



# HEALTH PROFILE





# Overview

## CAPITAL

Kano

## POPULATION

9,410,288 (2006, NPC)

11,215,688 (2012 Projected figures, 3.1 per cent growth)

## RURAL POPULATIONS

9,227,305

## RURAL POPULATIONS

1,988,383

## LOCAL GOVERNMENT AREAS

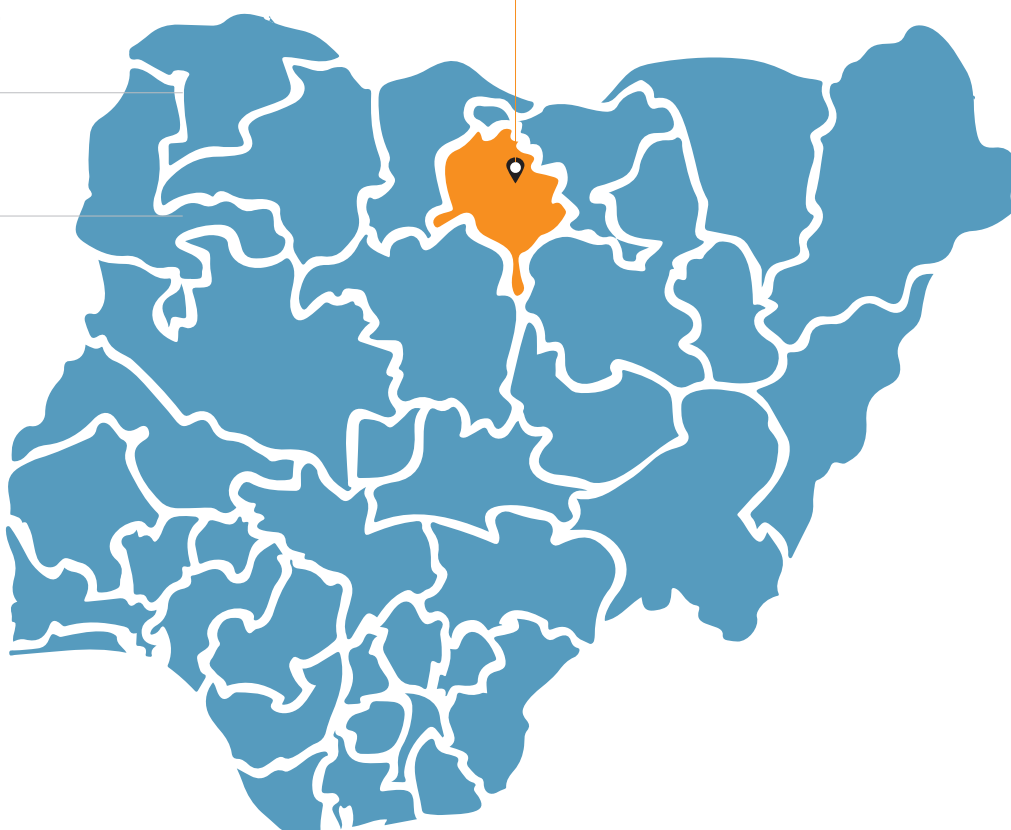
44 LGAs

## ETHNIC GROUPS/ LANGUAGE

Hausa and Fulani

## MAIN OCCUPATIONS

Agricultural and commerce





# Kano State Health Indices

## MATERNAL MORTALITY RATE

**576**

MATERNAL  
DEATHS PER  
100,000  
LIVE BIRTHS  
IN KANO STATE  
(NDHIS 2013)

## CHILD MORTALITY RATE

**103**

CHILD DEATHS PER  
100,000  
LIVE BIRTHS  
(MICS 2016/2017)

## HIV/AIDS PREVALENCE

**1.3%**

(NARHS-Plus, 2013)



The state HIV  
prevalence rate in  
1991 and 2003 HIV  
prevalence was zero

(National HIV Sentinel  
Survey, 1991 and 2003)

## TUBERCULOSIS PREVALENCE



**AVERAGE ANNUAL  
NOTIFICATION  
FOR KANO STATE**  
(FMOH)

Kano state is amongst the six states with the highest burden of TB in Nigeria. In 2017 the TB incidence was 29,231 with all under treatment. But with an estimated 30,000 expected annual cases (NTLCP), average annual notification in the state leaves a huge gap of 75% missed cases (FMOH).



# Key Stakeholders

## 1

### The Ministry of Health TB Control Program

Responsible for coordinating TB activities and working directly with partners to support TB program in the State. They also work closely with Technical Working Group (TWG) committee for effective advocacy to facilitate timely release of fund for TB programming

## 2

### Kano State Contributory Health Management Scheme

Vested with the duty of pooling resources in order to ensure that residents of the 44 local government areas access healthcare services in order to achieve universal health coverage (UHC)

## THE USAID/HFG PROJECT IN KANO STATE



**KICKED OFF  
JANUARY 2018**  
with stakeholder  
mapping and engagement



**FOLLOWED BY  
INAUGURATION**  
of a Domestic Resource  
Mobilization Technical Working  
Group (DRMTWG) for TB.

**IMPROVE**  
**Domestic Resource  
Mobilization (DRM) for  
TB** through the support of the  
Technical Working Group (TWG)

**MANDATE**  
IN KANO STATE

**ENSURE INCLUSION**  
**of TB service to  
the benefit package**  
of Kano State Contributory Health  
Management Agency (KSCHMA)



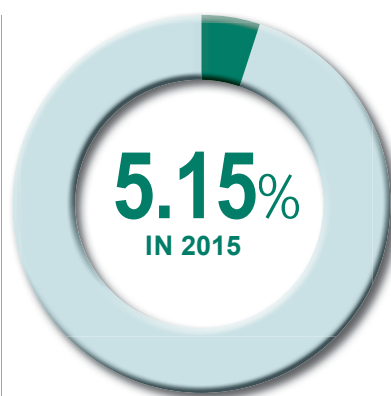
# USAID/HFG in Kano State

## HEALTH STRUCTURES AND SERVICES

Fully inaugurated and functional, State Primary Health Care Management Board, Hospital Management Board, Drug Management Agency, Kano State Health Trust Fund, Private Health Institutions Agency, Kano Ultra-modern Specialist Hospital. Primary health centres and general hospitals are present and also functional.

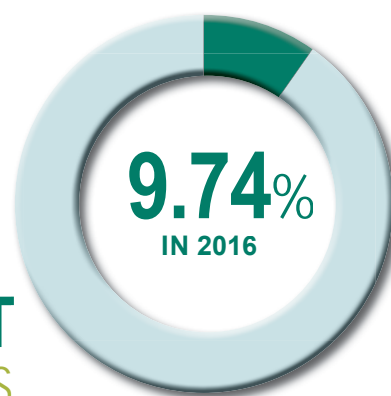
## STATE HEALTH INSURANCE SCHEME

Kano State Contributory Health Management Agency was in existence before the coming of USAID/HFG.



## HEALTH BUDGET ALLOCATIONS

Kano State is edging closer to achieving the Abuja Declaration commitment of 15% and will have a lot of impact in terms of achieving Universal Health Coverage in the State



## INTERVENTION AREAS



**Domestic Resource  
Mobilisation (DRM)  
TB Program**



**Inclusion of TB services  
in to the benefit package  
of contributory scheme**



# Approach



## LINKAGE

Established direct link with the Ministry of Health through the Commissioner for Health and other directors of the department of public health and disease control



## DOCUMENTATION AND ADVOCACY

Worked closely and harmoniously with TWG group and consultants in generating evidences for quality documentation and effective advocacy to achieve DRM for TB services.



## ACTUARIAL ANALYSIS

Conducted actuarial analysis for TB program to inform the basis for real costing that would lead to the inclusion of TB services in to benefit package of KSCHMA



## CAPACITY BUILDING

Built the capacity of DRM TWG on Health Financing to own and sustain budget tracking performance for improved good governance



# Achievements

Key accomplishments and results include the following:

- Establishment of a fully functional TWG on Tuberculosis. The TWG are now acquainted with basic knowledge on health financing which has enabled them to earn confidence in designing and conducting advocacy to relevant stakeholders for timely release of TB program funds.
- Conducted a situational analysis of the TB program which provided a true picture of the current status of the program in terms of funding mechanism and prevalence as well. This also helped to develop advocacy plan and paved way for designing integration plan for vertical TB program in the State.
- Actuarial analysis for TB program is currently being conducted and is expected to provide the agency with real cost of some services that is proposed for inclusion in the benefit package.
- The development of memo for the release of TB fund in the State. This memo is expected to be instrumental in accessing more funds in the supplementary budget and for subsequent years.
- Conducted 2 workshops; DRM for Health Financing and Synthesis Evidence workshop on situational analysis which had in attendance of a total of 75 stakeholders.



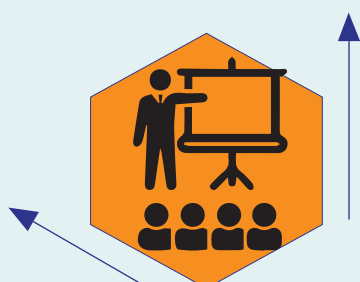
## ESTABLISHED FUNCTIONAL TWG ON TUBERCULOSIS

TWG NOW ACQUAINTED WITH BASIC  
KNOWLEDGE ON HEALTH FINANCING



## DEVELOPED MEMO FOR RELEASE OF TB FUND

INSTRUMENTAL IN ACCESSING MORE FUNDS IN THE  
SUPPLEMENTARY BUDGET AND FOR SUBSEQUENT YEARS

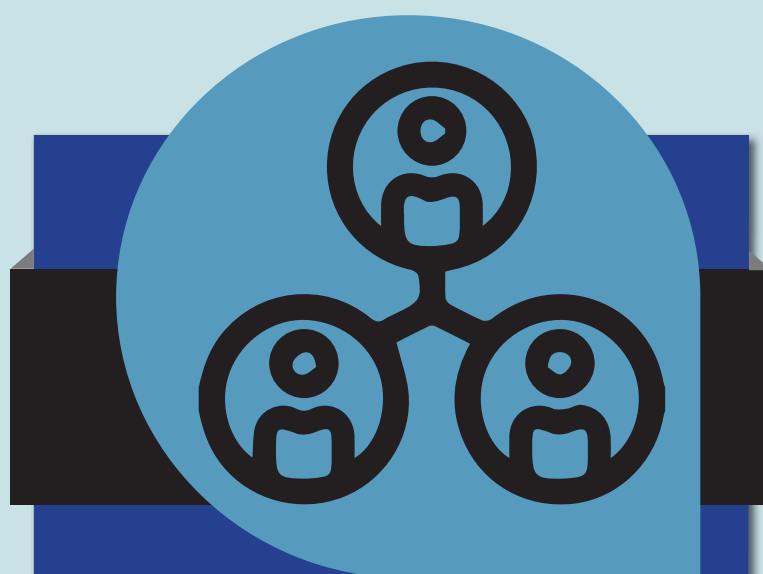


## CONDUCTED WORKSHOPS

DRM FOR HEALTH FINANCING AND SYNTHESIS EVIDENCE  
WORKSHOP ON SITUATIONAL ANALYSIS



# Lessons Learnt



## COLLABORATION

with all relevant partners is pertinent to advocating and fast tracking of fund releases. In Kano state, the TWG was responsible for the rapid progress in the take up of the official launch and operation of the contributory scheme.





## Challenges



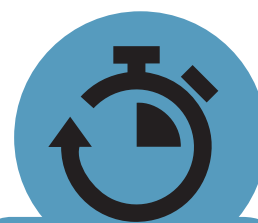
Untimely  
release of funds



Non regular tracking  
of progress on health  
releases to inform  
strategic engagement  
with stakeholders and  
advocacies



Lack of proper  
coordination between  
the ministry of health  
and the state house  
of assembly



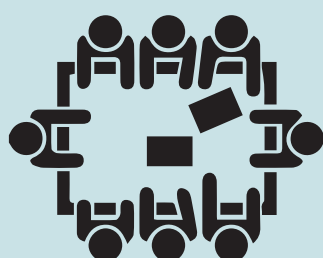
The limited time  
for the project (only one  
year), did not allow the  
USAID/HFG sufficient  
time to develop the work  
to a level where stable  
and sustained funding for  
TB programming will be  
achieved



## Legacy



The actuarial status of  
TB burden and funding  
gap in the state using  
situational analysis  
research



Establishment of TWG  
for DRM for TB in the  
State



Support to  
KSCHMA  
especially in the  
area of capacity  
development and  
actuarial analysis



# Recommendations

USAID/HFG strongly believes that the potential to provide quality healthcare for all exists in Kano state, and therefore put forward some ideas to put the state in a stronger position to be successful in its health financing and reforms. all the HIV/AIDS services.

**There is a strong need for continuous advocacy to the government to ensure prompt releases.**



**Partners and civil society organization (CSO) should work together to sensitize the general public to hold the government accountable to ensure timely releases.**



**A follow-on program is recommended to achieve the set out goal as the program has started taking shape but unfortunately ending.**





# Sustainability Initiative



**The commitment displayed presently by the stakeholders coupled with the other key state actors from Civil Society Organization, Government bodies and the media connotes continuity**

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