



NIGERIA GOVERNORS' FORUM



Edo State Health Profile

The Heart Beat of the Nation





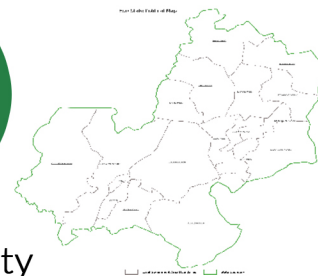
Your Excellency,

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 Edo State



Edo state, ranked 24th in terms of population size and has a population density of 277 persons/km².



Created
27/08/1991



Land Mass
17,802km²



Population
4,928,990



LGAs
18



Political Wards
193



Under 1 Population
197,160



Under 5 Population
985,798



Women of Child Bearing Age
1,084,378

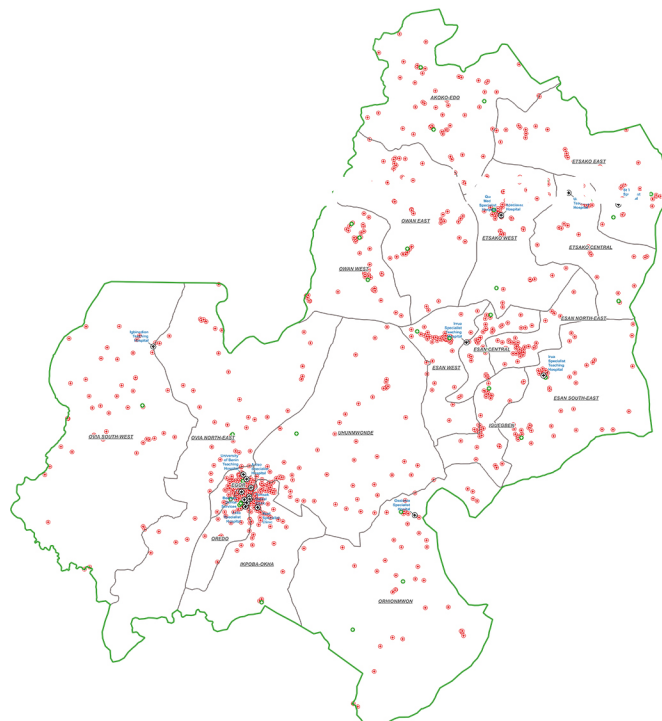


Pregnant Women
246,450

Health Facility Distribution



Edo 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

649

Public: 479

Private: 170



Secondary

653

Public: 33

Private: 620



Tertiary

5

Public: 5

Private: 0

**Health Facility
Per Capita**

**3/10,000
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	3	1	425
School(s) of Nursing & Midwifery	12	5	965
School(s) of Health Technology	1	0	380
School(s) of Pharmacy	1	1	300



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	211	<1	10
Nurses/Midwives	673	1.4	30
Community Health Workers	472	1	10
Pharmacists	87	<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



Edo state is not investing adequately in health as evidenced by the low annual budgetary allocation, fair budgetary release and a per capita expenditure on health of N2,236.20; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦222.6 bn



Allocation to Health (%)

₦16.6 bn (7%)



Percentage Health Allocation to PHC

₦0.6 bn (4%)

Performance - FY 2022

State Budget Performance



₦195.9 bn

88%

Health Budget Performance



₦11.0 bn

66%

Health Expenditure Per Capita



₦2,236.20



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 has been release of Government/employee contribution for the formal sector, however, the non-release of equity fund 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



3,972

● Target Not Met

● Target Met

● No Data



Call to Action

The State Government to ensure regular and timely release of equity fund.

PHCUOR Scorecard

Primary Health Care Under One Roof



Edo State Government has made progress in repositioning of PHC staff and programs, however. it has no approved minimum service package and costed investment plan.

Scorecard	
Indicator	Status
Existence of a State Primary Health Care Board	Target Met
Existence of Approved Minimum Service Package That Is Linked To SSHDP	Target Not Met
Existence of Costed Service Delivery/Investment Plan	Target Not Met
Provision Made For Investment Plan In The Annual Budget of The Last Year	Target Not Met
PHC Programmes And Staff Moved To SPHCB From SMoH and SMoLGA	Target Met

● Target Not Met
● Target Met
● No Data

The State Government should:



Call to Action

1. It develops and implement 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	●
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. Should ensure timely release of funds for the implementation of the MSPAN.

Drug Management Agency (DMA) Scorecard



| Edo state does not have a Drug Management Agency.

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



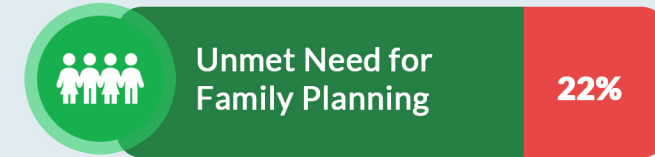
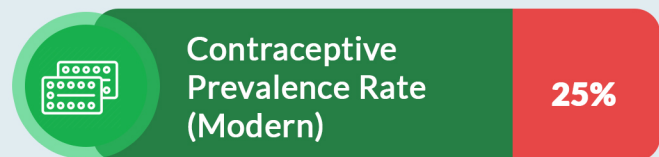
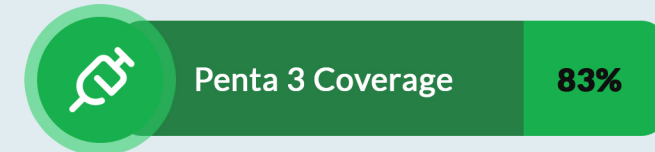
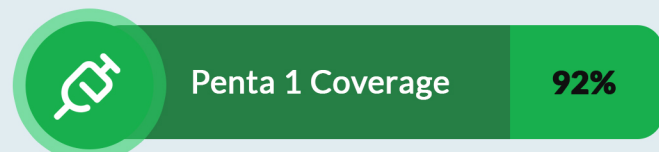
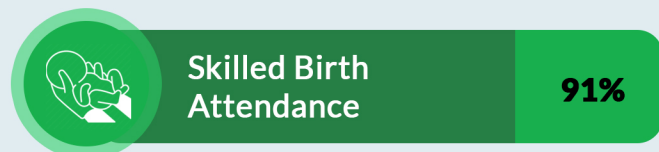
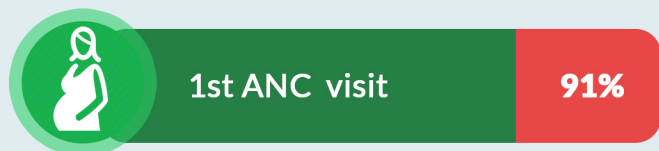
Call to Action

The State Government 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, delivery and immunization services. However, access to antenatal and family planning services is low with about a quarter of women-in-union needing family planning services not having access to it. Very low proportion of children less than 6 months are exclusively breastfed.



Call to Action

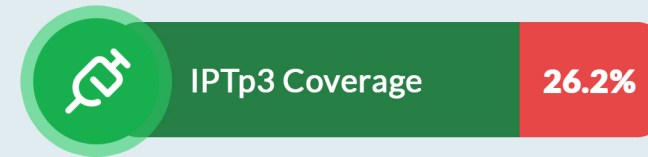
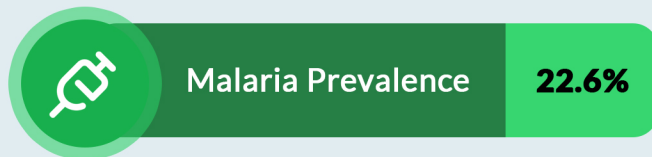
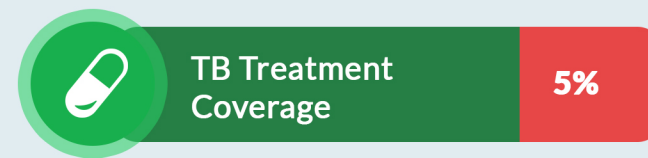
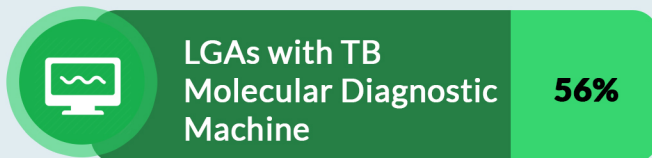
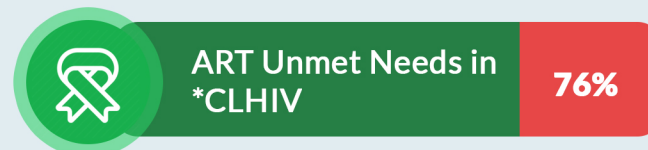
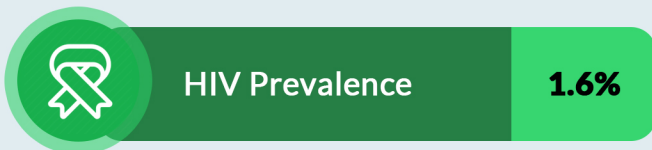
The state government should:

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 a low network of TB molecular diagnostic machines and high unmet needs in terms treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for a quarter 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



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

14,579



No. of Children with Stunting

39,877



No. of Children with Wasting

15,065



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

8,344



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

10,109



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

12,998



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 Edo State that the Government needs to sustain.

S/N	Title	Description
1.	Digitalization of Regulation and monitoring processes for health facilities	-

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	AFENET	Immunization and surveillance	All LGAs
2	JHPIEGO	Reproductive Health and Family Planning	2 LGAs
3	International Committee of the Red Cross	RMNCAEH +N Quality of Care	18 LGAs
4	Marie Stopes International	Reproductive Health and Family Planning	18 LGAs
5	Rotary International	Reproductive Health and Family Planning	18 LGAs
6	The Challenge Initiative (TCI)	No Data	9 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
7	USAID (AFRH)	Immunization and surveillance	No Data
8	USAID (Data FI)	COVID vaccination and PLHIV	18 LGAs
9	USAID (HARTLAND)	COVID vaccination	16 LGAs
10	USAID (MRITE)	Nutrition Supplement	7 LGAs
11	Vitamin Angels	Immunization and surveillance	All LGAs
12	WHO	Immunization and Surveillance	All LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
13	Rise/USAID(HIV)	HIV	State Wide
14	Society for Family Health	Health	State Wide
15	TY Danjuma Foundation	Health	State Wide
16	WHO	Health Financing	State Wide
17	Women & Children Health Empowerment Foundation	Research	State Wide

Summary of Key Actions



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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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