

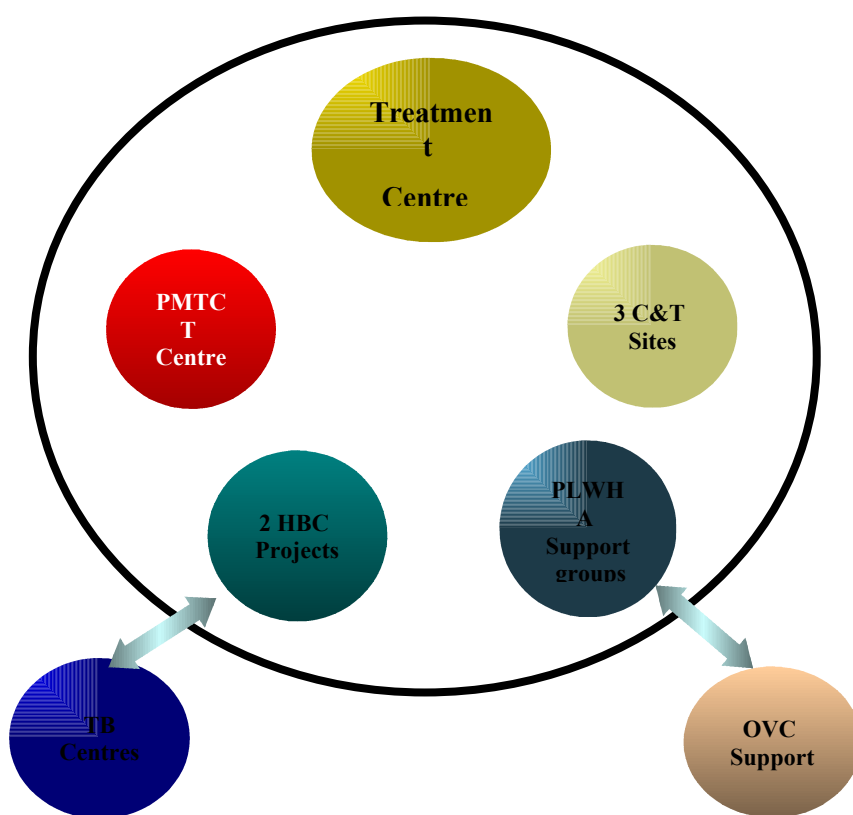


Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Annual Report on Objective 2: Global Fund HIV/ AIDS Round 5 Project, Nigeria



JAN 2007- DEC 2007

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ACKNOWLEDGEMENTS

This report documents the progress made by the Society For family Health (SFH) during the first year in the management of objective 2 of Round 5 of Nigeria's HIV/ AIDS programs supported by the grants from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). However, this would not have been successfully implemented without the opportunity provided by the Global Fund and the assiduous support of other partners especially the other Principal Recipients.

To this end, the Society for Family Health (SFH) wishes to appreciate the opportunity provided by the GFATM and the encouragement it received particularly from the Nigeria's Country Coordinating Mechanism (CCM), and the other two Principal Recipients.

SFH also acknowledges the important role played by the management and staff of the HIV/ AIDS Division Federal Ministry of Health (FMoH) and the USG's PEPFAR during the period. Furthermore, the commitment and efforts of IDA, Crown Agents, CHAN-MediPharm in assisting with procurement and commodity distribution are recognised and appreciated.

SFH would also like to acknowledge the commitment and support of all its Sub Recipients (Family Health International, Planned Parenthood Federation of Nigeria, Nigerian Institute of Medical Research, and Gede Foundation) and Staff for providing technical and training support respectively.

Put together our collective resolve to ensuring the success of year 1 of the Grant contributed to the A1 rating of our programme by the Global Fund.

ACRONYMS & ABBREVIATIONS

ARVs	Anti-retrovirals
ATM	AIDS, Tuberculosis and Malaria
C&T	Counselling and Testing
CA	Crown Agents
CHAN	Christian Health Association of Nigeria
FCT	Federal Capital Territory
FHI	Family Health International
FMO	Federal Ministry of Health
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GHAINS	Global HIV/AIDS Initiative Nigeria
HBC	Home Based Care
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IDA	International Dispensary Association
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
NACA	National Agency for the Control of AIDS
NASCP	National AIDS and STDs Control Program
NIMR	National Institute of Medical Research
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PPFN	Planned Parenthood Federation of Nigeria
PR	Principal Recipient
SDP	Service Delivery Point
SR	Sub Recipient
SFH	Society for Family Health
VCT	Voluntary Counselling and Testing

EXECUTIVE SUMMARY

This report which is a documentation of activities conducted in the course of implementing the GFATM round 5 grant, objective 2 is in fulfilment of the reporting requirement of the grant.

In 2006 SFH was selected alongside NACA and ARFH by the CCM/Nigeria as PR for the grant's objective 2 activities. SFH however selected 4 organizations (FHI, PPFN, GEDE and NIMR) to serve as SRs and directly conduct project implementation activities under its general managerial supervision. A grant agreement for a total amount of \$6,417,422.00 was signed between SFH and the GFATM in the same year. This amount was to cover the first phase of the implantation with a performance period of 2 years (Jan 07 – Dec 08).

Project activities commenced in January 2007 with site selections, procurement of reagents, test kits and commodities, and renovations and upgrade of selected sites. Trainings of facility personnel were also conducted for all sites by NIMR and GEDE Foundation.

A total of 137 sites were assessed selected and upgraded in 17 states of the federation, 291,000 tests of RTKs each of Determine and Stat Pak were procured, 9000 harmonised M&E tools were produced and distributed, 357 health workers were trained to provide HCT while another 254 were trained for M&E activities.

During the reporting period, 261,218 persons were counselled and tested and also received their results.

To achieve these results SFH utilized \$3,647,869.83 out of the \$3,986,131.00 received from the GFATM.

Some key challenges and lessons learnt were also documented in the course of project implementation by both SFH and the SRs.

1.0 Background

Nigeria, being the most populous African nation has a population of over 140 million people. With an adult HIV prevalence of 4.4 percent, the country has the world's third largest burden of people living with HIV/AIDS after South Africa and India. The population of people living with HIV/AIDS is estimated to be 3.86 million, and AIDS related deaths average 310,000 per year. Children living with HIV/AIDS are in the order of 290,000 while children with one or both parents killed by AIDS related conditions are believed to be as many as 1.8 million.

The national response to HIV/AIDS dates from 1986 when the first case of HIV/AIDS was identified. Nigeria commenced the implementation of the Round 5 programmes in January 2007 with an approved grant of \$180,448,985 for 5 years. The overall goal of the effort is to reduce HIV/AIDS-related mortality and morbidity through six objectives:

1. To scale up comprehensive HIV/AIDS treatment, care and support for people living with HIV/AIDS to all the 37 States in the country.
2. To expand access to Testing and Counselling services to cover 37 States of the country
3. To strengthen the role of the community, civil society organisations and networks of PLWHA in providing and supporting HIV/AIDS treatment and care.
4. To increase access to care and support services for OVC in 37 states of the country.
5. To increase the capacity of the private sector to implement workplace HIV/AIDS program in 12 states.
6. To strengthen the capacity of implementing institutions for effective program management, coordination, monitoring and evaluation.

2.0 Introduction

This annual report describes the program activities and progress made by the Society For family Health (SFH) during the first year in the management of objective 2 component of the Global Fund Round 5 HIV/ AIDS in Nigeria.

Interestingly, the year under review was very eventful which saw the establishment and upgrading of one hundred and thirty seven (137) new facilities providing HCT services across the country with 261,218 persons counselled and tested, knowing their HIV status and three hundred and fifty seven (357) health workers trained to deliver quality health services across the country.

Society for Family Health is a registered Nigerian non-profit and non-governmental organization established in 1985. The mission of Society for Family Health is “to empower Nigerians, particularly the poor and vulnerable, to lead healthier lives. Working with the private and public sectors, using social marketing and behavior change communication to improve access to essential health information, services, and products to motivate the adoption of healthy behaviors”.

The Society's major programs include provision of services and products in the area of maternal and child health (water safe treatment, prevention and treatment of malaria), family planning (provision of contraceptive pills, injectables, intra-uterine devices and condoms), HIV/ AIDS (prevention programs, and counseling and testing services). SFH implements its program through mass media campaigns, interpersonal communications, advocacy and training, using evidenced based information.

1.1 The Society's Sources of Funding in 2007

The Society's program for are funded by the British Department for International Development (DFID), the United States Agency for International Development (USAID) , Shell Petroleum Development company (SPDC), Exxon Mobil and most recently the Global Fund. Population Services International (PSI), Washington D.C., USA served as collaborating international partner.

1.2 The Global Fund HIV Round 5 Grant to the Society for Family Health

In 2006, the Society for Family Health (SFH) signed a Grant agreement (NGA-506-G08-H) for a total sum of \$6,417,422 with the Global Fund to expand access to HIV testing and counselling services to cover all 37 States of the country. The grant has a performance period of 2 years. The Phase one (first year of the 2 years) of the planned five years Round 5 Grant period (2007 -2011) commenced on the 1st of January 2007 and is expected to end on the 31st of December 2008. This report covers grant performance activities from January through December, 2007; the first half of phase one. (See Annex 1)

3.0 Program Description

Counselling and testing is an important entry point to HIV/AIDS prevention and care. People who know their HIV status are better able to take appropriate individual and collective measures to prevent transmission of HIV. It also enables HIV positive people to enter treatment early, access care and support and so increase their chances of better health outcomes. At the end of the program, it is expected that there will be an increased number of people who know their HIV status, entering into treatment, care and support, leading to reduced morbidity and mortality from HIV and AIDS in Nigeria.

Three Principal Recipients were appointed by a newly reconstituted Country Coordinating Mechanism (CCM)/Nigeria to manage Round 5; The National Agency for the Control of AIDS (NACA), the Association for Reproductive and Family Health (ARFH) and the Society for Family Health (SFH). NACA was allocated responsibility for objectives 1, 5 and 6. SFH was allocated objective 2 while objectives 3 and 4 were allocated to ARFH. Objective 2 which SFH is responsible for its implementation has four key indicators:

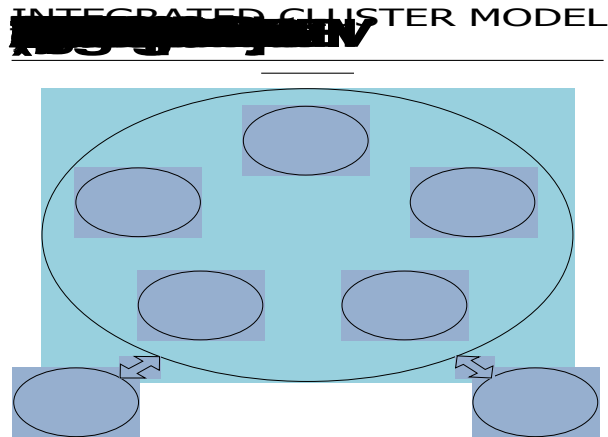
1. Number of people completing the testing and counselling process.
2. Number of service delivery points providing counselling and testing with the minimum conditions to provide quality service.
3. Percentage of VCT centres experiencing no stock out of VCT test kits for more than one (1) month during the year.
4. Number of counsellors trained to provide quality service.

The Program target group/beneficiaries are the general population of the country who will be offered HIV testing and counselling services to enable them know their HIV status and take appropriate individual and collective measures to prevent transmission of HIV.

4.0 Program Strategy and Activities

The program adopted an 'Integrated Cluster Model' of service provision (see fig. 1) which involves developing a network or clusters of secondary and primary facilities that will provide comprehensive HIV/AIDS care, including testing and counselling, PMTCT and ART within a geographical sphere or radius of 30mins walking distance from each other within a particular community. The program aims at strengthening capacity of and links between General hospitals, PHC facilities and community based efforts to ensure a continuum of care for people living with HIV/AIDS. These will collectively form clusters for providing comprehensive HIV/AIDS care. Decentralizing HIV/AIDS treatment and care to secondary and primary levels will enable more people access treatment and achieve significant impact on HIV/AIDS related morbidity and mortality..

Figure 1



Central to the model is the issue of coordination. To ensure effective coordination, meetings were set up at various levels including at the cluster level where primary implementing activities are carried out. This to a large extent built team work and integration among partners and encouraged community participation and ownership.

4.1 Selection of Sub-Recipients (SRs)

The programme opted to use multiple SRs to implement the counselling and testing component of the Grant. This was done through an open bid process which was advertised in the National Newspapers and selection jointly carried out by three PRs with a representation from the CCM. Based on their individual competences, the Family Health International and Planned Parenthood Federation of Nigeria were finally short listed as SRs for Public and Private Facilities respectively. This same process was adopted in the appointment of other sub contractors which saw the emergence of Nigeria Institute for Medical Research (NIMR) and Gede Foundation as SRs for training; Crown Agents and International Dispensary Association (IDA) as commodity procurement agencies. All the Sub recipients signed MoUs with SFH and submitted their quarterly program update and disbursement requests timely during the reporting year (2007).

4.2 Site Assessment, Selection and Upgrade/Renovation

To complement the Federal government's efforts towards the provision of comprehensive HIV/ AIDS prevention, treatment, care and support programs, SFH ensured the availability of standard health infrastructures at selected facilities. Utilizing the Global Fund Round 5 Grant, one hundred and thirty- seven (137) public and private health facilities were renovated and upgraded for optimal HCT service delivery in 17 States across the Federation.

Efforts were made to ensure that sites were objectively selected, using the criteria of the HIV prevalence rates as reported by the 2005 sero-prevalence study report, the number of existing ART centers and the viability of the agreed “integrated cluster model”

The target for newly established centers was exceeded on account of the PEPFAR sites handed over to the Global Fund by FHI in March 2007. (See Annex 2 for list of sites activated and reporting).

4.3 Procurement and Distribution of Commodities

To facilitate the activation and uninterrupted provision of HCT services in States and Local governments across the country, over 291,000 tests of RTK (Determine and Stat Pak each) and other required consumables were procured and distributed to Primary Health Centers (PHCs) and Secondary Health facilities (Public and Private) in about one hundred twelve (112) Local government Areas in 17 States of the Federation. Similarly, over 9,000 different National HCT monitoring and evaluation tools were produced and distributed to all activated facilities.

4.4 Monitoring and Evaluation

Reliable, timely, and accurate information improves the ability of health managers and enables managers at all levels to plan activities, set priorities, and allocate human and financial resources in response to needs. Quality data are indispensable for sound program planning and management and quality client care as well as for communicating results to stakeholders and donors. The current program involves multiple principal recipients (PRs) and sub-recipients (SRs) as well as other interested stakeholders such as UN-system and PEPFAR among others. Generating quality data and harmonizing M&E system among various partners is critical thus the PRs met and developed a harmonized M&E plan for Global fund round 5. The plan will enable the PRs to regularly report to the GF and LFA as well as CCM. The M&E plan contains information on the status of HIV/AIDS M&E in Nigeria, quality assurance and improvement.

4.5 Financial Disbursements

Sequel to the signing of the program grant agreement between The Global Fund Geneva and the Society for Family Health and the subsequent satisfaction of all the conditions precedent to disbursements, the sum of \$3,986,131.00 was disbursed to SFH during the reporting period for the implementation of the Objective 2 component of the Round 5 grant to Nigeria. As at the end of the year under review, \$3,647,869.83 was used for program implementation. See the table below.

Table 1: Program Expenditures for year 1 2007

All amounts are in USD	Budget for Reporting period	Actual for Reporting period	Percentage disbursement (%)
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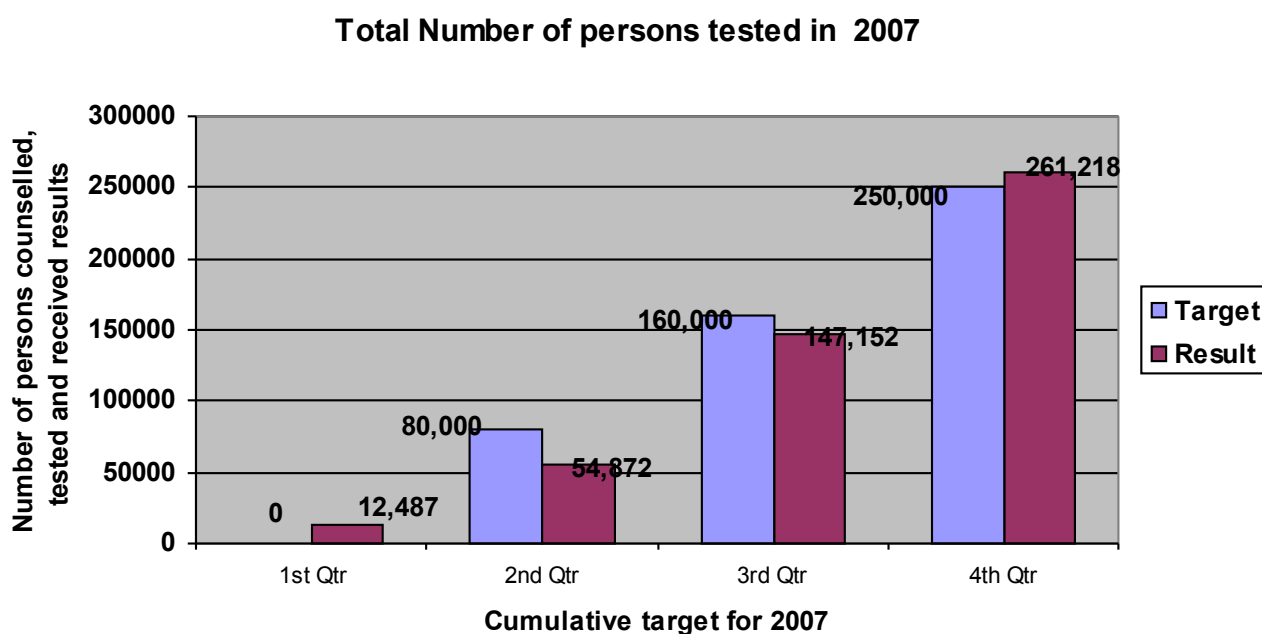
Total actual expenditures vs. budget	3,986,131.00	3,647,869.83	92
PR's total expenditures	2,077,564.00	1,709,814.81	82
Disbursements to sub-recipients	1,908,567.00	1,938,055.02	102
Health product expenditures vs. budget	870,592.00	758,589.53	87

5.0 Program Achievement in 2007

All the key indicators were successfully implemented and targets achieved by over 100% during the reporting period. Below are charts showing the various achievements as per indicator areas.

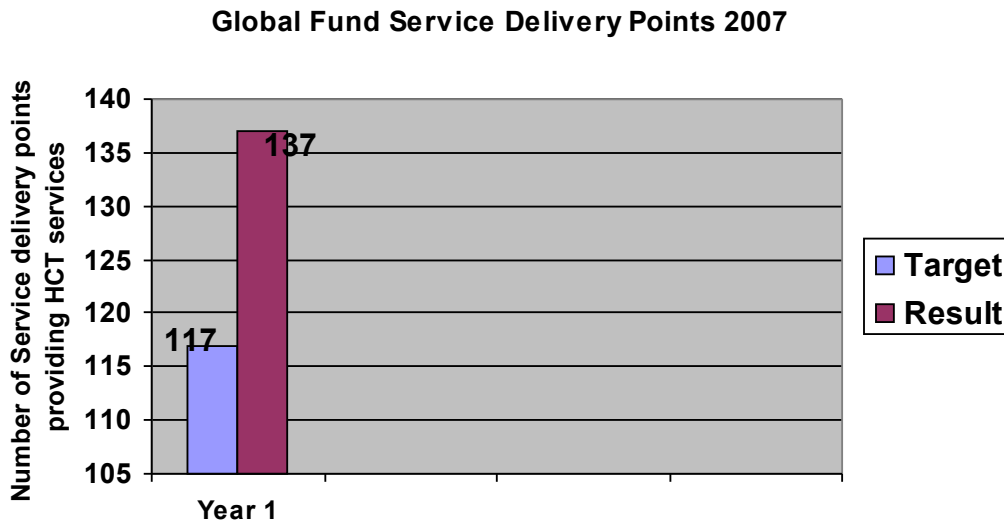
5.1 Number of people completing the testing and counselling process

A total of 261,218 persons were counselled, tested and received results in the reporting year from the established service delivery points across the country. See the chart below.



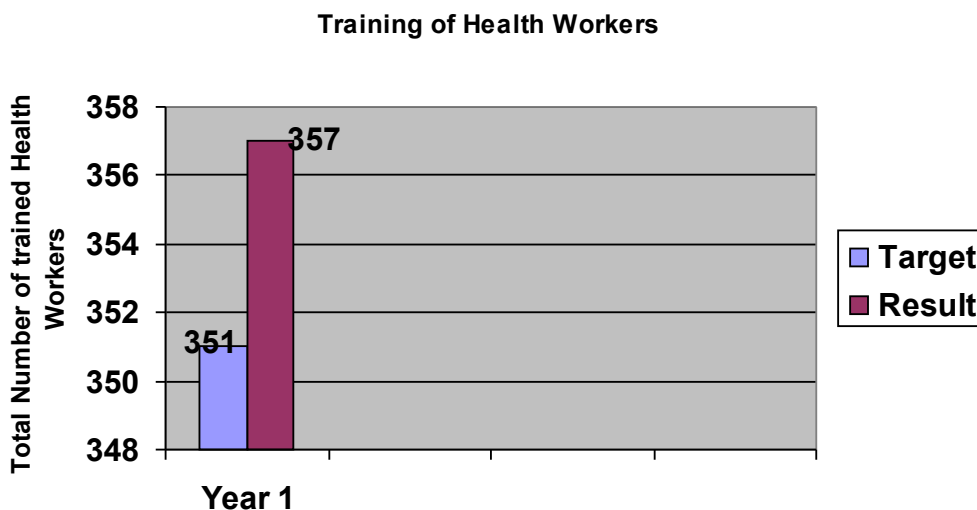
5.2 Number of service delivery points providing quality testing and counselling

A total of 137 new sites were opened 17 states across the country across the country compared to the target of 117 earmarked during the 1st year. See the chart below.



5.3 Capacity and Manpower Development

Investment in Human resources and manpower development such as continuous training of health personnel is vital to the overall development of the health systems. To guarantee quality service, 357 Health workers were trained on HIV Counseling and Testing, 254 on Monitoring and Evaluation. See the chart below.



6.0 Programmatic challenges

Major challenges were faced in the course of implementing the program during the reporting period however they were addressed appropriately by all the implementing partners with the active participation of the Country Coordinating Mechanism (CCM) Nigeria and the Global Fund, HIV Round 5 Program Coordinating Committee (PCC) members.

- One major challenge inherent in the implementation of the Grant was the weak health systems observed in majority of the health facilities across the country. This posed some difficulties for take-off as a lot of time was spent on putting structures and systems in place before the effective commencement of services.
- Furthermore, the scramble and partition for sites by various implementing partners in a multi donor environment such as ours was a hiccup at the initial stage of the project. This delayed the commencement of services in some locations. A lot of time and resources was spent in trying to resolve the issue. However, this was quickly resolved by National Agency for Control of AIDS (NACA) through the Global Fund, HIV Round 5 Program Coordinating Committee at the National level.
- Another challenge was the frequent attrition of trained personnel. Health personnel trained in HCT counselling and testing and Routine Monitoring and Evaluation at the various health facilities were more often than not transferred either out of the facility or within the facility. This hampered the provision of HCT services in these sites and additional cost to the SRs.
- During the reporting period, there was increased up- take of clients accessing counselling and testing services at the various centres established and this resulted in increased demand for test kits and reagents. At the end of the period under review availability of test kits remained a major challenge. However, SFH in collaboration with other partners were pushing for change for national HIV testing algorithms from parallel to serial. At the time of this report serial testing has been approved by the Federal Ministry of Health and it is expected that this will reduce the issue of shortages of test kits and reagent experienced by all partners in Nigeria.
- One other major challenge during the reporting period was the use of multiple service delivery points (PMTCT, HCT, Blood bank, Laboratory, General Ward, etc.) at the comprehensive health facilities for counselling and testing services.

The use of these centres required that training be extended to personnel at these centres within the same facility way beyond what was planned and budgeted for. Also the use of HIV test kits and reagents to screen clients at these centres created data collection challenges.

- Lastly, motivation of staff was a major concern as majority of the health personnel felt they should be paid stipends for the additional services they provide. We have continuously provided non monetary incentives in the form of trainings and exchange visits during cluster meetings. However the call for monetary incentives continued.

7.0 Lessons learnt

Several lessons were learnt in the course of implementing the project which include the followings:

- The prompt disbursement of funds was paramount to the success recorded in the period under review. SFH financial systems and procedures do not only ensure funds are adequately disbursed but also track expenditures systematically. SRs thus receive funds within stipulated time frame.
- The regular meeting with CCM particularly with the Oversight committee through face-to-face interaction and the submission of progress report using the Dashboard system contributed significantly to the success of the grant implementation.
- Another Lesson Leant was the ability of the PR to work through effective collaboration with partners based on their respective competences while providing oversight at a very close range. Closely related to the above is the setting up of coordination mechanisms at the various levels of program implementation. This in no small measure reduced friction and promoted cooperation and harmonization in service delivery particularly at the community level. For the first time the community participation was effectively integrated into service delivery at the facility level.
- The use of multiple rather than single procurement agency was also an important factor that contributed to the successful outcome of the Grant. The Project was able to leverage on the strength and weakness of both agencies to its ultimate advantage. One agent served as a contingency to other particularly in commodity supply.

ANNEXES

Annex 1: General Grant Information

Grant Number	NGA-506-G08-H
Grant Title	Scale-up of Comprehensive HIV and AIDS Treatment, Care and Support in Nigeria- To expand access to HIV testing and counselling services to cover all 37 States of the country
Component	HIV/ AIDS
Round	5
Principal Recipient's Name and Address	The Society for Family Health, No. 8 Port-Harcourt Crescent, Off Gimbiya Street, Area 11 Garki, Abuja, Nigeria.
Phase 1 Grant Amount (SFH)	US\$6,417,422 (Six Million Four Hundred Seventeen Thousand Four Hundred Twenty Two United States Dollars)
Phase 1 Starting Date	01 January 2007
Phase 1 End Date	31 December 2008

Annex 2: Indicators description by year target and actual for year 1

Indicator description for objective 2	Target		Variance
	Year 1	Actual Year 1	% Achieved
Number of people completing the testing and counselling process	250,000	261,218	104.5
Number of service delivery points providing counselling and testing with the minimum conditions to provide quality service	117	137	117
Percentage of VCT centres experiencing no stock out of VCT test more than one (1) month during the year kits for	80%	N/A	N/A
Number of counsellors trained to provide quality service	351	357	102

Annex 3: The table below shows the distribution of health facilities (sites) in Year 1 states.

State/Zone	No of GFATM ART Clusters	FHI HCT Sites	PPFN HCT Sites	Total HCT Sites
Benue (NC)	5	9	6	15
Nassarawa (NC)	3	6	3	9
Kogi (NC)	2	3	3	6
Niger (NC)	3	9	1	10
FCT (NC)		3		3
Kano (NW)		3		3
Katsina (NW)	2	6		6
Taraba (NE)	4	12		12
Adamawa (NE)	3	6		6
Akwa Ibom (SS)	5	7	6	13
Delta (SS)	2	3	3	6
Cross River (SS)		6		6
Edo (SS)		2		2
River (SS)	3	6	3	9
Enugu (SE)	5	9	7	16
Anambra (SE)	3	7	3	10
Lagos (SW)		5		5
Total Yr 1		102	35	137

**** Highlighted = FHI PEPFAR Handed over site**

Annex 4 List of HCT Sites for year 1 (2007)

LIST OF GLOBAL FUND SITES FOR YEAR 1				
S/N	State	LGA	Facility Name	Facility Type
ADAMAWA STATE				
1	Adamawa	Yola North	Jambutu Primary Health Centre	Primary Health Centre
2	Adamawa	Mubi North	Locuwa Primary Health Centre	Primary Health Centre
3	Adamawa	Yola North	Major Aminu Primary Health Centre Jimeta Yola	Primary Health Centre
4	Adamawa	Mubi South	Mubi General Hospital	General Hospital
5	Adamawa	Mubi North	Muva Primary Health Centre	Primary Health Centre
6	Adamawa	Yola North	Yola Specialist Hospital	Secondary Hospital
AKWA IBOM STATE				
7	Akwa Ibom	Eket	Eket Immunel General Hospital	General Hospital
8	Akwa Ibom	Ikot Abasi	Ikot Abasi General Hospital	General Hospital
9	Akwa Ibom	Etinan	Mbito II General Hospital	General Hospital
10	Akwa Ibom	Mbo	Mbo Primary Health Centre Enwang	Primary Health Centre
11	Akwa Ibom	Obio Akpa	Obio Akpa College of Agric	Clinic
12	Akwa Ibom	Okobo	Okobo General Hospital	General Hospital
13	Akwa Ibom	Oron	Oron General Hospital	General Hospital
14	Akwa Ibom	Uyo	St. Luke's Hospital	Private
15	Akwa Ibom	Abak	General Hospital, Ukpum Abak	General Hospital
16	Akwa Ibom	Ini	General Hospital Ikot Nkon	General Hospital
17	Akwa Ibom	Essien Udim	St. Mary's Hospital, Urua Akpan	Private
18	Akwa Ibom	Obot Akara	CHC Obot Akara	Primary Health Care
19	Akwa Ibom	Oruk Anam	General Hospital Ikot Okoro	General Hospital
ANAMBRA STATE				
20	Anambra	Awka	Awka General Hospital	General Hospital
21	Anambra	Awka South	Mgbakwu Primary Health Centre	Primary Health Centre
22	Anambra	Onitsha	Nibo Primary Health Centre	Primary Health Centre
23	Anambra	Ayamelum	Odoakpu Model Primary Health Centre	Primary Health Centre
24	Anambra	Onitsha	Onitsha Basic Primary Health Centre	Primary Health Centre
25	Anambra	Onitsha	Onitsha General Hospital	General Hospital
26	Anambra	Onitsha	St Charles Borromeo Hospital	General Hospital
27	Anambra	Onitsha South	Rushgreen Hospital	Private
28	Anambra	Idemili North	MCH Ogidi	Primary Health Care
29	Anambra	Onitsha North	St. John's Anglican PHC	Primary Health Care
BENUE STATE				
30	Benue	Oju	Betseda Missionary Hospital	Missionary Hospital
31	Benue	Gboko	Gboko General Hospital	General Hospital
32	Benue	Gboko	Gboko Primary Health Centre	Primary Health Centre
33	Benue	Katsina-Ala	Katsina-Ala General Hospital	General Hospital
34	Benue	Katsina-Ala	Katsina-Ala Primary Health Centre	Primary Health Centre
35	Benue	Gboko	Myom Primary Health Centre	Primary Health Centre
36	Benue	Oju	Oju Comprehensive Health Centre	Primary Health Centre
37	Benue	Oju	Oju General Hospital	General Hospital
38	Benue	Katsina-Ala	Todonga Primary Health Centre	Primary Health Centre
39	Benue	Gboko	NKST MKAR Hospital	Private
40	Benue	Buruku	NKST PHC Garagbogol	Private

41	Benue	Gboko	NKST PHC Genyi -Yendev	Primary Health Care
42	Benue	Makurdi	Madona Hospital	Private
43	Benue	Makurdi	Jopes Hospital	Private
44	Benue	Makurdi	PPFN Clinic	Private
CROSS RIVER STATE				
45	Cross River	Akamkpa	Akamkpa General Hospital	General Hospital
46	Cross River	Akpet	Akpet Central Cottage Hospital	General Hospital
47	Cross River	Calabar Municipal	Calabar General Hospital	General Hospital
48	Cross River	Obalinku	Central Hospital Obalinku	General Hospital
49	Cross River	Ikom	Holy Family Catholic Hospital	General Hospital
50	Cross River	Ugep	Ugep General Hospital	General Hospital

DELTA STATE				
51	Delta	Uvwie	Ekpan General Hospital	General Hospital
52	Delta	Sapele	Sapele Central Hospital	General Hospital
53	Delta	Warri South	Warri Central Hospital	General Hospital
54	Delta	Ethiope East	Eku Baptist Hospital	Private
55	Delta	Ethiope East	General Hospital, Abraka	General Hospital
56	Delta	Abraka	St. Francis Catholic Hospital	Private
EDO STATE				
57	Edo	Oredo	Benin Central Hospital	General Hospital
58	Edo	Auchi	Central Hospital Auchi	General Hospital
ENUGU STATE				
59	Enugu	Igbo Eze	Agbani District Hospital	District Hospital
60	Enugu	Ezeagu	Amansiodo Cottage Hospital	Cottage Hospital
61	Enugu	Igbo Eze	Ette Cottage Hospital	Cottage Hospital
62	Enugu	Igbo Eze	Ezike District Hospital	General Hospital
63	Enugu	Nkanu East	Nkerefi Primary Health Centre	Primary Health Centre
64	Enugu	Isiuzo	Obollo Afor Cottage Hospital	Cottage Hospital
65	Enugu	Oji River	Oji River General Hospital	General Hospital
66	Enugu	Nkanu West	Ozalla Primary Health Centre	Primary Health Centre
67	Enugu	Udi	Udi District Hospital	District Hospital
68	Enugu	Nsukka	Bishop Shanaham Hospital	Private
69	Enugu	Nsukka	UNN Medical Centre	Primary Health Care
70	Enugu	Nsukka	Atta Memorial Hospital	Private
71	Enugu	Enugu East	Ntasi Obi Hospital	Private
72	Enugu	Enugu East	Julius Memorial Hospital	Private
73	Enugu	Udi	Unity Hospital	Private
74	Enugu	Anirin	PHC Mpu	Primary Health Care
FCT				
75	FCT	Gwagwalada	St Mary Catholic Hospital	General Hospital
76	FCT	Abuja Municipal	Wuse General Hospital	General Hospital
77	FCT	Abuja	Maitama District Hospital	General Hospital

		Municipal		
	KANO STATE			
78	Kano	Municipal	Hasiya Bayero Pediatric Hospital	General Hospital
79	Kano	Dala	Infectious Disease Hospital	General Hospital
80	Kano	Kano Municipal	Murtala Mohammed Hospital	General Hospital
	KATSINA STATE			
81	Katsina	Bakori	Bakori Primary Health Centre	Primary Health Centre
82	Katsina	Batagarawa	Batagarawa Primary Health Centre	Primary Health Centre
83	Katsina	Chiranchi	Chiranchi Primary Health Centre	Primary Health Centre
84	Katsina	Faskari	Faskari Primary Health Centre	Primary Health Centre
85	Katsina	Funtua	Funtua General Hospital	General Hospital
86	Katsina	Katsina	Katsina General Hospital	General Hospital
	KOGI STATE			
87	Kogi	Ankpa	Ankpa General Hospital	General Hospital
88	Kogi	Ankpa	Ankpa Primary Health Centre	Primary Health Centre
89	Kogi	Anyimgba	Anyimgba Diagnostic and Reference Hospital	Diagnostic and Ref Hospital
90	Kogi	Egbe West	ECWA Hospital	Private
91	Kogi	Yagba West	Cottage Hospital	General Hospital
92	Kogi	Yagba East	General Hospital, Isanlu	General Hospital
	LAGOS STATE			
93	Lagos	Badagry	Badagry General Hospital	General Hospital
94	Lagos	Lagos Island	Lagos General Hospital	General Hospital
95	Lagos	Mainland	Mainland Hospital	General Hospital
96	Lagos	Lagos Island	Massey Street Children's Hospital	Pediatric Hospital
97	Lagos	Ikorodu	Ikorodu General Hospital	General Hospital

	NASSARAWA STATE			
98	Nassarawa	Awe	Awe General Hospital	General Hospital
99	Nassarawa	Keana	Keana General Hospital	General Hospital
100	Nassarawa	Nassarawa	Laminga Primary Health Centre	Primary Health Centre
101	Nassarawa	Nassarawa	Nassarawa General Hospital	General Hospital
102	Nassarawa	Nassarawa	Nassarawa Town Primary Health Centre	Primary Health Centre
103	Nassarawa	Obi	Obi General Hospital	General Hospital
104	Nassarawa	Akwanga	ERCC Hospital	Private
105	Nassarawa	Kokona	Garaku General Hospital	General Hospital
106	Nassarawa	Akwanga	Gudi PHC	Primary Health Care
	NIGER STATE			
107	Niger	Suleja	Dije Bala Primary Health Centre	Primary Health Centre
108	Niger	Gurara	Diko Basic Health Centre	Primary Health Centre
109	Niger	Kontagora	Kontagora General Hospital	General Hospital
110	Niger	Kontagora	Kontagora Maternal and Child Health Clinic	Primary Health Centre
111	Niger	Bosso	Maintumbi Primary Health Centre	Primary Health Centre
112	Niger	Chanchaga	Minna Family Support Program Clinic	Primary Health Centre
113	Niger	Minna	Minna General Hospital	General Hospital
114	Niger	Mashegu	Sahorami Primary Health Centre	Primary Health Centre
115	Niger	Suleja	Suleja General Hospital	General Hospital
116	Niger	Minna	PPFN Clinic	Private
	RIVERS STATE			
117	Rivers	Ahoada East	Ahoda Comprehensive Hospital	General Hospital

118	Rivers	Ahoda East	Ahoda General Hospital	General Hospital
119	Rivers	Onelga	Erena General Hospital	General Hospital
120	Rivers	Port Harcourt	Health of the sick Mission Hosp.	Private
121	Rivers	Port Harcourt	Orogbum FSP Clinic	Private
122	Rivers	Obio	Obio Health Centre	Primary Health Care
123	Rivers	Ogoni	Bori General Hospital	General Hospital
124	Rivers	Ogoni	Terabor General Hospital	General Hospital
125	Rivers	Eken-Khana	Pope John Paul Hospital	Private
TARABA STATE				
126	Taraba	Wukari	Batange Primary Health Centre	Primary Health Centre
127	Taraba	Sarduana	Gembu General Hospital	General Hospital
128	Taraba	Sarduana	Mambila Baptist Hospital	General Hospital
129	Taraba	Gassol	Mutum Biyu Cottage Hospital	Cottage Hospital
130	Taraba	Gassol	Mutum Biyu First Referral Hospital	Referral Hospital
131	Taraba	Sarduana	Ngoroje General Hospital	General Hospital
132	Taraba	Zing	St Monica Yakoko	General Hospital
133	Taraba	Gassol	Tella Primary Health Centre	Primary Health Centre
134	Taraba	Zing	United Methodist Church	General Hospital
135	Taraba	Wukari	Wukari General Hospital	General Hospital
136	Taraba	Wukari	Wukari Primary Health Centre	Primary Health Centre
137	Taraba	Zing	Zing General Hospital	General Hospital