

**KEBBI STATE MINISTRY OF HEALTH**  
**REPORT ON THE ACHIEVEMENTS RECORDED IN THE**  
**HEALTH SECTOR BY THE ADMINISTRATION OF HIS**  
**EXCELLENCY ALHAJI SAIDU USMAN NASAMU DAKINGARI**  
**MAY 2007 TO MAY2010**

**1.0. INTRODUCTION:**

**1.1 The Ministry of Health has the overall responsibility for health care delivery in the state. This is within the context of the National Health System and the National Health Policy, drawn from the Nigerian Constitution. Essentially, the role functions of the ministry are to provide promotive, preventive, rehabilitative and curative health care.**

**1.2 The Nigerian Health System has been segmented into three levels. We have the Primary Health Care level which is the responsibility of Local Government Councils. Their primary role is to provide preventive services- community mobilization, health education, personal hygiene; environmental sanitation, immunization and immediate disease report notification. They also serve as the first port of call in the provision of curative health care at the health posts, dispensaries, clinics and primary health centres. Currently, the only health personnel at this level are Community Health Officers (CHO) and other community health extension workers, such Lab Technicians, Pharmacy Technicians e. t. c. Health problems that cannot be handled at this level are to be referred to the secondary health facility which is the responsibility of the state government. It has long been recognized that, the entry point in our health system the Local Government health facilities are very weak. This informed**

the basis for introducing the Midwives Service Scheme (MSS). It is the intention of the state government to post medical doctors to the LGAs when the number of medical doctors available improves.

**1.3**The second level health care is the Secondary Health Care. The type of health facility here are general hospitals. The State Government is responsible for this level of health care. Because health care is on the concurrent list of our constitution, each tier of government could establish and manage any facility whether primary, secondary or tertiary, if it has the capacity; but the primary focus should be its own sphere of responsibility. This is the reason why the state government established the V. V. F Centre to repair the many fistula cases we have and the Hafsat Eye Centre here in Birnin Kebbi to take care of eye care services. The expertise of the personnel here is much higher. We have Doctors in general practice, as well as, some of them in various specialties. Others are Pharmacists, Nurses, Midwives, Laboratory Scientists, Dental Officers, and Physiotherapists etc. Different levels of consultations, counseling and interventions can be conducted here, at the general hospitals.

**1.4**The third level health care- the tertiary, is the responsibility of the Federal Government. All Teaching Hospitals, Federal Medical Centres and Specialist Hospitals under the Federal Government fall under this group. These hospitals provide specialized health care services.

## **2.0. Organizational Structure**

**2.1 As a deliberate measure to support policy directives, the ministry has been structured to provide credible vehicle for appropriate interventions. It has five professional departments, with some having relevant units and the three mandatory departments in every ministry ie Departments of Finance and Supplies, Personnel and Planning Research and Statistics. The ministry has a total of 14 old state government hospitals. These are the Sir Yahaya Memorial Hospital here in B/Kebbi, General Hospital at Argungu, Yauri, Zuru, Koko, Illo, Maiyama, Jega, Kamba, Warrah, Wasagu, Dirin Daji, Aliero and Zauro/ Ambursa . The other medical facilities that are tertiary in nature under its supervision are the Hafsat Eye Centre, and VVF Centre all in Birnin Kebbi. The Sundu Bamaiyi Memorial Medical Centre Senchi was constructed and equipped by a philanthropist from the area. The centre is yet to be taken over by the State Government. However, the centre is being managed by the state government. Health personnel working there and medical consumables are provided by the State Government.**

## **3.0 ACHIEVEMENTS**

### **3.1 LEADERSHIP AND GOVERNANCE**

**The health sector (and we believe other sectors as well, such as education, agriculture, works, water resources and services at the LGA level) in the last two years has witnessed positive paradigm shift in the art of leadership and governance in Kebbi State. Policy thrusts and service delivery direction since the state was**

created had top bottom approach with little or no input from the professionals or community for whom the services are intended and often driven by contractors. This was understandable, given the way military conducts its affairs; which has been in charge of the affairs of the government most of the time since independence. Arising from the many challenges facing the health sector; His Excellency the Executive Governor of Kebbi State Alhaji Saidu Usman Nasamu Dakingari, inaugurated the Technical Committee on Health on the 25<sup>th</sup> of January 2008, to advice government on what needs to be done on the challenges in the health sector and the way forward that would ensure efficient and effective health service delivery to the people of the state. The Committee submitted a two volume report with far reaching recommendations. The State Executive Council accepted all the recommendations. The State Government immediately, set up an Implementation Committee comprising all the Technical Committee members and some additional members to implement the approved report. The Implementation Committee swung into action and currently a number of projects have been completed or are at various levels of completion, goods and services continue to be delivered at various levels of healthcare. This is the first time the positive approach to governance that involves all stakeholders is being pursued from the on set. This would certainly lead to positive outcome that will benefit all, leading to a win- win situation.

#### **4.0 PREVENTIVE HEALTH SERVICES/PRIMARY HEALTH CARE**

**Preventive healthcare entails activities that include:**

**Health education/social mobilization**

**Personal hygiene**

**Immunization**

**Epidemic control**

**Endemic control**

**Nutrition care /Beast feeding/complementary feeding**

**ANC**

**Neonatal care**

**Diarrheal control**

**Malaria control**

**HIV/AIDS**

**4.1 The government of Kebbi State in the last three years has taken steps to address all the components listed above through integrated interventions designed to give positive outcome that would reverse the poor health indices being recorded across the country. This is against the backdrop of the 2008 NDHS report which; through, has shown significant improvement - the maternal mortality rate dropped from 800/100,000 (2003) to 545/100,000 (2008), under five mortality rate declined from 201/100 in the 2003 NDHS to 157 deaths per 1000 live births in 2008 NDHS survey, the situation is still unacceptably high.**

**4.2 It has been realized that the most common causes of death in children are malaria, malnutrition, vaccine preventable diseases,**

diarrhea and respiratory infections. Our immunization drive was re-invigorated through the use of not only our religious leaders, but traditional leaders as well. Indeed, Kebbi state was the first state in the country to introduce Immunization Plus Days (IPDS) that was structured to utilize the enormous resource of traditional leaders in the area of social mobilization and enforcement in IPDS.

This model was adopted at the Northern Traditional Leaders Forum at Kaduna. Plan is underway to utilize traditional leaders to ensure that every pregnant woman attends to ANC clinics and deliver at a health facility where skilled attendants are available in order to avoid complications of pregnancy and child birth. The enormous support in terms of resources, especially finance provided by the state government made this undertaking possible.

4.3 The Federal Ministry of Health in partnership with UNICEF conducted a rapid assessment survey to determine the extent and level of malnutrition in children in Nigeria. The results clearly showed that malnutrition has become a public health problem in Nigeria that has to be addressed. Mal nutrition accounts for up to about 50% of death in children in this region. This was particularly more severe in the northwest zone of Nigeria. Kebbi State Government therefore sought partnerships with UNICEF to address the challenge of malnutrition. The memorandum of understanding between Kebbi State and UNICEF lead to the establishment of Community/Facility based Integrated Management of Acute Malnutrition (CIMAM)/SAM. The positive outcome of this intervention project has received acclaim across the country and from our international partners. UNICEF Nigeria was so

pleased with the outcome that it invited the Executive Director UNICEF worldwide Mrs Anne Vinaman- a one time Secretary of state for Agriculture in the United States to come to Kebbi State. Kebbi state played host to this august visitor who commended the efforts of the government in this and similar interventions. Arising from this visit, the ED announced additional Dollar support to Nigeria in child related activities.

4.4 Kebbi State government and UNICEF each has spent over 200million Naira in the running of the pilot scheme at Augie and Birnin Kebbi LGAs. The money was used to buy plumpy nuts, drugs, materials and logistics services. The plumpy nuts are ready to use foods (RUF) used to treat children who are already malnourished. And the drugs are used to treat malnourished children who more often also have infection.

4.5 In the spirit of the need to approach health interventions in an integrated manner; since the vertical approaches that have been practiced in the past have failed; the Federal Ministry of Health came up with idea of Integrated Maternal, Newborn and Child Health Week (IMNCH). Again because this is in line with the present administrations approach to governance, Kebbi State launched the Integrated Maternal, Newborn and Child Health Week (Child Health Week) on the 12<sup>th</sup> of December 2009. The Child Health Week is a delivery of combinations of services of low cost, high impact interventions in one off approach that would reduce maternal, neonatal and child mortality. The package of services that are delivered include, Ante-natal care/Essential care for newborn, immunization, nutrition screening, supply of Long Lasting

**Insecticide Treated Nets (LLITNs), supply of ORS, Vitamin A supplementation and complimentary feeding; de-worming, health promotion/personal hygiene/hand washing, tetanus toxoid, birth spacing and exclusive breast feeding. Through this week long activity, all that a mother and children in the target group of 0-59 months are provided with all that they needed for healthy living. Again Kebbi State along with Sokoto state was the only state to have implemented the Child Health Week. We are confident that with the level of commitment exhibited by the state government MDG 4 which is to reduce child mortality by two-thirds, MDG 5, which is to reduce maternal mortality ratio by three-quarters and MDG 6, which is to combat HIV/AIDS, Malaria and other diseases would be realized by 2015.**

**4.6 During the Child Health Week, 1,5million units of Long Lasting Insecticide Treated Nets LLITNs were distributed to about 750, 000 households. Taking the population of Kebbi state into account; every child in the state should comfortably sleep under the protection of nets from mosquitoes. Since malaria, malnutrition and diarrhea account for over 70% of child mortality; if this scheme is sustained, the state is on the way to achieving MDG 4, 5 and 6.**

**4.7 Free Health Services for Pregnant Women and Children Under five years.**

**The scheme was introduced in October 2000, with the objective of reversing the high maternal and child morbidity and mortality. Kebbi State was the first in the country to introduce the scheme. This was against the backdrop of the fact that most women deliver at home**



largely due to their inability to pay for their medication or surgical intervention when it becomes necessary. Under the scheme, drugs and medical consumables are provided free to the pregnant women and children under five years of age. Consultation provided by health personnel and patient's stay during admission at a health facility has always been provided free. Between the year 2000 when the scheme started and May 2007 a total N500 million was committed to the scheme. In last two years of this administration, the sum of 1.150 Billion has been committed to the free health services scheme. What is striking about this administration is that, while the scheme is an inherited one, but because of its benefit to the weak in the society- women and children; the state government in two years has spent more than twice of what had been spent on the scheme in seven years by the previous administration.

The ministry is also making arrangement to inculcate attitudinal change for spouses to cultivate the habit of attending ANC clinics and delivering at a health facility where skilled attendants are available. Similar protocol will be applied to our health professions to be compassionate and alive to their responsibility in dealing with their patients. All these activities are being within the context what has been observed to be responsible for high maternal mortality ratio. And these are haemorrhage, prolonged labour, eclampsia post partum sepsis, which accounts about 90 percent of maternal death. With free health service, antenatal care, midwives scheme, child health week, supply of antimalarials and nets we are on our way to the realization of MDG5 by 2015.

**4.8 These promotive and preventive actions highlighted above are also being pursued with greater vigor at the LGA levels at the instance and direction of His Excellency Alhaji Saidu Usman Nasamu Dakingari . Ambulances for referral services from the LGA facilities to secondary health care have been procured. Old primary health facilities are being rehabilitated and new PHCs are being constructed at every LGA.**

#### **4.9 Midwives Service Scheme.**

**There has been shortage of health manpower across the country generally, especially midwives. It is more acute in the northern part of the country. Yet significant number of health personnel are unemployed, including midwives. The National Council on Health resolved to introduce midwives scheme in which midwives would be recruited using conditional grants fund under the MDG and contribution from the state and LGAs. An MOU was signed in which federal government contributed N30, 000, state N20, 000 and LGAs would provide N10, 000 to each midwife. And so the scheme was born. Currently there are 91 midwives in 16 LGAs across the state. This would certainly contribute a great deal in the overall efforts to reduce maternal and child morbidity and mortality.**

### **5. CURATIVE HEALTH CARE /SECONDARY HEALTH CARE**

**5.1 In the last two years, the administration of His Excellency the Executive Governor of Kebbi State Alhaji Saidu Usman Nasamu Dakingari has taken bold steps to address the decaying infrastructure in a manner that had never happened in the previous administrations in terms of buildings, equipment, and water supply etc at our existing 15**

number hospitals. The interventions carried out at these hospitals include the following;

1) Rehabilitation of building infrastructure at 15 hospitals, including interlocking of space at four hospitals

N225,643,480.00

2) Rehabilitation of water supply systems

N16,264,700.00

3) Repair of malfunctioning generators N5,263,000.00

4) Procurement and supply of essential drugs and medical supplies

N500,000,000.00

5) Procurement and supply of 24 number Ambulances  
N216,000,000.00

6) Procurement and supply of Call Duty vehicles  
N37,500,000.00

Procurement and supply of Mortuary van  
N75,000,000.00

7) Procurement and supply of Utility/monitoring vehicles N92,000,000.00

8) Procurement and supply of clinical equipment to 15 hospitals N863,240,247.00

9) Procurement and supply of medical equipment to 15 hospitals N799,195,597.00

- 10) Procurement and supply of X-Ray Machines  
N339,000,000.00
- 11) Construction houses at 15 hospitals  
N802,509,730.00
- 12) Linens/bedding  
N75,200,000.00
- 13) Lead Lining of four hospitals  
N38,000,000.00
- 14) Construction of additional ward and theatre at  
Hafsat Eye Centre N36,116,161.00
- 15) Construction of hostels at SHT Jega  
N189,822,045.00
- 16) Fencing at SHT Jega  
N33,585,037.50
- 17) Construction of classrooms at SHT Jega  
N46,191,831.00

**Total 4, 475,893,829.44**

In order to ensure effective and efficient service delivery the cash allocation to each hospital has been increased by 300 to 400 percent ie N50, 000- 800,000.00 has been increased to N250,000 -N3,000,000.00 monthly.

The effective service delivery has resulted in increased patronage of our hospitals.

5.2 The state tertiary health facility at the Hafsat Eye Centre has continued to provide the needed eye care services. Between 2004 when the centre was established and March 2010 over 16, 000 patients have been operated successfully. The cash allocation of the

centre has been increased from N100, 000.00 to n250, 000.00; and as highlighted above, a new theatre and 50bed capacity ward are being built at the centre. This centre is being run with the support from Tulsi Chanrai Foundation.

5.3 The state second tertiary health facility, the V. V. F. Centre continue to repair the fistula cases brought to it. The state government is undertaking the programme with the support from USAIDACCQUIRE project.

5.4 In addition to the rehabilitation of the existing structures this administration has also taken unparallel steps to provide each Local Government Area (LGA) with a hospital where none exists. In large LGAs or LGA with very poor terrain traversed by fadama land one or two additional hospitals are being provided. The new hospitals, other structures and machines initiated by this administration are as follows:

1) New Specialist Hospital Birnin Kebbi

N3,624,710,044.00

2) G. H. Augie

N198,609,358.33

3) G. H. Dakingari

N486,864,612.00

4) G. H. Gwandu

N198,609,358.33

5) G. H. Mahuta

N198,609,358,33

6) G. H. Bena

N230,265,116.00

7) G. H. Shanga

N215,399,829.63

- |     |   |                        |
|-----|---|------------------------|
| 8)  | <b>G. H. Kangiwa</b>                                | <b>N176,505,222.73</b> |
| 9)  | <b>G. H. Kaoje</b>                                  | <b>N241,897,518.58</b> |
| 10) | <b>G. H. Bagudo</b>                                 | <b>N164,209,937.35</b> |
| 11) | <b>G. H. Bunza</b>                                  | <b>N149,122,206.23</b> |
| 12) | <b>G. H. Ribah</b>                                  | <b>N198,609,358.33</b> |
| 13) | <b>G. H. Kambaza</b>                                | <b>N159,048,000.00</b> |
| 14) | <b>G. H. Suru</b>                                   | <b>N183,820,091.55</b> |
| 15) | <b>New amenity Ward at Sir Yahaya M. hospital</b>   | <b>N84,562,894.00</b>  |
| 16) | <b>Mammography Unit at Sir Yahaya M. Hospital</b>   | <b>N34,205,795.00</b>  |
| 17) | <b>State Primary Health Care Development Agency</b> | <b>N61,949,832.00</b>  |
| 18) | <b>10 number generators</b>                         | <b>N132,093,675.00</b> |
| 19) | <b>10 number boreholes</b>                          | <b>N82,388,250.00</b>  |
| 20) | <b>Electrification projects</b>                     | <b>N76,844,363.55</b>  |

## **5 HUMAN RESOURCE**

The training and retraining of health personnel has been one of the pre-occupation of this administration. This is also true of recruitment. More than half of all doctors currently serving in the state have been recruited during the life of this administration. Well over 100 Nurses and Midwives have also been employed during the same period. Due attention has also been given to other cadres as well. Only recently, in addition to GL06 that is given to medical students who have reached 400 level in training; students Nurses and Midwives are also granted approval to be employed on GL 04 once they passed the weeding examination. This is to the credit of this administration as it serves as a motivation factor to students to pursue their training with minimum stress, especially for the students whose parents may not afford the costs of the training.

## **6 EMOLUMENTS**

The current administration has shown sufficient concern on the welfare of health workers. Every circular that has been approved and implemented by the Federal Government has also been approved and implemented by Kebbi State Government. Our middle level health manpower training institutions –School of Nursing and Midwifery here in Birnin Kebbi, as well as, the School of Health Technology Jega have all been given 100% CONTISS. Each of the training institution has its monthly operation funds (cash allocation) increased to N1, 500, 000. 00. All health personnel serving with the state and LGAs have been granted monetized HATISS; thus making the pay package in the state one of the

best if not the best in the country. The salary of all staff have continued to be paid as and when due.

- 7 The detailed projects, goods and services undertaken by this administration are hereby enclosed as Annex A. The chart shows in which LGA the project(s) is (are) located, type of project, place where the project is located contract sum, name of company executing the project, percentage of work done, amount paid to the contractor, balance of work/value work yet to be completed.
- 8 The List of Clinical and Medical Equipment Supplied to the 15 old hospitals are marked Annex B
- 9 The List of Clinical, Medical, Hospital Furniture, Beds/Beddings/Linens and Office Equipment to be supplied to the 13 new hospitals are marked Annex C

**Umar. J. Ahmad**  
**Permanent Secretary**  
**For Hon. Commissioner for Health**



MINISTRY OF HEALTH									
BIRNIN KEBB, KEBBI STATE									
REPORT ON THE ON GOING PROJECTS									
BY THE STATE GOVERNMENT MAY2007 TO MAY 2010									
S/N	L/Govt.	Type of Project	Location	Total contract sum	Name of Contractor	Status of Project	Amount Paid	Amount Outstanding	Remarks
1	Argungu	Construction of staff Quarters	Gen. Hosp Arg,Yauri & Kamba	179,235,847.50	Alqibla Multi-resource Ltd	80%	101,801,252.82	77,434,594.68	Yet to complete
	Argungu	Repairs & Renov. of Gen. Hosp. Arg	Gen. Hosp Arg/Koko	34,344,912.00	Altiberi & Son Nig Ltd	100%	34,233,830.50	77,434,594.68	Completed
2	Augie	Constr. Of Gen. Hospital	Augie	198,609,358.33	Shepherd Cars Int'l Ltd	75%	122,051,157.00	94,844,541.23	Yet to complete
3	Kangiwa	Upgrading of PHC to Gen. Hosp.	Kangiwa	176,505,222.00 176,505,222.00	A.A.S Marm.Invest Co Ltd	70%	124,728,950.00	54,493,850.31	Yet to complete
4	B/Kebbi	Constr. Of Staff Qtrs	Sir Yahaya	157,220,678.00	Summah Nig Ltd	100%	157,220,678.00	0.00	completed
	B/Kebbi	constr. Of Amenity ward	Sir Yahaya	84,562,894.00	Sai Allah Invest	100%	84,524,265.00		completed
	B/Kebbi	Constr. Of Memmography	Sir Yahaya	34,205,785.00	Salemco	90%	29,242,895.00	4,962,890.00	Yet to complete
	B/Kebbi	Repairs & Renov.	State Med. Store	17,416,474.00	Alh. Suleiman Usman Kaoje	100%	17,406,474.75	14,079,801.56	completed

	B/Kebbi	Repaire & Renov. Of staff Quarters	Sir Yahaya	11,628,775.00	Abubakar Samere D/Gari	100%	11,628,775.00	14,079,801.56	Completed
	B/Kebbi	Constr. Of PHC	Old MOH or	61,949,832.00	Alh. Umaru Bahi-	95%	52,100,982.00	9,848,850.00	Yet to complete
	B/Kebbi	Rehabilitation and Expand Hafsat Eye Cent	B/Kebbi Eye Centre	36,116,161.00	Bukata Reso.	54%	19,657,385.56	21,211,845.65	Yet to complete
5	Bunza	Upgra PHC Bunza to Gen. Hospital	PHC Bunza	149,120,206.00	Habia Nig Ltd	95%	132,436,010.00	16,684,196.00	Yet to Complete
6	Bagudo	Upgra PHC Bagudo to Gen. Hospital	PHC Bagudo	164,209,937.00	Mabino Cosy Invt Ltd	80%	149,452,111.25	14,757,825.75	Yet to Complete
	Bagudo	Repair & Renovation of Gen. Hospital	Gen. Hosp. Illo	11,800,341.00	Alh. Na-Amore & Co.	100%	11,526,029.00	123,157,453.00	Completed
	Bagudo	Upgrading of PHC to Gen. Hospital	PHC Kaoje	241,897,518.58	Ladi Maga Dank wolodo & Maigari	71%	172,480,552.11	69,416,966.47	Yet to complete
7	Shanga	Upgrading of PHC to Gen. Hospital	PHC Shanga	215,401,764.25	Algibla Multi Res. Ltd	100%	215,401,764.25		completed
	B/Kebbi	Construction of staff quarters	Aliero,Koko & Zauro		Zauro Constr. Co. Ltd	100%	143,388,675.00		completed
	K/Besse		Gen. Hosp.	143,388,675.00					
8	Dandi	Renovation of Gen. Hosp. Kamba	Gen. Hosp Kamba	6,601,224.00	Alh. Abdullahi Moh'd	100%	5,736,889.93		completed
9	Suru	Constr. Of New Gen Hosp. D/Gari	D/Gari	486,864,612.00	Usmaniyya Nig. Ltd	100%	426,760,244.37	60,104,367.63	completed

10	Fakai	Constr. Of Gen.Hosp	Fakai	198,609,358.00	Salamander Vent Ltd	60%	126,780,495.00	148,957,019.00	Yet to start fully
11	Jega	Repairs & Renov.	G/H Jega/ Maiyama	16,366,948.00	Bami Vent.Nig Enterprises	100%	16,366,948.00		Completed
	Jega	Constr. Of staff Qtrs	G/H Jega/ Maiyama Ilo	107,553,508.00	Bagudo Int'l Ltd	100%	107,553,508.00	0.00	completed
	Jega	Constr. Of wall fence	H. Tech J	33,555,037.00	Jikamanga Glob. Invest. Co. Ltd	100%	33,534,784.00		completed
	Jega	Constr. Of student Hostel female Block	SHT Jega	94,911,022.00	Abbasco Nig Ltd	100%	88,654,836.00	6256186	completed
	Jega	Constr. Of student Hostel male block	SHT Jega	94,911,022.00	Jega Int'l	55%	64,284,563.00	30,626,459.00	Yet to complete
	Jega	Constr of classroom	SHT Jega	45,191,851.00	Ganda Sama Res Co. Ltd	45%	28042201.99	17149629	Yet to complete
12	D/Wasagu	Upgrading PHC to Gen. Hosp Bena	PHC Bena	228,922,617.00	Alimo Standard Services	100%	228,922,617		completed
	D/Wasagu	Constr. Of New Hosp	Ribah	198,609,358.00	Garima	100%	198,609,358.33		completed
13	Gwandu	Constr. Of New Hosp	Gwandu	198,609,358.00	Rahama Multi Resources Ltd	80%	145738020	52871338.33	Yet to complete

14	Aliero	Constr. Of staff Qtrs	Gen.Hosp		Zauro Constr.	100%			completed
	Aliero	Repairs & Renov.	Gen. Hosp	7,325,189.50	Alh. Aliyu Tine	100%		7325189.5	completed
15	Maiyama	Constr. Of staff Qtrs	Gen. Hosp		Bagudo Int'l	100%			completed
	Maiyama	Repairs & Renov.	Gen. Hosp.		Bami Venture Nig Enterprises	100%			completed
16	K/Besse	Constr. Of Staff Qtrs	Gen Hosp		Zauro Constr.Co	100%			completed
	K/Besse	Repairs & Renov.	Gen. Hosp		Altiberi & Sons	100%	34,241,912.00		completed
17	Sakaba	Constr. Of staff Qtrs	Gen. Hosp	35,847,169.00	Kabir Nig Ltd	100%	35,847,169.00		completed
			D/Daji						
	Sakaba	Repairs & Renov.	Gen. Hosp	18,500,538.00	Kande Multi Res & Co. Ltd	100%	18,500,538.00		completed
18	Yauri	Constr. Of staff Qtrs	Gen. Hosp	71,694,338.00	Algibla Multi Reso	80%	50,186,036.60	21,508,301.40	Yet to complete
	Yauri	Repairs & Renov.	Gen. Hosp	23,895,902.00	Jega Int'l	95%	5,973,975.00	17,921,927.00	Yet to complete
19	Wara	Constr. Of staff Qtrs	Gen. Hosp	35,847,162.00	Khairumahi Invest Nig Ltd	60%	20,659,739.00	15,187,370.00	Yet to complete
	Wara	Repairs & Renov.	Gen. Hosp	10,118,808.00	Marhabah Global Resources Ltd				Yet to start
20	Zuru	Constr. Of staff Qtrs	Gen. Hosp	143,404,678.00	Takalau Multi	50%	35,851,169.00	107,555,509.00	Yet to complete
			Zuru						
		Constr. Of staff Qtrs	Gen. Hosp		Trade Resources				

		Senchi						
	Constr. Of staff Qtrs	Gen. Hosp						
		Wasagu						
	Repairs & Renov.	Gen. Hosp	7,567,386.00	Khairullahi Invest	100%	7,567,386.00		completed
		Zuru		Nig.				
	Repairs & Renov	G/H Senchi	6,645,787.00	A.I.G. Nig Ltd	100%	6,695,787.00		completed
	Repairs & Renov.	Gen. Hosp	12,091,265.00	Mark & Chain				
		Wasagu		Ventures Nig.				
Zuru	Interlocking Admin	Gen. Hosp	5,928,570.00	S/Falami & Son	100%	5,928,570.00	2,072,973.00	completeed
	block	Zuru		Nig Ltd				
Argungu	Interlocking Admin	Gen. Hosp	6,680,980.00	Alh. Yakubu	100%	6,680,980.00		completed
	block	Argungu		Tsamiya				
Koko	Interlocking Admin	Gen. Hosp	6,641,280.00	Alh. Shehe	100%	6,641,280.00	6,641,280.00	completed
	block	Koko		Mustapha				
Yauri	Interlocking Admin	Gen. Hosp	6,392,650.00	Alh. Abdullahi	100%	6,392,650.00	591,343.00	completed
	block	Yauri		Moh'd				
B/Kebbi	Repairs & Renova	Gen. Hosp	3,992,100.00	Ismat Int'l Nig Ltd	100%	3,992,100.00		Completed
		Zauro						
21 Kalgo	Constr. Of 200 bed	Along Kalgo	3,156,771,590.00	Edile Constr Nig	70%	1,578,385,795.00		
	ulta modern Hosp.	B/K Road		Ltd				
Kalgo	External work	Along Kalgo	467,938,454.00	West Land Work	70%	253,099,942.00		
		B/K Road		Nig				
Gwandu	Constr. Of New Hosp	Kambaza	159,048,000.00	alh. Manu Manu	100%	159,016,280.00		completed
				Gwandu				

<b>SUPPLIES</b>									
1	SUPPLIES	Drugs&Med Supplies	SMS	200,000,000.00	LakeSide Pharm	98%	196,064,244.00	15,000,000.00	Not Completed
2		Drugs&Med Supplies	SMS	300,000,000.00	Elbe Pharmacy	85%	254,391,198.00	45,608,802.00	Not Completed
3		Typhoid Vaccine	SMS	100,000,000.00	Asowater	100%	100,000,000.00	Nil	completed
4		Drugs&Med Supplies	SMS	75,000,000.00	UAIA Nig. Ltd	83%	61,999,051.50		
5		Drugs&Med Supplies	SMS	75,000,000.00	Kebbi Pharmacy				
6		Clinical Equip	Equip Store	863,000,000.00	EI-Bashir	96%	826,883,626.00		
7		Lab Equipment		79,195,600.00	Maritime				
8		CSSD Equipment		135,309,000	Rumbukawa	100%	135,309,000.00		
9		Pharmacy Equipment		31,875,000.00	Bello Relisko/kwar	100%	31,869,500.00		
10		Physiotherapy Equip		27,740,000.00	Umar DanSakkwat	100%	27,560,000.00		
11		Laundry Equipment		74,100,000.00	Mamman Masama				
12		Ophthalmic Equipme		18,054,000.00	Warp Nig. Ltd				
13		Mortuary Equipment		269,447,197.00	M.S.Y.Internationa	62%	168,000,000.00		
14		Lab Reagents,Chemicals , X-Ray consumables		32,233,500.00	Maritime	89%	28,842,500.00		
15		Dept of Inspectorate	SMS	50,000,000.00	Bukata Resources	100%	50,000,000.00		Completed
16		Psychiatric Equipment		13,893,310.00	Bandex/Global				
17		X-Ray Machines	SMS	339,000,000.00	Company Trade	100%	339,000,000.00		Completed
18		Linens & Beddings	SMS	75,200,000.00	Sauki Goma Integ	100%	75,200,000.00		
19		Catering Equipment		12,765,000.00	Micry International				
20		Electrification of 10 Hospitals		76,844,363.79	B. N. A Nig Ltd	69%	52,800,953.10		
21		Generators for 10 Hospitals	SMS	132,093,675.00	Combined Agric services	100%	Nil		Not Installed

