LINKING DATA TO PRIMARY HEALTH CARE CENTRES IN DELTA STATE

www.procurementmonitor.org
@ppmonitorNG, procurement monitor
Introduction

In 2015, the Public and Private development Centre (PPDC) mobilized procurement monitors to track and verify the performance of contracts awarded in the year 2014 for constructing and equipping Primary Health Care Centres across the country. This is with the aim of ensuring that public resources have been judiciously utilized in providing public services.

In order to undertake this exercise, procurement monitors submitted several Freedom of Information requests to the National Primary Health Care Development Agency (NPHCDA). The procurement monitors requested for procurement plans, details of the tender advertisement to interested bidders, contract award and contract implementation for each of the projects being undertaken. To link various procurement data obtained from the primary health care (PHC) facilities, procurement monitors used the Open Contracting Data Standards to convert the data and this made it relatively easier to trace the public health centres.

Why Are We Doing This?

It is important that we can use data to trace the successes and challenges of our current primary health care system and through that process, contribute to its improvement.

For several years, procurement monitors have reported on the challenges of accessing procurement information. Now that there is increased access to procurement information, we are also showing the utility of releasing data in a way that makes sense to the users; and in a way that enables many more people effectively engage in the process that leads to public services.

How Was the Monitoring carried out?

First of all, procurement monitors made requests for information to the NPHCDA based on the provisions of the Freedom of Information Act, 2011 and the Public Procurement Act, 2007.
In response to our request, NPHCDA provided us with procurement data on primary health care projects across the country and also provided us with the minimum requirements for each type of primary health care facility. We found out from the information provided that PHCs are categorized as Type 1 Type 2 or Type 3.

### Type 1 PHC

#### Minimum requirements for TYPE 1 Primary health care centres in Nigeria.

<table>
<thead>
<tr>
<th>Buildings &amp; Premises</th>
<th>Functional separate male and female toilet facilities with water supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Rooms with cross ventilation</td>
</tr>
<tr>
<td></td>
<td>Staff Accommodation within the facility – 2 units of 1 bedroom self-contained apartments</td>
</tr>
<tr>
<td></td>
<td>Electricity</td>
</tr>
<tr>
<td></td>
<td>Generator</td>
</tr>
<tr>
<td></td>
<td>Motorized borehole</td>
</tr>
<tr>
<td></td>
<td>Fenced with gate &amp; generator houses</td>
</tr>
</tbody>
</table>

#### Medical Equipment

Dressing Forceps, Fetoscope, Geo Style Vaccine Carrier (GSVC), Ice Packs, Injection Safety Box, Kidney Dish, ORT Demonstration Equipment, Scissors, Solar Refrigerator, Sphygmomanometer, Stethoscope, Tape Rule, Thermometer, Weighing Scale

#### Hours of Operation

9am – 4pm

#### Other Requirements

- Bicycles,
- Motorcycles,
- Community assigned canoe (in riverine areas),
- Mobile Phone

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These minimum specifications for Primary Health Care Centres were provided to PPDC by the National Primary Health Care Development Agency.
### Minimum requirements for **TYPE 2** Primary health care centres in Nigeria.

<table>
<thead>
<tr>
<th>Buildings &amp; Premises</th>
<th>Functional separate male and female toilet facilities with water supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong></td>
<td>A detached building with at least 5 rooms</td>
</tr>
<tr>
<td></td>
<td>Staff Accommodation within the facility – 2 bedroom apartments</td>
</tr>
<tr>
<td></td>
<td>Fenced with gate &amp; generator houses</td>
</tr>
<tr>
<td><strong>Basic Facilities within the building</strong></td>
<td>Dressing Forceps, Fetoscope, Geo Style Vaccine Carrier (GSVC), Ice Packs, Injection Safety Box, Kidney Dish, ORT Demonstration Equipment, Scissors, Solar Refrigerator, Sphygmomanometer, Stethoscope, Tape Rule, Thermometer, Weighing Scale</td>
</tr>
<tr>
<td></td>
<td>Client Observation Area, Consulting Area, Delivery Room, First Stage Room, Injection &amp; Dressing Area, Lying-in-ward (4 beds), Pharmacy Section, Record Section, Staff Station, Store, Waiting / Reception Area</td>
</tr>
<tr>
<td><strong>Hours of Operation</strong></td>
<td>24 hours</td>
</tr>
<tr>
<td><strong>Furnishings</strong></td>
<td>Bicycles, Motorcycles, Small Motor Boat (in riverine areas), Mobile Phone</td>
</tr>
<tr>
<td></td>
<td>Benches, Chairs, Cupboards, Curtains for windows &amp; doors, Delivery Bed, Examination Couch, Observation Beds, Screen, Wash Hand Basin, Wheel Chair, Writing Table</td>
</tr>
</tbody>
</table>

*These minimum specifications for Primary Health Care Centres were provided to PFGC by the National Primary Health Care Development Agency*
# Minimum requirements for Type 3 Primary Health Care centres in Nigeria

## Buildings & Premises
1. **A detached building with at least 13 rooms**
2. **Staff Accommodation within the facility** – 2 units of 1 bedroom flats
3. **Fenced with gate & generator houses**

## Functional Separation
- Male and female toilet facilities with water supply

## Medical Equipment
- Dressing Forceps, Fetoscope, Geo Style Vaccine Carrier (GSVC), Ice Packs, Injection Safety Box, Kidney Dish, ORT Demonstration Equipment, Scissors, Solar Refrigerator, Sphygmomanometer, Stethoscope, Tape Rule, Thermometer, Weighing Scale

## Other Requirements
- Ambulance, Bicycles, Motorcycles, Small Motor Boat (in riverine areas), Mobile Phone, Computer, Internet Service

## Hours of Operation
- **24 hours**

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Using the procurement data provided to us, we were able to identify specific information that would enable us or anyone so interested, understand a little more, the monetary value of the PHC, the facilities that the PHC requires (based on the Type it falls under), the contractor who provided or is providing the service.
How can I use this Report?

This report is divided into three volumes based on the states where the monitoring activities were undertaken. The information provided would be useful to follow up on projects that are of interest to any individual or group of people.

The report demonstrates how we used simple but useful illustrations of contracting data available on our locally built open contracting platform, www.budeshi.ng to trace various primary health care processes. You can also use Budeshi to obtain preliminary data on a contracting process that is of interest to you.

Budeshi is useful for:

1. Downloading available data that links the various stages in the contracting process together.
2. Filtering and searching through data based on location or other forms of description.
3. Selecting, and analysing variables within or across datasets
4. Downloading any analytics that have been developed for further use

Data on Budeshi is also useful for:

1. Tracing public projects that are of interest to you.
2. Providing feedback to public institutions that are responsible for those projects.
3. Seeking more information based on available data.
4. Informing communities of ongoing projects in their communities

What we can do together:

1. Please let us know if there is procurement data for a certain public institution that you would like us to make available on Budeshi as a matter of priority. You can reach us on ppdc@procurementmonitor.org.
2. If you have a specific community, or a certain project you would like us to work together on, please reach out to us.
Our Stakeholder Partners

Budeshi is an initiative of the Public and Private Development Centre in partnership with the School of Media and Communication, Pan-Atlantic University and Premium Times Centre for Investigative Journalism.

Scope of Report

The report covers 14 PHCs in Delta State

Primary Health Care Centres in Delta State

Observations

Delta state is located in the South-South of Nigeria; in the oil producing region known as the Niger-Delta. Although several of the 14 PHCs traced have been constructed, many of them are under lock and key. There also seems to be a shortage of staff in the PHCs and the some of the communities came across as hostile to the monitor. Only one of the PHCs seemed to be performing optimally while others faced a lack of drug supply, a shortage of staff. Other PHCs operated from temporary locations at the town hall but the staff decried the location as being unsafe for their health practise.

Locating Primary Health Care Centres:

Although data from the NPHCDA provided a location for the PHCs, these are difficult to locate because no particular street address or landmark is provided. Rather, what is provided is the State and Local Government where the project is located. Thus monitors have to rely on sign posts with the details of the contractor etc, information from community members identifying the year the PHC was built etc.
On Value for Money:

The report shows that all the contracts were awarded for less than the estimated/budgeted amount. This is a good thing as it suggests savings in public expenditure. However, the ultimate value of constructing and equipping any primary health care centre lies in the ability of the community members to access primary health services. The report shows that many of the Primary health care centres for which contracts were awarded in 2014 fall short of this requirement; mostly because they were under lock and key.

On Competition:

The report shows that PHCs were awarded for the exact same price in various communities. To procurement observers this may suggest a lack of competition since it is highly unlikely that two independent contractors, carrying out primary health care projects in different parts of Delta State would bid for the exact same amount.

Recommendation to the Health Ministry, Bureau of Public Service Reforms

The report shows that procurement can only perform optimally when other social pressures on the delivery of health care are adequately taken into account. We recommend that in addition to the ongoing efforts at constructing more primary health care centres, issues of staffing and operation of primary health care centres are integrated into the plan for rolling out primary health care centres.

Recommendation to the National Primary Health Care Development Agency

Liberate Procurement Data: It is recommended that the NPHCDA liberate procurement data in their possession to enable individuals and groups follow up on the numerous projects being undertaken to provide primary health care facilities. Liberation would require the NPHCDA that each PHC can be uniquely identified based on the Open Contracting data standards (OCDS). The OCDS would further enable each stage in the procurement process to be linked to eventual primary
health care facilities. Ultimately, this would allow people to provide NPHCDA with feedback on various procurement implementation processes.

**Coordinate with the Local Governments** to ensure that PHC contracts lead to improved health access. Every plan to procure a primary health centre needs to be accompanied with a commensurate and realistic plan from the local government to staff and maintain the primary health care centre. The plan from the local government would identify budget estimates, revenue sources to keep the PHC running.

**Empower people to provide feedback.** The best people to report on procurement performance of primary health care facilities are the beneficiaries of these services. However, the accuracy and precision of the feedback will be based on the communitys knowledge of what is to be offered by any PHC facility. It is recommended that the NPHCDA require each PHC being built, to publicly provide a sign post of the specifications for that Primary health care centre.

A clear infographic made public on a sign post at the location of the PHC could serve this purpose.

**Recommendation to the BPP, National Assembly, NPHCDA**

**Establish Jointed-Up Government processes:** Based on these preliminary findings, follow up to ensure adequate delivery by contractors. Ensure coordination across various tiers of government and across sectors to ensure that through adequate plans, PHCs are not only accessible but they are accessed.

**Recommendation to Contractors**

Take responsibility for your contracts; let people know the status of primary health facilities you are required to deliver, let the public know what has enabled/hindered full and sufficient delivery by championing and practising open contracting.

**Recommendation to Investigative Journalist**

Use this preliminary report for further investigation and reporting.
## PHC CONSTRUCTED IN DELTA STATE 2014

<table>
<thead>
<tr>
<th>NAME OF PHC</th>
<th>BUDGETED AMOUNT</th>
<th>CONTRACT AMOUNT</th>
<th>CONTRACTOR</th>
<th>OPERATIONAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction of PHC in Ivori, Isoko South, Delta</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Global Castle Nig Ltd</td>
<td>Active</td>
</tr>
<tr>
<td>Construction of PHC in Ivrogbor, Isoko South, Delta</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Zeddy Global International Ltd</td>
<td>Active</td>
</tr>
<tr>
<td>Construction of PHC in Owa-Alaro</td>
<td>₦57,000,000.00</td>
<td>₦37,293,650.10</td>
<td>Franktech Global Services Ltd</td>
<td>Active</td>
</tr>
<tr>
<td>Construction of Aliagwu, Ika South, DELTA</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Brizmont Energy Ltd</td>
<td>Active</td>
</tr>
<tr>
<td>Construction of PHCs in Oki, Ika South, Delta</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Ogaga Construction Ltd</td>
<td>Active but no medical equipment</td>
</tr>
<tr>
<td>Construction of PHC in Ughelli North/South DELTA</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>D-Silver Big Nig Ltd</td>
<td>Active but lacks basic facilities</td>
</tr>
<tr>
<td>Construction of PHC in Ebvumede Community Effurun</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.95</td>
<td>Anchor Industrial and Construction Services ltd</td>
<td>Under construction</td>
</tr>
<tr>
<td>Construction of PHC in Olotambe Old PHC, Ika South Delta</td>
<td>₦47,500,000.00</td>
<td>₦37,293,650.10</td>
<td>Martex Integrated Concept Ltd</td>
<td>Under construction</td>
</tr>
<tr>
<td>Construction of PHC in Igbogili Ika South</td>
<td>₦47,500,000.00</td>
<td>₦37,293,650.10</td>
<td>Sharpstone Company Ltd</td>
<td>Built but not functioning</td>
</tr>
<tr>
<td>Construction of PHC in Obomkpa, Aniocha North, DELTA</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Samterry Nig Ltd</td>
<td>Built but not functioning</td>
</tr>
<tr>
<td>Construction of PHC, Patani/Bomadi</td>
<td>₦95,000,000.00</td>
<td>₦56,693,968.80</td>
<td>Centenary Global Services Ltd</td>
<td>Built but not functioning</td>
</tr>
<tr>
<td>Construction of PHC Aniawan, Oshimili North</td>
<td>₦28,500,000.00</td>
<td>₦21,986,893.00</td>
<td>Omasip Global Nig Ltd</td>
<td>Built but not functioning</td>
</tr>
<tr>
<td>Construction of PHC in Burutu, Delta</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Baking Consult Ltd</td>
<td>Could not locate</td>
</tr>
<tr>
<td>Construction of PHC in Ogodokpokpo-Igbideda, Isoko</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Keniah Nig Ltd</td>
<td>Could not verify existence because no public transportation willing to go to community</td>
</tr>
</tbody>
</table>

Data Source: www.budeshi.ng
PHC NO. 1: Construction of PHC in Owa Alaro

**Project:** Construction of Primary Health Care Centre in Owa-Alaro

**Contractor:** Franktech Global Services Ltd

**Contracted amount:** ₦37,293,650.10

**Budgeted amount:** ₦57,000,000.00

**PHC Type:** Type 3

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**Comparison of Budgeted and Contracted Amounts**

*Source: Budeshi.org*

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**Monitors Assessment of PHC:** Met the PHC Active. It has 8 painted rooms with window nets to keep out mosquitoes.

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**WARD AT OWA ALERO**
PHC NO. 2: Primary Health Care Centre in Igbogili

Project: Construction of Primary Health Care Centre in Igbogili
Contractor: Sharpstone Company Ltd
Budgeted amount: ₦47,500,000.00
Contracted amount: ₦37,293,650.10
PHC Type: Type 2

Comparison of Budgeted and Contracted Amounts
Source: Budeshi.org

Monitors observation: Igbogilli community has two PHCs. One is functional and the other isn’t. According to members of the community, the inactive PHC was built sometime in 2014 and the contractor put it under lock and key saying that he’s not been paid his money and won’t allow anyone access to the place.
COMPLETED PHC IN IGBOGILI; NONE FUNCTIONAL
Contractor: Ogaga Construction Ltd
Budget amount: ₦38,000,000.00
Contract amount: ₦21,986,893.95
Budget amount: ₦38,000,000.00
PHC Type: 1

**Monitors Observation:** I met a woman with kidney infection and due to lack of drugs and poor facilities the nurse at the PHC couldn’t help. Was later referred to the General hospital and she had to embark on that journey on a bike “that’s if at all she’ll go”. It is important to note that a Type 1 primary health facility is
OKI IKA PRIMARY HEALTH CARE CENTRE
PHC NO. 4 Primary Health Care Centre in OBOMKPA, ANIOCHA NORTH

Contractor: Samterry Nig Ltd
Contracted amount: ₦21,986,893.00
Budgeted amount: ₦38,000,000.00
PHC Type: 2

Monitors observation: First, transporters resisted going there because according to them, it is the "Evil forest". I had to plead that I was going there on an official assignment and not to involve in any diabolic act.

Secondly, Obomkpa has two PHC's within the community. One is active and the other is inactive. The active PHC has been in existence whilst the inactive PHC is was built in 2014. The inactive PHC is therefore, the our focal PHC since it was built in 2014

The Matron of the active PHC said the Chairman of the LGA called the attention of the Federal government to the fact that the community had no existing PHC
and then the new one was built for the community. However, since it was built, it has never been used and has been under lock and key.

The matron also mentioned that there are cases where equipments and drugs are brought; according to her, they are locked up in the inactive PHC.

The matron complained that the active PHC was dilapidated and she has pleaded with the chairman to assist in its renovation but that has not happened.
PHC NO. 5: Primary Health Care Centre in Aliagwu, Ika South

Contractor: Brizmont Energy Ltd
Contracted amount: ₦21,986,893.00
Budgeted amount: ₦38,000,000.00
PHC Type: 2

Comparison of Budgeted and Contracted Amounts

Source: Budeshi.org

Monitors Observation: PHC is active.

ALIAGWU PRIMARY HEALTH CARE CENTRE
PHC NO. 6: Primary Health Care Centre in Aniwano, Oshimili North

Contractor: Omasip Global Nig Ltd
Contract amount: ₦21,986,893.00
Budgeted amount: ₦28,500,000.00
PHC Type: 3

Comparison of Budgeted and Contracted Amounts

Monitors Observation: The community says that this is the only existing PHC in Aniwano; unfortunately it is non-functional.

It has been built but it is under lock and key. Grasses have also over-shadowed the place. The roof which is visible indicates that it was recently built.
PHC NO. 7: Primary Health Care Centre in Ughelli North

**Contractor:** D-Silver Big Nig Ltd  
**Contracted amount:** ₦21,986,893.00  
**Budgeted amount:** ₦38,000,000.00  
**PHC Type:** 3

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**Monitors Observation:** There are several PHCs in Ughelli north and because of the generic address, it was difficult to locate the exact PHC that is of interest. Eventually, I was able to locate the PHC which best met the description because its construction started after 2014. According to the community, the PHC was built by one Chief Dr. Akpoveta. As I was taking pictures of the place, I was surrounded by the natives who were hostile and so I left without taking any more pictures of the place.
I also discovered that while the Ughelli North PHC is under lock and key, its workers operate from the townhall. The workers complain that the town hall is exposed and insecure because there is no fencing. Further, there is no electricity and no water so there is very little they can to provide health services.
PHC NO. 8: Primary Health Care Centre in Olomoro, Isoko south

**Contractor:** Martex Integrated Concept ltd

**Contract amount:** ₦37,293,650.10

**Budget amount:** ₦47,500,000.00

PHC Type: 3

![Comparison of Budgeted and Contracted Amounts](source:Budeshi.org)

**Monitors observation:** This PHC is still under construction and so the staff are working from a small space at the civic centre
PHC NO. 9: Primary Health Care Centre at Ivori, Isoko South

**Contractor:** Global Castle Nig Ltd

**Contract amount:** ₦21,986,893.00

**Budget amount:** ₦38,000,000.00

**PHC Type:** 3

Monitors assessment: This is the only PHC with an ambulance in all of the places I visited in Delta state; understandably so since Type 3 PHCs are required to have an ambulance while Type 1 and 2 are not required to have one.
IVORI PHC; ONLY PHC WITH ABULANCE
Contractor: Zeddy Gobal International Ltd
Contract amount: ₦21,986,893.00
Budget amount: ₦38,000,000.00
PHC Type: 2

Comparison of Budgeted and Contracted Amounts
Source: Budeshi.org

Monitors Observation: The PHC is in existence but I met no staff on ground. According to the villagers, the PHC is functional but requires more staff.
Contractor: Keniah Nig Ltd
Contract amount: ₦38,000,000.00
Budget amount: ₦21,986,893.00

Monitors observation: this is a crisis area and so it was not safe to undertake the monitoring exercise here.
PHC NO. 12: Primary Health Care Centre in Patani/Bomadi

**Contractor:** Centenary Global Services Ltd

**Contract amount:** ₦56,693,968.80

**Budget amount:** ₦95,000,000.00

**PHC Type:** 2

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### Comparison of Budgeted and Contracted Amounts

Source: Budeshi.org

- **Construction of PHC, Patani/Bomadi (Delta)**
  - **Budget Amount**
  - **Contract Amount**

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**Monitors observation:** There are two PHC's in Patani. One is active the other is inactive.

The inactive PHC is our desired location because the description and data match. The community informant says that although it may seem new, it is an old building that is renovated often. The informant mentioned that in 2014, a full caravan of tiles were brought in with cement to renovate the place. After that, it was repainted.

The active PHC is functioning but the matron says they’re short staffed. Also, the matron informed me that in the past, they had access to free drugs because the
erstwhile chairman was affiliated with some NGOs. But since the chairman was replaced, there’s been no free drugs at their PHC.
PHC NO. 13: Primary Health Care Centre in Burutu

**Contractor:** Baking Consult Ltd

**Contract amount:** ₦21,986,893.00  
**Budget amount:** ₦21,986,893.00  
**PHC Type:** 3

![Comparison of Budgeted and Contracted Amounts](image)

**Monitors observation:** Burutu has two PHC’s. One is active the other inactive. However, according to the community vice chairman, both PHCs have been there before 2014; in fact the latest of the two was built in 2001/2002 so the PHC here was not the one built in 2014.
WARD AT BURUTU

MEDICAL LABORATORY
Location: Ekvumede Community Effurun

Contractor: ANCHOR INDUSTRIAL AND CONSTRUCTION SERVICES LTD

Contracted amount: ₦21,986,893.95

Budgeted amount: ₦38,000,000.00

PHC Type: 2

Monitors observation: The PHC in Ekvumede is still under construction so a temporary site is being used by the workers.