

# NIGERIA GOVERNORS' FORUM



## Bayelsa State Health Profile

Glory of all Lands



Universal Health Coverage



RI/Polio Eradication



Nutrition



Health Security



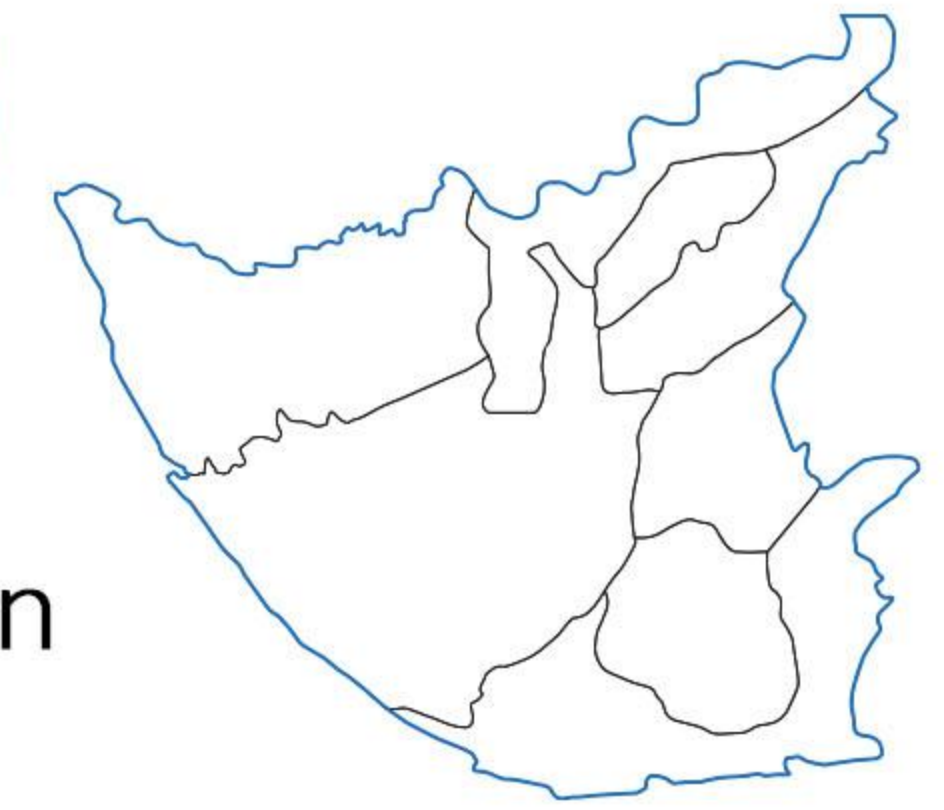
*Your Excellency,*

*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 Bayelsa State



Bayelsa state, ranked 36th in terms of population size and has a population density of 250 persons/km<sup>2</sup>.



Created  
1/10/1996



Land Mass  
10,773km<sup>2</sup>



Population  
2,691,237



LGAs  
8



Political Wards  
105



Under 1 Population  
107,649



Under 5 Population  
538,247



Women of Child Bearing Age  
592,072

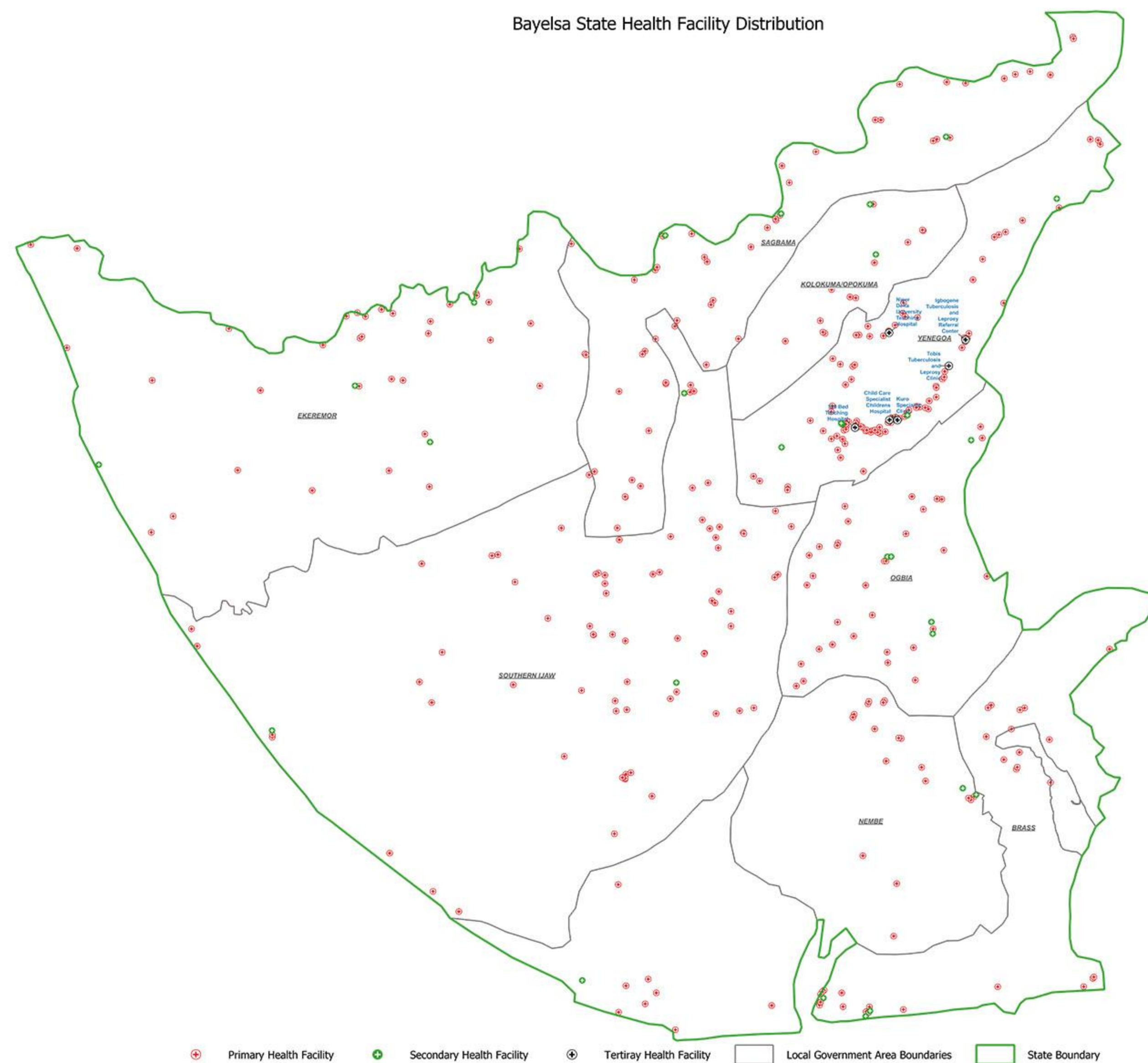


Pregnant Women  
134,562

# Health Facility Distribution



Bayelsa 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** **210**

Public: 210

Private: 0

**Secondary** **78**

Public: 32

Private: 46

**Tertiary** **2**

Public: 2

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.



## Health Training Institutions

Institution	Public	Private	Admission Quota
College(s) of Medicine	No Data	No Data	No Data
School(s) of Nursing & Midwifery	No Data	No Data	No Data
School(s) of Health Technology	No Data	No Data	No Data
School(s) of Pharmacy	No Data	No Data	No Data



## Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target <b>(WHO)</b>
Doctors	No Data	No Data	No Data
Nurses/Midwives	No Data	No Data	No Data
Community Health Workers	No Data	No Data	No Data
Pharmacists	No Data	No Data	No Data

# Health Financing



Bayelsa state is not investing adequately in health as evidenced by the low annual budgetary allocation and a per capita expenditure on health of N3,593.90; even though budgetary release is high; this may have contributed to some of the poor health outcomes in the state.

## Allocation - FY 2022



**Total State Budget**

₦314.5 bn



**Allocation to Health (%)**

₦11.9 bn (4%)



**Percentage Health Allocation to PHC**

₦0.1 bn (1%)

## Performance - FY 2022



**State Budget Performance**

₦292.9 bn

93%



**Health Budget Performance**

₦9.7 bn

81%



**Health Expenditure Per Capita**

₦3,593.90



### 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 is release of 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



**61,683**

- Target Not Met
- Target Met
- No Data



## Call to Action

The State Government should continue to support the health insurance scheme and ensure regular and timely release of equity fund, ensuring government and employee contribution into the scheme.

# PHCUOR Scorecard

## Primary Health Care Under One Roof



Bayelsa State Government has a Primary Healthcare Board, however it is falling behind in its implementation of the Primary Health Care Under One Roof policy.

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. PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
2. It develops and implement a health investment plan.
3. 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



There is poor access to and utilization of antenatal and immunization services however access to family planning is low with about 8% of women-in-union needing family planning services not having access to it.

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 to ensure that:

1. Optimize functionality of the SCFN and facilitate development of MSPAN.
2. Set Up nutrition department and create budget line in relevant MDAs (at minimum in the following MDAs – Health Agriculture, Budget and Planning, Women affairs, State Primary Health Care Board).
3. Approve 6 months paid maternity leave National Primary Health Care Development Agency (NPHCDA) guidelines for the revitalization of PHCs.

# Drug Management Agency (DMA) Scorecard



Bayelsa 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



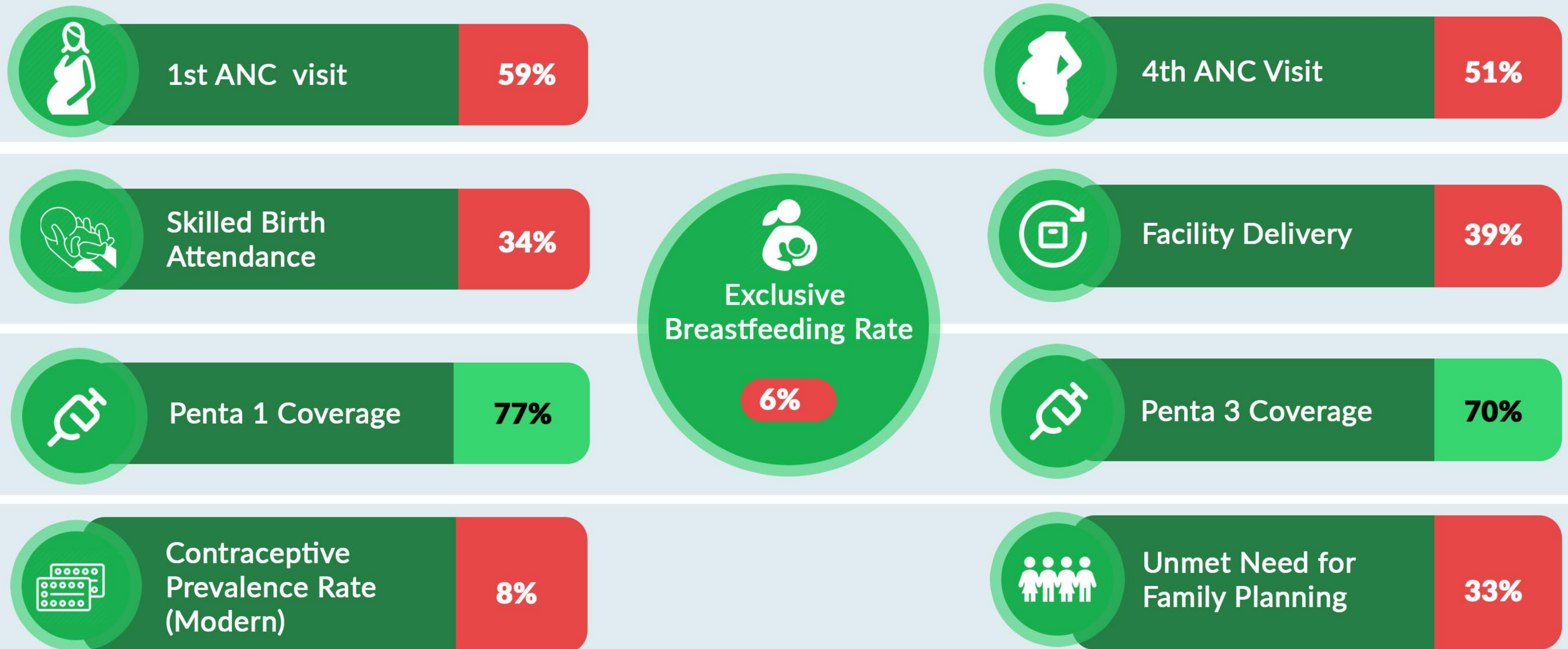
## Call to Action

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 to and utilization of antenatal, delivery and family planning services, with a very low proportion of children under 6 months exclusively breastfed.



The State Government should:



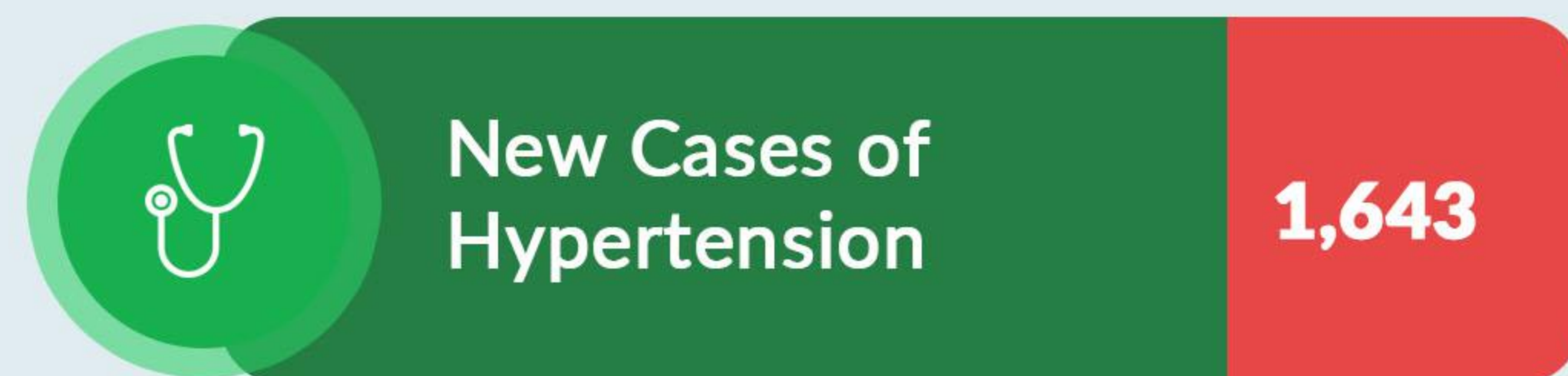
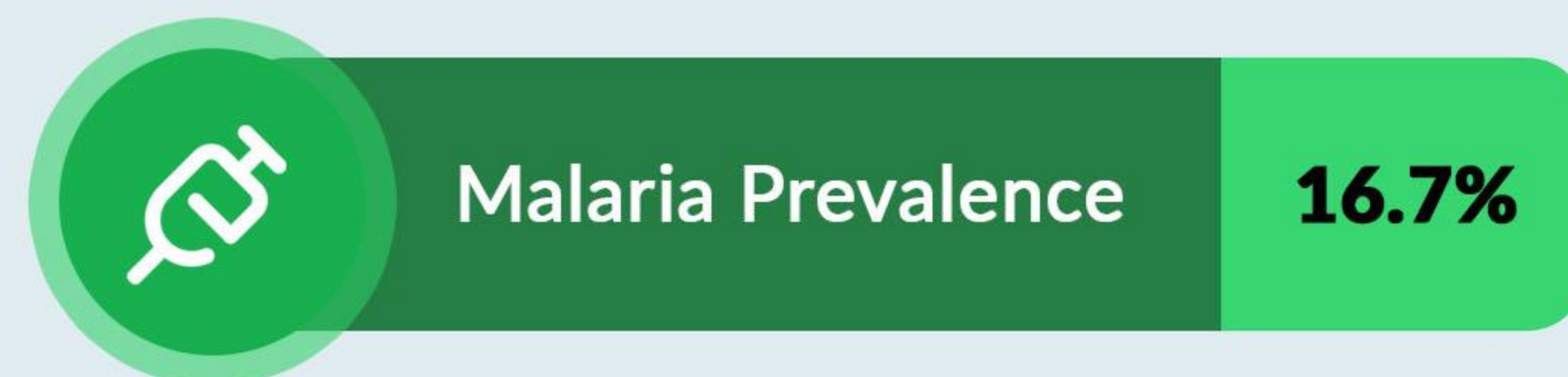
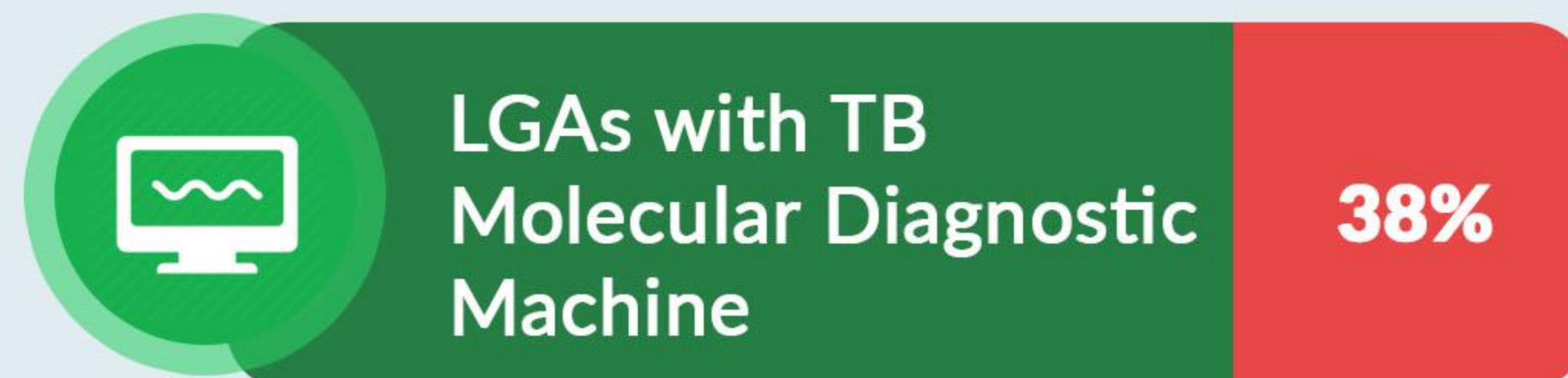
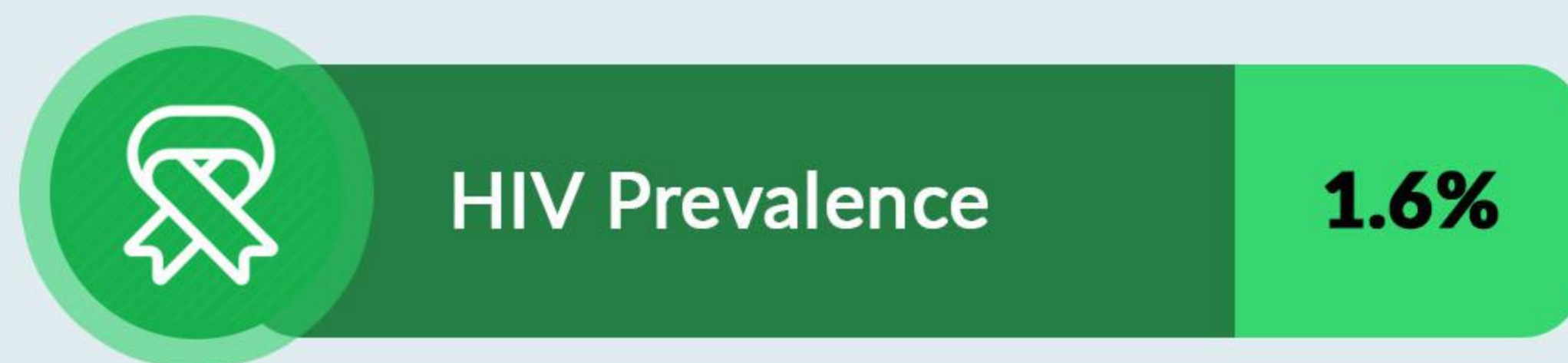
### Call to Action

1. Identify and address barriers to access and utilization of antenatal, delivery, immunization and family planning services.
2. The state has a low network of TB molecular diagnostic machine and high unmet need of treatment for Children Living with HIV and only provides 3 doses of malaria prophylaxis for a quarter of its pregnant women.

# 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 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



There is 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

22,424



No. of Children with Stunting

29,285



No. of Children with Wasting

1,440



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

3,243



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

6,145



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

8,779



## 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 Bayelsa State that the Government needs to sustain.

S/N	Title	Description
1.	Zipline Drone Delivery	This is a partnership between the State and Zipline for the prompt delivery of drugs, vaccines, blood and blood products and other health technologies especially to hard-to-reach health facilities using drones with the aim of reducing preventable Maternal and Child death

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	AFENET	Surveillance/Covid-19	8 LGAs
2	GAVI	Immunization & Health Systems Strengthening	8 LGAs
3	GERMAN LEPROSY AND TB RELIEF ASSOCIATION	TB	8 LGAs
4	Global Fund (PMTCT)	HIV/AIDS	8 LGAs
5	Global Fund (TB)	TB	8 LGAs
6	HEARTLAND ALLIANCE GTE SPECIAL POPULATION PROJECT	Covid-19 Vaccination, Special Population (HIV/AIDS) Interventions	8 LGAs

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
7	HEARTLAND ALLIANCE GTE SPECIAL POPULATION PROJECT	HIV/AIDS	8 LGAs
8	ISLAMIC BANK	Malaria	8 LGAs
9	Marie Stopes International	Reproductive Health	8 LGAs
10	MOMENTUM ROUTINE IMMUNIZATION TRANSFORMATION AND EQUITY (MRITE)	COVID-19 and Routine Immunization	8 LGAs
11	SYDANI GROUP	Improve Uptake of Immunization and PHC Services In General, Involving Traditional and Religious Leaders	8 LGAs



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
12	UNICEF	ACSM, Vaccines & Logistics, Emergency Disaster Management	8 LGAs
13	WHO	Integrated Health Services Including PHC Services, Health Systems Strengthening, Disease Surveillance and Outbreak Response, Supplemental Immunization Activities	8 LGAs
14	World Bank	COVID-19	8 LGAs
15	ZIPLINE	Vaccine, Drugs and Other Medical Commodities Distribution, Using Drones To the Last Man Within the State	8 LGAs

# Summary of Key Actions



## Health Facility Distribution

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## Human Resource for Health

No data

## Health Financing

The state should gradually work towards \$29\*(N12,000 approx.) per capita and invest more in health insurance.

## Health Insurance

The State Government should continue to support the health insurance scheme and ensure regular and timely release of equity fund, ensuring government and employee contribution into the scheme.

## Primary Health Care Under One Roof

The State Government to ensure that:

1. PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
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# Summary of Key Actions



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## Access and Service Utilization

The State Government should:

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2. The state has a low network of TB molecular diagnostic machine and high unmet need of treatment for Children Living with HIV and only provides 3 doses of malaria prophylaxis for a quarter of its pregnant women.

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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