



# NIGERIA GOVERNORS' FORUM



## Bauchi State Health Profile

Pearl of Tourism



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 Bauchi State



Bauchi state, ranked 7th in terms of population size and has a population density of 163 persons/km<sup>2</sup> and population density of 687 persons/km<sup>2</sup>.



Created  
02/03/1976



Land Mass  
49,119km<sup>2</sup>



Population  
7,984,474



LGAs  
20



Political Wards  
212



Under 1 Population  
319,379



Under 5 Population  
1,596,895



Women of Child Bearing Age  
1,756,584

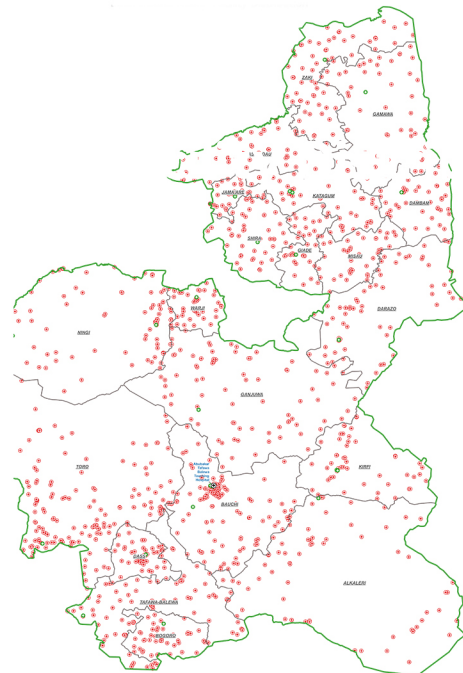


Pregnant Women  
399,224

# Health Facility Distribution



Bauchi 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 **1,450**

Public: 1,350

Private: 100

🏠 Secondary **91**

Public: 26

Private: 65

🏠 Tertiary **5**

Public: 5

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 | 3      | 0       | 1200            |
| School(s) of Health Technology   | 1      | 18      | >10000          |
| School(s) of Pharmacy            | 1      | 0       | 75              |



## Human Resource for Health

| Occupation               | Number | Density<br><i>(Per 10,000 Population)</i> | Target<br><b>(WHO)</b> |
|--------------------------|--------|---|------------------------|
| Doctors                  | 57     | <1  | 10                     |
| Nurses/Midwives          | 1609   | 2.0                                       | 30                     |
| Community Health Workers | 351    | <1  | 10                     |
| Pharmacists              | 52     | <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



Bauchi state budget allocation is higher than the national average with a low per capita of N1,915.60 and a fairly good budgetary release, however it is still below the Abuja declaration of 15%.

## Allocation - FY 2022



### Total State Budget

₦197.5 bn



### Allocation to Health (%)

₦21.9 bn (11%)



### Percentage Health Allocation to PHC

₦5.4 bn (25%)

## Performance - FY 2022

### State Budget Performance



₦171.4 bn

87%

### Health Budget Performance



₦15.3 bn

70%

### Health Expenditure Per Capita



₦1,915.60



### 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. However, lack of 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



**131,870**

- Target Not Met
- Target Met
- No Data



## Call to Action

The State Government should fast track government and employee contribution into the scheme.

# PHCUOR Scorecard

Primary Health Care Under One Roof



Bauchi 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

1. Ensure PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
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.

# Drug Management Agency (DMA) Scorecard



| The state has a Drug Management Agency.

| Scorecard   |                |
|---|----------------|
| Indicator   | Status         |
| State Has Established An Autonomous DMA Backed By Law | Target 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 Not Met |

- Target Not Met
- Target Met
- No Data



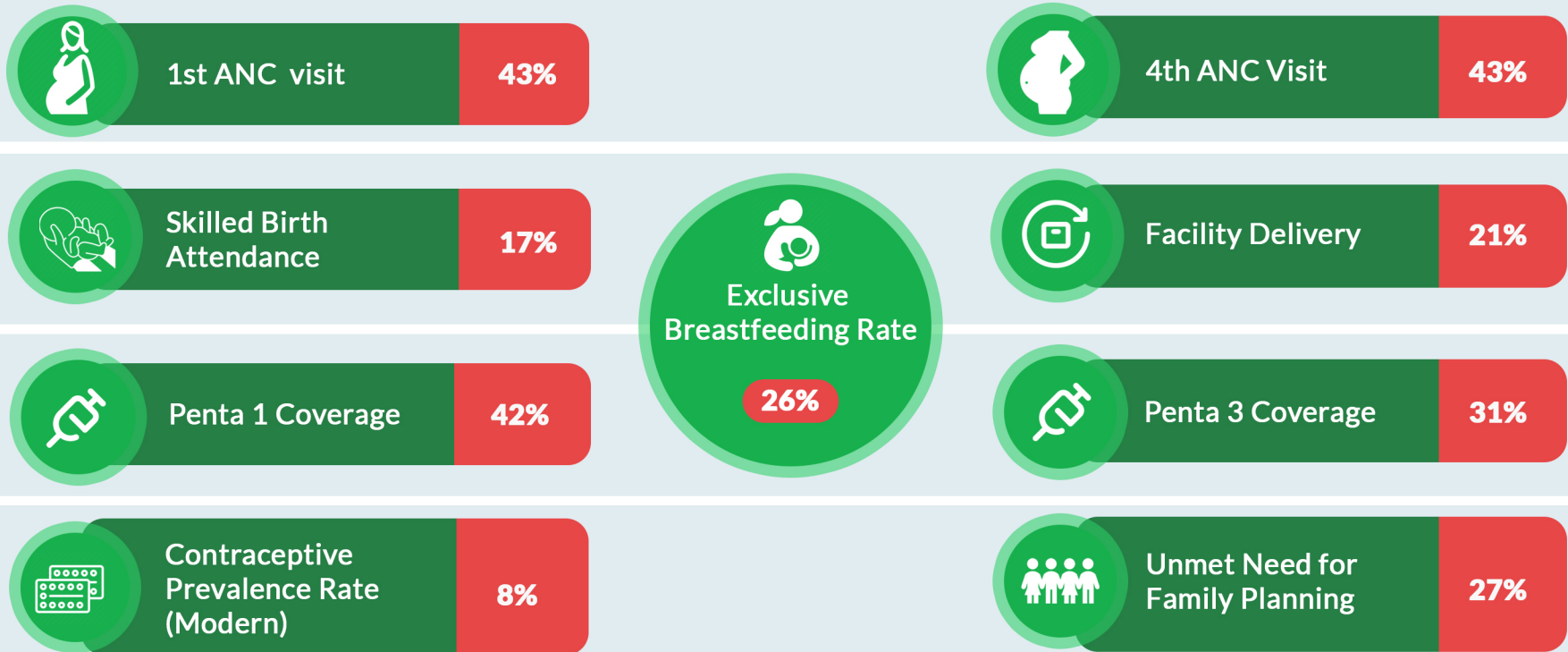
## Call to Action

The State Government to continue support to its 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, immunization and family planning services, and only a quarter of children under six months are exclusively breastfed.



## Call to Action

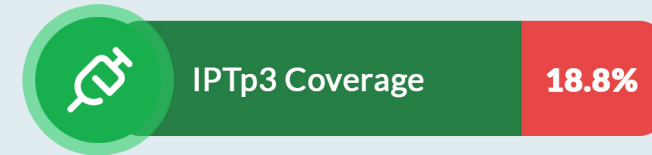
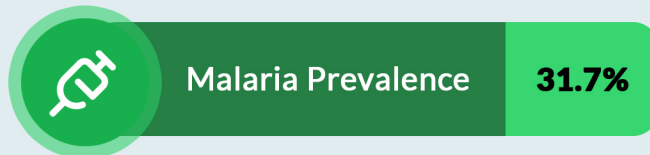
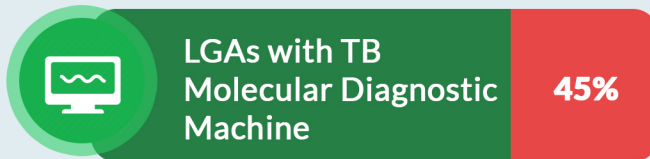
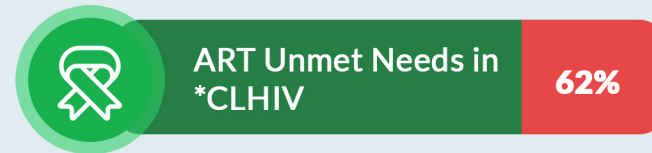
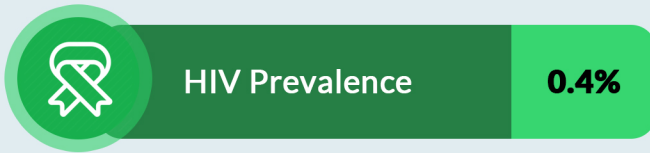
The State Government to:

1. Identify and address barriers to access and utilization of family planning, antenatal, delivery and immunization services.
2. Actively promote exclusive breastfeeding.

# Access and Service Utilization



The state has a low network of TB molecular diagnostic machines and high unmet needs in terms of treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for one-fifth of its pregnant women.



## Call to Action

The State Government to: The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CHLIV 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 Under 5 mortality in the state. The state has the fourth highest number of deaths in children before their 5th birthday.



Zero Dose Children

410,716



No. of Children with Stunting

26,543



No. of Children with Wasting

11,902



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

23,215



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

39,969



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

410,716



## 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 Bauchi State that the Government needs to sustain.

| S/N | Title                                    | Description  |
|-----|--|--|
| 1.  | Partnership for improved PHC performance | <p>Strengthened Human Resource for Health Database, by linking SPHCDA with the State Bureau of Statistics for a unified data management system.</p> <p>Use of Biometrics for recording HRH attendance. This has drastically reduced health worker absenteeism.</p> |

# Partner Mapping



| S/N | Implementing Partner   | Intervention                | Geographical Coverage |
|-----|--|-----------------------------|-----------------------|
| 1   | UNICEF, World Bank, All Babies   | Immunization & Child Health | State wide            |
| 2   | WHO, USAID, The Georgetown Global Health Nigeria (GGHN), USAID-E4A, Aliko Dangote Foundation, CIET | Health System Strengthening | State wide            |
| 3   | World Bank, USAID, USAID BMGF - Alive and Thrive   | Nutrition                   | State wide            |
| 4   | USAID-IHP, BA-N  | SBCC Advocacy               | State wide            |
| 5   | USAID-GHSCP  | Logistics and Supply Chain  | State wide            |

# Partner Mapping



| S/N | Implementing Partner  | Intervention                           | Geographical Coverage |
|-----|---|--|-----------------------|
| 6   | Malaria Consortium, Society for Family Health, Global Fund - MSH, SHARP-3, KP-CARE 2, ICSSA-4, KNCV, Leprosy mission Nigeria (LMN), LTR Leprosy and TB relief initiative in Nigeria | ATM                                    | State wide            |
| 7   | New Incentives - All Babies Are Equal   | Routine Immunization                   | State wide            |
| 8   | UNFPA, Society for Family Health, Plan International, Marie Stopes, IPAS, Julie Helping Hands Foundation (JHF   | Sexual, Reproductive & Maternal Health | State wide            |



# Partner Mapping



| S/N | Implementing Partner  | Intervention               | Geographical Coverage |
|-----|---|----------------------------|-----------------------|
| 9   | Society for Family Health (SFH), USAID-State2State                    | WASH                       | State wide            |
| 10  | Bill & Melinda Gate Foundation, USAID-State2State                     | Service Delivery           | State wide            |
| 11  | USAID State2State   | Health Financing           | 4 LGAs                |
| 12  | CIET  | Research                   | 2 LGAs                |
| 13  | CHAI  | Disease Surveillance       | State wide            |
| 14  | Leprosy mission Nigeria (LMN)   | Neglected Tropical Disease | State wide            |
| 15  | Engender Health -Momentum Safe Surgery family Planning and Obstetrics |                            | 6 LGAs                |

# Summary of Key Actions



## Health Facility Distribution

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## Human Resource for Health

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## Health Insurance

The State Government to continue regular and timely release of equity fund, and fast track government and employee contribution into the scheme.

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The state government should:

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Also, the State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CHLIV 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.

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