

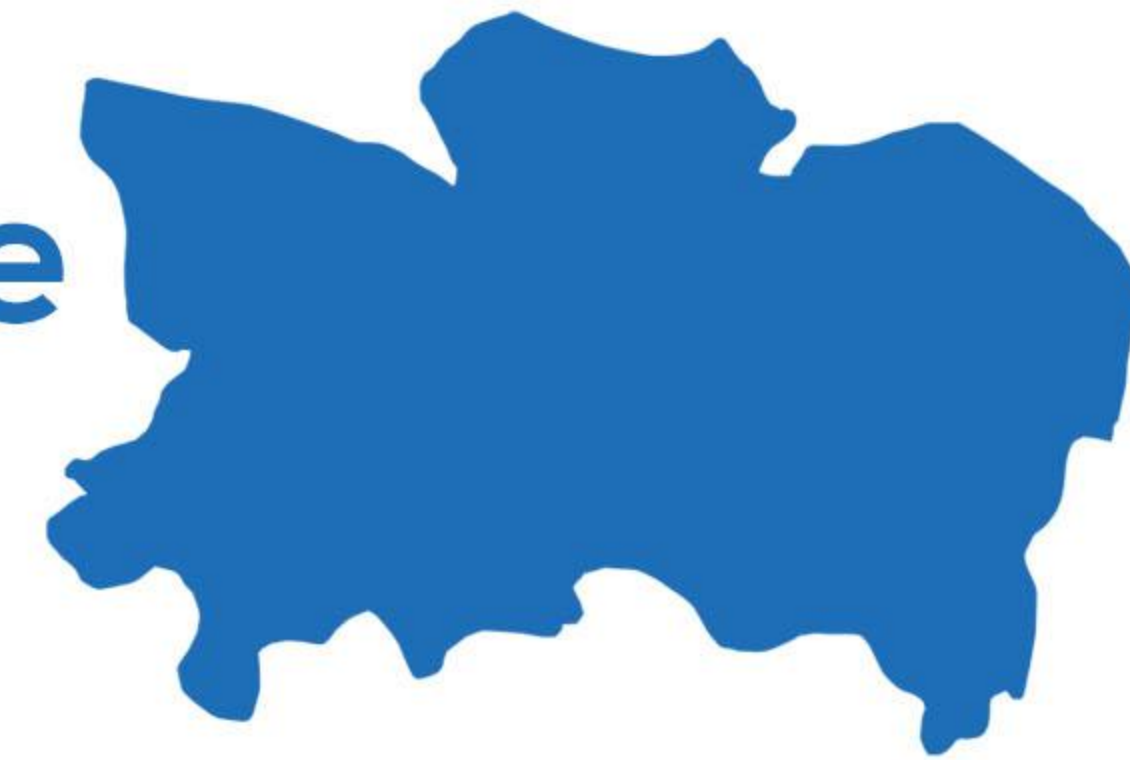


# NIGERIA GOVERNORS' FORUM



## Benue State Health Profile

Food Basket of the Nation





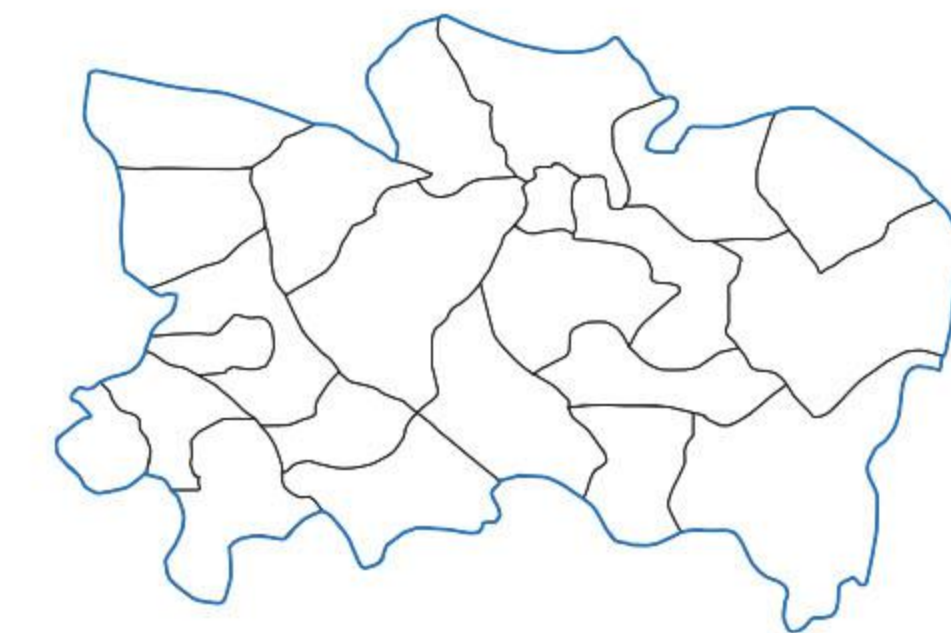
*Your Excellency,*

*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 Benue State



Benue state, ranked 9th in terms of population size and has a population density of 199 persons/km<sup>2</sup>.



Created  
3/2/1976



Land Mass  
34,059km<sup>2</sup>



Population  
6,770,648



LGAs  
22



Political Wards  
276



Under 1 Population  
270,826



Under 5 Population  
1,354,130



Women of Child Bearing Age  
1,489,543

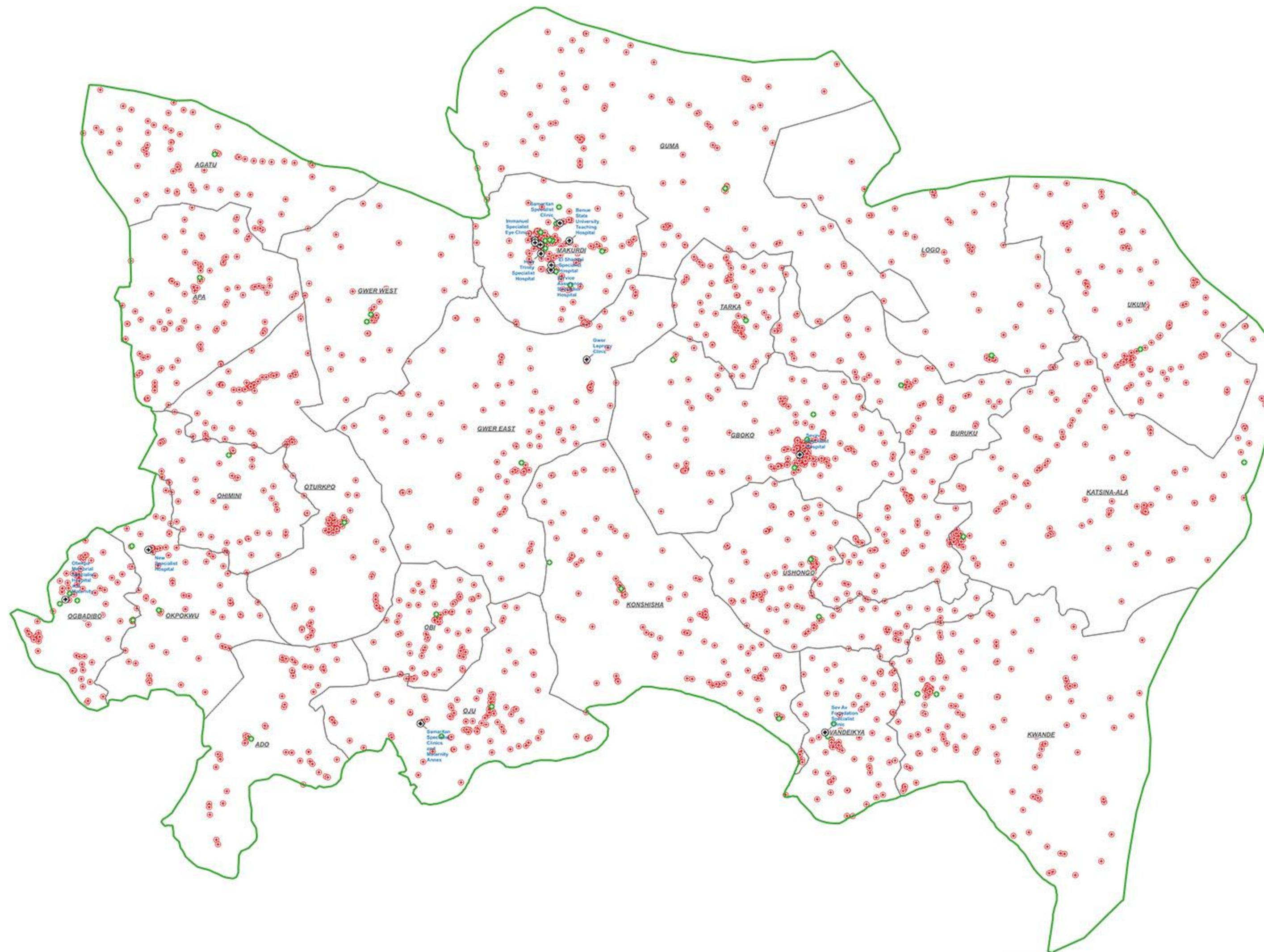


Pregnant Women  
338,532

# Health Facility Distribution



Benue 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** **1426**

Public: **968**

Private: **458**

**Secondary** **117**

Public: **24**

Private: **93**

**Tertiary** **2**

Public: **2**

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	150
School(s) of Nursing & Midwifery	1	2	90
School(s) of Health Technology	1	10	305
School(s) of Pharmacy	0	0	0



## Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target <b>(WHO)</b>
Doctors	234	<1	10
Nurses/Midwives	236	<1	30
Community Health Workers	1862	3	10
Pharmacists	47	<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



Benue state budget allocation is higher than the national average with per capita of N1,565.50 and a fairly good budgetary release, however it is still below the Abuja declaration of 15%.

## Allocation - FY 2022



**Total State Budget**

**₦155.6 bn**



**Allocation to Health (%)**

**₦14.5 bn (9%)**



**Percentage Health Allocation to PHC**

**₦5.2 bn (36%)**

## Performance - FY 2022

**State Budget Performance**



**₦107.2 bn**

**69%**

**Health Budget Performance**



**₦10.6 bn**

**73%**

**Health Expenditure Per Capita**



**₦N1,565.50**



### 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 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



**N41,306**

- 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



The state has made progress in the implementation of PHCUOR however it is yet to develop the PHC investment plan and complete its repositioning of PHC 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 SMO LGA	●

● Target Not Met  
 ● Target Met  
 ● No Data



## Call to Action

The State Government should:

1. Ensure that PHC programmes and staff are moved to SPHCB from SMOH and SMO LGA.
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. Develop MSPAN and ensure prompt release of funds for its implementation.
3. Approve 6 months paid maternity leave.

# Drug Management Agency (DMA) Scorecard



Benue 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



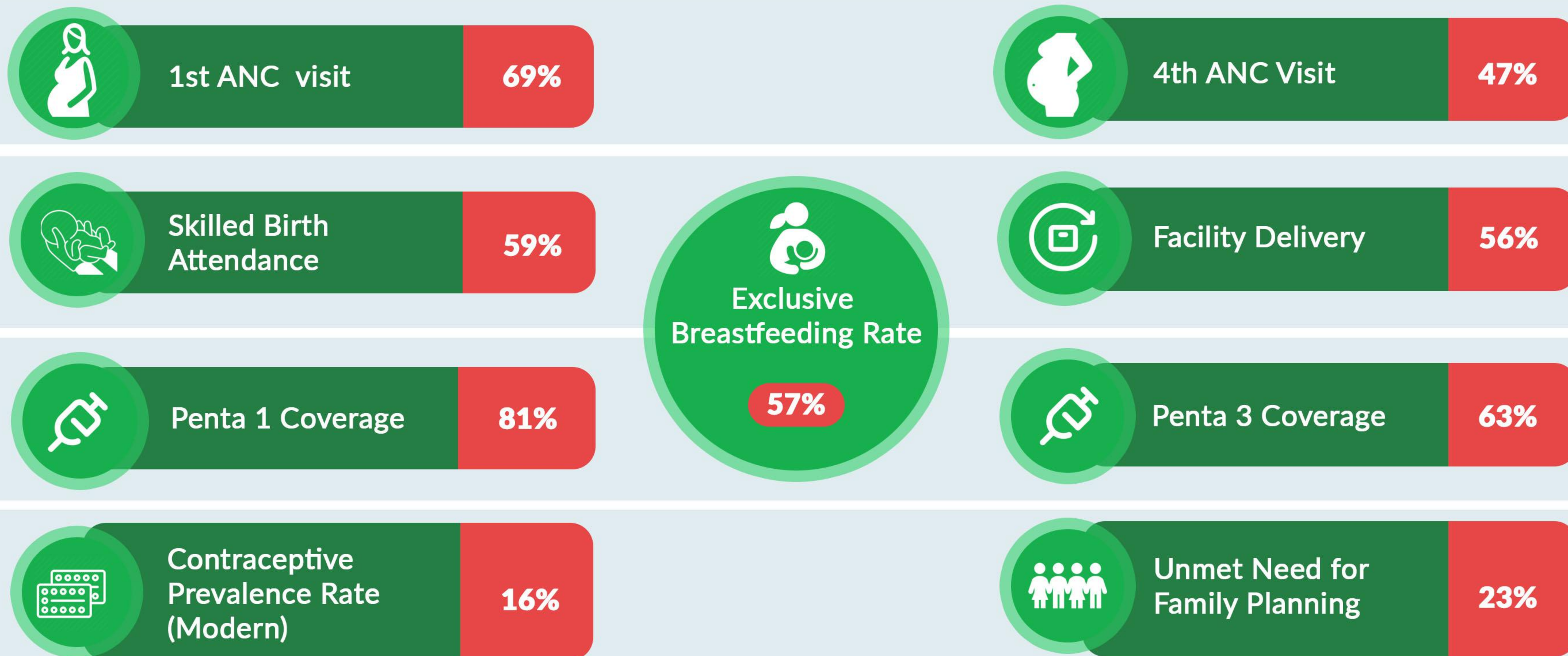
### Call to Action

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 poor access and utilization of antenatal, delivery and family planning services. Immunization and EBF rate are also lower than the national target.



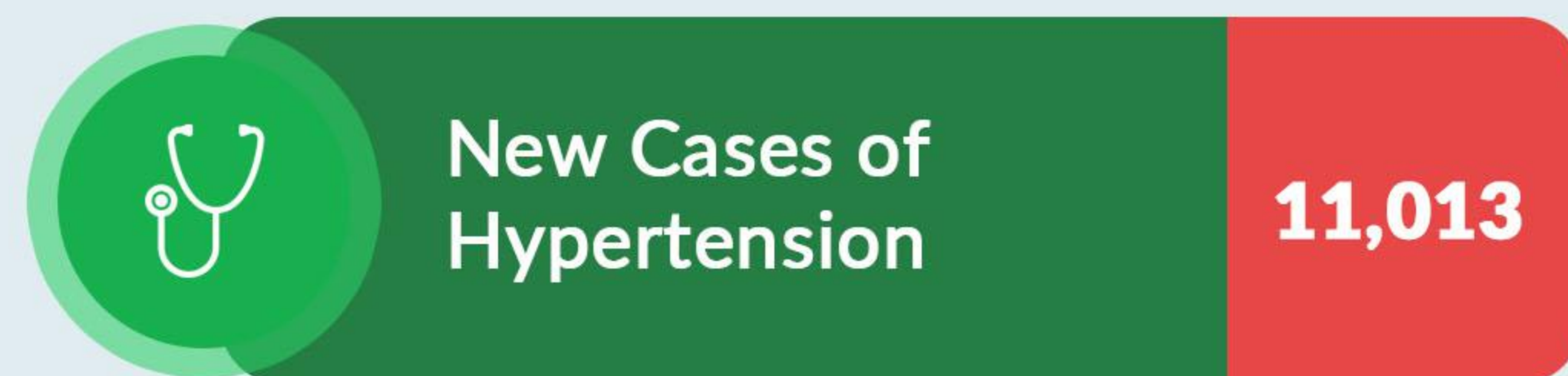
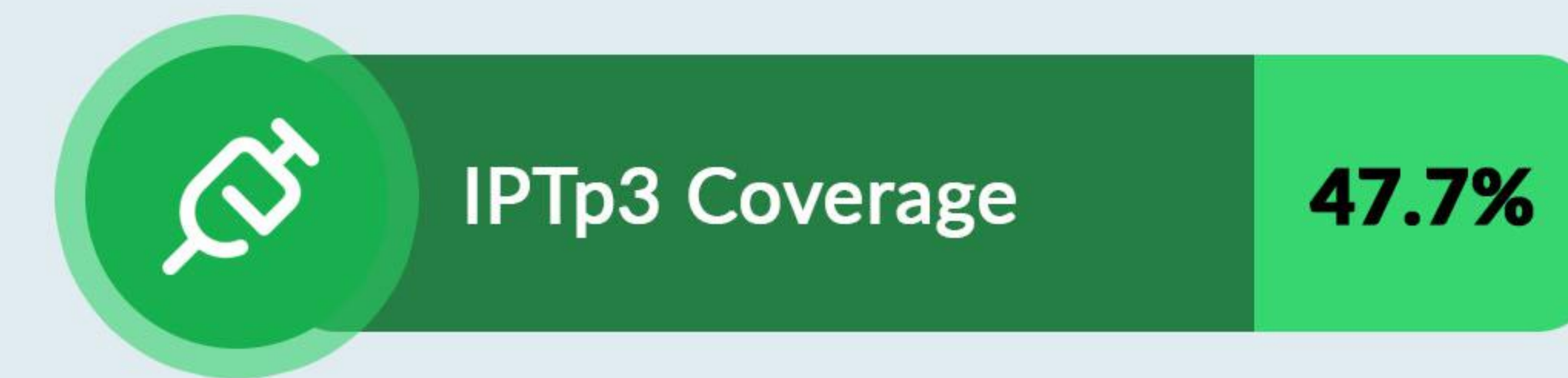
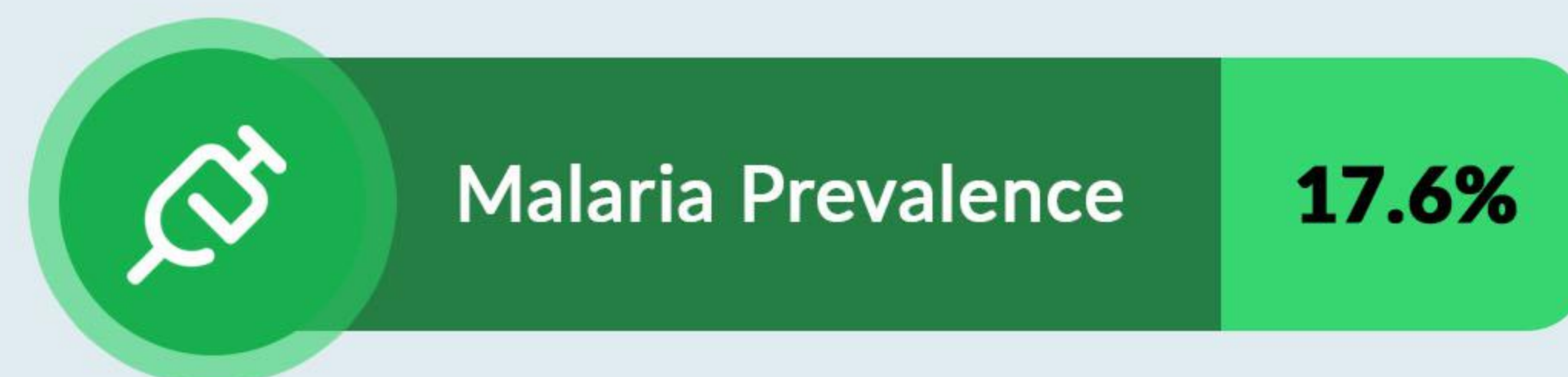
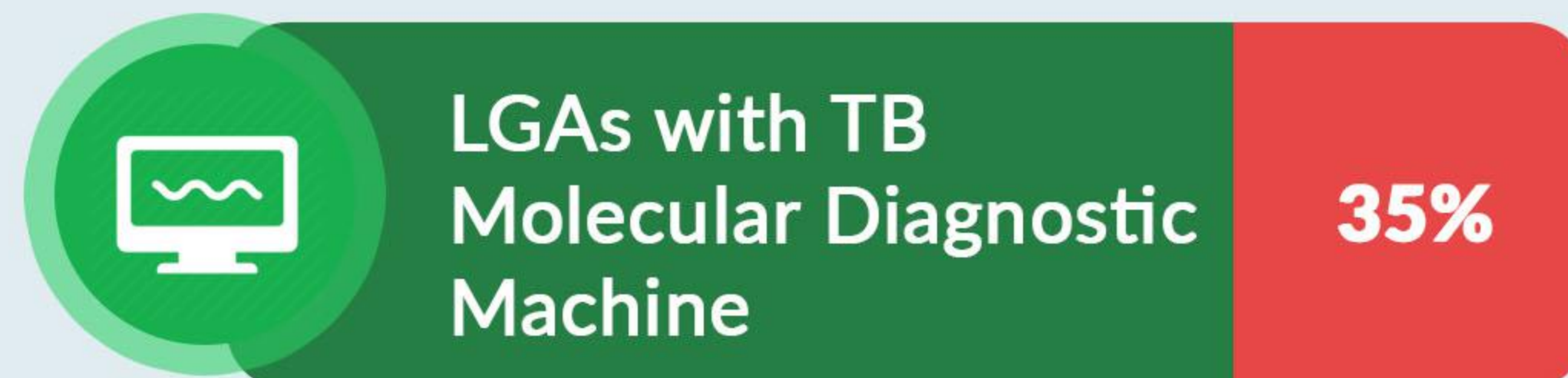
## Call to Action

The State Government should Identify and address barriers to access and utilization of family planning services, antenatal, delivery, immunization services and exclusive breastfeeding.

# 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.



## 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.



Zero Dose Children

46,262



No. of Children with Stunting

80,609



No. of Children with Wasting

50,531



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

3,926



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

6,751



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

9,199



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

S/N	Title	Description
1.	Health System Strengthening	Data quality assessment and Data Validation.
2.	State Drug Distribution Centre	Upgrade to a Drug Management Agency.
3.	Logistics Management Coordination	National Logistic Health Information System.

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Location
1	Aid Health Foundation	Care of HIV, Opportunistic Infections Associated	16 LGAs
2	APIN (Public Health Initiatives)	Implementation of HIV Disease Program	23 LGAs
3	Association for Reproductive and Family Health	DRTB Treatment and Care	23 LGAs
4	CCMHP	Mental Health	23 LGAs
5	EVA	Reproductive Health & Right of Young People	11 LGAs
7	Global Health Supply Chain	HIV/AIDS, Malaria & COVID-19	23 LGAs
8	Hellen Keller International	Vit A Supplementation	23 LGAs
9	Initiative for Water and Environmental Sustainability	Menstrual Hygiene	23 LGAs

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Location
10	Institute of Human Virology Nigeria	DRTB Treatment and Care	23 LGAs
11	International Committee of the Red Cross	Humanitarian	4 LGAs
12	IPAS	Reproductive Health	23 LGAs
13	KNCV	Tuberculosis	23 LGAs
14	Leprosy and TB Relief Initiative in Nigeria	Sputum Shipment	23 LGAs
15	Marie Stopes International	Health Communication	23 LGAs
16	Medecins Sans Frontieres	Reproductive Health (Family Planning)	6 LGAs
17	Presidential Malaria Initiative for States	Malaria Control	23 LGAs



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Location
18	Rotary International	Family Planning and Others	23 LGAs
2	Sight Savers International	NTD	23 LGAs
3	UNFPA	Lassa Fever, HIV & COVID-19	23 LGAs
4	UNICEF	Maternal & Child Health (Safe Motherhood)	23 LGAs
5	USAID (Breakthrough Action Nigeria)	Maternal & Child Health	23 LGAs
7	WHO	Nutrition, Immunization	23 LGAs

# Summary of Key Actions



## Health Facility Distribution

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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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