



NIGERIA GOVERNORS' FORUM



Rivers State Health Profile

Treasure Base of the Nation





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 Rivers State



Rivers state, ranked 6th in terms of population size and has a population density of 799 persons/km².



Created
27/05/1967



Land Mass
11,077 km²



Population
8,853,416



LGAs
23



Political Wards
319



Under 1 Population
354,137



Under 5 Population
1,770,683



Women of Child Bearing Age
1,947,752

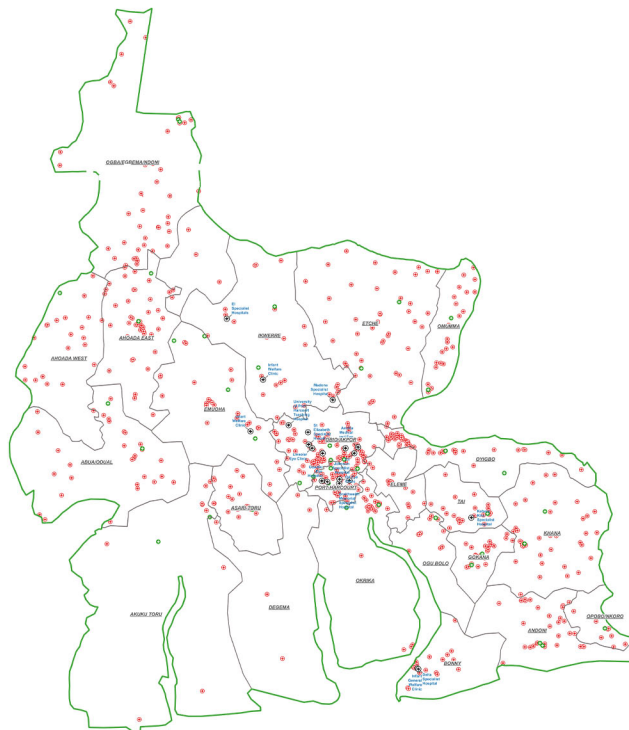


Pregnant Women
442,671

Health Facility Distribution



Rivers 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 **342**

Public: 342 Private: 0

Secondary **866**

Public: 27 Private: 839

Tertiary **8**

Public: 7 Private: 1

**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	2	2	400
School(s) of Nursing & Midwifery	4	2	300
School(s) of Health Technology	1	3	150
School(s) of Pharmacy	1	1	100



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	478	<1	10
Nurses/Midwives	812	<1	30
Community Health Workers	2,095	2	10
Pharmacists	20	<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



Rivers 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 N2,412.40; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦459.7 bn



Allocation to Health (%)

₦35.9 bn (8%)



Percentage Health Allocation to PHC

₦3.3 bn (9%)

Performance - FY 2022

State Budget Performance



₦450.1 bn

98%

Health Budget Performance



₦21.4 bn

60%

Health Expenditure Per Capita



₦2,412.4



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 does not have a state social health insurance scheme.

Scorecard (2022)

Indicator	Status
Existence of a State Social Health Insurance Agency	Target Not 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



No Data

Target Not Met

Target Met

No Data



Call to Action

The State Government should set up a state social health insurance scheme with mandatory insurance and 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



Rivers State Government is falling behind 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. PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA;
2. It develops and implement a health investment plan;
3. 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



| Rivers 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



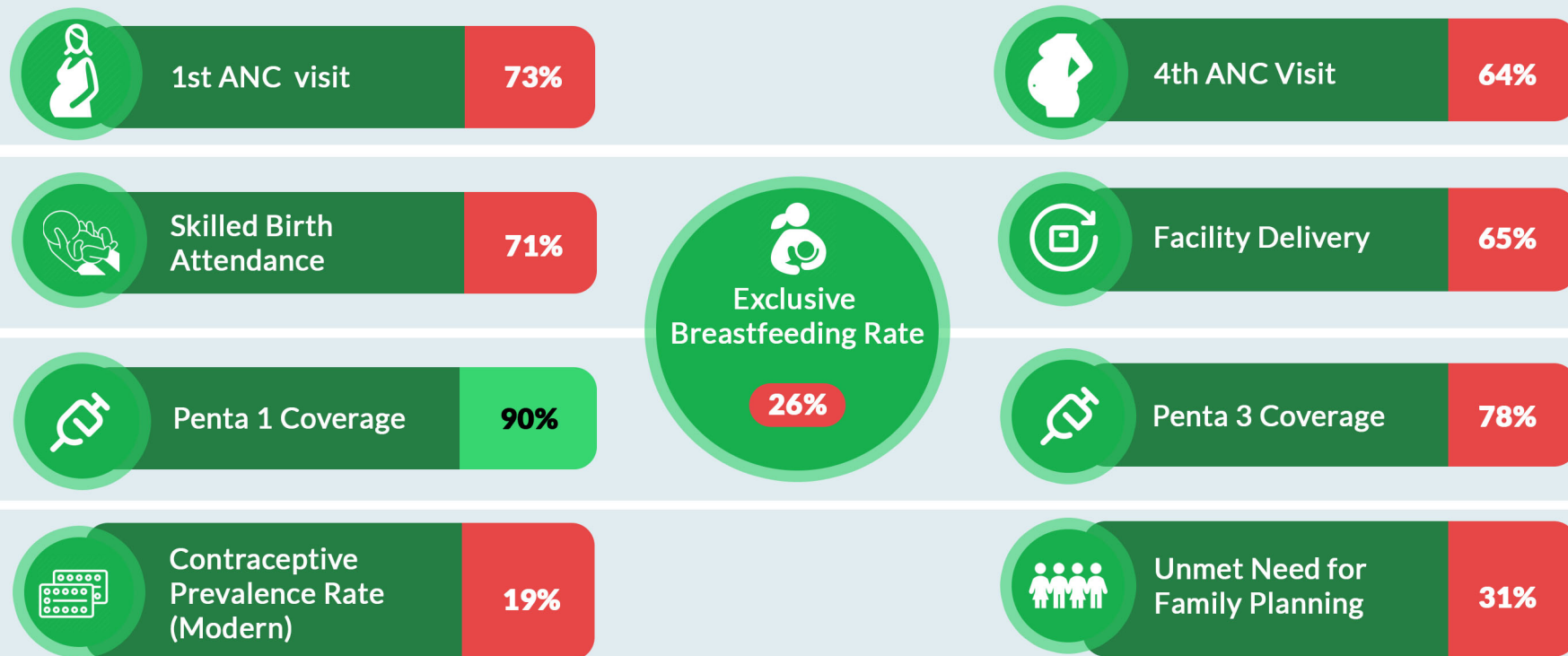
Call to Action

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



Call to Action

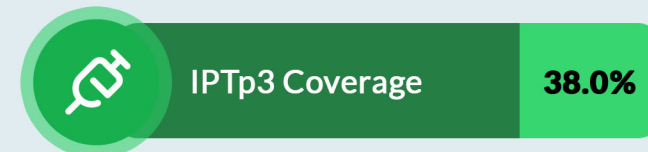
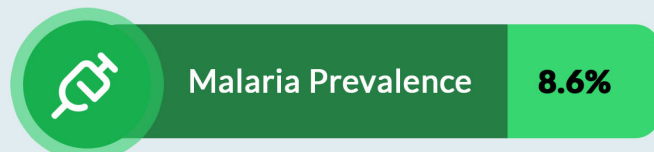
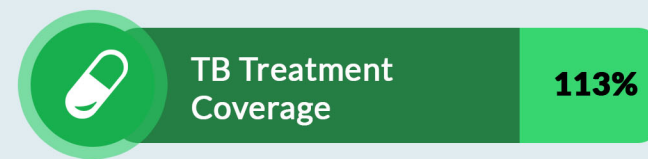
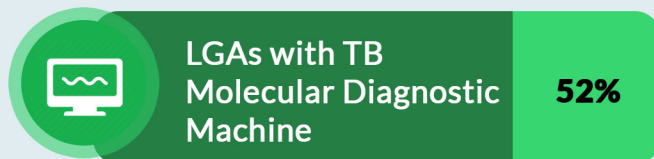
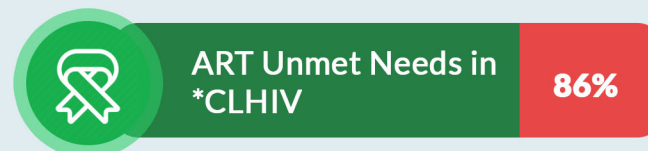
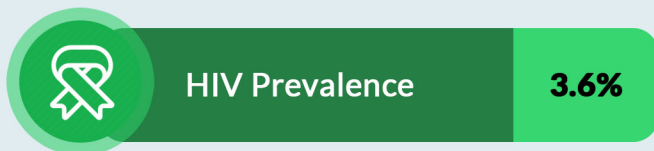
The state government should:

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

Access and Service Utilization



The state has high unmet needs in terms of diagnostics for TB patients, Treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for about a third 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

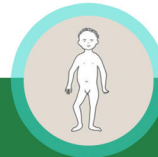


There a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



Zero Dose Children

30,496



No. of Children with Stunting

48,020



No. of Children with Wasting

3,098



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

20,314



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

25,247



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

29,020



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 Rivers state that the Government needs to sustain.

S/N	Title	Description
1	Medical waste management using the Medical waste Incinerating plant in the State	=
2	Clinical mentorship programme	Innovative intervention to catalyse quality improvement in HIV programming now adopted nation wide.
3	User fee waiver for people living with HIV	His Excellency has waived user fee to remove barriers to services for people living with HIV.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Evidence Action	NTD School	All LGAs
2	Center for Population Health Initiatives	HIV Control Program	All LGAs
3	JHPIEGO	Quality Care for RMNCAH-N	All LGAs
4	Christofel Blinden Mission (CBM)	NTD School	All LGAs
5	KNCV	TB, Leprosy & Buruli ulcer control activities	All LGAs
6	Marie Stopes International	Family Planning	All LGAs
7	Institute of Human Virology Nigeria	HIV and TB Control Program	All LGAs
8	Elizabeth Glasier Paediatrics AIDS Foundation	HIV Control Program	All LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	Rotary International	Monthly Community Dialogue on FP services and Maternal and Perinatal Mortality Preventive Measures	All LGAs
10	Association for Reproductive and Family Health	DMPA-SC/Self Injection	All LGAs
11	Clinton Health Access Initiative	<ul style="list-style-type: none"> - Post Pregnancy Family Planning first time young parents (PPFP/Post Abortion Care)-Training, Cervical cancer Screening and Early Treatment Program, RH influencers - Production of State Ministry of Health's Annual Report 2020. - Syphilis. 	25 LGAs
12	International Committee of the Red Cross	Training data collection and reporting HCiD	All LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
13	Mothers of Hope International Initiative (MOHI)	End SGBV.	All LGAs
14	UNICEF	<ul style="list-style-type: none"> - Maternal, Neonate, Child Health Services - Support Development of Annual Operational Plans - Support of MNCH Care Technical Committee meeting etc 	All LGAs
15	WHO	Immunization Services, Disease Surveillance and Outbreak Response, Reproductive Maternal, Neonatal, Child and Adolescent Health Services Etc.	All LGAs

Summary of Key Actions



Health Facility Distribution

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

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

The state should gradually work towards \$29*(N12,000 approx.) per capita and invest more in health insurance.

Health Insurance

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

Primary Health Care Under One Roof

The State Government to ensure that:

1. PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA;
2. It develops and implement a health investment plan;
3. 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.

Summary of Key Actions



Nutrition

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

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

The state government should:

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

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.

Health Outcomes

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.



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.

NIGERIA GOVERNORS' FORUM



📍 51, Lake Chad Crescent,
Maitama, Abuja,
Federal Capital Territory,
Nigeria

✉ Info@ngf.org.ng
☎ +234 (0) 92920025 | +234 (0) 92920026
🌐 <http://www.nggovernorsforum.org>