

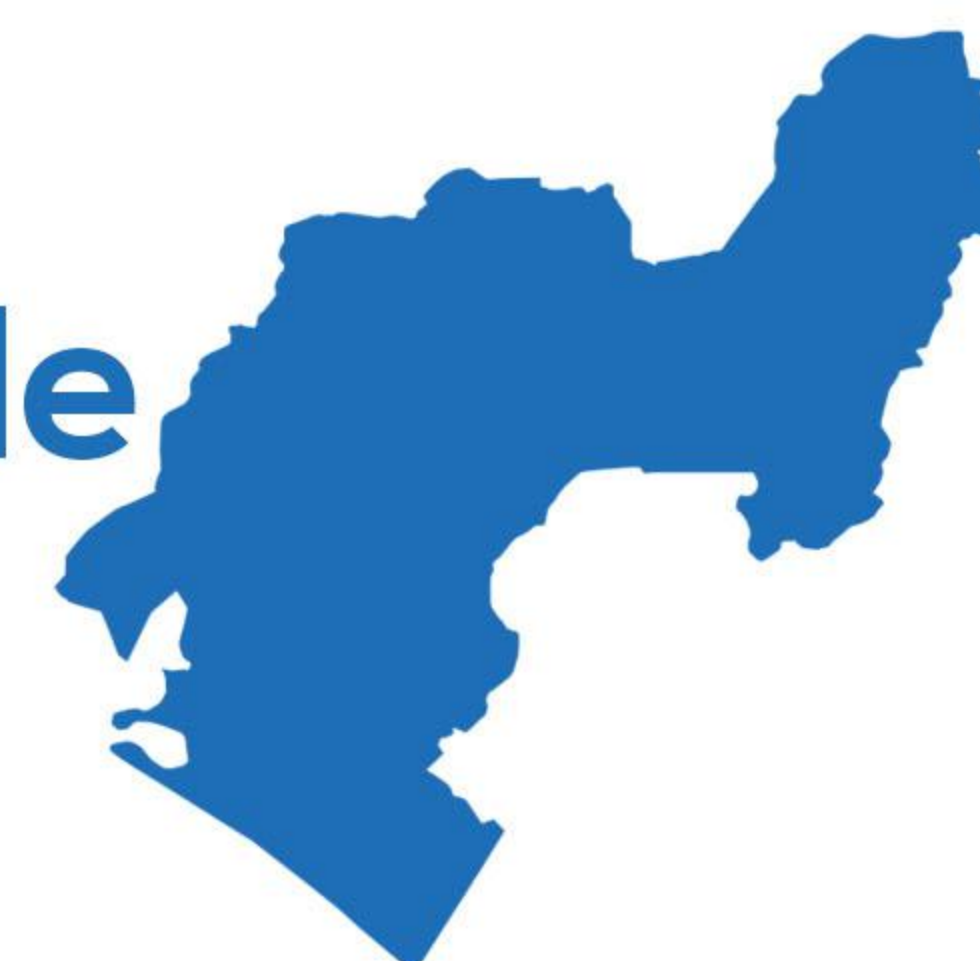


# NIGERIA GOVERNORS' FORUM



## Ondo State Health Profile

Sunshine State



Universal Health  
Coverage



RI/Polio Eradication



Nutrition



Health Security





*Your Excellency,*

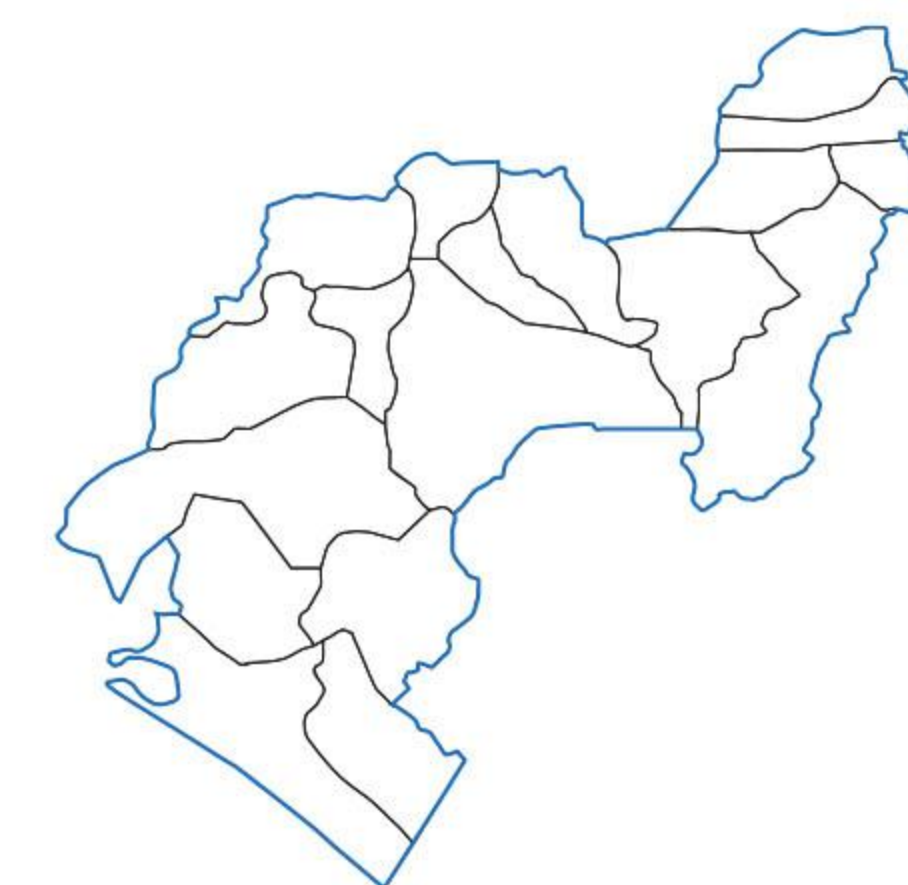
*This profile gives a snapshot of the key health indices in your state as well as some of the key actions your excellency needs to prioritize to build a stronger and resilient health system for better health outcomes.*

*Signed*

*DG NGF*



# Get to Know Ondo State



Ondo state, ranked 18th in terms of population size and has a population density of 356 persons/km<sup>2</sup>.



Created  
02/03/1976



Land Mass  
15,500km<sup>2</sup>



Population  
5,521,833



LGAs  
18



Political Wards  
203



Under 1 Population  
220,873



Under 5 Population  
1,104,367



Women of Child Bearing Age  
1,214,803



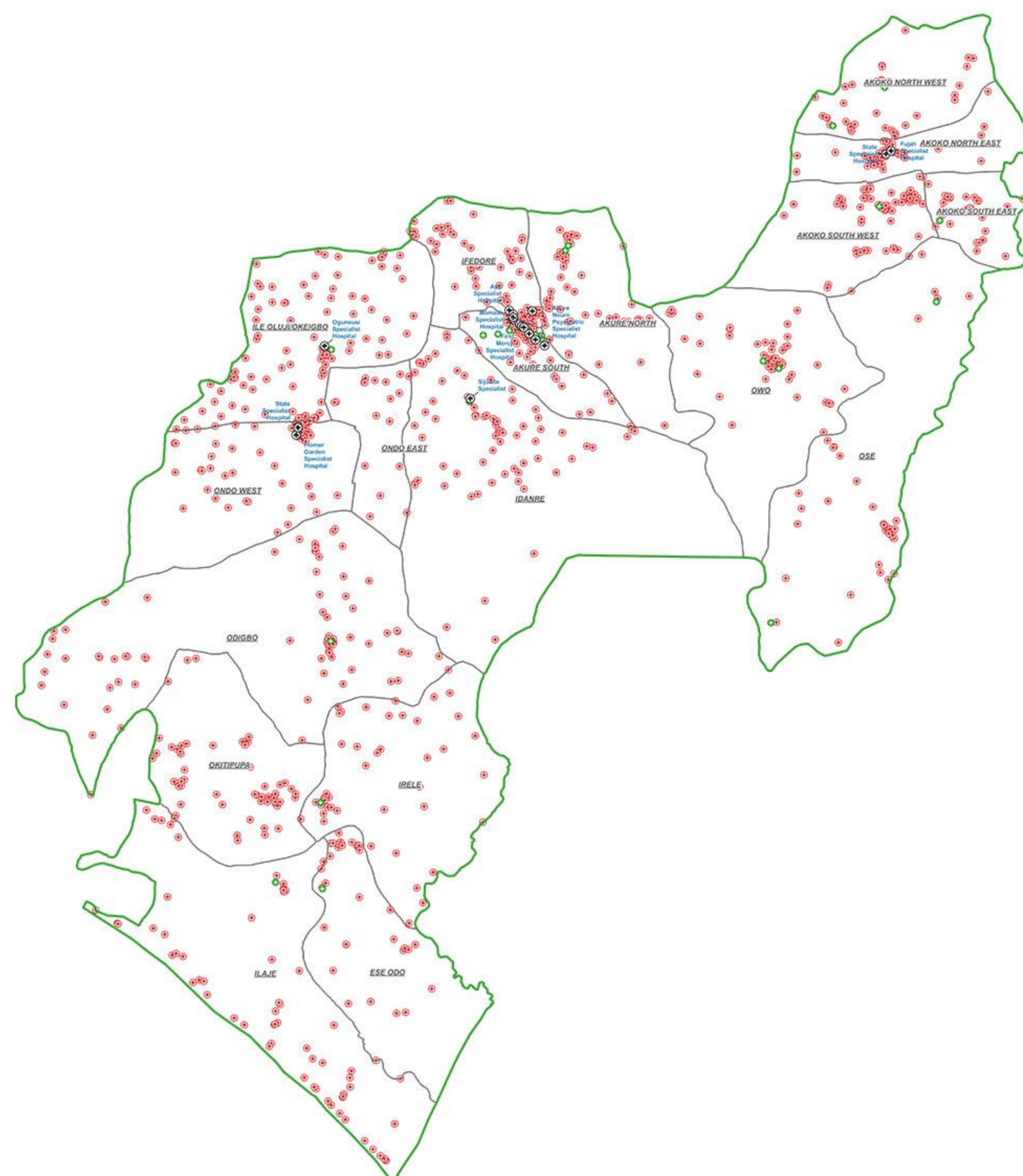
Pregnant Women  
276,092



# Health Facility Distribution



Ondo State has adequate number of health facilities for its population size based on the standard of 1 basic health unit per 10,000 population.



+ Primary Health Facility 
 + Secondary Health Facility 
 + Tertiary Health Facility 
  Local Government Area Boundaries 
  State Boundary

**Primary** **834**

Public: 592

Private: 242

**Secondary** **84**

Public: 23

Private: 61

**Tertiary** **2**

Public: 2

Private: -

**Health Facility  
Per Capita**

**2/10,000  
Population**



## Call to Action

The State Government should:

1. Focus on enhancing the quality of existing facilities rather than building new ones.
2. Aim at ensuring at least one **FUNCTIONAL** primary health care centre per ward in line with the national PHC revitalization strategy.



# Human Resource for Health



The number of skilled birth attendants is far below the recommended minimum standard required to be on path to 'ending preventable deaths by 2030'.



## Health Training Institutions

Institution	Public	Private	Admission Quota
College(s) of Medicine	1	0	25
School(s) of Nursing & Midwifery	1	0	150
School(s) of Health Technology	1	1	1,520
School(s) of Pharmacy	-	-	-



## Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	370	<1	10
Nurses/Midwives	1,396	2.5	30
Community Health Workers	1,054	2	10
Pharmacists	82	<1	2.5



## Call to Action

The State Government should **PRIORITIZE** investments in Human Resource for Health (HRH) by:

1. Developing a realistic comprehensive HRH plan (including an implementation plan) that includes a minimum HR requirement for the different types of health facilities, taking into account the fiscal space of the state.
2. Recruiting based on the implementation plan (including incentives to retain).



# Health Financing



Ondo state is not investing adequately in health as evidenced by the low annual budgetary allocation and a per capita expenditure on health of ₦2,133.10; however budgetary release is fair.

## Allocation - FY 2022



**Total State Budget**

₦199.3 bn



**Allocation to Health (%)**

₦18.2bn (9%)



**Percentage Health Allocation to PHC**

₦0.7 bn (4%)

## Performance - FY 2022



**State Budget Performance**

₦151.3 bn

76%



**Health Budget Performance**

₦11.8 bn

65%



**Health Expenditure Per Capita**

₦840.78



### Call to Action

The State Government should increase its allocation to health and gradually work towards \$29\*(N12,000 approx.) per capita and invest more in health insurance.

Reference: (prorated state contribution from \$86 per capita – WHO recommended) World Health Organization. (2018).



# Health Insurance



The state has a functional state social health insurance scheme which makes health insurance mandatory. There is release of equity fund and Government/employee contribution for the formal sector.

## Scorecard (2022)

Indicator	Status
Existence of a State Social Health Insurance Agency	●
Health Insurance Made Mandatory	●
Equity Funds Release	●
Government Contribution For Formal Sector	●
Employee Contribution For Formal Sector	●

## Total No. of Enrollees



**86,908**

- Target Not Met
- Target Met
- No Data



## Call to Action

The State Government to sustain regular and timely release of equity fund, and fast track government and employee contribution into the scheme.



# PHCUOR Scorecard

## Primary Health Care Under One Roof



Ondo state has performed well in its implementation of the Primary Health Care Under One Roof policy – a governance reform to improve PHC implementation and integration.

Scorecard	
Indicator	Status
Existence of a State Primary Health Care Board	●
Existence of Approved Minimum Service Package That Is Linked To SSHDP	●
Existence of Costed Service Delivery/Investment Plan	●
Provision Made For Investment Plan In The Annual Budget of The Last Year	●
PHC Programmes And Staff Moved To SPHCB From SMoH and SMoLGA	●

● Target Not Met  
● Target Met  
● No Data



### Call to Action

The State Government should sustain commitment to Primary Health Care Under One Roof approach and ensure one functional PHC per ward as per minimum service package for healthcare delivery outlined in the National Primary Health Care Development Agency (NPHCDA) guidelines for the revitalization of PHCs.



# Nutrition Scorecard



The state has a functional state committee on food and nutrition. However, the state does not have a nutrition department in relevant MDAs and most of the nutrition interventions are funded by partners which is not sustainable.

## Scorecard

Indicator	Status
Existence of State Committee on Food and Nutrition	Target Met
Presence of Nutrition Departments In Relevant MDAs	Target Not Met
Budget Line For Nutrition In Key MDAs	Target Not Met
Release of Fund For Nutrition (2022)	Target Not Met
Availability of Multi-Sectoral Plan of Action For Nutrition	Target Met
Availability of Government-Owned Creche	Target Met
Approved Six Months Paid Maternity Leave.	Target Met
Government Spending Greater than/Equal to Partner Spending	Target Not Met

Target Not Met  
 Target Met  
 No Data/Missing Validation



## Call to Action

The State Government should:

1. Set up nutrition departments in relevant MDAs (- at minimum in the following MDAs: Health, Agriculture, Budget and Planning, Women Affairs, State Primary Health Care Board);
2. Ensure timely release of funds to implement programmes in the MSPAN
3. Promote Exclusive Breastfeeding



# Drug Management Agency (DMA) Scorecard



Ondo state has a drug management agency. However it is not capitalized and does not have a pharma-grade warehouse.

## Scorecard

Indicator	Status
State Has Established An Autonomous DMA Backed By Law	Target Met
DMA Is Capitalized	Target Not Met
At Least 60% Of The Focal Ward PHCs Is Capitalized	Target Met
DMA Has Pharmagrade Warehouse With Adequate Capacity	Target Met
State Has A Single Supply Chain System	Target Not Met
State Manages Last Mile Delivery	Target Met

● Target Not Met  
● Target Met  
● No Data



## Call to Action

The State Government should:

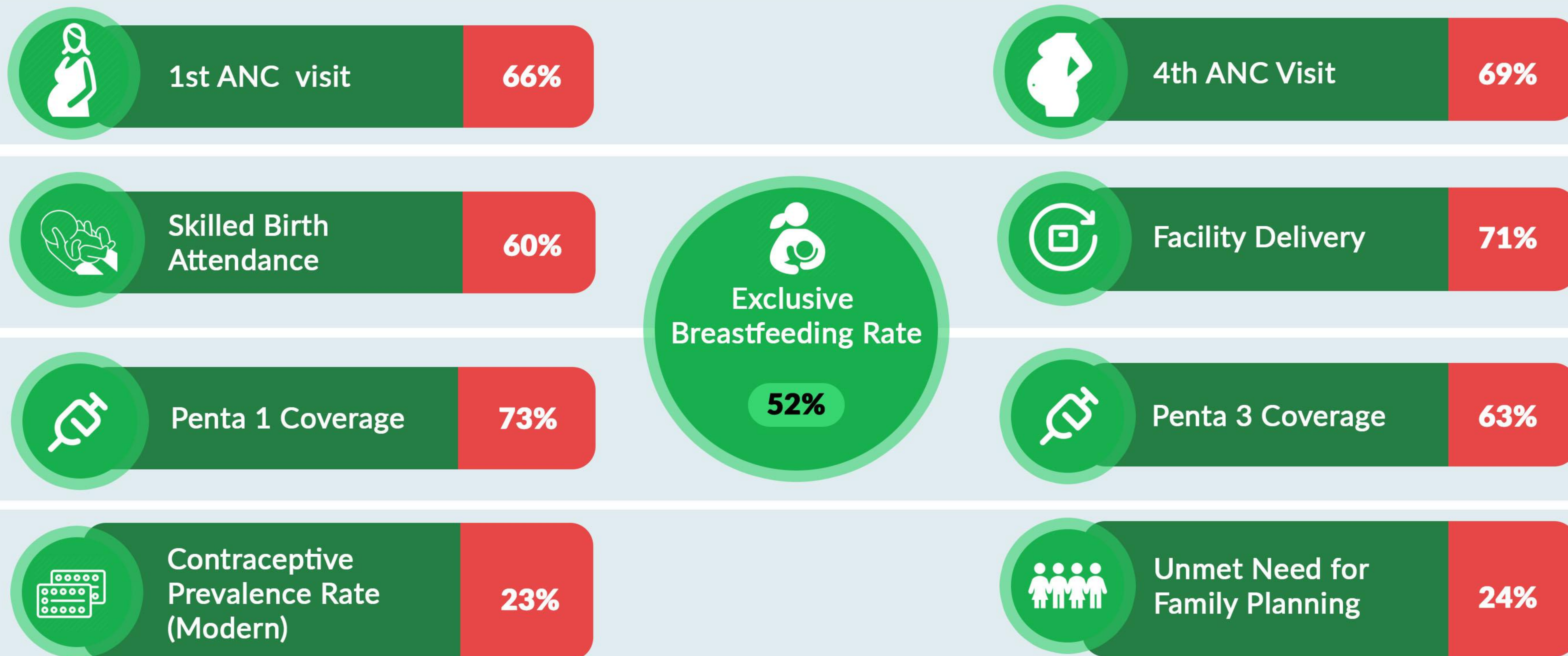
1. The State Government to continue support to its drug management agency to ensure availability of quality and affordable essential medicines in all health facilities within the state.
2. Government to ensure DMA is capitalized
3. Government to set up pharma-grade warehouse with adequate capacity.



# Access and Service Utilization...



There is poor access to and utilization of antenatal, delivery, family planning and immunization services.



## Call to Action

The State Government should:

1. Improve its performance on antenatal and immunization services.
2. Identify and address barriers to access and utilization of antenatal, delivery, immunization and family planning services



# Access and Service Utilization



The state has low network of TB molecular diagnostic machines, high unmet needs in terms of treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for about a quarter of its pregnant women



HIV Prevalence

0.9%



ART Unmet Needs in  
\*CLHIV

76%



LGAs with TB  
Molecular Diagnostic  
Machine

47%



TB Treatment  
Coverage

30%



Malaria Prevalence

26.7%



IPTp3 Coverage

28.2%



New Cases of  
Hypertension

7,937



## Call to Action

The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

CLHIV – Children Living with HIV, ART – Antiretroviral Therapy, IPTp3 - Intermittent Preventive Treatment of Malaria for Pregnant Women (3rd dose +).  
Reference: HIV health Sector Report 2021, NTBLCP, NMEP, DHIS2.



# Health Outcomes



There a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



Zero Dose Children

**55,326**



No. of Children with Stunting

**65,741**



No. of Children with Wasting

**None**



No. of Children who Die before 28 Days of Life (Yearly)

**3,245**



No. of Children who Die before 1st Birthday (Yearly)

**5,589**



No. of Children who Die before 5th Birthday (Yearly)

**11,539**



## Call to Action

The State Government urgently needs to prioritize investments in maternal and child healthcare services, including nutrition interventions, and immunizations to improve the health outcomes of children in the state. It is also important for the state to work with key partners to identify and target communities with unvaccinated children.

- i. Stunting: Children Shorter in Height-for-Age
- ii. Wasting: Children with Low Weight-for-Height
- iii. Zero-dose: Children who failed to receive any routine vaccination - never reached by routine immunization services



# Flagship Projects



This page details the key flagship projects ongoing in Ondo State that the State Government needs to sustain.

S/N	Title	Description
	No Data	No Data



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	APIN (Public Health Initiatives)	HIV/AIDS and Response	State Wide
2	Clinton Health Access Initiative	Reproductive Health	State Wide
3	Damien Founndation of Belgium	TB Programme	State Wide
4	Global Health Supply Chain	HIV/AIDS (Supply chain)	State Wide
5	JHPIEGO	Eye Health	State Wide
6	Marie Stopes International	Reproductive Health	State Wide
7	Rotary International	Maternal and Child Health	State Wide
8	Society for Family Health	Reproductive Health	State Wide



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	UNFPA	Maternal and Child Health	State Wide
10	UNICEF	Maternal and Child Health	State Wide
11	WHO	Maternal and Child Health	State Wide



# Summary of Key Actions



## Health Facility Distribution

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The State Government should increase its allocation to health and gradually work towards \$29\*(N12,000 approx.) per capita and invest more in health insurance.

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The State Government to continue regular and timely release of equity fund, and fast track government and employee contribution into the scheme.

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The State Government should:

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The State Government should:

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2. Government to ensure DMA is capitalized
3. Government to set up pharma-grade warehouse with adequate capacity.

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The State Government should:

1. Improve its performance on antenatal and immunization services.
2. Identify and address barriers to access and utilization of antenatal, delivery, immunization and family planning services

The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

## Health Outcomes

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## About the NGF Secretariat

### The Nigeria Governors' Forum

The Nigeria Governors' Forum (NGF) was founded in 1999. It is a platform for the elected Governors of the 36 states of Nigeria that promotes collaboration amongst the Governors, irrespective of their party affiliation, to share experience, promote co-operation, and good governance at the subnational level.

### The NGF Secretariat

The NGF is supported by a secretariat which is the technical and administrative arm of the Nigeria Governors' Forum. It is a policy hub and resource centre that sets agendas & priorities to enable the forum to meet its set objectives. The Secretariat serves as an interface between federal MDAs, development partners, and states. The Secretariat has several units including Health, IGR, Economics, Legal, Education, Agriculture, Peace, and Inclusive Security.

### The Health Team

The health unit of the NGF Secretariat is responsible for coordinating all health-related interventions being championed by the secretariat. It is committed to catalysing a stronger health system and better health outcomes at the subnational level in line with national goals and strategies.

#### Our Vision

Is to be the leading go-to resource and learning hub for catalysing subnational health development and contributing to health SDGs.

#### Our Mission

Is to keep the NGF informed and up-to-date on health priorities and promote evidence-based decision-making & actions, accountability, and learning for better health outcomes at the subnational level.

#### What We Do

We leverage our convening powers to support States to achieve their health goals through Evidence Generation, High-Level Advocacy, Resource Mobilization, Accountability and Partnerships, and Capacity Building. We also engage with key federal MDAs, such as the FMOH, NHIA, NPHCDA, FMFBNP, and Office of the Vice President.

#### Our Team

The health team is a multidisciplinary team that includes high-profile professionals that have excelled in different fields of endeavour including Advocacy, Health Policy Analysis, Health Systems Strengthening, Public Health, Health Financing, Health Information System, Immunization, Supply Chain, Monitoring, Evaluation, and Learning.

#### Our Health Partners

BMGF, ADF, GAVI, UNICEF, R4D, NHED.



# NIGERIA GOVERNORS' FORUM



📍 51, Lake Chad Crescent,  
Maitama, Abuja,  
Federal Capital Territory,  
Nigeria

✉ Info@ngf.org.ng

☎ +234 (0) 92920025 | +234 (0) 92920026

🌐 <http://www.nggovernorsforum.org>