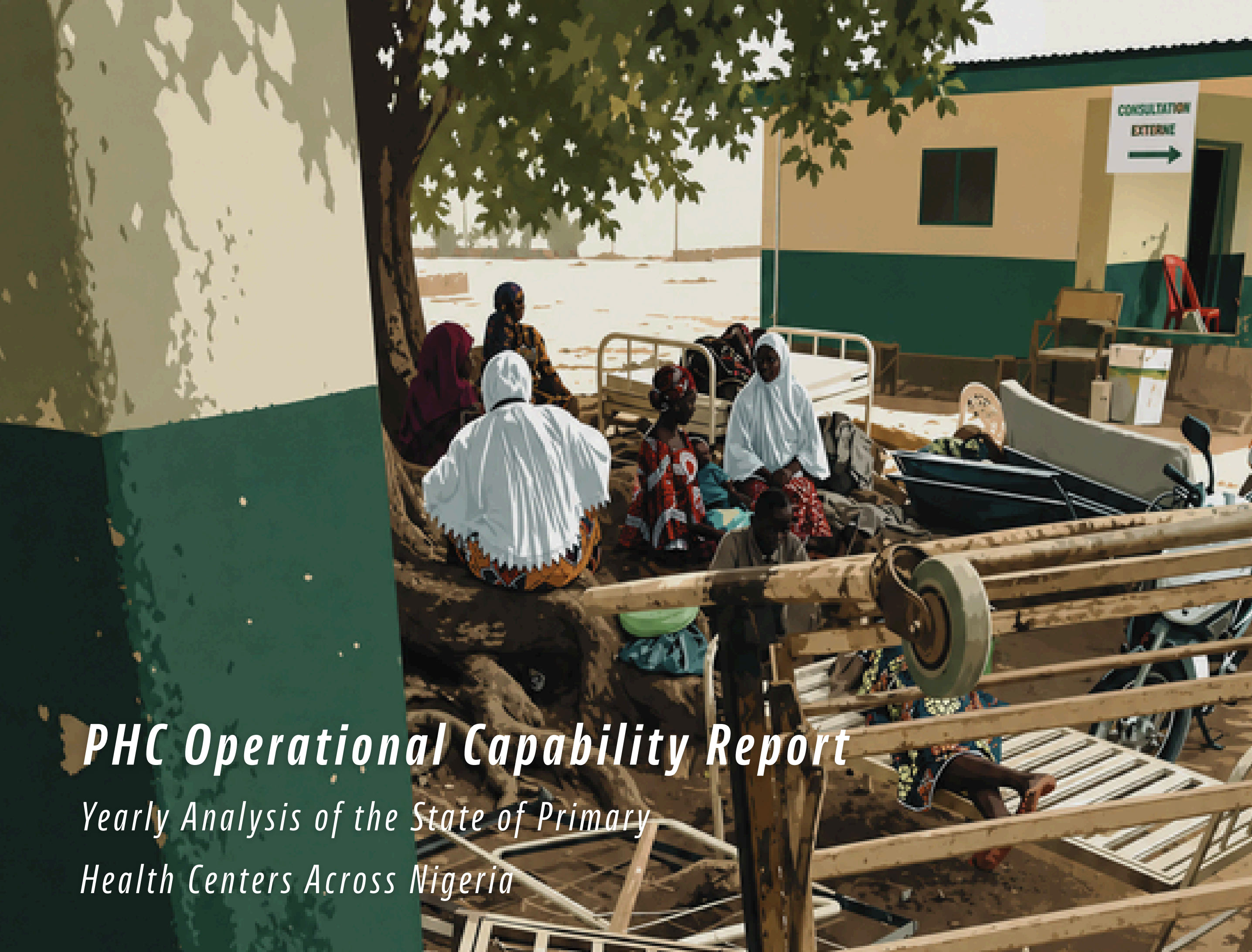


Primary Health Centre (PHC)

Operational Capability Report

From stagnating clinics to functional care



PHC Operational Capability Report

*Yearly Analysis of the State of Primary
Health Centers Across Nigeria*

About Orodata

Orodata Science and Civic Tech for over 13 years, has combined data science, technology, design, and research to improve institutional reforms, foster media innovation, bolster health systems, and facilitate access to inclusive and rich data.

Our vision is to empower people, institutions, and organizations at different levels with knowledge and information that leads to the development of solutions that impact the lives of millions.

Our focus areas include; Reinforcing Health Systems, Enabling Community Media, Ensuring Accurate and Inclusive Data, AI Accountability, and Supporting Institutional Reforms.

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We acknowledge the African Data Hub for the partnership so far, most especially towards this project.

We acknowledge the 16 State Primary Health Care Development Agencies (SPHCDAs) for their collaboration.
Special thanks to the field volunteers who visited over 1,000 PHC facilities across the states.

Disclaimer: This report has been produced by Orodata Science to provide information and data on the status of Primary Health Centres in Nigeria, and underlying issues. Orodata Science certifies that all the views expressed in this document accurately reflect our fact-based and reliable analytical views. Whilst reasonable care has been applied in crafting this report, no responsibility or liability is accepted for errors or any views expressed herein by Orodata for actions taken due to information provided in it.

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Executive Summary

Primary healthcare is the first point of contact for millions of Nigerians, yet many primary healthcare centres lack the basic conditions needed to provide safe and reliable care. The findings from the assessment show serious gaps in infrastructure, power, water, staffing, equipment, and accessibility.

Orodata conducted the assessment between October 2023 and June 2025 using the CheckMyPHC Digital Scorecard.

The scorecard was developed with reference to the NPHCDA Minimum Standards for Primary Health Care and inclusion standards for healthcare facilities.

Trained data collectors and journalists physically visited 1,480 PHCs across 16 states and 277 LGAs, with representation from all six geopolitical zones. Rural facilities made up about 75% of the assessment, while urban facilities made up about 25%.

The assessment found that 40% of the facilities had both broken ceilings and leaking roofs. Thirty-eight percent had no power supply, while 39% relied on unsafe water sources.

Seventy-five percent lacked essential neonatal resuscitation equipment, meaning only about one in four facilities had the basic equipment needed to respond to complications during childbirth.

Sixty-six percent had no accessibility provisions for people with disabilities and others with mobility difficulties.

Only 3% met the national minimum staffing standard, and 11 of the 16 states recorded no facility that met the standard. In addition, 51% of surveyed community members rated the services at their local PHCs as poor.

These findings show that the problem is not limited to one missing item in individual facilities. In many PHCs, poor infrastructure, lack of power and safe water, inadequate staffing, limited equipment, and poor accessibility occur together. This affects the ability of health workers to provide care, increases the risks faced by patients, and weakens public confidence in primary healthcare.

The state-level results also show that some areas face more severe challenges than the overall figures suggest. In Kano and Sokoto, for example, high levels of unsafe water use and lack of power occur alongside shortages of essential newborn equipment. In Gombe, 80% of the assessed PHCs had no accessibility provisions.

The findings call for a coordinated programme to repair damaged roofs and ceilings, provide safe water, and improve electricity supply. Solar and hybrid power systems should be considered for facilities without reliable grid electricity.

State governments and the NPHCDA should also address the shortage of health workers through recruitment, deployment, and retention, while ensuring that every PHC has essential neonatal resuscitation equipment.

Implementation should be based on verified facility-level data. Each state should have a clear plan showing the facilities that require attention, the problems to be addressed, the institutions responsible, the resources required, and the timeline for action.

Every intervention should also include measurable targets and indicators, with regular monitoring and evaluation to determine whether the work has been completed, whether the improvements are reaching patients, and whether they are being maintained.

All current and future PHC renovations should meet accessibility standards. Community feedback should be included in the monitoring process so that residents can report problems and track the progress of promised improvements.

The assessment of 1,480 PHCs shows that improving primary healthcare will require more than isolated repairs. It requires clear priorities, reliable implementation, and regular monitoring of results.

Without sustained action to improve infrastructure, utilities, staffing, equipment, and accessibility, many Nigerians will continue to face primary healthcare facilities that cannot provide the care they need.



Introduction/Background

Primary healthcare is intended to be the first point of contact for basic medical care, maternal health services, and emergency support. However, the presence of a primary healthcare centre does not guarantee that people can receive safe and reliable care there. The condition of the building, availability of water and electricity, number of health workers, essential equipment, and ease of access all determine whether a PHC can function as intended.

The CheckMyPHC assessment measures these conditions against the NPHCDA Minimum Standards for Primary Health Care and relevant inclusion requirements for healthcare facilities. The assessment therefore goes beyond confirming whether a facility exists. It examines whether the facility has the basic conditions required to provide care.

The current assessment covers 1,480 PHCs across 16 states and 277 LGAs, with representation from all six geopolitical zones. Yet only 3% of the assessed facilities met the national minimum staffing standard.

This shows the difference between having a PHC in a community and having a facility that is adequately prepared to serve that community.

CheckMyPHC was formally launched by Orodata in 2024. It grew from the experience of an Orodata journalist in Ogun State, whose reporting led to the Hospital of Horrors investigation.

The investigation drew attention to the consequences of poor access to functional PHCs,

including the long distances pregnant women may have to travel to receive care.

The project turned this experience into a structured approach for collecting and publishing facility-level evidence.

The first phase assessed 345 PHCs across six states and 93 LGAs. It involved 12 data collectors and 18 journalists, produced 32 stories, and led to the publication of a sub-sector report on PHC energy access.

Phase II expanded the work to 16 states and 1,200 PHCs, with 31 data collectors and 20 journalists selected from 4,753 applicants. Orodata has also used the project’s data to support an AI tools hackathon and further reporting on PHC conditions.

The assessment used physical facility visits, interviews with health workers and community members, direct observation, photographs, GPS coordinates, and facility records. Data were collected with the CheckMyPHC Digital Scorecard through ODK and KoboToolbox.

Each facility submission required a GPS point at the facility entrance and at least five photographs.

Entries were reviewed and checked against NPHCDA facility records before approval. The work was supported by training, technical assistance, and approximately 112 hours of field support during the Phase II data-collection period.

The Digital Scorecard was developed with reference to the NPHCDA

Minimum Standards and inclusion requirements. This provides a consistent basis for comparing facility conditions across states and locations.

Context of Primary Healthcare in Nigeria

Primary healthcare operates within a system that involves federal, state, local, and community-level structures.

National institutions provide policy direction and standards, while state agencies and local authorities are involved in managing and supporting services at facility level.

The system must serve communities with different population sizes, levels of development, terrain, road access, security conditions, and availability of public infrastructure.

These differences affect the way PHCs operate. A facility in a remote rural community may face greater difficulty attracting health workers, accessing safe water, maintaining electricity, receiving supplies, or connecting to referral services.

Urban facilities may face different pressures, including larger patient numbers and overcrowding. These conditions help explain why the level of readiness varies across states and LGAs.

The assessment found that only 3% of PHCs met the national minimum staffing standard.

This workforce gap does not occur in isolation. When poor staffing combines with damaged infrastructure, unsafe water, unreliable electricity, limited equipment, and weak accessibility, the facility’s ability to provide care is further reduced. These connected conditions are the focus of this report.

Jurisdictional and Sectoral Map

The primary healthcare system is guided by national policies and standards, including the National Health Act, the Primary Health Care Under One Roof policy, and the Basic Health Care Provision Fund. These frameworks provide the basis for organizing, financing, and improving primary healthcare services.

The NPHCDA provides national guidance and standards for primary healthcare. State governments, through their State Primary Health Care Development Agencies or Boards, are responsible for coordinating and managing services within their states, including the deployment of health workers and support for facility improvement.

Local government areas and community structures are closer to the facilities and are important to local oversight, service delivery, and communication with residents. Facility managers and health workers are responsible for day-to-day operations and patient care.

CheckMyPHC assessed facilities in Abia, Anambra, Bayelsa, Benue, Cross River, Ebonyi, Edo, the Federal Capital Territory, Gombe, Kaduna, Kano, Kwara, Ogun, Osun, Sokoto, and Taraba. The assessment covered 16 states and 277 LGAs.

This allows the findings to be considered alongside the different levels of responsibility for infrastructure, staffing, equipment, utilities, and facility management.

Study Justification

The assessment was conducted to provide verified evidence on the conditions that shape PHC performance. It examined infrastructure, electricity, water, staffing, maternal and newborn-care equipment, accessibility, and community perception.

Phase I assessed 345 PHCs across six states and 93 LGAs. Phase II assessed 1,200 PHCs across 16 states and 277 LGAs. The merged dataset used for this report contains 1,480 PHCs.

The study supports ongoing efforts to improve primary healthcare, including the government’s stated target of revitalizing 17,600 PHCs.

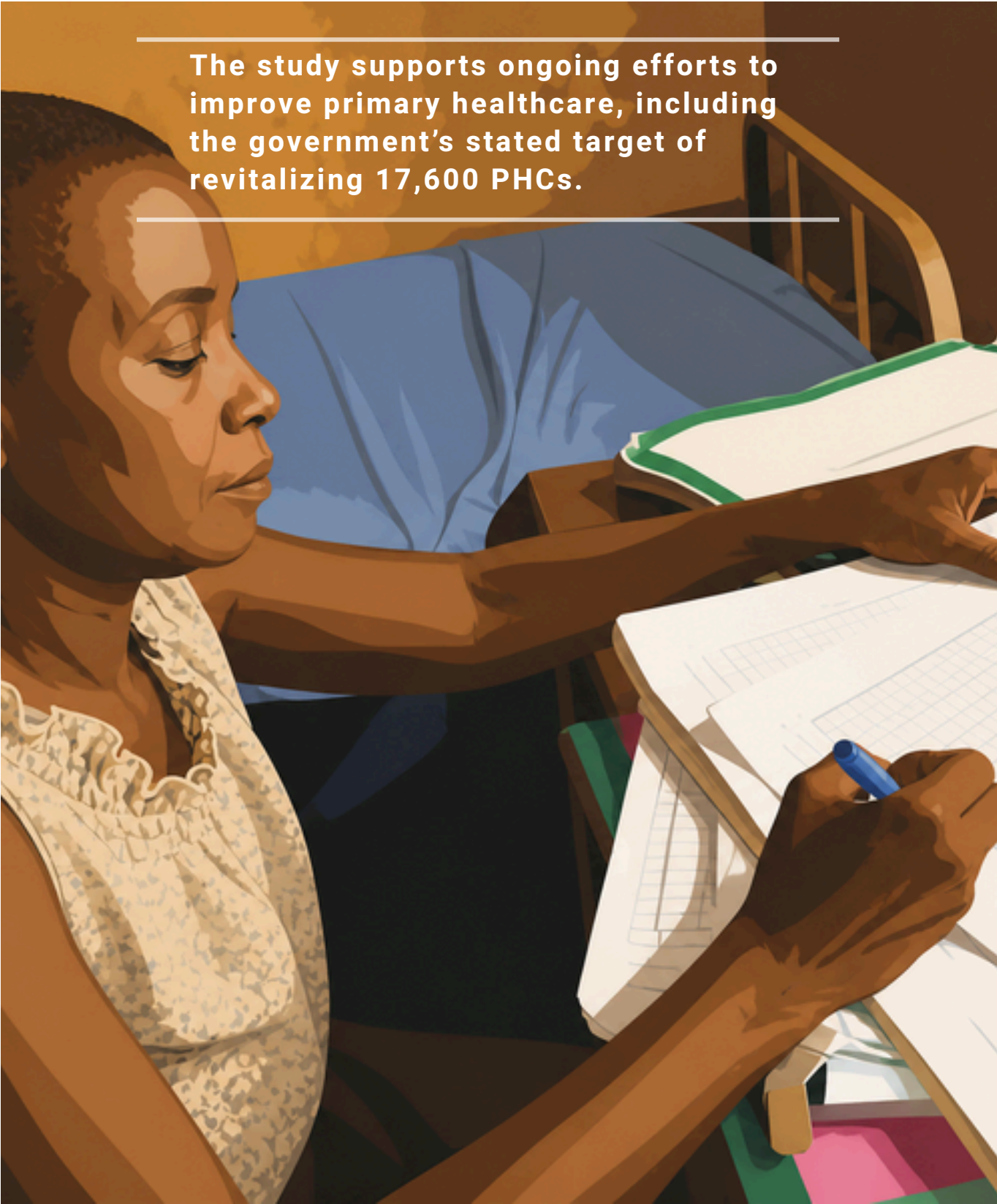
By identifying the specific facilities and locations affected by each gap, CheckMyPHC provides information that can support implementation planning, resource allocation, monitoring, and evaluation.

The findings are intended to support

joint action by the NPHCDA, state primary healthcare agencies and boards, local governments, health workers, communities, civil society organizations, journalists, and development partners.

The purpose of the assessment is not only to document deficiencies but also to provide evidence that can help turn identified needs into clear actions and measurable improvements.

Phase I assessed 345 PHCs across six states and 93 LGAs. Phase II assessed 1,200 PHCs across 16 states and 277 LGAs. The merged dataset used for this report contains 1,480 PHCs.



Methodology

The CheckMyPHC Phase II assessment built on the field approach used in Phase I while improving the data collection process. Trained data collectors physically visited selected primary healthcare centres and used the CheckMyPHC Digital Scorecard to collect geo-tagged, photo-verified information on facility conditions, service readiness, inclusion, and community experience.

Phase I assessed 345 PHCs across six states and 93 LGAs. Phase II expanded the assessment to 1,200 PHCs across 16 states and 277 LGAs. After the records from both phases were reviewed and combined, 1,480 PHCs were included in the analysis presented in this report.

The facility list was obtained from NPHCDA records. Selection considered the number of PHCs in each state, LGA, ward, and community to achieve a broad geographical spread. Each selected LGA contributed at least one PHC, while states and LGAs with more facilities contributed more PHCs.

The selection covered all six geopolitical zones and included approximately 75% rural and 25% urban facilities.

These considerations helped reduce geographical concentration and selection bias while capturing differences in access, infrastructure, population, terrain, and distance from services. The assessment provides facility-level evidence across the selected locations and is not presented as a nationally representative probability sample.

Data were collected through physical facility visits, direct observation, interviews with health workers and community members, photographs, GPS coordinates, and facility records.

The scorecard was administered using ODK and KoboToolbox. Each submission required a GPS point at the facility entrance and photographs of the facility and relevant rooms.

Phase II involved 31 data collectors and 20 journalists. Journalists used the field evidence and interviews to produce additional reports on the conditions observed.

Lessons from Phase I informed several improvements in Phase II. The team engaged relevant authorities and facility contacts ahead of visits to improve access and communication.

Data collectors received additional training on field approach, respectful engagement, photography, data privacy, and the responsible handling of information.

The scorecard was also revised. Some questions were given clearer response options to reduce errors and improve consistency, while open responses were limited to areas where explanations and real-time feedback were necessary.

The Phase II scorecard added questions on access and inclusion for persons with disabilities, as well as telecommunications access for health information, referrals, emergency support, and communication with health workers.

The team received three-phase training and technical support throughout the exercise.

The field support team provided approximately two hours of support daily during the eight-week collection period, amounting to about 112 hours.

All submissions were reviewed by the technical team and checked against available NPHCDA facility records before approval.

The final analysis used the CheckMyPHC indicators, developed with reference to the NPHCDA Minimum Standards for Primary Health Care and relevant inclusion requirements.

Data were collected through physical facility visits, direct observation, interviews with health workers and community members, photographs, GPS coordinates, and facility records.



About CheckMyPHC Tool

CheckMyPHC is an open-source, citizen-driven data collection and monitoring tool developed to assess the functionality and readiness of Primary Health Care facilities in Nigeria.

The tool enables trained volunteers and journalists to collect standardized, geo-tagged, and photo-verified data on PHC infrastructure, staffing, equipment, and services.

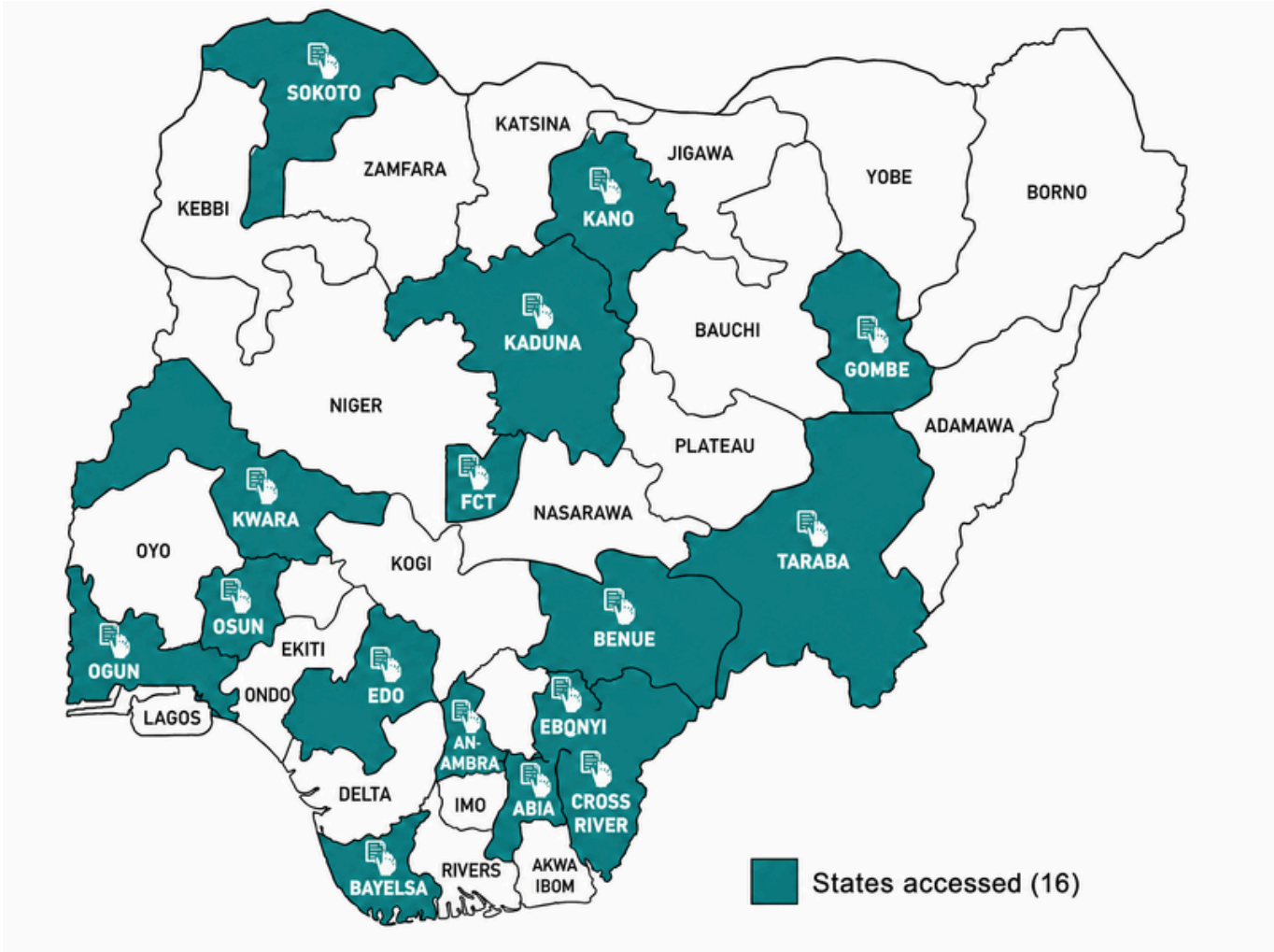
The project has expanded from Phase 1 (345 PHCs across 6 states) to Phase 2 (over 1,500 PHCs across 16 states), making it one of the most comprehensive independent PHC assessment initiatives in the country.

Developed by Orodara Science, CheckMyPHC is an innovative digital platform that democratizes access to precise baseline data on Nigeria's public health infrastructure. Built for researchers, policymakers, and the public, the platform features interactive maps and state-specific dashboards that track the real-time status of Primary Healthcare Centers (PHCs) even in the most remote rural areas.

By transforming complex data into accessible visualizations and multimedia insights, CheckMyPHC empowers stakeholders to make evidence-based decisions, driving targeted interventions to improve community health outcomes across the country.

Data Collectors: Maduwuba Smart, Nwadukwe Chibueze, Dauda Musa, Akule Cyprian Tersugh, Abel Obono, Udang Thomas Akor, Akinyemi Olushina, Ajayi Joel Ayomide, Bisong Samuel, Athanasius Franca, Hadiza Abubakar, Ahmad Auwal Koko, Favour Akor, Bashiru Adamu, Asiya Umar, Adamu Abdulrahman, Eko Ebenezer, Gift Onaiwu, Ismail Yakubu, Muhammad Umar, Patience Joshua, Simon Ameh, Sike-Ezo Oghogo, Umana Iyang, Edward Nnachi, Mariya Shuiabu, and Sodiq Ajala, to mention a few.

CheckMyPHC Phase 2 Coverage



CheckMyPHC Impact Summary

CheckMyPHC was created by Orodata Science to turn community experience and frontline reporting into verified evidence on the condition of primary healthcare centres in Nigeria.

The project was formally launched in 2024 after an investigation by an Orodata journalist in Ogun State exposed the consequences of poor access to functional healthcare facilities, including the long distances pregnant women travelled to seek care.

In Phase I, 150 people applied to participate in the data collection exercise. The project engaged 12 data collectors and 18 journalists, who assessed 345 PHCs across six states and 93 LGAs.

The phase produced 32 stories, including 10 published in partnership with Sahara Reporters. The team completed 10 training modules over 32 hours.

The Phase I findings were shared through 400 printed copies of the report and 1,580 soft-copy downloads. The CheckMyPHC launch was attended by 35 people.

The project also produced a sub-sector report on PHC energy access, printed 100 copies, and launched it at an event attended by 35 stakeholders, including journalists. Two journalists received awards for investigative stories produced from the project.

Phase II expanded the project to 16 states, 277 LGAs, and 1,200 PHCs.

The data collection exercise received 4,753 applications and engaged 31 data collectors and 20 journalists. The team completed a three-phase training programme and received an estimated 120 hours of training and technical support.

During the eight-week field exercise, the whole support team provided approximately 112 hours of field support.

Across both phases, 4,903 people applied to participate, while 43 data collectors and 38 journalists were engaged. The project produced 84 stories, comprising 42 stories from Phase I and 42 from Phase II. The combined dataset used for this report covers 1,480 PHCs across 16 states and 277 LGAs.

The project’s impact extended beyond data collection. Its findings supported investigative reporting, public discussion, the publication of a sub-sector report on PHC energy access, and a hackathon that encouraged the development of artificial intelligence tools using the CheckMyPHC dataset.

These activities connected facility-level evidence with journalism, technology, public accountability, and efforts to improve healthcare delivery.

Digital Reach and Analytics

The CheckMyPHC website and digital tool extended the project's reach well beyond the people directly involved in the fieldwork.

During the reporting period, the platform recorded 94,000 users and 93,000 sessions, generating a total of 118,000 page views and 344,000 events across the full assessment period. User numbers grew by more than 3,100% year-on-year, the equivalent of the platform's entire previous audience being replicated more than thirty times over in a single year, a sign that interest in PHC accountability data is expanding significantly.

The largest share of verified, engaged visitors came from Nigeria, the United States, the United Kingdom, Singapore, Canada, and Japan, with Nigerian users in Lagos and the Federal Capital Territory recording the deepest engagement on the platform.

The most visited sections were the Home page, which alone accounted for 118,000 views, followed by the About Us page and the Login page, indicating that a meaningful share of visitors moved beyond passive browsing to interact with the platform directly.

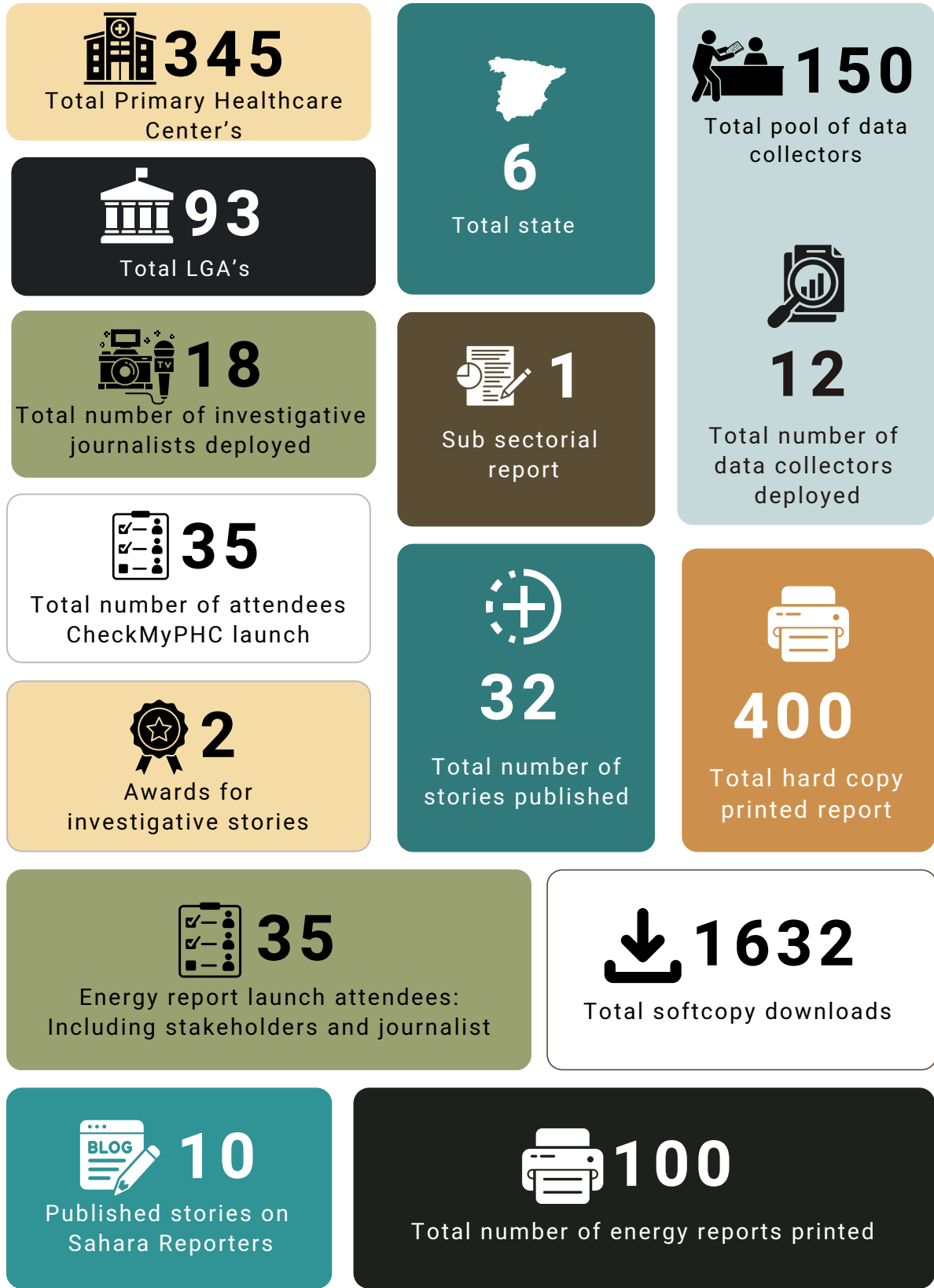
Among all users, the platform recorded an average engagement time of 5 seconds overall. However, this figure is significantly influenced by high-volume, low-engagement traffic from automated sources. Nigerian users tell a more meaningful story: visitors from Lagos averaged 2 minutes 21 seconds per session, while those from the Federal Capital Territory averaged 2 minutes 06 seconds; engagement levels that reflect genuine interest in the data and findings.

These figures show that the CheckMyPHC platform reached audiences across at least seven countries, attracted users from government, research, and civil society networks through referrals from partners including Africa Data Hub and Orodata, and sustained meaningful engagement among its core Nigerian audience throughout the reporting period.

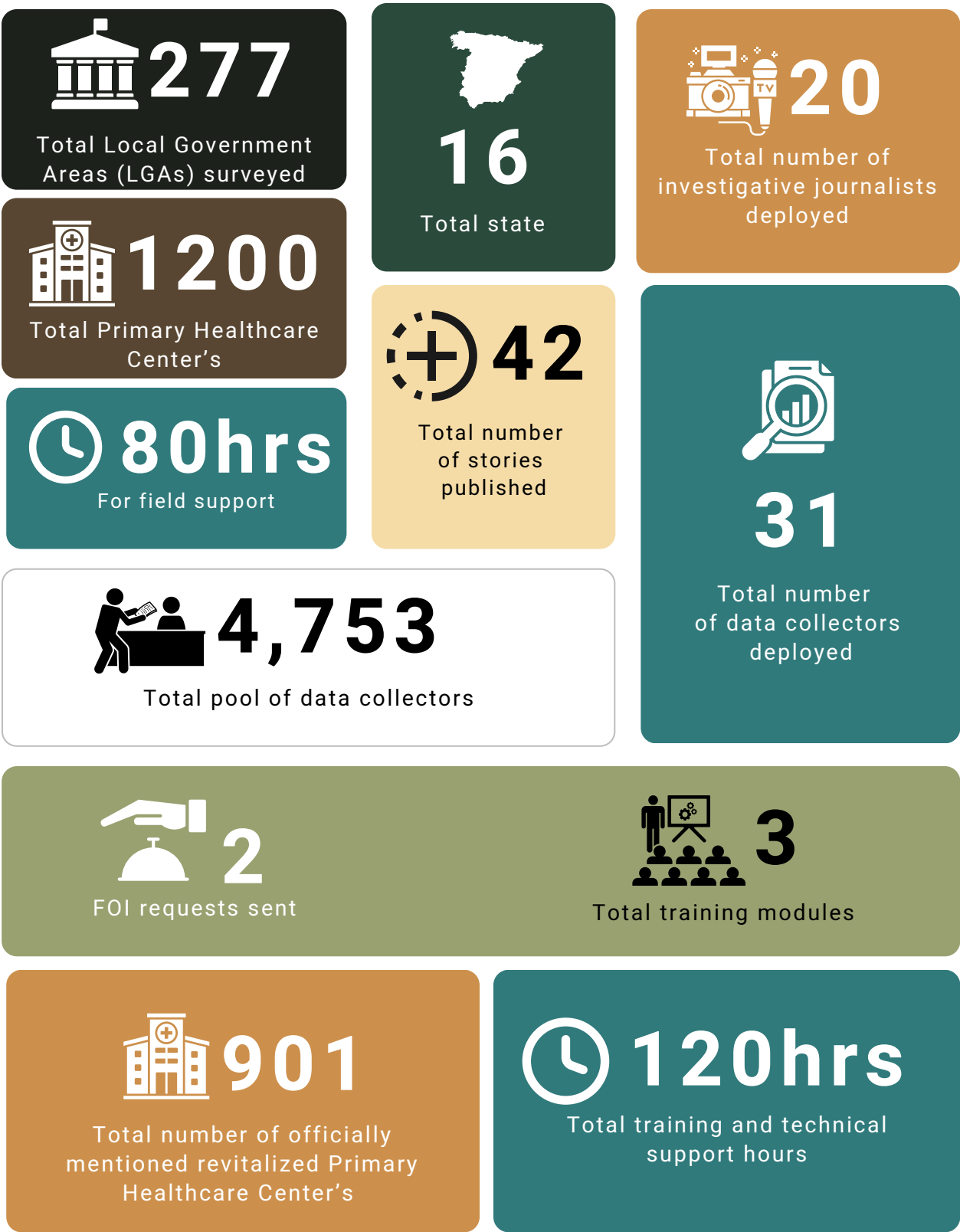
Following Phase 2, Orodata Science, MonitNG, and FactCheckMatters submitted two FOI requests to the NPHCDA seeking locations and contract details for 990 PHCs announced for renovation. This contributed to the NPHCDA making its PHC monitoring portal publicly available; a transparency step, though usability barriers remain.

The full report, including detailed state-level analytics and the energy sub-report, is available for download on our website, where you can also access the interactive [CheckMyPHC tool](#) to explore the data firsthand.

PHASE 1



PHASE 2



Definitions of Terms & Abbreviations

Health System & Policy Terms

- Primary Health Care (PHC): The entry point of a health system providing essential, community-based care to the majority of a population.
- Basic Health Care Provision Fund (BHCPF): A federal funding mechanism in Nigeria designed to increase fiscal space for PHCs and move toward Universal Health Coverage.
- PHC Under One Roof (PHCUOR): A policy aimed at integrating the management of PHC services under a single state-level agency to reduce fragmentation.
- Abuja Declaration: A 2001 agreement where African Union countries pledged to allocate at least 15% of their annual budget to improve the health sector.
- Universal Health Coverage (UHC): A framework ensuring all individuals receive the health services they need without suffering financial hardship.
- PHC: Primary Healthcare-centers

Infrastructure & Technical Metrics

- Leaky Bucket Syndrome: A metaphor for a system where investments (like staff training) are neutralized by failures in other areas (like maintenance or equipment).
- Maintenance-Dilapidation Paradox: A state where high reported maintenance activity co-exists with high rates of visible structural decay.
- Zero-Accessibility Rate: The percentage of health facilities that lack mandatory features (like ramps) for persons with disabilities.
- Grid Dependency: The extent to which a facility relies on the national electricity grid versus independent power sources like solar or generators.
- Hybrid Power Systems: A resilient energy strategy that combines multiple sources, such as solar, generators, and the national grid.
- Cold Chain: Temperature-controlled supply chain for vaccine
- WASH: Water, Sanitation, and Hygiene

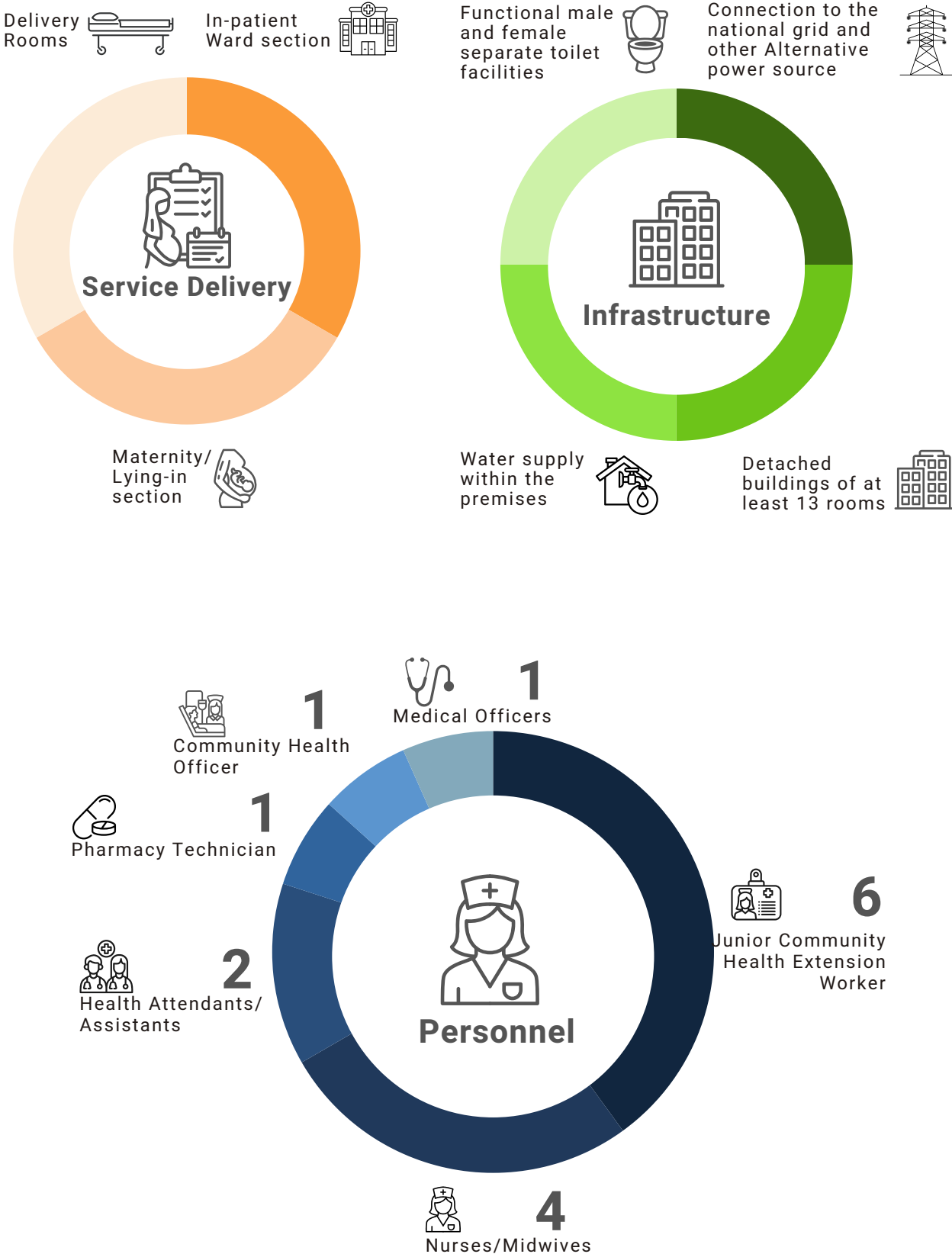
Workforce & Clinical Readiness

- National Minimum Staffing Standard: The required complement of skilled health workers (doctors, nurses, midwives, and CHEWs) needed for a facility to be considered functional.
- Workforce Depletion Crisis: A systemic shortage of skilled personnel, leading to "empty clinics" that have buildings but no teams.
- 1-4-10 Staffing Ratio: A policy recommendation for a minimum team composed of 1 Doctor, 4 Nurses/Midwives, and 10 CHEWs (Community Health Extension Workers).
- Maternal Readiness Score: A metric used to assess a facility's ability to handle pregnancy and birth based on beds, midwives, and life-saving equipment.
- Neonatal Resuscitation Kits: Essential medical equipment used to assist newborns who have difficulty breathing at birth.
- SBA: Skilled Birth Attendance

Governance & Accountability

- CheckMyPHC: An open-source, citizen-driven monitoring tool used to collect geo-tagged and photo-verified data on health facilities.
- Minimum Functionality Standard: A proposed policy mandate that no facility should be classified as a PHC unless it meets specific staffing, power, water, and accessibility criteria.
- Systemic Exclusion: A failure in design or policy that prevents specific vulnerable groups, such as persons with disabilities, from accessing services.
- Satisfaction-Trust Gap: The disconnect between high community perception of care and low actual facility readiness or staff satisfaction.
- UHC: Universal Health Coverage

Minimum Standards for Primary Health Care in Nigeria





ABIA

Abia State: System Performance Snapshot

Executive Summary

The assessment of 102 PHCs across 17 LGAs in Abia State reveals moderate infrastructure, though 58% suffer from broken ceilings and 54% are dilapidated due to maintenance failure. Critical gaps exist in power, with 39% having no electricity and only 11% solar/hybrid adoption, alongside low accessibility where 55% of facilities have zero access features. Most alarming is the life-saving gap where only 22% of PHCs have neonatal equipment, contributing to a 57% "Poor" community satisfaction rating.

Infrastructure & Building Safety

Infrastructure shows moderate decay with over half of PHCs affected by broken ceilings. Leaking roofs and damaged furniture remain concerns but are less severe than in some states. Security risks persist due to low fencing coverage.

Water, Hygiene & Sanitation (WASH)

WASH conditions are generally favorable, with most PHCs having safe water access. However, a fifth still rely on unsafe sources, posing infection risks.

Power Availability & Energy Reliability

Power supply is a critical weakness. Nearly 40% of PHCs have no power, and renewable energy adoption is minimal, limiting service reliability and safety.

Maternal & Newborn Health Readiness

Maternal readiness is moderate, supported by good delivery bed availability. However, neonatal equipment remains critically low, threatening newborn survival.

Accessibility & Inclusion

Accessibility is a significant barrier, with over half of PHCs lacking any accessibility features, limiting care for vulnerable populations.

Workforce Strength, Welfare & Training

Workforce training is a strength, but staffing compliance and satisfaction are low, indicating challenges in staff retention and deployment.

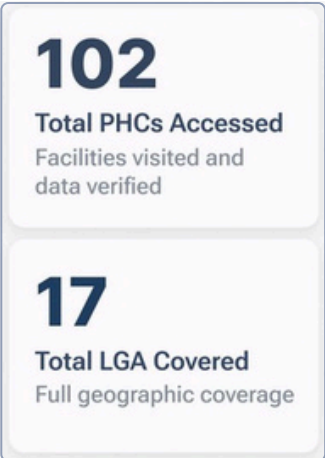
Community Perception & Quality Score

Community perception is below expectations, with more than half rating PHCs poorly, signaling an urgent need for quality improvements.

Overall System Scorecard

The general score/status: **52%/fair**; targeted investments are needed in power, neonatal care, accessibility, and workforce deployment.

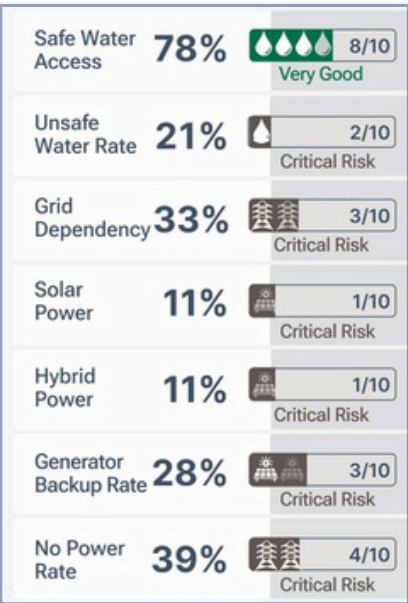
PHC Coverage Overview



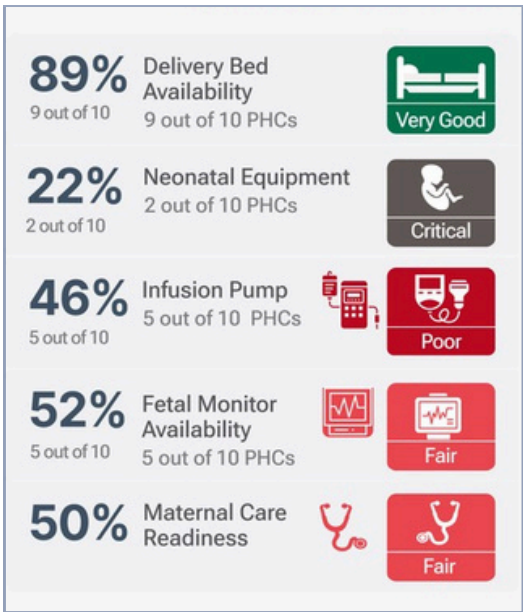
Infrastructure & Building Safety



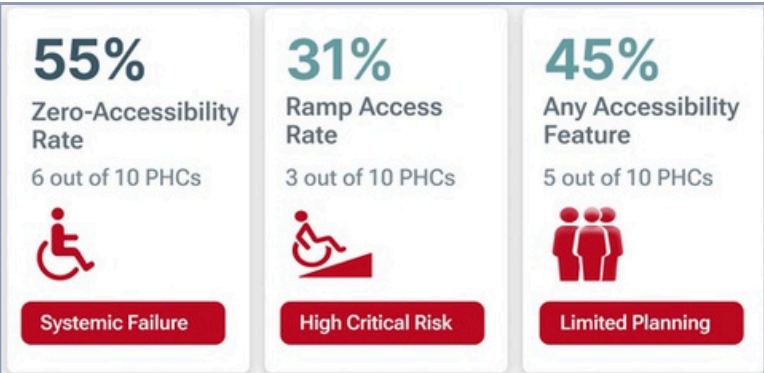
PHC Water, Hygiene & Sanitation



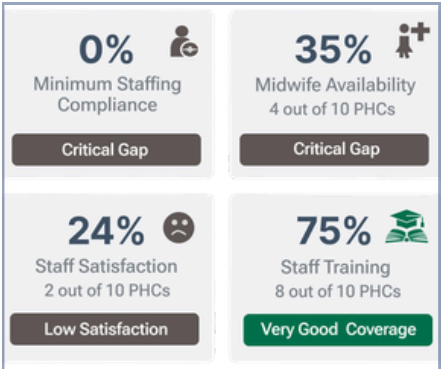
Maternal & Newborn Readiness



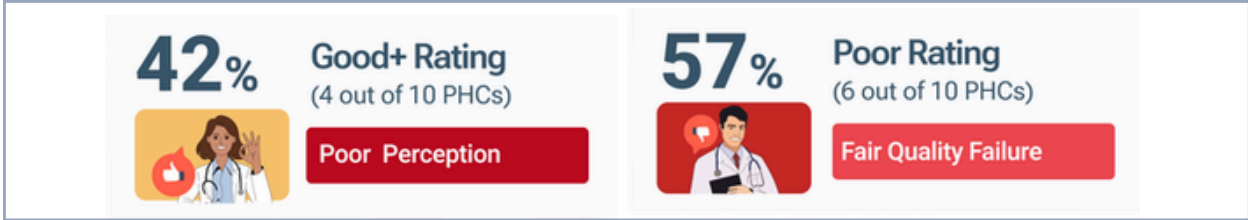
Accessibility & Inclusion



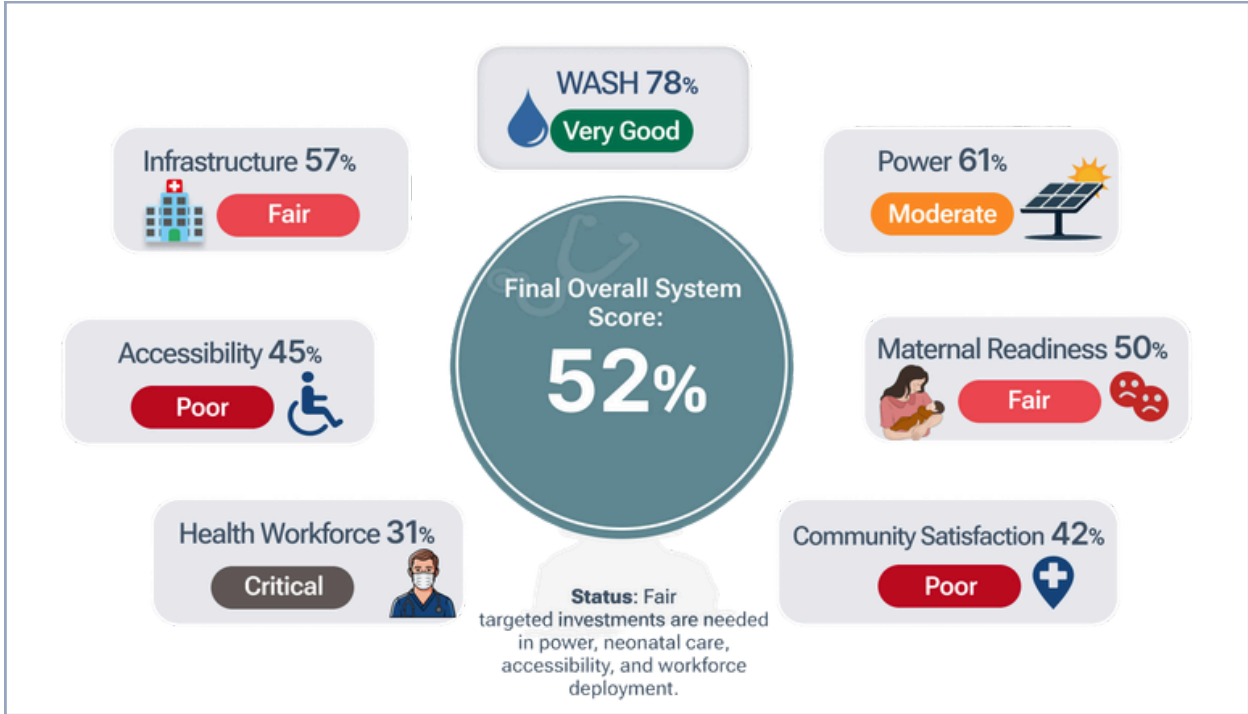
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

1. Power infrastructure upgrade: address the 39% no-power rate with solar and hybrid solutions.
2. Neonatal equipment procurement: urgently increase availability beyond 22%.
3. Accessibility improvements: retrofit ramps and accessible facilities in over half of PHCs lacking features.
4. Workforce deployment: focus on meeting minimum staffing standards and improving staff satisfaction.
5. Community engagement and quality improvement programs to rebuild trust and service perception.

Conclusion

Abia State’s PHC system shows promise in maternal readiness and staff training but is hampered by critical power shortages, accessibility barriers, and community dissatisfaction. Strategic investments in energy, neonatal equipment, and workforce deployment are essential to improve service quality and health outcomes.

Annex: Indicator Register (Abia State)			
Domain	Indicator	Percentage / Count	Interpretation
Coverage	Total PHCs	102	—
Coverage	Total LGAs	17	—
Infrastructure	Maintenance (Yes)	54% (55)	Moderate maintenance coverage
Infrastructure	Dilapidation (Yes)	30% (31)	Systemic failure but lower than many states
Infrastructure	Broken ceilings	58% (59)	Critical condition for over half PHCs
Infrastructure	Leaking roofs	49% (50)	High risk, near critical threshold
Infrastructure	Damaged furniture	35% (36)	Moderate risk
Infrastructure	Perimeter fence	41% (42)	Security vulnerability
WASH	Safe water	78% (80)	Moderate access
WASH	Unsafe water	21% (21)	Urgent improvement needed
Power	Grid dependency	33% (34)	Low risk
Power	Generator backup	28% (29)	Insufficient backup
Power	Solar adoption	11% (11)	Missed opportunity
Power	Hybrid systems	11% (11)	Low resilience
Power	No power	39% (40)	Critical safety risk
Maternal	Delivery beds	82% (84)	Limited capacity
Maternal	Neonatal equipment	22% (22)	Critical risk
Maternal	Infusion pumps	46% (47)	High risk
Maternal	Fetal monitors	52% (53)	Limited monitoring
Maternal	Readiness score	50%	Moderate readiness
Accessibility	Zero-access	55% (56)	Systemic failure
Accessibility	Ramp access	31% (31)	High risk
Workforce	Minimum staffing compliance	0% (0)	Critical gap
Workforce	Midwife availability	25% (26)	Moderate coverage
Workforce	Staff satisfaction	24% (24)	Low satisfaction
Workforce	Staff training	75% (76)	Strong training coverage
Perception	Good+ rating	42% (43)	Poor perception



ANAMBRA

Anambra State: System Performance Snapshot

System Performance Report

Executive Summary

The assessment of 108 PHCs across 21 LGAs in Anambra State found strong maintenance (66%) and maternal care foundations, including 81% delivery bed and 81% staff training coverage. However, only 24% of facilities have neonatal resuscitation equipment, 0% meet staffing compliance standards, and 67% lack accessibility for persons with disabilities. Most alarming, 71% of PHCs are rated “Poor” by communities, highlighting a critical crisis of service quality and public trust.

Infrastructure & Building Safety

Anambra’s infrastructure is in a state of systemic maintenance failure. While 66% of facilities are fenced and maintained, nearly 40% suffer from leaking roofs and broken ceilings, which directly threatens the preservation of medical records and expensive clinical equipment.

Water, Hygiene & Sanitation (WASH)

Anambra shows good energy planning, with 42% of facilities utilizing hybrid systems. However, the 68% grid dependency remains a high power supply risk given the unreliability of the national grid, and 11% of facilities still face a critical safety risk with no power at all.

Maternal & Newborn Health Readiness

Maternal readiness is poor. Despite having beds in 81% of facilities, the 24% neonatal equipment rate is a "silent killer," indicating that 3 out of 4 PHCs cannot save a newborn in respiratory distress.

Accessibility & Inclusion

Anambra has a highly trained but deeply dissatisfied workforce. While 81% training coverage is excellent, the 22% satisfaction rate and 0% staffing compliance suggest that health workers are overworked and operating under significant stress.

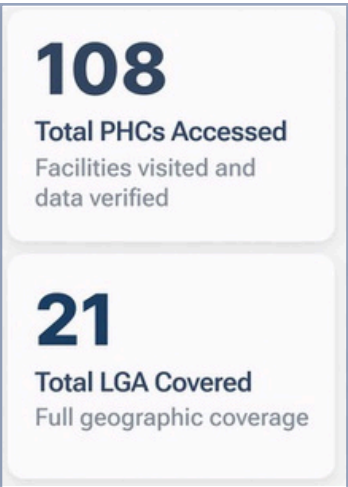
Community Perception & Quality Score

Anambra faces a community trust crisis. The 71% poor rating is the highest in this assessment phase, indicating that the population is highly dissatisfied with the current state of primary healthcare services.

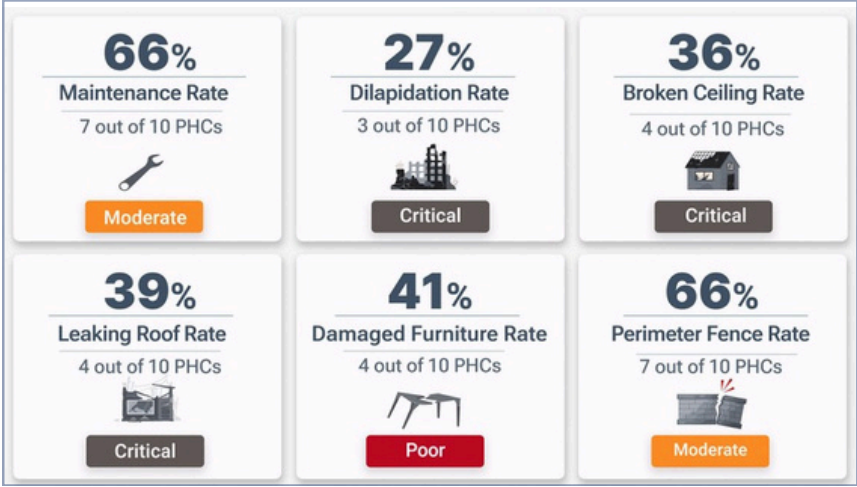
Overall System Scorecard

The general score/status: 52%/fair; strong training and power foundations undermined by equipment gaps and severe community distrust.

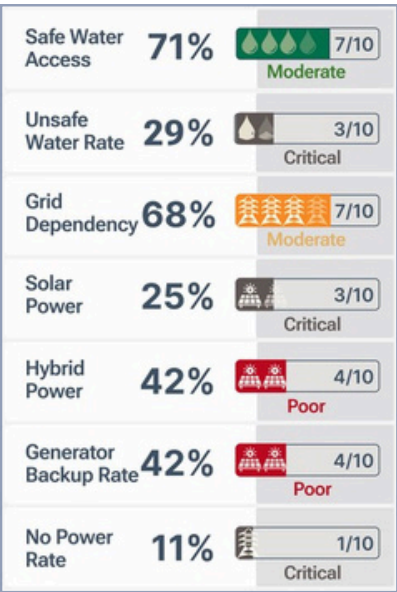
PHC Coverage Overview



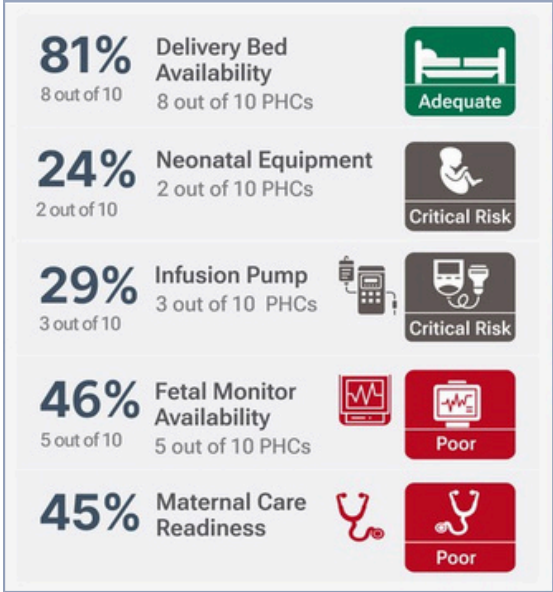
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



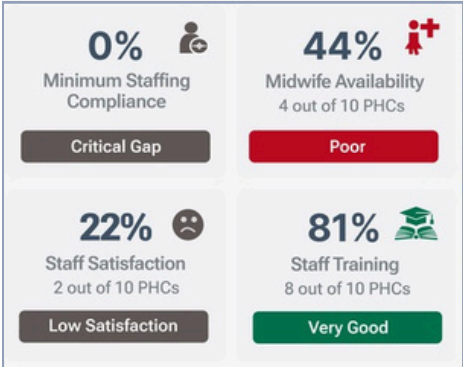
Maternal & Newborn Readiness



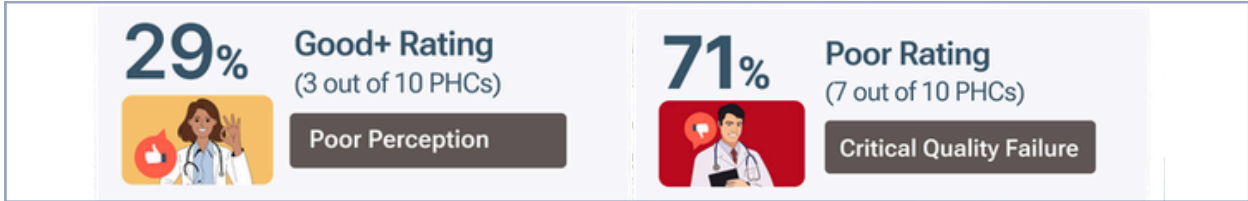
Accessibility & Inclusion



Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Emergency Neonatal Equipment Drive: Immediately procure resuscitation kits for the 76% of facilities currently lacking them to reduce infant mortality.
- Infrastructure Rehabilitation: Fix the leaking roofs and broken ceilings in the 40% of affected facilities to protect clinical assets.
- Disability Access Retrofitting: Implement a mandatory ramp construction program for the 67% of facilities with zero accessibility.
- Staffing & Welfare Intervention: Address the 22% satisfaction rate by improving working conditions and recruiting midwives to bridge the 0% compliance gap.
- WASH Upgrade: Eliminate the 29% unsafe water rate by providing treated boreholes to all rural PHCs.

Conclusion

Anambra State’s PHC system is at a critical juncture. It has invested heavily in staff training (81%) and energy planning (42% hybrid), yet it is losing the battle for public trust. The 71% poor community rating is a loud call for action. By closing the neonatal equipment gap and fixing the physical environment, Anambra can translate its trained workforce into a system that actually saves lives and wins back the confidence of its citizens.

Annex: Indicator Register (Anambra State)			
Domain	Indicator	Percentage	Interpretation (Approx.)
Coverage	Total PHCs	—	Assessment covers 108 PHCs across the state
Coverage	Total LGAs	—	Coverage across 21 LGAs
Infrastructure	Maintenance rate	66%	7 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation rate	27%	3 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	36%	4 out of 10 PHCs (High Risk)
Infrastructure	Leaking roofs	39%	4 out of 10 PHCs (High Risk)
Infrastructure	Damaged furniture	41%	4 out of 10 PHCs (High Risk)
Infrastructure	Perimeter fence present	66%	7 out of 10 PHCs are fenced
WASH	Safe water access	71%	7 out of 10 PHCs have access to safe water
WASH	Unsafe water rate	29%	3 out of 10 PHCs rely on unsafe water
Power	Grid dependency	68%	High grid dependency
Power	Generator backup	42%	4 out of 10 PHCs have backup
Power	Solar adoption	25%	3 out of 10 PHCs use solar
Power	Hybrid power systems	42%	Good Energy Planning
Power	No power supply	11%	1 out of 10 PHCs (Safety Risk)
Maternal Health	Delivery beds	81%	8 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	24%	2 out of 10 PHCs can resuscitate newborns
Maternal Health	Infusion pumps	29%	3 out of 10 PHCs have infusion pumps
Maternal Health	Fetal monitors	46%	5 out of 10 PHCs have fetal monitors
Maternal Health	Maternal readiness score	45%	Poor readiness
Accessibility	Zero accessibility	67%	7 out of 10 PHCs have no access
Accessibility	Ramp access	31%	3 out of 10 PHCs have ramps
Accessibility	Any accessibility feature	33%	3 out of 10 PHCs are accessible
Workforce	Minimum staffing compliance	0%	No PHC meets standards
Workforce	Midwife availability (24/7)	44%	4 out of 10 PHCs have skilled attendants
Workforce	Staff satisfaction	22%	2 out of 10 PHCs report satisfied staff
Workforce	Regular staff training	81%	8 out of 10 PHCs receive regular training
Perception	Good / Very good rating	29%	3 out of 10 PHCs are rated positively



BAYELSA

Bayelsa State: System Performance Snapshot

Executive Summary

The assessment of 11 PHCs across 5 LGAs in Bayelsa State shows a system in severe structural crisis, with 73% dilapidated facilities, 82% leaking roofs, 45% no power, and 45% relying on unsafe water. Maternal readiness is relatively better at 61%, supported by 82% fetal monitor availability and 64% neonatal equipment coverage, but the workforce is in crisis with 0% staff satisfaction and 0% staffing compliance, despite 100% regular staff training. Community perception remains Good (64%), suggesting service quality is being sustained by trained staff, though the findings should be viewed cautiously due to security and transportation constraints that limited the research.

Infrastructure & Building Safety:

Severe infrastructure gaps, with 82% leaking roofs and only 27% fenced, exposing facilities to safety and security risks.

Water, Hygiene & Sanitation (WASH):

45% rely on unsafe water, posing major infection risks for maternal and newborn care.

Power Availability & Energy Reliability:

45% lack electricity and only 27% use solar, limiting essential services and cold-chain systems.

Maternal & Newborn Health Readiness:

Relatively strong capacity, with 82% fetal monitors and 64% neonatal equipment, though constrained by poor infrastructure and power.

Accessibility & Inclusion:

Mixed access, with 45% having ramps while 45% have no access features, restricting vulnerable groups.

Workforce Strength, Welfare & Training:

Workforce conditions are critical, with 0% staff satisfaction despite ongoing training.

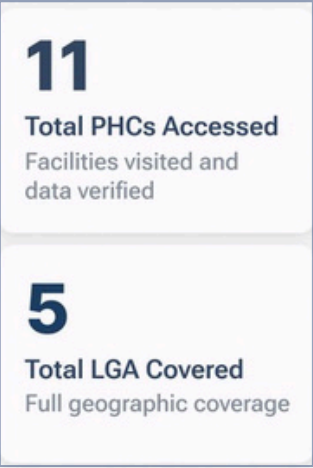
Community Perception & Quality Score:

Community perception is relatively positive, with 64% rated Good+, reflecting continued service delivery despite challenges.

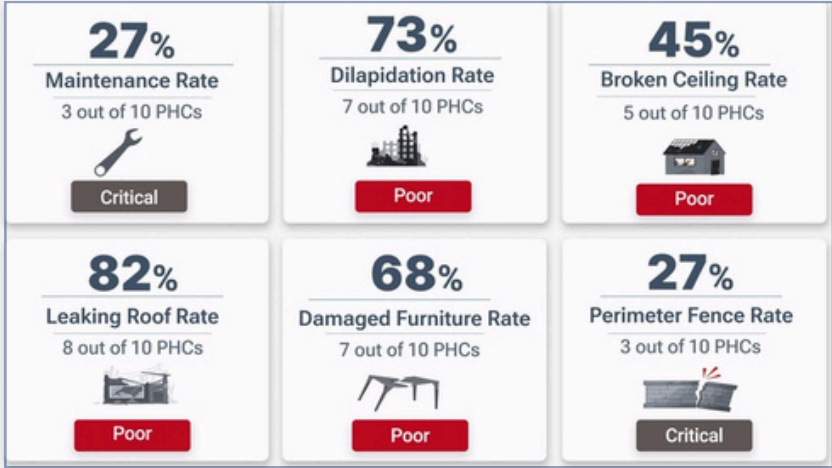
Overall System Scorecard

The general score/status: **51%/fair**; universal training and good equipment are threatened by structural collapse and total workforce dissatisfaction. Take note: we could not carry out our research adequately due to security and transportation constraints.

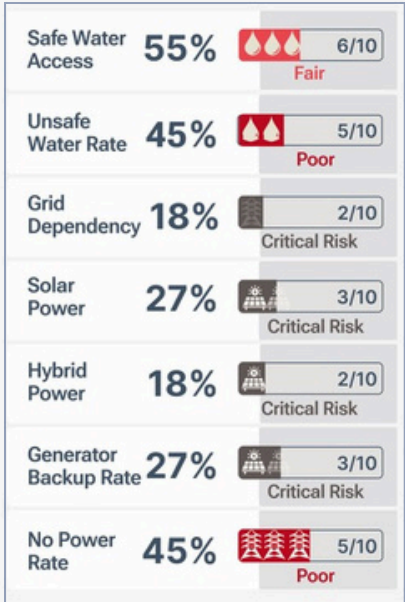
PHC Coverage Overview



Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



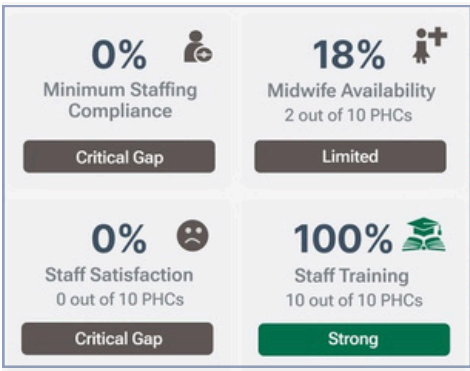
Maternal & Newborn Readiness



Accessibility & Inclusion



Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Infrastructure Repairs: Fix 82% leaking roofs and rehabilitate 73% dilapidated facilities to protect assets and ensure safe care.
- Workforce Intervention: Address 0% staff satisfaction and increase midwife availability beyond 18% to prevent workforce collapse.
- Energy & WASH: Eliminate 45% no-power rate and 45% unsafe water reliance through solar rollout and safe water provision.
- Security Upgrade: Increase perimeter fencing from 27% to full coverage to safeguard facilities, staff, and equipment.

Conclusion

Bayelsa State has a uniquely skilled workforce (100% trained) and better-than-average maternal equipment, but the system is physically falling apart. The 0% staff satisfaction and 82% leaking roof rate are red flags for imminent service failure. The state government should prioritize infrastructure rehabilitation, staff welfare, and PHC accessibility/community security.

Take note: we could not carry out our research adequately due to security and transportation constraints.

Annex: Indicator Register (Bayelsa State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 11 PHCs across the state
Coverage	Total LGAs	—	Coverage across 5 LGAs
Infrastructure	Maintenance rate	27%	3 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation	73%	7 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	45%	5 out of 10 PHCs have broken ceilings
Infrastructure	Leaking roofs	82%	8 out of 10 PHCs have leaking roofs
Infrastructure	Damaged furniture	68%	7 out of 10 PHCs have damaged furniture
Infrastructure	Perimeter fence	27%	3 out of 10 PHCs have perimeter fence
WASH	Safe water	55%	6 out of 10 PHCs have safe water source
WASH	Unsafe water	45%	5 out of 10 PHCs have unsafe water source
Power	Grid dependency	18%	2 out of 10 PHCs depends on grid
Power	Generator	27%	3 out of 10 PHCs depends on generator
Power	Solar	27%	3 out of 10 PHCs use solar
Power	Hybrid	18%	2 out of 10 PHCs uses two source of power
Power	No power	45%	5 out of 10 PHCs have no power supply source
Maternal Health	Delivery beds	64%	6 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	64%	6 out of 10 PHCs have Neonatal equipment
Maternal Health	Infusion pumps	36%	4 out of 10 PHCs have Infusion pumps
Maternal Health	Fetal monitors	82%	8 out of 10 PHCs have Fetal monitors
Maternal Health	Readiness	61%	Moderate
Accessibility	Zero access	45%	5 out of 10 PHCs have no access
Accessibility	Ramp access	45%	5 out of 10 PHCs have ramps
Accessibility	Any feature	55%	6 out of 10 PHCs are accessible
Workforce	Staffing compliance	0%	0 out of 10 PHCs meets standards
Workforce	Midwife coverage	18%	2 out of 10 PHCs have Midwife
Workforce	Staff satisfaction	0%	0 out of 10 PHCs report satisfied staff
Workforce	Staff training	100%	10 out of 10 PHCs receive regular training
Perception	Good+ rating	64%	6 out of 10 PHCs are rated positively



BENUE

Benue State: System Performance Snapshot

Executive Summary

The assessment of 123 PHCs across 20 LGAs in Benue State reveals a system facing severe infrastructure, utility, and workforce challenges. Critical gaps include only 13% perimeter fencing, 46% of PHCs without power, and 51% relying on unsafe water sources, exposing facilities to major security and operational risks. Most alarming are the poor maternal health indicators, with only 19% neonatal equipment coverage, 11% skilled birth attendant availability, 0% staffing compliance, and just 17% staff satisfaction. These weaknesses are reflected in community perception, where 64% of PHCs are rated "Poor," indicating a significant loss of public confidence in the PHC system.

Infrastructure & Building Safety:

Benue’s PHC infrastructure is in poor condition, with only 13% of facilities fenced, leaving most facilities exposed to security threats, while 63% have broken ceilings, creating unsafe care environments.

Water, Hygiene & Sanitation (WASH):

Water access is a major challenge, as 51% of PHCs depend on unsafe water sources, increasing infection risks and compromising safe healthcare delivery.

Power Availability & Energy Reliability:

Power shortages are severe, with 46% of PHCs lacking electricity, limiting vaccine storage, emergency response, and nighttime service provision.

Maternal & Newborn Health Readiness:

Maternal and newborn care readiness remains weak; although 69% of facilities have delivery beds, only 19% are equipped with neonatal care equipment, posing significant risks to newborn survival.

Accessibility & Inclusion:

Accessibility is critically low, with 77% of PHCs having no accessibility features and only 11% providing ramps, restricting access for persons with disabilities.

Workforce Strength, Welfare & Training:

The workforce is under significant strain, reflected in 17% staff satisfaction, 0% staffing compliance, and only 11% midwife availability, highlighting major staffing and welfare challenges.

Community Perception & Quality Score:

Public confidence in the PHC system is low, with 64% of facilities receiving a “Poor” rating from users, indicating widespread dissatisfaction with service quality.

Overall System Scorecard:

The general score/status: **39%/critical**; systemic failure across security, utilities, workforce, and clinical readiness.

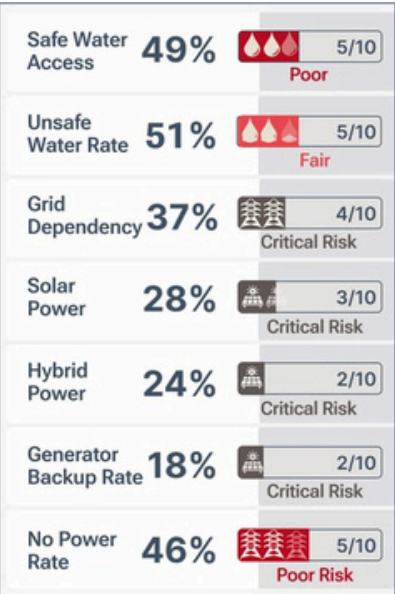
PHC Coverage Overview



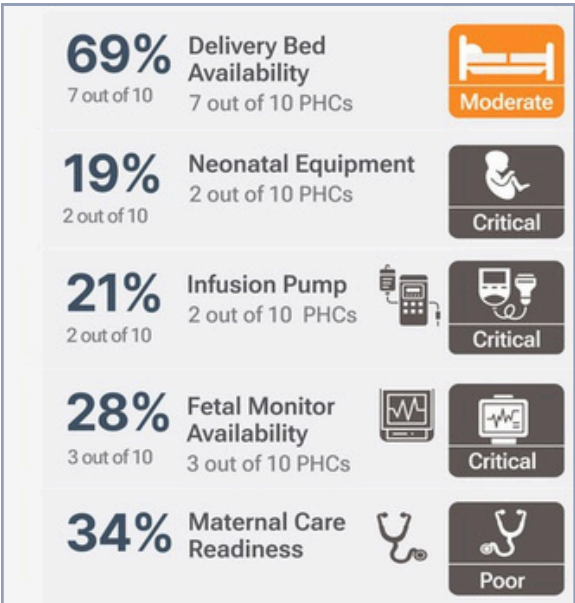
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



Maternal & Newborn Readiness



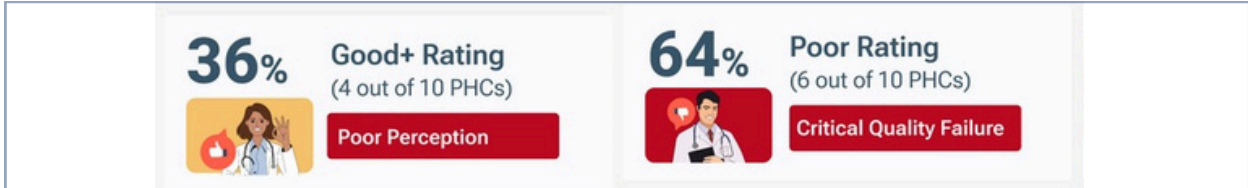
Accessibility & Inclusion



Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Security & Fencing Blitz: Immediately prioritize fencing for the 87% of facilities currently unprotected to ensure the safety of staff and assets.
- Emergency Power & Water Intervention: Deploy solar power and treated boreholes to the 46% of PHCs with no power and 51% with unsafe water.
- Neonatal Survival Kits: Urgently distribute neonatal resuscitation equipment to the 81% of facilities currently lacking this life-saving tool.
- Workforce Welfare & Recruitment: Address the 17% staff satisfaction rate through immediate welfare reviews and targeted recruitment of midwives.
- Structural Safety Repairs: Fix the 63% broken ceiling rate and 49% leaking roofs to prevent further facility degradation.

Conclusion

Benue State’s PHC system is currently in a state of systemic collapse. The combination of zero security (13% fencing), no power (46%), and extreme staff dissatisfaction (17%) creates a high-risk environment for both patients and providers. Without a massive, coordinated intervention in infrastructure, utilities, and workforce welfare, the system will remain unable to provide even the most basic safe maternal and child health services.

Annex: Indicator Register (Benue State)			
Domain	Indicator	Percentage	Interpretation (Approx.)
Coverage	Total PHCs	—	Assessment covers 123 PHCs across the state
Coverage	Total LGAs	—	Coverage across 20 LGAs
Infrastructure	Maintenance rate	53%	5 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation rate	46%	5 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	63%	6 out of 10 PHCs (Critical Condition)
Infrastructure	Leaking roofs	49%	5 out of 10 PHCs (High Risk)
Infrastructure	Damaged furniture	50%	5 out of 10 PHCs (Replacement Required)
Infrastructure	Perimeter fence present	13%	Security Vulnerability
WASH	Safe water access	49%	5 out of 10 PHCs have access to safe water
WASH	Unsafe water rate	51%	5 out of 10 PHCs rely on unsafe water
Power	Grid dependency	37%	Low grid dependency
Power	Generator backup	18%	2 out of 10 PHCs have backup
Power	Solar adoption	28%	3 out of 10 PHCs use solar
Power	Hybrid power systems	24%	2 out of 10 PHCs use mixed power
Power	No power supply	46%	5 out of 10 PHCs (Critical Safety Risk)
Maternal Health	Delivery beds	69%	7 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	19%	2 out of 10 PHCs can resuscitate newborns
Maternal Health	Infusion pumps	21%	2 out of 10 PHCs have infusion pumps
Maternal Health	Fetal monitors	28%	3 out of 10 PHCs have fetal monitors
Maternal Health	Maternal readiness score	34%	Poor readiness
Accessibility	Zero accessibility	77%	8 out of 10 PHCs have no access
Accessibility	Ramp access	11%	1 out of 10 PHCs have ramps
Accessibility	Any accessibility feature	23%	2 out of 10 PHCs are accessible
Workforce	Minimum staffing compliance	0%	No PHC meets standards
Workforce	Midwife availability (24/7)	11%	1 out of 10 PHCs have skilled attendants
Workforce	Staff satisfaction	17%	Workforce Crisis
Workforce	Regular staff training	63%	6 out of 10 PHCs receive regular training
Perception	Good / Very good rating	36%	4 out of 10 PHCs are rated positively



CROSS RIVER

Cross Rivers State: System Performance Snapshot

Executive Summary

The assessment of 136 PHCs across 18 LGAs in Cross River State reveals a critical dual crisis of infrastructure and utility failure, with 61% broken ceilings, 60% leaking roofs, and 50% of facilities operating with no power supply. Maternal readiness is poor (47%), severely hampered by a 23% neonatal equipment rate, only 11% 24/7 midwife availability, and a demoralized workforce with just 15% staff satisfaction. Despite these high-risk conditions including 47% reliance on unsafe water, community perception remains resilient with a 51% "Good" rating, likely due to the presence of trained staff (68%) managing services despite the crumbling environment.

Infrastructure & Building Safety:

Severe infrastructure gaps, with only 13% fenced, 60% leaking roofs, and 61% broken ceilings, creating unsafe and insecure environments.

Water, Hygiene & Sanitation (WASH):

47% rely on unsafe water, posing significant infection risks and affecting care quality.

Power Availability & Energy Reliability:

50% of PHCs lack electricity, limiting essential services, cold-chain systems, and emergency care.

Maternal & Newborn Health Readiness:

Despite 79% delivery bed coverage, only 23% have neonatal equipment, leaving many newborn emergencies unmanaged.

Accessibility & Inclusion:

Accessibility is critically low, with 77% of PHCs lacking access features, excluding vulnerable populations.

Workforce Strength, Welfare & Training:

The workforce is in crisis, with 15% staff satisfaction, 0% staffing compliance, and only 11% midwife coverage.

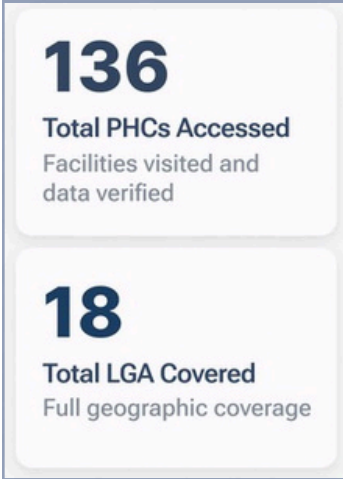
Community Perception & Quality Score:

Community perception is mixed, with 51% rated Good+ and 49% Poor+, showing services are sustained despite major system gaps.

Overall System Scorecard

The general score/status: **43%/poor**; systemic failure in utilities and infrastructure, compounded by a workforce crisis.

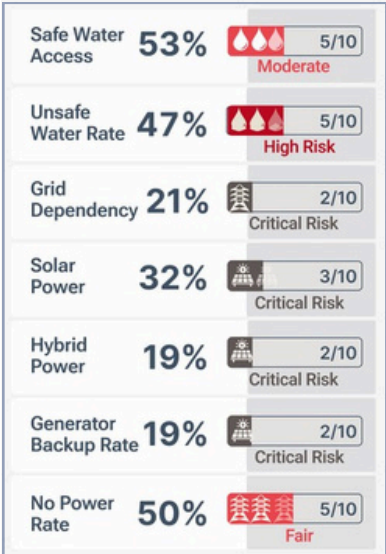
PHC Coverage Overview



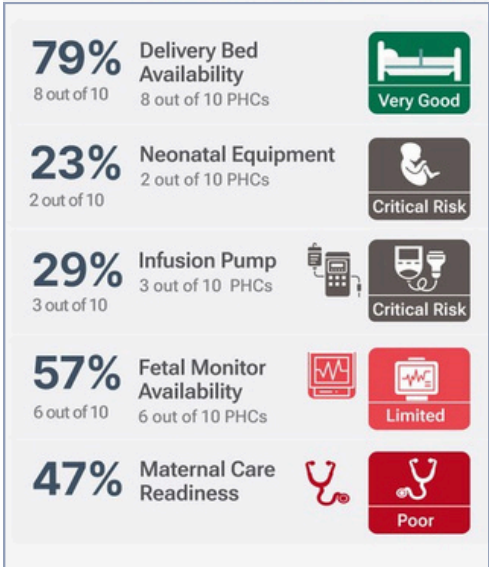
Infrastructure & Building Safety - Cross River



PHC Water, Hygiene & Sanitation



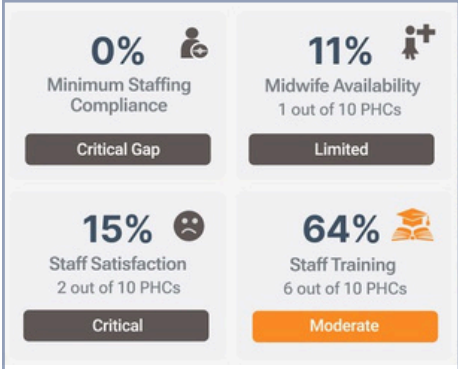
Maternal & Newborn Readiness



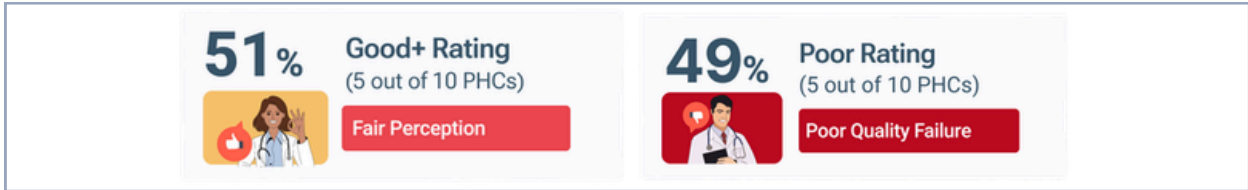
Accessibility & Inclusion



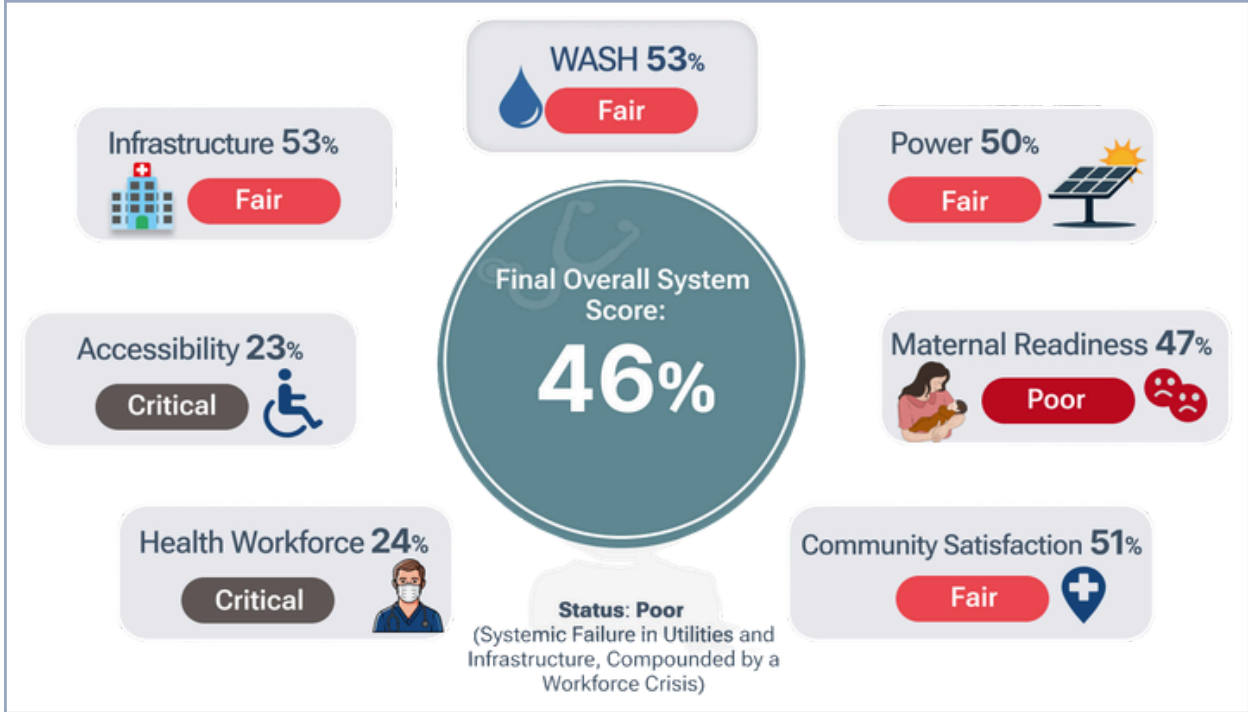
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Emergency Power & Water Restoration: Immediately deploy solar power and treated boreholes to the 50% of PHCs with no power and 47% with unsafe water.
- Security & Fencing Program: Prioritize fencing for the 87% of facilities currently unprotected to ensure staff and patient safety.
- Neonatal Survival Kits: Urgently distribute neonatal resuscitation equipment to the 77% of facilities currently lacking it.
- Workforce Welfare & Recruitment: Address the 15% staff satisfaction rate through immediate welfare reviews and targeted recruitment of midwives to bridge the 11% availability gap.
- Structural Safety Repairs: Fix the 61% broken ceiling rate and 60% leaking roofs to prevent further facility degradation.

Conclusion

Cross River State’s PHC system is currently in a state of systemic distress. The combination of no power (50%), unsafe water (47%), and extreme staff dissatisfaction (15%) creates a high-risk environment. While community perception remains moderate, this is likely a fragile trust that will collapse if the physical and clinical environment is not urgently rehabilitated.

Annex: Indicator Register (Cross River State)			
Domain	Indicator	Percentage	Interpretation (Approx.)
Coverage	Total PHCs	—	Assessment covers 136 PHCs across the state
Coverage	Total LGAs	—	Coverage across 18 LGAs
Infrastructure	Maintenance rate	50%	5 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation rate	45%	5 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	61%	6 out of 10 PHCs (Critical Condition)
Infrastructure	Leaking roofs	60%	6 out of 10 PHCs (Urgent Repair Required)
Infrastructure	Damaged furniture	54%	5 out of 10 PHCs (Replacement Required)
Infrastructure	Perimeter fence present	13%	Security Vulnerability
WASH	Safe water access	53%	5 out of 10 PHCs have access to safe water
WASH	Unsafe water rate	47%	5 out of 10 PHCs rely on unsafe water
Power	Grid dependency	21%	Low grid dependency
Power	Generator backup	19%	2 out of 10 PHCs have backup
Power	Solar adoption	32%	3 out of 10 PHCs use solar
Power	Hybrid power systems	19%	2 out of 10 PHCs use mixed power
Power	No power supply	50%	5 out of 10 PHCs (Critical Safety Risk)
Maternal Health	Delivery beds	79%	8 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	23%	2 out of 10 PHCs can resuscitate newborns
Maternal Health	Infusion pumps	29%	3 out of 10 PHCs have infusion pumps
Maternal Health	Fetal monitors	57%	6 out of 10 PHCs have fetal monitors
Maternal Health	Maternal readiness score	47%	Poor readiness
Accessibility	Zero accessibility	77%	8 out of 10 PHCs have no access
Accessibility	Ramp access	19%	2 out of 10 PHCs have ramps
Accessibility	Any accessibility feature	23%	2 out of 10 PHCs are accessible
Workforce	Minimum staffing compliance	0%	No PHC meets standards
Workforce	Midwife availability (24/7)	11%	1 out of 10 PHCs have skilled attendants
Workforce	Staff satisfaction	15%	Workforce Crisis
Workforce	Regular staff training	68%	7 out of 10 PHCs receive regular training
Perception	Good / Very good rating	51%	5 out of 10 PHCs are rated positively



EBONYI

Ebonyi State: System Performance Snapshot

Executive Summary

The assessment of 74 PHCs across 12 LGAs in Ebonyi State reveals a system in severe distress, marked by 85% broken ceilings, 80% leaking roofs, and 78% damaged furniture, creating major safety and service-delivery concerns. Critical operational gaps persist, with 45% of facilities lacking power, only 26% neonatal equipment coverage, and 0% minimum staffing compliance, significantly weakening maternal and newborn care readiness. Most alarming is the collapse in public confidence, with just 12% of PHCs rated Good and 88% rated Poor, indicating an urgent need for investments in infrastructure, energy, equipment, accessibility, and workforce capacity.

Infrastructure & Building Safety:

Ebonyi’s infrastructure is in a state of systemic collapse, with 85% broken ceilings and 80% leaking roofs endangering patients and equipment, while low fencing (26%) leaves facilities vulnerable to security threats.

Water, Hygiene & Sanitation (WASH):

While 62% have safe water, the 38% relying on unsafe sources remains a persistent infection-control threat, createing high risks for maternity and surgical care.

Power Availability & Energy Reliability:

Energy poverty is a critical barrier, with 45% of PHCs having no power at all; current solar adoption (38%) is insufficient to maintain reliable cold-chain or emergency services.

Maternal & Newborn Health Readiness:

Maternal care is high-risk, as low neonatal equipment (26%) and infusion pump (36%) availability leave facilities unable to manage common birth complications.

Accessibility & Inclusion:

The system is largely exclusionary, with 66% of PHCs lacking any accessibility features and ramp coverage at an inadequate 23%, preventing safe access for persons with disabilities.

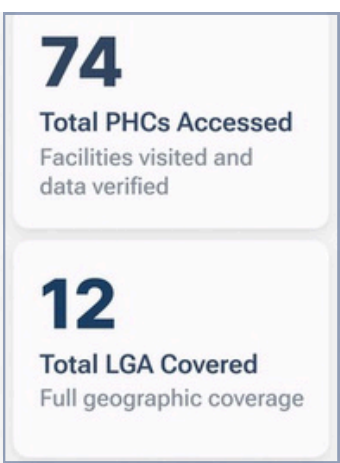
Workforce Strength, Welfare & Training:

The workforce is in crisis, with 0% staffing compliance and extremely low morale, undermining the state's capacity to provide quality care or retain essential health workers.

Community Perception & Quality Score:

Public trust has nearly collapsed, with 88% of PHCs rated "Poor", signaling an urgent need for visible improvements to restore facility utilization and community health outcomes.

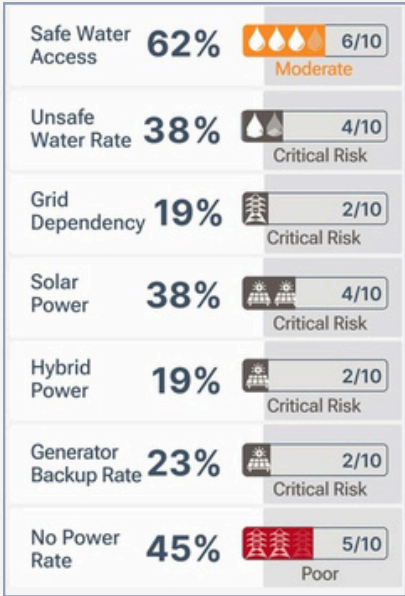
PHC Coverage Overview



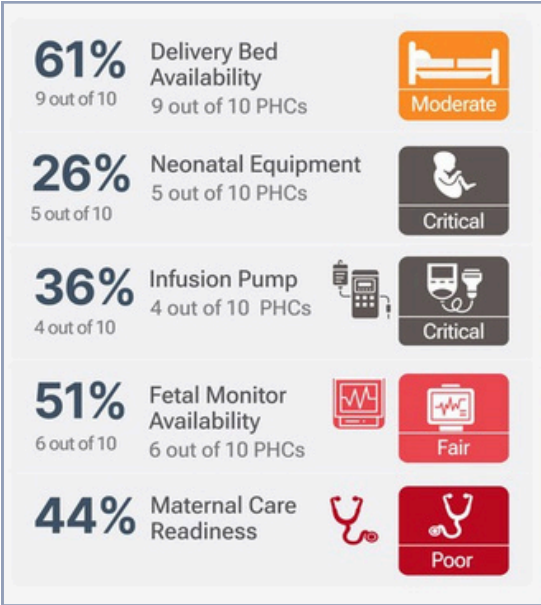
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



Maternal & Newborn Readiness



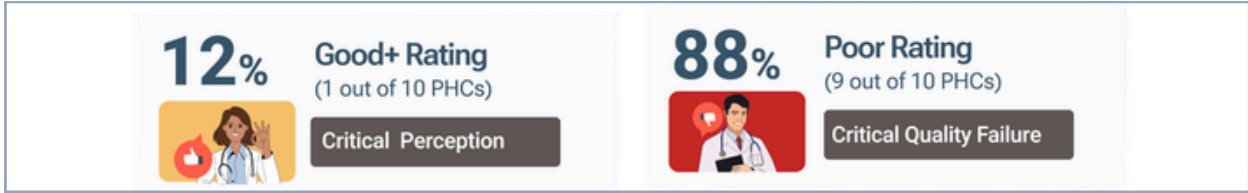
Accessibility & Inclusion



Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Overall System Scorecard

The general score/status: **37%/critical**; urgent sequenced interventions are required across infrastructure, power, WASH, equipment, accessibility, and human resources.

Priority Recommendations

- Immediate Safety Repairs: Fix damaged roofs and ceilings in high-risk PHCs to prevent injuries and equipment damage.
- Targeted Electrification: Provide solar-battery systems to the 45% of PHCs without power, prioritizing maternity and cold-chain facilities.
- Maternal & Neonatal Equipment: Supply neonatal resuscitation kits, warmers/incubators, and infusion pumps to improve newborn care readiness.
- WASH Improvements: Upgrade water access in the 38% of PHCs relying on unsafe water through purification systems and boreholes.
- Accessibility & Security: Install ramps, accessible toilets, and expand perimeter fencing from the current 26% coverage.
- Workforce & Community Trust: Address staffing gaps, strengthen midwifery coverage and emergency care training, and implement visible facility improvements to rebuild community confidence.

Conclusion

Ebonyi State’s PHC system is operating under critical stress: collapsing infrastructure, large power gaps, insufficient maternal/neonatal readiness, and catastrophic staffing shortfalls. A focused “Safe, Powered, and Inclusive PHC” campaign, starting with emergency structural repairs and electrification to keep services functioning safely will yield rapid protective effects while longer-term HR and WASH investments are implemented.

Annex: Indicator Register (Ebonyi State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 74 PHCs across the state
Coverage	Total LGAs	—	Coverage across 12 LGAs
Infrastructure	Maintenance (Yes)	43%	About 4 out of 10 PHCs receive maintenance (low-moderate)
Infrastructure	Dilapidation (Yes)	54%	Over half are dilapidated — systemic maintenance failure
Infrastructure	Broken ceilings	85%	8-9 out of 10 PHCs have broken ceilings (critical condition)
Infrastructure	Leaking roofs	80%	8 out of 10 PHCs have leaking roofs (urgent repair required)
Infrastructure	Damaged furniture	78%	8 out of 10 PHCs need furniture replacement
Infrastructure	Perimeter fence	26%	3 out of 10 PHCs fenced — security vulnerability
WASH	Safe water	62%	6 out of 10 PHCs have safe water (moderate access)
WASH	Unsafe water	38%	4 out of 10 PHCs use unsafe water (urgent improvement needed)
Power	Grid dependency	19%	Low grid reliance (resilient mix)
Power	Generator backup	23%	Backup limited — insufficient planning
Power	Solar adoption	38%	Some solar presence but insufficient coverage
Power	Hybrid systems	19%	Limited hybrid resilience
Power	No power	45%	4-5 out of 10 PHCs have no power (critical safety risk)
Maternal	Delivery beds	61%	6 out of 10 PHCs have delivery beds (inadequate capacity)
Maternal	Neonatal equipment	26%	2-3 out of 10 PHCs have neonatal equipment (critical risk)
Maternal	Infusion pumps	36%	3-4 out of 10 PHCs have infusion pumps (severe shortage)
Maternal	Fetal monitors	51%	5 out of 10 PHCs have fetal monitors (limited monitoring capacity)
Maternal	Readiness score	44%	Maternal readiness is poor (below 50%)
Accessibility	Zero-access	65%	6-7 out of 10 PHCs lack any accessibility features (systemic failure)
Accessibility	Ramp access	23%	2-3 out of 10 PHCs have ramps (high accessibility risk)
Accessibility	Any accessibility feature	35%	Only 3-4 out of 10 PHCs have any accessibility feature (poor planning)
Workforce	Minimum staffing compliance	0%	No PHC meets NPHCDA minimum staffing — critical HR gap
Workforce	Midwife availability	12%	1 out of 10 PHCs have midwives on-site 24/7
Workforce	Staff satisfaction	0%	Staff satisfaction reported as zero (urgent HR attention needed)
Workforce	Staff training	36%	4 out of 10 PHCs have regular training (low-moderate)
Perception	Good+ rating	12%	1 out of 10 PHCs rated Good+ (very poor perception)

A photograph of a healthcare worker, likely a nurse or midwife, standing in a clinical room. She is wearing a colorful patterned short-sleeved shirt and bright pink trousers. She is holding a white bottle in her right hand and looking out of a large window. The room has teal-colored walls. In the foreground, there is a blue examination table. To the right, there is a wooden table with various medical supplies, including a large metal bowl, a white bottle, and some containers. A blue cabinet is visible in the background. The floor is made of light-colored tiles. A teal banner with the word 'EDO' is overlaid at the bottom left.

EDO

Edo State: System Performance Snapshot

Executive Summary

The assessment of 80 PHCs across 18 LGAs in Edo State reveals a system with strong community trust but significant operational weaknesses. Infrastructure remains challenged, with 60% broken ceilings, 44% dilapidated facilities, and 56% damaged furniture, while energy reliability is threatened by heavy 71% dependence on the national grid, with only 23% solar adoption and 5% generator backup. Maternal readiness is poor, with only 24% neonatal equipment coverage and 29% infusion pump availability, while workforce indicators are alarming, including 0% staffing compliance, 31% midwife availability, and just 8% staff satisfaction.

Most notable is the contrast between these challenges and public perception, as 79% of PHCs are rated Good by communities, suggesting that frontline health workers continue to sustain service delivery despite difficult conditions.

Infrastructure & Building Safety:

Edo’s facilities are in decline with 60% broken ceilings, 56% damaged furniture, and 44% dilapidation, while low fencing (44%) leaves them vulnerable to security threats.

Water, Hygiene & Sanitation (WASH):

WASH is a relative strength with 78% safe water access, though the 23% relying on unsafe sources remain a critical risk for infection control.

Power Availability & Energy Reliability:

The system is highly vulnerable due to 71% national grid dependency, with minimal solar (23%) or generator (5%) backups to mitigate frequent outages.

Maternal & Newborn Health Readiness:

Readiness is poor; despite 75% delivery bed availability, only 24% have neonatal equipment and 29% have infusion pumps, endangering lives during birth complications.

Accessibility & Inclusion:

A 69% zero-access rate creates a systemic exclusion of persons with disabilities, the elderly, and pregnant women with mobility challenges.

Workforce Strength, Welfare & Training:

The workforce is in a severe morale crisis, marked by 0% staffing compliance, 31% midwife availability, and a critical 8% staff satisfaction rate.

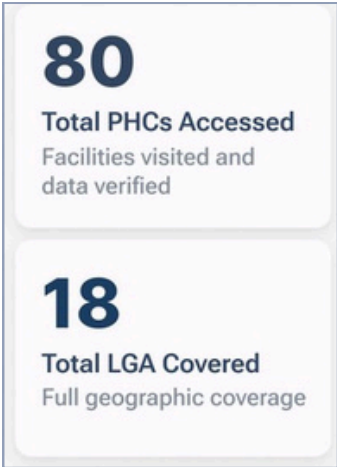
Community Perception & Quality Score

Despite service and infrastructure gaps, 79% of PHCs are rated Good, showing that frontline staff continue to maintain strong public trust.

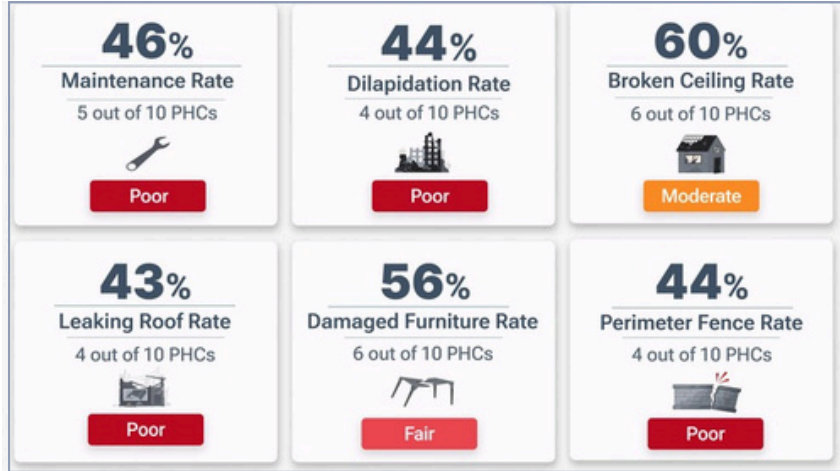
Overall System Scorecard

The general score/status: **56%/fair**; strong WASH and community trust undermined by grid dependency, workforce crisis, and maternal equipment gaps.

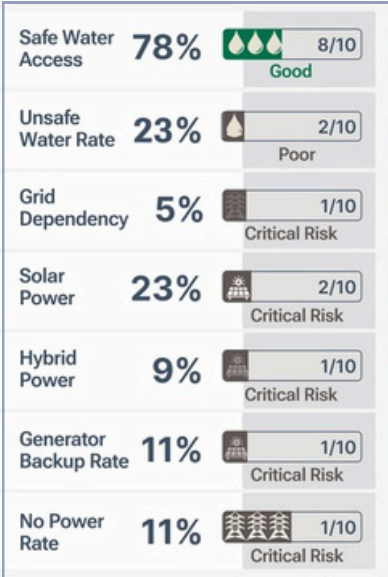
PHC Coverage Overview



Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



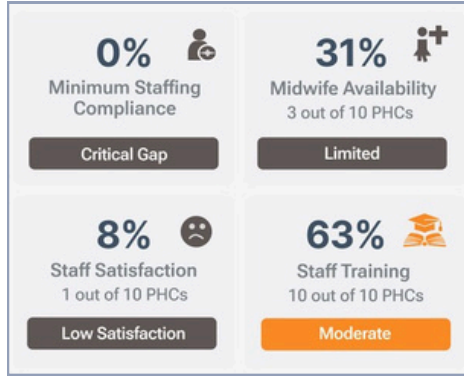
Maternal & Newborn Readiness



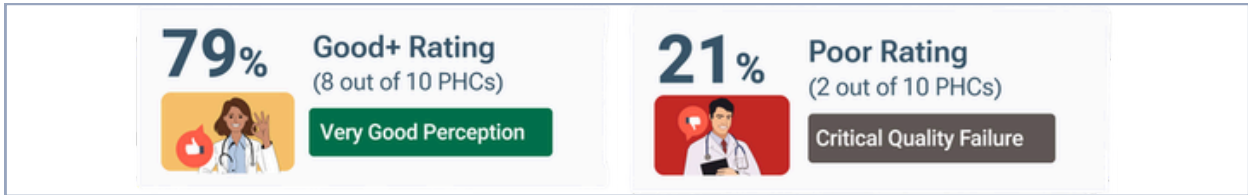
Accessibility & Inclusion



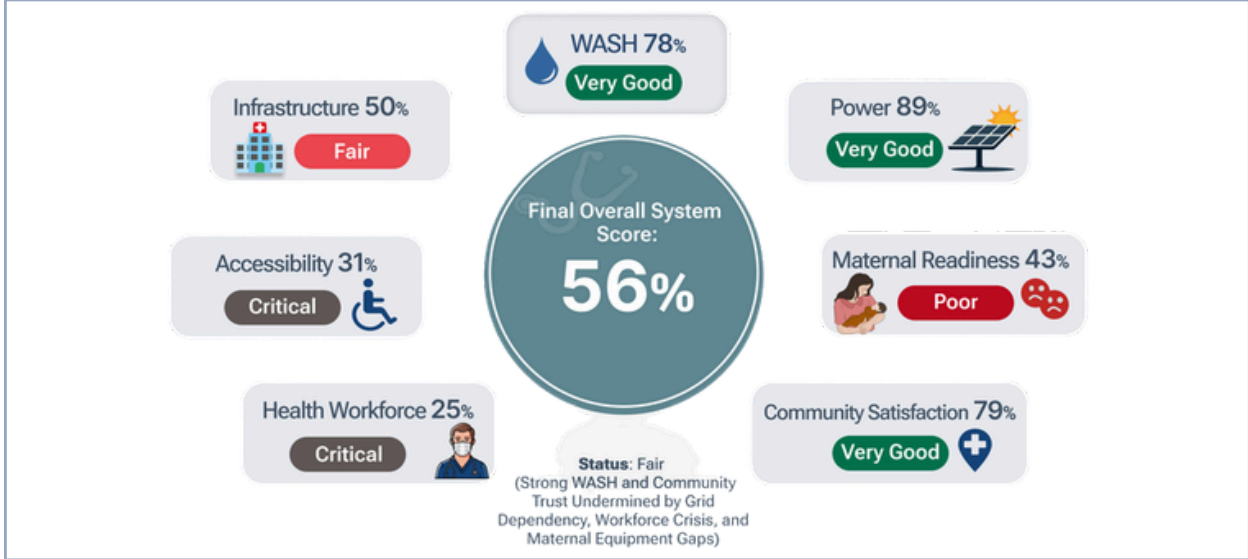
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



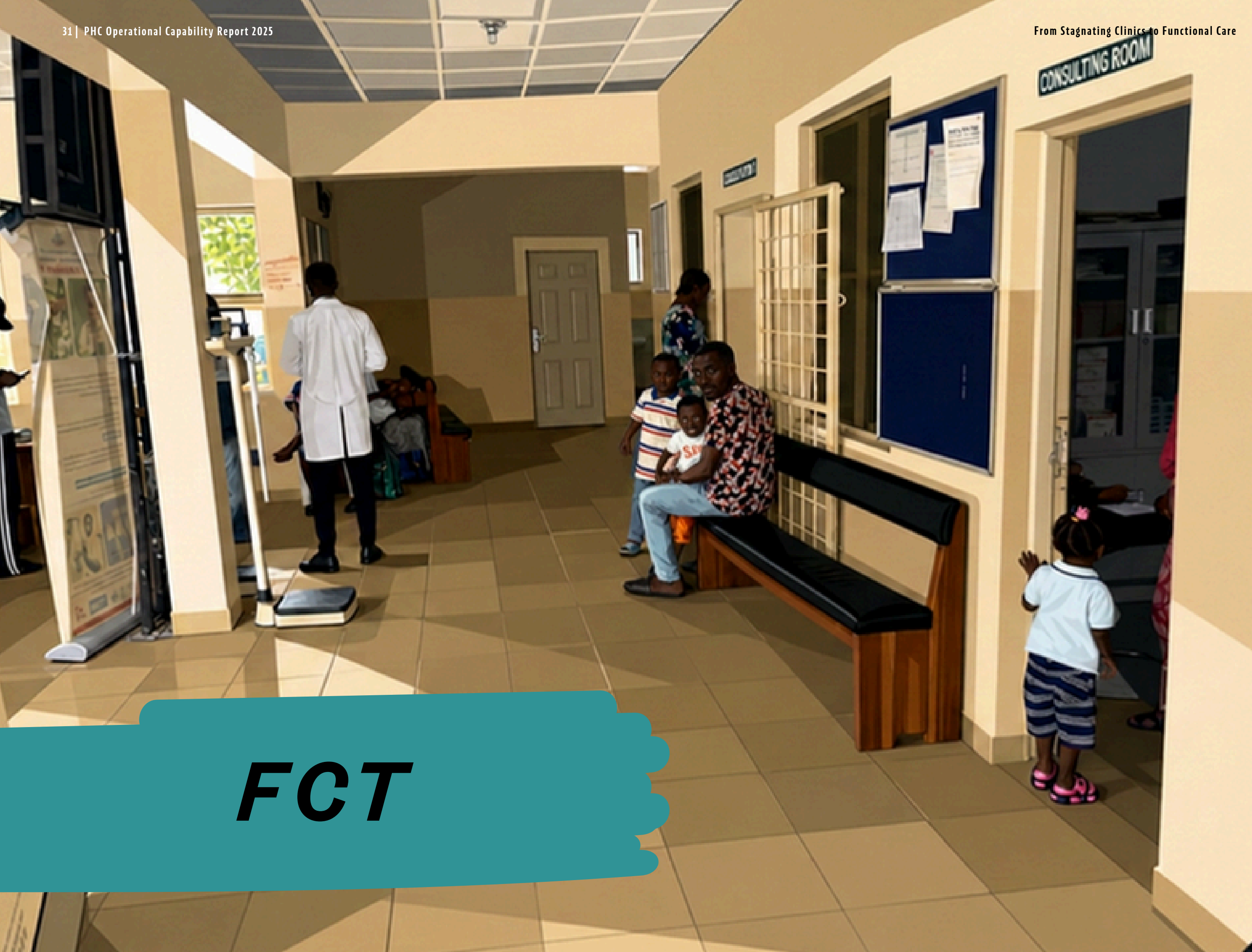
Priority Recommendations

- Immediate Safety Repairs: rapid patch-and-protect for roofs and ceilings in highest-risk PHCs to prevent injury and equipment loss.
- Targeted Electrification: Prioritize solar battery kits for PHCs with no power (45%) that provide maternity services and cold chain needs.
- Maternal & Neonatal Equipment Top-up: procure neonatal resuscitation kits, basic incubators/warmers, and infusion pumps to raise neonatal readiness above critical thresholds.
- WASH Upgrades: immediate point-of-use purification and borehole drilling in PHCs relying on unsafe water (38%).
- Accessibility: retrofit ramps, signage, and at least one accessible latrine per PHC for facilities serving high volumes.
- HR & Service Delivery: emergency deployment to fill minimum staffing gaps, incentives for midwives to cover night shifts, and focused in-service training for emergency obstetric care.
- Community Trust Campaign (ongoing): rapid communication and visible facility upgrades in high-use PHCs to restore confidence and utilization.
- Security & Asset Protection: Increase perimeter fencing where feasible (current 26%) to protect staff, equipment, and supplies.

Conclusion

Ebonyi State’s PHC system is operating under critical stress: collapsing infrastructure, large power gaps, insufficient maternal/neonatal readiness and catastrophic staffing shortfalls. A focused “Safe, Powered, and Inclusive PHC” campaign, starting with emergency structural repairs and electrification to keep services functioning safely, will yield rapid protective effects while longer-term HR and WASH investments are implemented.

Annex: Indicator Register (Edo State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 80 PHCs across the state
Coverage	Total LGAs	—	Coverage across 18 LGAs
Infrastructure	Maintenance rate	46%	5 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation	44%	4 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	60%	6 out of 10 PHCs have broken ceilings
Infrastructure	Leaking roofs	43%	4 out of 10 PHCs have leaking roofs
Infrastructure	Damaged furniture	56%	6 out of 10 PHCs have damaged furniture
Infrastructure	Perimeter fence	44%	4 out of 10 PHCs have perimeter fence
WASH	Safe water	78%	8 out of 10 PHCs have safe water source
WASH	Unsafe water	23%	2 out of 10 PHCs have unsafe water source
Power	Grid dependency	71%	7 out of 10 PHCs depends on grid
Power	Generator	5%	1 out of 10 PHCs depends on generator
Power	Solar	23%	2 out of 10 PHCs use solar
Power	Hybrid	9%	1 out of 10 PHCs uses two source of power
Power	No power	11%	1 out of 10 PHCs have no power supply source
Maternal Health	Delivery beds	75%	8 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	24%	2 out of 10 PHCs have Neonatal equipment
Maternal Health	Infusion pumps	29%	3 out of 10 PHCs have Infusion pumps
Maternal Health	Fetal monitors	46%	5 out of 10 PHCs have Fetal monitors
Maternal Health	Readiness	43%	Poor
Accessibility	Zero access	69%	7 out of 10 PHCs have no access
Accessibility	Ramp access	25%	3 out of 10 PHCs have ramps
Accessibility	Any feature	31%	3 out of 10 PHCs are accessible
Workforce	Staffing compliance	0%	0 out of 10 PHCs meets standards
Workforce	Midwife coverage	31%	3 out of 10 PHCs have Midwife
Workforce	Staff satisfaction	8%	1 out of 10 PHCs report satisfied staff
Workforce	Staff training	63%	6 out of 10 PHCs receive regular training
Perception	Good+ rating	79%	8 out of 10 PHCs are rated positively



FCT

FCT State: System Performance Snapshot

Executive Summary

The assessment of 45 PHCs across 7 LGAs in the FCT reveals a system with strong maternal foundations but failing infrastructure, highlighted by 71% broken ceilings, 60% leaking roofs, and 58% dilapidation. While maternal readiness is high at 61%, supported by 89% delivery capacity, the system remains exclusionary with 51% of facilities having zero accessibility features. Most alarming is the structural decay in the capital territory, where physical safety risks threaten to undermine otherwise solid medical service gains.

Infrastructure & Building Safety:

The FCT faces significant infrastructure challenges, with 71% broken ceilings, 60% leaking roofs, and 58% dilapidated facilities, despite relatively strong fencing coverage (69%).

Water, Hygiene & Sanitation (WASH):

WASH conditions are generally adequate, with 67% safe water access, though the 33% relying on unsafe water remains a concern for infection prevention and maternal care.

Power Availability & Energy Reliability:

Energy resilience is a relative strength, supported by 51% solar adoption and 47% hybrid systems. However, 18% of PHCs still lack power, requiring targeted intervention.

Maternal & Newborn Health Readiness:

Maternal readiness is strong, with 89% delivery bed coverage and a 61% readiness score, but gaps in neonatal equipment (49%) and infusion pumps (44%) limit emergency care capacity.

Accessibility & Inclusion:

Accessibility remains inadequate, with 51% of PHCs lacking accessibility features, creating barriers for persons with disabilities and mobility-impaired patients.

Workforce Strength, Welfare & Training:

Workforce capacity is supported by 80% staff training coverage, but 13% staffing compliance indicates persistent shortages in complete healthcare teams.

Community Perception & Quality Score:

Community confidence is relatively high, with about two-thirds of PHCs rated Good, providing a strong foundation for future improvements.

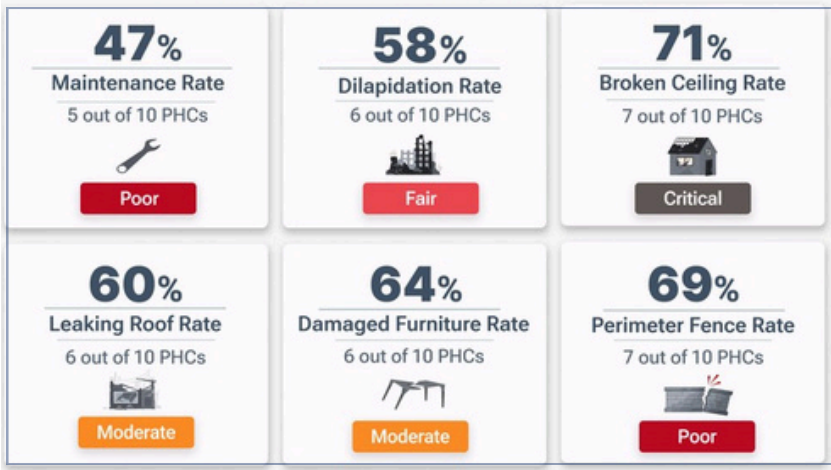
Overall System Scorecard

The general score/status: **58%/fair**; FCT has clear strengths in maternal capacity, energy resilience, and training but faces critical structural (ceilings/roofs) and accessibility vulnerabilities that risk patient safety and inclusion.

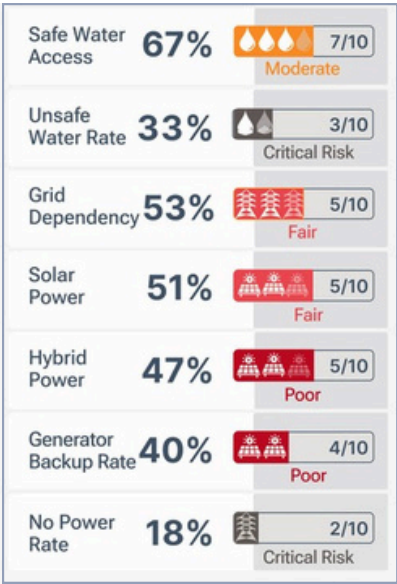
PHC Coverage Overview



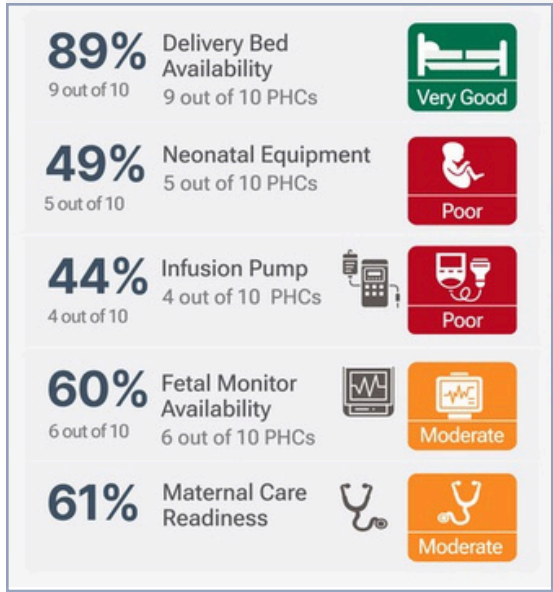
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



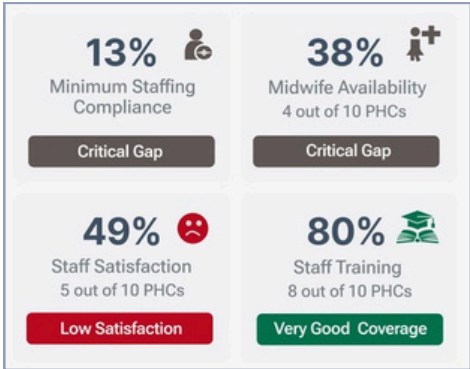
Maternal & Newborn Readiness



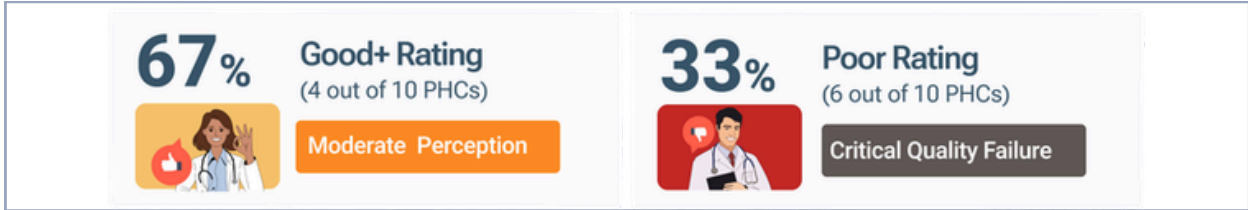
Accessibility & Inclusion



Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Structural safety campaign: immediate repair program for broken ceilings (71%) and leaking roofs (60%) to reduce safety and asset damage risks.
- Targeted electrification: ensure the 18% of PHCs with no power receive rapid solar battery installations; maintain generator/backup where needed.
- Convert maternal capacity into safe care: prioritize neonatal equipment and infusion pumps to raise emergency readiness of maternity units.
- Accessibility retrofit blitz: reduce zero-access (51%) by installing ramps, accessible latrines and signage in priority PHCs.
- Staffing & deployment: address low minimum staffing compliance (13%) via targeted recruitment, incentives for rural postings, and midwife deployment to low-coverage PHCs.
- Protect WASH gains and close the 33% unsafe-water gap with boreholes/treated connections and point-of-use treatment.

Conclusion

The FCT shows strong potential with high maternal bed coverage, rising energy resilience through solar/hybrid uptake, and solid staff training. However, systemic building failures like 71% broken ceilings and 60% leaking roofs, combined with a 51% zero-access rate, threaten safety and equity. A focused campaign for structural repairs, neonatal equipment, and accessibility retrofits is urgently needed to convert these foundations into high-impact health outcomes.

Annex: Indicator Register (FCT)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 45 PHCs across the state
Coverage	Total LGAs	—	Coverage across 7 LGAs
Infrastructure	Maintenance (Yes)	47%	About 5 out of 10 PHCs receive maintenance (moderate coverage)
Infrastructure	Dilapidation (Yes)	58%	Nearly 6 out of 10 PHCs are dilapidated — systemic maintenance failure
Infrastructure	Broken ceilings	71%	About 7 out of 10 PHCs have broken ceilings (critical condition)
Infrastructure	Leaking roofs	60%	About 6 out of 10 PHCs have leaking roofs (urgent repair required)
Infrastructure	Damaged furniture	64%	About 6 out of 10 PHCs have damaged furniture (replacement required)
Infrastructure	Perimeter fence	69%	About 7 out of 10 PHCs are fenced (moderate risk)
WASH	Safe water	67%	About 7 out of 10 PHCs have safe water access (moderate access)
WASH	Unsafe water	33%	About 3 out of 10 PHCs use unsafe water sources (urgent improvement needed)
Power	Grid dependency	53%	About 5 out of 10 PHCs rely on grid power (moderate risk)
Power	Generator backup	40%	About 4 out of 10 PHCs have generator backup (insufficient planning)
Power	Solar adoption	51%	About 5 out of 10 PHCs have solar (moderate adoption)
Power	Hybrid systems	47%	About 5 out of 10 PHCs have hybrid systems (good energy planning)
Power	No power	18%	About 2 out of 10 PHCs have no power supply (critical safety risk for those sites)
Maternal	Delivery beds	89%	About 9 out of 10 PHCs have delivery beds (adequate capacity)
Maternal	Neonatal equipment	49%	About 5 out of 10 PHCs have neonatal equipment (high risk where absent)
Maternal	Infusion pumps	44%	About 4 out of 10 PHCs have infusion pumps (high risk where absent)
Maternal	Fetal monitors	60%	About 6 out of 10 PHCs have fetal monitors (moderate monitoring capacity)
Maternal	Readiness score	61%	Maternal readiness is moderate (above poor threshold)
Accessibility	Zero-access	51%	About 5 out of 10 PHCs have no accessibility features (systemic accessibility failure)
Accessibility	Ramp access	36%	About 4 out of 10 PHCs have ramps (accessibility gap)
Workforce	Minimum staffing compliance	13%	About 1–2 out of 10 PHCs meet NPHCDA minimum staffing (very few)
Workforce	Midwife availability	38%	About 4 out of 10 PHCs have midwives on-site 24/7 (moderate)
Workforce	Staff satisfaction	49%	About 5 out of 10 PHCs report staff satisfaction (moderate)
Workforce	Staff training	80%	About 8 out of 10 PHCs have regular staff training (strong)
Perception	Good+ rating	67%	About 7 out of 10 PHCs are rated Good+ by users (good perception)
Perception	Poor+ rating	33%	About 3 out of 10 PHCs are rated Poor+ (areas of high risk)



GOMBE

Gombe State: System Performance Snapshot

Executive Summary

The assessment of 101 PHCs across 13 LGAs in Gombe State reveals a system in severe crisis, marked by 73% broken ceilings, 68% dilapidated facilities, 59% without power, and 47% relying on unsafe water sources. Maternal readiness is critically low at 31%, with only 14% neonatal equipment coverage and 15% infusion pump availability, while 80% of PHCs lack accessibility features. Despite these significant challenges, 80% of facilities are rated Good by communities, highlighting strong public trust that could be leveraged through urgent infrastructure and service investments.

Infrastructure & Building Safety:

Gombe’s PHC infrastructure is in severe decline, with 73% broken ceilings, 68% dilapidated facilities, and only 27% perimeter fencing, creating major safety and security concerns.

Water, Hygiene & Sanitation (WASH):

47% of PHCs rely on unsafe water sources, posing significant infection-control risks, particularly for maternal and newborn care services.

Power Availability & Energy Reliability:

Energy access is critically poor, with 59% of facilities lacking electricity, severely affecting vaccine storage, emergency care, and essential medical services.

Maternal & Newborn Health Readiness:

Maternal readiness is very low; although 69% of PHCs have delivery beds, only 14% have neonatal equipment, leaving most facilities unable to manage newborn emergencies.

Accessibility & Inclusion:

Accessibility is a major gap, with 80% of PHCs lacking accessibility features, effectively excluding many persons with disabilities and mobility-impaired patients from care.

Workforce Strength, Welfare & Training:

Workforce capacity remains weak, with only 20% of PHCs having 24/7 midwife coverage and 3% staffing compliance, although moderate staff satisfaction (45%) and training (47%) suggest resilience among available staff.

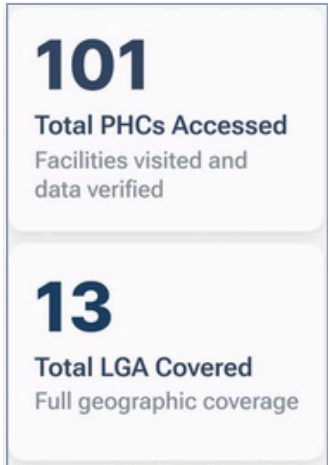
Community Perception & Quality Score:

Strong community trust is a major asset, with 80% of PHCs rated Good despite severe facility decay. This high public confidence must be sustained through urgent infrastructure improvements.

Overall System Scorecard

The general score/status: **42%/poor**; immediate intervention is required to align the physical state of PHCs with the high level of community trust.

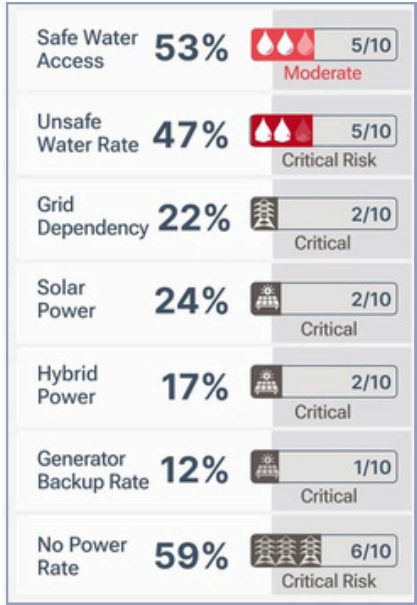
PHC Coverage Overview



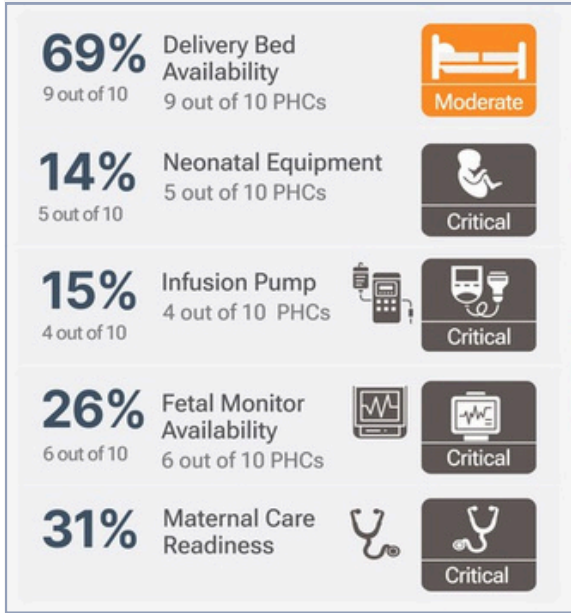
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



Maternal & Newborn Readiness



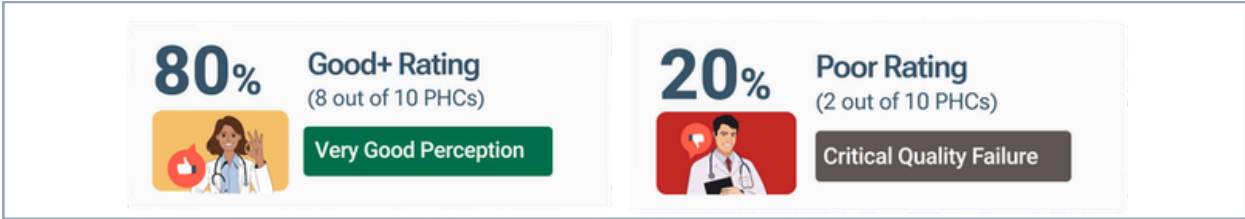
Accessibility & Inclusion



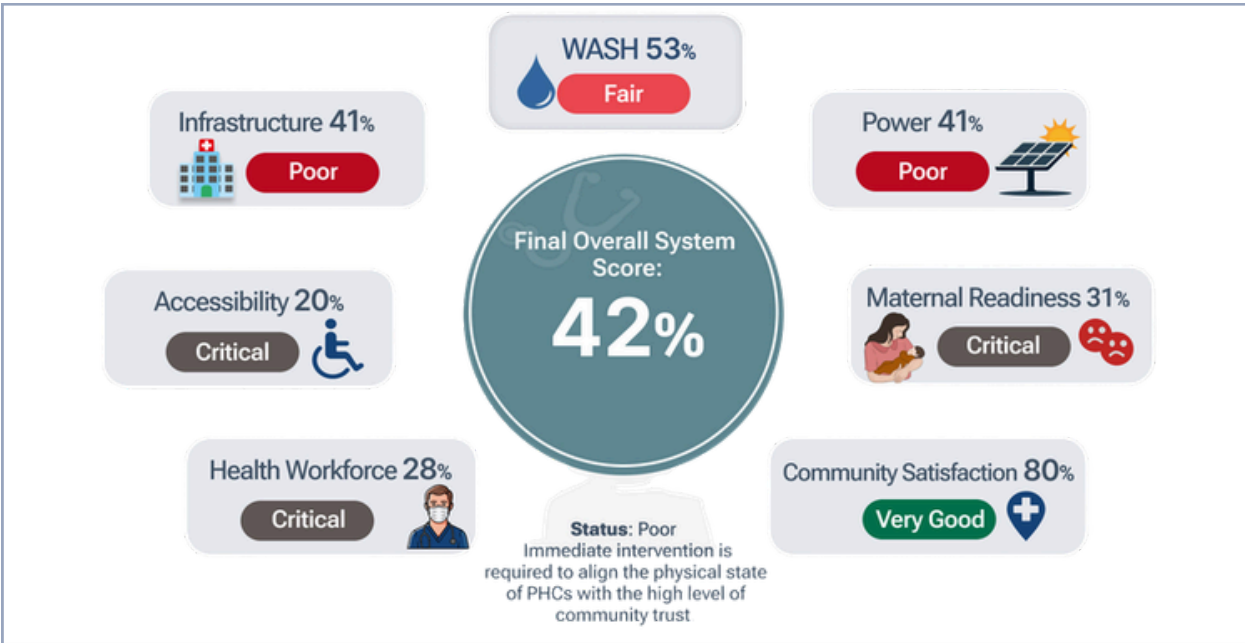
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



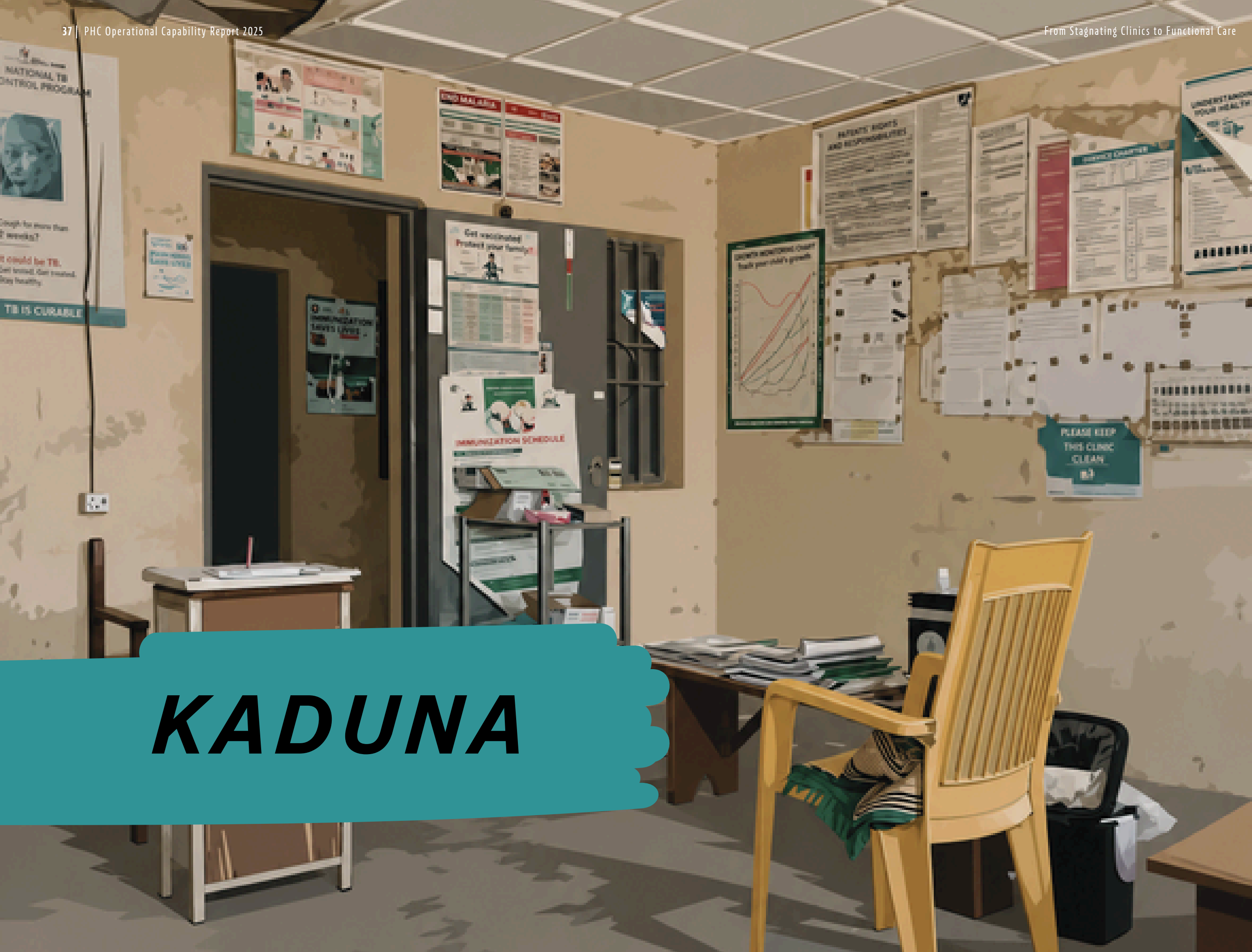
Priority Recommendations

- Emergency Electrification: Deploy solar-hybrid systems to the 59% of PHCs with no power (6 out of 10 PHCs).
- WASH Infrastructure: Prioritize borehole drilling and water treatment for the 47% of PHCs relying on unsafe water.
- Structural Safety: Urgent repair of broken ceilings (73%) and leaking roofs (61%) to prevent further asset decay and ensure patient safety.
- Maternal & Neonatal Equipment: Procure and distribute neonatal resuscitation kits and infusion pumps to address the 14% neonatal equipment gap.
- Inclusive Design: Retrofit the 80% of PHCs with zero accessibility with ramps and accessible toilets.

Conclusion

Gombe State’s PHC system is currently sustained by community goodwill rather than physical or operational readiness. The high dilapidation, lack of power, and critical shortage of neonatal equipment create a dangerous environment for healthcare delivery. However, the high community satisfaction (80%) provides a unique window of opportunity: investments in the physical infrastructure will likely result in immediate and significant improvements in health outcomes and public trust.

Annex: Indicator Register (Gombe State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 101 PHCs across the state
Coverage	Total LGAs	—	Coverage across 13 LGAs
Infrastructure	Maintenance (Yes)	48%	About 5 out of 10 PHCs receive maintenance (moderate coverage)
Infrastructure	Dilapidation (Yes)	68%	Nearly 7 out of 10 PHCs are dilapidated — systemic maintenance failure
Infrastructure	Broken ceilings	73%	Approximately 7 out of 10 PHCs have broken ceilings (critical condition)
Infrastructure	Leaking roofs	61%	About 6 out of 10 PHCs have leaking roofs (urgent repair required)
Infrastructure	Damaged furniture	73%	Around 7 out of 10 PHCs have damaged furniture (replacement required)
WASH	Safe water	53%	About 5 out of 10 PHCs have safe water access (water access challenge)
WASH	Unsafe water	47%	Nearly 5 out of 10 PHCs use unsafe water sources (urgent improvement needed)
Power	No power	59%	About 6 out of 10 PHCs have no power supply (critical safety risk)
Maternal	Delivery beds	69%	Approximately 7 out of 10 PHCs have delivery beds (inadequate capacity)
Maternal	Neonatal equipment	14%	Nearly 1 out of 10 PHCs have neonatal equipment (critical – high newborn mortality risk)
Maternal	Infusion pumps	15%	About 2 out of 10 PHCs have infusion pumps (severe equipment shortage)
Maternal	Fetal monitors	26%	Roughly 3 out of 10 PHCs have fetal monitors (high maternal-fetal risk)
Accessibility	Zero-access	80%	Nearly 8 out of 10 PHCs have no accessibility features (systemic accessibility failure)
Workforce	Midwife availability	20%	About 2 out of 10 PHCs have midwives on-site 24/7 (low coverage)
Workforce	Staff satisfaction	45%	Approximately 4 out of 10 PHCs have staff satisfied with work conditions (moderate)
Perception	Good+ rating	80%	About 8 out of 10 PHCs are rated good or better by the community (very good perception)
Perception	Poor+ rating	20%	About 2 out of 10 PHCs are rated poor or worse by the community (moderate risk)
Maternal	Readiness score	61%	Maternal readiness is moderate (above poor threshold)
Accessibility	Zero-access	51%	About 5 out of 10 PHCs have no accessibility features (systemic accessibility failure)
Accessibility	Ramp access	36%	About 4 out of 10 PHCs have ramps (accessibility gap)
Workforce	Minimum staffing compliance	13%	About 1–2 out of 10 PHCs meet NPHCDA minimum staffing (very few)
Workforce	Midwife availability	38%	About 4 out of 10 PHCs have midwives on-site 24/7 (moderate)
Workforce	Staff satisfaction	49%	About 5 out of 10 PHCs report staff satisfaction (moderate)
Workforce	Staff training	80%	About 8 out of 10 PHCs have regular staff training (strong)
Perception	Good+ rating	67%	About 7 out of 10 PHCs are rated Good+ by users (good perception)
Perception	Poor+ rating	33%	About 3 out of 10 PHCs are rated Poor+ (areas of high risk)



KADUNA

Kaduna State: System Performance Snapshot

Executive Summary

The assessment of 103 PHCs across 17 LGAs in Kaduna State reveals a system under significant strain, with 66% broken ceilings, 56% leaking roofs, and 41% of facilities lacking power supply, despite relatively low grid dependency (32%). Maternal readiness is moderate at 53%, supported by 51% fetal monitor availability, but limited by low infusion pump coverage (37%) and workforce gaps, including 0% staffing compliance, 29% midwife availability, and 26% staff satisfaction. Most concerning is the decline in public confidence, with 66% of PHCs rated Poor+, signaling a critical quality and service delivery failure.

Infrastructure & Building Safety:

Infrastructure is in poor condition, with 66% broken ceilings, 56% leaking roofs, and 47% dilapidation, creating unsafe care environments.

Water, Hygiene & Sanitation (WASH):

While 71% have safe water, the 29% relying on unsafe sources still pose infection-control risks.

Power Availability & Energy Reliability:

Energy access is critically weak, with 41% of PHCs lacking power despite 43% solar adoption, limiting essential services.

Maternal & Newborn Health Readiness:

Maternal readiness is moderate but constrained by gaps in infusion pumps (37%) and neonatal equipment (46%), despite 51% fetal monitor availability.

Accessibility & Inclusion:

Accessibility is limited, with 50% of PHCs lacking access features, restricting care for vulnerable groups.

Workforce Strength, Welfare & Training:

Severe workforce gaps persist, with 0% staffing compliance and only 29% midwife availability.

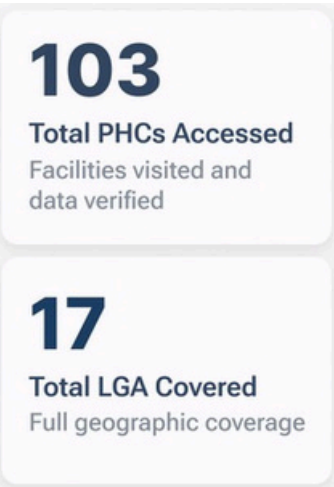
Community Perception & Quality Score:

Community trust is low, with 66% of PHCs rated Poor, reflecting system-wide service challenges.

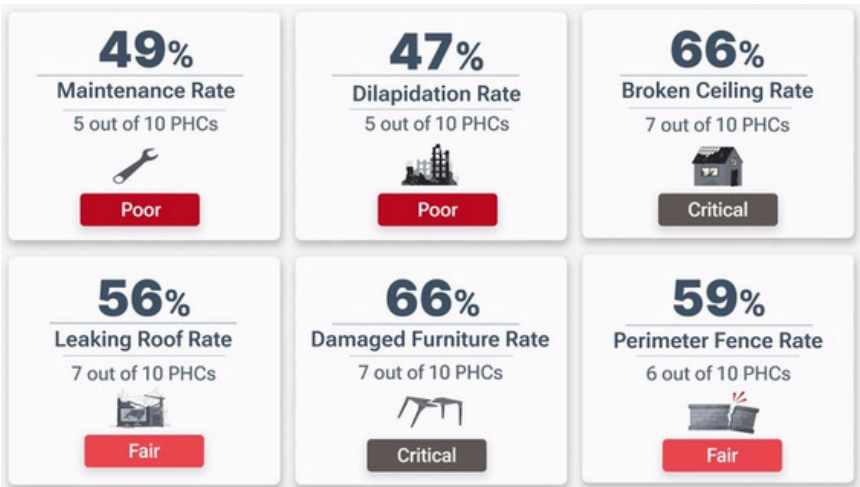
Overall System Scorecard

The general score/status: **48%/poor**; the state must urgently address the energy gap and infrastructure decay to prevent further decline in maternal health outcomes.

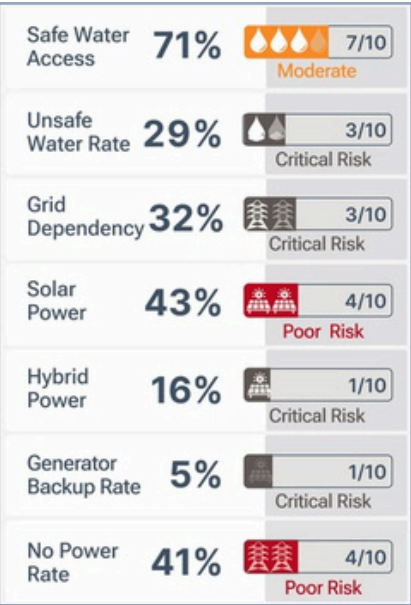
PHC Coverage Overview



Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



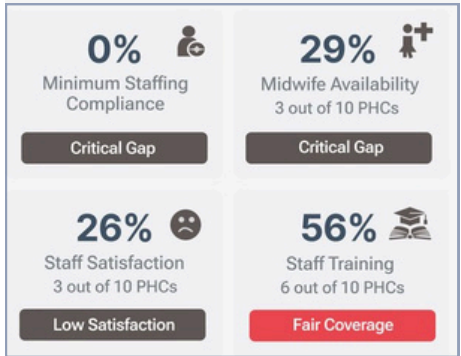
Maternal & Newborn Readiness



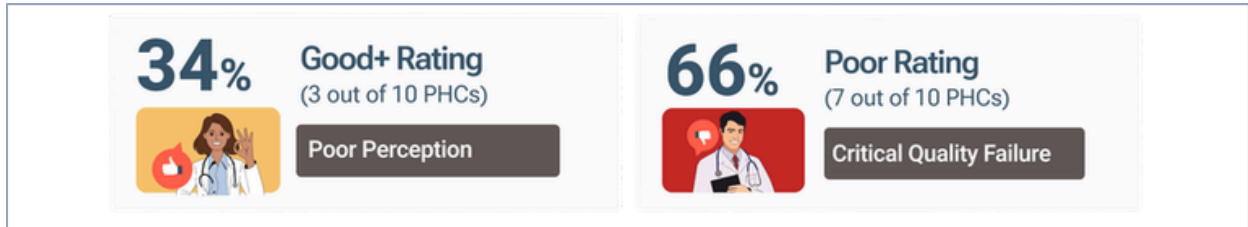
Accessibility & Inclusion



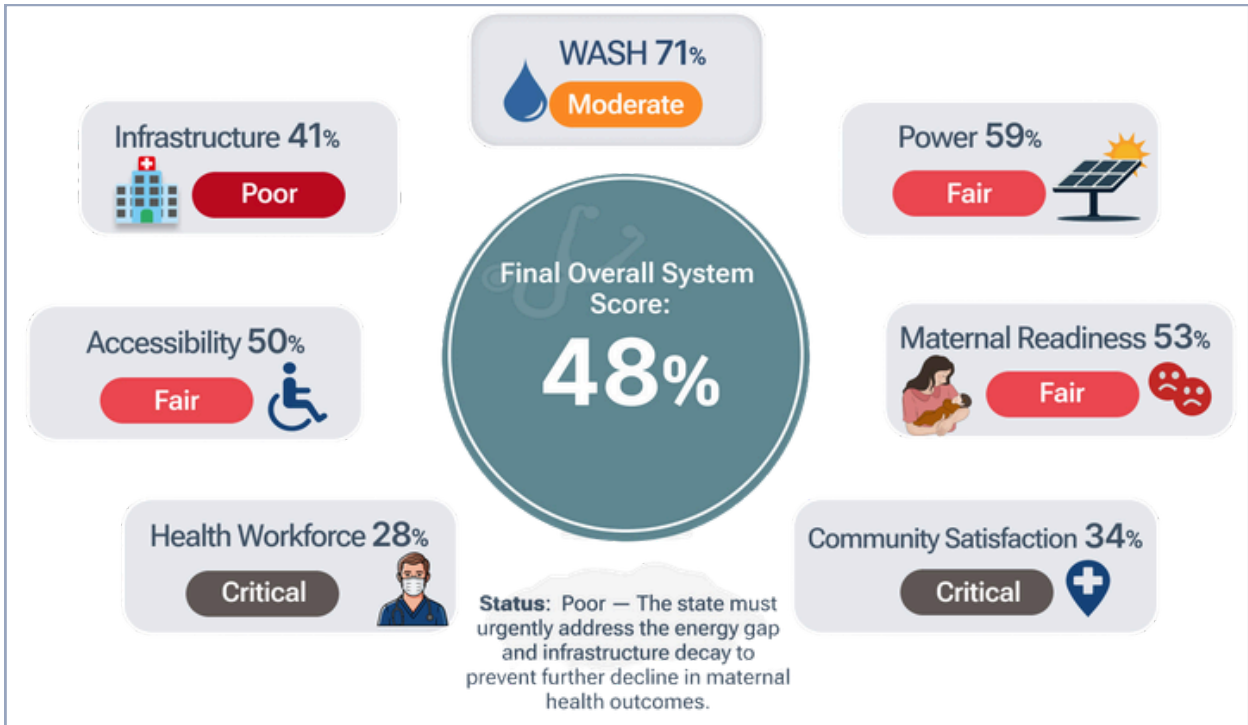
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Emergency Power Intervention: Prioritize solar-hybrid installations for the 41% of PHCs with no power (4 out of 10 PHCs).
- Infrastructure Rehabilitation: Launch a "Safe Roof & Ceiling" initiative to fix the 66% broken ceiling rate (7 out of 10 PHCs).
- Maternal Equipment Top-up: Procure infusion pumps to move availability from 37% to at least 70%.
- HRH Strengthening: Address the 0% staffing compliance by recruiting and deploying skilled birth attendants to improve the 29% midwife availability.
- Inclusive Access: Retrofit the 50% of PHCs with zero accessibility (5 out of 10 PHCs) with ramps and accessible signage.

Conclusion

- Kaduna State’s PHC system is struggling under the weight of **infrastructure neglect and energy poverty**. While maternal monitoring equipment is better than in some neighboring states, the lack of power and skilled staff makes these tools difficult to utilize. Immediate investment in energy and building safety is required to restore community trust.

Annex: Indicator Register (Kaduna State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 103 PHCs across the state
Coverage	Total LGAs	—	Coverage across 17 LGAs
Infrastructure	Maintenance (Yes)	49%	About 5 out of 10 PHCs receive maintenance (moderate coverage)
Infrastructure	Dilapidation (Yes)	47%	Nearly 5 out of 10 PHCs are dilapidated — systemic maintenance failure
Infrastructure	Broken ceilings	66%	Approximately 7 out of 10 PHCs have broken ceilings (critical condition)
Infrastructure	Leaking roofs	56%	About 6 out of 10 PHCs have leaking roofs (urgent repair required)
Infrastructure	Damaged furniture	66%	Around 7 out of 10 PHCs have damaged furniture (replacement required)
WASH	Safe water	71%	Roughly 7 out of 10 PHCs have safe water access (moderate access)
WASH	Unsafe water	29%	Nearly 3 out of 10 PHCs use unsafe water sources (urgent improvement needed)
Power	No power	41%	About 4 out of 10 PHCs have no power supply (critical safety risk)
Maternal	Delivery beds	77%	Approximately 8 out of 10 PHCs have delivery beds (limited capacity)
Maternal	Neonatal equipment	46%	Nearly 5 out of 10 PHCs have neonatal equipment (high risk due to shortage)
Maternal	Infusion pumps	37%	About 4 out of 10 PHCs have infusion pumps (severe equipment shortage)
Maternal	Fetal monitors	51%	Roughly 5 out of 10 PHCs have fetal monitors (limited monitoring capacity)
Accessibility	Zero-access	50%	Half of PHCs (5 out of 10) have no accessibility features (systemic accessibility failure)
Workforce	Midwife availability	29%	About 3 out of 10 PHCs have midwives on-site 24/7 (low coverage)
Workforce	Staff satisfaction	26%	Approximately 3 out of 10 PHCs have staff satisfied with work conditions (low morale)
Perception	Poor+ rating	66%	Nearly 7 out of 10 PHCs are rated poor or worse by the community (critical quality failure)
Maternal Health	Fetal monitors	36%	4 out of 10 PHCs have Fetal monitors
Maternal Health	Readiness	38%	Poor
Accessibility	Zero access	63%	6 out of 10 PHCs have no access
Accessibility	Ramp access	27%	3 out of 10 PHCs have ramps
Accessibility	Any feature	37%	4 out of 10 PHCs are accessible
Workforce	Staffing compliance	0%	None meets standards
Workforce	Midwife coverage	31%	3 out of 10 PHCs have Midwife
Workforce	Staff satisfaction	36%	4 out of 10 PHCs report satisfied staff
Workforce	Staff training	77%	8 out of 10 PHCs receive regular training
Perception	Good rating	41%	4 out of 10 PHCs are rated positively

An illustration of a clinic interior. A woman wearing a red hijab and a teal dress is standing next to a large teal medical equipment case. The case has the text "B medical systems" on it. In the background, there is a window with a grid pattern and a wall with a hanging bag. The ceiling is made of wooden beams.

KANO

Kano State: System Performance Snapshot

Executive Summary

The assessment of 138 PHCs across 30 LGAs in Kano State reveals a system in severe distress, with 69% broken ceilings, 57% leaking roofs, 59% unsafe water reliance, and 57% of facilities lacking power supply. Maternal readiness is poor at 27%, driven by low neonatal equipment coverage (23%) and infusion pump availability (28%), while 79% of PHCs lack accessibility features. Despite these significant safety and service gaps, 91% staff training coverage and a 66% Good community rating indicate strong human capacity and public confidence that can support recovery efforts.

Infrastructure & Building Safety:

Kano’s PHCs face severe infrastructure challenges, with 69% broken ceilings, 57% leaking roofs, and widespread dilapidation, creating unsafe conditions for care delivery.

Water, Hygiene & Sanitation (WASH):

59% of PHCs rely on unsafe water sources, significantly increasing infection risks and undermining safe maternal and newborn care.

Power Availability & Energy Reliability:

Energy access is critically poor, with 57% of facilities lacking electricity, limiting emergency care, vaccine storage, and the use of essential medical equipment.

Maternal & Newborn Health Readiness:

Maternal readiness is low, with only 34% delivery bed coverage and 23% neonatal equipment availability, increasing risks during childbirth and newborn emergencies.

Accessibility & Inclusion:

Accessibility is extremely limited, as 79% of PHCs lack accessibility features, restricting healthcare access for persons with disabilities and other vulnerable groups.

Workforce Strength, Welfare & Training:

While 91% staff training coverage is a major strength, 4% staffing compliance and low midwife availability highlight significant workforce shortages.

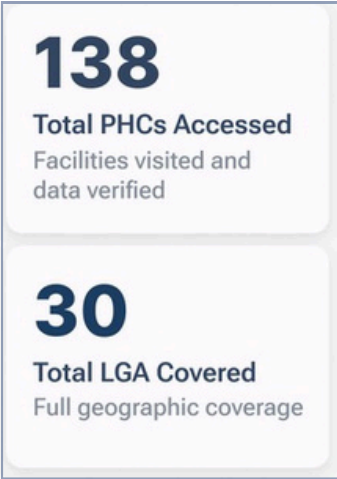
Community Perception & Quality Score:

Despite major system challenges, 66% of PHCs are rated Good, reflecting continued community confidence in available health services.

Overall System Scorecard

The general score/status: **42%/Poor**; immediate action is required on power, water, and maternal emergency equipment.

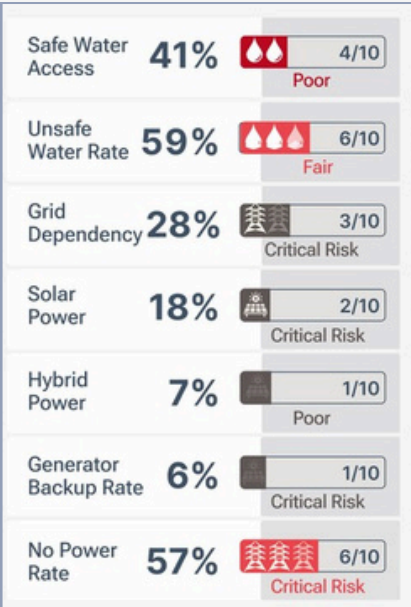
PHC Coverage Overview



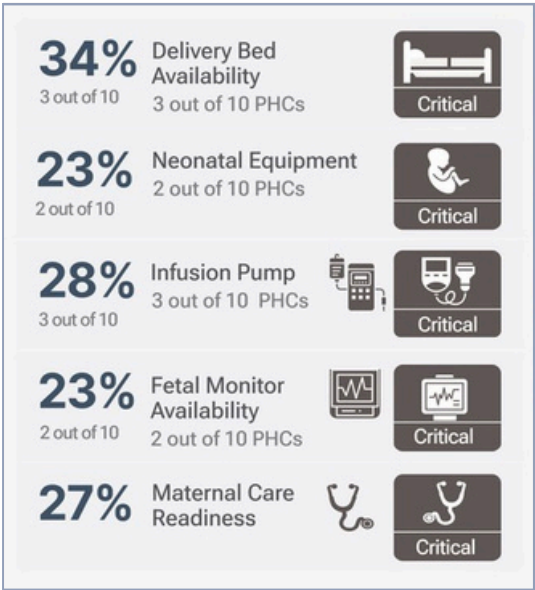
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



Maternal & Newborn Readiness



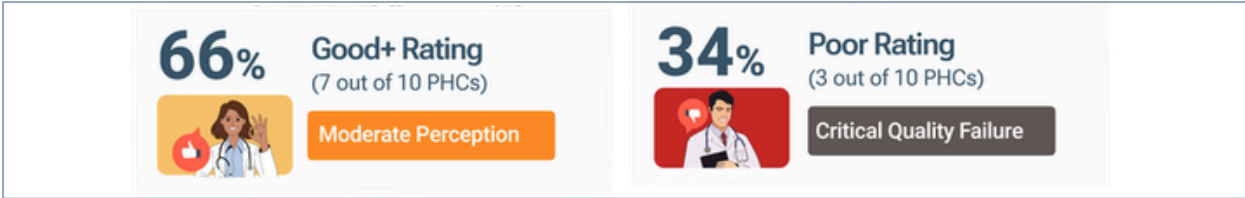
Accessibility & Inclusion



Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Emergency Power Rollout: Prioritize solar-hybrid installations for the 57% of PHCs with no power (6 out of 10 PHCs).
- WASH Remediation: Provide safe water solutions for the 59% of PHCs relying on unsafe water (6 out of 10 PHCs).
- Structural Repairs: Fix broken ceilings (69%) and leaking roofs (57%) to ensure patient and equipment safety.
- Maternal Equipment Top-up: Urgently procure neonatal resuscitation kits and infusion pumps to address the 23% neonatal equipment rate.
- Inclusive Access: Retrofit the 79% of PHCs with zero accessibility (8 out of 10 PHCs) with ramps and accessible facilities.

Conclusion

Kano State’s Primary Healthcare system is currently defined by a sharp contrast between strong human capital (training) and collapsing physical infrastructure. The lack of power and safe water in over half of the facilities creates a high-risk environment that training alone cannot overcome. To prevent a total breakdown in service delivery, the state must pivot from training-only interventions to a massive "Safe Facility" campaign focusing on energy, water, and structural integrity.

Annex: Indicator Register (Kano State)			
Domain	Indicator	Percentage	Interpretation
Infrastructure	Maintenance (Yes)	58%	About 6 out of 10 PHCs receive maintenance (moderate coverage)
Infrastructure	Dilapidation (Yes)	57%	Nearly 6 out of 10 PHCs are dilapidated — systemic maintenance failure
Infrastructure	Broken ceilings	69%	Approximately 7 out of 10 PHCs have broken ceilings (critical condition)
Infrastructure	Leaking roofs	57%	About 6 out of 10 PHCs have leaking roofs (urgent repair required)
Infrastructure	Damaged furniture	50%	Half of PHCs (5 out of 10) have damaged furniture (high risk)
WASH	Safe water	41%	About 4 out of 10 PHCs have safe water access (water access challenge)
WASH	Unsafe water	59%	Nearly 6 out of 10 PHCs use unsafe water sources (urgent improvement needed)
Power	No power	57%	About 6 out of 10 PHCs have no power supply (critical safety risk)
Maternal	Delivery beds	34%	Approximately 3 out of 10 PHCs have delivery beds (inadequate capacity)
Maternal	Neonatal equipment	23%	Nearly 2 out of 10 PHCs have neonatal equipment (critical - high newborn mortality risk)
Maternal	Infusion pumps	28%	About 3 out of 10 PHCs have infusion pumps (severe equipment shortage)
Maternal	Fetal monitors	23%	Roughly 2 out of 10 PHCs have fetal monitors (high maternal-fetal risk)
Accessibility	Zero-access	79%	Nearly 8 out of 10 PHCs have no accessibility features (systemic accessibility failure)
Workforce	Midwife availability	23%	About 2 out of 10 PHCs have midwives on-site 24/7 (low coverage)
Workforce	Staff satisfaction	62%	Approximately 6 out of 10 PHCs have staff satisfied with work conditions (moderate)
Perception	Poor+ rating	34%	About 3 out of 10 PHCs are rated poor or worse by the community (high risk)
Workforce	Staff satisfaction	45%	Approximately 4 out of 10 PHCs have staff satisfied with work conditions (moderate)
Perception	Good+ rating	80%	About 8 out of 10 PHCs are rated good or better by the community (very good perception)
Perception	Poor+ rating	20%	About 2 out of 10 PHCs are rated poor or worse by the community (moderate risk)
Maternal	Readiness score	61%	Maternal readiness is moderate (above poor threshold)
Accessibility	Zero-access	51%	About 5 out of 10 PHCs have no accessibility features (systemic accessibility failure)
Accessibility	Ramp access	36%	About 4 out of 10 PHCs have ramps (accessibility gap)
Workforce	Minimum staffing com	13%	About 1-2 out of 10 PHCs meet NPHCDA minimum staffing (very few)
Workforce	Midwife availability	38%	About 4 out of 10 PHCs have midwives on-site 24/7 (moderate)
Workforce	Staff satisfaction	49%	About 5 out of 10 PHCs report staff satisfaction (moderate)
Workforce	Staff training	80%	About 8 out of 10 PHCs have regular staff training (strong)
Perception	Good+ rating	67%	About 7 out of 10 PHCs are rated Good+ by users (good perception)
Perception	Poor+ rating	33%	About 3 out of 10 PHCs are rated Poor+ (areas of high risk)



KWARA

Kwara State: System Performance Snapshot

Executive Summary

The assessment of 98 PHCs across 23 LGAs in Kwara State reveals a system facing significant infrastructure and service delivery challenges, with 54% broken ceilings, 52% leaking roofs, 34% of facilities without power, and 34% relying on unsafe water sources. Maternal readiness is poor at 37%, driven by very low neonatal equipment coverage (19%) and infusion pump availability (22%), while workforce gaps persist with 0% staffing compliance and only 24% midwife availability. Most concerning is the low public confidence in the system, with just 45% of PHCs rated Good and 55% rated Poor, highlighting a critical quality and trust deficit.

Infrastructure & Building Safety:

Kwara’s PHCs are in poor condition, with 54% broken ceilings, 52% leaking roofs, and only 28% fenced, creating safety and security concerns.

Water, Hygiene & Sanitation (WASH):

While 66% of facilities have safe water, the 34% relying on unsafe sources continue to face significant infection-control risks.

Power Availability & Energy Reliability:

Energy access is inadequate, with 34% of PHCs lacking power, while solar (14%) and generator backup (12%) coverage remain very low.

Maternal & Newborn Health Readiness:

Maternal readiness is weak; despite 72% delivery bed coverage, only 19% of PHCs have neonatal equipment and 22% have infusion pumps for emergency care.

Accessibility & Inclusion:

Accessibility is a major gap, with 71% of PHCs lacking accessibility features and only 14% providing ramp access.

Workforce Strength, Welfare & Training:

The workforce remains under pressure, with 67% training coverage but only 33% staff satisfaction, alongside 0% staffing compliance and 24% midwife availability.

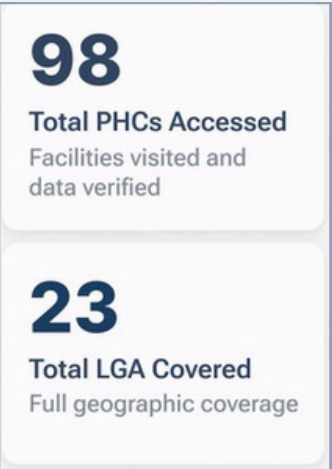
Community Perception & Quality Score:

Community confidence is low, with 55% of PHCs rated Poor, reflecting the combined impact of infrastructure, equipment, power, and workforce challenges.

Overall System Scorecard

The general score/status: **47%/poor**; infrastructure decay, energy poverty, and maternal equipment shortages undermine the moderate training foundation.

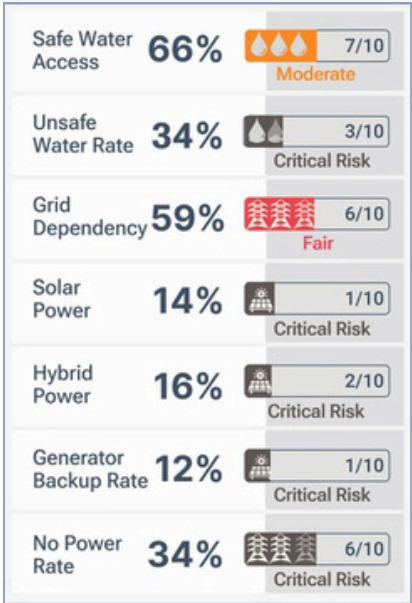
PHC Coverage Overview



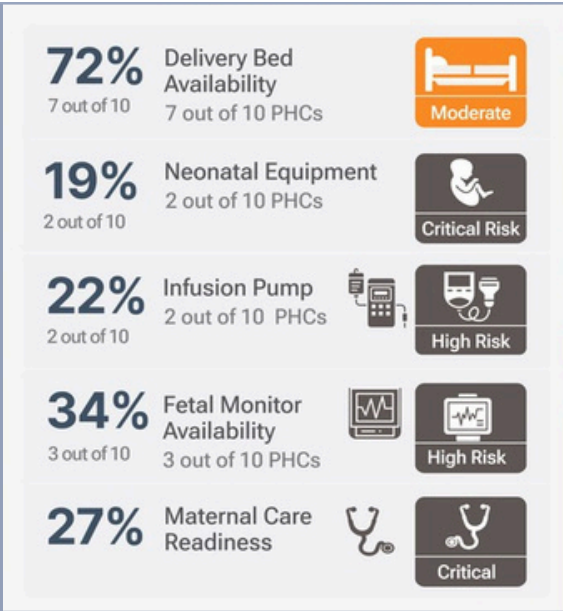
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



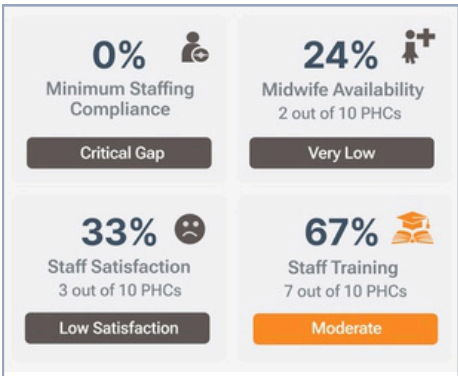
Maternal & Newborn Readiness



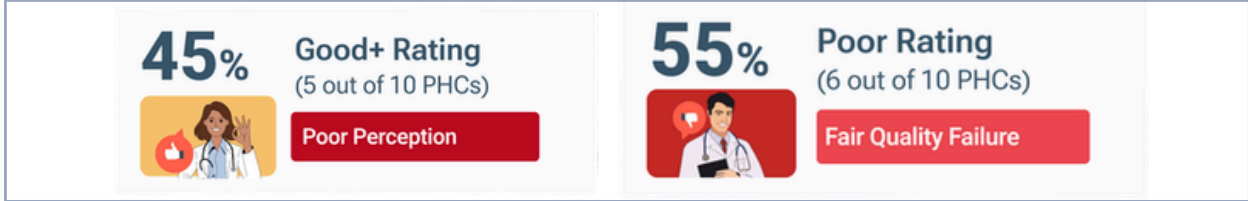
Accessibility & Inclusion



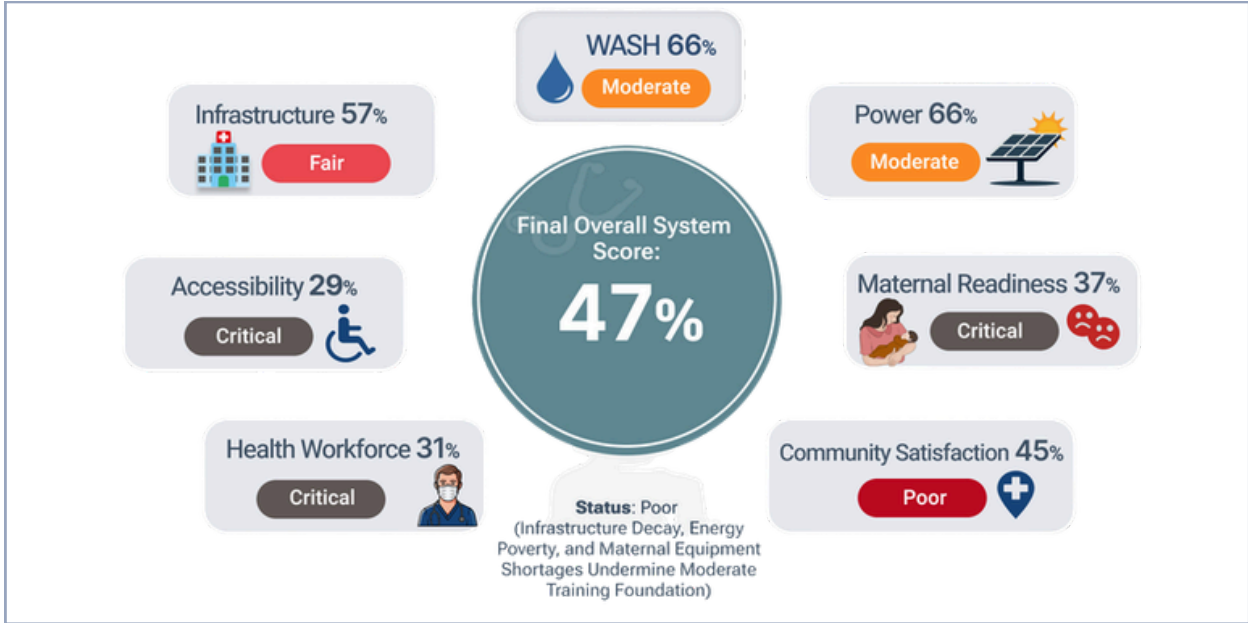
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Power Supply: Eliminate the 34% no-power rate (3/10 PHCs); increase solar coverage from 14% to 60% and generator backup from 12% to 40%.
- Maternal & Newborn Care Equipment: Equip the 81% of PHCs lacking neonatal resuscitation kits (8/10 PHCs); increase infusion pumps (22% to at least 60%) and fetal monitors (34% to at least 60%).
- Infrastructure Improvement: Repair ceilings (54%; 5/10 PHCs) and roofs (52%; 5/10 PHCs), replace damaged furniture (45%; 5/10 PHCs), and expand perimeter fencing (28% to at least 70%).
- Workforce Strengthening: Improve staff satisfaction (33%; 3/10 PHCs) and expand 24/7 midwife coverage beyond 24% (2/10 PHCs).
- WASH & Accessibility: Eliminate the 34% unsafe water rate and reduce the 71% zero-access rate (7/10 PHCs) by increasing ramp access from 14% to 50%.

Conclusion

Kwara State's PHC system faces critical threats from a 34% no-power rate, 19% neonatal equipment coverage, and 71% zero-accessibility. Rapid, targeted investment in energy, equipment, and infrastructure is essential to improve maternal health and restore community trust.

Annex: Indicator Register (Kwara State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 98 PHCs across the state
Coverage	Total LGAs	—	Coverage across 23 LGAs
Infrastructure	Maintenance rate	60%	6 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation	40%	4 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	54%	5 out of 10 PHCs have broken ceilings
Infrastructure	Leaking roofs	52%	5 out of 10 PHCs have leaking roofs
Infrastructure	Damaged furniture	45%	5 out of 10 PHCs have damaged furniture
Infrastructure	Perimeter fence	28%	3 out of 10 PHCs have perimeter fence
WASH	Safe water	66%	7 out of 10 PHCs have safe water source
WASH	Unsafe water	34%	3 out of 10 PHCs have unsafe water source
Power	Grid dependency	59%	6 out of 10 PHCs depends on grid
Power	Generator	12%	1 out of 10 PHCs depends on generator
Power	Solar	14%	1 out of 10 PHCs use solar
Power	Hybrid	16%	2 out of 10 PHCs uses two source of power
Power	No power	34%	3 out of 10 PHCs have no power supply source
Maternal Health	Delivery beds	72%	7 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	19%	2 out of 10 PHCs have Neonatal equipment
Maternal Health	Infusion pumps	22%	2 out of 10 PHCs have infusion pumps
Maternal Health	Fetal monitors	34%	3 out of 10 PHCs have Fetal monitors
Maternal Health	Readiness	37%	Poor
Accessibility	Zero access	71%	7 out of 10 PHCs have no access
Accessibility	Ramp access	14%	1 out of 10 PHCs have ramps
Accessibility	Any feature	29%	3 out of 10 PHCs are accessible
Workforce	Staffing compliance	0%	0 out of 10 PHCs meets standards
Workforce	Midwife coverage	24%	2 out of 10 PHCs have Midwife
Workforce	Staff satisfaction	33%	3 out of 10 PHCs report satisfied staff
Workforce	Staff training	67%	7 out of 10 PHCs recieve regular training
Perception	Good+ rating	45%	4 out of 10 PHCs are rated positively



OGUN

Ogun State: System Performance Snapshot

Executive Summary

The assessment of 77 PHCs across 18 LGAs in Ogun State reveals a mixed-performing system with relatively strong maintenance coverage (64%) and workforce training (88%), but persistent infrastructure challenges, including 57% broken ceilings and 52% leaking roofs. Maternal service capacity is supported by good bed availability, yet critical gaps remain in neonatal equipment, maternal monitoring, and energy resilience due to high dependence on grid power. Most concerning are the workforce and quality challenges, with only 21% staff satisfaction, 4% staffing compliance, and weak community confidence, highlighting risks to service quality and emergency maternal care.

Infrastructure & Building Safety:

Infrastructure remains a concern, with 57% broken ceilings, 52% leaking roofs, and 34% dilapidation, indicating that existing maintenance efforts are not adequately addressing facility deterioration.

Water, Hygiene & Sanitation (WASH):

WASH conditions are generally good, with 77% safe water access, although the 23% using unsafe water still poses infection-control risks.

Power Availability & Energy Reliability:

Energy reliability is fragile due to 74% dependence on the national grid, while 14% of PHCs have no power and generator backup remains limited (27%).

Maternal & Newborn Health Readiness:

Despite 86% delivery bed coverage, emergency maternal and newborn care is severely constrained by low neonatal equipment (10%), infusion pumps (12%), and fetal monitors (19%).

Accessibility & Inclusion:

Accessibility remains inadequate, with over 40% of PHCs lacking accessibility features and only 23% providing ramps.

Workforce Strength, Welfare & Training:

While 88% staff training coverage is a strength, 21% staff satisfaction, 8% midwife availability, and 4% staffing compliance point to serious workforce challenges.

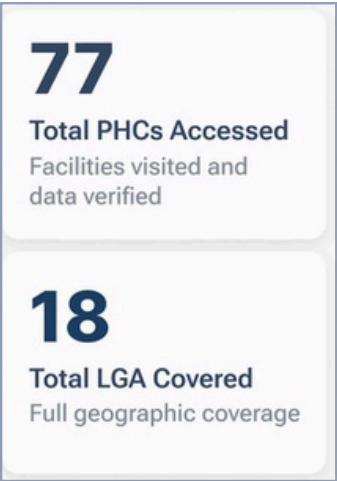
Community Perception & Quality Score:

Community confidence is weak, with nearly two-thirds of PHCs rated Poor, reflecting concerns about infrastructure, equipment shortages, and staff welfare.

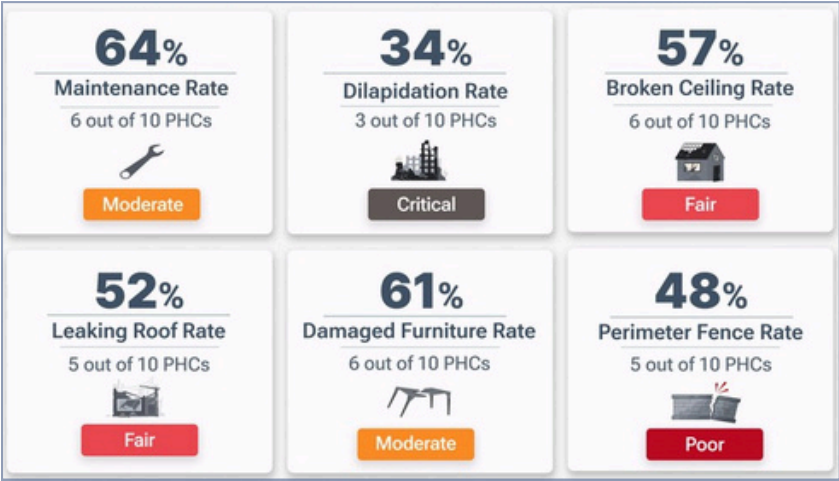
Overall System Scorecard

The general score/status: **53%/fair**; strengths in training and bed capacity are outweighed by critical gaps in emergency equipment, energy resilience, infrastructure safety, and community trust.

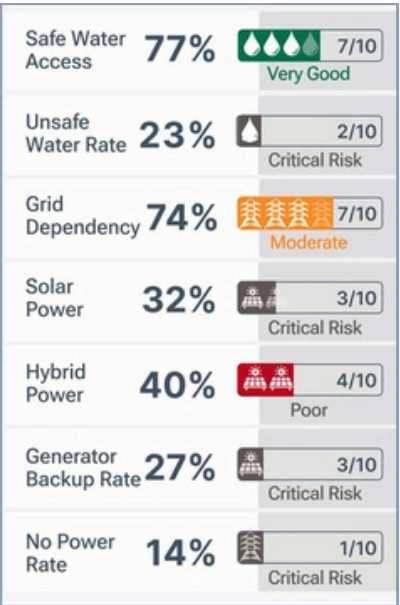
PHC Coverage Overview



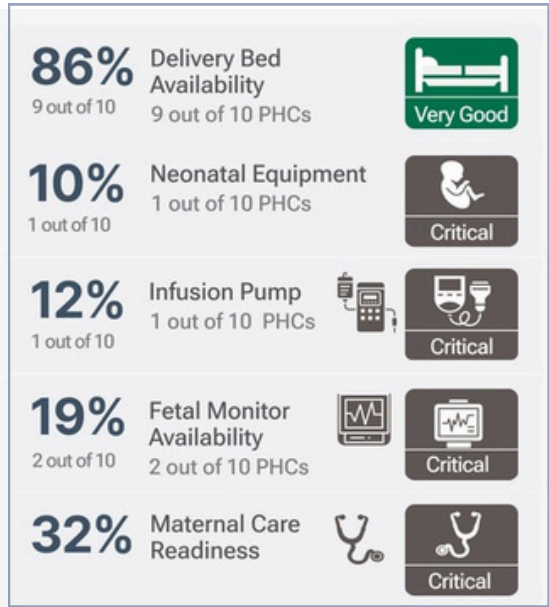
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



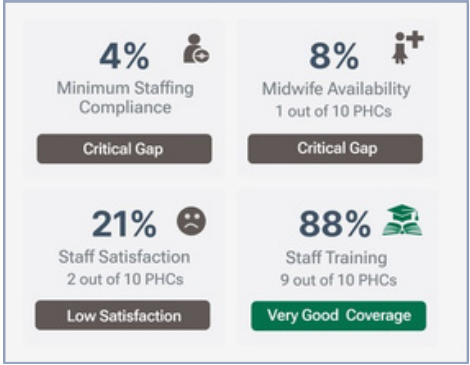
Maternal & Newborn Readiness



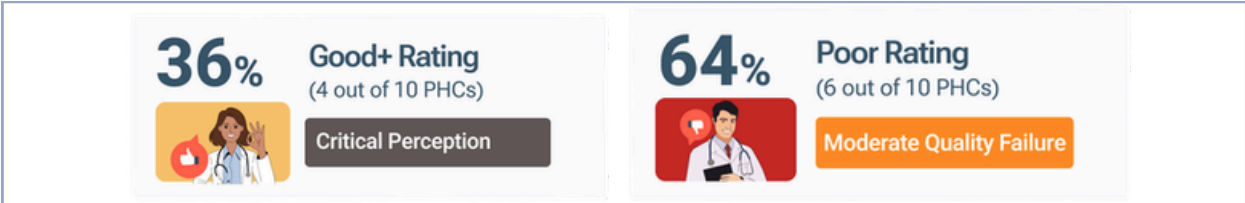
Accessibility & Inclusion



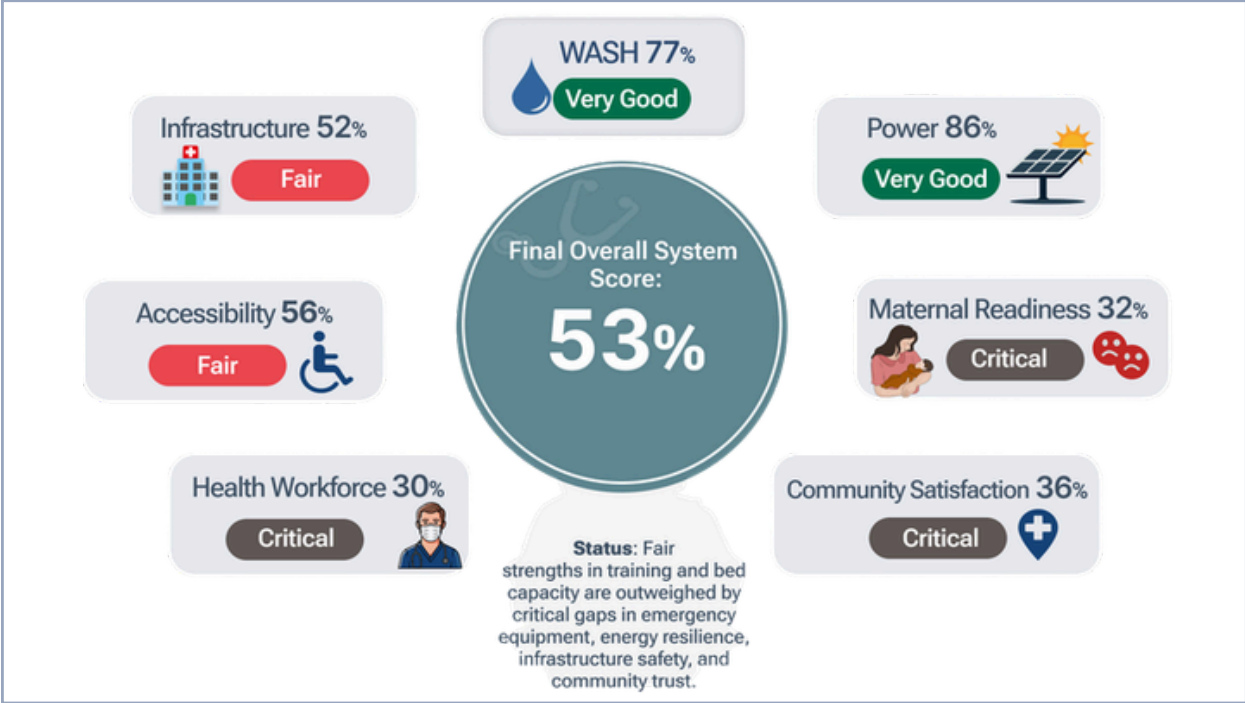
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Maternal & Newborn Equipment: Increase neonatal equipment coverage from 10% and infusion pumps from 12% through targeted procurement of essential emergency care equipment.
- Energy Resilience: Reduce 74% grid dependency by expanding solar and hybrid power systems, prioritizing the 14% of PHCs without electricity.
- Infrastructure Rehabilitation: Repair broken ceilings (57%), leaking roofs (52%), and replace damaged furniture (61%) to improve safety and service delivery.
- Workforce Strengthening: Address low staff satisfaction (21%), improve retention, and increase midwife coverage and staffing compliance.
- Accessibility & Community Trust: Reduce 44% zero-accessibility, improve inclusive infrastructure, and use community feedback to address the 64% Poor perception rating.

Conclusion

Ogun State has operational strengths (high delivery-bed coverage and strong staff training) but is critically undermined by lack of emergency maternal/neonatal equipment, infrastructure hazards, energy vulnerabilities, and poor perceived quality. Prioritized, time-bound investments in neonatal equipment, energy resilience, targeted infrastructure fixes, and workforce retention will deliver the highest immediate impact on maternal and newborn outcomes and community trust.

Annex: Indicator Register (Ogun State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 77 PHCs across the state
Coverage	Total LGAs	—	Coverage across 18 LGAs
Infrastructure	Maintenance (Yes)	64%	6 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation (Yes)	34%	3 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	57%	6 out of 10 PHCs have broken ceilings
Infrastructure	Leaking roofs	52%	5 out of 10 PHCs have leaking roofs
Infrastructure	Damaged furniture	61%	6 out of 10 PHCs have damaged furniture
Infrastructure	Perimeter fence	48%	5 out of 10 PHCs have perimeter fence
WASH	Safe water	77%	8 out of 10 PHCs have safe water source
WASH	Unsafe water	23%	2 out of 10 PHCs have unsafe water source
Power	Grid dependency	74%	7 out of 10 PHCs depends on grid
Power	Generator backup	27%	3 out of 10 PHCs depends on generator
Power	Solar adoption	32%	3 out of 10 PHCs use solar
Power	Hybrid systems	40%	4 out of 10 PHCs uses two source of power
Power	No power	14%	1- 2 out of 10 PHCs have no power supply source
Maternal	Delivery beds	86%	9 out of 10 PHCs have delivery beds
Maternal	Neonatal equipment	10%	1 out of 10 PHCs have Neonatal equipment
Maternal	Infusion pumps	12%	1 out of 10 PHCs have infusion pumps
Maternal	Fetal monitors	19%	2 out of 10 PHCs have Fetal monitors
Maternal	Readiness score	32%	Poor
Accessibility	Zero-access	44%	4-5 out of 10 PHCs have no access
Accessibility	Ramp access	23%	2 out of 10 PHCs have ramps
Accessibility	Any feature	56%	6 out of 10 PHCs are accessible
Workforce	Minimum staffing compliance	4%	Very few PHCs meet standards meets standards
Workforce	Midwife availability	8%	Rarely 1 out of 10 PHCs have Midwife
Workforce	Staff satisfaction	21%	2 out of 10 PHCs report satisfied staff
Workforce	Staff training	88%	9 out of 10 PHCs recieve regular training
Perception	Good+ rating	36%	4 out of 10 PHCs are rated positively



OSUN

Osun State: System Performance Snapshot

Executive Summary

The assessment of 114 PHCs across 29 LGAs in Osun State reveals a system with relatively strong utility access and positive community perception but persistent infrastructure and service readiness gaps. Despite 72% maintenance coverage, 47% of facilities are dilapidated, with 39% broken ceilings and 40% leaking roofs requiring urgent attention. Maternal readiness remains weak, with only 25% neonatal equipment coverage and 26% infusion pump availability, while 56% of PHCs lack accessibility features and staffing compliance stands at 0%. Encouragingly, 79% staff training coverage and a 74% good community rating provide a strong foundation for improvement.

Infrastructure & Building Safety:

Infrastructure is under pressure, with 47% of PHCs dilapidated and persistent issues from broken ceilings (39%) and leaking roofs (40%), despite relatively high maintenance coverage.

Water, Hygiene & Sanitation (WASH):

Water access is moderate, but 35% of PHCs rely on unsafe water sources, posing ongoing infection-control risks.

Power Availability & Energy Reliability:

Power reliability is relatively strong, though 19% of PHCs lack electricity, leaving some facilities vulnerable to service disruptions.

Maternal & Newborn Health Readiness:

Maternal readiness remains weak due to low neonatal equipment (25%) and infusion pump (26%) availability, despite adequate delivery bed coverage.

Accessibility & Inclusion:

Accessibility is a significant gap, with 56% of PHCs lacking disability access features, limiting equitable access to care.

Workforce Strength, Welfare & Training:

While 79% staff training coverage is a strength, 0% staffing compliance and low staff satisfaction highlight workforce shortages and retention challenges.

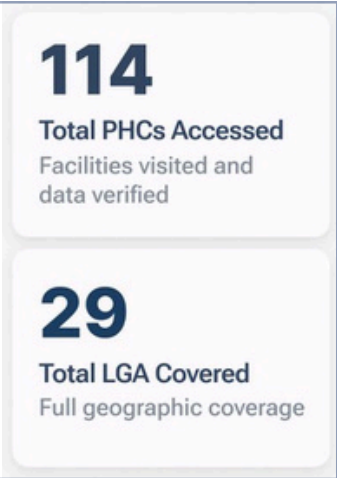
Community Perception & Quality Score:

Community confidence is relatively strong, with 74% of PHCs rated Good+, reflecting positive user experiences despite service gaps.

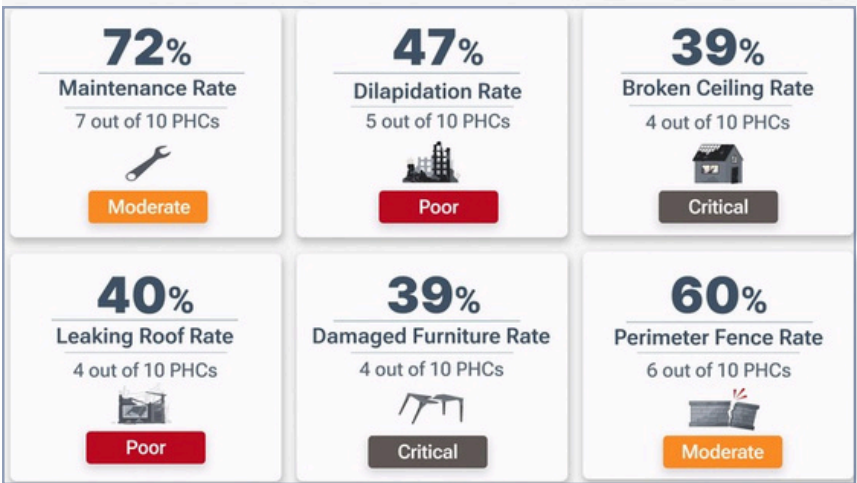
Overall System Scorecard:

The general score/status: **57%/fair**; strong utility access and positive community perception are offset by infrastructure, maternal readiness, accessibility, and workforce challenges.

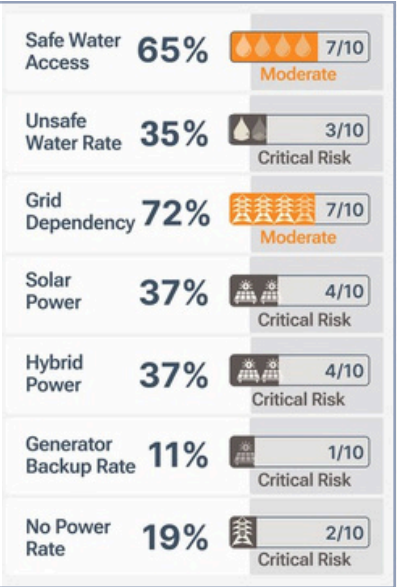
PHC Coverage Overview



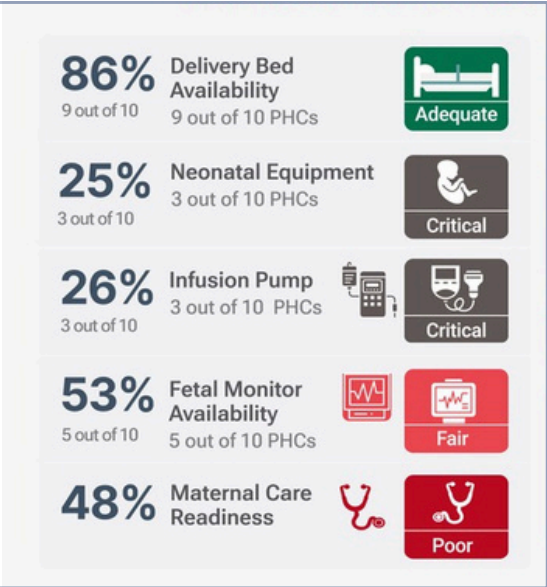
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



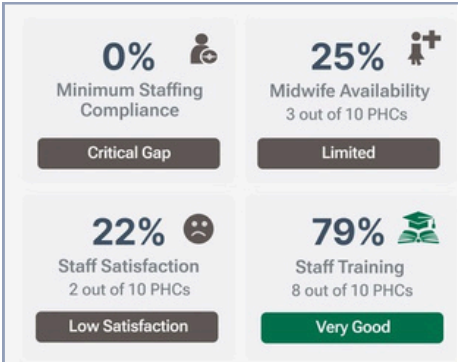
Maternal & Newborn Readiness



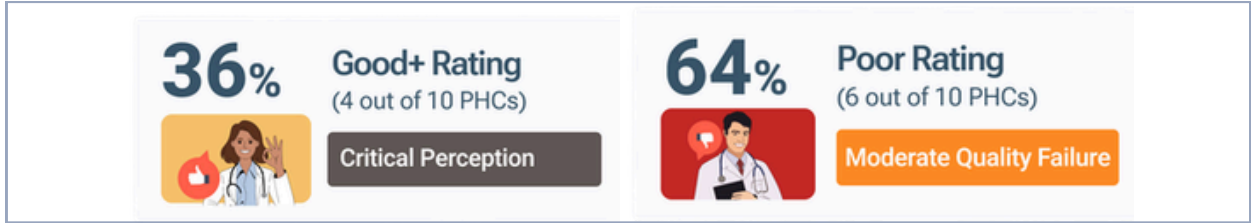
Accessibility & Inclusion



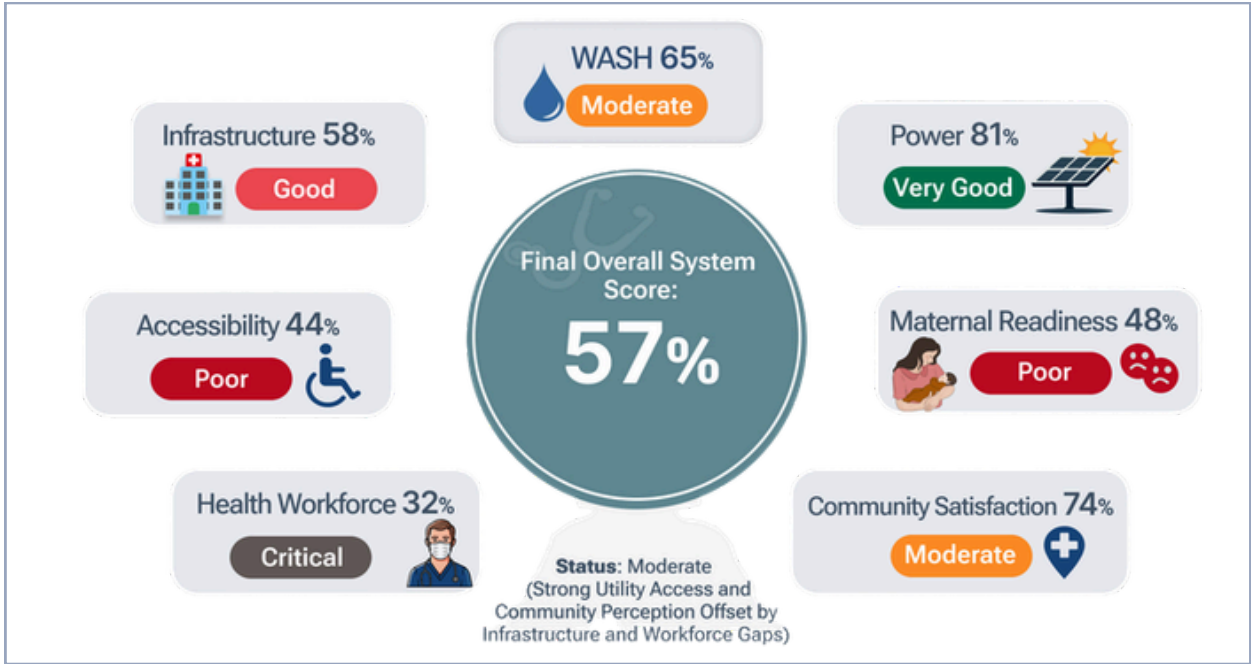
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Infrastructure Rehabilitation: Address broken ceilings and leaking roofs urgently to prevent further facility degradation.
- Water Safety Improvements: Upgrade water sources in 35% of PHCs relying on unsafe water.
- Power Resilience: Expand solar adoption and generator backup to reduce grid dependency risks.
- Maternal Equipment Procurement: Prioritize neonatal equipment and infusion pumps to improve maternal and newborn outcomes.
- Accessibility Enhancements: Implement disability access features, focusing on ramp construction.
- Workforce Strengthening: Urgently improve staffing compliance and staff satisfaction through recruitment and welfare programs.
- Community Engagement: Maintain and build on positive community perception through quality improvement initiatives.

Conclusion

Osun State’s PHC system demonstrates moderate strengths in utility access and community satisfaction but faces significant challenges in infrastructure maintenance and workforce capacity. Addressing these gaps is critical to improving healthcare delivery and outcomes.

Annex: Indicator Register (Osun State)			
Domain	Indicator	Percentage	Interpretation (Approx.)
Coverage	Total PHCs		Assessment covers 114 PHCs across the state
Coverage	Total LGAs		Coverage across 29 LGAs
Infrastructure	Maintenance rate	72%	7 out of 10 PHCs receive regular maintenance
Infrastructure	Dilapidation rate	47%	5 out of 10 PHCs are visibly dilapidated
Infrastructure	Broken ceilings	39%	High Risk (Safety hazard)
Infrastructure	Leaking roofs	40%	High Risk (Urgent repair needed)
Infrastructure	Damaged furniture	39%	High Risk (Replacement required)
Infrastructure	Perimeter fence present	60%	Moderate Risk (Security vulnerabilities)
WASH	Safe water access	65%	Moderate Access
WASH	Unsafe water rate	35%	Urgent Improvement Needed
Power	Grid dependency	72%	High Power Supply Risk (Grid instability)
Power	Generator backup	11%	Insufficient Backup Planning
Power	Solar adoption	37%	Low Adoption (Resilience gap)
Power	Hybrid power systems	37%	Good Energy Planning
Power	No power supply	19%	Critical Safety Risk
Maternal Health	Delivery beds	86%	Adequate Capacity
Maternal Health	Neonatal equipment	25%	CRITICAL (High newborn mortality risk)
Maternal Health	Infusion pumps	26%	Severe Equipment Shortage
Maternal Health	Fetal monitors	53%	Limited Monitoring Capacity
Maternal Health	Maternal readiness score	48%	Poor Readiness
Accessibility	Zero accessibility	56%	Systemic Accessibility Failure
Accessibility	Ramp access	18%	Critical Accessibility Gap
Accessibility	Any accessibility feature	44%	Limited Accessibility Planning
Workforce	Min. staffing compliance	0%	CRITICAL (0 out of 114 PHCs meet standards)
Workforce	Midwife availability (24/7)	25%	3 out of 10 PHCs have skilled attendants
Workforce	Staff satisfaction	22%	2 out of 10 PHCs report satisfied staff
Workforce	Regular staff training	79%	8 out of 10 PHCs receive regular training
Perception	Good / Very good rating	74%	Very Good Perception



SOKOTO

Sokoto State: System Performance Snapshot

Executive Summary

The assessment of 95 PHCs across 19 LGAs in Sokoto State reveals a system in severe collapse, with 85% broken ceilings, 82% leaking roofs, 64% of facilities without power, and 61% relying on unsafe water sources. Maternal readiness is poor at 42%, constrained by low fetal monitor availability (20%), despite relatively strong 80% staff training coverage. Most concerning is the declining public confidence, with 55% of PHCs rated Poor, reflecting the impact of extreme infrastructure and utility failures on service quality.

Infrastructure & Building Safety:

Sokoto’s infrastructure is in critical failure, with 85% broken ceilings and 82% leaking roofs, leaving most facilities unsafe and exposed to damage.

Water, Hygiene & Sanitation (WASH):

Water access is a major concern, as 61% of PHCs rely on unsafe water, increasing infection risks, especially for maternal and newborn care.

Power Availability & Energy Reliability:

Energy access is severely limited, with 64% of PHCs lacking power, restricting essential services like cold-chain storage and nighttime care.

Maternal & Newborn Health Readiness:

Maternal readiness is weak; although 71% have delivery beds, only 20% have fetal monitors, limiting the ability to detect complications.

Accessibility & Inclusion:

Accessibility is poor, with 64% of PHCs lacking access features, excluding vulnerable populations from care.

Workforce Strength, Welfare & Training:

Despite 80% staff training coverage, low staffing compliance (9%) and 33% midwife availability highlight significant workforce shortages.

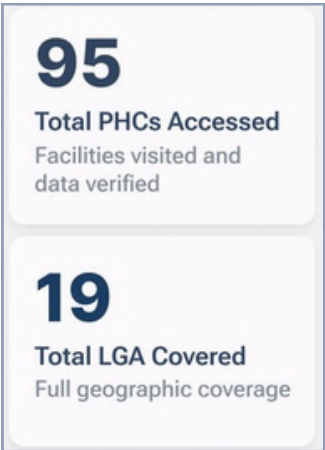
Community Perception & Quality Score:

Community confidence is declining, with 55% of PHCs rated Poor, reflecting dissatisfaction with facility conditions and service quality.

Overall System Scorecard

The general score/status: **39%/critical**; acute infrastructure and utility crisis masking trained workforce potential.

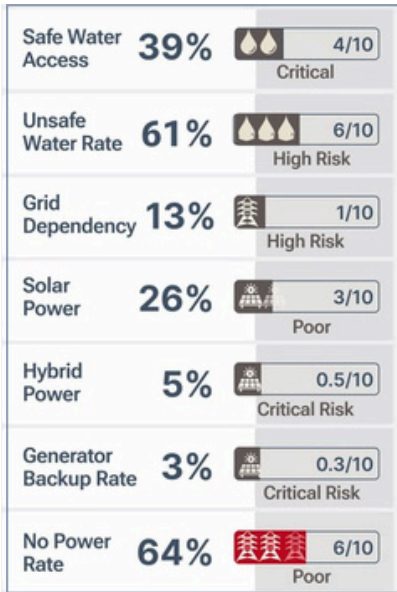
PHC Coverage Overview



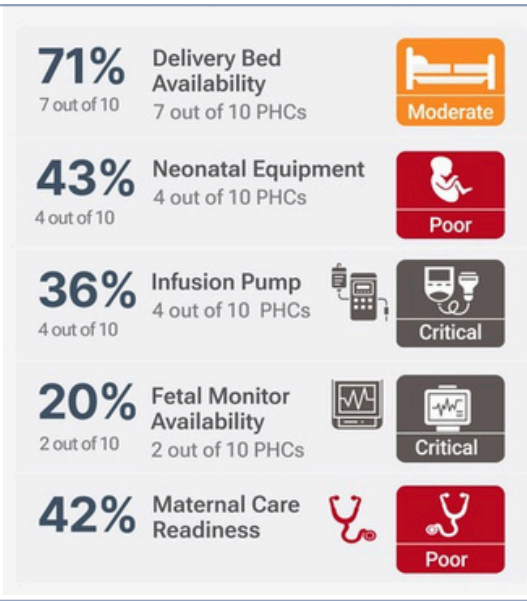
Infrastructure & Building Safety



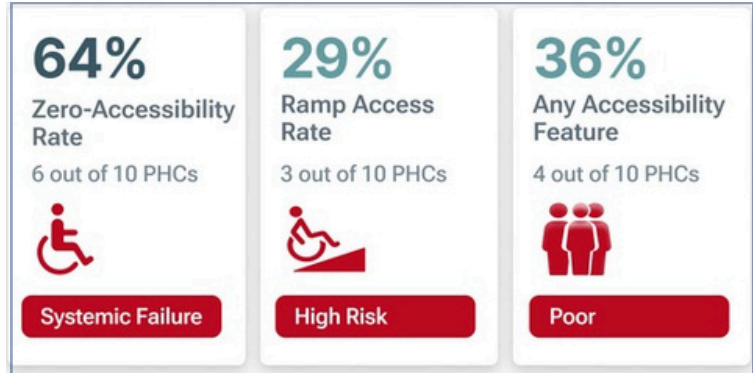
PHC Water, Hygiene & Sanitation



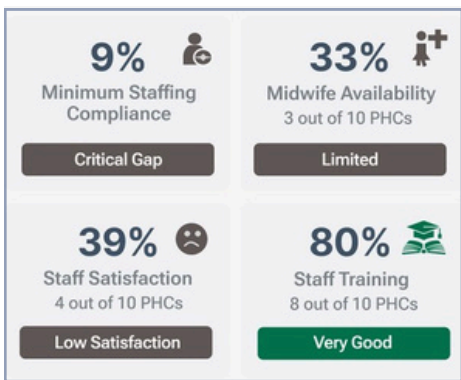
Maternal & Newborn Readiness



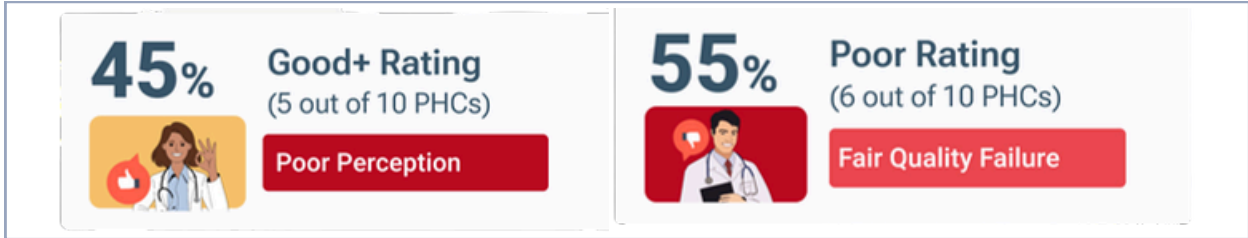
Accessibility & Inclusion



Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Emergency Roof & Ceiling Rehabilitation: Launch an immediate "Dry-Facility" initiative to fix the 82% leaking roofs and 85% broken ceilings.
- Utility Restoration (Power & Water): Deploy solar power and treated boreholes to the 64% of PHCs with no power and 61% with unsafe water.
- Fetal Monitoring Scale-up: Urgently procure fetal monitors for the 80% of facilities currently lacking them to reduce intrapartum stillbirths.
- Staffing Compliance Drive: Build on the 80% training rate by recruiting more midwives to improve the 33% 24/7 availability.
- Disability Access Retrofitting: Implement ramp construction in the 64% of facilities currently lacking accessibility.

Conclusion

Sokoto State’s PHC system is currently being strangled by its physical environment. While the state has successfully trained 80% of its staff, these workers are being asked to perform in facilities that are literally falling apart (85% broken ceilings) and have no power or safe water. Without an immediate and massive investment in infrastructure rehabilitation and basic utilities, the state's health outcomes will continue to be undermined by the very buildings meant to provide care.

Annex: Indicator Register (Sokoto State)			
Domain	Indicator	Percentage	Interpretation (Approx.)
Coverage	Total PHCs	—	Assessment covers 95 PHCs across the state
Coverage	Total LGAs	—	Coverage across 19 LGAs
Infrastructure	Maintenance rate	49%	5 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation rate	55%	6 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	85%	Critical Condition
Infrastructure	Leaking roofs	82%	Urgent Repair Required
Infrastructure	Damaged furniture	68%	7 out of 10 PHCs (Replacement Required)
Infrastructure	Perimeter fence present	61%	6 out of 10 PHCs are fenced
WASH	Safe water access	39%	4 out of 10 PHCs have access to safe water
WASH	Unsafe water rate	61%	6 out of 10 PHCs rely on unsafe water
Power	Grid dependency	13%	Very low grid dependency
Power	Generator backup	3%	Almost no backup capacity
Power	Solar adoption	26%	3 out of 10 PHCs use solar
Power	Hybrid power systems	5%	Low resilience
Power	No power supply	64%	6 out of 10 PHCs (Critical Safety Risk)
Maternal Health	Delivery beds	71%	7 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	43%	4 out of 10 PHCs can resuscitate newborns
Maternal Health	Infusion pumps	36%	4 out of 10 PHCs have infusion pumps
Maternal Health	Fetal monitors	20%	2 out of 10 PHCs have fetal monitors
Maternal Health	Maternal readiness score	42%	Poor readiness
Accessibility	Zero accessibility	64%	6 out of 10 PHCs have no access
Accessibility	Ramp access	29%	3 out of 10 PHCs have ramps
Accessibility	Any accessibility feature	36%	4 out of 10 PHCs are accessible
Workforce	Minimum staffing compliance	9%	9 PHCs meet standards
Workforce	Midwife availability (24/7)	33%	3 out of 10 PHCs have skilled attendants
Workforce	Staff satisfaction	39%	4 out of 10 PHCs report satisfied staff
Workforce	Regular staff training	80%	8 out of 10 PHCs receive regular training
Perception	Good / Very good rating	45%	5 out of 10 PHCs are rated positively

TARABA



Taraba State: System Performance Snapshot

Executive Summary

The assessment of 75 PHCs across 15 LGAs in Taraba State reveals a fragile system with severe infrastructure decay, including 72% broken ceilings, 63% leaking roofs, and 73% damaged furniture, alongside 36% of facilities lacking power and 37% relying on unsafe water sources. Maternal readiness is poor at 38%, driven by low neonatal equipment (21%), infusion pumps (20%), and fetal monitor availability (36%), while workforce gaps persist with 0% staffing compliance and 31% midwife coverage. Most concerning is low community confidence, with only 41% of PHCs rated Good and 59% rated Poor+, indicating a critical service quality gap despite 77% staff training coverage.

Infrastructure & Building Safety:

Taraba’s PHC infrastructure is in severe decay, with 72% broken ceilings, 63% leaking roofs, and only 40% perimeter fencing, leaving facilities unsafe and vulnerable to security threats.

Water, Hygiene & Sanitation (WASH):

WASH conditions are unstable, as 37% of PHCs rely on unsafe water sources, significantly undermining infection control for maternal and child health services.

Power Availability & Energy Reliability:

Energy access is a major barrier, with 36% of PHCs lacking power altogether; while solar adoption (41%) is moderate, it remains insufficient to bridge the gap for maternal and cold-chain services.

Maternal & Newborn Health Readiness:

Maternal readiness is very low; despite 75% delivery bed availability, only 21% of PHCs have neonatal equipment and 20% have infusion pumps, increasing the risk of preventable mortality.

Accessibility & Inclusion:

The system remains largely exclusionary, with 63% of PHCs offering no accessibility features, preventing persons with disabilities and mobility-impaired patients from accessing care..

Workforce Strength, Welfare & Training:

A "workforce paradox" exists where 77% training coverage is high, yet staff satisfaction is low (36%) and staffing compliance is at 0%, highlighting poor working conditions.

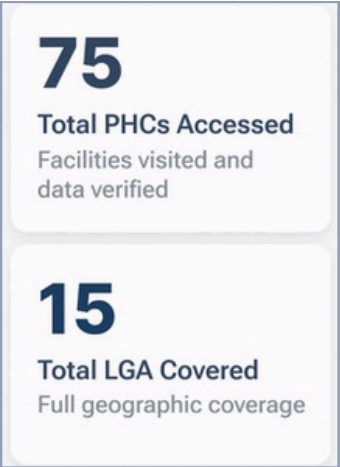
Community Perception & Quality Score:

Public confidence is low, with 59% of PHCs rated Poor+, reflecting deep community dissatisfaction with infrastructure, equipment gaps, and service reliability.

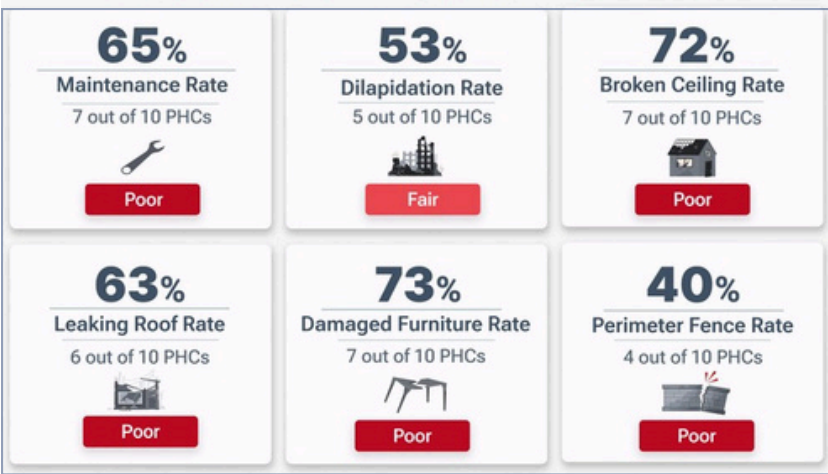
Overall System Scorecard

The general score/status: **46%/poor**; severe infrastructure decay, a persistent power crisis, and high-risk maternal equipment shortages overshadow the state's strong staff training foundation.

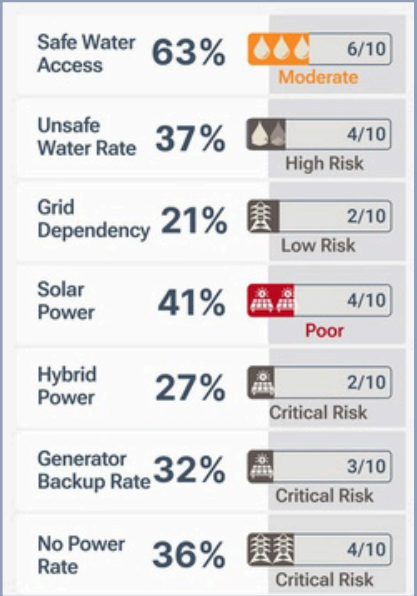
PHC Coverage Overview



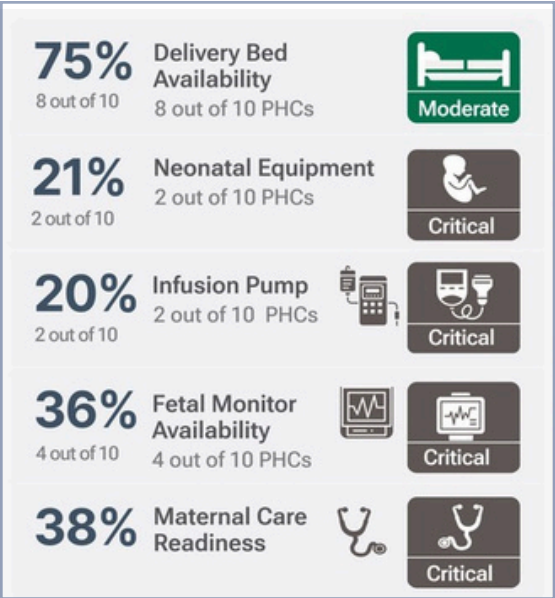
Infrastructure & Building Safety



PHC Water, Hygiene & Sanitation



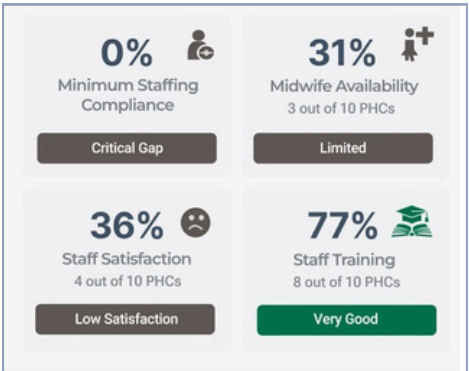
Maternal & Newborn Readiness



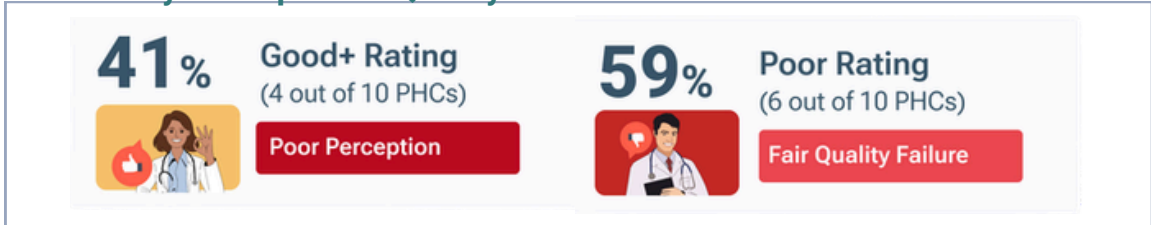
Accessibility & Inclusion



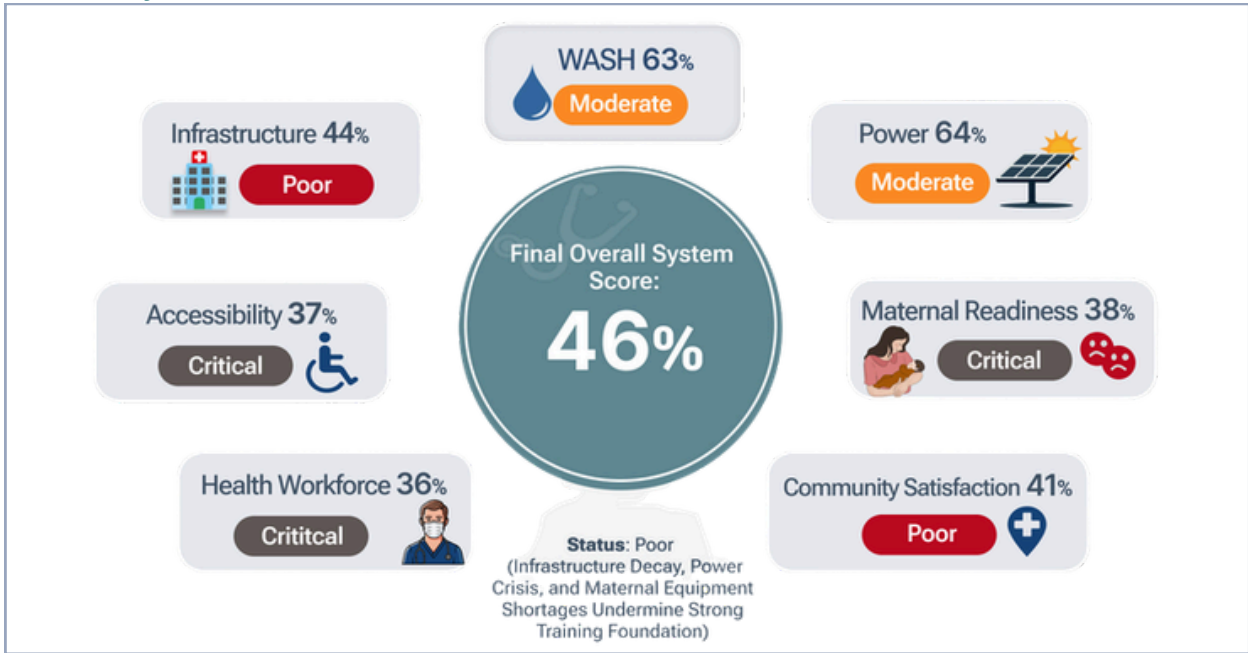
Workforce Strength & Training



Community Perception & Quality Score



Overall System Scorecard



Priority Recommendations

- Power Restoration: Eliminate the 36% no-power rate and scale solar from 41% to 70% through solar-hybrid systems.
- Maternal & Newborn Equipment: Equip the 79% of PHCs lacking neonatal kits and increase infusion pumps from 20% to 60%.
- Infrastructure Rehabilitation: Repair broken ceilings (72%), leaking roofs (63%), and replace damaged furniture (73%).
- Workforce Strengthening: Improve 36% staff satisfaction and expand midwife coverage beyond 31%.
- WASH & Accessibility: Eliminate 37% unsafe water and reduce 63% zero-accessibility with ramps and inclusive facilities.

Conclusion

Taraba State's PHC system has a strong training foundation (77% 8 out of 10 PHCs), but this is being undermined by critical infrastructure decay, power shortages, maternal equipment gaps, and low workforce morale. With targeted investments in energy, maternal equipment, infrastructure rehabilitation, and workforce welfare, Taraba could rapidly improve service quality and regain community trust.

Note: Accessibility indicators are calculated among PHCs with recorded accessibility responses (n=_30 _) out of total state PHCs (N=_75 _)

Annex: Indicator Register (Taraba State)			
Domain	Indicator	Percentage	Interpretation
Coverage	Total PHCs	—	Assessment covers 75 PHCs across the state
Coverage	Total LGAs	—	Coverage across 15 LGAs
Infrastructure	Maintenance rate	65%	7 out of 10 PHCs receive maintenance
Infrastructure	Dilapidation	53%	5 out of 10 PHCs are dilapidated
Infrastructure	Broken ceilings	72%	7 out of 10 PHCs have broken ceilings
Infrastructure	Leaking roofs	63%	6 out of 10 PHCs have leaking roofs
Infrastructure	Damaged furniture	73%	7 out of 10 PHCs have damaged furniture
Infrastructure	Perimeter fence	40%	4 out of 10 PHCs have perimeter fence
WASH	Safe water	63%	6 out of 10 PHCs have safe water source
WASH	Unsafe water	37%	4 out of 10 PHCs have unsafe water source
Power	Grid dependency	21%	2 out of 10 PHCs depends on grid
Power	Generator	32%	3 out of 10 PHCs depends on generator
Power	Solar	41%	4 out of 10 PHCs use solar
Power	Hybrid	27%	3 out of 10 PHCs uses two source of power
Power	No power	36%	4 out of 10 PHCs have no power supply source
Maternal Health	Delivery beds	75%	8 out of 10 PHCs have delivery beds
Maternal Health	Neonatal equipment	21%	2 out of 10 PHCs have Neonatal equipment
Maternal Health	Infusion pumps	20%	2 out of 10 PHCs have infusion pumps
Maternal Health	Fetal monitors	36%	4 out of 10 PHCs have Fetal monitors
Maternal Health	Readiness	38%	Poor
Accessibility	Zero access	63%	6 out of 10 PHCs have no access
Accessibility	Ramp access	27%	3 out of 10 PHCs have ramps
Accessibility	Any feature	37%	4 out of 10 PHCs are accessible
Workforce	Staffing compliance	0%	None meets standards
Workforce	Midwife coverage	31%	3 out of 10 PHCs have Midwife
Workforce	Staff satisfaction	36%	4 out of 10 PHCs report satisfied staff
Workforce	Staff training	77%	8 out of 10 PHCs recieve regular training
Perception	Good rating	41%	4 out of 10 PHCs are rated positively

National Recommendations

The findings from the assessment across the 16 states show that PHC challenges are interconnected: weak infrastructure, unsafe water, unreliable power, poor maternal and newborn readiness, critical workforce shortages, exclusion of persons with disabilities, and low community confidence in service quality. The following recommendations are designed to respond directly to those cross-state findings and should guide action by the National Primary Health Care Development Agency, State Primary Health Care Development Agencies, State Ministries of Health, LGAs, and oversight actors.

1. Establish and Enforce a Minimum PHC Functionality Standard

Across the 16 states, 40% of assessed PHCs have broken ceilings or leaking roofs, 38% have no power supply, 39% rely on unsafe water sources, 75% lack neonatal resuscitation equipment, and 66% lack disability-accessibility provisions. These findings show that many facilities are operating below a basic standard required for safe, continuous, and inclusive care.

The NPHCDA and State PHC agencies should adopt and enforce a minimum PHC functionality standard covering building safety, water, power, maternal and newborn equipment, staffing, and accessibility. State and LGA facility-improvement plans should be aligned to this standard so that the most critical gaps are addressed first.

2. Prioritise Structural Repairs and End Generic Facility-Renovation Budgeting

Four in every ten PHCs assessed have broken ceilings or leaking roofs, exposing patients, staff, equipment, medicines, records, and care spaces to avoidable damage. State Ministries of Health, State PHC agencies, and LGAs should maintain verified lists of PHCs requiring urgent repair and implement phased rehabilitation plans focused on roofs, ceilings, consultation rooms, delivery areas, sanitation spaces, and storage areas.

At the same time, budget transparency should be standardized by replacing generic budget lines such as broad LGA renovation entries with clearly named facilities, defined scopes of work, and verifiable project deliverables. This will make it easier to track whether allocations translate into actual repairs on specific PHCs.

3. Deliver Safe Water and Reliable Power to High-Risk PHCs

38% of PHCs operate without power, while 39% rely on unsafe water sources. These gaps directly weaken infection prevention, hygiene, vaccine storage, night-time care, equipment use, and maternal and newborn services.

State PHC agencies and LGA health authorities should prioritize PHCs with no power and those relying on unsafe water sources for immediate utility interventions.

Facilities providing maternity, immunization, and emergency services should be addressed first, and routine post-installation checks should be built in to confirm that water and power systems remain functional over time.

4. Close Maternal and Newborn Emergency-Readiness Gaps

75% of PHCs assessed across the 16 states lack neonatal resuscitation equipment, with particularly severe shortages reported in Kano and Sokoto States. This means that many facilities are unable to respond adequately to newborn distress or birth-related complications.

The NPHCDA and State PHC agencies should verify maternal and newborn equipment gaps at facility level and prioritise the provision, maintenance, and routine availability monitoring of neonatal resuscitation equipment in PHCs that provide delivery services. These actions should be integrated into state-level service-readiness improvement plans rather than treated as isolated procurements.

5. Address the Critical Shortage of Frontline Health Workers

Only 3% of assessed PHCs meet the minimum staffing standard, while 11 of the 16 states recorded no PHC meeting this standard. This deficit sharply limits the effectiveness of infrastructure and equipment investments and weakens continuity of care.

State governments and state PHC agencies should conduct statewide staffing-gap reviews, redeploy available personnel to the most underserved facilities, and prioritize the recruitment and retention of frontline health workers. Workforce plans should also include staff welfare, work conditions, supportive supervision, and regular training so that staffing improvement is matched by stronger morale and service quality.

6. Implement a Phased Accessibility and Inclusion Upgrade

66% of PHCs across the assessed states have no accessibility provisions for persons with disabilities, older persons, pregnant women, and people with mobility limitations; the gap reaches 80% in Gombe State. This level of exclusion leaves many residents unable to access PHC services safely or with dignity. State PHC agencies should implement phased accessibility upgrades that include ramps, accessible toilets, clear signage, priority seating, and other basic inclusion features identified at the facility level. High-volume PHCs and facilities serving vulnerable or hard-to-reach communities should be prioritized.

National Recommendations

7. Establish Independent Data Monitoring and Routine Facility Verification

The cross-state findings show persistent gaps in infrastructure, utilities, staffing, accessibility, and service readiness, alongside cases where data quality requires careful interpretation.

To strengthen accountability and improve confidence in reported progress, State Governments and PHC agencies should establish independent monitoring arrangements with credible organizations capable of conducting geo-tagged and photo-verified facility assessments using tools such as CheckMyPHC.

Partnerships with organizations like Orodara can help ensure that reported repairs, equipment provision, and service upgrades are independently verified and consistently documented.

8. Create a Public Feedback and Expenditure Tracking System

51% of community respondents across the 16 states rated PHC services as poor, showing that current service conditions are visible to the communities that depend on them. State Governments should create a public digital tracker that follows PHC improvement commitments from budget allocation to facility repair or service upgrade.

The tracker should show what was allocated, which PHC was targeted, what work was promised, what has been completed, and how communities rate the changes in real time. Incorporating community satisfaction data into this system will help connect public spending to public experience and make it easier to identify PHCs where interventions are not delivering visible results.

Methodological Note on Taraba State Accessibility Data

Taraba State accessibility and inclusion findings should be interpreted with caution. While the assessment covered 75 PHCs in the state, accessibility responses were recorded for only 30 PHCs.

Therefore, the reported accessibility percentages for Taraba represent the responding facilities and should not be generalized to all PHCs in the state or used in 16-state accessibility rankings and aggregate calculations until the outstanding records have been validated.

Taraba should remain included in cross-state comparisons for infrastructure, water, power, maternal and newborn readiness, workforce, and community-quality indicators where the figures are based on the full state sample.



Conclusion

This report presents the findings from an assessment of 1,480 Primary Health Centres across 16 states in Nigeria, offering a broad view of the condition, readiness, and performance of frontline primary healthcare facilities.

The evidence shows that while PHCs remain the first point of care for millions of Nigerians, a large share of facilities are operating with serious structural, service-delivery, and system-readiness gaps that weaken their ability to provide safe, timely, and equitable care.

Across the 16 states, the pattern is both clear and concerning. Forty percent of assessed PHCs have broken ceilings or leaking roofs, 38% operate without power, 39% rely on unsafe water sources, and 66% have no accessibility provisions for persons with disabilities and other vulnerable users.

Service readiness is also sharply constrained by workforce and equipment shortages: only 3% of PHCs meet the minimum staffing standard, while 75% lack neonatal resuscitation equipment. These weaknesses are not isolated problems.

Together, they point to a PHC system under strain; one in which infrastructure decay, unreliable utilities, staffing shortfalls, poor inclusion, and limited emergency readiness combine to reduce the quality and reliability of care. It is therefore not surprising that 51% of community respondents rated PHC services as poor.

At the same time, the findings also show that performance is uneven and that stronger outcomes are possible within the same national system. The report highlights particularly severe equipment shortages in Kano and Sokoto, while accessibility gaps reach 80% in Gombe State.

These state-level contrasts are important because they show that PHC failure is not uniform and that some states are performing better than others in specific areas. This unevenness reinforces an important point: the challenge is not only one of resources but also of implementation, prioritization, and accountability.

What these findings demand is not a narrow focus on isolated repairs, but a more coordinated approach to PHC improvement. Governments at the national and state level must treat infrastructure, water, power, staffing, maternal and newborn readiness, accessibility, and community accountability as connected parts of the same system.

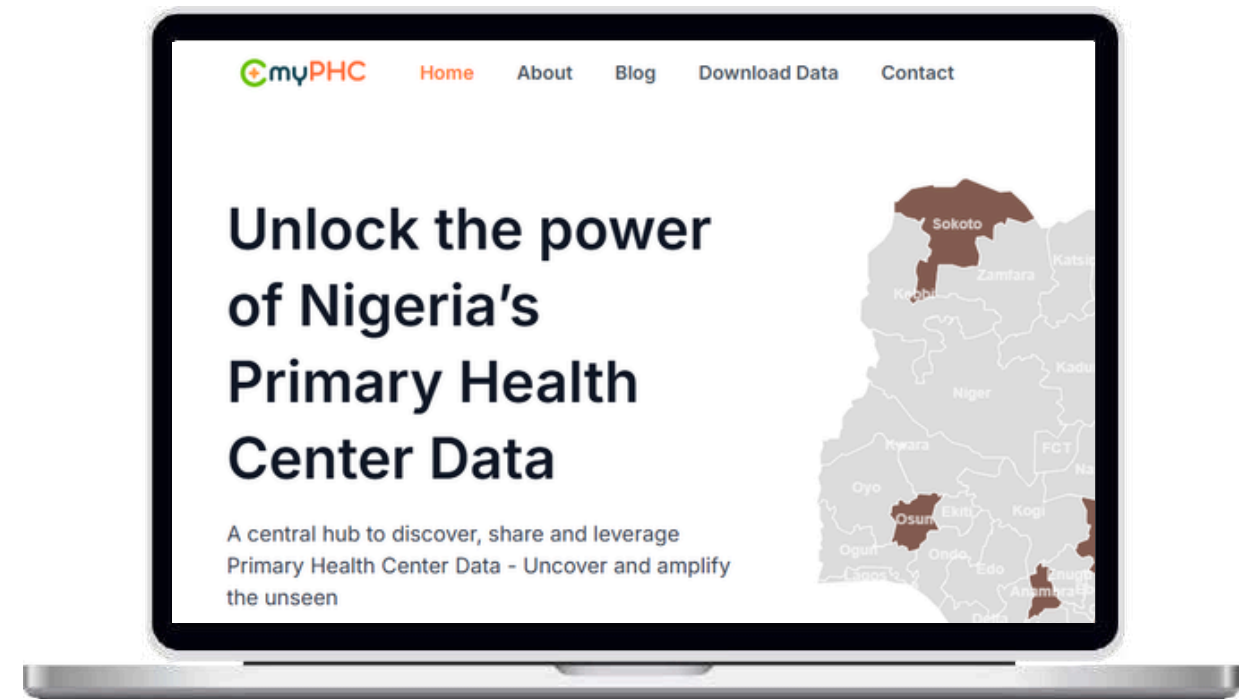
Investment decisions should be tied to verified facility-level needs, implementation should be tracked transparently, and progress should be measured not only by announced projects but by whether PHCs are visibly safer, better staffed, more functional, and more trusted by the communities they serve.

Primary healthcare cannot deliver for communities if the facilities meant to provide it remain underpowered, understaffed, unequipped, and inaccessible.





Unlock Primary Health Center Data **To Strengthen Health Systems**



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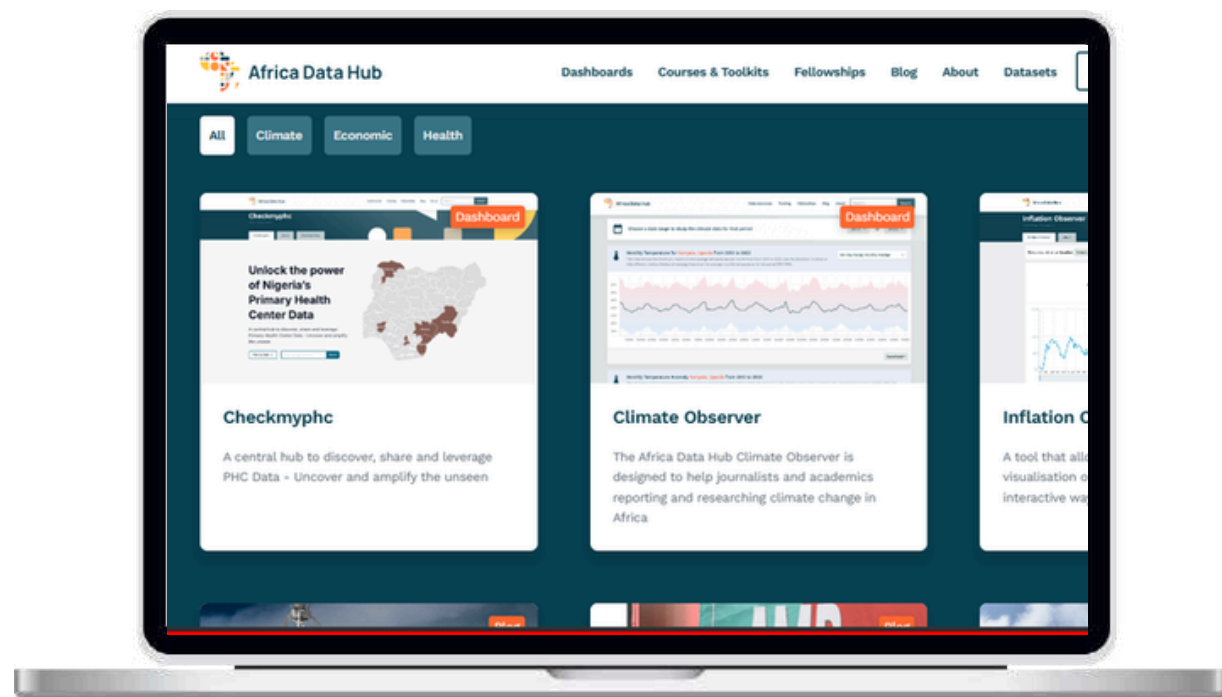
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