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**MEMORANDUM OF THE HONOURABLE COMMISSIONER FOR HEALTH, BAYELSA STATE ON THE
FORMATION OF LGA SAVING ONE MILLION LIVES PROGRAMME FOR RESULTS (SOML-
P4R)IMPLEMENTATATION STRUCTURE**

PURPOSE:

The purpose of this memo is to inform Council on the establishment of LGA SOML-P4R Implementation Structures in Bayelsa State

BACKGROUND:

Saving One Million Lives Initiative was launched by the President of Nigeria in October 2012 in response to the poor health outcomes in the country, particularly for mothers and children and was rebranded in 2015, changing Federal-State relationship to become a results-based partnership to prevent over 900,000 Maternal and Child deaths in Nigeria. The key objective was to increase the utilization & quality of high impact reproductive health, child health & nutrition interventions.

The program focuses on six important aspects (“pillars”) of maternal newborn and child health (MNCH) that can save lives and two ‘enablers’. The pillars are: (1) Improving Maternal, Newborn and Child Health; (2) Improving routine immunization coverage and achieving polio eradication; (3) Elimination of Mother to Child Transmission of HIV; (4) Scaling up access to essential medicines and commodities; (5) Malaria control; (6) Improving child nutrition. The two enablers are (7) strengthening logistics and supply chain management and (8) promoting innovation and use of technology to improve health services.

The implementation of the Saving One Million Lives Programme in all Thirty Six (36) States including the Federal Capital Territory have over the past few years repositioned the health sector for better health care service delivery with focus on the following (i) re-orienting the discussion of service delivery to results rather than just inputs; (ii) clearly articulating strategic priorities for the FGON and the rest of the health sector and strengthening the long term commitment to improving the delivery of high impact interventions. (iii) establishing a limited set of clear and measurable indicators by which to track success; (iv) strengthening data collection so that these indicators can be measured more frequently and more robustly; (v) bolstering accountability so that managers and health workers at all levels are engaged, encouraged, and incentivized to achieve better results; and (vi) fostering innovations that increase the focus on results and include greater openness to working with the private sector.

The establishment of implementation structures for SOML P4R has engendered seamless implementation and enhanced productivity in all States of the Federation.

JUSTIFICATION:

1. While Implementation Structures have been established at both the Federal and State Level with the formation of Steering Committees, Technical Working Groups and Program Management Units, presently, there are no implementation structures at the Local Government Area level.
2. The formation of LGA SOML- P4R Technical Consultative Group- Chaired by the Medical Officer of Health and Programme Management Unit manned by the LGA SOML P4R Desk Officer, will foster greater

programme ownership, accountability and enhance programme implementation to achieve the objectives of the SOML- P4R.

PRAYERS:

The Council is hereby invited to note that:

1. The establishment of LGA SOML-P4R Technical Consultative Group- Chaired by the Medical Officer of Health and Programme Management Unit manned by the LGA SOML P4R Desk Officer in all States of the Federation including the Federal Capital Territory will foster greater programme ownership, accountability and enhance programme implementation to achieve the objectives of the SOML- P4R and
2. The development of guidelines for the formation of LGA SOML-P4R Technical Consultative Group and Programme Management Unit will expedite smooth implementation for quick-wins at the grassroot level of Primary Health Care Service Delivery.

Honourable Commissioner for Health, Bayelsa State

JUNE, 2018