



NIGERIA GOVERNORS' FORUM



Kebbi State Health Profile

Land of Equity





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 Kebbi State



Kebbi state, ranked 23rd in terms of population size and has a population density of 143 persons/km².



Created
27/08/1991



Land Mass
36,800km²



Population
5,278,368



LGAs
21



Political Wards
225



Under 1 Population
211,135



Under 5 Population
1,055,674



Women of Child Bearing Age
1,161,241

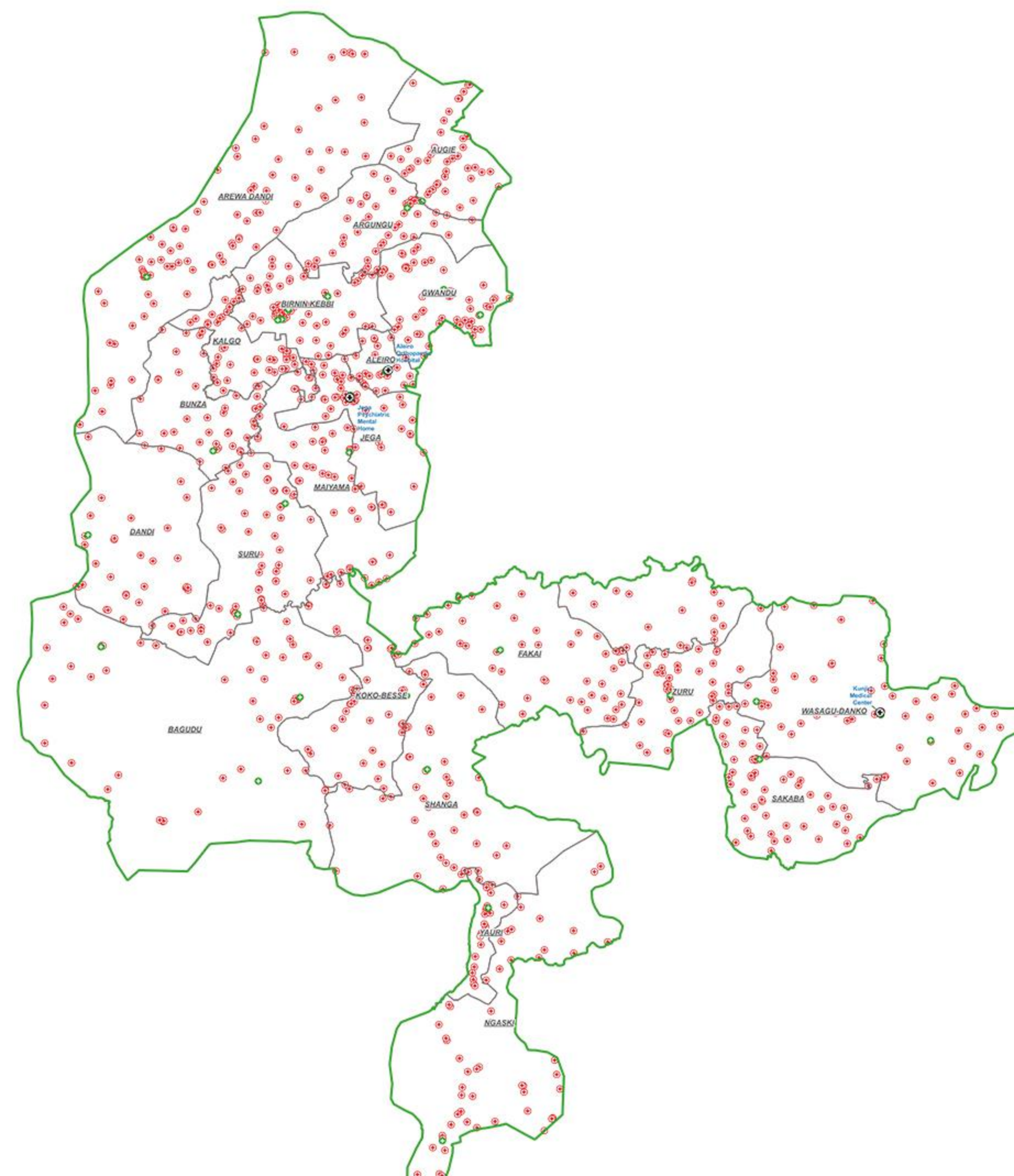


Pregnant Women
263,918

Health Facility Distribution



Kebbi 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 **946**

Public: 936

Private: 10

Secondary **62**

Public: 27

Private: 35

Tertiary **3**

Public: 3

Private: 0

**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	2	-	110
School(s) of Nursing & Midwifery	1	1	520
School(s) of Health Technology	1	22	1,150
School(s) of Pharmacy	-	-	-



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	186	<1	10
Nurses/Midwives	1,075	2.0	30
Community Health Workers	1,696	3	10
Pharmacists	59	<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



Kebbi 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 N1,383.50.

Allocation - FY 2022



Total State Budget

₦189.2 bn



Allocation to Health (%)

₦17.3 bn (9%)



Percentage Health Allocation to PHC

₦2.1 bn (12%)

Performance - FY 2022



State Budget Performance

₦89.7 bn

47%



Health Budget Performance

₦7.3 bn

42%



Health Expenditure Per Capita

₦1,383.50



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).
World Health Statistics 2018: Monitoring Health for the SDGs.

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



132,173

● 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



Kebbi 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.

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 Met
Release of Fund For Nutrition (2022)	No Data/Missing Validation
Availability of Multi-Sectoral Plan of Action For Nutrition	No Data/Missing Validation
Availability of Government-Owned Creche	No Data/Missing Validation
Approved Six Months Paid Maternity Leave	Target Not Met
Government Spending Greater than/Equal to Partner Spending	Target 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. Develop MSPAN and ensure prompt release of funds for its implementation.
3. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



I Kebbi state does not have a Drug Management Agency.

Scorecard

Indicator	Status
State Has Established An Autonomous DMA Backed By Law	
DMA Is Capitalized	
At Least 60% Of The Focal Ward PHCs Is Capitalized	
DMA Has Pharmagrade Warehouse With Adequate Capacity	
State Has A Single Supply Chain System	
State Manages Last Mile Delivery	

Target Not Met
 Target Met
 No Data



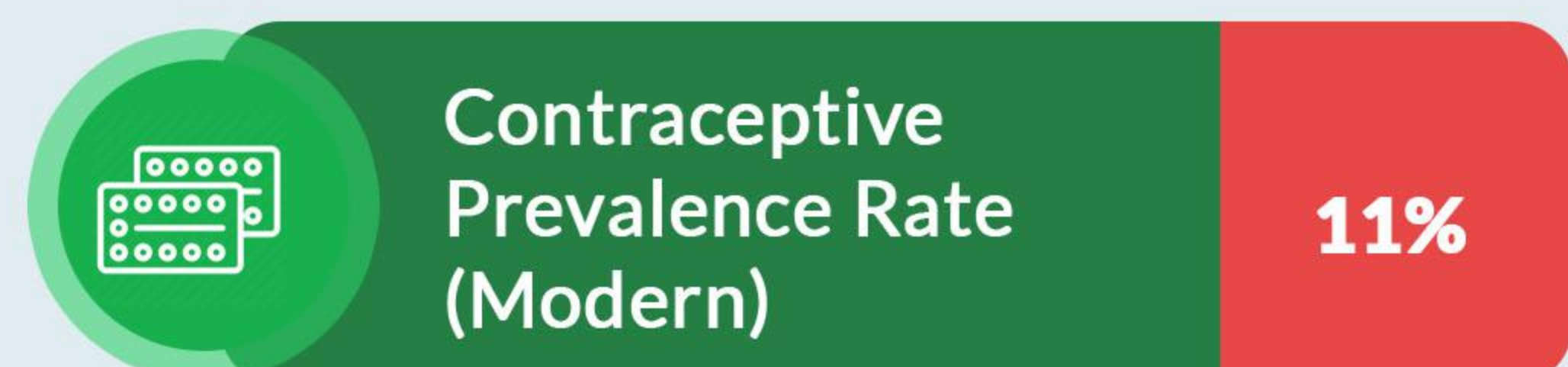
Call to Action

The State Government to urgently set up a 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; access to family planning is low with about 17% of women-in-union needing family planning services not having access to it.



Call to Action

The State Government should identify and address barriers to access and utilization of antenatal, immunization, delivery and family planning service.

Access and Service Utilization



The state has high network of TB molecular diagnostic machine however there is high unmet needs in terms of treatment for Cchildren living with HIV and only provides 3 doses of malaria prophylaxis for a third of its pregnant women.



HIV Prevalence

0.6%



ART Unmet Needs in
*CLHIV

84%



LGAs with TB
Molecular Diagnostic
Machine

71%



TB Treatment
Coverage

70%



Malaria Prevalence

49.0%



IPTp3 Coverage

31.4%



New Cases of
Hypertension

17,921



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

86,918



No. of Children with Stunting

351,304



No. of Children with Wasting

40,176



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

7,477



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

16,472



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

30,866



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 Kebbi 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.
2.	Free cancer screening project	Free screening for Breast, Cervical and Prostate Cancer
3.	Free and Subsidized Cancer Treatment project (under the State Cancer Control	Free and Subsidized treatment (Breast, Cervical prostate, and other Cancers)
4.	Indigent Cancer Fund	Provides Financial Support to Cancer Patients in the State
5.	MPCDSR and QoC (Maternal, Perinatal and Child death surveillance	To improve on quality of maternal and child healthcare to reduce maternal and child morbidity and mortality.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Clinton Health Access Initiative	Capacity Building and Service Delivery	21 LGAs
2	Engender Health	Maternal/Reproductive Health	21 LGAs
3	GAIN	Food & Nutrition	21 LGAs
4	GAIN	Immunization & Health Systems Strengthening	21 LGAs
5	Global Health Supply Chain	Drugs/Equipment Intervention	21 LGAs
6	HSCL ACE3	HIV/AIDs Intervention	21 LGAs
7	Malaria Consortium	Malaria	21 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
8	Management Science for Health	Health system Strengthening and Service Delivery	21 LGAs
9	Marie Stopes International	Family Planning	21 LGAs
10	MEDCARE CANCER FOUNDATION	Cancer Intervention	21 LGAs
11	Nutrition International	Children Nutrition	21 LGAs
12	SHARP-3	HIV	21 LGAs
13	Sight Savers International	Neglected Tropical Diseases	21 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
14	Society for Family Health (STL)	Control of Epidemic (HIV)	21 LGAs
15	UNICEF	MNCH-N	21 LGAs
16	USAID (Breakthrough Action Nigeria)	Demand Creation	21 LGAs
17	USAID (Global Health Supply Chain Program)	Supply Chain	21 LGAs
18	USAID (HWMA)	Manpower/Personnel Strengthening	21 LGAs
19	USAID (IHP)	System Strengthening	21 LGAs
20	WHO	Vaccines/service Delivery	21 LGAs

Summary of Key Actions



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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.

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