing license.
6) Promote discipline, collaboration and cooperation with other health care providers.
7) Maintain four (4) functional units:
   i) Nursing Administration and Licensing
   ii) Nursing Education
   iii) Public Health Nursing
iv) Nursing Research.

8) Assist the Nursing and Midwifery Council of Nigeria in the conduct of Final qualifying Examination for General Nursing, Midwifery and Psychiatric nursing.

9) Conduct Common Entrance Examination yearly for admission into School of Nursing, Mater Hospital, Afikpo.

10) Ensure that professional nurses in the State have current practicing license.

11) To assist/encourage Nurses and Midwives acquire further education to promote excellence in Nursing and Midwifery practice in the State.

12) Encourage Nursing Research and publication of findings to provide evidence for evidence-based practice as well as building the body of knowledge for the nursing profession.

13) Monitor and evaluate Nursing and Midwifery practice for effectiveness and efficiency in the State.

14) Contribute meaningfully in the achievement of the Ministry of Health responsibilities.
EBONYI STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY

Dr. Nwali Okata James, MBBS, MPH
Executive Secretary, Ebonyi State Primary Healthcare Development Agency

Dr. Nwali Okata James, MBBS, MPH

THE PROGRESS RECORD SO FAR.

The bill establishing the agency was passed into law by the State House of Assembly on the 7th of June, 2016.

The law was assented to by the Executive Governor of Ebonyi State Chief Engr. David Nweze Umahi on the 8th of July, 2016.

The board of the agency has been inaugurated by the Executive Governor of Ebonyi State. The members of the board are as follows:

1. Dr. Okoro Uchenna Okoro – Chairman
2. Dr. Nwali Okata James – Executive Secretary
3. Dr. Achi Christian Ezeora – Member
4. Dr. Mrs. Obinuju Alohi – Member
5. Hon. Chikere Omabe – Member
6. Dr. Michael Urom – Member
7. Mrs. Odi O. Okoro – Member
8. Prince Anya Okorie – Member
9. Mr. Paul Oji Nkama – Member
Some relevant officers has also been posted to the Agency namely:

1. Mrs. Ngozi Una - Accountant
2. Mrs. Iteshi Regina - HOD Administration
3. Mr. Samuel Obasi - Chief Driver
4. Mr. Chima Nwite Nwali - PA to Executive Secretary

Furthermore the Executive Governor of the State has directed that all the Primary Health Care Workers should be transferred to the Agency in line with policy of Primary Health Care (PHC) under one roof and all the relevant officers are already putting finishing touches to the administrative process to effect the transfer.

The Agency has also articulated a take off grant to be submitted to the Governor for subsequent approval.

A robust comprehensive budget has been articulated and defended at the planning commission and Ministry of Finance.

The State Government has also provided an adequate office accommodation for the agency at the Centenary City. There is a plan by the State Governor to revitalized about 171 PHC Centres in the State.

Sincerely speaking the agency has made a very wonderful progress within a very short time and all appreciation to the proactive and wonder working Governor of Ebonyi State, Chief Engr. David Nweze Umahi
Profile of Head of Unit

Name: Dr Francis Onwe

Position: State epidemiologist.

Educational Qualifications:

(i) MBBS—Nnamdi Azikiwe University Awka 1998
(ii) PGD(Public Health)—University of WestMinster-London.
(iii) MWACP—Member West African college of physicians (community health)

EXPERIENCE

A senior public health specialist physician with over 10 years experience.

- Trained in Lassa fever and other viral haemorrhagic fever prevention and control at Sierra Leone by Metabiota, USA.
- Trained in infectious prevention and control with emphasis on Ebola Virus disease by John Hopkins University at Ghana.
- Has undergone several training on infectious disease prevention and control by World Bank as the former Ebonyi State Avian influenza control project desk officer.

Publications and abstract presentation

- Two publications on Lassa fever outbreak experience in Ebonyi State by International Journal of Infectious disease.
Medical practice

A registered medical practitioner in Nigeria and also in the United Kingdom.

Membership of professional bodies

- Nigerian Medical Association
- Epidemiological Society of Nigeria

AWARDS

Fellow corporate Administration of Nigeria (fcai)
Rottract Community Service Award

ACTIVITIES OF THE UNIT

Epidemiology and disease control unit is one the key units in the public health department of the ministry of health.

The unit is responsible for the following functions:

1. Prevention and control of disease outbreak in the state. This include diseases like lassa fever, cholera, hepatitis, ebola, yellow fever, zika e.t.c.

2. Forecasting and early warning of possible disease outbreak with appropriate procedure and response.

3. Estimation of disease burden in a community and application of appropriate intervention to reduce the burden.

4. Sustained active, passive and sentinel surveillance to generate data necessary for early warning, forecasting declaring disease outbreak and for operational research.

5. Co-ordination of disease outbreak control and prevention activities in the state.

6. Interventional health advisory role for warelers and immigrants.

7. Research activities in areas of special needs to address health challenges.

8. Health education.

CHANNEL OF COMMUNICATION
Health information like disease outbreak, disease occurrence etc are generated from the community and reported to the nearby health facility. The health facility then report to the disease surveillance and notification officer (DSNO) in the local government who then report to the epidemiology unit of the state ministry of health. The reports are compiled and sent to the epidemiology division of the federal ministry of health on weekly and monthly basis.

There also a feed mechanism from the federal down to the community.

Community___ Health facility_______DSNO______State epid____FMOH

MAJOR ACTIVITIES CARRIED

(1) 2015--------cholera outbreak control in the state. 11 LGA involved

(2) 2016--------lassa fever outbreak control(started Jan. and ended June 2016)

(3) Warning is being issued by the unit of a possible major outbreak gastroenteritis in the state this year ending.

There is therefore need to preposition control materials in the health centers and ind health ad state wide.

Research project planned for but constrained by fund:

(1) Lassa fever mapping using seroprevalence in the state

(2) Hepatitis prevalence and predictors in the state.

STAFF STRENGTH

(1) At state level we have four(4) re

Regular staff(one doctor, two community health officer and one scientific officer).

(2) At the LGA we have 13 DSNOs

(3) At the health facility we have 65 workers(focal persons).
PROFILE OF MR. CHIKERE OMABE (SPECIAL ASSISTANT TO EBONYI STATE GOVERNOR ON PRIMARY HEALTH, EBONYI SOUTH ZONE).

Phone No: 08035763885

Gmail: chikereabundance@gmail.com

Mr Chikere Omabe was born on 2\textsuperscript{nd} March, 1962 to the family of Mr/Mrs Reuben Omabe Ano of Amakporo Igbeze-Onicha, in Onicha LGA of Ebonyi state.

Mr. Omabe is from a very humble background, born to a family of peasant farmers and went through pains of the Nigerian civil war as a child. He attended Amakporo community primary school, Igbeze-Onicha between 1970 and 1975 and obtained his FSLC. In the same 1975, he preceded to Government College Afikpo where he obtained his West African School Certificate in Division One in 1980. He also attended the then Imo State School of Health Technology, Aba now Abia State College of Health Science and Management Technology, Aba between 1980 and 1983.
And later attended Abia State University and Imo state University respectively. He holds a Post Graduate Diploma in Public Health, B.sc (mgt) and WAHEB diploma (now HND) in Environmental Health.

Mr. Omabe is a Christian and worships with the Rescue Christian Ministry. He is a community leader, having served his people as Executive Member, Onicha Town Union; National Coordinator, Onicha Igbeze Forum; Vice Chairman/Secretary, Amakporo Development Union and Vice Chairman, Igbeze Onicha Development Union, Abakaliki Branch at different times. He was a member, Professional Association of Environmental Health Officers of Nigeria and a licentiate of the National Institute of Food Science Technology (NIFST). He is presently the Special Assistant on Primary Health, Ebonyi South Zone to the Uncommon Transformer and Great Bridge Builder, His Excellency, Chief Eng. David Nweze Umahi (FNSE; FNATE), the Executive Governor of Ebonyi State. He is also a Member of the Ebonyi State Primary Health care Development Agency Board, courtesy of the Governor. He is married with seven children.

**WORK EXPERIENCE**

Mr. Omabe was employed into the Old Imo state Civil service (Ministry of Health) as a Health Superintendent in-training in 1980 and rose to the rank of Director having served the states of Imo, Abia and Ebonyi. He retired as a Director in December, 2015 having served meritoriously for 35 years. Permit me to mention here that under his leadership as National Programme on Immunization (NPI) Manager for old Ohaozara LGA, Old Ohaozara LGA achieved “Universal Child Immunization (UCI)” in 1990.

In the course of his career in the civil service, he had the opportunity of serving in the following capacities:

- NPI Zonal Logistic Officers, Afikpo/Ohaozara LGAs - 1986-1990
- NPI/CCD Manager, Ohaozara LGA - 1990-1997
- Secretary NPI Taskforce, Ohaozara LGA - 1996-1997
- Secretary, WATSAN Committee/ WATSON Sanitation Officer, Ohaozara LGA - 1995-1996
- Member, Abia state Mobile Sanitation court - 1995-1996
- Member, Ebonyi State Core Group for Sanitation Development - 1998-2000
- HOD, Environmental Health Dept. EBSEPA - 2002-2003
- Core Trainer (Immunization) Ebonyi State - 2004
- Central Facilitator (Immunization) Abia/Adamawa States - 2005-2006
- Core Trainer, EU-Prime, Ebonyi State - 2008-2009
- Member, Ebonyi State TB/HIV Working Group - 2006-2009
- Secretary, Ebonyi State PHC Monitoring Committee - 2012-2013
- State Facilitator (USAID-MAPS), Ebonyi State - 2012-2013
- Core Trainer, Penta-valent Vaccine introduction, Ebonyi State - 2013
- Facilitator (UNFPA) - 2013-2014
On the first of July, 2015, Mr. Omabe was sworn-in as the Special Assistant to the Executive Governor of Ebonyi State on Primary Health Care, Ebonyi South Zone.

ACHIEVEMENTS IN OFFICE:

Under the tutelage of His Excellency, Chief Eng. David Nweze Umahi (FNSE, FNATE) Executive Governor of Ebonyi State, a Man of Great Vision and Uncommon Spirit, the following achievements have been made:

1. Conduct of baseline survey of all health facilities in the state including Ebonyi south zone.
2. Sensitization of LGA Primary Health care Coordinators and Health Workers on proper work ethics and positive work behaviours.
3. Monitoring, Supervision and Mentoring visits to Health centres in the five LGAs of Ebonyi South zone. Now Health Workers go to work and our Primary Health Centres are open to serve our people.
4. Control of 2015 cholera outbreak in the state especially on Afikpo North, Afikpo south and Ivo LGAs.
5. Control of Lassa fever outbreak in the state and aggressive awareness and sensitization campaigns in the communities, markets and schools of all the LGAS in the zone.
6. Formation of Sensitization and Environmental Sanitation committees in all the LGAs and wards of Ebonyi South zone.
7. Supervision of the construction of the ultra modern Virology Centre in Ebonyi State, first in South East Zone of Nigeria.
8. Repositioning of Ebonyi State School of Health Technology Ngbo.
10. Successful implementation of the distribution of treated bed nets, maternal, Newborn Child Heath Weeks (MNCHWs) and Immunization services in all Primary Health Centres and communities of the zone.
11. Drafting of the laws on Ebonyi State School of Health Technology Ngbo, Ebonyi State School of Nursing and Midwifery Uburu, and the Ebonyi State Primary Health Care Development Agency law.
12. Conduct of EKUBARAOHA free medical outreach at Ezzama in Ezza South LGA and Uburu in Ohaozara LGA.
15. Supervision of the renovation of the Ebonyi State School of Nursing and Midwifery Uburu.
16. In partnership with other committee members, he is currently working on the Ebonyi State Health Insurance and comprehensive Health Transformation Programme among others.
DR. GABRIEL O. ONWE (KSM) MBBS, MPH
DIRECTOR MEDICAL SERVICES, EBONYI STATE MINISTRY OF HEALTH

Elder Mrs Odi Ogonna Okoro

Director Primary Health Care/ Member State Primary Healthcare Development Agency

Okoro Chima Kalu MCAI
BASELINE STATUS OF EBONYI STATE IN THE HEALTH SECTOR

PREAMBLE

There is no gain saying that the new administration under the able leadership of our dear Governor, His Excellency Engr. Chief David Nweze Umahi (FNSE, FNATE) has come to transform Ebonyi State. It is apparent that in a few month of inception of this administration Ebonyi State has witnessed massive infrastructural transformation in every sector of our life. Our systems are strengthened even in the face of harsh economic situation facing the entire nation.

In the health sector our dear Governor attaches much importance to quality health care delivery to the people of Ebonyi State because he knows that a healthy nation is a wealthy nation. In order to achieve universal health coverage through a comprehensive health transformation programme launched recently by the State, the Ministry of Health has started on a good footing by embarking on a baseline evaluation of all the health facilities in Ebonyi State in September, 2015.

The essence of this baseline survey was to determine what is on ground in the health sector and match it with where we want to be. The findings were quite revealing as we know vividly well the gaps in the health sector and the interventions needed to be done. Furthermore, at the end of the 1st tenure of this administration, we will be able to say in concrete terms of the outcomes of our interventions.

METHODOLOGY:

His Excellency, Engr. Chief David Nweze Umahi graciously approved the baseline survey to be carried out by the Ministry because he is very much away that data is very crucial for making sound policy decisions.
Upon approval, our Ministry swung into action by holding many micro planning meetings and mobilizing the personnel and logistics for this exercise. We divided ourselves into three teams each to work in one senatorial zone of the State.

Each team was made up of two (2) health workers, a lands surveyor, HODs of health in the visited LGA, an MIU person and a representative from the Department of Planning, Research and Statistics.

We also had a supervision and monitoring team headed by the Hon. Commissioner for Health and other members of this team includes the 3 SAs on PHC, Permanent Secretary Ministry of Health, CE/HA of State Hospital Management Board (SHMB) and a Director of Planning, Research and Statistics of the Planning Commission.

The exercise took four (4) weeks and four (4) days of intensive field work and two (2) weeks of brainstorming on data analysis.

In the field, we used template for data collection, GPS and IPADs for data capturing.

Data analysis were done based on LGAs, facilities, personnel disposition structures in the facilities, utilities, service delivery, drugs/commodities, revenue generation and waste disposal management.

**List of team Members**

**Supervisors**

- Dr. Umezurike Daniel, (Hon. Commissioner for Health)
- Mr. Emmanuel Ozibo (Perm. Sec. Health)
- Dr. Chris Achi (SA on Primary Health Care, North)
- Mrs Obinuju Alo (SA on Primary Health Care, Central)
- Mrs Omebe Chikere (SAs on Primary Health Care, South)
- Mrs Jane Aja (Director Statistics, State Planning Commission)
- Dr Inyang Oko (CE SHMB)

**Team A – EBONYI NORTH**

- Dr. Onwe Boniface (Focal Person Free Maternal Health Care)
- Mr. Kalu Joseph (Surveyor Ministry of Lands)
- Mr. Chiika Nwankwo (HIMS Officer)
- Mr. Ekereoku Joseph (Statistician State Planning Commission)

HODs of Health in the Four LGAs visited
Team B – EBONYI CENTRAL

Mr. Jonathan Igboji (Director Nursing Services)
Mrs A.B Oko (Public Health Nurse)
Mr Ugo Nwankwo (Surveyor Ministry of Lands)
HODs of Health in the Four LGAs visited

Team C – EBONYI SOUTH

Mr. Uguru Boniface (Director Planning Research and Statistics)
Lady Kate Oboke (Public Health Nurse)
Mr. Emmanuel Akani (Surveyor Ministry of Lands)
HODs of Health in the Five LGAs visited

FINDINGS:
It is pertinent to mention that the findings presented here is based on the Terms of Reference of this report and not the comprehensive report of the baseline survey. For clarity we shall present the report itemized as in the terms of Reference.

1(a) Table I: Shows Health Facilities in the State

<table>
<thead>
<tr>
<th>LGA</th>
<th>Tertiary Institution</th>
<th>General Hospitals</th>
<th>Mission Hospital</th>
<th>Primary Health Centre</th>
<th>Health Post</th>
<th>No. Of Private Health facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ishielu</td>
<td>1</td>
<td></td>
<td>24</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ikwo</td>
<td>1</td>
<td>1</td>
<td>33</td>
<td>12</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Ezza South</td>
<td>1</td>
<td></td>
<td>20</td>
<td>6</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Ezza North</td>
<td>1</td>
<td></td>
<td>22</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>LGA</td>
<td>Ante-</td>
<td>Delivery</td>
<td>Basic EMOC</td>
<td>Family Planning</td>
<td>Newborn Resus</td>
<td>Immunization, GM &amp; PEBF</td>
</tr>
<tr>
<td>---------------</td>
<td>-------</td>
<td>----------</td>
<td>------------</td>
<td>----------------</td>
<td>---------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Ishielu</td>
<td>17</td>
<td>16</td>
<td>2</td>
<td>15</td>
<td>5</td>
<td>31</td>
</tr>
<tr>
<td>Ikwo</td>
<td>34</td>
<td>31</td>
<td>16</td>
<td>23</td>
<td>18</td>
<td>42</td>
</tr>
<tr>
<td>Ezza South</td>
<td>21</td>
<td>20</td>
<td>19</td>
<td>20</td>
<td>19</td>
<td>27</td>
</tr>
<tr>
<td>Ezza North</td>
<td>19</td>
<td>14</td>
<td>5</td>
<td>16</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>Abakaliki</td>
<td>23</td>
<td>18</td>
<td>2</td>
<td>17</td>
<td>3</td>
<td>24</td>
</tr>
</tbody>
</table>

This tables shows unequal distribution of health facilities in the State and that there are many non-functional/underutilized health facilities in the State.

**Table II: Showing type of service delivery available in different LGAs of the state**
This table shows that the service delivery is very poor especially in the primary and secondary levels because of poor facilities, inadequate manpower and poor logistics.

**Table III: Showing the 19 Secondary facilities with their number of bed spaces and proprietors**

<table>
<thead>
<tr>
<th>S/N</th>
<th>Facilities</th>
<th>No. of Beds</th>
<th>Proprietors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>General Hospital Elinwovu</td>
<td>48</td>
<td>Ebonyi State Govt.</td>
</tr>
<tr>
<td>2.</td>
<td>General Hospital Iboko</td>
<td>48</td>
<td>“</td>
</tr>
<tr>
<td>3.</td>
<td>General Hospital Ezzamgbo</td>
<td>90</td>
<td>“</td>
</tr>
<tr>
<td>4.</td>
<td>General Hospital Agba</td>
<td>40</td>
<td>“</td>
</tr>
<tr>
<td>5.</td>
<td>General Hospital Umuezeoka</td>
<td>16</td>
<td>“</td>
</tr>
<tr>
<td>6.</td>
<td>General Hospital Onueke</td>
<td>17</td>
<td>“</td>
</tr>
<tr>
<td>7.</td>
<td>General Hospital Ndufu-Alike</td>
<td>48</td>
<td>“</td>
</tr>
<tr>
<td>8.</td>
<td>General Hospital Onicha</td>
<td>48</td>
<td>“</td>
</tr>
<tr>
<td>9.</td>
<td>General Hospital Okposi</td>
<td>36</td>
<td>“</td>
</tr>
</tbody>
</table>
10. General Hospital Ishiagu 48 “ “ “
11. General Hospital Itim-Ukwu 36 “ “ “
12. General Hospital Owutu Edda 30 “ “ “
13. General Hospital Odomoke 48 “ “ “
14. St. Vincent Ndubia Izzi LGA 121 Catholic Church
15. Sudan United Mission Onuenyim Izzi LGA 120 Reformed Church of Nigeria
16. St. Patrick Mile 4 Hospital Ebonyi 325 Catholic Church
17. Presbyterian RIM Ikwo 30 Presbyterian Church of Nig.
18. Mater Misericordiae Afikpo 300 Catholic Church
19. PJH Uburu 166 Presbyterian Church of Nig.

This table shows the potential capacity of bed spaces of the secondary facilities in the State but the reality on ground is that all of them are not functioning at full capacities because the wards are still under construction, there are few beds and other facilities are lacking too.

(b). Human Resources for Health

Table IV: Showing the Local Government s and Personnel Disposition

<table>
<thead>
<tr>
<th>LGA</th>
<th>Doctors</th>
<th>Nurses</th>
<th>CHO</th>
<th>Lab Tech</th>
<th>Pharm/ Pharm. Tech.</th>
<th>CHEW</th>
<th>JCHEW</th>
<th>HA</th>
<th>CK</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ishielu</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>31</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Location</td>
<td>17</td>
<td>36</td>
<td>21</td>
<td>24</td>
<td>650</td>
<td>127</td>
<td>364</td>
<td>140</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td></td>
</tr>
<tr>
<td>Ikwo</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>6</td>
<td>76</td>
<td>9</td>
<td>19</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Ezza South</td>
<td>3</td>
<td>10</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>48</td>
<td>16</td>
<td>74</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td>Ezza North</td>
<td>1</td>
<td>10</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>27</td>
<td>5</td>
<td>30</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Abakaliki</td>
<td>1</td>
<td>13</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>48</td>
<td>24</td>
<td>35</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Ebonyi</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>34</td>
<td>10</td>
<td>29</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>Ohaukwu</td>
<td>3</td>
<td>14</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>62</td>
<td>31</td>
<td>12</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Izzi</td>
<td>1</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>45</td>
<td>12</td>
<td>20</td>
<td>25</td>
<td>15</td>
</tr>
<tr>
<td>Afikpo North</td>
<td>1</td>
<td>17</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>57</td>
<td>1</td>
<td>28</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Ivo</td>
<td>1</td>
<td>11</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>46</td>
<td>3</td>
<td>32</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Afikpo South</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>29</td>
<td>0</td>
<td>17</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Ohaozara</td>
<td>1</td>
<td>10</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>55</td>
<td>1</td>
<td>24</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Onicha</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>92</td>
<td>0</td>
<td>29</td>
<td>40</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17</td>
<td>131</td>
<td>21</td>
<td>36</td>
<td>24</td>
<td>650</td>
<td>127</td>
<td>364</td>
<td>140</td>
<td>160</td>
</tr>
</tbody>
</table>

This table shows that there is gross inadequate of all cadre of health professional especially at the primary and secondary levels.
C. Baseline Health Indicators in Ebonyi State

<table>
<thead>
<tr>
<th>S/N</th>
<th>Indicator</th>
<th>Ebonyi</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td>Life expectancy at birth</td>
<td>53/56</td>
<td>53/56</td>
</tr>
<tr>
<td>ii.</td>
<td>Under five mortality rate</td>
<td>122 per 1000 Livebirths</td>
<td>128 per 1000 Livebirths</td>
</tr>
<tr>
<td>iii.</td>
<td>Infant Mortality rate</td>
<td>41 per 1000 Livebirths</td>
<td>69 per 1000 Livebirths</td>
</tr>
<tr>
<td>iv.</td>
<td>Proportion of one year olds immunized against measles</td>
<td>81%</td>
<td>63.7%</td>
</tr>
<tr>
<td>v.</td>
<td>Percentage of children under five year underweight</td>
<td>11%</td>
<td>25.4%</td>
</tr>
<tr>
<td>vi.</td>
<td>Percentage of children under 5 yrs sleeping under insecticide treated bed nets</td>
<td>27.1%</td>
<td>28%</td>
</tr>
<tr>
<td>vii.</td>
<td>Maternal mortality ratio</td>
<td>310 per 100,000 Livebirths</td>
<td>576 per 100000 Livebirths</td>
</tr>
<tr>
<td>viii.</td>
<td>Percentage of pregnant women who sleep under insecticide treated bed nets</td>
<td>8.7 (South East)</td>
<td>18%</td>
</tr>
<tr>
<td>ix.</td>
<td>Adolescent birth rate</td>
<td>7.1%</td>
<td>23%</td>
</tr>
</tbody>
</table>

D. Ten most common diseases in Ebonyi State

<table>
<thead>
<tr>
<th>S/N</th>
<th>Disease</th>
<th>2014</th>
<th>Percentage</th>
<th>2015</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Malaria</td>
<td>100,581</td>
<td>85.30%</td>
<td>119,721</td>
<td>83.20%</td>
</tr>
<tr>
<td>2.</td>
<td>Diarrhoea</td>
<td>3359</td>
<td>2.80%</td>
<td>3529</td>
<td>2.50%</td>
</tr>
<tr>
<td>3.</td>
<td>Malnutrition</td>
<td>2238</td>
<td>1.90%</td>
<td>2279</td>
<td>1.60%</td>
</tr>
<tr>
<td>4.</td>
<td>Typhoid fever</td>
<td>1316</td>
<td>1%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Pneumonia</td>
<td>2572</td>
<td>2%</td>
<td>3208</td>
<td>2.0%</td>
</tr>
<tr>
<td>6.</td>
<td>High Blood Pressure</td>
<td>2761</td>
<td>2%</td>
<td>3272</td>
<td>2.0%</td>
</tr>
<tr>
<td>7.</td>
<td>New AIDS Cases</td>
<td>-</td>
<td>-</td>
<td>2950</td>
<td>1%</td>
</tr>
<tr>
<td>8.</td>
<td>Tuberculosis</td>
<td>1097 (2012 data)</td>
<td>2%</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Surgical Condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: (IDSR 003: 2012-2015)
A bar chart showing the most common diseases in Ebonyi State

E. Five most common causes of Maternal Morbidity and Mortality

1. Haemorrhage
2. Indirect Causes
3. Infection
4. Unsafe abortion
5. Eclampsia

A Pie Chart showing the causes of maternal morbidity & mortality in Ebonyi State

Five most common causes of deaths in Ebonyi State

1. Malaria
2. Trauma and Surgical conditions
3. Diarrhoeal Diseases
4. Obstetric Haemorrhages
5. Lower Respiratory tract infections

Others include:

6. Stroke
7. Protein Energy Malnutrition
8. Cancer
9. Neonatal Sepsis
10. Meningitis
11. Tuberculosis
12. Diabetes Mellitus

Recommendation:

- Urgent need for recruitment of all cadres of health personnel for the secondary and primary health facilities.
- Redistribution of available health staff in liaison with the Health Department of the LGSC
- Provision of basic amenities and equipments in those selected Health Centers per ward.
- Completion of Renovation and Reconstruction of some identified health facilities that have high client flow.
- Fencing of all the General Hospitals and some selected Primary Health Centres
- At present we have 417 public PHCs, but we recommend that we upgrade 171 to full functional capacity, to deliver services in an integrated manner to realise the PHC under one roof and one PHC per ward.
- However because of the economic reality, we strongly believe that this upgrading can be done in phases starting with 5 in each of the 13 LGAs, giving 38% per year.
- While the remaining 246 will continue to function as Health centres and Health Post referring patients to the upgraded centres.
- This upgrading can be done by ensuring that the following are put in place:
  - Full compliment of staff to function 24hrs-a-day and 7days-A week
  - Equipments, essential drugs and other commodities.
  - Power
  - Water
  - Adequate Structures
  - Fencing

Conclusion

We most sincerely thank His Excellency Chief Engr. David Nweze Umahi for approving that this baseline survey should be carried out by the Ministry of Health at the inception of this administration.
Subsequently, this exercise has fully given us the opportunity to have a first hand information on the Empirical evaluation and need assessment of the Health facilities in Ebonyi State.

Finally, we believe strongly that if the recommendations are fully implemented, it will be a positive step towards achieving the universal health coverage and good Health care system in Ebonyi State.

**Baseline Subcommittee Members**

1. Dr. Umezurike Daniel (FWACS, FICS)
2. Very Rev Fr. (Dr.) Abraham Nwali
3. Dr. Richard Nnabu