

# NIGERIA GOVERNORS' FORUM



## Enugu State Health Profile

The Coal City





*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 Enugu State



Enugu state, ranked 22nd in terms of population size and has a population density of 730 persons/km<sup>2</sup>.



Created  
27/08/1991



Land Mass  
7,161km<sup>2</sup>



Population  
5,227,007



LGAs  
17



Political Wards  
261



Under 1 Population  
209,080



Under 5 Population  
1,045,401



Women of Child Bearing Age  
1,149,942

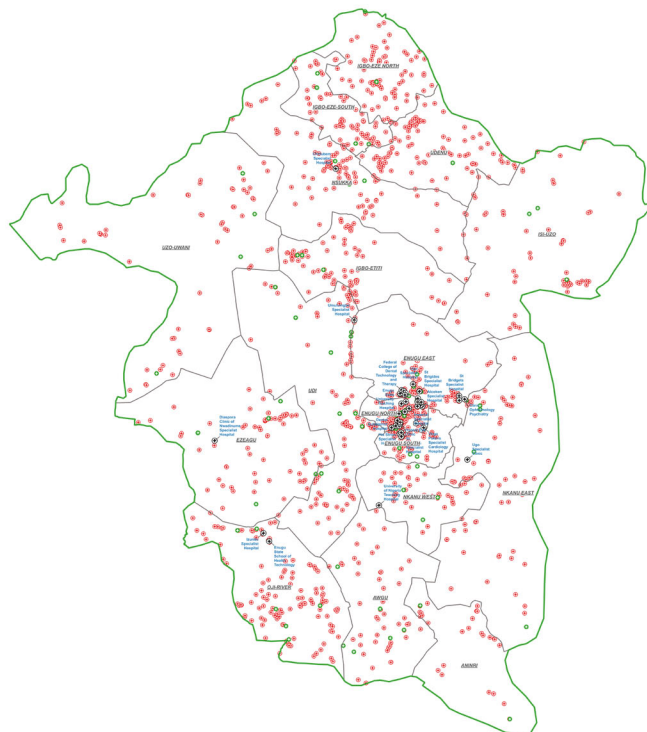


Pregnant Women  
261,350

# Health Facility Distribution



Enugu 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** **518**

Public: 518

Private: 0

**Secondary** **540**

Public: 54

Private: 486

**Tertiary** **5**

Public: 5

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	230
School(s) of Nursing & Midwifery	15	3	755
School(s) of Health Technology	5	10	2180
School(s) of Pharmacy	2	0	300



## Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	32	<1	10
Nurses/Midwives	1290	2.5	30
Community Health Workers	1049	2	10
Pharmacists	185	<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



Enugu state is not investing adequately in health as evidenced by poor budgetary release and a per capita expenditure on health of N1,989.30; this may have contributed to some of the poor health outcomes in the state.

## Allocation - FY 2022



### Total State Budget

₦186.6 bn



### Allocation to Health (%)

₦19.8 bn (11%)



### Percentage Health Allocation to PHC

₦1.9 bn (10%)

## Performance - FY 2022

### State Budget Performance



₦102.7bn

55%

### Health Budget Performance



₦10.4 bn

52%

### Health Expenditure Per Capita



₦1,989.30



## 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



**151,525**

● 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



Enugu state is implementing the Primary Health Care Under One Roof policy. However there is no investment plan and the state is yet to complete 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 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 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 6 months paid maternity leave.
3. Ensure timely release of funds for the implementation of the MSPAN.



# Drug Management Agency (DMA) Scorecard



| Enugu state does not have a drug management agency.

## Scorecard

Indicator	Status
State Has Established An Autonomous DMA Backed By Law	Target Not 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 Not Met
State Has A Single Supply Chain System	Target Not Met
State Manages Last Mile Delivery	Target Not Met

● Target Not Met  
● Target Met  
● No Data



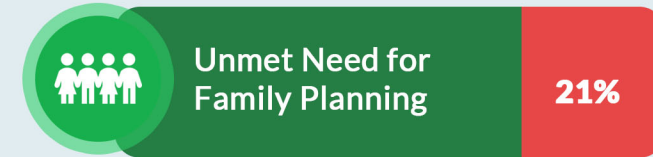
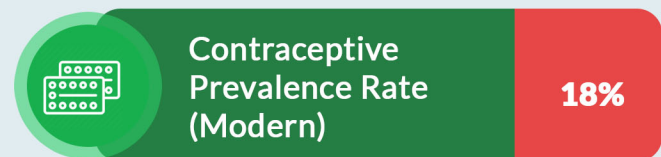
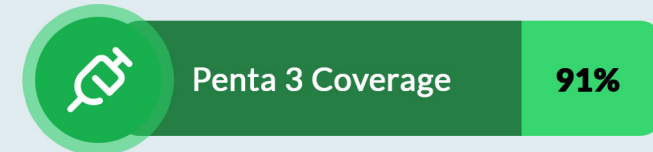
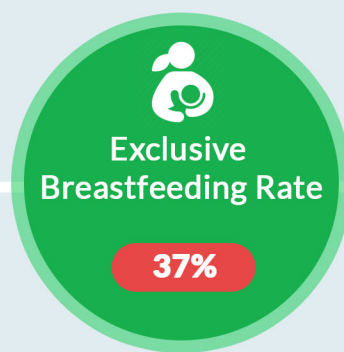
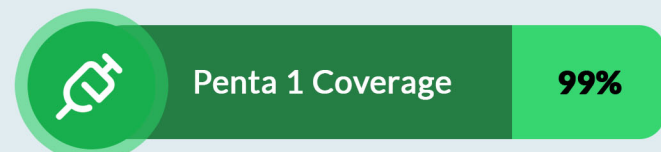
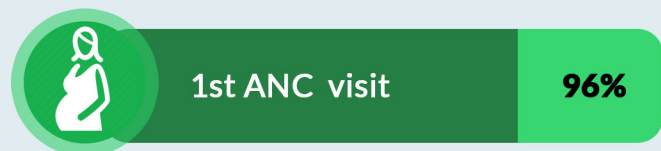
## Call to Action

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 good access to and utilization of antenatal and immunization services however access to family planning is low with about one-fifth of women-in-union needing family planning services not having access to it.



### Call to Action

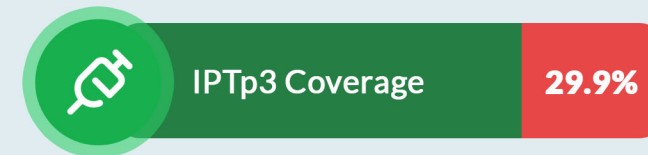
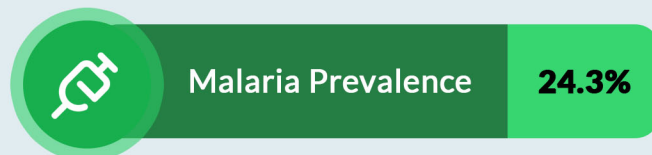
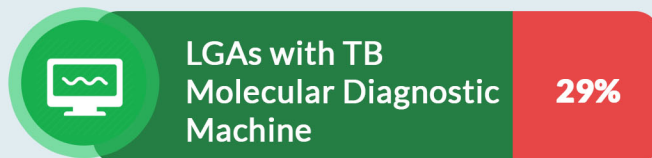
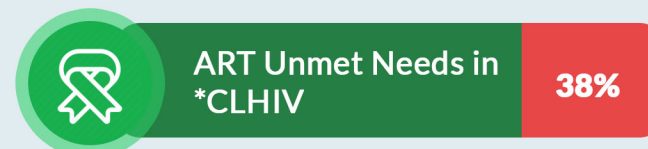
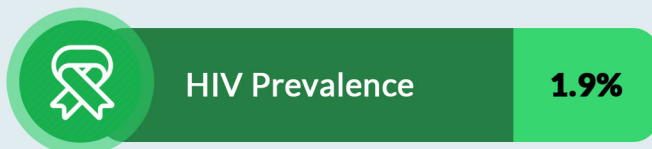
The state government should:

1. Sustain its performance on antenatal and immunization services.
2. Identify and address barriers to access and utilization of family planning services.

# 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, NTBLC, NMEP, DHIS2

# Health Outcomes

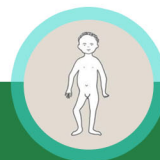


Despite the progress in immunization there are pockets of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



Zero Dose Children

**2,762**



No. of Children with Stunting

**41,797**



No. of Children with Wasting

**13,004**



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

**1,365**



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

**4,096**



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

**10,923**



## 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 Enugu state that the Government needs to sustain.

S/N	Title	Description
1	State University of Medical and Applied Sciences	First of its kind and a sure source of Human Resources for Health for the state and beyond.



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	CARITAS CATHOLIC FOUNDATION OF NIGERIA	Tuberculosis, HIV/AIDS	17 LGAs
2	Carter Foundation GERMAN LEPROSY AND TB RELIEF ASSOCIATION	Elimination of NTDs - River Blindness (Onchocerciasis); Lymphatic Filariasis; Schistosomiasis and others Leprosy and Buruli Ulcer	17 LGAs
3	I-AIHD	HIV/AIDS Prevention and Care; Sexual and reproductive health Gender and human Right	17 LGAs
4	Marie Stopes International	Prevention of STIs; Family Planning; Cervical Cancer Screening & treatment; Youth Friendly Health Services; and other Sexually/Reproductive Health Services	17 LGAs

# Partner Mapping



5	Integrate-E	<p>Family Planning; Primary targets are women and communities;</p> <p>Support PCN to design and pilot the PPMV tiered</p> <p>Revision of TSTS policy and domestication in focal states;</p> <p>Improve professional capacity of CPs and PPMVs by providing FP Training;</p> <p>Stimulate demand for services through adolescent people programing.- digital demand generation;</p> <p>Research Monitoring and Evaluation.</p>	17 LGAs
6	Planned Parenthood Foundation Of Nigeria	<p>Prevention of STIs; Family Planning; Cervical Cancer Screening &amp; treatment; Youth Friendly Health Services; and other Sexually/Reproductive Health Services</p>	17 LGAs
7	UNICEF	<p>TECHNICAL &amp; FINANCIAL SUPPORT FOR ALL PROGRAMS: Child Survival Development- Nutrition; WASH; Child Protection; Education, HIV, Social Policy, Emergency etc</p>	17 LGAs

# Partner Mapping



8

Water Aid

Water – Provision of Water Facilities using the Kiosk Management Model

Sanitation

Hygiene – Large Scale Hygiene Promotion and expose target populations multiple times to different components, Promote WHO-recommended behaviours (hand washing with soap and water, physical distancing, respiratory hygiene, cleanliness, referral etc

17 LGAs

9

WHO

PEP, Surveillance and EPR (UCN, TB, VPDs, TVDs, HIV, Viral Hepatitis);

PHC Revitalization including NCDs and Healthier Population

Immunization;

Strategic Health Information (SHI);

Programme & office Support (Cluster CSU)

17 LGAs

# Summary of Key Actions



## Health Facility Distribution

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## Human Resource for Health

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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 to ensure that:

1. Budget for and release funds for health investment plan
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

# Summary of Key Actions



## Nutrition

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The State Government should also ensure at least 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.

# NIGERIA GOVERNORS' FORUM



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