

# **Survey of Primary Health Care Service Delivery in Lagos and Kogi: A Field Report<sup>\*1</sup>**

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## **Abbreviations and Acronyms**

ARHEC	African Regional Health Education Centre
HFQ	Head of Facility Questionnaire
LGA	local government authorities
MOH	Medical Officer of Health
PHC	primary health centers
SQ	Staff Questionnaire

## **1. Introduction**

The survey of public delivery of primary health care services funded by World Bank Washington DC, USA took place between June 10<sup>th</sup> and 5<sup>th</sup> 2002.

The objectives of the survey were (i) to study the flow of resources allocated in public budgets to the front-line service delivery agency; (ii) analyze provider incentives in shaping outcomes at the health facility level; and (iii) to study the role of local governments and community participation in determining outcomes in primary health care service delivery using the quantitative survey approach. The survey involved extensive collection of data through interviews, review of records, and observations at the level of local government offices and primary health care facilities in two selected states of Nigeria, Kogi and Lagos.

Four instruments were developed to achieve the set objectives. Two of the 4 were administered at the local government authority (LGA) headquarters to primary health center (PHC) Coordinators and Treasurers respectively in all the LGAs surveyed and the remaining two, the head of facility questionnaire (HFQ) and staff questionnaire (SQ) were administered to heads of facilities and staff of the facilities, respectively. The interviews of the PHC Coordinators and LGA treasurers were conducted by ARHEC supervisors while those of the head and staff of facilities were administered by enumerators. The enumerators were trained before the commencement of actual fieldwork and they were all given copies of the interviewer's manual and the sampling procedure.

At the expiration of the survey period, the total number of facilities surveyed in both states were less than expected with the lower number from Kogi State. This was due to the fact that the primary health facilities were like health posts with only one staff, and lack of payment of salaries which would have necessitated the closure of many of the facilities but for the intervention of community members who do not want them closed permanently and the desire to have at least one person at each facility. This prompted a repeat visit to the state to survey the left over facilities with no replacement at the expiration of the first exercise.

The chapters that follow are the description of the process for developing the questionnaires, training of enumerators, the sampling strategy employed, description of actual fieldwork, and description of database creation.

## **2. Description of the Field Testing Process to Finalize The Questionnaire**

The senior researchers from ARHEC had a video conference in Abuja with the National Primary Health Care Development Agency, ARHEC, and the World Bank Staff on 29 April 2002 to discuss the overview of the work, including the objectives and the process of data collection, and finalize the key issues for the development of the instruments. A second meeting was held with officials of the World Bank and other Stakeholders—ARHEC, NPHCDA and Prof. Soyibo between 12<sup>th</sup> and 14<sup>th</sup> of May 2002 where draft instruments were reviewed, discussed extensively, and finalized for field-testing. The finalized instruments were taken to Kogi State on the 15<sup>th</sup> of May for pilot testing with World Bank Staff in a number of facilities in both rural and urban LGAs, an exercise that ended on the 17<sup>th</sup> of May. The results of the pilot test were used to further refine the instruments. The pilot test gave the idea of timing (that is required to complete each instrument) for health facility situations and logistics.

The revised instrument was used to train enumerators in Abuja from 20<sup>th</sup> -22<sup>nd</sup> May 2002. This provided further opportunities for the refinement of the instruments. The field-testing process to finalize the questionnaires used for the survey was part of the 5-day training held for the enumerators in Ibadan between June 3<sup>rd</sup> and 8<sup>th</sup>, 2002. After the training that consisted of role plays and critiques, the enumerators were divided into two teams. Prior to these two LGAs had been randomly selected out of the 5 in Ibadan Municipal and these are Ibadan South-West Local Government and Ibadan South-East Local Government. These two teams were randomly assigned to these LGAs and the instruments were administered.

Striking observations made during the exercise were as follows:

- X Health attendants were found in some of the facilities visited as the only staff carrying out clinical duties.
  - 1. It was concluded that during actual field survey, such health attendants should be included in the list of respondents.
- X The issue of dual specialization among the heads of facilities visited (e.g. Nurse/Midwife).
  - 2. It was agreed on that when such is the case on the field, the enumerator should ask for the latest specialization.
- X Section 3.1 in the Health Facility Questionnaire - On the column for equipment and material.
  - 3. It was concluded that only the functional equipment on material should be documented.
- X On the Staff Questionnaire, question 4.1.12 was to be recorded to read “In your opinion, what is the most objectionable health staff behaviour?”
  - 4. Enumerators were to code that which is nearest to the response.
- X Oversight logistics were brought to the fore which were used in improving the plans for the logistics on the field.

### **3. Sampling**

I. A multistage sampling technique was used at three stages. Each of the stages has defined and distinct sampling procedures. The stages three are:

- Stage 1: Local Government Area (LGA) Level
- Stage 2: Health Facility Level
- Stage 3: Health Facility Staff Level.

#### *Stage 1. Selection of LGAs*

For this exercise, 15 LGAs were selected in each state using a table of random numbers. The random selection of 15 LGAs out of a population of 20 in Lagos and 21 in Kogi states, was sufficiently large enough to accommodate the major characteristics of the population of the LGAs (e.g., whether rural or urban; whether newly created or old etc.) .

The 15 randomly selected LGAs in each state included the State capital LGA. In the case of Lagos

State, where the state capital is made up of a number of LGAs, part of the State Capital LGA was in the random sample. However, in the case of Kogi State where there is only one state capital LGA (Lokoja), this was purposively selected. In this case, 16 LGAs were studied in Kogi instead of the *planned* 15 LGAs.

### *Stage 2. Selection of Facilities*

In total, 252 health facilities were selected for the study representing on the average a minimum of 8 facilities per LGA (which is one-third of average facility per LGA in the two states). Due to a larger variation in facility characteristics in Lagos where the facility population is 192 in contrast to 753 in Kogi State, a higher selection ratio of 1 in 2 facilities was used for Lagos State compared with 1 in 5 for Kogi state. Accordingly, a total of 100 facilities were selected in Lagos State and 152 in Kogi State.

To ensure that every selected LGA was represented in the sample facilities, a purposive selection of 2 facilities per LGA by random selection was done from the facility list within each LGA. Thus, 30 facilities in each state were chosen in this manner. All the remaining facilities in the selected LGAs were **pooled** together in an Excel File. Seventy ( 70 ) facilities in Lagos and 122 in Kogi were then chosen randomly from the remaining facility list in each state.

When a selected facility was closed or non-operational for any reason, it was replaced from a randomly selected replacement list of 7 facilities from Lagos State and 27 for Kogi. ARHEC coordinating field staff randomly selected the replacing facility from the list. When the facility was closed at the time the interviewers arrived, interviewers made repeat visits either later in the day or the next day and recorded in the space provided on the questionnaire in which visit the interview took place, and made notes for why a repeat visit was required. However, a replacement facility was chosen when the facility no longer existed or the building was being used for some other purpose, or was empty for a long period of time with no prospects of re-opening. The interviewing teams made notes for such facilities as well, providing explicit reasons for why it was necessary to use the replacement list.

The list of facilities visited as well as the replacement list for closed or non-operational facility were compiled prior to fieldwork.

### *Stage 3. Selection of Facility Staff*

**It was only from the total number of staff present in the facility during the time of visit of the interviewer that a random sample of staff to be interviewed was selected.** At least one staff was to be interviewed from 10 identified PHC staff categories making an average of 10 staff per facility and a total sample of 2,520 interviewed staff for Kogi State and 1,000 for Lagos State. The staff to be interviewed was selected from all staff “on duty” on the interview day, following the guidelines in the sampling and field manuals. “On duty” was understood to mean general availability for service delivery in the facility during normal working hours that day. This included everyone present in the facility when the interviewers arrived, plus any who were out doing work in the field (home visits, etc). It also included any staff out of the facility on a short errand, but NOT including staff who were on leave or absence for unknown reasons when the interviewers arrive. If a staff member normally begins duty at the facility at a time later when the interviewers arrived, and in fact did arrive during the course of the day, he or she was considered “on duty.” The number of staff interviewed was consistent with the facility manager’s listing of staff “on duty” that day in question

1.2.1 of the facility questionnaire. The interviewer dissuaded the manager from sending for any staff that was off duty that day by saying firmly that there was no need because they would not be interviewed. When some members refused to answer questions, they were replaced with another staff until the sampling guidelines were satisfied.

When the number of staff present in the facility at the time of interview was less than or equal to 10, **all** those willing to respond were interviewed irrespective of their categories. When there were more than 10 staff present in the facility at the time of interview, but are not representative of the 10 PHC categories, the interviewer first interviewed one staff in each staff category, selected randomly. After this, the interviewer randomly selected at least up to 50% of each category of staff of the remaining staff.

The **head of the facility was interviewed twice in ALL cases**, once as head and the other as staff. Table 1 shows the list of final sample facilities.

### **Replacement Facilities**

During actual field work, many facilities in Kogi and Lagos States were replaced. In Lagos State, 8 facilities were replaced. Five of these 8 were replaced because they were closed down, 1 was not owned by the LGA, while the remaining 2 were replaced because of inaccessibility as it required 2 hours travel on the Atlantic ocean and the LGA could not provide a life jacket for the journey.

In Kogi State, 27 health facilities were replaced. Nineteen of these were in Igalaland comprising Bassa, Dekina, Ibaji, Igalamela, and Idah Local Government Areas. The reasons for the replacements were closure of the facilities by the LGA, non-availability of staff, and inaccessibility due to bad terrain.

At the expiration of the survey period, the total number of facilities surveyed in both states were less than expected with the lower proportion from Kogi State. Many of the primary health facilities in the State were like health posts with only one staff. Another factor was the non-payment of salaries. This necessitated the closure of many of the facilities except those where the community members who were concerned about permanent closure ensured the presence of at least one person in the facility. This prompted a repeat visit to the state to survey the left over facilities with no replacement at the expiration of the first exercise.

Another factor was the difficult terrain in some of the LGAs. The Kogi team had to cross the Niger-Benue river from Lokoja to enter Bassa LGA. Within the LGA, enumerators had to either use motorcycle, bicycles, trek and wade through the river to cross to the other side. It was only where these attempts failed that replacements were made.

### **Repeat Visits**

Several repeat visits were made in both sites. Reasons for revisits were flooding due to heavy downpour, non-availability of some of the PHC Coordinators, LGA Treasurers, Council Engineer, Education Officer on the first visit. In all these cases, appointments were rescheduled and interview carried out. Where a facility staff was absent on the day of first visit, repeated visits were made.

Repeat visits were made to one LGA headquarters, Lokoja, in Kogi State and three (Agege, Ikeja, and Ifako-Ijaiye) in Lagos State. In Kogi the health facilities to which repeat visits were made are Ajigido, Ogbojodo-Ojuwo, Oforachi, Ochipu and Kpata Pale.

## **4. Description of Actual Fieldwork**

However, the aforementioned sampling procedure met with varying degree of challenges during actual fieldwork. The challenges were as follows:

The actual field work commenced on the 10<sup>th</sup> of June, 2002 in both states with Advocacy visits to policymakers in the different State Ministries of Health. During this visit, the scope of the survey was discussed, as well a request for support and collaboration in terms of logistics. The policymakers pledged their support and provided the teams with a formal letter of introduction to all the Directors of Local Government to facilitate data collection. This was followed by meetings within the team to map out the logistics of moving from one LGA to the next. In Kogi State, the LGAs could not provide mobility logistics, so the team there had to hire smaller vehicles to convey the team round the 15 LGAs selected. As specified during the training, the interviews were conducted face-to-face for the PHC Coordinator, LGA Treasurers and the facility based staff in each of the 30 LGAs surveyed in the two states. In each LGA visited in both states, the PHC Coordinator gave the team guides to take them around

Week One June 10 - 14, 2002

## Lagos

The team in Lagos State collected data for four days during this week as the state government declared Wednesday June 12 as a public holiday. Four LGAs were surveyed and on arrival at each LGA headquarters, the team met with the Medical Officer of Health (MOH) who doubled as PHC Coordinator. He/she delegated a staff to lead each team to the respective facilities in order to ensure full cooperation. On the departure of teams to facilities, the Supervisor, Dr. Ajuwon stayed behind to interview the Treasurer and the Medical Officer of Health. To complete the LGA Treasurer interview, other persons—officers in charge of education, works and budget were contacted. Repeat visits were made to Ikeja, Agege and Ifako-Ijaiye LGA headquarters to complete their instruments. During this week, two facilities were replaced because they have been closed down. These two are Police College PHC Ikeja and Okerube Health Post Alimosho. They were replaced with Tolulade PHC (Ibeju-Lekki LGA) and Alimosho Health Post (Alimosho LGA).

## Kogi

The actual survey in Kogi started on the 11<sup>th</sup> of June, 2002 as 10<sup>th</sup> of June was used to sort out the logistics and as a result, four days were used for data collection that week. During this week, two contiguous LGAs were surveyed on the same day as they had few facilities to be surveyed. The six teams then broke into 2 while the supervisor, Dr. Osowole shuttled between the two LGAs. The LGAs combined in a day were Lokoja and Kogi, Ogorimagongo and Adavi, Ijumu and Kabba Bonu. During the first day allotted to Lokoja LGA, 3 facilities - PHC Abuji, Buge and Ebbe could not be reached. The team was able to get a jeep during the last week of the survey to reach these areas and only Abuji and Ebbe could be reached due to the terrain. A replacement had to be made for Buge using the guidelines of random selection. This facility was replaced by PHC Kapu. PHC Oshokoshoko was replaced with the Immigration clinic because it was closed down. In Kogi LGA, PHC Irenedu was replaced by PHC Oke-Offin (Kabba Bonu LGA) due to the terrain. Rain fell heavily and the vehicles used could not pass through neither could motorcycle after 2 visits. In Kabba Bonu, no work could be done on the first day of visit as the communities were observing their annual traditional ☐ORO☐ festival during which all doors were closed as well as offices. The survey was done the following day.

## Week Two 17<sup>th</sup> - 21<sup>st</sup> June, 2002

## Lagos

The team completed data collection in Kosofe, Mainland, Oshodi Isolo and Mushin LGAs on the day of first visits. However, a return visit was made to collect data from the head of Department budget in Mushin LGA. Two replacements were made. The Ewu-Elepe PHC was replaced by the Ijede PHC in Ikorodu LGA. This was because it was shut down due to shortage of staff. The Harvey Road Health Unit in Mainland LGA was replaced by City Hall Health Centre located in Lagos Island LGA because the original facility was owned by Federal Government of Nigeria.

## Kogi

The second week was devoted to Bassa and Dekina LGAs who have the largest number of facilities to be surveyed. To get to Bassa, the team went over rivers Niger and Benue on ferry to save a 7hours trip for 15minutes. The facilities on the way before getting to the LGA headquarters were surveyed. At first visit, PHC Kpata, Kpatakpa and Emironu could not be surveyed as no health

staff was found there. Only in PHC Emi Abaida was the staff met and interview made. There was a second visit to the 3 earlier mentioned facilities the following day to carry out the survey. Six replacements were made in Bassa LGA. PHC Jegwere was replaced with PHC Irepeni (Adavi LGA), Inugu-Tamazhe by PHC Kariko, PHC Ochipu with PHC Mabayi (Olamaboro PHC), PHC Oforachi with PHC Ugbofigidi (Olamaboro LGA) PHC Ajigido with PHC Ila (Kabba Bunu). These replacements were made because PHC facilities were closed down, no health worker was found in Kpata Kpale , Ochipu and Oforachi after 2 visits. PHC Ajigido was repeated twice and a replacement was selected for the second PHC Ajigido listed. PHC Inugu-Tamazhe was replaced because of the terrain that could not be reached by either motor vehicle or motorcycle neither could it be trekked due to the distance. The Bassa LGA had the worst terrain among the LGAs visited and the community members appreciated the survey visit.

In Dekina, 4 replacements were made. PHC Odomebia was replaced with PHC Ojipadaba Egume because it has been closed down, PHC Ogbodogo - Ojuwo was replaced after 2 visits and no health worker was found with Banwo Health Clinic Iyara (Ijumu LGA) while PHC Ajogwoni and PHC Abeji-Erabo were replaced with PHC Alade Egume and PHC Abonema-olofa respectively basically because of terrain. PHC Alade Egume was the second replacement for PHC Ajogwoni as the first replacement, PHC Ajukabo (Olamaboro LGA) was also not accessible and had to be replaced. Omala LGA was the last surveyed for the week where replacements were made for PHC Icheke, Ogba and Oti III. The replacement facilities were PHC Adumu, Adoji and Agwodaba. The replacements were made because vehicle or motorcycle could not get there as other facilities were reached through motorcycle and vehicle. One of the motorcycles got spoilt on the road.

#### Week Three June 24 - 28, 2002.

##### Lagos

The team in Lagos surveyed Lagos Island, Apapa, Ojo and Ajeromi-Ifelodun LGAs. The team completed the data collection in Ajeromi LGA but made return visits to the others. The main reason for the second visit was heavy downpour. Two replacements were made in Ojo LGA. The facilities replaced were Irewe-Riverine and Idoluwo-Ile PHC because it required approximately two hours of boat travel over the Atlantic Ocean and due to heavy downpour that occurred the day before; and after the day of visit, it was considered not safe to make the trip. These facilities were replaced with Oto Ijanikun and Olowogbowo in Ojo and Lagos Island LGAs respectively.

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##### Kogi

The third week was used to survey the remaining LGAs in Igalaland. These LGAs were Idah, Igalamela Odolu, Olamaboro and Ibaji. In Idah, PHC Alla-Okweje was replaced by PHC Efulu (Idah LGA), PHC Ogbolimi in Igalamela Odolu was replaced with PHC Ihame because it was closed down. In Olamaboro 3 replacements were made. PHC Ojamagada Agala was first replaced by PHC Egene (Bassa LGA) which had to be replaced again by PHC Offa (Olamaboro) due to inaccessibility. PHC Ikelekwu was replaced by PHC Ogenegu (Idah LGA) and PHC Ogoiken by PHC Emonyoku (Olamaboro LGA) for the same reasons of inaccessibility.

In Ibaji, the PHC School Clinic was replaced by PHC Odchala because it has been closed down. All the facilities in Ibaji were accessed through water.

#### Week Four - 24<sup>th</sup> June - 5<sup>th</sup> July

## Lagos

The team collected data from Badagry and Ibeju-Lekki LGAs on the days of visit. However in Awoyaya and Apakin facilities, the interview could not be conducted due to absenteeism of health staff as no eligible staff was found on duty. The security officer met during the visit said that the only staff posted to Awoyaya had gone to the LGA Headquarters. The team immediately returned back to the Headquarters to find and interview her at the bank. Later it was confided to the team that she had not shown up for days. A similar situation was found in Apakin where the security officer found on duty stated that the only staff posted to the health facility had not shown up for past 5 days. When the matter was reported to a senior health staff in the Headquarters, he said the staff are not stable in their facilities these days because the LGA had not been paying staff salaries regularly and since many of these staff live in Lagos, they cannot afford to be paying huge sum of money for transportation from the headquarters to the facilities. On Badagry LGA, Isamo Ile and Topo PHC was replaced because the staff in Isamo-Ile had been redeployed to another facility and Topo PHC had closed down. The team replaced these facilities with Ojokoro and Agbelekalé facilities in Ifako-Ijaiye and Alimosho LGAs, respectively.

## Kogi

The team collected data from Mopamuno and Yagba West LGAs as well as mop up facilities not done in Lokoja LGA during the first visits. The PHC Coordinator's interview for Lokoja LGA was done during this last week as he had been out of the office each time the supervisor visited. No replacements were made in Mopamuro and Yagba West. However, in Kogi return visits were done after 5<sup>th</sup> July to survey replacement facilities for the original ones left undone at the expiration of the exercise. These were not done because the list of replacement facilities sent had been exhausted. New replacement facilities were sent from World Bank US Office and the ones surveyed were randomly selected in Ibadan before the enumerators went back to the state for the survey. These replacement facilities surveyed were PHC Ila (Kabba Bunu) used to replace the repeated Ajigido facility (Bassa LGA), PHC Mabayi (Olamaboro LGA) to replace PHC Ochipu, PHC Ibochioko (Igalamela Odola LGA) to replace Kpata Kpale and PHC Ugbofigidi (Olamaboro LGA) to replace PHC Oforachi (Bassa LGA).

After the expiration of the survey, a visit was paid to the policy makers to thank them for the assistance rendered during the survey.

The two ARHEC supervisors, Drs Ajuwon and Osowole were on the field throughout the survey. The Senior Researchers, Professors Adeniyi and Oladepo visited the field sites, Lagos and Kogi respectively during the 1<sup>st</sup> and 3<sup>rd</sup> weeks of the survey. During the survey, constant touch were kept with office for clarifications on logistics arising on the field. Also, daily meetings were held with enumerators to review the survey for the day, clarify doubts and cross check data collected to make sure that they were properly filled in the questionnaire.

## **5. Database Creation**

The Epi-Info version 6.02 was used for database creation. Coding formats were constructed from each of the data collection forms. A check-file was created to minimize the errors due to data entry. And a double entry approach was used for entering the data. This approach was used to ensure that the correct image of the data was entered. At the end of data entry, it was edited for any possible

residual errors by examining the frequency distribution of each variables.

**TABLE 1: LIST OF FINAL SAMPLE FACILITIES**

**Kogi State (1)**

LGA	Name of Health Facilities	First Replacement	Reason	Second Replacement	Reason
Adavi (01)	Mat Clinic	-	-	-	-
	Ozisi/Ipaku				
	Mat Clinic Osara	-	-	-	-
	BHC Nagazi	-	-	-	-
	PHC Utoro	-	-	-	-
	Disp Clinic	-	-	-	-
	Ogaminana				
	Disp Clinic Adavi	-	-	-	-
Bassa (02)	Eba				
	PHC Inugu-Momo	-	-	-	-
	PHC Wussa	-	-	-	-
	PHC Ikende	-	-	-	-
	PHC Jegwere	PHC Irepeni	Inaccessible by all means of transportation available	-	-
	PHC Zenyi	-	-	-	-
	PHC Inugu-Tamzhe	PHC Kariko	Inaccessible by all means of transportation available	-	-
	PHX Emi-Eronu	-	-	-	-
	PHC Emi-Abaida	-	-	-	-
	PHC Clinic Ajigido	-	-	-	-
	PHC Akabe	-	-	-	-
	PHC Kpata	-	-	-	-
	PHC Kpata Kpale	PHC Ibochioko	No health worker found after 2 visits	-	-
	PHC Ekido	-	-	-	-
	PHC Ogba	-	-	-	-
	PHC Odenyi	-	-	-	-
	PHC Kporo	-	-	-	-
	PHC Ochipu	PHC Mabayi	No health worker found after 2 visits	-	-
	PHC Okete	-	-	-	-
	PHC Odugbo	-	-	-	-
	PHC Shitte	-	-	-	-
	PHC Oforachi	PHC Ugbofigidi	No health worker found after 2 visits	-	-
	PHC Ajigido	PHC Ila Kabba	Facility repeated twice on the list	-	-
Dekina (03)	PHC Okpakili-Ate	-	-	-	-
	PHC Ajogwoni	PHC	Not accessible by	PHC Alade	1 <sup>st</sup>

	Ajukabo	means of transportation available	Egume	replacement not also accessible by means of transportation available
	PHC Ajeguna	-	-	-
	PHC Okpakili-Ogane	-	-	-
	PHC Agojeju	-	-	-
	PHC Emewe-Efopa	-	-	-
	PHC Ajagumu	-	-	-
	PHC Ebeji-Erabo	PHC Abonema Olofa	Not accessible by means of transportation available	-
	PHC Ajiolo-Ofalemu	-	-	-
	PHC Akabe	-	-	-
	PHC Ogbodogo-Ojuwo	PHC Banwo HC Iyara	No health worker after two visits	-
	PHC Okura-Ofante	-	-	-
	PHC Efikelegu	-	-	-
	PHC Ikpakpala	-	-	-
	PHC Ajekeyi	-	-	-
	PHC Odu-Ogboyaga	-	-	-
	PHC Ajarua-Eke	-	-	-
	PHC Ojuwo-Ile	-	-	-
	PHC Okpuyegede	-	-	-
	PHC Ugbabo	-	-	-
	PHC Igademu	-	-	-
	PHC Odomebia	PHC Ojipadaba Egume	Facility closed down	-
	School Clinic Ologba	-	-	-
Ibaji (04)	PHC Onyedega	-	-	-
	PHC Ejule-Ojeba	-	-	-
	PHC Ichal	-	-	-
	PHC Ekanyin	-	-	-
	PHC Nwajala	-	-	-
	PHC Ineme	-	-	-
	PHC Uchchu	-	-	-
	PHC Omabo	-	-	-
	PHC Ikaka	-	-	-
	PHC Ugbofe	-	-	-
	PHC Ijegbe	-	-	-
	PHC School Clinic	PHC Ochala	Facility building had collapsed	-
Igalamela Odolu (05)	PHC Ajaka	-	-	-

Idah (06)	PHC Okenya I	-	-	-	-
	PHC Ofukolo				
	PHC Okenya	-	-	-	-
	Ogala Akagio				
	PHC Ikarei	-	-	-	-
	PHC Oforachi	-	-	-	-
	PHC Ogbogbo	-	-	-	-
	PHC Okekwu	-	-	-	-
	PHC Okanwili	-	-	-	-
	PHC Ogbolimi	PHC Ihame	Facility closed down	-	-
	PHC Akpanya	-	-	-	-
	PHC Ojuwo	-	-	-	-
	PHC Amaka	-	-	-	-
	PHC Umochina	-	-	-	-
	PHC Clinic	-	-	-	-
	Owodi				
	Health Clinic	-	-	-	-
	Ukwaja				
	FSP III Alth	-	-	-	-
	Clinic Ukwaja				
	Health Clinic	-	-	-	-
	Ugbetulu				
	Health Clinic	-	-	-	-
	Alokoina				
	Health Clinic Alla Okweje	Health Clinic Efulu	Inaccessible by means of transportation available	-	-
Ijumu (07)	Health Clinic Iffe	-	-	-	-
	Health Clinic	-	-	-	-
	Iluhagba				
Kabba Bunun (08)	PHC Akutupa	-	-	-	-
	PHC Olle	-	-	-	-
	PHC Clinic	-	-	-	-
	Okebukun				
	PHC Clinic Otu	-	-	-	-
	Egunbe				
	FSP Clinic	-	-	-	-
	PHC Fehintioluwa	-	-	-	-
	Kabba				
	LGA Disp Kabba	-	-	-	-
Kogi (09)	PHC Clinic	-	-	-	-
	Okedayo				
	PHC Clinic Ilakun	-	-	-	-
	PHCC K/Karfe	-	-	-	-
	PHCC Chikara	-	-	-	-
	PHCC Tawari	-	-	-	-
	PHCC Kpareke	-	-	-	-
	PHCC Osuku	-	-	-	-
	PHCC Irenedu	PHC Oke Offin	Inaccessible by all means of transportation	-	-

			available		
Lokoja (10)	PHC Clinic Ebbe	-	-	-	-
	PHC Abuji	-	-	-	-
	PHC Agbaja	-	-	-	-
	PHC Oshokoshoko	PHC Immigration	Facility closed down	-	-
	PHC Buge	PHC Kapu	Inaccessible by all means of transportation available	-	-
	PHC Felele FSP Clinic	-	-	-	-
Mopamuro (11)	PHC Ilaimopa	-	-	-	-
	PHC Okeagimopa	-	-	-	-
	PHC Ijagbe	-	-	-	-
	PHC Ilemo	-	-	-	-
	PHC Ileteju	-	-	-	-
Ogori/Magongo (12)	Maternity centre Ogori	-	-	-	-
	PHCC Ogori	-	-	-	-
	PHCC Magongo	-	-	-	-
Olamaboro (13)	PHC Imele-Ugo	-	-	-	-
	PHC Emakpe	-	-	-	-
	PHC Adumu-Ogugu	-	-	-	-
	PHC Anyigba-Ogugu	-	-	-	-
	PHC Ogene Oforachi	-	-	-	-
	PHC Emonoja Aludu	-	-	-	-
	PHC Ikemu	-	-	-	-
	PHC Adeh (FSP)	-	-	-	-
	PHC Ochekwu	-	-	-	-
	PHC Agbeduma	-	-	-	-
	PHC Idekpa	-	-	-	-
	PHC Akpoli	-	-	-	-
	PHC Efodo	-	-	-	-
	PHC Ikelekwu	PHC Ogenegu	Inaccessible by means of	-	-
	PHC Ubalu	-	-	-	-
	PHC Ojamagada Agala	PHC Egene	Inaccessible by means of transportation available	PHC Offa	1 <sup>st</sup> replacement also inaccessible by means of transportation available
	PHC Ogoiken	PHC Emonyoku	Inaccessible by means of transportation available	-	-
Omala (14)	CHCC Abejukolo	-	-	-	-
	PHC Olahieba	-	-	-	-

	PHC Iyade	-	-	-	-
	PHC Agbenema	-	-	-	-
	PHC Ikeffi	-	-	-	-
	PHC Leheke	PHC Adumu	Inaccessible by means of transportation	-	-
	PHC Oji Aji	-	-	-	-
	PHC Olokwu	-	-	-	-
	PHC Bagaji	-	-	-	-
	PHC Ogba	PHC Adoji	Inaccessible by means of transportation available	-	-
	PHC Otti	PHC Agwodaba	Inaccessbile by means of transportation available	-	-
Yagba West (15)	DHU Odo Ere	-	-	-	-
	School Health Service Egbe	-	-	-	-
	PHC Centre Isanlu Esa	-	-	-	-
	LG Disp/Mat Iyamerin	-	-	-	-
	G Disp Oke Ere	-	-	-	-
	LG Disp/Mat Ogbe	-	-	-	-
	LG Health Post Akata	-	-	-	-
	LG Health Post Okunran	-	-	-	-

## **Lagos State (2)**

LGA	Name of Health Facility	First Replacement	Reason	Second Replacement	Reason
Agege (01)	Sango PHC	-	-	-	-
	Powerline PHC	-	-	-	-
	Iloro PHC	-	-	-	-
	LGA Clinic	-	-	-	-
Ajeromi/Ifelodun (02)	Akere PHC	-	-	-	-
	Amukoko PHC	-	-	-	-
	Layeni PHC	-	-	-	-
	Awodi Ora PHC	-	-	-	-
Alimosho (03)	Tolu	-	-	-	-
	ELF Mother & Child Clinic	-	-	-	-
	Idimu/Isheri PHC	-	-	-	-
	Ipaja PHC	-	-	-	-
	Oke Odo PHC	-	-	-	-
	Akowonjo PHC	-	-	-	-
	Aboru PHC	-	-	-	-
	Egan Maternity Centre	-	-	-	-
	FSP Alimosho Secretariat	-	-	-	-
	Akin-Ogun HP	-	-	-	-
	Okerube	Alimosho HP	Heavy downpour	-	-
Apapa (04)	Apapa Annex PHC	-	-	-	-
	Ijora Oloye PHC	-	-	-	-
	Olojowon PHC	-	-	-	-
Badagry (05)	Ajara PHC	-	-	-	-
	Marina PHC	-	-	-	-
	Pota PHC	-	-	-	-
	Apa PHC	-	-	-	-
	Ilado PHC	-	-	-	-
	Iworo-Ajide PHC	-	-	-	-
	Staff Clinic	-	-	-	-
	Isamo-Ile PHC	Ojokoro PHC	Staff redeployed	-	-
	Iberekole PHC	-	-	-	-
Ibeju-Lekki (06)	Seme HP	-	-	-	-
	Topo PHC	Agbekale	Staff redeployed	-	-
	Lekki PHC	-	-	-	-
	Awoyaya PHC	-	-	-	-
	Igbolomi PHC	-	-	-	-
	Bogije PHC	-	-	-	-
	Apakin PHC	-	-	-	-
	Folu PHC	-	-	-	-
	Akodo Staff Clinic	-	-	-	-
Ifako-Ijaye (07)	Iju PHC	-	-	-	-
	Alagado PHC	-	-	-	-
	Ilo Alakuko PHC	-	-	-	-
	Ojokoro	-	-	-	-

Ikeja (08)	Ikeja PHC	-	-	-	-
	Oregun PHC	-	-	-	-
	Onigbongbo PHC	-	-	-	-
	Police College PHC	Tolulade PHC	Heavy downpour	-	-
	Staff Clinic	-	-	-	-
	Family planning clinic	-	-	-	-
Ikorodu (09)	Ikorodu LGA	-	-	-	-
	Ipakodo PHC	-	-	-	-
	Igbogbo PHC	-	-	-	-
	Imota PHC	-	-	-	-
	Isiu PHC	-	-	-	-
	Odonla PHC	-	-	-	-
	Olorunda PHC	-	-	-	-
	Emmanuel PHC	-	-	-	-
	Ewu-Elepe PHC	Ijede PHC	Shut down no staff	-	-
Lagos Island(10)	Massey Str Children Hospital PHC	-	-	-	-
	Broad Street PHC	-	-	-	-
	Adeniyi Adele PHC	-	-	-	-
	Oko Awo PHC	-	-	-	-
	Omola HP	-	-	-	-
	Oja Oba HP	-	-	-	-
	Anikanmotanmo HP	-	-	-	-
	Dumare HP	-	-	-	-
	Massey Square HP	-	-	-	-
	Phase 3 HP	-	-	-	-
	Gorodome HP	-	-	-	-
	Sura PHC	-	-	-	-
	Oworo PHC	-	-	-	-
	Mende PHC	-	-	-	-
	Ogudu PHC	-	-	-	-
Kosofe (11)	Ikosi PHC	-	-	-	-
	Maidan PHC	-	-	-	-
	Isheri PHC	-	-	-	-
	Agoyi-Rural PHC	-	-	-	-
	Simpson PHC	-	-	-	-
	Otto PHC	-	-	-	-
Mainland (12)	Iwaya PHC	-	-	-	-
	Ebute Metta Health PHC	-	-	-	-
	Harvey Road Health Units	City Hall HC	Original facility owned by Federal Government	-	-
	Palm Avenue PHC	-	-	-	-
	Isola Road PHC	-	-	-	-
Mushin (13)	Kajola PHC	-	-	-	-
	Alves PHC	-	-	-	-
	Anikulapo PHC	-	-	-	-
	Coker PHC	-	-	-	-
	Ayantuga PHC	-	-	-	-
	Ojo PHC	-	-	-	-
Ojo (14)	Irewe-Riverine	Oto-Ijanikin	Heavy downpour	-	-

			on 2 days of visit and need 2 hours of boat travel over the Atlantic Ocean		
	Idoluwo-Ile	Olowogbowo	Heavy downpour on 2 days of visit and need 2 hours of boat travel over the Atlantic Ocean	-	-
	Era PHC	-	-	-	-
	Staff Clinic	-	-	-	-
	Sibiri PHC	-	-	-	-
Oshodi/Isolo(15)	Mafoluku PHC	-	-	-	-
	Shogunle PHC	-	-	-	-
	Ilasa(Oyinlola) PHC	-	-	-	-
	Isolo PHC	-	-	-	-
	LSDPC PHC	-	-	-	-
	Staff Clinic	-	-	-	-

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