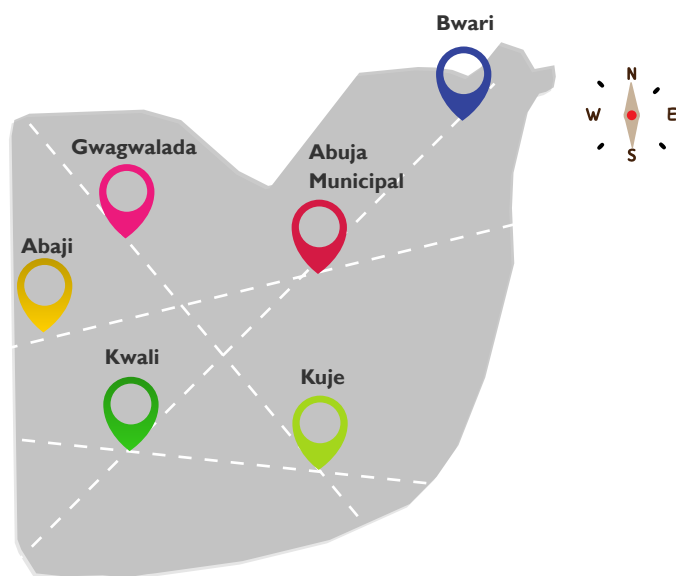




State of Primary Health Care in Nigeria's Federal Capital Territory - an Accountability Scorecard.



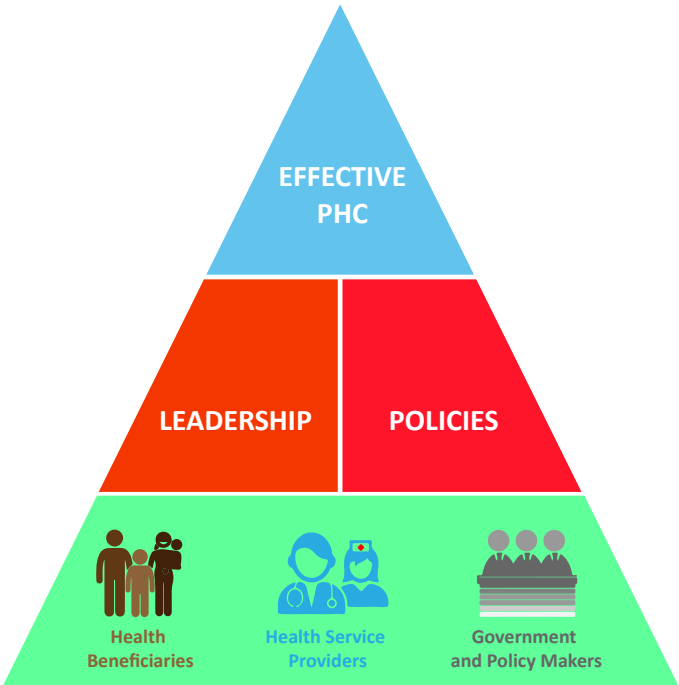
LEGEND	
FCT Area Councils	
	Abaji
	Abuja Municipal
	Bwari
	Gwagwalada
	Kuje
	Kwali

This scorecard was developed by the Association for Reproductive Family Health (ARFH) in collaboration with the FCT Accountability Mechanism (FCT-AM) with support from the American people through a sub-grant from the **USAID Integrated Health Program**

Background

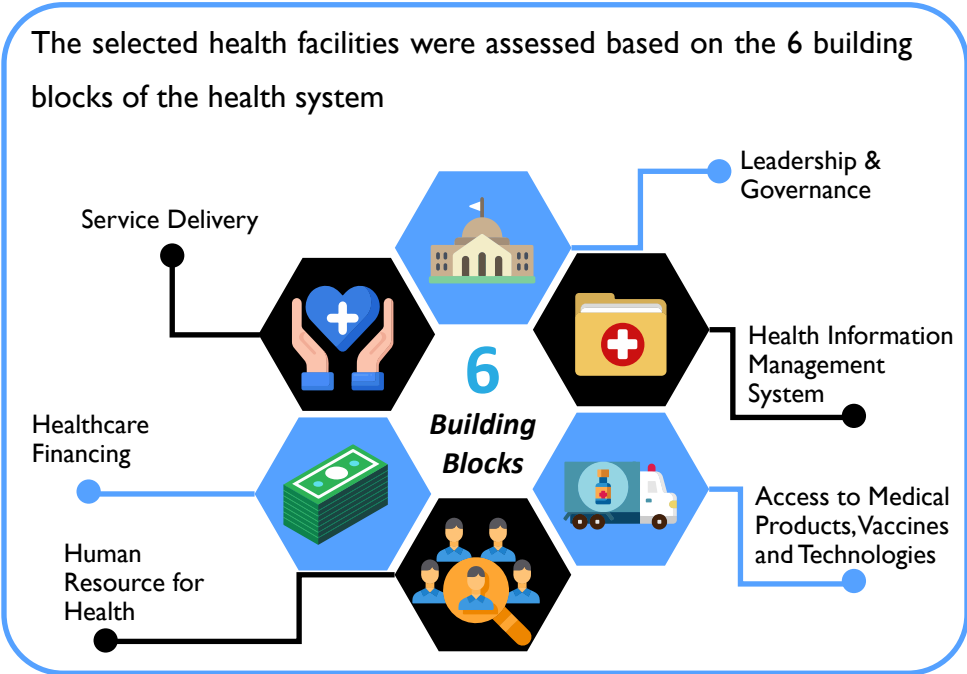
Knowing the current state of the primary health care operations and roles of relevant stakeholders is very important in strengthening accountability mechanisms for improved service delivery. Such data summarised in a scorecard has been shown to be an effective tool for advocacy in the health sector.

Considering the unique structure of the FCT governance system, which leverages the National assembly in its state-focused legislation and policy development, it becomes imperative that relevant information or tools providing insight on the status of health facility operations across the Area councils are regularly provided to policy makers or legislators for an informed decision in improving service delivery at the primary health care levels towards improving key health indices of the residents of the country's capital city.



Objective of the Scorecard

This scorecard is aimed at showcasing the operational status of health facilities across the **6** Area Councils of the Federal Capital Territory.



Methodology



The production of this scorecard was preceded by a strategic health sector budget advocacy planning meeting that involved key stakeholders from the FCT HHSS, FCT PHCB, CSOs and donor partners. A civil society coalition that emerged – the FCT Accountability Mechanism made a commitment to be actively involved in the implementation of the IHP Advocacy and Accountability grant especially at the Area Council levels.



A list of the model primary health care facilities in each of the **62** political wards of the FCT was obtained from the FCT Primary Health Care Board.



8 CSOs who are members of FCT-AM embarked on data collection simultaneously across the six area councils. The PHCs are largely being prioritised for the implementation of the Basic Health Care Provision Fund (BHC PF) to enable them become fully functional.



The Kobo Collect platform mobile application was used for data collection.

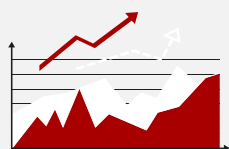


49 data elements were collected across the 6 building blocks of the health system in 61 health facilities, one per ward. The data was downloaded in an excel sheet and analysis conducted.



The Officer-in-Charge of the Apo PHC Zone B was uncooperative to the data collectors, hence, the facility was not assessed.

The draft scorecard was reviewed and validated at a meeting of key government officials, CSOs and the media including the Acting Executive Secretary and the Director of Administration & Finance of the FCT Primary Health Care Board, and the Special Adviser to the FCT Minister of State on Primary Health Care.



Heat-Map/scorecard of Area Council performance across building blocks of the health system.

Good 100% Fair 60% - 99% Poor below 60%

Leadership and Governance

Indicators	Abaji	AMAC	Bwari	Gwagwalada	Kuje	Kwali	FCT	Remarks
Existence of Area Council Health Authority (ACHA)	100%	100%	100%	100%	100%	100%	100%	Some Area Councils Health Authorities have started meeting but no formal inauguration with the presence of FCT PHCB and Council Chairmen.
ACHA inaugural meeting convened by Area Council Chairman held and supervised by the FCT PHCB?	0%	0%	0%	0%	0%	0%	0%	
Availability of Supportive supervision team in the Area Council.	100%	100%	100%	100%	100%	100%	100%	
Ward Focal PHCs that reported existence of Ward Health Committees	100%	100%	90%	100%	100%	100%	98%	
Ward Focal PHCs that reported existence of Village Health Committees	100%	91%	100%	90%	100%	90%	95%	
PHCs that reportedly have Facility Management Committees	90%	91%	80%	90%	90%	80%	87%	
WHCs that reportedly held monthly meetings between September 2020 and September 2021	100%	100%	100%	100%	100%	100%	100%	
WHCs with records of at least 10 Minutes of Meetings between September 2020 and September 2021.	60%	0%	10%	20%	20%	0%	18%	

Reported supportive supervision team visits to PHCs?	80%	100%	100%	100%	90%	90%	93%
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Service Delivery

Ward Focal PHCs offering Child Immunisation services	100%	100%	100%	100%	100%	100%	100%
Ward Focal PHCs offering CovidI9 Vaccination services	70%	82%	80%	100%	100%	100%	89%
Ward Focal PHCs offering Family planning services	100%	100%	100%	100%	100%	100%	100%
Ward Focal PHCs offering Ante-natal and Post-natal care	100%	100%	100%	100%	100%	100%	100%
Ward Focal PHCs with regular water supply	30%	91%	80%	50%	60%	40%	59%
Ward Focal PHCs with regular power supply	0%	36%	50%	10%	40%	0%	23%
Average number of hours of operations per day	20	19	14	19	16	15	17.2

The Ward Health System policy requires all PHCs to be open and functional 24 hours of the day.

Healthcare Financing

Health facility has a bank account with WHC or VHC Chairman and OIC as signatories	90%	100%	100%	90%	80%	100%	93%
HF keeps financial records (comment on the year they started keeping financial records)	80%	91%	90%	80%	60%	90%	82%
HF receives funding from the government.	90%	91%	100%	90%	40%	50%	77%
Monies generated from the PHC facilities (part or whole) are sent to the local or state government?	60%	18%	0	10%	0	0	15%
Monies generated from the PHC (part or whole) are utilized in the management of the health facility?	90%	91%	90%	80%	90%	100%	90%

All BHC PF HF are required to have a bank account.

Every income generated in the PHC facility should be used to improve quality of healthcare services.

Human Resource for Health

PHCs with at least 9 skilled health workers (doctor, nurses, midwives, CHEWS, CHO, pharmacy technicians, med lab technicians, dentist, etc).	30%	70%	50%	50%	20%	30%	42%
PHCs with at least 6 support staff (account officer, health records officer, security, health assistants, etc)	50%	63%	70%	60%	0%	50%	49%
PHCs that has a medical doctor (full time or part-time)	20%	55%	30%	20%	0%	0%	21%
PHCs with at least one medical laboratory scientist/technician	50%	72%	80%	80%	30%	70%	64%

WHS policy requires PHC to have 18 skilled HCW

Every PHC should have at least 17 upport staff

Availability of a full time medical doctor is not mandatory for a PHC. One doctor consultation per week is a minimum requirement.

Every PHC should have at least 2 of these personnel.

PHCs with at least one pharmacist or pharmacy technician?	20%	36%	40%	20%	10%	10%	23%	Every PHC should have at least 2 of these personnel. Every PHC should have at least 2 of these personnel. Every PHC should have at least 2 of these personnel. Covid19-related capacity building and significant presence of donor partners in FCT were largely accountable. Area Councils were mainly responsible for paying staff but the PHCUOR policy now puts all PHCs under the FCT PHCB.
PHCs with at least one Account Officer	20%	27%	20%	10%	20%	0	16%	
PHCs with at least one Health Records Officer	40%	36%	60%	40%	30%	40%	41%	
PHCs whose workers have received training at least once in between Sep 2020 to Sep 2021?	100%	100%	100%	100%	100%	100%	100%	
PHCs whose health care workers were hired and paid by the Area Councils?	90%	82%	50%	80%	40%	100%	74%	

Medical Products, Technologies and Vaccines

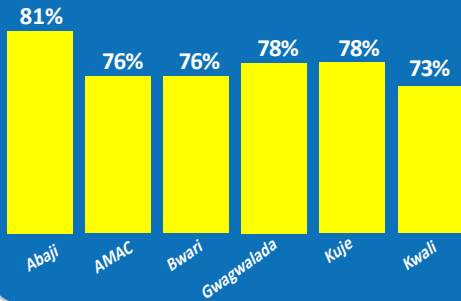
PHCs with medical store or cupboard is available for keeping drugs?	100%	91%	100%	90%	90%	100%	95%	The pull system is recommended by the Logistics team of the FCT PHCB.
PHCs that reported availability of essential drugs available	100%	91%	100%	90%	90%	100%	95%	
PHCs that have bin cards were available and kept besides the commodities	100%	91%	100%	80%	50%	90%	85%	
PHCs with cold chain facility	70%	91%	100%	100%	80%	100%	90%	
PHCs that practice the PULL supply chain system	10%	73%	50%	0%	50%	80%	44%	
PHCs that operate Drug Revolving Fund (DRF)	80%	64%	80%	70%	50%	100%	74%	

Health Management Information System

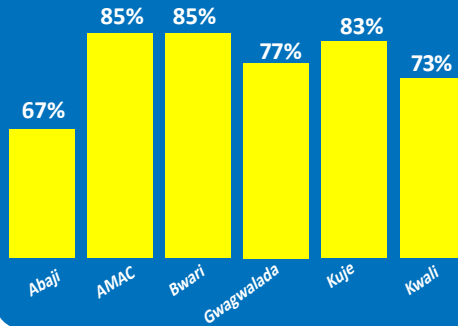
PHCs that have NHMIS Daily Registers (OPD,ANC/PNC, In-patient registers, etc)	100%	81%	100%	100%	100%	100%	97%	This is a recommended practice and helps to improve data quality.
PHCs that have NHMIS Monthly Summary Forms	100%	91%	100%	100%	100%	100%	97%	
PHC that has Immunization dash Board	70%	91%	100%	100%	80%	40%	80%	
PHCs with staff attending monthly NHMIS data validation meetings?	100%	64%	90%	100%	90%	100%	91%	
PHCs that reportedly use data for decision making in the health facility	100%	82%	100%	100%	90%	100%	95%	
PHCs that are reportedly listed on the Health Facility Registry or the DHIS2 platform	100%	82%	100%	90%	50%	100%	87%	

Average Scores by Health Systems Building Blocks

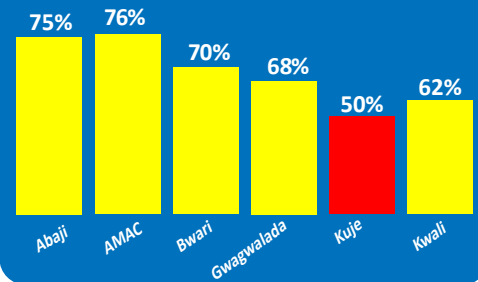
Leadership & Governance



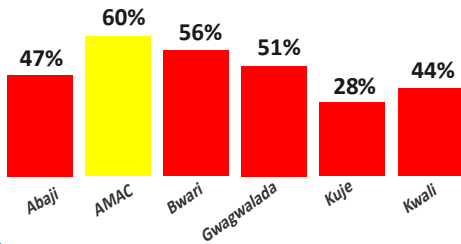
Service Delivery



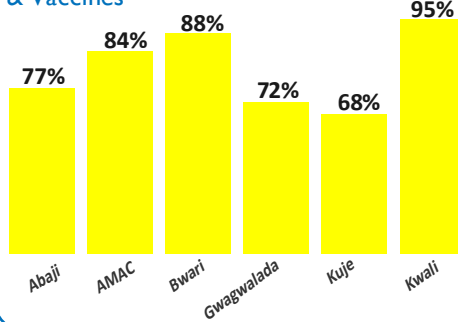
Healthcare Financing



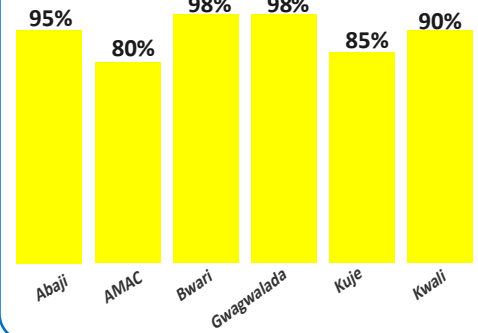
Human Resource for Health



Medical Products, Technologies & Vaccines



Health Management Information System



Leadership and Governance

0% Area Council Health Authority inaugural meeting convened by Area Council Chairman held and supervised by the FCT Primary Health Care Board across the 6 Area councils



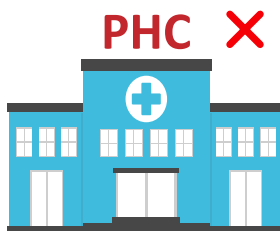
Healthcare Financing

15% Monies generated from the PHC facilities (part or whole) are sent to the Area Council Health Authorities



Service Delivery

23% Ward Focal PHCs with regular power supply and **59%** Ward Focal PHCs with regular water supply.



Human Resource for Health

42% PHCs with at least 9 skilled health workers (doctor, nurses, midwives, CHEWS, CHO, Pharmacy technicians, med lab technicians, dentist, e.t.c)



► Medical Products, Technologies and Vaccines

90% PHCs with cold chain facility



► Health Management Information System

91% PHCs that reportedly use data for decision making in the health facility



Recommendations

Target	Recommendation
FCT Ministers	<ol style="list-style-type: none"> 1. Constitute the Governing Board of the FCT Primary Health Care Board 2. Facilitate Presidential Assent to the FCT Health Insurance Scheme
FCT Administration	<ol style="list-style-type: none"> 1. Increased Funding for Health to at least 15% of the total FCT budget 2. Full and timely release of health allocations
FCT Primary Health Care Board	<ol style="list-style-type: none"> 1. Carry out indepth assessment on the state of all PHC facilities in the FCT 2. Hire and redeploy health care workers equitably across the PHC facilities 3. Work with Area Council Health Authorities and private sector partners to address the infra-structural gaps identified in the PHC facilities. 4. Partner with CSOs to conduct regular supportive supervision and on-the-job mentoring. 5. Investigate the transfer of funds from PHC Facilities to government officials as reported by some PHCs and ensure adherence to best practices.
Area Council Health Authorities	<ol style="list-style-type: none"> 1. Area Council Chairmen to convene and chair monthly meetings 2. ACHA to work closely with the Ward Health Committees (WHCs) and the FCT PHCB to address the gaps highlighted by the Accountability Scorecard. 3. Provide sustainable water and power supply to PHC facilities in their domain
FCT Accountability Mechanism	<ol style="list-style-type: none"> 1. Facilitate Monthly Review Meetings and Accountability Forum in each of the 6 Area Councils in FCT to discuss the gaps highlighted in the scorecard and develop solutions. 2. Lead Advocacy to the FCT Minister of State for the constitution and inauguration of the Governing Board for the FCT Primary Health Care Board. 3. Lead advocacy to the National Assembly FCT and Health Committees for increased funding for primary health care. 4. Collaborate with the FCT PHCB in providing technical support for improved quality of care at the PHC facilities. 5. Lead advocacy to the organised private sector organisations to consider adoption of PHC facilities for infrastructural and other forms of support.

Selected PHCs for the Scorecard Administration by CSOs

Abaji	AMAC	Bwari	Gwagwalada	Kwali	Kuje
Mamagi Clinic	Family Worship	Kogo Clinic	Dagiri Centre	Ashara PHC	Kiyi Clinic
New Township Clinic Toto Road	Apo PHC Zone B	Byazhin Clinic	Dobi Clinic	Dafa PHC	Gaupe PHC
Rimbo Clinic	Kagini Clinic	Mbape PHC	Giri Clinic	Kwaita Hausawa PHC	Gudunkarya PHC
Gawu Clinic	Kuchigoro PHC	Igu Centre	Dukpa Clinic	Sheda PHC	Gwargwada PHC
Gurdi Clinic	Jiwa Clinic	Kawu PHC	Yimi Clinic	Kundu Clinic	Kabin PHC
Ayaura PHC	Zone 6 Lugbe	Dei Dei Shagari Clinic	Township Clinic	Kwali PHC	Kuje Central PHC
Nuku Clinic	Karshi Clinic	Sabongari Centre	Paiko Clinic	Dabi/Bako Centre	Kujekwa PHC
Pandagi Clinic	Karu Village PHC	Shere Karo Clinic	Phase 3 Clinic	Wako PHC	Kwaku PHC
Naharati Tsoho Clinic	Gbagalope PHC	Owner Occupy (Usuma Ward)	Tunga Manje Centre	Yangaji PHC	Rabochi PHC
Yaba Centre	Gidan Mangoro	Ushafa PHC	Zuba PHC	Kwaita Centre	Yenche PHC
	Jahi Clinic				
	Gui PHC				

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