



# NIGERIA GOVERNORS' FORUM



## Sokoto State Health Profile Seat of the Caliphate







*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 Sokoto State



Sokoto state, ranked 17th in terms of population size and has a population density of 228 persons/km<sup>2</sup>.



Created  
02/03/1976



Land Mass  
25,973 km<sup>2</sup>



Population  
5,932,598



LGAs  
23



Political Wards  
244



Under 1 Population  
237,304



Under 5 Population  
1,186,520



Women of Child Bearing Age  
1,305,172



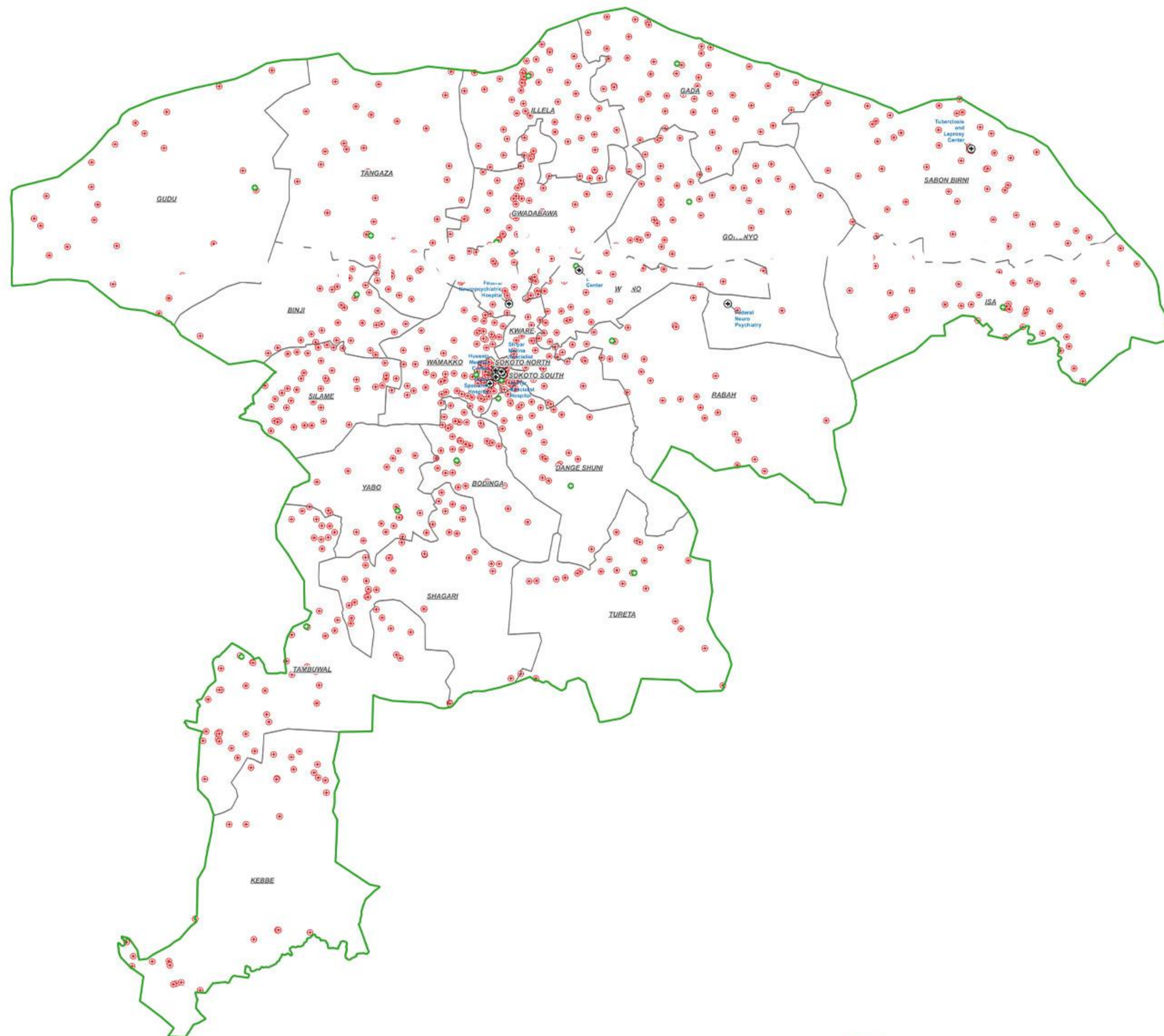
Pregnant Women  
296,630



# Health Facility Distribution



Sokoto 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** 601

Public: 547

Private: 54

🏠 **Secondary** 86

Public: 26

Private: 60

🏠 **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.



# 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	0	No Data
School(s) of Nursing & Midwifery	3	1	No Data
School(s) of Health Technology	1	3	No Data
School(s) of Pharmacy	1	0	No Data



## Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	209	<1	10
Nurses/Midwives	1,532	2.6	30
Community Health Workers	1,191	2	10
Pharmacists	74	<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



Sokoto state has met the Abuja commitment by allocating 16% of the state budget to health and released more than three-quarter of the budget. However, the per capita expenditure on health of N3,869 is low.

## Allocation - FY 2022



**Total State Budget**

**₦188.4 bn**



**Allocation to Health (%)**

**₦29.6 bn (16%)**



**Percentage Health Allocation to PHC**

**₦3.5 bn (12%)**

## Performance - FY 2022



**State Budget Performance**

**₦120.0 bn**

**64%**



**Health Budget Performance**

**₦23.0 bn**

**77%**



**Health Expenditure Per Capita**

**₦3,869.0**



## Call to Action

The state should sustain the budgetary allocation and release to health and work towards \$29\*(N12,000 approx.) per capita.

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 has not made health insurance mandatory. The non-release of equity fund and 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	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 Not Met

## Total No. of Enrollees



**37,247**

Target Not Met

Target Met

No Data



## Call to Action

The State Government to ensure health insurance is mandatory, 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



Sokoto 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	Target Met
Presence of Nutrition Departments In Relevant MDAs	Target Not Met
Budget Line For Nutrition In Key MDAs	Target Not Met
Release of Fund For Nutrition (2022)	Target Not Met
Availability of Multi-Sectoral Plan of Action For Nutrition	Target Not Met
Availability of Government-Owned Creche	Target Not Met
Approved Six Months Paid Maternity Leave.	Target Not Met
Government Spending Greater than/Equal to Partner Spending	Target Not Met

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.
4. Increase its investments in nutrition intervention programmes.



# Drug Management Agency (DMA) Scorecard



| Sokoto state has 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

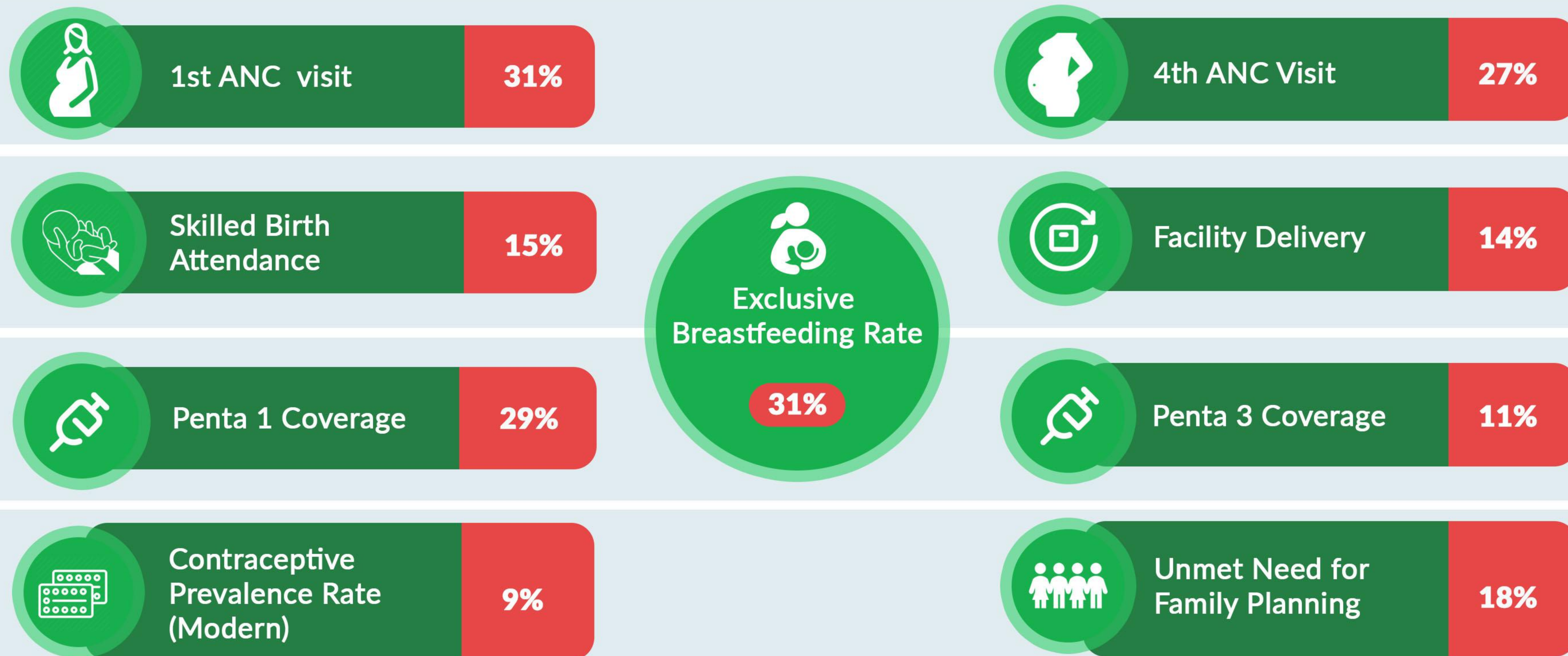
The State Government to continue support to its drug management agency to ensure availability of quality and affordable essential medicines in all health facilities within the state.



# Access and Service Utilization...



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



## 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 antenatal, delivery immunization, 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 about a third of its pregnant women.



HIV Prevalence

**0.4%**



ART Unmet Needs in  
\*CLHIV

**61%**



LGAs with TB  
Molecular Diagnostic  
Machine

**61%**



TB Treatment  
Coverage

**176%**



Malaria Prevalence

**35.9%**



IPTp3 Coverage

**29.2%**



New Cases of  
Hypertension

**32,031**



## 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

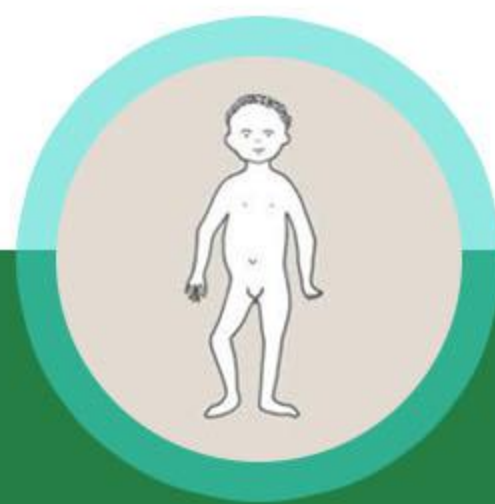


There a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



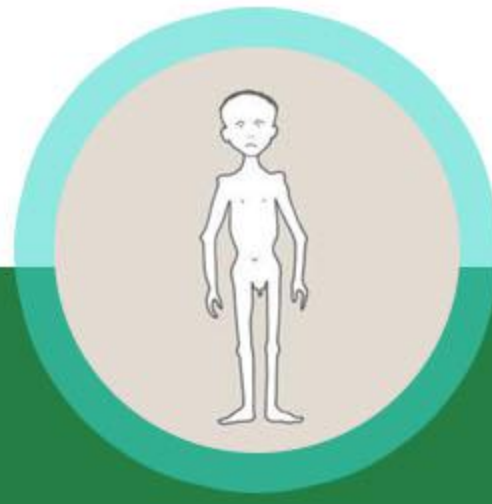
Zero Dose Children

**177,000**



No. of Children with Stunting

**364,756**



No. of Children with Wasting

**68,523**



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

**6,541**



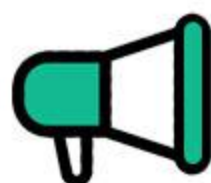
No. of Children who Die before 1st Birthday (Yearly)

**20,189**



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

**39,094**



## 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



I

**S/N**

**Title**

**Description**

No Data

No Data



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	UNFPA	Reproductive Health	23 LGAs
2	Banyan Global-Health Workforce Management	Human Resource for Health (HRH)	23 LGAs
3	USAID (IHP)	MNCH, RH	23 LGAs
4	AFENET	Public Health Campaigns, Routine Immunization, Data Quality	23 LGAs
5	WHO	HCF, HRH, HMIS, Polio Eradication	23 LGAs
6	PLAN International	Reproductive, Maternal and Child Health, Data Quality and Management	12 LGAs
7	Sight Savers International	Eye Care Program	23 LGAs
8	New Incentives	Support the RI System by Engaging in Vaccine Supply Review, Supporting Top Up Vaccine Transportation, Funding Health Workers Training, and Conducting Advocacy To Religious and Traditional Leaders	23 LGAs



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	BMGF	Immunization, Improve Access to Essential Medicines, Diagnostics, and Treatments	23 LGAs
10	UNICEF	Nutrition, Health, Wash, Child Protection, Immunization, Social & Behaviour Change, Social Policy, Finance and Quality Assurance	23 LGAs
11	USAID (Advancing Nutrition)	Improving the Nutritional Status and Health of Populations 16 Vulnerable To Nutritional Deficiencies Around the Globe	23 LGAs
12	USAID (Breakthrough Action Nigeria)	Maternal, Newborn, and Child Health, Nutrition, Family Planning, Reproductive Health	23 LGAs
13	USAID (Global Health Supply Chain Program)	Logistics - (Malaria, HIV/AIDS, MNCH, RH, FP)	23 LGAs



# Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
14	USAID MOMENTUM Safe Surgery in Family Planning and Obstetrics Engender Health	Surgical Obstetric Care, Obstetric and Iatrogenic Fistula Prevention & Care and FGM/C Prevention and Management	23 LGAs
15	Medecins Sans Frontieres	Public Health/ NOMA Intervention	23 LGAs
16	Society for Family Health	Cascade of Treatment and Care for Key Population	23 LGAs
17	Neglected Tropical Diseases	-	23 LGAs
18	Marie Stopes International	Medicines and Commodity Supplies with Preference to Family Planning	12 LGAs
19	FHI 360	Improving the Health and Wellbeing of Mothers, Children and Adolescents	12 LGAs



# Summary of Key Actions



## Health Facility Distribution

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## Human Resource for Health

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## 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

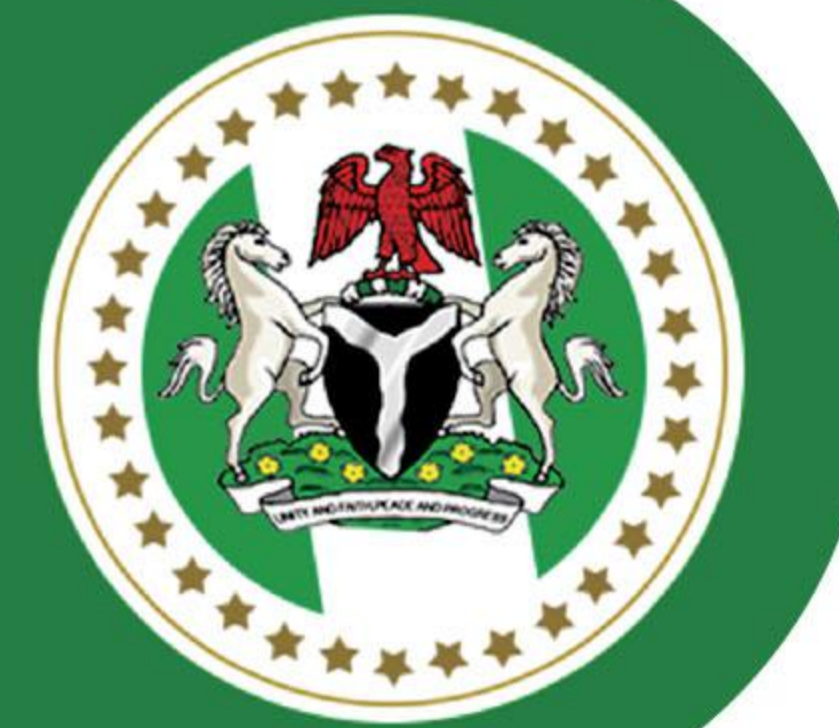
The health team is a multidisciplinary team that includes high-profile professionals that have excelled in different fields of endeavour including Advocacy, Health Policy Analysis, Health Systems Strengthening, Public Health, Health Financing, Health Information System, Immunization, Supply Chain, Monitoring, Evaluation, and Learning.

### Our Health Partners

BMGF, ADF, GAVI, UNICEF, R4D, NHED.



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