



NIGERIA GOVERNORS' FORUM



Kaduna State Health Profile Centre of Learning



Universal Health Coverage



RI/Polio Eradication



Nutrition



Health Security



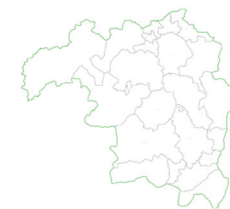
Your Excellency,

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 Kaduna State



Kaduna state, ranked 3rd in terms of population size and has a population density of 211 persons/km².



Created

27/05/1967



Land Mass

46,053km²



Population

9,735,051



LGAs

23



Political Wards

255



Under 1 Population

389,402



Under 5 Population

1,947,010



Women of Child Bearing Age

2,141,711



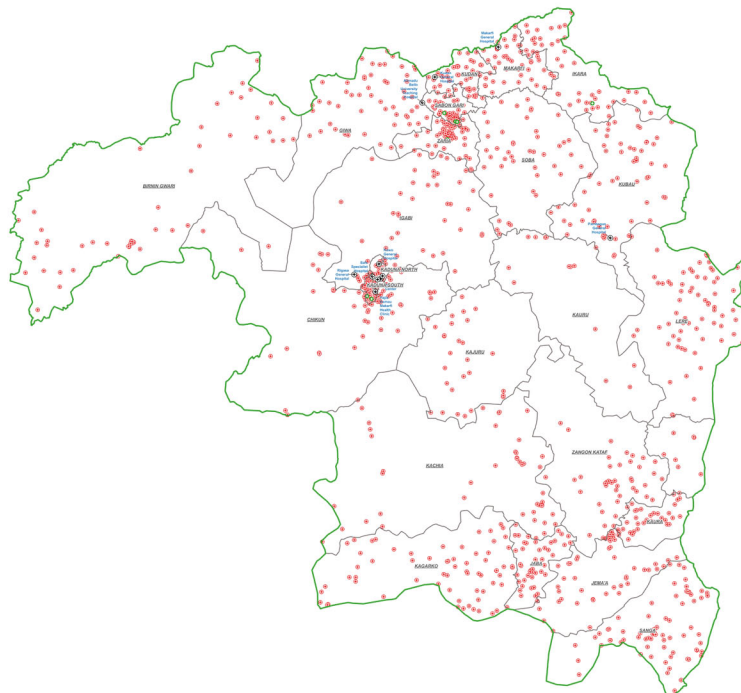
Pregnant Women

486,753

Health Facility Distribution



Kaduna 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 **1720**

Public: 1112 Private: 608

Secondary **211**

Public: 37 Private: 174

Tertiary **7**

Public: 7 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	0	180
School(s) of Nursing & Midwifery	6	3	550
School(s) of Health Technology	3	13	5200
School(s) of Pharmacy	2	0	80



Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target (WHO)
Doctors	566	<1	10
Nurses/Midwives	2411	2.5	30
Community Health Workers	2415	2	10
Pharmacists	99	<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



Kaduna state has met it's 15% 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 N3,201.30; this may have contributed to some of the poor health outcomes

Allocation - FY 2022



Total State Budget

₦278.6 bn



Allocation to Health (%)

₦40.5 bn (15%)



Percentage Health Allocation to PHC

₦8.1 bn (20%)

Performance - FY 2022

State Budget Performance



₦254.9 bn

91%

Health Budget Performance



₦31.2 bn

77%

Health Expenditure Per Capita



₦3,201.30



Call to Action

The state should sustain the budgetary allocation and release to health and work towards \$29* (₦12,000 approx.) per capita.

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 employee contribution for the formal sector, however, the non-release of Government contribution 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



506,834

- Target Not Met
- Target Met
- No Data



Call to Action

The State Government to fast-track government contribution into the scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Kaduna State Government is performing well in its implementation of the Primary Health Care Under One Roof policy. However, it is yet to complete the repositioning of its staff and program.

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 to ensure that:

1. 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. However, the state does not have a nutrition department in relevant MDAs.

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); and ensure timely release of funds for the implementation of MSPAN.

Drug Management Agency (DMA) Scorecard



I Kaduna state has a drug management agency.

Scorecard

Indicator	Status
State Has Established An Autonomous DMA Backed By Law	Target Met
DMA Is Capitalized	Target 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 Met
State Manages Last Mile Delivery	Target Met

- Target Not Met
- Target Met
- No Data



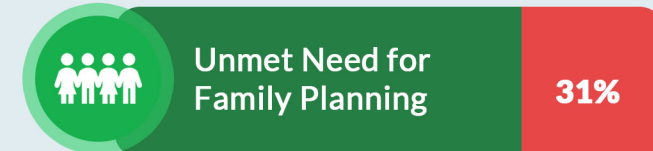
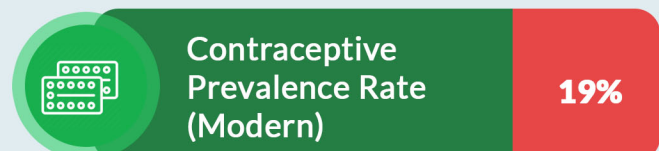
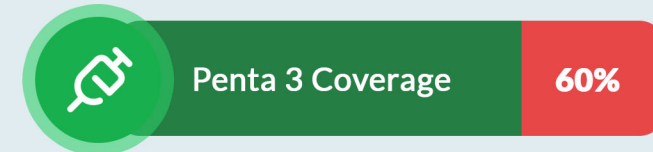
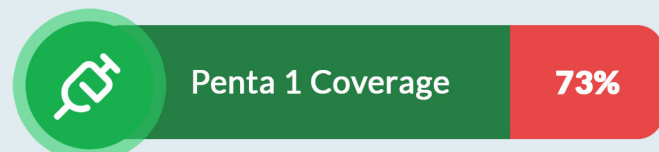
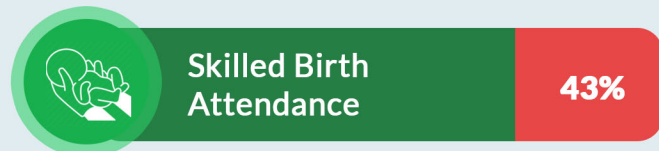
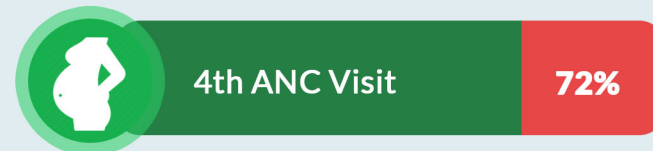
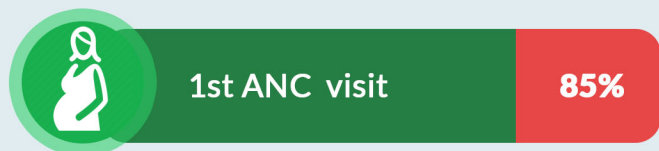
Call to Action

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 fair access to and utilization of antenatal and immunization services while access to family planning and delivery service are low with less than half of children under 6 month of age being exclusively breastfed.



Call to Action

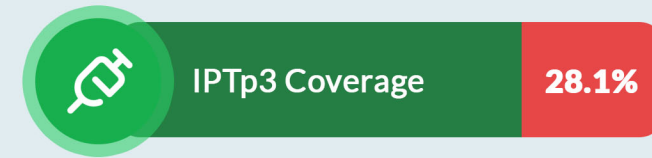
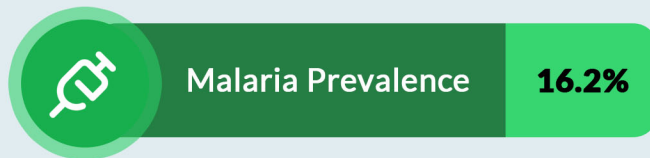
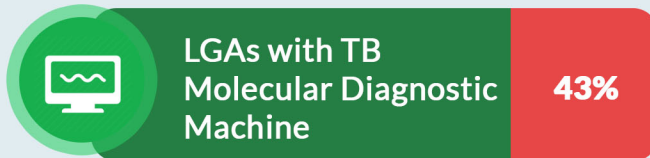
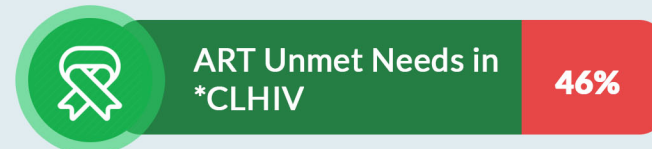
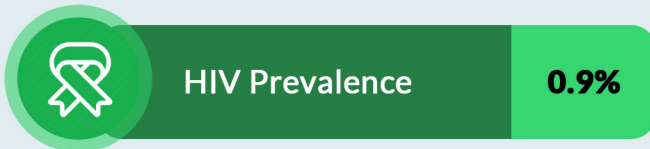
The State Government should:

1. Promote exclusive breastfeeding.
2. Identify and address barriers to access and utilization of family planning, delivery, antenatal and immunization.

Access and Service Utilization



The state has high unmet needs in terms of diagnostics for TB patients, Treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for half 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 +)
Reference: HIV health Sector Report 2021, NTBLCP, NMEP, DHIS2

Health Outcomes

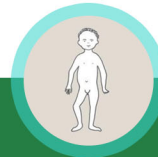


There a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state. The state has the third highest number of deaths in children before their 5th birthday.



Zero Dose Children

96,225



No. of Children with Stunting

382,306



No. of Children with Wasting

19,029



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

14,962



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

23,101



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

40,250



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 Kaduna state that the Government needs to sustain.

S/N	Title	Description
1	Zipline Drone Delivery	This is a partnership between Kaduna State and Zipline for the prompt delivery of drugs, vaccines, blood and blood products and other health technologies especially to hard-to-reach health facilities using drones.
2	Partnership with Pharmaceutical Manufacturers Group of Manufacturers Association of Nigeria (PMG-MAN)	This is a partnership between Kaduna State and PMG-MAN for the manufacturing of potent generic drugs to be supplied to health facilities to reduce the incident of out of stock of health commodities at the health facilities and reduce the incident of fake and counterfeit drugs.
3	MOU with Sanofi	This is a partnership with Sanofi to support Kaduna State in training staff on the management of diabetes melitus and its complications.

Flagship Projects



S/N	Title	Description
4	Partnership with Digital Quest/Interswitch/Elephan	This is a partnership with Digital quest Interswitch and Elephant health at Tertiary, Secondary and Primary health care level respectively for the provision of Electronic Medical Record to improve efficiency, safety, and prompt retrieval of patient medical information for effective patient management
5	Partnership with University of Lahore and BDTH	The partnership involved training of medical Staff on current maternal and child health best practices, this training is provided free to the participants who are mainly paediatricians and Obstetricians & Gynaecologists
6	Public Private Partnership (PPP) with DNA Lab, Ithsmus Pharmacy and Premium care	These are PPP in BDTH with DNA Lab, Ithsmus Pharmacy and Premium care on Laboratory services, Pharmacy and Accident and Emergency services respectively

Flagship Projects



S/N	Title	Description
7	Partnership on Sickle cell with	<p>Partnerships with:</p> <ul style="list-style-type: none">• Vanderfield University and National Initiative for Health (NIH) USA Meriland and BDTH• African Research Innovative Initiative for Sickle Cell (ARIIS) <p>Provision of technical and financial support for Sickle cell research and training to strengthen BDTH towards becoming a Sickle cell research institute.</p>

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Aliko Dangote	Health System Strengthening	State wide
2	BMGF	Health System Strengthening	State wide
3	Center for Integrated Health Programs	Reproductive Maternal and Child Health	State wide
4	Clinton Health Access Initiative	PHC System Strengthening, Health Financing, Vaccine, Maternal and Child Health and Oxygen Availability	State wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
5	DGI Consult	Technical Support	State wide
6	DOS Center	Technical Support	State wide
7	FCDO (Lafiya)	Technical Support and System Strengthening	State wide
8	Global Fund	Malaria, HIV and TB	State wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	Hope For The Village Child Foundation	Support To Kaduna State for the Prevention of Rickets	Chikun LGA
10	HSDf	Technical Support	SPHCB
11	Malaria Consortium	Provide Support on Malaria Preventive Activities Especially Seasonal Malaria Chemoprevention (SMC)	State wide
12	Marie Stopes International	Modern Contraceptive Coverage	11 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
13	PERL	Health System Strengthening	State wide
14	Resilience for	Provides Support in the Areas of Tuberculosis, Malaria and Health Management Information	State wide
15	Sight Savers International	Eye Care and Support for People Leaving with Disability	State wide
16	UNFPA	Modern Family Planning Coverage, Maternal Health, and Gender Base Violence	State wide

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
17	UNICEF	Technical Support and Child Health	State wide
18	WHO	Routine Immunization and Technical Support	State wide

Summary of Key Actions



Health Facility Distribution

The state government should:

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

Health Insurance

The State Government to fast-track government contribution into the scheme.

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The State Government should:

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The State Government should also ensure 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.

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