



NIGERIA GOVERNORS' FORUM



Kogi State Health Profile

The Confluence State





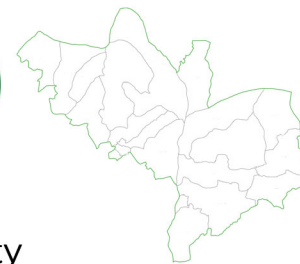
Your Excellency,

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 Kogi State



Kogi state, ranked 20th in terms of population size and has a population density of 687 persons/km².



Created
27/08/1991



Land Mass
29,833 Km²



Population
5,261,009



LGAs
21



Political Wards
239



Under 1 Population
210,440



Under 5 Population
1,052,202



Women of Child Bearing Age
1,157,422

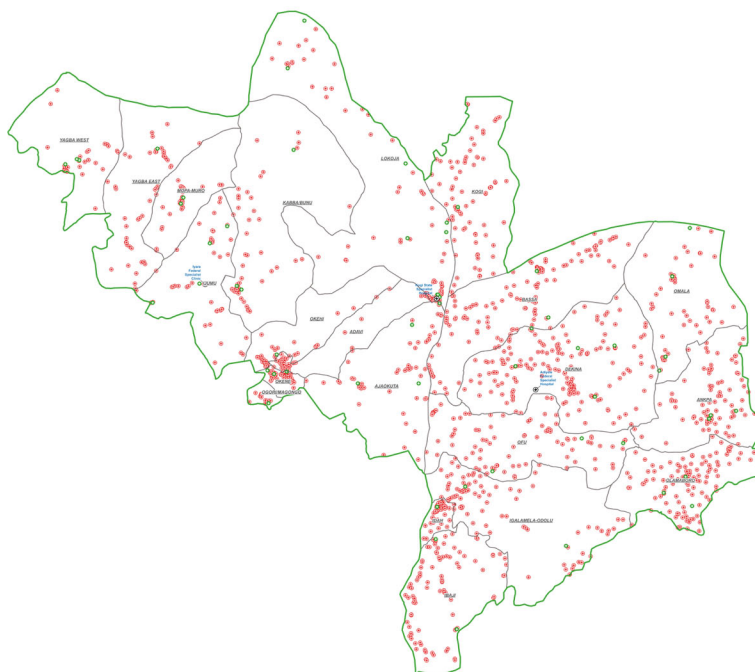


Pregnant Women
263,050

Health Facility Distribution



Kogi 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** **1039**

Public: 968

Private: 71

 **Secondary** **133**

Public: 54

Private: 79

 **Tertiary** **3**

Public: 3

Private: 0

**Health Facility
Per Capita**

**2/10,000
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	-	-
School(s) of Nursing & Midwifery	1	4	720
School(s) of Health Technology	1	4	515
School(s) of Pharmacy	1	1	-



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	143	<1	10
Nurses/Midwives	582	1.1	30
Community Health Workers	120	<1	10
Pharmacy	43	<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



Kogi state is not investing adequately in health as evidenced by the low annual budgetary allocation and a per capita expenditure on health of N1,108.60 however budgetary release is fair.

Allocation - FY 2022



Total State Budget

₦145.9 bn



Allocation to Health (%)

₦9.1 bn (6%)



Percentage Health Allocation to PHC

₦0.8 bn (9%)

Performance - FY 2022



State Budget Performance

₦132.3 bn

91%



Health Budget Performance

₦5.8 bn

64%



Health Expenditure Per Capita

₦1,108.60



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 has been release of equity fund and Government contribution, however, the non-release 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



46,755

- Target Not Met
- Target Met
- No Data



Call to Action

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

PHCUOR Scorecard

Primary Health Care Under One Roof



Kogi state has an existing Primary Health Care Board however there seems to be a slow paced 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 the development of costed service delivery/investment plan.
2. Ensure that PHC programmes and staff are 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. Develop MSPAN and ensure prompt release of funds for its implementation.
3. Approve 6 months paid maternity leave.

Drug Management Agency (DMA) Scorecard



Kogi state has a Drug Management Agency. However, it is not capitalized and does not have a pharma-grade warehouse.

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

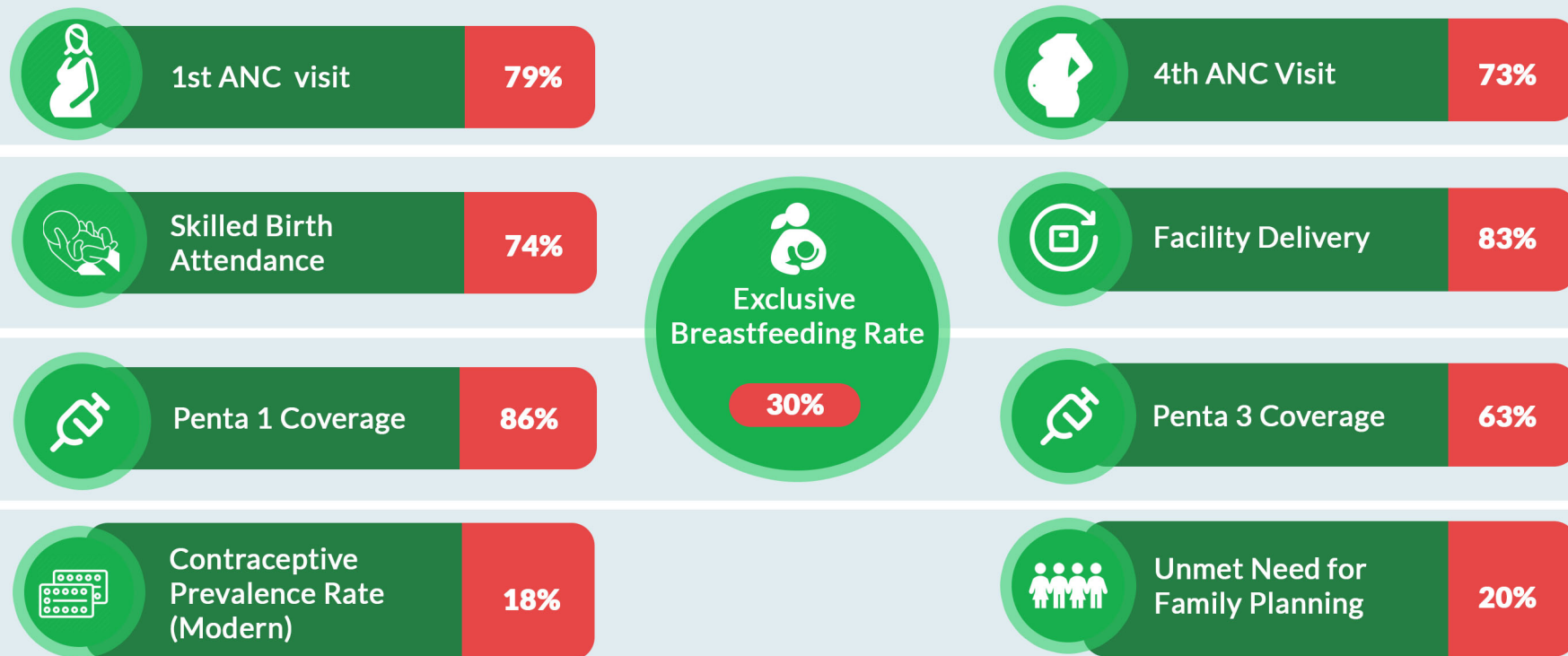
The state government should:

1. 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.
2. Government to ensure DMA is capitalized.
3. Government to set up pharma-grade warehouse with adequate capacity.

Access and Service Utilization...



There is fair access to and utilization of antenatal, delivery and immunization services. However, access to family planning is low and only a third of children under 6 months of age are exclusively breastfed.



Call to Action

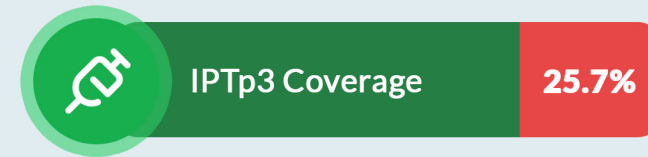
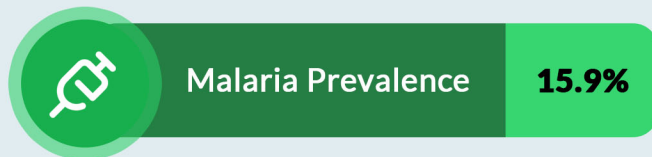
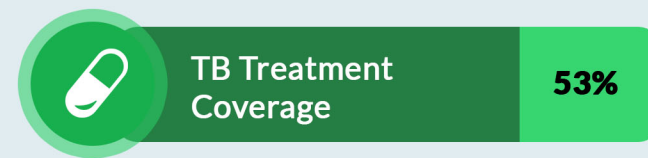
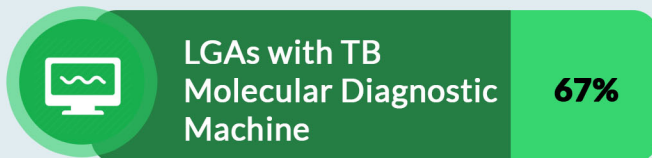
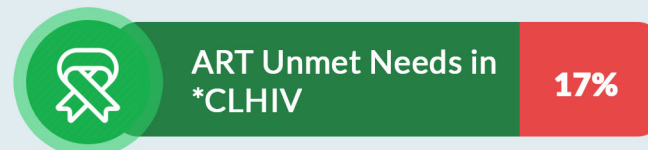
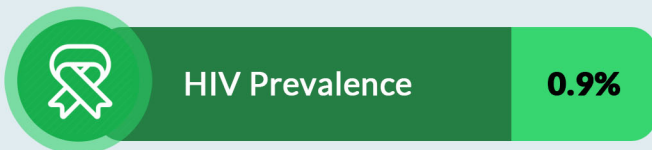
The State Government should:

1. Sustain its performance on antenatal, delivery and immunization services.
2. Identify and address barriers to access and utilization of family planning services.
3. Promote exclusive breastfeeding.

Access and Service Utilization



The state has a 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 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

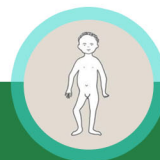


Despite the progress in immunization there is still a significant number of zero-dose children, high numbers of children with stunting & wasting, and unacceptably high numbers of childhood mortalities in the state.



Zero Dose Children

24,055



No. of Children with Stunting

72,920



No. of Children with Wasting

10,284



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

4,638



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

8,932



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

11,509



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 Kogi state that the Government needs to sustain.

S/N	Title	Description
1	Bello Care	Provision of free healthcare services for indigent and vulnerable people.
2	No Information	Automatic recruitment of all best graduating students of all departments in the school of health sciences and technology, Idah.

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	Center for Integrated Health Programs	HIV/AIDS	21 LGAs
2	Malaria Consortium	Malaria	21 LGAs
3	Sight Savers International	Eye Care/NTD	21 LGAs
4	UNICEF	Child Protection	21 LGAs
5	WHO	Immunizationn and Diseases Surveillance	21 LGAs

Summary of Key Actions



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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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