

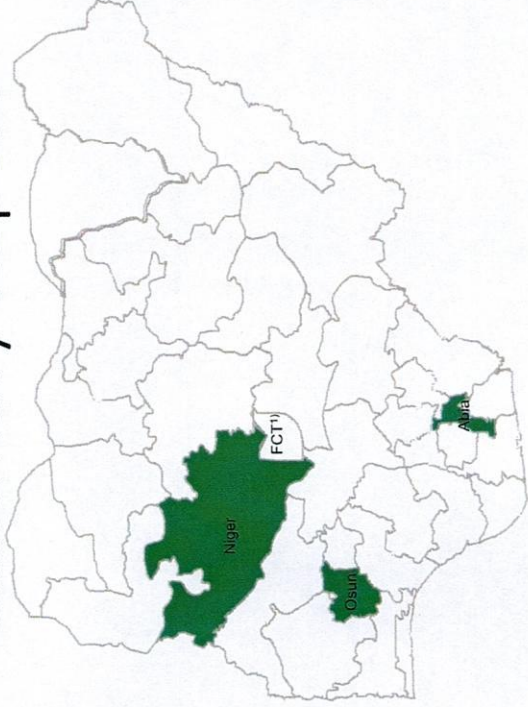


Basic Healthcare Provision Fund



# State Facility Assessment Abia, Niger and Osun

## Summary Report



February, 2019



## Three (3) reports are generated from the baseline assessments conducted

### LGA Consolidated Report

- Aggregates data by consolidating facilities in each LGA
- Documents service availability and readiness

### Quality Score Cards

- Shows the composite quality score for a facility
- Enables facilities determine priority areas to focus on

### Detailed Report per Facility

- Provides data on specific inputs for service delivery



# We conducted an assessment of public primary health facilities in Abia, Niger and Osun States to determine the current state of service delivery readiness

## Objective

Determine the state of service delivery readiness across primary health centres in States

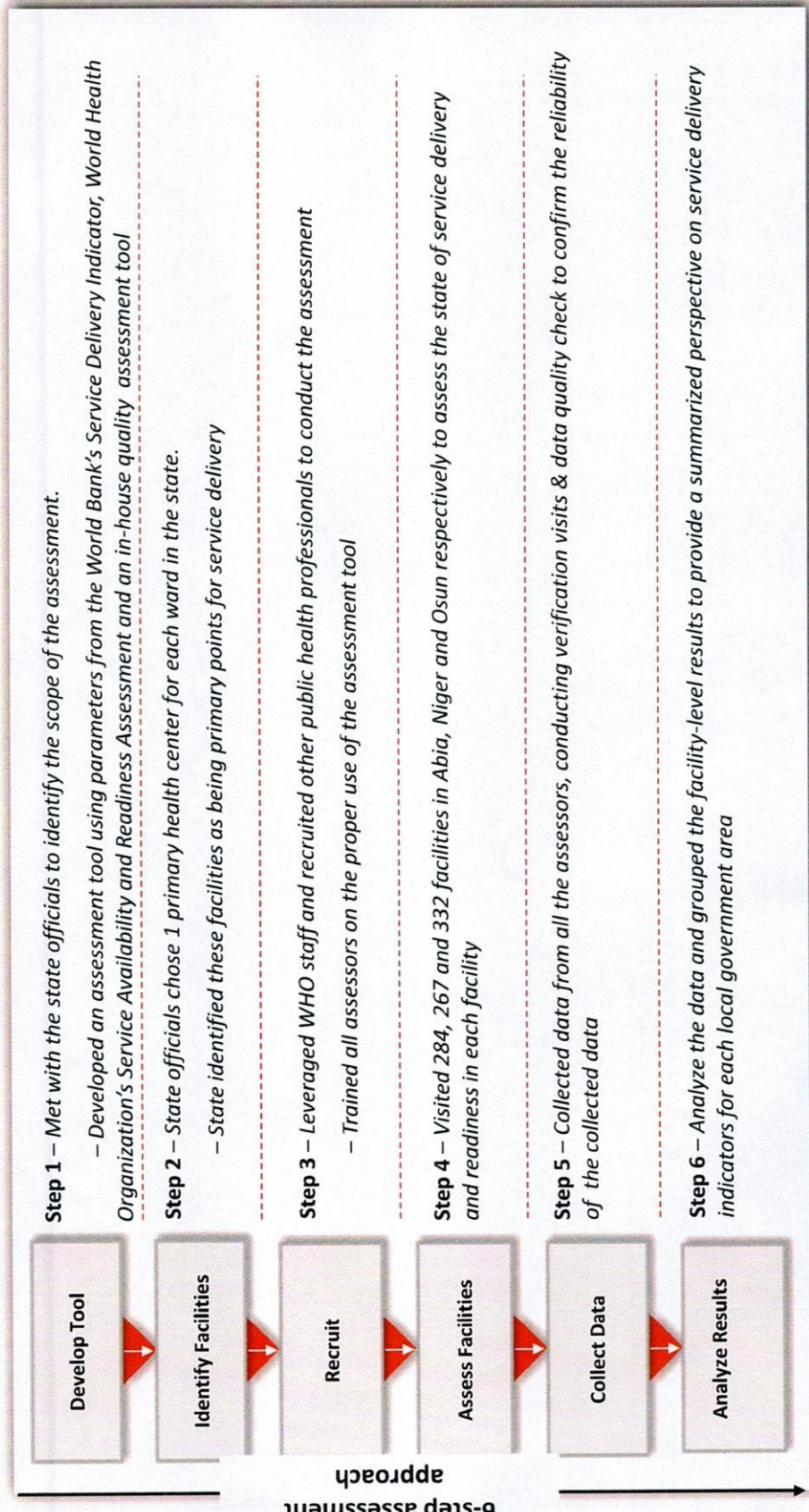


## Key Questions

- What is the state of the facility's infrastructure?
- What services does the facility provide?
- Is the facility adequately provisioned to provide care?
- Are appropriate state / LGA / community governance mechanism in place?
- Is the facility well managed?
- Is the facility well staffed and are staff available?
- What services do patients have to pay for and how much?
- How many people have easy access to the facility?



# We employed a 6-step process to conduct the assessment





## Abia State Executive Summary (1/2)

### Assessment Area

#### Facility Demographics

- 88% of the facility are located in the rural area and more than 85% are primary health care
- 99% of the facilities are owned by the government
- 61% of the facilities require major renovations
- 39% of the facilities do not have power supply and almost 70% have no water supply

#### Geography Demographics

- Most facilities have a defined catchment area covering an average of about 7,000 people
- On average, 3 out of the 63 assessed facilities refer patients to other facilities

#### Service Readiness

- 24% of facilities do not operate 24 hours a day
- Only 30% of the facilities provide basic essential obstetric care
- 88% of the facilities provide postnatal care while 94% provide antenatal care
- 52% of the delivery rooms in assessed facilities are in good condition
- 30% of the assessed facilities do not have proper storage for drugs and consumables
- Only 7% of Facilities have security boxes, yellow bins and black bins
- Only 4% of facilities have all 6 WHO-defined basic equipment while 23% have at least 3
- Most facilities do not have the capabilities to store vaccines
- Only 29% of the laboratories in facilities are open everyday



## Abia State Executive Summary (2/2)

### Assessment Area

Monitoring and Evaluation

Community Engagement

Facility Management

User Fees

Service Readiness

### Key Findings

- 96% of facilities have all or some of the HMIS register forms up to date
- Most of the facilities do not have the required committees for monitoring and evaluation.
- 43% of the facilities carry out a monthly community outreaches
- 97% of the assessed facilities have a WDC and 95% of this visit the facility
- Only 28% of assessed facilities have proper books of account to capture expenses incurred
- 8% of the facilities received funds for operational expenses from Government in last 1 year
- 58% of the facilities do not have bank account
- 46% of facilities did not have their last delivery of essential medicines signed by the HFMC
- Some facilities have exemption on user fees for certain people
- 81% of assessed facilities do not have price list for drugs
- 94% of the facilities do not have price list of laboratory services
- On the average, there are five workers in each facility
- There are 463 CHEWS and 179 Nurses and Midwives in all the assessed facilities
- There are only 8 Medical Officers in the all the facilities assessed



## Niger State Executive Summary (1/2)

### Assessment Area

### Key Findings

#### Facility Demographics

- 78% of the facilities are located in rural areas and more than 95% are PHCs
- 84% of facilities are owned by the government
- 92% of the facilities require various degrees of renovations to their buildings
- 35% of the facilities do not have power supply and 73% have no water supply

#### Geography Demographics

- Most facilities have a defined catchment area covering an average of about 13,000 people
- 56% of facilities have a documented referral and follow-up system

#### Service Readiness

- 62% of facilities assessed do not operate 24 hours a day
- Only 23% of the facilities provide basic essential obstetric care
- 87% of the facilities provide postnatal care while 99% provide antenatal care
- 58% of the delivery rooms in assessed facilities are in good condition
- 81% of the assessed facilities have proper storage for drugs and consumables
- Only 10% of Facilities have security boxes, yellow bins and black bins
- Only 14% of facilities have all 6 WHO-defined basic equipment
- Only 37% of facilities have refrigerators for storing vaccines
- 48% of the laboratories in facilities assessed open everyday



## Niger State Executive Summary (2/2)

### Assessment Area

### Key Findings

<p><b>Monitoring and Evaluation</b></p>	<ul style="list-style-type: none"> <li>81% of facilities have all or some of the HMIS register forms up to date</li> <li>Most of the facilities do not have the required committees for monitoring and evaluation.</li> </ul>
<p><b>Community Engagement</b></p>	<ul style="list-style-type: none"> <li>42% of the facilities carry out a monthly community outreaches</li> <li>96% of the assessed facilities have a WDC and 98% visit the facilities</li> </ul>
<p><b>Facility Management</b></p>	<ul style="list-style-type: none"> <li>Majority of the assessed facilities do not have the relevant financial management tools</li> <li>Only 4% of the facilities received funds for operational expenses from Government in last 1 year</li> <li>52% of the facilities do not have bank account</li> <li>79% of facilities did not have their last delivery of essential medicines signed by the HFMC</li> </ul>
<p><b>User Fees</b></p>	<ul style="list-style-type: none"> <li>On average, facilities charge N1,113 for normal delivery</li> <li>Some facilities have exemption on user fees for certain people</li> <li>92% of assessed facilities do not have price list for drugs</li> <li>91% of the facilities do not have price list of laboratory services</li> </ul>
<p><b>Human Resource</b></p>	<ul style="list-style-type: none"> <li>On the average, there are 6 health workers in each facility and 1 non health worker in each facility</li> <li>15% of both health and non health workers were absent as at the time of assessment</li> </ul>



## State of Osun Executive Summary (1/2)

### Assessment Area

#### Facility Demographics

- 58% of the facilities are located in rural areas and more than 95% are PHCs
- All the facilities are owned by the government
- 93% of the facilities require various degrees of renovations to their buildings
- Half of the facilities do not have power supply and 70% have no water supply

#### Geography Demographics

- Most facilities have a defined catchment area covering an average of about 169,000 people
- 33% of facilities have a documented referral and follow-up system

#### Service Readiness

- 50% of facilities assessed do not operate 24 hours a day
- Only 18% of the facilities provide basic essential obstetric care
- 90% of the facilities provide postnatal care while 94% provide antenatal care
- 39% of the delivery rooms in assessed facilities are in good condition
- 32% of the assessed facilities do not have proper storage for drugs and consumables
- Only 1% of Facilities have security boxes, yellow bins and black bins
- Only 1% of facilities have all 6 WHO-defined basic equipment
- Only 27% of facilities have refrigerators for storing vaccines
- 89% of the laboratories in facilities assessed do not open everyday



## State of Osun Executive Summary (2/2)

### Assessment Area

Monitoring and Evaluation

Community Engagement

Facility Management

User Fees

Human Resource

### Key Findings

- 98% of facilities have all or some of the HMIS register forms up to date
- Most of the facilities do not have the required committees for monitoring and evaluation.
- 49% of the facilities carry out a monthly community outreaches
- 77% of the assessed facilities have a WDC and 90% visits the facilities
- Almost all facilities do not have the proper books of account for financial management
- Only 1% of the facilities received funds for operational expenses from Government in last 1 year
- 85% of the facilities do not have bank account
- 13% of facilities did not have their last delivery of essential medicines signed by the HFMC
- On average, facilities charge N33 for normal delivery
- Some facilities have exemption on user fees for certain people
- 98% of assessed facilities do not have price list for drugs
- 95% of the facilities do not have price list of laboratory services
- On the average, there are 3 health workers in each facility
- 43% of Workers were absent at the time assessment was carried out



**Next few slides are sample slides taken from  
the Abia assessment**

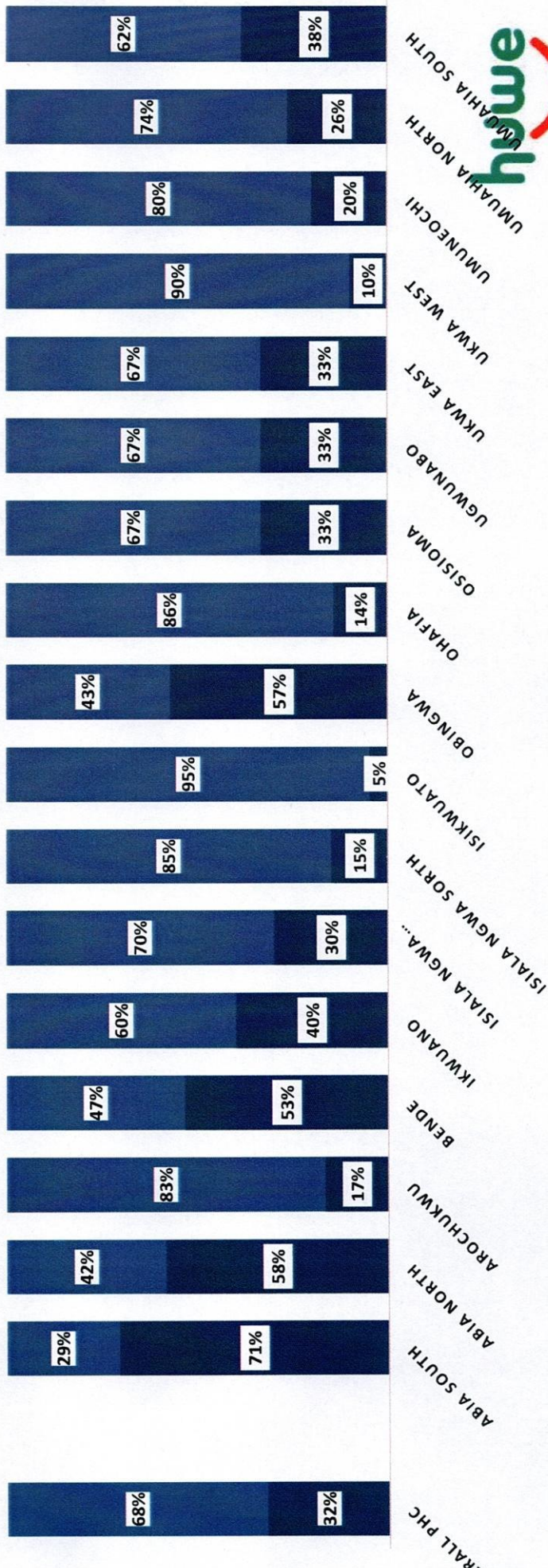




# Almost three quarter of assessed facilities do not have a constant source of water supply in-house

Is there water supply in the facility?

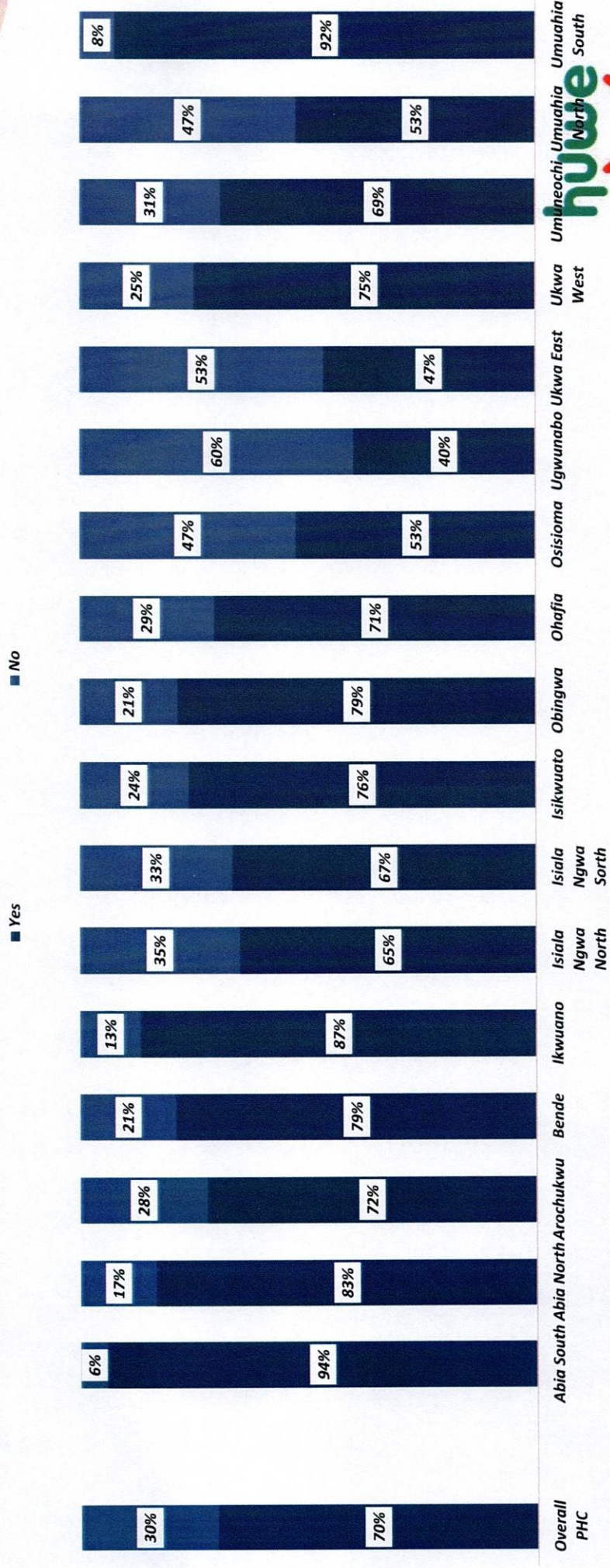
■ Yes ■ No





# 30% of assessed facilities do not have a proper storage for drugs and consumables

Is there proper storage available for drugs?

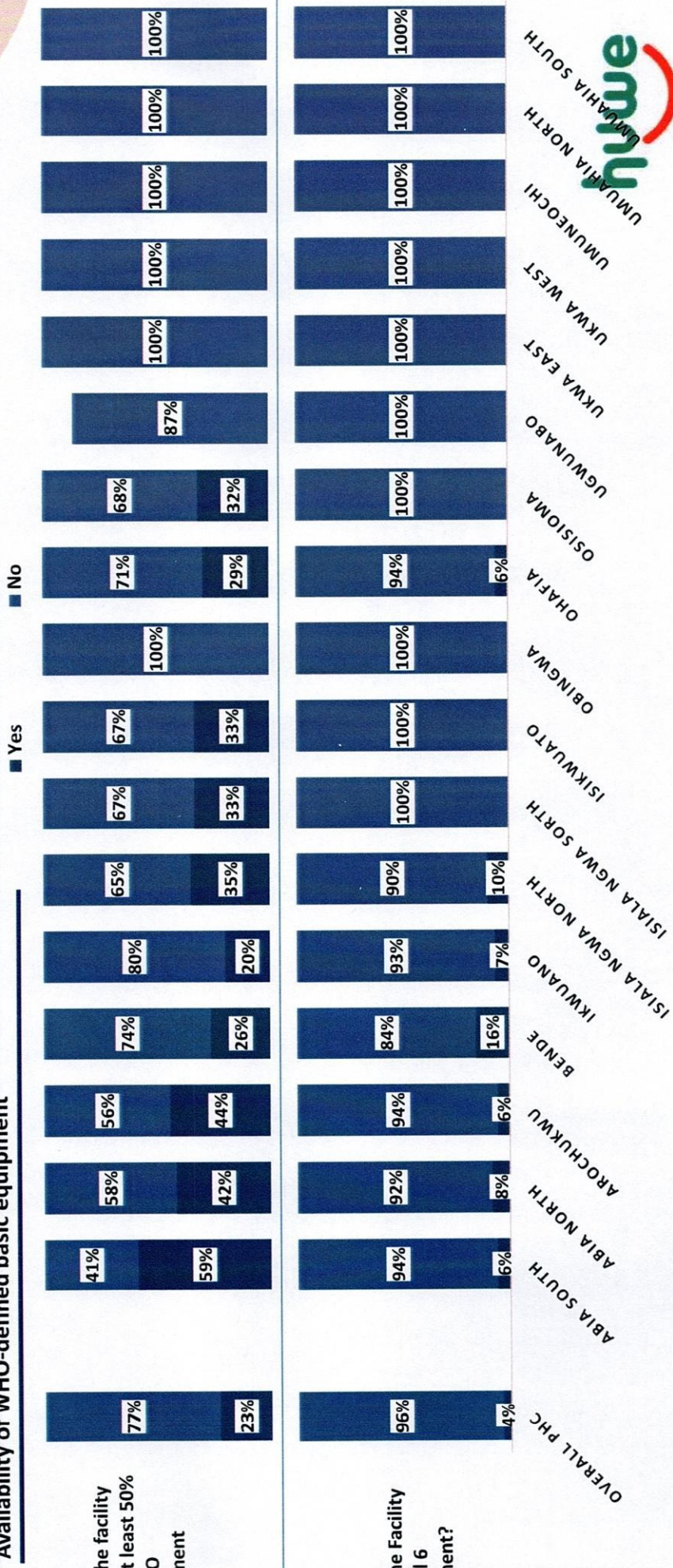


Proper Storage means a cool dry place with a lock



# Only 4% of facilities have all 6 WHO-defined basic equipment while 23% have at least 3

Availability of WHO-defined basic equipment



Based on WHO definition, basic equipment consist of: Adult scale, Child scale, Thermometer, Stethoscope, Sphygmomanometer and Light Source

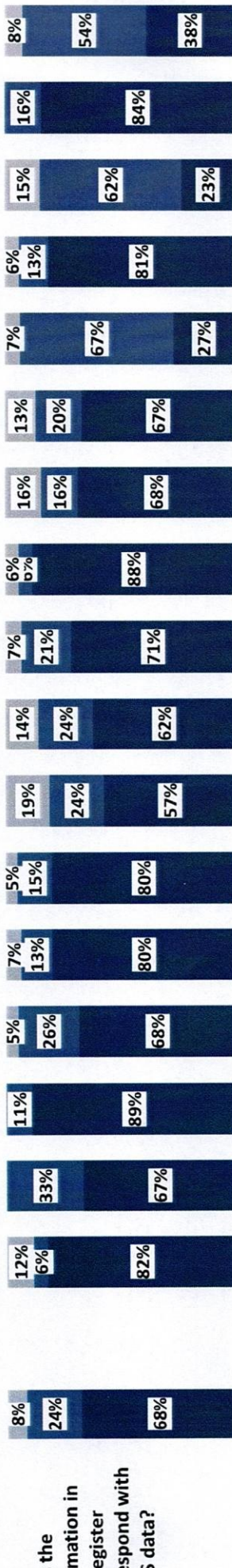




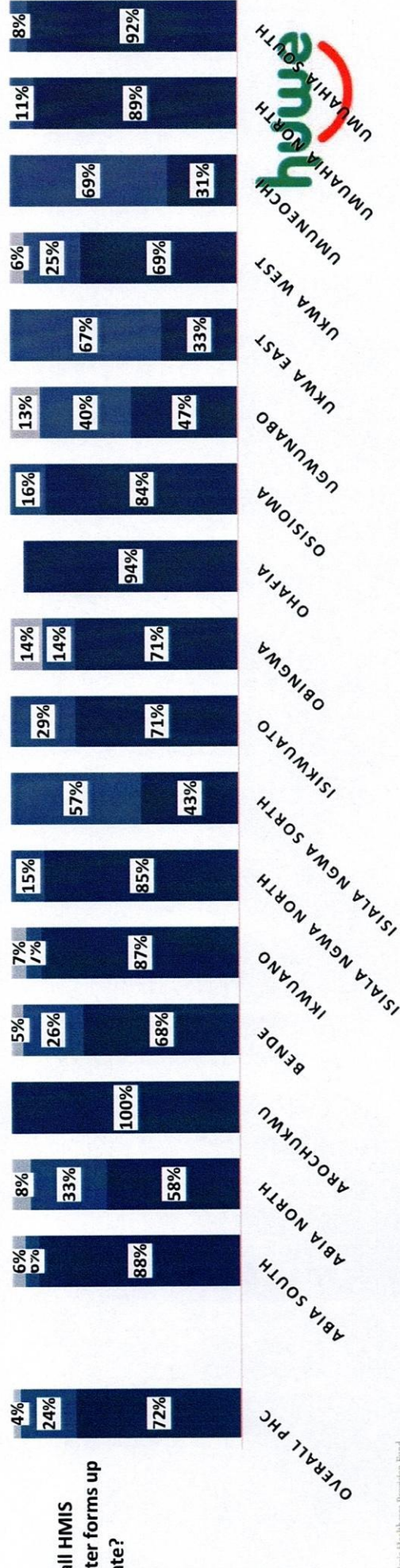
# 96% of facilities have all or some of the HMIS register forms up to date

## HMIS register form

■ All Info ■ Some Info ■ No Info



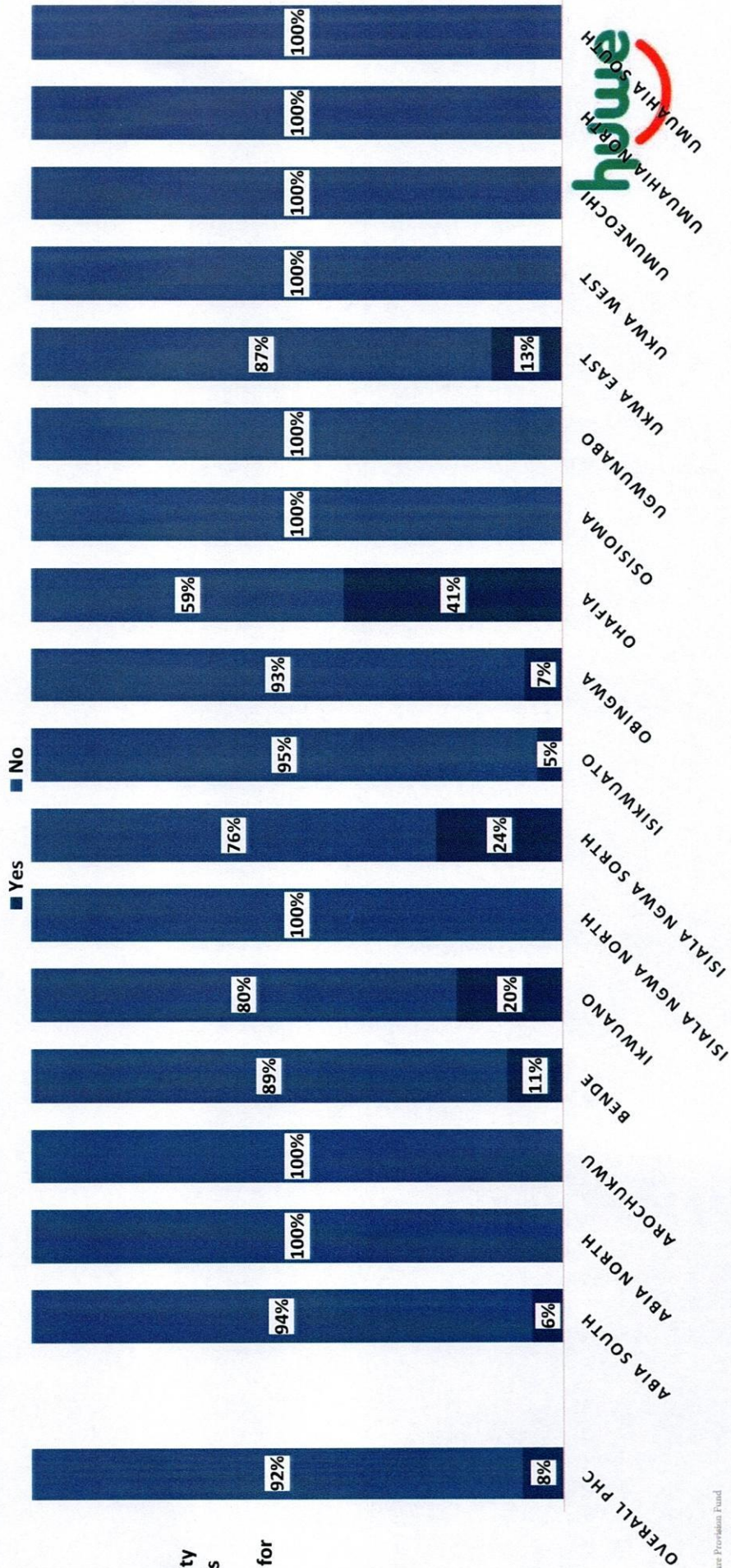
■ All Forms ■ Some Forms ■ No Form





# Only 8% of facilities received funds for operational expenses from the Government in the last calendar year

## Government and operational expenses

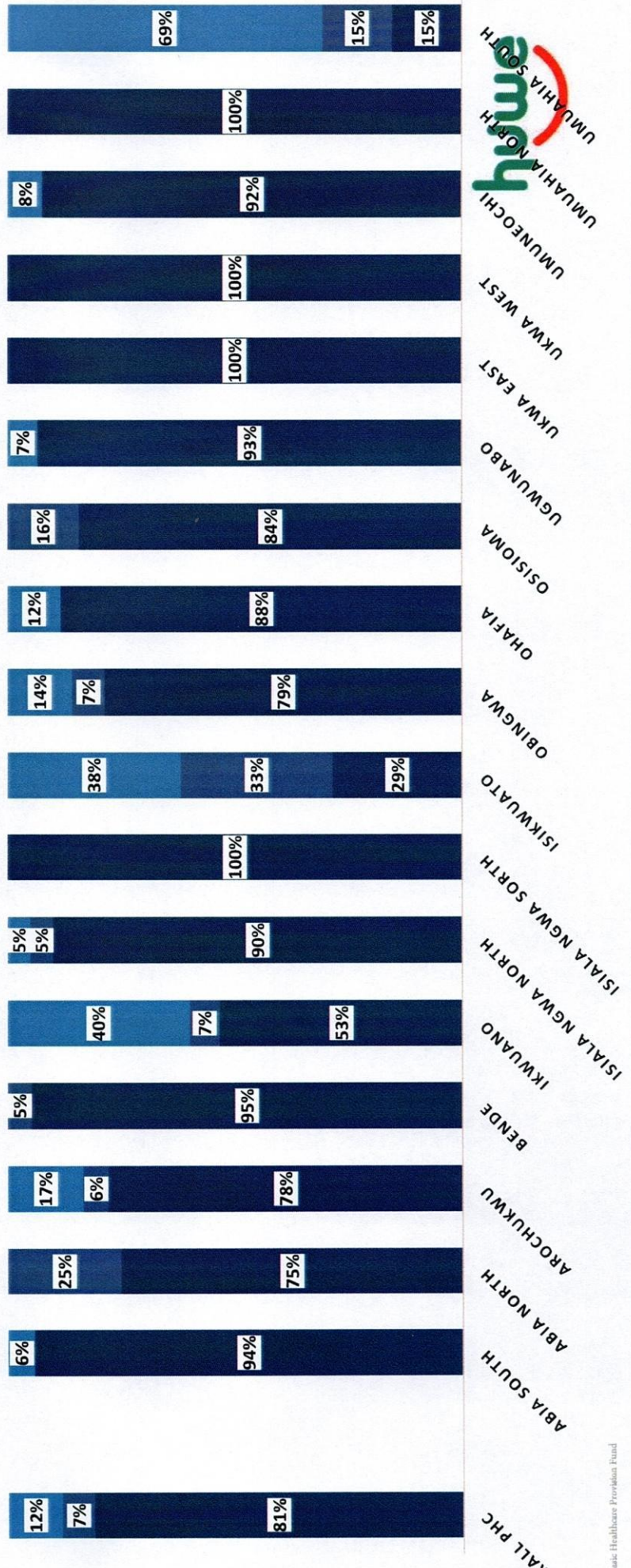




# There are no price lists for drugs at 81% of assessed facilities

Is the price list of drugs displayed?

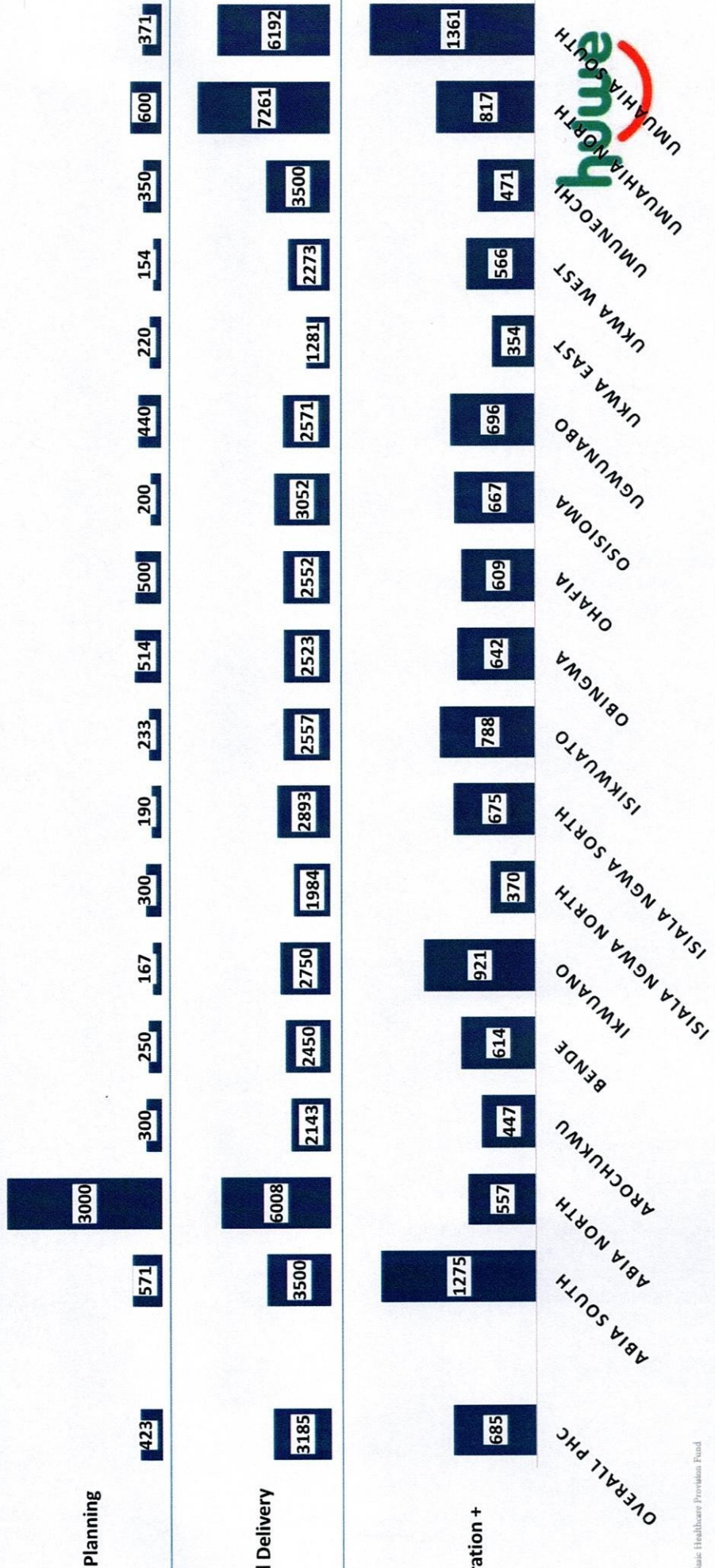
■ No Price List   ■ Present but not Displayed   ■ Present and Displayed





# User Fees: Maternal and Child Health

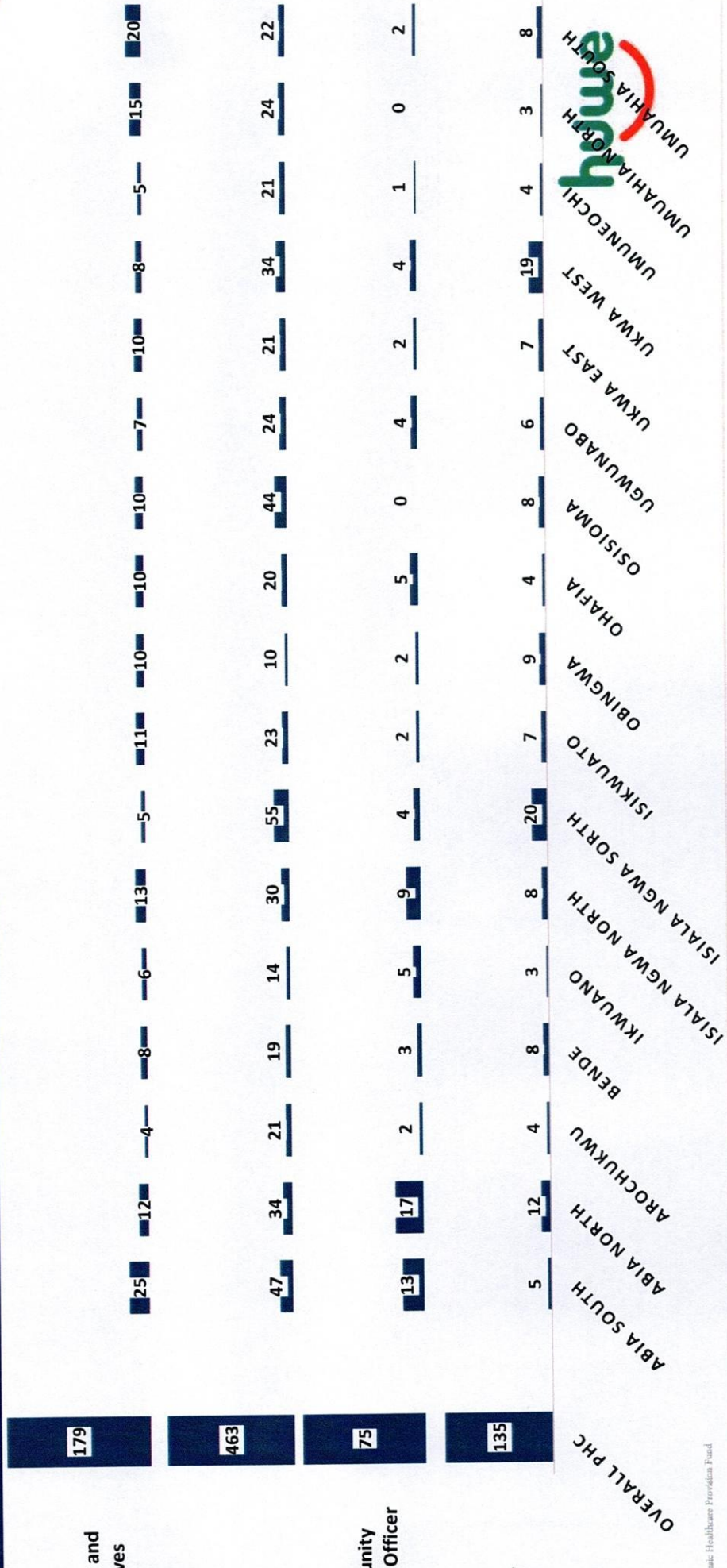
## Average User Fees: Maternal and Child Health (Naira)





# CHEWs comprise the majority of health workers in the assessed facilities

## Health Workers






## **A second report of the facility assessment was developed**

- This report was also based on the assessment tool administered to facilities
- Facilities were assessed, with a focus on service readiness, service availability and quality of service delivery.
- The report provides details of the sub findings of the assessment
  - (i) A pictorial mapping of the current state of the each facility
  - (ii) **A facility level scorecard based on a quantitative quality improvement score**
  - (iii) Key details of each facility



**Facilities were assessed based on a quantitative quality scoring tool focusing on 10 priority areas**

- 1) Administrative System and Infrastructure
- 2) Financial Systems
- 3) Human Resources Management
- 4) Maternal and Child Health Services
- 5) Patient Care Management
- 6) Minimum Drugs and Commodities
- 7) Laboratory
- 8) Health Management Information System
- 9) Utilization and Clinical Outcomes
- 10) Community Involvement



**In implementing the BHC PF, facilities will be expected to improve on these priority areas**



**Scores for the QIP were designed to ensure facilities took a holistic approach to improving the quality of care**

- The QIP provides a basis for measuring the performance of the NPHCDA gateway.
- Each priority area has several activities which are scored and weighted differently
- Scores for each priority areas were weighted accordingly to obtain a composite final score per facility



## The maximum composite score a facility can earn is 10

Priority Area	Maximum Score	Contribution to Composite Score (Percentage)	Contribution to Composite Score
Administrative System and Infrastructure	39	13%	1.3
Financial Systems	18	6%	0.6
Human Resources Management	31	10%	1.0
Maternal and Child Health Services	40	13%	1.3
Patient Care Management	42	14%	1.4
Health Management Information System	24	8%	0.8
Minimum Drugs and Commodities	22	7%	0.7
Laboratory	20	7%	0.7
Utilization and Clinical Outcomes	40	13%	1.3
Community/Clients Views	30	10%	1.0
<b>Total</b>	<b>306</b>	<b>100%</b>	<b>10</b>



## Rationale for the QIP

- By disaggregating the scores by priority areas, facilities as well as State officials can focus on the drivers of underperformance.
- To achieve a good composite score, facilities must have performed above 50% in all priority areas.
- To avoid facilities focusing on priority areas with higher weights, a discounting factor was applied. In this case, if a priority area scores less than 50%, there is a deduction of 5% from that priority area.



## Composite Quality Score for BOLORUNDURO PHC =

**4.9**

PRIORITY AREAS	ASSESSMENTS		
	Baseline	Review 1	Review 2
Administrative System and Infrastructure			
Financial System			
Human Resources			
Maternal and Child Health Services			
Patient Care Management			
Minimum Drugs and Commodities			
Laboratory			
Health Management and Information Systems			
Utilization and Clinical Outcomes			
Community/Clients Views			

**Key:**  >6.1  4.1-6.0  0.0-4.0



**Composite Quality Score for MDG PHC BOKU =**

**2.1**

PRIORITY AREAS	ASSESSMENTS		
	Baseline	Review 1	Review 2
Administrative System and Infrastructure			
Financial System			
Human Resources			
Maternal and Child Health Services			
Patient Care Management			
Minimum Drugs and Commodities			
Laboratory			
Health Management and Information Systems			
Utilization and Clinical Outcomes			
Community/Clients Views			

**Key:** >6.1 4.1-6.0 0.0-4.0



**Next few slides show the facility level score cards  
and facility details from Osun and Niger  
assessment**

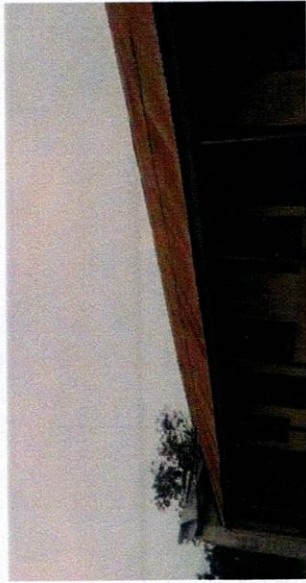




tailed Report per Facility

# BOLORUNDURO PHC

# OSUN



f, Ceiling  
Fence



structure



Consulting Room



Waiting Area

Delivery Room



Inpatient Toilet



Inpatient Ward





# BOLORUNDURO PHC SERVICE READINESS

GENERAL	
FACILITY NAME	Bolorunduro PHC
LEVEL	Osun
WARD	Orolu
COMMUNITY TYPE	Rural
OWNERSHIP	PHC
OPERATIONAL STATUS	Public
OPERATIONAL SINCE	Public
OPERATIONAL FINANCER	Public
POPULATION	Public
POPULATION DENSITY	▲▲▲▲▲
POPULATION SIZE	14469
TIME TO STATE CAPITAL (DRY)	20 minutes
TIME TO STATE CAPITAL (RAIN)	20 minutes
BEDS:	5

INFRASTRUCTURE	
BUILDING	Modest Renovation
ROOF	Modest Renovation
FENCE	Light Renovation
DELIVERY ROOM IN GOOD CONDITION	▼▼▼▼▼
MATERNITY WAITING ROOM	▼▼▼▼▼
ON-CALL ROOM	▼▼▼▼▼

WATER	
WATER	▲▲▲▲▲
MAIN WATER SOURCE	Protected dug well
ALT WATER SOURCE	0

ELECTRICITY	
ELECTRICITY:	▲▲▲▲▲
MAIN POWER SOURCE:	Electric power grid
ALT POWER SOURCE:	Others
HOURS PER DAY W POWER:	2

COMMUNICATIONS	
CELL PHONE:	▼▼▼▼▼
COMPUTER:	▼▼▼▼▼
EMAIL OR INTERNET ACCESS:	▼▼▼▼▼

BASIC EQUIPMENT	
BLOOD PRESSURE APPARATUS:	▼▼▼▼▼
STETHOSCOPE:	▼▼▼▼▼
ADULT SCALE:	▼▼▼▼▼
CHILD SCALE:	▼▼▼▼▼
THERMOMETER:	▼▼▼▼▼
LIGHT SOURCE:	▼▼▼▼▼

INFECTION PREVENTION	
BLACK BINS:	▼▼▼▼▼
YELLOW & RED BINS:	▼▼▼▼▼
SHARP BOX:	▲▲▲▲▲

SANITATION	
TOILET FOR PATIENTS:	▼▼▼▼▼
# OF OUTPATIENT TOILETS:	-
# OF FUNCTIONING OUTPATIENT TOILETS:	-
OUTPATIENT TOILET TYPE:	-
SAME TOILET FOR OUTPATIENT AND INPATIENTS :	-
# OF INPATIENT TOILETS:	-
% FUNCTIONING INPATIENT TOILETS:	-
INPATIENT TOILET TYPE:	-

# SERVICE DELIVERY

CLINICAL SERVICES	
BASIC ESSENTIAL OBST. CARE:	▼▼▼▼▼
FAMILY PLANNING:	▲▲▲▲▲
HIV/AIDS CARE:	▲▲▲▲▲
ANTENATAL CARE:	▲▲▲▲▲
DELIVERIES:	▲▲▲▲▲
POSTNATAL CARE:	▲▲▲▲▲
STI CONTROL:	▲▲▲▲▲
ROUTINE IMMUNIZATIONS:	▲▲▲▲▲
TB CARE:	▲▲▲▲▲
MALARIA CARE:	▲▲▲▲▲
CURATED CARE:	▼▼▼▼▼

SERVICE AVAILABILITY	
24 HOUR SERVICE?	▼▼▼▼▼
# OF DELIVERIES (3 MONTHS)	10
# OF OUTPATIENT VISITS (3 MONTHS)	661
# OF IN-PATIENT BED-DAYS (3 MONTHS)	0
# OF ANC ATTENDANCE (3 MONTHS)	203
# OF PNC ATTENDANCE (3 MONTHS)	74
# IMMUNIZATION VISITS (3 MONTHS)	37

▼▼▼▼▼ : No/Not Available

▲▲▲▲▲ : Yes/Available

- : Not Applicable



# BOLORUNDURO PHC

## USER FEES

USER FEES		
REGISTRATION:	0	▼
CONSULTATION – 5 YRS OR OLDER:	0	▼
CONSULTATION – UNDER 5 YRS OLD:	0	▼
TB TREATMENT:	0	▼
NORMAL DELIVERY:	1500	▲
MALARIA DRUG:	0	▼
AMOXICILLIN SYRUP:	0	▼
MALARIA TEST:	0	▼
RANDOM BLOOD SUGAR TEST:	0	▼
HAEMOGLOBIN TEST:	0	▼
URINALYSIS:	0	▼

## MANAGEMENT/GOVERNANCE

FINANCIAL MANAGEMENT		
RECEIVED NON-SALARY OPERATING FUNDS FROM STATE/LOCAL GOVT:		▼▼▼▼
ALT FUNDING FROM DEV PARTNERS/NGOS:		▼▼▼▼
ALT FUNDING FROM REGISTRATIONS:		▼▼▼▼
BANK ACCOUNTS		▲▲▲▲
RECEIPT BOOKS:		▼▼▼▼
PAYMENT VOUCHERS:		▼▼▼▼
CASH BOOKS:		▲▲▲▲
STAFF MEMBER RESPONSIBLE FOR FINANCIAL ACCOUNTING:		▼▼▼▼

GOVERNANCE		
WARD DEVELOPMENT COMMITTEE:		▲▲▲▲
HEALTH FACILITY MANAGEMENT COMMITTEE:		▲▲▲▲
FREQUENCY OF WARD DEVELOPMENT COMMITTEE	Monthly	
VISITED BY STATE/LGA/WARD ACCOUNTS PERSON:	Quarterly	
VISITED BY QUALIFIED PHARMACIST:	Monthly	
FACILITY QUARTERLY IMPLEMENTATION PLAN:	No	

MONITORING AND EVALUATION		
NHMIS HEALTH FACILITY MONTHLY SUMMARY FORM:		▲▲▲▲
NHMIS HEALTH FACILITY DAILY ATTENDANCE REGISTER:		▲▲▲▲
NHMIS HEALTH FACILITY IMMUNIZATION REGISTER:		▲▲▲▲
NHMIS HEALTH FACILITY DAILY ANC REGISTER:		▲▲▲▲

EMMS MANAGEMENT		
PROPER DRUG STORAGE & SECURITY:		▲▲▲▲
PROCURED OUT-OF-STOCK ITEMS IN THE LAST QUARTER:		▼▼▼▼
PURCHASED EMMS LOCALLY:		▼▼▼▼
SOME ESSENTIAL MEDICINES IN EXPIRED DURING THE LAST QUARTER:		▼▼▼▼
STOCK CONTROL CARDS PRESENT & UPDATED FOR THE LATEST DELIVERY:		▲▲▲▲
STORE VACCINES:		▲▲▲▲
FRIDGE FOR VACCINE STORAGE:		▲▲▲▲
# OF EMMS STAFF THAT HAVE RECEIVED TRAINING ON QUANTIFICATION AND ORDERING:	2	

## HUMAN RESOURCE FOR HEALTH

# OF CLINICAL HRH: 28		
# OF CLINICAL HRH ABSENT:	11	
# OF NURSES/MIDWIVES:	2	
# OF NURSES/MIDWIVES ABSENT:	0	
# OF CHEWS:	8	
# OF CHEWS ABSENT:	3	
# OF JCHEWS:	2	
# OF NON CLINICAL HRH	0	
# OF NON CLINICAL HRH ABSENT	-	
# OF MALE HRH	5	
# OF FEMALE HRH	23	

▼▼▼▼ : No/Not Available

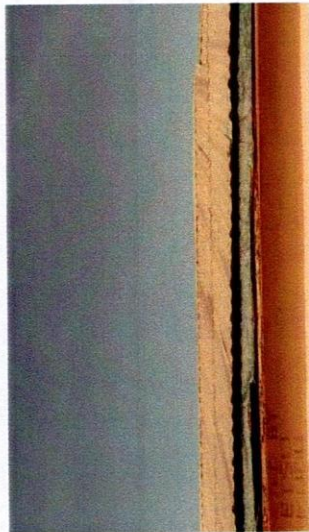
▲▲▲▲ : Yes/Available

- : Not Applicable

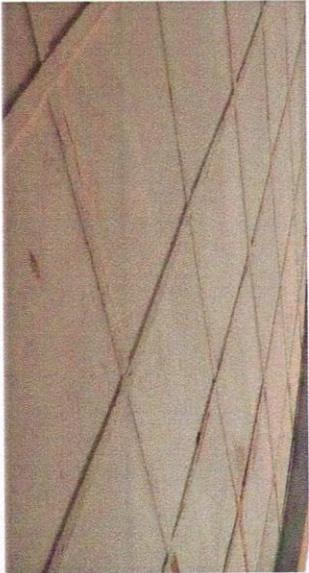


# MDG PHC BOKU

## NIGER



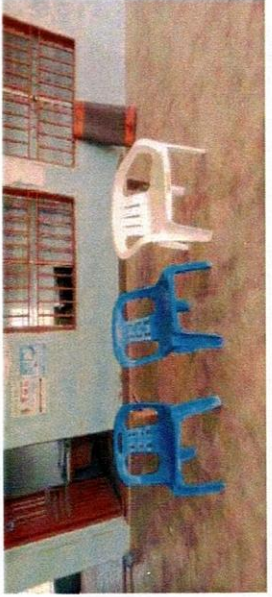
f, Ceiling  
Fence



Infrastructure



Consulting Room



Waiting Area



Inpatient Toilet



Medicine Storage





tailed Report per Facility  
**MDG PHC BOKU**

**GENERAL**

GENERAL	
FACILITY NAME	MDG PHC BOKU
COUNTRY	Niger
REGION	AGAIE LGA
WARD	BOKU
WARD URBANITY	Urban
FACILITY TYPE	-
OWNERSHIP	Public
OPERATIONS MANAGER	Public
PRIMARY FINANCER	Public
SUPPLIES MANAGER	Public
TECHNICAL SUPPORT	▲▲▲▲▲
POPULATION SIZE	5864
AVAILABILITY TO STATE CAPITAL (DRY)	20 minutes
AVAILABILITY TO STATE CAPITAL (RAIN)	20 minutes
NUMBER OF BEDS:	4

**SERVICE READINESS**

INFRASTRUCTURE	
BUILDING	Light Renovation
ROOF	Light Renovation
FENCE	No Fence
DELIVERY ROOM IN GOOD CONDITION	▲▲▲▲▲
MATERNITY WAITING ROOM	▲▲▲▲▲
ON-CALL ROOM	▼▼▼▼▼
WATER	
WATER	▼▼▼▼▼
MAIN WATER SOURCE	-
ALT WATER SOURCE	-
ELECTRICITY	
ELECTRICITY:	▼▼▼▼▼
MAIN POWER SOURCE:	-
ALT POWER SOURCE:	-
HOURS PER DAY W POWER:	-
COMMUNICATIONS	
CELL PHONE:	▼▼▼▼▼
COMPUTER:	▼▼▼▼▼
EMAIL OR INTERNET ACCESS:	▼▼▼▼▼

**SERVICE DELIVERY**

CLINICAL SERVICES	
BASIC ESSENTIAL OBST. CARE:	▼▼▼▼▼
FAMILY PLANNING:	▲▲▲▲▲
HIV/AIDS CARE:	▼▼▼▼▼
ANTENATAL CARE:	▲▲▲▲▲
DELIVERIES:	▲▲▲▲▲
POSTNATAL CARE:	▼▼▼▼▼
STI CONTROL:	▲▲▲▲▲
ROUTINE IMMUNIZATIONS:	▲▲▲▲▲
TB CARE:	▼▼▼▼▼
MALARIA CARE:	▲▲▲▲▲
CURATED CARE:	▲▲▲▲▲

BASIC EQUIPMENT	
BLOOD PRESSURE APPARATUS:	▼▼▼▼▼
STETHOSCOPE:	▲▲▲▲▲
ADULT SCALE:	▲▲▲▲▲
CHILD SCALE:	▲▲▲▲▲
THERMOMETER:	▲▲▲▲▲
ANGLE POISED LAMP:	▼▼▼▼▼
INFECTION PREVENTION	
BLACK BINS:	▼▼▼▼▼
YELLOW & RED BINS:	▼▼▼▼▼
SHARP BOX:	▲▲▲▲▲
SANITATION	
TOILET FOR PATIENTS:	▼▼▼▼▼
# OF FUNCTIONING OUTPATIENT TOILETS:	1
OUTPATIENT TOILET TYPE:	Flush toilet without water
SAME TOILET FOR OUTPATIENT AND INPATIENTS :	▲▲▲▲▲
# OF INPATIENT TOILETS:	1
% FUNCTIONING INPATIENT TOILETS:	1
INPATIENT TOILET TYPE:	Flush toilet without water

SERVICE AVAILABILITY	
24 HOUR SERVICE?	▼▼▼▼▼
# OF DELIVERIES (3 MONTHS)	13
# OF OUTPATIENT VISITS (3 MONTHS)	252
# OF IN-PATIENT BED-DAYS (3 MONTHS)	0
# OF ANC ATTENDANCE (3 MONTHS)	75
# OF PNC ATTENDANCE (3 MONTHS)	0
# IMMUNIZATION VISITS (3 MONTHS)	366

▼▼▼▼▼ : No/Not Available

▲▲▲▲▲ : Yes/Available

- : Not Applicable



# MDG PHC BOKU

## USER FEES

USER FEES	
REGISTRATION:	▼ 0
CONSULTATION - 5 YRS OR OLDER:	▼ 0
CONSULTATION - UNDER 5 YRS OLD:	▼ 0
TB TREATMENT:	▼ 0
NORMAL DELIVERY:	▲ 500
MALARIA DRUG:	▼ 0
AMOXICILLIN SYRUP:	▼ 0
MALARIA TEST:	▼ 0
RANDOM BLOOD SUGAR TEST:	▼ 0
HAEMOGLOBIN TEST:	▼ 0
URINALYSIS:	▼ 0

## MANAGEMENT/GOVERNANCE

FINANCIAL MANAGEMENT	
RECEIVED NON-SALARY OPERATING FUNDS FROM STATE/LOCAL GOVT:	▼▼▼▼
ALT FUNDING FROM DEV PARTNERS/NGOS:	▼▼▼▼
ALT FUNDING FROM REGISTRATIONS:	▲▲▲▲
BANK ACCOUNTS:	▼▼▼▼
RECEIPT BOOKS:	▼▼▼▼
PAYMENT VOUCHERS:	▼▼▼▼
CASH BOOKS:	▼▼▼▼
STAFF MEMBER RESPONSIBLE FOR FINANCIAL ACCOUNTING:	▼▼▼▼

MONITORING AND EVALUATION	
NHMIS HEALTH FACILITY MONTHLY SUMMARY FORM:	▲▲▲▲
NHMIS HEALTH FACILITY DAILY ATTENDANCE REGISTER:	▲▲▲▲
NHMIS HEALTH FACILITY IMMUNIZATION REGISTER:	▲▲▲▲
NHMIS HEALTH FACILITY DAILY ANC REGISTER:	▲▲▲▲

EMMS MANAGEMENT	
PROPER DRUG STORAGE & SECURITY:	▼▼▼▼
PROCURED OUT-OF-STOCK ITEMS IN THE LAST QUARTER:	▼▼▼▼
PURCHASED EMMS LOCALLY:	▲▲▲▲
SOME ESSENTIAL MEDICINES IN EXPIRED DURING THE LAST QUARTER:	▼▼▼▼
STOCK CONTROL CARDS PRESENT & UPDATED FOR THE LATEST DELIVERY:	▲▲▲▲
STORE VACCINES:	▼▼▼▼
FRIDGE FOR VACCINE STORAGE:	▼▼▼▼
# OF EMMS STAFF THAT HAVE RECEIVED TRAINING ON QUANTIFICATION AND ORDERING:	2

GOVERNANCE	
WARD DEVELOPMENT COMMITTEE:	▲▲▲▲
HEALTH FACILITY MANAGEMENT COMMITTEE:	▲▲▲▲
FREQUENCY OF WARD DEVELOPMENT COMMITTEE:	Monthly
VISITED BY STATE/LGA/WARD ACCOUNTS PERSON:	Yearly
VISITED BY QUALIFIED PHARMACIST:	Quarterly
FACILITY QUARTERLY IMPLEMENTATION PLAN:	▼▼▼▼

## HUMAN RESOURCE FOR HEALTH

# OF CLINICAL HRH: 4	
# OF CLINICAL HRH ABSENT:	0
# OF NURSES/MIDWIVES:	0
# OF NURSES/MIDWIVES ABSENT:	0
# OF CHEWS:	1
# OF CHEWS ABSENT:	0
# OF JCHEWS:	2
# OF JCHEWS ABSENT:	0
# OF NON CLINICAL HRH	0
# OF NON CLINICAL HRH ABSENT	0
# OF MALE HRH	2
# OF FEMALE HRH	2

▼▼▼▼ : No/Not Available

▲▲▲▲ : Yes/Available

- : Not Applicable