



NIGERIA GOVERNORS' FORUM



Zamfara State Health Profile

Farming is our Pride





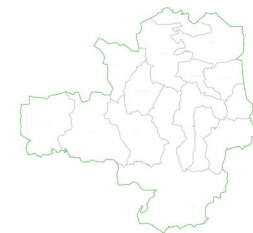
Your Excellency,

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 Zamfara State



Zamfara state, ranked 21st in terms of population size and has a population density of 136 persons/km².



Created
1/10/1996



Land Mass
39.762km²



Population
5,396,004



LGAs
14



Political Wards
147



Under 1 Population
215,840



Under 5 Population
1,079,201



Women of Child Bearing Age
1,187,121

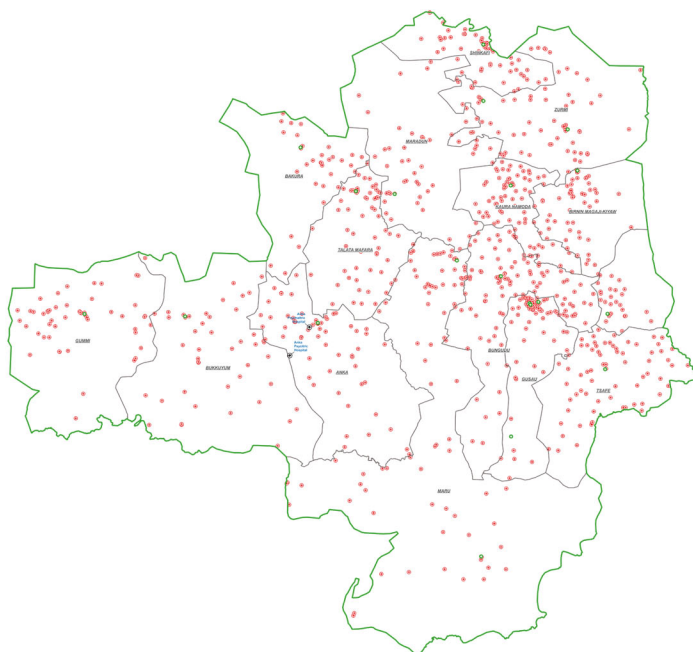


Pregnant Women
269,800

Health Facility Distribution



Zamfara 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 718

Public: 686

Private: 32

Secondary 35

Public: 22

Private: 13

Tertiary 6

Public: 2

Private: 4

**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.

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	-	-	-
School(s) of Nursing & Midwifery	2	2	No Data
School(s) of Health Technology	1	12	No Data
School(s) of Pharmacy	0	0	-



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	125	<1	10
Nurses/Midwives	820	1.5	30
Community Health Workers	1,165	2	10
Pharmacists	33	<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



Zamfara 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 N888.50; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦159.5 bn



Allocation to Health (%)

₦11.2 bn (7%)



Percentage Health Allocation to PHC

₦1.3 bn (12%)

Performance - FY 2022

State Budget Performance



₦114.9 bn

72%

Health Budget Performance



₦4.8bn

43%

Health Expenditure Per Capita



₦888.50



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 does not make health insurance mandatory. There is employee contribution 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	Target Met
Health Insurance Made Mandatory	Target Not Met
Equity Funds Release	Target Not Met
Government Contribution for Formal Sector	Target Not Met
Employee Contribution for Formal Sector	Target Met

Total No. of Enrollees



No Data

- Target Not Met
- Target Met
- No Data



Call to Action

The State Government to make health insurance mandatory and ensure regular and timely release of equity fund, and fast track government contribution into the scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Zamfara 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 (MSPAN)	●
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



I Zamfara state has a functional Drug Management Agency with at least 60% of it's focal ward PHCs capitalized. However they lack a pharmagrade warehouse with adequate capacity.

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



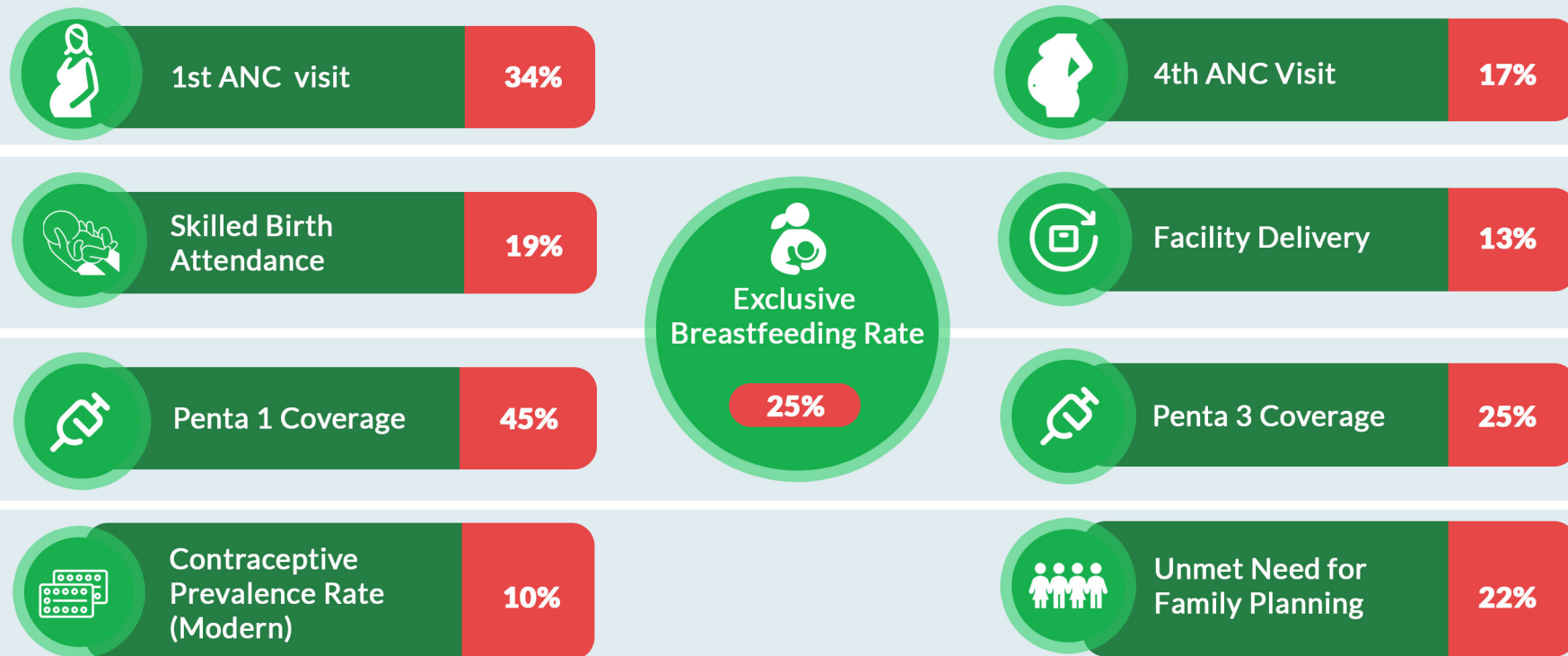
Call to Action

The State Government to continue support to its DMA and work towards providing a pharmagrade warehouse with adequate capacity.

Access and Service Utilization...



There is poor access to and utilization of antenatal, delivery, immunization and family planning services with about a quarter of children under 6 months of age being exclusively breastfed.



Call to Action

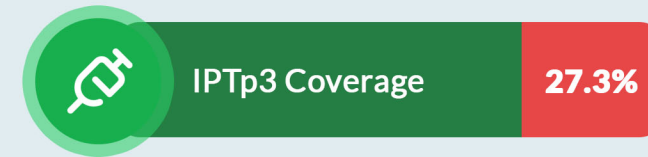
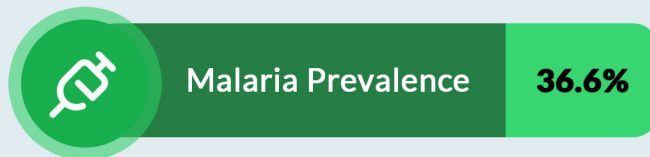
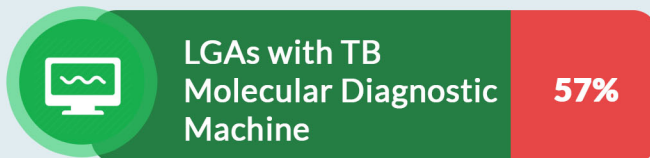
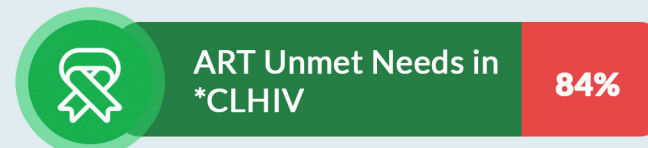
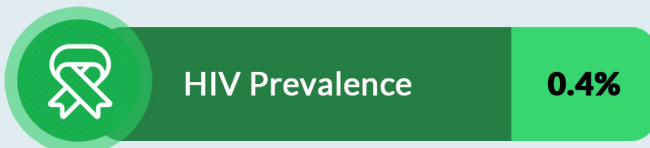
The State Government should:

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

Access and Service Utilization



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



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, NTBLCPP, NMEP, DHIS2.

Health Outcomes

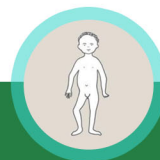


There is a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



Zero Dose Children

124,388



No. of Children with Stunting

227,395



No. of Children with Wasting

28,543



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

5,425



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

14,566



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

23,980



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 Zamfara state that the Government needs to sustain.

S/N	Title	Description
1	Gavi	Leadership, Management and Coordination, Service Delivery, Demand Generation, Data management and Health information, Supply Chain and Logistics, and Human Resource for health.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	AFENET	Diseases Surveillance	-
2	Chigari Foundation	Routine Immunization, PHC Services	14 LGA
3	GAVI	Immunization & Health Systems Strengthening	State Wide
4	HSCL ACE 3	Accelerating Control of the HIV Epidemic in Nigeria (ACE3)	14 LGA

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
5	International Committee of the Red Cross	Nutrition and Malaria Program	14 LGA
6	Leprosy and TB Relief Initiative in Nigeria	Leprosy control program	14 LGA
7	Marie Stopes International	SRH-FP	14 LGA
8	MSF Holland	Nutrition and Malaria Program	3 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	MSF SPAIN	Nutrition and Malaria Program	3 LGAs
10	New Incentives	Immunization Demand Creation	No Data
11	Save the Children International	No Data	No Data
12	Sight Savers International	NTDs, Eye Care	No Data

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
13	Society for Family Health (KPCARES2)	HIV/AIDS Program (Care & treatment)	No Data
14	Solidarity Intertional	Nutrition	No Data
15	UNICEF	Nutrition, MNCH program	No Data
16	UNICEF	Immunization and surveillance	All LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
17	USAID (PMI-s, BA-N)	Malaria intervention program, SBSS	No Data
18	WHO	Diseases Surveillance	No Data

Summary of Key Actions



Health Facility Distribution

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2. Develop MSPAN and ensure prompt release of funds for its implementation;
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Drug Management Agency

The State Government to continue support to its DMA and work towards providing a pharma-grade warehouse with adequate capacity.

Access and Service Utilization

The State Government should:

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

The State Government should also ensure 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.

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