



NIGERIA GOVERNORS' FORUM



Delta State Health Profile

The Big Heart



Universal Health Coverage



RI/Polio Eradication



Nutrition



Health Security



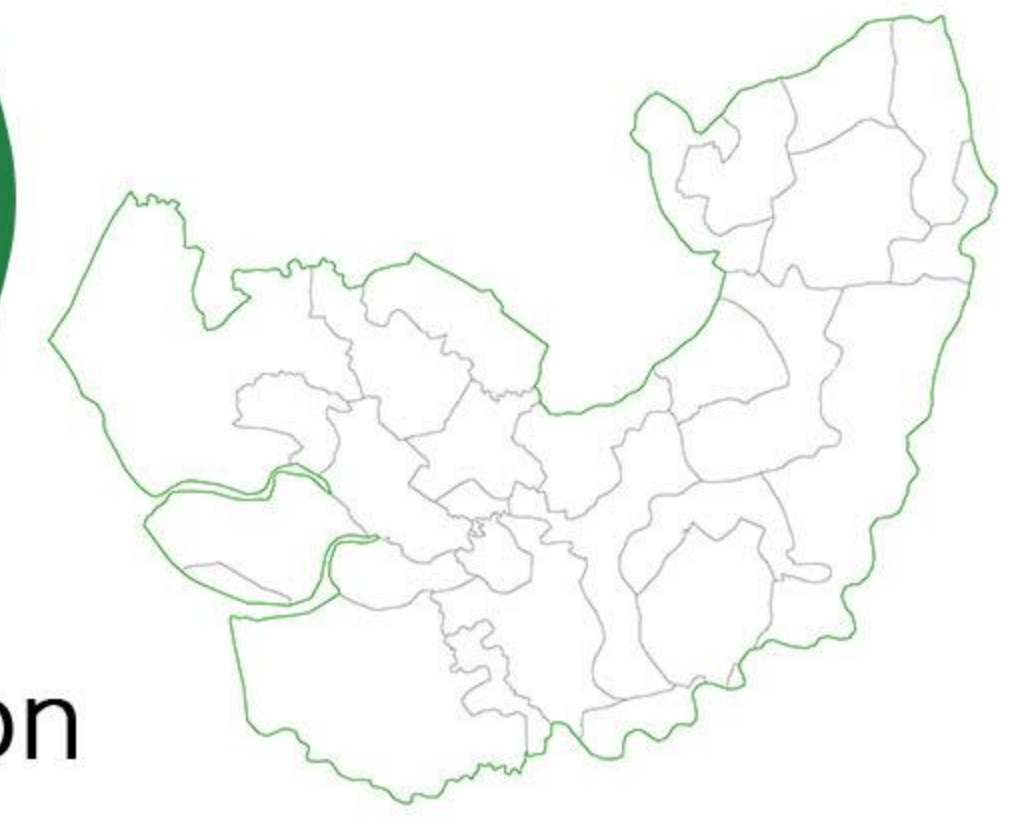
Your Excellency,

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 Delta State



Delta state, ranked 12th in terms of population size and has a population density of 687 persons/km².



Created
27/08/1991



Land Mass
17,698 km²



Population
6,784,042



LGAs
25



Political Wards
270



Under 1 Population
271,362



Under 5 Population
1,356,808



Women of Child Bearing Age
1,492,489

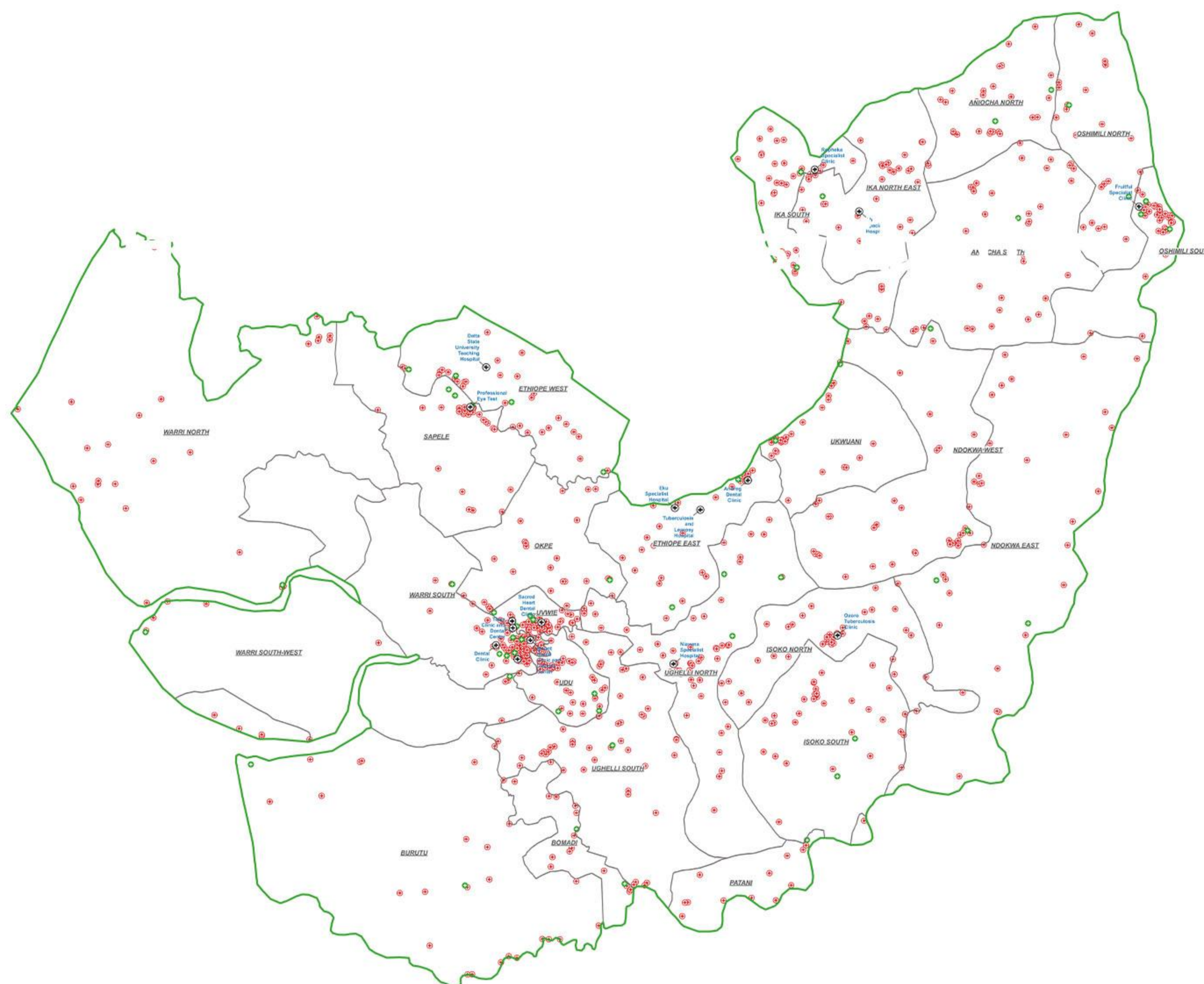


Pregnant Women
339,202

Health Facility Distribution



Delta 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 **616**

Public: 449

Private: 167

Secondary **125**

Public: 63

Private: 62

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	1	75
School(s) of Nursing & Midwifery	5	0	350
School(s) of Health Technology	1	0	>1000
School(s) of Pharmacy	1	1	100



Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target (WHO)
Doctors	716	1.1	10
Nurses/Midwives	2798	4.1	30
Community Health Workers	459	1	10
Pharmacists	131	<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



Delta state has met the Abuja commitment by allocating 16% of the state budget to health and released more than half of the budget.

Allocation - FY 2022



Total State Budget
₦478.9 bn



Allocation to Health (%)
₦25.9 bn (5%)



Percentage Health Allocation to PHC
₦0.5 bn (2%)

Performance - FY 2022



State Budget Performance

₦672.1 bn
140%



Health Budget Performance

₦158.4 bn
61%



Health Expenditure Per Capita

₦23,354.7



Call to Action

The state should sustain the budgetary allocation and improve release to health and gradually 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. The state also releases equity fund and Government/employee contribution for the formal sector.

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



No Data

- 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



Delta state has performed well in its implementation of the Primary Health Care Under One Roof policy – a governance reform to improve PHC implementation and integration.

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 sustain commitment to Primary Health Care Under One Roof approach and 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. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



| Delta state government 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 Met
At Least 60% Of The Focal Ward PHCs Is Capitalized	Target Met
DMA Has Pharmagrade Warehouse With Adequate Capacity	Target Not Met
State Has A Single Supply Chain System	Target Met
State Manages Last Mile Delivery	Target Met

● Target Not Met
● Target Met
● No Data



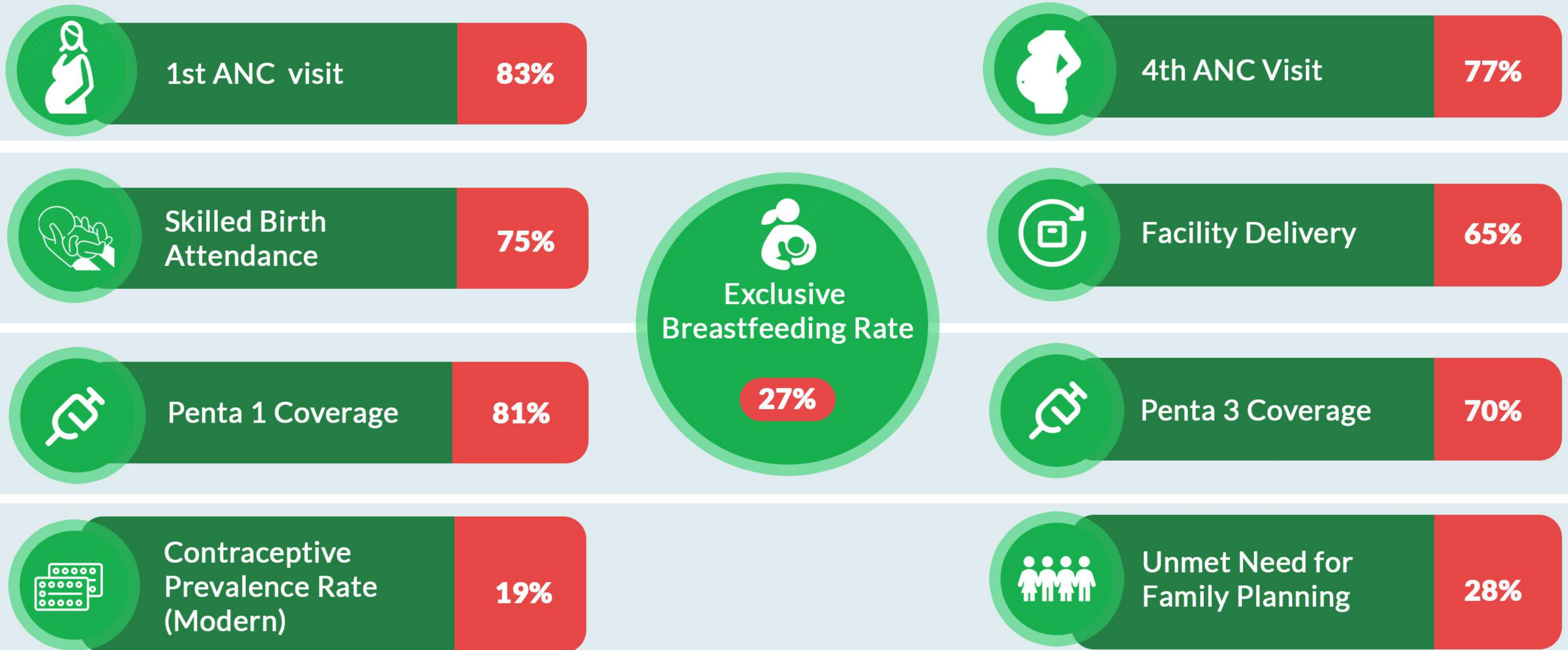
Call to Action

The State Government to 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 fair access to and utilization of antenatal, delivery, immunization and family planning services with about a third of children under 6 months exclusively breastfed.



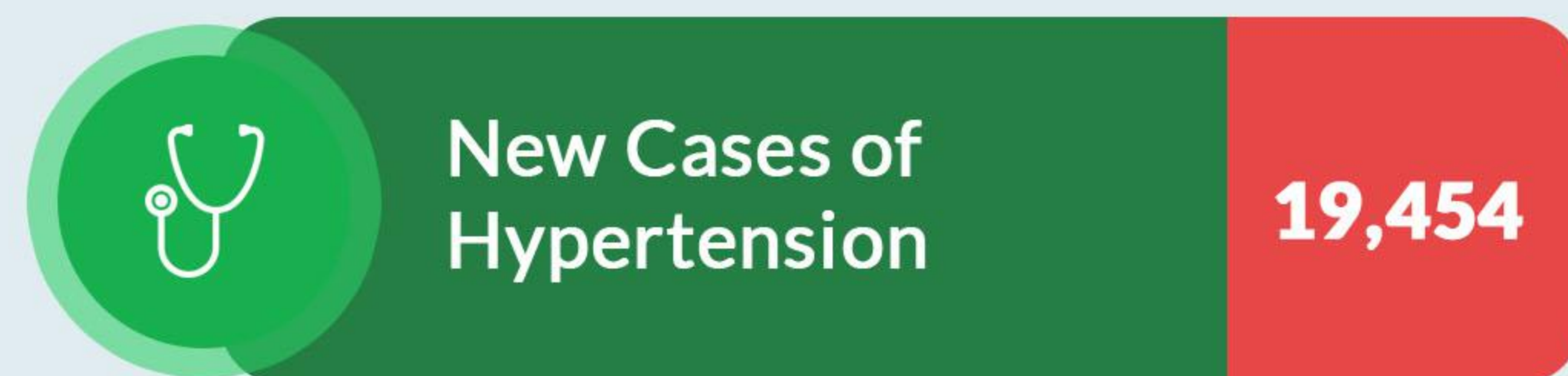
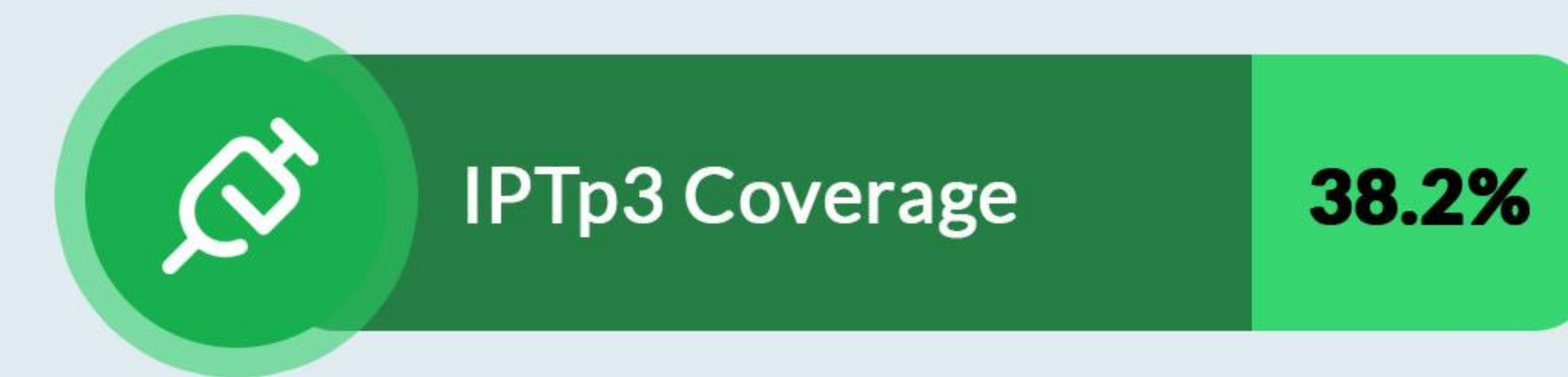
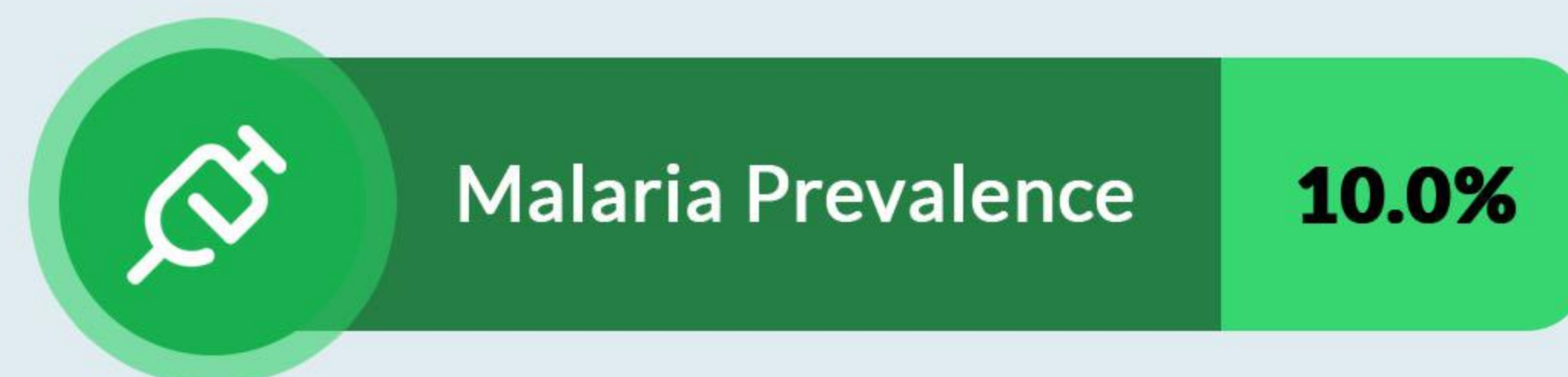
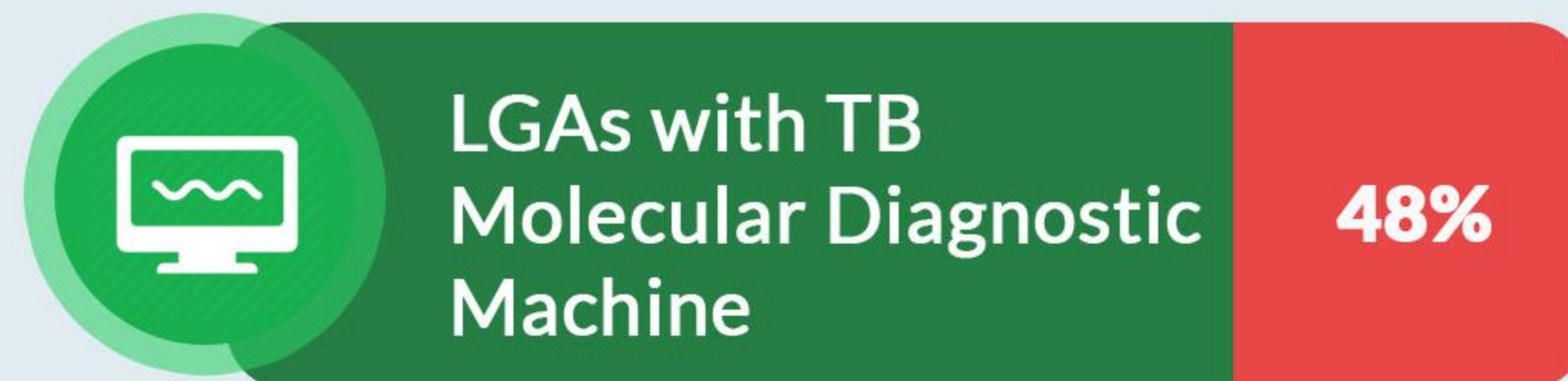
Call to Action

Identify and address barriers to access and utilization of antenatal, delivery immunization, family planning services and Exclusive Breast feeding.

Access and Service Utilization



The state has a limited network of TB molecular diagnostic machines, high unmet needs in terms of treatment for Children Living with HIV only provides 3 doses of malaria prophylaxis for about a third of its pregnant women.



Call to Action

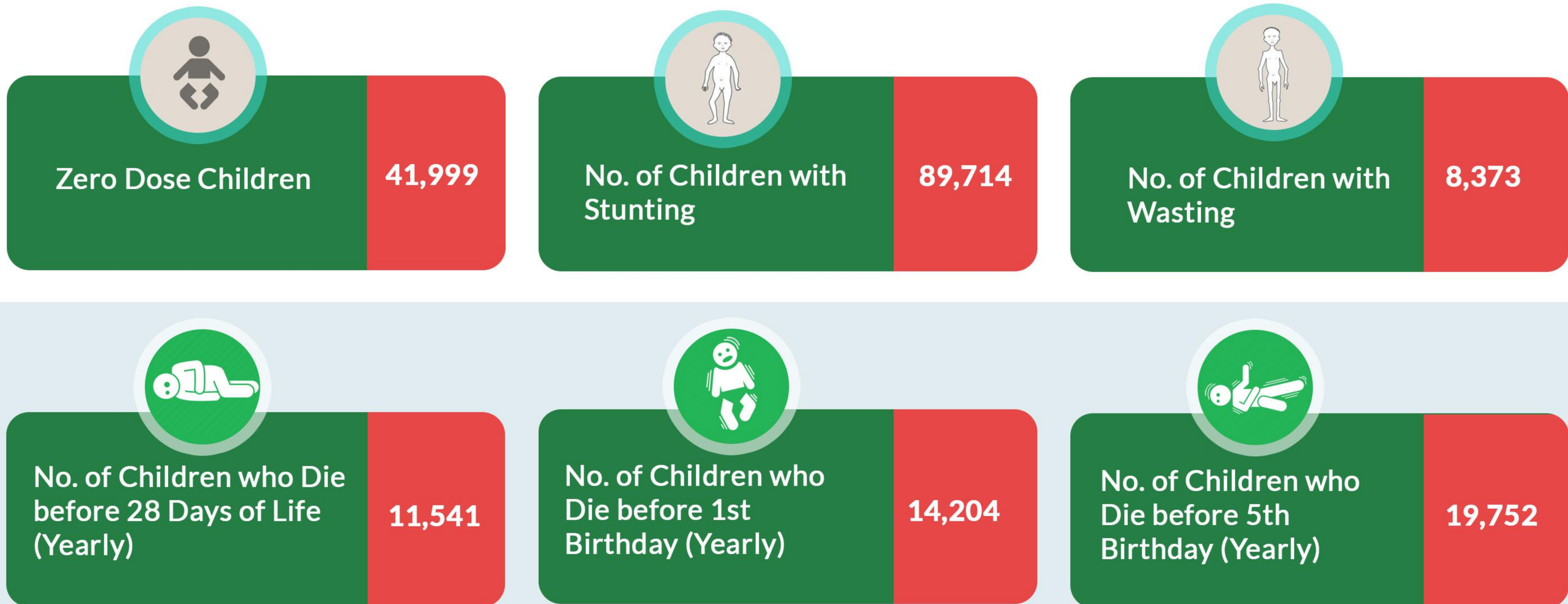
The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3.

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.



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 Delta state that the Government needs to sustain.

S/N

Title

Description

No data

No data

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Management Science for Health	Immunization & Nutrition	No Data
2	CRS	Malaria & HIV	No Data
3	UNICEF	Immunization & Nutrition	No Data
4	WHO	Service Delivery, Water, and sanitation activities	No Data
5	Foundation for Sustainable Health Promotion and Development	Malaria	No Data

Summary of Key Actions



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Access and Service Utilization

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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.

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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



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

✉ Info@ngf.org.ng

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

🌐 <http://www.nggovernorsforum.org>