



**KEBBI STATE
MINISTRY OF HEALTH**

KEBBI STATE STRATEGIC PLAN FOR CANCER CONTROL 2019-2023



FEDERAL MINISTRY OF HEALTH





KEBBI STATE MINISTRY OF HEALTH

KEBBI STATE STRATEGIC PLAN FOR CANCER CONTROL 2019 – 2023



Non-communicable diseases are posing an increasing challenge to the health of Nigerans, a scenarios true across Sub-Saharan Africa. Chief amongst this group of diseases is cancer, we all now know someone who has battled with cancer in our network. Recent world cancer statistics show an increase in the number of new cases from 14.1 million in 2012 to 18.1 million in 2018. The total number of deaths attributable to the disease in 2012 was 8.2 million, which increased steadily to 8.1 million by the year 2018. More than half of the new cases and 64.9% of deaths due to cancer are geo located in low- and middle-income countries (WHO – International Agency for Research on Cancer, 2018).

This increasing burden of cancer in Nigeria is compounded by limited resources in terms of skilled manpower, poor infrastructure, lack of appropriate equipment and inadequate finances for treatment, alongside a general lack of awareness among the populace. It has therefore become imperative for us to develop and implement a cancer control plan that is feasible, cost-effective, contextually appropriate, and sustainable.

The Federal Ministry of Health took the lead to develop and launch Nigeria’s National cancer Control Plan which spans 2018 – 2022. As a member of both the planning and Steering Committees of the national plan, Medicaid Cancer Foundation [MCF] has been able to draw from that experience and used an existing Memorandum of Understanding (MOU) between the Foundation and the Kebbi State Ministry of Health, to initiate the development of the Kebbi State Strategic Plan for Cancer Control (KBSPCC) to span from 2019 -2023.

On a personal note, my current membership of the Union for International Cancer Control Board offers Kebbi State and Nigeria a unique window of opportunity to foster international partnerships that will allow us to make measurable steps, in cancer control, using the KBSPCC. Closest to my heart is the building a coalition that will deliver universal access to HPV vaccination in Kebbi State and Nigeria within the lifespan of this plan, preventing cervical cancer in our population.

We thank His Excellency the Governor of Kebbi State, Senator Abubakar Atiku Bagudu for his leadership and support, the State Ministry of Health for its cooperation as well as other stakeholders that participated in the development of this plan. I acknowledge the effort and wide experience brought in by Dr Rahmatu Hassan, the former Nigeria National Cancer Control Coordinator who served as Consultant in developing this plan.

I look forward to working together with all stakeholders as we implement this roadmap and improve the health of our citizens, whilst praying for the blessings of Allah and His guidance for us all.



Dr. Zainab Shinkafi-Bagudu
First Lady, Kebbi State
Founder, Medicaid Cancer Foundation (MCF)
Board Member of Union for International Cancer Control (UICC)



Foreword

UICC envisions a future where no one dies prematurely from treatable, preventable diseases and that all people living with, or at risk of, cancer have access to appropriate, quality, and affordable prevention, treatment and care.

I congratulate the Kebbi State Ministry of Health, the Medicaid Cancer Foundation and the other stakeholders involved in developing this first national state plan for Kebbi State. A cancer control plan is a fundamental step in implementing a coordinated and comprehensive cancer control approach.

The plan is underpinned by political will and spurred by the adoption of the Nigerian National Cancer Control plan for the period of 2018-2022, itself an important milestone for the country.

The Strategic Plan for Cancer Control for Kebbi State has adopted a participatory approach to its development, using a multi-stakeholder consultation process with the strong engagement of civil society. Meaningful engagement of civil society is a prerequisite for successful health sector interventions, and I applaud the State Ministry of Health and the Medicaid Cancer Foundation for ensuring the participation of a wide group of stakeholders.

The plan's 6 goals are clear and comprehensive- setting out a roadmap for Kebbi State on cancer control. The plan responds to identified needs, builds on opportunities and aims to see that barriers in accessing health services are fully understood and that interventions are designed according to realities on the ground. In particular, the attention to hospice and palliative care (a globally neglected issue in health) is very welcome and the state plan ensures that all cancer patients will have access to supportive and palliative care, including pain relief.

The plan is distinguished by its careful attention to governance, monitoring and evaluation, and budget forecasting, all of which are essential to effective implementation. The related infrastructure that will be built or strengthened in the timeframe of the plan is fundamental to developing a strong decentralized approach to cancer management. Through its potential to extend coverage of essential cancer services to all people in Kebbi State, it will help bring the country closer to the vision of Universal Health Coverage (UHC).

This comprehensive cancer control plan for the Kebbi State will play an essential role in achieving its goal of reducing the burden of cancer, improving access to quality cancer screening, diagnosis and treatment and improving the quality of life of those affected by cancer, by driving forward the necessary cancer services and policy interventions.

A reduction in cancer incidence and mortality is, indeed, within our reach. This plan is evidence of the collective will to make cancer a preventable and survivable disease.

If we can dream it, together we can plan it, then we can do it.

HRH Princess Dina Mired
President of Union for International Cancer Control (UICC)

Acknowledgement

Our appreciation goes to MEDICAID Cancer Foundation which has been in forefront and has been supporting the State through collaboration towards cancer control for initiating and facilitating the development of the Cancer Plan.

Our appreciation also goes to our various stakeholders for their full participation and untiring efforts in developing this document.

The contribution of our development partners, namely WHO, and CHAI that agreed to conduct independent reviews of the document are hereby acknowledged with thanks.

The Ministry and its entire Management appreciates and thanks the Governor, His Excellency, Senator Atiku Bagudu, for his support towards the development of this plan document, and indeed, other health related activities in Kebbi State.

It is my prayers that the Kebbi State Cancer Control Strategic Plan 2019-2023 will assist in bringing about the much-needed improved outcomes for cancer patients, and eventually; reduction in cancer prevalence throughout Kebbi State and Nigeria by extension.

A handwritten signature in blue ink, appearing to read 'Jafar Mohammed', is placed over a light blue rectangular background.

Hon. Jafar Mohammed
Honourable Commissioner of Health
Kebbi State Government

Contributors

S/No.	Name of Contributors	Affiliation
1	Dr Rahmatu Hassan	Consultant
2	Samuel O. Alabi	MCF
3	Abubakar Suleiman	MCF
4	Sulaiman Usman Kanya	SMoH
5	Mohammed A. Bubuche	SMoH
7	Hafiz Ibrahim Bello	MCF
8	Aminu Abubakar Kende	P.S.N
9	Dr Abdulhaliz Ishono	UNICEF
10	Musa Kakale	SMoH
11	Rabiu Lawal Gus	HBCR. (FMC BK)
12	Basiru Musa	HBCR (FMC BK)
13	Dr Ashiru Ladan A.	NMA Kebbi
14	Safiya Umar H	SMoH
15	Dr Lawal Kangiwa	SMoH
16	Dr Abubakar D Gari	Kebbi State Government House
17	Nasara Usman	SDG
18	Dr Suleiman Kabir	FMC
19	Dr Abubakar A. Koko	Kebbi Medical Center
20	Daniel Auta	WHO
21	Unekwu Hadiza Amanabo	MCF
22	Dr Aminu Aliyu	MCF
23	Dr Surayya Mansur	MCF
24	Khadijat Abubakar	MCF
25	Aniebiet Ufanabasi	MCF
26	Paulette Ibeka	CHAI
27	Prebo Barango	WHO

Abbreviations

AORTIC	African Organisation for Research & Training in Cancer
CBE	Clinical Breast Exam
CBO	Community Based Organization
CHAI	Clinton Health Access Initiative
CHEW	Community Health Extension Worker
CSO	Civil Society Organization
DRF	Drug Revolving Fund
DNA	Deoxyribonucleic acid
EU	European Union
FCT	Federal Capital Territory
FEPMAL	Federal Pharmaceutical Laboratory
FMOH	Federal Ministry of Health
FOMWAN	The Federation of Muslim Women's Associations in Nigeria
HBCR	Hospital Based Cancer Registry
HCW	Health care workers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCAN	Hospice and Palliative Care Association of Nigeria
HPC	Hospice and Palliative Care
HPV	Human Papilloma Virus
IEC	Information, Education and Communication
JNI	Jama'atul Nasril Islam
IARC	International Agency for Research on Cancer
LGA	Local Government Area
MCF	Medicaid Cancer Foundation
MDA	Ministry, Department and Agencies
M&E	Monitoring and Evaluation
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NANNM	National Association of Nigerian Nurses and Midwives

NCC	National Cancer Control
NCCP	National Cancer Control Plan
NCD	Non-communicable disease
NGO	Non-governmental Organization
NHIS	National Health Insurance Scheme
NIMR	National Institute of Medical Research
NIPRID	National Institute for Pharmaceutical Research and Development
NPHCDA	National Primary Healthcare Development Agency
NSCDC	Nigerian Security and Civil Defence Corps
NUC	National University Commission
OSF	Open Society Foundation
PHC	Primary Health Care
PPFN	Planned Parenthood Federation of Nigeria
PPP	Public Private Partnership
PSA	Prostate Specific Antigen
PWA	People With Albinism
SBCC	Social Behavioral Change Communication
SFH	Society for Family Health
SMoH	State Ministry of Health
SON	Standards Organisation Of Nigeria
SOP	Standard operating procedure
SYMh	Sir Yahaya Memorial Hospital
TBD	To be decided
TETFUND	Tertiary Education Trust Fund
UNODC	United Nations Office on Drugs and Crime
VIA	Visual inspection with acetic acid
WDC	Ward Development Committee
WHO	World Health Organizatio

Contents

<i>Introduction</i>	ii
<i>Foreword</i>	iii
<i>Acknowledgement</i>	iv
Contributors	v
Abbreviations	vi
Executive Summary.....	2
Section 1: Introduction	3
Section 2: Strategic Framework	7
Section 3: Priority Areas of Action	8
3:1 Prevention.....	8
3:2 Diagnosis and Treatment	10
3:3 Hospice and Palliative Care [HPC]	11
3:4 Advocacy and Social Mobilisation.....	12
3:5 Data Management and Research	13
3:6 Governance and Finance	14
Section 4: Institutional & Coordination Framework	15
4.1 The State Cancer Control Steering Committee	15
Section 5: Costing.....	16
Section 6: Implementation framework	17
Section 7: Monitoring and Evaluation Framework	32
Activity List.....	34

Executive Summary

The Kebbi State cancer control plan [KBCCP] outlines in detail the strategy to control cancer in the state for the period 2019 – 2023. The vision of the plan is to reduce the incidence and prevalence, of cancer in Kebbi State, while its mission is to reduce exposure to risk factors, improve access to quality cancer screening, diagnosis, treatment, as well as provide care and improved quality of life for those affected by cancer.

The plan seeks to achieve six goals which include making screening services and early detection of cancer available for all, with an improved access to quality, cost effective and equitable diagnostic and treatment services for cancer care. Other goals are to provide the best quality of life for cancer patients, survivors and their families, increase cancer awareness and advocate for cancer control among the populace, and to conduct integrated programs that provide high quality cancer data for dissemination, research, and planning which will ensure effective coordination and adequate resources for the intended reduction in incidence and prevalence.

Outcomes expected are the reduction of prevalence of common cancers, improvement of the capacity of the health workforce to conduct cancer detection and diagnosis, and the presence of an efficient support mechanism that ensures the availability of treatment and quality of life for those affected by cancer. It is also expected that a data management system to aid planning and research would have been well established at the end of the 5-year plan period.

Areas of focus that would teleguide the achievement of the set objectives consist of Prevention, Diagnosis & Treatment, Hospice & Palliative care, Advocacy & Social Mobilization, Management & Research, and Governance & Finance.

Guiding principles for plan implementation are hinged on the Cancer Desk in the Department of Medical Services at the State Ministry of Health (SMoH), which will serve as the coordinating body for the implementation of the cancer control plan. The State Government with the support of the Kebbi State Cancer Control Steering committee and Development Partners will be responsible for the implementation of the plan. The State Ministry of Health will develop annual operational plans that feed into the State cancer control plan. Relevant units within the SMoH will carry out continuous monitoring and evaluation of the plan to ensure accountability. The annual operational plan will be reviewed quarterly.

The KBCCP has been costed for budgeting purposes on an annual basis. The working assumption is that the government will provide 60% of the funding required to implement this plan while donors/development partners will support by bridging the funding gap of 40 %.

This plan document was developed using an extensive stakeholder involvement process which ensured the participation of experienced health care professionals, the Medicaid Cancer Foundation, members of the Kebbi State Traditional Council, development partners, pharmaceutical companies, members of military and paramilitary forces, health Professional Associations in Kebbi State, women and youth led NGOs and many other relevant Stakeholders including faith based groups. The resultant plan document was then externally reviewed by Clinton Health Access Initiative [CHAI] and WHO.



Dr. Rahmatu Hassan
FWACS, FICS
Consultant to Kebbi State Ministry of Health on Cancer Control

Section 1: Introduction

Global Cancer Burden

According to the Global Cancer Observatory¹ 2018 report, there were 18.1 million new cases of cancer recorded globally in 2018, with 9.6 million deaths from the disease. Compared to recorded statistics in 2012, which showed a total number of 14.2 million new cases and mortality of 8.2 million, there is an apparent sharp increase in the number of people suffering and dying from cancer.

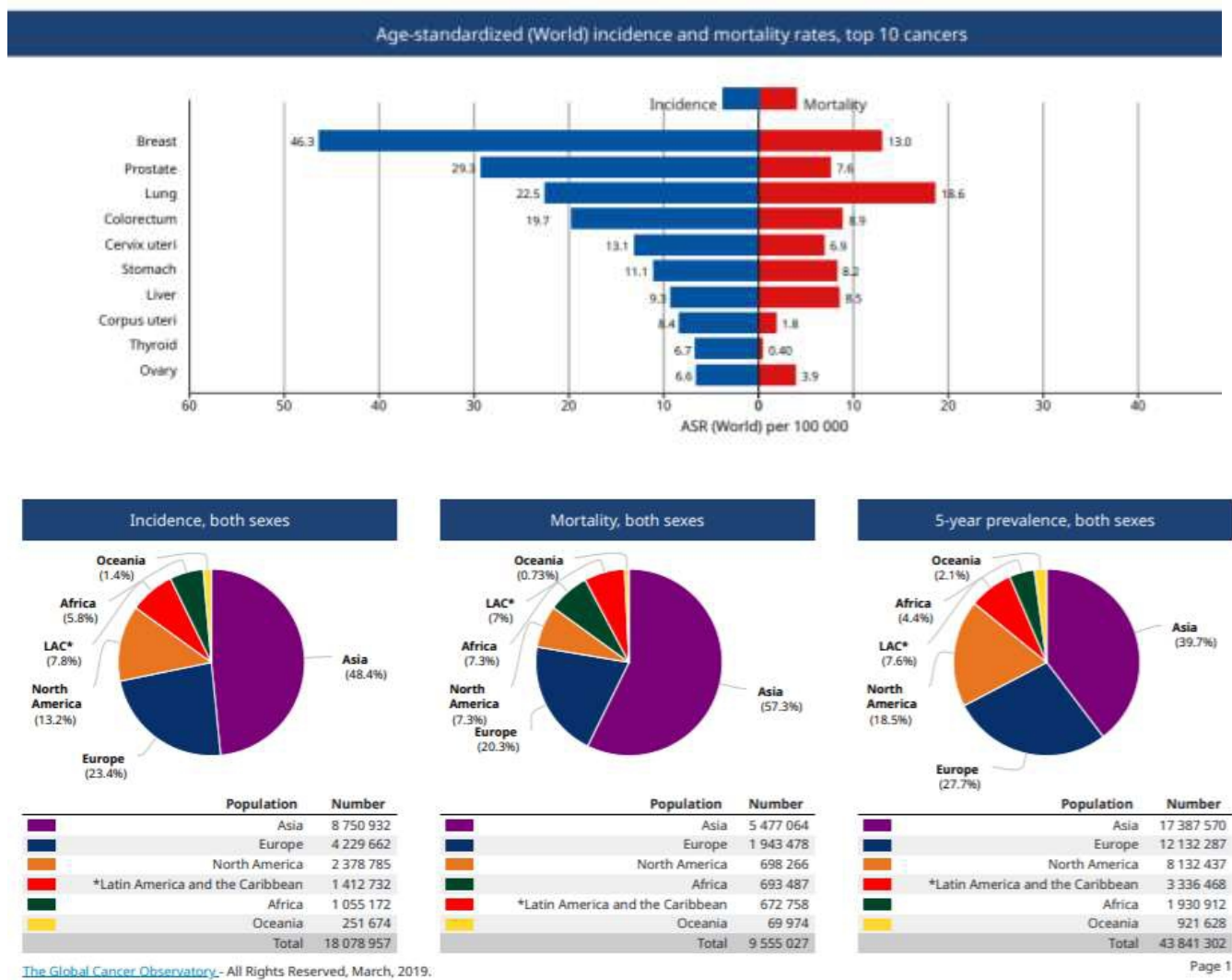


Figure 1. Global Cancer data for 2018 (Globocan, 2019)

¹ The Global Cancer Observatory is maintained by the International Agency for Research on Cancer, an agency of the World Health Organization

Nigeria cancer Burden

The Globocan website, which presents data from Abuja, Ibadan, and Calabar population-based cancer registries, reports an estimate of 115,950 as the total number of new cancer cases for Nigeria in the year 2018. Breast cancer accounts for 23% of these new cases, followed by cervical cancer accounting for 12.9%, Prostate cancer 11.3% and colorectal cancer 5.8%.

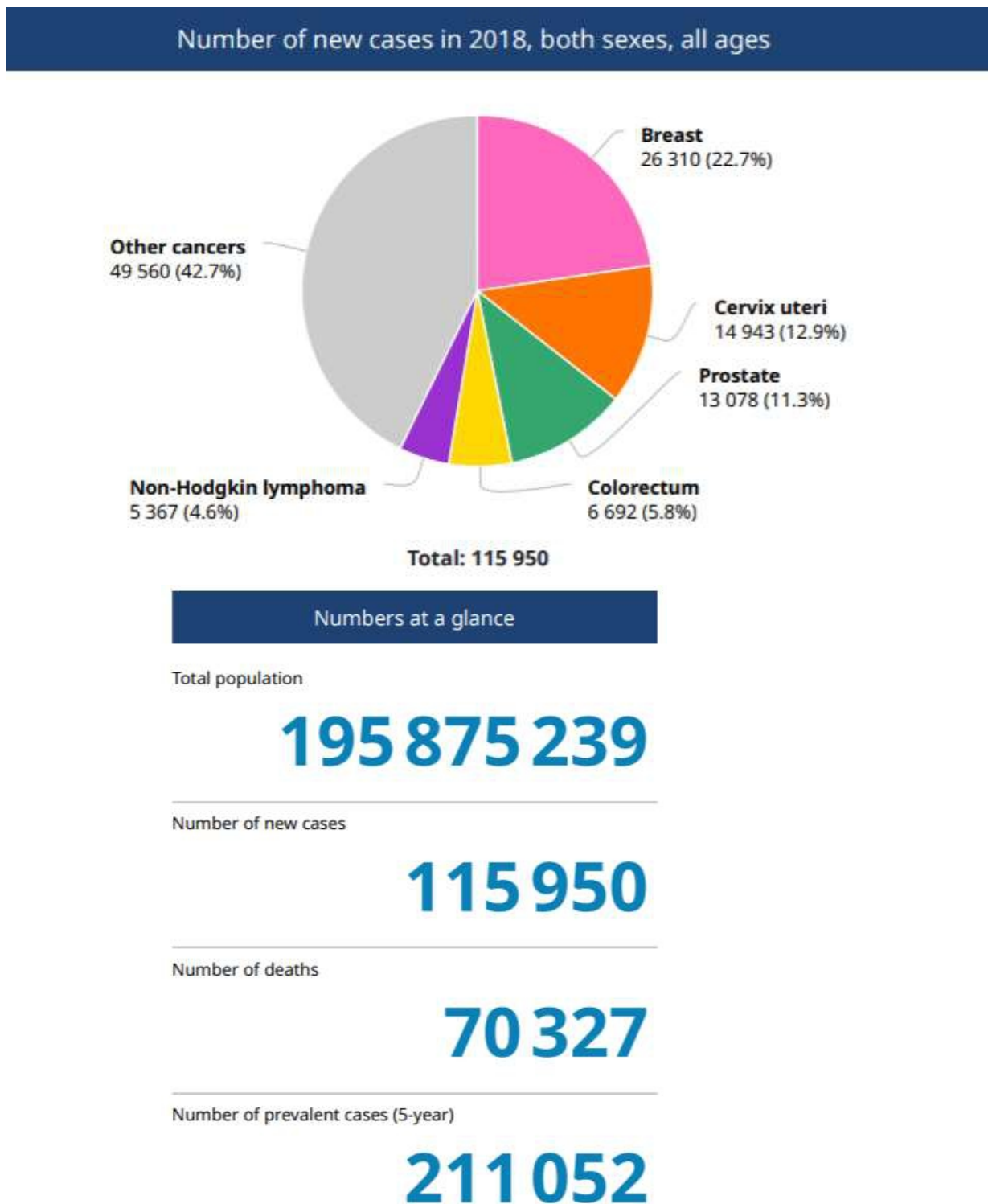


Figure 2. Cancer data for Nigeria 2018 (Globocan, 2019)

The estimated number of deaths in Nigeria from cancer for the year 2018 is 70,327 [Globocan, 2018]. These estimates are considered not too accurate as cancer registration processes are still being developed in the country. In addition, many patients do not present to hospitals. Most patients have a preference of exploring spiritual or alternative, often non-medical, sources of treatment. These patients are typically not captured in cancer registries. Most patients, usually explore other means of treatment before visiting hospitals, thus presenting in late stages of the disease, contributing to high mortality from the disease.

Prevalence rates presented for the country were therefore computed using sex-, site- and age-specific incidence to 1, 3, and 5-year prevalence ratios from Nordic countries for the period (2000-2009), and scaled using Human Development Index (HDI) ratios by Globocan.

Kebbi State

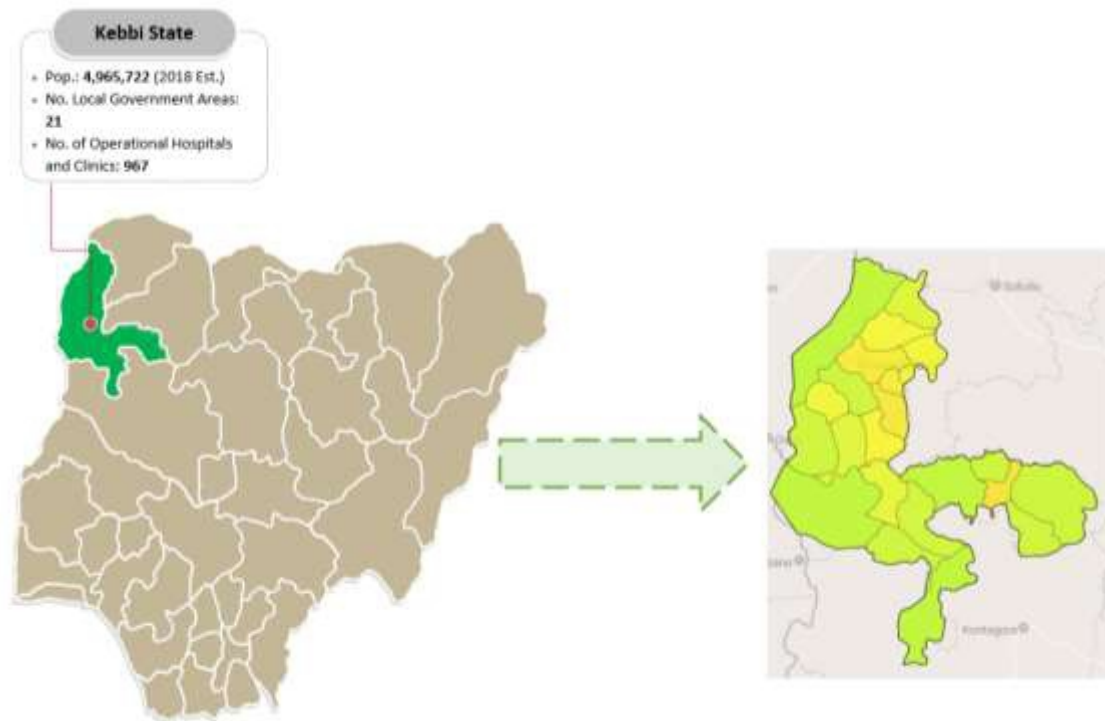


Fig. 3. Map of Nigeria showing Kebbi State

Kebbi State is a state in north-western Nigeria with its capital at Birnin Kebbi. The state was created out of Sokoto State in 1991. Kebbi State is bordered by Sokoto State, Niger State, Zamfara State, Dosso Region in the Republic of Niger and the nation of Benin Republic. It has a total area of 36,800 km². It is the 10th largest State in Nigeria by area [Wikipedia]. It has a population of 4,965,722 [2018 Estimate based on 2006 census numbers].

Medical outreach conducted by the State Government in conjunction with NGOs, notably the Medicaid Cancer Foundation, brought to fore the existence of an appreciable number of late stage cases of cancer especially in hard to reach communities within the state. This has subsequently revealed a need to create awareness regarding the importance of the role of early detection, creation of diagnostic and treatment channels, as well as mobilization of necessary resources required for these daunting tasks. The Nigeria National Plan for the Control of Cancer 2018 - 2022 has provided a framework for adoption and modification where necessary to produce a cancer control plan for the state.

The most common cancers in the state are:

1. Breast
2. Cervical
3. Prostate
4. Bladder

Necessary infrastructure and personnel required for both diagnosis and treatment, including palliative care are vestigial, and needed to therefore be developed. Risk factors associated with the cases being seen need to be determined. Virtually all cases presenting are financially unable to access treatment. The Kebbi State Government supports cancer awareness and screening services in partnership with Medicaid Cancer Foundation. There is limited access to diagnosis services (pathology) at Federal Medical Centre Birnin Kebbi, there is an ongoing search for partnerships to strengthen infrastructure in the state to provide diagnostic and treatment services.

The government is keen and has the political will to play a leading role in ownership and accountability for the development and implementation of the plan. The spectrum of care from prevention to diagnosis and treatment will be the focus of the plan. Thus Kebbi State's health service delivery points and health care providers will be utilized for the implementation of screening and basic diagnostic procedures, while the Usmanu Danfodiyo University Teaching Hospital [UDUTH] Sokoto will be reliable for tertiary care services.

An initial phase of capacity building of healthcare personnel is important and must be pursued with commitment from the state government and partners alike. Community participation and the involvement of stakeholder groups' will be stressed upon to ensure successful implementation.

Section 2: Strategic Framework

Vision

An integrated, comprehensive cancer control program reducing the incidence and prevalence of cancer in Kebbi State

Mission

- To reduce exposure to risk factors, improve access to quality cancer screening, diagnosis and treatment.
- To provide care and improved quality of life for those affected by cancer.

Goals

1. Make screening services and early detection of cancer available for all residents by 2023.
2. Deliver equitable access to quality and cost-effective cancer care services by 2023.
3. Increase cancer awareness and advocate for cancer control among the populace.
4. To conduct and support integrated programs that provides high quality cancer data for dissemination, research, and planning.
5. To ensure effective coordination and adequate resources to reduce the incidence and prevalence of cancer in Kebbi State.

Expected Outcomes:

- Reduce cancer incidence and mortality and improve quality of life.
- Ensure that prioritized cancer preventive and control services are provided in an equitable and sustainable way.
- To relieve all cancer patients from suffering once they are diagnosed and improve their quality of life and that of their family members.
- Establish a data management system to aid planning and research.

Time frame:

The plan will be implemented over a 5-year period, from 2019 to 2023.

Phase I – This phase covers short-term, high impact and feasible activities to be implemented from 2019 – 2020.

Phase II – This phase covers medium and long-term actions to be implemented from 2020 – 2023.

Adjustment may be made periodically to this phasing dependent on existing resources and data.

Guiding principles:

The following principles will guide implementation of the plan:

- Ownership and accountability – the Kebbi State government is fully committed to addressing existing gaps in the cancer continuum of care and will play a leading role in the development and implementation of the plan and be accountable for its implementation.
- People-centred approach to the implementation of the plan
- The scope of the plan and its implementation will cover the entire continuum of cancer care.
- Integration of cancer care services into Kebbi's state existing structure for health care service delivery.
- Continuous monitoring and evaluation: data-driven program management processes.

Section 3: Priority Areas of Action

- 3:1 Goal 1: Prevention
- 3:2 Goal 2: Diagnosis and Treatment
- 3:3 Goal 3: Hospice and Palliative care
- 3:4 Goal 4: Advocacy and Social Mobilization
- 3:5 Goal 5: Data Management and Research
- 3:6 Goal 6: Governance and Finance

3:1 Prevention

**Goal: Make Screening services and early detection of cancer available for all in Kebbi state.
Increase cancer awareness and advocate for cancer control among the populace**

Situational Analysis

Cancer prevention is defined as the reduction of cancer mortality through a reduction in the incidence of cancer. This can be accomplished by avoiding a carcinogen or altering its metabolism; pursuing lifestyle or dietary practices that modify cancer-causing factors or genetic predispositions; medical interventions (e.g. chemoprevention), vaccination or risk-reduction surgical procedures [2].

There is limited awareness in our communities of the associated risk factors for cancer. In addition, there is limited access to screening services due to an absence of requisite equipment and personnel to provide such services. The combination of these factors significantly increases the risk of developing cancers. This can be mitigated by the creation of appropriate awareness on risk factors and demystification of cancer as a disease as well as its treatment. This will require training of manpower as well as making improved availability of equipment necessary for institutionalizing and provision of screening and prevention services.

Strategic Framework

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. To sensitize and encourage HPV vaccination of girls aged 9-13 years.	1.1 Use outreaches and campaigns to reach target population for awareness and vaccination 1.2 Facilitate availability of HPV vaccine in all secondary health facilities in Kebbi State.	HPV vaccination coverage rate for target population.
2. To attain 90% hepatitis B vaccination coverage among those eligible by 2023.	2.1 Institute mandatory Hepatitis B vaccination for eligible children: 2.2 Use outreaches and campaigns to reach target population for awareness and vaccination	Percentage of the eligible population covered.
3. To create awareness on the health impact of consumption and/or use of carcinogens.	3.1 Develop and employ requisite information, communication and education	50% increase over baseline survey on knowledge, attitude, and practice [KAP].

	[ICE] tools for awareness creation: 3.2 Use outreaches and campaigns to reach target population for awareness	
4. To achieve greater than 50% cancer screening of all eligible population by 2023.	4.1 Determine baseline data of eligible population. 4.2 Deploy the use of existing guidelines for the screening of common cancers. 4.3 Conduct outreach in all LGAs to promote awareness of cancer screening programs. 4.4 Establish routine screening programmes for breast, cervical, and prostate cancer in all LGAs in Kebbi State. 4.5 Identify and train health workers in all LGAs.	Percentage of eligible population covered.
5. Refer all screened positive cases for treatment.	5.1 Create and disseminate referral protocols.	Percentage of referred cases that were treated.
6. To strengthen 50% of health care service outlets that can support cancer screening/early detection By year 2023.	6.1 Provision of necessary equipment. 6.2 Use of see and treat model especially for cervical cancer to ensure long-term follow up.	Percent of health care service outlets providing screening/early detection.

3:2 Diagnosis and Treatment

Goal: Deliver equitable access to quality and cost-effective cancer care services by 2023.

Situational analysis:

The management of cancer involves an integrated approach across various disciplines as well as appreciable financial cost to both the provider and patient. Currently in Kebbi State, availability of cancer diagnostic service is limited to the Federal Medical Centre [FMC] where there is a histopathology laboratory and not all patients have access to this service. Biopsy of lesions, especially for the common cancers is limited to FMC and Sir Yahaya memorial Hospital [SYMH].

Patients diagnosed with cancer are currently referred from Kebbi to Usmanu Danfodiyo Teaching Hospital, [UDUTH], Sokoto. for treatment. Consequently, diagnosis and treatment is delayed as the patient has to undergo all preliminary processes necessary to initiate referral, which can contribute to the patient’s cost.

There is therefore need to provide requisite diagnostic facilities and manpower locally, develop referral protocols, as well as create a funding mechanism for treatment in order to provide equitable access to diagnostic and treatment services for cancer patients in Kebbi State.

Strategic Framework

Objective	Strategy	Performance indicator
1. Increase access to diagnosis.	1.1 Establish at least one comprehensive diagnostic service outlet in the state. 1.2 Make available biopsy service in one secondary health centre in each Local government in Kebbi State.	<ul style="list-style-type: none"> • Increase in the number of patients diagnosed. • Reduction in turnaround time for sample processing
2. Ensure equitable access to treatment.	2.1 Develop and disseminate referral protocols. 2.2 Establish one comprehensive cancer care centre in Kebbi state. 2.3 Develop a policy for financing cancer care in the state.	Number of patients that access cancer treatment.

3:3 Hospice and Palliative Care [HPC]

Goal: Deliver equitable access to quality and cost-effective cancer care services by 2023

To provide the best quality of life for cancer patients, survivors and their families.

Situational Analysis:

Palliative care is defined as an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness like cancer. Hospice and palliative is employed in the prevention and relief of suffering by means of early identification and impactful assessment, treatment of pain and other problems, as well as, psychological, social and spiritual support while dealing with chronic disease. There is no hospice or palliative care service outlet available in Kebbi State. Patients requiring this type of care are usually assisted by relatives. This usually results in poor outcomes.

Strategic Framework

OBJECTIVE	STRATEGY	PERFORMANCE INDICATOR
1. Provide Hospice care centres in each of 4 Emirate Councils in the State by 2021	1.1 Identify existing appropriate infrastructure. 1.2 Train requisite manpower. 1.3 Provision of required equipment.	Number of hospice centres providing service.
2. Provision of palliative care centres one in each local Government by year 2022.	2.1 Development and dissemination of Hospice and palliative care guidelines for Kebbi State. 2.2 Train requisite manpower for palliative care services provision 2.3 Provision of required equipment.	Number of patients accessing palliative care.

3:4 Advocacy and Social Mobilisation

Goal: Increase Cancer awareness and advocate for cancer control among the populace.

Situational Analysis:

Within the last few years, cancer as a disease has gradually spread amongst the populace, especially in urban communities in the state. Yet, a large proportion of the population remains unaware of risks factors or prevention options for the disease. The Medicaid Cancer Foundation is currently the only NGO working in the cancer space in Kebbi State. However, there are many CSOs and NGOs working in the State that can be potentially co-opted to join forces for delivery of social mobilization and advocacy for cancer control.

Advocacy for cancer control will be targeted at traditional rulers, religious leaders, faith-based groups, and other stakeholders. Quite a number of NGOs are available within the state and can be co-opted for the purpose of Social mobilization activities for cancer control. However, IEC materials developed in both English and local languages as well as other tools for use to conduct such awareness activities will be necessary.

Strategic framework:

OBJECTIVE	STRATEGY	PERFORMANCE INDICATOR
1. To advocate and sensitize key stakeholders on cancer control in all Emirate councils by 2021.	1. Perform a baseline study on KPA on cancer control in all 4 emirate council zones in the state. 2. Organize advocacy visits to and sensitization sessions in each emirate for religious & traditional leaders, faith-based groups, and other key stakeholders. 3. Create requisite IEC materials in local languages for use in advocacy for the different parts of the state.	50% of the population are aware of the importance of cancer control.
2. To conduct social mobilization activities in all Emirate Councils by 2022.	2.1 Identify and train stakeholder groups for the conduct of social mobilization activities. 2.2 Create IEC tools for the conduct of social mobilization activities.	Percentage of emirate councils covered.

3:5 Data Management and Research

Goal: To Conduct and support integrated programs that provide high quality cancer data for dissemination, research and planning.

Situational analysis:

Based on the previous National Council on Health resolution, there are 2 cancer registries in Kebbi State. There is a hospital-based cancer registry in Federal Medical Centre [FMC] and a population based registry in the state-owned Sir Yahaya Memorial Hospital Birnin Kebbi [SYMH]. However, both registries are at a very infantile stage. Data abstraction is ongoing but data reporting is yet to be accomplished. Staffing of the registries requires reorganizing as virtually all have dual functions in addition to serving as registry staff they also serve in other areas of the respective hospitals, thus frequently limiting efficiency.

There is a need for provision of dedicated staff for the achievement of proper functionality of these registries. The facilitation mobility and other inputs for data abstraction especially for the population-based registry is key to achieve data generation objectives.

Currently, none of the cancer registries in Kebbi anchor research. An ethical committee for the approval of research proposals exists in both FMC and SYMH. There is need for collaboration for research purposes by these registries with various academic institutions both local and international.

Strategic Framework

OBJECTIVES	STRATEGY	PERFORMANCE INDICATOR
1. Ensure continuous generation of qualitative data for planning and research.	1.1 Training and retraining of registry staff. 1.2 Deployment of permanent staffing for cancer registries. 1.3 Proper equipment provision for data generation. 1.4 Facilitation of mobility and other logistics required for proper function of the Population based registry.	Percentage of quality data generated.
2. To continuously promote the cancer related research activities in Kebbi state.	2.1 To strengthen the ethical committees that have been established. 2.2 To actively collaborate with the various academic institutions locally and internationally for the conduct of research activities within the state.	Number of research activities conducted/ongoing per annum.

3:6 Governance and Finance

Goal: To ensure effective coordination and adequate resources to reduce the incidence and prevalence of cancer in Kebbi state.

Situational analysis

Until recently, cancer as a disease has not attracted much attention from the Government. To improve the situation, a cancer desk has been established at the State Ministry of Health headquarters, with a medical officer anchoring its activities. The current status of that desk is nevertheless rudimentary requiring infrastructure, equipping and additional human resource.

The State Government has exhibited measurable goodwill towards financing support for treatment of affected patients in a sporadic pattern. Some supports for creation of cancer registries have also been granted. There is however much more that is required in form of budgeting and ensuring funding with commensurate release for routine cancer control activities.

Strategic Framework

OBJECTIVES	STRATEGY	PERFORMANCE INDICATOR
1. To ensure development of effective coordination mechanism for cancer control in Kebbi state by 2021.	1.1 Strengthen the cancer desk in terms of human resource, equipment and infrastructure. 1.2 Appoint cancer control focal persons in each LGA office, in Kebbi state. 1.3 Set up a cancer control steering committee in support of the cancer desk.	Percentage of plan implementation carried out per annum.
2.1 Ensure provision of adequate resources for plan implementation of cancer control across the planning period.	1.2 Annual costing, budgeting and funding of the cancer control. 2.1 Develop public private partnerships to assist with plan implementation processes. 3.1 Conduct revenue drives. 4.1 Approach INGOs for grants and other support formats.	90% of required funds sourced and utilized by end of planning period.

Section 4: Institutional & Coordination Framework

The Cancer Desk in the Department of Medical Services at the State Ministry of Health (SMoH), will serve as the coordinating body for the implementation of the Kebbi cancer control plan. The State Government with the support of the Kebbi State Cancer Control Steering committee and development partners will be responsible for the implementation of the plan. The State Ministry of Health will develop annual operational plans that feed into the State cancer control plan. Relevant units within the SMoH will carry out continuous monitoring and evaluation of the plan to ensure accountability. The annual operational plan will be reviewed quarterly.

In addition, there will be a midline and end line evaluation of the state cancer control program.

The working assumption is that the government will provide 60% of the funding required to implement this plan while the donors/development partners will support by bridging the funding gap of 40 %.

4.1 The State Cancer Control Steering Committee

This committee shall comprise of the following:

- | | | |
|------------------------------------------------------|---|------------|
| • HE Dr. Zainab Shinkafi Bagudu | – | Chair |
| • Hon. Commissioner of Health | – | Vice Chair |
| • Director Medical services SMoH | – | Member |
| • Director Planning SMoH | – | Member |
| • Director Public health SMoH | – | Member |
| • Ministry of Local Government & Chieftaincy Affairs | – | Member |
| • Ministry of Women Affairs | – | Member |
| • Ministry Youth Development & Sports | – | Member |
| • Ministry of Budget and Planning/Finance | – | Member |
| • A cancer survivor | – | Member |
| • Council of traditional rulers | – | Member |
| • SMoH Cancer Desk officer - member/Secretary | – | Member |
| • World Health Organization | – | Member |
| • Clinton Health Access Initiative | – | Member |

Terms of reference of the Committee

1. Ensure appropriate implementation of the Kebbi cancer Plan document 2019 -2023, [KBCCP] according to the timelines spelt out in the document.
2. Scrutinize and recommend for approval the annual budget necessary for plan implementation.
3. Provide guidance on Community participation and stakeholder groups involvement in all stages of plan implementation.
4. Coordinate the capacity building of requisite healthcare personnel for effective plan implementation.
5. Support resource mobilization efforts necessary for the achievement of a reduction of the prevalence and mortality from cancer in Kebbi State by 2023.

Section 5: Costing

This section provides tentative costing for the Kebbi State Cancer Control Plan. The cost estimates covers everything needed to operationalize this plan including costs around stakeholder engagement (Advocacy, social mobilization, policy advisory, etc.) and infrastructural development. The cost estimates below are activity-based and lumped by the relevant/priority activity category. Cost justification and a more detailed budget (with less tentative estimates) will be provided at the point of operationalization.

Table: Cost layout by Activity area and year (2020 -2023)

Priority Areas	2020	2021	2022	2023	Total (4 years)
Prevention	₦ 82,702,702	₦ 54,583,783	₦ 54,583,783	₦ 54,583,783	₦ 246,454,054
Diagnosis and Treatment	₦ 331,987,567	₦ 497,981,351	₦ 414,984,459	₦ 287,822,972	₦ 1,532,776,351
Hospice and Palliative Care	₦ 41,645,405	₦ 33,316,324	₦ 24,987,243	₦ 24,987,243	₦ 124,936,216
Advocacy	₦ 2,732,864	₦ 1,842,675	₦ 2,232,783	₦ 2,031,540	₦ 8,839,864
Data Management and Research	₦ 1,997,648	₦ 1,488,054	₦ 2,342,135	₦ 2,923,540	₦ 8,751,378
Supply Chain Management	₦ 21,977,945	₦ 17,582,356	₦ 10,988,972	₦ 10,988,972	₦ 61,538,248
Governance and Finance	₦ 2,404,324	₦ 1,004,324	₦ 1,004,324	₦ 1,004,324	₦ 5,417,297
-	-	-	-	-	
Grand total	₦ 485,448,459	₦ 607,798,870	₦ 511,123,702	₦ 384,342,378	₦ 1,988,713,410

Priority Areas	Total (NGN)	Total (US \$)
Prevention	NGN 246,454,054	\$ 704,154
Diagnosis and Treatment	NGN 1,532,776,351	\$ 4,379,361
Hospice and Palliative Care	NGN 124,936,216	\$ 356,961
Advocacy	NGN 8,839,865	\$ 25,257
Data Management and Research	NGN 8,751,378	\$ 25,004
Supply Chain Management (Logistics)	NGN 61,538,249	\$ 175,824
Governance and Finance	NGN 5,417,297	\$ 15,478
Grand total	NGN 1,988,713,411	\$ 5,682,038

Section 6: Implementation framework

1. PREVENTION						
GOAL: Make Screening services and early detection of cancer available for all in Kebbi state.						
ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRAETGY	DELIVERY/COMPLETION DATE
Invest in access to information on lifestyle modification, HPV vaccination across Kebbi state.	State-wide access to information on lifestyle modification, HPV vaccination.	MOH (PHCDA).	NGOs/ CSOs/ Private sector.	Political will from policy makers, opposition from political and religious groups. Availability of funds in view of competing health needs. Maintaining the cold chain.	Legislation, public education enlightenment programme.	2022
Develop health promotion programmes on healthy lifestyle, and health education on risk factors.	Positive change in lifestyle.	MOH SPHCDA	NGOs/ CSOs/ Private sector.	Illiteracy and cultural beliefs. Resistance to changes.	Educate key opinion leaders and community influencers Elementary programme.	2023
Introduce HPV vaccination into the state programme of immunisation.	HPV vaccine introduced into state immunisation programme.	FMOH/ SMoH	NGOs/ CSOs/ private sector, and media.	Vaccination.	Collaborate with NPHDC.	2022
Institute new-born screening for early signs of some common childhood cancers e.g.	New-born screening for childhood cancer instituted.	SMoH/ PHCDA	NGOs/ CSOs/ private sector.	Lack of skilled manpower.	Manpower development.	2021

retinoblastoma in all health facilities/well baby clinics.						
Introduce HPV-DNA testing and/or VIA and management of pre-cancerous lesions at Primary Healthcare (PHC) level.	HPV-DNA testing/ VIA and management of pre-cancerous lesions at PHC level introduced.	SMoH	NGOs/ CSOs/ private sector.	Lack of skilled manpower. Funds to procure equipment.	Manpower development Provision of funds.	2022
Institute routine Clinical Breast Exam (CBE) and the teaching of self-breast examination at all PHCs as well as mammography at Secondary and Tertiary level.	CBE conducted routinely at PHC level and mammography at secondary and tertiary level.	SMoH	NGOs/ CSOs/ private sector.	Lack of awareness on resistance to CBE among the populace. Funding for mammography at secondary and tertiary. Lack of mammogram machine.	Public education. Provision of equipment.	2021
Introduce routine digital rectal examination and prostate specific antigen (PSA) in prostate cancer screening at all tiers of healthcare in the state.	PSA screening introduced across all level of healthcare (primary, secondary and tertiary).	SMoH	NGOs/ CSOs/ private sector	Resistance to rectal examination. Religious beliefs.	Educating traditional and religious leaders.	2021

2. DIAGNOSIS AND TREATMENT

GOAL: To improve access to quality, cost effective and equitable diagnostic and treatment services for cancer care

ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRAETGY	DELIVERY/COMPLETION DATE
Ensure access to quality, cost-effective and equitable cancer treatment solutions.	Improved Access to Quality and Effective cancer treatment.	MOH	NGOs,/ CSOs	Inadequate manpower Inadequate funding Lack of political will	Budgetary provision Advocacy	2022
Establish a patient navigation programme to support patients through the treatment journey.	Patient navigation established.	MOH	NGOs/CSOs	Inadequate manpower	Training and capacity building.	2022
Strengthen blood transfusion and laboratory services for accurate cancer diagnosis and supportive.	Blood transfusion services for accurate cancer diagnosis and supportive care strengthened.	MOH	NGOs/ CSOs/ private sector		Adequate funding Provision of trained manpower Advocacy	2023
Facilitate collaboration and twinning with international bodies to support training and research in cancer care.	Collaboration and twinning with international bodies to support training and research in cancer care established.	SMoH	NGOs/ CSOs/ private sector	Lack of political will	Advocacy	2021

<p>Develop referral linkages across treatment sites. Formulate policy on patient treatment support.</p>	<p>Referral linkages across treatment sites developed and new policy on patient treatment support formulated.</p>	<p>SMoH</p>		<p>Lack of funding Lack of policy</p>	<p>Advocacy</p>	<p>2020</p>
-------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------	-------------	--	-------------------------------------------	-----------------	-------------

3. HOSPICE AND PALLIATIVE CARE

GOAL: To provide the best quality of life for cancer patients, survivors and their families

	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRAETGY	DELIVERY/COMPLETION DATE
Develop a state policy and guidelines for providing HPC for patients and cancer survivors.	Draft policy and guideline developed.	FMOH	ACS, EU, WHO, UNODC, OSF, West Africa, etc.	Lack of political will of successive government. Logistics and funding for trainings, structures and equipment. Cultural beliefs Official bureaucratic procedures. Illiteracy Culture belief	Bill for hospice and palliative care. Approve palliative care policies. Source for funds from agencies, donors, philanthropists. Allocation in the state health budget. Education and creation of awareness.	2023
Generate comprehensive database of HPC needs.	A comprehensive database of HPC burden and available resources in the State.	FMOH, SMoH	NGOs WHO CSOs HPCAN	Normal known formal palliative care unit for data generation at the moment.	Establish an HPC Research Employ and train data collectors.	2021
Support each general hospital to set up a HPC unit.	HPC unit set up in cancer centres across Kebbi State.	FMOH/ SMoH	Cancer care centres Cancer control steering committee.	Financial constraints for trainings and man power development, Equipment and structure.	Sensitization Fund raising Volunteers	2021

				Lack of awareness by key partner org.	Government support Philanthropists. Ad-hoc trainings Formal training by scholarships.	
Support all HPC units to include all medical and psychosocial care providers.	Membership of HPC units should include all relevant healthcare professionals.	FMOH SMoH	Cancer centres Cancer control steering committee.	Lack of cooperation among various health care professionals. Lack of sensitization	Spelt out roles Liaison between health care professionals. Need for sensitization	2023
Support the adoption of national HPC guidelines by the HPC units.	HPC guidelines adopted for implementation.	FMOH SMoH	Cancer care centres Cancer control steering committee	Government bottleneck bureaucracy Delayed implementation.	More advocacy and sensitization to ensure implementation.	2023
Develop regulatory mechanisms to support presence of health and non-health providers who offer palliative care services.	Increased number of HPC providers.	FMOH SMoH	Cancer control steering committee.	Lack of knowledge on palliative care. Inadequate number of personnel. Lack of funds	Integrate palliative care into the health care system. Inculcate palliative care teachings in the institutions. Training of HPC providers. Provision of scholarships.	2021
Develop regulations and standards for HPC services.	Regulations and standards for HPC developed.	FMOH SMoH	NGOs	Lack of monitoring by the state ministry of health.	Ensure enforcement of regulations and standards.	2020

Train all members of the HOC unit in the implementation of the HPC guidelines.	HPC providers trained to implement the national HPC guidelines.	Cancer care centres	FMOH, SMoH, cancer control steering committee.	Funds. Absence of accredited HPC training centres.	Scholarships from the State government Trainings, workshops and seminars Establishment of private HPC Establish HPC training centres	2023
Engage the telecoms industry to establish free communication lines at each palliative care unit for tele-consult with patients and their family members.	Free HPC tele-consult established.	Cancer care centres	Telecommunication companies NGOs	Absence of accredited HPC training centres.	Home based care Road side care	2023
Support the provision and coordination of HPC services in private health facilities and centres.	HPC services available at private facilities.	SMoH	Private health institutions	Affordability Accessibility Less expert care Lack of manpower.	Insurance schemes Government subsidy. Establishment of a State health trust fund.	2023
Integrate HPC services into PHC.	HPC services integrated into PHC.	SMoH	NPHCDA	Primary health care workers not knowledgeable about hospice and palliative care. Lack of equipment and facilities in the PHC.	Training of PHC workers. Provision of facilities by the State. Government. Equipping existing facilities	2022

Support the promotion of home-based HPC in accordance to the regulations and guidelines.	Home-based HPC available and implemented according to guidelines.	SMoH	CSOs NGOs	Ignorance Negligence. Stigmatization	Training, awareness and strict enforcement of rules. Punishment for offenders.	2022
Establish an accredited HPC training centre.	Accredited HPC training centre establishes.	SMoH	Training institutions, Professional bodies HPCAN.	Funding structures. Lack of trained professionals.	Go support from the government and NGO's. Training of staff.	2021
Establish a Drug Revolving Funding (DRF) committee for narcotics in line with FMOH DRF guidelines.	DRF committees for narcotics established.	SMoH	Cancer control steering committee.	Mismanagement Untrustworthy people to handle the drugs.	Members should be trustworthy. Proper record keeping and monitoring.	2020
Create a budget line for DRF for narcotic medicines.	Budget line for DRF created.	SMoH	Cancer control steering committee.	Absence of data Improper planning	Liaise NGO's SMoH, NAFDAC, NDLEA etc. Research and proper planning.	2020
Fund the DRF account for narcotic medicines through budget appropriation.	DRF account for narcotics funded.	SMoH	Cancer control steering committee.	Lack of sponsors. Failure to fulfil pledges, promises. Misappropriation of funds. Non-inclusion in the state budget.	Revolving the funds. Inclusion in the state budget. Proper management of funds.	2020
Train a critical mass of HCW hospitals across the state on pain management.	Critical mass of HCW in health facilities trained on pain management.	SMoH	Tertiary health facilities	Lack of funds. Lack of professional to effect training.	Source for funds. Government intervention.	2021

				Lack of willingness from the HCW.	Create awareness	
Institute in-house training of healthcare workers on pain management.	Pain management training integrated into in-house training HCW.	Health facilities	FMOH and SMoH	Lack of funds Lack of professionals to conduct trainings. Lack of willingness from the HCW.	Source for funds. Government intervention. Create awareness.	2022
Develop and disseminated information, education and communication (IEC) materials on HPC for cancer patients to the medical community.	IEC materials on cancer developed and disseminated to the medical community.	SMoH	Health facilities, universities and tertiary hospitals.	Funds Logistics e.g. Vehicles Public address system.	Assistance from SMoH, NGO's AND NDLEA, foreign donors. Volunteer's etc.	2021
Collaborate with relevant stakeholders/IPs and NGOs to organise annually hospice and palliative care awareness campaign especially during the celebration of world palliative care day.	HPC awareness campaigns.	FMOH	Health facilities, CSOs, and NGOs.			2019
Support stakeholders to organise annual general meeting and scientific session as a veritable platform for dissemination of information, education and communication on HPC to the medical community.	Meetings on HPC awareness.	SMoH	Health facilities, CSOs, and NGOs.			2021

4. ADVOCACY AND SOCIAL MOBILISATION

GOAL: Increase cancer awareness and advocate for cancer control among the populace

ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRAETGY	DELIVERY/ COMPLETION DATE
1.1a) Step down of cancer plan to all levels (local authorities, wards, community leaders).	Cancer plan reviewed and adopted at all levels (local authorities, wards, community leaders).	SMoH	Mass media Network CSOs, NGOs, MDAs, Corporate organisations, & Influential individuals.	Poor buy-in to national plan. Lack of proper coordination between implementing stakeholder groups.	Involve representatives from every level of government in the preparation phase to ensure buy-in. Training of trainers to ensure uniformity implementation.	2020
1.1b) Effective demonstration of the different approaches to cancer control during the campaigns (e.g. lectures on different types of cancers with emphasis on early detection and early treatment, Screening for breast, cervical, prostate and colorectal lesions, phone-in radio programs, jingles on different stages of cancer treatment and outcomes and social media.		SMoH				2022
1.1c) Sustain commemoration of World Cancer Day on 4 th February and National Breast Cancer awareness month in October each year.	Yearly planned programs to commemorate these world events.	FMOH/ SMoH	CSOs NGOs FMOH	Funding restrictions to effect planned programs.	Effective and timely planning for collaboration and sustainability with donor agencies, FMOH and corporate groups with...	2020

			Corporate organisations, celebrities.			
1.1d) Develop school-based activities targeting children, adolescents and youths in cancer prevention.	Designed cancer prevention activities which have been adopted by schools.	MOH	Ministry of Education, education boards of all states, CSOs, NGOs.	Unwillingness of schools to adopt the activities. Disaccord between implementing partner groups.	Get buy-in from education boards or their representatives.	2020
1.1e) Leverage on existing community resources such as PHCs, WDCs, CBOs, etc.	Comprehensive list of participatory PHCs, WDCs, CBOs.	MOH	LGAs responsible for PHCs. Participating hospitals responsible for WDCs.	Poorly financed or equipped PHCs, WDCs. Weak infrastructure of PHCs, WDCs to cope with workload.	Ensure budget for sustainable community resources and infrastructure to allow maximum effectiveness.	2019
1.1f) Encourage adoption of healthy lifestyles that will enhance cancer prevention and early detection including tobacco control.	Targeted messages/programs on healthy lifestyles, cancer prevention and early detection in different languages that can easily be disseminated.		SMoH, Ministry of Education, Ministry of Transport, NGOs, CSOs, Ministry of Communication/Mass media.	Lack of coordination between various arms of government. Insufficient budget allowance for adequate awareness and dissemination.	Comprehensive plan for dissemination with buy-in of all members. Adequate budgeting allowance for dissemination. Low cost methods for production and dissemination to various levels.	2022
2.1a) Design robust human resource capacity programs for training of trainers which will ensure maximum	Comprehensive capacity building programs designed.	SMoH	Min of Education, , NGOs, CSOs, corporate organisations.	Timeline of trainings and numbers of master trainers trained who can effectively cascade the training.	Robust selection process for recruiting master trainers.	2022

dissemination of cancer awareness information.				Complicated programs that may be difficult to effectively disseminate.	Ensure capacity building programs are well thought out and planned but simple enough for easy dissemination at the various levels.	
2.1b) Quarterly lectures and demonstration activities on cancer awareness and control.	Lectures and demonstrations conducted on cancer awareness and control.	SMoH	Ministry of Information/Mass media, networks, corporate organisations.	Inadequate planning or timing of lectures and demonstrations. Poor turnout at demonstrations or lectures will hamper effective cancer awareness.	Thorough planning to involve all stakeholders ensure best results. Adequate advertising and awareness of events to ensure maximum attendance.	2020
3.1a) First ladies of states, faith-based groups, union organisations/associations, traditional rulers, media houses, etc. to be involved in making cancer everyone's business and implement the cancer control plan. Quarterly rotational basis in 3 senatorial districts.	First ladies, FBOs, traditional rulers, media networks etc. to implement the national cancer control plan.	MOH MDAs CSOs NGOs	NGOs, CSOs, Governors' wives forum	Conflict of interest of members who run their own NGOs. Inadequate funding for mass awareness campaign and effecting of plan.	Strict selection criteria for electing members to mitigate potential conflicts of interests. Source and utilise inexpensive means of mass awareness campaign from key partners that can aid effecting of plan.	2022.
3.1b) Synergise with the stakeholders in Polio, Tobacco and HIV successful campaigns.	Established relationships with campaign organisers from successful Polio, Ebola, HIV programs.	SMoH	NACA, NPHCDA, NAFDAC, NGOs, CSOs, MOI, MOY	Ineffective strategies in the implementation of cancer campaigns. Unwillingness of groups to cooperate for effective results.	Invite all stakeholders to open event where sharing of ideas and strategies would be encouraged. Allow groups to have a sense of ownership of the cancer plan.	2022

4.1a) Involve brand ambassadors such as celebrities, influential persons to be involved in championing the fight in dispelling harmful cultural beliefs and practices that negatively affect cancer control.	Brand ambassadors and cancer champions engaged and involved in fighting to dispel harmful beliefs.	SMoH	Celebrities, cancer champions/survivors, community leaders, NGOs and CSOs, Faith-based organisations.	People unwilling to fully participate in fight against harmful beliefs because of won beliefs or conflicts of interests.	Get buy-in of celebrities, reps from FBOs, community leaders and involve them in planning to ensure ownership of the plan, allowing for improved success.	2022.
4.1b) Creation of drama/soaps/jingles using scriptwriters, actors and actresses, as well as school children and villages.	Jingles, dramas, soaps created and prepared for dissemination.	SMoH	Min of Education, media networks, selected schools, Min of Information.	Insufficient budget for creation of drama, jingles, etc.	Involve philanthropists and corporate organisations at every stage to ensure adequate budgeting. Advocacy by using media organisation.	2022

5. DATA MANAGEMENT AND RESEARCH

GOAL: To conduct and support integrated programs that provides high quality cancer data for dissemination, research and planning.

ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRAETGY	DELIVERY/COMPLETION DATE
Include cancers as part of the integrated disease surveillance system of the State.	Cancer surveillance in place.	MOH	NGOs	Bureaucratic bottle necks.	Capacity building	2019
Establish cancer registries in Kebbi State.	Cancer registries established.	MOH	NGOs, FMOH	Lack of political will and funding.	Budgeting	2019
Adopt for use the existing SOPs of the African cancer registry network.	SOPs adopted	MOH	NGOs, cancer centres and health facilities.			2019
Employ, Train and retrain cancer registry staff.	More data collectors trained.	MOH	NGOs, FMOH	Lack of funding	Retraining of more personnel.	2022
Provide infrastructure and tools for data capturing in the registries.	Infrastructure and tools for data capturing. Developed.	MOH	NGOs	Lack of funding	Budget and fund release.	2019
Implement supportive supervision to coordinate the activities of cancer registries.	Supportive supervision implemented.	MOH	NGOs	Lack of funding	Budgetary provision	2020
Develop advocacy deck for budgetary allocation for cancer research.	Advocacy deck developed.	MOH	NGOs, cancer centres, universities, research centres.	Lack of funding	Budgetary provision	2020
Conduct training of healthcare workers in cancer care on research grant and proposal writing.	Training on grant and proposal writing for cancer research.	MOH	NGOs, cancer centres, universities, research centres.	Lack of funding	Budgetary provision	2020

6. GOVERNANCE AND FINANCE

GOAL: To ensure effective coordination and adequate resources to reduce the incidence and prevalence in Kebbi state

ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRAETGY	DELIVERY/COMPLETION DATE
Collate data on stakeholders in the cancer space in Kebbi state by priority areas and update regularly.	Existing register of stakeholders and their activities in the cancer space at the SMoH.		NGOs/ CSOs/ Private sector		NGO Private sector Participation	2019
To develop guidelines for the coordination of activities of different stakeholders to ensure alignment with the SCCP.	Guidelines developed and disseminated.	SMoH	NGOs/ CSOs/ Private sector	Lack of funding	PPP	2020
Engage with stakeholders to review, streamline and align activities with the SMoH cancer control desk.	Stakeholders report activities to the ministry in line with the SCCP.	SMoH	NGOs CSOs Private sector.			2019
Organise annual stakeholder engagement (e.g. meetings, conferences, workshops) to review and address issues on implementations and progress.	Annual reviews conducted and reports developed, and decisions approved for implementation.	SMoH	NGOs CSOs Private sector.	Lack of funds	Leverage existing NGO/ CSO platforms for stakeholders.	2019
Periodic review of activities across all priority areas of action and prepare quarterly progress reports.	Quarterly reviews conducted and reports developed.	SMoH cancer desk	NGOs/ CSOs/ private sector.			2023
Leverage technology to improve update of stakeholders and activities.	Improved update of stakeholders and activities.	SMoH	NGOs			2022
Conduct gap analysis annually across cancer care in Kebbi and produce plans to improve accessibility to cancer care.	Gap analysis conducted and plans to improve access to cancer care developed.	SMoH	NGOs/ CSOs/ private sector.			2020
Monitor periodically the implementation plans developed to improve accessibility in cancer care	Implementation plan periodically monitored	SMoH				2023
Develop framework for a state cancer control fund	Framework developed for cancer control fund		Stakeholders	Poor funding	PPP, donor agencies.	2019
Provide financial/logistic support for cancer patients	Financial protection provided for indigent cancer patient	SMoH	NGOs, CSOs, Private sector	Inadequate funding		2020

Section 7: Monitoring and Evaluation Framework

PRIORITY AREAS	INDICATORS	DATA SOURCE	BASELINE	TARGER YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
1. PREVENTION	Data showing number of children that received the vaccine.	SMoH	TBD	20%	40%	60%	80%	100%
	Percentage of the eligible population covered.	SMoH	90%	20%	30%	60%	80%	90%
	50% increase over baseline survey on knowledge, attitude, and practice [KAP].	SMoH	50%	20%	30%	60%	80%	90%
	Percentage of eligible population covered.	SMoH	50%	20%	40%	60%	80%	100%
	Percentage of referred cases that were treated.	SMoH	TBD	50%	60%	80%	90%	100%
	Percent of health care service outlets providing screening/ early detection.	SMoH	50%	10%	20%	30%	40%	50%
2. DIAGNOSIS AND TREATMENT	Increase in number of patients diagnosed.	SMoH	TBD	20%	40%	60%	75%	80%
	Number of patients treated.	SMoH	TBD	30%	45%	70%	90%	100%
3.HOSPICE AND PALLIATIVE CARE	Number of hospice centers providing service.	SMoH	TBD	1	3	4	0	0
	Number of patients accessing palliative care.	SMoH	TBD	20%	60%	70%	75%	80%

PRIORITY AREAS	INDICATORS	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
4. ADVOCACY AND SOCIAL MOBILISATION	50% of the population aware of importance of cancer control.	SMoH	TBD	10%	20%	30%	40%	50%
	Percentage of emirate councils covered.	SMoH	TBD	10%	20%	30%	40%	50%
5. DATA MANAGEMENT AND RESEARCH	Percentage of quality data generated.	SMoH	TBD	30%	50%	100%		
	Number of research activities conducted/ongoing per annum.	SMoH	TBD	2	4	5	6	8
6. GOVERNANCE AND FINANCE	Percentage of plan implementation carried out per annum.	SMoH	TBD	20%	40%	60%	80%	100%

Activity List

1. PREVENTION	
GOAL: Make Screening services and early detection of cancer available for all in Kebbi state.	
ACTIVITIES	DELIVERY/COMPLETION DATE
Invest in access to information on lifestyle modification, HPV vaccination across Kebbi state.	2022
Develop health promotion programmes on healthy lifestyle, and health education on risk factors.	2023
Introduce HPV vaccination into the state programme of immunisation.	2022
Institute new-born screening for early signs of some common childhood cancers e.g. retinoblastoma in all health facilities/well baby clinics.	2021
Introduce HPV-DNA testing and/or VIA and management of pre-cancerous lesions at Primary Healthcare (PHC) level.	2022
Institute routine Clinical Breast Exam (CBE) and the teaching of self-breast examination at all PHCs as well as mammography at Secondary and Tertiary level.	2021
Introduce routine digital rectal examination and prostate specific antigen (PSA) in prostate cancer screening at all tiers of healthcare in the state.	2021
2. DIAGNOSIS AND TREATMENT	
GOAL: To improve access to quality, cost effective and equitable diagnostic and treatment services for cancer care	
ACTIVITIES	DELIVERY/COMPLETION DATE
Ensure access to quality, cost-effective and equitable cancer treatment solutions.	2022
Establish a patient navigation programme to support patients through the treatment journey.	2022
Strengthen blood transfusion and laboratory services for accurate cancer diagnosis and supportive.	2023
Facilitate collaboration and twinning with international bodies to support training and research in cancer care.	2021
Develop referral linkages across treatment sites. Formulate policy on patient treatment support.	2020
3. HOSPICE AND PALLIATIVE CARE	
GOAL: To provide the best quality of life for cancer patients, survivors and their families	
ACTIVITIES	DELIVERY/COMPLETION DATE
Develop a state policy and guidelines for providing HPC for patients and cancer survivors.	2023
Generate comprehensive database of HPC needs.	2021
Support each general hospital to set up a HPC unit.	2021
Support all HPC units to include all medical and psychosocial care providers.	2023
Support the adoption of national HPC guidelines by the HPC units.	2023
Develop regulatory mechanisms to support presence of health and non-health providers who offer palliative care services.	2021
Develop regulations and standards for HPC services.	2020
Train all members of the HOC unit in the implementation of the HPC guidelines.	2023
Engage the telecoms industry to establish free communication lines at each palliative care unit for tele-consult with patients and their family members.	2023

Support the provision and coordination of HPC services in private health facilities and centres.	2023
Integrate HPC services into PHC.	2022
Support the promotion of home-based HPC in accordance to the regulations and guidelines.	2022
Establish an accredited HPC training centre.	2021
Establish a Drug Revolving Funding (DRF) committee for narcotics in line with FMOH DRF guidelines.	2020
Create a budget line for DRF for narcotic medicines.	2020
Fund the DRF account for narcotic medicines through budget appropriation.	2020
Train a critical mass of HCW hospitals across the state on pain management.	2021
Institute in-house training of healthcare workers on pain management.	2022
Develop and disseminated information, education and communication (IEC) materials on HPC for cancer patients to the medical community.	2021
Collaborate with relevant stakeholders/IPs and NGOs to organise annually hospice and palliative care awareness campaign especially during the celebration of world palliative care day.	2019
Support stakeholders to organise annual general meeting and scientific session as a veritable platform for dissemination of information, education and communication on HPC to the medical community.	2021
4. ADVOCACY AND SOCIAL MOBILISATION	
GOAL: Increase cancer awareness and advocate for cancer control among the populace	
ACTIVITIES	DELIVERY/COMPLETION DATE
1.1a) Step down of cancer plan to all levels (local authorities, wards, community leaders).	2020
1.1b) Effective demonstration of the different approaches to cancer control during the campaigns (e.g. lectures on different types of cancers with emphasis on early detection and early treatment, Screening for breast, cervical, prostate and colorectal lesions, phone-in radio programs, jingles on different stages of cancer treatment and outcomes and social media.	2022
1.1c) Sustain commemoration of World Cancer Day on 4 th February and National Breast Cancer awareness month in October each year.	2020
1.1d) Develop school-based activities targeting children, adolescents and youths in cancer prevention.	2020
1.1e) Leverage on existing community resources such as PHCs, WDCs, CBOs, etc.	2019
1.1f) Encourage adoption of healthy lifestyles that will enhance cancer prevention and early detection including tobacco control.	2022
2.1a) Design robust human resource capacity programs for training of trainers which will ensure maximum dissemination of cancer awareness information.	2022
2.1b) Quarterly lectures and demonstration activities on cancer awareness and control.	2020
3.1a) First ladies of states, faith-based groups, union organisations/associations, traditional rulers, media houses, etc. to be involved in making cancer everyone's business and implement the cancer control plan. Quarterly rotational basis in 3 senatorial districts.	2022.
3.1b) Synergise with the stakeholders in Polio, Tobacco and HIV successful campaigns.	2022

4.1a) Involve brand ambassadors such as celebrities, influential persons to be involved in championing the fight in dispelling harmful cultural beliefs and practices that negatively affect cancer control.	2022.
4.1b) Creation of drama/soaps/jingles using scriptwriters, actors and actresses, as well as school children and villages.	2022
5. DATA MANAGEMENT AND RESEARCH	
GOAL: To conduct and support integrated programs that provides high quality cancer data for dissemination, research and planning.	
ACTIVITIES	DELIVERY/COMPLETION DATE
Include cancers as part of the integrated disease surveillance system of the State.	2019
Establish cancer registries in Kebbi State.	2019
Adopt for use the existing SOPs of the African cancer registry network.	2019
Employ, Train and retrain cancer registry staff.	2022
Provide infrastructure and tools for data capturing in the registries.	2019
Implement supportive supervision to coordinate the activities of cancer registries.	2020
Develop advocacy deck for budgetary allocation for cancer research.	2020
Conduct training of healthcare workers in cancer care on research grant and proposal writing.	2020
6. GOVERNANCE AND FINANCE	
GOAL: To ensure effective coordination and adequate resources to reduce the incidence and prevalence in Kebbi state	
ACTIVITIES	DELIVERY/COMPLETION DATE
Collate data on stakeholders in the cancer space in Kebbi state by priority areas and update regularly.	2019
To develop guidelines for the coordination of activities of different stakeholders to ensure alignment with the SCCP.	2020
Engage with stakeholders to review, streamline and align activities with the SMOH cancer control desk.	2019
Organise annual stakeholder engagement (e.g. meetings, conferences, workshops) to review and address issues on implementations and progress.	2019
Periodic review of activities across all priority areas of action and prepare quarterly progress reports.	2023
Leverage technology to improve update of stakeholders and activities.	2022
Conduct gap analysis annually across cancer care in Kebbi and produce plans to improve accessibility to cancer care.	2020
Monitor periodically the implementation plans developed to improve accessibility in cancer care	2023
Develop framework for a state cancer control fund	2019
Provide financial/logistic support for cancer patients	2020



**KEBBI STATE STRATEGIC PLAN
FOR CANCER CONTROL**

2019-2023