



# NIGERIA GOVERNORS' FORUM



## Ekiti State Health Profile

Land of Honour and Integrity



Universal Health  
Coverage



RI/Polio Eradication



Nutrition



Health Security





*Your Excellency,*

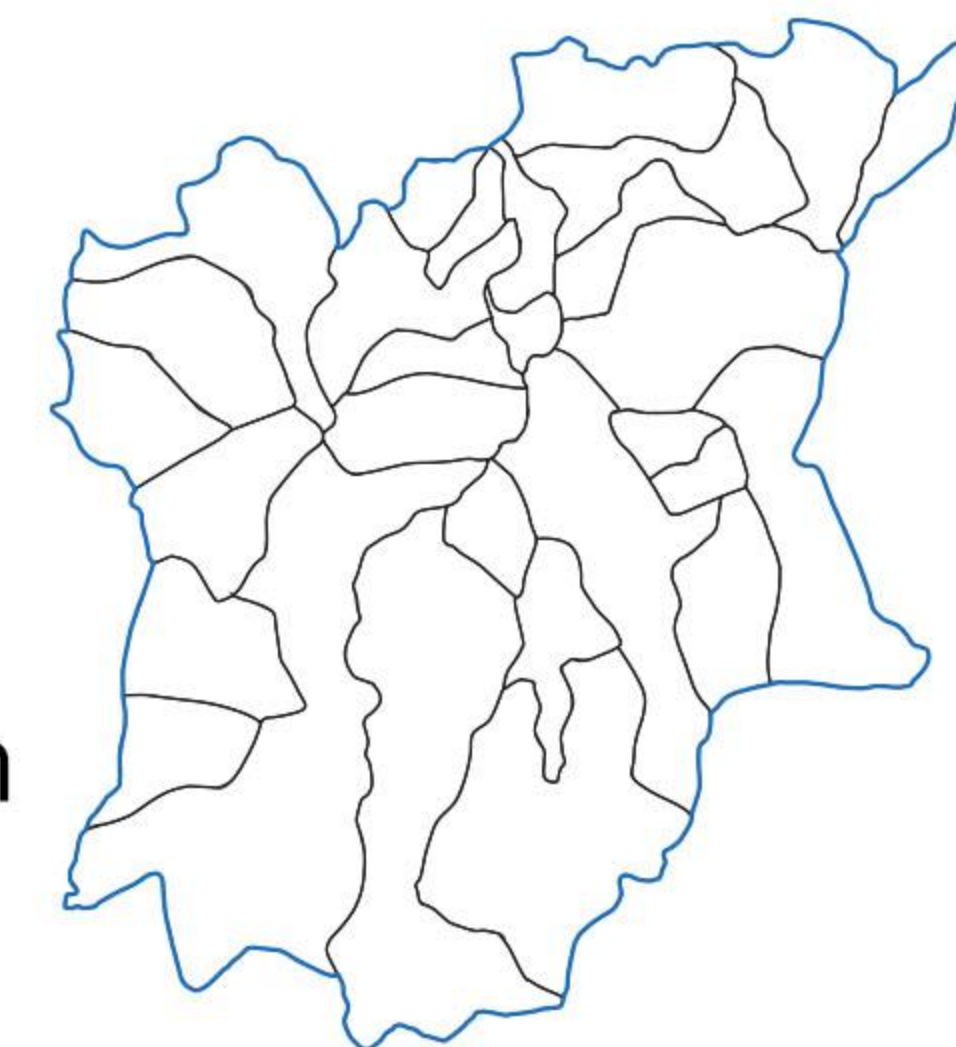
*This profile gives a snapshot of the key health indices in your state as well as some of the key actions your excellency needs to prioritize to build a stronger and resilient health system for better health outcomes.*

*Signed*

*DG NGF*



# Get to Know Ekiti State



Ekiti state, ranked 29th in terms of population size and has a population density of 612 persons/km<sup>2</sup>.



Created  
1/10/1996



Land Mass  
6,353km<sup>2</sup>



Population  
3,885,827



LGAs  
16



Political Wards  
177



Under 1 Population  
155,433



Under 5 Population  
777,165



Women of Child Bearing Age  
854,882



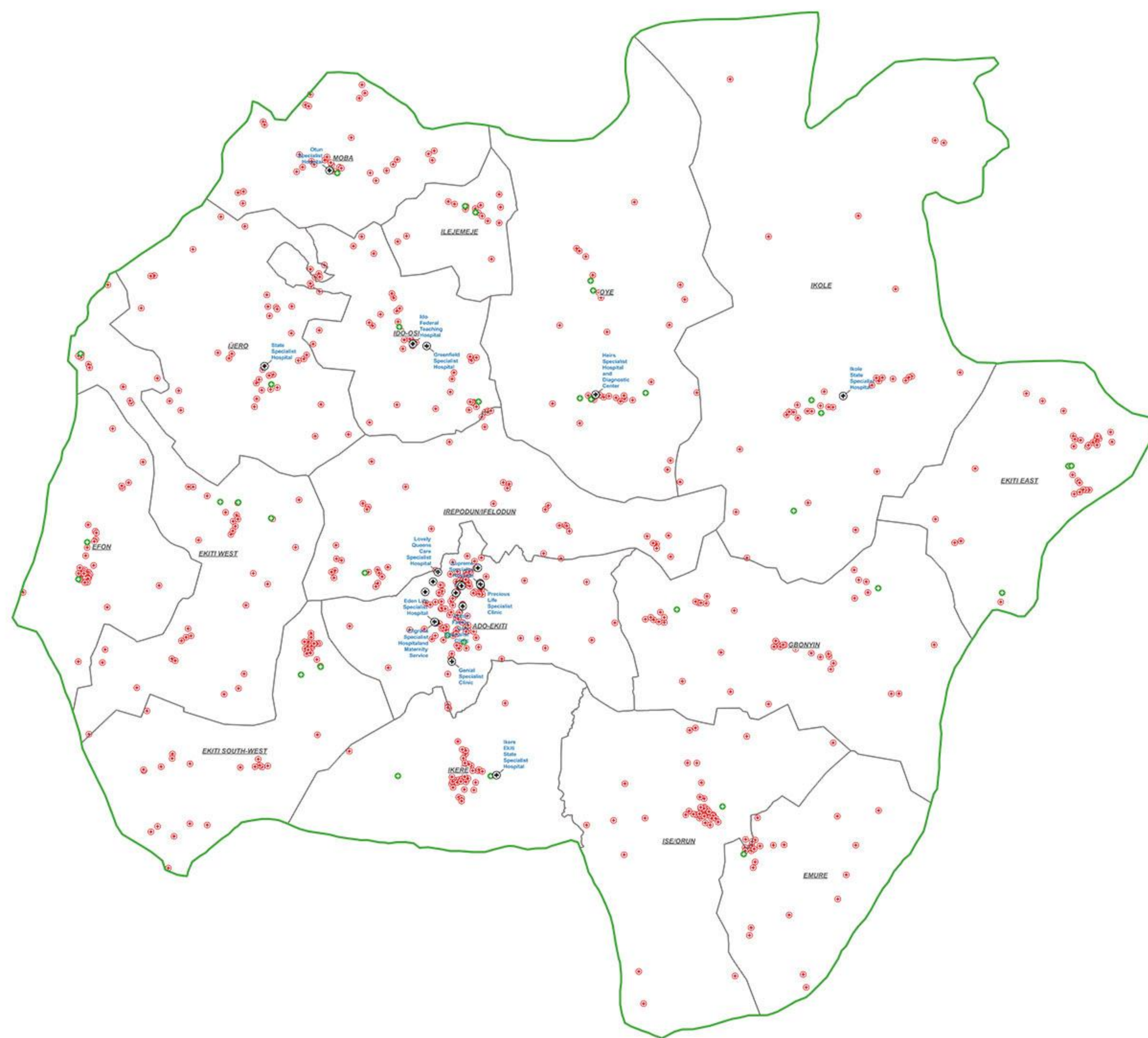
Pregnant Women  
194,291



# Health Facility Distribution



Ekiti 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** **409**

Public: 335

Private: 74

🏠 **Secondary** **132**

Public: 23

Private: 109

🏠 **Tertiary** **3**

Public: 2

Private: 1

**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	2	1	200
School(s) of Nursing & Midwifery	3	1	375
School(s) of Health Technology	1	5	-
School(s) of Pharmacy	1	1	200



## Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	306	<1	10
Nurses/Midwives	810	<1	30
Community Health Workers	1337	3	10
Pharmacists	51	<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



Ekiti state does not appear to be investing adequately in health as evidenced by the low annual budgetary allocation, poor budgetary release and a per capita expenditure on health of ₦1,047.50; however, there is good budgetary release.

## Allocation - FY 2022



### Total State Budget

₦100.8 bn



### Allocation to Health (%)

₦4.8 bn (5%)



### Percentage Health Allocation to PHC

₦0.1 bn (3%)

## Performance - FY 2022



### State Budget Performance

₦106.5 bn  
106%



### Health Budget Performance

₦4.1 bn  
86%



### Health Expenditure Per Capita

₦1,047.50



### 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).



# Health Insurance



The state has a functional state social health insurance scheme which does not make health insurance mandatory. There is release of equity fund, however, the non-release of 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	Target Met
Health Insurance Made Mandatory	Target Not Met
Equity Funds Release	Target Met
Government Contribution For Formal Sector	Target Not Met
Employee Contribution For Formal Sector	Target Not Met

## Total No. of Enrollees



- Target Not Met
- Target Met
- No Data



## Call to Action

The State Government should make health insurance mandatory, and fast track government and employee contribution into the scheme.



# PHCUOR Scorecard

## Primary Health Care Under One Roof



Ekiti State has an existing Primary Health Care Board with PHC programmes and staff moved to SPHCB from SMoH and SMoLGA. However the state does not have an approved minimum service package and a costed service delivery plan.

### 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. It develops a 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.



# 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	Target Met
Availability of Government-Owned Creche	Target Met
Approved Six Months Paid Maternity Leave.	Target 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 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).



# Drug Management Agency (DMA) Scorecard



Ekiti state has established a drug management agency which is capitalized. However, there is no pharma grade warehouse with adequate capacity.

## 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

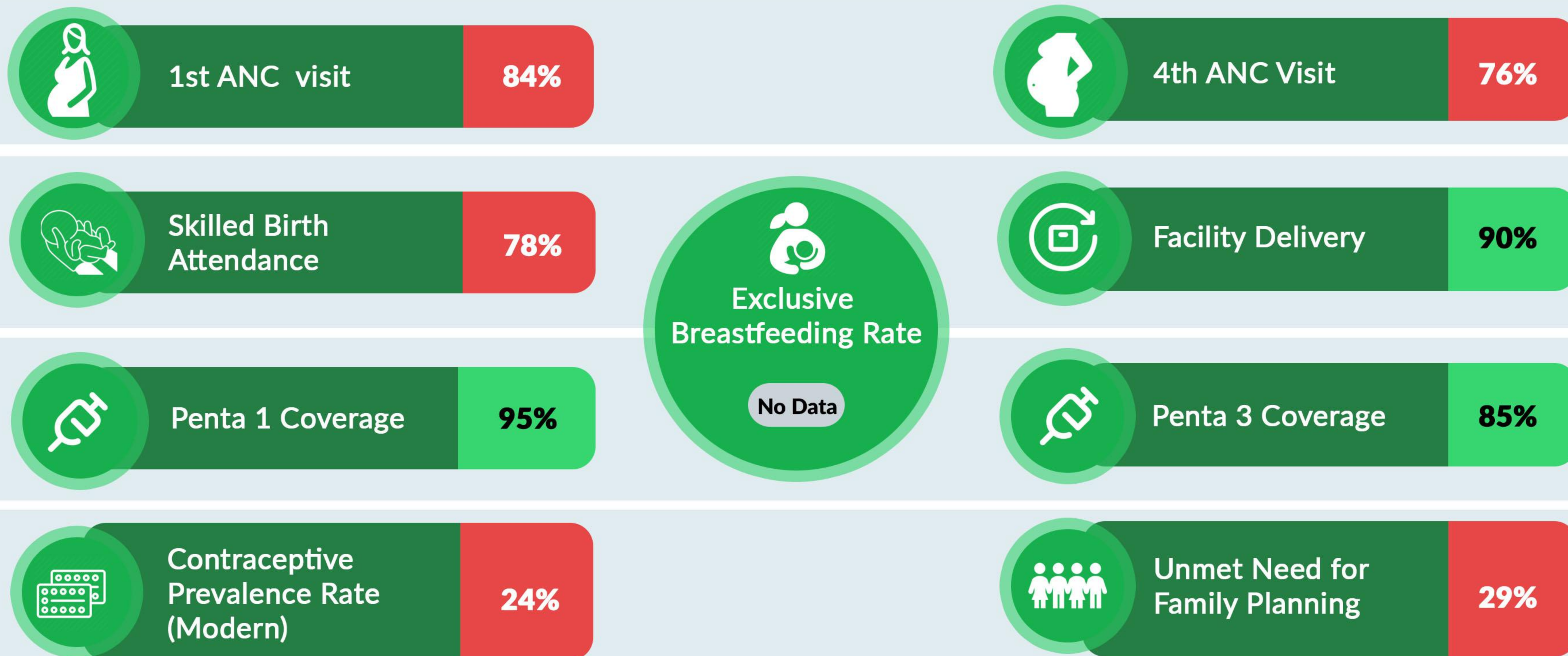
The State Government should continue providing support to its drug management agency to ensure availability of quality and affordable essential medicines in all health facilities within the state.



# Access and Service Utilization...



There is good access to and utilization of antenatal, delivery and immunization services in Ekiti State. However, access to family planning appears to be low with about a third 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 access to antenatal, delivery and immunization services
2. Identify and address barriers to access and utilization of family planning services.



# Access and Service Utilization



The state has low network of TB molecular diagnostic machines, high unmet needs in terms of treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for about half of its pregnant women.



HIV Prevalence

0.6%



ART Unmet Needs in  
\*CLHIV

73%



LGAs with TB  
Molecular Diagnostic  
Machine

69%



TB Treatment  
Coverage

22%



Malaria Prevalence

20.8%



IPTp3 Coverage

40.0%



New Cases of  
Hypertension

6,166



## Call to Action

The State Government should:

1. Ensure at least one functional molecular diagnostic machine per LGA is made available.
2. 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



Despite the progress in immunization there is still 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

**7,587**



No. of Children with Stunting

**46,772**



No. of Children with Wasting

**9,630**



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

**6,731**



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

**8,509**



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

**10,414**



## 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 Ekiti State that the State Government needs to sustain.

**S/N    Title**

**Description**

1.

Ulerawa health insurance initiative

Scaled fee-for-service claim-based insurance initiative.



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Centre for Population and Reproductive	Reproductive Health	All LGAs
2	Clinton Health Access Initiative	Expanding Support for Health Insurance Within the State	All LGAs
3	Emergency Response Africa	Ambulance Services and Emergency Care	All LGAs
4	Excellence Community Education Welfare Scheme	Surveillance and Care of HIV and TB	All LGAs
5	Foundation for Sustainable Health Promotion and Development	Key Population (Female Sex Workers)	All LGAs
6	HACEY Health Initiative	Media Sensitization Campaigns Against Harmful Effects of FGM	All LGAs
7	Hellen Keller International	Supply of Vitamin A Supplement for Children and Pregnant Mothers	All LGAs



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
8	Marie Stopes International	Family Planning and Reproductive Health	All LGAs
9	Rotary International	Family Planning and Reproductive Health	All LGAs
10	Tekano	Health Insurance Equity Plan Technical Support	All LGAs
11	UNICEF	Supply of Vaccine for Children and Women, Provision of More Cold Room Across the State For Storage of Vaccine. Health Systems Development.	All LGAs
12	WHO	Supporting Free Cancer Cervical Screening for Women of Reproductive Age. Health Systems Strengthening and Development. Human Resource for Health Capacity Building.	All LGAs
13	Winning Children Foundation	Care Givers, Widow and Widowers, Youth and Women	All LGAs
14	World Bank (IMPACT)	Procurement of Antimalaria commodities, ACTS, LLINS, etc	All LGAs



# Summary of Key Actions



## Health Facility Distribution

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 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

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.

## Health Insurance

The State Government should make health insurance mandatory, and fast track government and employee contribution into the scheme.

## Primary Health Care Under One Roof

The State Government to ensure that:

1. It develops a 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**

The State Government should 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).

## **Drug Management Agency**

The State Government should continue providing 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**

The State Government should:

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

The State Government should:

1. Ensure at least one functional molecular diagnostic machine per LGA is made available.
2. Scale up ART treatment for CLHIV and expand coverage of IPTp3.

## **Health Outcomes**

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.





# 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



📍 51, Lake Chad Crescent,  
Maitama, Abuja,  
Federal Capital Territory,  
Nigeria

✉ Info@ngf.org.ng

☎ +234 (0) 92920025 | +234 (0) 92920026

🌐 <http://www.nggovernorsforum.org>