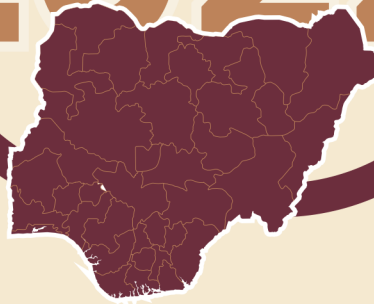
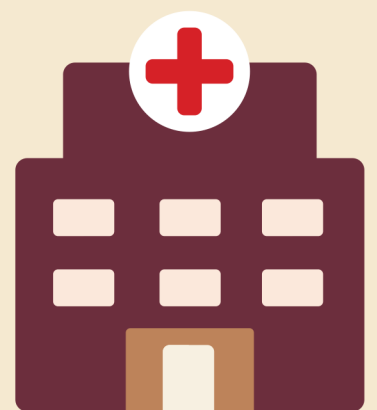


A large, stylized stethoscope graphic in shades of brown and maroon, framing the central text. The chest piece is at the top, and the earpieces are on the left. The tubing loops around the text.

THE STATE OF PRIMARY HEALTHCARE IN NIGERIA 2022



Second Edition



Executive Summary

A large percentage of Nigeria's vulnerable population depends on primary healthcare. Of the 30,000 Primary Healthcare Centers (PHCs) present in communities across Nigeria, 80 percent lack the capacity to provide essential healthcare services. When essential healthcare services are beyond the reach of vulnerable populations, the country's entire healthcare system is in jeopardy.

This dire phenomenon necessitated our monitoring and evaluation of 783 PHCs across 36 States of the Federation plus the Federal Capital (FCT). The objective was to analyze the minimum standard requirement for PHCs in Nigeria based on specific criteria: the state of Water, Sanitation, and Hygiene (WASH); Infrastructure, Personnel; Service delivery, and COVID-19 Vaccine Administration. Our findings, detailed in this report, indicate our fragile healthcare system and reinforce the need for effective mechanisms to improve our healthcare institutions in general.

It's important to mention that some of the factors plaguing the service delivery of these PHCs are systemic. For example, 297 out of the 783 Primary Healthcare Centres visited are not connected to the national grid, and of those lacking access to power supply, 46 percent do not have alternative power sources. For many decades, Nigeria has struggled to provide constant electricity supply for its population despite billions of dollars spent by the government for the same purpose. This failure is rooted in the public sector's lack of accountability and transparency and its adverse effects are evident in the country's healthcare system.

Until we get healthcare service delivery right, our development as a nation will always be under question. And so, as the very first step towards fixing our healthcare system, I implore all critical stakeholders to study this report as it points directly to the issues we must address at the primary healthcare level.

Our gratitude to the National Primary Healthcare Development Agency (NPHCDA) and its leadership for consenting efforts in identifying the challenges confronting the PHC facilities across the country. We recommend that these obstacles impeding quality healthcare service delivery are tackled, beginning with the right policies and interventions.

Our appreciation is extended to the indefatigable team of community champions and state leads who have worked tirelessly to drive the judicious use of public funds. Indeed, with support from Conrad Hilton and Skoll Foundations, we are working to institutionalize health sector accountability in Africa.

We understand that our role as a civil society organization is to serve as a linkage between citizens and the government and our efforts have been dedicated to improving Nigeria's inchoate democracy.



Hamzat B. Lawal
Founder Connected Development (CODE)

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Introduction

With the onset of COVID-19 pandemic affecting billions of lives across the globe, Nigeria's public health institutions kicked into full response mode particularly because its health infrastructure was ill-equipped in the event of a pandemic.

As government and international aid flooded into Africa and indeed Nigeria, FollowtheMoney Initiative and BudgIT launched a partnership named COVID-19 Transparency and Accountability Project (CTAP), to investigate the transparency and accountability in the availability and distribution of COVID-19 vaccines, and the use of COVID-19 funds in 7 African Countries.

In 2021, FollowTheMoney utilizing its youth strength, began tracking the state of Primary Health-care Centers (PHC) across each of the geo-political zones in 15 states namely Cross River, Yobe, Bauchi, Gombe, Taraba, Abia, Anambra, Imo, Ebonyi, Benue, Kogi, Nasarawa, Plateau, Kebbi and Osun States. This research revealed that 80% of PHCs fell below the standard as outlined by the National Primary Health Care Development Agency (NPHCDA), the Agency responsible for the management and development of PHCs under the Ministry of Health.

The outcome of this tracking culminated in a campaign to standardize PHCs in Nigeria. With support from Skoll and Conrad Hilton Foundations, FTM expanded the reach of CTAP to 9 African countries in 2022 namely; Senegal, Malawi, Zimbabwe, Cameroon, Kenya, Sierra Leone, Ghana, Liberia, and Nigeria.

This phase of the project advocates for improved healthcare funding and addresses the issues related to vaccine deployment and equitable distribution across focus countries. We do this firstly, by conducting research on the post-COVID environment, the distribution of health sector resources, the government's commitment to healthcare funding, vaccine procurement plans and the issues affecting the equitable distribution in Africa, with a special focus on vulnerable groups in terms of commercial activity and socioeconomic status.

In Nigeria specifically, we scaled our campaign across the Federation, validating the results from CTAP Phase 1 in the 15 States and researching the state of PHCs in 21 other States plus the FCT. In total, we assessed 783 PHCs and conducted Community Outreach and Town Hall meetings.

Methodology

FollowTheMoney, using its network of 222 Community Champions led by 37 State leads, carried out preliminary visits to 783 PHCs across Nigeria. This robust team used a standardized KOBO Toolbox form to document the state of primary healthcare facilities. This form follows the "Minimum standards for Primary Healthcare" as outlined by the National Primary Healthcare Development Agency (NPHCDA), the Agency responsible for the development and management of PHCs in Nigeria.

Two Champions per senatorial zones collected data from two (2) PHCs in three Local Government Areas (LGAs) Per State except in States with security concerns or conflict-prone regions.

Findings

A total of 783 Primary Health Care were visited across 34 states of the Federation. The data collected were analyzed based on some thematic areas, that includes WASH, Infrastructure, Personnel, Service delivery and Covid-19 Vaccine Administration. All variables were analyzed vis a vis the minimum standard requirement for PHCs in Nigeria according to the National Primary Healthcare Development Agency (NPHCDA).

About 9 out of 10 PHCs visited did not meet the minimum number of Nurse/Midwives that should be in the PHCs. 3 out of 10 do not have nurses/midwives at all in the facility.

297 out of the 783 primary health care visited are not connected to the national grid. About 137 out of these PHCs do not have alternative sources like solar or generator sets for power, they rely on kerosine lamps, and torchlights.

Availability of clean water is an essential requirement for PHCs and only 64% of the PHCs visited had access to water in the facility. 2 out of 10 facilities with access to water has protected wells, while majority had boreholes. 264 out of the 783 PHCs visited do not have separate toilets for male and female.

355 out of the 783 PHCs visited do not have pharmaceutical fridge for storage of COVID-19 vaccines. Also, 3% of pharmaceutical fridges are not functional in the PHC where they are available. 44% of PHCs visited do not have Ward Development Committee (WDC) in the facilities. About 60% of the PHCs have list of vulnerable population in their PHCS

Summary of Key finding

60% of the PHCs have a list for vulnerable population in their facilities



62% of the PHCs are connected to the power grid. They also supplement it with other sources of power such as generator and solar panel

Only **11%** of the PHCs visited met the standard for number of Nurse/Midwives in their facilities



Only **64%** of the 783 PHC visited had access to clean water.

87% of the PHCs visited across the states provides ante-natal care

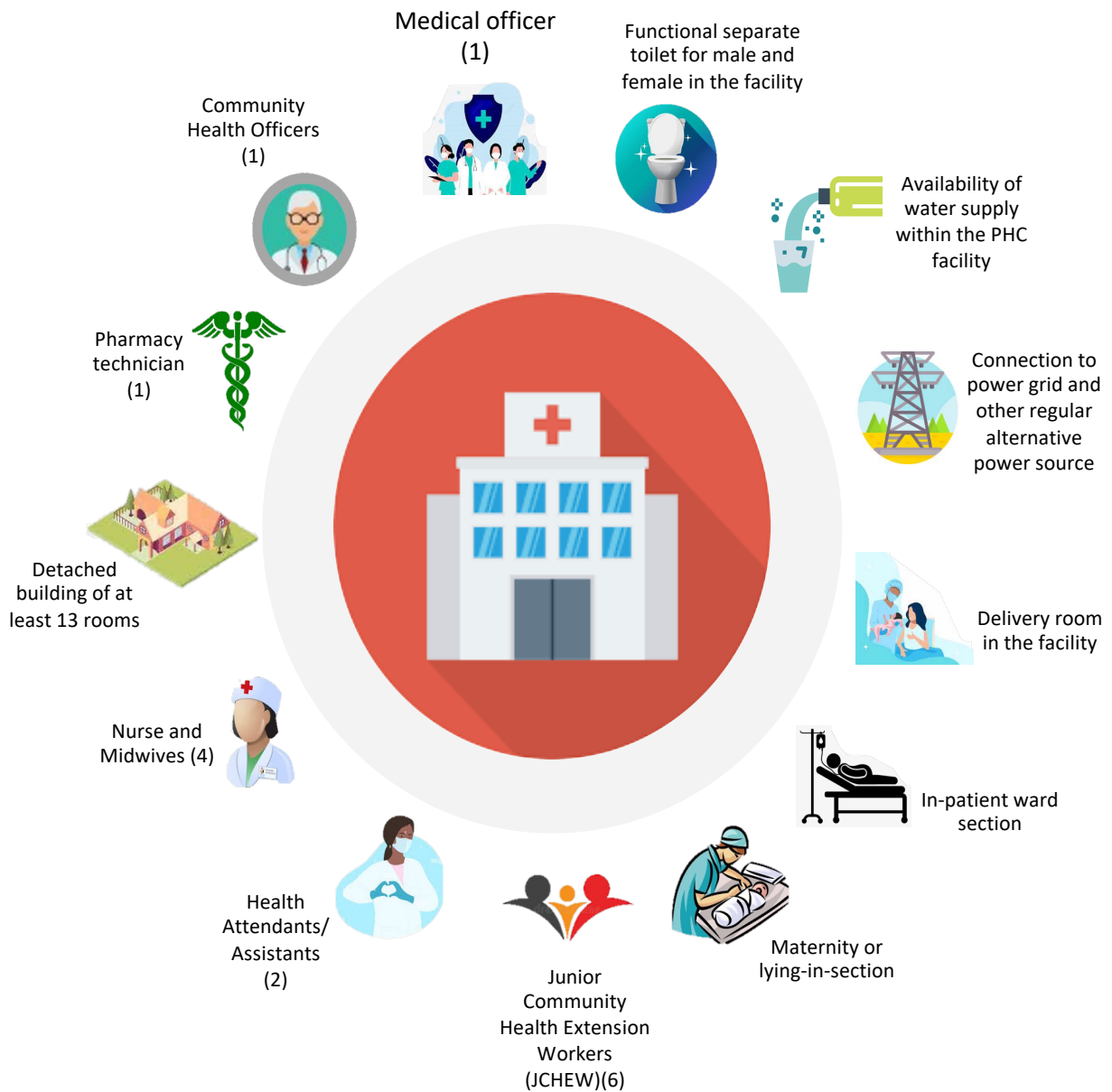


66% of the PHCs have separate toilet for male and female



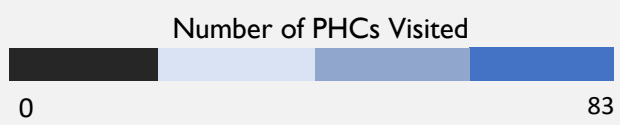
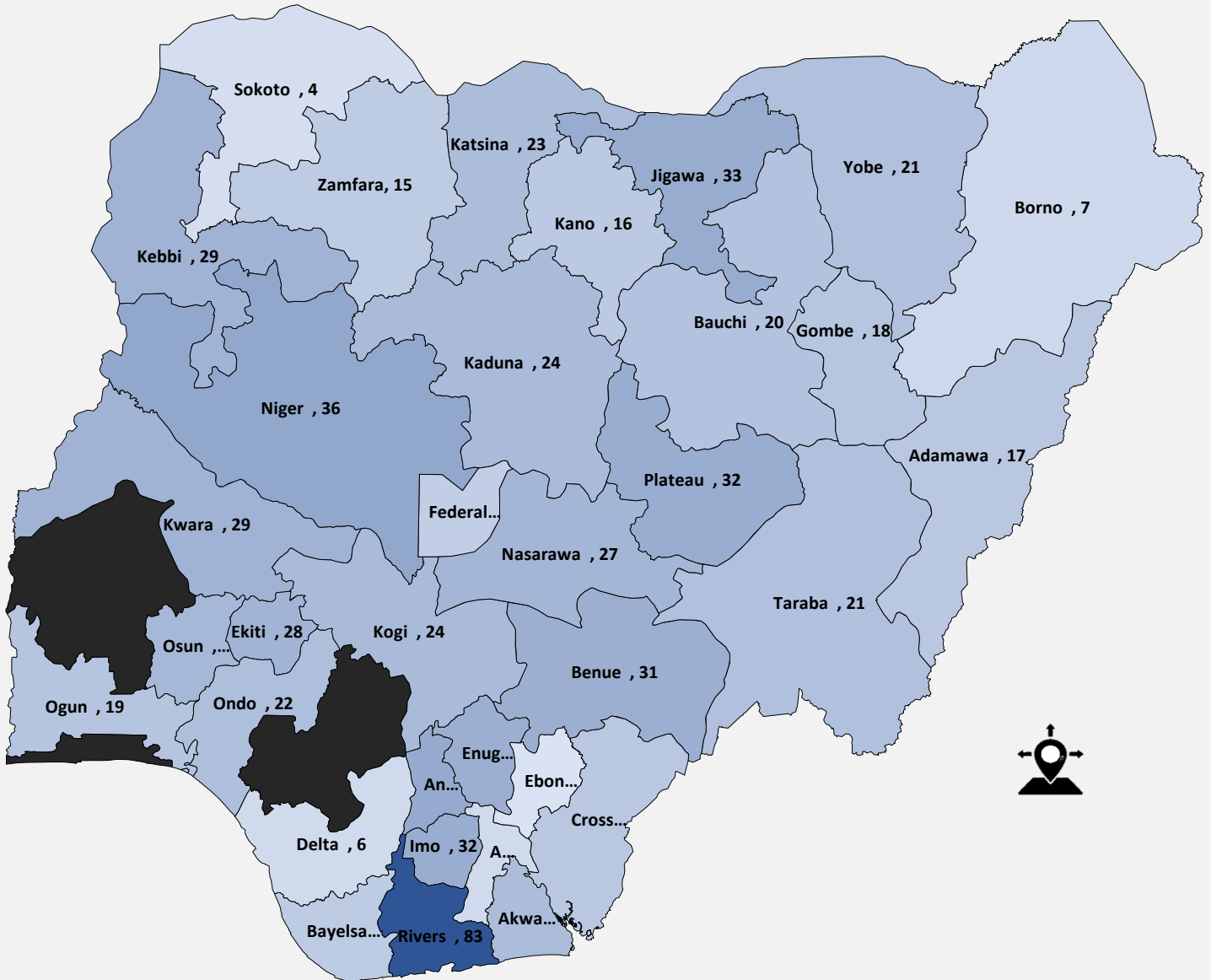
Only **56%** of the PHCs visited had a ward development Committee (WDC) in their facilities

Standard requirement for PHCs



Culled from the Minimum Standards for Primary Healthcare in Nigeria

Number of PHCs visited in each states



North East

Summary of Primary Health Care status



660,494 people were sampled in the communities visited



17 PHCs were visited in the state



An average of **385,005** patronize the PHCs monthly

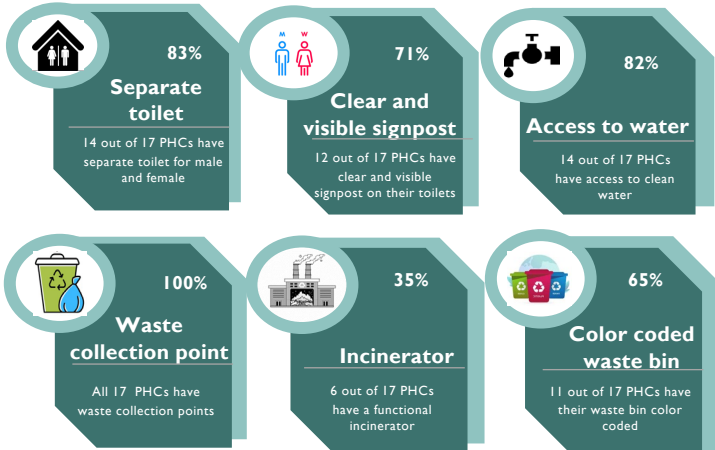


The ratio of PHCs to the population of the communities stands at **1:38,852**

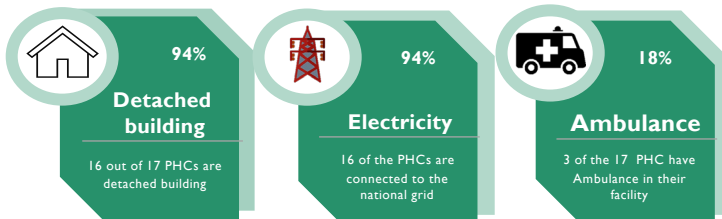


There is a list of vulnerable population in **10** PHCs visited

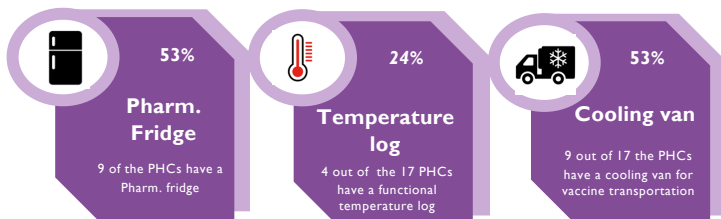
WASH



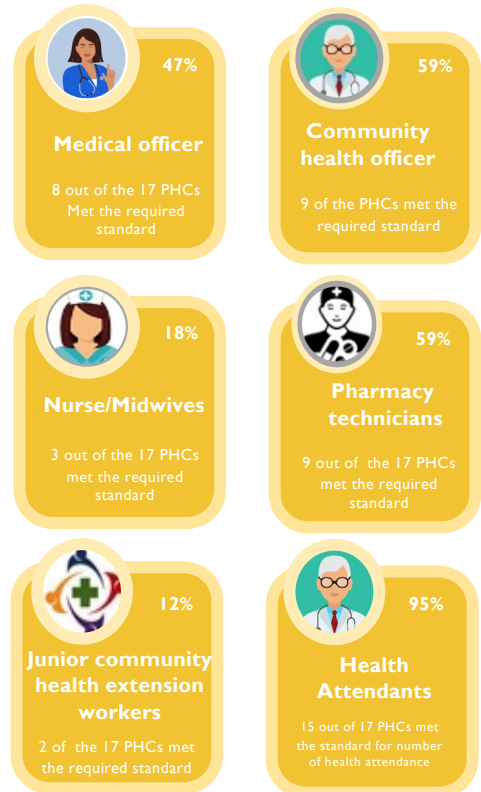
Infrastructure



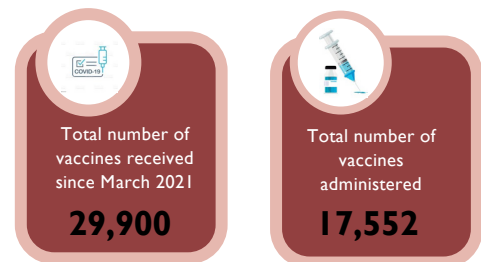
Vaccine Storage



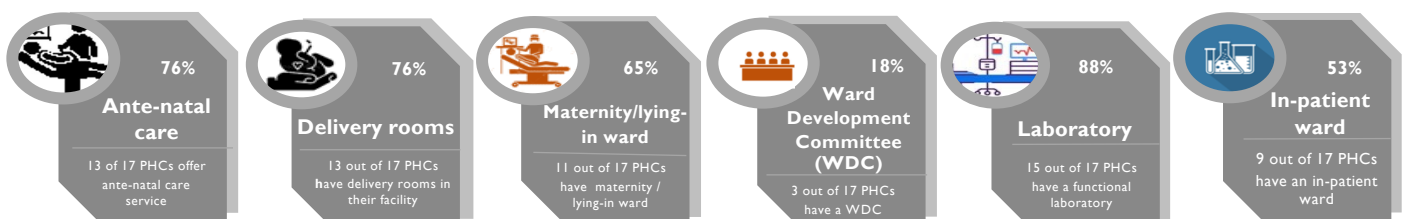
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



206,808 people were sampled in the communities visited



20 PHCs were visited in the state



An average of **21,450** patronize the PHCs monthly

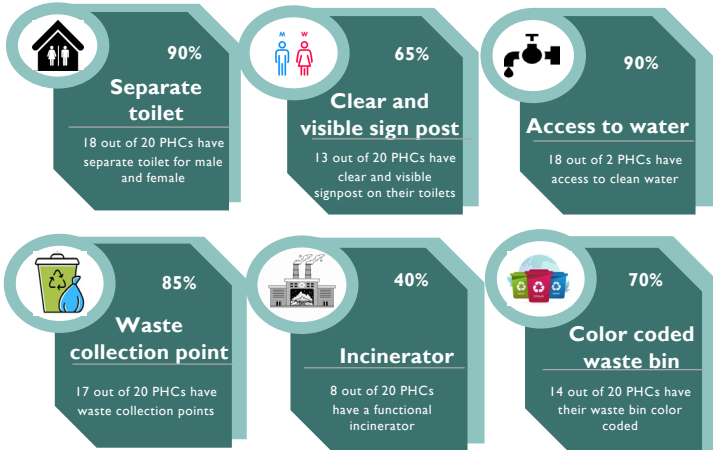


The ratio of PHCs to the population of the communities stands at **1:10340**

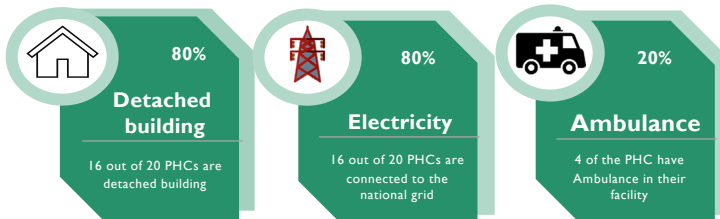


There is a list of vulnerable population in **13** PHCs visited

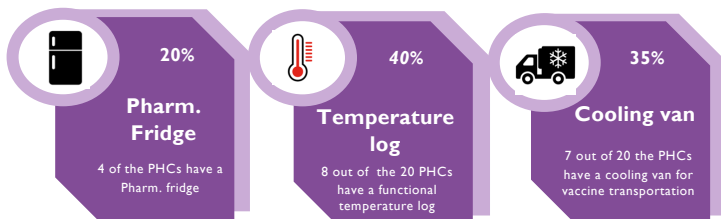
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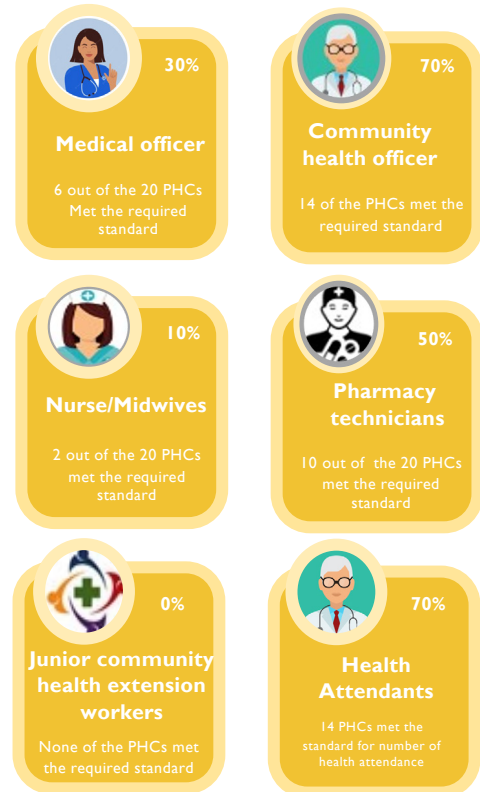
Infrastructure



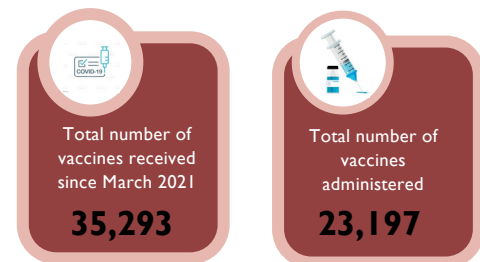
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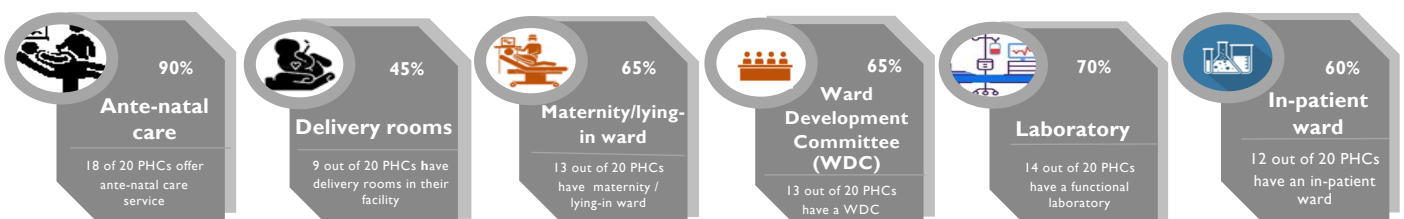
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Borno State



111,800 people were sampled in the communities visited



7 PHCs were visited in the state



An average of 46,359 patronize the PHCs monthly

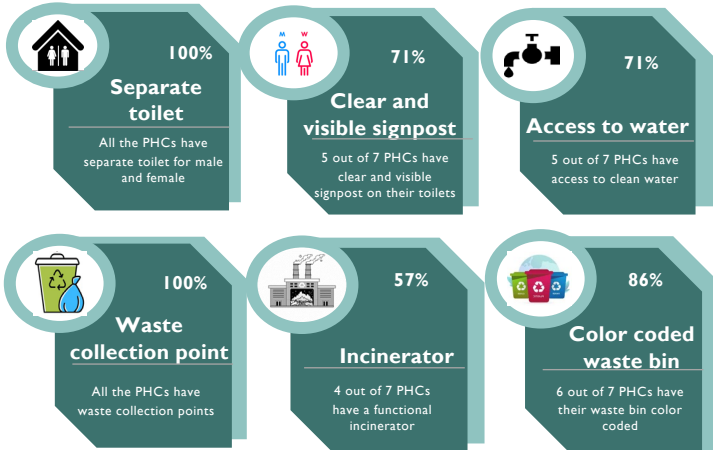


The ratio of PHCs to the population of the communities stands at 1:15971

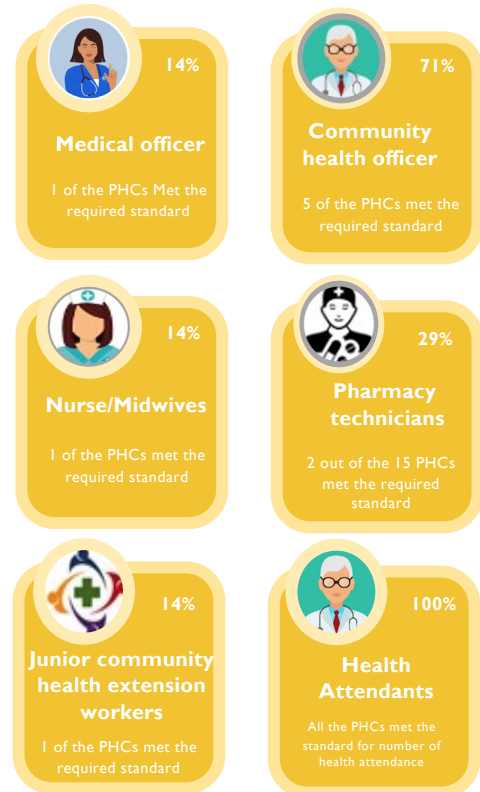


There is a list of vulnerable population in 5 PHCs visited

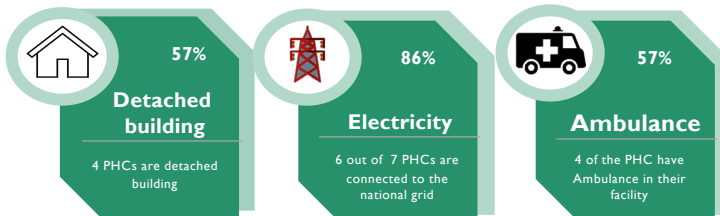
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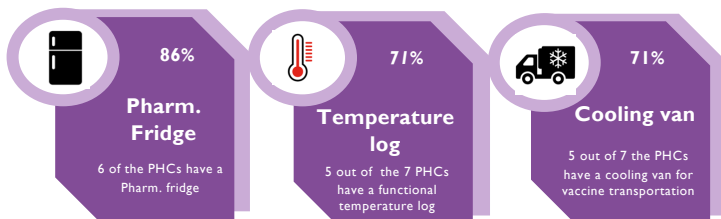
Personnel



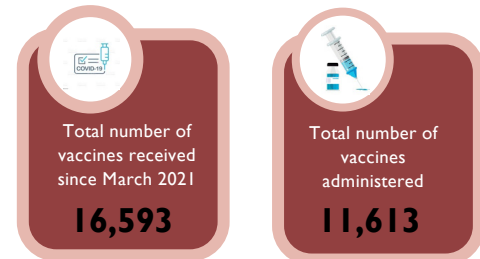
Infrastructure



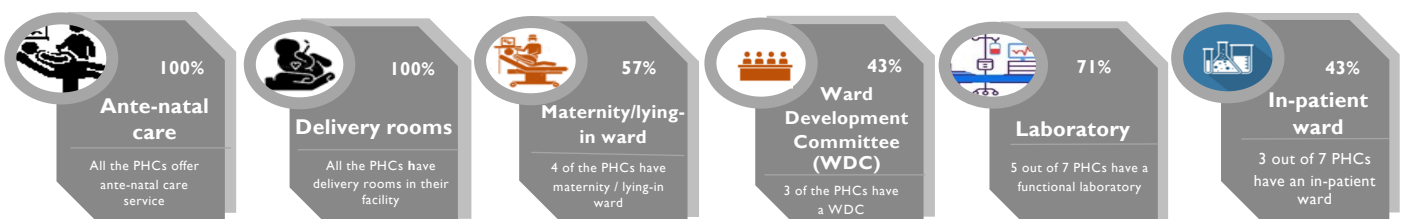
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



420,865 people were sampled in the communities visited



18 PHCs were visited in the state



An average of **14,935** patronize the PHCs monthly

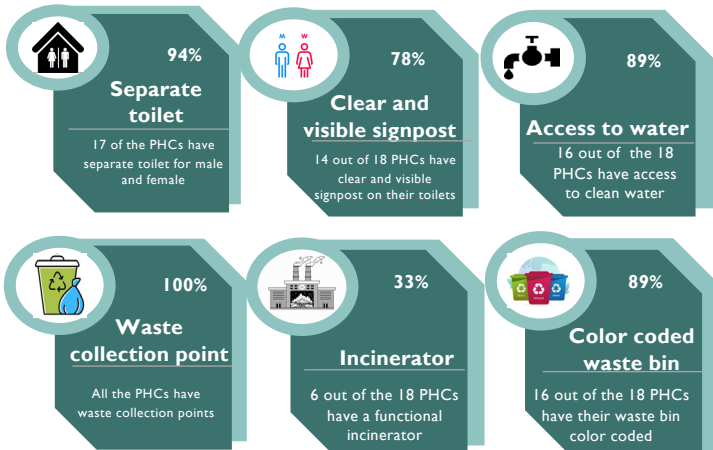


The ratio of PHCs to the population of the communities stands at **1:23381**

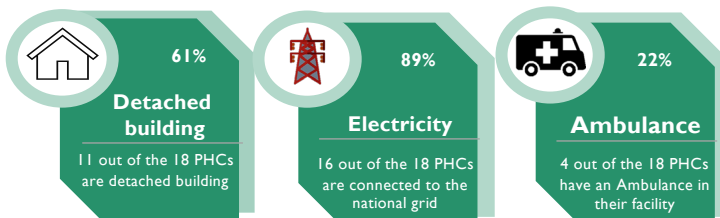


There is a list of vulnerable population in **13** PHCs visited

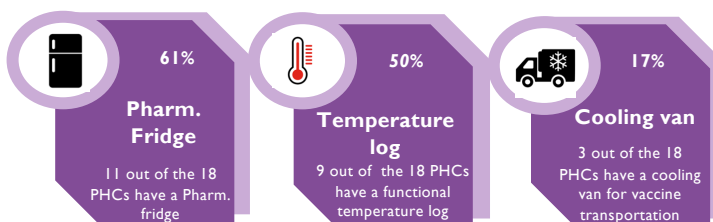
WASH



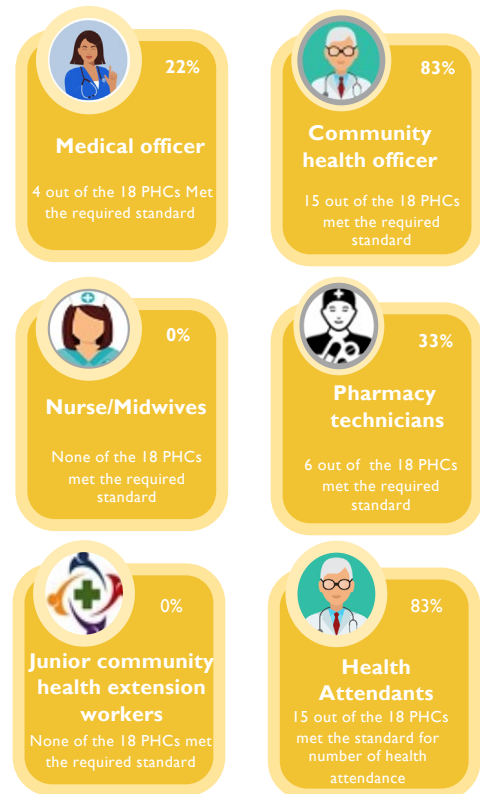
Infrastructure



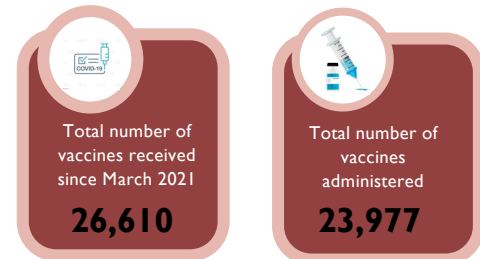
Vaccine Storage



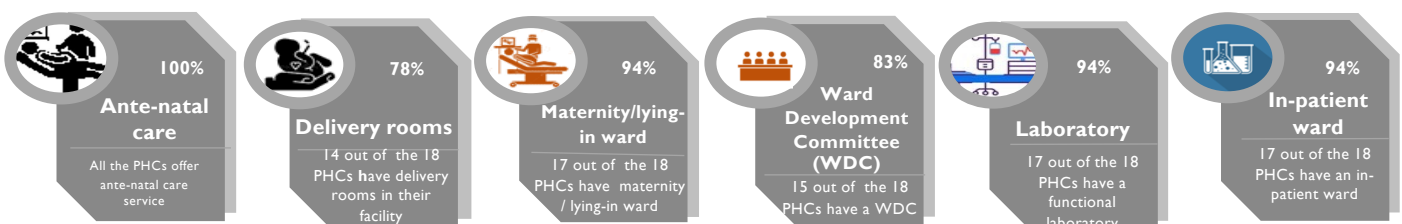
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



4,126,226 people were sampled in the communities visited



21 PHCs were visited in the state



An average of **4024** patronize the PHCs monthly

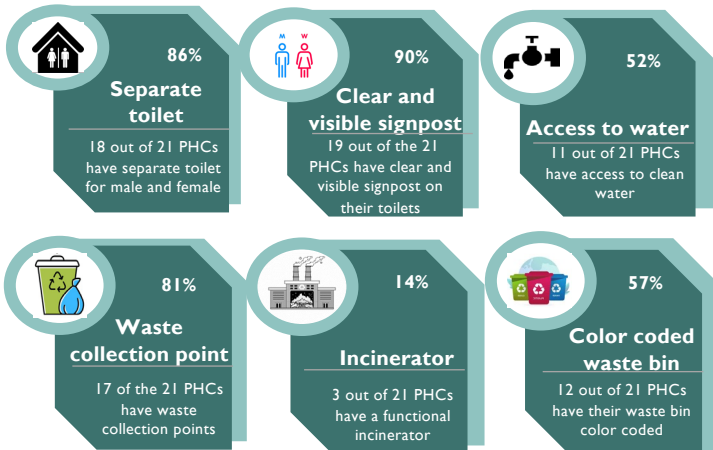


The ratio of PHCs to the population of the communities stands at **1:19649**

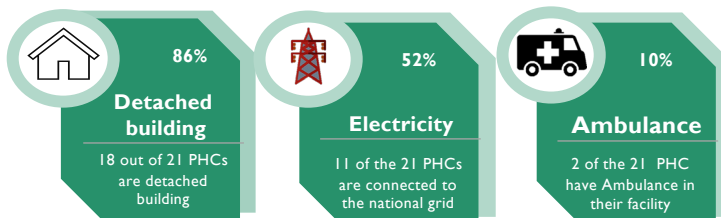


There is a list of vulnerable population in **11** PHCs visited

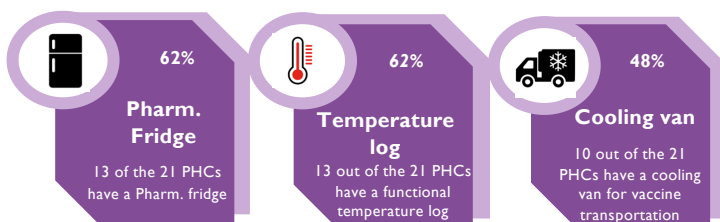
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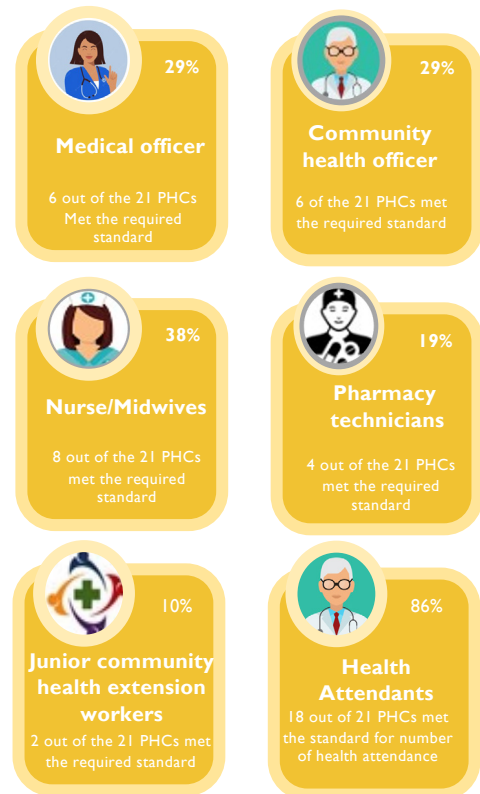
Infrastructure



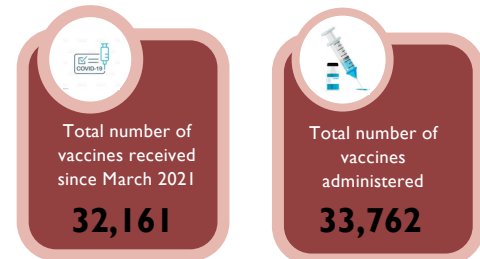
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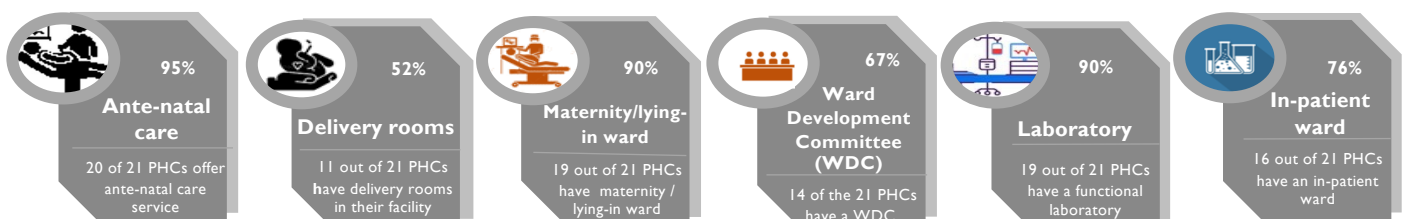
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



320,979 people were sampled in the communities visited



21 PHCs were visited in the state



An average of **31956** patronize the PHCs monthly

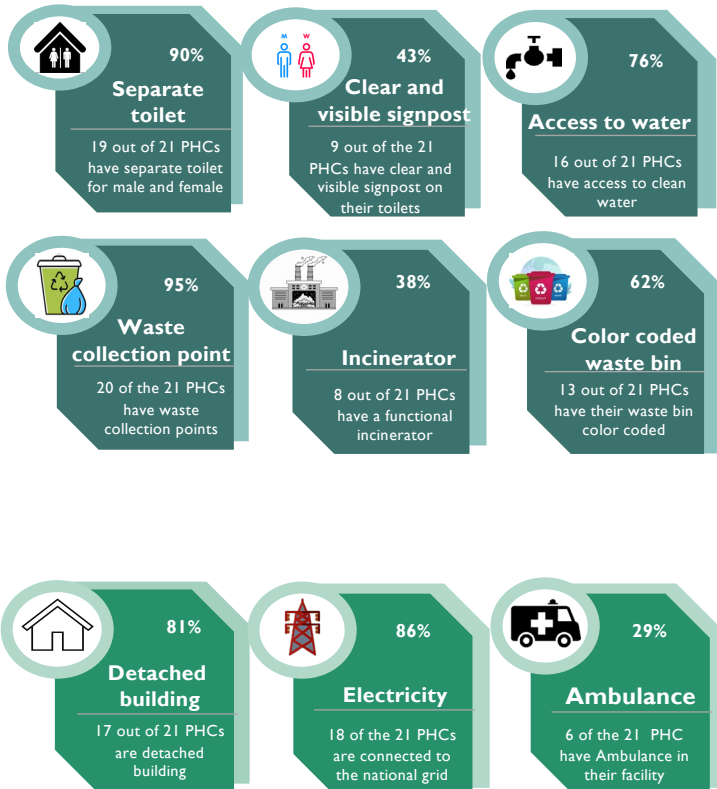


The ratio of PHCs to the population of the communities stands at **1:15,285**

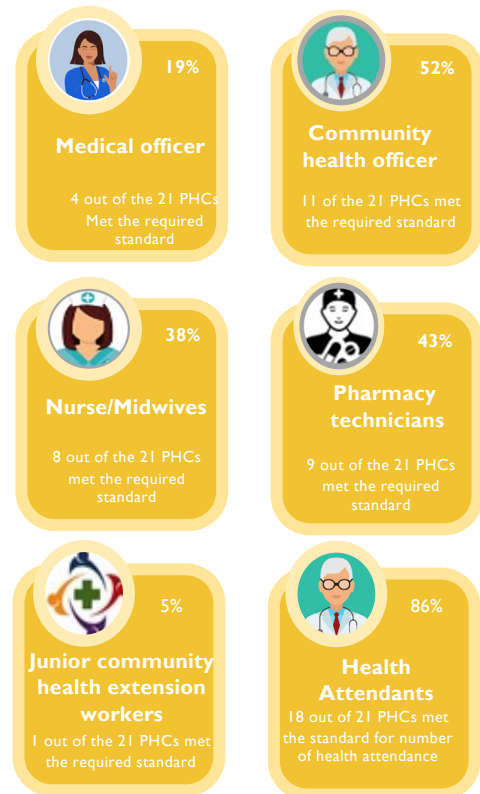


There is a list of vulnerable population in **9** PHCs visited

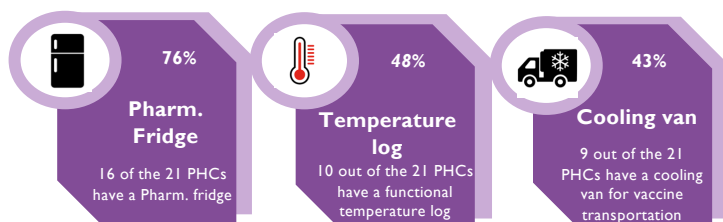
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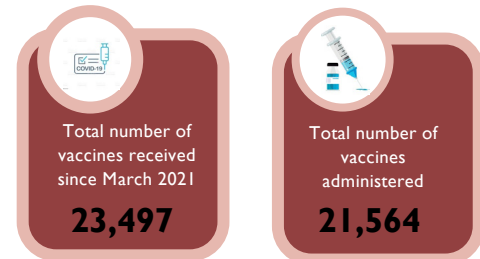
Personnel



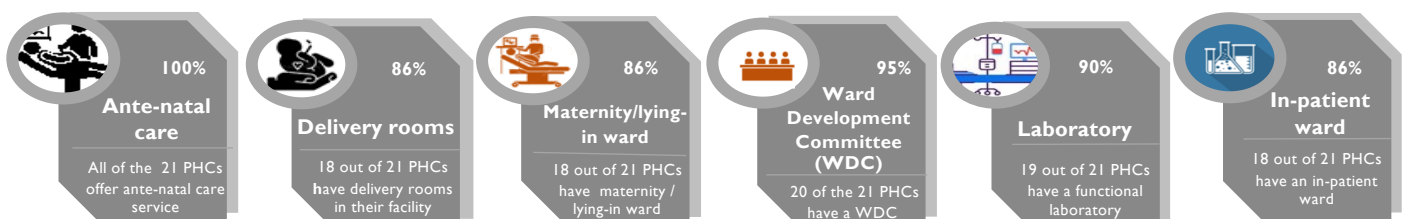
Vaccine Storage



Administered Vaccine



Service Delivery



North Central

Summary of Primary Health Care status



2,457,708
People were sampled in the communities visited



31 PHCs were visited in the state



An average of **18,575** patronize the PHCs monthly

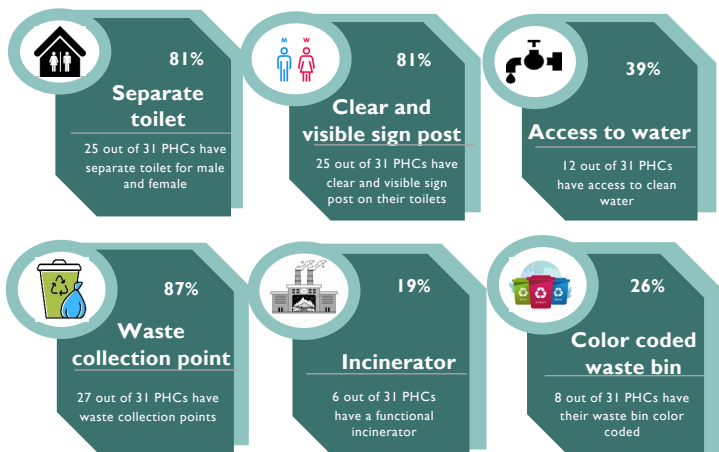


The ratio of PHCs to the population of the communities stands at **1:79281**

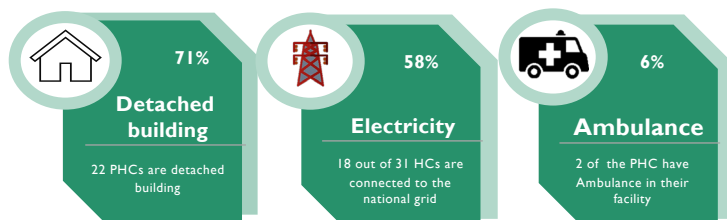


There is a list of vulnerable population in **26** PHCs visited

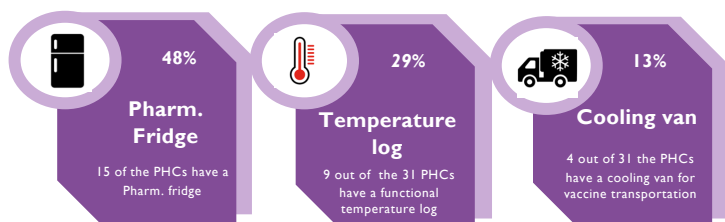
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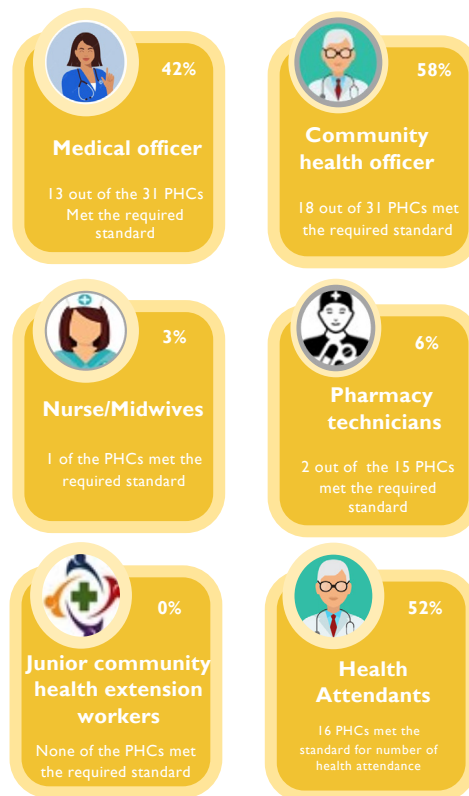
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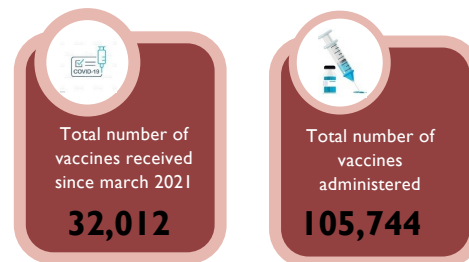
Vaccine Storage



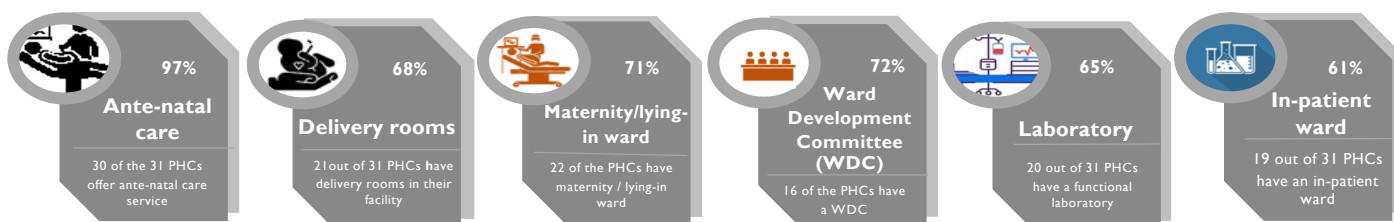
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



390,730
People were sampled in the communities visited



13 PHCs were visited in the state



An average of **6647** patronize the PHCs monthly

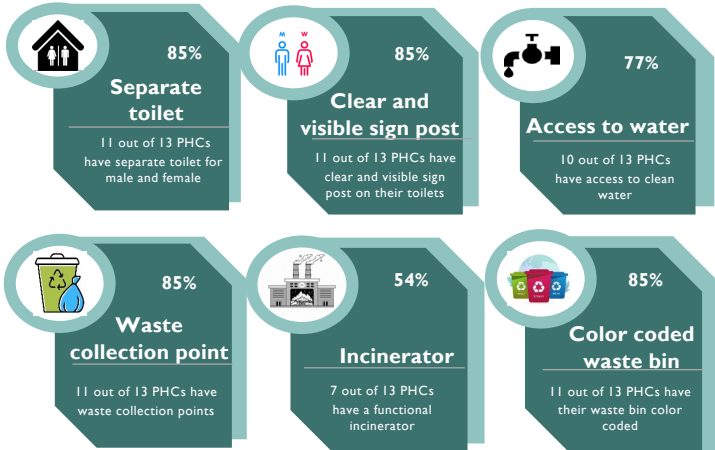


The ratio of PHCs to the population of the communities stands at **1:30056**

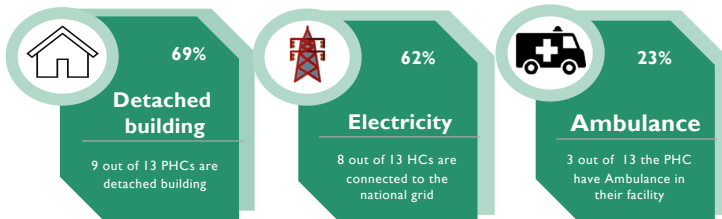


There is a list of vulnerable population in **7** PHCs visited

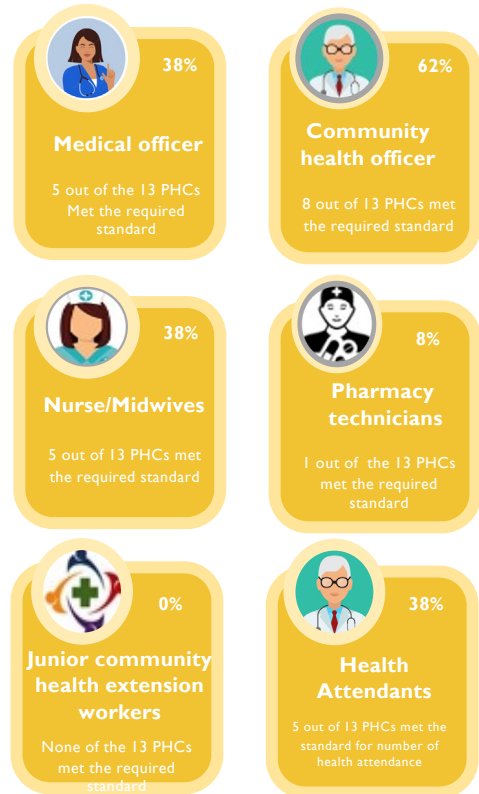
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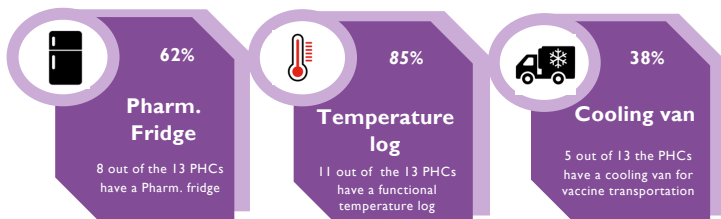
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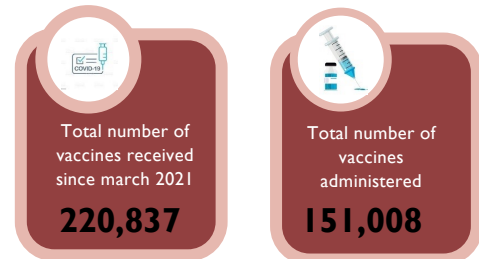
Personnel



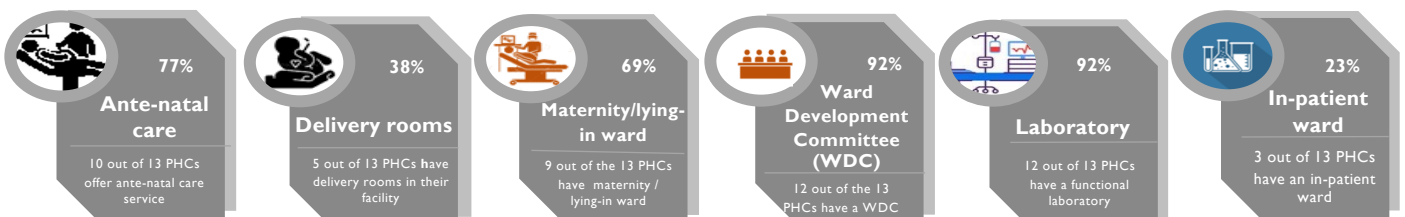
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



577,642
People were sampled in the communities visited



24 PHCs were visited in the state



An average of **27,556** patronize the PHCs monthly

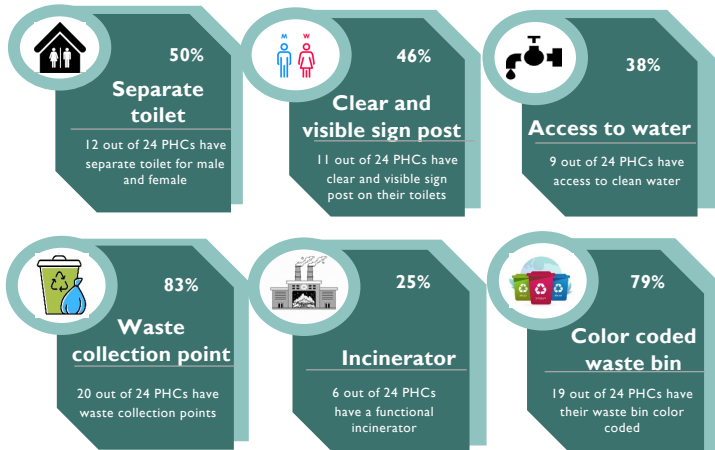


The ratio of PHCs to the population of the communities stands at **1:24,068**

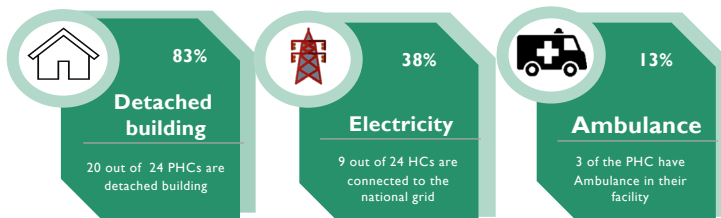


There is a list of vulnerable population in **11** PHCs visited

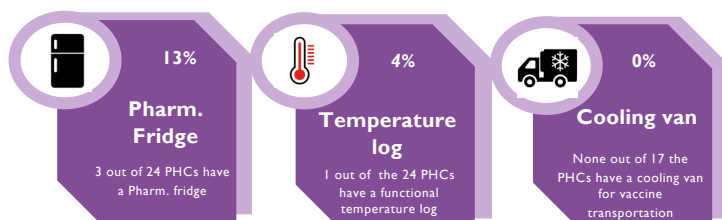
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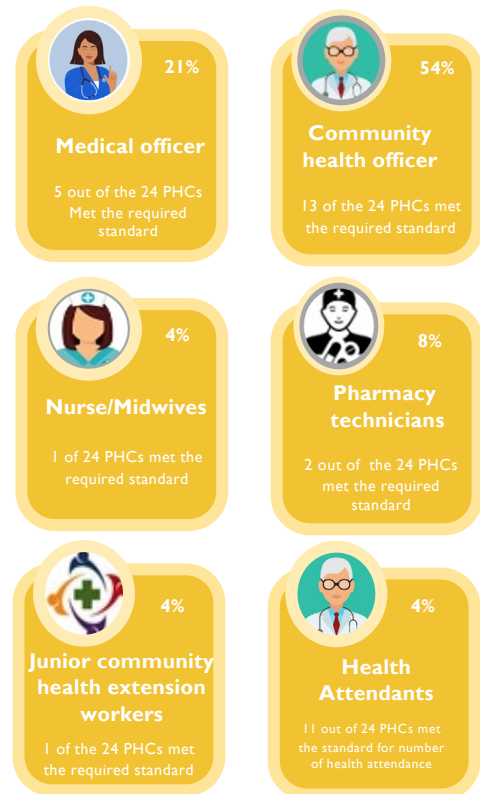
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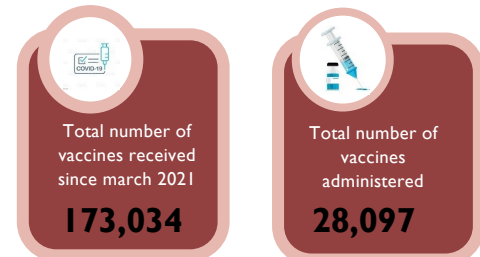
Vaccine Storage



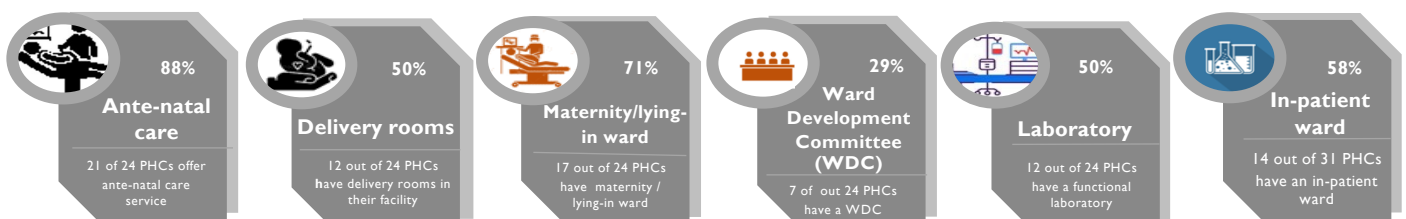
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



3427,660
People were sampled in the communities visited

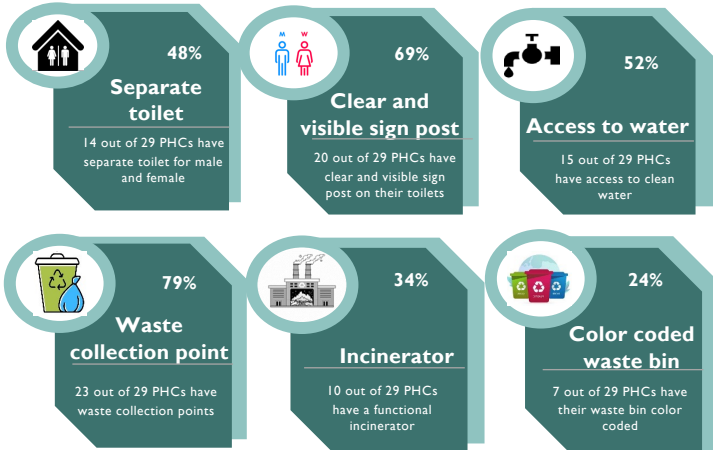
29 PHCs were visited in the state

An average of **12164** patronize the PHCs monthly

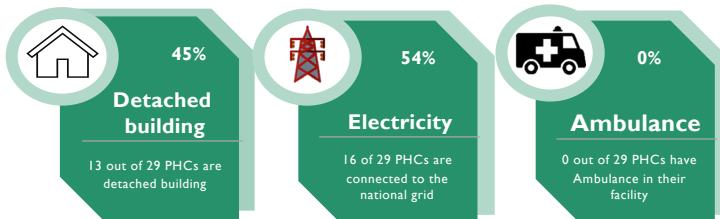
The ratio of PHCs to the population of the communities stands at **1:11988**

There is a list of vulnerable population in **20** PHCs visited

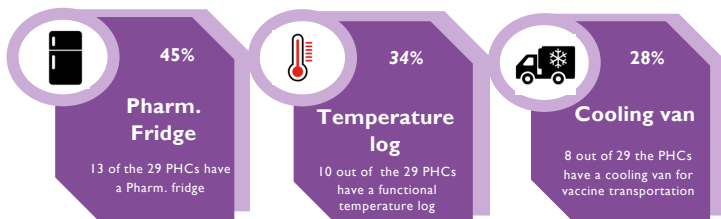
WASH



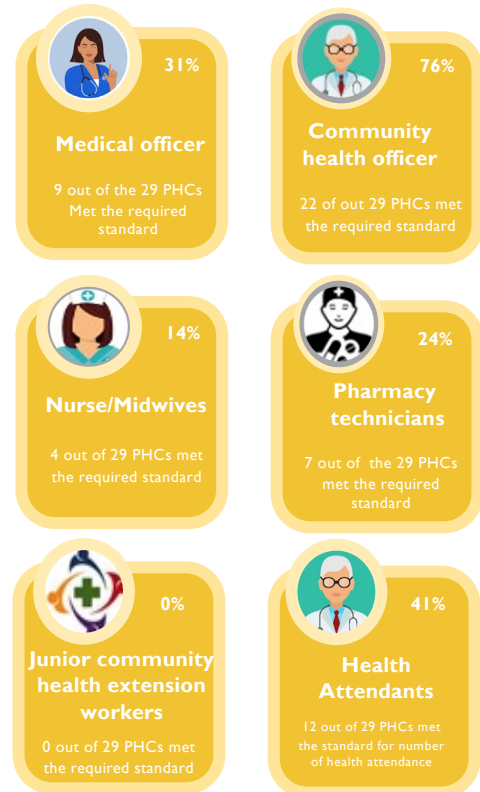
Infrastructure



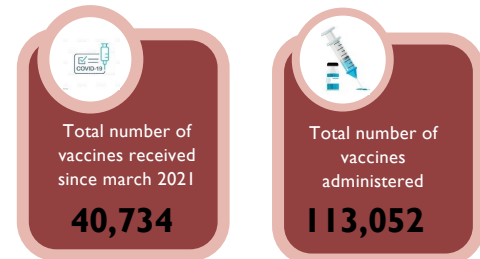
Vaccine Storage



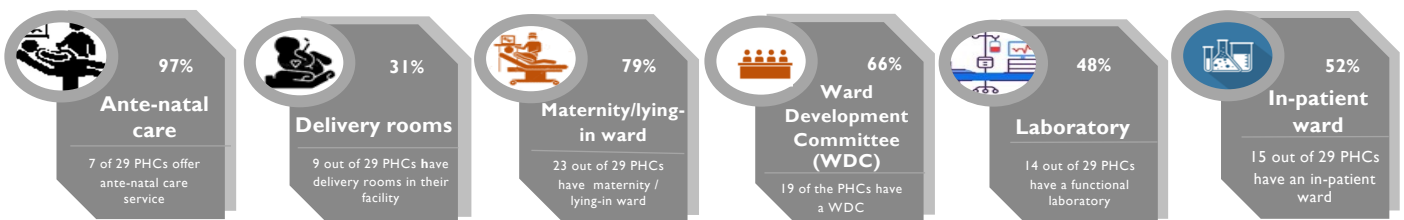
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



6,175,594
People were sampled in the communities visited



27 PHCs were visited in the state



An average of **8340** patronize the PHCs monthly

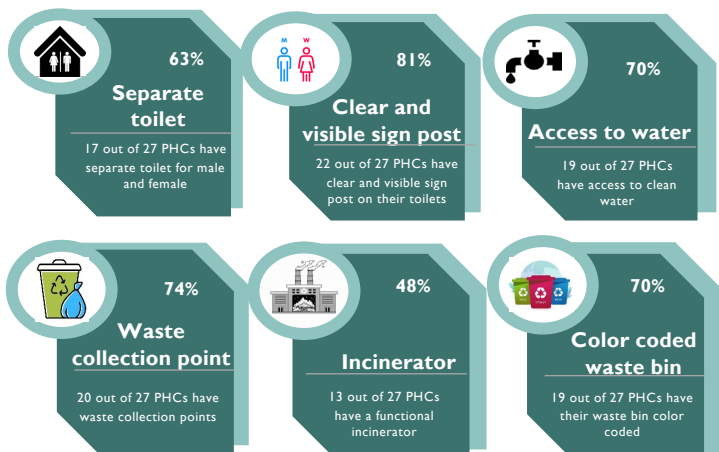


The ratio of PHCs to the population of the communities stands at **1:228726**

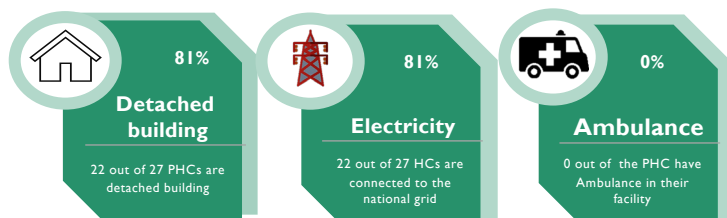


There is a list of vulnerable population in **20** PHCs visited

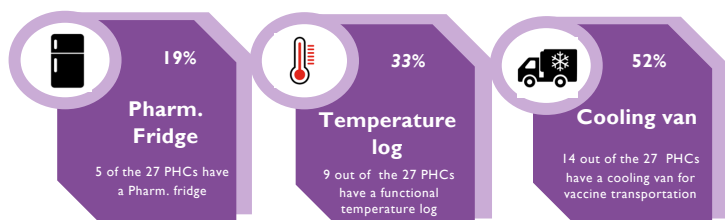
WASH



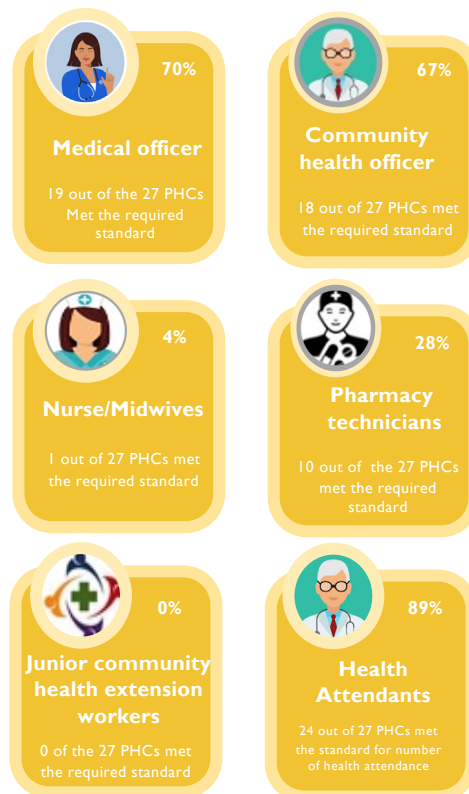
Infrastructure



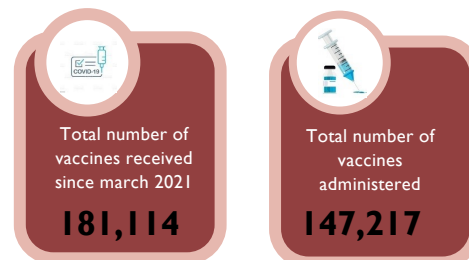
Vaccine Storage



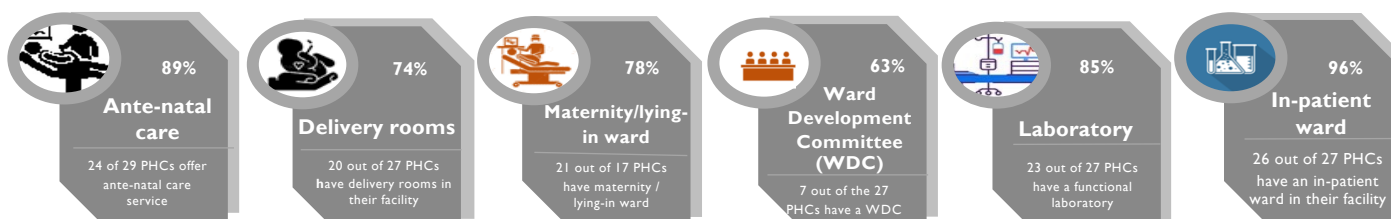
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Niger State



461,735
People were sampled in the communities visited



36 PHCs were visited in the state



An average of **18,489** patronize the PHCs monthly

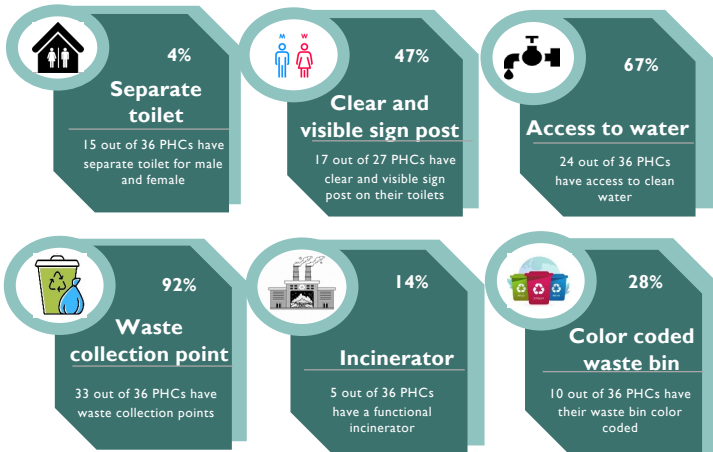


The ratio of PHCs to the population of the communities stands at **1:12826**

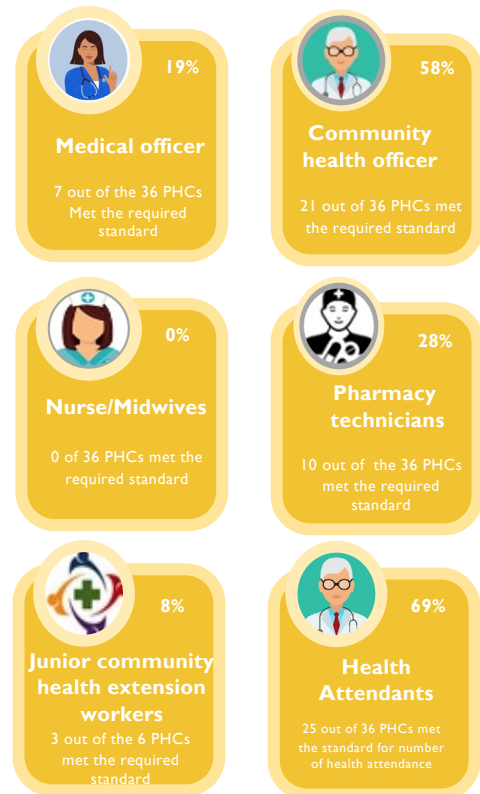


There is a list of vulnerable population in **26** PHCs visited

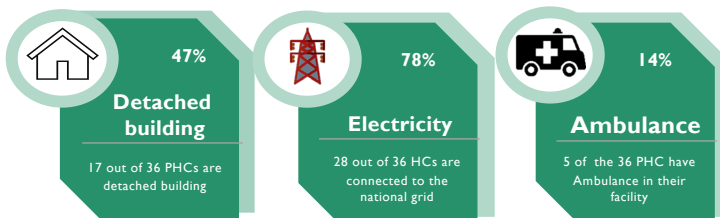
WASH



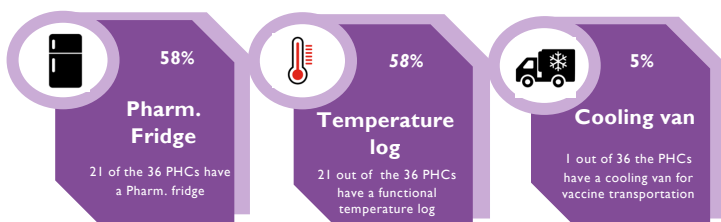
Personnel



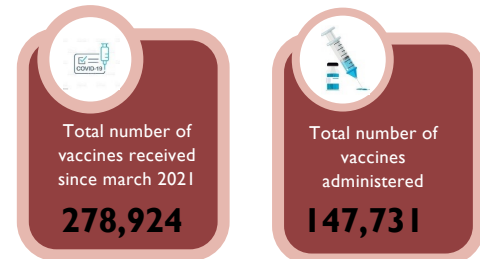
Infrastructure



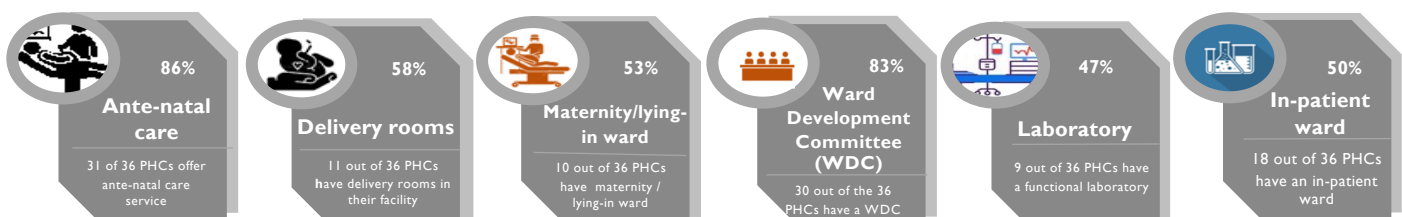
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Plateau State



228,117
People were sampled in the communities visited



32 PHCs were visited in the state



An average of **12759** patronize the PHCs monthly

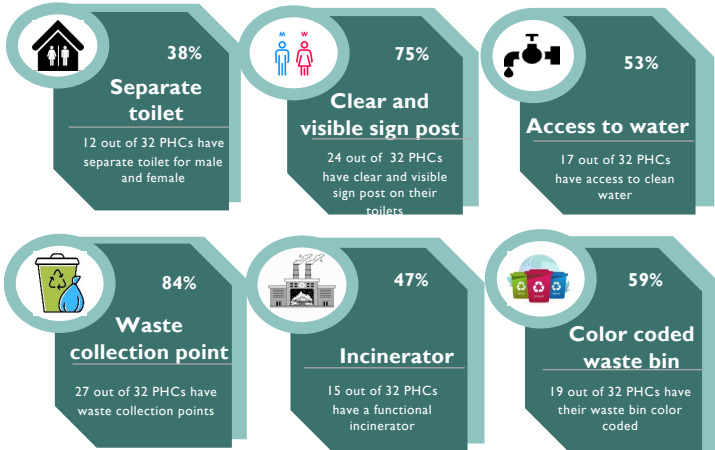


The ratio of PHCs to the population of the communities stands at **1:7129**

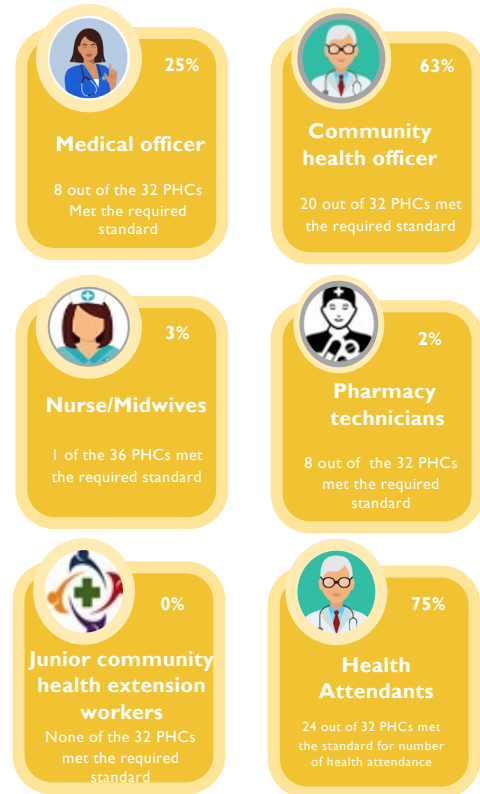


There is a list of vulnerable population in **21** PHCs visited

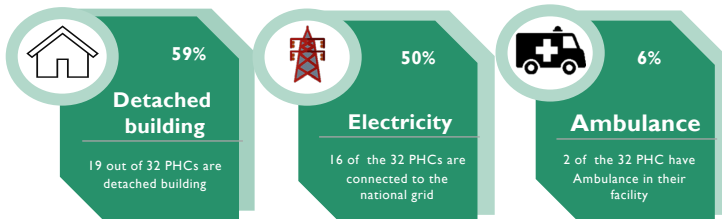
WASH



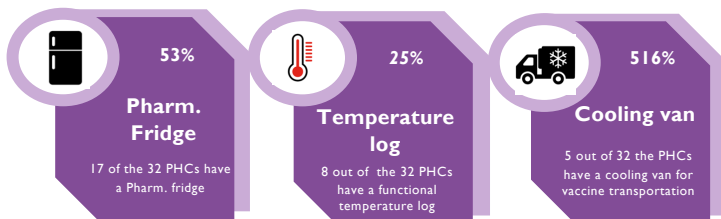
Personnel



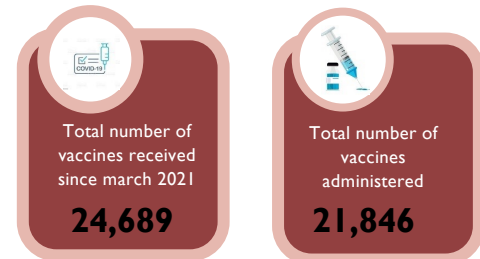
Infrastructure



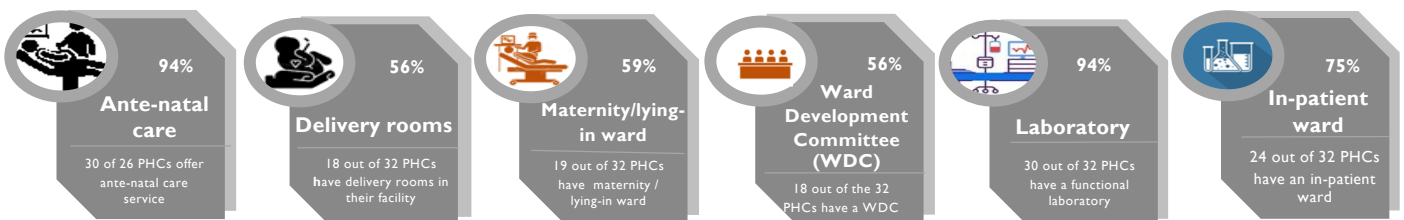
Vaccine Storage



Administered Vaccine



Service Delivery



North West

Summary of Primary Health Care status



323,941 people were sampled in the communities visited



16 PHCs were visited in the state



An average of **19,662** patronize the PHCs monthly

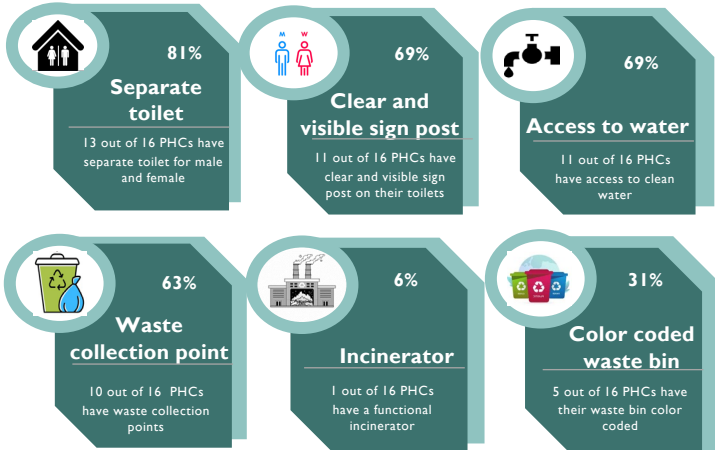


The ratio of PHCs to the population of the communities stands at **1:20,246**

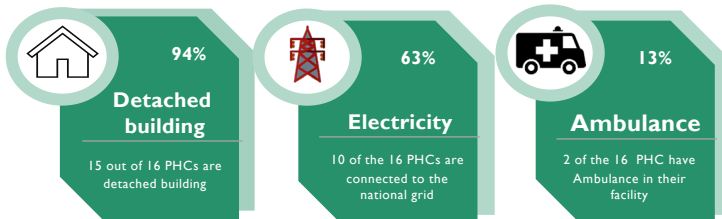


There is a list of vulnerable population in **11** PHCs visited

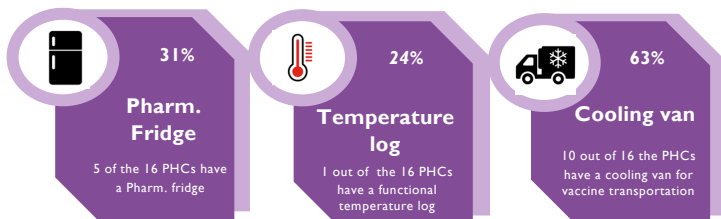
WASH



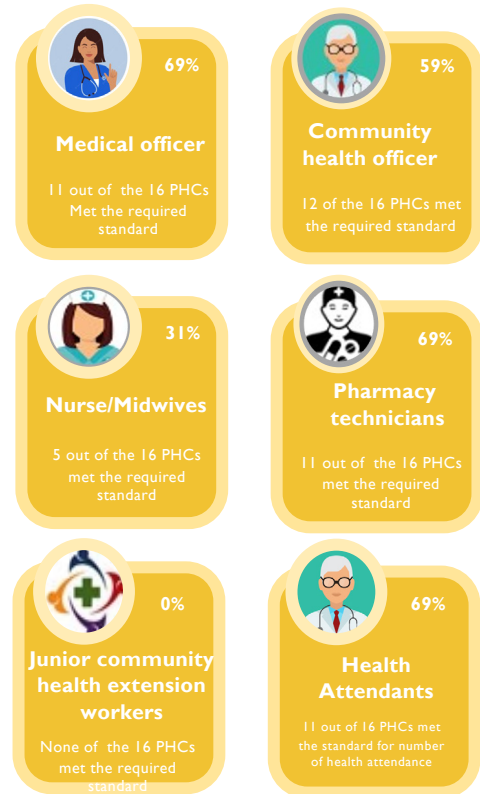
Infrastructure



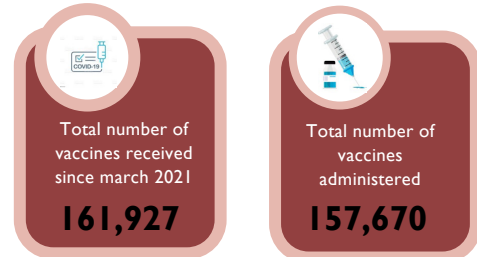
Vaccine Storage



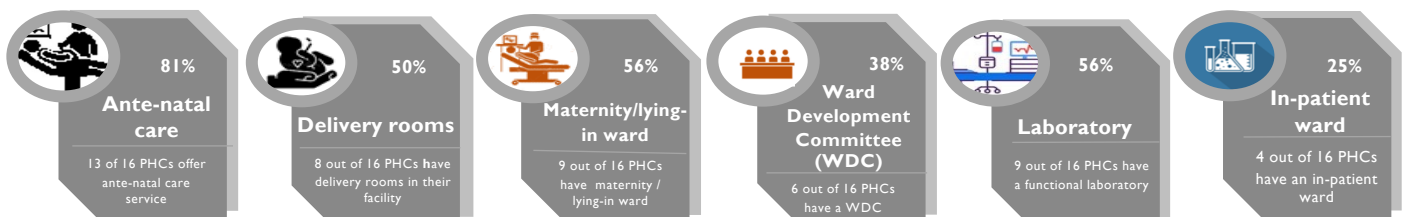
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



975,388 people were sampled in the communities visited



23 PHCs were visited in the state



An average of **23,657** patronize the PHCs monthly

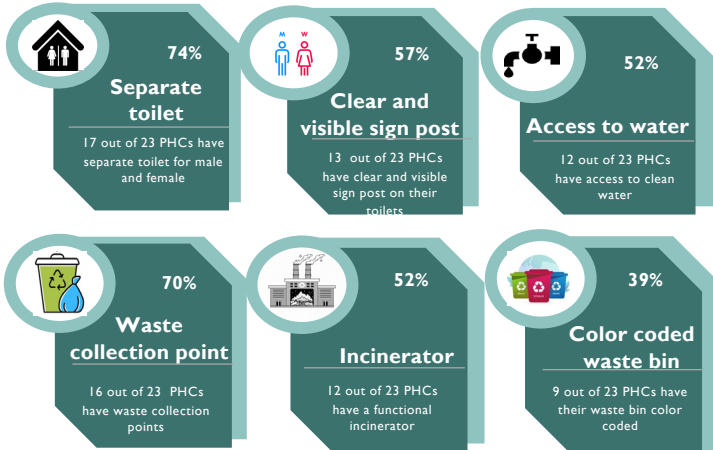


The ratio of PHCs to the population of the communities stands at **1:42,408**

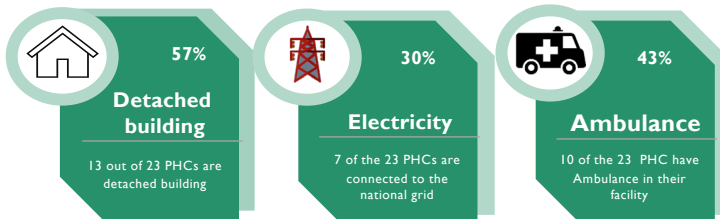


There is a list of vulnerable population in **12** PHCs visited

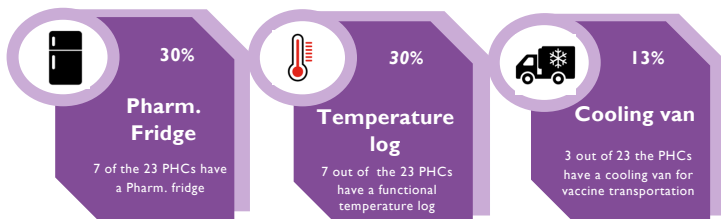
WASH



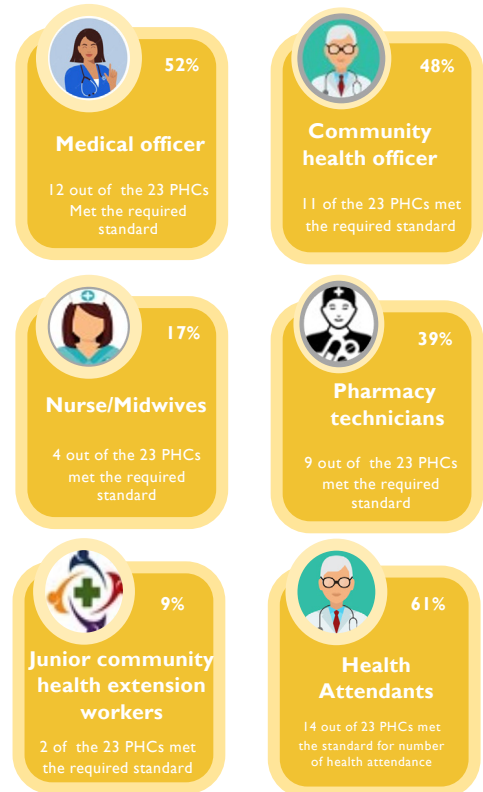
Infrastructure



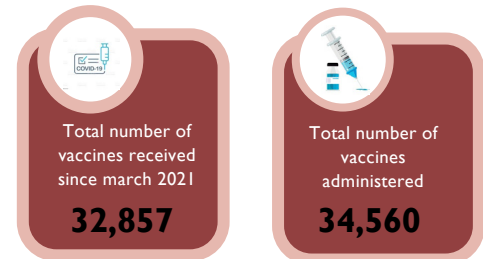
Vaccine Storage



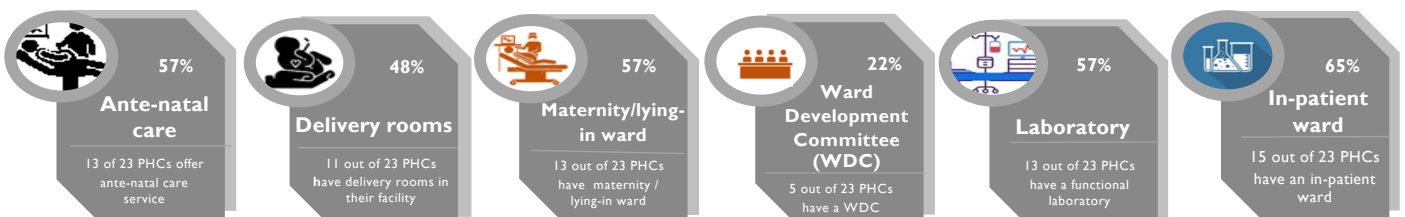
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



629,719 people were sampled in the communities visited



24 PHCs were visited in the state



An average of **20,409** patronize the PHCs monthly

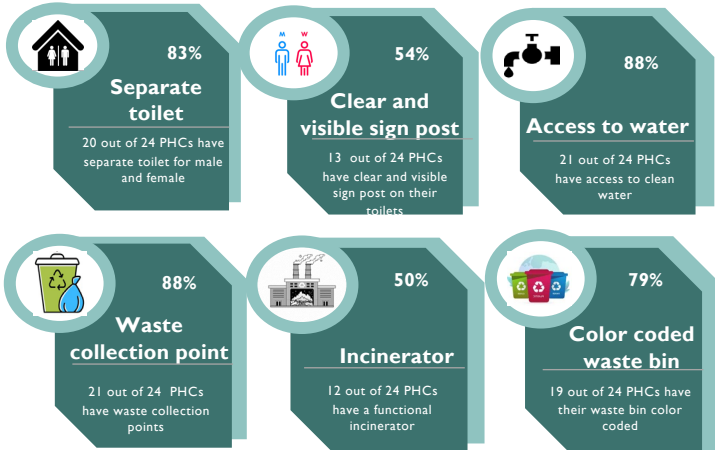


The ratio of PHCs to the population of the communities stands at **1:26,238**

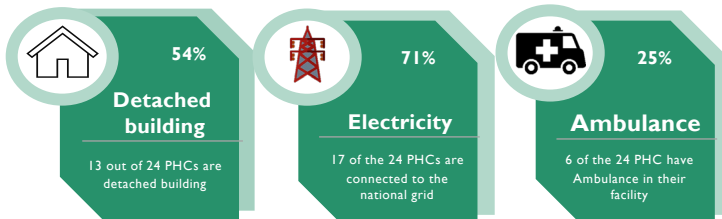


There is a list of vulnerable population in **20** PHCs visited

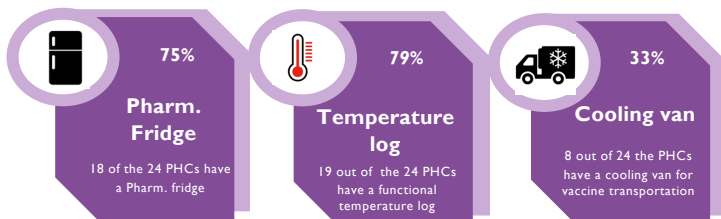
WASH



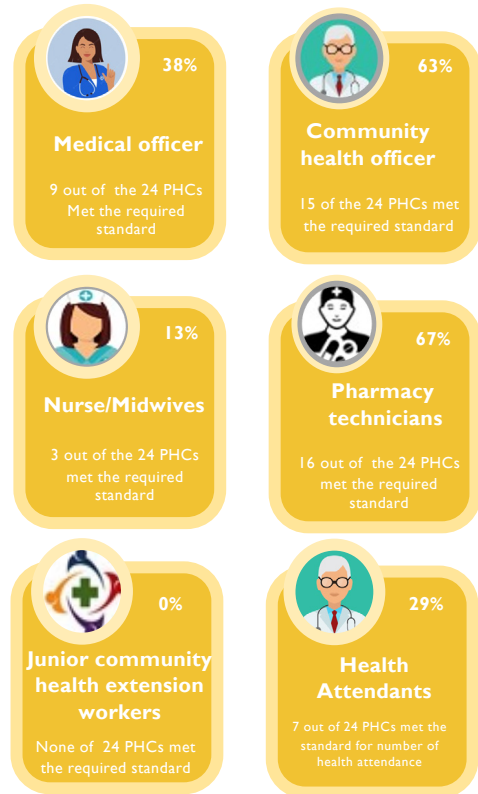
Infrastructure



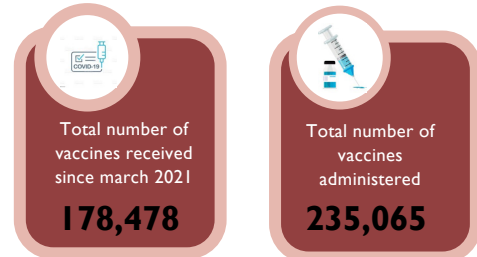
Vaccine Storage



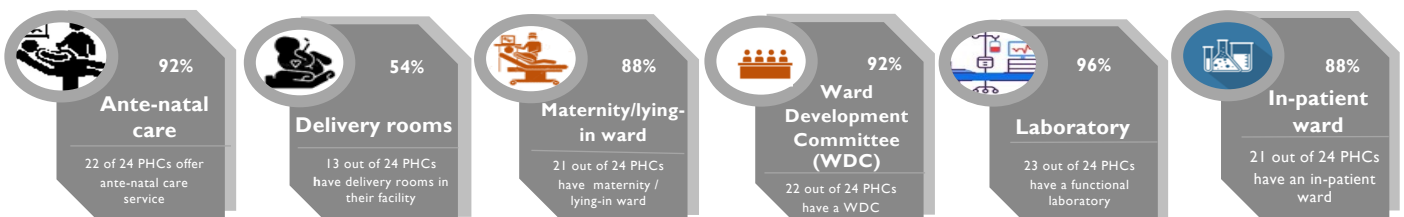
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



1,188,790 people were sampled in the communities visited



33 PHCs were visited in the state



An average of **41,493** patronize the PHCs monthly

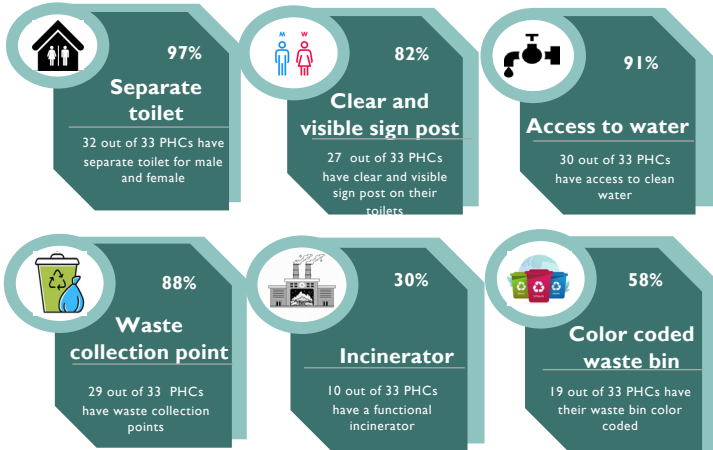


The ratio of PHCs to the population of the communities stands at **1:36,024**

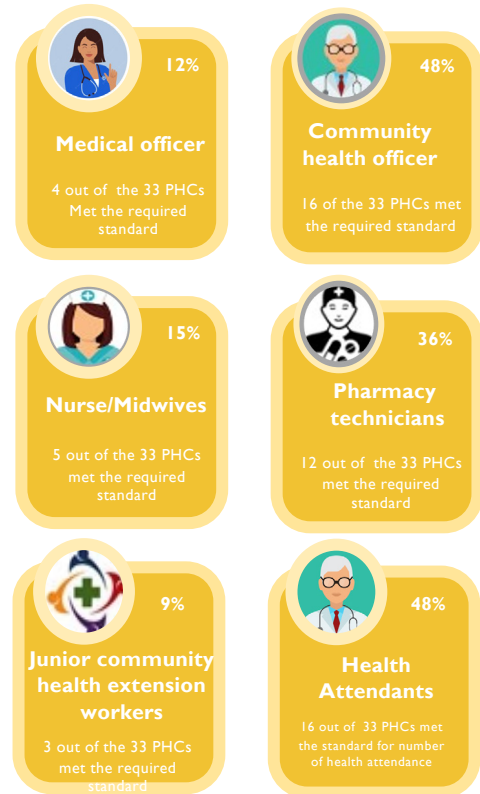


There is a list of vulnerable population in **30** PHCs visited

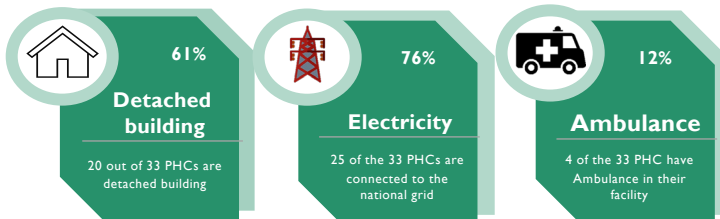
WASH



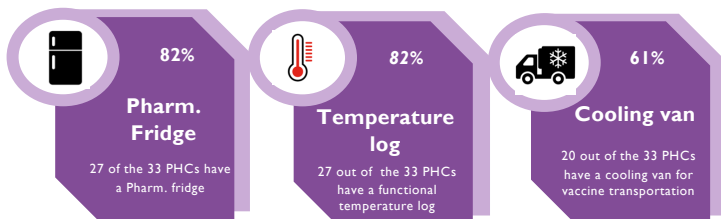
Personnel



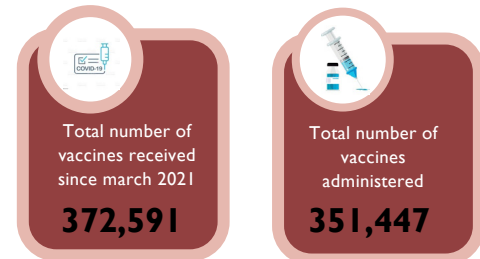
Infrastructure



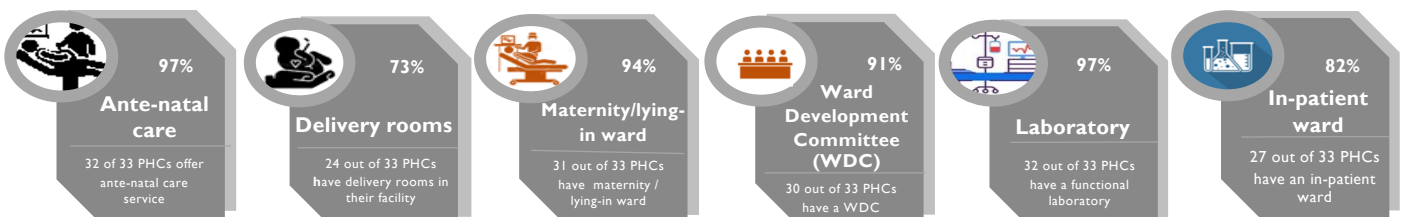
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



161,753 people were sampled in the communities visited



15 PHCs were visited in the state



An average of **35,418** patronize the PHCs monthly

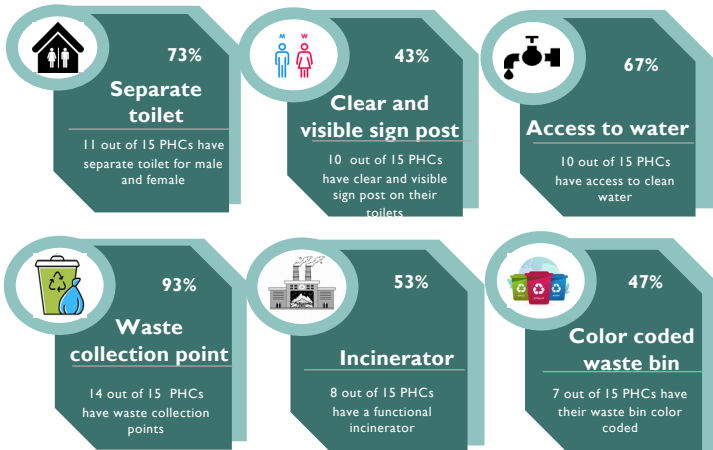


The ratio of PHCs to the population of the communities stands at **1:10784**

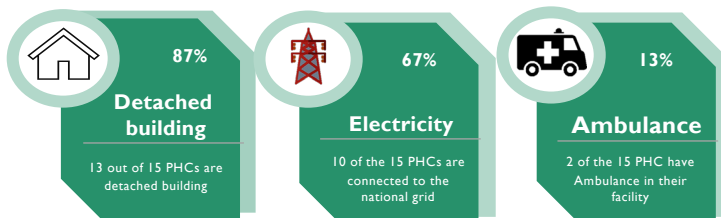


There is a list of vulnerable population in **8** PHCs visited

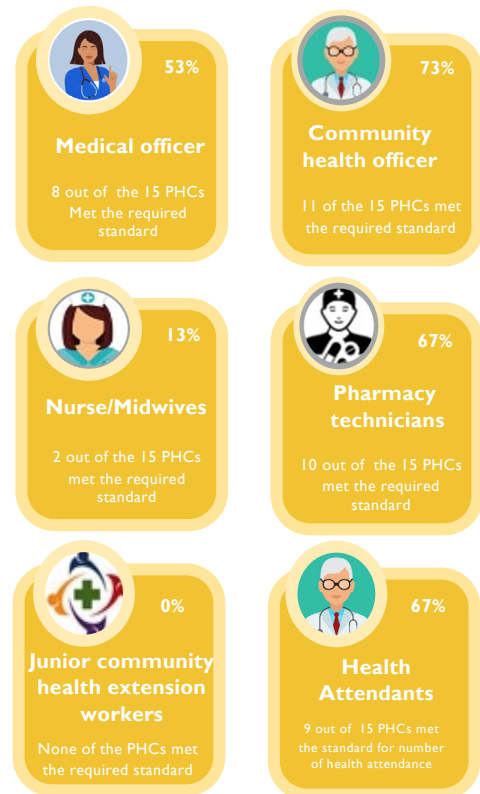
WASH



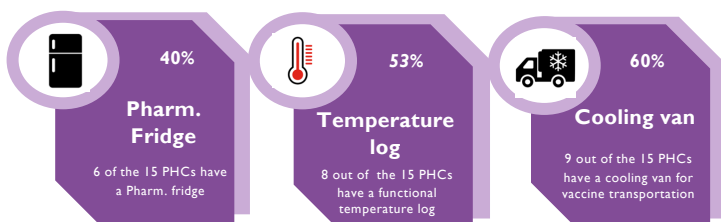
Infrastructure



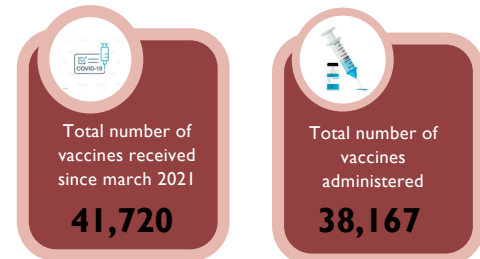
Personnel



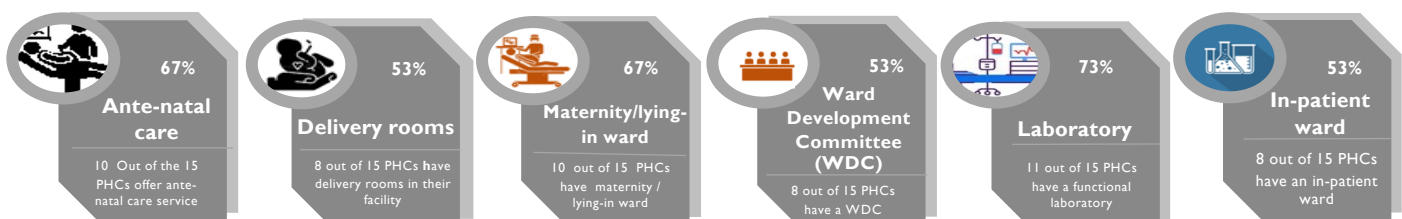
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



3,728,802 people were sampled in the communities visited



29 PHCs were visited in the state



An average of **275,556** patronize the PHCs monthly

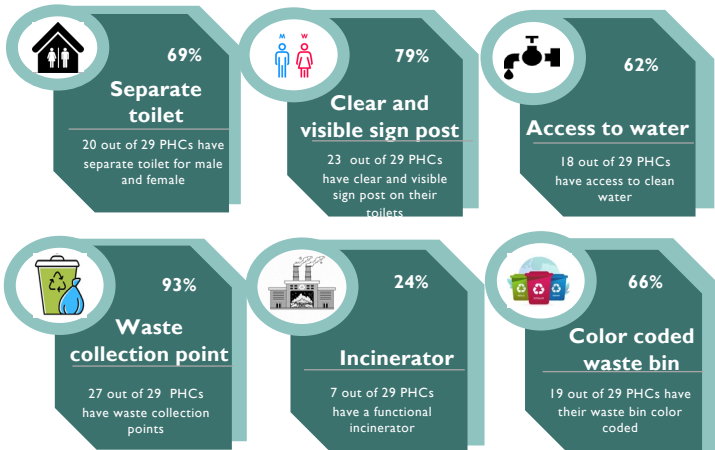


The ratio of PHCs to the population of the communities stands at **1:128,579**

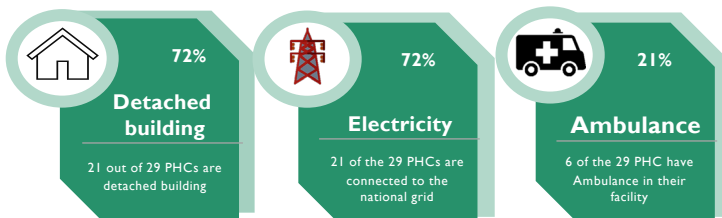


There is a list of vulnerable population in **15** PHCs visited

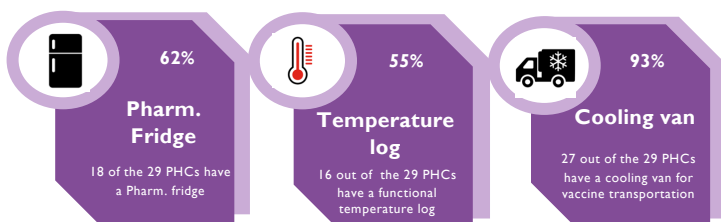
WASH



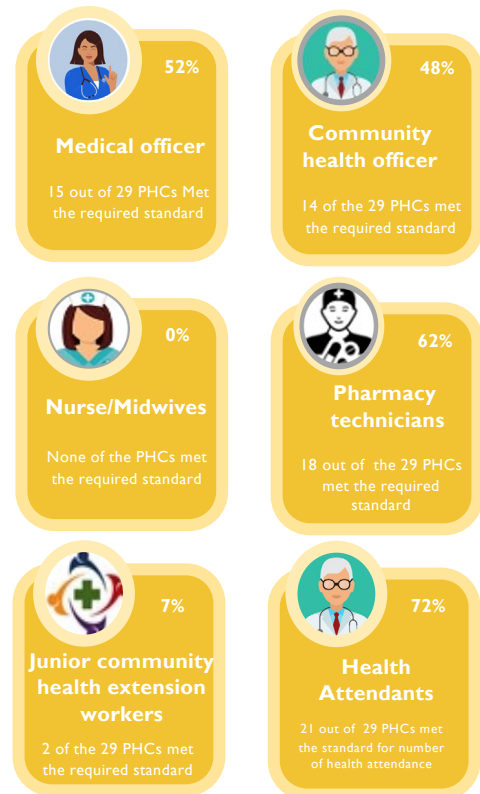
Infrastructure



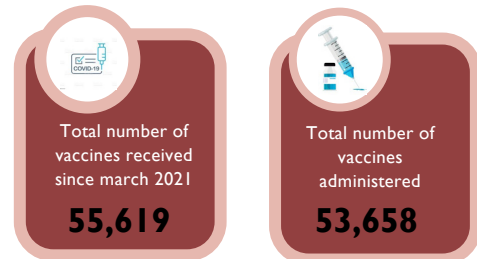
Vaccine Storage



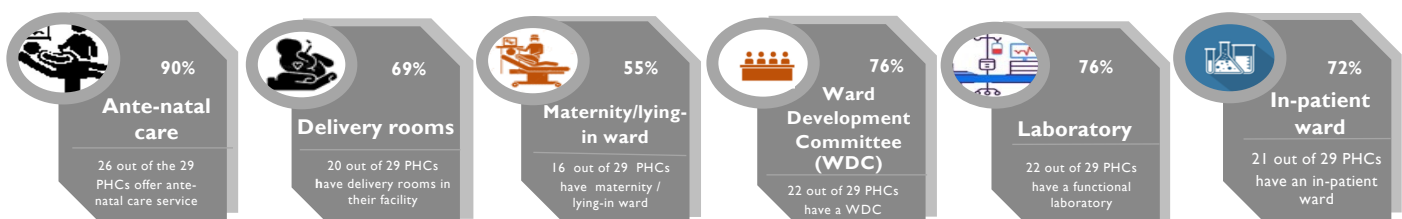
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



719,865 people were sampled in the communities visited



4 PHCs were visited in the state



An average of **821** patronize the PHCs monthly

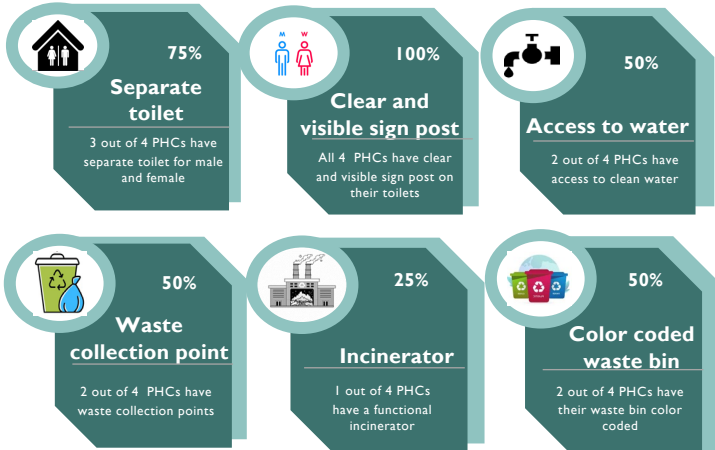


The ratio of PHCs to the population of the communities stands at **1:179,966**

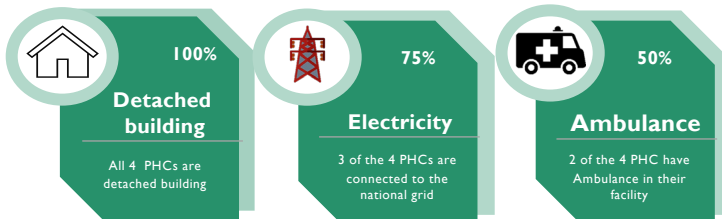


There is a list of vulnerable population in **2** PHCs visited

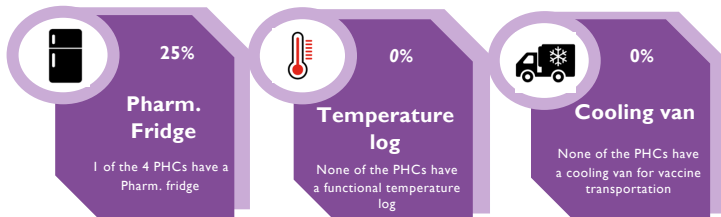
WASH



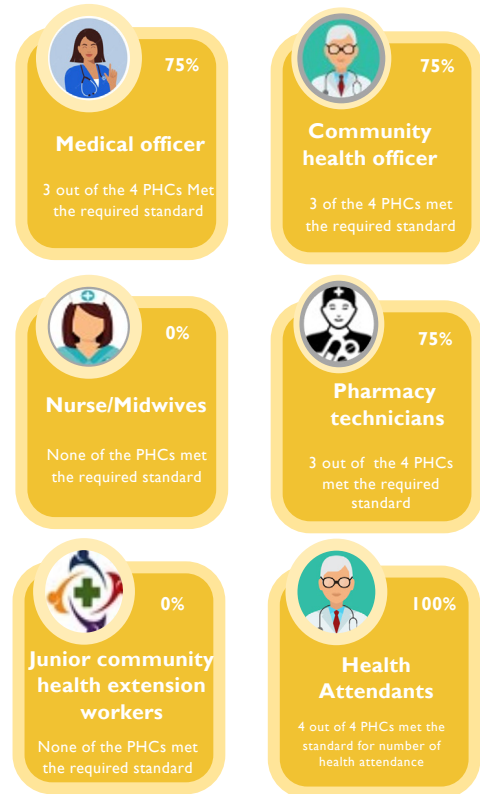
Infrastructure



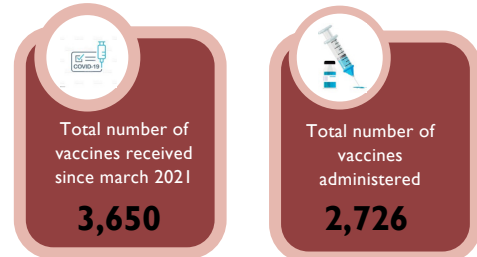
Vaccine Storage



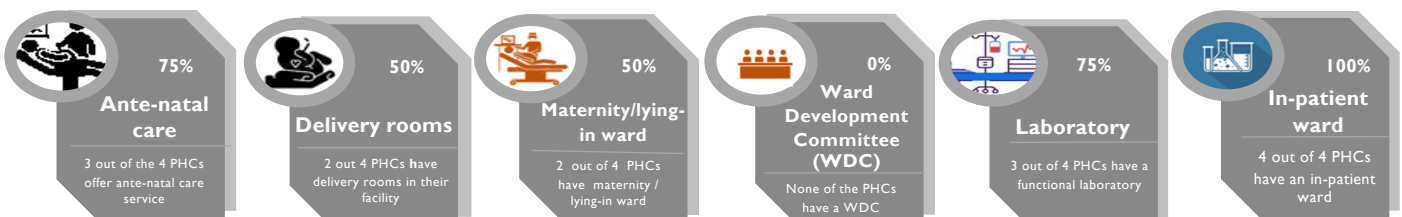
Personnel



Administered Vaccine



Service Delivery



South East

Summary of Primary Health Care status



27,728 people were sampled in the communities visited



6 PHCs were visited in the state



An average of **334** patronize the PHCs monthly

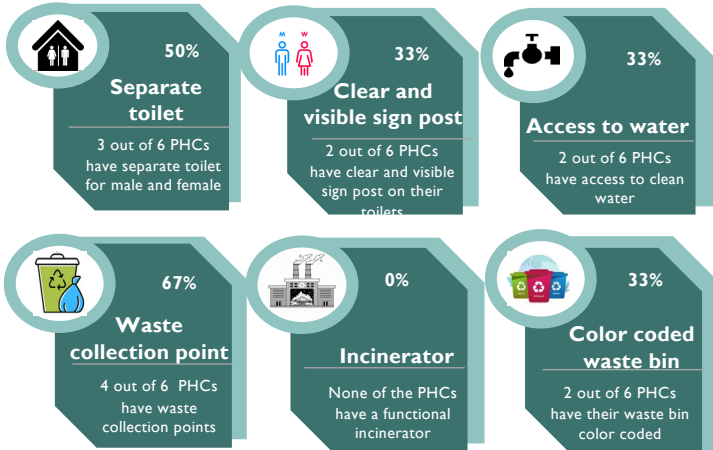


The ratio of PHCs to the population of the communities stands at **1:4621**

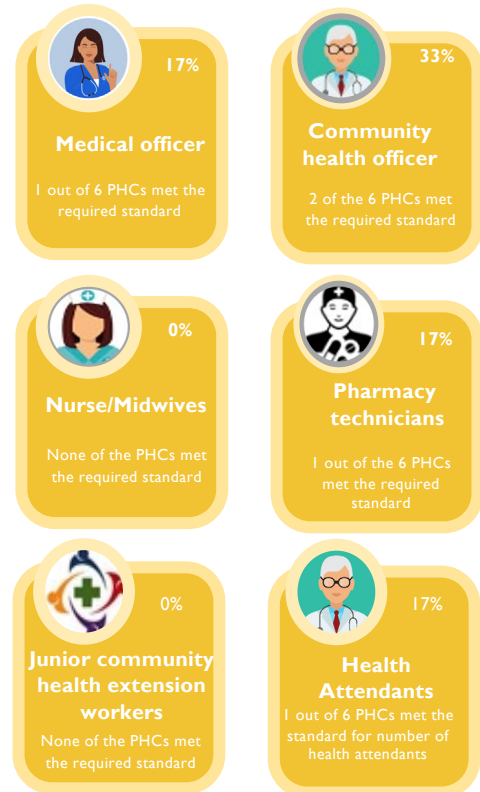


There is a list of vulnerable population in **5** PHCs visited

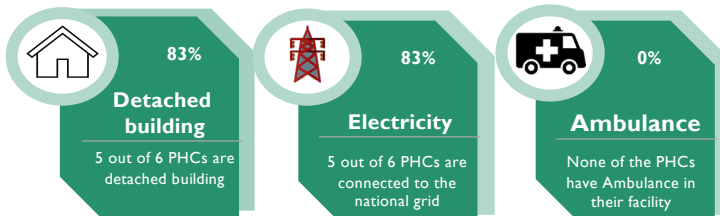
WASH



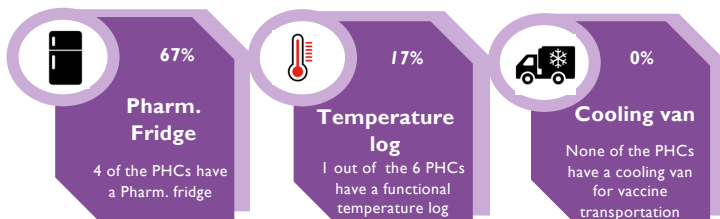
Personnel



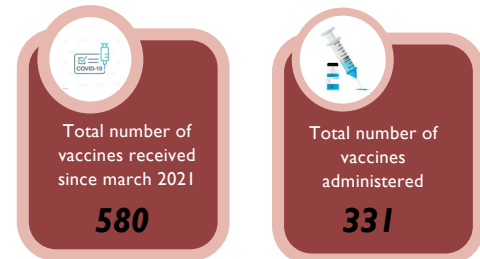
Infrastructure



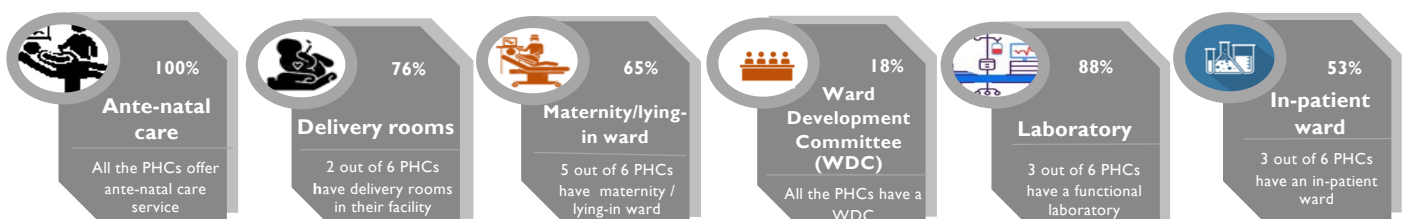
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



347,676 people were sampled in the communities visited



34 PHCs were visited in the state



An average of **5796** patronize the PHCs monthly

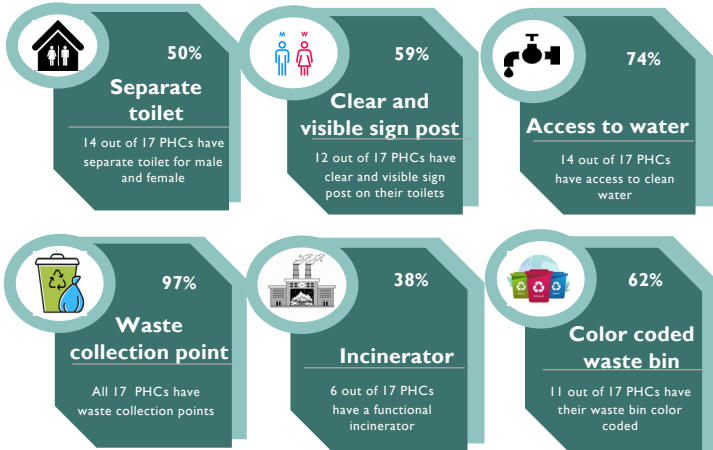


The ratio of PHCs to the population of the communities stands at **1:10226**

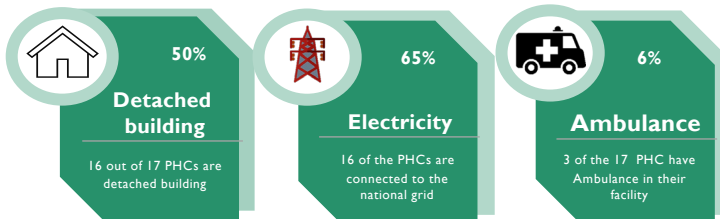


There is a list of vulnerable population in **15** PHCs visited

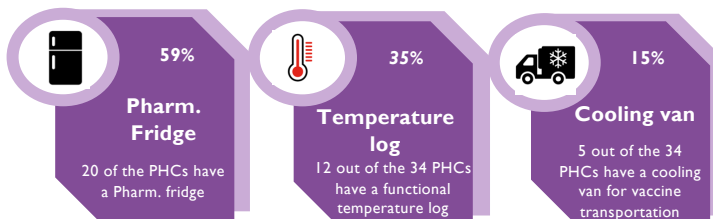
WASH



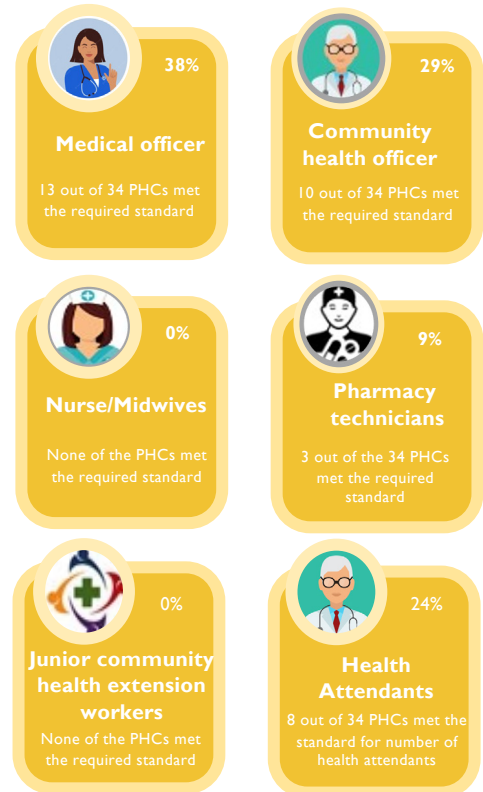
Infrastructure



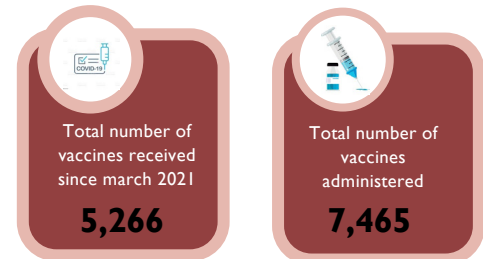
Vaccine Storage



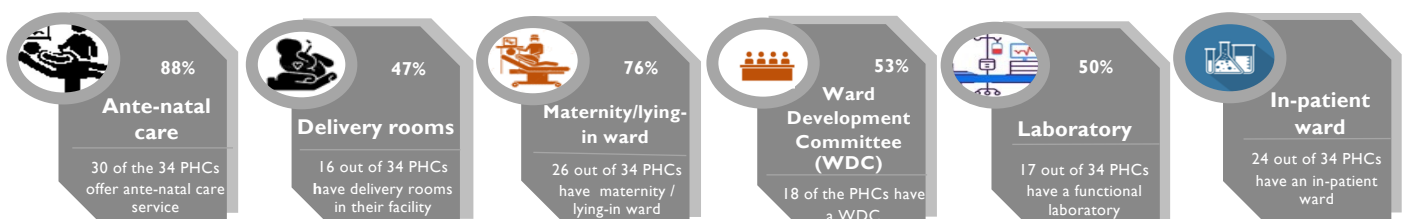
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Ebonyi State



596 people were sampled in the communities visited



1 PHC was visited in the state



An average of 238 patronize the PHCs monthly

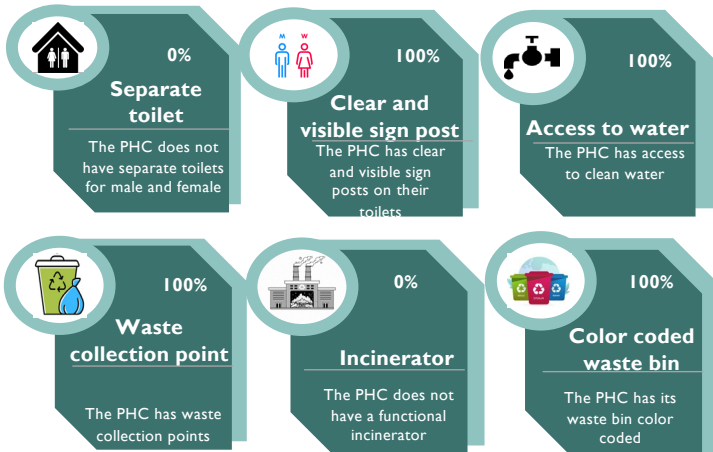


The ratio of PHCs to the population of the communities stands at 1:596

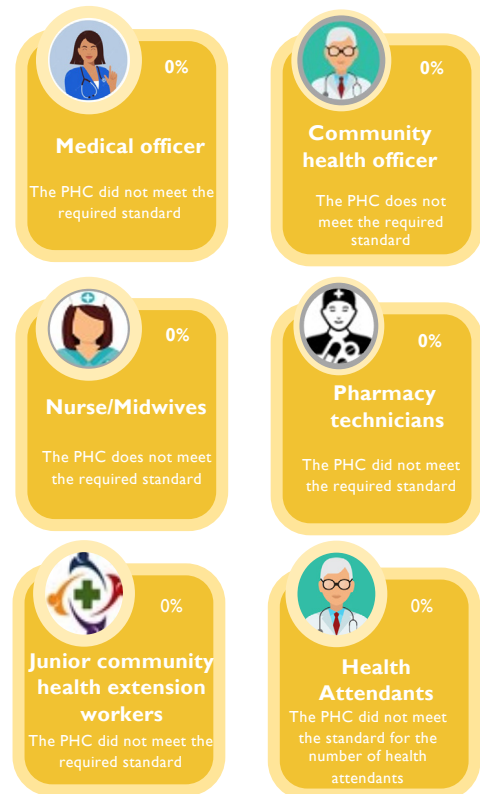


There is a list of vulnerable population in 1 PHC visited

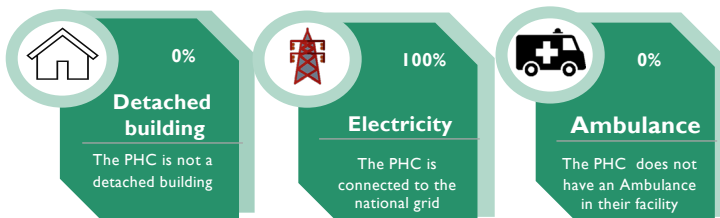
WASH



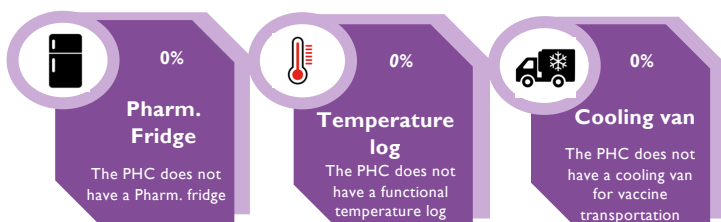
Personnel



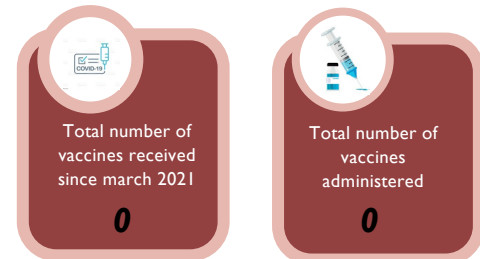
Infrastructure



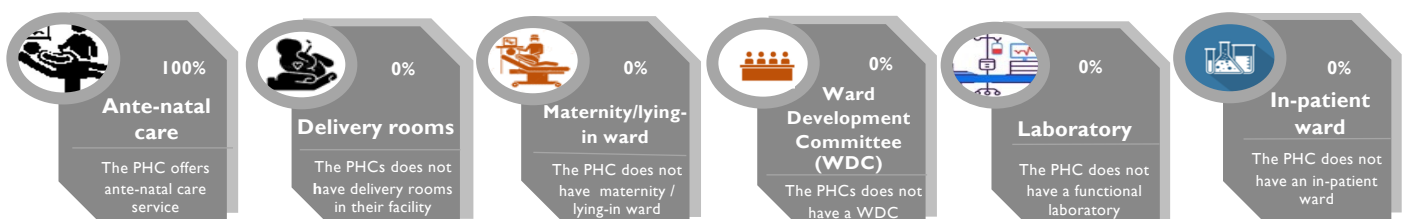
Vaccine Storage



Administered Vaccine



Service Delivery

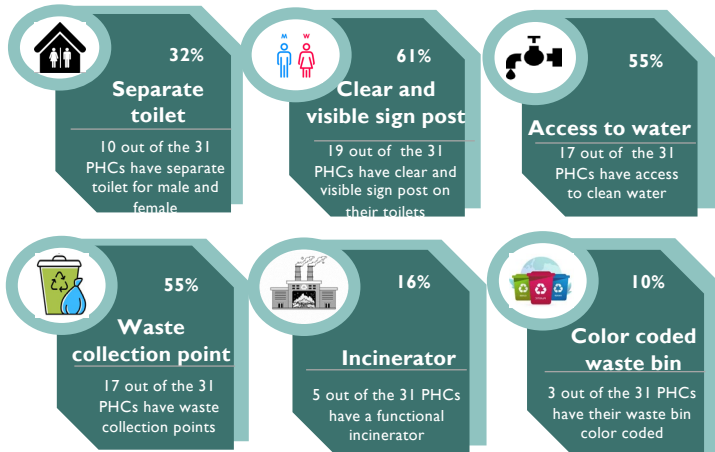


Summary of Primary Health Care status

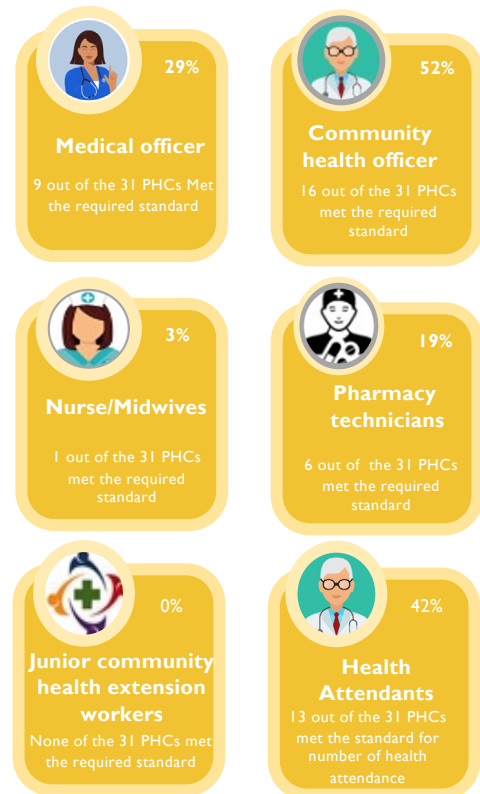


1,112,527 people were sampled in the communities visited
31 PHCs were visited in the state
 An average of **6308** patronize the PHCs monthly
 The ratio of PHCs to the population of the communities stands at **1:35,888**
 There is a list of vulnerable population in **10** PHCs visited

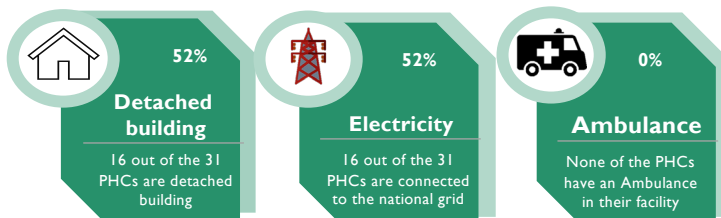
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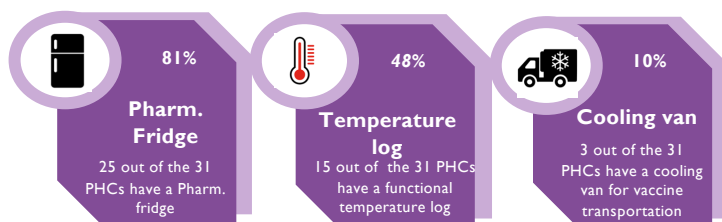
Personnel



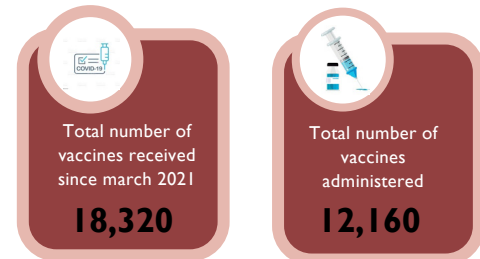
Infrastructure



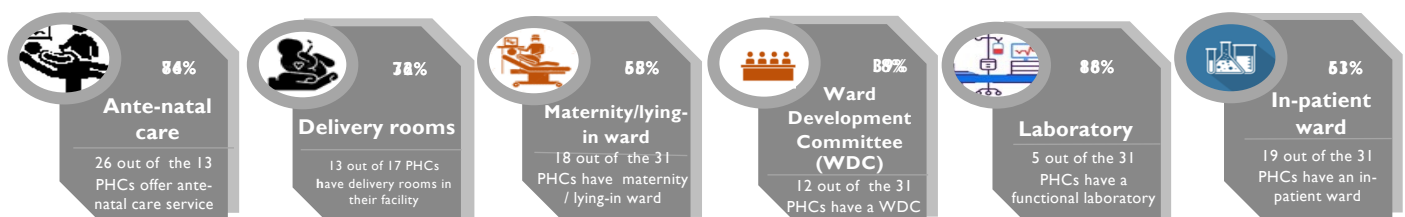
Vaccine Storage



Administered Vaccine



Service Delivery

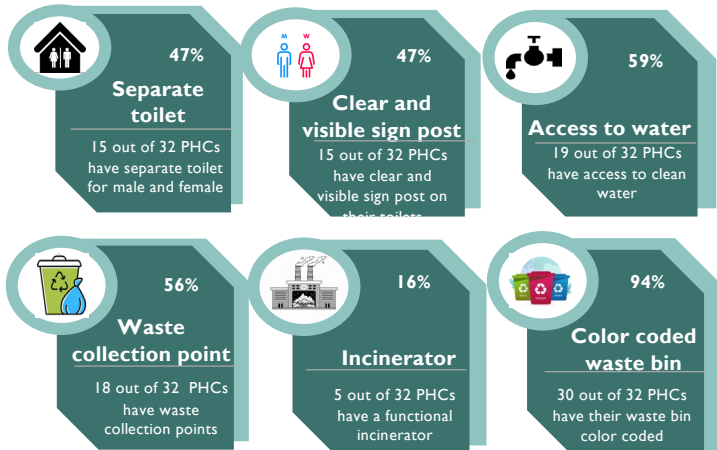


Summary of Primary Health Care status

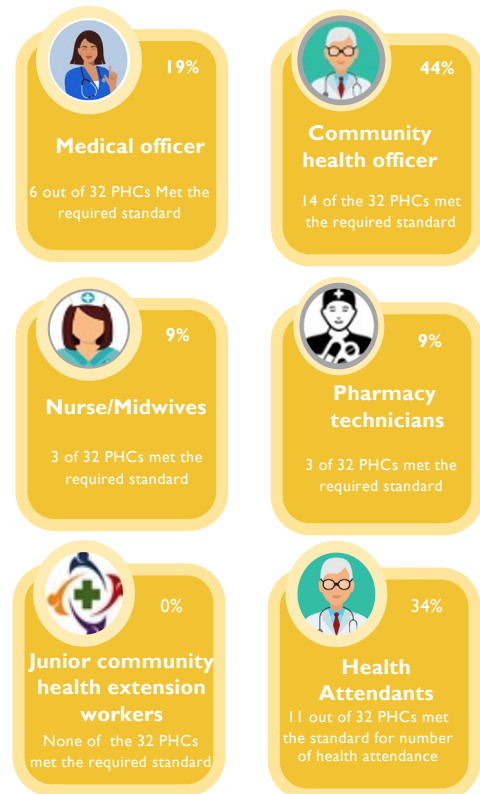


357,806 people were sampled in the communities visited
 32 PHCs were visited in the state
 An average of **5,675** patronize the PHCs monthly
 The ratio of PHCs to the population of the communities stands at **1:11,181**
 There is a list of vulnerable population in **15** PHCs visited

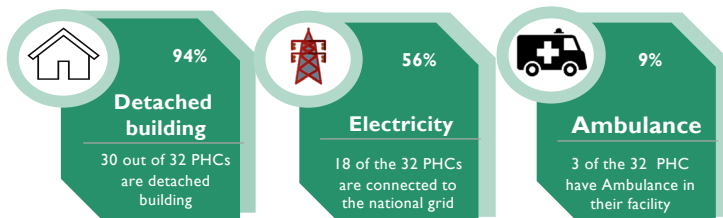
WASH



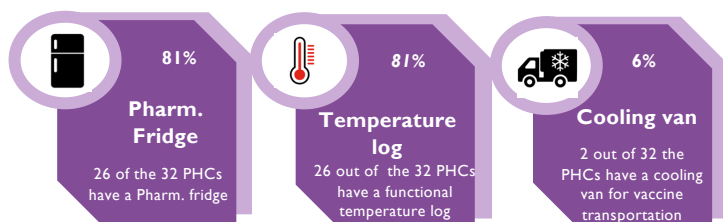
Personnel



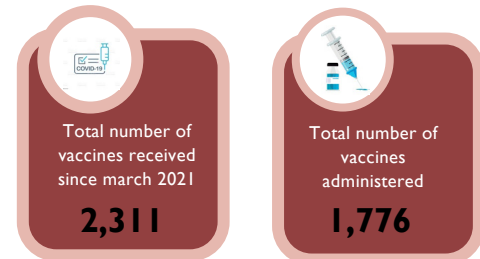
Infrastructure



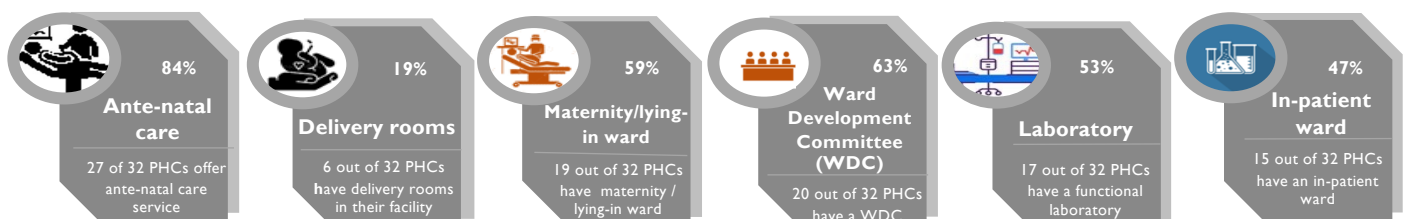
Vaccine Storage



Administered Vaccine



Service Delivery



South South

Summary of Primary Health Care status



Akwa Ibom State



1,945,869 people were sampled in the communities visited



23 PHCs were visited in the state



An average of **4359** patronize the PHCs monthly

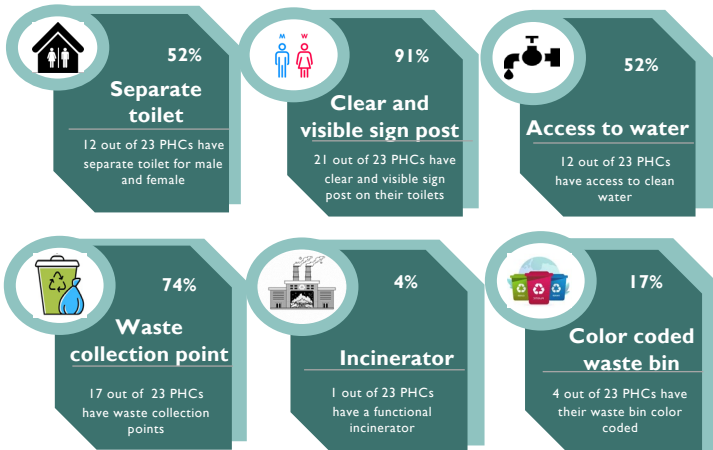


The ratio of PHCs to the population of the communities stands at **1:84603**

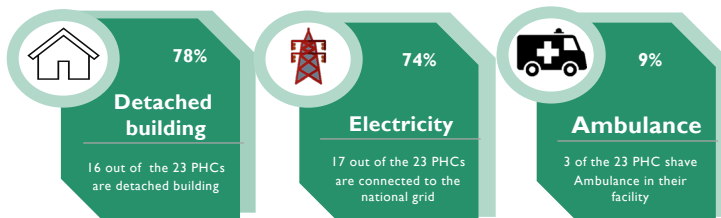


There is a list of vulnerable population in **13** PHCs visited

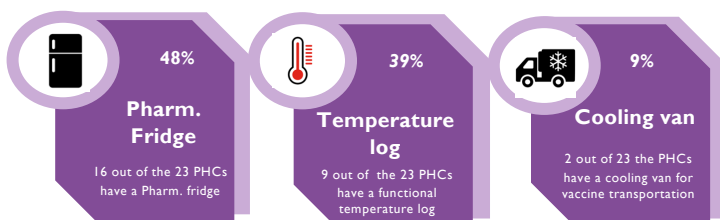
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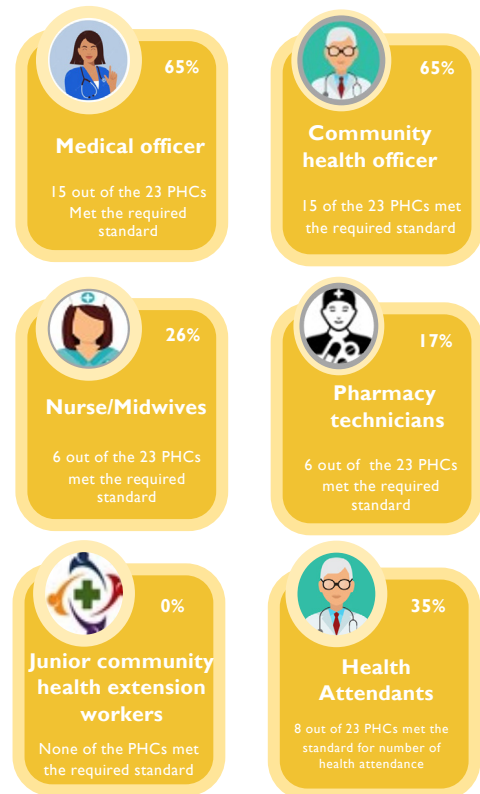
Infrastructure



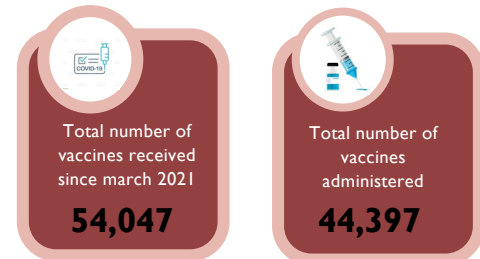
Vaccine Storage



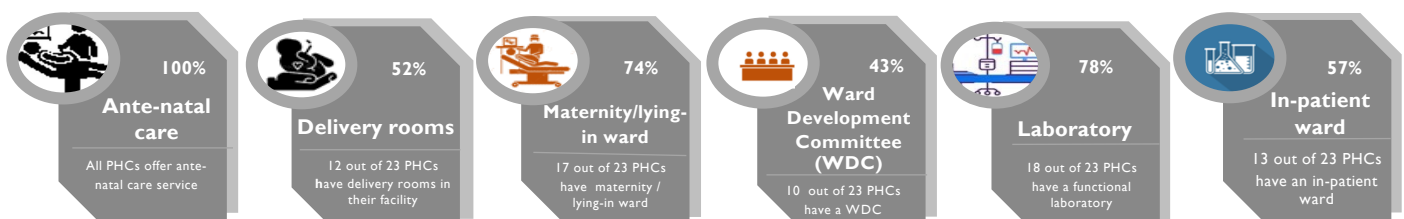
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Cross River State



237,782 people were sampled in the communities visited



17 PHCs were visited in the state



An average of **2,289** patronize the PHCs monthly

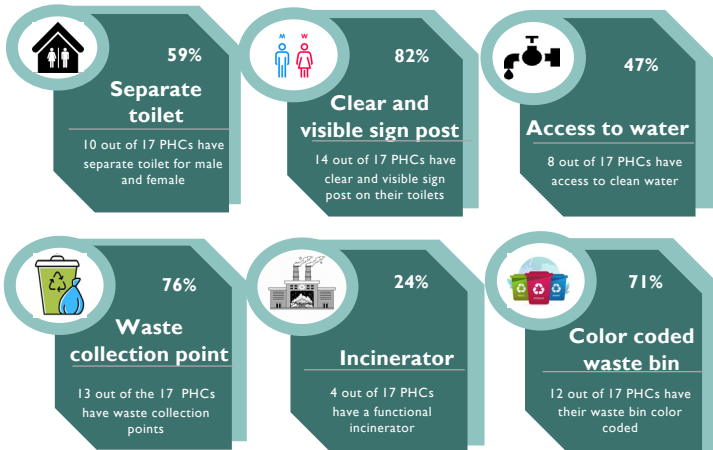


The ratio of PHCs to the population of the communities stands at **1:13,987**

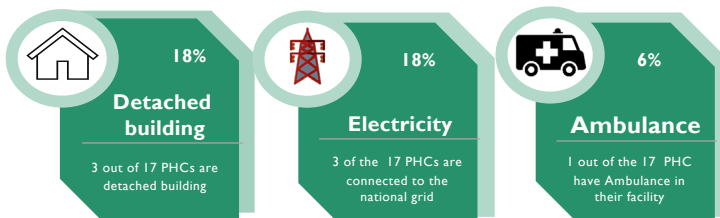


There is a list of vulnerable population in **9** PHCs visited

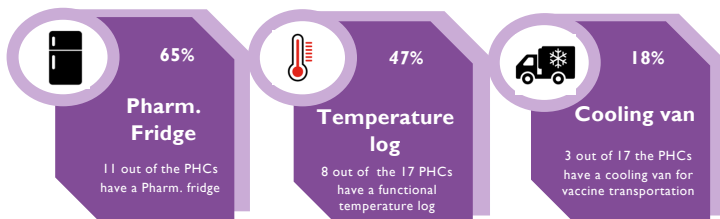
WASH



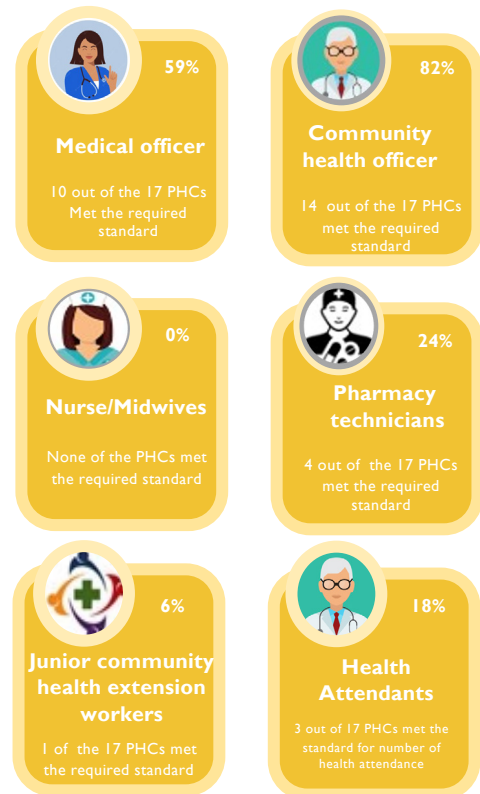
Infrastructure



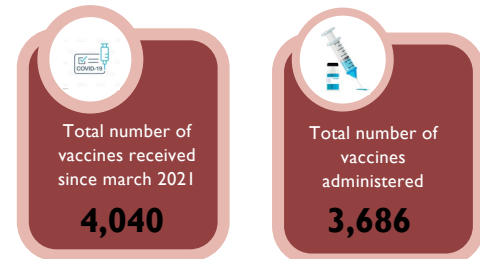
Vaccine Storage



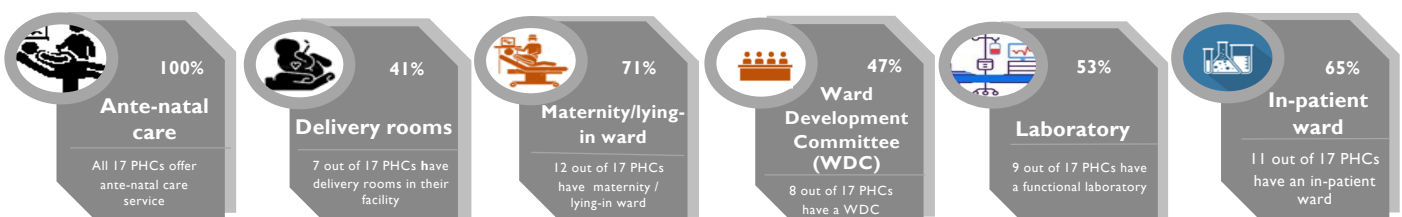
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Bayelsa State



209,505 people were sampled in the communities visited



15 PHCs were visited in the state



An average of **5,180** patronize the PHCs monthly

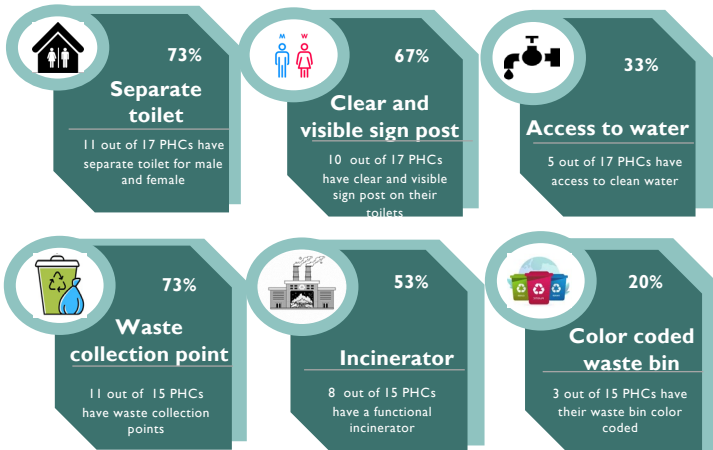


The ratio of PHCs to the population of the communities stands at **1:13967**

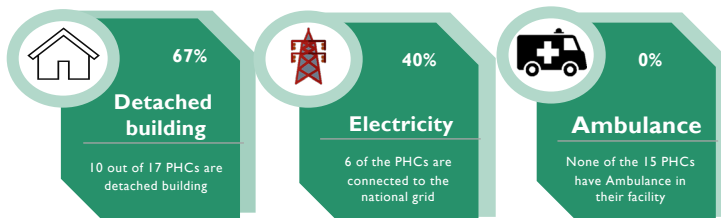


There is a list of vulnerable population in **10** PHCs visited

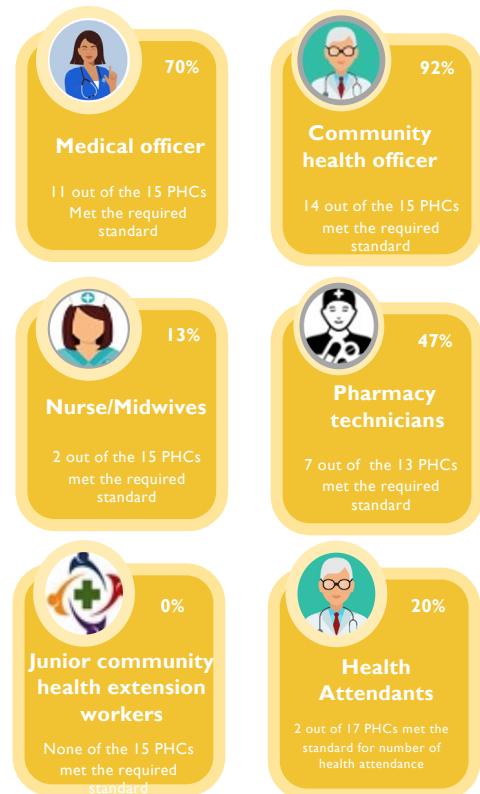
WASH



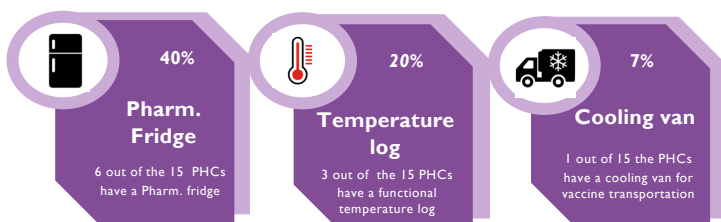
Infrastructure



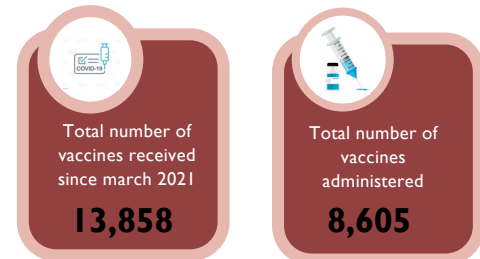
Personnel



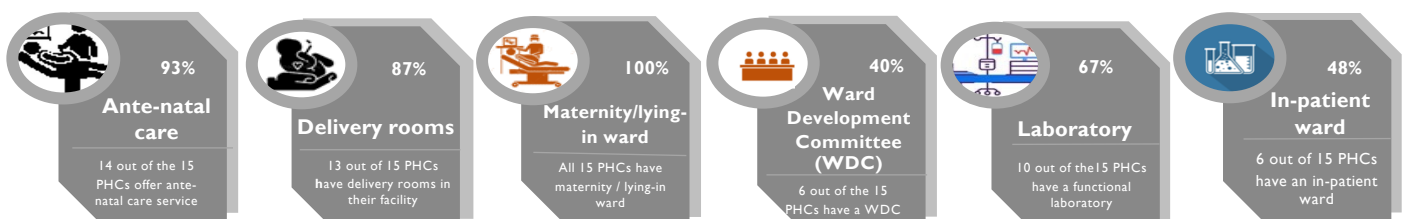
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



26,115,006 people were sampled in the communities visited



6 PHCs were visited in the state



An average of 1003 patronize the PHCs monthly

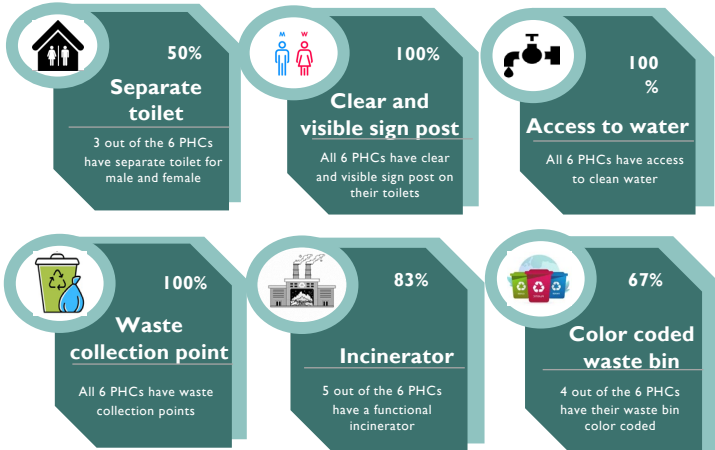


The ratio of PHCs to the population of the communities stands at 1:4352501

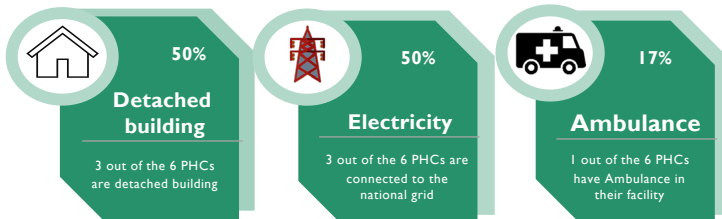


There is a list of vulnerable population in 6 PHCs visited

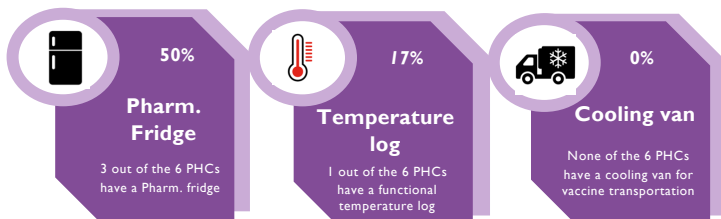
WASH



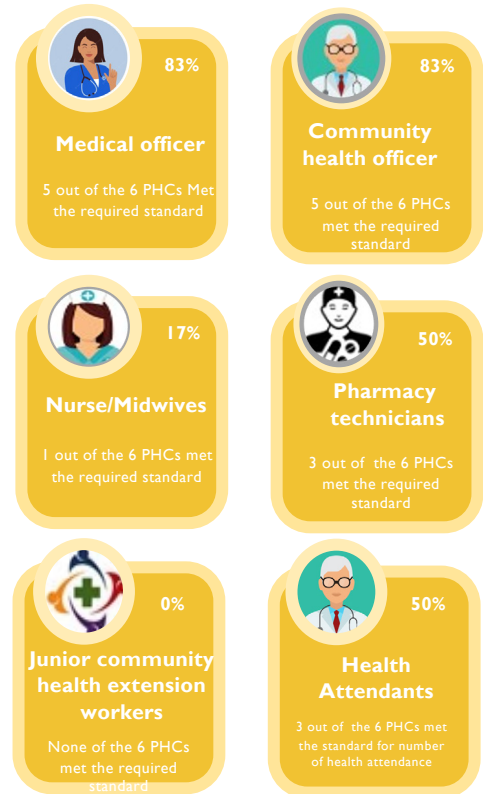
Infrastructure



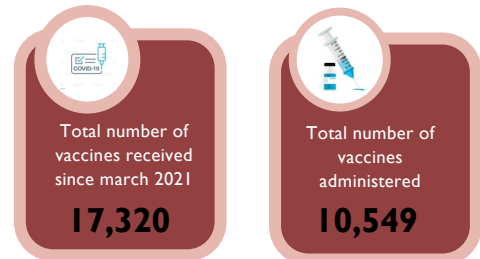
Vaccine Storage



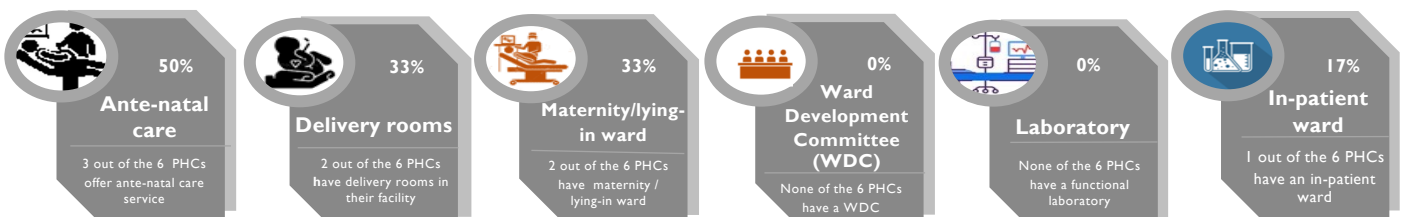
Personnel



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



5,689,934 people were sampled in the communities visited



83 PHCs were visited in the state



An average of **131,717** patronize the PHCs monthly

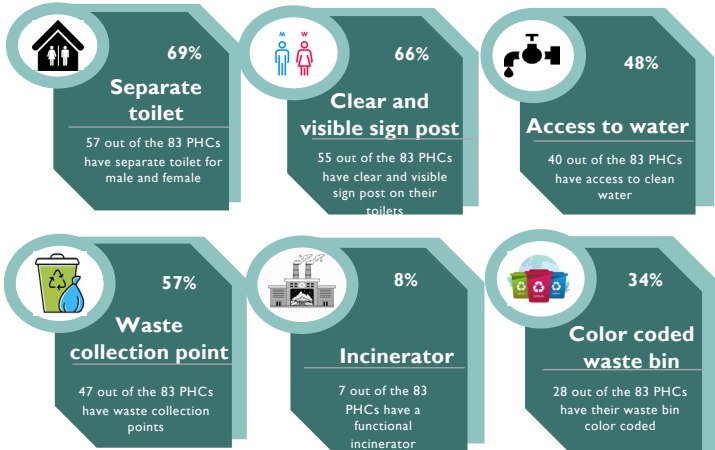


The ratio of PHCs to the population of the communities stands at **1:68,553**

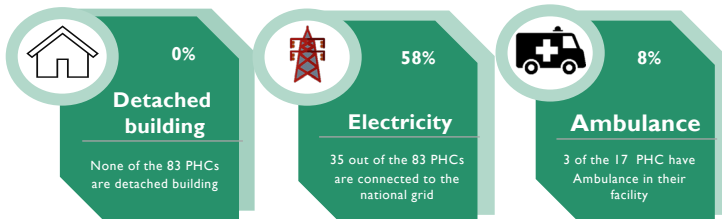


There is a list of vulnerable population in **4** PHCs visited

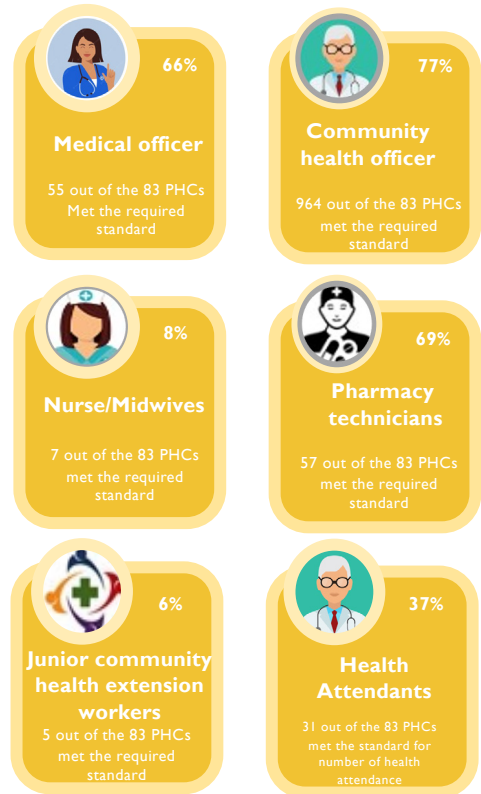
WASH



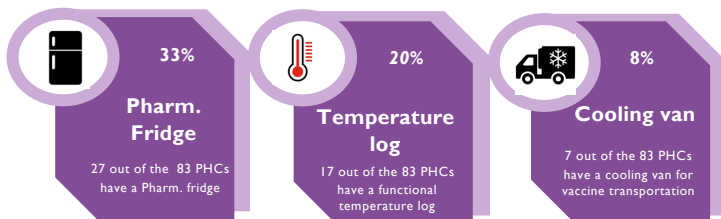
Infrastructure



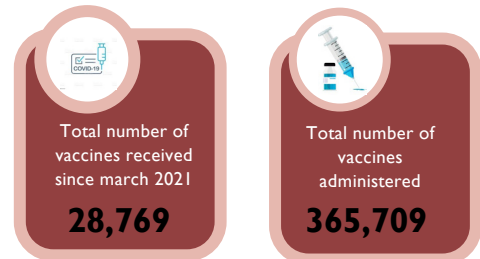
Personnel



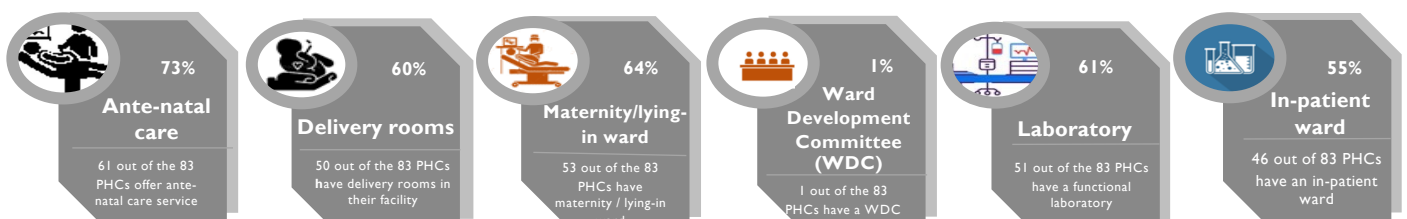
Vaccine Storage



Administered Vaccine



Service Delivery



South West

Summary of Primary Health Care status



1,813,248 people were sampled in the communities visited



28 PHCs were visited in the state



An average of **39,106** patronize the PHCs monthly

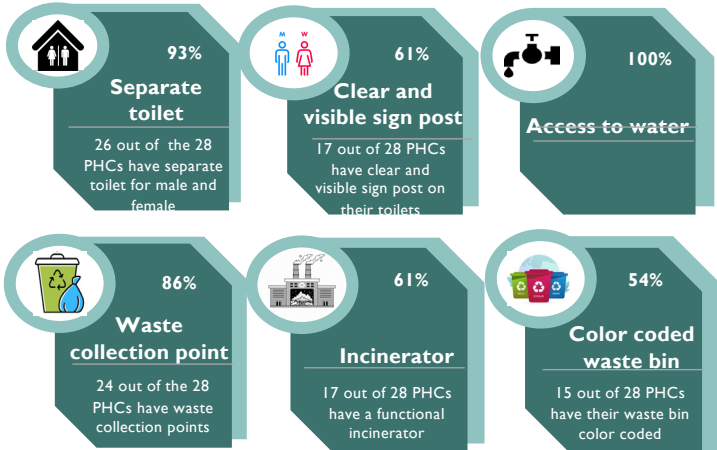


The ratio of PHCs to the population of the communities stands at **1:64,759**

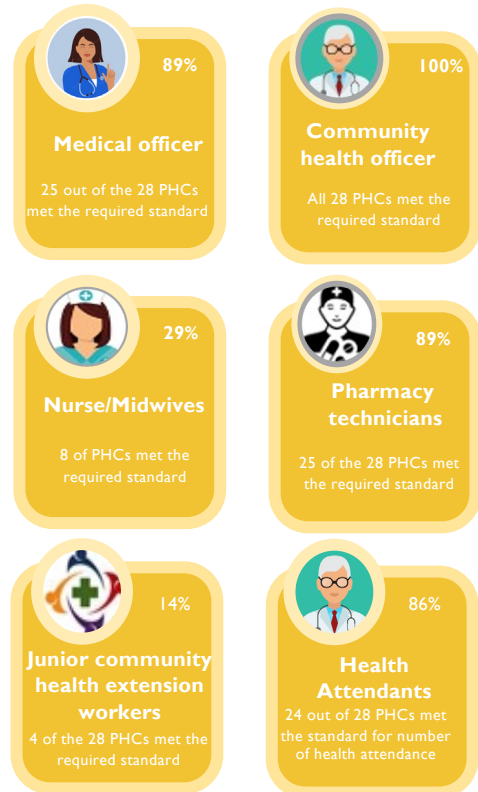


There is a list of vulnerable populations in **18** PHCs visited

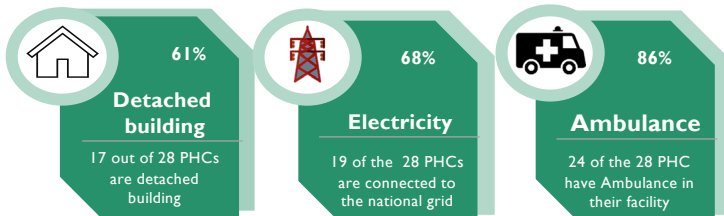
WASH



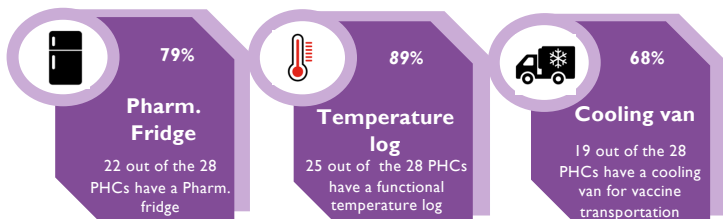
Personnel



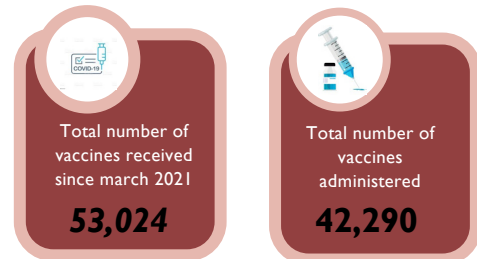
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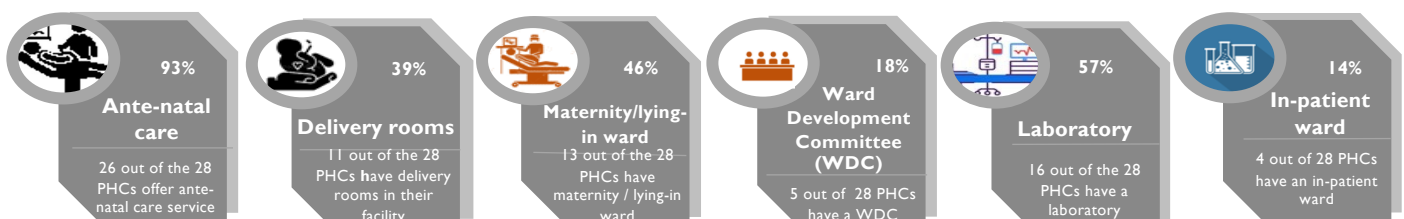
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Ogun State



403,700 people were sampled in the communities visited



19 PHCs were visited in the state



An average of **2410655** patronize the PHCs monthly

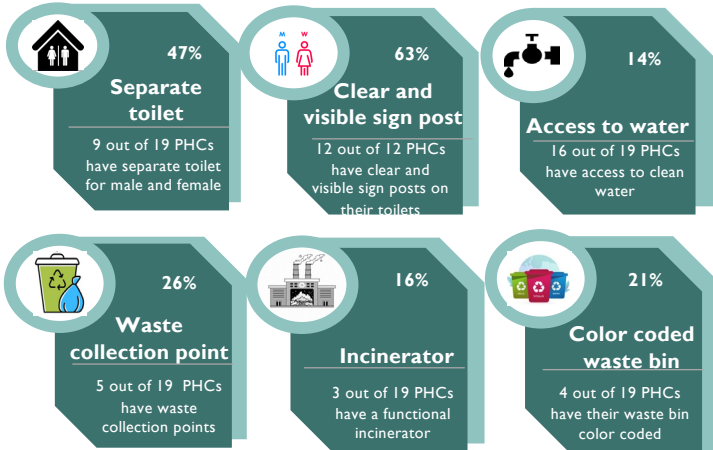


The ratio of PHCs to the population of the communities stands at **1:21247**

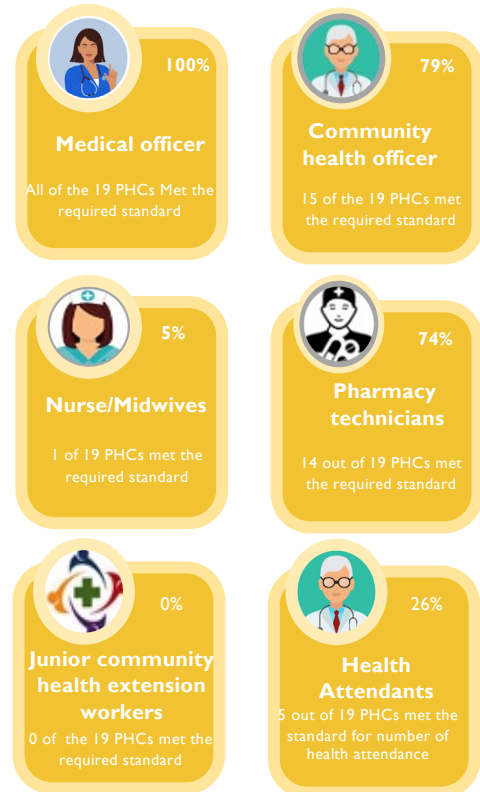


There is a list of vulnerable population in **11** PHCs visited

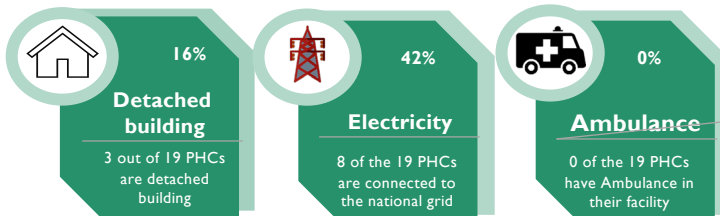
WASH



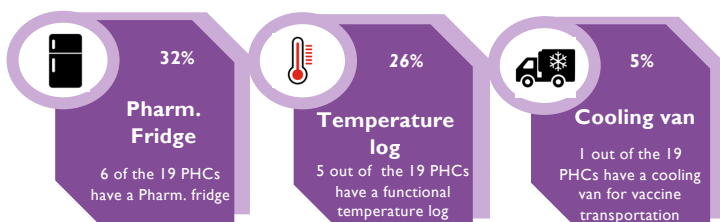
Personnel



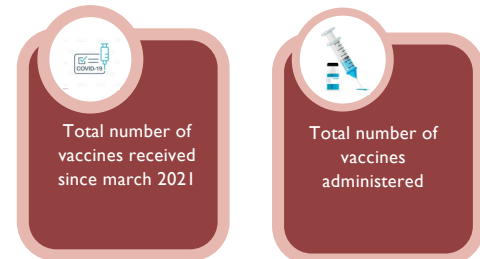
Infrastructure



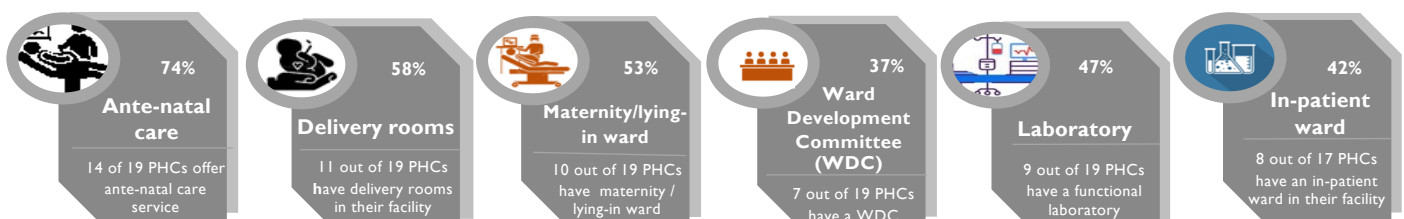
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Ondo State

114927 people were sampled in the communities visited



22 PHCs were visited in the state



An average of **10004** patronize the PHCs monthly

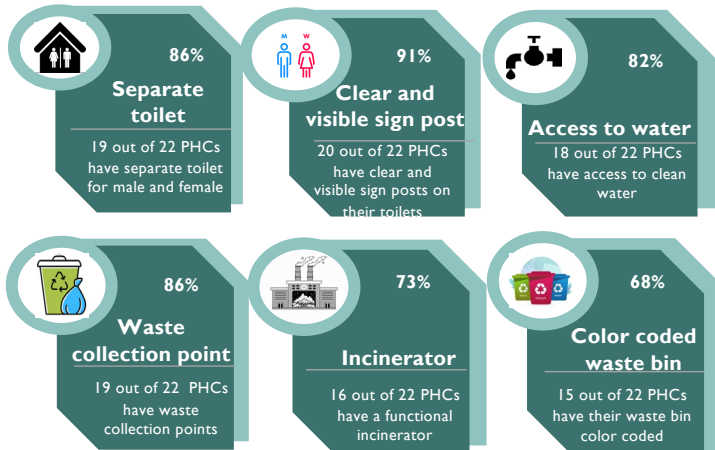


The ratio of PHCs to the population of the communities stands at **1:52269**

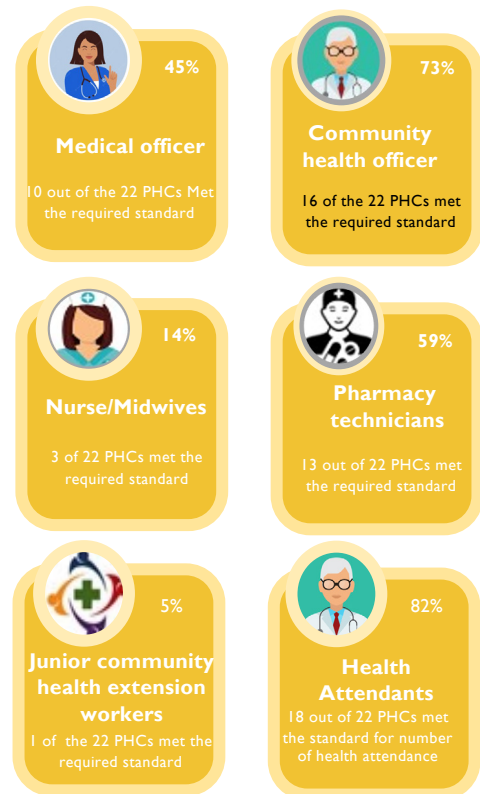


There is a list of vulnerable population in **14** PHCs visited

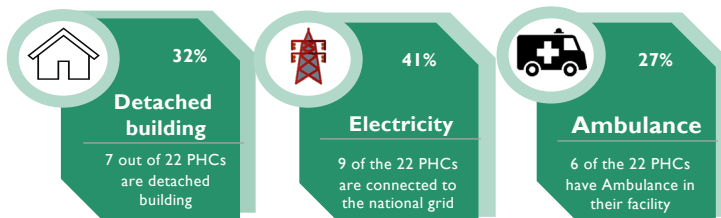
WASH



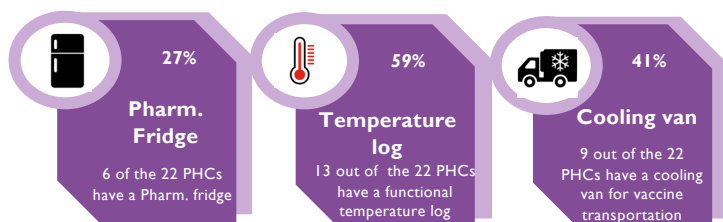
Personnel



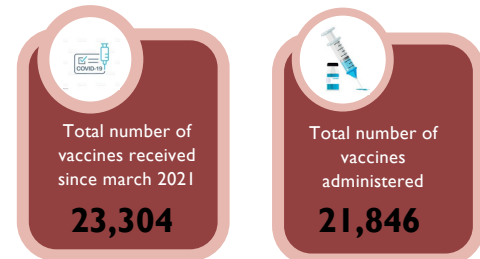
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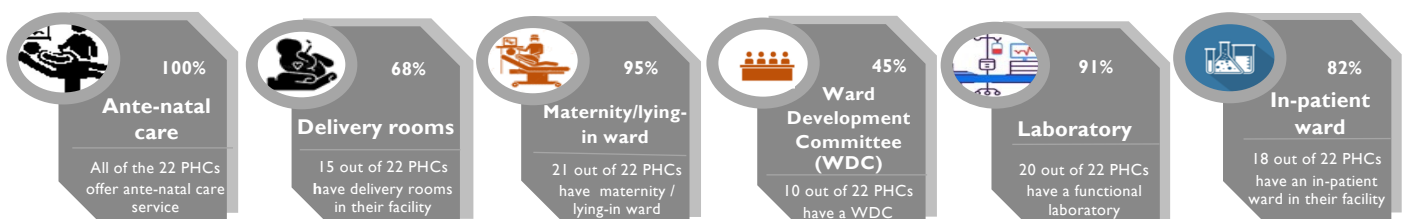
Vaccine Storage



Administered Vaccine



Service Delivery



Summary of Primary Health Care status



Osun State



599,299 people were sampled in the communities visited



26 PHCs were visited in the state



An average of **5660** patronize the PHCs monthly

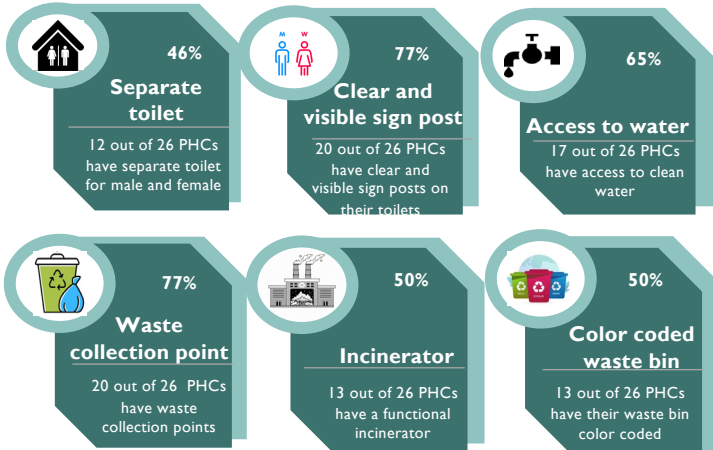


The ratio of PHCs to the population of the communities stands at **1:23050**

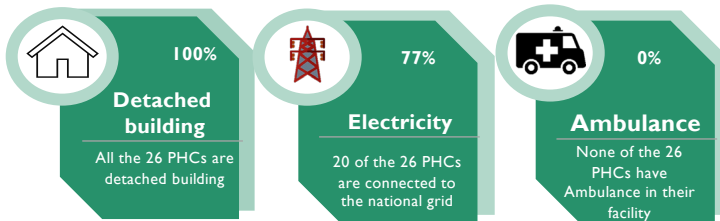


There is a list of vulnerable population in **6** PHCs visited

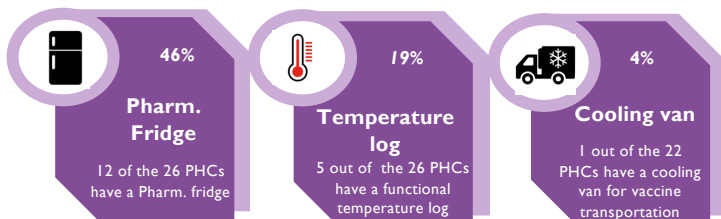
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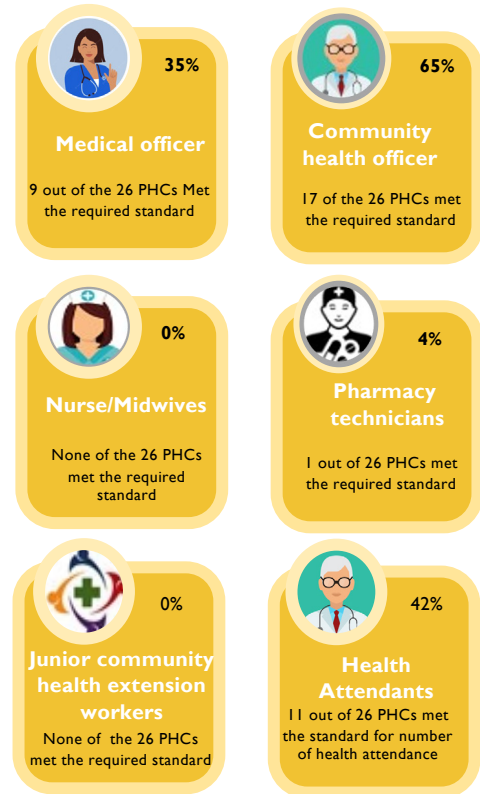
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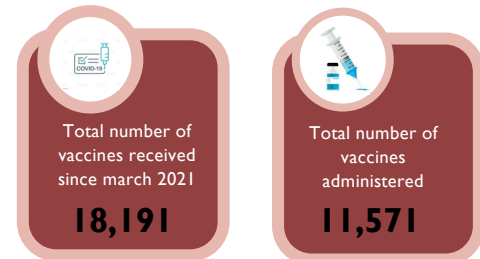
Vaccine Storage



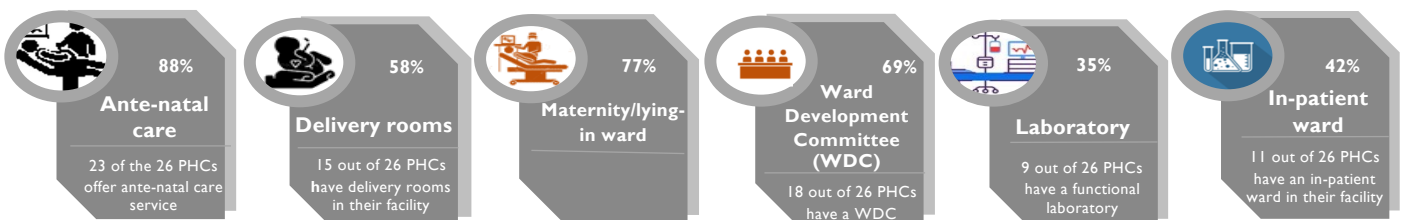
Personnel



Administered Vaccine



Service Delivery



Challenges

- Insecurity and conflict-prone regions played a significant role in limiting access to several communities in the South-South, South-East and North-Central. Two Champions were physically assaulted while on the field collecting data.
-
- In certain States like Borno, Abia, Delta, Ebonyi and Sokoto, staff of PHCs were reluctant to divulge any information due to concerns of lash back from supervisors which could lead to undue queries or loss of jobs.
-
- In South-South Nigeria, FollowTheMoney champions expressed an inability to access remote communities as certain communities could only be accessed using boats.
-
- In Lagos, Edo and Oyo States, there was an absolute lack of access to PHCs alluding to red tape.

Recommendation

Full Commitment to Open Data Protocols/Requirements

Access to data is a key component of the Open Government Partnership (OGP). With Nigeria as a signatory to the OGP, it is binding on its Ministries, Department, and Agencies (MDAs) to become transparent, participatory, inclusive, and accountable by proactively disclosing public information in their easy-to-consume formats. It casts a bad light on the government when citizens are not granted access to public information on request as was our experience during the course of gathering data on Primary Health-Care Centers (PHCs) in several states. Our evidence suggests that all tiers of government have not fully committed to rebuilding citizens' trust in government processes by providing access to public data for social accountability and citizen-led oversight functions.

Routine Monitoring and Evaluation to ensure Compliance with Standards and Regulations

The State Primary Healthcare Development Agency has to be diligent in monitoring PHCs within their jurisdictions to ensure adherence or compliance with standards. This is one of the ways to guarantee effective and efficient public health response systems knowing the vulnerability of health systems and supplies to corruption and sharp practices. Routine monitoring also strengthens professionalism and workplace ethics by engendering the consciousness that misconducts by facility managers are intolerable and punishable. Emphatically, relapses bordering on the attitudes of health personnel can be appropriately addressed by routine monitoring and supervision.

Vaccine Equity

When it comes to effective responses to epidemics or pandemics, no one is safe until everyone is safe. In one of CODE's reports titled "Vaccine Equity in Africa", we assessed the inequitable roll-out of COVID-19 vaccines around the world. This inequality combines head-to-head with cultural biases that affect vaccine uptake in African communities. As such, this further highlights the imperative and urgency for Federal Health Agencies as well as their state counterparts to intensify vaccine adoption awareness efforts, even beyond COVID-19. In the spirit of leaving no one behind, emphasis can be placed on people at the grassroots level, the marginalized populations, to ensure equity in the distribution and access to vaccines.

Equipment & Personnel

One perennial deficiency of Primary Healthcare administration in Nigeria is inadequate manpower and outdated infrastructure in service delivery. Most times, health facilities are found in irreparable conditions, especially at the grassroots where the bulk of the population resides. One fundamental level of commitment to repositioning and strengthening service delivery is an agenda to reconstruct and rehabilitate old and dilapidated healthcare facilities. Upon reconstruction and rehabilitation, concerns about personnel can also be addressed. But first, to hire the required medical team, there should be functional buildings and equipment they can work with.

Constitution of Village Health Communities (VHCs)

As part of the health systems strengthening approach, a VHC is a community accountability mechanism which brings together staff from a government healthcare facility and members of the community who use the facility. VHCs meet regularly to allow beneficiaries and staff to discuss issues around services and to come up with solutions for how to address them. This social accountability mechanism allows community participation in decisions affecting healthcare in their community.

In places or occasions where citizens submit reports to the Local Council Monitoring and Evaluation Units, such reports should serve as evidence to indict or sanction defaulting PHCs and facility managers. But most importantly, such reports should help in ensuring better health services for the people.

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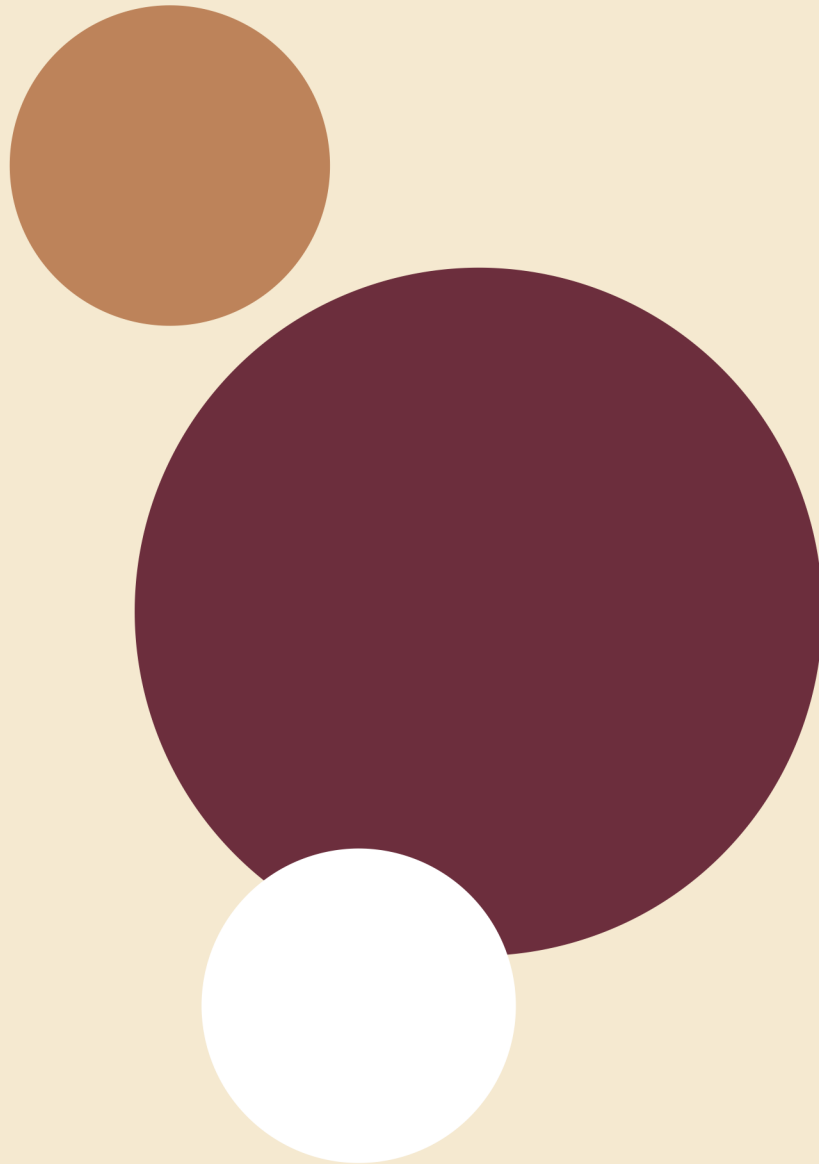
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