

NIGERIA GOVERNORS' FORUM



Cross Rivers State Health Profile

The People's Paradise



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 Cross River State



Cross River state, ranked 27th in terms of population size and has a population density of 226 persons/km².



Created

27/05/1967



Land Mass

20,156km²



Population

4,564,450



LGAs

18



Political Wards

193



Under 1 Population

182,578



Under 5 Population

912,890



Women of Child Bearing Age

1,004,179



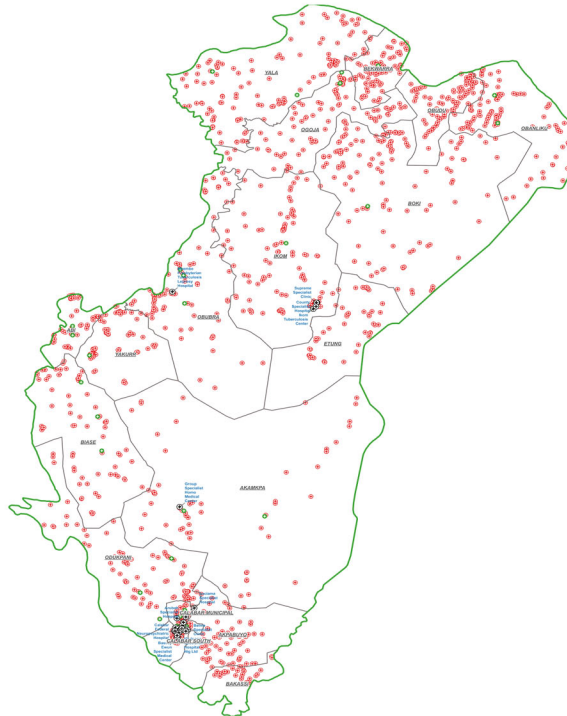
Pregnant Women

228,223

Health Facility Distribution



Cross-River 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 **1039**

Public: 1033 Private: 6

Secondary **137**

Public: 30 Private: 107

Tertiary **3**

Public: 3 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.



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 | No data |
| School(s) of Nursing & Midwifery | 7 | 0 | No data |
| School(s) of Health Technology | 1 | 3 | No data |
| School(s) of Pharmacy | 1 | 0 | No data |



Human Resource for Health

| Occupation | Number | Density <i>(Per 10,000 Population)</i> | Target (WHO) |
|--------------------------|--------|---|------------------------|
| Doctors | 32 | <1 | 10 |
| Nurses/Midwives | 894 | 2 | 30 |
| Community Health Workers | 1917 | 4 | 10 |
| Pharmacists | 4 | <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



Cross-River state is not investing adequately in health as evidenced by the low annual budgetary allocation, poor budgetary release and a per capita expenditure on health of N965; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦354.3 bn



Allocation to Health (%)

₦22.4 bn (6%)



Percentage Health Allocation to PHC

₦2.8 bn (12%)

Performance - FY 2022

State Budget Performance



₦157.0 bn

44%

Health Budget Performance



₦4.4 bn

20%

Health Expenditure Per Capita



₦965



Call to Action

The state should gradually work towards \$29*(₦12,000 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 is employee contribution from the formal sector however, the non-release of equity fund and Government 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



35,837

- 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



Cross-River 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 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.

Drug Management Agency (DMA) Scorecard



| Cross River 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



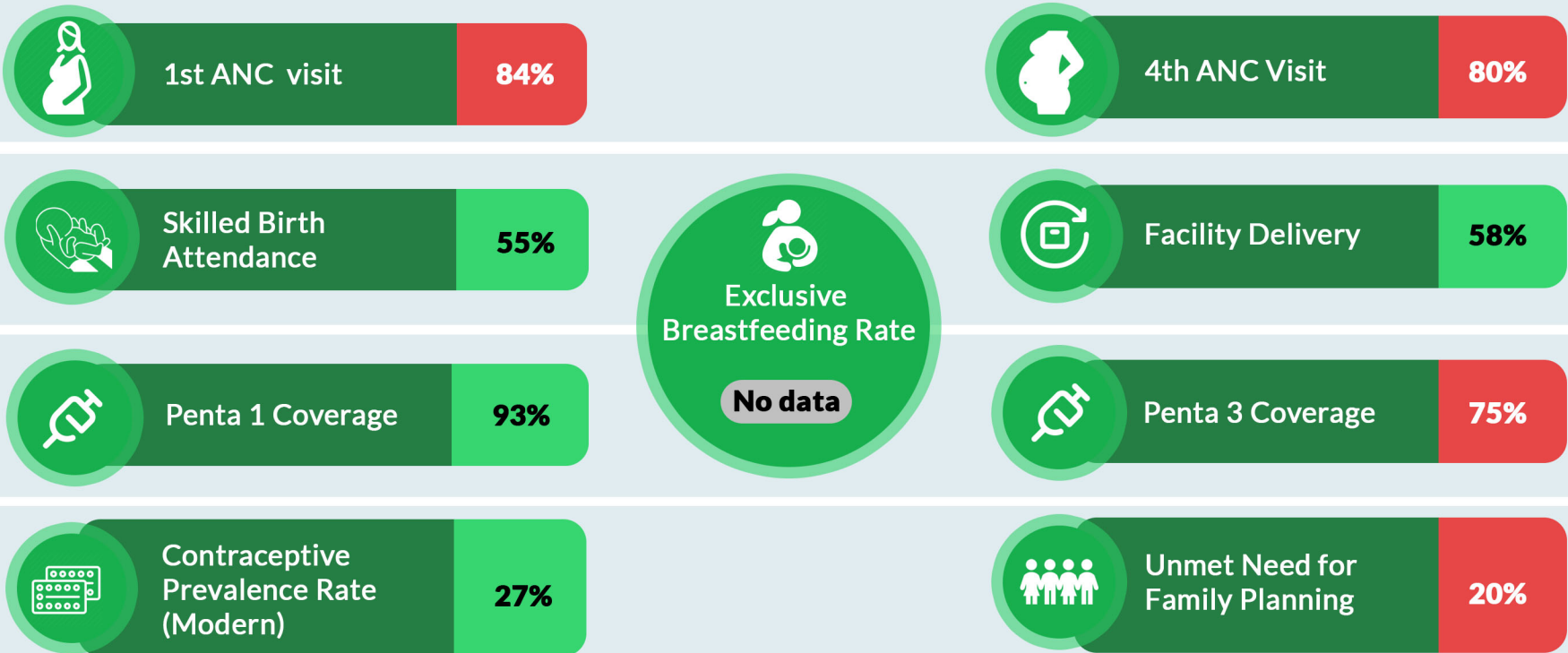
Call to Action

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 immunization services however access to family planning is low with about a quarter of women-in-union needing family planning services not having access to it.



Call to Action

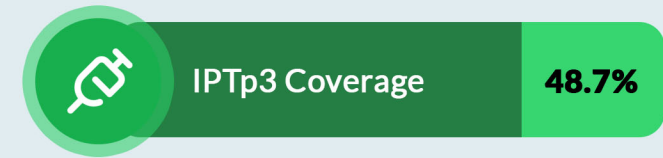
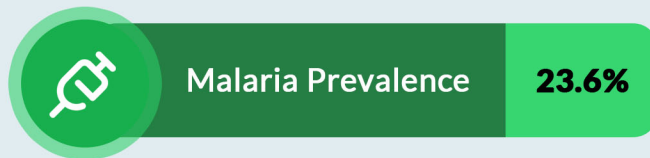
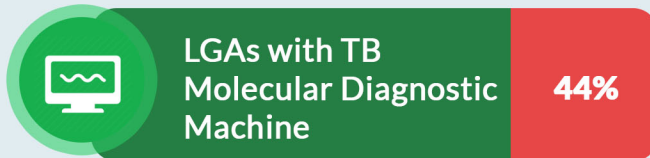
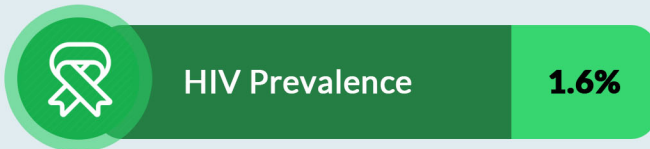
The state government should:

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, NTBLCP, NMEP, DHIS2

Health Outcomes

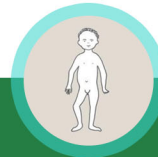


Despite the progress in immunization there is still a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptable numbers of child mortality in the state.



Zero Dose Children

11,953



No. of Children with Stunting

45,598



No. of Children with Wasting

5,700



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

3,127



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

6,104



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

9,976



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 Cross River state that the Government needs to sustain.

| S/N | Title | Description |
|-----|--------------------------------------|--|
| 1 | Health Information Management System | The State Health Information System is the bed rock for evidence-Based health planning that must be strengthen for sustainability, The State needs support for the completion of her Health Dashboard. |
| 2 | Calipharm Industry | The Cross River State Calapharm industry is near completion. There is need for collaboration and support in area of manpower to man the various units in the industry. The industry is to produce and distribute drugs within and outside the State. |
| 3 | Partnership with Zipline | The project is ongoing, but there is need for support to scale up to the central and southern senatorial district for evenly distribution of drugs and commodities management to boast the effective implementation of the Health Insurance Scheme. |

Partner Mapping



| S/N | Implementing Partner | Intervention | Geographical Coverage |
|-----|---------------------------------------|---------------------------------------|-----------------------|
| 1 | AIDS Healthcare Foundation | Prevention and Control of HIV/AIDS | State Wide |
| 2 | Breakthrough Action Project | - | State Wide |
| 3 | Center for Clinical Care and Research | HIV Prevention & Treatment, Nutrition | State Wide |
| 4 | Concern Universal/United Purpose | WASH | State Wide |

Partner Mapping



| S/N | Implementing Partner | Intervention | Geographical Coverage |
|-----|---|--------------------------------------|-----------------------|
| 5 | DATE-FI | Diseases Surveillance | State Wide |
| 6 | Evidence Action | HIV and Reproductive Health | State Wide |
| 7 | Excellence Community Education Welfare Scheme (ECEWS) | Disease surveillance | 12 LGAs |
| 8 | Global Health Supply Chain | Supply Chain and Logistic Management | State Wide |

Partner Mapping



| S/N | Implementing Partner | Intervention | Geographical Coverage |
|-----|----------------------------|---|-----------------------|
| 9 | Heartland Alliance | HIV/AIDS Prevention | 6 LGAs |
| 10 | JHPIEGO | HIV, Reproductive Health | 5 LGAs |
| 11 | KNCV | Tuberculosis Prevention & Treatment | 9 LGAs |
| 12 | Marie Stopes International | Reproductive Health, Family Planning, Maternal and Newborn Care | 16 LGAs |

Partner Mapping



| S/N | Implementing Partner | Intervention | Geographical Coverage |
|-----|---|---|-----------------------|
| 13 | Médecins Sans Frontières (MSF) | - | - |
| 14 | Presidential Malaria Initiative (PMI)-Management Science for Health (MSH) | Malaria Prevention & Treatment, Health System Strengthening | State Wide |
| 15 | RTI | Neglected Tropical Diseases (NTDS) | 9 LGAs |

Partner Mapping



| S/N | Implementing Partner | Intervention | Geographical Coverage |
|-----|---|---|-----------------------|
| 16 | UNFPA | Reproductive Health, Nutrition and Health Information System | State Wide |
| 17 | UNICEF | Immunization Services, Reproductive, Maternal and Child Health, Nutrition, Health Systems Strengthening | State Wide |
| 18 | United Nation for Health Center for Refugee (UNHCR) | Protection Solutions to refugees and asylum seekers | All Refugees Camps |
| 19 | WHO | Health System Strengthening, Disease Surveillance and control, Logistics and Supply Chain | State Wide |

Partner Mapping



| S/N | Implementing Partner | Intervention | Geographical Coverage |
|-----|----------------------|--------------------------|-----------------------|
| 20 | Zipline | Logistics & Supply Chain | State Wide |

Summary of Key Actions



Health Facility Distribution

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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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