Assessment of Primary Health Centres in selected States of Nigeria

Report of findings from Christian Aid Supported Communities in Plateau State

July, 2015

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Cover: PHC Danto, Plateau State

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List of Acronyms

ANC	Antenatal Care
AOS	Available on Site
BEmOC	Basic Emergency Obstetric Care
CAID	Christian Aid
CBHIS	Community Based Health Insurance Scheme
CDC	Community Development Committee
CHEW	Community Health Extension Worker
JCHEW	Junior 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
HCP	Health Care Professionals
HMIS	Health Management Information System
HTN	Hypertension
ICRAM	Improving Community Response to Management of Malaria
IMCI	Integrated management of childhood illness
IMPAC	Integrated Management of Pregnancy and Childbirth
IPT	Intermittent Preventive Treatment
IUCD	intrauterine contraceptive device
JCHEW	Junior Community Health Extension Workers
LGA	Local Government Area
MCH	Maternal and Child Health
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
VDRL	Venereal Disease Research Laboratory

Executive summary

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

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

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

This report provides an analysis of the status of PHCs in Plateau 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 covered a total of 13 PHCs serving the CAID-supported communities spread across 6 LGAs (Langtang South (4 PHCs), Barakin Ladi (2 PHCs), Mikang (3 PHCs), Riyom (1 PHC), Jos East (1 PHC), and Kanke (2 PHCs)). Under the supervision of a consultant, data was collected using quantitative and qualitative data collection tools- which includes Service Availability and Readiness Assessment (SARA) and Service Availability Mapping (SAM) tools, and client exit interviews

Findings from this assessment show that:

- Most of the facilities were relatively in good conditions structurally, 4 of which require renovation; 2 minor renovations (PHCs Talgwang and Danto), and 2 major renovations (PHCs Nagane and Sabon Fobur).

- Regarding accommodation for staff, only 4 facilities (PHCs Amper, Gamakai, Mabudi and Danto) have provision for accommodation for their staff.

- Most of the facilities are also faced with challenges of power supply. Most of the assessed facilities utilize alternate power sources like solar power supply and generator as only 4 facilities (PHCs Amper, Shiwer, Din and Mabudi) were found connected to the national power grid.

- There are challenges of access to clean water in most of the facilities. PHC Gamakai had no source of water within the facility, while dug wells and boreholes are the main source of water for the other facilities.

- There are access roads to all the PHCs with only 2 of these roads (leading to PHCs Mabudi and Sabon Fobur) tarred.

- The referral system is also not in good condition as only 2 facilities (PHcs Gamakai and Shiwer) have ambulance vehicles for emergency transport responses.

- There were insufficiencies in the number of professional health workers in the facilities as CHEWs and JCHEWs were the most available cadre of staff overall across the 13 PHCs. Medical officers were only available in 3 facilities (PHCs Gamakai, Sabon Fobur and Amper), while up to 8 facilities (PHCs Gamakai, Talgwang, Mabudi, Beltep, Lalin, Din, Shiwar and Ampa) have nurses/ midwives.

- Training across all these facilities focus on areas like family planning, ANC, HIV/PMTCT, IPT malaria and child services (immunization and infant feeding). However, of the 13 PHCs assessed, two had no staff trained on Intermittent Preventive treatment (IPT) of malaria in pregnancy.

- Free MCH scheme was available in 7 of the facilities visited while Drug Revolving Fund (DRF) was operative only in 6 of the facilities.

- There was availability of registers across all the PHCs where there were responses except in PHCs Danto, and Rabuwak, where there were no discharge summary registers.

- Across all the 13 facilities visited in the state, services have been widely and relatively available. PHC Talgwang was the only facility that does not provide routine in-patient care services.

- Laboratory services were not available on-site across all the facilities. In some instances, some facilities do not have access to laboratory services whether onsite or off-site.

- There was a general significant increase in service utilization across all the facilities between 2011 and 2014 except with the utilization of delivery and postnatal services where the increase recorded concerning both were not significant over the 4-year period.

- Majority of the clients across the 13 facilities trusts in the skills and abilities of health workers.

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.

- 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 PHC point etc.

- The delivery and postnatal services, should be improved upon 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 PHCs.

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

Background

Plateau State Profile

Plateau state is located in the North Central geo-political zone of the country between latitude 80°24'N and longitude 80°32' and 100°38' east and has an area of 26,899 square kilometres. Plateau State shares common boundaries with Bauchi state in the north, Nasarawa state in the south, Taraba state in the east and Kaduna state in the west.

Its population is estimated at about three million[1] and with a growth rate of 2.7%, projections are put at 4,116,238 by 2015[2]. The state has 17 LGAs spread across various cities and rural areas with Jos being both the capital and commercial city.

Below: Map of Nigeria showing Plateau Statet

Plateau State Health Profile

Health Facilities

Plateau state has 940 Primary Health Care (PHC) Facilities, 59 Secondary Health Facilities and 2 tertiary Health Facilities (1- FGN owned teaching hospital, 1- State specialist hospital). Most of the secondary health facilities (>50%) are owned by NGOs, private and faith based organisations[3]

Facility Selection and Coverage

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

Health Workers in Plateau State

Plateau state has 589 doctors, 1772 nurses and midwives in the private and government secondary health facilities. The Jos University Teaching Hospital accounts for more than 70% of doctors and more than 25% of nurses in the state. There is mal-distribution of Health Care Professionals (HCP) due to their concentration in JUTH and Plateau state specialist hospital (Jos North LGA). The HCP ratio per 1000 population in the State is 1.4/1000 population as compared to the country's standard of 2 per 1000 and WHO's recommended ratio of 2.5 per 1000[4].

Ante-Natal Care (ANC)

63.1% of pregnant women received ante-natal care from a skilled health provider. 35.8% of live births were delivered by a skilled provider while 35.8% of the live births were delivered in a health facility; 22.2% and 13.6% in public and private facilities respectively[5].

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[1] http://www.nigeria.gov.ng/2012-10-29-11-06-21/north-central-states/plateau-state

[2] http://nigeria.unfpa.org/plateau.html

[3] Plateau STATE STRATEGIC HEALTH DEVELOPMENT PLAN (2010 – 2015). Retrieved on the 7th February, 2015 from: http://www.mamaye.org/sites/default/files/evidence/PLATEAU05.01.2011.pdf

[4] Plateau STATE STRATEGIC HEALTH DEVELOPMENT PLAN (2010 – 2015). Retrieved on the 7th February, 2015 from: http://www.mamaye.org/sites/default/files/evidence/PLATEAU05.01.2011.pdf

[5] NDHS 2013

Immunization Coverage

23.6% of children between the ages of 12-23 months received all basic immunizations- BCG, measles, and 3 doses each of DPT and polio vaccine (excluding polio vaccine given at birth)[6].

Malaria and Diarrhoea Diseases

Insecticide treated nets usage is considered the most cost effective way of preventing malaria. In under-5 children, prevalence of malaria and diarrhoea are 12.5% and 5.6% respectively[7].

The percentage of households with at least one mosquito net in Plateau state were captured as follows; 59.7% has any mosquito net, 57.2% with insecticide treated mosquito net (ITN), and 56.9% has long lasting insecticidal net (LLIN). In average, there are 1.1 LLIN per households in the state.

Furthermore, the percentage number of persons who slept under these nets were also analysed to reveal that 15.8% slept under any mosquito net, 15.4% slept under insecticide treated net, and 15.2% slept under long lasting insecticidal net.[8]

Knowledge of Family Planning and HIV/AIDS

The knowledge of contraception amongst women and men age 15-49 is quite high as 82% of women and 89.9% of men have heard of at least one modern method of contraception. However, only 14.4% of women use a modern method of family planning. Also, the knowledge of HIV/AIDS is prevalent as 80.6% of women and 88.9% of men[9] are aware.

[6] NDHS 2013
[7] NDHS 2013
[8] NDHS 2013
[9] NDHS 2013

Facilities Visited in Plateau State

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

Table 1: Basic profile of facilities assessed

LGAs	Health Facilities	Classification	Operating Hours	Sector	Number of communities they serve	Distance between the facility and the farthest community	Catchment area population
Langtang South	PHC, Nagane	Primary Health Centre	24 Hours	Rural	1		2,500
	PHC, Gamakai	Primary Health Centre	24 Hours	Rural	4	4 km	15,000
	PHC, Talgwang	Primary Health Centre	24 Hours	Rural	4	1.5 km	
	PHC, Mabudi	Primary Health Centre	24 Hours	Rural			
Barakin Ladi	PHC, Rabuwak	Primary Health Centre	24 Hours	Rural	9	2 km	10,000
	PHC, Gashet	Primary Health Centre	24 Hours	Rural	5	3 km	500
Mikang	PHC, Baltep	Primary Health Centre	24 Hours	Rural	6		
	PHC, Lalin	Primary Health Centre	24 Hours	Rural	36		
	PHC, Din	Primary Health Centre	24 Hours	Rural	4	8 km	
Riyom	PHC, Danto	Primary Health Centre	24 Hours	Rural	12	2 km	7,000
Jos East	PHC, Sabon Fobur	Primary Health Centre	24 Hours	Rural	4	5 km	
Kanke	PHC, Shiwer	Primary Health Centre	24 Hours	Rural	1	10 km	1,689
	PHC, Amper	Primary Health Centre	24 Hours	Rural	10	5 km	

Key: PHC- Primary Health Centre M-PHC- Maternity/ Primary Health Clinic, HP – Health post

Key Findings

Infrastructural and Human Resource Capabilities

Infrastructure

The availability of the various infrastructures required to effectively provide services to the clients are represented in this section.

The buildings of some of the 13 PHCs visited in the survey were found to be in good condition, with 4 of them in need of renovation. (PHCs Danto and Talgwang in need of minor renovation, while PHCs Sabon Fobur and Nagane need major renovation)

Below: PHC Nagane, in need of major renovation

Below: PHC Talwang, in need of minor renovation

4 out of the 13 facilities provide accommodation for staff in line with the minimum standard for PHC in Nigeria. There are access roads to all the PHCs with 2 of them tarred. Only PHCs Gamakai and Shiver have one ambulance each for emergency transportation. There is a central source of electricity in 4 PHCs in the state. Dug well and borehole are the main sources of water for the facilities, with only one PHC (PHC, Gamakai) having no source of water within the premises. *(The summary table showing the extent of available infrastructures in the 13 facilities surveyed in the state is in the appendix table 1)*

The table below highlights the available infrastructures in the facilities compared to the basic NPHCDA standard requirements.

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

LGA	Health Facilities	Classification	Physical infrastructure							Communication			Referral and emergency response	
			Wall in good condition	Roof in good Condition	Have delivery beds	Connected to the national electricity grid	Have an alternative Power source	Have motorized borehole	Have functional toilet facilities	Have a functioning Mobile telephone	Have a functioning computer	Have access to internet	Ambulance	Bicycle/motorcycle /tricycle
Langtang South	PHC, Nagane	Primary Health Centre	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
	PHC, Gamakai	Primary Health Centre	✗	✓	✓	✗	✓	✗	✓	✗	✗	✗	✓	✗
	PHC, Talgwang	Primary Health Centre	✗	✗	✗	✗	✓	✗	✗	✗	✓	✓	✗	✗
	PHC, Mabudi	Primary Health Centre	✗	✗	✓	✓	✓	✗	✓	✗	✗	✗	✗	✗
Barakin Ladi	PHC, Gashet	Primary Health Centre	✓	✓	✓	✗	✓	✗	✗	✓	✗	✗	✗	✗
	PHC, Rabuwak	Primary Health Centre	✓	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
Mikang	PHC, Baltep	Primary Health Centre	✓	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗
	PHC, Lalin	Primary Health Centre	✗	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗	✗
	PHC, Din	Primary Health Centre	✗	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗	✗
Riyom	PHC, Danto	Primary Health Centre	✗	✗	✓	✗	✗	✗	✗	✓	✗	✗	✗	✗
Jos East	PHC, Sabon Fobur	Primary Health Centre	✗	✗	✓	✗	✓	✗	✓	✓	✗	✗	✗	✗
Kanke	PHC, Shiwer	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗
	PHC, Amper	Primary Health Centre	✓	✓	✗	✓	✗	✗	✓	✓	✗	✗	✗	✗

✗ - Standard not met, ✓ - Standard met

Only PHCs Gamakai and Shiwer were found to have ambulances for referral and emergency response services. *(Please see appendix for the detailed findings of infrastructures available in the facilities.)*

Basic Equipment

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

Table 3: Basic equipment

LGA	Health Facilities	Classification	Blood Pressure Machine or Cuff	Stethoscope	Adult weighing scale	Infant scale	Thermometer for measuring body temperature	Light source to ensure visibility	Infusion kits for intravenous solution	Needle holder	Scalpel handle with blade	Retractor	Surgical scissors	Nasogastric Tubes 10-16 FG	Tourniquet	Sutures both absorbable and non-absorbable	Self-inflating bag and mask for resuscitation-adult	Self-inflating bag and mask for resuscitation-pediatrics	Micro-nebulizer	Equipment to measure oxygen saturation	oxygen distribution system	commodity stock-out in the last one month
Kanke	PHC, Amper	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	AF	NA	AF	AF	NA	NA	NA	NR	NR	NR
	PHC, Shiwer	Primary Health Centre	AF	AF'	AF	AF	NA	AF	NA	AF	AF	NA	AF	NA	AF	NA	NA	NA	NA	NR	NR	NR
Mikang	PHC, Baltep	Primary Health Centre	AF	AF	AF	AF	AF	NR	AF	AF	AF	NR	AF	NR	AF	AF	AF	AF	AF	AF	AF	NA
	PHC, Lalin	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF	NA	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	NA
	PHC, Din	Primary Health Centre	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	AF	NA	AF	AF	NA	NA	NA	NA	NA	NA
Langtang South	PHC, Nagane	Primary Health Centre	NA	NA	NA	NA	NA	AF	AF	NR	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	NR
	PHC, Gamakai	Primary Health Centre	AF	AF	AF	AF	AF	AF	NA	AF	AF	AF	AF	AF	AF	AF	NA	NA	NA	NA	NA	AF
	PHC, Talgwang	Primary Health Centre	NA	AF	AF	NA	NR	NR	NA	NA	NA	NA	NA	NR	AF	AF	NA	NA	NA	NA	NA	NR
	PHC, Mabudi	Primary Health Centre	AF	AF	AF	NA	AF	AF	AF	AF	AF	NA	AF	NA	AF	AF	NA	NA	NA	NA	NA	NR
Barakin Ladi	PHC, Gashet	Primary Health Centre	NA	AF	AF	NA	AF	NA	NA	NA	NA	NA	AF	NA	NA	NA	NA	NA	NA	NA	NA	NR
	PHC, Rabuwak	Primary Health Centre	AF	AF	AF	NA	AF	AF	AF	NA	NA	AF	NA	NA	AF	NA	NA	NA	NA	NA	NA	NA
Riyom	PHC, Danto	Primary Health Centre	AF	AF	AF	AF	AF	NA	NA	NA	NR	NA	NA	NA	NA	AF	NA	NA	NA	NA	NA	NR
Jos East	PHC, Sabon	Primary Health Centre	AF	NA	NA	AF	NA	AF	NA	NA	NA	NA	NA	NA	AF	AF	NA	NA	NA	NA	NA	NR

	Fobur																				

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

From the table above, blood pressure machines were available in all the PHCs in the state with the exception of two of them (PHCs Gashet and Nagane). Stethoscope and adult weighing scale is not available in just two of the facilities (PHCs Sabon Fobur and Nagane). Five out of the thirteen PHCs have no infant scale. Only one facility (PHC Baltep) has self-inflating bag and mask for resuscitation-(paediatrics and adult), micro nebulizer, equipment to measure oxygen saturation and oxygen distribution system. Latex gloves are not available in five PHCs.

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)
Langtang South	PHC, Nagane	Primary Health Centre	✖	✖	✖	✖	✖	✓	✖	✖	✓	✖	✖	✖
	PHC, Gamakai	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✖	✖
	PHC, Talgwang	Primary Health Centre	✖	✓	✓	✖	✖	✖	✖	✖	✓	✖	✖	✖
	PHC, Mabudi	Primary Health Centre	✓	✓	✓	✖	✓	✓	✓	✓	✓	✓	✖	✖
Barakin Ladi	PHC, Gashet	Primary Health Centre	✖	✓	✓	✖	✓	✖	✖	✖	✖	✖	✖	✖
	PHC, Rabuwak	Primary Health Centre	✓	✓	✓	✖	✓	✓	✖	✖	✓	✓	✖	✖
Mikang	PHC, Baltep	Primary Health Centre	✓	✓	✓	✓	✓	✖	✓	✓	✓	✓	✓	✓
	PHC, Lalin	Primary Health Centre	✓	✓	✓	✓	✓	✖	✖	✖	✓	✓	✖	✖
	PHC, Din	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✖	✖
Riyom	PHC, Danto	Primary Health Centre	✓	✓	✓	✓	✓	✖	✖	✖	✖	✓	✖	✖
Jos East	PHC, Sabon Fobur	Primary Health Centre	✓	✖	✖	✓	✖	✓	✖	✖	✓	✖	✖	✖
Kanke	PHC, Shiwer	Primary Health Centre	✓	✓	✓	✓	✖	✓	✓	✓	✓	✓	✖	✖
	PHC, Amper	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✖	✓	✓	✖	✖

✖ - Standard not met, ✓ - standard met

Human Resources

The human resource capacities of the PHCs were captured to determine the efficiency of health service delivery in the communities.

It was observed that only 3 facilities (PHCs Gamakai, Amper and Sabon Fobur) have a medical officer. There was a pharmacist in only one PHC (Talgwang), and pharmacy technician in only PHC Sabon Fobur. There was no laboratory technician in two of the facilities (PHCs Nagane, Mabudi, Shiwer, and Rabuwak). Also, transport personnel are only available in two PHCs (Gamakai and Sabon Fobur).

The table below summarizes the human resource findings from all the visited facilities in the state.

Table 5: Human resources

LGA	Health Facilities	Classification	Medical officers	Staff Nurse / Midwife	CHO	CHEW	JCHEW	Pharmacy Technician	Lab. Tech.	Environ. officer	Medical Records Officer	Health Attendants	Security personnel	Cleaners (Gen. Maint)	Laundry (Gen. Maint)	Gardeners (Gen. Maint)
Langtang South	PHC, Nagane	Primary Health Centre	0	0	0	2	1	0	0	2	0	0	2	3	0	0
	PHC, Gamakai	Primary Health Centre	1	2	3	4	2	0	2	3	2	3	4	0	0	0
	PHC, Talgwang	Primary Health Centre	0	1	1	2	0	0	1	7	2	0	1	3	0	0
	PHC, Mabudi	Primary Health Centre	0	1	0	2	4	0	0	1	7	2	0	0	0	0
Barakin Ladi	PHC, Gashet	Primary Health Centre	0	0	0	0	1	0	1	1	0	1	0	0	0	0
	PHC, Rabuwak	Primary Health Centre	0	0	0	2	0	0	0	0	0	4	0	0	0	0
Mikang	PHC, Baltep	Primary Health Centre	0	1	1	1	1	0	1	1	0	6	1	0	0	0
	PHC, Lalin	Primary Health Centre	0	3	0	9	1	0	1	1	1	0	1	5	0	2
	PHC, Din	Primary Health Centre	0	1	1	1	1	0	1	1	0	0	1	2	0	0
Riyom	PHC, Danto	Primary Health Centre	0	0	1	1	1	0	2	1	0	2	0	0	0	0
Jos East	PHC, Sabon Fobur	Primary Health Centre	2	0	3	1	0	2	1	1	3	0	0	0	0	0
Kanke	PHC, Shiwer	Primary Health Centre	0	1	1	0	1	0	0	1	0	0	1	3	0	0
	PHC, Amper	Primary Health Centre	1	2	0	2	4	0	2	2	2	0	2	6	0	0

The table below compares the available human resources with the basic NPHCDA standard requirement for PHCs. One facility met the basic standard requirement for the number of JCHEW (Junior Community Health Extension Workers)

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

LGA	Health Facilities	Classification	Medical officers (1)	Staff Nurse /Midwife (4)	CHO (1)	CHEW (3)	JCHEW (6)	Pharmacy Technician (1)	Lab. Tech. (1)	Environ. Officer (1)	Medical Records Officer (1)	Health Attendants (2)	Security personnel (2)	General Maint. Staff (1)
Langtang South	PHC, Nagane	Primary Health Centre	×	×	×	×	×	×	×	✓	×	×	✓	✓
	PHC, Gamakai	Primary Health Centre	✓	×	✓	✓	×	×	✓	✓	✓	✓	✓	×
	PHC, Talgwang	Primary Health Centre	×	×	✓	×	×	×	✓	✓	✓	×	×	✓
	PHC, Mabudi	Primary Health Centre	×	×	×	×	×	×	×	✓	✓	✓	×	×
Barakin Ladi	PHC, Gashet	Primary Health Centre	×	×	×	×	×	×	✓	✓	×	×	×	×
	PHC, Rabuwak	Primary Health Centre	×	×	×	×	×	×	×	×	×	✓	×	×
Mikang	PHC, Baltep	Primary Health Centre	×	×	✓	×	×	×	✓	✓	×	✓	×	×
	PHC, Lalin	Primary Health Centre	×	×	×	✓	×	×	✓	✓	✓	×	×	✓
	PHC, Din	Primary Health Centre	×	×	✓	×	×	×	✓	✓	×	×	×	✓
Riyom	PHC, Danto	Primary Health Centre	×	×	✓	×	×	×	✓	✓	×	✓	×	×
Jos East	PHC, Sabon Fobur	Primary Health Centre	✓	×	✓	×	×	✓	✓	✓	✓	×	×	×
Kanke	PHC, Shiwer	Primary Health Centre	×	×	✓	×	×	×	×	✓	×	×	×	✓
	PHC, Amper	Primary Health Centre	✓	×	×	×	×	×	✓	✓	✓	×	✓	✓

× - Standard not met, ✓ - standard met

Training and Capacity Building Needs

The availability of skills required to carry-out specific tasks effectively was analysed across the PHCs visited in the state. Only one facility (PHC Gashet) had a staff who had not received training on family planning and antenatal care. 5 facilities have trained staff on diabetes diagnosis. Three PHCs had no training on HIV testing and HIV & AIDS counselling. Two facilities had no trained staff on hypertension diagnosis and infant and young child feeding counselling.

Of the 13 PHCs assessed, two had no training on Intermittent Preventive treatment (IPT) of malaria in pregnancy. Some of the staff in the facilities visited opined that there is need for staff training and re-training including refresher trainings. *(Please see the table in the appendix for detailed findings across the 13 facilities in the state.)*

Table 7: Training and capacity building needs

Training domain	(N=13 facilities) N (%)
Health care waste management practices	1(7.7)
Family planning	12(92.3)
Antenatal care	12(92.3)
Infant and young child feeding counselling	11(84.6)
Basic Emergency Obstetric Care (BEmOC) or Integrated Management of Pregnancy and Childbirth (IMPAC)	6(46.2)
Integrated management of childhood illness (IMCI)	6(46.2)
Expanded programme on immunization (EPI)	12(92.3)
Promotion of proper nutrition and food education	8(61.5)
Modified Life Saving Skills	7(53.9)
Diagnosis and treatment of malaria	11(84.6)
Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	11(84.6)
Diagnosis and treatment of tuberculosis (including case management and tracing)	7(53.9)
HIV & AIDS counselling	10(76.9)
HIV testing	9(69.2)
Prevention of mother to child transmission (PMTCT) of HIV	9(69.2)
Management of TB/HIV co-infection	5(38.5)
Treatment of OIs	8(61.5)
Diabetes diagnosis	5(38.5)
Hypertension diagnosis	11(84.6)
Need for other training needs	10(76.9)

Status of Available Services

This section expresses the services provided across the thirteen facilities in the state. It shows that the facilities currently have the capacities to provide to the catchment communities, majority of the essential services provided by a PHC.

Only one PHC (PHC Lalin) does not provide combined oral contraceptive pills services. All the facilities provide routine in-patient care except PHC Talgwang. Insertion of IUCD is provided by only two PHCs (PHCs Din and Shiwer).

The table below elaborates the available services provided in the state. *(Please see appendix table 3 for the detailed available services in the facilities.)*

Table 8: Available Services

Available Services	(N=13 facilities) N (%)
Routine in-patient care	12 (92.3)
Availability of dedicated delivery beds	10 (76.9)
Available modern methods of family planning	10 (76.9)
Combined oral contraceptive pills	12 (92.3)
Injectable contraceptives	13 (100)
Insertion of IUCD	3 (23.1)
Condoms (male and females)	11 (84.6)
Counselling and motivation for FP uptake	13 (100.0)
Availability of antenatal services	13 (100.0)
Availability of obstetric care services	11 (84.6)
Availability of newborn care services	12 (92.3)
Availability of child health services	11 (84.6)
Availability of malaria services	13 (100)
Distributes insecticide treated bed net distribution to patients, their families and households	6 (46.2)
Availability of TB services	6 (46.2)
Facility designated as Directly Observed Treatment centres	6 (46.2)
Availability of HIV & AIDS services	10 (76.9)
Availability of youth friendly services	10 (76.9)
Availability of sexually transmitted infections (STIs)	6 (46.2)
Availability of laboratory services (e.g. collection of specimens, laboratory tests, and rapid diagnostic tests?	7 (53.8)

Please see below the comparison of the available services with NPHCDA standard

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

			Available services											
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)
Langtang South	PHC, Nagane	Primary Health Centre	✓	✓	✓	✓	✓	✓	×	✓	×	×	×	✓
	PHC, Gamakai	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓
	PHC, Talgwang	Primary Health Centre	✓	✓	✓	×	✓	×	×	✓	✓	×	×	✓
	PHC, Mabudi	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	×	×	×	✓
Barakin Ladi	PHC, Gashet	Primary Health Centre	✓	✓	✓	✓	✓	×	×	✓	✓	×	✓	✓
	PHC, Rabuwak	Primary Health Centre	✓	✓	×	✓	✓	✓	×	✓	×	✓	✓	✓
Mikang	PHC, Baltep	Primary Health Centre	✓	×	✓	×	✓	✓	✓	✓	×	✓	✓	✓
	PHC, Lalin	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓
	PHC, Din	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Riyom	PHC, Danto	Primary Health Centre	✓	✓	✓	✓	✓	×	×	✓	×	✓	✓	✓
Jos East	PHC, Sabon Fobur	Primary Health Centre	✓	✓	✓	✓	✓	✓	×	✓	×	✓	✓	✓
Kanke	PHC, Shiwer	Primary Health Centre	✓	×	✓	×	✓	✓	×	✓	×	×	×	✓
	PHC, Amper	Primary Health Centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓

× - Standard not met, ✓ - standard met

Laboratory Services

Laboratory services are one of the services considered during the survey. The detailed analysis on the availability of various laboratory tests in all the 13 facilities visited is presented in this section.

Table 10: Laboratory services

	(N=13 facilities)		
Laboratory Tests	**AOS, from others N (%)**	**AOS, facility only N (%)**	**NA N (%)**
Glucose – dipstick	2 (15.4)	2 (15.4)	5 (38.5)
Glucose - manual method	2 (15.4)	3 (23.1)	4 (30.8)
Glucose – glucometer	2 (15.4)	3 (23.1)	2 (15.4)
Pregnancy testing by urine rapid test	5 (38.5)	4 (30.8)	2 (15.4)
Hemoglobin (Hb) estimation automatic hemoglobinometer	4 (30.8)	4 (30.8)	3 (23.1)
Hb estimation by manual method	4 (30.8)	2 (15.4)	3 (23.1)
CD4 count – absolute	0 (0.0)	1 (7.7)	1 (7.7)
CD4 count - percentage	0 (0.0)	1 (7.7)	1 (7.7)
Malaria thick films	0 (0.0)	0 (0.0)	10 (76.9)
Malaria thin films	3 (23.1)	6 (46.2)	2 (15.4)
Malaria RDTs	6 (46.2)	6 (46.2)	0 (0.0)
Concentrated Ziehl-Neelsen (ZN) sputum smears-centrifugation	0 (0.0)	1 (7.7)	4 (30.8)
Mantoux test	0 (0.0)	1 (7.7)	8 (61.5)
Syphilis detection test (VDRL, RPR)	0 (0.0)	3 (23.1)	2 (15.4)
Sputum culture for TB diagnosis	1 (7.7)	3 (23.1)	1 (7.7)
HIV antibody testing by RDT	5 (38.5)	6 (46.2)	0 (0.0)
Hepatitis B testing by RDT	6 (46.2)	4 (30.8)	0 (0.0)
Hepatitis C testing by RDT	0 (0.0)	1 (7.7)	4 (30.8)

AOS – Available on site, NA – No Available

Under-five Specialized Services

This section speaks to basic under-5 services that the facilities in the supported communities provide regularly to under-five children at the various PHCs

Table 11: Available services for under-5 children

Available Services	**N=(13 facilities) N%**	
	Yes	**NR**
Routine Vitamin A supplementation	5 (38.5)	1 (7.7)
Iron supplementation	10 (76.9)	0 (0.0)
Growth monitoring	10 (76.9)	0 (0.0)
Treatment of child malnutrition	12 (92.3)	0 (0.0)
Zinc supplementation	6 (46.2)	1 (7.7)
Immunization services	13 (100)	0 (0.0)
Are Measles, DPT-HB, Polio and BCG vaccines available?	12 (92.3)	0 (0.0)

Service Support Programmes & Schemes

The programmes and schemes (donor-funded or government –supported) that are available across the CAID –supported communities PHCs are captured in this section.
From the findings, free MCH scheme is available in 53.8% of the facilities visited. Hence, Drug revolving Fund follows with 46.1% availability in the PHCs.

The table below outlines the available scheme/programmes across the facilities in Plateau state. *(The detailed service support programmes per facility table is seen in appendix table)*

Table 12: Service Support Programmes (summary in the State)

Support Programme	(N=13) N (%)
	Available
Drug revolving fund	6 (46.1)
Free MCH	7 (53.8)
SURE-P MCH	5 (38.5)
MSS	1 (7.7)
Community Based Health Insurance (Fund)	0 (0.0)
Safe Motherhood Demand Side Initiative	2 (15.4)
Other programmes being implemented	7 (53.9)

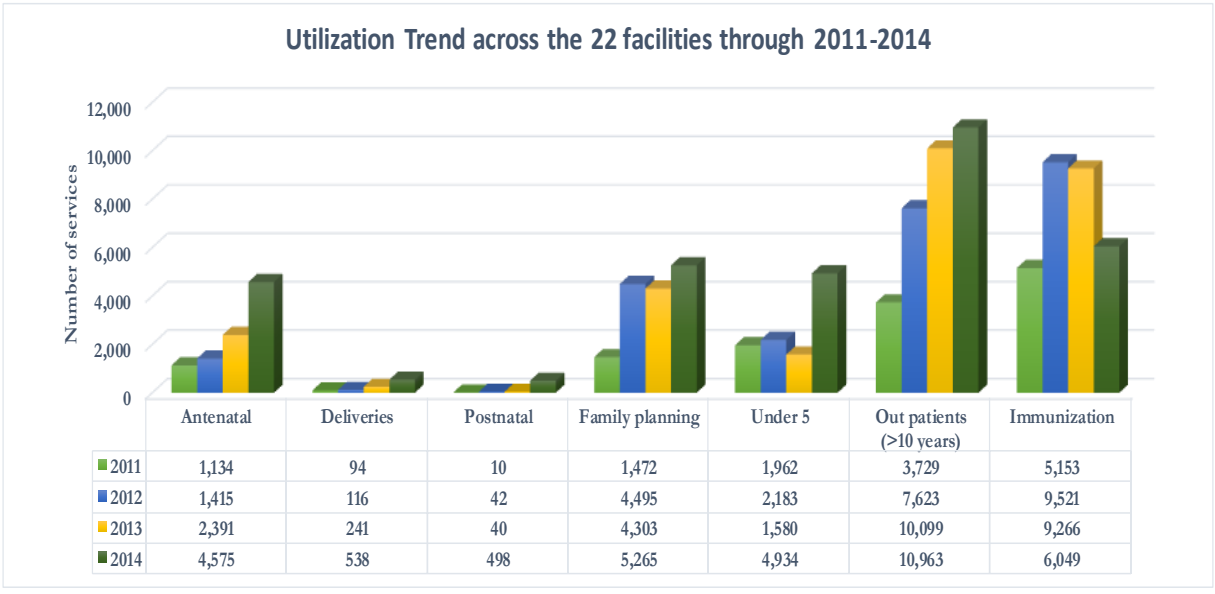
Utilization and Service Delivery

Service Utilization Trends

This section shows the progress recorded in the areas of service utilization of healthcare services across the various PHCs located in CAID supported communities in Plateau State over a period of 4 years.

The chart below represents the trend of the utilization figure in the period of 2011 – 2014 in the facilities.
The detailed analysis of utilization across the thirteen PHCs in the state is found in appendix table

Figure 1: Utilization figures from 2011-2014



	Antenatal	Deliveries	Postnatal	Family planning	Under 5	Out patients (>10 years)	Immunization
2011	1,134	94	10	1,472	1,962	3,729	5,153
2012	1,415	116	42	4,495	2,183	7,623	9,521
2013	2,391	241	40	4,303	1,580	10,099	9,266
2014	4,575	538	498	5,265	4,934	10,963	6,049

The chart shows that there were no significant improvement in the utility of delivery and postnatal services in the facilities over the years considered; 2011 – 2014. Improved quality service delivery were observed on out-patients (>10years) and immunization services in the facilities over the years considered.

Health Management Information System

This section highlights the availability of required documentation 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&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	Room Thermometer available	Bin card	Daily dispensing registers	Requisition books	Monthly Pharmaceutical /Lab inventory	Updated Inventory control/stock cards	Minimum Re-order level for drugs stocked	Experience of Stock-out in the last month
Kanke	PHC, Amper	Primary Health Centre	AA	AA	AA	NR	NA	NR	NA	AA	AA	AA	AA	AA	NR	AA	NR	AA	AA	N
	PHC, Shiwer	Primary Health Centre	NA	AA	AA	AS	NA	NR	AA	NA	AA	NA	NA	AA	NR	NR	AA	NA	NA	Y
Mikang	PHC, Baltep	Primary Health Centre	NA	NR	NA	NA	NA	NA	NR	AA	AA	AA	AA	NA	NR	NR	NR	AA	AA	N
	PHC, Din	Primary Health Centre	NA	AA	AA	NA	NA	AA	AA	AA	NA	NA	AA	AA	NR	NR	NR	NA	AA	N
	PHC, Lalin	Primary Health Centre	NA	AS	NA	NA	NA	NA	NA	NA	NA	NA	NR	AA	NA	NR	AA	NA	AA	N
Langtang South	PHC, Nagane	Primary Health Centre	NA	NA	AA	AA	NA	NR	AA	NR	NA	NA	NA	NA	NR	NR	NR	NA	NA	N
	PHC, Gamakai	Primary Health Centre	NA	AA	AA	AA	NA	AA	AA	NA	NA	NA	AA	NA	AA	AA	AA	AA	AA	Y
	PHC, Talgwang	Primary Health Centre	NA	AA	AS	AA	NR	NR	AA	NA	NR	NA	NA	NA	NR	NR	NR	NA	AA	Y
	PHC, Mabudi	Primary Health Centre	AA	AA	AA	AA	AA	AA	NA	NA	NA	AA	NA	AA	AA	AA	AA	AA	AA	N
Barakin Ladi	PHC, Gashet	Primary Health Centre	NA	NA	NA	AS	NA	NA	NA	AA	AA	AA	AA	NA	AA	NR	NR	NA	NA	N
	PHC, Rabuwak	Primary Health Centre	AS	NA	NA	AS	NA	NA	NA	AA	AA	AA	AA	AA	AA	AA	NR	NA	AA	N
Riyom	PHC, Danto	Primary Health Centre	AS	NA	NA	NA	NA	NR	AA	AA	AA	AA	NA	NA	NR	NR	NR	NR	NR	Y
Jos East	PHC, Sabon Fobur	Primary Health Centre	AA	AA	NR	AS	NA	NA	AA	AA	AA	AA	NA	AA	AA	AA	AA	AA	AA	Y

AA – Available and Adequate, Available Sometimes, NA – Not Available, NR – No Response

Availability of Registers

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

Table 14: Registers available in the facilities

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
Kanke	PHC, Amper	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	NR
	PHC, Shiwer	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	AA
Mikang	PHC, Baltep	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	NR	NR
	PHC, Din	Primary Health Centre	AA	AA	AA	AA	AA	NR	AA	NR	AA
	PHC, Lalin	Primary Health Centre	AA	AA	AA	NR	AA	NR	AA	NR	AA
Langtang South	PHC, Nagane	Primary Health Centre	NR	NR	NR	NR	NR	NR	NR	NR	NR
	PHC, Gamakai	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	AA
	PHC, Talgwang	Primary Health Centre	NR	AA	AA	AA	AA	NR	AA	AA	NR
	PHC, Mabudi	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	NR
Barakin Ladi	PHC, Gashet	Primary Health Centre	AA	NR	AA	NR	AA	AA	AA	NR	NR
	PHC, Rabuwak	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	NA
Riyom	PHC, Danto	Primary Health Centre	NR	AA	AA	NA	AA	NR	AA	NR	NA
Jos East	PHC, Sabon Fobur	Primary Health Centre	AA	AA	AA	AA	AA	AA	AA	AA	NR

AA – Available and Adequate, Available Sometimes, NA – Not Available, NR – No Response

Suffice it to note that there were availability of registers across all the PHCs where there were responses except (PHCs Danto, and Rabuwak), where there was no discharge summary register.

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/prevention

LGA	Health Facilities	Classification	Wash-hand basins	Soap	Environmental disinfectant such as bleach or alcohol	Protective shoes	Latex gloves	Medical masks	Needles and syringes
Kanke	PHC, Amper	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	PHC, Shiwer	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
Mikang	PHC, Baltep	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	PHC, Din	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
	PHC, Lalin	Primary Health Centre	AF	AF	AF	NA	NA	NA	AF
Langtang South	PHC, Nagane	Primary Health Centre	AF	AF	NA	NA	NA	NA	AF
	PHC, Gamakai	Primary Health Centre	AF	AF	AF	NA	AF	AF	NA
	PHC, Talgwang	Primary Health Centre	AF	AF	NA	NA	NA	NA	NA
	PHC, Mabudi	Primary Health Centre	AF	AF	AF	AF	AF	NA	AF
Barakin Ladi	PHC, Gashet	Primary Health Centre	AF	NA	AF	NA	NA	NA	AF
	PHC, Rabuwak	Primary Health Centre	AF	AF	NA	NA	NA	NA	AF
Riyom	PHC, Danto	Primary Health Centre	AF	AF	AF	NA	AF	NA	AF
Jos East	PHC, Sabon Fobur	Primary Health Centre	AF	NA	AF	AF	AF	NA	AF

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

Other Service Delivery Issues: Client Perspective and Community Involvement

Clients Perspective

Waiting time

This section addresses the perception of clients regarding the quality of services received from the facilities across all the CAID-supported States.

Table 16: Waiting time (minutes)

LGA	Health Facilities	Classification	0 - 30	31 - 60	91 - 120	No response
Barakin Ladi	PHC, Gashet	Primary Health Centre	4	0	0	0
	PHC, Rabuwak	Primary Health Centre	4	0	0	0
Kanke	PHC, Sabon Fobur	Primary Health Centre	2	1	1	0
	PHC, Shiwer	Primary Health Centre	3	0	0	1
Langtang South	PHC, Gamakai	Primary Health Centre	3	1	0	0
	PHC, Mabudi	Primary Health Centre	4	0	0	0
	PHC, Nagane	Primary Health Centre	4	0	0	0
	PHC, Talgwang	Primary Health Centre	4	0	0	0
Mikang	PHC, Baltep	Primary Health Centre	4	0	0	0
	PHC, Din	Primary Health Centre	3	1	0	0
	PHC, Lalin	Primary Health Centre	3	1	0	0
Riyom	PHC, Danto	Primary Health Centre	3	1	0	0
Panshkin	PHC, Chingwong	Primary Health Centre	3	1	0	0
Langne	PHC, Lagne	Primary Health Centre	1	2	0	0
	Total		45	8	1	1

Number of respondents against cost range (NGN)

This section shows the number of respondents against the cost range for receiving care. This cost includes: registration, drugs and transportation costs.

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

LGA	Health Facilities	Classification	0 - 500	501 - 1000	1001 - 1500	1501 - 2000	2001+
Barakin Ladi	PHC, Gashet	Primary Health Centre	3	1	0	0	0
	PHC, Rabuwak	Primary Health Centre	3	1	0	0	0
Kanke	PHC, Sabon Fobur	Primary Health Centre	1	1	1	0	1
	PHC, Shiwer	Primary Health Centre	3	0	0	0	1
Langtang South	PHC, Gamakai	Primary Health Centre	1	1	1	0	1
	PHC, Mabudi	Primary Health Centre	4	0	0	0	0
	PHC, Nagane	Primary Health Centre	3	0	0	1	0
	PHC, Talgwang	Primary Health Centre	4	0	0	0	0
Mikang	PHC, Baltep	Primary Health Centre	2	1	0	0	1
	PHC, Din	Primary Health Centre	2	1	1	0	0
	PHC, Lalin	Primary Health Centre	1	3	0	0	0
Riyom	PHC, Danto	Primary Health Centre	2	0	0	2	0
Panshkin	PHC, Chingwong	Primary Health Centre	2	1	0	1	0
Langne	PHC, Lagne	Primary Health Centre	0	0	1	0	2
	Total		**31**	**10**	**4**	**4**	**6**

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.

The clients in all the facilities reported that the health workers are courteous and respectful except for PHC Lagne. They also agreed that the opening hours met the clients' needs. The clients affirmed that the health workers are friendly and approachable as they spend sufficient amount of time with them. The health workers thoroughness and carefulness were confirmed by the clients as they have enough privacy during their visit.

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	A	D	NR
Barakin Ladi	PHC, Rabuwak	Primary Health Centre	4	0	0	4	0	0	2	1	1	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	PHC, Gashet	Primary Health Centre	4	0	0	4	0	0	3	1	0	4	0	0	3	0	1	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
Kanke	PHC, Sabon Fobur	Primary Health Centre	4	0	0	3	1	0	1	3	0	4	0	0	4	0	0	1	3	0	2	2	0	3	1	0	2	2	0	4	0	0
	PHC, Shiwer	Primary Health Centre	4	0	0	3	0	1	2	1	1	4	0	0	4	0	0	3	0	1	3	0	1	4	0	0	4	0	0	4	0	0
Langtang South	PHC, Gamakai	Primary Health Centre	2	1	1	4	0	0	2	2	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	PHC, Mabudi	Primary Health Centre	4	0	0	3	1	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
	PHC, Nagane	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
	PHC, Talgwang	Primary Health Centre	4	0	0	3	1	0	2	2	0	3	1	0	4	0	0	3	1	0	4	0	0	4	0	0	4	0	0	4	0	0
Mikang	PHC, Baltep	Primary Health Centre	4	0	0	4	0	0	3	1	0	3	1	0	3	1	0	4	0	0	4	0	0	4	0	0	4	0	0	4	0	0
	PHC, Din	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
	PHC, Lalin	Primary Health Centre	4	0	0	4	0	0	3	1	0	4	0	0	3	0	1	3	0	1	2	2	0	1	1	2	3	1	0	4	0	0
Riyom	PHC, Danto	Primary Health Centre	4	0	0	4	0	0	3	1	0	2	2	0	3	1	0	2	2	0	4	0	0	4	0	0	4	0	0	4	0	0
Panshkin	PHC, Chingwong	Primary Health Centre	4	0	0	4	0	0	1	3	0	3	1	0	4	0	0	3	1	0	4	0	0	2	0	2	3	1	0	4	0	0
Langne	PHC, Lagne	Primary Health Centre	0	3	0	2	1	0	2	1	0	2	0	1	2	1	0	3	0	0	2	1	0	2	1	0	2	1	0	2	1	0

Community Involvement

In-order to have an understanding of how the LGAs relate with the communities, 5 LGA HODs (health) were interviewed (Riyom, Jos East, Mikang, Mabudi and Ranke LGAs). Findings from these respondents showed that each of the supported communities have at least 1 CDC.

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

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. They provide feedback to the concerned communities mostly through monthly review meetings at the LGAs where officers of the various CDCs are invited for feedback.

Emerging Issues

Infrastructure and Human Resource Capacities

Infrastructure

Generally, the facilities assessed were in good condition, with 2 of them (PHCs Danto and Talgwang) in need of a major renovation and another 2 (PHCs Sabon Fobur and Nagane) requiring minor renovation.

Only 4 out of the 13 of the facilities have accommodation facilities for staff which can be an issue for effective 24 hour service delivery.

There are challenges with power supply with only 4 PHCs connected to the power grid. Others utilize alternate power sources such as solar power and generators which incur additional operational expenses. There is minimal provision for emergency transportation. Only two (PHCs Gamakai and Shiwer) of the 13 facilities have provision for emergency transportation such as ambulances.

Source of water in the facilities poses some threat to access to clean water. PHC Gamakai has no source of water within the facility, while dug well and borehole are the main source of water for the other facilities.

Human Resources

Inadequate human resource is a critical and cross-cutting challenge. CHEWs and JCHEWs are the most available cadre of staff overall across the 13 PHCs. There is a limit to the range of services that this cadre is authorized to provide.

There is shortage of pharmacy technicians – only one pharmacy technician in one PHC (Talgwang) out of 13 PHCs and also only one laboratory technician in PHC Sabon Fobur. Also, referrals systems are not adequate as there is no transport personnel in about 11 PHCs with just two facilities (Gamakai and Sabon Fobur) having transport personnel.

Training has been focused in the areas of family planning, ANC, HIV/PMTCT, IPT malaria and child services (immunization and infant feeding). There are clear gaps in capacity building are in areas of healthcare waste management, TB and opportunistic infections management.

Status of Available Services

Across all the 13 facilities visited in the state, services have been widely and relatively available. The status of available services in section 3.2 above represents the availability of services.

PHC Talgwang is the only facility that does not provide routine in-patient care services. The insertion of IUCD is rarely provided as only two PHCs (PHCs Din and Shiwer) provide it.

More often than not, laboratory services are not available on-site. In some instances, they are not available on-site and the facility does not have access to the tests off-site either. Examples include CD4 count tests and ZN smears – though Mantoux tests are accessible off-site for most of the facilities.

Utilization and service delivery

The relatively insignificant increase in the utility figures of delivery and postnatal services of the facilities implies that there were little or no improvement in the quality of these services over this period considered; 2011 – 2014.

Other Service Delivery Issues: Client Perspective and Community Involvement

Majority of the clients across the 13 facilities trusts in the skills and abilities of health workers. The clients agree that they spend sufficient time 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.

It is however noted that the clients across the PHCs spend mostly less than 30 minutes waiting before been seen by the health workers.

Recommendations

Infrastructure and Human Resource Capacities

Create a hub and spoke model for service delivery among supported facilities. 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 to NPHCDA and other clinical standards governing service delivery.

To support the hub and spoke model, emergency transportation services must be functional, available to and sufficient for facilities within defined catchment areas. These services must be well structured to include a formal referral network and implementation support.

Low response to emergency and referral, which were found present in only 2 facilities would require improvement. This will enable the other facilities to respond better to emergency issues and be capable of rendering referral services.

The facilities that were found in a deplorable state should be considered for renovation, and also provide accommodation of staff members in other to improve health care delivery in the facilities.

Status of Available Services

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; MCH combo test kits which combine multiple tests (hepatitis, syphilis and blood group required for ANC) should be explored.

The insertion of IUCD services, which is rarely provided as only two PHCs (PHCs Din and Shiwer) provides it, should be improved across the facilities for more quality service access.

Laboratory services 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.

Utilization and Service Delivery

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

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 PHC point.

It should also be ensured that facilities are stocked with essential commodities based on what they require hence, the need for a needs based assessment.

The delivery and postnatal services, which had not improved over the years considered in the survey needs considerable attention as they are amongst the very relevant health care services.

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 the PHCs and feedback should be given to the community on such progress.

Conclusion

Although service utilization has increased over the years, postnatal and antenatal service delivery remained insignificant. There is need to make ANC and deliveries attractive to mothers.

Furthermore, issues like facility structures, health worker-client ratios, availability of functional equipment etc. require urgent attention to enable the assessed PHCs meet up with the health care needs of the communities they serve in line with the NPHCDA standards.

Generally, power supply is a major component that needs to be addressed as most of the facilities visited are not connected to the national electricity grid, while those that are connected lacks adequate power supply. This often put a considerable amount of financial stress on the facility as the have to use alternative at an additional cost. While facilities that cannot afford an alternative source just stop work or make use of improvised power supply system.

Furthermore, referral system is virtually non-existent across most of the facilities. Emergency transportation systems, which can support the referral system, enhance service utilization and provision is grossly lacking. Reviving this service will ultimately lead to improvement in service delivery especially with respect to ANC, deliveries and postnatal care services.

Another alarming finding is that most of the facilities visited are not actually connected to the HMIS as all the facilities visited do not have HMIS software and its related accessories. To this end, there is a high possibility that information from most of these facilities may not be feeding into the NHMIS system.

In as much as there is insufficient number of professional health workers as stipulated by the NPHCDA, clients reported satisfaction with the quality of services received at the various facilities in the supported communities. However, the few hands available may not be able to address the need of all clients that presents at the facility.

Relatively, the statuses of the available service delivery in the facilities were encouraging and needs just a little support will improve health care delivery in these facilities.

However, in all, most of the assessed facilities still require support to be able to measure up to the basic national requirements of NPHCDA for PHCs in Nigeria

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**		
Kanke	PHC, Amper	Primary Health Centre	**Y**	**Y**	**Y**	**N**	**Y**	**Y**	**No**	**Y**	**No**	**DW**	**F**
	PHC, Shiwer	Primary Health Centre	N	Y	Y	N	Y	Y	NR	Y	SS	BH	PL
Mikang	PHC, Lalin	Primary Health Centre	N	N	Y	NR	NR	NR	NR	NR	NR	BH	F
	PHC, Baltep	Primary Health Centre	N	N	Y	N	Y	Y	No	N	No	BH	F
	PHC, Din	Primary Health Centre	N	N	Y	N	N	Y	NR	Y	No	O	No
Langtang South	PHC, Nagane	Primary Health Centre	N	N	Y	N	N	Y	MR	N	No	O	No
	PHC, Gamakai	Primary Health Centre	Y	N	Y	N	Y	Y	No	N	FG	No	F
	PHC, Talgwang	Primary Health Centre	N	N	Y	N	N	Y	mR	N	SS	O	No
	PHC, Mabudi	Primary Health Centre	Y	N	Y	Y	Y	Y	NR	Y	FG	NR	PL
Barakin Ladi	PHC, Gashet	Primary Health Centre	N	Y	Y	N	N	Y	No	N	FG	DW	No
	PHC, Rabuwak	Primary Health Centre	N	Y	Y	N	N	Y	NR	N	No	DW	No
Riyom	PHC, Danto	Primary Health Centre	Y	Y	Y	N	N	Y	mR	N	NR	O	No
Jos East	PHC, Sabon Fobur	Primary Health Centre	N	Y	Y	Y	Y	Y	MR	N	FG	DW	PL

***Only PHCs Gamakai and Shiwer have one ambulance each for emergency transportation.**
Key: BH- Bore Hole, DW- Dug Well, F- Flush, FG- Fuel Generator, MR- Major Renovation, mR- Minor Renovation, N- No, No- None, NR- No Response, O- Others
PL- Pit Latrine, PS- Piped Sewer/ Septic Tank, RW- Rain Water, SS- Solar, Y- Yes

Appendix table 2: Training guidelines

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 (IMPAC)	Integrated management of childhood illness (IMCI)	Expanded programme on immunization (EPI)	Promotion of proper nutrition and food education	Modified Life Saving Skills	Diagnosis and treatment of malaria	Intermittent Preventive Treatment (IPT) of malaria in Pregnancy	Diagnosis and treatment of tuberculosis (including case management and tracing)	HIV & AIDS counseling	HIV testing	Prevention of mother to child transmission (PMTCT) of HIV	Management of TB/HIV co-infection	Treatment of OIs	Diabetes diagnosis	Hypertension diagnosis	Do you or members of staff have any other training needs
Kanke	PHC, Amper	Primary Health Centre	NR	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	PHC, Shiwer	Primary Health Centre	NR	Y	Y	Y	Y	N	N	NR	N	Y	Y	N	Y	Y	Y	N	N	N	Y	Y
Mikang	PHC, Lalin	Primary Health Centre	NR	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
	PHC, Baltep	Primary Health Centre	NR	Y	Y	Y	NR	Y	Y	Y	N	Y	Y	N	Y	Y	Y	N	Y	NR	Y	NR
	PHC, Din	Primary Health Centre	NR	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y
Langtang South	PHC, Nagane	Primary Health Centre	NR	Y	Y	Y	N	NR	Y	NR	NR	Y	Y	N	Y	N	NR	N	Y	NR	Y	NR
	PHC, Gamakai	Primary Health Centre	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	PHC, Talgwang	Primary Health Centre	NR	Y	Y	N	N	NR	Y	NR	Y	Y	Y	Y	Y	NR	Y	Y	N	N	Y	NR
	PHC, Mabudi	Primary Health Centre	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Barakin Ladi	PHC, Gashet	Primary Health Centre	N	N	N	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	N	N	N	Y

	PHC, Rabuwak	Primary Health Centre	N	Y	Y	Y	Y	NR	N	N	Y	N	N	N	N	Y	N	N	N	N	Y	Y
Riyom	PHC, Danto	Primary Health Centre	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	Y
Jos East	PHC, Sabon Fobur	Primary Health Centre	NR	Y	Y	N	Y	NR	Y	NR	N	Y	Y	N	Y	Y	Y	Y	Y	N	N	Y

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

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

LGA	Health Facilities	Classification	Routine in-patient care	Availability of dedicated delivery beds	Available modern methods of family planning	Combined oral contraceptive pills	Injectable contraceptives	Insertion of IUCD	Condoms (male and females)	Counselling and motivation for FP uptake	Availability of antenatal services	Availability of obstetric care services	Availability of newborn care services	Availability of child health services	Availability of malaria services	Distributes insecticide treated bed net	Availability of TB services	Facility designated as Directly Observed Treatment centres	Availability of HIV & AIDS services	Availability of youth friendly services	Availability of sexually transmitted infections (STIs)	Availability of laboratory services, tests, and rapid diagnostic tests?
Kanke	PHC, Amper	Primary Health Centre	Y	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
	PHC, Shiwer	Primary Health Centre	Y	Y	NR	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	N	N	Y	Y	N	NR
Mikang	PHC, Lalin	Primary Health Centre	Y	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y
	PHC, Baltep	Primary Health Centre	Y	Y	NR	Y	Y	N	Y	Y	Y	N	Y	Y	Y	N	N	N	Y	Y	Y	Y
	PHC, Din	Primary Health Centre	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y	Y	Y	Y
Langtang South	PHC, Nagane	Primary Health Centre	Y	N	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	N	NR
	PHC, Gamakai	Primary Health Centre	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	PHC, Talgwang	Primary Health Centre	N	NR	NR	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	NR	Y	N	NR
	PHC, Mabudi	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	NR
Barakin Ladi	PHC, Gashet	Primary Health Centre	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	Y	N	N	N	N	N
	PHC, Rabuwak	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	N	Y	Y	N	Y
Riyom	PHC, Danto	Primary Health Centre	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Y
Jos East	PHC, Sabon Fobur	Primary Health Centre	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	N	Y	N	N	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
Langtang South	PHC, Nagane	Primary Health Centre	N	NR	N	NR	NR	NR	NR
	PHC, Gamakai	Primary Health Centre	N	Y	Y	N	N	Y	Y
	PHC, Talgwang	Primary Health Centre	Y	N	Y	Y	NR	NR	Y
	PHC, Mabudi	Primary Health Centre	N	Y	N	N	N	N	Y
Barakin Ladi	PHC, Gashet	Primary Health Centre	Y	Y	N	N	N	N	Y
	PHC, Rabuwak	Primary Health Centre	N	Y	N	N	N	N	Y
Mikang	PHC, Baltep	Primary Health Centre	NR	Y	N	NR	N	NR	Y
	PHC, Lalin	Primary Health Centre	Y	Y	Y	N	N	NR	N
	PHC, Din	Primary Health Centre	Y	Y	NR	N	N	Y	N
Riyom	PHC, Danto	Primary Health Centre	N	N	Y	N	N	N	NR
Jos East	PHC, Sabon Fobur	Primary Health Centre	N	N	N	N	N	NR	Y
Kanke	PHC, Shiwer	Primary Health Centre	Y	N	N	N	N	N	N
	PHC, Amper	Primary Health Centre	Y	NR	Y	NR	NR	NR	N

Y – Yes, N – No, NR – No Response

Appendix table 5: Utilization figures over 4 years

Plateau: Utilization for 2011

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 (2011)
Langtang South	PHC, Nagane	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Gamakai	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Talgwang	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Mabudi	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
Barakin Ladi	PHC, Gashet	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Rabuwak	Primary Health Centre	101	12	0	4	12	0	0	0	0	0	**129**
Mikang	PHC, Baltep	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Lalin	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Din	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
Riyom	PHC, Danto	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
Jos East	PHC, Sabon Fobur	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
Kanke	PHC, Shiwer	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Amper	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	Total		**101**	**12**	**0**	**4**	**12**	**0**	**0**	**0**	**0**	**0**	**129**

Plateau: Utilization for 2012

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 (2012)
Langtang South	PHC, Nagane	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Gamakai	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Talgwang	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Mabudi	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
Barakin Ladi	PHC, Rabuwak	Primary Health Centre	79	8	0	6	7	0	0	0	0	0	100
	PHC, Gashet	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
Mikang	PHC, Baltep	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Lalin	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Din	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
Riyom	PHC, Danto	Primary Health Centre	0	0	0	0	0	0	0	0	111	0	111
Jos East	PHC, Sabon Fobur	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
Kanke	PHC, Shiwer	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	PHC, Amper	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	0
	Total		**79**	**8**	**0**	**6**	**7**	**0**	**0**	**0**	**111**	**0**	**211**

Plateau: 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)
Langtang South	PHC, Nagane	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Gamakai	Primary Health Centre	252	0	0	0	0	127	149	573	0	0	**1,101**
	PHC, Talgwang	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Mabudi	Primary Health Centre	0	0	0	0	0	0	0	0	2,419	0	**2,419**
Barakin Ladi	PHC, Gashet	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Rabuwak	Primary Health Centre	168	43	0	9	10	0	34	99	42	0	**405**
Mikang	PHC, Baltep	Primary Health Centre	0	0	0	0	0	0	0	0	833	0	**833**
	PHC, Lalin	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Din	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
Riyom	PHC, Danto	Primary Health Centre	72	49	0	127	171	262	36	153	39	0	**909**
Jos East	PHC, Sabon Fobur	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
Kanke	PHC, Shiwer	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Amper	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	Total		**492**	**92**	**0**	**136**	**181**	**389**	**219**	**825**	**3,333**	**0**	**5,667**

Plateau: Utilization for 2014

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)
Langtang South	PHC, Nagane	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Gamakai	Primary Health Centre	389	18	0	75	107	106	100	260	489	0	**1,544**
	PHC, Talgwang	Primary Health Centre	87	1	0	50	46	253	109	115	1,190	0	**1,851**
	PHC, Mabudi	Primary Health Centre	1,248	45	0	253	468	664	462	907	3,736	0	**7,783**
Barakin Ladi	PHC, Rabuwak	Primary Health Centre	79	31	0	30	42	25	108	254	156	0	**725**
	PHC, Gashet	Primary Health Centre	73	0	0	98	19	76	60	156	77	0	**559**
Mikang	PHC, Baltep	Primary Health Centre	47	0	0	77	1	144	63	88	1,839	0	**2,259**
	PHC, Lalin	Primary Health Centre	0	0	0	0	0	0	0	0	0	0	**0**
	PHC, Din	Primary Health Centre	162	6	0	29	71	0	0	0	5,702	0	**5,970**
Riyom	PHC, Danto	Primary Health Centre	115	62	0	59	166	276	45	144	583	0	**1,450**
Jos East	PHC, Sabon Fobur	Primary Health Centre	0	0	7	5	15	0	0	0	0	0	**27**
Kanke	PHC, Shiwer	Primary Health Centre	0	0	0	0	0	0	0	0	1,689	0	**1,689**
	PHC, Amper	Primary Health Centre	311	57	0	138	768	433	466	972	5,190	0	**8,335**
	Total		**2,511**	**220**	**7**	**814**	**1,703**	**1,977**	**1,413**	**2,896**	**20,651**	**0**	**32,192**

List of Respondents

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End notes