NIGERIA GOVERNORS' FORUM

Gombe State Health Profile

Jewel in the Savannah

Universal Health Coverage

RI/Polio Eradication

Nutrition

Health Security

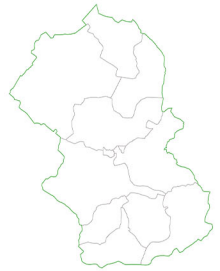
Your Excellency,

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 Gombe State



Gombe state, ranked 31st in terms of population size and has a population density of 181 persons/km^2.

Created
01/10/1996

Land Mass
18,768 km²

Population
3,397,447

LGAs
11

Political Wards
114

Under 1 Population
135,898

Under 5 Population
679,489

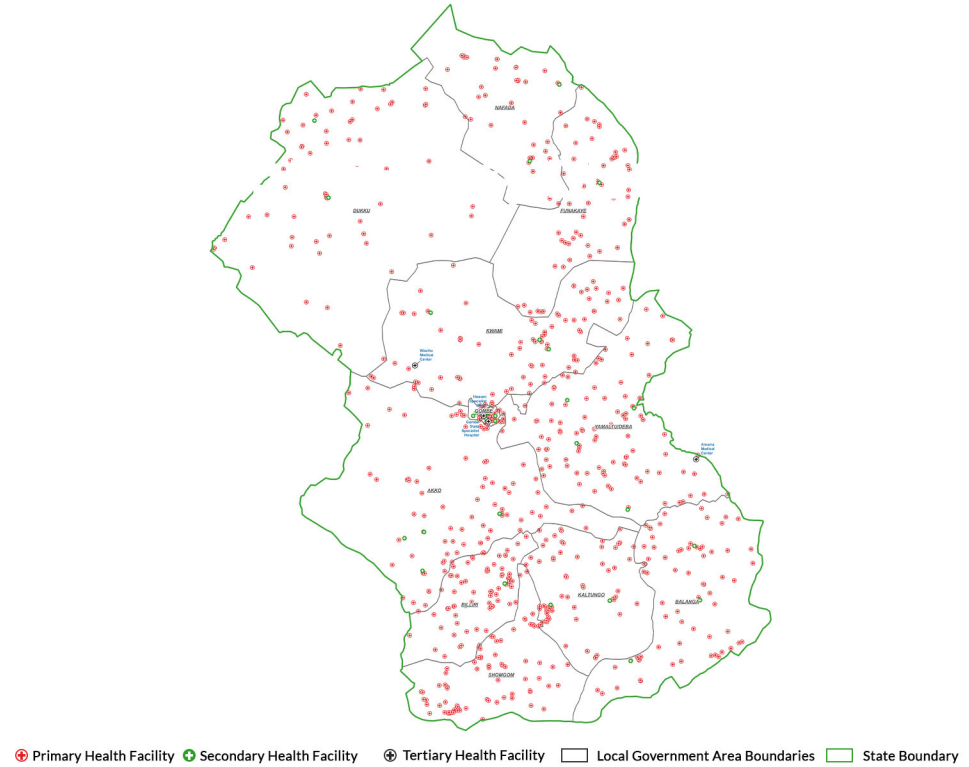
Women of Child Bearing Age
747,438

Pregnant Women
169,872

Data Source: NPC (Projected from 2006 Census)

Health Facility Distribution

Gombe 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 627

Public: 627 | Private: 0

Secondary 158

Public: 24 | Private: 134

Tertiary 2

Public: 1 | Private: 1

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.

Data Source: State Ministry of Health

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	1	150
School(s) of Nursing & Midwifery	2	0	260
School(s) of Health Technology	1	10	2200
School(s) of Pharmacy	1	1	150

Human Resource for Health

Occupation	Number	Density *(Per 10,000 Population)*	Target (WHO)
Doctors	152	<1	10
Nurses/Midwives	827	2.4	30
Community Health Workers	1565	5	10
Pharmacists	145	<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).

Data Source: State Ministry of Health

Health Financing

Gombe state is not investing adequately in health as evidenced by the low annual budgetary allocation and a per capita expenditure on health of N3,787.60; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022

Total State Budget

₦155.0 bn

Allocation to Health (%)

₦14.0 bn (9%)

Percentage Health Allocation to PHC

₦2.0 bn (15%)

Performance - FY 2022

State Budget Performance

₦124.9 bn

81%

Health Budget Performance

₦12.9 bn

92%

Health Expenditure Per Capita

₦3,787.6

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).

Data Source: State Budget Documents

Health Insurance

The state has a functional state social health insurance scheme which makes health insurance mandatory. There is release of Government/employee contribution for the formal sector however, the non-release of equity fund 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

678

- Target Not Met
- Target Met
- No Data

Call to Action

The State Government to ensure regular and timely release of equity fund.

Data Source: State Social Health Insurance Scheme (SSHIS)

PHCUOR Scorecard

Primary Health Care Under One Roof

While Gombe state has performed well in its implementation of the Primary Health Care Under One Roof policy, it is yet to complete its repositioning of staff and program.

Scorecard

Indicator	Status
Existence of a State Primary Health Care Board	Target Not Met
Existence of Approved Minimum Service Package That Is Linked To SSHDP	Target Met
Existence of Costed Service Delivery/Investment Plan	Target Met
Provision Made For Investment Plan In The Annual Budget of The Last Year	Target 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 that PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
2. 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.

Data Source: NPHCDA PHCUOR Scorecard 6

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 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 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.

Data Source: State Ministry of Budget and Economic Planning

Drug Management Agency (DMA) Scorecard

Gombe state has a Drug Management Agency backed by law, however the DMA and focal ward facilities have not been capitalized.

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 Not Met
DMA Has Pharmagrade Warehouse With Adequate Capacity	Target Not Met
State Has A Single Supply Chain System	Target Met
State Manages Last Mile Delivery	Target Not Met

Target Not Met
Target Met
No Data

Call to Action

The State Government should ensure that the DMA and ward facilities are capitalized to ensure availability of quality and affordable essential medicines in all health facilities within the state.

Data Source: State Ministry of Health

Access and Service Utilization...

There is poor access and utilization of antenatal, delivery, immunization and family planning services with less than 50% of children less than 6months of age being exclusively breastfed.

1st ANC visit	57%
4th ANC Visit	36%
Skilled Birth Attendance	37%
Facility Delivery	37%
Penta 1 Coverage	54%
Penta 3 Coverage	38%
Contraceptive Prevalence Rate (Modern)	7%
Unmet Need for Family Planning	22%

Exclusive Breastfeeding Rate

31%

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 family planning services and Exclusive Breast Feeding.

Data Source: State Ministry of Health

Access and Service Utilization

The state has limited network of TB Molecular diagnostics, high unmet needs in terms of treatment for Children living with HIV and only provides 3 doses of malaria prophylaxis for a quarter of its pregnant women.

HIV Prevalence	1.1%	ART Unmet Needs in *CLHIV	50%
LGAs with TB Molecular Diagnostic Machine	36%	TB Treatment Coverage	34%
Malaria Prevalence	17.7%	IPTp3 Coverage	26.7%
New Cases of Hypertension	17,604		

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

Data Source: State Ministry of Health

Health Outcomes

There is 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	70,443
No. of Children with Stunting	204,396
No. of Children with Wasting	26,594
No. of Children who Die before 28 Days of Life (Yearly)	4,774
No. of Children who Die before 1st Birthday (Yearly)	8,295
No. of Children who Die before 5th Birthday (Yearly)	14,935

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

Data Source: State Ministry of Health

Flagship Projects

This page details the key flagship projects ongoing in Gombe state that the Government needs to sustain.

S/N	Title	Description
1	Establishment of 1 minimum general hospital per LGA	=
2	GAVI	Leadership, Management and Coordination, Service Delivery, Demand Generation, Data management and Health information, Supply Chain and Logistics, and Human Resource for health.

Data Source: State Ministry of Health

Partner Mapping

S/N	Implementing Partner	Intervention	Geographical Coverage
1	AHEF	NTDs	11
2	Centre for Integrated Health Project	HIV/AIDs/STI	11
3	CHAD Inter	Accountability	7
4	Chigari Foundation	RI/PEI	11
5	GAVI	Immunization & Health Systems Strengthening	11 LGAs
6	Idris Mohammed Foundation	MNCH	11
7	John Snow International	Family Planning	11
8	Lisdel	RMCH-N	-

Data Source: State Ministry of Health

Partner Mapping

S/N	Implementing Partner	Intervention	Geographical Coverage
9	Marie Stopes International	Family Planning	1
10	New Incentives	Immunization	11
11	Pathfinder International	Family Planning	11
12	Planned Parenthood Federation of Nigeria	Family Planning	11
13	Rotary International	MNCH, Family Planning	11
14	Shop Plus	TB	7
15	Society for Family Health	Malaria	1

Data Source: State Ministry of Health

Partner Mapping

S/N	Implementing Partner	Intervention	Geographical Coverage
16	The Change Initiative	Family Planning	-
17	State2State	Accountability	11
18	UNICEF	Immunization, Social Mobilization, Nutrition, MNCH, NTDs	11
19	WHO	Immunization, Disease surveillance and response, Malaria	11

Data Source: State Ministry of Health

Summary of Key Actions

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Access and Service Utilization

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NIGERIA GOVERNORS' FORUM

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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