At the inception of this administration, the health sector was struggling with several challenges including shortage of critical health manpower; poor and dilapidated infrastructure; lack of hospital equipment non availability of some essential drugs at health facility level among others. The Health indices in the state were poor and stagnant, for instance, the state had the highest stunting rate in the country of 63.1% (SMART 2015) and less than one third of children under the age of one were immunized against the killer disease, measles.

To address the challenges above, government implemented a health sector reform agenda that aimed to increase access to quality, affordable health care for all citizens through the Primary Health Care approach. The administration simultaneously improved secondary and tertiary care across the state.
GOVERNANCE AND LEADERSHIP

In line with the administration’s health sector reform agenda, the Gunduma Health System was abolished, paving way for the establishment of a more compliant system, the State Primary Health Care Agency, to align with the Nigerian health system and existing health laws.

Hospital reform was also carried out where hospitals got greater autonomy to carry out their functions. The Ministry of health was likewise restructured to conform to the scheme of service in line with national civil service reform guidelines.

Health Sector strategic documents such as the State Strategic Health Development Plan II, Medium Term Sector Strategy and Operational Plans were reviewed and updated. The sector also contributed to the review and update of the State Poverty Reduction Strategy Paper, the Comprehensive Development Framework, CDF II.

In terms of policy formulation, the sector domesticated the National Nutrition Policy and is currently implementing the policy on compulsory HIV counseling and testing before marriage. In addition, other policy frameworks such as State Contributory Health Insurance scheme, Jigawa Drug Management Agency (JIDMA) Bill and domestication of National Task shifting and Task Sharing policy are currently in the pipeline.

HUMAN RESOURCES FOR HEALTH (HRH):

Critical health manpower in the state including doctors, nurses, midwives were lacking in 2015. The Health sector was bloated with lower cadre non-essential staff with few specialized manpower. Poor skill mix, inadequacy and mal-distribution of HRH were major contributing factors.

The state embarked on several strategies to improve the critical manpower including payroll cleansing to unlock potential resources for recruitment of technical staff, establishing additional health training institutions while strengthening existing ones, and sent 60 students to China to study medicine and continued the local bonding programme. Some of the achievements are enumerated in the table below.

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Number in 2015</th>
<th>Number in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>88</td>
<td>126</td>
</tr>
<tr>
<td>Nurses and Midwives</td>
<td>613</td>
<td>1,132</td>
</tr>
<tr>
<td>CHEWS/JCHEWS CHO and other PHC Workers</td>
<td>2,103</td>
<td>2,703</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>Training abroad</td>
<td>50</td>
<td>Additional 60 to China (totalling 110)</td>
</tr>
<tr>
<td>Local bonding</td>
<td>163</td>
<td>384</td>
</tr>
</tbody>
</table>

60 Jigawa medical Students on their way to China
HEALTH INFRASTRUCTURE

This administration met lots of Health Facilities in deplorable conditions in 2015. Hospitals had inadequate bed spaces, diagnostic centers and specialized clinics. There was no sustainable water and electricity supplies and basic equipment such as operating table, patient beds and trolleys were lacking.

With the above situation in mind, government bankrolled a strategy to improve health infrastructure across the three levels of health care delivery – Primary, Secondary and Tertiary. From 2015 to date, Government has awarded contracts for infrastructural development in the health sector to the tune of N10,076,137,703.06 excluding the inherited ongoing contract for Birnin Kudu General hospital for the sum of N1,498,970,413.02.
**Health Infrastructure**

**Primary Health Care**

At the Primary Health Care level, the government's target of establishing one functional Primary Health Care clinic (PHC) per ward was achieved. Eighty three (83) additional Primary Health care clinics were constructed to fulfill this pledge. Furthermore, some existing Primary Health Care facilities such as those in Taura, Fagam, Basirika, Gujungu, Maigatari, Kanya Babba, Roni and Kaugama were fully renovated while over 100 other smaller health facilities were also remodeled and 10 new health posts constructed.

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### 83 Newly Constructed BHCs/PHCs

<table>
<thead>
<tr>
<th>PHC Name</th>
<th>Location</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC Bubba</td>
<td>Tubur</td>
<td>USA</td>
</tr>
<tr>
<td>PHC Bubba</td>
<td>Jilma</td>
<td>USA</td>
</tr>
<tr>
<td>PHC Bubba</td>
<td>Koma</td>
<td>USA</td>
</tr>
<tr>
<td>PHC Bubba</td>
<td>Kalma</td>
<td>USA</td>
</tr>
<tr>
<td>PHC Bubba</td>
<td>Kalar</td>
<td>USA</td>
</tr>
<tr>
<td>PHC Bubba</td>
<td>Kamar</td>
<td>USA</td>
</tr>
<tr>
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<td>Kamar</td>
<td>USA</td>
</tr>
</tbody>
</table>

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### Jigawa State Ministry of Health BHC/PHC Constructed

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Renovation of Roni PHC

- Contract Value: ₦26,766,366.64
- This PHC will be eventually upgraded to General hospital

Renovation of Gwiwa PHC

Interior of newly renovated Gwiwa PHC
**HEALTH INFRASTRUCTURE**

Secondary Health Care Facilities

At secondary health care level, the government is currently constructing three new general hospitals in Garki, Gantsa and Guri while four Primary health centres in Gwaram Mallam Madari, Miga and Auyo were upgraded to status of General Hospitals. Also, seven other general hospitals in Ringim, Babura, Dutse, Jahun, Gumel, Kafin Hausa and Birniwa were renovated and additional structures constructed. Four of these hospitals (Dutse, Babura, Kafin Hausa and Ringim) were supplied with hospital furniture and equipment while Gumel, Dutse and Babura general hospitals were solarized. Moreover, the construction of new general hospital Birnin Kudu, inherited from the previous administration at 35% completion is now at 90%.
Upgrade of Birmiwa hospital to general hospital

- Contract includes renovation of old structures and building new ones such as Theater, laboratory, Ward, Kitchen and Laundry etc.

Birmiwa General Hospital Upgrade - Administrative Block

Birmiwa General Hospital Upgrade - Operating Theatre

Birmiwa General Hospital Upgrade - 20 Bed Ward

Babura General Hospital Upgrade

Newly constructed 40 Bed Ward Babura General Hospital
Work has progressed from about 35% when the administration took over in 2015 to about 90% currently.

Construction of 3 New General Hospitals in Gantsa, Guri and Garki

Prototype of the 3 new general hospitals

Ongoing Construction at General Hospital, Gantsa