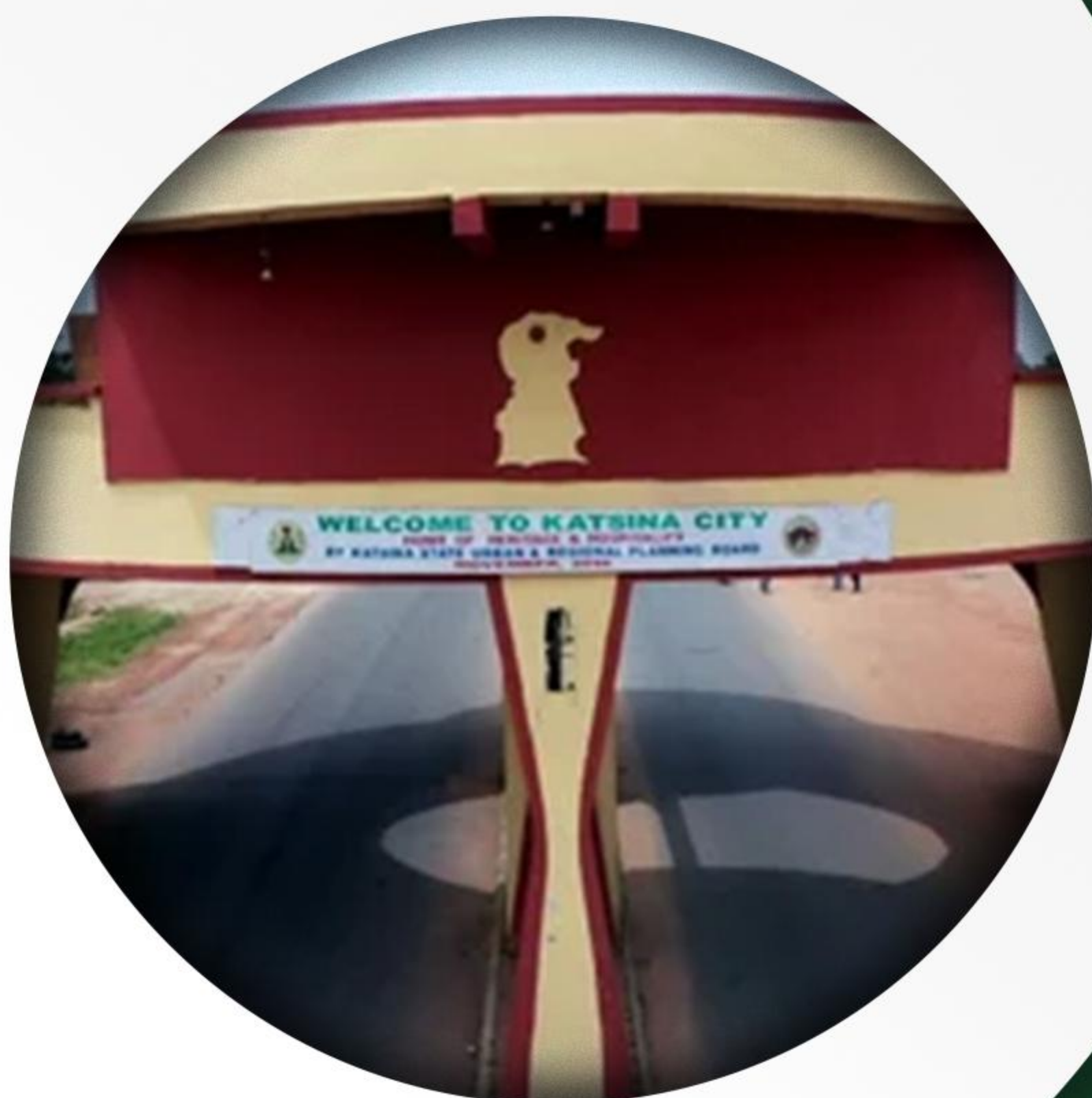




NIGERIA GOVERNORS' FORUM



Katsina State Health Profile

Home of Hospitality





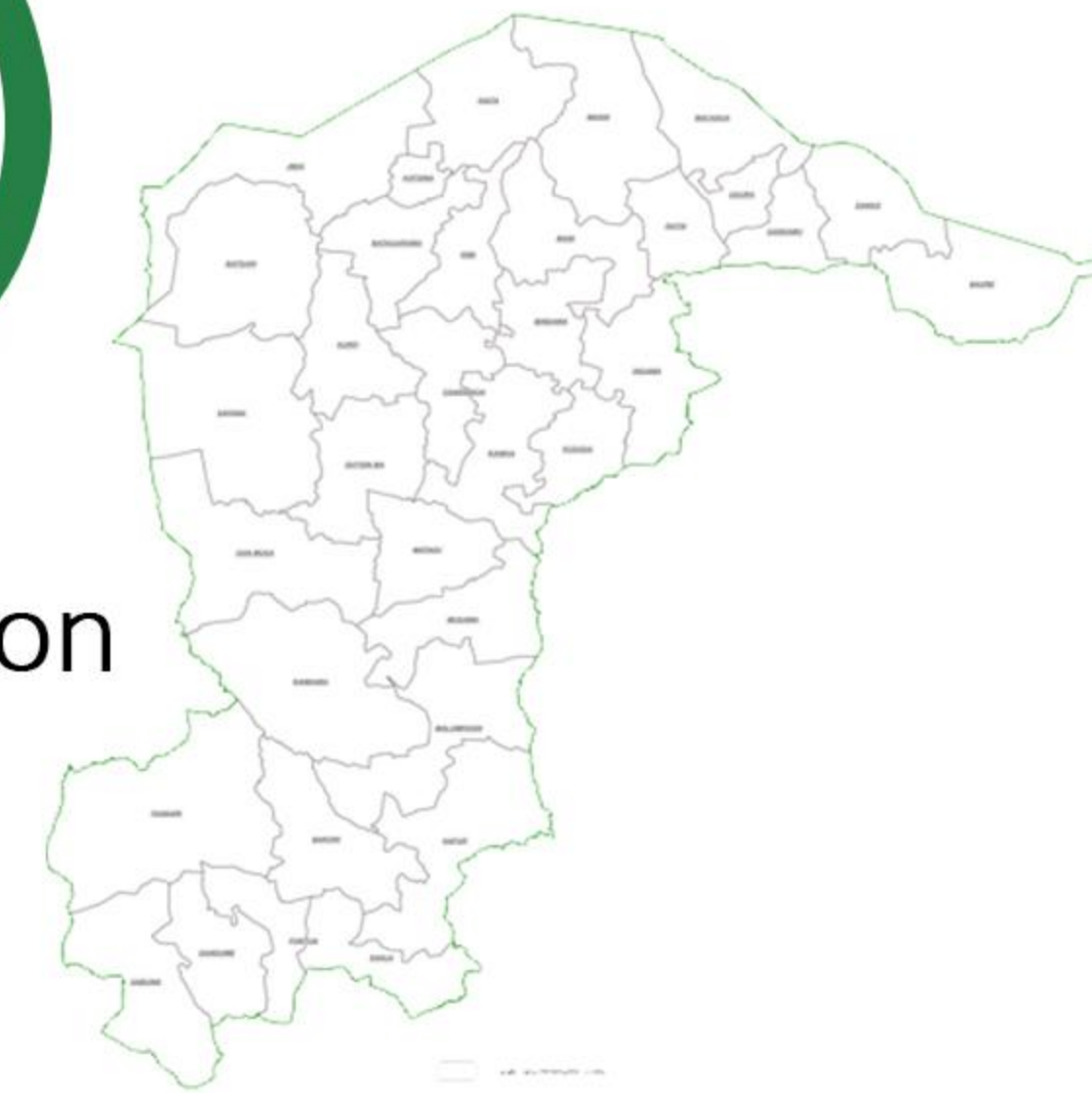
Your Excellency,

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 Katsina State



Katsina state, ranked 4th in terms of population size and has a population density of 384 persons/km².



Created
23/09/1987



Land Mass
24,192 km²



Population
9,295,387



LGAs
34



Political Wards
361



Under 1 Population
371,815



Under 5 Population
1,859,077



Women of Child Bearing Age
2,044,985

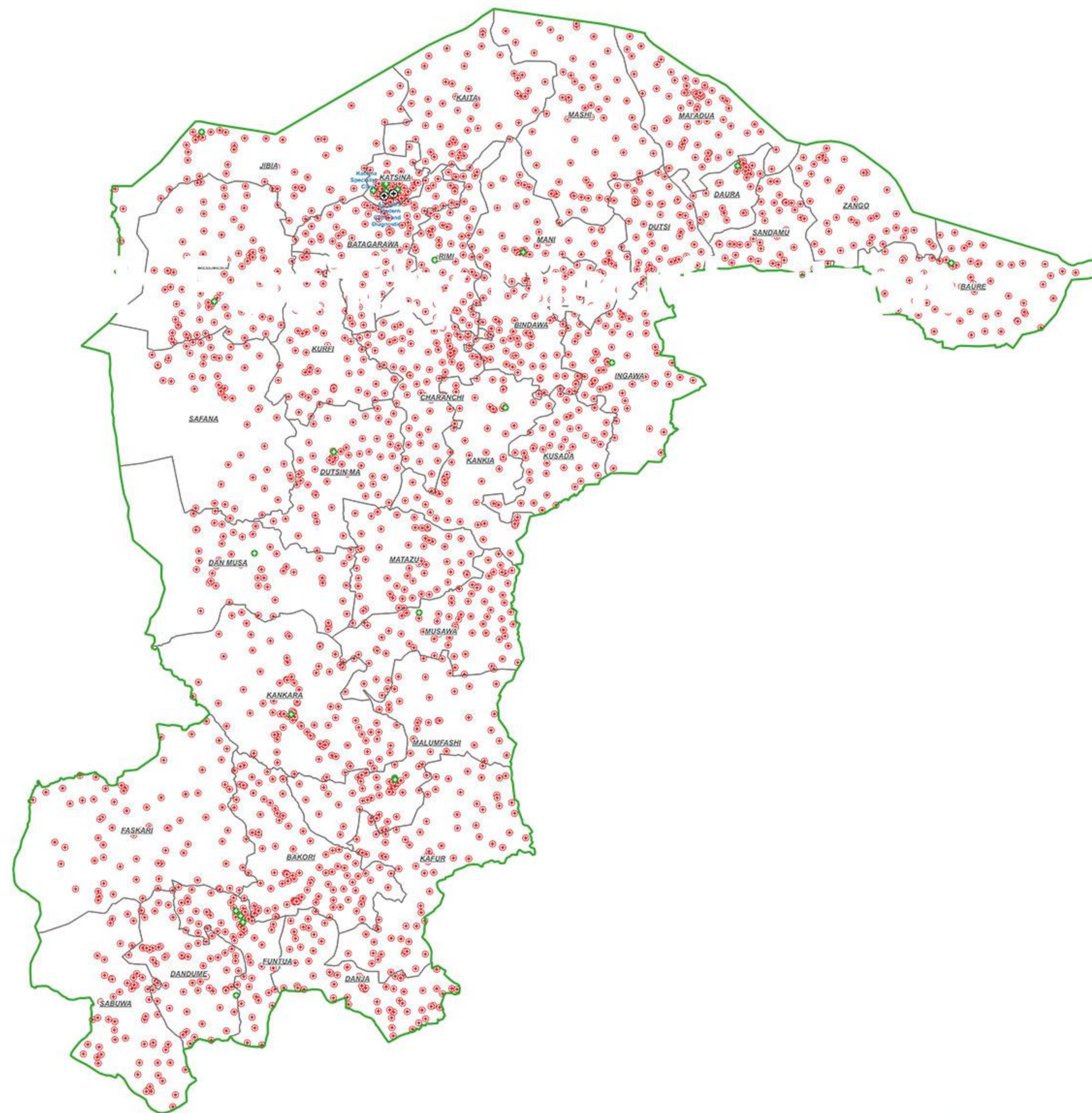


Pregnant Women
464,769

Health Facility Distribution



Katsina 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** **1,925**

Public: 1,760 Private: 165

🏠 **Secondary** **52**

Public: 33 Private: 19

🏠 **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	1	0	50
School(s) of Nursing & Midwifery	2	2	590
School(s) of Health Technology	2	19	1,510
School(s) of Pharmacy	-	-	-



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	297	<1	10
Nurses/Midwives	1,322	1.4	30
Community Health Workers	1,540	2	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



Katsina state allocated 12% (close to Abuja target) of its annual budget to health but the release is poor with a per capita expenditure on health of N2,524.40; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦323.3 bn



Allocation to Health (%)

₦39.7 bn (12%)



Percentage Health Allocation to PHC

₦4.3 bn (11%)

Performance - FY 2022



State Budget Performance

₦156.7 bn

48%



Health Budget Performance

₦23.5 bn

59%



Health Expenditure Per Capita

₦2,524.40



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. 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



669,303

● Target Not Met

● Target Met

● No Data



Call to Action

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

PHCUOR Scorecard

Primary Health Care Under One Roof



Katsina 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 commitments to the 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 (MSPAN)	Target Not Met
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 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. Develop MSPAN and ensure prompt release of funds for its implementation.
3. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



I Katsina state has a Drug Management Agency that is backed by law.

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



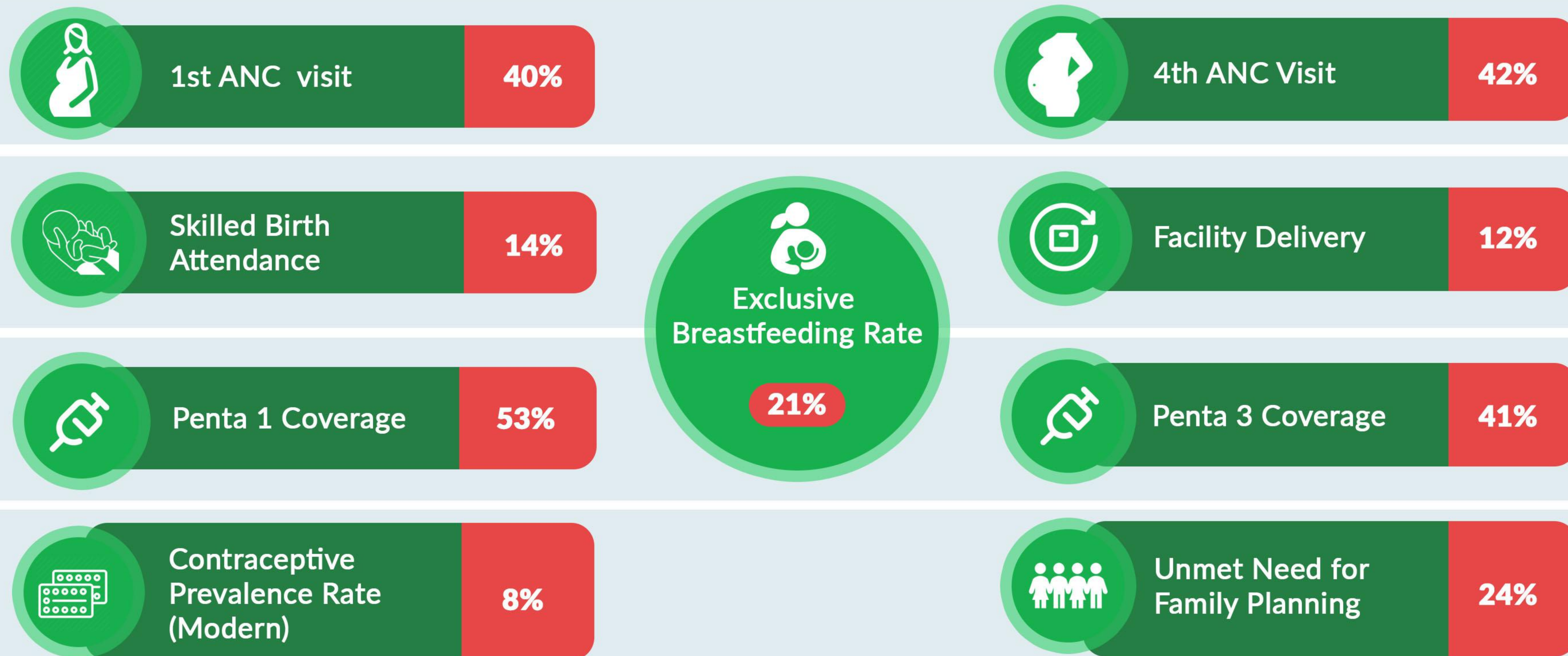
Call to Action

The State Government should upgrade the ware house to meet the minimum standard requirement and establish a functional last mile delivery system.

Access and Service Utilization...



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



Call to Action

The State Government should Identify and address barriers to access and utilization of family planning, antenatal, delivery, immunization services and exclusive breastfeeding practices.

Access and Service Utilization



The state has high unmet needs in terms of Treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for a third of its pregnant women.



HIV Prevalence

0.3%



ART Unmet Needs in
*CLHIV

82%



LGAs with TB
Molecular Diagnostic
Machine

62%



TB Treatment
Coverage

88%



Malaria Prevalence

29.3%



IPTp3 Coverage

30.2%



New Cases of
Hypertension

36,756



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. The state has the second highest number of under five deaths in Nigeria.



Zero Dose Children

187,893



No. of Children with Stunting

592,984



No. of Children with Wasting

28,080



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

14,960



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

27,011



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

48,194



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 Katsina 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	AFENET	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	24 LGAs
2	Alliance for International Medical Action	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	1 LGA
3	CDC/NSTOP	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	24 LGAs
4	Clinton Health Access Initiative	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
5	Core Group	Communicable Diseases (Malaria, Tb, Leprosy, HIV/AIDS) and Neglected Tropical Diseases	34 LGAs
6	GAVI	Immunization & Health Systems Strengthening	34 LGAs
7	Global Fund	Communicable Diseases (Malaria, Tb, Leprosy, HIV/AIDS) and Neglected Tropical Diseases	34 LGAs
8	Hellen Keller International	Communicable Diseases (Malaria, Tb, Leprosy, HIV/AIDS) and Neglected Tropical Diseases	34 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	Institute of Human Virology Nigeria	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
10	International Committee of the Red Cross	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
11	KNCV	Communicable Diseases (Malaria, Tb, Leprosy, HIV/AIDS) and Neglected Tropical Diseases	34 LGAs
12	Management Science for Health	Communicable Diseases (Malaria, Tb, Leprosy, HIV/AIDS) and Neglected Tropical Diseases	34 LGAs
13	Marie Stopes International	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
14	Medecins Sans Frontieres	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	3 LGAs
15	NEW IN	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	24 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
16	Nutrition International	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
17	Oral Health	Non-Communicable Disease, Care of the Elderly, Mental Health, Oral Health, Eye Healthcare	34 LGAs
18	Save the Children International	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
19	Society for Family Health	Communicable Diseases (Malaria, Tb, Leprosy, HIV/AIDS) and Neglected Tropical Diseases	34 LGAs
20	SURVIVE FISTULA	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
21	UNICEF	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs
22	WHO	Reproductive, Maternal, Newborn, Child, Adolescent Health Services & Nutrition	34 LGAs

Summary of Key Actions



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Access and Service Utilization

The State Government should Identify and address barriers to access and utilization of family planning, antenatal, delivery, immunization services and exclusive breastfeeding.

Also, 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.

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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



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