



Strengthening Community
Engagement and
Accountability for PHC
(SCEAP)

Community Stakeholder Mapping & Analysis Report



Project Background

The SCEAP Project seeks to improve primary health care delivery in Nigeria through community-led advocacy and monitoring of service delivery, financing, and tech infrastructure deployment to improve access and utilization of healthcare services through community advocacy and strengthening the government's commitment to fund and deliver quality healthcare. The SCEAP project will empower community actors to promote transparency and improve healthcare facilities and services. Through equal participation and inclusive involvement, especially for vulnerable persons and members of the target communities. This is meant to be achieved by working with the communities and other stakeholders as key drivers of change and catalyst for the project objectives.

Proposed Outcomes

- 1** Strengthen the use of data and evidence to drive institutional engagement on fiscal issues and accountability for primary healthcare.
- 2** Strengthen citizen and community voice and participation in PHC advocacy and accountability processes (service delivery, financing, infrastructure) in 75 Communities with PHC Presence.
- 3** Improve community tracking and feedback mechanisms using the PAT with government stakeholders and systems within LGAs, State Assemblies, SPHCDA, and broader health financing ecosystem (for example, PHCUOR, BHCPF gateway orgs).
- 4** Support 20 community-based organizations (CBOs) (50% women-led/owned) to mainstream community reporting, feedback systems, awards, into existing community structures.
- 5** Influence social behaviors and institutional accountability through an incentivized program for healthcare workers and PHC service delivery via PHC Facility and Workers Awards Event.

This project is going to be deeply rooted in the community. The plan is to adopt a bottom-top approach to the improvement of primary health care service delivery in the focus States. The project will work in 75 communities (15 communities per State) across five States (Kano, Kaduna, Gombe, Niger and Yobe). The project intends to narrow down to the primary healthcare centers (PHCs) situated in these communities to track quality of services being provided and the effectiveness of resource allocation to the facilities. This will also include providing a platform for community members to share their PHCs experience and strengthen the local structures like the Ward Development committees (WDCs) and the Community Based Organizations (CBOs) to serve as support systems to community members and actors that advocate and demand accountability from the respective authorities.



Primary Healthcare and Community Participation Model

“Health for All by the year 2000” which was the Alma-Ata Declaration in 1978 called for Health for All by the year 2000, and the primary health care (PHC) approach that it outlined was a response to perceived dissatisfaction on the part of populations that their health services were expensive, inaccessible and inappropriate.

The Federal Government of Nigeria launched the Primary Health Care Plan (PHC) in the National Health Policy of 1988 as the cornerstone of the Nigerian health system as part of efforts to improve equity in access and utilization of basic health services.

The PHC approach was not only concerned with the poor health status of a large population, but also with the indignity of health and health care being enjoyed by some but denied to others. There were three major facets to the PHC approach. These included:

- **identifying health as an integral part of development;**
- **moving the focus from making further advances in medical technology to making existing technologies available to all;**
- **recognizing the key role of the participation of people in the promotion of their health status.**

Primary healthcare delivery has largely been implemented with minimal participation of the people as originally designed in the scheme.



Community and Primary Healthcare Facilities Mapping & Analysis

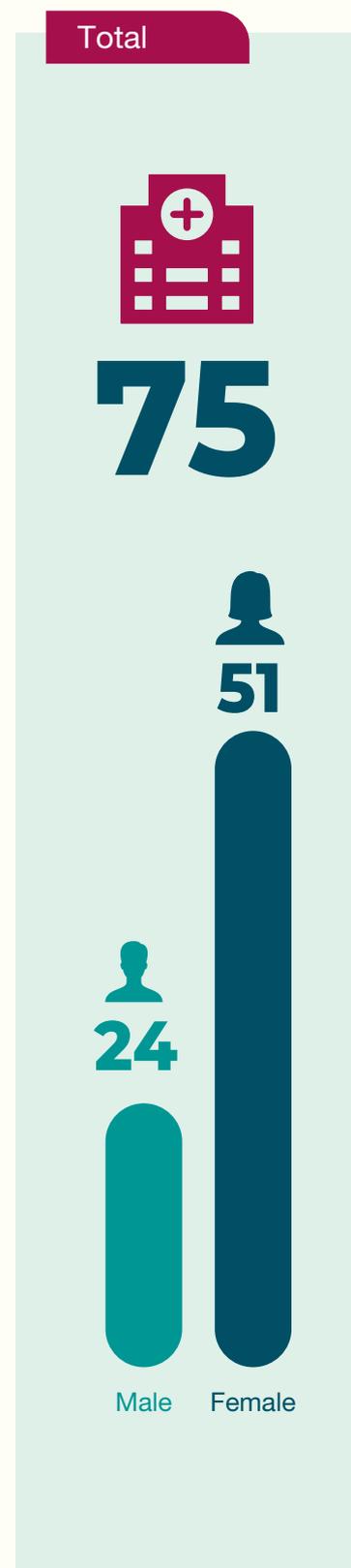
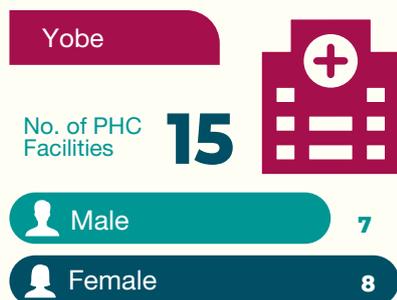
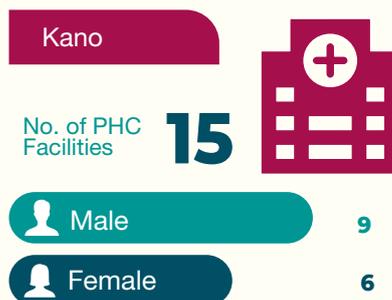
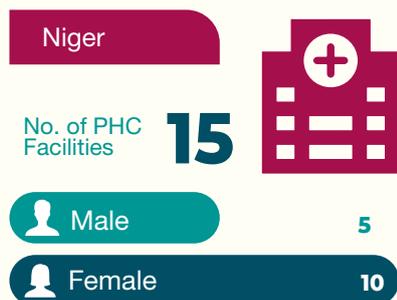
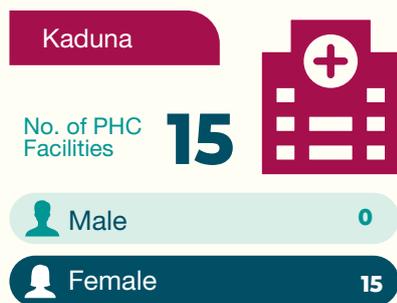
The SCEAP is being implemented in five States which are all in the northern region of Nigeria. The northern region of Nigeria has particularly been in the key drivers of negative prevalent health statistics due to many interwoven factors that borders on religious beliefs, culture and other primordial ways of life that predisposes the people to different forms of RMNCH issues, infectious, and non-communicable diseases.

At the inception of this project, we conducted community mapping and PHCs profiling in all the five focal States, as well as engagements with all the States' Primary Healthcare Management Board. Below are the analysis of our key findings that will guide the implementation of this project.

Quantitative Analysis of PHC Facility Analysis

Kaduna					
Senatorial District	Local Govt. Council	No. of Communities & Facilities	BHCPF Facilities Identified	Communities with WDCs	No. of Female Led Facilities
3 	6 	15 	15 	10 	15 
Gombe					
Senatorial District	Local Govt. Council	No. of Communities & Facilities	BHCPF Facilities Identified	Communities with WDCs	No. of Female Led Facilities
3 	6 	15 	10 	10 	12 
Niger					
Senatorial District	Local Govt. Council	No. of Communities & Facilities	BHCPF Facilities Identified	Communities with WDCs	No. of Female Led Facilities
3 	6 	15 	10 	15 	10 
Kano					
Senatorial District	Local Govt. Council	No. of Communities & Facilities	BHCPF Facilities Identified	Communities with WDCs	No. of Female Led Facilities
3 	13 	15 	15 	11 	6 
Yobe					
Senatorial District	Local Govt. Council	No. of Communities & Facilities	BHCPF Facilities Identified	Communities with WDCs	No. of Female Led Facilities
3 	6 	15 	15 	15 	8 

PHC Facilities Leadership Gender Disaggregation





Kaduna State

Senatorial Districts	Local Governments	PHC Facilities	Female Led (Yes/No)	Average Monthly Patients	WDC (Yes/No)	BHCPF Facility (Yes/No)
Kaduna North	Lere	Lazuru Primary Health Centre	Yes	500	Yes	Yes
	Sabon Gari	PHCC Sakadadi	Yes	100	Yes	Yes
		Anguwar Jaba Primary Health Center	Yes	700	Yes	Yes
		Basawa primary healthcare center	Yes	552	No	Yes
Kaduna Central	Chikun	PHC – Bayan Duste	Yes	700	Yes	Yes
		Romi primary Health Care	Yes	1,012	No	Yes
		Sabon Gari Primary Healthcare Center	Yes	500	Yes	Yes
		Kakau Primary Healthcare	Yes	700	Yes	Yes
	Kaduna South	Kinkinau Primary Health Centre	Yes	1,500	Yes	Yes
		Kubau Road Primary Health Center	Yes	1,000	No	Yes
Kaduna South	Kachia	Gidan Tagwai PHC	Yes	460	No	Yes
		Doka Primary Health Centre	Yes	500	No	Yes
	Zango Kataf	Gora Bafai Primary Health Centre	Yes	672	Yes	Yes
		Mabushi Primary Health Centre	Yes	400	Yes	Yes
		Kurmin Masara Primary Health Centre	Yes	300	Yes	Yes



Kaduna State, like some of the other states earlier mentioned also had the existing intervention of the BMGF Consultant. As a mandate for our activity implementation in each state, our first point of call was an engagement with the Executive Secretary of the State PHC Management Board in the company of the BMGF Consultant. The ES testified to how BudgIT work has been of a great support to service delivery in Kaduna State and committed that he has no reservation to support the project, howbeit, he requested that a system should be built into the PAT that allows the State to see the reports coming from the citizens and community first before it goes public. He noted, this will forestall the possibility of political bigot using the portal as a political tool to incite violence against the government of the day.

The State PHC Board provided us the list of 15 communities and PHC facilities they want us to direct this project intervention. Dan Alhaji primary Healthcare in Lere local government area in Kaduna north senatorial district which is among the facilities listed by Kaduna primary healthcare board was not profiled due to security challenges in that region but was replaced with Bayan dutse primary healthcare in Chikun local government area in Kaduna central senatorial district.

The 15 PHC facilities profiled were all women led, and this was highly commendable. We proceeded to engage with the stakeholders (traditional leaders, ward head committee leaders and religious leaders to enlighten them about the project and encourage active community participation).

It is notable that most of the profiled PHCs buildings were not in the best state although they were functional. The facility heads complained about the insufficient manpower and the need for alternative power supply and basic amenities. Also, almost all of the facilities do not have a proper waste disposal system, as they take their wastes to the Local Government Council for disposal.



PHCs facilities



Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
Kaduna North	Lere	Lazuru Primary Health Centre Population: 9,400	Mato Mohammado 08030551108 WDC: Biliyaminu [08032773620] Women Leader: Blessing Iliya 08064969273	Inrebe magaji (08162451325) in charge Thouphilous Iliya [09024869552] 2ic	Monthly attendance of over 400-500 in attendance. Needs: Alternative power supply [solar power], facility is far from settlement which affects the number of people that patronize the PHC, shortage of drugs, shortage of staff, ambulance.
	Sabon Gari	PHCC Sakadadi Population: 20,508	Ibrahim suleman - 08125441369 WDC: Ahammad Hussine [080545644180] Women Leader: Hauwa Abdulahi (08171872187)	Hadiza Ahamad – 080363373811 [in charge] Rahama Bala – 07034943013 [2ic]	Daily attendance of over 100 patients mostly during Ante-natal and immunization day. Monthly attendances spike between 400-500. Needs: Medical work tool, drugs, more staff (volunteer) not a payroll, beds, water, alternate electricity, Cabinet, fixing and payment of staffs timely and ambulance
		Anguwar Jaba Primary Health Center Population: 29,955 for eleven (11) Settlements	Ayuba Hassan - 07033290727 Abdul Isyaku (08037326672) WDC chairman. Women Leader: Binta Dahiru - 08109094911	Zainab umar sambo [07035997406] in charge Grace dauda - 07037073277	The facility has a catchment of eleven (11) settlements, with a monthly attendance of over 700. Needs: Alternative power supply, Delivery beds. Drugs cabinet, BP Machine. Weighing scales, staff shortage and need of ambulance.
		Basawa primary healthcare center Population: 12,630 for 7 Settlements.	Ismaille Adamu – 08091595061 Women Leader: Zalihatu kasimu - 08181230425	Ahisauti Adamu – [08023634523] In charge Felicia Dominic – [08132077836] 2ic	The facility has a catchment of seven (7) settlements, with a monthly attendance of over 552. Needs: Provision of water, Alternate power supply, Delivery beds. Drugs cabinet, BP Machine. Weighing scales, staff shortage and need of ambulance
Kaduna Central	Chikun	PHC – Bayan Duste Population: 16,225 for 3 Settlements.	Sariki-08037045182 WDC: Garbas Haru-na-08028672368 Pheobe Miche-al-08102556182	Mrs Mary - 08183629872	Monthly attendance of over 600-700 patients. Needs: Chairs (plastic/wooden), need of Ambulance, Alternate power supply, Refrigerator, Drugs cabinet, Weighing scales, staff shortage, Microscope (Compound)
		Yelwa PHC – Romi primary Health Care Population: Over 29,000 with over 6 Settlements.	Samuel Idi [08033659278] Women Leader: Mrs Denis Garba 08107861864	Mrs Atine shock 08080350800] in-charge Mrs Ruth Maijadi 080188820148 Abdullahi - 08141631301	The facility has a monthly attendance of over 1,012 patients. Needs: Renovation, Alternate power supply, Drugs cabinet, BP Machine. Weighing scales, staff shortage, [need of space] the building is too compact which they wrote letter to the local government till date nothing has been done, also need of ambulance and lastly the facility gets flooded with water whenever it rains
		Sabon Gari Primary Healthcare	Sariki - 08036417973 WDC Chairman (Beatrice .E. Wenio [08023583127] in-charge	A monthly attendance of over 500 patients in Attendant. Needs: The apartment for the PHC

Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
		Center Population: Over 57410 numbers of residents with 8 settlements	Emmanuel SONKOP) 07032151506	Precy Francis [07064981614] 2ic	is rented for 150k yearly which will soon be increased to 300k, they buy water which goes for 50 naira per bucket, they need a permanent land to build PHC, both male and female uses same ward, they need more beds, solar, water, etc
		Kakau Primary Healthcare Population: 6,758	Iliya Garba – 08035310301 WDC: Aliyu Yahaya - 07066311771 Women Leader: Asabe Bello – 07037558137	Phoebe Adamu 08024971449 phoebe Shawn 08024253634	Average of over 700 monthly patients in attendance. Needs: Delivery kits, Alternate solar , drugs, chairs (plastics) less staffing and other medical equipment, incinerator, toilets, and also we run only one shift due to security challenges
	Kaduna South	Tudun Wada South Kinkinau Primary Health Centre Population: 30,700	Sariki – [08033840704] [08065669975] WDC: Adamu Abudulahi [08033968364]	Esther Kazza – [08025726426] in charge Dijje Ibrahim –[080241583532] 2ic	Monthly attendance of 1500 with over 5 settlements. Needs: Issues with staffs attitude in terms of prompt service delivery according to the village head. The facility is also in need of solar power system.
		Sabon Gari South [kubau] Kubau Road Primary Health Center Population: 312,228	ISA Ibrahim – 080629115970 Halliru Mohammed 08023487394 Zainab Mayatti 0706373723	HABIBA HASSAN 08036031579 SAADATU RIWAN – 07086373723	A monthly attendance of over 1,000. Needs: Renovation. Water (Borehole) Alternative power supply, general medical equipment, drugs, beds, delivery, consumable, labor kits, more of staffing and more space as the whole building is gam parked
Kaduna South	Kachia	Gidan Tagwai PHC Population: 48889 with 3 settlements.	Yakubu Gimba 08033377658 Shamaki Andrew [08059693636]	Caroline Arike 08181611404 Esther Dan Fulani 08054551616	A monthly attendance of 460. Needs: Full renovation as rain has blown up the roof of the permanent site of the facility, which led to one of the community members voluntarily lending out his house for temporary usage. No water, no light, no toilet, no security, all of these are basic needs in the facility.
		Doka Primary Health Centre Population: over 70,000	INNOCENT- 08059437219 Women Leader: Lami Saidu -09057066877	Christiana David-08080879093 Charity YAKUBU- 08069257682	A monthly attendance of 500. Needs: Chairs, Ceiling fans, Shelves, Tables, Benches, Television for reception, Refrigerators, Toilet seats/plumbing maintenance, Drainage system/Interlocking tiles, Repairs of leaking roof and more manpower [staffing] and lastly need of more space
	Zango Kataf	Gora Bafai Primary Health Centre Population: 7,401	WDC: Ishaku Titus 080829252 Women Leader: Salomi Solomon -09036366763	RAHAB TITUS- 08079386820 PAT YAKUBU- 08072469983	A monthly attendance of 672. Needs: Human Resources and drugs, Tables, Drug cabinets, Delivery Kit, Window Nets, Mosquito nets, Generator, Television and cable TV for reception area, Borehole and

Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
					Overhead tank including summers, Toilet for both staff and clients, Beds, Incinerator/waste disposal, interlocking tiles, drainage system, incubator, water, light, and more staffing
		Mabushi Primary Health Centre	Toma Panboyi - 09086400781 WDC: Shaibu Mohammed – 09168452080 Women Leader: Monica Bako 08106552758	Amina Kantiok -08039188787 Rebecca Audu - 08024310994	A monthly attendance of between 350-400 patients. Needs: Renovation of toilet facility for Clients, Ceiling fans, Chairs, Television and Cable TV for Reception, Plumbing Maintenance, Delivery Beds, and Drug cabinet and consumable and other medical equipment, more staffing
		Kurmin Masara Primary Health Centre Population: 9,119	DAVID Kazah USMAN - 08162871238 WDC: EMMANUEL ANDREW Women Leader: EUCHARIOUS JUSTINA	VICIMA A BAHUYAK- 07039761213 LADI KASAI- 09011517050	A monthly attendance of between 150-300 patients. Needs: Drugs, Chairs and table, Drug cabinets, Delivery Kit, Window Nets, Mosquito nets, water, Toilet for both staff and clients, Beds, Incinerator/waste disposal.



Gombe State

Senatorial Districts	Local Governments	PHC Facilities	Female Led (Yes/No)	Average Monthly Patients	WDC (Yes/No)	BHCPF Facility (Yes/No)
Gombe North	Dukku	Lafiya Tale PHCC	No	570	Yes	No
		PHCC Gombe Abba	Yes	300	Yes	Yes
		Dukku PHCC	No	420	Yes	Yes
	Kwami	Mallam Sidi PHCC	No	800	Yes	No
		Gaidam PHCC	No	1060	Yes	Yes
Gombe South	Balanga	PHCC BamBam	Yes	170	Yes	Yes
		PHCC CHAM	Yes	310	Yes	Yes
		Gelengu PHCC	Yes	160	Yes	No
	Shongom	Lapan PHCC	Yes	520	Yes	Yes
		Bagunji PHCC	Yes	600	Yes	Yes
Gombe Central	Akko	Kumo PHCC	Yes	1610	Yes	Yes
		Pindiga PHCC	Yes	600	Yes	Yes
		Akko PHCC	Yes	500	Yes	No
	Yalmatu Deba	Dadinkowa Model PHCC	Yes	470	Yes	Yes
		PHCC Lano	Yes	210	Yes	Yes



We started the engagement in Gombe State with a meeting with the Executive Secretary of the State PHC Board and his team, who showed deep interest in the project and pledged their commitment to its success. The ES and his team also reviewed the PHC portal that was demoed to them and provided some feedback to better improve the portal and make it useful to some of the plans that the State has to track health outcomes at the facility level. The Board provided the list of 15 PHCs they would want the project implemented to the budGIT team after which, we independently went round to assess and profile the facilities.

As part of the program design, we ensured that these 15 facilities were spread across the three Senatorial Districts of the State (Gombe South, Gombe North and Gombe Central).

In Gombe North Senatorial District, Kwami and Dukku Local Government Areas were selected. In Gombe Central, Akko and Yamaltu Deba Local Government Areas were selected while in Gombe South Senatorial District, Balanga and Shongom were selected. Of the total 15 PHCs this project will direct its intervention, 12 are female led, while 3 are male led and of the 15 communities 10 have an existing Ward Development Committees (WDCs). The condition of the PHCs in the State really begs for the intervention of this project.



PHCs facilities

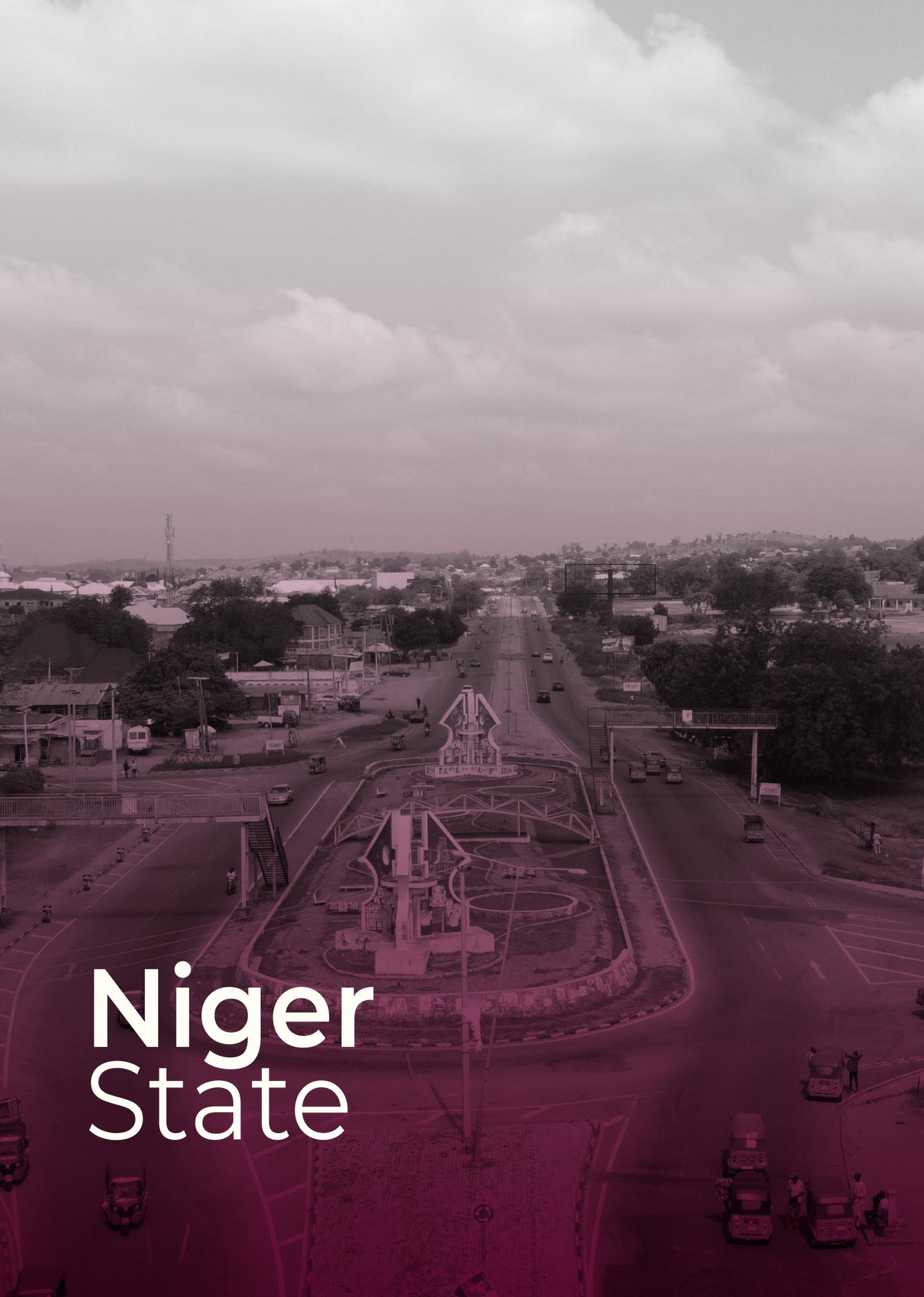


Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
Gombe North	Dukku	LAFIYA TALE PHCC Population - 8,506	Ahmadu 08125560126 Haruna Baba 08025257661	Laraba Ahmed (08021312207), Danlami Bababa (09026020973)	The facility needs roofing, women don't usually come for antenatal and immunization due to poor weather conditions they and their babies are exposed to at the facility. There is also a lack of sufficient beds for both male and female wards. Some patients are being admitted on a bench. The facility also lacks a TB unit as the community has a prevalence of tuberculosis.
		PHCC GOMBE ABBA Population - 38,595	Musa Adamu Bala 08108979481	Mariya Abubakar 08025733349, Abubakar Hassan 08034097451	The facility is too small as it caters for over 15 communities. There is a lack of sufficient bed and mattresses, lack of medical consumable e.g BP apparatus The facility does not have fencing making it unsecure. The facility building also has a leaking roof, which is not palatable during the rainy season.
		DUKKU PHCC Population - 46,271	ALH Ibrahim Ahmed* Mukhtar Musa 07061377174	Adamu Julderu 09022411131, Bashir Umar 07085713434	Ward for both male and female is small and cannot accommodate patients. There is also a need for more beds and mattresses and additional laboratory equipment.
	Kwami	MALLAM SIDI PHCC Population - 25,680	MAI MUHAMMED MALUNTA 08169110908 YAHAYA MANGA 08063601368	AFODIYA ALFAYO 07061393406, BALA MOHHAMMED 07031225453	The facility personnel wished that a staff quarters could be provided to help staff welfare and ensure that there is availability of health workers 24/7 in the facility. The facility premises also need concrete paving.
		GADAM PHCC Population - 41,850	Auwalu Bukar 08072781399	Muhammed Abdullahi 08144195973, Zuwaira Musa 08066732700	This facility's major need is a provision of water supply.
Gombe South	Balanga	PHCC BamBam Population - 13,416	Muhammedu Abubakar 090332511865 08036622601*	Nancy Kenah 08066012781, Musa Beborang 08060942120	This facility is too small for the number of patients it has to cater for. There is a need for expansion and the roof also needs to be fixed as it is currently leaking.
		PHCC CHAM Population - 29,300	Mr Charles 07061176991 Hussaini Bayaro 08079177695	Laraba Absolom Fada 08036187555, Hannatu Yunusa 08116578494	Major needs of the facility are: Staff quarters, Mortuary, Inadequate staff and medical doctor (not a single medical doctor is available)
		GELENGU PHCC Population -	Mr Joshua 08081586426	Victoria 08065403470, Hajara Sanda 08069490479	This facility also needs an extension as the building is too small for the community health needs. There is also a need for more patient beds and mattresses.

Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
	Shongom	Lapan PHCC Population - 43,197	Sunday Maiwale 08032674711 Stephen Bula 08140790967	Felicia James 08136806897, Janet Mohammed 08032855579	The facility needs fencing, staff quarters, a good access road to facility center, Microscope and a Hematocrit centrifuge
		Bagunji PHCC Population - 14,369	Mr Idi Garba 08129824658 Hassan Gidado 08113517132	Buba Martha 08059398527, Malama Sule 07056604521	This facility lacks laboratory equipment, as well as shortage of staff and lack of fencing to secure the premises and a staff quarters
Gombe Central	Akko	KUMO PHCC Population - 69,264	Yahaya Ahmed 08024628213,0810 0559388	Aishatu Tukur 08021371953, Binta Bello 08064030036	The facility needs an ultrasound scanning machine, as well as a medical doctor.
		PINDIGA PHCC Population - 13,232	ALH. Mohammed Ahmed 08036909537 ALH. Boyi Manu 08036370191	Hauwa Ahmed 08039357986, Nafiu Abdullahi 07038078688	The facility lacks sufficient health workers, and it is in need of some equipment such as a dressing kit, centrifuge machine, and more beddings.
		AKKO PHCC Population - 37,770	Alh. Umar Abdulkadir 08137353075 Mr. Aliyu Yayaji 08060920583	Maryam Usman 07064720475, Esther Boji 08068431766	There are not enough sitting chairs for patients and beds and mattresses in the wards. The facility also needs more medical equipment and weighing scales.
	Yalmatu Deba	Dadinkowa model PHCC Population - 11,765	Adamu Galadima 08037687536 Ibrahim Galadima 07035028621	Felicia Aluwong 08030481616, Zainab Mohammed Magaji 08034739469	The facility needs sufficient manpower, as well as staff quarters to encourage the health workers to stay. There is also a need for more delivery kit equipments
		PHCC LANO Population -	Nil	Nil	



Niger State

Senatorial Districts	Local Governments	PHC Facilities	Female Led (Yes/No)	Average Monthly Patients	WDC (Yes/No)	BHCPF Facility (Yes/No)
Niger East	Bosso	Mai Ugwanan Tundu Fulani City Gate PHC	Yes	Over 523	Yes	No
		Maikunkele PHC	Yes	700 - 800	Yes	Yes
	Chanchaga	School Health - Maternal Child Health Care (MCH)	No	Over 300	Yes	Yes
		Barki Sale Planned Parenthood Federation of Nigeria (PPFN)	No	213	Yes	No
		PHC - Kpakungun	No	432	Yes	Yes
Niger South	Lapai	PHC – Kawu	Yes	200	Yes	No
		Police Barrack Qrts CHC – Lapai	Yes	480	Yes	Yes
		Emir Palace MCH – Lapai	Yes	300	Yes	Yes
	Bida	Mokwalla – Masabadi PHCC Mokwalla	Yes	1,700	Yes	Yes
		PHCC – Kangi	No	542	Yes	Yes
Niger North	Kontagora	Tudun Wada Maternal and Child Health Clinic (MCH)	No	582	Yes	Yes
	Wushishi	Salem Bashiri Central PHC Kontagora	Yes	500	Yes	Yes
		Maidubu PHC Kontagora	Yes	672	Yes	Yes
		Sabon Gari Maternal and Child Health Clinic (MCH)	Yes	337	Yes	---
		PHC – Kodo	Yes	300	Yes	No
		PHC – Kakare / Danu	Yes	500	Yes	Yes



Unlike in the other States where we were able to leverage the MoU Bill and Melinda Gates Foundation has with the State, that was not the case in Niger State. The Foundation does not have an MoU with Niger, however, BudgIT had an MoU with Niger State which we relied upon to secure an engagement with the State PHC board stakeholders. Also unlike the other States, BudgIT took the liberty of identifying and selecting the 15 communities/PHCs for the project direct intervention, which were accepted by the Executive Secretary of the State PHC Board. BudgIT also met with the ES and his team to introduce the project and the acceptance was huge. The State also embraces the PHC Accountability Tracka (PAT) as an initiative that fits into their current thinking and they are optimistic that they do not need to reinvent the wheel and would rather work with the portal that BudgIT has developed.

In Strengthening Community Engagement and Accountability for PHC in Niger state, fifteen (15) communities and primary health care facilities were profiled cutting across the three senatorial districts (Zone A [Niger South], B [Niger East] and C [Niger North]) in Niger state. A total of 15 (Fifteen) PHC were visited five (5) in each senatorial district with cutting across two local governments with at-least three (3) for one of the local governments and two (2) from the other local government. During the mapping activities six (6) local government areas were visited (Bosso and Chachanga in Niger east senatorial district, Bida and Lapai in Niger South senatorial districts and Wushishi and Kontagora in Niger North Senatorial districts).

In each community PHC visited, community stakeholders (traditional leaders) were met and the project was also introduced to them and to the personnel at the PHC facilities. Of the total 15 PHCs that were profiled for direct intervention in Niger State, 10 are female led, while 5 are male led and of the 15 communities, 14 have an existing WDCs. We saw most PHC facilities in Niger State needing more attention than we presumed.



PHCs facilities



Communities & Primary Health Care Facilities Mapping and Analysis

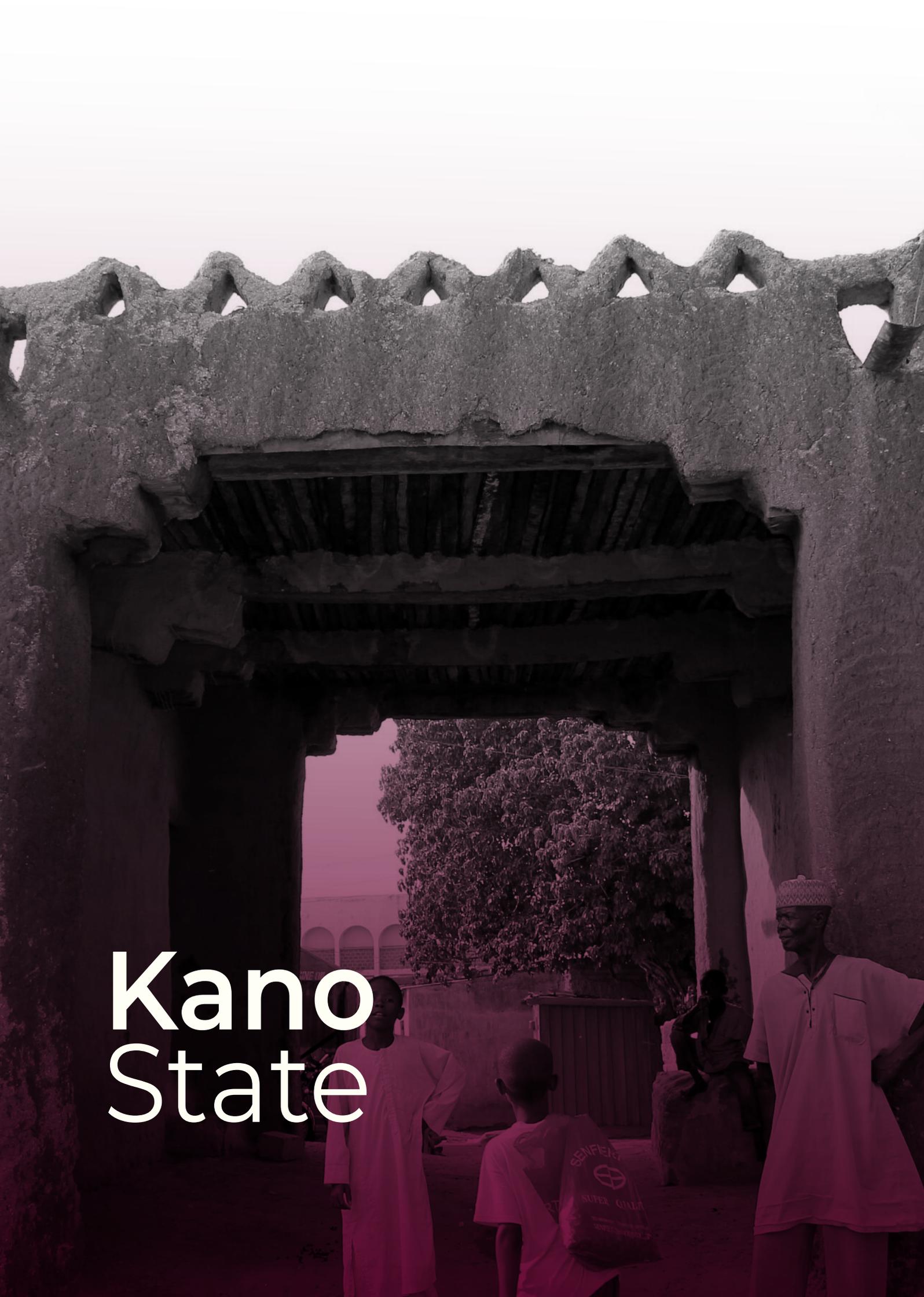
Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
Niger East	Bosso	Mai Ugwanan Tundu Fulani City Gate PHC Population: 8,700 for 12 Settlement.	Ahmed Abdulamlik 08066330671 Mohammed Ibrahim 07037295756 Women Leader: Hauwa Moh'd 09056754053	Kafilat Adamu (08066027433) 2IC	The facility has a catchment of thirteen (13) settlements under the clinic with a monthly attendance of over 523, especially during outbreaks season (raining) around May – October. Needs: Provision of water, Alternate power supply, Delivery beds. Drugs cabinet, BP Machine. Weighing scales, staff shortage, shade during ante-natal as they sit under the sun, chairs and seats etc.
		Maikunkele PHC Population: 18,708 for 25 Settlement.	Ismali Bade - 08181390800 Women Leader: Hadiza Mohammed (08093574672)	Tanko Y Ma'aji – 08052083350 Kuluwa Tukura - 08166142355	The facility has a catchment of twenty -five (25) settlements, with a daily attendance of over 223 patients mostly during Ante-natal and immunization day. Monthly attendances spike between 700-800 most especially during outbreak season. Needs: Medical work tool, drugs, more staff (volunteer) not a payroll, beds, water, alternate electricity, Cabinet, fixing of toilet and some rooms.
	Chanchaga	Lima A School Health - Maternal Child Health Care (MCH) Population: 7,300 for Seven (7) Settlement	Ayuba Hassan (08067796717) WDC chairman.	Rhila John – 07066242094 Zainab Amaza - 08036829966	The facility has a catchment of seven (7) settlements, with a monthly attendance of over 300. Clinic was closed and left abandoned due to its proximity to town and other communities. The outcry of the community made the Health authorities re-open the facility. Needs: Renovation, provision of water, Alternative power supply, Delivery beds. Drugs cabinet, BP Machine. Weighing scales, staff shortage.
		Barki Sale Planned Parenthood Federation of Nigeria (PPFN) Population: 7,938 for 6 Settlement.	Danjuma Wokili – 07032245418 Tanko – 08130402057 (WDC) Chairman	Abdullahi Musa – 08065196408 Jumai Jagaba – 08036767259	The facility has a catchment of six (6) settlements, with a monthly attendance of over 213. Attendance tends to go high during the rainy season due to outbreaks. Needs: Provision of water, Alternate power supply, Delivery beds. Drugs cabinet, BP Machine. Weighing scales, staff shortage.
		PHC - Kpakungun Population: Over 6,800 for 12 Settlements.	Tanko - 08130402057	Hajara Isa - 0810202830 Hadiza Ahmed Gawu - 07032326636	The facility has a catchment of eight (8) settlements, with a monthly attendance of over 432 patients. Attendance spikes during outbreak season. Needs: Chairs (plastic/wooden), Fixing of Ambulance, Alternate power supply, Refrigerator, Drugs cabinet, BP Machine. Weighing scales, staff shortage, Microscope (Compound), electrophoresis machine, hot air oven and Autoclave.

Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/PHC Facility/Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
Niger South	Lapai	PHC – Kawu Population: Over 3,000 for 4 Settlement	Ibrahim Majaji 08055484028/0905 6836344 Women Leader: Zainab Abdullahi – 09032313598	Amidu - 09033314077 Adamu Mohammed - 08053150371 Abdullahi - 08141631301	The facility has a catchment of four (4) settlements, with a monthly attendance of over 200 patients. Needs: Renovation, Alternate power supply, Refrigerator, Drugs cabinet, BP Machine. Weighing scales, staff shortage, Microscope (Compound), electrophoresis machine, hot air oven and Autoclave.
		Police Barrack Qrts CHC – Lapai Population: 7,426	Yagarba Monkwa - 08135936105 WDC Chairman (Yagarba Monkwa) 08135936105	Fatima Mohammed – 07061090499 Mohammed Abdulkadir – 07064981614	The facility has a catchment of four (4) settlements with a monthly attendance of over 480 patients. Needs: Renovation, Alternate power supply, drugs, Medical equipment
		Emir Palace MCH – Lapai Population: 7,759 - 14 settlement	Ibrahim dodo – 08065748738 Abdulkadri Musa - 07057488728 Women Leader: Asabe Bello – 07037558137	Awal Abdulkadri – 07063055508 Aishatu Ibrahim – 08065265858	The facility services 14 Catchment villages with an average of over 300 monthly patients' attendance. Needs: Labour and Delivery kits, Alternate generator, drugs, chairs (plastics) and other medical equipment
	Bida	Mokwalla – Masabadi PHCC Mokwalla Population: 24,815	Ali Usman – 08036488383 Women Leader: Idowu Ibrahim 08164392315	Aishatu Zakari – 08067366832 Adama Lare – 08068727980	The facility has a catchment of fourteen (14) settlement with a monthly attendance of over 1,700 patients. Needs: Renovation. Water (Borehole) Alternative power supply, general medical equipment, drugs, beds, delivery and labor kits.
		PHCC – Kangi Population: 42,408	Umar Ibrahim – 08039267889 Yayaha Mohammed 08062559950	Zainab Kawn - 08036386813 Abdulmalik A. Kudi – 07039605440	The facility has a catchment of six (6) settlement with a monthly attendance of over 542 during outbreak season. Needs: Renovation. Water (Borehole) Alternative power supply, general medical equipment, drugs, beds, delivery, consumable, labor kits etc.
	Niger North	Kontagora	Tudun Wada Maternal and Child Health Clinic (MCH) Population: 12,390	Abubakar Galadima Women Leader:	Bernice Eigbochie – 08129150592 Hauwa Muhammed - 08026607306
Salem Bashiri Central PHC Kontagora\ Population: 15,744			Hassan Galadima Women Leader: Maliya Ibrahim	Mairo Abdullahi – 08067749347 Halima Umar – 07039663738	The facility attends to an average of 500 patients monthly. Needs: Shelter (for arrivals/clients in-waiting and visitors), Chairs, Ceiling fans, Shelves, Tables, Benches, Television for reception, Refrigerators, Toilet seats/plumbing maintenance, Drainage system/Interlocking tiles, Repairs of leaking roof/ceiling.

Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
		Maidubu PHC Kontagora Population: 12,960	Shehu Ibrahim Women Leader: Aishatu Mohammed	Aishatu Yunusa – 07062404036 Hauwa Umar – 08062824959	The facility attends to an average of 672 patients monthly. Needs: Provision of labor room (No labor room, one of the wards had to be used as labor room, which is not too safe to conduct deliveries), Provision of Lab, Human Resources and drugs, Tables, Drug cabinets, Delivery Kit, Window Nets, Mosquito nets, Generator, Television and cable TV for reception area, Borehole and Overhead tank including summers, Toilet for both staff and clients, Beds, Incinerator/waste disposal, interlocking tiles, drainage system, incubator.
Wushishi		Sabon Gari Maternal and Child Health Clinic (MCH) Population: 10,340	Shaiabu Mohammed – 09168452080 Women Leader: Rukaya Isah – 08054620104	Esther Aburage – 08093981650 Maro Musa – 07069224549	The facility attends to an average of 300-337 patients Monthly. Needs: Rehabilitation toilet facility for Clients, Ceiling fans, Chairs, Television and Cable TV for Reception, Plumbing Maintenance, Delivery Beds, and Drug cabinet and consumable and other medical equipment
		PHC – Kodo	Yusfu Idagi – 07047617217 Alh Katu 09036557972 Women Leader: Jumai Usman – 08101877102	Kaka Adamu – 08063456416 Usman Daki Moh'd – 08164166989 (Volunteer)	The facility attends to an average of 200-300 patients Monthly. Needs: Renovation and rehabilitation, Provision of labour room, Injection room Laboratory, drugs, Chairs and table, Drug cabinets, Delivery Kit, Window Nets, Mosquito nets, water, Toilet for both staff and clients, Beds, Incinerator/waste disposal.
		PHC – Kakare / Danu Population: 4,766	Yakubu karu – 08131351092 Women Leader: Hadiza Abudullahi – 07030475770	Sadiq Umar – 08035968282 Salamatu Ibrahim – 08135874492	Initially, before banditry attack, there is always a large out-turn of dwellers ranging between 300-500 on monthly basis. The facility services 11 catchment areas (Village). Due to attacks by bandits the turnout has greatly dropped to 20-30 dwellers in a month visiting the clinic. Needs: Chairs, Ceiling fans, Shelves, Tables, Benches, Refrigerators, Toilet, Interlocking tiles, Repairs and fixing of leaking roof/ceiling, drip stands, beds and other medical equipment.



Kano State

Senatorial Districts	Local Governments	PHC Facilities	Female Led (Yes/No)	Average Monthly Patients	WDC (Yes/No)	BHCPF Facility (Yes/No)
Kano South	Gaya	Kademi PHC	Yes	1,000	Yes	Yes
	Albasu	Albasu PHC	No	1,100	Yes	Yes
	Takai	Takai PHC	No	1,400	Yes	Yes
	Bunkure	Bunkure PHC	---	1,613	Yes	Yes
	Bebeji	Rahama Basic Health Center	No	1,650	Yes	Yes
Kano Central	Warawa	Warawa PHC	No	1,200	Yes	Yes
	Dawakin Kudu	Tsakuwa PHC	No	1,000	Yes	Yes
	Gwale	Kabuga PHC	No	3,390	Yes	Yes
	Kano Municipal	Sharada PHC	No	1,900	Yes	Yes
	Nasarawa LGA	Hotoro North PHC	Yes	1,700	Yes	Yes
	Nasarawa LGA	Gwagwarwa PHC	No	3,500	Yes	Yes
Kano North	Kura LGA	Sani Marshal Maternity Memorial Center	No	951	Yes	Yes
	Bichi	Saye PHC	No	1,600	Yes	Yes
	Bagwai	Abbas PHC	No	3,000	Yes	Yes
	Makoda	Makoda Model PHC	No	4,000	Yes	Yes



In Kano State, the existing intervention of the BMGF Consultant in the States paved an entry into activities occurring in the State. Our first point of call was an engagement with the Executive Secretary of the State PHC Management Board, who embraced the project's idea and requested that he would like to use the PAT for more than the 15 PHC facilities this project will prioritize. Right there, he nominated a desk officer to work directly with BudgetIT and ensure that the project is a success in the State.

Cutting across 3 senatorial districts in the state and 15 communities, 15 PHCs were profiled (6 were women led and 9 were male led). Unlike the other States, where communities and PHCs were selected from six Local Government Areas, in Kano State, the 15 communities were selected from 13 LGAs, this is due to challenges faced during the community mapping exercise that made it difficult to access the originally identified list provided by the State PHC Management Board.

It was notable that most of the PHCs buildings in the State are in a good condition but some facilities had deplorable building structures. The PHC facilities record high turnover of patients especially women, children and the elderly. It was also endearing to see that some facilities have Pharmacists as part of the health workers.



PHCs facilities

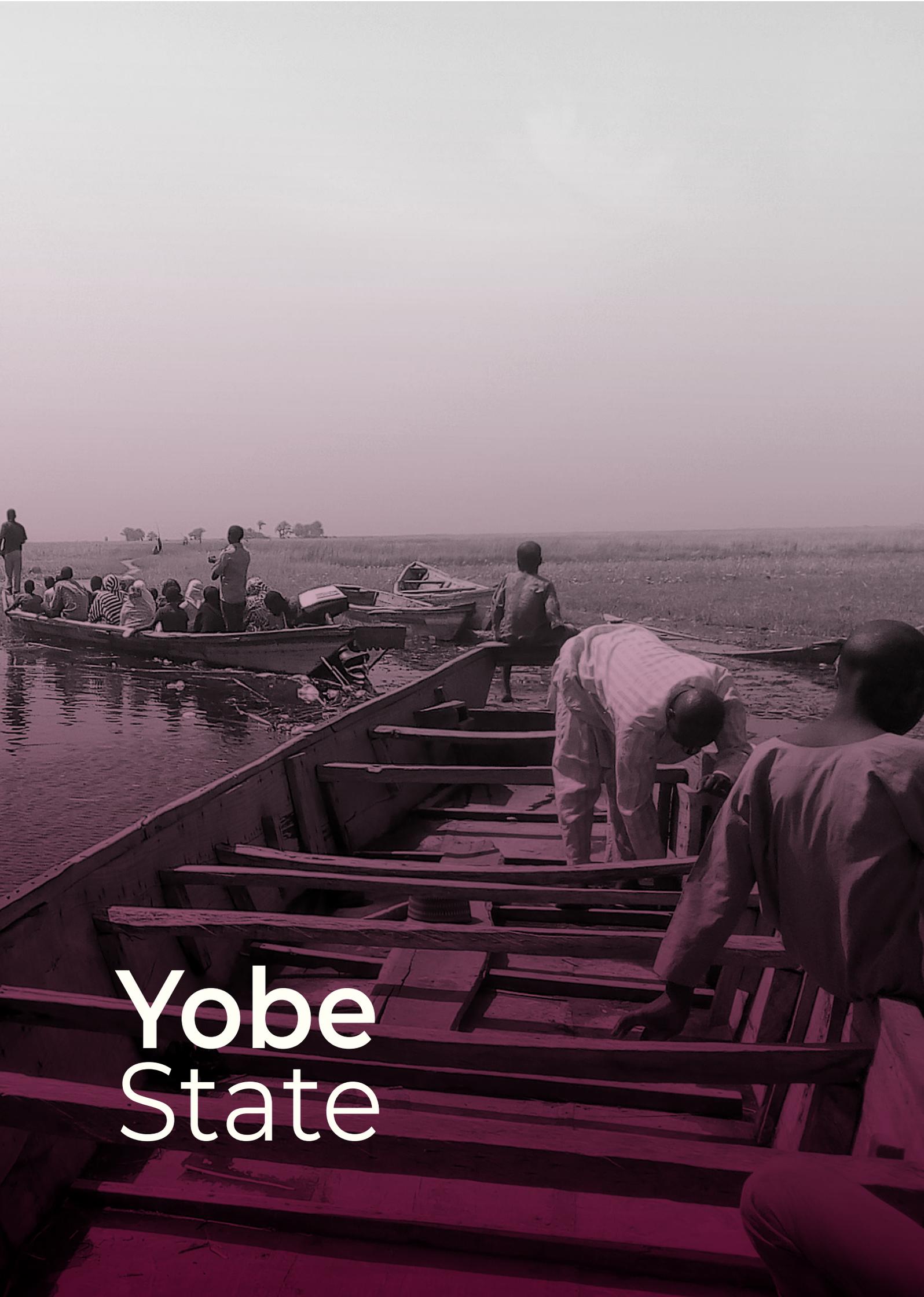


Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
Kano South	Gaya	Kademi PHC Population: 2,000-2,500	Umar Sule 08161394267 WDC Chairman= Mohammed Rabiu Inuwa 09064578397 Women Leader: Umar Sule 08161394267	OIC= Nura Shehu Gamaji 08062112819 2IC= Mutassimu Inuwa Rabiu 08069235528	The facility attends to an average of 900-1,000 patients monthly. Needs: Some of the issues raised is the unavailability of oxygen in the facility that can help sustain patients before referral and no permanent doctors to attend to issues like blood transfusion.
	Albasu	Albasu PHC Population: 35,282	Yushehu Suleiman 08036184866	IC= Abubakar Mohammed 07068354975 Pharmacist= Muraf S. Musa 08038381340	The facility attends to an average of 900-1,100 patients monthly. Needs: There is need for facility extension and a Doctor's accommodation which is to provide a more suitable environment. A good and clean toilet facility. Proper laboratory and pharmacy.
	Takai	Takai PHC Population: 46,270	Sani Ibrahim 08135400606 WDC Chairman Ibrahim Samaila 07032631904	IC= Zakari Mohammed 08036472651 3IC= Sule Haldu 08183708737	The facility attends to an average of 1,300-1,400 patients monthly. Needs: Renovation of the hospital environment, there is no drainage system hence a completely waterlogged environment during rainfall, the facility also requires X-ray and scanning machines.
North Central	Bebeji	Rahama Basic Health Center Population: 4,000	Dakacin 08082018310 WDC= Kabiru Abdulahi 08034143064	IC= Aisha Abdulahi -08033489447 Pharmacy= Jamila Ibrahim- 08163209073	The facility attends to an average of 1,613 patients monthly. Needs: Expansion of wards, especially the maternity ward, more beds and provision of Ambulance.
	Bunkure	Bunkure PHC Population: 4,000	Community Stakeholder 08034206225 WDC= Shuaibu Imam Alhassan 08034206225	IC= Rabiu Ubale- 07066497152 Pharmacy= Adamu Ali Kura- 08032867957	The facility attends to an average of 1,500 patients monthly. Needs: Clinical Machines for genotype, BP, Infant handbag and majorly power supply.
	Warawa	Warawa PHC Population: 3,000-3,500	Dahiru Haruna – 07035989510 WDC Chairman= Ismail Zakari – 07066457040	IC= Usman Mohammed – 08038242010 2IC= Dayyaba Mudi-08130857973	The facility attends to an average of 1,100-1,200 patients monthly. Needs: More staff strength to help with the influx of patients to the facility.
North Central	Dawakin Kudu	Tsakuwa PHC Population: 33,850	Maitala Yamal Muktar - 08122733717 WDC chairman=Hussaini Babaliya 08162425579	2IC= Murtala Ibrahim - 08036466859 RIFP=Amina Abdulahi - 08034425361	The facility attends to an average of 900-1,000 patients monthly. Needs: Community member's lament a current outbreak of malaria and typhoid. They revealed this can be addressed by fumigating the entire community which will help control the current situation.
	Gwale	Kabuga PHC Population: 4000-5000	Aminu Mai ungwa – 08035163986 Alh Nassir M. Sanusi - 08034362136	IC= Yusuf Adamu 08069288108 2IC= Sani Yusuf 08096755449	The facility Provides various basic healthcare services to an average of 3,390 patients monthly. Needs: Stable Alternative power or a generator set, more drugs, chairs (plastics) and other medical equipment.

Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
	Kano Municipal	Sharada PHC Population: 6,000-6,500	Dakacin Sharada – 08034027417 WDC= Bala Abdulahi 08057115523	IC= Mamurda Umar – 08032078454 2IC= Najeeb Habibu – 07033339746	The facility attends to an average of 1,800-1,900 patients monthly. Needs: General medical equipment, drugs, more beds, delivery and labour kits.
	Nasarawa LGA	Hotoro North PHC Population: 4000-4500	Ward Head Hotoro 07032028098 WDC= 08032377501 Women Leader: Aishatu Abubakar	IC= Ladidi Suleiman – 08035892347 2IC= Abubakar Bashir- 08065574150	The facility attends to an average of 1,600-1,700 patients monthly. Needs: Expansion of Labour room, Toilet facility for Clients, Ceiling fans, Chairs, Television and Cable TV for Reception, Plumbing Maintenance, Delivery Beds, and Drug cabinet.
		Gwagwarwa PHC Population: 35,976	Rabiu Mohammed Isiyaku 07034440571 Sanusi Garba- 08071682875	IC- Asabe Ismail – 08069210758 2 IC-Nura Aliyu- 07062674130	The facility attends to an average of 3,000-3,500 patients monthly. Needs: Medical work tool, proper waste management system and plead for the urgent completion of the ongoing renovation which is to enable a more convenient space to render services to patients.
	KURA LGA	Sani Marshal Maternity Memorial Center Population: 4,000	Abubakar Rabiu Wakili 07037731700 WDC=Suleiman Salisu 08035893336	IC= ADO INUWA – 08034438132 IC OPD= MOHAMMED KASSIM- 07031314809	The facility attends to an average of 951 patients monthly. Needs: The Facility environment needs interlocking and there is also a need for an ambulance.
Kano North	Bichi	Saye PHC Population: 4000-5000	Basiru Musa Magaji 08062113888	IC= Binta Ismail 08064550937 2IC= Sani Aliyu Lawal 08065032578	It Provides various basic healthcare services to an average of 1500-1600 patients monthly. Needs: There is an urgent need to fix the water source which is now faulty. Aside from that everything is ok. The facility attends to an average of 1,300-1,400 patients monthly.
	Bagwai	Abbas PHC Population: 38,000	Mai Gari 07065897335 WDC Chairman= Abdulahi Aliyu 08068043121	OIC= Ali Ahmed Dawaki 08039641572 2IC= Ibrahim Sani Lawal 08039674482	The facility attends to an average of 2,000-3,000 patients monthly. Needs: More hospital equipment for laboratory and maternity ward. More staff strength to accommodate consistent inflow of patients.
	Makoda	Makoda Model PHC Population: 1500	Alh Sagir Adamu 08030841541 WDC Chairman= Alh Nababa Adamu 08069523244	IC= Abdulahi Maaruf 08067139588 2IC= Musbahu Umar 08036962880	The facility Provides various basic healthcare services to an average of 3000-4000 patients monthly. Needs: There is a need for general addition of drugs and hospital equipment.
	Tsakuwa	Tsakuwa PHC Population: 33850	2IC= Murtala Ibrahim -08036466859 RIFP=Amina Abdulahi - 08034425361	Maitala Yamal Muktar - 08122733717	The facility attends to about 900 - 1000 patients monthly with basic healthcare. Needs: The Community member's lament a current outbreak of malaria and typhoid. They revealed this can be address by fumigating the entire community which will help control the current situation



Yobe State

Senatorial Districts	Local Governments	PHC Facilities	Female Led (Yes/No)	Average Monthly Patients	WDC (Yes/No)	BHCPF Facility (Yes/No)
Yobe East	Damaturu	Maisandari PHCC	Yes	500	Yes	Yes
		Murfa PHCC	No	100	Yes	Yes
		Gwange Primary Health care	Yes	300	Yes	Yes
	Bursari	Ibrahim Geidam PHCC	No	400	Yes	Yes
		Kaliyari PHCC	No	100	Yes	Yes
		Jawa PHCC	No	100	Yes	Yes
Yobe South	Fune	Damagum PHCC	Yes	1000	Yes	Yes
		Ngelzarma PHCC	No	600	Yes	Yes
		Dogon kuka PHCC	No	100	Yes	Yes
	Potiskum	Dogon Zare PHC	No	1500	Yes	Yes
		Mamudo PHCC	No	150	Yes	Yes
		Tudun Wada PHCC	Yes	120	Yes	Yes
Yobe North	Nguru	Ngillewa PHC	No	700	Yes	Yes
		Afunori PHC	No	1000	Yes	Yes
	Bade	Hausari PHC	Yes	2000	Yes	Yes
		Dagona PHC	No	150	Yes	Yes
		Garin Lamido PHC	Yes	100	Yes	Yes
		Babuje PHC	No	50	Yes	Yes



The BudgIT team visited Yobe State, which is part of the BMGF MoU States. Our first point of call was an engagement with the Executive Secretary of the State PHC Management Board. BudgIT met with the Executive Secretary and the members of the Management Board to introduce the project. BudgIT Team proceeded to identify and select 15 communities/PHCs for the project direct implementation, three (3) senatorial districts were visited within the State, with 6 LGAs (2 LGA per Senatorial District) and 15 communities engaged.

Of The 15 PHCs profiled 8 were women led and the other 7 had males as the head of the facilities. The team proceeded to engage with the stakeholders (traditional leaders, ward head committee leaders and religious leaders to enlighten them about the project and also encourage active community participation).

It was notable that most of the profiled PHCs buildings were recently renovated and they are functional. During the profiling of the facilities, the team noted that despite the availability of toilet facilities, hygiene and maintenance was a big challenge, some of the facilities lacked the manpower in certain critical sections of the PHC example the Laboratory and most facilities did not have ambulatory services to transport patients to the facility.



PHCs facilities



Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
Yobe East	Damaturu	MAISANDARI/ Maisandari PHCC Population: 10,000	Community Leader Bulama Ali Geidam 07086436938 Women Leader Kolo Ali Muhammad 08102426066	Aisha Suleiman Baba In-charge 08065564684 Hadiza muhammad Yaro Midwife 08142992244	The facility needs Male and female ward, There is also a need for a functional ambulance to help in transporting patients to the facility especially in emergency situations. Other concerns raised were the need for ultrasound scanning machines for the ANC services and increase in the staff strength to meet the patients demands on the facility.
		Murfa Kalam Murfa PHC Population:	Community Leader Goni Abdu 08121512235 Women Leader Bintu Tele 08024797787	Haruna Musa Facility Manager 08066926708 Hadiza Adam Abdullahi Nurse 07030353354	The facility needs additional Staff to enable them to optimize their service delivery. They also voiced concerns over the lack of a source of water at the facility.
		Gwange Gwange PHC Population: 20,000	Community Leader Bulama Lawan kurma 08036595027 Women Leader Yafaji Mohammed 07067852834	Ester Salihu Schew 08068318455 Kulu Tijjani Chew 07031902982	The facility is in dire need of an alternative source to electricity, Drainage at the facility and standard laboratory equipment. They also requested that a Doctor be assigned to the facility.
		Busari	Dapachi Ibrahim Geidam PHCC Population: 5,000	Community Leader Bulama Adamu kellumi 08036209848 Women Leader Kori Kellumi 08145775255	Kadai M Aji OIC officer 07031335344 Bukar M Grah Assistant officer incharge 08036926042
Kiliyari village Kaliyari PHCC Population : 10,000	Community leader Lawan Rufai kachalla 08062535346 Women Leader Fanne		Modu Modu lewa Incharge 07033023033 Manu M Bukar Asst. Incharge 08068202837	The facility is in need of water supply which is an essential requirement for the facility to carry out its daily activities.	
Jawa Village Jawa PHCC Population 4,000	Community Leader Muhammad lawan 09036967906 Women Leader Hamsatu Ishaku		Dahiru Jawa OIC 08035421976 Bilkisu Tukur DOIC 08103898825	The facility is in need of a functional Ambulance to aid in movement of patients to and from the facility.	
Yobe South	Fune	Damagum Damagum PHCC Population: 20,000	Community Leader Lawan Abaji Santali Damagum 08067807943 Women Leader Aisha Grema 08065769359	Jummai N wabba OIC 08038396838 Maimuna Ibrahim CHEW 07036761243	During the visit to the facility, lack of beds for admitting patients is seen as a big concern to the health personnels, Additional staff and availability of drugs are also other concerns raised.
		Ngelzarma Ngelzarma PHCC Population: 15,000	Community Leader Lawan Goroma 09026770558 Women Leader Adama Lamido 09061208211	Ahmed Isa Deputy IOC 07017710219 Amina Muhammad Adamu Environmental Health Officer 08067669320	There is a need for provision of scanning machine, ambulance, and staff quarters for this facility

Communities & Primary Health Care Facilities Mapping and Analysis

Senatorial Districts	Local Govt Areas	Community/ PHC Facility/ Population	Community Leader /WDC Contacts	PHC Facility Contacts	Key Remarks on the PHC Facility
		Dogon Kuka Dogon kuka PHCC Population:	Community Leader Women Leader	Ibrahim Ahmed Deputy IOC 08154455024 Saleh Musa Tela RI Focal person 08060606573	There is need to increase the Manpower at the facility (nurse, midwife and Dr) and provision of standardized laboratory equipments,
	Potiskum	Dogon Zare Dogon Zare PHC Population: 97,000	Community Leader Mai unguwa Aminu Tela 08147059298 Women Leader Baturiya	Adamu Haruna Bawa Facility secretary 08036131400 Hama Usman CHEW 08144343689	The facility grossly lack human resources which need urgent supply, also there should be Expansion, provision of Ambulance, and a Male Ward
		Mamudo Mamudo PHCC Population: 20,000	Community Leader Lamba Idrissa Garba 07050879159 Women Leader Hafsat Ibrahim 07050653546	Haruna Jaura IOC 08035667933 Ibrahim .D. Garba Deputy IOC 08119944332	The facility requires expansion. Also the addition of Manpower(Midwives, Nurses and Doctors e.t.c) is very essential. There is also a need to provide Source of light, Ambulance and Wards to support service delivery at this facility.
		Tudun Wada Tudun Wada PHCC Population: 30,000	Community Leader Mai Unguwa Yakubu 08134601703 Women Leader Maman Balki	Salamatu Dogo OIC 08036856401 Idrissa Garba Auna Focal person 08030524583	The facility is in need of Expansion of wards and Laboratory facilities to enhance service delivery.
Yobe North	Nguru	Ngillewa community Ngillewa PHCC Population :	Community Leader Aliyu Isah 08069199426 Women Leader Aisha Yusuf 07061580715	Haladu alfa badamasi DOIC 08034747765 Lukman mukhiddin jibrima Record officer 08069768344	Scanning machine, ambulance, staff quarters are the current pressing needs in the facility as observed during the visit.
		Afunori community Afunori PHCC Population: 2,600	Community Leader: Lawan Musa Damfala 08081641536 Women Leader Khadijah Yawale 08126726566	Hauwa Ahmad Umar Deputy uncharged Officer 08067678666 Mustapha Musarima Sanitation officer 08067298358	During the visit it was observed that there is a need for additional Staff as the is no nurse in the facility., although in a good state and functional, there is a need for patient ward, ambulance, and well equipped laboratory
	Bade	Dagona Dagona PHC Center. Population: 6,000	Community Leader: Mallam Muhammad kolam 09090267073 Women Leader: Hassana Gambo 09120847183	Isa moh'd ladi OIC 07052514150 Musa Ibrahim Pharmacist 08038289404	The facility needs additional personnels to increase the manpower and a Pack Cell Volume (PCV) machine for the Laboratory.
		Garin lamido Garin Lamido PHCC Population: 5000	Community Leader: Lamido isa 09167279665	Yusuf baba toro OIC 08053915805 Zainab umar Midwife 08166633219	The facility required some renovations including the Expansion of patient wards ,and also staff quarters to accommodate the number of staff at the facility.
		Babuje Babuje PHCC Population: 11,000	Community Leader: Mari Lawan 07035061925 Women Leader: Balki Alhaji Saleh 08130601678	Emos Garba Jawa OIC 08038579238 Aisha Maina Dochi DIOC 08125361540	There is an urgent need for additional staff and also an improved Water source at the facility. There should be provision of toilets and expansion of wards for patients care at the PHC

Conclusion

This community mapping exercise has been very helpful in showing the situation analysis of the project's target locations and population. We assessed all the five focus states of this project and 15 communities/PHC facilities in each state. We ensure that the project locations are spread across the three senatorial districts in each state, targeting six local government areas in each state, except in Kano where the locations are spread across 13 local governments areas, on the request of the State PHC Management Board.

Of the total 75 PHC facilities that we profiled, 65 are Basic Health Care Provision Fund (BHCPF) facilities, meaning that these facilities have access to certain resources and attention that the other 10 PHC facilities do not have access to. This is good for us to use as a control group in the project to see if there is going to be a significant difference or results in BHCPF facilities or not, when compared to the results from the other non-BHCPF facilities.

The Ward Development Committees (WDCs) that are part of the community leadership structure in Nigeria have proven to be a vehicle to securing the participation of community members in the activities that affect the development of their community. Interestingly 61 of the 75 target communities have existing WDCs, while 14 other communities do not have an active WDC in place. Also, we observed that practically all the existing WDCs are led by men, leaving little chance for women to be in the position to lead activities or initiatives that are peculiar to them or that affect them the most like issues relating to health care service delivery. We will work with all the communities to strengthen the WDCs system, facilitate the inclusion of women as best as possible and support the communities with existing WDCs to establish one.

The key strategy of this project requires that we empower communities and local groups to be able to be the key drivers of change that will lead to the improvement in primary healthcare service delivery in the focal States. The project will support communities to identify as well as use their individual and collective power to unlock the potentials of PHCs in their localities in protecting the lives and well-being of citizens, particularly women and vulnerable groups.

BudgIT will leverage on already established relationships and its deep understanding of community engagement approaches in health systems during project implementation.

With the quality of community and PHC facilities mapping we have done, it will allow us to scale up this project beyond the initial project objectives to expand to working with the States PHC Management Boards to address some of the needs that have been identified in the facilities across the focal States. This report can also serve other development partners that want to leverage our intervention to know other areas of needs they can target that would bring improvement to primary healthcare service delivery in the focal States and in Nigeria as a whole.

Strengthening Community
Engagement and Accountability
for Primary Healthcare
Project (SCEAP)



PHC
Accountability
Tracka

budgiti



Quality healthcare is for every Nigerian.

Now you can demand PHC delivery and accountability in your community.

Visit phctracka.org to report your experience and share PHC needs in your community



Only available for Kano, Kaduna, Gombe,
Niger and Yobe States.
Other states coming soon.

