

Assessment of Primary Health Centres in selected States of Nigeria

Report of findings from Christian Aid Supported Communities in Kaduna State

July 2015



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List of Acronyms

ANC	Antenatal Care
AOS	Available on Site
BEmOC	Basic Emergency Obstetric Care
CAID	Christian Aid
CBHIS	Community Based Health Insurance Scheme
CDC	Community Development Committee
CHEW	Community Health Extension Worker
CHEW	Community Health Extension Workers
CHIS	Community Health Insurance Scheme
CHO	Community Health Officer
DRF	Drug revolving fund
EPI	Expanded programme on immunization
FP	Family Planning
FSCs	Facility Support Committees
HMIS	Health Management Information System
HTN	Hypertension
ICRAM	Improving Community Response to Management of Malaria
IMCI	Integrated management of childhood illness
IMPAC	Integrated Management of Pregnancy and Childbirth
IPT	Intermittent Preventive Treatment
IUCD	intrauterine contraceptive device
JCHEW	Junior Community Health Extension Workers
LGA	Local Government Area
MCH	Maternal and Child Health
MDA	Ministries Department Agencies
MDGs	Millennium Development Goals
MoH	Ministry of Health
MSS	Midwives Service Scheme
NPHCDA	National Primary Health Care Development Agency
NSHDP	National Strategic Health Development Plan
OIC	Officer in Charge
PHC	Public Health Centre
PMTCT	Prevention of mother to child transmission
RDT	Rapid Diagnostic Test
RPR	Rapid Plasma Reagin
SAM	Service Availability Mapping
SARA	Service Availability Readiness Assessment
SCHH	Strengthening Community health and HIV
VDRL	Venereal Disease Research Laboratory
WASH	Water Sanitation and Hygiene

Executive summary

Christian Aid (CAID) works in four Nigeria states- Kaduna, Plateau, Benue, Anambra and the FCT to improve the health of poor and marginalized people, particularly women, children and people with compromised immunity. CAID works with its partners in ways that strengthens community-based health systems so as to increase the accessibility, affordability and quality of public and private healthcare.

CAID also work to increase the accountability of duty bearers and the involvement of rights holders in health policy formulation, budget allocation and oversight of primary healthcare facilities in line with national policy.

As part of efforts in strengthening community health systems through quality improvement, accessibility and sustainability of health services, CAID embarked on facility assessments in four (Benue, Anambra, Kaduna and Plateau) states and the FCT where its partners are implementing community health programmes.

This report provides an analysis of the status of the assessed PHCs in Kaduna State, in terms of services, infrastructure and human resource capacities in relation to the national standard. The findings of this report would help CAID in engaging relevant government authorities for health care planning and resourcing.

The assessment covered a total of 22 health facilities in CAID supported communities in 1 Local Government Area– (Kajuru LGA) of Kaduna State. Under the supervision of a consultant, data was collected using quantitative and qualitative data collection tools- which included Service Availability and Readiness Assessment (SARA) and Service Availability Mapping (SAM) tools, and client exit interviews

Findings from this assessment show that:

- There are concerns on the state of the infrastructures of the facilities. Most of the facilities require renovations (16 out of the 22 facilities); 9 facilities requiring minor renovations and 7 requiring major renovations.
- 10 of the facilities use the central grid as their power source while others use alternative sources to run the facilities causing increase in the administrative cost of running the facilities.
- Provision of accommodation for members of staff of the facilities requires urgent attention. As of the time of assessment, only PHC Kallah has provision for staff accommodation.
- 5 of the facilities had no access road available, PHCs Ang. Aku, Dan-Bugudu, S/Gari Afogo, Ung Pada, and Idon-Gida.
- Dug wells and boreholes were the main sources of water for the facilities. Two facilities (PHC M/kajuru and HC Dan-Bagudu) had no good source of water supply within the premises.
- There was significant insufficiency in human resources, especially professional health workers. As at the time of the assessment, there were no medical officer, pharmacist, pharmacy technician, and medical records officer available in all the 22 facilities

- Referral from one facility to another and emergency response systems were limited and relatively non-functional as ambulance was available in just 1 facility; PHC Kellah.
- The major training areas required by the staff members were basic emergency obstetric, management of TB/HIV co-infection, diabetes diagnosis, diagnosis and treatment of tuberculosis and health care waste management practices.
- Health care services were relatively available in all the facilities. Nevertheless, HC Libere provided only 3 services (STI, Malaria and child health services) out of all the services.
- More often than not, laboratory services were not available on-site. In some instances, the facilities did not have access to the tests off-site either.
- There were no significant improvements in the deliveries and postnatal utilization figures over the period of time considered in the assessment (2011-2014).
- There was a strong affirmation from the clients on the courteous and friendly behavior of the health workers. It was found out that the clients trust the skills of the available health workers for the services they provided.

Based on these findings, it is recommended that:

- The 17 dilapidated facilities should be set as high priority for renovation.
- The accommodation for the staff members of the facilities should be improved for more efficiency in healthcare service delivery.
- Sources of clean water for the facilities should be improved upon for easier access to clean water. This also would serve as infection and disease control as their main water sources (dug well and borehole) could cause various kinds of infection outbreak if not well treated.
- Emergency transportation services should be established, functional, available to and sufficient for facilities within defined catchment areas. These services should be well structured to include a formal referral network and implementation support.
- Proper conditions. There have been impediments in accessing care by clients in some facilities due to deplorable conditions of the roads. Hence, these roads should be put in usable conditions where applicable.
- The same way all the services listed were offered by just one facility (PHC K/Magani), the other facilities should be reconsidered and strengthened to offer these services.
- The introduction of rapid test kits where available and appropriate should be considered. These should include approved kits with high sensitivity and specificity that require little or no expertise to use.
- The delivery and postnatal services should be revamped across the facilities to improve their utilizations. This is pertinent due to the insignificant increase in the utilization figures of deliveries and postnatal services over the period considered in the assessment (2011-2014).
- Training (clinical and non-clinical issues) should be provided for all cadre of staff across all the health facilities as it appears that they are often left out in training matters.
- Community structures need to be strengthened to implement structured supervision and feedback mechanisms for health in their various wards. Training (clinical and non-clinical issues) should be provided for all cadres of staff across all the PHCs as it appears that they are often left out in training matters.

Background

Kaduna State Profile

Kaduna State is located in the north-west geo-political zone of the country between latitude 9° and 14° north of the equator¹ and has a landmass of 45,567 square kilometres². It is bound to the east by Bauchi and Plateau States, to the north by Zamfara, Katsina and Kano States, to the west by Niger States and to the south by Nasarawa State and Abuja.

Below: Map of Nigeria showing Kaduna



It has an estimated population of 6,113,503 according to the 2006 census and a population projection of 8,068,761 with a growth rate of 3%³. The State has 23 LGAs with 255 political wards⁴, Kaduna being its capital.

Kaduna State Health Indices

Health Facilities

Kaduna State has 739 Local Government health facilities, 29 secondary care facilities, 5 tertiary hospitals, 656 private health facilities and 2,500 registered patent medicine shops. There are also eight academic institutions and four post-basic training programmes for human resources development within the health care service⁵.

Health Workers in Kaduna State

There are about 190 doctors in State Service and Private Sector. This means that there is about one doctor to every 32,000 people. Poor conditions of services including inadequate staff housing have made it extremely difficult to recruit and retain staff particularly in rural areas. The State has already responded to the urgency of the situation by starting a recruitment drive for nurses and doctors⁶.

Ante-Natal Care (ANC)

According to 2013 NDHS report, 54.6% of pregnant women received ante-natal care from a skilled provider; 35.5% (highest in the region) of live births were delivered by a skilled provider; 32.4% (highest in the region) of the live births were delivered in a health facility- 29.1% and 3.3% in public and private facilities respectively⁷.

¹ <http://www.ramalanyero.com/kaduna/>

² <http://www.ramalanyero.com/kaduna/>

³ <http://nigeria.unfpa.org/kaduna.html>

⁴ <http://www.paths2.org/where-we-work/kaduna%20state>

⁵ <http://www.ramalanyero.com/population>

⁶ <http://www.ramalanyero.com/population>

⁷ NDHS 2013

Immunization Coverage

35.3% of children between the ages of 12-23 months received all basic immunizations- BCG, measles, and 3 dose each of DPT and polio vaccine (excluding polio vaccine given at birth)⁸.

Malaria and Diarrhoea Diseases

Insecticide treated nets usage is considered the most cost effective way of preventing malaria. In under-5 children, prevalence of malaria and diarrhoea are 12.5% and 5.6% respectively⁹.

The percentage of households with at least one mosquito net in Kaduna State were captured as follows; 35.3% has any mosquito net, 24.9% with insecticide treated mosquito net (ITN), and 24.4% has long lasting insecticidal net (LLIN). In average, there are 0.4 LLIN per households in the state.

Furthermore, the percentage number of persons who slept under these nets were also analysed to reveal that 4.9% slept under any mosquito net, 3.9% slept under insecticide treated net, and 3.7% slept under long lasting insecticidal net.¹⁰

Knowledge of Family Planning and HIV/AIDS

The knowledge of contraception amongst women and men aged 15-49 is quite high as 93.7% of women and 98.2% of men have heard of at least one modern method of contraception. However, only 18.5% of these women use a modern method of family planning. Also, the knowledge of HIV/AIDS is prevalent as 95.8 % of women and 97.5% of men¹¹ are aware.

⁸ NDHS 2013

⁹ NDHS 2013

¹⁰ NDHS 2013

¹¹ NDHS 2013

Facility Visited in Kaduna State

The assessment covered primary health care facilities located within Christian Aid partners' communities of intervention in the state.

Table 1: Basic profile of facilities assessed

Name of Facility	Classification	Sector	Minimum land area	Number of communities they serve	Distance between the facility and the farthest community ¹²	Catchment area population
PHC, K/Magani	Primary Health Centre	Rural	1065.7 sqm	24	1.5 km	44,480
PHC, Kallah	Primary Health Centre	Rural	1332.2 sqm	15	-	4,782
HC, Dan-Bagudu	Primary Health Centre	Rural	106.6 sqm	2	-	1,075
PHC, M/Kajuru	Primary Health Centre	Rural	319.7 sqm	10	-	5,896
PHC Kufana	Primary Health Centre	Rural	426.3 sqm	8	8 km	4,040
HC, Idon-Gida	Primary Health Centre	Rural	319.7 sqm	4	-	667
PHC, Afogo	Primary Health Centre	Rural	426.3 sqm	12	1 km	6,575
HC, Doka	Primary Health Centre	Rural	373.0 sqm	8	-	8,410
HC, Iburu	Primary Health Centre	Rural	159.9 sqm	10	-	3,064
PHC, Idon	Primary Health Centre	Rural	319.7 sqm	5	1.5 km	8,815
HC, Gefe	Primary Health Centre	Rural	373.0 sqm	8	-	1,105
HC, D/Gaiya	Primary Health Centre	Rural	159.9 sqm	14	8 km	5,560
HC, Ung.Pada	Primary Health Centre	Rural	53.3 sqm	5	3 km	1,200
HC, Rafin Kunu	Primary Health Centre	Rural	106.6 sqm	2	1 km	2,060
HC, S/Gari Afogo	Primary Health Centre	Rural	26.6 sqm	4	10 km	2,267
HC, Iri Gari	Primary Health Centre	Rural	426.3 sqm	6	8 km	4,360
HC, Iberah	Primary Health Centre	Rural	159.9 sqm	2	5 km	1,121
HC, Iri Station	Primary Health Centre	Rural	79.9 sqm	5	5 km	210
HC, Kurmin Idon	Primary Health Centre	Rural	26.6 sqm	2	4 km	2,237
HC, Libere	Primary Health Centre	Rural	213.1 sqm	6	16 km	786
HC, Idu	Primary Health Centre	Rural	106.6 sqm	5	10 km	1,684
HC, Ang. Aku	Primary Health Centre	Rural	213.1 sqm	7	22 km	8,625

¹² Where distances are not quoted, it means figures are not available at the LGA.

Key Findings

Infrastructural and Human Resource Capabilities

Infrastructure

Presented under this section is the status of the infrastructures in the 22 facilities assessed in the State.

Out of the 22 PHCs surveyed, only 5 of the PHCs' buildings appeared to be in good condition and do not require renovation. However, 17 of the PHCs are in dire need of renovation. Also, most of the facilities had no perimeter fencing except PHC Ugwan Aku.

Below: Dilapidated HF at Iri Gida



None of the facilities provided accommodation for their staff in line with the minimum standard for PHC in Nigeria. Most of the facilities relatively have access roads except some 5 PHCs (PHC Ung Pada, PHC S/Gari Afogo, PHC Idon-Gida, PHC Dan-Bagudu and PHC Ang Aku).

Borehole and dug well are the main source of water to all the facilities except PHCs Dan-Bagudu and M/Kajuru, that both have no source of water supply within their premises. Furthermore, 36.4% of the facilities still used pit latrine most of which are in dilapidated states.

Power supply is one of the key components for the smooth running of a health facility. It was found out that only 10 out of the 22 facilities in the state are connected to the national electricity grid.

The table below highlights the infrastructures available in the facilities in comparison with the basic NPHCDA standard to determine the facilities that meet the standard requirement. *(Please see the appendix table 1 for the detailed available infrastructures in the assessed facilities.)*

Only one facility (PHC, Kallah) has ambulance for referral and emergency responses.

Table 2: Comparison of the facilities' infrastructure with NPHCDA basic standard

LGA	Health Facilities	Classification	Physical infrastructure							Communication			Referral and emergency response	
			Wall in good condition	Roof in good Condition	Have delivery beds	Connected to the national electricity grid	Have an alternative Power source	Have motorized Borehole	Have functional toilet facilities	Have a functioning Mobile telephone	Have a functioning computer	Have access to internet	Ambulance	Bicycle/motorcycle /tricycle
Kajuru	HC, Ung.Pada	Primary Health Centre	✓	✓	*	*	*	*	*	*	*	*	*	*
	HC, Rafin Kunu	Primary Health Centre	✓	✓	*	*	*	*	*	*	*	*	*	*
	HC, S/Gari Afogo	Primary Health Centre	✓	✓	*	*	*	✓	*	*	*	*	*	*
	HC, Iri Gari	Primary Health Centre	*	*	*	*	*	✓	*	*	*	*	*	*
	HC, Iberah	Primary Health Centre	✓	*	*	✓	✓	✓	✓	*	*	*	*	*
	HC, Iri Station	Primary Health Centre	✓	✓	*	✓	✓	✓	✓	*	*	*	*	*
	HC, Kurmin Idon	Primary Health Centre	*	*	*	✓	*	*	*	*	*	*	*	*
	HC, Libere	Primary Health Centre	*	✓	*	*	*	*	*	*	*	*	*	*
	HC, Idu	Primary Health Centre	*	*	*	*	*	*	*	*	*	*	*	*
	HC, Ang. Aku	Primary Health Centre	✓	✓	*	*	*	*	✓	*	*	*	*	*
	PHC, K/Magani	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	*	*	*	*	*
	PHC, Kallah	Primary Health Centre	*	✓	✓	✓	✓	*	✓	*	*	*	✓	*
	HC, Dan-Bagudu	Primary Health Centre	✓	*	✓	*	*	*	*	*	*	*	*	*
	PHC, M/Kajuru	Primary Health Centre	✓	*	✓	✓	✓	*	✓	*	*	*	*	*
	PHC Kufana	Primary Health Centre	✓	*	✓	✓	*	*	*	*	*	*	*	*
	HC, Idon-Gida	Primary Health Centre	✓	*	*	*	*	*	*	*	*	*	*	*
	PHC, Afogo	Primary Health Centre	*	*	✓	*	*	*	✓	✓	✓	✓	*	*
	HC, Doka	Primary Health Centre	*	*	✓	*	*	✓	*	*	*	*	*	*
	HC, Iburu	Primary Health Centre	*	*	✓	*	*	✓	*	*	*	*	*	*
	PHC, Idon	Primary Health Centre	*	*	✓	✓	*	✓	✓	*	*	*	*	*
HC, Gefe	Primary Health Centre	*	*	✓	*	✓	✓	✓	*	*	*	*	*	

* - Standard not met, ✓ - standard met

Basic Equipment

This subsection outlines the basic equipment available across all the facilities assessed across all the CAID supported communities in the state

Table 3: Basic equipment available

Health Facilities	Classification	Blood Pressure Machine or Cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body temperature	Light source to ensure visibility	Infusion kits for intravenous solution	Needle holder	Scalpel handle with blade	Retractor	Surgical scissors	Nasogastric Tubes 10-16 FG	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult	Self-inflating bag and mask for resuscitation-pediatrics	Micro-nebulizer	Equipment to measure oxygen saturation	Oxygen distribution system	Commodity stock-out in the last 1 month	
HC, Ang. Aku	Primary Health Centre	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	NA	NA	NA	NA	NA	NA	AF	AF	
HC, D/Gaiya	Primary Health Centre	AF	AF	AF	AF	NA	AF	AF	NA	NA	AF	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA
HC, Dan-Bagudu	Primary Health Centre	AF	AF	AF	NA	AF	NA	NA	NA	NA	NA	NA	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA
HC, Doka	Primary Health Centre	AF	AF	NA	NA	AF	NA	NA	NA	AF	AF	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NR
HC, Gefe	Primary Health Centre	AF	AF	AF	AF	AF	NA	NA	AF	NA	AF	AF	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA
HC, Iberah	Primary Health Centre	AF	AF	AF	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NR	AF
HC, Iburu	Primary Health Centre	AF	AF	NA	AF	NA	NA	AF	AF	NA	NA	AF	AF	AF	NA	NA	NA	NA	NA	NA	NA	AF
HC, Idon-Gida	Primary Health Centre	AF	AF	AF	AF	NA	NA	NA	AF	AF	AF	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA
HC, Idu	Primary Health Centre	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	AF
HC, Iri Gari	Primary Health Centre	AF	NA	AF	NA	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF
HC, Iri Station	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	NA	NA	NA	AF	NA	NA	AF	NA	AF	AF	AF
HC, Kurmin Idon	Primary Health Centre	AF	NA	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	AF
HC, Libere	Primary Health Centre	AF	AF	AF	AF	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	AF
HC, Rafin Kunu	Primary Health Centre	AF	AF	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF
HC, S/Gari Afogo	Primary Health Centre	AF	AF	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	AF
HC, Ung.Pada	Primary Health Centre	AF	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	NA
PHC Kufana	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	NA	NA	AF	AF	AF	AF	AF	NA	NA	NA	NA
PHC, Afogo	Primary Health Centre	AF	AF	AF	AF	NA	NA	NA	NA	NA	NA	AF	NA	NA	AF	NA	NA	NA	NA	NA	NA	NR
PHC, Idon	Primary Health Centre	AF	AF	AF	AF	AF	NA	NA	AF	NA	AF	AF	NA	AF	AF	NA	NA	NA	AF	NA	NA	AF
PHC, K/Magani	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	NA	NA
PHC, Kallah	Primary Health Centre	NA	AF	AF	AF	NA	NA	NA	AF	AF	NR	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA
PHC, M/Kajuru	Primary Health Centre	NA	AF	AF	AF	AF	NA	NA	NA	NA	NA	NA	NR	NA	NA	NA	NA	NA	NA	NA	NA	NA

*AF- Available and Functional, NA- Not Available, NR- No Response, Y- Yes, N- No.

From the table of basic equipment above, it was observed that most of the commonly used equipment were available across more than half of the facilities in the state. Only 3 facilities (PHCs Idu; Iri-Gari and Idon) did not have stethoscope while blood pressure machine was not available in two facilities (PHCs Kallah and M/Kajuru).

Some of the important equipment required for resuscitation were not readily available in the facilities. Self-inflating bag and mask for resuscitation for both paediatrics and adult were only available in 2 facilities (PHCs Kufana, and K/Magani). Oxygen distribution system was available in 7 facilities. 11 facilities reported commodity stock out in the last month.

Table 4: Comparison of the facilities' basic equipment with NPHCDA basic standard

Health Facilities	Classification	Basic equipment											
		Blood pressure machine	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body temperature	Light source to ensure visibility such as lamp or flash light for patient examination	Needle holder	Scalpel handle with blade	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation -adult (Ambubag)	Self-inflating bag and mask for resuscitation -pediatrics (Ambubag)
HC, Ung.Pada	Primary Health Centre	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗
HC, Rafin Kunu	Primary Health Centre	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
HC, S/Gari Afogo	Primary Health Centre	✓	✓	✗	✓	✗	✓	✗	✗	✗	✗	✗	✗
HC, Iri Gari	Primary Health Centre	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗
HC, Iberah	Primary Health Centre	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗
HC, Iri Station	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗
HC, Kurmin Idon	Primary Health Centre	✓	✗	✗	✓	✗	✗	✗	✗	✗	✗	✗	✗
HC, Libere	Primary Health Centre	✓	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗	✗
HC, Idu	Primary Health Centre	✓	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
HC, Ang. Aku	Primary Health Centre	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
PHC, K/Magani	Primary Health Centre	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PHC, Kallah	Primary Health Centre	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✗	✗
HC, Dan-Bagudu	Primary Health Centre	✓	✓	✓	✗	✓	✗	✗	✗	✓	✗	✗	✗
PHC, M/Kajuru	Primary Health Centre	✓	✓	✓	✓	✓	✗	✗	✗	✗	✗	✗	✗

✗ - Standard not met, ✓ - standard met

Table 4 highlights the basic equipment reported from the survey in comparison with the NPHCDA standards.

Human Resources

The human resource capacities of the health facilities were captured to determine the efficiency of health care service delivery in the communities. The table below shows the human resource strength of the facilities in the state.

Table 5: Human Resources

Health Facilities	Classification	Medical officers	Staff Nurse/ Midwife	CHO	CHEW	JCHEW	Pharmacists	Pharmacy Tech.	Lab. Tech.	Environ. officer	Medical Records Officer	Health Attendants	Transport personnel	Security personnel	Cleaners (Gen. Maint)	Laundry (Gen. Maint)	Gardeners (Gen. Maint)
HC, D/Gaiya	Primary Health Centre	0	1	0	2	2	0	0	0	2	0	0	2	0	0	1	0
HC, Ung.Pada	Primary Health Centre	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
HC, Rafin Kunu	Primary Health Centre	0	1	0	0	0	0	0	0	0	0	0	2	0	1	0	0
HC, S/Gari Afogo	Primary Health Centre	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
HC, Iri Gari	Primary Health Centre	0	0	0	1	0	0	0	0	0	0	1	0	1	2	0	1
HC, Iberah	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HC, Iri Station	Primary Health Centre	0	0	0	1	1	0	0	0	0	0	2	0	1	0	0	0
HC, Kurmin Idon	Primary Health Centre	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
HC, Libere	Primary Health Centre	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
HC, Idu	Primary Health Centre	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0
HC, Ang. Aku	Primary Health Centre	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
PHC, K/Magani	Primary Health Centre	0	4	0	12	2	0	0	5	4	0	10	0	1	0	0	0
PHC, Kallah	Primary Health Centre	0	1	0	3	3	0	0	3	1	0	5	0	2	0	0	1
HC, Dan-Bagudu	Primary Health Centre	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0
PHC, M/Kajuru	Primary Health Centre	0	4	1	4	4	0	0	4	0	0	0	0	0	0	0	1
PHC Kufana	Primary Health Centre	0	2	0	6	1	0	0	2	0	0	4	0	1	0	0	0
HC, Idon-Gida	Primary Health Centre	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0
PHC, Afogo	Primary Health Centre	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
HC, Doka	Primary Health Centre	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0
HC, Iburu	Primary Health Centre	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
PHC, Idon	Primary Health Centre	0	1	0	2	1	0	0	0	1	0	4	0	1	0	0	0
HC, Gefe	Primary Health Centre	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0

There was no medical officer in any of the facilities visited. 68.2% of the facilities have neither staff nurse nor midwife. Only M/Kajuru had a community health officer (CHO). Furthermore, 6 facilities reported not having a community health extension worker (CHEW) whereas one facility (K/Magani) has 12 Community Health Workers.

Across the facilities surveyed, none of them has a pharmacy technician or medical record officer. This raises the question of what the cadre of health workers providing care to clients are. Transport personnel and laboratory technicians were available only in 3 (PHCs- D/Gaiya; Rafin Kunu, and S/Gari Afogo) and 4 (PHCs K/Magani, Kallah, M/Kajuru and Kufana) facilities respectively.

Table 6: Comparison of the facilities' human resources with NPHCDA basic standard

Health Facilities	Classification	Human Resources											
		Medical officers (1)	Staff Nurse/Midwife (4)	CHO (1)	CHEW (3)	JCHEW (6)	Pharmacy Technician (1)	Lab. Tech. (1)	Environ. Officer (1)	Medical Records Officer (1)	Health Attendants (2)	Security personnel (2)	General Maint. Staff (1)
HC, D/Gaiya	Primary Health Centre	x	x	x	x	x	x	x	✓	x	x	x	✓
HC, Ung.Pada	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
HC, Rafin Kunu	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	✓
HC, S/Gari Afogo	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
HC, Iri Gari	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	✓
HC, Iberah	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
HC, Iri Station	Primary Health Centre	x	x	x	x	x	x	x	x	x	✓	x	x
HC, Kurmin Idon	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
HC, Libere	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
HC, Idu	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
HC, Ang. Aku	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
PHC, K/Magani	Primary Health Centre	x	✓	x	✓	x	x	✓	✓	x	✓	x	x
PHC, Kallah	Primary Health Centre	x	x	x	✓	x	x	✓	✓	x	✓	✓	✓
HC, Dan-Bagudu	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
PHC, M/Kajuru	Primary Health Centre	x	✓	✓	✓	x	x	✓	x	x	x	x	✓
PHC Kufana	Primary Health Centre	x	x	x	✓	x	x	✓	x	x	✓	x	x
HC, Idon-Gida	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	✓
PHC, Afogo	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
HC, Doka	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	✓
HC, Iburu	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x
PHC, Idon	Primary Health Centre	x	x	x	x	x	x	✓	x	✓	x	x	x
HC, Gefe	Primary Health Centre	x	x	x	x	x	x	x	x	x	x	x	x

* - Standard not met, ✓ - standard met

Findings show that only 1 facility (PHC M/Kajuru) out of the 22 facilities met the standard 1 CHO per facility criterion. However, 2 facilities (PHCs K/Magani, and M/Kaguru) met those regarding the number of nurse/midwife stipulated by the NPHCDA while none of the facilities met the standard concerning the required medical officer.

Training and Capacity Building Needs

The availability of skills required to carry-out specific tasks effectively were examined across the PHCs visited in the state. Only 1 facility (PHC Kufana) has a staff who had received training on diagnosis and treatment of tuberculosis. Just 2 facilities had trained staff on diabetes diagnosis. Family planning and antenatal care training had been acquired by 10 and 12 facilities staff members respectively. There is need for training on modified lifesaving across the facilities as only 6 facilities have staff that have received this training.

Of the 22 facilities in the state, 12 had no training on infant and young child feeding. 19 facilities did not have any trained staff on TB/HIV co-infection control. Some of the staff in the facilities assessed opined that there is need for staff training and re-training including refresher courses. The detail summary of the training guideline and needs' table is shown below. (*Please see appendix for more break down of the training and capacity building needs of the health workers*).

Table 7: Training and capacity building needs

Training domain	(N=22 facilities) N (%)
Health care waste management practices	1(4.5)
Family planning	10(45.5)
Antenatal care	12(54.6)
Infant and young child feeding counselling	10(45.5)
Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	9(40.0)
Integrated management of childhood illness (IMCI)	11(50.0)
Expanded programme on immunization (EPI)	13(59.0)
Promotion of proper nutrition and food education	10(45.5)
Modified Life Saving Skills	6(27.3)
Diagnosis and treatment of malaria	12(54.6)
Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	13(59.1)
Diagnosis and treatment of tuberculosis (including case management and tracing)	2(9.1)
HIV & AIDS counselling	13(59.1)
HIV testing	13(54.6)
Prevention of mother to child transmission (PMTCT) of HIV	12(54.6)
Management of TB/HIV co-infection	3(13.6)
Treatment of OIs	4(18.2)
Diabetes diagnosis	2(9.1)
Hypertension diagnosis	11(50.0)
Need for other training needs	20(90.9)

Status of Available Services

This section expresses the services provided across the 22 facilities in the state. It shows the capability of the supported facilities to provide the required basic services to the catchment communities where they are domiciled.

The table below elaborates the available services provided across all the facilities in the state. *(Please see appendix for the detailed available services across the facilities)*

Table 8: Available services

Available Services	(N=22 facilities) N (%)
Routine in-patient care	4 (18.2)
Availability of dedicated delivery beds	9 (40.9)
Available modern methods of family planning	17 (77.3)
Combined oral contraceptive pills	12 (54.5)
Injectable contraceptives	16 (72.7)
Insertion of IUCD	3 (13.6)
Condoms (male and females)	11 (50.0)
Counselling and motivation for FP uptake	12 (54.5)
Availability of antenatal services	20 (90.9)
Availability of obstetric care services	15 (68.2)
Availability of newborn care services	13 (59.1)
Availability of child health services	18 (81.8)
Availability of malaria services	20 (90.9)
Distributes insecticide treated bed net distribution to patients, their families and households	15 (68.2)
Availability of TB services	5 (22.7)
Facility designated as Directly Observed Treatment centres	5 (22.7)
Availability of HIV & AIDS services	13 (59.1)
Availability of youth friendly services	5 (22.7)
Availability of sexually transmitted infections (STIs)	8 (36.4)
Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?)	6 (27.3)

From the table above, insertion of IUCD (13.6%) appears the most sought service within the modern family planning space. ANC and malaria services (90.9% respectively) are the most common type of services across all the facilities assessed.

The analysis on the availability of laboratory services across the facilities is provided in the section below.

Table 9: Comparison of the facilities' available services with NPHCDA basic standard

Health Facilities	Classification	ANC	Deliveries	Post-natal	Family planning	Immunization	HIV/AIDS services	STI services	Malaria treatment	TB services	Laboratory Services	Pharmacy section	Operating hours (24 hours)
HC, D/Gaiya	Primary Health Centre	✓	✓	✓	x	✓	x	✓	✓	x	x	✓	x
HC, Ung.Pada	Primary Health Centre	✓	✓	x	x	x	x	x	x	x	x	✓	x
HC, Rafin Kunu	Primary Health Centre	✓	✓	x	x	✓	x	x	✓	x	x	x	x
HC, S/Gari Afogo	Primary Health Centre	✓	x	x	✓	✓	x	✓	✓	x	x	x	x
HC, Iri Gari	Primary Health Centre	✓	x	x	✓	✓	x	✓	✓	✓	x	✓	✓
HC, Iberah	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	x	x	✓	x
HC, Iri Station	Primary Health Centre	✓	x	x	✓	✓	✓	✓	✓	x	x	x	x
HC, Kurmin Idon	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	x	x	x	x
HC, Libere	Primary Health Centre	x	x	x	x	✓	x	✓	✓	x	x	x	x
HC, Idu	Primary Health Centre	✓	x	x	x	✓	x	x	x	x	x	x	✓
HC, Ang. Aku	Primary Health Centre	x	x	x	✓	✓	x	x	✓	x	x	x	x
PHC, K/Magani	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓
PHC, Kallah	Primary Health Centre	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	x	x
HC, Dan-Bagudu	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	x	x	x	x
PHC, M/Kajuru	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓
PHC Kufana	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	x
HC, Idon-Gida	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	x	x	✓	x
PHC, Afogo	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	x	x	✓	x
HC, Doka	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	x	x	✓	x
HC, Iburu	Primary Health Centre	✓	✓	x	✓	✓	✓	x	✓	x	x	x	x
PHC, Idon	Primary Health Centre	✓	✓	✓	✓	✓	✓	x	✓	x	✓	x	x
HC, Gefe	Primary Health Centre	✓	✓	✓	✓	✓	x	x	✓	x	✓	✓	x

* - Standard not met, ✓ - standard met

Table 9 highlights the available services across the assessed facilities in comparison with the basic NPHCDA standard. This table indicates the facilities that met with the basic standards.

Laboratory Services

Laboratory services are one of the services considered during the survey. The detailed analysis on the availability of various laboratory tests in all the 22 facilities assessed is presented in the table below.

Table 10: Laboratory services

Services	(N=22 facilities)			
	AOS, from others N (%)	AOS, facility only N (%)	AOfS N (%)	NR N (%)
Glucose - dipstick	0 (0.0)	1 (4.5)	0 (0.0)	4 (18.2)
Glucose - manual method	1 (4.5)	3 (13.6)	0 (0.0)	2 (9.1)
Glucose - glucometer	0 (0.0)	1 (4.5)	0 (0.0)	4 (18.2)
Pregnancy testing by urine rapid test	2 (9.1)	13 (59.1)	0 (0.0)	1 (10.0)
Hemoglobin (Hb) estimation automatic hemoglobinometer	0 (0.0)	2 (9.1)	0 (0.0)	2 (9.1)
Hb estimation by manual method	0 (0.0)	6 (27.3)	0 (0.0)	1 (10.0)
CD4 count - absolute	0 (0.0)	0 (0.0)	1 (4.5)	0 (0.0)
CD4 count - percentage	0 (0.0)	0 (0.0)	1 (4.5)	1 (10.0)
Malaria thick films	1 (4.5)	3 (13.6)	0 (0.0)	6 (27.3)
Malaria thin films	1 (4.5)	2 (9.1)	0 (0.0)	6 (27.3)
Malaria RDTs	7 (31.8)	8 (36.4)	0 (0.0)	2 (9.1)
Concentrated Ziehl-Neelsen (ZN) sputum smears-centrifugation	1 (4.5)	3 (13.6)	0 (0.0)	2 (9.1)
Mantoux test	0 (0.0)	2 (9.1)	0 (0.0)	4 (18.2)
Syphilis detection test (VDRL, RPR)	0 (0.0)	4 (18.2)	0 (0.0)	2 (9.1)
Sputum culture for TB diagnosis	0 (0.0)	3 (13.6)	0 (0.0)	4 (18.2)
HIV antibody testing by RDT	4 (18.2)	8 (36.4)	0 (0.0)	1 (4.5)
Hepatitis B testing by RDT	2 (9.1)	5 (22.7)	0 (0.0)	2 (9.1)
Hepatitis C testing by RDT	1 (4.5)	5 (22.7)	0 (0.0)	3

*AOS – Available on site, NA – No Available, AOfS – Available off Site

From the table above, the most common laboratory tests that were available on site from both within and outside the facilities were malaria RDTs (31.8%), HIV antibody testing by RDT (18.2%), Pregnancy testing (9.1%) and Hepatitis testing by RDT (9.1%).

Under-five Specialized Services

This section speaks to basic under-five services that the facilities in the supported communities provide regularly to under-five children.

Immunization services were the most available service for under-five children followed by iron supplementation and treatment of child malnutrition respectively.

Table 11: Available services for under five children

Available Services	(N=22 facilities) N%	
	Yes	NR
Routine Vitamin A supplementation	13 (59.1)	0 (0.0)
Iron supplementation	17 (77.3)	0 (0.0)
Growth monitoring	16 (72.7)	0 (0.0)
Treatment of child malnutrition	17 (77.3)	0 (0.0)
Zinc supplementation	11 (50.0)	0 (0.0)
Immunization services	21 (95.5)	0 (0.0)
Are Measles, DPT-HB, Polio and BCG vaccines available?	14 (63.6)	1 (4.5)

Service Support Programmes & Schemes

The programmes and schemes (donor-funded or government –supported) that are available across the CAID –supported communities and are supporting the PHCs as required are captured in this section.

Findings show that the drug revolving fund was present in almost all (95.5%) the facilities. Free MCH services were also found to be common in a considerable number (40.9%) of the facilities assessed (*Please see the table below for details*). Also see the appendix for the detailed information on the list of service support programmes and schemes across available the 22 facilities.

Table 12: Service support programmes (summary in the state)

Service support	Facilities (N=22) N (%)
	Available
Drug revolving fund	21 (95.5)
Free MCH	9 (40.9)
SURE-P MCH	4 (18.1)
MSS	1 (4.5)
Community Based Health Insurance (Fund)	0 (0.0)
Safe Motherhood Demand Side Initiative	0 (0.0)
Other programmes being implemented	0 (0.0)

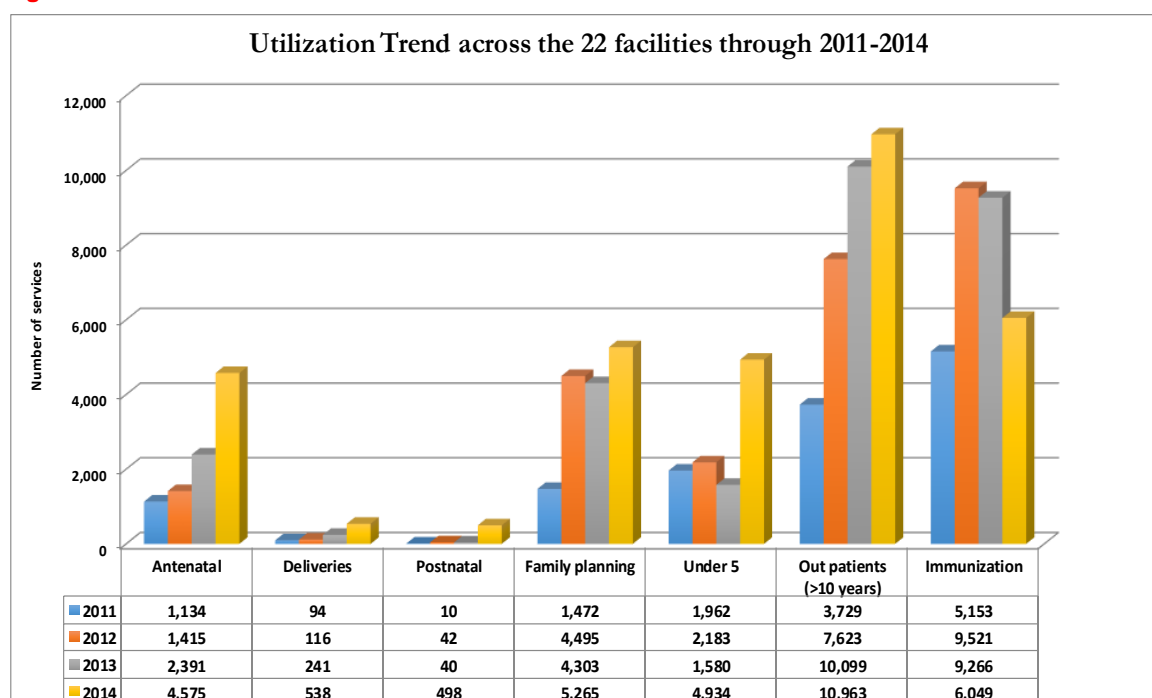
Utilization and Service Delivery

Service Utilization Trends

This section shows the progress recorded in the areas of service utilization of healthcare services across the various facilities in CAID project communities in Kaduna State over a period of 4 years.

The chart below shows the total utilization of the various services across the 22 facilities in the state. (*Please see the appendix for the detailed utilization figures across the health facilities.*)

Figure 1: Service Utilization Trends



The utilization chart above shows that there was a relative increase in the utilization figures across all the services provided through the years. This indicates that there was a quality service delivery improvement as the year progressed. Out patients (>10 years) and immunization services showed more significant improvement in the increase of the utilization through the years.

Health Management Information System

This section highlights the availability of required documentations for proper running of facilities including HMIS reporting.

The table below identifies the availability of the various sources of information for HMIS and Monitoring and Evaluation.

From the table below, none of the facilities assessed in the state had HMIS software, hence no dedicated trainer was seen in any of the facilities visited.

Storage facility for documents which is a very important aspect in record keeping in the facility was relatively not accessible in all the facilities besides just 6 of them; available sometimes in 4 facilities (HCs Iberah, Iri Station, Kurmin Idon, and Ung Pada) and available and adequate in 2 facilities (HC Rafin Kunu, and PHC Kallah).

Capturing data for disease control in these facilities seems a challenge as 7 facilities made use of disease notification form in the facilities which were sometimes available in 3 facilities (HCs Iri Gari, S/Gari Afogo and PHC M/Kajuru) and available and adequate in 4 facilities (PHCs Kallah, K/Magani, Kufana and HC Libere).

Referral forms and functional two-way referral were in use only in 9 facilities out of 22 facilities assessed, often available sometimes in 5 facilities (PHCs Dan-Bagudu, Gefe, Iburu, Idon-Gida and PHC M/Kajuru) but available and adequate in 4 facilities (PHCs Kufana, Idon, K/Magani and HC Doka).

The following facilities experienced commodity stock-out in the last month; 36.4% of the facilities experience facility commodity stock out in the last month. They are; PHCs Ang. Aku; D/Gaiva, Iberah; Iri-Gari, Iri-Station; Libere; rafin Kunu and PHC Afogo.

Table 13: HMIS and M&E report

Health Facilities	Classification																		
		Storage Facility for Documents	Disease Notification form	Referral Form	Functional Two-way referral	HMIS Software	Dedicated trainer officer	Availability of essential Drug List	Presence of Pharmacy Section	Shelves in the Pharmacy section	Drugs properly arranged in the Pharmacy	Room Thermometer available	Bin card	Daily dispensing registers	Requisition books	Monthly Pharmaceutical /Laboratory inventory Register	Updated Inventory control/ stock cards	Minimum Re-order level for drugs stocked	Experience of Stock-out in the last month
HC, Ang. Aku	Primary Health Centre	NA	NA	NA	NR	NR	NR	AA	NA	NA	NA	NA	AA	NR	AA	AA	AA	AA	Y
HC, D/Gaiya	Primary Health Centre	NA	NA	NA	NA	NR	NA	AA	AA	AA	NA	NA	AA	AA	AA	NA	AA	NA	Y
HC, Dan-Bagudu	Primary Health Centre	NA	NA	AS	AS	NR	NR	AA	NA	NA	NA	NA	NA	AA	NA	NA	NA	NA	N
HC, Doka	Primary Health Centre	NA	NA	AA	AA	NR	NR	AA	AA	AA	AA	NA	AA	AA	NA	NA	AA	AA	N
HC, Gefe	Primary Health Centre	NA	NR	AS	AS	NR	NR	NR	AA	AA	AA	NR	NA	AA	AA	NA	NR	AA	N
HC, Iberah	Primary Health Centre	AS	NA	NA	NA	NR	NA	AA	AA	AA	NA	NA	AA	AA	AA	AA	AA	NA	Y
HC, Iburu	Primary Health Centre	NA	NA	AS	AS	NR	NA	AA	NA	NA	NA	NA	AA	NA	NA	NA	AA	AA	NR
HC, Idon-Gida	Primary Health Centre	NA	NA	AS	AS	NR	NA	NR	AA	AA	NA	NA	NA	AA	NA	NA	NA	NA	N
HC, Idu	Primary Health Centre	NA	NA	NA	NA	NR	NA	NA	NA	NA	NA	AA	NA	NR	AA	NA	NA	NA	N
HC, Iri Gari	Primary Health Centre	NA	AS	NA	NR	NR	NR	AA	AA	NA	NA	NA	AA	AA	AA	NA	AA	AA	Y
HC, Iri Station	Primary Health Centre	AS	NA	NA	NA	NR	NA	NA	NA	NA	NA	NA	AA	AA	NR	AA	AA	AA	Y
HC, Kurmin Idon	Primary Health Centre	AS	NA	NA	NA	NR	NA	NA	NA	NA	NA	NA	AA	AA	AA	AA	AA	AA	N
HC, Libere	Primary Health Centre	NA	AA	NA	NA	NR	NA	NA	NA	NA	NA	NA	AA	AA	AA	AA	AA	NA	Y
HC, Rafin Kunu	Primary Health Centre	AA	NA	NA	NA	NR	NA	AA	NA	NA	NA	NA	AA	AA	NA	AA	AA	NA	Y
HC, S/Gari Afogo	Primary Health Centre	NA	AS	NA	NR	NR	NA	AA	NA	NA	NA	NA	NA	NA	NR	AA	AA	NA	N
HC, Ung.Pada	Primary Health Centre	AS	NA	NA	NA	NR	NA	AA	AA	NA	NA	NA	NR	NR	NA	NA	NA	NR	N
PHC Kufana	Primary Health Centre	NA	AA	AA	AA	NR	NA	AA	AA	AA	AA	NA	AA	AA	NR	NA	AA	AA	N
PHC, Afogo	Primary Health Centre	NA	NA	NA	NA	NR	NR	AA	AA	AA	AA	NA	NA	NA	NA	NA	NA	NA	Y
PHC, Idon	Primary Health Centre	NA	NR	AA	AA	NR	NR	AA	NA	NA	NA	NA	NA	AA	AA	NA	AA	AA	N
PHC, K/Magani	Primary Health Centre	NR	AA	AA	NR	NR	NR	AA	AA	AA	AA	NA	AA	AA	NA	NA	AA	AA	N
PHC, Kallah	Primary Health Centre	AA	AA	NA	AA	NR	NR	AA	NA	NA	NA	NA	NA	AA	NA	NA	AA	AA	N
PHC, M/Kajuru	Primary Health Centre	NA	AS	AS	AS	NR	NR	AA	AA	AA	AA	NA	AA	AA	NA	NA	NA	NA	N

*NA – Not Available, AA – available and Adequate, AS – Available Sometimes, NR – No Response, Y – Yes, N - No

Availability of Registers

The availability of registers was analyzed across the PHCs assessed in the state. The table below highlights the various registers available in these facilities.

Table 14: Registers available

State	Classification	Outpatient register	Delivery Register	Antenatal Register	New-born register	Family Planning	Under 5 clinic Register	Immunization Register	Inpatient Register	Discharge summary	
Kajuru L G A	HC, Ang. Aku	Primary Health Centre	AA	NA	AA	NA	AA	NA	NA	NA	AS
	HC, D/Gaiya	Primary Health Centre	AA	AA	AA	AA	NA	NA	NA	NA	NA
	HC, Dan-Bagudu	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	NR	NR
	HC, Doka	Primary Health Centre	AA	AA	AA	AA	NR	NR	AA	NR	NR
	HC, Gefe	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	NR
	HC, Iberah	Primary Health Centre	AA	NA	AA	NA	AA	NA	NA	NR	AS
	HC, Iburu	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	AA	NR
	HC, Idon-Gida	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	NR	NR
	HC, Idu	Primary Health Centre	AA	NA	NA	NA	AA	NA	NA	NA	NA
	HC, Iri Gari	Primary Health Centre	AA	NA	AA	NA	AA	AA	NR	NA	NA
	HC, Iri Station	Primary Health Centre	AA	NA	AA	NA	AA	NA	NA	NA	NA
	HC, Kurmin Idon	Primary Health Centre	AA	NA	AA	AA	AA	AA	AA	NA	AS
	HC, Libere	Primary Health Centre	AA	NA	NA	NA	AA	NA	NA	NA	AS
	HC, Rafin Kunu	Primary Health Centre	AA	NA	NA	NA	AA	AA	NA	NA	NA
	HC, S/Gari Afogo	Primary Health Centre	AS	NA	AA	NA	NR	NA	NA	NA	NA
	HC, Ung.Pada	Primary Health Centre	AA	AS	AS	NA	NA	NA	AA	NA	NA
	PHC Kufana	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	AA	NR
	PHC, Afogo	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	NR	NR
	PHC, Idon	Primary Health Centre	AA	AA	AA	NR	AA	NA	AA	NR	NA
	PHC, K/Magani	Primary Health Centre	AA	AA	AA	NR	AA	AA	AA	AA	NR
PHC, Kallah	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	AA	
PHC, M/Kajuru	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	NR	

*AA- Available and adequate, NA- Not Available, AS- Available Sometimes, NR- No Response,

Out-patient registers were available across all the facilities but the same could not be said of delivery registers as only 9 of the facilities seen have it. Furthermore, 3 facilities (PHCs Idu, Libere and Rafin Kunu) do not have ANC registers.

Standard Precaution for Infection Control

This section looks at the availability of simple but basic requirements for infection control/prevention.

Table 15: Basic requirements for infection control/prevention

LGAs	Health Facilities	Classification	Wash-hand basins	Soap	Environmental disinfectant such as bleach or alcohol	Protective shoes	Latex gloves	Medical masks	Needles and syringes
Kajuru	HC, Ang. Aku	Primary Health Centre	NA	NA	NA	AF	NA	NA	NA
	HC, D/Gaiya	Primary Health Centre	AF	AF	NA	AF	NA	AF	AF
	HC, Dan-Bagudu	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	HC, Doka	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	HC, Gefe	Primary Health Centre	AF	AF	AF	NA	NA	NA	AF
	HC, Iberah	Primary Health Centre	AF	NA	NA	AF	NA	AF	AF
	HC, Iburu	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	HC, Idon-Gida	Primary Health Centre	AF	NR	AF	AF	AF	NA	AF
	HC, Idu	Primary Health Centre	NA	NA	NA	NA	NA	AF	AF
	HC, Iri Gari	Primary Health Centre	AF	AF	NA	AF	NA	AF	NA
	HC, Iri Station	Primary Health Centre	AF	AF	NA	AF	NA	AF	AF
	HC, Kurmin Idon	Primary Health Centre	AF	NA	NA	AF	NA	AF	NA
	HC, Libere	Primary Health Centre	AF	AF	NA	NA	NA	AF	AF
	HC, Rafin Kunu	Primary Health Centre	AF	NA	NA	NA	NA	AF	NA
	HC, S/Gari Afogo	Primary Health Centre	AF	AF	AF	AF	NA	AF	AF
	HC, Ung.Pada	Primary Health Centre	NA	NA	NA	AF	NA	AF	AF
	PHC Kufana	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF
	PHC, Afogo	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	PHC, Idon	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF
	PHC, K/Magani	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF
PHC, Kallah	Primary Health Centre	NR	AF	AF	NA	NA	NA	AF	
PHC, M/Kajuru	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF	

*AF- Available and Functional, NA- Not Available

From the table above, 13 facilities were found not having latex gloves while 11 of the 22 facilities do not have medical mask for infection control. Up to 10 facilities do not have disinfectants.

Other Service Delivery Issues: Client Perspective and Community Involvement

Clients Perspective

Waiting Time

This section addresses the perception of clients regarding the quality of services (waiting time specifically) received from the facilities across all the CAID supported health facilities in Kaduna State. The table below shows how long clients waited.

Table 16: Waiting time before consultation by a health worker (minutes)

Health Facilities	Classification	0 - 30	31 - 60	91 - 120	161 - 190	No response
HC, Ang. Aku	Primary Health Centre	3	0	1	0	0
HC, D/Gaiya	Primary Health Centre	4	0	0	0	0
HC, Dan-Bagudu	Primary Health Centre	4	0	0	0	0
HC, Doka	Primary Health Centre	4	0	0	0	0
HC, Gefe	Primary Health Centre	4	0	0	0	0
HC, Iberah	Primary Health Centre	4	0	0	0	0
HC, Iburu	Primary Health Centre	4	0	0	0	0
HC, Idon-Gida	Primary Health Centre	3	1	0	0	0
HC, Idu	Primary Health Centre	2	0	0	0	1
HC, Iri Gari	Primary Health Centre	4	0	0	0	0
HC, Iri Station	Primary Health Centre	4	0	0	0	0
HC, Kurmin Idon	Primary Health Centre	4	0	0	0	0
HC, Libere	Primary Health Centre	4	0	0	0	0
HC, Rafin Kunu	Primary Health Centre	4	0	0	0	0
HC, S/Gari Afogo	Primary Health Centre	4	0	0	0	0
HC, Ung.Pada	Primary Health Centre	0	0	0	0	4
PHC, Afogo	Primary Health Centre	4	0	0	0	0
PHC, Idon	Primary Health Centre	4	0	0	0	0
PHC, K/Magani	Primary Health Centre	4	0	0	0	0
PHC, Kallah	Primary Health Centre	4	0	0	0	0
PHC, Kufana	Primary Health Centre	4	0	0	0	0
PHC, M/Kajuru	Primary Health Centre	4	0	0	0	0
Total		80	1	1	0	5

The table above shows that the clients spent relatively less than 30 minutes on consultation.

Cost of Health Care (NGN)

This section shows the total cost (NGN) of receiving care across all the facilities on the last day of visit. This cost includes registration, drugs and laboratory tests.

Table 17: Total cost of health care on the day of visit (NGN)

Health Facilities	Classification	0 - 500	501 - 1,000	1,001 - 1,500	1,501 - 2,000
HC, Ang. Aku	Primary Health Centre	4	0	0	0
HC, D/Gaiya	Primary Health Centre	4	0	0	0
HC, Dan-Bagudu	Primary Health Centre	1	3	0	0
HC, Doka	Primary Health Centre	4	0	0	0
HC, Gefe	Primary Health Centre	4	0	0	0
HC, Iberah	Primary Health Centre	4	0	0	0
HC, Iburu	Primary Health Centre	4	0	0	0
HC, Idon-Gida	Primary Health Centre	3	0	1	0
HC, Idu	Primary Health Centre	3	0	0	0
HC, Iri Gari	Primary Health Centre	4	0	0	0
HC, Iri Station	Primary Health Centre	4	0	0	0
HC, Kurmin Idon	Primary Health Centre	4	0	0	0
HC, Libere	Primary Health Centre	4	0	0	0
HC, Rafin Kunu	Primary Health Centre	3	1	0	0
HC, S/Gari Afogo	Primary Health Centre	3	0	1	0
HC, Ung.Pada	Primary Health Centre	4	0	0	0
PHC, Afogo	Primary Health Centre	3	1	0	0
PHC, Idon	Primary Health Centre	2	2	0	0
PHC, K/Magani	Primary Health Centre	1	1	1	1
PHC, Kallah	Primary Health Centre	1	2	1	0
PHC, Kufana	Primary Health Centre	4	0	0	0
PHC, M/Kajuru	Primary Health Centre	2	2	0	0
Total		70	12	4	1

According to the table above, 70 respondents paid NGN500 and below on health care at the time of assessment, 12 respondents paid between NGN501 – NGN 1,000 and 4 respondents paid between NGN1,001 – NGN1,500. Only 1 respondents paid above NGN1, 500.

Perception of Service Delivery

This section looks at how clients see the disposition of health workers towards them at their last visit. Responses received, though varying, are encouraging.

Perception of service delivery from the clients indicates that the waiting time to see a health provider is reasonable (≤ 30 mins) supporting the earlier findings as regards the waiting time.

The clients across the 22 facilities affirm that the health workers were courteous and respectful, and that they had enough privacy during their last visit. More than 85% of clients in the 22 facilities visited in the state agreed that facility opening hours met their needs. It was found out that the clients trust the skills of the health workers as they care about their clients' health.

The clients reiterated how courteous and respectful the health workers had been, maintaining that they had been friendly and approachable. Therefore, the overall attitude of the health workers is commendable from the clients' perspective.

Community Involvement

In-order to have an understanding of how the LGAs relate with the communities, 1 LGA HOD (health) was interviewed (Kajuru). Findings from this respondent as at the time of this interview showed that each supported community have at least 1 FSC but none have any CDC.

Furthermore, across these CAID supported sites, only 4 of the FSCs participate actively in community outreach services organized by facilities domiciled in their respective communities. Also, across the supported communities, the FSCs contribute towards outreach activities being conducted by their LGA in their communities.

As a means of feedback, the LGAs have a mechanism of communication challenges, success stories, etc. to the State from the communities and vice versa. They do provide feedback to the concerned communities mostly through monthly review meetings at the LGA where the FSC officer is invited for feedback.

Emerging Issues

Infrastructure and Human Resource Capacities

Infrastructure

The major concern from the findings was the state of the facilities' buildings. Out of 22 facilities surveyed, only 5 were found to be in a good condition in comparison with the minimum care package of the NPHCDA. This indicates that more than 77.3% of the facilities require renovations.

The majority of the facilities were in deplorable conditions with the few exceptions of the ones being renovated by the Federal Government in conjunction with the Kaduna State Government under the Debt Relieve Gains Programme (Iri Station and Kurmin Idon – Iberah).

Most of the facilities were infested with termites and wasp. Termites damage to files and registers are quite common.

Power supply is one of the key components for the smooth running of a health facility. Only 10 out of the 22 facilities in the state used the central grid as power source. Others resulted to the use of either fuelled generator or no power source at all. This in other words will increase the cost of running the facilities.

The accommodation of members of staff of the facilities was revealed to require urgent attention. Only one of the facilities assessed had provision for staff accommodation (PHC Kallah) implying that about 95.5% of the facilities did not have provision for staff accommodation. This may affect the efficiency of the health workers in quality service delivery.

Findings showed that 5 of the facilities in the state had no access road available. For those linked to access road, only 8 facilities had their roads tarred.

Dug wells and especially boreholes appeared to be the main sources of water across all the facilities. It was also reported that PHC M/Kajuru and HC Dan-Bagudu did not have good sources of water supply.

Human Resources

Inadequate human resources are a critical and cross-cutting challenge. CHEWs and JCHEWs were the most available cadre of staff overall across the 22 facilities. There is a limit to the range of services that this cadre is authorized to provide.

There was no medical officer in any of the facilities visited. 68.2% of the facilities did not have a staff nurse or a midwife. Only PHC M/Kajuru had a community health officer (CHO). About 6 facilities across the facilities visited did not have a community health extension worker (CHEW) whereas 1 facility (PHC K/Magani) had 12 Community Health Workers.

Referral from one facility to another might be limited as transport personnel were available only in 3 facilities of the 22 surveyed.

There were stark shortages of pharmacy technicians and medical record officers – none of the 22 facilities assessed had a pharmacy technician. The lack of these professional entities poses a great challenge as the facilities would lack authenticated drugs and dispensing services.

The following were identified as a major training focus needed across the facilities: basic emergency obstetric, management of TB/HIV co-infection, diabetes diagnosis, diagnosis and treatment of tuberculosis and health care waste management practices.

Generally, refresher courses are required for the basic health care services delivery in these facilities. This can be an evidence of deficiency in the number of medical officers and other professional personnel in the health centres.

Status of Available Services

Across all the 22 facilities visited in the state, services have been widely and relatively available. One facility (PHC K/Magani) provides all the highlighted services.

On the other hand, HC Libere provided only three services (STI, malaria and child health services) out of all the services.

Laboratory services were not readily available across the facilities as only 6 facilities provided the services.

Routine in-patient services were provided by only 4 of the visited facilities (PHCs Kufana, K/Magani, Kallah and M/Kajuru).

The insertion of IUCD was rarely provided as only 3 facilities across the 22 facilities surveyed provided it. Attention should be paid towards TB-services as up to 17 facilities do not provide the services.

More often than not, laboratory services were not available on-site. In some instances, they were not available on-site and the facility did not have access to the tests off-site either.

Utilization and Service Delivery

All services were carried out by all the facilities from 2011 to 2014. Only utilization figures of services such as antenatal, deliveries and outpatient (>10 years) increased from 2011 to 2014. An increase was observed in the utilization figures for under 5 services from 2013 to 2014. A decrease was however noticed with respect to immunization figures in 2014 from 2013 utilization figures.

Other Service Delivery Issues: Client Perspective and Community Involvement

The clients investigated at the course of the survey affirmed that the health workers were courteous and respectful. It was found out that the clients trust the skills of the available health workers.

From the clients' perspective across the 22 facilities, the waiting time to see a health provider was reasonable at about ≤ 30 mins. Therefore, the overall attitudes of the health workers were commendable from the clients' perspective.

Recommendations

Infrastructure and Human Resource Capacities

Renovations of the 77.3% facilities are highly recommended. This should be accompanied with the provision of accommodation for the members of staff of the facilities to improve efficiency of the staff towards health care service delivery.

Improve access to clean water for workers and the clients accessing care in the facilities. This also would serve as infection and disease control as their main water sources (dug well and borehole) could cause various kinds of infection outbreak if not well treated.

Emergency transportation services should be established, functional, available to and sufficient for facilities within defined catchment areas. These services must be well structured to include a formal referral network and implementation support.

Difficulty in accessing care due to the inaccessible nature of most of the roads to the facilities should be put into consideration. This has been an impediment to accessing care for the clients in some of the facilities.

Below: Health Facility (at the background) at Idu in Kallah Ward



Status of Available Services

Just the same way all the services listed are offered by just one facility (PHC K/Magani), it is recommended that the other facilities should be reconsidered and strengthened to offer this services.

This can be done by the introduction of rapid test kits where available and appropriate. These should include approved kits with high sensitivity and specificity that require little or no expertise to use.

It is recommended that IUCD insertion services, which is only provided by 3 facilities, be introduced across the other facilities. TB-services should also be considered, since it is one of the up-rising diseases in the tropics. The other facilities should be strengthened to provide this service.

Appropriate national and state-level structures and agencies should be engaged to improve programme coverage. These structures include Community Based Insurance (fund), MSS, and Safe Motherhood Demand Side Initiative

Utilization and Service Delivery

Deliveries and postnatal services across the facilities over the 4 years considered had no significant increase prompting attention to the rate of utilization figures. Delivery and postnatal services should be revamped across the facilities to improve their utilizations. Also, commodity logistics need to be strengthened and appropriate government structures should be engaged in this regard.

Other Service Delivery Issues: Client Perspective and Community Involvement

Community structures need to be strengthened to implement structured supervision and feedback mechanisms for health in their various wards. Training (clinical and non-clinical issues) should be provided for all cadres of staff across all the PHCs as it appears that they are often left out in training matters.

Conclusion

Across all the facilities assessed in the state, service utilization was found to have increased over the 4-year period under review (2011-2014) for antenatal, deliveries and outpatient (>10 years) services. However, obvious decrease was noticed for immunization figures from year 2013 to 2014. In order to sustain the gains recorded over the years in the prevention of childhood illnesses, immunization services should be improved upon by providing some incentives (like mosquito nets, etc.) to mothers.

Most of the facilities in terms of infrastructure, health worker-client ratio and availability of functional equipment did not measure up with the basic national requirement set by the NPHCDA. In-order to enable the assessed health facilities meet up to health care needs of their constituencies, special attention should be paid to recruitment of motivated staff, upgrading of facility infrastructures and provision of basic but required equipment in line with basic National standards. In addition, issues of accessibility need to be addressed as without access roads, facilities will be abandoned. Furthermore, training and capacity building needs of all cadres of staff should also be prioritized as many of the health workers interviewed could not even identify some basic equipment by their names.

Although most of the facilities are connected to the national electricity grid, none was found with electricity. To this end, the dependence of these facilities solely on alternative power supply will confer additional financial burden on the short-financed facilities thereby limiting their working hours and the nature of service they can offer.

Referral and emergency response system are non-existent across all the facilities except in 1 of the facilities which has an ambulance vehicle. Improving and equipping the referral and emergency section of these facilities will ultimately help to improve service utilization, ANC attendance, deliveries and postnatal care services thereby reducing maternal and child mortality.

The status of the available services being provided across the facilities were found to be encouraging. However, there is need for improvement in-order to meet up with national standards and also the needs of their catchment populations.

None of the facilities visited were on the NHMIS platform as they do not have the HMIS software and its related accessories. Ensuring all facilities have the capacity to enter health care service data on the platform should be of high priority as this will also enhance monitoring and evaluation.

Although most of the clients reported being satisfied with the disposition of the health-workers towards them, some still opined that healthcare givers may not be able to address all their needs. However, there is need for a regular conduct of client satisfaction surveys in order to ensure that there is no deviation from the high standards recorded during this survey as clients' perception on quality of care and the service providers do have great impact on service utilization and uptake.

Finally, in all, most of the assessed facilities still require support to be able to measure up to the basic national requirements of NPHCDA for PHCs in Nigeria as there are still some basic challenges that must be surmounted.

Appendix

Facility-specific Tables

Appendix table 1: Infrastructure and management

Health Facilities	Classification	Does this facility provide accommodation for staff in line with the minimum standard for PHC in Nigeria?	Does the facility have a functioning mobile telephone either private or supported by the facility?	Access Roads		Is there a sign post of the facility outside the building?	Does the building appear to be in good condition?	Renovations Required	Electricity Source		Water Source	Toilet Facility Type
				Available?	Tarred?				Central Grid	Others		
HC, Ang. Aku	Primary Health Centre	N	N	N	N	N	Y	mR	Y	No	O	PS
HC, D/Gaiya	Primary Health Centre	N	N	Y	N	Y	N	mR	Y	No	DW	PS
HC, Dan-Bagudu	Primary Health Centre	N	N	N	N	N	Y	MR	N	No	No	O
HC, Doka	Primary Health Centre	N	N	Y	Y	Y	Y	mR	N	No	BH	PL
HC, Gefe	Primary Health Centre	N	N	Y	Y	Y	N	No	N	FG	BH	PL
HC, Iberah	Primary Health Centre	N	N	Y	Y	N	Y	No	Y	FG	BH	F
HC, Iburu	Primary Health Centre	N	N	Y	Y	Y	N	mR	N	No	BH	PL
HC, Idon-Gida	Primary Health Centre	N	N	N	N	N	N	MR	N	No	DW	No
HC, Idu	Primary Health Centre	N	N	Y	N	N	N	MR	N	No	DW	No
HC, Iri Gari	Primary Health Centre	N	N	Y	N	N	N	MR	N	No	BH	PL
HC, Iri Station	Primary Health Centre	N	N	Y	N	N	N	No	Y	FG	BH	PL
HC, Kurmin Idon	Primary Health Centre	N	N	Y	Y	N	N	mR	Y	No	DW	No
HC, Libere	Primary Health Centre	N	N	Y	N	N	N	mR	N	No	O	No
HC, Rafin Kunu	Primary Health Centre	N	N	Y	N	N	nr	mR	N	No	NR	NR
HC, S/Gari Afogo	Primary Health Centre	N	N	N	N	N	N	MR	N	No	BH	No
HC, Ung.Pada	Primary Health Centre	N	N	N	N	N	N	mR	N	No	DW	No
PHC Kufana	Primary Health Centre	N	N	Y	Y	Y	Y	mR	Y	No	DW	PL
PHC, Afogo	Primary Health Centre	N	Y	Y	N	N	N	No	N	No	O	F
PHC, Idon	Primary Health Centre	N	N	Y	Y	Y	Y	MR	Y	No	BH	PL
PHC, K/Magani	Primary Health Centre	N	N	Y	Y	N	N	No	Y	SS	BH	F
PHC, Kallah	Primary Health Centre	Y	N	Y	N	N	N	NR	Y	SS	RW	F
PHC, M/Kajuru	Primary Health Centre	N	N	Y	Y	Y	Y	MR	Y	SS	No	PL

Key: BH- Bore Hole, DW- Dug Well, F- Flush, FG- Fuel Generator, MR- Major Renovation, mR- Minor Renovation, N- No, No- None, NR- No Response, O- Others, PL- Pit Latrine, PS- Piped Sewer/ Septic Tank, RW- Rain Water, SS- Solar, Y- Yes

Appendix table 2: Training guidelines

Health Facilities	Classification	Training Guidelines																				
		Health care waste management practices	Family planning	Antenatal care	Infant and young child feeding counseling	Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	Integrated management of childhood illness (IMCI)	Expanded programme on immunization (EPI)	Promotion of proper nutrition and food education	Modified Life Saving Skills	Diagnosis and treatment of malaria	Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	Diagnosis and treatment of tuberculosis (including case management and tracing)	HIV & AIDS counseling	HIV testing	Prevention of mother to child transmission (PMTCT) of HIV	Management of TB/HIV co-infection	Treatment of OIs	Diabetes diagnosis	Hypertension diagnosis	Do you or members of staff have any other training needs	
HC, Ang. Aku	Primary Health Centre	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	
HC, D/Gaiya	Primary Health Centre	NR	N	N	N	N	N	Y	N	N	N	Y	Y	N	N	N	N	N	N	N	Y	
HC, Dan-Bagudu	Primary Health Centre	NR	Y	Y	Y	N	Y	Y	Y	N	Y	Y	NR	Y	Y	Y	N	N	N	Y	Y	
HC, Doka	Primary Health Centre	N	Y	Y	Y	N	Y	Y	Y	N	NR	Y	NR	Y	Y	Y	N	N	N	Y	Y	
HC, Gefe	Primary Health Centre	N	Y	Y	Y	Y	Y	N	Y	N	Y	N	N	N	N	N	N	N	N	Y	Y	
HC, Iberah	Primary Health Centre	N	N	Y	N	N	N	Y	N	N	N	N	N	N	Y	Y	Y	N	Y	N	Y	
HC, Iburu	Primary Health Centre	NR	NR	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	N	Y	NR	
HC, Idon-Gida	Primary Health Centre	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	N	N	Y	Y	
HC, Idu	Primary Health Centre	NR	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	
HC, Iri Gari	Primary Health Centre	NR	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	
HC, Iri Station	Primary Health Centre	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	N	N	N	N	Y	
HC, Kurmin Idon	Primary Health Centre	N	N	N	N	N	N	N	N	N	N	N	N	Y	Y	Y	Y	N	N	N	Y	
HC, Libere	Primary Health Centre	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	
HC, Rafin Kunu	Primary Health Centre	N	N	N	N	N	N	N	N	NR	N	N	N	N	N	N	N	N	N	N	Y	
HC, S/Gari Afogo	Primary Health Centre	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	Y	
HC, Ung.Pada	Primary Health Centre	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y	
PHC Kufana	Primary Health Centre	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	
PHC, Afogo	Primary Health Centre	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	N	N	N	Y	Y	
PHC, Idon	Primary Health Centre	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	Y	Y	
PHC, K/Magani	Primary Health Centre	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
PHC, Kallah	Primary Health Centre	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	N	N	N	Y	Y	NR	
PHC, M/Kajuru	Primary Health Centre	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	NR	Y	Y	Y	N	N	Y	Y	Y	

*Y – Yes, N – No, NR – No Response,

Appendix table 3: Available services across the facilities visited in the Kaduna State

Health Facilities	Classification	Routine in-patient care	Availability of dedicated delivery beds	Available modern methods of family planning	Combined oral contraceptive pills	Injectable contraceptives	Insertion of IUCD	Condoms (male and females)	Counselling and motivation for FP uptake	Availability of antenatal services	Availability of obstetric care services	Availability of newborn care services	Availability of child health services	Availability of malaria services	Distributes insecticide treated bed net	Availability of TB services	Facility designated as Directly Observed Treatment centres	Availability of HIV & AIDS services	Availability of youth friendly services	Availability of sexually transmitted infections (STIs)	Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?)
HC, Ang. Aku	Primary Health Centre	N	NR	Y	N	Y	N	N	N	N	N	N	Y	Y	N	N	N	N	N	N	N
HC, D/Gaiya	Primary Health Centre	N	NR	N	NR	NR	NR	NR	NR	Y	Y	Y	Y	Y	Y	N	N	N	N	Y	N
HC, Dan-Bagudu	Primary Health Centre	N	N	Y	Y	Y	NR	NR	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	NR	N
HC, Doka	Primary Health Centre	N	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	NR	N
HC, Gefe	Primary Health Centre	N	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	NR	Y
HC, Iberah	Primary Health Centre	N	NR	Y	Y	Y	N	Y	N	Y	Y	Y	NR	Y	Y	N	N	Y	N	Y	N
HC, Iburu	Primary Health Centre	N	Y	Y	NR	Y	NR	Y	Y	Y	Y	NR	Y	Y	Y	N	N	Y	N	NR	NR
HC, Idon-Gida	Primary Health Centre	N	N	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	NR	N
HC, Idu	Primary Health Centre	N	NR	N	NR	NR	NR	NR	NR	Y	N	N	N	N	N	N	N	N	N	N	NR
HC, Iri Gari	Primary Health Centre	N	NR	Y	Y	Y	N	Y	N	Y	N	N	NR	Y	N	Y	Y	N	N	Y	NR
HC, Iri Station	Primary Health Centre	N	NR	Y	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	Y	Y	NR
HC, Kurmin Idon	Primary Health Centre	N	NR	Y	N	Y	N	N	N	Y	Y	Y	NR	Y	Y	N	N	Y	N	Y	N
HC, Libere	Primary Health Centre	N	NR	N	NR	NR	NR	NR	NR	N	N	N	Y	Y	N	N	N	N	N	Y	NR
HC, Rafin Kunu	Primary Health Centre	N	NR	N	NR	NR	NR	NR	NR	Y	Y	N	Y	Y	Y	N	N	N	N	N	N
HC, S/Gari Afogo	Primary Health Centre	N	NR	Y	Y	Y	N	N	N	Y	N	N	Y	Y	Y	N	N	N	N	Y	NR
HC, Ung.Pada	Primary Health Centre	N	NR	N	NR	NR	NR	NR	NR	Y	Y	N	Y	N	N	N	N	N	N	NR	N
PHC Kufana	Primary Health Centre	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	NR	Y

*Y – Yes, N – No, NR – No Response

Appendix table 4: Services support programmes

Health Facilities	Classification	Drug revolving fund	Free MCH	SURE-P MCH	MSS	Community Based Health Insurance (Fund)	Safe Motherhood Demand Side Initiative	Other programmes being implemented
HC, D/Gaiya	Primary Health Centre	Y	Y	N	N	N	N	NR
HC, Ung.Pada	Primary Health Centre	Y	Y	N	N	N	N	NR
HC, Rafin Kunu	Primary Health Centre	Y	N	N	N	N	N	NR
HC, S/Gari Afogo	Primary Health Centre	Y	N	N	N	N	N	NR
HC, Iri Gari	Primary Health Centre	Y	Y	Y	N	N	NR	NR
HC, Iberah	Primary Health Centre	Y	N	N	N	N	N	NR
HC, Iri Station	Primary Health Centre	Y	Y	N	N	N	N	N
HC, Kurmin Idon	Primary Health Centre	Y	N	N	N	N	N	NR
HC, Libere	Primary Health Centre	Y	N	N	N	N	N	NR
HC, Idu	Primary Health Centre	Y	N	N	N	N	N	NR
HC, Ang. Aku	Primary Health Centre	Y	Y	N	N	N	N	NR
PHC, K/Magani	Primary Health Centre	Y	Y	Y	N	NR	NR	NR
PHC, Kallah	Primary Health Centre	N	N	Y	N	NR	N	NR
HC, Dan-Bagudu	Primary Health Centre	Y	N	N	NR	NR	N	NR
PHC, M/Kajuru	Primary Health Centre	Y	Y	N	N	N	N	NR
PHC Kufana	Primary Health Centre	Y	Y	Y	Y	N	N	NR
HC, Idon-Gida	Primary Health Centre	Y	N	NR	N	NR	NR	NR
PHC, Afogo	Primary Health Centre	Y	N	N	N	NR	NR	NR
HC, Doka	Primary Health Centre	Y	N	N	N	N	NR	N
HC, Iburu	Primary Health Centre	Y	N	N	N	N	NR	N
PHC, Idon	Primary Health Centre	Y	Y	N	N	N	NR	NR
HC, Gefe	Primary Health Centre	Y	N	N	N	N	NR	N

***Y – Yes, N – No, NR – No Response**

Appendix table 5: Utilization figures over 4 years**Kaduna: Utilization for 2011**

Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2011)
PHC, K/Magani	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
PHC, Kallah	Primary Health Centre	0	0	0	0	0	310	121	73	300	0	804
HC, Dan-Bagudu	Primary Health Centre	46	4	0	7	0	30	0	75	83	0	245
PHC, M/Kajuru	Primary Health Centre	462	43	0	84	67	1,028	0	842	2,536	0	5,062
PHC Kufana	Primary Health Centre	323	17	0	10	0	0	25	139	1,499	0	2,013
HC, Idon-Gida	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
PHC, Afogo	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
HC, Doka	Primary Health Centre	81	0	0	183	20	60	0	0	0	0	344
HC, Iburu	Primary Health Centre	52	11	0	0	0	0	0	0	0	0	63
PHC, Idon	Primary Health Centre	105	0	0	71	30	0	0	271	321	0	798
HC, Gefe	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
HC, D/Gaiya	Primary Health Centre	0	0	0	0	0	0	0	0	64	2	66
HC, Ung.Pada	Primary Health Centre	0	0	0	49	31	31	684	0	0	5	800
HC, Rafin Kunu	Primary Health Centre	0	0	0	0	70	50	809	2	84	1	1,016
HC, S/Gari Afogo	Primary Health Centre	0	0	0	38	4	42	125	0	34	0	243
HC, Iri Gari	Primary Health Centre	0	0	0	84	22	75	36	0	16	1	234
HC, Iberah	Primary Health Centre	0	0	0	0	0	0	0	0	24	4	28
HC, Iri Station	Primary Health Centre	26	19	10	406	182	216	349	0	113	10	1,331
HC, Kurmin Idon	Primary Health Centre	0	0	0	78	36	120	61	0	37	0	332
HC, Libere	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
HC, Idu	Primary Health Centre	0	0	0	0	0	0	117	0	42	0	159
HC, Ang. Aku	Primary Health Centre	39	0	0	0	0	0	0	0	0	0	39
Total		1,134	94	10	1,010	462	1,962	2,327	1,402	5,153	23	13,577

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Kaduna: Utilization for 2012

Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2012)
PHC, K/Magani	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
PHC, Kallah	Primary Health Centre	190	0	0	326	0	40	69	104	265	0	994
HC, Dan-Bagudu	Primary Health Centre	48	5	0	10	0	15	0	116	168	0	362
PHC, M/Kajuru	Primary Health Centre	345	45	0	146	140	1,155	0	1,319	2,257	0	5,407
PHC Kufana	Primary Health Centre	426	31	0	95	40	0	82	515	4,910	0	6,099
HC, Idon-Gida	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
PHC, Afogo	Primary Health Centre	49	3	0	0	0	0	0	0	0	0	52
HC, Doka	Primary Health Centre	74	0	0	186	70	40	0	474	921	0	1,765
HC, Iburu	Primary Health Centre	94	2	0	0	0	53	17	36	160	0	362
PHC, Idon	Primary Health Centre	103	6	0	13	16	0	0	350	244	0	732
HC, Gefe	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
HC, D/Gaiya	Primary Health Centre	0	0	0	0	0	0	0	0	108	4	112
HC, Ung.Pada	Primary Health Centre	3	0	0	242	0	0	0	0	0	0	245
HC, Rafin Kunu	Primary Health Centre	41	0	0	355	60	70	981	1	97	4	1,609
HC, S/Gari Afogo	Primary Health Centre	0	0	0	534	10	72	534	0	105	0	1,255
HC, Iri Gari	Primary Health Centre	0	0	0	108	24	96	374	0	79	0	681
HC, Iberah	Primary Health Centre	0	0	0	68	216	82	770	0	13	2	1,151
HC, Iri Station	Primary Health Centre	42	24	42	780	254	303	339	0	165	6	1,955
HC, Kurmin Idon	Primary Health Centre	0	0	0	76	12	95	217	0	28	0	428
HC, Libere	Primary Health Centre	0	0	0	0	12	9	314	0	0	0	335
HC, Idu	Primary Health Centre	0	0	0	0	0	0	275	20	0	0	295
HC, Ang. Aku	Primary Health Centre	0	0	0	655	47	153	716	0	1	0	1,572
Total		1,415	116	42	3,594	901	2,183	4,688	2,935	9,521	16	25,411

Kaduna: Utilization for 2013

Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2013)
PHC, K/Magani	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
PHC, Kallah	Primary Health Centre	304	73	0	210	0	152	52	134	285	0	1,210
HC, Dan-Bagudu	Primary Health Centre	114	3	0	11	0	45	0	499	345	0	1,017
PHC, M/Kajuru	Primary Health Centre	492	61	0	139	292	327	0	1,952	1,908	0	5,171
PHC Kufana	Primary Health Centre	570	38	0	236	150	0	70	1,384	1,988	0	4,436
HC, Idon-Gida	Primary Health Centre	0	2	0	25	5	0	0	377	350	0	759
PHC, Afogo	Primary Health Centre	142	19	0	0	0	0	0	0	0	0	161
HC, Doka	Primary Health Centre	202	0	0	164	34	120	0	491	722	0	1,733
HC, Iburu	Primary Health Centre	52	0	0	0	0	39	11	21	112	0	235
PHC, Idon	Primary Health Centre	76	2	0	176	25	0	0	405	405	0	1,089
HC, Gefe	Primary Health Centre	289	0	0	0	0	0	0	0	2,500	2	2,791
HC, D/Gaiya	Primary Health Centre	66	0	0	401	31	156	518	0	140	5	1,317
HC, Ung.Pada	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
HC, Rafin Kunu	Primary Health Centre	20	0	0	125	30	70	749	2	91	5	1,092
HC, S/Gari Afogo	Primary Health Centre	0	0	0	686	8	48	686	0	58	0	1,486
HC, Iri Gari	Primary Health Centre	0	17	6	144	48	108	112	0	62	101	598
HC, Iberah	Primary Health Centre	0	0	0	46	106	55	202	0	2	0	411
HC, Iri Station	Primary Health Centre	64	26	34	886	165	307	371	0	194	4	2,051
HC, Kurmin Idon	Primary Health Centre	0	0	0	0	14	132	431	0	44	0	621
HC, Libere	Primary Health Centre	0	0	0	0	13	6	213	0	0	0	232
HC, Idu	Primary Health Centre	0	0	0	92	8	5	126	0	58	0	289
HC, Ang. Aku	Primary Health Centre	0	0	0	24	9	10	1,293	0	2	0	1,338
Total		2,391	241	40	3,365	938	1,580	4,834	5,265	9,266	117	28,037

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Kaduna: Utilization for 2014

Health Facilities	Classification	Ante-natal	Deliveries	Post-natal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2014)
PHC, K/Magani	Primary Health Centre	2,058	165	77	209	164	1,871	434	1,509	1,283	4	7,774
PHC, Kallah	Primary Health Centre	454	46	88	157	88	84	41	76	310	0	1,344
HC, Dan-Bagudu	Primary Health Centre	101	10	0	41	0	27	0	573	333	0	1,085
PHC, M/Kajuru	Primary Health Centre	396	70	88	179	389	862	0	1,550	1,804	0	5,338
PHC Kufana	Primary Health Centre	582	90	0	315	182	162	32	1,725	816	0	3,904
HC, Idon-Gida	Primary Health Centre	275	6	0	45	15	0	0	124	450	0	915
PHC, Afogo	Primary Health Centre	84	6	0	158	65	396	156	312	65	0	1,242
HC, Doka	Primary Health Centre	132	0	0	135	10	98	0	379	205	0	959
HC, Iburu	Primary Health Centre	115	0	0	0	0	41	16	42	148	0	362
PHC, Idon	Primary Health Centre	47	0	0	195	40	0	0	360	306	0	948
HC, Gefe	Primary Health Centre	240	35	137	54	0	198	63	181	297	0	1,205
HC, D/Gaiya	Primary Health Centre	21	7	0	222	22	208	361	0	3	3	847
HC, Ung.Pada	Primary Health Centre	0	0	0	0	0	0	0	0	2	2	4
HC, Rafin Kunu	Primary Health Centre	13	0	0	90	10	30	788	3	3	3	940
HC, S/Gari Afogo	Primary Health Centre	0	38	0	394	15	194	320	0	3	1	965
HC, Iri Gari	Primary Health Centre	0	11	23	420	60	180	111	0	3	3	811
HC, Iberah	Primary Health Centre	0	18	0	36	54	53	203	0	3	1	368
HC, Iri Station	Primary Health Centre	57	22	28	837	54	381	462	0	3	3	1,847
HC, Kurmin Idon	Primary Health Centre	0	10	57	360	12	124	89	0	3	1	656
HC, Libere	Primary Health Centre	0	0	0	0	7	2	250	0	3	1	263
HC, Idu	Primary Health Centre	0	0	0	46	29	14	632	0	3	1	725
HC, Ang. Aku	Primary Health Centre	0	4	0	156	0	9	171	0	3	3	346
Total		4,575	538	498	4,049	1,216	4,934	4,129	6,834	6,049	26	32,848

List of Respondents

State	Name	Designation	Phone Number
Kaduna	Eunice Thomas	CNO	08028192583
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Photo Gallery

Below: Crossing over the Kaduna River from Kallah axis to Idu and Libere communities by canoe.



This report summarizes the findings of the Assessment of Primary Healthcare Centres located in Christian Aid Supported Communities in Anambra State with financial and technical assistance from Christian Aid Nigeria Country Programme. The opinions expressed in this report are those of the authors and contributors and do not necessarily reflect the views of Christian Aid. Christian Aid is not liable for damages arising from interpretations and use of this material by a reader.

End notes