



# NIGERIA GOVERNORS' FORUM



## Yobe State Health Profile

Pride of the Sahel



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 Yobe State



Yobe state, ranked 32nd in terms of population size and has a population density of 88 persons/km<sup>2</sup>.



Created  
27/08/1991



Land Mass  
45,502 km<sup>2</sup>



Population  
4,025,606



LGAs  
17



Political Wards  
178



Under 1 Population  
161,024



Under 5 Population  
805,121



Women of Child Bearing Age  
885,633

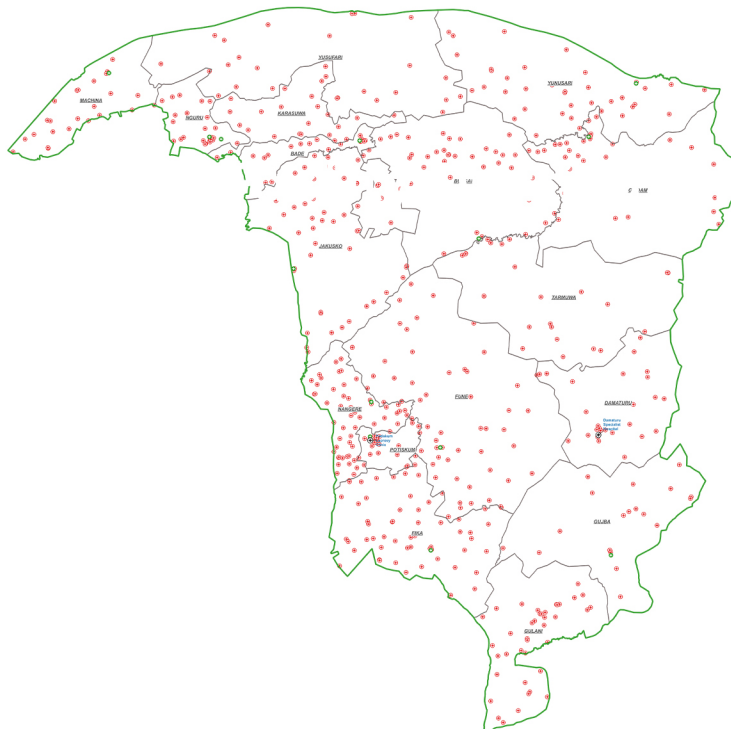


Pregnant Women  
201,280

# Health Facility Distribution



Yobe 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** **560**

Public: 549

Private: 11

**Secondary** **24**

Public: 16

Private: 8

**Tertiary** **7**

Public: 7

Private: -

**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	1	-	50
School(s) of Nursing & Midwifery	2	1	945
School(s) of Health Technology	1	1	1,200
School(s) of Pharmacy	-	-	-



## Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	285	<1	10
Nurses/Midwives	1,386	3.4	30
Community Health Workers	819	2	10
Pharmacists	48	<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



Yobe state has a fairly good allocation to health even though less than 15% Abuja declaration and the budgetary release is very good.

## Allocation - FY 2021



### Total State Budget

₦139.9 bn



### Allocation to Health (%)

₦18.1 bn (13%)



### Percentage Health Allocation to PHC

₦6.25 bn (35%)

## Performance - FY 2021

### State Budget Performance



₦115.9 bn

82%

### Health Budget Performance



₦17.2 bn

95.3%

### Health Expenditure Per Capita



₦4,281.3



## Call to Action

The State Government to sustain the relatively high budget allocation and release.

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



**268,931**

● Target Not Met

● Target Met

● No Data



## Call to Action

The State Government should continue 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



Yobe 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	●
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



Yobe state has a drug management agency backed by law however has not implemented a single supply chain system.

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



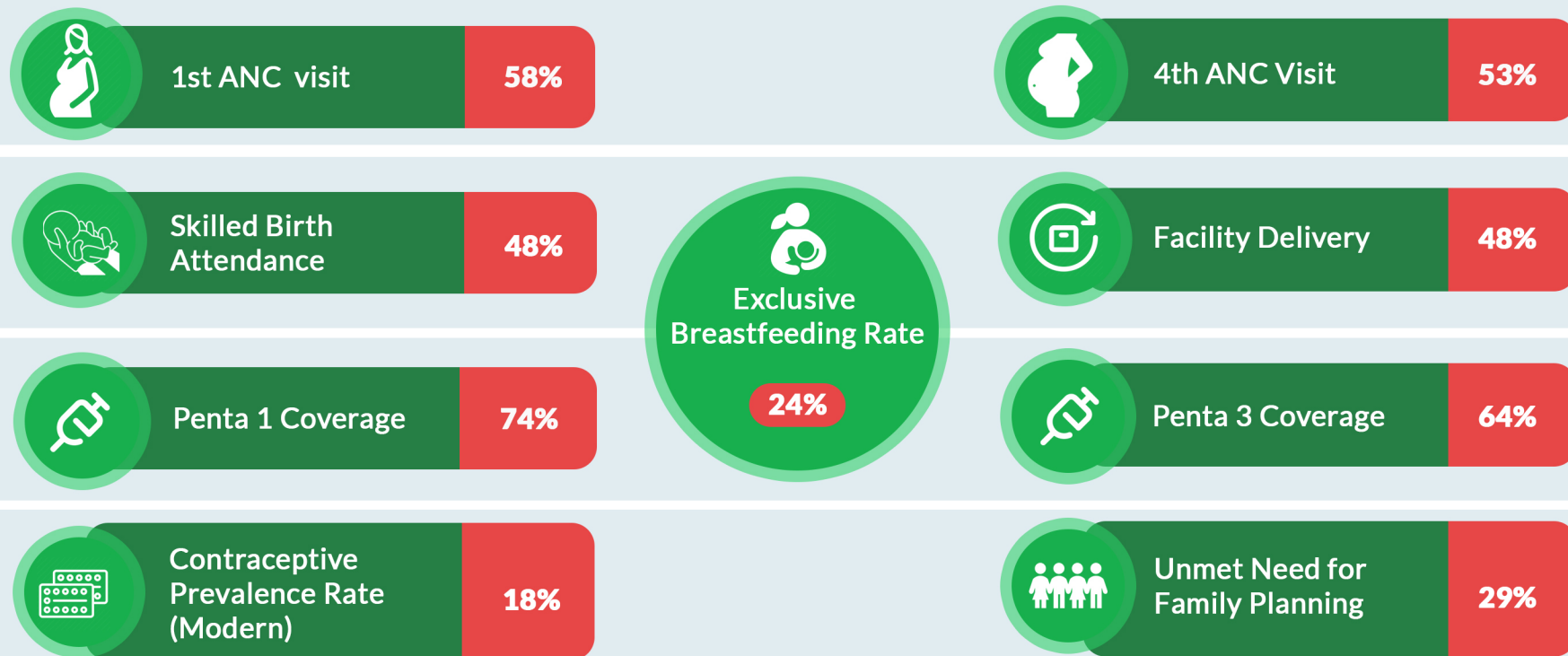
## Call to Action

The State Government to continue support to its drug management agency and implement a single supply chain 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, immunization and family planning services; with less than a quarter of children under 6 months being exclusively breastfed (EBF).



## Call to Action

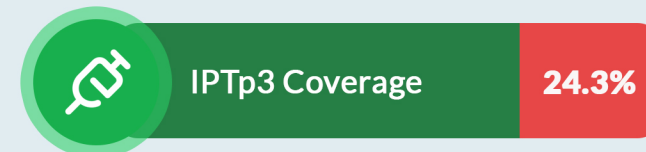
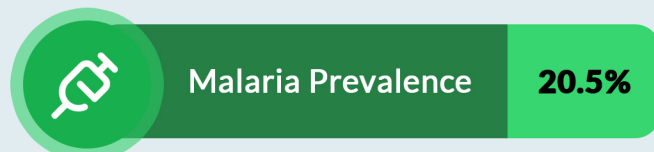
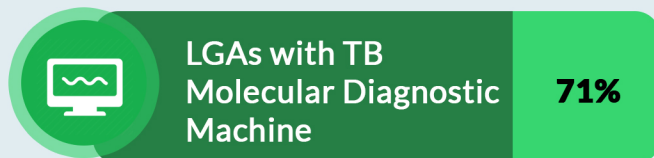
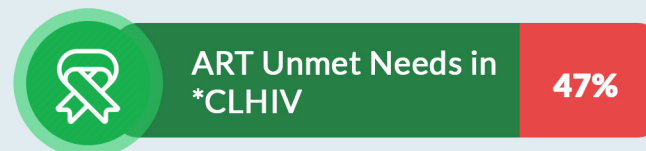
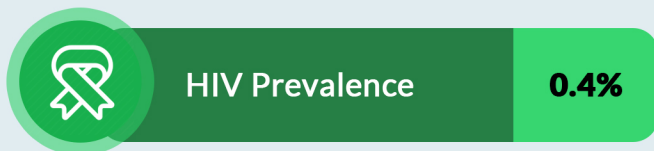
The State Government should:

1. Improve its performance on antenatal, delivery and immunization services.
2. Identify and address barriers to access and utilization of family planning services and Exclusive Breast Feeding.

# Access and Service Utilization



The state has a limited network of TB molecular diagnostic machines, high unmet needs in terms of treatment for Children Living with HIV 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

**37,364**



No. of Children with Stunting

**259,598**



No. of Children with Wasting

**13,331**



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

**1,337**



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

**3,283**



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

**6,848**



## 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 Yobe state that the Government needs to sustain.

S/N	Title	Description
1	Establishment of Yobe State Medical Emergency Ambulance Services	Agency with a mandate to manage emergencies.
2	Establishment of Health Facilities Regulatory Agency	Agency tasked with the responsibility of regulating both public and private facilities.
3	Establishment of Drug Distribution Center	Saddled with the responsibility of bringing drugs and medical consumables closer to facilities.



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	CIPS	Technical Support on Procurement	17 LGAs
2	Achieving Health Nigeria Initiative (AHNI)	HIV, G-ANC	17 LGAs
3	COOPI	Mam Treatment	3 LGAs
4	ALBARKA Health Spring	Capacity Building and Mam Treatment	2 LGAs
5	FHI 360	SBCC	9 LGAs
6	Save the Children International	Capacity Building, Knowledge Materials, Cash Transfer and SAM Treatment	2 LGAs
7	Action Against Hunger	Capacity Building and Financial Resources, Knowledge Materials and SAM Treatment Both OTP and SC)	7 LGAs
8	John Snow Intl	Logistics Management	17 LGAs
9	UNICEF	Capacity Building and Financial Resources, Human Resources, Knowledge Materials, Nutrition Commodities Supply, Community Mobilisation, Supply of Equipment and Sam Treatment )	17 LGAs

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
10	International Rescue Committee	Capacity Building, Knowledge Resources, SAM Treatment (Both SC & OTP)	2 LGAs
11	FCDO (Lafiya)	Health System Strengthening, FP and Health Financing	3 LGAs
12	Jireh Doo Foundation	Capacity Building, Sam Treatment and Mam Treatment	2 LGAs
13	CHABASH Development and Health Initiative	Capacity Building, MAM Treatment and Wash	2 LGAs
14	Africa Centre for Supply Chain Management	Logistics Management	17 LGAs
15	Kiazen Institute	Logistics Management	17 LGAs
16	Alliance for International Medical Action	Capacity Building. Treatment of SAM With Medical Complication	2 LGAs

# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
17	Life Bank	Logistics Management	17 LGAs
18	PMGMAN	Supply of Essentials Drugs to the State	17 LGAs
19	WHO	Capacity Building, Provision of Sam Kit (For Stabilization Centres), Surveillance	17 LGAs
20	International Committee of the Red Cross	Technical Support, Nutrition	17 LGAs
21	PLAN International	Supply of Equipment, Supply of Medical Consumables and SAM Treatment (Stabilization Centres)	5 LGAs
22	Taimako Community Development Initiative	SBCC and Mam Treatment	3 LGAs
23	World Food Programme (WFP)	Capacity Building and Financial Resources, Human Resources, Knowledge Materials, Nutrition Commodities Supply and Mam Treatment)	3 LGAs

# Summary of Key Actions



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

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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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