

# Assessment of Primary Health Centres in selected States of Nigeria

Report of findings from Christian Aid  
Supported Communities in Benue State



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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AOS	Available on Site
BEmOC	Basic Emergency Obstetric Care
CAID	Christian Aid
CBHIS	Community Based Health Insurance Scheme
CCT	Conditional Cash Transfer
CDC	Community Development Committee
CHEW	Community Health Extension Workers
CHIS	Community Health Insurance Scheme
CHO	Community Health Officer
DRF	Drug Revolving Fund
EPI	Expanded Programme on Immunization
FP	Family Planning
Gen.	General
HC	Health Clinic
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HTN	Hypertension
IMCI	Integrated Management of Childhood Illness
IMPAC	Integrated Management of Pregnancy and Childbirth
IPT	Intermittent Preventive Treatment
IUCD	Intrauterine Contraceptive Device
JCHEW	Junior Community Health Extension Workers
Lab.	Laboratory
LGA	Local Government Area
Maint.	Maintenance
MCH	Maternal and Child Health
MoH	Ministry of Health
MSS	Midwives Service Scheme
NPHCDA	National Primary Health Care Development Agency
OIC	Officer in Charge
PHC	Public Health Centre
PMTCT	Prevention of mother to child transmission
RDT	Rapid Diagnostic Test
RPR	Rapid Plasma Reagin
SCHH	Strengthening Community Health and HIV
SURE-P	Subsidy Re-investment Programme
TB	Tuberculosis
VDRL	Venereal Disease Research Laboratory

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## Executive summary

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

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

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

This report provides an analysis of the status of CAID supported health facilities in Benue State, in terms of services, infrastructure and human resource capacities in relation to the national standard. The findings of this report would serve as an advocacy tool for CAID in engaging relevant government authorities for health care planning and resourcing.

The assessment involved the use of purposeful sampling method. This assessment covered a total of 19 health facilities under CAID partners' intervention spread across 8 LGAs- Otukpo LGA with 2 facilities, Agatu LGA with 4 facilities, Apa LGA with 2 facilities, Vandeikya LGA with 2 facilities, Tarka LGA with 3 facilities, Kwande with 2 facilities, Oju LGA with 3 facilities and Logo LGA with 1 facility. Under the supervision of a consultant, data was collected by 3 personnel using quantitative and qualitative data collection tools- which include Service Availability and Readiness Assessment (SARA) and Service Availability Mapping (SAM) tools, and client exit interviews. A total of 76 clients were interviewed in these facilities to assess the degree of satisfaction of the clients with respect to the services rendered to them by the health facilities.

Findings from this assessment show that:

- Most of the facilities were relatively not in good conditions structurally. 11 facilities (Atso Health Care Center; PHC, Tyemimongo; PHC, Ageva; PHC, Aila; HC, Edeje; HP, Egba; PHC, Ikiyor; HC, Ofoke; PHC, Okpoma; PHC, Ucho and Upev Health Clinic) require major renovations, 5 (Family Support Program; HC, Adagbo; HC, Ojuwo-Ojekele; HC, Olakpoga and PHC, Obusa) require minor renovations while only 2 (Primary Health Care Kohol and Leemp (PHC) Uyorako) do not require any renovation.
- Only 9 facilities (Atso Health Care Center; Family Support Program; Leemp (PHC) Uyorako; PHC, Tyemimongo; PHC, Ageva; PHC, Ikiyor, HC, Ojuwo-Ojekele, PHC, Okpoma, and Upev Health Clinic) have provision for accommodation for their staff.
- The national electricity grid, generators or solar supply are the sources of electricity to these facilities. Only 3 of the total facilities were found connected to the national electricity grid and majority of the others that are not connected to the national electricity grid do not have any alternative source of power supply.
- There are challenges of access to clean water in most of the facilities. About half of the total number of facilities use bore holes while others get water from other sources. However, PHC, Ageva does not have any water source.

- There are access roads to 15 of the PHCs with only 3 of these roads (leading to Family Support Program; HC, Olakpoga and PHC, Obusa) tarred.
- None of the facilities have a referral system for emergency transport responses.
- There were insufficiencies in the number of professional health workers in the facilities. Only Leemp (PHC) Uyorako met the NPHCDA of 1 medical officer per PHC. Only 3 facilities (PHC, Tyemimongo; Primary Health Care Kohol and PHC, Obusa) have nurses/midwives. CHEWS and health attendants were the most available cadre of staff in these facilities.
- The availability of skills through training was abundant in the areas of PMTCT of HIV, HIV testing and HIV and AIDS counselling and malaria treatment.
- The most available service support programmes were the free MCH and drug revolving programmes. There is no health insurance across all the assessed facilities.
- Amongst outpatient, delivery, family planning and other registers, the most common were the immunization and antenatal care registers.
- The status of available services shows that malaria services were found available in almost all the health facilities. 11 facilities provide routine in-patient care services for clients and modern methods for family planning including injectable contraceptives were available in 11 facilities. 16 provide ante natal care while new born care services are available in 14 facilities with 16 providing child health services.
- Utilization figures for most of the services (ante-natal, post-natal, deliveries, outpatient, under 5 and immunization services) increased over the period of 4 years. However, family planning service decreased in the last year. Also, delivery services were far below ANC services especially for the last year (2014)
- Only 1 facility has HMIS Software sometimes available and with no dedicated training officer.
- From 12 clients' perspective, there was not enough privacy during their last visit to the health facility.



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Based on these findings, it is recommended that:

- A hub and spoke model for service delivery should be created among the supported facilities for effectiveness and efficiency. Based on infrastructure and staff availability, certain facilities should be designated for basic out-patient services while others be supported and staffed to be able to provide 24 hour MCH services.
- Emergency transportation services should be functional, available and sufficient to meet the needs of the catchment areas these facilities serve. These services should be well structured to include a formal referral network and implementation support.
- The facilities that were found in deplorable states should be considered for renovation whilst attending to the accommodation needs of staff based on the national minimum standards as this will improve health care delivery in these facilities.
- There should be adequate power supply to the facilities. All the health facilities must be connected to the national electricity grid and also provided with alternative power source (generator or solar). All the facilities should have motorized borehole as their main source of water to ensure compliance with NPHCDA standards.
- Capacity to conduct basic investigations should be strengthened with the use of rapid test kits where available and appropriate. Laboratories should be refurbished so that its services can be accessed through all the facilities on/off site to improve quality health care delivery and reduce delay in accessing appropriate treatment.
- Appropriate national and state-level structures and agencies should be engaged to improve programme coverage. These structures include SURE-P, MSS, NHIS and other initiatives.
- Innovative approaches can also be explored in the different LGAs such as community-driven drug revolving funds, having structured partnerships with local pharmacies/PPMVs to ensure affordable and regular availability of commodities at the facility point etc.
- The delivery and postnatal services, should be improved upon whether the through the use of incentives, conditional cash cashers etc.
- Training (clinical and non-clinical issues) should be provided for all cadres of staff across the health facilities.
- Community structures need to be strengthened to implement structured supervision and feedback mechanisms for health in their various wards. Training (clinical and non-clinical issues) should be provided for all cadres of staff across all the health facilities as it appears that they are often left out in training matters.

## Background

### Benue State Profile

Benue State was created 3rd of February 1976 and has Makurdi as its capital. According to the 2006 census, the state has a population of 4,253,641, hence making it the 7th most populated state in Nigeria. Benue is located in the mid-east region of Nigeria with a land area of 34,059 km<sup>2</sup>. Known as the food basket of the nation, the state was named after the Benue River and was formed from the former Benue-Plateau State in 1976 along with Igala and some part of Kwara State.

**Below:** Map of Nigeria Showing Benue State



The State shares boundaries with five other states; Nassarawa to the north, Taraba to the east, Cross-River to the south, Enugu to the south-west and Kogi to the west. The state also shares a common boundary with the Republic of Cameroun on the south-east<sup>1</sup>.

Benue State is divided into 23 LGAs and the major tribes include Tiv, Idoma, Igede, Etulo, Abakpa, Jukun, Hausa, Akweya and Nyifon. The Tiv are the dominant ethnic group, occupying fourteen (14) local government areas, while the Idoma and Igede occupy the remaining nine local government areas.

The state accounts for over 70% of Nigeria's soya beans production and boasts of one of the longest stretches of river systems in the country with potential for a viable fishing industry, dry season farming through irrigation and an inland water way.

### Benue State Health Profile

#### HIV/AIDS Prevalence

The state consistently has the highest HIV prevalence in Nigeria. It increased from 10.5% in 2005 to 10.6% in 2008 and then to 12.7% in 2010<sup>2</sup>.

#### Health Facilities

There are 1,408 health facilities in Benue State, 888 are public facilities, while 520 are private facilities. There are 1,289 primary health facilities, 117 secondary health facilities and 2 tertiary health facilities<sup>3</sup>.

#### Health Workers in Benue State

There are 368 registered medical doctors to a projected population of 4,497,988 in 2008, giving doctor-patient ratio of 1: 12,222 while the number of registered Nurses/Midwives is 2,172 representing nurses-patient ratio of 1: 2,071<sup>4</sup> compared to WHO standard of 1 medical personnel to a 1000 population<sup>5</sup>.

<sup>1</sup> <http://www.nigeria.gov.ng/2012-10-29-11-06-21/north-central-states/benue-state>

<sup>2</sup> <http://www.cihpng.org/benue-state/>

<sup>3</sup> <http://article.sapub.org/10.5923.j.phr.20140405.09.html> - Analysis of the Spatial Distribution of Health Facilities in Benue State, Nigeria

<sup>4</sup> Benue State Strategic Health Development Plan (2010-2015)

<sup>5</sup> Benue State Strategic Health Development Plan (2010-2015)

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### **Ante-Natal Care (ANC)**

According to NDHS 2013, 57.4% of pregnant women received ante-natal care from a skilled health provider while 52.3% of women had their baby delivered by a skilled provider. 50.9% of pregnant women delivered in health facilities, 25.8% in public facility and 25.2% in private facilities<sup>6</sup>.

### **Immunization Coverage**

20.0% of children between ages 12 – 23 months received all basic immunizations which include BCG, polio, DPT and measles<sup>7</sup>.

### **Malaria and Diarrhoea Diseases**

As at 2008, number of children under age 5 with diarrhoea is 737; 7.3% prevalence in the state. Malaria prevalence in the North-Central region, between 6 – 59 month old children is 49.9%<sup>8</sup>. Benue State has the highest household possession (73%) of LLIN in the north central zone. It also has the highest household usage of LLIN (23.2%).

### **Knowledge of Family Planning and HIV/AIDS**

12.1% of married women aged 15–49 use a modern method of family planning, 24.4% and 16.1% of female and male respectively have comprehensive knowledge about HIV and AIDS<sup>9</sup>.

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<sup>6</sup> Nigeria Demographic and Health Survey 2013.

<sup>7</sup> Nigeria Demographic and Health Survey 2013.

<sup>8</sup> Nigeria Malaria Fact Sheet, 2011.

<sup>9</sup> Nigeria Demographic and Health Survey, 2013.

## Basic Profile of Facilities Assessed

A total of 19 health facilities spread across 7 LGAs were visited. All of the facilities except PHC Ikiyor are located in the rural areas. The minimum population size served by a health facility is 2,000. The table below shows the breakdown of these facilities.

**Table 1: Basic profiles of facilities assessed**

LGA	Health Facilities	Type of facility	Operating Hours	Sector	Number of communities they serve	Distance between the facility and the farthest community	Catchment area population
Otukpo	HC, Olakpoga	Primary Health Clinic	24 Hours	Rural	6	9 km	7,000
	HC, Umogidi	Primary Health Clinic	24 Hours	Rural	8	6 km	10,000
Agatu	HP, Egba	Health Post	24 Hours	Rural	1		5,983
	HC, Edeje	Primary Health Clinic	8 Hours (8.00am – 4.00pm)	Rural	3	1 km	
	HC, Aila	Primary Health Clinic	8 Hours (8.00am – 4.00pm)	Rural	3	3 km	7,277
	HC, Adagbo	Primary Health Clinic	8 Hours (8.00am – 4.00pm)	Rural	2	3 km	N/A
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	NR	Rural	N/A	N/A	N/A
	HC, Ofoke	Primary Health Clinic	8 Hours (8.00am – 4.00pm)	Rural	5	6 km	N/A
Vandeikya	PHC, Ageva	Primary Health Centre	24 Hours	Rural	6	20 km	15,000
	PHC, Tyemimongo	Primary Health Centre	24 Hours	Rural	7	15 km	10,000
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	24 Hours	Rural	3	1.5 km	6,450
	Family Support Program	Primary Health Centre	24 Hours	Rural	4	49 km	4,367
	Atso Health Care Center	Primary Health Centre	24 Hours	Rural	4	49 km	6,239
Kwande	Upev Health Clinic	Primary Health Centre	24 Hours	Rural	11	6 km	25,840
	Primary Health Care Kohol	Primary Health Centre	24 Hours	Rural	10	5 km	10,500
Oju	PHC, Obusa	Primary Health Centre	24 Hours	Rural	8	5 km	17,000
	PHC, Ucho	Primary Health Centre	8 Hours (8.00am – 4.00pm)	Rural	7	10 km	7,580
	PHC, Okpoma	Primary Health Centre	24 Hours	Rural	5	5 km	7,000
Logo	PHC, Ikiyor	Primary Health Centre	24 Hours	Urban	18	8 km	2,000

**Key: NR-No Response; N/A- Not Available.**

## Key Findings

### Infrastructural and Human Resource Capabilities

#### Infrastructure

Most of the facilities do not have any means of identification as only Family Support Program, HC, Adagbo and Primary Health Care Kohol could be identified with sign posts. Although 6 of the facilities appear to be in good conditions, most of them however require renovations. 11 of the facilities require major renovations, 5 require minor renovations while only 2 (Primary Health Care Kohol and Leemp (PHC) Uyorako) do not require any form of renovation.

Electricity supply to these facilities is either from the national electricity grid, generators or solar sources. Only 3 of the total facilities are connected to the national electricity grid out of which 2 use fuel generators as alternative power source. Majority of the others that are not connected to the national electricity grid do not have any alternative source of power supply leaving them in outright darkness especially those whose operations extend till nights such as HC, Adagbo and PHC, Ageva.

The health facilities have varying water sources such as bore holes, dug wells and other sources like rain water, streams, rivers and dams. About half of the total number of facilities use bore holes while others get water from other sources. However, PHC, Ageva does not have any water source.

Toilet facilities do not exist in 9 of the health facilities, 3 use the flush system while the rest make use of pit latrines and other sources like open bush defecation. Only 9 facilities have accommodation provision for their staff. *(Summary table showing the extent of available infrastructures in the 19 facilities surveyed in the state is in appendix table 1.)*

**Below:** HC Adagbo The OICs' office with a delivery bed to the right, the office also serves as the store for drugs



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

LGA	Health Facilities	Classification	Physical infrastructure						Communication			Referral & emergency response		
			Wall in good condition	Roof in good Condition	Have delivery beds	Connected to the national	Have an alternative power	Have motorized borehole	Have functional toilet	Have a functioning mobile	Have a functioning	Have access to internet	Ambulance	Bicycle/motorcycle
Otukpo	HC, Olakpoga	Primary Health Clinic	✓	✓	*	*	*	*	*	*	NM	NM	NM	*
	HC, Umogidi	Primary Health Clinic	✓	✓	*	✓	*	*	*	*	NM	NM	NM	*
Agatu	HP, Egba	Health Post	*	*	*	*	*	✓	*	*	NM	NM	NM	*
	HC, Edeje	Primary Health Clinic	*	*	*	*	*	*	*	*	NM	NM	NM	*
	HC, Aila	Primary Health Clinic	*	*	*	*	*	✓	*	*	NM	NM	NM	*
	HC, Adagbo	Primary Health Clinic	*	*	✓	*	*	*	*	*	NM	NM	NM	*
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	*	✓	*	*	*	✓	*	*	NM	NM	NM	*
	HC, Ofoke	Primary Health Clinic	*	✓	*	*	*	*	*	*	NM	NM	NM	*
Vandeikya	PHC, Ageva	Primary Health Centre	*	*	✓	*	*	*	*	*	*	*	*	*
	PHC, Tyemimongo	Primary Health Centre	✓	*	*	*	*	*	✓	*	*	*	*	*
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	✓	*	✓	✓	✓	*	✓	✓	*	*	*	*
	Family Support Program	Primary Health Centre	✓	✓	✓	*	✓	✓	✓	✓	*	*	*	✓
	Atso Health Care Center	Primary Health Centre	*	*	*	*	*	✓	*	✓	*	*	*	*
Kwande	Upev Health Clinic	Primary Health Centre	✓	*	✓	*	*	*	✓	✓	*	*	*	*
	Primary Health Care Kohol	Primary Health Centre	✓	*	✓	*	*	*	*	✓	*	*	*	*
Oju	PHC, Obusa	Primary Health Centre	✓	✓	✓	✓	✓	*	*	✓	*	*	*	*
	PHC, Ucho	Primary Health Centre	*	✓	*	*	*	✓	*	✓	*	*	*	*
	PHC, Okpoma	Primary Health Centre	*	*	*	*	✓	*	*	✓	*	*	*	*
Logo	PHC, Ikiyor	Primary Health Centre	✓	✓	✓	*	✓	✓	✓	*	*	*	*	*

(\* - Standard not met, ✓ - Standard met, NM – Not Mandatory)

In comparison to NPHCDA, only Family Support Program met almost all of the whole requirement of basic standard for infrastructure.

HP, Egba; HC, Adagbo; HC, Ofoke; PHC, Ageva and HC, Aila were least while HC, Edeje did not meet any of the requirement with no ambulance, motorized bore hole or functional toilet.

### Basic Equipment

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

**Table 3: Basic Equipment**

LGA	Health Facilities	Classification	Blood Pressure Machine or Cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body	Light source to ensure visibility	Infusion kits for intravenous solution	Needle holder	Scalpel handle with blade	Retractor	Surgical scissors	Nasogastric Tubes 10-16 FG	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult	Self-inflating bag and mask for resuscitation-neoniatrics	Micro-nebulizer	Equipment to measure oxygen saturation	oxygen distribution system	commodity stock-out in the last one month	
Tarka	Atso Health Care Center	Primary Health Centre	AF	AF	AF	NA	AF	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	AF	
	Family Support Program	Primary Health Centre	AF	AF	NA	AF	AF	NA	NA	NA	NA	NA	AF	NA	AF	AF	NA	AF	NA	NA	NA	NA	AF
	Leemp (PHC) Uyorako	Primary Health Centre	NA	NA	AF	AF	AF	AF	NA	AF	AF	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA
Vandeikya	PHC, Ageva	Primary Health Centre	AF	AF	AF	AF	AF	AF	NA	AF	AF	AF	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA
	PHC, Tyemimongo	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	NA	AF	AF	NA	AF	NA	NA	NA	NA	NA
Agatu	HC, Adagbo	Primary Health Clinic	AF	AF	NA	NA	AF	AF	NA	NA	NA	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA
	HC, Aila	Primary Health Clinic	AF	AF	AF	AF	NA	AF	AF	AF	NA	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA
	HC, Edeje	Primary Health Clinic	NA	NA	AF	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NR
	HP, Egba	Health Post	NA	AF	NA	NA	AF	AF	NA	AF	AF	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA	AF
Logo	PHC, Ikiyor	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF	NA	NA	NA	NA	NA	NA	AF	NA	NA	NA	NA	NA	NA	AF
Apa	HC, Ofoke	Primary Health Clinic	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	NA	AF	AF	AF	NA	NA	NA	NA	NA	AF
	HC, Ojuwo-Ojekele	Primary Health Clinic	NA	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NR
Otukpo	HC, Olakpoga	Primary Health Clinic	AF	AF	AF	NA	AF	AF	AF	NA	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA
	HC, Umogidi	Primary Health Clinic	AF	AF	AF	NA	NA	AF	NA	AF	NA	NA	NA	NA	AF	NA	AF	AF	AF	NA	NA	NA	NA
Oju	PHC, Obusa	Primary Health Centre	NA	AF	AF	NA	AF	AF	NA	NA	NA	AF	NA	NA	NA	AF	NA	NA	NA	NA	NA	NA	AF
	PHC, Ucho	Primary Health Centre	NA	AF	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	PHC, Okpoma	Primary Health Centre	NA	AF	AF	NA	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NR	NA	NA	NA	AF
Kwande	Primary Health Care Kohol	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	NA	AF	AF	AF	NR	NA	NA	NA	NA	AF
	Upev Health Clinic	Primary Health Centre	AF	NA	AF	AF	NA	AF	AF	NA	NA	NA	AF	NA	AF	NA	NA	NA	NA	NA	NA	NA	AF

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



From the table above, functional stethoscopes are available in 14 facilities and working blood pressure machines found in 11 facilities. Infusion kits for intravenous solution are available in 7 facilities. Latex gloves and needles and syringes are most available followed by thermometers. None of the facilities have oxygen distribution system.

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

LGA	Health Facilities	Classification	Basic equipment											
			Blood pressure machine or cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body temperature	Light source to ensure visibility such as lamp or flash light for patient examination	Needle holder	Scalpel handle with blade	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult (Ambubag)	Self-inflating bag and mask for resuscitation-pediatrics (Ambubag)
Otukpo	HC, Olakpoga	Primary Health Clinic	✓	✓	✓	*	✓	✓	*	*	✓	✓	*	*
	HC, Umogidi	Primary Health Clinic	✓	✓	✓	*	*	✓	✓	*	✓	*	✓	✓
Agatu	HP, Egba	Health Post	*	✓	*	*	✓	✓	α	α	NM	α	NM	NM
	HC, Edeje	Primary Health Clinic	*	*	✓	*	✓	*	*	*	*	*	*	*
	HC, Aila	Primary Health Clinic	✓	✓	✓	✓	*	✓	✓	*	✓	*	*	*
	HC, Adagbo	Primary Health Clinic	✓	✓	*	*	✓	✓	*	*	✓	✓	*	*
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	*	*	✓	*	*	*	*	*	*	*	*	*
	HC, Ofoke	Primary Health Clinic	*	*	*	*	✓	✓	*	*	✓	✓	✓	*
Vandeikya	PHC, Ageva	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	*
	PHC, Tyemimongo	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*	✓
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	*	*	✓	✓	✓	✓	✓	✓	✓	✓	*	*
	Family Support Program	Primary Health Centre	✓	✓	*	✓	✓	*	*	*	✓	✓	*	✓
	Atso Health Care Center	Primary Health Centre	✓	✓	✓	*	✓	✓	*	*	*	*	*	*
Kwande	Upev Health Clinic	Primary Health Centre	✓	*	✓	✓	*	✓	*	*	✓	*	*	*
	Primary Health Care Kohol	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	*
Oju	PHC, Obusa	Primary Health Centre	*	✓	✓	*	✓	✓	*	*	*	✓	*	*
	PHC, Ucho	Primary Health Centre	*	✓	✓	*	*	*	*	*	*	*	*	*
	PHC, Okpoma	Primary Health Centre	*	✓	✓	*	*	✓	*	*	*	*	*	*
Logo	PHC, Ikiyor	Primary Health Centre	✓	✓	✓	*	✓	*	*	*	*	✓	*	*

(\* - Standard not met, ✓ - Standard met, α - Not mandatory but has it, NM - Not mandatory)



## Human Resources

The number of health workers in each facility was assessed to deduce the quality of services rendered to the communities. It was observed that there is a dearth of medical officers across the health facilities as only Leemp (PHC) Uyorako had a medical officer. A total absence of pharmacists, pharmacy technicians, transportation personnel and environmental officers was noticed across all the facilities. Only 3 facilities had at least 1 nurse. Overall, the most abundant groups were the CHEWS (26) followed by health attendants (14) and JCHEWS (12). All the facilities have at least 1 personnel except HC, Ojuwo-Ojekele which has none. The table below summarizes the human resource findings from all the visited facilities in the state.

**Below:** HC Ojuwo-Ojekele that has no health personnel



Table 5: Human resources

LGA	Health Facilities	Classification	Medical officers	Staff Nurse/ Midwife	CHO	CHEW	JCHEW	Pharm. Tech	Lab. Tech.	Environ. officer	Medical Records Officer	Health Attendants	Security personnel	Cleaners (Gen. Maint)	Laundry (Gen. Maint)	Gardeners (Gen. Maint)
Otukpo	HC, Olakpoga	Primary Health Clinic	0	0	0	1	0	0	0	0	0	0	0	0	0	0
	HC, Umogidi	Primary Health Clinic	0	0	0	1	1	0	0	0	0	0	0	0	0	0
Agatu	HP, Egba	Health Post	0	0	1	0	0	0	0	0	0	0	0	0	0	0
	HC, Edeje	Primary Health Clinic	0	0	0	1	0	0	0	0	0	1	0	0	0	0
	HC, Aila	Primary Health Clinic	0	0	0	1	0	0	0	0	0	2	0	0	0	0
	HC, Adagbo	Primary Health Clinic	0	0	0	1	0	0	0	0	0	1	1	0	0	0
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	HC, Ofoke	Primary Health Clinic	0	0	0	2	1	0	1	0	0	2	2	1	0	0
Vandeikya	PHC, Ageva	Primary Health Centre	0	0	0	2	0	0	0	0	0	2	2	0	0	0
	PHC, Tyemimongo	Primary Health Centre	0	1	0	2	0	0	0	0	0	1	0	0	0	0
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	1	0	1	0	0	0	0	0	0	1	0	0	0	0
	Family Support Program	Primary Health Centre	0	0	1	2	2	0	0	0	1	1	0	0	0	0
	Atso Health Care Center	Primary Health Centre	0	0	0	1	1	0	0	0	0	1	0	0	0	0
Kwande	Upev Health Clinic	Primary Health Centre	0	0	0	2	1	0	0	0	0	1	1	1	0	0
	Primary Health Care Kohol	Primary Health Centre	0	4	0	3	0	0	1	0	0	0	2	0	0	0
Oju	PHC, Obusa	Primary Health Centre	0	5	0	3	2	0	1	0	0	1	1	0	0	0
	PHC, Ucho	Primary Health Centre	0	0	0	1	1	0	0	0	0	0	0	0	0	0
	PHC, Okpoma	Primary Health Centre	0	0	0	0	2	0	0	0	1	0	0	0	0	0
Logo	PHC, Ikiyor	Primary Health Centre	0	0	1	3	1	0	0	0	0	0	0	0	0	0
	<b>TOTAL</b>		<b>1</b>	<b>10</b>	<b>4</b>	<b>26</b>	<b>12</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>14</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>0</b>

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

LGA	Health facilities	Classification	Medical officers PHC - (1), HC (0)	Staff Nurse/ Midwife PHC - (4), HC – (2)	CHO PHC - (1)	CHEW PHC - (3) HC – (2)	JCHEW PHC - (6) HC – (4)	Pharm. Tech. PHC - (1)	Lab. Tech. PHC - (1)	Environ. Officer PHC - (1)	Medical Records Officer PHC - (1)	Health Attendants PHC & HC- (2)	Security personnel PHC & HC - (2)	General Maint. Staff (1)
Otukpo	HC, Olakpoga	Primary Health Clinic	*	*	*	*	*	*	*	*	*	*	*	*
	HC, Umogidi	Primary Health Clinic	*	*	*	*	*	*	*	*	*	*	*	*
Agatu	HP, Egba	Health Post	NM	NM	✓	NM	NM	NM	NM	NM	NM	NM	NM	NM
	HC, Edeje	Primary Health Clinic	*	*	*	*	*	*	*	*	*	*	*	*
	HC, Aila	Primary Health Clinic	*	*	*	*	*	*	*	*	*	✓	*	*
	HC, Adagbo	Primary Health Clinic	*	*	*	*	*	*	*	*	*	*	*	*
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	*	*	*	*	*	*	*	*	*	*	*	*
	HC, Ofoke	Primary Health Clinic	*	*	*	*	*	*	✓	*	*	✓	✓	✓
Vandeikya	PHC, Ageva	Primary Health Centre	*	*	*	*	*	*	*	*	*	✓	✓	*
	PHC, Tyemimongo	Primary Health Centre	*	*	*	*	*	*	*	*	*	*	*	*
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	✓	*	✓	*	*	*	*	*	*	*	*	*
	Family Support Program	Primary Health Centre	*	*	✓	*	*	*	*	*	✓	*	*	*
	Atso Health Care Center	Primary Health Centre	*	*	*	*	*	*	*	*	*	*	*	*
Kwande	Upev Health Clinic	Primary Health Centre	*	*	*	*	*	*	*	*	*	*	*	✓
	Primary Health Care Kohol	Primary Health Centre	*	✓	*	✓	*	*	✓	*	*	*	✓	*
Oju	PHC, Obusa	Primary Health Centre	*	✓	*	✓	*	*	✓	*	*	*	*	*
	PHC, Ucho	Primary Health Centre	*	*	*	*	*	*	*	*	*	*	*	*
	PHC, Okpoma	Primary Health Centre	*	*	*	*	*	*	*	*	✓	*	*	*
Logo	PHC, Ikiyor	Primary Health Centre	*	*	✓	✓	*	*	*	*	*	*	*	*

(\* - Standard not met, ✓ - Standard met, α – Not mandatory but has it, NM – Not mandatory, PHC – Primary Health centre, HC – Health clinic)

## Training and Capacity Building Needs

The availability of skills required to carry-out specific tasks effectively was analyzed across the health facilities visited in the state. It was observed that 5 facilities have trained their staff on family planning. Staff in 8 facilities have received training on ante-natal care . Training on HIV testing and HIV and AIDS counseling have been done for staff in 11 facilities and PMTCT of HIV training done in 12 facilities.

On the diagnosis treatment of malaria, trainings have been done in 13 facilities and 4 facilities have trained staff on modified lifesaving skills. None of the facilities have trained staff on diabetes diagnosis. Overall, the need for other training was identified in 14 facilities. *(Please see appendix table 2 for detailed findings across the nineteen facilities in the state).*

Summary of trainings is highlighted in the table below.

**Table 7: Summary of training guidelines in the facilities**

Training domain	Benue (N=19 facilities) N (%)
Health care waste management practices	4 (21.1)
Family planning	5 (26.3)
Antenatal care	8 (42.1)
Infant and young child feeding counseling	8 (42.1)
Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	4 (21.1)
Integrated management of childhood illness (IMCI)	7 (36.8)
Expanded programme on immunization (EPI)	14 (73.7)
Promotion of proper nutrition and food education	5 (26.3)
Modified Life Saving Skills	4 (21.1)
Diagnosis and treatment of malaria	13 (68.4)
Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	12 (63.2)
Diagnosis and treatment of tuberculosis (including case management and tracing)	3 (15.8)
HIV & AIDS counseling	11 (57.9)
HIV testing	11 (57.9)
Prevention of mother to child transmission (PMTCT) of HIV	12 (63.2)
Management of TB/HIV co-infection	4 (21.1)
Treatment of Ois	3 (15.8)
Diabetes diagnosis	0 (0.0)
Hypertension diagnosis	3 (15.8)
Need for other training needs	14 (73.7)

## Status of Available Services

This section expresses the services provided across the 19 health facilities in the State. It shows that the supported facilities currently have the capacities to provide to the catchment communities, majority of the essential services provided by a facility.

It was observed that 11 facilities provide routine in-patient care services for clients, modern methods for family planning including injectable contraceptives were available in 11 facilities. 16 provide ante natal care while new born care services are available in 14 facilities. 16 provide child health services. Malaria services are available in almost all the health facilities except HP, Egba and PHC, Ucho. Only PHCs Ofoke and Obusa offer TB services.

Overall, most of the services are available at health facilities, PHC Obusa except obstetric care and routine in-patient care. *(Please see appendix table 3 for detailed findings)*

The table below elaborates the available services provided across all the facilities in the state.

**Table 8: Summary of available services**

Available Services	Benue (N=19 facilities) N (%)
Routine in-patient care	11 (57.9)
Availability of dedicated delivery beds	8 (42.1)
Available modern methods of family planning	11 (57.9)
Combined oral contraceptive pills	11 (57.9)
Injectable contraceptives	11 (57.9)
Insertion of IUCD	4 (21.1)
Condoms (male and females)	13 (68.4)
Counselling and motivation for FP uptake	12 (63.2)
Availability of antenatal services	16 (84.2)
Availability of obstetric care services	7 (36.8)
Availability of newborn care services	14 (73.7)
Availability of child health services	16 (84.2)
Availability of malaria services	15 (78.9)
Distributes insecticide treated bed net distribution to patients, their families and households	13 (68.4)
Availability of TB services	2 (10.5)
Facility designated as Directly Observed Treatment centres	2 (10.5)
Availability of HIV & AIDS services	11 (57.9)
Availability of youth friendly services	6 (31.6)
Availability of sexually transmitted infections (STIs)	15 (78.9)
Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?)	7 (36.8)

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

LGA	Health facilities	Classification	ANC	Deliveries	Post-natal	Family planning	Immunization	HIV/AIDS services	STI services	Malaria treatment	TB services	Laboratory Services	Pharmacy section	Operating hours (24 hours)
Otukpo	HC, Olakpoga	Primary Health Clinic	✓	✓	✓	*	✓	✓	α	✓	*	NM	*	✓
	HC, Umogidi	Primary Health Clinic	✓	*	✓	*	✓	✓	α	✓	*	NM	*	✓
Agatu	HP, Egba	Health Post	*	*	*	✓	✓	*	NM	*	*	NM	NM	α
	HC, Edeje	Primary Health Clinic	*	*	*	*	✓	*	*	*	*	NM	*	*
	HC, Aila	Primary Health Clinic	✓	*	✓	✓	✓	*	α	✓	*	NM	*	*
	HC, Adagbo	Primary Health Clinic	✓	*	*	✓	✓	*	α	✓	*	NM	*	*
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	*	*	*	*	*	*	*	*	*	NM	✓	*
	HC, Ofoke	Primary Health Clinic	✓	*	✓	✓	✓	✓	*	✓	✓	NM	*	*
Vandeikya	PHC, Ageva	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	*	✓	*	✓
	PHC, Tyemimongo	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	*	✓	*	✓
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	✓	*	✓	*	✓	*	✓	✓	*	*	✓	✓
	Family Support Program	Primary Health Centre	✓	*	*	✓	✓	✓	✓	✓	*	*	✓	✓
	Atso Health Care Center	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	*	✓	✓	✓
Kwande	Upev Health Clinic	Primary Health Centre	✓	✓	✓	*	✓	✓	✓	✓	*	✓	✓	✓
	Primary Health Care Kohol	Primary Health Centre	✓	✓	✓	*	✓	✓	✓	✓	*	✓	✓	✓
Oju	PHC, Obusa	Primary Health Centre	✓	*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	PHC, Ucho	Primary Health Centre	✓	*	✓	*	✓	*	✓	*	*	*	✓	*
	PHC, Okpoma	Primary Health Centre	✓	*	✓	✓	✓	*	✓	✓	*	*	*	✓
Logo	PHC, Ikiyor	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	*	✓	*	✓

(\* - Standard not met, ✓ - Standard met, α – Not mandatory but has it, NM – Not mandatory)

## Laboratory Services

Laboratory services were part of the services considered during the survey. The detailed analysis on the availability of various laboratory tests in all the 19 facilities assessed is presented in this section.

**Table 10: Laboratory services**

Services Laboratory Tests	Benue (N=19 facilities)			
	AOS, from others N (%)	AOS, facility only N (%)	AOFS <sup>10</sup> N (%)	NR N (%)
Glucose – dipstick	0 (0.0)	1 (5.3)	0 (0.0)	0 (0.0)
Glucose - manual method	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Glucose – glucometer	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Pregnancy testing by urine rapid test	1 (5.3)	12 (63.2)	1 (5.3)	0 (0.0)
Hemoglobin (Hb) estimation automatic hemoglobinometer	1 (5.3)	6 (31.6)	0 (0.0)	1 (5.3)
Hb estimation by manual method	1 (5.3)	7 (36.8)	0 (0.0)	0 (0.0)
CD4 count – absolute	1 (5.3)	0 (0.0)	1 (5.3)	0 (0.0)
CD4 count – percentage	1 (5.3)	0 (0.0)	1 (5.3)	0 (0.0)
Malaria thick films	1 (5.3)	2 (10.5)	0 (0.0)	0 (0.0)
Malaria thin films	1 (5.3)	2 (10.5)	0 (0.0)	0 (0.0)
Malaria RDTs	4 (21.1)	10 (52.6)	0 (0.0)	0 (0.0)
Concentrated Ziehl-Neelsen (ZN) sputum smears-centrifugation	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Mantoux test	0 (0.0)	1 (5.3)	0 (0.0)	1 (5.3)
Syphilis detection test (VDRL, RPR)	1 (5.3)	1 (5.3)	0 (0.0)	0 (0.0)
Sputum culture for TB diagnosis	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)

\*AOS – Available on site, AOFS – Available off site, NR – No response

## Under-five Specialized Services

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

**Table 11: Available services for under five children**

Available Services	(N=19 facilities) N%	
	Yes	NR
Routine Vitamin A supplementation	14 (73.7)	1 (5.3)
Iron supplementation	15 (78.9)	1 (5.3)
Growth monitoring	10 (52.6)	2 (10.5)
Treatment of child malnutrition	10 (52.6)	1 (5.3)
Zinc supplementation	12 (63.2)	1 (5.3)
Immunization services	18 (94.7)	1 (5.3)
Are Measles, DPT-HB, Polio and BCG vaccines available?	10 (52.6)	1 (5.3)

<sup>10</sup> AOFS means available offsite. This indicates that samples are collected in the facility but investigated in another facility (or laboratory).

## Service Support Programmes and Schemes

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

Findings reveal that the support programme with the most presence is the drug revolving fund (63.2%) followed by the free MCH (57.9%). There is however no health insurance across all the assessed facilities.

**Table 12: Service Support programmes (summary)**

Services	(N=19) N (%)
	<b>Available</b>
Drug revolving fund	12 (63.2)
Free MCH	11 (57.9)
SURE-P MCH	2 (10.5)
MSS	2 (10.5)
Community Based Health Insurance (Fund)	0 (0.0)
Safe Motherhood Demand Side Initiative	2 (10.5)
Other programmes being implemented	2 (10.5)

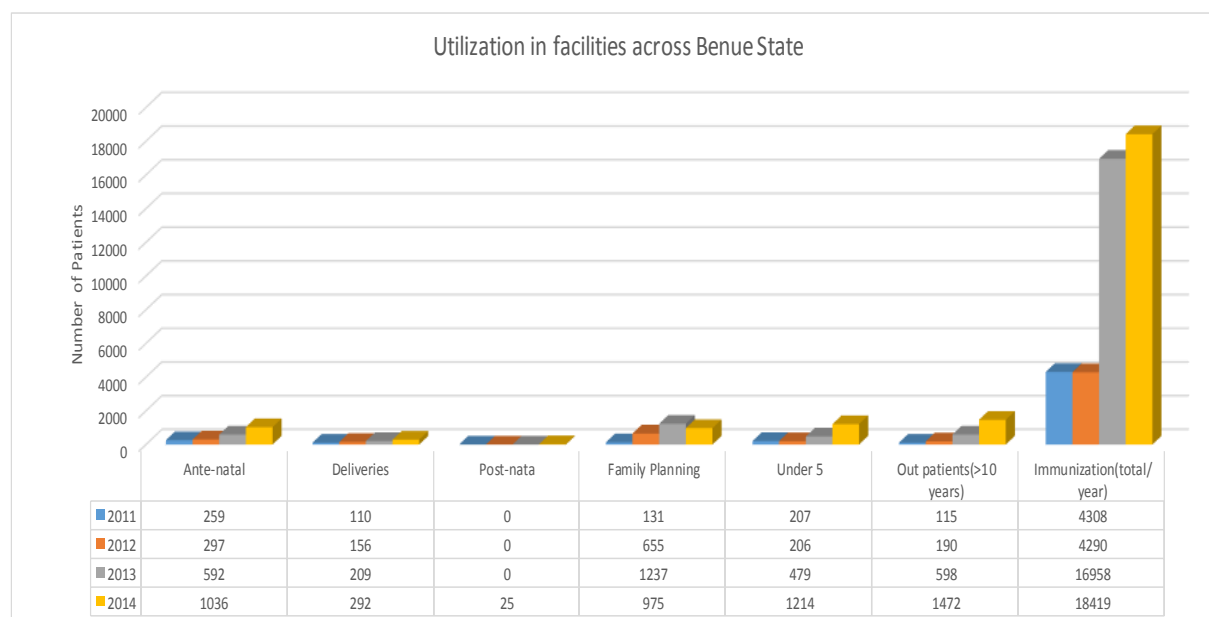
## Utilization and Service Delivery

### Service Utilization Trends

This section shows the progress recorded in the areas of service utilization and uptake of healthcare services across the various CAID-supported community facilities in Benue State over a period of 4 years.

The chart below shows the total utilization of the various services across the 19 facilities in the state. *(The detailed analysis of utilization across the 19 health facilities in the state is found in the appendix).*

**Figure 1: Utilization figures (2011-2014)**



According to the chart above, the utilization figures for most of the services increased over the period of 4 years. There was a decrease, however, in family planning service in 2014. *(Please see appendix table 5 for facility-specific details)*

### **Health Management Information System**

This section highlights the availability of required documentations for proper running of facilities including HMIS reporting. The table below identifies the availability of the various sources of information for HMIS, and monitoring and evaluation.



Table 13: HMIS and M&amp;E report

LGA	Health facilities	Classification	Storage Facility for Documents	Disease Notification form	Referral Form	Functional Two-way referral	HMIS Software	Dedicated trainer officer	Availability of essential Drug List	Presence of Pharmacy Section	Shelves in the Pharmacy section	Drugs properly arranged in the Pharmacy	Room Thermometer available	Bin card	Daily dispensing registers	Requisition books	Monthly Pharmaceutical /Laboratory inventory Register	Updated Inventory control/stock cards	Minimum Re-order level for drugs stocked	Experience of Stock-out in the last month
Tarka	Atso Health Care Center	Primary Health Centre	NA	AS	NA	NA	NA	NR	NA	AA	NA	AA	NA	NA	NA	AA	NA	AA	AA	Y
	Family Support Program	Primary Health Centre	AA	NA	NA	NA	NA	NR	NA	NA	NA	NA	NA	NA	NA	AA	AA	AA	NA	N
	Leemp (PHC) Uyorako	Primary Health Centre	NA	NA	NA	NA	NA	NR	NA	AA	NA	NA	NA	NA	NA	AA	NA	NA	NA	N
Vandeikya	PHC, Tyemimongo	Primary Health Centre	NA	AA	NA	NR	NA	NR	NR	NA	AA	NA	NA	NA	NA	AA	NA	AA	NA	Y
	PHC, Ageva	Primary Health Centre	NA	AA	AA	AA	NA	NR	NR	NA	NA	NA	NA	AA	NA	AA	NR	AA	AA	N
Agatu	HC, Adagbo	Primary Health Clinic	NA	NA	NA	NA	NA	NR	NA	NA	NA	NA	NA	AA	AA	AA	AA	NA	AA	N
	HC, Aila	Primary Health Clinic	NA	AA	NA	NA	NA	NR	NA	NA	NA	NA	NA	AA	AA	AA	AA	AA	AA	N
	HC, Edeje	Primary Health Clinic	NA	NA	NA	NA	NA	NR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	N
	HP, Egba	Health Post	NA	NR	NA	NA	NA	NR	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	N
Logo	PHC, Ikiyor	Primary Health Centre	NA	AA	NA	NA	NA	NA	AA	NA	AA	NA	NA	NA	NA	AA	NA	NA	AA	Y
Apa	HC, Ofoke	Primary Health Clinic	NA	AS	AS	AS	NA	NR	NA	NA	NA	NA	AA	NA	NA	NA	NR	NA	NA	Y
	HC, Ojuwo-Ojekele	Primary Health Clinic	NA	AS	NA	NA	NA	NR	NA	AA	AA	NA	NA	NA	NA	NA	NR	NA	NA	NR
Otukpo	HC, Olakpoga	Primary Health Clinic	NA	AA	AS	AS	NA	NR	NR	NA	NR	NR	NA	AA	AA	AA	NR	NA	NA	N
	PHC, Umogidi	Primary Health Clinic	NA	AA	NA	NR	NA	NR	NA	NA	NA	NA	NA	AA	NA	AA	NR	NA	NA	N
Oju	PHC, Obusa	Primary Health Centre	NA	NA	NA	NA	AS	NR	NA	NA	NA	NA	NA	NA	NA	NA	AA	NA	AA	Y
	PHC, Ucho	Primary Health Centre	NA	NA	NA	NA	NA	NR	NA	AA	AA	AA	NA	NA	NA	AA	NR	NA	AA	Y
	PHC, Okpoma	Primary Health Centre	NA	NA	NA	NA	NA	NR	NA	AA	AA	NA	NA	NA	NA	NA	NR	NA	AA	N
Kwande	Primary Health Care Kohol	Primary Health Centre	NA	AA	NA	NA	NA	NA	AA	AA	AA	AA	NA	NA	NA	NA	AA	NA	AA	N
	Upev Health Clinic	Primary Health Centre	AS	NR	AA	NR	NA	NA	AA	AA	AA	AA	NA	AA	NA	AA	AA	AA	AA	Y

\*AA- Available and adequate, NA- Not Available, AS- Available Sometimes, NR- No Response, Y- Yes, N- N

PHC Okpoma is the only facility that has HMIS Software sometimes available with no dedicated trainer officer. Pharmaceutical/Inventory register was only available in 6 health facilities. It was also observed that only PHC Ikiyor, Primary Health Care Kohol and Upev Health Clinic had essential drug list. However, requisition books were only available in 12 facilities. (*Please see the table above for more details*)

### Availability of Service Registers

The availability of registers were analyzed across the health facilities visited in the state. The table below highlights the various registers available in the facilities as at the times of this assessment.

**Table 14: Available service registers**

LGA	Health facilities	Classification	Outpatient register	Delivery Register	Antenatal Register	New-born register	Family Planning	Under 5 clinic Register	Immunization Register	Inpatient Register	Discharge summary
Tarka	Atso Health Care Center	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	AA	NR
	Family Support Program	Primary Health Centre	AA	AA	AA	NA	AA	NA	AA	AA	AA
	Leemp (PHC) Uyorako	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	AA	NR
Vandeikya	PHC, Ageva	Primary Health Centre	AA	AA	AA	AA	AA	NA	AA	AA	NA
	PHC, Tyemimongo	Primary Health Centre	AA	AA	AA	AA	AA	NA	AA	AA	AA
Agatu	HC, Adagbo	Primary Health Clinic	AA	NA	AA	NA	AA	NA	AA	AA	NA
	HC, Aila	Primary Health Clinic	AA	NA	AA	NA	AA	AA	AA	NA	NA
	HC, Edeje	Primary Health Clinic	AA	AA	AA	AA	AA	AA	AA	AA	NR
	HP, Egba	Health Post	AS	AS	AS	AS	NR	NA	AA	NR	NR
Logo	PHC, Ikiyor	Primary Health Centre	AA	AA	AA	NA	AA	NA	AA	AA	NA
Apa	HC, Ofoke	Primary Health Clinic	NA	AS	AS	AS	AS	AS	AA	AS	AS
	HC, Ojuwo-Ojekele	Primary Health Clinic	NR	NR	AA	NR	NR	AA	AA	NR	NR
Otukpo	HC, Olakpoga	Primary Health Clinic	AA	AA	AA	NR	NR	NR	AA	NR	NR
	HC, Umogidi	Primary Health Clinic	AA	AA	AA	NR	NR	NR	AA	NR	AA
Oju	PHC, Obusa	Primary Health Centre	NR	NA	AA	NA	NA	NA	AA	NA	NA
	PHC, Okpoma	Primary Health Centre	NR	NA	AA	NA	NA	NA	AA	NA	NA
	PHC, Ucho	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	NR	NR
Kwande	Primary Health Care Kohol	Primary Health Centre	AA	AA	AA	NA	NA	NA	AA	AA	NR
	Upev Health Clinic	Primary Health Centre	AA	AA	AA	NA	NA	NA	AA	AA	NR

\*AA – Available and Adequate, NA – Not Available, NR – No Response

From the table above, it was found that the most common types of registers are the immunization and antenatal care registers.

## Standard Precautions for Infection Control

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

**Table 15: Basic requirement for infection control**

LGA	Health facilities	Classification	Wash-hand basins	Soap	Environmental disinfectant such as bleach or alcohol	Protective shoes	Latex gloves	Medical masks	Needles and syringes
Tarka	Atso Health Care Center	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF
	Family Support Program	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	Leemp (PHC) Uyorako	Primary Health Centre	AF	AF	NA	NA	AF	NA	AF
Vandeikya	PHC, Ageva	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF
	PHC, Tyemimongo	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF
Agatu	HC, Adagbo	Primary Health Clinic	AF	AF	AF	AF	AF	AF	AF
	HC, Aila	Primary Health Clinic	AF	AF	NA	AF	AF	NA	AF
	HC, Edeje	Primary Health Clinic	AF	NA	NA	NA	AF	NA	AF
	HP, Egba	Health Post	NA	NA	AF	NA	AF	NA	NA
Logo	PHC, Ikiyor	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF
Apa	HC, Ofoke	Primary Health Clinic	AF	AF	AF	NA	AF	NA	AF
	HC, Ojuwo-Ojekele	Primary Health Clinic	NA	NA	NA	NA	NA	NA	NA
Otukpo	HC, Olakpoga	Primary Health Clinic	AF	AF	AF	AF	AF	NA	AF
	HC, Umogidi	Primary Health Clinic	AF	AF	AF	AF	AF	NA	AF
Oju	PHC, Obusa	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF
	PHC, Okpoma	Primary Health Centre	AF	NA	NA	NA	AF	NA	AF
	PHC, Ucho	Primary Health Centre	NA	NA	NA	NA	NA	NA	AF
Kwande	Primary Health Care Kohol	Primary Health Centre	AF	AF	AF	AF	NA	NA	NA
	Upev Health Clinic	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF

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

## Other Service Delivery Issues: Client Perspective and Community Involvement

### Clients' Perspective

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

**Table 16: Waiting time (in minutes)**

LGA	Health facilities	Classification	0 - 30	31 - 60	91 - 120	161 - 190	No response
Agatu	HC, Adagbo	Primary Health Clinic	4	0	0	0	0
	HC, Aila	Primary Health Clinic	4	0	0	0	0
	HC, Edeje	Primary Health Clinic	3	1	0	0	0
	HP, Egba	Health Post	4	0	0	0	0
Apa	HC, Ofoke	Primary Health Clinic	4	0	0	0	0
	HC, Ojuwo-Ojekele	Primary Health Clinic	3	1	0	0	0
Kwande	PHC, Agraaga, Kohol	Primary Health Centre	4	0	0	0	0
	LGHC, Ajo-Upev	Primary Health Centre	4	0	0	0	0
Logo	PHC, Ikiyor	Primary Health Centre	4	0	0	0	0
Oju	PHC, Obusa	Primary Health Centre	2	0	1	1	0
	PHC, Okpoma	Primary Health Centre	4	0	0	0	0
	PHC, Ucho Obi Oruru	Primary Health Centre	2	0	0	0	2
Otukpo	HC, Olakpoga	Primary Health Clinic	4	0	0	0	0
	HC, Umogidi	Primary Health Clinic	4	0	0	0	0
Tarka	Atso Health Care Centre	Primary Health Centre	2	0	0	2	0
	Family Support Program	Primary Health Centre	5	0	0	0	0
	LIEM, Uyarako	Primary Health Centre	3	0	0	0	0
Vandeikya	PHC, Ageva	Primary Health Centre	4	0	0	0	0
	PHC, Tyemimongo	Primary Health Centre	4	0	0	0	0
	<b>Total</b>		<b>68</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>

Most of the respondents (68) claimed they waited for less than 30 minutes while 3 respondents claimed to have waited for close to 2 hours before being attended to by a health worker.

### Cost of Care (NGN)

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

**Table 17: Cost of care on the day of visit (NGN)**

LGA	Health facilities	Classification	0 - 500	501 - 1000	1001 - 1500	1501 - 2000	2001+
Apa	HC, Ofoke	Primary Health Clinic	4	0	0	0	0
	HC, Ojuwo-Ojekele	Primary Health Clinic	3	0	1	0	0
Agatu	HC, Adagbo	Primary Health Clinic	2	0	1	0	1
	HC, Aila	Primary Health Clinic	4	0	0	0	0
	HC, Edeje	Primary Health Clinic	4	0	0	0	0
	HP, Egba	Health Post	4	0	0	0	0
Kwande	LGHC, Ajo-Upev	Primary Health Centre	4	0	0	0	0
	PHC, Agraaga, Kohol	Primary Health Centre	4	0	0	0	0
Logo	PHC, Ikiyor	Primary Health Centre	0	1	3	0	0
Oju	PHC, Obusa	Primary Health Centre	2	2	0	0	0
	PHC, Okpoma	Primary Health Centre	2	2	0	0	0
	PHC, Ucho Obi Oruru	Primary Health Centre	4	0	0	0	0
Otukpo	HC, Olakpoga	Primary Health Clinic	2	2	0	0	0
	HC, Umogidi	Primary Health Clinic	3	1	0	0	0
Tarka	Atso Health Care Centre	Primary Health Centre	2	0	1	1	0
	Family Support Program	Primary Health Centre	3	2	0	0	0
	LIEM, Uyarako	Primary Health Centre	3	0	0	0	0
Vandeikya	PHC, Ageva	Primary Health Centre	4	0	0	0	0
	PHC, Tyemimongo	Primary Health Centre	1	1	2	0	0
	<b>Total</b>		<b>55</b>	<b>11</b>	<b>8</b>	<b>1</b>	<b>1</b>

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According to the table above, 55 respondents paid NGN500 and below on health care at the time of assessment, 11 respondents paid between NGN501 – NGN 1,000 and 8 respondents paid between NGN1,001 – NGN1,500. Only 1 respondent paid above NGN2, 000.

### **Perception of Service Delivery**

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

All of the respondent across all the facilities (76) were of the opinion that health workers explained their identified health conditions to them. 12 respondents they did not have enough privacy during their last visit to the health facility.

The table below illustrates the attitude of health workers across the facilities visited from the clients' point of view.

Table 18: Attitude of health workers

LGA	Health facilities	Classification	Health workers are courteous and respectful			Health workers explained the condition of clients'			Waiting time to be seen by a health provider is reasonable			Had enough privacy during visit			Health workers spent sufficient amount of time			Opening hours meet the clients' needs			Health workers are thorough and careful			Health workers care about your health			Trust in skills and abilities of health workers			Health workers are friendly and approachable		
			A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR	A	D	NR			
Agatu	HC, Adagbo	Primary Health Clinic	4	0	0	4	0	0	4	0	0	1	3	0	4	0	0	1	3	0	4	0	0	4	0	0	4	0	0	4	0	0
	HC, Aila	Primary Health Clinic	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	HC, Edeje	Primary Health Clinic	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	1	3	0	4	0	0	4	0	0	4	0	0	4	0	0
	HP, Egba	Health Post	4	0	0	4	0	0	4	0	0	4	0	0	3	0	1	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
Apa	HC, Ofoke	Primary Health Clinic	3	1	0	4	0	0	4	0	0	4	0	0	4	0	0	1	2	1	4	0	0	4	0	0	4	0	0	3	1	0
	HC, Ojuwo-Ojekele	Primary Health Clinic	3	1	0	4	0	0	4	0	0	3	1	0	4	0	0	2	2	0	4	0	0	4	0	0	4	0	0	4	0	0
Kwande	LGHC, Ajiu-Upev	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	3	1	0	4	0	0	4	0	0	3	1	0	4	0	0
	PHC, Agraaga, Kohol	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
Logo	PHC, Ikiyor	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
Oju	PHC, Obusa	Primary Health Centre	4	0	0	4	0	0	4	0	0	1	3	0	4	0	0	3	1	0	4	0	0	4	0	0	4	0	0	4	0	0
	PHC, Okpoma	Primary Health Centre	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	2	2	0	4	0	0	4	0	0	4	0	0	4	0	0
	PHC, Ucho Obi Oruru	Primary Health Centre	4	0	0	4	0	0	3	0	1	3	0	1	3	0	1	3	1	0	4	0	0	4	0	0	4	0	0	3	0	1
Otukpo	HC, Olakpoga	Primary Health Clinic	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	1	3	0	4	0	0	4	0	0	4	0	0	4	0	0
	HC, Umogidi	Primary Health Clinic	4	0	0	4	0	0	3	0	1	4	0	0	3	0	1	0	4	0	4	0	0	4	0	0	3	1	0	4	0	0
Tarka	Atso Health Care Centre	Primary Health Centre	4	0	0	4	0	0	4	0	0	3	1	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	Family Support Program	Primary Health Centre	5	0	0	5	0	0	5	0	0	5	0	0	5	0	0	4	1	0	5	0	0	5	0	0	5	0	0	4	1	0
	LIEM, Uyarako	Primary Health Centre	3	0	0	3	0	0	2	1	0	3	0	0	3	0	0	2	1	0	2	1	0	2	1	0	2	1	0	2	1	0
Vandeikya	PHC, Ageva	Primary Health Centre	4	0	0	4	0	0	4	0	0	3	1	0	4	0	0	3	1	0	4	0	0	4	0	0	4	0	0	4	0	0
	PHC, Tyemimongo	Primary Health Centre	4	0	0	4	0	0	4	0	0	1	3	0	4	0	0	2	2	0	4	0	0	4	0	0	4	0	0	4	0	0
<b>Total</b>			<b>74</b>	<b>2</b>	<b>0</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>73</b>	<b>1</b>	<b>2</b>	<b>63</b>	<b>12</b>	<b>1</b>	<b>73</b>	<b>0</b>	<b>3</b>	<b>48</b>	<b>27</b>	<b>1</b>	<b>75</b>	<b>1</b>	<b>0</b>	<b>75</b>	<b>1</b>	<b>0</b>	<b>73</b>	<b>3</b>	<b>0</b>	<b>72</b>	<b>3</b>	<b>1</b>

\*A- Agree; D- Disagree; NR- No Response

### **Community Involvement**

Findings showed that Benue State has a total of 8 CDCs; the highest compared to the other states. 5 LGAs participate actively in community outreach services organized by facilities domiciled in their respective communities. Also, across the supported communities, CDCs in 3 LGAs contribute towards outreach activities being conducted within their communities by their respective LGAs.

As a means of feedback, most LGAs have a mechanism of communicating challenges, success stories etc. to the state from the communities and vice versa. Furthermore, 6 LGAs in Benue State do provide feedbacks to the concerned communities mostly through monthly review meetings at the LGA where officers of the various CDCs are invited for feedback.

## Emerging Issues

### Infrastructure and Human Resource Capacities

#### Infrastructure

Most of the facilities assessed were not connected to the national electricity grid as only 3 out of 19 facilities are connected, thereby making the facilities incur additional operational cost -for those using generators as alternative power sources.

Efficiency of operations would be difficult for health facilities if they have to run on generators like HC Adagbo and PHC Ageva both of which were not connected to the national grid and did not have any alternative power source.

Also, it was found out that most of the facilities require renovations including putting in place motorized boreholes as a source of clean water. A well-structured MDG PHC has been constructed but has not been in use because it has not been commissioned.

The non-existence of toilet facilities in 9 health facilities is also another cause of concern as it was discovered that patients still resort to open defecation since appropriate structures are not in place.

#### Human Resources

Generally, there is a paucity of medical personnel especially medical officers and pharmacy technicians. With CHEWS being the most abundant cadre of staff, there is limit to the range of services that could be rendered.

Even where there are health workers, they are often not motivated enough to work in rural communities. Also, major gaps in capacity building are in the areas of diabetes diagnosis and modified lifesaving though other areas also need to be addressed.

### Status of Available Services

Across all the 19 facilities visited in the state, services have been widely and relatively available. The status of available services. Patients who present with TB cannot access the needed care required as there are no TB services available in all of the facilities assessed. Also, the shortage of youth friendly services may lead to decreased awareness on sexual education and sexually transmitted diseases. Furthermore, the number of laboratories available are not enough to serve their catchment community.

### Utilization and Service Delivery

The wide disparities between antenatal and post natal utilizations depict a lack of follow up processes with mothers. It also shows that little is done on educating pregnant women on the importance of post natal care, a neglect of which could increase both infant and maternal mortality rates.

### Other Service Delivery Issues: Client Perspective and Community Involvement

Majority of the clients across the 19 facilities trusts in the skills and abilities of the health workers in their domain. Most of the clients are of the opinion that they enjoyed their encounter with the



health workers given to the fact that the health workers are courteous and respectful. During visits, the clients have enough privacy as the health workers are thorough and careful.

## Recommendations

### Infrastructure and Human Resource Capacities

There are facilities that are underutilized due to the absenteeism of the attached health workers e.g. Ojuwo-Ojekele, Alifete etc. Like-wise, the MDG HP in Egba should be commissioned to bring relief to the people of Egba and the catchment areas.

There should be adequate power supply to all the health facilities. All the health facilities should be connected to the national electricity grid and also provided with an alternative power source (generator or solar). All the facilities should have motorized borehole as their main source of water to ensure compliance with NPHCDA standards.

A hub and spoke model for service delivery among supported facilities should be created. Based on infrastructure and staff availability, certain facilities should be designated for basic out-patient services while others designated (supported and staffed) to provide 24 hour MCH services. This will ensure compliance with NPHCDA and other clinical standards governing service delivery.

Health workers should also be encouraged and supported to attend relevant professional trainings and conferences to update their knowledge on the current understandings of healthcare delivery, especially those in rural and hard-to-reach communities.

Capacity to conduct basic investigations should be strengthened with the use of rapid test kits where available and appropriate. This should include approved kits with high sensitivity and specificity. Also, new innovative approaches and technologies such as blood grouping test kits and MCH combo test kits which combine multiple tests (hepatitis, syphilis and blood group required for ANC) should be explored.

Routine in-patient care, TB services and youth friendly services should be made available in the facilities. Appropriate national and state-level structures and agencies should be engaged to improve programme coverage. These structures include SURE-P, MSS, NHIS and other initiatives.

### Status of Available Services

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Also, new innovative approaches and technologies such as blood grouping test kits and MCH combo test kits which combine multiple tests (hepatitis, syphilis and blood group required for ANC) should be explored.

Routine in-patient care, TB services, and youth friendly services should be made available in the facilities.

Appropriate national and state-level structures and agencies should be engaged to improve programme coverage. These structures include SURE-P, MSS, NHIS and other initiatives.

### Utilization and Service Delivery

Commodity logistics need to be strengthened. Appropriate government structures need to be engaged in this regard.

Innovative approaches can also be explored in the different LGAs such as community-driven drug revolving funds and structured partnerships with local pharmacies/PPMVs to ensure affordable and regular availability of commodities at the PHC point.

### **Other Service Delivery Issues: Client Perspective and Community Involvement**

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

## Conclusion

The importance of well-structured health facilities (PHCs, HCs and HPs) capable of providing basic services with adequate equipment manned by qualified personnel cannot be over-emphasized as a community's first point of contact with the health care system. The quality of services provided, the health providers, functional equipment, infrastructure, various interventions and community involvement all feed into the making the health facilities (PHCs, HCs and HPs) a bedrock of health care in Nigeria.

Many concerns that require immediate attention are raised in this report and it is hoped that they would be treated as such.

For example, most facilities did not measure up to the NPHCDA standard of health worker-client ratio, facility structures and availability of functional equipment. It is evident that most of the facilities require further support to meet up with the national standard.

The dearth of medical officers is also a major cause of concern as only a limited number of services can be rendered by CHEWs or health attendants who happen to be the most available personnel in these facilities. Though the reason for the shortage of doctors is not explicit, posting of NYSC medical personnel to the facilities could serve as a solution. Also, proper and adequate remuneration packages could attract medical officers especially if such ones hail from the state. Aside these, doctors also need to be re-oriented on the importance of health facilities (PHCs, HCs and HPs) as the first point of contact with the immediate community.

Although, there is an insufficient number of professional health workers, the available ones have been applauded by the client's level of satisfaction. This shows that an increase in the human resources capacity would be very valuable to the clients and the purpose of the initiative.

The rather wide margin between the number of ANC attendance and deliveries in the last year (2014) could mean that delivery services need to be improved upon. Same goes for postnatal services.

There are major constraints in the referral system. Emergency transportation systems, which can support the referral system can enhance the utilization figures of the services. Reviving this service will ultimately lead to improvement in service delivery especially with respect to deliveries and postnatal care services.

Adequate and constant power supply via the national grid were not always available for most of the facilities, causing an increase in the daily administrative running of the facilities as use of alternative sources incurs additional costs.

Daily, improved ways of delivering quality health care services are evolving, hence the need for capacity building of health workers cannot be over-emphasized.

Conclusively, most of the assessed facilities still require support to be able to measure up to the basic national requirements of NPHCDA for PHCs, HCs and HPs.

## Appendix

### Facility-specific Tables

Appendix table 1: Infrastructure and management

LGA	Health facilities	Classification	Does this facility provide accommodation for staff in line with the minimum standard for PHC in Nigeria	Does the facility have a functioning mobile telephone either private or supported by the facility?	Access Roads		Is there a sign post of the facility outside the building?	Does the building appear to be in good condition?	Renovations Required	Electricity Source		Water Source	Toilet Facility Type
					Available?	Tarred?				Central Grid	Others		
Tarka	Atso Health Care Center	Primary Health Centre	Y	Y	Y	N	N	N	MR	N	No	BH	No
	Family Support Program	Primary Health Centre	Y	Y	Y	Y	NR	Y	mR	N	SS	BH	F
	Leemp (PHC) Uyorako	Primary Health Centre	Y	Y	Y	N	Y	Y	No	Y	FG	DW	F
Vandeikya	PHC, Tyemimongo	Primary Health Centre	Y	N	Y	N	N	N	MR	N	No	O	PL
	PHC, Ageva	Primary Health Centre	Y	N	N	N	N	N	MR	N	No	No	PL
Agatu	HC, Aila	Primary Health Clinic	N	N	Y	N	N	N	MR	N	No	BH	No
	HC, Adagbo	Primary Health Clinic	N	N	Y	N	Y	N	mR	N	No	DW	No
	HC, Edeje	Primary Health Clinic	N	N	N	N	N	N	MR	N	No	DW	No
	HP, Egba	Health Post	N	N	Y	N	N	N	MR	N	No	BH	No
Logo	PHC, Ikiyor	Primary Health Centre	Y	N	N	N	NR	Y	MR	N	FG	BH	PL
Apa	HC, Ofoke	Primary Health Clinic	N	N	Y	N	N	N	MR	N	No	O	PL
	HC, Ojuwo-Ojekele	Primary Health Clinic	Y	N	Y	N	N	Y	mR	N	No	BH	No
Otukpo	HC, Umogidi	Primary Health Clinic	N	N	N	N	N	N	NR	Y	No	O	No
	HC, Olakpoga	Primary Health Clinic	N	N	Y	Y	N	Y	mR	N	No	O	No
Oju	PHC, Okpoma	Primary Health Centre	Y	Y	Y	N	N	N	MR	N	No	O	O
	PHC, Obusa	Primary Health Centre	N	Y	Y	Y	N	Y	mR	Y	FG	O	PL
	PHC, Ucho	Primary Health Centre	N	Y	Y	N	N	N	MR	N	No	BH	No

Kwande	Primary Health Care Kohol	Primary Health Centre	N	Y	Y	N	Y	Y	No	N	No	DW	PL
	Upev Health Clinic	Primary Health Centre	Y	Y	Y	N	N	Y	MR	N	No	DW	F

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

Appendix table 2: Training guidelines

LGA	Health facilities	Classification	Health care waste management practices	Family planning	Antenatal care	Infant and young child feeding counseling	Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPDAC)	Integrated management of childhood illness (IMCI)	Expanded programme on immunization (EPI)	Promotion of proper nutrition and food education	Modified Life Saving Skills	Diagnosis and treatment of malaria	Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	Diagnosis and treatment of tuberculosis (including case management and tracing)	HIV & AIDS counseling	HIV testing	Prevention of mother to child transmission (PMTCT) of HIV	Management of TB/HIV co-infection	Treatment of OIs	Diabetes diagnosis	Hypertension diagnosis	Do you or members of staff have any other training needs
Tarka	Atso Health Care Center	Primary Health Centre	N	Y	N	N	N	Y	N	N	Y	Y	Y	N	Y	Y	Y	N	N	N	N	Y
	Family Support Program	Primary Health Centre	N	N	N	N	N	N	N	N	Y	N	N	N	N	NR	Y	N	N	N	N	N
	Leemp (PHC) Uyorako	Primary Health Centre	N	N	Y	N	N	N	Y	N	N	Y	Y	N	N	N	Y	N	N	N	N	Y
Vandeikya	PHC, Tyemimongo	Primary Health Centre	Y	N	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	N	N	N	N	Y
	PHC, Ageva	Primary Health Centre	N	Y	Y	Y	N	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	N
Agatu	HC, Adagbo	Primary Health Clinic	N	N	Y	N	N	N	Y	Y	N	Y	N	NR	N	N	N	N	N	N	N	Y
	HC, Aila	Primary Health Clinic	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	Y
	HC, Edeje	Primary Health Clinic	N	N	N	N	N	N	Y	N	N	N	N	N	N	N	N	NR	NR	NR	NR	NR
	HP, Egba	Health Post	N	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Logo	PHC, Ikiyor	Primary Health Centre	Y	N	N	N	N	N	Y	N	N	Y	Y	N	Y	Y	Y	N	N	N	NR	Y
Apa	HC, Ofoke	Primary Health Clinic	N	Y	N	Y	N	N	Y	N	N	N	N	N	Y	Y	Y	N	N	N	N	Y
	HC, Ojuwo-Ojekele	Primary Health Clinic	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Otukpo	HC, Olakpoga	Primary Health Clinic	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	Y	N	N	Y	Y
	HC, Umogidi	Primary Health Clinic	Y	N	N	Y	N	N	Y	N	NR	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y
Oju	PHC, Obusa	Primary Health Centre	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
	PHC, Ucho	Primary Health Centre	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Y
	PHC, Okpoma	Primary Health Centre	N	Y	Y	Y	N	Y	Y	Y	N	Y	Y	N	Y	Y	N	N	N	N	Y	Y
Kwande	Primary Health Care Kohol	Primary Health Centre	N	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	Y
	Upev Health Clinic	Primary Health Centre	Y	N	N	N	N	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	N	N	Y

\*Y – Yes, N – No, NR – No Response

Appendix table 3: Available services across the facilities

LGA	Health facilities	Classification	Classification																			
			Routine in-patient care	Availability of dedicated delivery beds	Available modern methods of family planning	Combined oral contraceptive pills	Injectable contraceptives	Insertion of IUCD	Condoms (male and females)	Counseling and motivation for FP uptake	Availability of antenatal services	Availability of obstetric care services	Availability of newborn care services	Availability of child health services	Availability of malaria services	Distributes insecticide treated bed net to patients, their families and households	Availability of TB services	Facility designated as Directly Observed Treatment centres	Availability of HIV & AIDS services	Availability of youth friendly services	Availability of sexually transmitted infections (STIs)	Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?)
Tarka	Atso Health Care Center	Primary Health Centre	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y
	Family Support Program	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	Y	Y	Y	N	N	Y	N	Y	N
	Leemp (PHC) Uyorako	Primary Health Centre	Y	Y	N	NR	NR	NR	NR	NR	Y	N	Y	Y	Y	Y	N	N	N	N	Y	N
Vandeikya	PHC, Tyemimongo	Primary Health Centre	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y
	PHC, Ageva	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	
Agatu	HC, Adagbo	Primary Health Clinic	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	Y	Y	N	N	N	N	N	Y	N
	HC, Aila	Primary Health Clinic	N	NR	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	N	N	N	N	Y	N
	HC, Edeje	Primary Health Clinic	N	NR	N	NR	NR	NR	NR	NR	N	N	N	N	NR	N	N	N	N	N	N	N
	HP, Egba	Health Post	NR	NR	Y	Y	Y	N	Y	N	NR	N	N	N	N	N	N	N	N	N	N	N
Logo	PHC, Ikiyor	Primary Health Centre	N	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y	Y	Y	N	NR	Y	Y	Y	Y	
Apa	HC, Ofoke	Primary Health Clinic	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	N	N
	HC, Ojuwo-Ojekele	Primary Health Clinic	Y	N	N	NR	NR	NR	NR	N	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	N
Otukpo	HC, Olakpoga	Primary Health Clinic	N	NR	N	NR	NR	NR	NR	NR	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N
	HC, Umogidi	Primary Health Clinic	Y	N	N	NR	NR	NR	NR	NR	Y	N	Y	Y	Y	N	N	Y	Y	Y	Y	N
Oju	PHC, Obusa	Primary Health Centre	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	PHC, Ucho	Primary Health Centre	N	N	N	N	N	N	N	N	Y	N	Y	Y	N	N	N	N	N	Y	Y	N
	PHC, Okpoma	Primary Health Centre	N	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	N	N	N	N	Y	N	
Kwande	Primary Health Care Kohol	Primary Health Centre	Y	Y	N	NR	NR	NR	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	Y
	Upev Health Clinic	Primary Health Centre	Y	Y	N	NR	NR	NR	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	

\*Y – Yes, N – No, NR – No Response



Appendix table 4: Services support programmes

LGA	Health facilities	Classification	Drug revolving fund	Free MCH	SURE-P MCH	MSS	Community Based Health Insurance (Fund)	Safe Motherhood Demand Side Initiative	Other programmes being implemented
Otukpo	HC, Olakpoga	Primary Health Clinic	Y	Y	N	N	N	N	N
	HC, Umogidi	Primary Health Clinic	Y	Y	N	N	N	N	NR
Agatu	HP, Egba	Health Post	N	Y	N	N	N	N	N
	HC, Edeje	Primary Health Clinic	N	N	N	N	N	N	NR
	HC, Aila	Primary Health Clinic	Y	Y	N	N	N	N	N
	HC, Adagbo	Primary Health Clinic	Y	Y	N	N	N	N	NR
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	Y	N	N	N	N	N	NR
	HC, Ofoke	Primary Health Clinic	N	Y	N	N	N	Y	NR
Vandeikya	PHC, Ageva	Primary Health Centre	N	N	N	N	N	N	N
	PHC, Tyemimongo	Primary Health Centre	Y	N	N	N	N	NR	N
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	Y	Y	N	N	N	N	N
	Family Support Program	Primary Health Centre	Y	NR	NR	N	N	N	N
	Atso Health Care Center	Primary Health Centre	NR	Y	N	Y	N	N	Y
Kwande	Upev Health Clinic	Primary Health Centre	N	N	N	N	N	N	N
	Primary Health Care Kohol	Primary Health Centre	Y	Y	Y	N	N	N	N
Oju	PHC, Obusa	Primary Health Centre	Y	N	N	Y	N	Y	Y
	PHC, Ucho	Primary Health Centre	N	N	N	N	N	N	N
	PHC, Okpoma	Primary Health Centre	Y	Y	N	N	N	N	N
Logo	PHC, Ikiyor	Primary Health Centre	Y	Y	Y	N	N	N	N

\*Y – Yes, N – No, NR – No Response

### Appendix table 5: Utilization figures over 4 years

Benue: Utilization for 2011

LGA	Health facilities	Classification	Utilization figures over 4 years										Total (2011)
			Antenatal	Deliveries	Postnatal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	
<b>Otukpo</b>	HC, Olakpoga	Primary Health Clinic	0	0	0	0	0	0	0	0	463	0	<b>463</b>
	HC, Umogidi	Primary Health Clinic	0	7	0	0	0	0	0	0	0	0	<b>7</b>
<b>Agatu</b>	HP, Egba	Health Post	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	HC, Edeje	Primary Health Clinic	0	0	0	0	0	0	0	0	65	0	<b>65</b>
	HC, Aila	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	HC, Adagbo	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Apa</b>	HC, Ojuwo-Ojekele	Primary Health Clinic	0	0	0	0	0	0	0	0	63	0	<b>63</b>
	HC, Ofoke	Primary Health Clinic	215	0	0	0	0	0	0	0	315	0	<b>530</b>
<b>Vandeikya</b>	PHC, Ageva	Primary Health Centre	40	38	0	20	15	76	41	26	2,001	0	<b>2,257</b>
	PHC, Tyemimongo	Primary Health Centre	0	45	0	10	2	86	33	15	1,320	0	<b>1,511</b>
<b>Tarka</b>	Leemp (PHC) Uyorako	Primary Health Centre	0	1	0	0	0	0	0	0	81	0	<b>82</b>
	Family Support Program	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	Atso Health Care Center	Primary Health Centre	0	0	0	16	68	45	0	0	0	0	<b>129</b>
<b>Kwande</b>	Upev Health Clinic	Primary Health Centre	4	4	0	0	0	0	0	0	0	0	<b>8</b>
	Primary Health Care Kohol	Primary Health Centre	0	15	0	0	0	0	0	0	0	0	<b>15</b>
<b>Oju</b>	PHC, Obusa	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	PHC, Ucho	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	<b>0</b>
	PHC, Okpoma	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Logo</b>	PHC, Ikiyor	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>			<b>259</b>	<b>110</b>	<b>0</b>	<b>46</b>	<b>85</b>	<b>207</b>	<b>74</b>	<b>41</b>	<b>4,308</b>	<b>0</b>	<b>5,130</b>

## Benue: Utilization for 2012

LGA	Health facilities	Classification											Total (2012)
			Antenatal	Deliveries	Postnatal	Family planning (New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	
Otukpo	HC, Olakpoga	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	0
	HC, Umogidi	Primary Health Clinic	0	5	0	0	0	0	0	0	0	0	5
Agatu	HP, Egba	Health Post	0	0	0	0	0	0	0	0	0	0	0
	HC, Edeje	Primary Health Clinic	0	0	0	0	0	3	0	0	54	0	57
	HC, Aila	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	0
	HC, Adagbo	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	0
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	0	0	0	0	0	0	0	0	46	0	46
	HC, Ofoke	Primary Health Clinic	250	0	0	200	150	0	0	0	400	0	1,000
Vandeikya	PHC, Ageva	Primary Health Centre	47	45	0	17	12	68	36	42	2,018	0	2,285
	PHC, Tyemimongo	Primary Health Centre	0	36	0	5	4	56	41	71	1,750	0	1,963
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	0	4	0	0	0	0	0	0	22	0	26
	Family Support Program	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	Atso Health Care Center	Primary Health Centre	0	6	0	107	160	79	0	0	0	0	352
Kwande	Upev Health Clinic	Primary Health Centre	0	4	0	0	0	0	0	0	0	0	4
	Primary Health Care Kohol	Primary Health Centre	0	56	0	0	0	0	0	0	0	0	56
Oju	PHC, Obusa	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Ucho	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Okpoma	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
Logo	PHC, Ikiyor	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>		<b>297</b>	<b>156</b>	<b>0</b>	<b>329</b>	<b>326</b>	<b>206</b>	<b>77</b>	<b>113</b>	<b>4,290</b>	<b>0</b>	<b>5,794</b>

## Benue: Utilization for 2013

LGA	Health facilities	Classification	Antenatal	Deliveries	Postnatal	Family planning(New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2013)
Otukpo	HC, Olakpoga	Primary Health Clinic	0	0	0	0	0	0	0	0	482	0	482
	HC, Umogidi	Primary Health Clinic	42	2	0	0	0	107	20	201	941	0	1,313
Agatu	HP, Egba	Health Post	0	0	0	0	0	0	0	0	72	0	72
	HC, Edeje	Primary Health Clinic	0	0	0	0	0	5	0	0	54	0	59
	HC, Aila	Primary Health Clinic	6	0	0	0	0	183	0	183	0	0	372
	HC, Adagbo	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	0
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	0
Apa	HC, Ofoke	Primary Health Clinic	0	0	0	400	350	0	0	0	450	0	1,200
Vandeikya	PHC, Ageva	Primary Health Centre	48	41	0	15	13	82	40	33	2,025	0	2,297
	PHC, Tyemimongo	Primary Health Centre	177	42	0	106	2	72	28	93	2,001	0	2,521
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	0	5	0	0	0	0	0	0	166	0	171
	Family Support Program	Primary Health Centre	0	0	0	0	0	0	0	0	2,750	0	2,750
	Atso Health Care Center	Primary Health Centre	45	18	0	99	238	30	0	0	93	0	523
Kwande	Upev Health Clinic	Primary Health Centre	4	7	0	0	0	0	0	0	2,865	0	2,876
	Primary Health Care Kohol	Primary Health Centre	96	94	0	0	0	0	0	0	5,038	0	5,228
Oju	PHC, Obusa	Primary Health Centre	87	0	0	3	4	0	0	0	0	0	94
	PHC, Ucho	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Okpoma	Primary Health Centre	87	0	0	3	4	0	0	0	21	0	115
Logo	PHC, Ikiyor	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>		<b>592</b>	<b>209</b>	<b>0</b>	<b>626</b>	<b>611</b>	<b>479</b>	<b>88</b>	<b>510</b>	<b>16,958</b>	<b>0</b>	<b>20,073</b>

## Benue: Utilization for 2013

LGA	Health facilities	Classification	Antenatal	Deliveries	Postnatal	Family planning(New clients)	Family planning (Revisits)	Under 5	Adolescents (10 – 19 years)	GOPD (20 years & above)	Immunization (total/year)	Food demonstration	Total (2014)
Otukpo	HC, Olakpoga	Primary Health Clinic	30	6	0	0	0	0	0	0	425	0	461
	HC, Umogidi	Primary Health Clinic	64	2	0	0	0	135	37	99	494	0	831
Agatu	HP, Egba	Health Post	0	7	0	0	0	0	0	0	80	0	87
	HC, Edeje	Primary Health Clinic	0	0	0	0	0	27	0	0	31	0	58
	HC, Aila	Primary Health Clinic	33	0	0	19	3	643	0	239	210	0	1,147
	HC, Adagbo	Primary Health Clinic	30	0	0	0	0	25	34	131	317	0	537
Apa	HC, Ojuwo-Ojekele	Primary Health Clinic	0	0	0	0	0	0	0	0	0	0	0
	HC, Ofoke	Primary Health Clinic	0	0	0	200	100	0	0	0	300	0	600
Vandeikya	PHC, Ageva	Primary Health Centre	35	34	0	125	2	57	35	26	2,009	0	2,323
	PHC, Tyemimongo	Primary Health Centre	201	37	0	76	0	54	56	79	2,132	0	2,635
Tarka	Leemp (PHC) Uyorako	Primary Health Centre	0	0	0	0	0	0	0	0	408	0	408
	Family Support Program	Primary Health Centre	87	8	0	0	0	0	0	0	2,894	0	2,989
	Atso Health Care Center	Primary Health Centre	84	14	0	64	176	19	0	0	104	0	461
Kwande	Upev Health Clinic	Primary Health Centre	116	56	10	0	0	254	62	215	4,318	0	5,031
	Primary Health Care Kohol	Primary Health Centre	249	127	15	203	0	0	0	453	4,413	0	5,460
Oju	PHC, Obusa	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Ucho	Primary Health Centre	1	1	0	0	0	0	0	0	284	0	286
	PHC, Okpoma	Primary Health Centre	106	0	0	2	5	0	0	6	0	0	119
Logo	PHC, Ikiyor	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>		<b>1,036</b>	<b>292</b>	<b>25</b>	<b>689</b>	<b>286</b>	<b>1,214</b>	<b>224</b>	<b>1,248</b>	<b>18,419</b>	<b>0</b>	<b>23,433</b>

## List of Respondents

State	Name	Designation	Phone Number
Benue	Jeh D Derick	M & E	08065715282
	Esther Adetsav	CHO	
	Iortyer Pine	SCHEW	08062707000, 08150241548
	Luga Aondoakan	Attendant	07065549294
	Aja Dickson	OIC	08168001499
	Ode Egboja	OIC HCT	08069680917
	Ikawu Agnes	OIC	08147238268
	Ajiga Jackson	M & E Officer	08065916313
	Tsavnande Betty	OIC	08092268768
	Awen Judith	OC	07089382771
	Becky Audu	PHC Coordinator	08061118883
	Margaret Owoicho	H.O.D Health	08059028110
	James Onoja	OIC Umogidi	08155521170
	Edoh Joseph	OIC Olakpoga	08117211396
	Musa Reuben	Health Officer, Ofoke	-
	Adeka Felix	OIC Aila	-
	Com. Ikoja	OIC Adagbo	07057218500
	Christian Odei	OIC Edeje	-
	Mr James	Health Officer, Egba	08056772490
	Ojima Solomon	Health Officer, Ojuwo- Ojekele	07052932086
Ochoga Sunday	H.O.D Health	08063058871	

## Photos

**Below:** Community member in Ojuwo-Ojekele providing answers to the Client Satisfaction form



**Below:** The PHC in Alifeti that is supposed to serve the neighbouring communities including Ojuwo-Ojekele.



**Below:** The HP in EGBA that hasn't been commissioned and is not in use



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



