



# NIGERIA GOVERNORS' FORUM



## Anambra State Health Profile

Light of The Nation



Universal Health  
Coverage



RI/Polio Eradication



Nutrition



Health Security



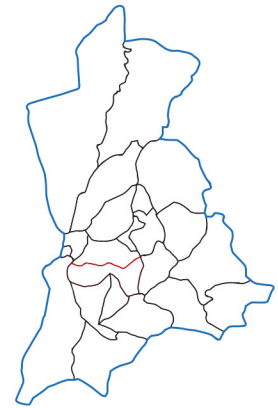
*Your Excellency,*

*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 Anambra State



Anambra state, ranked 10th in terms of population size and has a population density of 1,343 persons/km<sup>2</sup>.



Created

3/2/1976



Land Mass

4,844km<sup>2</sup>



Population

6,505,448



LGAs

21



Political Wards

327



Under 1 Population

260,218



Under 5 Population

1,301,090



Women of Child Bearing Age

1,431,199



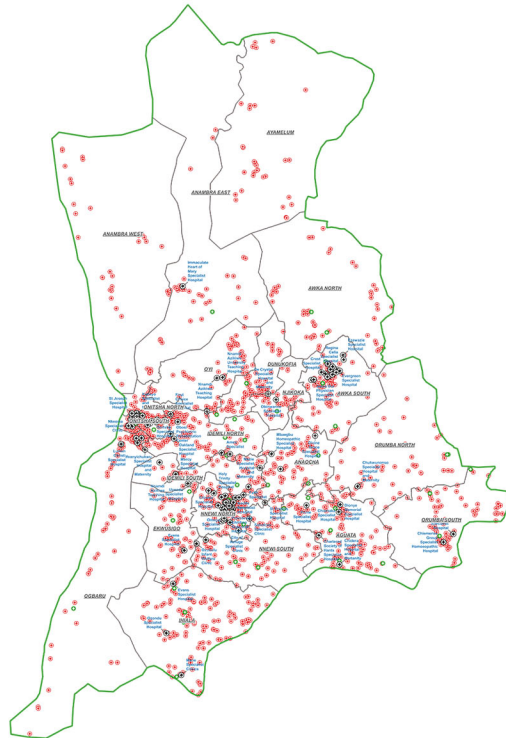
Pregnant Women

325,272

# Health Facility Distribution



Anambra 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** **830**

Public: 716

Private: 114

🏠 **Secondary** **554**

Public: 40

Private: 514

🏠 **Tertiary** **3**

Public: 3

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	2	5	100
School(s) of Health Technology	1	1	100
School(s) of Pharmacy	2	0	-



## Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target <b>(WHO)</b>
Doctors	162	<1	10
Nurses/Midwives	1113	1.7	30
Community Health Workers	697	1	10
Pharmacists	31	0.05	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



Anambra 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 ₦350.50; this may have contributed to some of the poor health outcomes in the state.

## Allocation - FY 2022



### Total State Budget

₦142.0 bn



### Allocation to Health (%)

₦9.6 bn (7%)



### Percentage Health Allocation to PHC

₦0.9 bn (9%)

## Performance - FY 2022

### State Budget Performance



₦98.5 bn

69%

### Health Budget Performance



₦2.3 bn

24%

### Health Expenditure Per Capita



₦N350.50



### Call to Action

The State Government should sustain its efforts on allocation and release of funds to health, gradually work towards \$29\* (₦12,000 approx.) per capita, while investing 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; employee contribution for the formal sector. However, the non-release of equity fund 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



**221,621**

- Target Not Met
- Target Met
- No Data



## Call to Action

The State Government should sustain its commitment to the insurance scheme and ensure timely release of equity funds into the scheme.

# PHCUOR Scorecard

Primary Health Care Under One Roof



Anambra state is implementing the PHCUOR but it is yet to complete its reposition of 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 SMoLGA	●

● Target Not Met  
● Target Met  
● No Data



## Call to Action

The State Government should:

1. 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.

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



Anambra 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



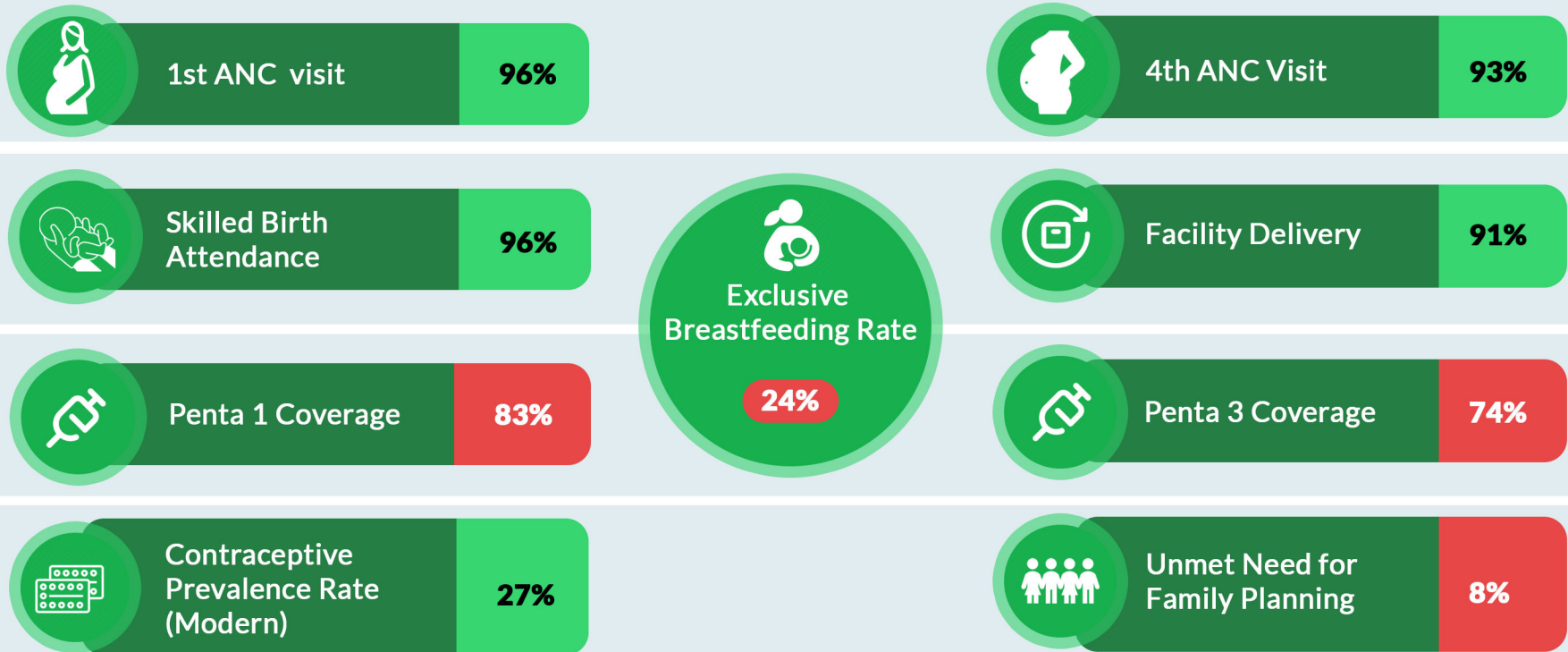
## Call to Action

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 antenatal, delivery services, however access to family planning and immunization services is low with about 26% of children less than 6 months being exclusively breastfed.



## Call to Action

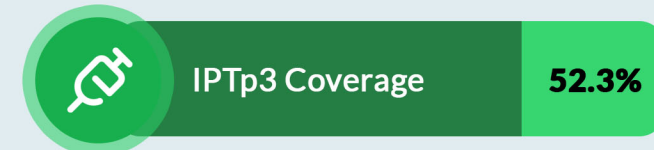
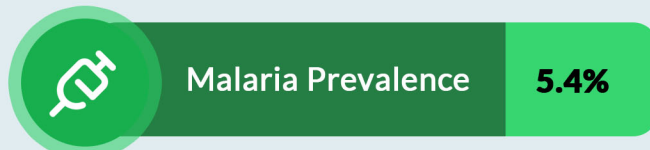
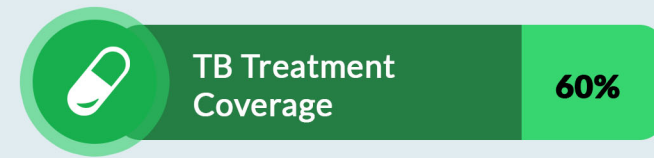
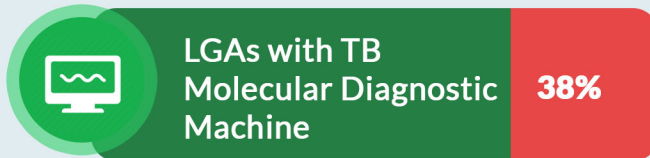
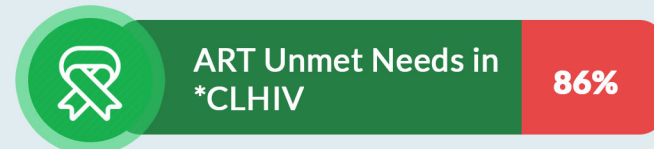
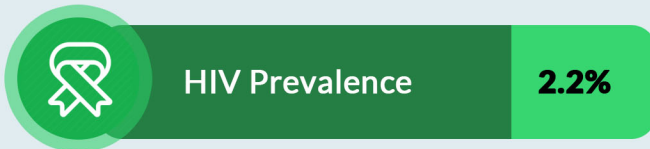
The State Government should:

1. Sustain its performance on antenatal services.
2. Identify and address barriers to access and utilization of immunization and family planning services.

# Access and Service Utilization



The state has a low network of TB molecular diagnostics machines, high unmet needs in terms of Treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for half of its pregnant women.



## Call to Action

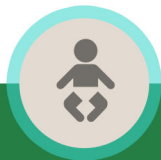
The State Government should ensure at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and expand coverage of IPTp3

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

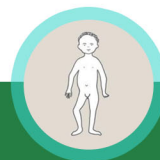


There a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state. The state has the fourth highest number of deaths in children before their 5th birthday.



Zero Dose Children

39,929



No. of Children with Stunting

41,941



No. of Children with Wasting

4,660



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

1,249



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

3,539



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

4,580



## 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 Anambra State that the Government needs to sustain.

S/N	Title	Description
1.	Cervical Cancer Project	Provision of cervical cancer test in primary and secondary healthcare facilities in the state to ensure early detection and cure of cervical cancer among the women.

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Location
1	Achieving Health Nigeria Initiative (AHNI)	HIV services, Adolescent Reproductive Health	State Wide
2	KNCV	TB Services	State Wide
3	Rotary International	Reproductive Health	State Wide
4	The Carter Center	Neglected Tropical Disease	State Wide
5	UNICEF	HIV services, Reproductive Health, Immunization services, Nutrition	State Wide
6	WHO	Immunization, Surveillance, Health System Strengthening	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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