



# NIGERIA GOVERNORS' FORUM



## Niger State Health Profile

The Power 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 Niger State



Niger state, ranked 13th in terms of population size and has a population density of 88 persons/km<sup>2</sup>.



Created  
02/03/1976



Land Mass  
76,363 km<sup>2</sup>



Population  
6,744,552



LGAs  
25



Political Wards  
274



Under 1 Population  
269,782



Under 5 Population  
1,348,910



Women of Child Bearing Age  
1,483,801

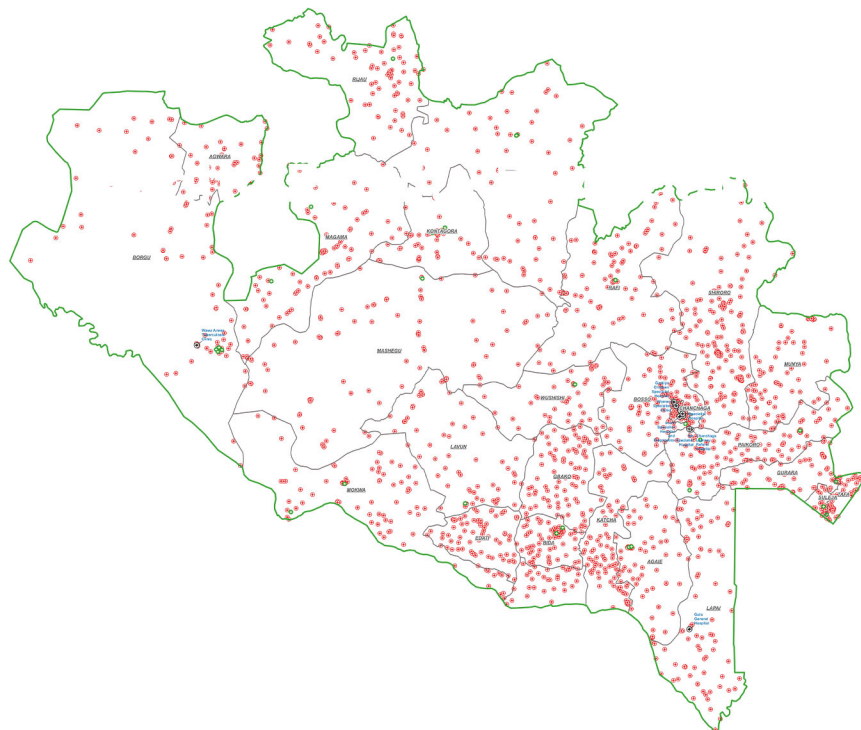


Pregnant Women  
337,228

# Health Facility Distribution



Niger 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** **1,697**

Public: 1,075 Private: 622

 **Secondary** **200**

Public: 24 Private: 176

 **Tertiary** **4**

Public: 2 Private: 2

**Health Facility  
Per Capita** **3/10,000  
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	-	50
School(s) of Nursing & Midwifery	4	3	450
School(s) of Health Technology	2	26	900
School(s) of Pharmacy	1	2	150



## Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	198	<1	10
Nurses/Midwives	1,339	2	30
Community Health Workers	3,198	5	10
Pharmacists	171	<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



Niger state is not investing adequately in health as evidenced by the low annual budgetary allocation, poor budgetary release and a per capita expenditure on health of N1,499.30; this may have contributed to some of the poor health outcomes in the state.

## Allocation - FY 2022



### Total State Budget

₦211.0 bn



### Allocation to Health (%)

₦21.8 bn (10%)



### Percentage Health Allocation to PHC

₦5.9 bn (27%)

## Performance - FY 2022



### State Budget Performance

₦94.2 bn

45%



### Health Budget Performance

₦10.1 bn

46%



### Health Expenditure Per Capita

₦1,499.3



## Call to Action

The state should 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. However, the non-release of equity fund and Government/employee contribution for the formal sector would negatively impact on the scheme.

## 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



**51,552**

- Target Not Met
- Target Met
- No Data



## Call to Action

The State Government to ensure 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



Niger 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:

1. Ensure that PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
2. 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, has a budget line for nutrition in key MDAs, released more than two-third of allocated funds for 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	●
Presence of Nutrition Departments In Relevant MDAs	●
Budget Line For Nutrition In Key MDAs	●
Release of Fund For Nutrition (2022)	●
Availability of Multi-Sectoral Plan of Action For Nutrition	●
Availability of Government-Owned Creche	●
Approved Six Months Paid Maternity Leave.	●
Government Spending Greater than/Equal to Partner Spending	●

● 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. Approve six months paid maternity leave



# Drug Management Agency (DMA) Scorecard



Niger state has a drug management agency backed by law, however the DMA needs to be capitalized.

## 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 Not 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



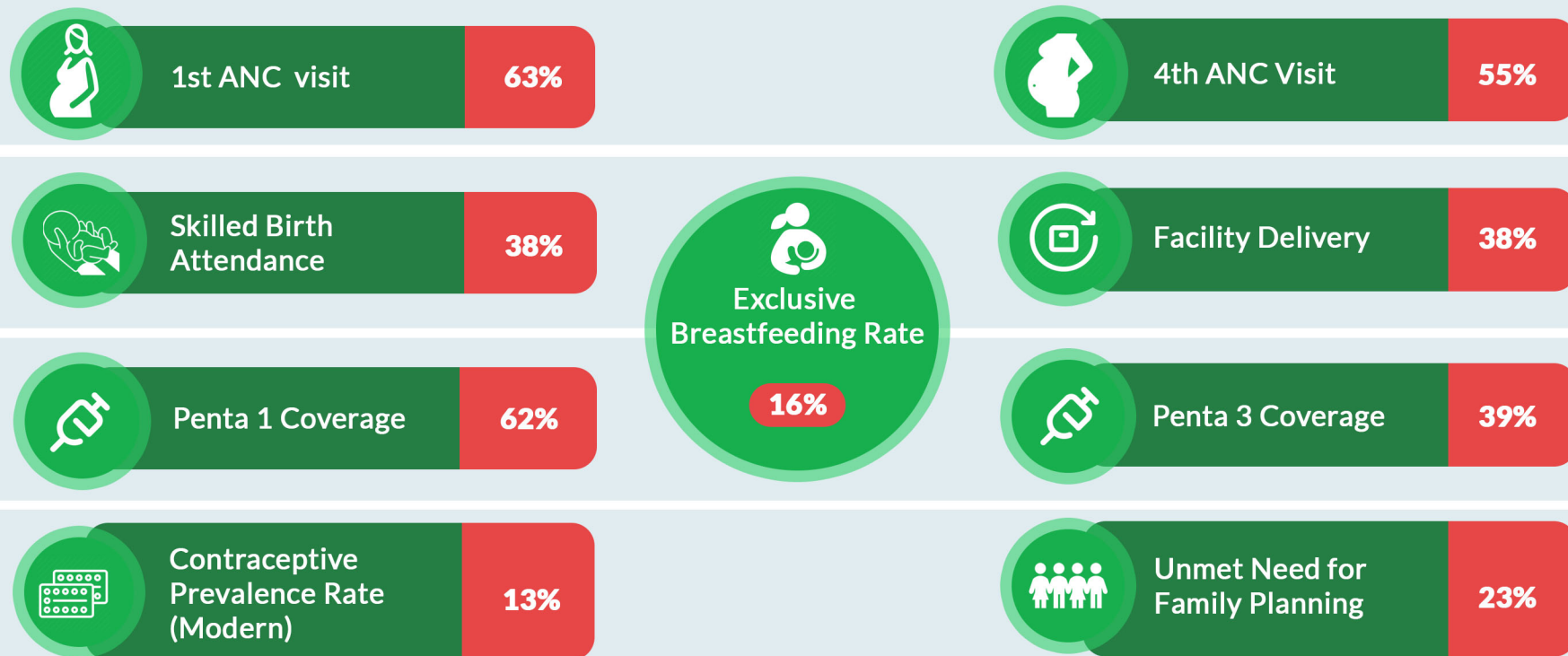
### Call to Action

The State Government to continue support to its drug management agency to ensure availability of quality and affordable essential medicines in all health facilities within the state.

# Access and Service Utilization...



There is poor access to and utilization of antenatal, delivery and immunization services more so access to family planning is low with about a quarter of women-in-union needing family planning services not having access to it.



## Call to Action

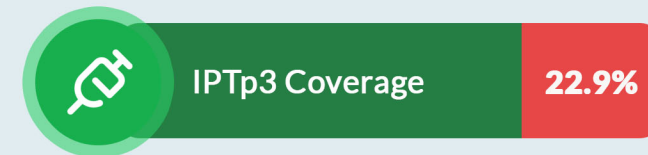
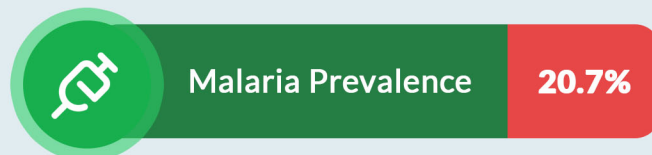
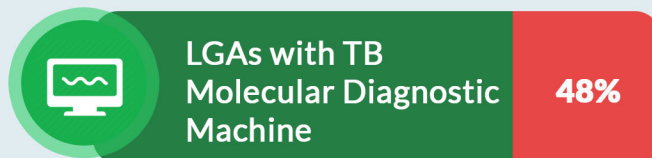
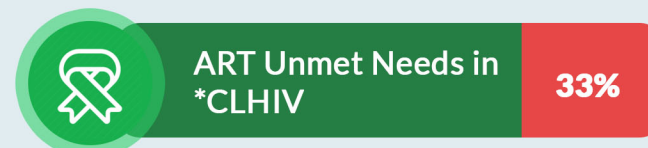
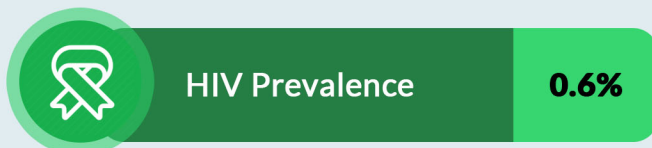
The State Government should:

1. Promote Exclusive Breast Feeding
2. Identify and address barriers to access and utilization of family planning, delivery, antenatal and immunization.

# Access and Service Utilization



The state has a 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 a quarter of its pregnant women.



## 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 +)

# Health Outcomes

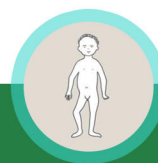


There is a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



Zero Dose Children

**99,979**



No. of Children with Stunting

**129,806**



No. of Children with Wasting

**20,061**



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

**4,352**



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

**9,689**



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

**13,573**



## Call to Action

The State Government urgently needs to prioritize investments in maternal and child healthcare services, including nutrition interventions, immunizations, and healthcare infrastructure 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 Niger state that the Government needs to sustain

S/N	Title	Description
1	GAVI	Leadership, Management and Coordination, Service Delivery, Demand Generation, Data management and Health information, Supply Chain and Logistics, and Human Resource for health.



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	CHAI	Immunization	12 LGAs
2	Association of Reproductive and Family Health	Malaria	25 LGAs
3	GAVI	Immunization & Health Systems Strengthening	25 LGAs
4	Bill and Melinda Gate Foundation	Improving PHC	25 LGAs
5	JHPIEGO	Immunization	25 LGAs
6	Malaria Consortium	Malaria	25 LGAs
7	Management Science for Health	Malaria	13 LGAs
8	Marie Stopes	Family Planning	25 LGAs

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	MITOSATH/ELMA ARISE PROJECT	Neglected Tropical Diseases	25 LGAs
10	Palladium Data FI	Disease Outbreak Response (IDSR)	25 LGAs
11	Society for Family Health	Maternal Health/Malaria	12 LGAs
12	United Nation International Children Emergency Fund (UNICEF)	Immunization and Community engagement	25 LGAs
13	White Ribbon Alliance	Advocacy and Communication	25 LGAs
14	Project Hope	Maternal Health	13 LGAs
15	World Bank (ANRiN)	Nutrition	25 LGAs

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
16	Sydani	Immunization/Health System Strengthening	12 LGAs
17	TLMI/GF	Tuberculosis and Leprosy	25 LGAs
18	USAID	HIV/AIDS/Immunization	25 LGAs
19	WHO	Immunization and Disease surveillance	25 LGAs

# Summary of Key Actions



## Health Facility Distribution

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

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;
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## Health Financing

The state should gradually work towards \$29\*(N12,000 approx.) per capita and invest more in health insurance.

## Health Insurance

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

## Primary Health Care Under One Roof

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.

# Summary of Key Actions



## Nutrition

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. Approve six months paid maternity leave

## Drug Management Agency

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.

## Access and Service Utilization

The State Government should:

1. Promote Exclusive Breast Feeding
2. Identify and address barriers to access and utilization of family planning, delivery, antenatal and immunization 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

The State Government urgently needs to prioritize investments in maternal and child healthcare services, including nutrition interventions, immunizations, and healthcare infrastructure 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.





## 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



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