



NIGERIA GOVERNORS' FORUM



Jigawa State Health Profile

The New World





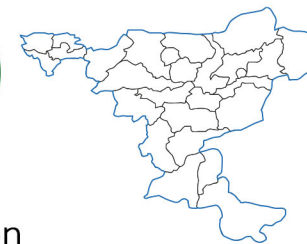
Your Excellency,

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 Jigawa State



Jigawa state, ranked 8th in terms of population size and has a population density of 687 persons/km².



Created
27/08/1991



Land Mass
23,154km²



Population
6,870,689



LGAs
27



Political Wards
287



Under 1 Population
274,828



Under 5 Population
1,374,138



Women of Child Bearing Age
1,511,552

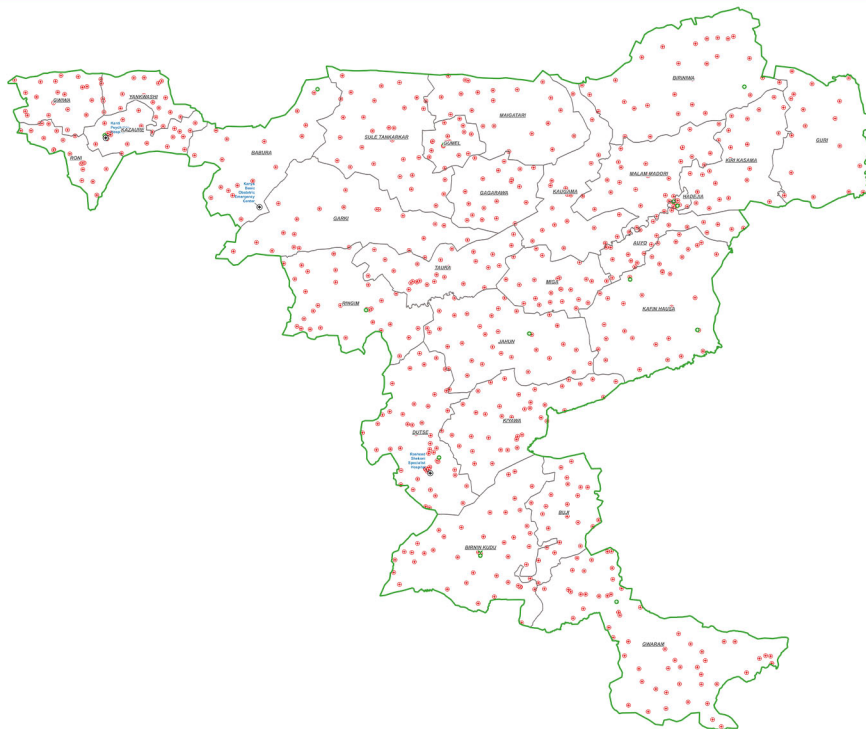


Pregnant Women
343,534

Health Facility Distribution



Jigawa 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 **776**

Public: 759

Private: 17

Secondary **39**

Public: 20

Private: 19

Tertiary **4**

Public: 4

Private: 0

**Health Facility
Per Capita**

**1/10,000
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	100
School(s) of Nursing & Midwifery	3	1	700
School(s) of Health Technology	1	6	720
School(s) of Pharmacy	0	0	0



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	142	<1	10
Nurses/Midwives	1194	1.7	30
Community Health Workers	4310	6	10
Pharmacists	61	<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



Jigawa state has met the Abuja declaration of 15% budgetary allocation to health and also has a good budgetary release. However, the per capita expenditure on health of N3,322.10 is low.

Allocation - FY 2022



Total State Budget

₦177.8 bn



Allocation to Health (%)

₦28.7 bn (16%)



Percentage Health Allocation to PHC

₦7.5 bn (26%)

Performance - FY 2022



State Budget Performance

₦136.2 bn

77%



Health Budget Performance

₦22.8 bn

80%



Health Expenditure Per Capita

₦3,322.10



Call to Action

The State Government should sustain its good budgetary allocation and release to health as well as work towards \$29*(N12,000 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 has been employee contribution for the formal sector, however, the non-release of equity fund and 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



5,000

- 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 contribution into the scheme.



Jigawa state has performed well in its implementation of the Primary Health Care Under One Roof policy. However, the state is yet to complete its repositioning of staff and programs.

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. 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);
2. Ensure timely release of funds to implement programmes in the MSPAN.
3. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



Jigawa state has a drug management agency, however, the state does not have a single supply chain and a pharma grade warehouse.

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



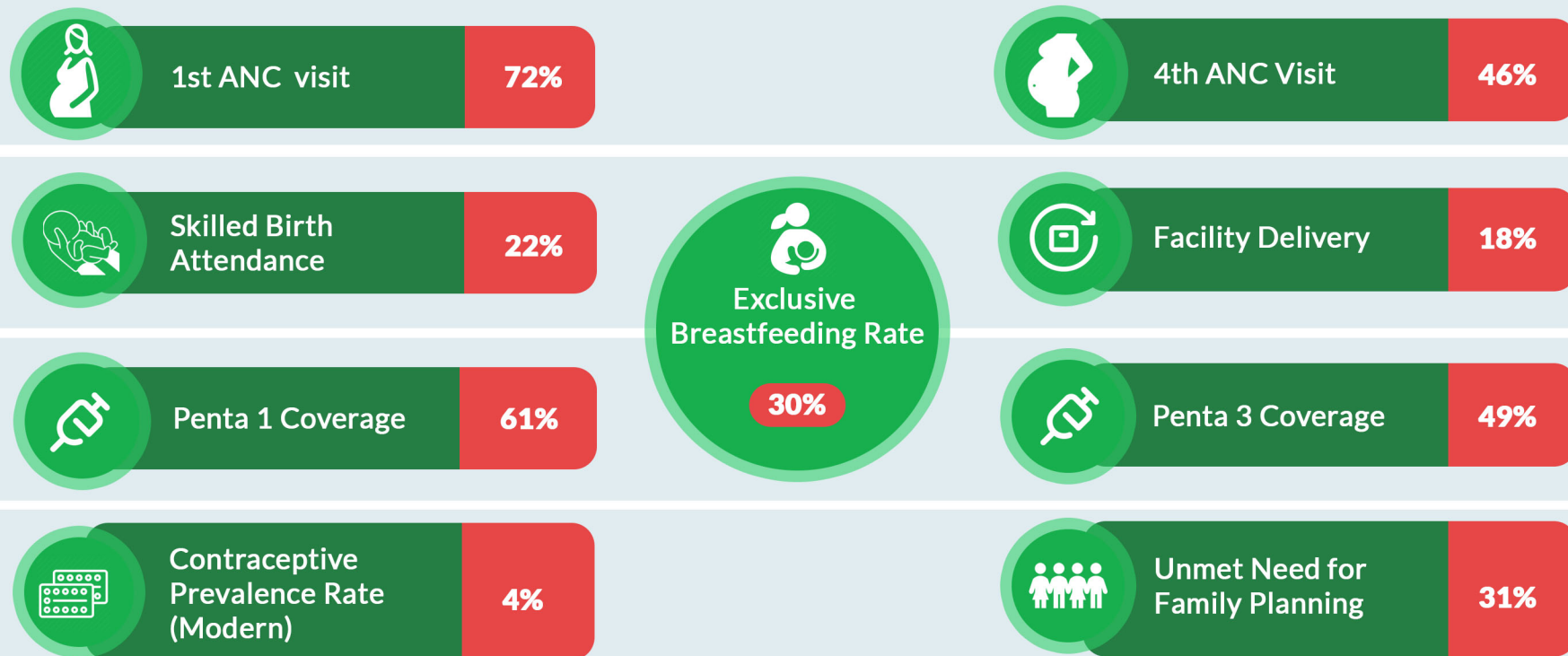
Call to Action

The State Government should set up a single supply chain and a pharma grade warehouse with adequate capacity 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, immunization and family planning services; with about a third of children under 6 months of age being exclusively breastfed.



Call to Action

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

Access and Service Utilization



The state has a low network of TB Molecular Diagnostic Machine, 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

0.3%



ART Unmet Needs in
*CLHIV

80%



LGAs with TB
Molecular Diagnostic
Machine

67%



TB Treatment
Coverage

34%



Malaria Prevalence

25.4%



IPTp3 Coverage

28.5%



New Cases of
Hypertension

47,087



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, NTBLC, NMEP, DHIS2

Health Outcomes

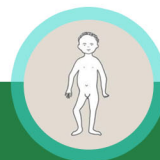


There a significant number of zero-dose children, high numbers of children with stunting & wasting, and an unacceptably highly childhood mortality in state.



Zero Dose Children

111,892



No. of Children with Stunting

441,236



No. of Children with Wasting

35,544



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

11,774



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

21,222



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

39,054



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 Jigawa 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.	Foundation Year Program	Training secondary school graduates across hard-to-reach areas within the state to ensure availability of HRH and service provision within those areas.
3.	Emergency Transport Scheme	Specialized referral system aimed at providing transportation services for pregnant women living in hard-to-reach areas from their houses to the nearest healthcare facility.
4.	Scholarship Program for Indigenes	Free scholarship for indigenes of the state who are admitted into any public university in Nigeria (undergraduate or postgraduate) to study any health-related course, after which they come back to the state to work for the number of years they benefited from the scheme.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	FCDO-LAFIYA	Health Systems Strengthening	-
2	GAVI	Immunization & Health Systems Strengthening	All LGAs
3	Malaria Consortium	Malaria Control	-
4	Save the Children	Child Health	-
5	UNICEF	Nutrition, Immunization	-
6	WHO	Public Health & Disease Control	-

Summary of Key Actions



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Drug Management Agency

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Access and Service Utilization

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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.

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