



# Primary Healthcare in Nigeria

*A preliminary report of short  
stories and field evidence across  
four Northern States*



## About Tracka

Tracka is a platform designed by BudgIT to enable citizens follow up on budgetary capital expenditure and constituency projects in their respective communities – to enhance service delivery by all tiers of the Nigerian government. Tracka seeks to expand the community of active citizens across every literacy span and facilitate creative engagement, thereby sustaining a feedback loop between citizens and public institutions. Our primary goal is to stimulate the demand for Open Data in Nigeria's local communities, primarily through budget access and performance monitoring.

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# Table of Content

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|   |    |
|---|----|
| Background  | 04 |
| Tracka - BudgIT's Service Delivery Promotion Unit | 07 |
| Methodology                                       | 08 |
| State Focus:                                      | 10 |
| Niger State                                       | 11 |
| Kaduna State                                      | 28 |
| Kano State  | 41 |
| Bauchi State                                      | 52 |
| Way Forward                                       | 67 |
| Abbreviations                                     | 71 |
| References  | 72 |





## **Background**

Customarily, Health is usually viewed from the lens of hospitals and doctors. In 1978, the Alma-Ata declaration in Kazakhstan broadened this perception beyond the scope of hospitals and doctors to include social determinants and social justice.

This declaration emerged as a major milestone that put health equity on the international political agenda for the first time, and primary healthcare became a core concept of the World Health Organization's (WHO) goal of Health for all. Although PHC-like ideas dated back to the early decades of the twentieth century, this was the first time the world was coming together to focus on collectively developing a healthcare system that will serve everyone, especially rural dwellers.<sup>1</sup>

The event, which hosted 134 countries, formalized into policy the importance of health as a reflection of social determinants and declared that all governments should formulate national policies, strategies, and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. The primary healthcare concept was first proposed in a paper submitted to the Executive Board of WHO in January 1975



***Nigeria remains the second largest contributor to maternal and child mortality globally, losing an estimated 2,300 children and 145 women every day.***

in the form of seven principles to be followed by governments wishing to improve their health services. These principles stressed the need for shaping primary healthcare around the life patterns of the population; for their involvement; for maximum reliance on available community resources while remaining within cost limitations; for an integrated approach of preventive, curative, and promotive services for both the community and the individual.<sup>2</sup>

In 1985, Professor Olukoye Ransome-Kuti was appointed the Minister of Health and adopted PHCs in 52 local government areas as models based on the Alma Ata Declaration of 1978. In 1992, the National Primary Health Care Development Agency (NPHCDA) was established to ensure that the PHC agenda is continued and sustained. Today, Nigeria has 28,276 public PHCs across 774 LGAs.

However, forty three years after the declaration, Nigeria remains the second largest contributor to maternal and child mortality globally, losing an estimated 2,300 children and 145 women every day. Declines in maternal and under-5 mortality have been slower than in other countries in Sub-Saharan Africa, such as Kenya, Uganda, Senegal, and Tanzania, with Nigeria's weak health financing system being a significant driver of poor health outcomes<sup>3</sup>. Communicable, maternal, perinatal, and nutritional conditions account for 63% of total deaths.

In contrast, non-communicable diseases, such as cardiovascular disease, cancer, diabetes, chronic respiratory diseases and other NCDs account for 30% of total deaths in Nigeria. The Abuja Declaration, signed in April 2001, saw heads of state of African Union countries pledge to allocate at least 15% of their annual budget to improve the health sector. Twenty years later, Nigerian states are barely scratching the surface of their budgets to allocate to health. Even after the pandemic, there has been no reflection in the health allocation that there is a critical need to revamp the sector to handle future pandemics or epidemics.<sup>4</sup>

In October 2014, following a decade of planning, the former Nigerian President, Jonathan Goodluck, signed the National Health Act (NHA). A vital component of the NHA is the establishment of the Basic Health Care Provision Fund (BHCPF), which aims to extend Primary Health Care (PHC) to all Nigerians by substantially increasing the level of financial resources to PHC services.<sup>5</sup> The Act earmarks 1% of consolidated federal revenue to the fund. It is overseen by the Federal Ministry of Health, the National Health Insurance Scheme (NHIS), and the National Primary Health Care Development Agency (NPHCDA).

Unfortunately, the expectation that the Act would enable better healthcare access became only a dream as the Federal Government did not allocate funds for its execution four years after the law was signed. It took relentless stakeholders' interventions to mount necessary pressure that led to the first budget allocation to the BHCPF in 2018.<sup>6</sup>

According to the communique of the Nigerian National Health Conference (2009), the health care system remains weak, as evidenced by lack of coordination, fragmentation of services, dearth of resources. This also includes drug and supplies, inadequate and decaying infrastructure, inequity in resource distribution, access to care, and deplorable quality of care.<sup>7</sup>



***Declines in maternal and under-5 mortality have been slower than in other countries in Sub-Saharan Africa, such as Kenya, Uganda, Senegal, and Tanzania, with Nigeria's weak health financing system being a significant driver of poor health outcomes.***

## **Tracka:**

# **BudgIT's Service Delivery**

## **Promotion Unit**

Tracka, the community engagement and service delivery arm of BudgIT, embarked on this research to examine the state of primary health care facilities in four states - Kano, Kaduna, Niger, and Bauchi. Our everyday work of reporting the condition of these facilities has exposed us to the increasingly alarming rates of dilapidated primary health centres across the country. This prompted us to examine further and provide deeper insights on how the condition of these facilities affect and translate to higher or lower life expectancy for citizens.

For most Nigerians, primary healthcare is the first point of contact with the health care system. It is the level at which short-term, uncomplicated health issues should be resolved. It is also the level where patients in need of more specialised services are connected with secondary care. Our findings revealed that 13 of 25 PHCs had no water nor alternative sources, 16 of 25 PHCs had no connection to the national power grid or alternative sources like generators and solar, and none of the PHCs had an ambulance.

It is not enough for the government to construct PHCs and set standards; measures must be put in place to ensure these standards evolve from paper to reality. This will aid the delivery of quality health services for all citizens.



***It is not enough for the government to construct PHCs and set standards; measures must be put in place to ensure these standards evolve from paper to reality.***



## Methodology

We visited twenty-five primary health centres across the four states and reviewed their facilities and operations using the minimum standards set by the National Primary Health Care Development Agency (NPHCDA). These standards were developed to effectively manage health services and achieve a good quality of care. The facilities are ranked according to their compliance levels with these standards. Our findings are presented using a mix of qualitative and descriptive analysis, charts, and infographics.

According to the Executive director of the NPHCDA, Dr Ado J.G Mohammed, *“This document will be the reference document and provide standard guidelines for improvement in quality and access to PHC service provision in Nigeria. It is also intended as a vital tool for effective supervision, monitoring and evaluation and to aid effective planning, development and delivery of PHC services.”*

The document defines a set of Minimum Standards in health infrastructure, Human resources for health, and service provision. As the entire nation strives towards attaining these prescribed standards, periodic reviews would be undertaken every five (5) years with upgrades in the 'Minimum Standards' towards attaining a more optimal PHC service delivery.

The basic elements of primary healthcare are service provision, including essential drugs, human resources for health, and health infrastructure development. The FMOH/NPHCDA/WHO District Health For All (DHFA) document identified the following 13 minimum PHC components:

- Child survival



- Safe motherhood
- productive life years
- Immunisation
- Family planning
- Essential drugs
- Adult health literacy
- Household food security
- Water supplies and sanitation
- HIV/AIDS, emergency preparedness and response
- Health education. (NPHCDA)

A PHC is to cater to a political ward of 10,000-20,000 persons. It should also have:

A detached building with at least 13 rooms

Walls and roof must be in good condition with functional doors and netted windows

- Functional separate male and female toilet facilities with water supply within the premises
- Availability of a clean water source: at least motorised borehole
- Be connected to the national grid and other regular alternative power sources.
- Have a sanitary waste collection point.
- Have a waste disposal site.
- Be signposted - visible from both entry and exit points.
- Be fenced with gate and generator houses
- Staff accommodation provided within the premises
- Pharmacy & Dispensing unit
- Laboratory
- Ambulance
- Medical equipment such as clinical thermometers, cord clamps, Cusco's speculum, dressing forceps, dressing trolley, enema kits, episiotomy scissors, foetal stethoscope, kidney dishes etc.
- Non-medical equipment such as delivery bed, examination couch, observation beds, wash hand basin, wheelchair, writing table etc.
- Personnel should be 19 medical personnel and 5 non-medical personnel. Medical personnel include nurses, pharmacy technicians, health assistants, laboratory technicians, and medical records officers.

## State Focus

### 14 out of 25

PHCs have no access to water or alternatives like wells or hand pump boreholes.



### 16 out of 25

have no access to electricity or alternatives like generator/solar power.



### 12 out of 25

have poor staff welfare e.g. owed salaries, paying out of pocket to treat patients.



### 24 out of 25

do not have an ambulance



In Niger state, 60% of the PHCs we visited were ranked at less than 10%, indicating they have no medical equipment, consumables, and abysmal manpower strength.



In Kano, 80% of the PHCs have durable building infrastructure.



In Kaduna, 66% of the PHCs have less than three medical staff, a far cry from the minimum standard of 19 set by the NPHCDA.



# Niger

# State



Niger state is the largest state in Nigeria, with a landmass covering 86,000km<sup>2</sup>. It is situated in the North-Central geopolitical zone of the country and has an estimated population of over 3.9million.<sup>8</sup>

On the official website of the state's ministry of health, one of their goals is 'To Provide Adequate Human Resources For Health To Ensure Effective And Efficient Health Care Delivery By The Year 2020.



➤ ***In the past three years, the state's allocation to health has been abysmal, and this reflects in the quality of service and structures in place.***

'The state governor, His Excellency Abubakar Sani Bello also said the state is revamping and repositioning 247 primary health facilities in the state to make primary healthcare accessible and affordable in the rural areas, noting that the state has over 1,400 primary healthcare facilities, and less than 20 per cent were functional.<sup>9</sup>

This statement also reflected in our findings as we visited 7 PHCs across 5LGAs and six did not have medical equipment. In the past three years, the state's allocation to health has been abysmal, and this reflects in the quality of service and structures in place. (graph plot showing the health allocation pattern).



➤ ***The state government should know that insurance schemes need functional institutions to be effective.***

Recently, the state government established its sub-national version of the BHPEDA, known as Niger State Contributory Health Agency, to provide healthcare without financial barriers to all its citizens. The agency commenced operations this year, focusing on providing health insurance for citizens, a step in the right direction.

However, the state government should know that insurance schemes need functional institutions to be effective.

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Jikuchi Primary Healthcare, Niger State

## PERSONNEL




## INFRASTRUCTURE



## SERVICE DELIVERY



 Ranking  
4.5%

## **Jikuchi PHC, Bosso LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.



"When I was ill and visited the health centre, the clinic didn't have a syringe to take a blood sample for a test. They had to go out to get it, which took over 30 mins, and the test wasn't even carried out as regent in charge of administering the malaria and typhoid test was not available. We seriously and urgently need the government's attention with regards to the health facilities." - Aishatu.

This PHC is made with bricks and a rusted roof. There is no consulting, treatment room nor pharmacy. The health centre lacks water and electricity because the entire community does not have electricity, and there are no alternatives. Only four beds are in the centre.

There are no drip stands or waste bins, or medical consumables available. The toilet, a pit latrine, is 40m away from the main building and even inhabitable. Hence, patients use the bush to relieve themselves.

This facility has been this way for over five years with no alternative source of healthcare for citizens in the community. There is only one medical personnel in the facility and no non-medical personnel. If the medical officer is not available, the facility will be locked.

Of course, no one expects only one staff to run an entire facility or work around the clock to cater to people's health needs.



"To address any emergency issue, I buy almost all the medical items with my personal money. Sometimes I receive my stipend in the middle of the following month or the next month. Sometimes, I engage one of the community members and teach her the basics, so she can attend to patients whenever I am not around. I pay her out of my monthly stipends" - Medical personnel.

# JIKUCHI PHC



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Pyata Primary Healthcare, Niger State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



Ranking  
**7.3%**

## **Pyata PHC, Bosso LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.

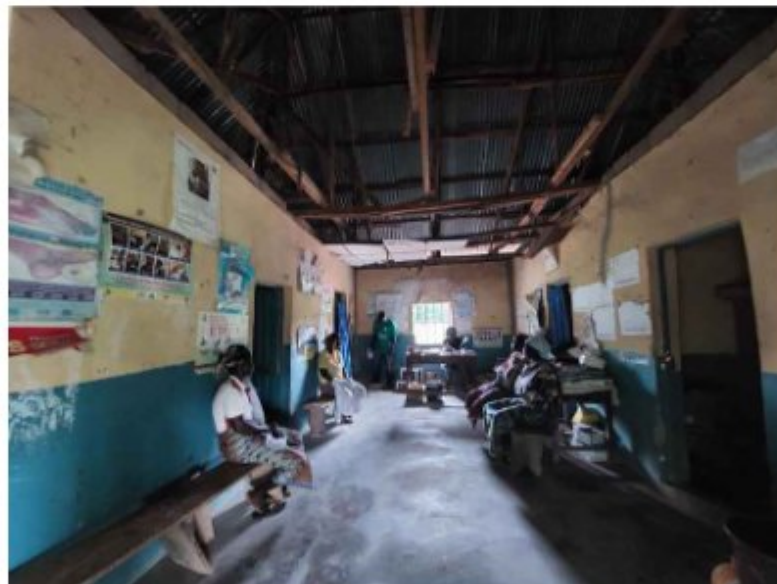


"My son is the one receiving treatment, laying on the floor without a bed. When it's dark, we have to take him home because there is no electricity, bathroom/toilet to use if he is pressed." - Aminata

This health centre is a case of rotten apples that look good on the outside. The insides are without ceilings, and it only has a waiting room. Patients receive treatment on the floor as there are no beds nor drip stands.

Asking for medical consumables, pharmacy, and treatment room looks like demanding for a lion's skull.

There is no water and electricity, and entering the facility looks like walking into a horror movie. There is only one medical officer present and two IT students that serve as non-medical personnel.



"The PHC is in critical need as it lacks a dispensary unit (for drugs), toilet, bed, mattress, staff, water, and power supply. The issue of welfare is also important, but the state treats it with a levity which is gradually affecting the system and our service to the community." - Medical personnel.



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Kawu Primary Healthcare, Niger State

## PERSONNEL




## INFRASTRUCTURE



## SERVICE DELIVERY



 Ranking  
**7.3%**

## **Kawu PHC, Lapai LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.



"Because this place is not functioning, women give birth at home. When there are complications, before the women get to the clinic, life has been lost because of delay in administering treatment to them or no available equipment."

- Medical personnel.

The clinic has an 'all-in-one' consulting room, which serves as a reception section, consulting room, and drug dispensary room, but no medical officers are available.

When we first visited, it was a community member that attended to us. The next day, we met with the medical personnel, the only medical personnel in the clinic. There are no non-medical personnel which makes the clinic dirty and shabby.

There are four beds, two drip stands, four shabby foams for mattresses, no protective coats, medical waste bin and medical consumables like hand gloves, syringes, facemasks.



"For several years, not even a single renovation or supply of equipment has been made to this clinic. If there are major clinical tests, they are being referred to Lapai Town. Most of the clinical items here are being bought by me to keep the clinic running."

- Medical personnel.

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Gbagyi Primary Healthcare, Niger State

## PERSONNEL




## INFRASTRUCTURE




## SERVICE DELIVERY



 Ranking  
**3.6%**

## **Ita Gbagyi PHC, Tafa LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.


 "Sometimes I have to light candles to attend to patients because there is no power supply or generator. When patients are admitted, they leave after some days even without feeling well because there is no electricity. They prefer to be treated from home. I am the only one here, and I receive close to ten patients daily except for Sundays, which is my day of rest" - Medical personnel.

The clinic's reception room has been converted into a room for drying corn. The nurse's room serves as the consulting room, drug dispensary unit and injection room. The facility is surrounded by bushes and lacks perimeter fencing.

There are only three beds, with no drip stands, protective coats - the medical personnel wore a dirty one- and a medical waste bin for medical consumables. The clinic also lacks water and electricity.

During our visit, we met only one medical personnel who confirmed the absence of non-medical personnel such as cleaners, security guards and lamented how he does everything in the clinic.



 "Even with all the work I do, my April, May, and June salaries are yet to be paid."

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Kurmin Saki Primary Healthcare, Niger State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY





Ranking  
**62.7%**

## **Kurmin Saki PHC, Suleja LGA**

Needs: Delivery room, Medical consumables, Personnel, Water, Ambulance, and Electricity.



"This clinic happens to be one of the best clinics here. Sometimes when doctors are placed on call, they will come to our houses instead of the clinic. We will still get top service as long as the illness doesn't require a clinical test." - Zainab.

This clinic is in a good state but can be better. It serves seven(7) communities within Suleja local government S/Gari, Bakakssi, Old Kwata, Kasuwa-Dustun, Makamalade, and Fadama Abuchi.

The cottage clinic has a reception room and a secretary, attending to patients. It also has a consulting room that serves as a drug dispensary unit and sometimes treatment and injection room. It does not have a delivery room, and admitted patients are usually displaced whenever a woman goes into labour.

The facility only has four beds, three drip stands, waste bins but no protective coats. Medical consumables like hand gloves, syringes, facemasks are unavailable, so they are purchased by the medical personnel when needed.

The facility has four medical and non-medical personnel (Cleaner, security guard, and messenger). The Cottage clinic has a mini-laboratory where medical tests are carried out. Activities are mainly carried out with a generator as the building lacks a power supply.



"It has not been easy here in this clinic, especially in the areas of electricity and water. Most times at night, we use candles to light up the room for treatment and taking injections. The only alternative we have is a generator at the mini-laboratory which can only power the equipment in the laboratory, and it is a personal generator for home use."

# KURMIN SAKI PHC



# Primary Healthcare in Nigeria

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Boyi Madaki (Lock & Key) Primary Healthcare, Niger State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY







 Ranking  
**3.6%**

## Boyi Madaki PHC, Gurara LGA

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.


 "Accessing this clinic takes serious patience and time. Sometimes it serves as if we don't have a health centre in this community. It is only open for 2hrs in a whole day. If we want to use the clinic we have to call the doctor in charge through the number placed at the clinic door. Sometimes we call the number, and it won't connect, or there is no response." - Hamzat.

During our visit to this facility, it was locked with the inscription 'For emergency, Call 0808 32\*\*\*\*\*' on the front section of the building.

 "If there is an emergency, we have to rush outside the community to get attended to because we might get to the clinic and call the doctor but the call won't connect. There is also no water, toilet, and light at the centre." - Musa.

We discovered the facility had only one medical personnel, two beds, and four rooms when we visited again. The rooms are divided into a labour room, a male and female ward, and the doctor's office. Sometimes, the labour room is used as a treatment/injection room. The health centre has only two beds, no medical equipment, electricity, or water.



 "The clinic is open thrice a week due to other engagements I have. The reason why the clinic is locked whenever I'm not around is because of security issues. That is why my number is on the clinic door post for emergencies and enquiries." - Medical personnel.

# Primary Healthcare in Nigeria

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Asokoro (Lock & Key) Primary Healthcare, Niger State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY




## ASO -KORO PHC, TAFALGA

Needs: Re-opening, Renovation, Medical Equipment & consumables, Personnel, Water, Electricity, and Ambulance.

Community members say this clinic has been locked for over four months, and now they have to use the general clinic "Umaru Yar'adua Memorial Clinic", which is a few kilometres away for the lucky residents living close to it.

But some are not so lucky as the Yar'adua clinic is about 10kilometres away from them.The Aso-koro PHC has been closed for several months now, and this is the only PHC meant to serve the people.



 "We don't know why it was closed. Now we have to walk several miles to the hospital on the expressway if we are sick." - Babangida.

# Kaduna

# State



Kaduna State is in the north-central part of Nigeria and the third most populous state in Nigeria, with 46,053 square kilometres and an estimated 9.4m residents<sup>10</sup>. According to Maternal Figures, only 17.9% of deliveries occur in one of the state's 1447 health facilities.<sup>11</sup>

This is due to a myriad of reasons which include citizens being unable to afford healthcare, and the terrible state of public health facilities in the state. Still, the state is merely scratching the surface of its budget to allocate the 15% threshold for health.

In 2020, Kaduna State Contributory Health Management Agency (KADCHMA)'s capital budget allocation, primarily for enrollment and prepaid provision of essential services to the state's poor and vulnerable populations, suffered a 24% reduction.<sup>12</sup>

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Hayan Idon Primary Healthcare, Kaduna State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



Ranking  
**15.5%**

## **Hayan Idon PHC, Kajuru LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Ambulance, and Electricity.



“When we are sick, most times they say they can't handle it due to no equipment and workers. Many people in this community have died because of this.” - Musa.

The primary health care centre is the oldest in the local government. It has been in existence for over 52 years serving over 5000 residents.

The building is a death trap; roofs are torn, walls and windows are cracked, and there is no electricity or water. The village head lamented that they had spoken to the state government many times to renovate the centre, but nothing had been done.



We only have two medical workers with no non-medical workers. There is an urgent need for rehabilitation and supply of medical equipment.” - Medical personnel.

# Primary Healthcare in Nigeria

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Ungwan Maichibi Primary Healthcare, Kaduna State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY





Ranking  
**32.8%**

## ***Ungwan Maichibi PHC, Kaduna South LGA***

Needs: Renovation, Medical equipment & consumables, Ambulance, and Personnel.



"There are only two staff working in this place. We pay the light bill to the government from our personal purse. Because of the high electricity tariff rate, we don't use the refrigerators available. There is nobody to bear the expenses when it is too high."

- Medical personnel.

This PHC is the biggest and oldest in Kaduna South LGA and serves over 8000 residents. This facility has the necessary medical equipment, but they are not in use because of the lack of patients in the building.

There are very few medical workers which affect the services of the centre to the people.



"Many people don't go there because there is usually nobody to attend to us. Only the people that can't afford private hospitals are still going there." - Binta.



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Mallalum Primary Healthcare, Kaduna State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY





Ranking  
**1%**

## **Mallagum PHC, Kaura LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.



"There are only two staff working in this place. We pay the light bill to the government from our personal purse. Because of the high electricity tariff rate, we don't use the refrigerators available. There is nobody to bear the expenses when it is too high."

- Medical personnel.

This PHC is meant to serve over four thousand residents, but it isn't even serving a child. The facility has only one medical personnel who is currently working from home because of its poor state.

Even facemasks, hand gloves, and syringes are not available; how much more medical equipment? There are no beds, drip-stand, the roofs are torn, and the walls are cracked. There is no electricity and water.

The only medical officer in the PHC complained that she had not been paid for months.



The facility has only one medical personnel who is currently working from home because of its poor state.

# Primary Healthcare in Nigeria

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Chikaji Model Primary Healthcare, Kaduna State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



 Ranking  
**69.1%**

## **Model PHC, Chikaji, Sabon Gari LGA**

Needs: Medical consumables, personnel and ambulance.

This PHC was captured for reconstruction in the 2020 budget. It was recaptured in the 2021 budget as a Zonal Intervention Project as a new construction instead of an ongoing project.

Despite its reconstruction less than a year ago, the roofs are already leaking, and some broken windows can be seen.

The waiting area, reception, consulting room, pharmacy, treatment/injection room, borehole, electricity, pharmacy and mini-laboratory are all functioning.

The facility has four medical personnel and three non-medical personnel. According to the chief matron, staff welfare is fair.



"The health centre is okay. We usually go there whenever we are sick and they treat us and give us drugs. There is no problem there."

- Sadiya

# Primary Healthcare in Nigeria

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Bayan Dutse Primary Healthcare, Kaduna State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



Ranking  
**68.2%**

## **Bayan Dutse PHC, Chikun LGA**

Needs: Renovation, Personnel, and Ambulance.

This PHC is not new to Tracka. In 2015, we championed the advocacy that led to the construction of an extra block within the premises. The PHC has all the necessary medical equipment and consumables all functioning well.

But the medical workers complained that the facility needs perimeter fencing and compound flooring.

The facility has five medical and three non-medical personnel, enabling them to run a smooth shift system for 24-hour operations.



"The PHC is functioning well but we have to pay some money before drugs can be given" - Miss Ladi.

# Primary Healthcare in Nigeria

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Television Primary Healthcare, Kaduna State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



Ranking  
**57.3%**

## Television PHC, Kaduna South LGA

Needs: Renovation, Medical equipment & consumables, Personnel, Water, and Ambulance.

“Many of us don’t stay till night because there is no security and there have been cases of kidnapping in the community. Sometimes, hoodlums will break in to steal the small equipment we have.” - Medical worker.

This PHC is in terrible condition. The male and children wards have been abandoned because the building is about to crack and the roofs are bad. They have 4 medical personnel, 7 unpaid volunteers and zero non-medical personnel because the state government laid them off.

Even though the situation in which they work is horrible, the health workers try their best to provide optimum care for the patients.



“The health centre is very okay. We don’t have any problem going there whenever we are pregnant or sick because they treat us very well.” - Saudatu.



# Kano

## State

Kano is the second most populous state in Nigeria in the North-west geopolitical zone and spans 20,131km<sup>2</sup> with an estimated population of over 13million people. However, 61.8% of the population live on a dollar per day.<sup>14</sup>

After 2017 advocacy by several CSO groups, the state's health budget rose from single-digit figures to double digits. In 2019 and 2020, Kano has exceeded the 15% mark to which several nations (Nigeria included) committed to in the Abuja Declaration of 2010.<sup>15</sup>

Of all the states we tracked, Kano fared well compared to its counterparts. We visited 5 PHCs across 4 LGAs, and four were fairly equipped and properly staffed.

One can easily draw a verifiable link between the health allocation of states to their health infrastructures, which is evident in Kano's primary health sector. Although the situation is far from perfect, the state's recent work in improving primary healthcare for its citizens is commendable.



In 2019 and 2020, Kano has exceeded the 15% mark to which several nations (Nigeria included) committed to in the Abuja Declaration of 2010.

# Primary Healthcare in Nigeria

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Tokarawa Primary Healthcare, Kano State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



Ranking  
**69.1%**

## **Tokarawa PHC, Nasarawa LGA**

Needs: Medical equipment, Water, Ambulance, and Electricity.



"I am a petty trader, so I don't have enough money to cater for myself and my two wives; how much more to afford bills in a private hospital. But thank God for the service of the PHC; it has been very helpful." - Samaila.

This PHC is in good condition and has all the necessary medical equipment and consumables.

Though there is no water, they have to buy water daily from truck pushers. There is also no alternative source of electricity other than the power grid, which is not stable.



"Our welfare is good, we always get all our salary and other payments as at when due. But we need more laboratory equipment and machines to carry out necessary tests." - Medical personnel.

# Primary Healthcare in Nigeria

A Preliminary Report of Short Stories and Field Evidence across four Northern States

Kaura/Goje Primary Healthcare, Kano State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



Ranking  
**58.2%**

## **Kaura Goje PHC, Nasarawa LGA**

Needs: Medical equipment and Ambulance.



"We do use the centre very well, but our only concern is people are always too much there. If you go early in the morning, there are already plenty of people waiting, and it might be late in the afternoon before it gets to your turn."

- Hameedah.

This PHC is in good condition, but the facilities are overstretched because it caters to people from four LGAs. This leads to heavy congestion in the waiting area almost every day.

Staff service is affected because they have to rush to attend to patients to clear the congestion.

The current staff strength is 27 medical personnel and 14 non-medical personnel. Still, it is not enough compared to the number of patients who visit the PHC for treatment.



"Pregnant women and people with other ailments have to stay together in the waiting room because there is no ANC shade to distinguish them from one another. This is bad, especially in this period of Covid-19 pandemic. The government should provide more workers to help us do our work well." - Medical personnel.

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Gandu Albasa Primary Healthcare, Kano State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



 Ranking  
**63.6%**

## ***Gandu Albasa Model PHC, Kura LGA***

Needs: Medical equipment & consumables, Personnel, Ambulance, and Electricity.

The facility is okay, but there are not enough beds to accommodate patients, which sometimes make them turn back patients who need admission. There is no electricity, which makes patients want to leave once it is evening due to security issues.

The workers also lamented the inadequate supply of medical consumables; they use facemasks, hand gloves, and syringes only when absolutely necessary because they have a limited supply.



“The hospital has a lot of people visiting daily with patients coming all the way from distant villages to seek medical attention. Unfortunately, the PHC does not have what it takes to accommodate patients.” - Ishaq.

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Gama Primary Healthcare, Kano State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY





Ranking  
**74.5%**

## **Gama PHC, Nasarawa LGA**

Needs: Medical equipment & consumables, and Ambulance.

This facility has medical equipment, water, and electricity, but medical consumables like facemasks, syringes, and hand gloves are unavailable.

The health workers told Tracka that their welfare is good as they receive their salaries when due. Even the temporary staff also receive monthly stipends to encourage them to contribute to the PHC.

But they need an increased supply of drugs and medical consumables.



"When I delivered my daughter, my husband bought almost all the drugs from outside, which was a problem because he didn't have money." - Saadatu.

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Dan Hassan - Kura LGA Primary Healthcare, Kano State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



 Ranking  
**44.5%**

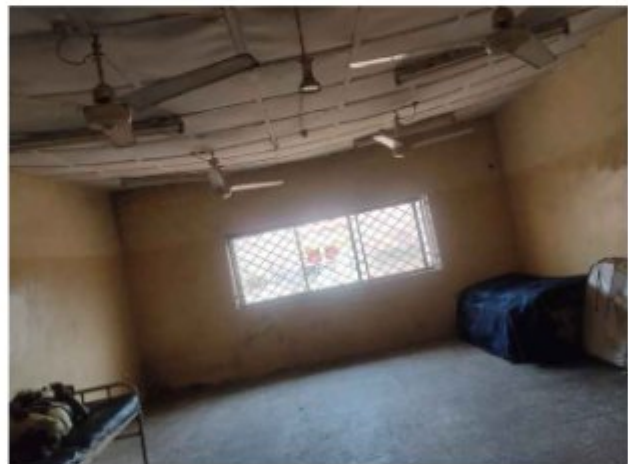
## **Dan Hassan PHC, Kura LGA**

Needs: Medical equipment & consumables, Water, Ambulance, and Electricity.

This facility has some medical equipment, consumables, and enough staff. There are 21 medical workers and 12 non-medical workers, but there is no electricity and water.

They have to buy gallons of water daily from truck pushers.

The workers told Tracka that their welfare is good as they get their payments as at when due.



"We don't like visiting the centre because the workers usually give us different excuses like there is no water and no light to do tests"  
- Jamilu.

# Bauchi

## State



Bauchi state is home to over 3.9m people, 61.53% of whom are in poverty. This signifies a low financial power for citizens to pay out-of-pocket for healthcare. Fortunately, the Nigeria States Health Investment Project (NSHIP) solved this problem temporarily.

The NSHIP is a World Bank assisted project implemented in 2013, whose major objectives are to improve the delivery, use high impact maternal and child health interventions, and improve care at selected facilities in the participating states, by ensuring pro-poor focus.

In June 2016, additional financing of US\$145 million was approved for the project to scale up the parent project to the North-Eastern states of Nigeria. In response to slow progress in improving health service delivery, the Nigerian government requested World Bank support in testing performance-based financing (PBF) and decentralized facility financing as part of the Nigeria State Health Investment Project.<sup>16</sup> PBF provides funding directly to health facilities based on the quantity and quality of services they deliver.

Facilities have substantial autonomy in how they use the funds and this accelerates growth, infrastructure, and personnel welfare, as the bureaucracy of the system is bypassed while accessing finances.

We tracked 7 PHCs across 4 LGAs in Bauchi, four of which were in good condition and direct beneficiaries of NSHIP. Workers in these PHCs specifically mentioned the additional benefits and improved welfare as a result of the project; unfortunately, the perks stopped when the programme ended in June 2020. There should be a transition plan by state governments to integrate the framework of the project into the primary healthcare system. An efficient M&E framework is also required to maintain the facilities and ensure that the services being provided remain standardized.



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Lere Primary Healthcare, Bauchi State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



 Ranking  
80%

## **Lere PHC, Tafawa Balewa LGA**

Needs: Medical consumables and Ambulance.

This PHC was renovated by UNICEF and EUROPEAN UNION in 2020, and it is in a good state. There are 20 staff in the centre with 15 medical staff and 5 non-medical staff, a pharmacy, consulting room, mini-laboratory, and medical consumables.

The facility has a functioning solar borehole, but it is not connected to the toilets. It also has a 5KVA generator, and the public electricity is constant.



"I gave birth to my five children in the healthcare centre, and I have never had any difficulties during antenatal and delivery. The clinic bill is also cheap." - Sadiya.

# Primary Healthcare in Nigeria

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Bagaranti LGA Primary Healthcare, Bauchi State

## PERSONNEL



## INFRASTRUCTURE




## SERVICE DELIVERY



 Ranking  
**7.3%**

## **Bagaranti PHC, Misau LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.


 "I am dying of severe pains, but there's nothing they can do because the doctor said there's no equipment." - Muhd (a patient who was lying on a bench to receive treatment because there is no bed).

The clinic is supposed to serve ten villages - Manumawa, Biscori, Barigida, Yadori, Kulebadi, Bukadi, Wunrukada, Alhajo, Masori and S. Bagaranti- with a combined population of 15,000 people, but it isn't serving one human being. The staff complained bitterly about the absence of any medical equipment and consumables.

They have to use their personal funds to buy drugs, but the patients buy drips from outside for malaria, fever, B.P treatment, and a P.P test.

Here, antenatal checkups are classified under severe cases as they cannot provide the service. When there are severe cases, patients are referred to Misau General Hospital, which is three kilometres away, and the road is deplorable. The building is also on the verge of collapsing due to frequent erosion.



 "We neither have electricity nor potable water, so we can't even provide one for the PHC. The only water source here is the local well which is not clean, but we don't have a choice."  
- Jaro Ado, the village head.



# Primary Healthcare in Nigeria

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Gungura LGA Primary Healthcare, Bauchi State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY





Ranking  
**9.1** %

## **Gungura PHC, Ganjuwa LGA**

Needs: Renovation, Medical equipment & consumables, Personnel, Water, Ambulance, and Electricity.



"The delivery of babies in the PHC is just by the grace of God because we lack all the equipment." - Medical personnel.

This facility lacks every necessary equipment needed to function. The building and rooms are decaying and on the verge of collapse.

Only two healthcare workers are in the facility. There is no electricity, water, and medical consumables to treat basic health issues.



"We use our personal money to buy drugs to sell for the ailing patients whenever the government has not provided drugs." - Medical personnel.

# Primary Healthcare in Nigeria

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Dott Primary Healthcare, Bauchi State

## PERSONNEL




## INFRASTRUCTURE




## SERVICE DELIVERY



 Ranking  
**79.1%**

## **Dott PHC, Dass LGA**

Needs: Medical Personnel and Ambulance.


 "This is the best PHC when it comes to good service delivery. I gave birth to all my five children here because the service is good and money is cheap." - Saudat.

The PHC was previously renovated by the Nigeria State Health Investment Project (AF-NSHIP). This project also provided free antenatal checkups and drugs to patients in the facilities until the program ended in 2020. The facility has all the necessary medical equipment and medical consumables in place.

There is also adequate water and electricity supply via a solar panel and solar-powered borehole.

He also buttressed some other challenges, especially inadequate manpower regarding the medical personnel and non-medical personnel.



 "The staff welfare here is poor. I have been working here for over 20 years without getting a promotion. Likewise, the other staff are being owed some of their benefits. Before, we used to have non-medical staff sponsored by the AF-NSHIP project, but they stopped getting paid after it ended. Now we have to contribute a token out of our salary to help them with transportation and other needs." - Medical personnel.

# Primary Healthcare in Nigeria

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Dabardak Primary Healthcare, Bauchi State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



Ranking  
**71.8%**

## **Dabardak PHC, Dass LGA**

Needs: Medical, Equipment Personnel and Ambulance.

The old PHC was renovated by AF-NSHIP in 2018. They also built two health facilities. One was completed and equipped, while the other one was completed but not fully equipped.

This current facility is fully equipped and has five medical personnel and eight non-medical personnel who complain that it is not enough.



"I gave birth to four of my nine children here, and it was very okay. Before the services used to be totally free, now we have to pay a token, but it is still affordable." - Amina.

# Primary Healthcare in Nigeria

A Preliminary Report of Short Stories and Field Evidence across four Northern States

Sabon Garin Burgel Primary Healthcare, Bauchi State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY



## Sabon Garin Burgel PHC, Dass LGA

Ranking  
**79%**

Needs: Medical equipment & consumables, and Personnel.



"The salary is the only motivation for working here. We still even share the salaries with the volunteers to encourage them. We are also the ones paying for cleaners and other miscellaneous expenses." - Medical personnel.

This facility is in good condition, and some medical equipment and consumables are available. There is also a solar borehole and solar lights.

But the medical workers lament that the six of them in the PHC is not enough to adequately cater to the number of patients they treat daily.



"I brought my daughter here after she had a fever and stomach pains. They have been treating her very well, and the bill is affordable." - Aisha.



# Primary Healthcare in Nigeria

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Badel Primary Healthcare, Bauchi State

## PERSONNEL



## INFRASTRUCTURE



## SERVICE DELIVERY





Ranking  
**64.5%**

## **Badel PHC, Dass LGA**

Needs: Medical equipment & consumables, Personnel, Ambulance, and Electricity.



"The centre is good, but many of us can't go there when we are sick during the rainy season. The rivers get filled, and there is no way for us to cross it, so it is still as if we don't have a health centre." - Ibrahim.

This PHC caters to 21 communities; Badel, Badel Hayin, Gital, Sarari, Monta, Yelwa, Jar, Kardam, Wushi, Galadinma, Magaji, Kugas, Dutse, Gyam, Fulani Nasarawa, Kwappa, Bagas, Gyar Gwam, Zwall and Dogo Maje. But residents of these communities complain bitterly that they can't access the PHC due to difficulties crossing the river during the rainy season.

The PHC is in good condition, and they have a fair number of medical equipment and consumables. Still, there is only one drip-stand in the entire facility. There is water, but electricity is not available, not even a generator.

One of the staff told Tracka that Bauchi State Contributory Health Management Agency (BASHCMA) is rendering free medical services to one hundred and thirty-seven patients through the program called Drugs Revolving Funds (DRF). However, in a situation where a patient is not registered among the one hundred and thirty-seven people, the person will be asked to pay a token.



"Staff accommodation, manpower, electricity are some of the challenges we face here" - Medical personnel.



## Way forward



The Alma-Ata Declaration of 1978 identified primary healthcare as the key to achieving health equity, but forty-three years later, it sounds like a lofty dream. Although the model has been successfully implemented by countries such as Thailand, Cuba, China, and Mexico, the WHO reports that at least half of the world's population still lacks access to essential health services.

The failure of many countries to achieve health equity led to the 2018 Declaration of Astana.<sup>17</sup> The declaration affirms that PHC will be implemented in accordance with national legislation, contexts and priorities. Disease prevention and health promotion should be prioritized and structures should aim to meet all people's health needs through comprehensive, preventive, promotive, curative, rehabilitative services and palliative care.<sup>18</sup>

WHO says scaling up primary health care interventions across low and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030.<sup>19</sup> But there are myriad of factors that can affect the reality of such predictions which include infrastructure, human resource, technology, and financing.



WHO says scaling up primary health care interventions across low and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030.



***There have been cases of kidnapping health workers right in the clinics. In cases where they don't have to deal with kidnappings, theft of medical equipment is an issue.***

During our field survey, we discovered some peculiar conditions that cut across the majority of the facilities. We examine them below;

**Human Resource:** According to the NPHCDA, the failure of primary health care in Nigeria can be partly attributed to the inadequate number and proportion of the various cadres of healthcare workers necessary to provide services in the health facilities.

The minimum standard is for a PHC to have 19 medical personnel and five non-medical personnel, but 15 of the 25 PHCs had less than 6 medical and 3 non-medical personnel.

Some states have gotten away with this abysmal manpower level by using the services of volunteer health workers to augment staff strength. The volunteers work without pay for years hoping that whenever the state government starts recruiting, they'll be prioritized in the process.

While this is a temporary answer to the problem, volunteers' welfare should be considered for the period they're working. They should receive stipends and perks while on the job and not have to wait for a low-hanging fruit that might never drop. Priority should also be placed on recruiting non-medical personnel as they are just as crucial to effective service delivery these facilities.

**Security/24hr Emergency services:** In recent years, insecurity has been on the rise in Nigeria. There have been cases of kidnapping health workers right in the clinics. In cases where they don't have to deal with kidnappings, theft of medical equipment is an issue. Therefore health workers cannot work a shift system that requires them to be on duty at night. 18 of the 25 PHCs we tracked do not operate a 24hour service.

This means admission cases cannot be prioritized, and when emergencies occur outside regular work hours, citizens are left to their fate. Also, lack of adequate manpower hinders health workers from running a shift system that'll aid 24-hour services. A PHC with only one health worker cannot run a shift system because the worker is not a robot.

The government should provide security services for primary health centres. This will provide safety for both the workers and patients on admission.

**Building Infrastructure:** To have an optimum level of comfort and care it is imperative that a health facility provides a conducive environment to aid treatment. The inability of the government to provide a conducive environment for citizens to receive healthcare is a stumbling factor in achieving health equity.

In Kaduna, research revealed that only 17.9% of deliveries happen in the state's health facilities. Of the 25 PHCs we tracked, 10 were in deplorable state. The roofs were torn, wards and delivery rooms in shambles, and windows were broken. They lack consulting rooms, pharmacies, and laboratories.

Residents in these surroundings revealed to us that they don't visit these facilities for treatment because they are repelled by the condition and this makes them seek alternative means of treatment, which are usually not reliable. The prioritization and proper financing of internal and external infrastructure of health facilities are key to providing quality healthcare, and also influencing rurals to stop seeking alternative means to modern healthcare. Therefore, state governments should incorporate this factor into their interventions for providing healthcare services for all.

**Medical Equipment:** Medical infrastructure plays a key role in delivering quality healthcare services to citizens. It also improves effectiveness, safety, timeliness, patient-centeredness, access and efficiency. Inadequacies in health system infrastructure, limit access and contribute to poor quality of care and outcomes, particularly among vulnerable population groups.<sup>20</sup> 13 of the 25 of the PHCs we visited do not have enough medical equipment and consumables to treat patients properly.

Health workers in these facilities have to improvise and stretch themselves beyond capacity to provide treatment.

The government should equip medical facilities with the necessary equipment required for them to function as the provision of medical infrastructure is a major intervention step in providing quality healthcare service for all citizens.



The inability of the government to provide a conducive environment for citizens to receive healthcare is a stumbling factor in achieving health equity.

**Necessities - Water, electricity, ambulance:** Healthcare facilities depend critically on power supply, water, among others. The pandemic has emphasized on the need for proper hygiene measures as a factor that can save lives. However, in all the 25 primary health centres we tracked, 15 of them had no electricity, 11 had no water, and 24 did not have ambulances. It is near impossible for a medical facility to function optimally without electricity and water.

These statistics reflect the quality of service the PHCs have been churning out. Laboratories, pharmacies, wards, and delivery rooms are rendered obsolete without these necessities. Some communities provide these needs for PHCs in their communities voluntarily. Still, state governments must ensure that primary health centres are fully equipped with electricity, water, ambulances, and other necessary provisions to function at par.

**Payment out-of-pocket for healthcare:** The National Bureau of Statistics (NBS) released a report in 2019 that showed that 40 percent of the total population, or almost 83 million people, live below the country's poverty line.<sup>21</sup>

Nigeria has a federally funded National Health Insurance Scheme (NHIS), designed to facilitate fair financing of health care costs through risk pooling and cost-sharing arrangements for individuals. Since its launch in 2005, the scheme claims to have issued 5 million identity cards. The majority of the enrollees, however, are individuals working in the formal sector and the community scheme still leaves large gaps among the poor and informally employed.

When we spoke to residents that use the health facilities, a common complaint was having to pay for drugs, basic tests, and other treatment. It is imperative that the government goes back to the drawing board and reassess the distribution method of the scheme to embrace the poor and rural citizens in order to achieve health equity.



Governments must ensure that primary health centres are fully equipped with electricity, water, ambulances, and other necessary provisions to function at par.

# Abbreviations



PHC - Primary Health Centre

NPHCDA - National Primary Health Care Development Agency

NSHIP - Nigeria State Health Investment Project

BASCHMA - Bauchi State Contributory Health Management Agency

DRF - Drug Revolving Fund

KADCHMA - Kaduna State Contributory Health Management Agency

LGA - Local Government Area

CSO - Civil Society Organization

COVID - CoronaVirus Disease

FMOH - Federal Ministry of Health

NHIS - National Health Insurance Scheme

NHAct - National Health Act

PBF - Performance-based Financing

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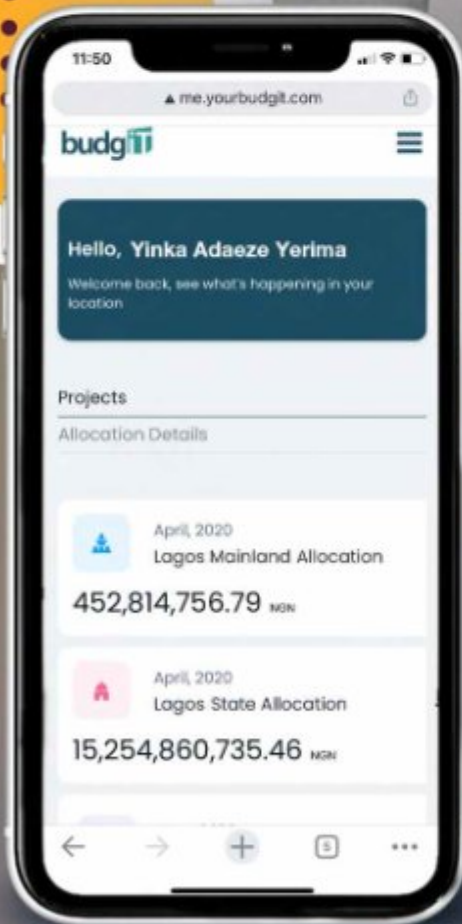


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