LINKING DATA TO PRIMARY HEALTH CARE CENTRES IN SIX STATES

Benue • Delta • Kano • Lagos • Ogun • Osun

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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. In order to link various procurement data obtained to the public health centres, 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?**

For several years, procurement monitors have reported on the challenges of accessing procurement information. Now that there is increased access to procurement information, it is important to show 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.

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.

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

<table>
<thead>
<tr>
<th>Buildings &amp; Premises</th>
<th>Medical Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2</strong> Rooms with cross ventilation</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>Staff Accommodation within the facility – 2 units of 1 bedroom self-contained apartments</td>
<td><strong>Electricity</strong> Generator</td>
</tr>
<tr>
<td>Fenced with gate &amp; generator houses</td>
<td><strong>Motorized borehole</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours of Operation</th>
<th>Other Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>9am - 4pm</td>
<td>Bicycles, Motorcycles, Community assigned canoe (in riverine areas), Mobile Phone</td>
</tr>
</tbody>
</table>

**Furnishings**
- Benches, Chairs, Screen, Cupboards, Examination Couch, Wash Hand Basin, Writing Table

*These minimum specifications for Primary Health Care Centres were provided to PPDC by the National Primary Health Care Development Agency*
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.

### 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>5</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></td>
<td>Electricity</td>
</tr>
<tr>
<td></td>
<td>Generator</td>
</tr>
<tr>
<td></td>
<td>Motorized borehole</td>
</tr>
<tr>
<td></td>
<td>Visible Signpost</td>
</tr>
</tbody>
</table>

### Basic Facilities within the building
- Client Observation Area,
- Consulting Area,
- Delivery Room,
- First Stage Room,
- Injection & Dressing Area,
- Lying-in-ward (4 beds),
- Pharmacy Section,
- Record Section,
- Staff Station,
- Store, Waiting / Reception Area

### Medical Equipment
- Dressing Forceps,
- Fatoscope,
- 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
- Bicycles,
- Motorcycles,
- Small Motor Boat (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.**
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 Information?

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 site www.budeshi.ng to trace various primary health care processes. You can also use this publicly available platform 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 Pan-Atlantic University and Premium Times Centre for Investigative Journalism.
Scope of Report

The 18 PHCS covered in this report were randomly selected based on procurement data available on Budeshi for Benue, Kano, Lagos, Oyo, Osun and Ogun states.

Observations

- **PHCs in the South function better**: The visits showed a clear distinction between the PHCs in the south and those in the northern part of the country. Although one PHC in Oyo could not be located, the PHCs in the south seemed better integrated with the communities and were more functional than those in the north built within the same time frame.

- **4 out of Six PHCs** in Benue state have been built but are not yet functional.

- **Several communities have both old and new PHCs**: The old PHCs require attention to be fully operational and the structures of the new are on ground but they are not yet functional. For both the old and new PHCs, they need to be staffed and maintained by the local governments who do not have sufficient resources to do so. The PHC structures are built in the communities mostly through support from federal and state government respectively. Thereafter, the local government is responsible for their maintenance.

- **The locations provided in the procurement data** were not always specific enough to uniquely identify each Primary health care centre.

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 to make this information proactively available based on the Open Contracting data standards (OCDS); this would enable each stage in the procurement process to be linked to eventual primary health care facilities. This would further enable people to provide NPHCDA with feedback on various procurement implementation processes.

**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 communities’ 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 would serve this purpose.
Integrate support for primary health care with the state and local governments to ensure that increasingly, built primary health care centres are fully operational.

Use data to enable coordination of efforts between the Federal, state and local governments and across sectors.

Ensure that every plan to build a primary health care centre has commensurate support and planning at the level of the local government to ensure that when constructed, the PHC is operational.

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

Use procurement data to follow up on awarded contracts and to ensure adequate delivery by contractors.

Integrate the procurement process into broader national development plans by conducting needs assessments before PHC structures are erected.

**Recommendation to Contractors**

Use this preliminary report for further investigation and reporting.

**Recommendation to the Ministry of Health, 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.
## PHC CONSTRUCTED

<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><strong>KANO STATE 2014</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction of PHC in Tsanyawa, Kano</td>
<td>₦28,500,000.00</td>
<td>₦21,986,893.00</td>
<td>Babayo Audu &amp; Sons Nig Ltd</td>
<td>Active</td>
</tr>
<tr>
<td>Construction of PHC in Deurawa, Dala LGA, Kano</td>
<td>₦23,750,000.00</td>
<td>₦18,420,948.00</td>
<td>Dauble Palms Nigeria Ltd</td>
<td>Active</td>
</tr>
<tr>
<td>Construction of PHC in Farun-Ruwa Tasha, Tundun Wada, KANO</td>
<td>₦23,750,000.00</td>
<td>₦21,986,893.00</td>
<td>Varush Global Services Ltd</td>
<td>Active</td>
</tr>
<tr>
<td>Construction And Equipping Of Model Primary Health, Yanyasa, Tundun Wada</td>
<td>₦38,000,000.00</td>
<td>₦21,986,893.00</td>
<td>Miegari Global Services Ltd</td>
<td>Built but not functioning</td>
</tr>
<tr>
<td>Construction of Primary Health Care In Doguwa Kano</td>
<td>₦43,700,000.00</td>
<td>₦37,291,650.10</td>
<td>Young Stallion Nig Ltd</td>
<td>Could not locate</td>
</tr>
<tr>
<td>Settlement of Rumo PHC, Sumaila LGA Kano</td>
<td>₦23,750,000.00</td>
<td>₦21,986,893.95</td>
<td>Drumlyn Nig Ltd</td>
<td>Abandoned construction building</td>
</tr>
</tbody>
</table>

| **BENUE STATE 2014** |
| "Construction of Adawa Mbaase Ullam Gwer East" | ₦28,500,000.00 | ₦18,420,948.00 | Omongla Nig Ltd | Active |
| “Construction of Primary Health Care in Agbaha Otukpa in Obadibo LGA” | NIL | ₦21,986,893.95 | Greenville Atlantic Services Ltd | Built but not functioning |
| “Construction of PHC in Kaaba Compound Yandeve Mbakuka in Gboko LGA” | ₦28,500,000.00 | ₦21,986,893.95 | Sataab Inv Nig Ltd | Built but not functioning |
| Construction of PHC in Otiki-Awume Chimnri Bense | ₦30,000,000.00 | ₦20,011,000.00 | Federated Project Ltd | Built but not functioning |
| “Construction Of Phc In Tse warer mbaakwe though yowor Gwer East” | ₦28,500,000.00 | ₦18,420,948.00 | Wawu Investment Ltd | Built but not functioning |
| “Construction of PHC Ekiti-Ifho Apa with Headquarters in Ugbokpo LGA” | ₦47,500,000.00 | ₦21,986,893.95 | Ogison Construction ltd | Abandoned construction |
Monitor's Observation: A fully completed facility constructed between January 2015 – July 2016 was seen but it wasn’t operational because it has not being commissioned. There is no old PHC. The facility was grassy, locked and there wasnt an accessible road (a gully filled with water was seen on the path. The contractor’s name is not known to the community but data sourced from NPHCDA has the contractor’s name. There was no sign post.
PHC IN KAABA YANDEV, BENEUE STATE COMPLETED IN JULY 2016 BUT NOT OPERATIONAL
Monitor's Observation: A scantly populated community with Idoma speaking people. Two facilities, the old one was painted blue with its construction completed in 2013 (MDGs-CGS project) and a new one that is not completed and abandoned. The abandoned project started in 2015 and stopped in May 2016 with no sign post. The Community Health Extension Worker (CHEW) mentioned that the old PHC had no staff accommodation and it’s a state project while the new one is a federal project from the National Primary Health Care Development Agency (NPHCDA). The old completed one lacked good communication network, good water source (they had to fetch from the stream), no accessible road (I had to cross a stream without bridge for cars and motorbikes to be able to navigate to the facility). The contractors name is not known to the community.
PHC NO. 17
Primary Health Care Centre, Otoli Awume Ohimini L.G.A, Benue State

Contractor: Federated Project Ltd
Contract amount: ₦20,011,000.00
Budget amount: ₦30,000,000.00
PHC Type: 2

Monitor's Observation: Two facilities were seen, a very old one and a new one that is locked awaiting commissioning for operation. The new PHC is a type 2 PHC (primary health clinic) started in March 2015 and completed in 2016. The community is using the old facility. A signpost was spotted at the site. The old clinic has challenges of inadequate drugs, equipment’s and water. The contractors name which was boldly written on the signpost was the same with the name available on Budeshi.
PHC NO. 18 Primary Health Care Centre, Agbaha Otukpa in Ogbadibo L.G.A, Benue State

Contractor: Greenvile Atlantic Services Ltd.

Contract amount: ₦21,986,893.95

Budget amount: Not available

Monitor’s Observation: Otukpa is a district in Ogbadigbo L.G.A. This facility was in a completed stage but not functional. The contractor’s name was not seen.
Monitor’s Assessment: This is the only functional new PHC I visited. It is a type 3 PHC built in 2015 and concluded in 2016. Although there was no sign post, the name of the PHC was written on the front wall of the building. The staff complained about shortage of staff and the lack of accommodation close to the PHC. There was no power supply (the generator set used was borrowed from a community member pending the time they purchase theirs). There was no available working vehicle (Ambulance), and water was sourced from the borehole of a primary school close by.
Monitor’s Assessment: This community had two clinics. During a long interaction with community members who were processing cassava tubers, the monitor was informed that the new facility was constructed within 3months in 2015 but it’s not yet functional because it has not been commissioned by the local government chairman. The PHC was lock and overgrown grasses filled the compound. The PHC has limited power supply, the road was barely accessible. The old clinic was open but there was no staff on duty due to heavy rainfall. There was no sign post.

Recommendation
It was observed that some places were not well located in the right directions; this posed a great problem in trying to locate the facilities for example Otukpa community name wasn’t given to the monitor by Samuel Offia.
Monitor’s Assessment: The PHC is located in the interior of Ife, with friendly staff. The PHC has a pit toilet (no longer working because it fell in) and their source of water is from a well and like many parts of Nigeria, power supply is infrequent and so they use lanterns and a solar fridge. The PHC specializes in minor accident treatment, malaria and typhoid treatment, delivery, immunization, The PHC is fenced but there is no signpost and it runs 24 hours.
Monitor’s Assessment: This PHC is located in the outskirts of Ogun state. The roofs, walls and nets are in good condition. There is a mini laboratory.

The PHC runs for 24 hours, the power supply is unstable so a generator is used on occasion. Water supply is from a well. There also have relatively good toilet facilities. The PHC renders services such as minor ailment treatment, HIV testing and referrals, immunization, delivery, tuberculosis treatment, food...
**PHC NO. 19**

Contractor: Highrise Builders Ltd  
Contract amount: ₦56,693,968.80  
Budget amount: Could not locate  
PHC Type: 3

This PHC was not found at the specified location and a follow up is being conducted.

**PHC NO. 23**

Contractor: Banadenter Eng. Ltd.  
Contract amount: ₦21,986,893.00  
Budget amount: ₦28,500,000.00  
PHC Type: 3

**Construction of Type 3 PHC Layanra, Ogun state**

**Monitor’s Assessment:** This PHC could not be located and the matron at another PHC at Adaramagbo reliably informed me that there is no PHC in Oluloye; only at Ayetoro and Adaramagbo.
PHC NO. 25  Construction of PHC in Imota Area, Lagos state

Contractor: Strasbourg Investment Nig. Ltd.
Contract amount: ₦18,420,948.00
Budgeted amount: ₦23,750,000.00

Monitor’s Assessment: The staff were very welcoming, I was permitted to have 2 interviews from their patients and also take pictures. Mrs Aziz who is the chief Matron at Imota, Local Council Development Area (LCDA) gave me the necessary information I need.

The PHC is very neat. It has a sign post, mosquito nets on windows, has 9 rooms, runs 24 hours, has toilets and water, adequate staffs, has constant power supply, has a staff quarters, water is sourced from a well and it is fenced.

The PHC offers services including immunization, food demonstration class, Hiv/Aids treatment seminars, HIV stesting, ante-natal, post-natal clinics, Tuberculosis treatment, minor accident treatment and malaria treatment.

From interviews with members of the community, there is full confidence in this PHC and one of the interviewees reported that she was not charged for the birth of her 7th child.
Construction of PHC in Ajah, Eti-Osa, Lagos State

Contractor: Adjustment Resources Nig Ltd
Contract amount: ₦18,420,948.00
Budget amount: ₦23,750,000.00
PHC Type: 3
Monitor’s Assessment: The matron in charge refused access, stating that I have to write to the PHC Local Government Council (LGC) in Lagos, who will write to the Eti-Osa PHC and then they can grant access.

PHC NO. 27  Construction of Primary Health Care Centre, Tsanyawa Local Government, Kano State.

Contractor: Babayo Audu & Sons Nig. Ltd.
Contract amount: ₦21,986,893.00
Budget amount: ₦28,500,000.00
PHC Type: 1
**Monitor’s Assessment:** The Primary Health Care Centre, Tsanyawa is located along Kano/Katsina expressway. The Centre was commissioned on the 8th of April, 2015 by his Excellency the ex-governor of Kano State Engr. Dr. Rabi’u Musa Kwankwaso. Operating hours of the Centre commence at 8:00am to 4pm from Monday to Friday. The Centre has about 20 staff. The PHC offers Immunization / Maternal Newborn and Child care, only.

The Centre is the most recent in the whole of Tsanyawa local government and it’s carrying the burden of over 10 villages, which are: Garoji, Yanganwo, Paski, Kwaski, Kabagiwa, Paru-ruwa, Danblum, Yakanawa, Kunkuruwa, Harbau, Yargandu, Konda etc. And it’s being managed by Community Development Committee, but members of these committees were not officially elected and as a result, none of the members could be identified so as to ascertain vital informations on the modalities of the PHC.

It has one delivery room and one antenatal room. The building, the roof, walls and mosquito nets are all intact.

It has one toilet for both male and female. There is no electric power supply, no means of communication, no Bicycle or Motorcycle, no waste disposal unit, no staff accommodation, no visible sign post although one was found buried in the mud.

The PHC has 1 Fetoscope, 2 Stethoscope, 1 injection safety box, 2 scissors, 1 tape rule and 1 weighing scale.

A staff of the PHC mentioned that they are overburdened because they cater to over 10 villages due to lack of functional PHCs in those communities. She estimated that attend to at least 60 pregnant women everyday. The Centre resorts to candles at night when a woman is in labour, and in the event of extreme emergency, the PHC has no standby motorcycle or vehicle to convey the person to the General Hospital which is locate in Bichi local government and is 40 minutes away from Tsanyawa Primary Health care.

It is obvious that the PHC is overburdened because there were several abandoned PHCs along the way. The Chairman of Tsanyawa Vigilante group Alhaji Saminu further confirmed that too many health facilities were left abandoned for some years now, making it difficult for the people of Tsanyawa to have good access to medication. He also complained about the poor state of PHC in Kano state generally and alleged that about 5 PHC in five different local governments awarded to Trustcon Nig. Ltd were all left abandoned till this very moment and these projects are located in the following LGA: Tsanyawa, Shanono, Bagwai, Kunchi and Tofa local government respectively.

**PHC NO. 28**

**Construction of Primary Health Care, Farin-Ruwa Tash, Tudun Wada Local Government, Kano State.**

Contractor: Varush Global Service Ltd.
Contract amount: ₦21,986,893.0
Budget amount: ₦23,750,000.00
PHC Type: 1
Monitor’s Assessment: Farin-Ruwa Tash is a community of about 2000 people. The Centre was completed and commissioned in 2015 and was handed over to the community on June 10, 2016. The Operating hours of the Centre commence at 8:00am to 4pm from Monday to Friday. The Centre has 4 staff but only one was present at the time of this visit. The PHC provides Malaria treatment only. The Centre has two rooms. The building the roof, walls and mosquito nets are intact. There is one toilet for both gender, no source of power supply, no means of communication, no Bicycle or Motorcycle, no waste disposal unit, no single water in the Centre, no staff accommodation, but there is a visible sign post. The PHC has 1 Stethoscope, 1 injection safety box, 2 scissors, 1 tape rule and 1 weighing scale.

According to the available staff, Farin-Ruwa Health Centre is always busy and that they don’t have enough staff and space for the patients and most times they admit and effect medication to some patients in the toilet and in the event of any emergency, the patient will be referred to General Hospital Tudun-Wada which is an hour’s journey. When I worked round the entire building I discovered that they don’t have light, water, no security personnel, no single bed, the patients are left with no option but to resort to local mats. The PHC relies on the Roll Back Malaria Project (RBM) for drug supply and this is only done quarterly so most times, the PHC is without drugs. From time to time, the medical personnel would put together resources to buy drugs for their patients.
Monitor’s Report: Yaryasa Village has a population of about 2400 people. It was commissioned on the 8th of April, 2015 by his Excellency the ex-governor of Kano State Engr. Dr. Rabi’u Musa Kwankwaso. The Centre seems deserted. There are 7 rooms which are all empty and unequipped. According to the gentlemen at the PHC, the PHC has been inactive since it was commissioned in April, 2015 because there are no drugs and medical personnel contribute money to buy drugs for patients. At the time of visit, there was no electricity, no staff or equipment so patients could not be attended to. As a result, the PHC had been counselling the patients who come to the clinic and referring them to other health centres.
Contractor: Dauble Palms Nigeria Ltd.
Contracted amount: ₦18,420,948.00
Budgeted amount: ₦23,750,000.00
PHC Type: 1

Comparison of Budgeted and Contracted Amounts

Source: Budeshi.org

Construction of PHC in Dala, Kano (Kano)

- Budget Amount
- Contract Amount

PHC in Daurawa, Kano State, with a population of about 4000, commissioned in 2015, open only on Mondays.
**Monitors Report:** Daurawa has a population of about 4000 people. The Centre was commissioned on the 8th of April, 2015 by his Excellency the ex-governor of Kano State Engr. Dr. Rabi’u Musa Kwankwaso. The Centre is functioning but was under lock and key during the visit and as a result, it was difficult to assess the mode of operation. According to the community members, the PHC is only accessible on one day in a week which is Mondays.

**PHC NO. 31**

Primary Health Care, Doguwa Local Government, Kano State

**Contractor:** Young Stallion Nig.Ltd.

**Contract amount:** ₦37,291,650.10

**Budget amount:** ₦43,700,000.00

**Monitor’s Assessment:** This PHC was very difficult to specifically locate. All the PHCs in the community had no sign post so it was difficult to identify the actual PHC constructed by “Young Stallion Nig.Ltd”.

From the visit it was clear that Doguwa local government has over 10 completed PHC’s that are not functional.
Monitor’s Report: The PHC in the settlement of Rumo is an abandoned building under construction. The community members were very upset because they are tired of unfulfilled promises.