



NIGERIA GOVERNORS' FORUM



Kwara State Health Profile

State of Harmony





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 Kwara State



Kwara state, ranked 30th in terms of population size and has a population density of 103 persons/km².



Created
27/05/1967



Land Mass
36,825km²



Population
3,804,902



LGAs
16



Political Wards
193



Under 1 Population
152,196



Under 5 Population
760,980



Women of Child Bearing Age
837,078

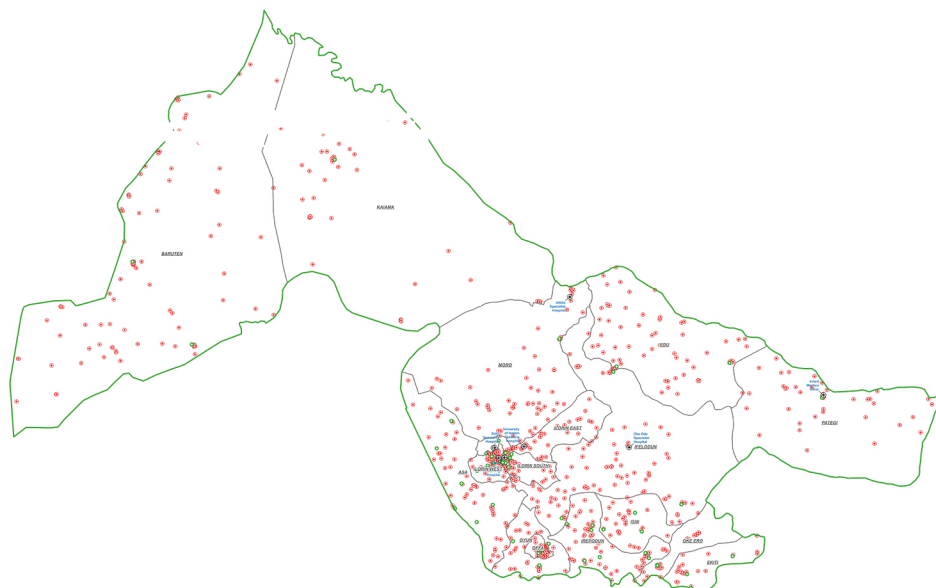


Pregnant Women
190,245

Health Facility Distribution



Kwara 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 **896**

Public: 515

Private: 381

Secondary **202**

Public: 46

Private: 156

Tertiary **2**

Public: 2

Private: -

**Health Facility
Per Capita**

**3/10,000
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	-	200
School(s) of Nursing & Midwifery	5	-	320
School(s) of Health Technology	1	22	11,500
School(s) of Pharmacy	1	-	120



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	289	<1	10
Nurses/Midwives	838	2.2	30
Community Health Workers	3,134	8	10
Pharmacists	38	<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



Kwara 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 N2,514.50.

Allocation - FY 2022



Total State Budget

₦189.6 bn



Allocation to Health (%)

₦16.7 bn (9%)



Percentage Health Allocation to PHC

₦0.1bn (1%)

Performance - FY 2022

State Budget Performance



₦137.1 bn

72%

Health Budget Performance



₦9.6 bn

57%

Health Expenditure Per Capita



₦2,514.50



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).
World Health Statistics 2018: Monitoring Health for the SDGs.

Health Insurance



The state has a functional state social health insurance scheme which makes health insurance mandatory. There has been release of equity fund, however, the non-release of 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	●
Health Insurance Made Mandatory	●
Equity Funds Release	●
Government Contribution For Formal Sector	●
Employee Contribution For Formal Sector	●

Total No. of Enrollees



45,602

- Target Not Met
- Target Met
- No Data



Call to Action

The State Government to fast track government and employee contribution into the scheme.

PHCUOR Scorecard

Primary Health Care Under One Roof



Kwara state 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	Target Met
Existence of Approved Minimum Service Package That Is Linked To SSHDP	Target Not Met
Existence of Costed Service Delivery/Investment Plan	Target Not Met
Provision Made For Investment Plan In The Annual Budget of The Last Year	Target Not Met
PHC Programmes And Staff Moved To SPHCB From SMoH and SMoLGA	Target Not Met

● Target Not Met
● Target Met
● No Data



Call to Action

The State Government should:

1. Ensure development and implementation of a costed service delivery.
2. Ensure PHC programs and staff should be moved from SMoH and SMoLGA to SPHCB.
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.(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.
4. Increase its investments in nutrition intervention programmes.

Drug Management Agency (DMA) Scorecard



| No Data.

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



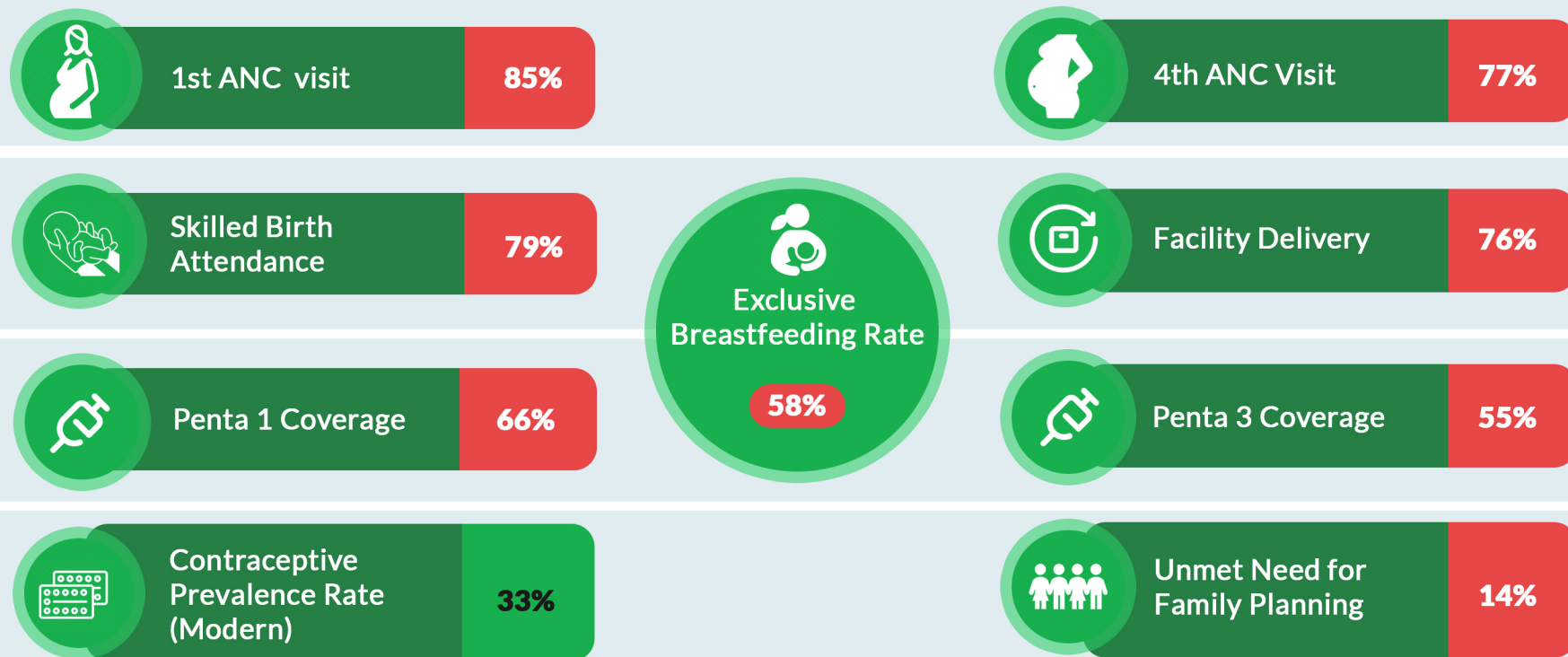
Call to Action

NA

Access and Service Utilization...



There is fair access to and utilization of antenatal, delivery and immunization, however low access to family planning services. The state has more than half of children under 6 months exclusively breastfed.



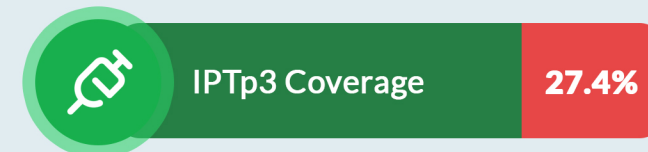
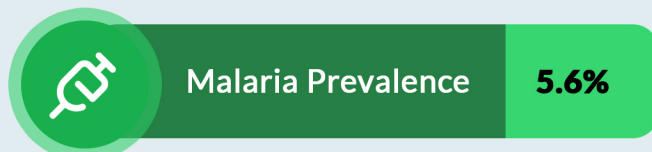
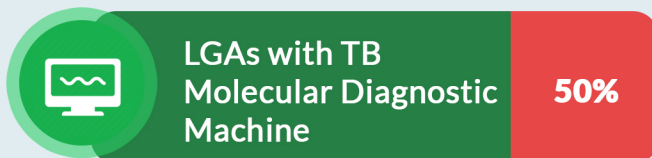
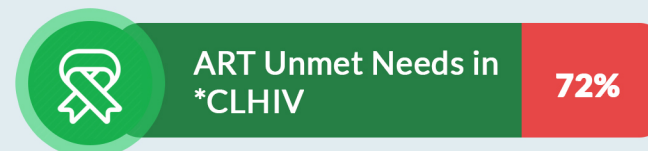
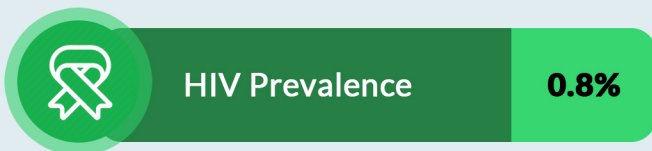
Call to Action

The State Government should Identify and address barriers to access and utilization of antenatal, delivery and immunization services, family planning services and EBF.

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 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 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

46,490



No. of Children with Stunting

86,544



No. of Children with Wasting

6,085



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

2,190



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

3,786



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

5,190



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 Kwara State that the Government needs to sustain.

S/N	Title	Description
1.	Malaria Free Kwara	A multi-pronged intervention aimed at eliminating malaria. Solely Funded by KWSG. Benefits gets to all members of the community especially pregnant women at point of antenatal registration where they are offered access to free testing/diagnosis, treatment and are also given long lasting nets. Children under five are also included as beneficiaries in selected health facilities.
2.	Community Based Medical & Surgical Outreaches	Provision of free health care services to all communities in Kwara which span medical, general surgical, eye care, provision of eyeglasses and other allied health care intervention in all 16 LGAs, especially the hard to reach and poorly served communities.
3.	Kwara Care	This Is the Kwara State Health Care Insurance Model which ensures the attainment of universal health coverage through payment of premium (based on different categories, namely, formal, informal and the indigent) while services are obtained free of additional cost at designated health facility.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	ACOMIN	Prevention, Treatment and Mitigation of the Impact of Malaria and Promotion of Immunization & Better Nutrition In Nigeria	16 LGAs
2	AFENET	Technical Support in Epidemiology, Surveillance, Supplementary and Routine Immunization.	16 LGAs
3	AJIKE PEOPLE SUPPORT PROGRAM	Advocacy For Mother & Child Health, Sickle Cell, Tb Case Finding & Nutritional Activities	16 LGAs
4	Association for Reproductive and Family Health	Printing of Registers, Capacity Building and Service Delivery.	16 LGAs
5	CCCRN (CENTRE FOR CLINICAL CARE AND CLINICAL REASEARCH, NIGERIA)	HIV Case Finding, Management & Care	14 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
6	CHEMONICS	Data Validation, Quarterly Data Triangulation, Collection of Malaria/Tb Monthly Summary Report. Distribution of Malaria Commodities, Like Act Drugs, Net Etc	16 LGAs
7	CSSUNN	Support In Monitoring and Supervision of the Two Gate Ways In the Implementation of Basic Health Care Provision Fund.	16 LGAs
8	Data for Impelementation	Support For Treatment and Care of Leprosy Patients, Construction of Buildings at Okegbala Leprosarium & Capacity Building,	2 LGAs
9	Global Fund	Support For Malaria Elimination & Tuberculosis	16 LGAs
10	Global Health Supply Chain	Logistic Management	16 LGAs
11	International Committee of the Red Cross	Capacity Building, Community Dialogue and Service Delivery.	16 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
12	KWARA STATE ASSOCIATION IN NORTH	Support In Donation of Medical Equipment	16 LGAs
13	Marie Stopes International	Capacity Building, Technical Assistant, Consumables and Service Delivery.	16 LGAs
14	PharmAccess	Quality Improvement and Logistics for Health Insurance.	16 LGAs
15	ROMANE & PROMADE	NSA For Nutritional Intervention Through ANRIN Serving the Underserved and Hard To Reach Areas	8 LGAs
16	Sight Savers International	Support For Eye Care & NTDs Through Provision of Drugs For Mass Administration, Training, Mis Registers, Surgical Outreach For Hydrocele and Case Finding & Mgt of Lymphodema.	16 LGAs
17	Society for Family Health	Social Behavioural Communication Change (SBCC) and Malaria Commodities.	16 LGAs
18	SOLINA	NSA For Nutritional Intervention Through ANRIN Serving the Underserved and Hard To Reach Areas	8 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
19	The Challenge Initiative (TCI)	Reproductive/Family Health & Capacity Building	8 LGAs
20	UNICEF	Logistics Support for Immunization and Social Mobilization	16 LGAs
21	WHO	Technical/Expert Support for Disease Surveillance & Epidemiology	16 LGAs

Summary of Key Actions



Health Facility Distribution

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Drug Management Agency

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Access and Service Utilization

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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.

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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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