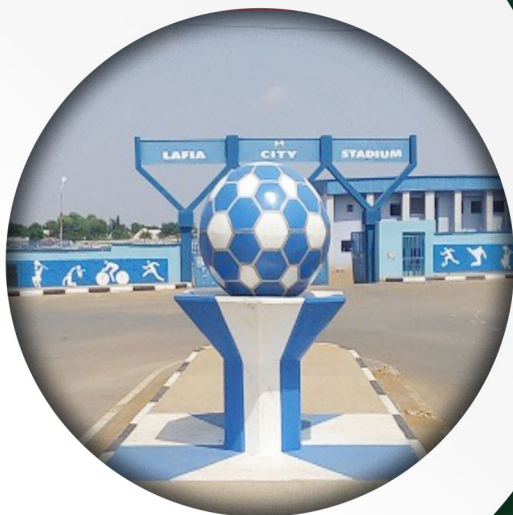




NIGERIA GOVERNORS' FORUM



Nasarawa State Health Profile

Home of Solid Minerals





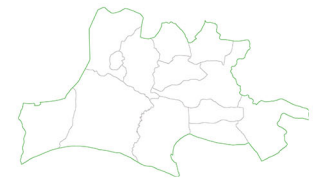
Your Excellency,

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 Nasarawa State



Nasarawa state, ranked 35th in terms of population size and has a population density of 110 persons/km².



Created
10/01/1996



Land Mass
27,117 km²



Population
2,990,009



LGAs
13



Political Wards
147



Under 1 Population
119,600



Under 5 Population
598,002

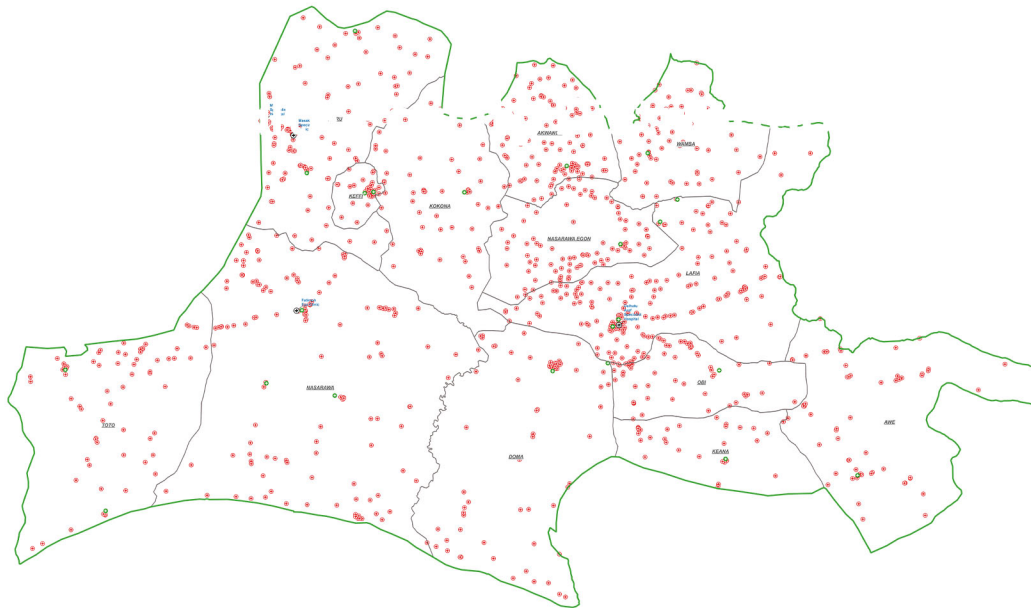


Women of Child Bearing Age
657,802



Pregnant Women
149,500

Health Facility Distribution



📍 Primary Health Facility 📍 Secondary Health Facility 📍 Tertiary Health Facility □ Local Government Area Boundaries □ State Boundary

🏠 Primary -

Public: -

Private: -

🏠 Secondary -

Public: -

Private: -

🏠 Tertiary -

Public: -

Private: -

Health Facility Per Capita -
Population

N/A



Call to Action



Health Training Institutions

Institution	Public	Private	Admission Quota
College(s) of Medicine	-	-	-
School(s) of Nursing & Midwifery	-	-	-
School(s) of Health Technology	-	-	-
School(s) of Pharmacy	-	-	-



Human Resource for Health

Occupation	Number	Density <i>(Per 10,000 Population)</i>	Target (WHO)
Doctors	-	-	-
Nurses/Midwives	-	-	-
Community Health Workers	-	-	-
Pharmacists	-	-	-



Call to Action

N/A

Health Financing



Nasarawa state has a fair annual budgetary allocation which approaches the Abuja declaration and has a good release of budgeted funds. However, the capita expenditure on health of N3,118.80 is very low.

Allocation - FY 2022



Total State Budget

₦110.8 bn



Allocation to Health (%)

₦11.8 bn (11%)



Percentage Health Allocation to PHC

₦1.5 bn (13%)

Performance - FY 2022

State Budget Performance



₦85.1 bn

77%

Health Budget Performance



₦9.3 bn

79%

Health Expenditure Per Capita



₦3,118.8



Call to Action

The State Government should increase its allocation to health and 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 has a functional state social health insurance scheme which makes health insurance mandatory. There is release of equity fund and employee contribution for the formal sector, however, the non-release of Government contribution 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



92,086

- Target Not Met
- Target Met
- No Data



Call to Action

The State Government should sustain the effort in the SSHIA and to ensure regular and timely release of government contribution into the scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Nasarawa state has not 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:

1. Ensure it develops and implement a costed service delivery plan.
2. PHC programmes and staff moved to SPHCB from SMoH and SMoLGA.
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. Ensure timely release of funds to implement programs in the MSPAN.
3. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



I Nasarawa state has a Drug Management Agency.

Scorecard	
Indicator	Status
State Has Established An Autonomous DMA Backed By Law	Target Met
DMA Is Capitalized	Target Not Met
At Least 60% Of The Focal Ward PHCs Is Capitalized	Target Met
DMA Has Pharmagrade Warehouse With Adequate Capacity	Target Not Met
State Has A Single Supply Chain System	Target Not Met
State Manages Last Mile Delivery	Target Met

● Target Not Met
● Target Met
● No Data



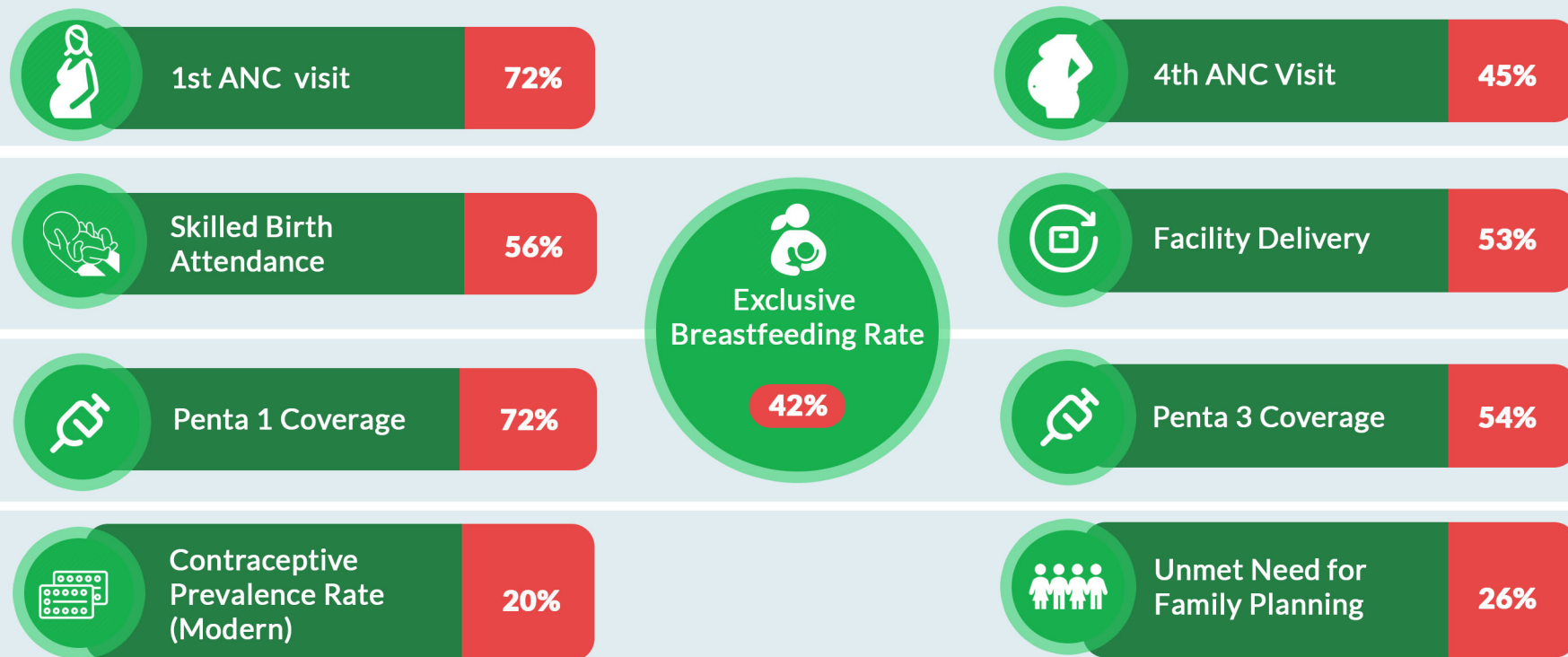
Call to Action

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 and immunization services; access to family planning is low with about a quarter of women-in-union needing family planning services not having access to it.



Call to Action

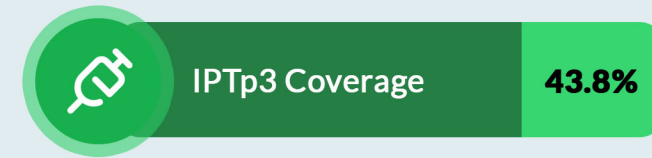
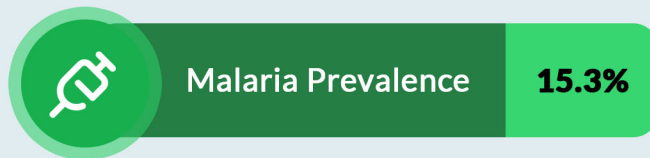
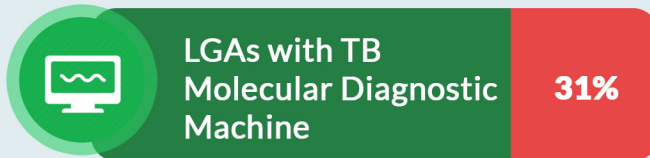
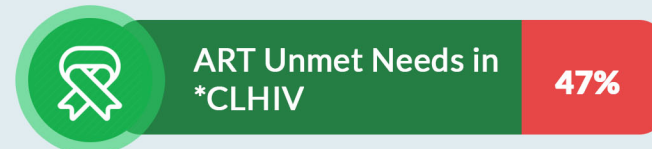
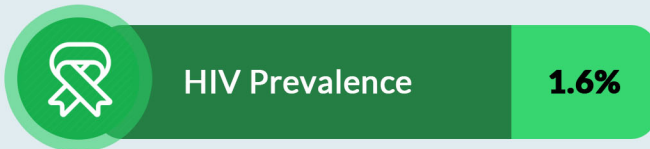
The state government should:

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 low network of TB Molecular Diagnostic machines, high unmet needs in terms of treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for about 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

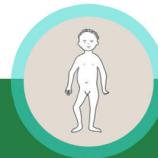


There is a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortality in the state.



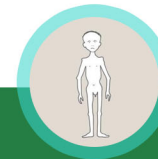
Zero Dose Children

31,438



No. of Children with Stunting

63,227



No. of Children with Wasting

6,907



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

2,389



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

4,179



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

6,385



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



1

S/N	Title	Description
	No data	No data

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
	No Data	No Data	No Data

Summary of Key Actions



Health Facility Distribution

N/A

Human Resource for Health

N/A

Health Financing

The State Government should increase its allocation to health and gradually work towards \$29*(N12,000 approx.) per capita and invest more in health insurance.

Health Insurance

The State Government should sustain the effort in the SSHIA and to ensure regular and timely release of government contribution into the scheme.

Primary Health Care Under One Roof

The State Government should:

1. Ensure it develops and implement a costed service delivery plan.
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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. Ensure timely release of funds to implement programs in the MSPAN.
3. Approve 6 months paid maternity leave.

Drug Management Agency

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

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 at least 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.

NIGERIA GOVERNORS' FORUM



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