



NIGERIA GOVERNORS' FORUM



Borno State Health Profile

Home of peace





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 Borno State



Borno state, ranked 11th in terms of population size and has a population density of 100 persons/km².



Created
3/2/1976



Land Mass
70,898km²



Population
7,087,638



LGAs
27



Political Wards
312



Under 1 Population
283,506



Under 5 Population
1,417,528



Women of Child Bearing Age
1,559,280

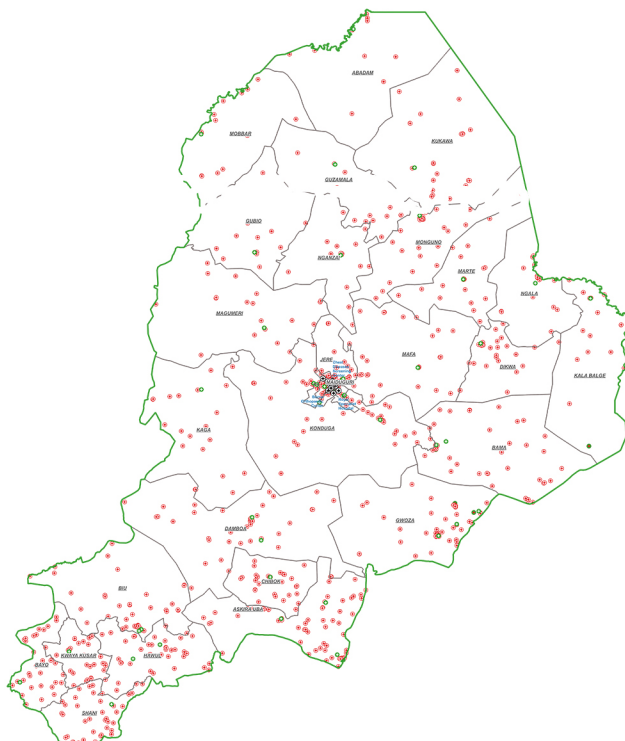


Pregnant Women
354,382

Health Facility Distribution



Borno 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 **307**

Public: 307

Private: 0

Secondary **113**

Public: 42

Private: 71

Tertiary **3**

Public: 3

Private: 0

**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	0	30
School(s) of Nursing & Midwifery	3	1	400
School(s) of Health Technology	1	3	1200
School(s) of Pharmacy	2	1	40



Human Resource for Health

Occupation	Number	Density (Per 10,000 Population)	Target (WHO)
Doctors	222	<1	10
Nurses/Midwives	1584	2.2	30
Community Health Workers	1081	2	10
Pharmacists	30	<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



Borno 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 N1,432.20; this may have contributed to some of the poor health outcomes in the state.

Allocation - FY 2022



Total State Budget

₦269.7 bn



Allocation to Health (%)

₦24.5 bn (9%)



Percentage Health Allocation to PHC

₦1.6 bn (6%)

Performance - FY 2022

State Budget Performance



₦109.3 bn

41%

Health Budget Performance



₦10.2 bn

41%

Health Expenditure Per Capita



₦1,432.20



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 has a functional state social health insurance scheme which makes health insurance mandatory. However, the non-release of equity fund and 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



73,799

● Target Not Met

● Target Met

● No Data



Call to Action

The State Government to 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



While the state has made progress in the implementation of PHCUOR, It is yet to complete its repositioning of staff and programs.

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 ensure that:

1. PHC programmes and staff are moved to SPHCB from SMoH and SMoLGA.
2. It develops and implements 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 PHC.

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



I Borno 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



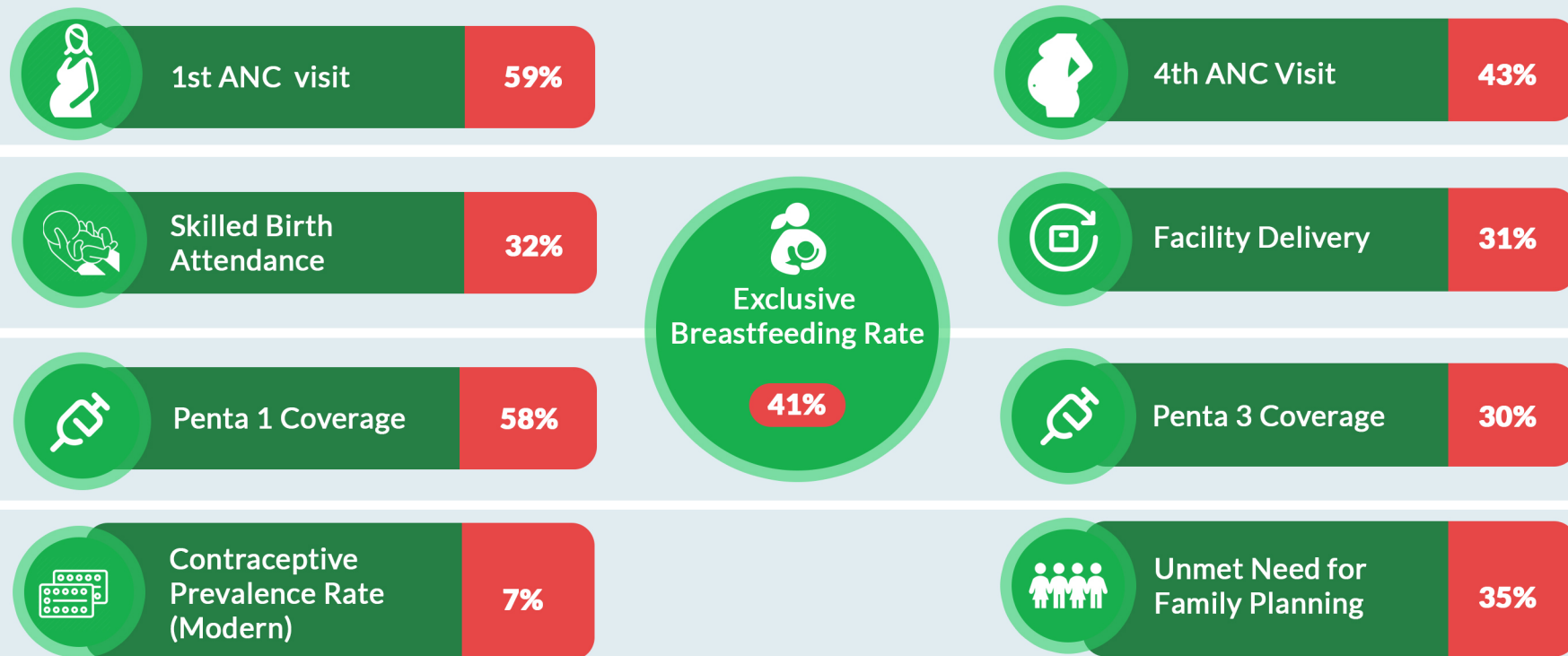
Call to Action

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, and immunization and family planning services with less than 50% of children under 6 months exclusively breastfed.



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 .

Access and Service Utilization



The state has a good network of TB molecular diagnostics however it has high unmet need in terms of Children living with HIV.



HIV Prevalence

1.2%



ART Unmet Needs in
*CLHIV

85%



LGAs with TB
Molecular Diagnostic
Machine

88%



TB Treatment
Coverage

30%



Malaria Prevalence

5.6%



IPTp3 Coverage

41.5%



New Cases of
Hypertension

60,100



Call to Action

sustain at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and further 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 mortalities in the state.



Zero Dose Children

100,960



No. of Children with Stunting

305,059



No. of Children with Wasting

70,685



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

8,396



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

18,437



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

32,634



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



| This page details the key flagship projects ongoing in Borno State that the Government needs to sustain.

S/N	Title	Description
1.	Provision of Free Drugs	State Government provides free drugs for maternal and neo natal care

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
1	AAH	Screening and Referral	3 LGAs
2	AHSF	TSFP For Children Under 5	1 LGA
3	ALIMA	Screening and Referral	1 LGA
4	CATHOLIC RELIEF SERVICE	Screening and Referral	1 LGA
5	CBI	Screening and Referral	1 LGA
6	CHABASH	Screening and Referral	1 LGA
7	CHRISTIAN AID	Screening and Referral	3 LGAs
8	EYN	BSFP for Children Under 2 and PLW	2 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
9	FHI 360	Screening and Referral	4 LGAs
10	GHIV AFRICA	Screening and Referral	1 LGA
11	GREEN CORE	Screening and Referral	3 LGAs
12	IMC	Screening and Referral	1 LGA
13	INTERSOS	Screening and Referral	4 LGAs
14	IRC	Screening and Referral	5 LGAs
15	JIRE DOO FOUNDATION	Screening and Referral	No Data
16	MDM	Screening and Referral	3 LGAs
17	MERCY CORPS	Screening and Referral	2 LGAs

Partner Mapping



S/N	Implementing Partner	Intervention	Geographical Coverage
18	MSF-OCB	Screening and Referral	1 LGA
19	PLAN INTERNATIONAL	Screening and Referral	3 LGAs
20	PUI	MYCN Counselling Service For PLW	1 LGA
21	SAHEL CHILD PROJECT	MNP Home Base Food Fortification	3 LGAs
22	SCI	MNP Home Base Food Fortification	1 LGA
23	SOCIETY FAMILY HEALTH	Screening and Referral	2 LGAs
24	UNICEF	Nutrition	State Wide
25	WFP	MNP Home Base Food Fortification	4 LGAs
26	WHO	No Data	4 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

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 implements 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. Develop MSPAN and ensure prompt release of funds for its implementation.
3. 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, delivery and immunization services and Exclusive Breast Feeding.
2. Identify and address barriers to access and utilization of family planning services.

The State Government should sustain at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and further expand coverage of IPTp3.

Health Outcomes

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.

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. Develop MSPAN and ensure prompt release of funds for its implementation.
3. 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, delivery and immunization services and Exclusive Breast Feeding.
2. Identify and address barriers to access and utilization of family planning services.

The State Government should ensure sustain at least one functional molecular diagnostic machine per LGA, scale up ART treatment for CLHIV and further expand coverage of IPTp3.

Health Outcomes

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.



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>