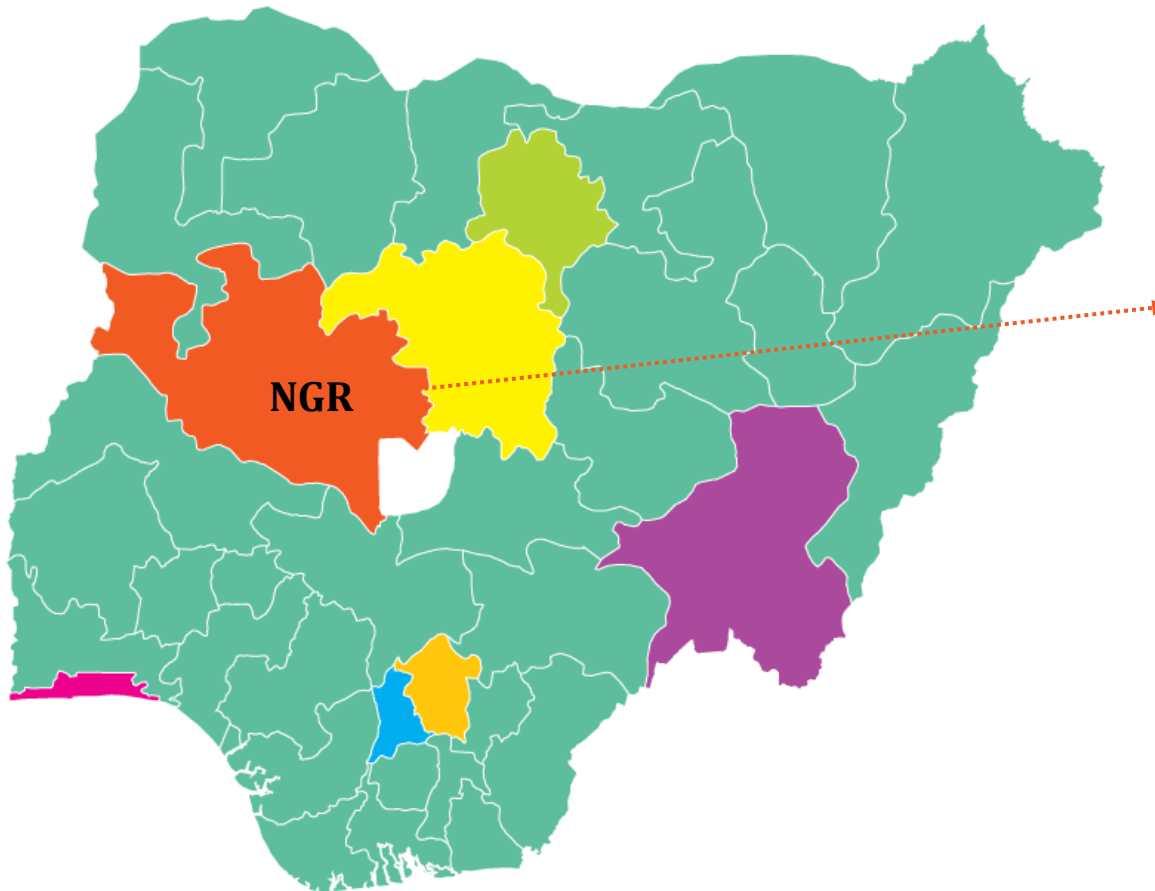




Niger State's Primary Healthcare Under One Roof (PHCUOR) PAS People's Scorecard Assessment Jan-June 2020

Table of content

• PAS Niger State Coalition.....	3
• Objectives.....	4
• Background.....	5
• Building the capacity of CSOs to design & conduct People's Scorecard.....	7
• Methodology	8
• PHCUOR Indicators for People's and Official Scorecards – Similar and Different.....	9
• State Level PHCUOR Scorecard Assessment.....	10
• LGA Level Assessment.....	13
• Health Facility Level Assessment.....	24
• Discussion & implications.....	47



PAS NIGER STATE (NGR) PARTNERS

In Niger state the PAS project is being implemented
three partners;

Centre for Communication and Reproductive Health
Services (CCRHS-PAS)
Federation of Muslim Women Associations of Nigeria
(FOMWAN-PAS)
Network of Muslim Leaders in Health

Objectives

- To strengthen official PHCUOR state Scorecards by complementing governments' assessments with participation and accountability indicators of relevance to the community
- To increase community participation in health service delivery Scorecard assessments through civil society participation in data gathering, validation and dissemination exercises
- To expand the scope of Scorecard assessments through in-depth local level assessments to complement state level reviews

Background

- Niger state is made up of 25 Local Government Areas, 274 political wards spread across the 3 senatorial districts and 6 health zone. There are 1,335 health facilities in the State: 1,322 (99%) are PHC facilities. 1,095 (83%) of the PHC facilities are public health facilities and 227 (17%) are private health facilities. The local government authorities bear responsibility for primary health facilities in conjunction with the Niger State Primary Health Care Development Agency (SPHCDA).
- SPHCDA bill was signed into law in December 2009 through the Gazette Niger State Legal Notices (No. 9) of 2009 whose mission is to provide qualitative Integrated Health Care Services that is available, acceptable, affordable and accessible with equitable distribution to the generality of the population of Niger State with their active involvement and participation and development of community-based system and functional infrastructure.



*PAS NIGER STATE COALITION (CCRHS-PAS)
WORKING ON PRE-IMPLEMENTATION PLANS FOR
THE SCORECARD ASSESSMENT (16/12/2019)*

Building the capacity of CSOs to design & conduct People's Scorecard

- The People's Scorecard (PS) is a Community Scorecard
- PS are participatory tools to engage the community for assessment, planning, monitoring and evaluation of health service delivery
- Unlike official Scorecards, community members or CSOs participate in assessments
- Unlike official Scorecards indicators assess accountability, transparency and participation
- The PAS project trained CSOs to design & conduct People's Scorecards

Methodology

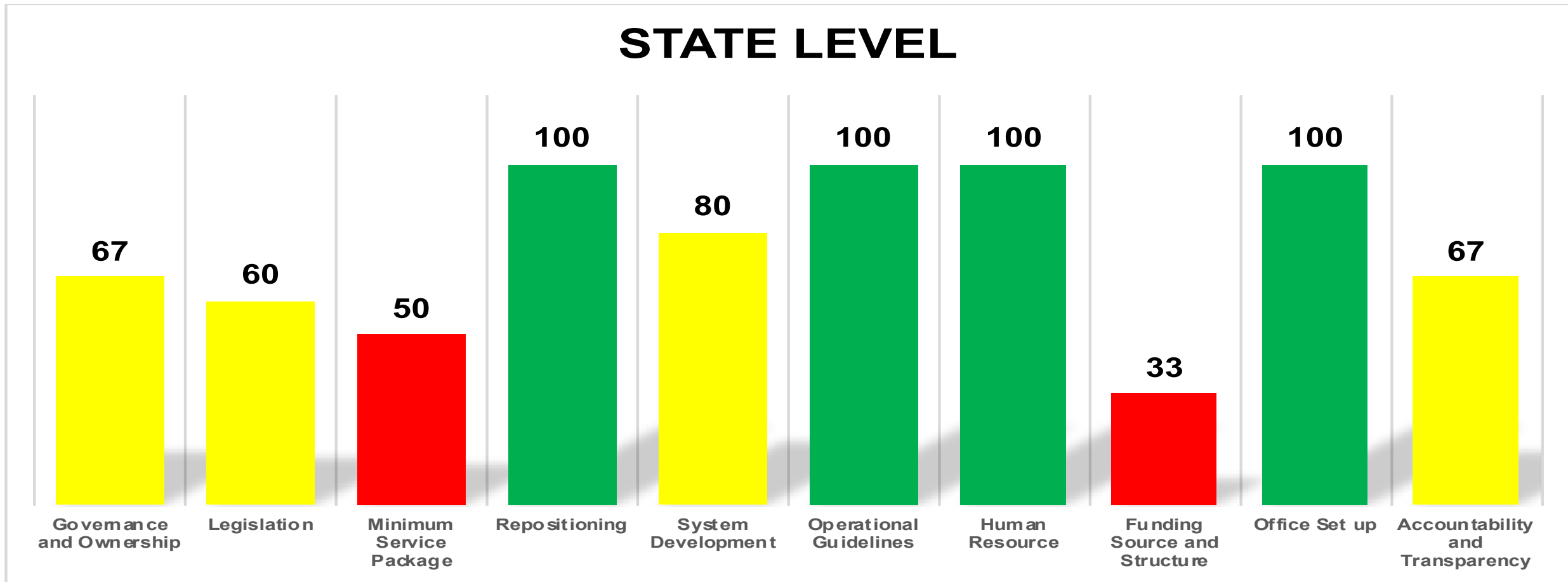
- A cross sectional assessment
- Target participants are the administrative staff of the SPHCB, LGHA and HF In-charges
- Scope is to cover the 3 senatorial zones of the state
- Data collection/assessment was carried out in the State, 5 LGHA and 5 PHCs selected evenly distributed across the three zones
- 2 data collectors/assessors trained on the PHCUOR checklist went to each zone to a predetermined randomly selected LGAs and Facilities
- Data collection was done using the interviewer administered checklist by the consultant and trained data collectors
- All data collected were double checked with the data source, as in the checklist provided
- Microsoft excel was used for analysis and results presented in a power point format
- Results were presented in pros and bar-charts with aggregated results of above 80% represented in green colour, 51-80% in yellow while 0-50% were in red
- This scorecard utilized a three-pronged approach assessing the State (SPHCDA), LGA and the health facility (PHC).

PHCUOR Indicators for People's and Official Scorecards – Similar and Different

- No. of similar indicators between the Peoples' and Official Scorecards -31
- No. of difference indicators between the Peoples' and Official scorecards – 37
- People's Scorecard indicators to assess accountability, transparency & participation - 3

Key findings

State Level PHCUOR Scorecard Assessment



			STATE LEVEL							
<50% TARGET NOT ACHIEVED			50-79% ON GOING				70%-100% TARGET ACHIEVED			
Checklist (Questions)			YES	NO		Checklist (Questions)			YES	NO
GOVERNANCE AND OWNERSHIP						REPOSITIONING				
Is there a SPHCDA/B Governing Board and management team?			✓			Has the department of PHC at the SMOH been collapsed into the SPHCDA/B?			✓	
Is there a document specifying the role of the Governing Board as distinct from the role of the Management Team (SPHCDA/B)?			✓			Has the department of PHC at the MOLG been collapsed into the SPHCDA/B?			✓	
Does the SPHCDA/B hold top management meetings at least once a month?				✓		Has the department of PHC at the LGSC been collapsed into the SPHCDA/B?			✓	
			67%			Has the department of PHC in the Local Governments been collapsed into the SPHCDA/B as part of the Local Government Health Authority?			✓	
LEGISLATION						Has there been any forum for engaging with different stakeholders (SMOH, MOLG, LGSC, LGA, Devt Partners, CSOs, Professional bodies, Media etc) to discuss the changing roles and responsibilities as the SPHCDA/B is established?			✓	
Has your State drafted a PHC Bill to establish the SPHCDA/B?			✓						100%	
Has a PHC Bill been passed by the State House of Assembly?			✓			SYSTEM DEVELOPMENT				
Has the Governor assented to the PHC Bill passed by the Legislature?			✓			Has the SPHCDA/B developed a Strategic Health Plan (usually for 3-5 years)?			✓	
Has the Regulations for operationalizing the Bill been signed by the Governor or Commissioner as the case may be?				✓		Does the SPHCDA/B have bi annual Operational Plan for the current year?			✓	
Has the PHC Law establishing the SPHCDA/B and Regulations been gazetted?				✓		Does the SPHCDA/B have an Integrated Supportive Supervision plan?			✓	
			60%			Is the SPHCDA/B's Integrated Supportive Supervision plan being implemented?				✓
MINIMUM SERVICE PACKAGE						Are there guidelines and protocols for operations at different levels e.g. Standing Orders			✓	
Has the SPHCDA classified the health facilities in the State based on the Minimum Service Package?			✓			in PHC facilities; Programme Guidelines (Immunization, Reproductive Health, MCH etc.)?			80%	
Has the MSP been costed?			✓							
Is there funding for operationalizing the MSP for effective and efficient delivery of services?				✓						
Does your State monitoring team regularly (at least yearly) evaluate the resource gaps for implementing the MSP?				✓						
			50%							

STATE LEVEL

<50%
TARGET NOT ACHIEVED50-79%
ON GOING70%-100%
TARGET ACHIEVED

Checklist (Questions)

YES

NO

OPERATIONAL GUIDELINES

Has the State adapted the Implementation Manual on PHCUOR?

✓

Does the State policy on PHCUOR make provision for HR, M&E, Accounting and other procedures to follow?

✓

100%

HUMAN RESOURCE

Has your State established a high level Human Resource Committee for documentation and transfer of PHC human resources?

✓

Are all the staff providing PHC services especially at the health facility level, employees of the SPHCDA/B?

✓

Has your State developed Job Descriptions for health facility managers and workers?

✓

100%

FUNDING SOURCES AND STRUCTURE

Did your State release a take-off grant for the SPHCDA/B?

✓

Is there a system that tracks funds released to the SPHCDA/B?

✓

Are the funds allocated to the SPHCDA/B commensurate with its approved plan?

✓

33%

OFFICE SET UP

Was/Is there a costed start-up plan for the take-off of the management team of the SPHCDB/A?

✓

Is the office complex of the SPHCDA/B furnished with office equipment and installations such as furniture, internet, computers and access?

✓

100%

ACCOUNTABILITY AND TRANSPARENCY

Does the SPHCB Management Team have a platform /forum for engaging partners and other major stakeholders on PHCUOR implementation in the State?

✓

Does the PHCUOR platform meetings involve CSOs?

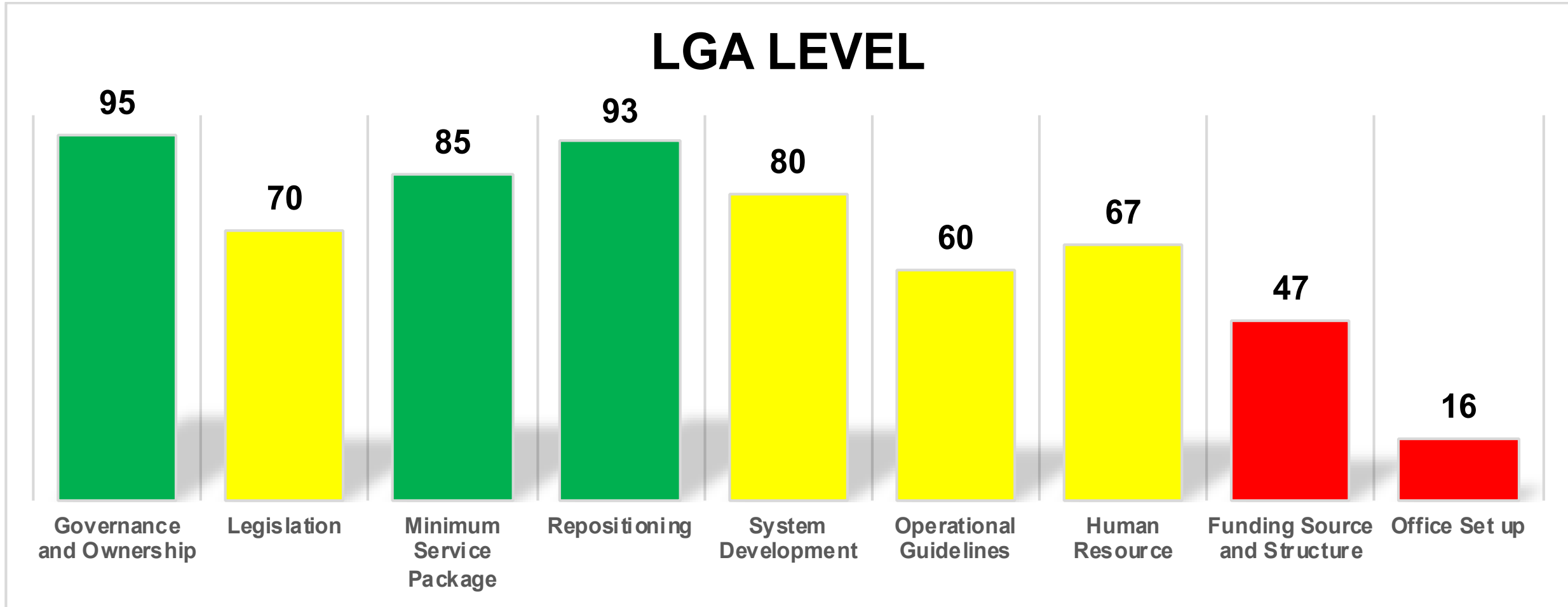
✓

Does the PHCUOR platform meetings hold regularly?

✓

67%

LGA Level Assessment



		LGA Level Assessment (Agaie LGA)					
<50% TARGET NOT ACHIEVED		50-79% ON GOING			70%-100% TARGET ACHIEVED		
Checklist (Questions)		YES	NO	Checklist (Questions)		YES	NO
GOVERNANCE AND OWNERSHIP				REPOSITIONING			
Have all LGA PHC Departments in the LGA transformed into Local Government Health Authority (LGHA) with a clear reporting line to the SPHCB?	✓			Was there any forum with key stakeholders to discuss the changing roles and responsibilities as the LGHA was established? (probe further about engagements with stakeholders - explain the need for continuous engagement)	✓		
Does the LGHA have a LG Advisory Committee headed by the LGA Chairman with direct reporting access to the SPHCB?	✓			Have LGA PHC departments transformed into LGHA, with clear reporting line to the SPHCB?	✓		
Is the composition of the LGHA Management Team in line with the National PHCUOR Implementation Guidelines?	✓			Are all Primary Health Care staff within the LGHA currently under the management and authority of the SPHCB?	✓		
Are the lines of accountability and reporting clearly defined and followed by the LG Advisory Committee and LGHA Management Committee?	✓				100%		
	100%			SYSTEM DEVELOPMENT			
LEGISLATION				Has the LGHA developed a costed annual operational plan for the current year?			✓
Were the LGA chairman and PHC coordinators and teams involved in the stakeholders meeting for the drafting of the SPHCDA bill?	✓			Does the LGHA have an Integrated Supportive Supervision plan?	✓		
Does the LGHA management team have a copy of the SPHCB Law and Regulations?	✓			Is the LGHA's Integrated Supportive Supervision plan being implemented?	✓		
	100%			Are there guidelines and protocols for operations at different levels e.g. Standing Orders in PHC facilities; Programme Guidelines (Immunization, Reproductive Health, MCH etc.)?	✓		
MINIMUM SERVICE PACKAGE					75%		
Does the LGHA have a copy of the state minimum service package policy?	✓			OPERATIONAL GUIDELINES			
If yes, is the MSP policy available and being utilized in the health facilities in your LGA?		✓		Does the LGHA have a copy of the SPHCDA/B Operational Guidelines that documented guidelines and procedures for the PHC?	✓		
Are the health facilities in the LGA classified based on the Minimum Service Package?	✓			Have key personnel (management team) in the LGHA been trained on the mandate, vision and mission of the SPHCB using the SPHCB Operational Guidelines?			✓
Have the state contacted the LGA on MSP assessment?	✓				50%		
	75%						

LGA Level Assessment (Agaie LGA)

**<50%
TARGET NOT ACHIEVED**

**50-79%
ON GOING**

**70%-100%
TARGET ACHIEVED**

Checklist (Questions)	YES	NO
HUMAN RESOURCE		
Are all the staff providing PHC services especially at the health facility level, employees of the LGHA?	✓	
Does the LGHA have Job Descriptions (with detailed roles and responsibilities, reporting lines, required skills) for each staff position?	✓	
If yes, are the job descriptions made available to all LGHA staff?	✓	
	100%	
FUNDING SOURCES AND STRUCTURE		
Does the LGHA have a dedicated bank account?	✓	
Is there a system that tracks funds released to the LGHA?	✓	
Is the fund disbursement procedure for release of funds effective? Explain (timeliness, authority, completeness, agreed channels)	✓	
Are the funds allocated to the LGHA commensurate with its approved plan?		✓
Was the budget for the previous year released completely? 100% of request?		✓
How are PHC funds expenditure reported? (In line with disbursement, Activities completed, Fund request)		✓
	50%	

Checklist (Questions)	YES	NO
OFFICE SET UP		
Does the LGHA have designated office buildings to run their day to day operations?	✓	
Are the office buildings sufficiently adequate for their operations? (Size, number of rooms, infrastructure etc.)	✓	
Are the LGHA offices furnished with sufficient tables, chairs, desks, blinds, cabinets etc?		✓
Are the LGHA offices equipped with functional computers (desktops/laptops), printers, copiers, internet etc? *indicate in comment section what is unavailable.		✓
Are the facilities/utilities (toilet (male/female), electricity, water supply, waste bins etc.) provided at the LGHA offices adequate?	✓	
	60%	

LGA Level Assessment (Bosso LGA)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP			REPOSITIONING		
Have all LGA PHC Departments in the LGA transformed into Local Government Health Authority (LGHA) with a clear reporting line to the SPHCB?	✓		Was there any forum with key stakeholders to discuss the changing roles and responsibilities as the LGHA was established? (probe further about engagements with stakeholders - explain the need for continuous engagement)	✓	
Does the LGHA have a LG Advisory Committee headed by the LGA Chairman with direct reporting access to the SPHCB?	✓		Have LGA PHC departments transformed into LGHA, with clear reporting line to the SPHCB?	✓	
Is the composition of the LGHA Management Team in line with the National PHCUOR Implementation Guidelines?	✓		Are all Primary Health Care staff within the LGHA currently under the management and authority of the SPHCB?	✓	
Are the lines of accountability and reporting clearly defined and followed by the LG Advisory Committee and LGHA Management Committee?		✓		100%	
	75%		SYSTEM DEVELOPMENT		
LEGISLATION			Has the LGHA developed a costed annual operational plan for the current year?		✓
Were the LGA chairman and PHC coordinators and teams involved in the stakeholders meeting for the drafting of the SPHCDA bill?		✓	Does the LGHA have an Integrated Supportive Supervision plan?	✓	
Does the LGHA management team have a copy of the SPHCB Law and Regulations?	✓		Is the LGHA's Integrated Supportive Supervision plan being implemented?	✓	
	50%		Are there guidelines and protocols for operations at different levels e.g. Standing Orders in PHC facilities; Programme Guidelines (Immunization, Reproductive Health, MCH etc.)?	✓	
MINIMUM SERVICE PACKAGE				75%	
Does the LGHA have a copy of the state minimum service package policy?	✓		OPERATIONAL GUIDELINES		
If yes, is the MSP policy available and being utilized in the health facilities in your LGA?	✓		Does the LGHA have a copy of the SPHCDA/B Operational Guidelines that documented guidelines and procedures for the PHC?	✓	
Are the health facilities in the LGA classified based on the Minimum Service Package?	✓		Have key personnel (management team) in the LGHA been trained on the mandate, vision and mission of the SPHCB using the SPHCB Operational Guidelines?	✓	
Have the state contacted the LGA on MSP assessment?	✓			100%	
	100%			100%	

LGA Level Assessment (Bosso LGA)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
HUMAN RESOURCE		
Are all the staff providing PHC services especially at the health facility level, employees of the LGHA?	✓	
Does the LGHA have Job Descriptions (with detailed roles and responsibilities, reporting lines, required skills) for each staff position?		✓
If yes, are the job descriptions made available to all LGHA staff?		✓
	33%	
FUNDING SOURCES AND STRUCTURE		
Does the LGHA have a dedicated bank account?	✓	
Is there a system that tracks funds released to the LGHA?	✓	
Is the fund disbursement procedure for release of funds effective? Explain (timeliness, authority, completeness, agreed channels)		✓
Are the funds allocated to the LGHA commensurate with its approved plan?		✓
Was the budget for the previous year released completely? 100% of request?		✓
How are PHC funds expenditure reported? (In line with disbursement, Activities completed, Fund request)	✓	
Total 3/6 X 100% = 50%	50%	
OFFICE SET UP		
Does the LGHA have designated office buildings to run their day to day operations?		✓
Are the office buildings sufficiently adequate for their operations? (Size, number of rooms, infrastructure etc.)		✓
Are the LGHA offices furnished with sufficient tables, chairs, desks, blinds, cabinets etc?		✓

Checklist (Questions)	YES	NO
OFFICE SET UP (CONTD)		
Are the LGHA offices equipped with functional computers (desktops/laptops), printers, copiers, internet etc? *indicate in comment section what is unavailable.		✓
Are the facilities/utilities (toilet (male/female), electricity, water supply, waste bins etc.) provided at the LGHA offices adequate?		✓
	0%	

LGA Level Assessment (Chanchaga LGA)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP			REPOSITIONING		
Have all LGA PHC Departments in the LGA transformed into Local Government Health Authority (LGHA) with a clear reporting line to the SPHCB?	✓		Was there any forum with key stakeholders to discuss the changing roles and responsibilities as the LGHA was established? (probe further about engagements with stakeholders - explain the need for continuous engagement)	✓	
Does the LGHA have a LG Advisory Committee headed by the LGA Chairman with direct reporting access to the SPHCB?	✓		Have LGA PHC departments transformed into LGHA, with clear reporting line to the SPHCB?	✓	
Is the composition of the LGHA Management Team in line with the National PHCUOR Implementation Guidelines?	✓		Are all Primary Health Care staff within the LGHA currently under the management and authority of the SPHCB?		✓
Are the lines of accountability and reporting clearly defined and followed by the LG Advisory Committee and LGHA Management Committee?	✓			67%	
	100%		SYSTEM DEVELOPMENT		
LEGISLATION			Has the LGHA developed a costed annual operational plan for the current year?		✓
Were the LGA chairman and PHC coordinators and teams involved in the stakeholders meeting for the drafting of the SPHCDA bill?		✓	Does the LGHA have an Integrated Supportive Supervision plan?	✓	
Does the LGHA management team have a copy of the SPHCB Law and Regulations?	✓		Is the LGHA's Integrated Supportive Supervision plan being implemented?	✓	
	50%		Are there guidelines and protocols for operations at different levels e.g. Standing Orders in PHC facilities; Programme Guidelines (Immunization, Reproductive Health, MCH etc.)?	✓	
MINIMUM SERVICE PACKAGE			Total	3/4 X 100% = 75%	
Does the LGHA have a copy of the state minimum service package policy?		✓	OPERATIONAL GUIDELINES		
If yes, is the MSP policy available and being utilized in the health facilities in your LGA?		✓	Does the LGHA have a copy of the SPHCDA/B Operational Guidelines that documented guidelines and procedures for the PHC?		✓
Are the health facilities in the LGA classified based on the Minimum Service Package?	✓		Have key personnel (management team) in the LGHA been trained on the mandate, vision and mission of the SPHCB using the SPHCB Operational Guidelines?		✓
Have the state contacted the LGA on MSP assessment?	✓		Total	0/2 X 100% = 0%	
	50%			0%	

LGA Level Assessment (Chanchaga LGA)

**<50%
TARGET NOT ACHIEVED**

**50-79%
ON GOING**

**70%-100%
TARGET ACHIEVED**

Checklist (Questions)	YES	NO
HUMAN RESOURCE		
Are all the staff providing PHC services especially at the health facility level, employees of the LGHA?	✓	
Does the LGHA have Job Descriptions (with detailed roles and responsibilities, reporting lines, required skills) for each staff position?		✓
If yes, are the job descriptions made available to all LGHA staff?		✓
	33%	
FUNDING SOURCES AND STRUCTURE		
Does the LGHA have a dedicated bank account?		✓
Is there a system that tracks funds released to the LGHA?	✓	
Is the fund disbursement procedure for release of funds effective? Explain (timeliness, authority, completeness, agreed channels)		✓
Are the funds allocated to the LGHA commensurate with its approved plan?	✓	
Was the budget for the previous year released completely? 100% of request?		✓
How are PHC funds expenditure reported? (In line with disbursement, Activities completed, Fund request)	✓	
	50%	
OFFICE SET UP		
Does the LGHA have designated office buildings to run their day to day operations?		✓
Are the office buildings sufficiently adequate for their operations? (Size, number of rooms, infrastructure etc.)		✓
Are the LGHA offices furnished with sufficient tables, chairs, desks, blinds, cabinets etc?		✓

Checklist (Questions)	YES	NO
OFFICE SET UP (CONTD)		
Are the LGHA offices equipped with functional computers (desktops/laptops), printers, copiers, internet etc? *indicate in comment section what is unavailable.		✓
Are the facilities/utilities (toilet (male/female), electricity, water supply, waste bins etc.) provided at the LGHA offices adequate?		✓
	0%	

LGA Level Assessment (Lapai LGA)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
GOVERNANCE AND LEADERSHIP		
Have all LGA PHC Departments in the LGA transformed into Local Government Health Authority (LGHA) with a clear reporting line to the SPHCB?	✓	
Does the LGHA have a LG Advisory Committee headed by the LGA Chairman with direct reporting access to the SPHCB?	✓	
Is the composition of the LGHA Management Team in line with the National PHCUOR Implementation Guidelines?	✓	
Are the lines of accountability and reporting clearly defined and followed by the LG Advisory Committee and LGHA Management Committee?	✓	
	100%	
LEGISLATION		
Were the LGA chairman and PHC coordinators and teams involved in the stakeholders meeting for the drafting of the SPHCDA bill?		✓
Does the LGHA management team have a copy of the SPHCB Law and Regulations?	✓	
	50%	
MINIMUM SERVICE PACKAGE		
Does the LGHA have a copy of the state minimum service package policy?	✓	
If yes, is the MSP policy available and being utilized in the health facilities in your LGA?	✓	
Are the health facilities in the LGA classified based on the Minimum Service Package?	✓	
Have the state contacted the LGA on MSP assessment?		
	100%	

Checklist (Questions)	YES	NO
REPOSITIONING		
Was there any forum with key stakeholders to discuss the changing roles and responsibilities as the LGHA was established? (probe further about engagements with stakeholders - explain the need for continuous engagement)	✓	
Have LGA PHC departments transformed into LGHA, with clear reporting line to the SPHCB?	✓	
Are all Primary Health Care staff within the LGHA currently under the management and authority of the SPHCB?	✓	
	100%	
SYSTEM DEVELOPMENT		
Has the LGHA developed a costed annual operational plan for the current year?	✓	
Does the LGHA have an Integrated Supportive Supervision plan?	✓	
Is the LGHA's Integrated Supportive Supervision plan being implemented?		✓
Are there guidelines and protocols for operations at different levels e.g. Standing Orders in PHC facilities; Programme Guidelines (Immunization, Reproductive Health, MCH etc.)?	✓	
	75%	
OPERATIONAL GUIDELINES		
Does the LGHA have a copy of the SPHCDA/B Operational Guidelines that documented guidelines and procedures for the PHC?	✓	
Have key personnel (management team) in the LGHA been trained on the mandate, vision and mission of the SPHCB using the SPHCB Operational Guidelines?	✓	
	100%	

LGA Level Assessment (Lapai LGA)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)

YES

NO

HUMAN RESOURCE

Are all the staff providing PHC services especially at the health facility level, employees of the LGHA?

✓

Does the LGHA have Job Descriptions (with detailed roles and responsibilities, reporting lines, required skills) for each staff position?

✓

If yes, are the job descriptions made available to all LGHA staff?

✓

100%

FUNDING SOURCES AND STRUCTURE

Does the LGHA have a dedicated bank account?

✓

Is there a system that tracks funds released to the LGHA?

✓

Is the fund disbursement procedure for release of funds effective? Explain (timeliness, authority, completeness, agreed channels)

✓

Are the funds allocated to the LGHA commensurate with its approved plan?

✓

Was the budget for the previous year released completely? 100% of request?

✓

How are PHC funds expenditure reported? (In line with disbursement, Activities completed, Fund request)

✓

33%

OFFICE SET UP

Does the LGHA have designated office buildings to run their day to day operations?

✓

Are the office buildings sufficiently adequate for their operations? (Size, number of rooms, infrastructure etc.)

✓

Are the LGHA offices furnished with sufficient tables, chairs, desks, blinds, cabinets etc?

✓

Are the LGHA offices equipped with functional computers (desktops/laptops), printers, copiers, internet etc? *indicate in comment section what is unavailable.

✓

Are the facilities/utilities (toilet (male/female), electricity, water supply, waste bins etc.) provided at the LGHA offices adequate?

✓

20%

LGA Level Assessment (Wushishi LGA)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP		
Have all LGA PHC Departments in the LGA transformed into Local Government Health Authority (LGHA) with a clear reporting line to the SPHCB?	✓	
Does the LGHA have a LG Advisory Committee headed by the LGA Chairman with direct reporting access to the SPHCB?	✓	
Is the composition of the LGHA Management Team in line with the National PHCUOR Implementation Guidelines?	✓	
Are the lines of accountability and reporting clearly defined and followed by the LG Advisory Committee and LGHA Management Committee?	✓	
	100%	
LEGISLATION		
Were the LGA chairman and PHC coordinators and teams involved in the stakeholders meeting for the drafting of the SPHCDA bill?	✓	
Does the LGHA management team have a copy of the SPHCB Law and Regulations?	✓	
	100%	
MINIMUM SERVICE PACKAGE		
Does the LGHA have a copy of the state minimum service package policy?	✓	
If yes, is the MSP policy available and being utilized in the health facilities in your LGA?	✓	
Are the health facilities in the LGA classified based on the Minimum Service Package?	✓	
Have the state contacted the LGA on MSP assessment?	✓	
	100%	

Checklist (Questions)	YES	NO
REPOSITIONING		
Was there any forum with key stakeholders to discuss the changing roles and responsibilities as the LGHA was established? (probe further about engagements with stakeholders - explain the need for continuous engagement)	✓	
Have LGA PHC departments transformed into LGHA, with clear reporting line to the SPHCB?	✓	
Are all Primary Health Care staff within the LGHA currently under the management and authority of the SPHCB?	✓	
	100%	
SYSTEM DEVELOPMENT		
Has the LGHA developed a costed annual operational plan for the current year?	✓	
Does the LGHA have an Integrated Supportive Supervision plan?	✓	
Is the LGHA's Integrated Supportive Supervision plan being implemented?	✓	
Are there guidelines and protocols for operations at different levels e.g. Standing Orders in PHC facilities; Programme Guidelines (Immunization, Reproductive Health, MCH etc.)?	✓	
	100%	
OPERATIONAL GUIDELINES		
Does the LGHA have a copy of the SPHCDA/B Operational Guidelines that documented guidelines and procedures for the PHC?	✓	
Have key personnel (management team) in the LGHA been trained on the mandate, vision and mission of the SPHCB using the SPHCB Operational Guidelines?		✓
	50%	

LGA Level Assessment (Wushishi LGA)

<50%
TARGET NOT ACHIEVED

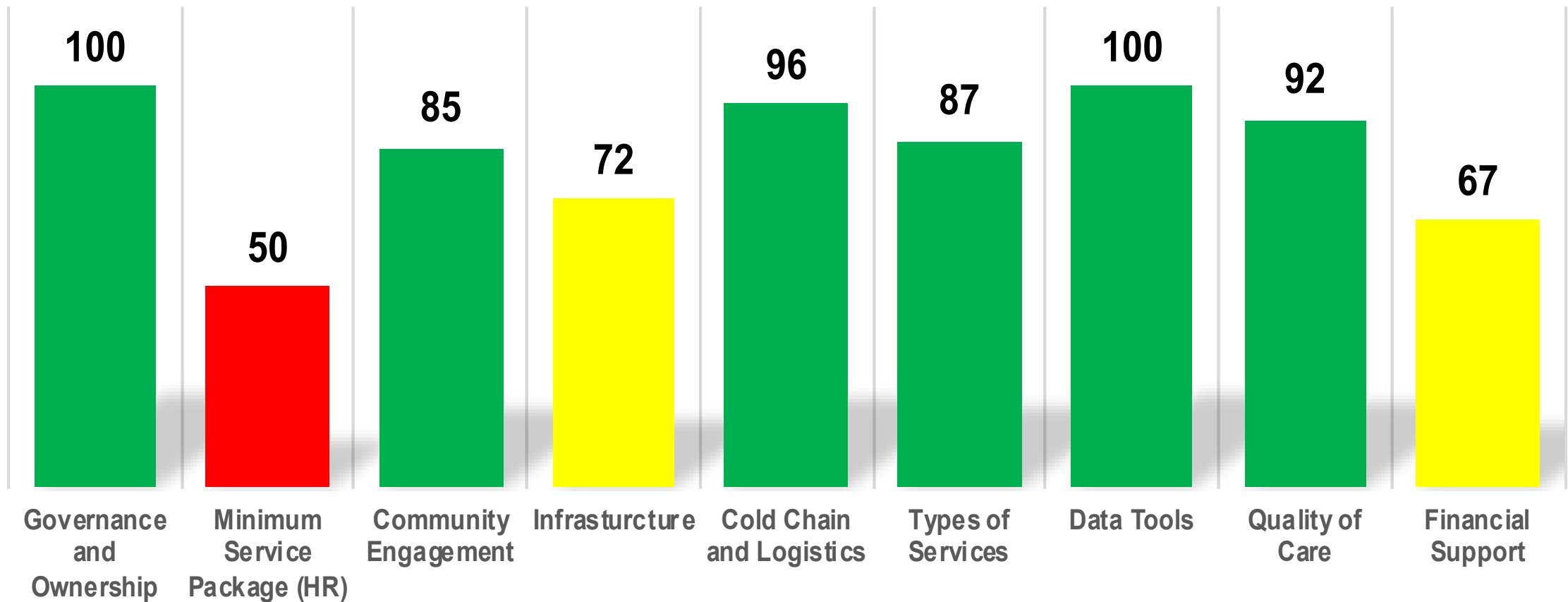
50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
HUMAN RESOURCE		
Are all the staff providing PHC services especially at the health facility level, employees of the LGHA?	✓	
Does the LGHA have Job Descriptions (with detailed roles and responsibilities, reporting lines, required skills) for each staff position?	✓	
If yes, are the job descriptions made available to all LGHA staff?		✓
	67%	
FUNDING SOURCES AND STRUCTURE		
Does the LGHA have a dedicated bank account?		✓
Is there a system that tracks funds released to the LGHA?	✓	
Is the fund disbursement procedure for release of funds effective? Explain (timeliness, authority, completeness, agreed channels)	✓	
Are the funds allocated to the LGHA commensurate with its approved plan?		✓
Was the budget for the previous year released completely? 100% of request?		✓
How are PHC funds expenditure reported? (In line with disbursement, Activities completed, Fund request)	✓	
	50%	
OFFICE SET UP		
Does the LGHA have designated office buildings to run their day to day operations?		✓
Are the office buildings sufficiently adequate for their operations? (Size, number of rooms, infrastructure etc.)		✓
Are the LGHA offices furnished with sufficient tables, chairs, desks, blinds, cabinets etc?		✓
Are the LGHA offices equipped with functional computers (desktops/laptops), printers, copiers, internet etc? *indicate in comment section what is unavailable.		✓
Are the facilities/utilities (toilet (male/female), electricity, water supply, waste bins etc.) provided at the LGHA offices adequate?		✓
	0%	

Health Facility Level Assessment

HEALTH FACILITY LEVEL



Health Facility Level Assessment (PHC Ekowugi)					
<50% TARGET NOT ACHIEVED		50-79% ON GOING		70%-100% TARGET ACHIEVED	
Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP				100%	
Does the health facility have a functional Facility Management Committee (FMC) that meets regularly every week to discuss the operations of the facility?	✓		INFRASTRUCTURE		
Are minutes and action points of the FMC meetings documented and shared with the WDC?	✓		Is the facility building in good physical condition? (Observe)	✓	
Is there a dedicated bank account for the facility with the WDC Chairman and Officer-In-Charge/Head of facility as the two signatories?	✓		Is there a facility maintenance plan for the building, equipment etc.? If yes, (sight plan)	✓	
	100%		Is there an adequate and functional toilet for workers and clients? If yes, (sight)	✓	
HUMAN RESOURCE			Are the facility and its environment clean and well maintained? (observes the facility and its surroundings to assess cleanliness)	✓	
Does the facility management team have a copy of the state MSP?		✓	Is there a proper waste disposal site or system that has a sanitary waste collection point and a waste disposal site (tverify this on site and Sight the plans)	✓	
Is there availability of health workers according to the Minimum Standards for PHC in the facility?		✓	Is the facility connected to any electricity source for its use? (Indicate source)	✓	
Is there availability of staff roster/job schedule and Descriptions?	✓		Is the power source adequate (at least 6 hours continuous power in 24 hours or availability of functional generator with fuel)	✓	
Has there been an orientation/briefing of the key staff of the facility on the new roles and responsibilities of the SPHCB and the LGHA?	✓		Are there Waiting/Reception areas for Child Welfare, ANC, health Education and ORT corner? (see the areas)	✓	
	50%		Is there Pharmacy & Dispensing unit? (Sight)	✓	
COMMUNITY ENGAGEMENT			Does the facility have accommodation for health workers? (At least a block of twin two-bedroom flats for a PHC Centre) (Sight the building)		✓
Is there a functional Ward Development Committee (WDC)?	✓			90%	
Is the WDC formed according to guidelines of at least 35% women representatives and other members accordingly?	✓				
Does the WDC meet every month? (sight minutes or attendance sheet)	✓				
Is there good communication between the WDC, Health facilities and the community? How does the WDC provide feedback to community members (town announcers, church or mosque gathering, town hall meetings etc).	✓				

Health Facility Level Assessment (PHC Ekowugi)					
<50% TARGET NOT ACHIEVED		50-79% ON GOING		70%-100% TARGET ACHIEVED	
Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
COLD CHAIN & LOGISTICS			DATA TOOLS		
Is there store for vaccines storages? (Sight)	✓		Are there sufficient data tools (Facility & Community NHMIS forms) available? (At least, 6 months stock. Indicate as many sources of data tools as applicable – National, Partners, State, SOML etc) (Sight the Data capturing tools)	✓	
Are all the vaccines available according to guidelines? (Sight)	✓		Are data tools used for capturing RI and PHC services, correctly filled and promptly submitted? (Sight the filled tools and enquire about the data reporting timelines)	✓	
If yes, are all cold chain equipment functional?	✓		Are there updated monitoring charts pasted on the walls of facility building? (Observe and answer)	✓	
Is there a temperature monitoring chart? If yes, ask to see it	✓			100%	
Is there complete Essential Drug List in the facility? (Sight a copy of the list)	✓		QUALITY OF CARE		
	100%		Are RI and PHC services integrated?	✓	
TYPES OF SERVICES			Are essential medicines and consumables available? (Sight)	✓	
Does the facility operate for 24hrs (Twenty-four hours)?		✓	Do the health workers use the current National Standing Orders for treatment of common ailments? (Sight the NSO)	✓	
Health education and promotion	✓		Are IEC/health promotion materials displayed in the facility? (Sight and observe)	✓	
Health management information system	✓		Are referrals, home visits and outreach services conducted by the facility?	✓	
Routine home visits and community outreach	✓			100%	
Maternal newborn & child care	✓		FINANCIAL SUPPORT		
Family planning	✓		Is the facility selected to participate in the Basic Health Care Provision Fund (BHCPF) implementation?	✓	
Promotion of proper nutrition and food education	✓		Does the health facility receive funds regularly from the SPHCB?		✓
Immunization	✓		Does the health facility maintain records of all income and expenditure of the health facility? (sight a copy)	✓	
Tuberculosis	✓			67%	
Malaria	✓				
HIV/AIDS	✓				
Curative care	✓				
Oral health		✓			
Community mental health		✓			
Water sanitation	✓				
Referrals	✓				
Monitoring	✓				
Supervision	✓				
	83%				

Health Facility Level Assessment (PHC Bosso)					
<50% TARGET NOT ACHIEVED		50-79% ON GOING		70%-100% TARGET ACHIEVED	
Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP			INFRASTRUCTURE		
Does the health facility have a functional Facility Management Committee (FMC) that meets regularly every week to discuss the operations of the facility?	✓		Is the facility building in good physical condition? (Observe)		✓
Are minutes and action points of the FMC meetings documented and shared with the WDC?	✓		Is there a facility maintenance plan for the building, equipment etc.? If yes, (sight plan)		✓
Is there a dedicated bank account for the facility with the WDC Chairman and Officer-In-Charge/Head of facility as the two signatories?	✓		Is there an adequate and functional toilet for workers and clients? If yes, (sight)	✓	
	100%		Are the facility and its environment clean and well maintained? (observes the facility and its surroundings to assess cleanliness)	✓	
HUMAN RESOURCE			Is there a proper waste disposal site or system that has a sanitary waste collection point and a waste disposal site (verify this on site and Sight the plans)	✓	
Does the facility management team have a copy of the state MSP?		✓	Is the facility connected to any electricity source for its use? (Indicate source)	✓	
Is there availability of health workers according to the Minimum Standards for PHC in the facility?		✓	Is the power source adequate (at least 6 hours continuous power in 24 hours or availability of functional generator with fuel)	✓	
Is there availability of staff roster/job schedule and Descriptions?	✓		Are there Waiting/Reception areas for Child Welfare, ANC, health Education and ORT corner? (see the areas)		✓
Has there been an orientation/briefing of the key staff of the facility on the new roles and responsibilities of the SPHCB and the LGHA?		✓	Is there Pharmacy & Dispensing unit? (Sight)	✓	
	25%		Does the facility have accommodation for health workers? (At least a block of twin two-bedroom flats for a PHC Centre) (Sight the building)		✓
COMMUNITY ENGAGEMENT				60%	
Is there a functional Ward Development Committee (WDC)?	✓		COLD CHAIN & LOGISTICS		
Is the WDC formed according to guidelines of at least 35% women representatives and other members accordingly?		✓	Is there store for vaccines storages? (Sight)	✓	
Does the WDC meet every month? (sight minutes or attendance sheet)		✓	Are all the vaccines available according to guidelines? (Sight)	✓	
Is there good communication between the WDC, Health facilities and the community? How does the WDC provide feedback to community members (town announcers, church or mosque gathering, town hall meetings etc).	✓		If yes, are all cold chain equipment functional?	✓	
	50%		Is there a temperature monitoring chart? If yes, ask to see it	✓	
			Is there complete Essential Drug List in the facility? (Sight a copy of the list)	✓	
				100%	

Health Facility Level Assessment (PHC Bosso)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
TYPES OF SERVICES		
Does the facility operate for 24hrs (Twenty-four hours)?	✓	
Health education and promotion	✓	
Health management information system	✓	
Routine home visits and community outreach	✓	
Maternal newborn & child care	✓	
Family planning	✓	
Promotion of proper nutrition and food education	✓	
Immunization	✓	
Tuberculosis	✓	
Malaria	✓	
HIV/AIDS	✓	
Curative care	✓	
Oral health		✓
Community mental health		✓
Water sanitation	✓	
Referrals	✓	
Monitoring	✓	
Supervision	✓	
	89%	
DATA TOOLS		
Are there sufficient data tools (Facility & Community NHMIS forms) available? (At least, 6 months stock. Indicate as many sources of data tools as applicable – National, Partners, State, SOML etc) (Sight the Data capturing tools)	✓	
Are data tools used for capturing RI and PHC services, correctly filled and promptly submitted? (Sight the filled tools and enquire about the data reporting timelines)	✓	
Are there updated monitoring charts pasted on the walls of facility building? (Observe and answer)	✓	

Checklist (Questions)	YES	NO
DATA TOOLS (CONTD)		
	100%	
QUALITY OF CARE		
Are RI and PHC services integrated?	✓	
Are essential medicines and consumables available? (Sight)	✓	
Do the health workers use the current National Standing Orders for treatment of common ailments? (Sight the NSO)	✓	
Are IEC/health promotion materials displayed in the facility? (Sight and observe)	✓	
Are referrals, home visits and outreach services conducted by the facility?	✓	
	100%	
FINANCIAL SUPPORT		
Is the facility selected to participate in the Basic Health Care Provision Fund (BHCPF) implementation?	✓	
Does the health facility receive funds regularly from the SPHCB?		✓
Does the health facility maintain records of all income and expenditure of the health facility? (sight a copy)	✓	
	67%	

Health Facility Level Assessment (PHC Old Airport)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP		
Does the health facility have a functional Facility Management Committee (FMC) that meets regularly every week to discuss the operations of the facility?	✓	
Are minutes and action points of the FMC meetings documented and shared with the WDC?	✓	
Is there a dedicated bank account for the facility with the WDC Chairman and Officer-In-Charge/Head of facility as the two signatories?	✓	
	100%	
HUMAN RESOURCE		
Does the facility management team have a copy of the state MSP?		✓
Is there availability of health workers according to the Minimum Standards for PHC in the facility?	✓	
Is there availability of staff roster/job schedule and Descriptions?	✓	
Has there been an orientation/briefing of the key staff of the facility on the new roles and responsibilities of the SPHCB and the LGHA?	✓	
	75%	
COMMUNITY ENGAGEMENT		
Is there a functional Ward Development Committee (WDC)?	✓	
Is the WDC formed according to guidelines of at least 35% women representatives and other members accordingly?		✓

Checklist (Questions)	YES	NO
COMMUNITY ENGAGEMENT (CONTD)		
Does the WDC meet every month? (sight minutes or attendance sheet)	✓	
Is there good communication between the WDC, Health facilities and the community? How does the WDC provide feedback to community members (town announcers, church or mosque gathering, town hall meetings etc).	✓	
	75%	
INFRASTRUCTURE		
Is the facility building in good physical condition? (Observe)	✓	
Is there a facility maintenance plan for the building, equipment etc.? If yes, (sight plan)	✓	
Is there an adequate and functional toilet for workers and clients? If yes, (sight)	✓	
Are the facility and its environment clean and well maintained? (observes the facility and its surroundings to assess cleanliness)	✓	
Is there a proper waste disposal site or system that has a sanitary waste collection point and a waste disposal site (verify this on site and Sight the plans)	✓	
Is the facility connected to any electricity source for its use? (Indicate source)		✓
Is the power source adequate (at least 6 hours continuous power in 24 hours or availability of functional generator with fuel)		✓
Are there Waiting/Reception areas for Child Welfare, ANC, health Education and ORT corner? (see the areas)	✓	

Health Facility Level Assessment (PHC Old Airport)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
INFRASTRUCTURE (CONTD)		
Is there Pharmacy & Dispensing unit? (Sight)	✓	
Does the facility have accommodation for health workers? (At least a block of twin two-bedroom flats for a PHC Centre) (Sight the building)	✓	
	80%	
COLD CHAIN & LOGISTICS		
Is there store for vaccines storages? (Sight)	✓	
Are all the vaccines available according to guidelines? (Sight)	✓	
If yes, are all cold chain equipment functional?	✓	
Is there a temperature monitoring chart? If yes, ask to see it	✓	
Is there complete Essential Drug List in the facility? (Sight a copy of the list)	✓	
Total	5/5 x 100% = 100%	100%
TYPES OF SERVICES		
Does the facility operate for 24hrs (Twenty-four hours)?	✓	
Health education and promotion	✓	
Health management information system	✓	
Routine home visits and community outreach	✓	
Maternal newborn & child care	✓	
Family planning	✓	
Promotion of proper nutrition and food education	✓	
Immunization	✓	
Tuberculosis	✓	
Malaria	✓	
HIV/AIDS	✓	
Curative care	✓	

Checklist (Questions)	YES	NO
TYPES OF SERVICES (CONTD)		
Oral health	✓	
Community mental health		✓
Water sanitation	✓	
Referrals	✓	
Monitoring	✓	
Supervision	✓	
	94%	
DATA TOOLS		
Are there sufficient data tools (Facility & Community NHMIS forms) available? (At least, 6 months stock. Indicate as many sources of data tools as applicable – National, Partners, State, SOML etc) (Sight the Data capturing tools)	✓	
Are data tools used for capturing RI and PHC services, correctly filled and promptly submitted? (Sight the filled tools and enquire about the data reporting timelines)	✓	
Are there updated monitoring charts pasted on the walls of facility building? (Observe and answer)	✓	
	100%	
QUALITY OF CARE		
Are RI and PHC services integrated?	✓	
Are essential medicines and consumables available? (Sight)	✓	
Do the health workers use the current National Standing Orders for treatment of common ailments? (Sight the NSO)		✓
Are IEC/health promotion materials displayed in the facility? (Sight and observe)	✓	

Health Facility Level Assessment (PHC Old Airport)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO
QUALITY OF CARE (CONTD)		
Are referrals, home visits and outreach services conducted by the facility?	✓	
	80%	
FINANCIAL SUPPORT		
Is the facility selected to participate in the Basic Health Care Provision Fund (BHCPF) implementation?	✓	
Does the health facility receive funds regularly from the SPHCB?		✓
Does the health facility maintain records of all income and expenditure of the health facility? (sight a copy)	✓	
	100%	

Health Facility Level Assessment (PHC Lapai)

<50%
TARGET NOT ACHIEVED

50-79%
ON GOING

70%-100%
TARGET ACHIEVED

Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP			INFRASTRUCTURE		
Does the health facility have a functional Facility Management Committee (FMC) that meets regularly every week to discuss the operations of the facility?	✓		Is the facility building in good physical condition? (Observe)		✓
Are minutes and action points of the FMC meetings documented and shared with the WDC?	✓		Is there a facility maintenance plan for the building, equipment etc.? If yes, (sight plan)	✓	
Is there a dedicated bank account for the facility with the WDC Chairman and Officer-In-Charge/Head of facility as the two signatories?	✓		Is there an adequate and functional toilet for workers and clients? If yes, (sight)		✓
	100%		Are the facility and its environment clean and well maintained? (observes the facility and its surroundings to assess cleanliness)	✓	
HUMAN RESOURCE			Is there a proper waste disposal site or system that has a sanitary waste collection point and a waste disposal site (verify this on site and Sight the plans)	✓	
Does the facility management team have a copy of the state MSP?		✓	Is the facility connected to any electricity source for its use? (Indicate source)	✓	
Is there availability of health workers according to the Minimum Standards for PHC in the facility?		✓	Is the power source adequate (at least 6 hours continuous power in 24 hours or availability of functional generator with fuel)		✓
Is there availability of staff roster/job schedule and Descriptions?	✓		Are there Waiting/Reception areas for Child Welfare, ANC, health Education and ORT corner? (see the areas)	✓	
Has there been an orientation/briefing of the key staff of the facility on the new roles and responsibilities of the SPHCB and the LGHA?	✓		Is there Pharmacy & Dispensing unit? (Sight)	✓	
	50%		Does the facility have accommodation for health workers? (At least a block of twin two-bedroom flats for a PHC Centre) (Sight the building)	✓	
COMMUNITY ENGAGEMENT				70%	
Is there a functional Ward Development Committee (WDC)?	✓		COLD CHAIN & LOGISTICS		
Is the WDC formed according to guidelines of at least 35% women representatives and other members accordingly?	✓		Is there store for vaccines storages? (Sight)	✓	
Does the WDC meet every month? (sight minutes or attendance sheet)	✓		Are all the vaccines available according to guidelines? (Sight)	✓	
Is there good communication between the WDC, Health facilities and the community? How does the WDC provide feedback to community members (town announcers, church or mosque gathering, town hall meetings etc).	✓		If yes, are all cold chain equipment functional?	✓	
	100%		Is there a temperature monitoring chart? If yes, ask to see it	✓	
			Is there complete Essential Drug List in the facility? (Sight a copy of the list)	✓	
				100%	

Health Facility Level Assessment (PHC Lapai)

	<50% TARGET NOT ACHIEVED	50-79% ON GOING		70%-100% TARGET ACHIEVED	
Checklist (Questions)			YES	NO	
TYPES OF SERVICES					
Does the facility operate for 24hrs (Twenty-four hours)?			✓		
Health education and promotion			✓		
Health management information system			✓		
Routine home visits and community outreach			✓		
Maternal newborn & child care			✓		
Family planning			✓		
Promotion of proper nutrition and food education			✓		
Immunization			✓		
Tuberculosis			✓		
Malaria			✓		
HIV/AIDS			✓		
Curative care			✓		
Oral health			✓		
Community mental health			✓		
Water sanitation			✓		
Referrals			✓		
Monitoring			✓		
Supervision			✓		
			100%		
DATA TOOLS					
Are there sufficient data tools (Facility & Community NHMIS forms) available? (At least, 6 months stock. Indicate as many sources of data tools as applicable – National, Partners, State, SOML etc) (Sight the Data capturing tools)			✓		
Are data tools used for capturing RI and PHC services, correctly filled and promptly submitted? (Sight the filled tools and enquire about the data reporting timelines)			✓		
Are there updated monitoring charts pasted on the walls of facility building? (Observe and answer)			✓		
Checklist (Questions)			YES	NO	
DATA TOOLS (CONTD)					
			100%		
QUALITY OF CARE					
Are RI and PHC services integrated?			✓		
Are essential medicines and consumables available? (Sight)			✓		
Do the health workers use the current National Standing Orders for treatment of common ailments? (Sight the NSO)				✓	
Are IEC/health promotion materials displayed in the facility? (Sight and observe)			✓		
Are referrals, home visits and outreach services conducted by the facility?			✓		
			80%		
FINANCIAL SUPPORT					
Is the facility selected to participate in the Basic Health Care Provision Fund (BHCPF) implementation?			✓		
Does the health facility receive funds regularly from the SPHCB?				✓	
Does the health facility maintain records of all income and expenditure of the health facility? (sight a copy)			✓		
			67%		

Health Facility Level Assessment (PHC Kaliko)					
<50% TARGET NOT ACHIEVED		50-79% ON GOING		70%-100% TARGET ACHIEVED	
Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
GOVERNANCE AND OWNERSHIP			COMMUNITY ENGAGEMENT (CONTD)		
Does the health facility have a functional Facility Management Committee (FMC) that meets regularly every week to discuss the operations of the facility?	✓		Is there good communication between the WDC, Health facilities and the community? How does the WDC provide feedback to community members (town announcers, church or mosque gathering, town hall meetings etc).	✓	
Are minutes and action points of the FMC meetings documented and shared with the WDC?	✓				
Is there a dedicated bank account for the facility with the WDC Chairman and Officer-In-Charge/Head of facility as the two signatories?	✓		Total	4/4 x 100% = 100%	100%
	100%		INFRASTRUCTURE		
HUMAN RESOURCE			Is the facility building in good physical condition? (Observe)		✓
Does the facility management team have a copy of the state MSP?		✓	Is there a facility maintenance plan for the building, equipment etc.? If yes, (sight plan)	✓	
Is there availability of health workers according to the Minimum Standards for PHC in the facility?		✓	Is there an adequate and functional toilet for workers and clients? If yes, (sight)	✓	
Is there availability of staff roster/job schedule and Descriptions?	✓		Are the facility and its environment clean and well maintained? (observes the facility and its surroundings to assess cleanliness)	✓	
Has there been an orientation/briefing of the key staff of the facility on the new roles and responsibilities of the SPHCB and the LGHA?	✓		Is there a proper waste disposal site or system that has a sanitary waste collection point and a waste disposal site (verify this on site and Sight the plans)	✓	
	50%		Is the facility connected to any electricity source for its use? (Indicate source)		✓
COMMUNITY ENGAGEMENT			Is the power source adequate (at least 6 hours continuous power in 24 hours or availability of functional generator with fuel)		✓
Is there a functional Ward Development Committee (WDC)?	✓		Are there Waiting/Reception areas for Child Welfare, ANC, health Education and ORT corner? (see the areas)	✓	
Is the WDC formed according to guidelines of at least 35% women representatives and other members accordingly?	✓				
Does the WDC meet every month? (sight minutes or attendance sheet)	✓				

Health Facility Level Assessment (PHC Kaliko)					
<50% TARGET NOT ACHIEVED		50-79% ON GOING		70%-100% TARGET ACHIEVED	
Checklist (Questions)	YES	NO	Checklist (Questions)	YES	NO
INFRASTRUCTURE (CONTD)			TYPES OF SERVICES (CONTD)		
Is there Pharmacy & Dispensing unit? (Sight)	✓		Oral health		✓
Does the facility have accommodation for health workers? (At least a block of twin two-bedroom flats for a PHC Centre) (Sight the building)		✓	Community mental health		✓
	60%		Water sanitation	✓	
COLD CHAIN & LOGISTICS			Referrals	✓	
Is there store for vaccines storages? (Sight)	✓		Monitoring	✓	
Are all the vaccines available according to guidelines? (Sight)	✓		Supervision		✓
If yes, are all cold chain equipment functional?		✓		67%	
Is there a temperature monitoring chart? If yes, ask to see it	✓		DATA TOOLS		
Is there complete Essential Drug List in the facility? (Sight a copy of the list)	✓		Are there sufficient data tools (Facility & Community NHMIS forms) available? (At least, 6 months stock. Indicate as many sources of data tools as applicable – National, Partners, State, SOML etc) (Sight the Data capturing tools)	✓	
	80%		Are data tools used for capturing RI and PHC services, correctly filled and promptly submitted? (Sight the filled tools and enquire about the data reporting timelines)	✓	
TYPES OF SERVICES			Are there updated monitoring charts pasted on the walls of facility building? (Observe and answer)	✓	
Does the facility operate for 24hrs (Twenty-four hours)?		✓		100%	
Health education and promotion	✓		QUALITY OF CARE		
Health management information system	✓		Are RI and PHC services integrated?	✓	
Routine home visits and community outreach	✓		Are essential medicines and consumables available? (Sight)	✓	
Maternal newborn & child care	✓		Do the health workers use the current National Standing Orders for treatment of common ailments? (Sight the NSO)	✓	
Family planning	✓		Are IEC/health promotion materials displayed in the facility? (Sight and observe)	✓	
Promotion of proper nutrition and food education	✓				
Immunization	✓				
Tuberculosis		✓			
Malaria	✓				
HIV/AIDS		✓			
Curative care	✓				

Health Facility Level Assessment (PHC Kaliko)

<50% TARGET NOT ACHIEVED		50-79% ON GOING		70%-100% TARGET ACHIEVED	
Checklist (Questions)				YES	NO
QUALITY OF CARE (CONTD)					
Are referrals, home visits and outreach services conducted by the facility?				✓	
				100%	
FINANCIAL SUPPORT					
Is the facility selected to participate in the Basic Health Care Provision Fund (BHCPF) implementation?				✓	
Does the health facility receive funds regularly from the SPHCB?					✓
Does the health facility maintain records of all income and expenditure of the health facility? (sight a copy)				✓	
				100%	

Summary of Key Findings at State Level

Domain	Strengths	Weaknesses
Governance and Ownership (67%)	The SPHCDA has a governing board and management team and the role of both clearly stated in the SPHCDA law	SPHCDA top management meets quarterly or as the need arises.
Legislation (60%)	The State has bill establishing the SPHCDA and regulation. The bill had been passed by the state legislature, assented by the Governor and gazetted.	Regulations has not been signed by either the Governor or Commissioner of Health
Minimum Service Package (50%)	SPHCDA classified health facilities based on the MSP and costed	Lack funding for the operationalization of the MSP and no annual review evaluating the resource gaps for implementing the MSP.
Repositioning (100%)	The department of PHC at SMoH, MOLG, LGSC and LG has been collapsed into the SPHCDA as part of the LGHA. Engagement between these stakeholders exist	Three departments – Malaria, HIV/AIDS and TLM/NTDs are still domiciled at the SMoH. Engagement between these SPHCDA stakeholders has not been regular
System Development (60%)	SPHCDA had strategic Health Plan known as the corporate plan (2018-2022) and the State has Health Sector comprehensive annual operational plan. Also, the Agency has ISS Plan as well as guidelines and protocols for operations at different health care level	SPHCDA lack Agency specific annual operation plans and ISS plan has not been implemented regularly due to funding constraint. Guidelines and protocols are usually adapted from the National documents

Summary of Key Findings at State Level

Domain	Strengths	Weaknesses
Operational Guidelines (100%)	The state had adapted the implementation manual on PHCUOR and the PHCUOR policy has provision for HR, M&E and other procedures	The operational guidelines require review involving wider stakeholders that would detail HR, M&E, accounting and other procedures to be followed
Human Resource (100%)	The State has TWG-HRH responsible for documentation and staff transfer. All PHC Staff are employees of SPHCDA with their job description.	Although, SPHCDA regulates recruitment and promotion of PHC Staff, the process of staff salary transfer has not been completed. The JD sighted requires review and update
Funding Sources and Structure (33%)	There is a system for tracking SPHCDA funding based on the civil service rules and procedures	There is no take off grants for the SPHCDA from the State and funding allocation is meagre
Office Set up (100%)	SPHCDA has costed start up plan for take-off and office complex is furnished with office equipment such as furniture, internet, computers etc.	Inadequate office space at the SPHCDA complex
Accountability and Transparency (67%)	SPHCDA team management engaged with partners and CSO at Partners' forum meeting on PHCUOR implementation in the State	The partners' meeting occurred quarterly and not regularly. Other meetings take place as the need arises.

Summary of Key Findings at LGA Level

Domain	Strengths	Weaknesses
Governance and Ownership (95%)	All the LGA PHC departments in the LGA have been transformed into the LGHA with LGA advisory committee and management team in line with the PHCUOR implementation policy	Few of the LGAs are yet to establish lines of accountability and reporting of the advisory and management committees. More so, the transition in the political head of the LGA makes the activities of the two committees moribund
Legislation (70%)	Although, few of the LG teams were involved in the drafting the SPHCDA bill, all the LGHA have copies of the SPHCDA bill and regulations	More than half of the LGA were not involved in the drafting the SPHCDA bill and most of the LGA visited have only soft copies of the bill and regulations
Minimum Service Package (85%)	All the LGHA have copies of MSP and is being used in the Health Facilities. HFs were classified based on the MSP and State have contacted all the LGA for the MSP assessment.	Acute shortage of HCWs, basic hospital equipment and poor infrastructure limits the classification of health facilities based on the MSP
Repositioning (93%)	LGA PHC Department have transformed into LGHA and all PHC Staff in the LGHA are under the management and authority of SPHCDA	There was orientation of the PHC coordinator on the changing roles and responsibilities of the LGHA but no formal and continuous engagement with stakeholders. Transfer of salaries of the PHC staff has not been completed
System Development (80%)	LGHA have ISS plan and being implemented across the LGAs. Guidelines and protocols for operation at different level exist and mainly were adoption and domestication of the National documents	All the LGA do not have costed annual operational plan for the current year with few having an action plan. ISS implementation has been irregular and mainly donor driven

Summary of Key Findings at LGA Level

Domain	Strengths	Weaknesses
Operational Guidelines (60%)	LGAs have soft copies of the operational guidelines	Few management teams were trained on the mandate, vision and mission of the SPHCDA using the guidelines
Human Resource (67%)	All PHC Staff are employees of the LGHA	Job description of the PHC staff is scanty and for few staff and in most instance not made available to all the LGHA staff
Funding Sources and Structure (47%)	Funds released to LGHA are tracked through the internal and external auditing procedures. All retirement processes are in line with the civil service rule. PHC funds expenditure are reported through retirement and activity report	Most of the LGHA do not have a designated bank account and fund release to the authority is not effective, marred with irregularities and bureaucratic processes. Funds allocated to LGHA is not matching the approved plan and previous year's budget has not been released completely
Office Set up (16%)	LGA PHC Coordinator has office within the LGA secretariat to carry out day to day activities	LGHA lack a separate building to house all its staff. Management team members are scattered in PHC offices and HFs across the LGA. Office equipment, furniture and utilities (such toilets and other basic amenities are grossly inadequate at the existing LGHA offices

Summary of Key Findings at HF Level

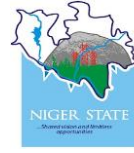
Domain	Strengths	Weaknesses
Governance and Ownership (100%)	HFs have functional Facility Management committee, meetings are documented, shared with the WHDC members. All HFs have bank account with WHDC and OICs as signatories	The Facility Management Committee meets bi-month, monthly or as the need arises
Minimum Service Package (50%)	All HFs have staff roster/job schedule and there was an orientation of the OICs on their new roles and responsibilities of the SPHCDA and LGHA.	Management team of the HFs lack copies of state MSP and inadequate health care workers in line with the minimum standard for a PHC
Community Engagement (85%)	All the WHDCs are functional and meets monthly and cordial relationship exist between the WHDC, HF and community. Feedback to the community are through the town announcers, village heads and religious gathering	Most WHDC have between 13-19% of women representative and the meeting has not been regular especially since the outbreak of the COVID-19.
Infrastructure (72%)	About a quarter of the HFs have good physical structure and relied on BHCPF annual quality improvement plan as the maintenance plan. They have functional toilets, waiting areas and dispensing unit. Only urban HFs are well maintained and have good waste management system	Few HFs structures are dilapidated, not maintained and lack adequate space for expansion. HFs at the rural areas managed waste through burn and bury. Majority of the facility lack accommodation for health workers
Cold Chain and Logistics (96%)	Most of the HFs has Solar Direct Drive (SDD) for vaccine storage, functional with monitoring chart and complete drug list.	Few of the SDD are non-functional

Summary of Key Findings at HF Level

Domain	Strengths	Weaknesses
Types of Services (87%)	All the HFs offer the basic primary health care services with a good referral, monitoring and supervisory System	Few HFs does not operate 24 hours services. For those that run 24-hour services, no shifting allowance provided for staff. Also, few HFs claimed not to offer tuberculosis, HIV/AIDS, oral health and community mental health services
Data tools (100%)	HFs have sufficient data tools (new version) with updated monitoring chart pasted on the facility wall. Data reporting timelines is in line with the national guidelines	Few HFs had errors filling the data tools
Quality of Care (92%)	RI are integrated into the PHC services across the HFs and conduct referrals, home visits and outreach services. Essential medicines and consumables were sighted in the HFs, health care workers use National Standing Orders and IEC materials are displayed	HCWs had old version of the National Standing Order.
Financial Support (67%)	All the HFs are selected to participate in the BHCPF implementation and maintain records of all income and expenditures	None of the HFs receive regular funds from the SPHCDA.

Discussion & Implications

- SPHCDA bill was signed into law in December 2009 preceding the adoption PHCUOR as a national policy for implementation in 2013. Hence, the urgent need to review and update the bill to capture all the key elements of the PHCUOR policy.
- Review the MSP Document evaluating the resource gaps for implementation of the MSP.
- Reposition the SPHCDA with all the PHC department under one roof and transfer malaria, HIV/AIDS, TLM and NTDs to SPHCDA in order to comply with the PHCUOR policy.
- Carry out comprehensive review of the operational guidelines involving wider stakeholders that would detail HR, M&E, accounting and other procedures to be followed in the course of PHCUOR policy Implementation.
- SPHCDA to support the LGHA in developing costed annual operational and ISS plan and mobilize resources for its implementation.
- All the LGHA should open a bank account, train team members on good financial management and institute tracking and quality control mechanism to ensure transparency and accountability.
- SPHCDA should revise the criteria for the membership and composition of WHDC to capture at least 35% women representation in line with the PHCUOR operational guidelines.



Thank you

