

STRENGTHENING HEALTH SYSTEMS AND RMNCAH-N OUTCOMES THROUGH RAPID CYCLE ANALYTICS AND DATA USE

Round 1 Data Collection Report

FASTR Remote Facility Survey Report

October 14th, 2025



GLOBAL
FINANCING
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RESULTS FOR
DEVELOPMENT

NOIPolls

POLLING | RESEARCH | ANALYTICS | DATABANK | STRATEGY

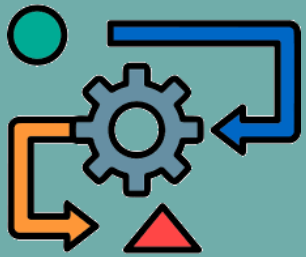


Overview of FASTR Nigeria

Background

Objectives of FASTR

Approach for FASTR



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Summary of Findings

Background

- Achieving UHC requires resilient health systems that utilize timely country-generated data to monitor health reforms, respond to disruptions in health service utilization, and inform how the health system adapts to changing needs
- The Global Financing Facility for Women, Children, and Adolescents (GFF), in its effort to support countries in achieving UHC, has developed the **Frequent Assessment and Health Systems Tools for Resilience (FASTR)** rapid-cycle methodology for health facility and household surveys
- The FASTR's innovative approach flips the current paradigm of PHC measurement by starting from time-sensitive country data use needs, then designing novel data collection and analysis approaches that drive data use for decision making
- NOIPolls and R4D now support FASTR implementation in Nigeria with the Gate Foundation support, overseeing the entire survey cycle from instrument adaptation and enumerator training to field logistics and data-quality checks, analysis, and report
- This document provides an overview of the FASTR project, the methodology, process, and the results from the first round survey

FASTR seeks to achieve certain specific objectives

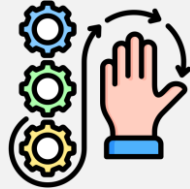
Objectives of FASTR are to:

1



Assess routine health system challenges at the primary healthcare level and raise awareness of their impact on service delivery

2



Use insights from the assessment to guide interventions and evaluate the impact of these reforms on the health system

3



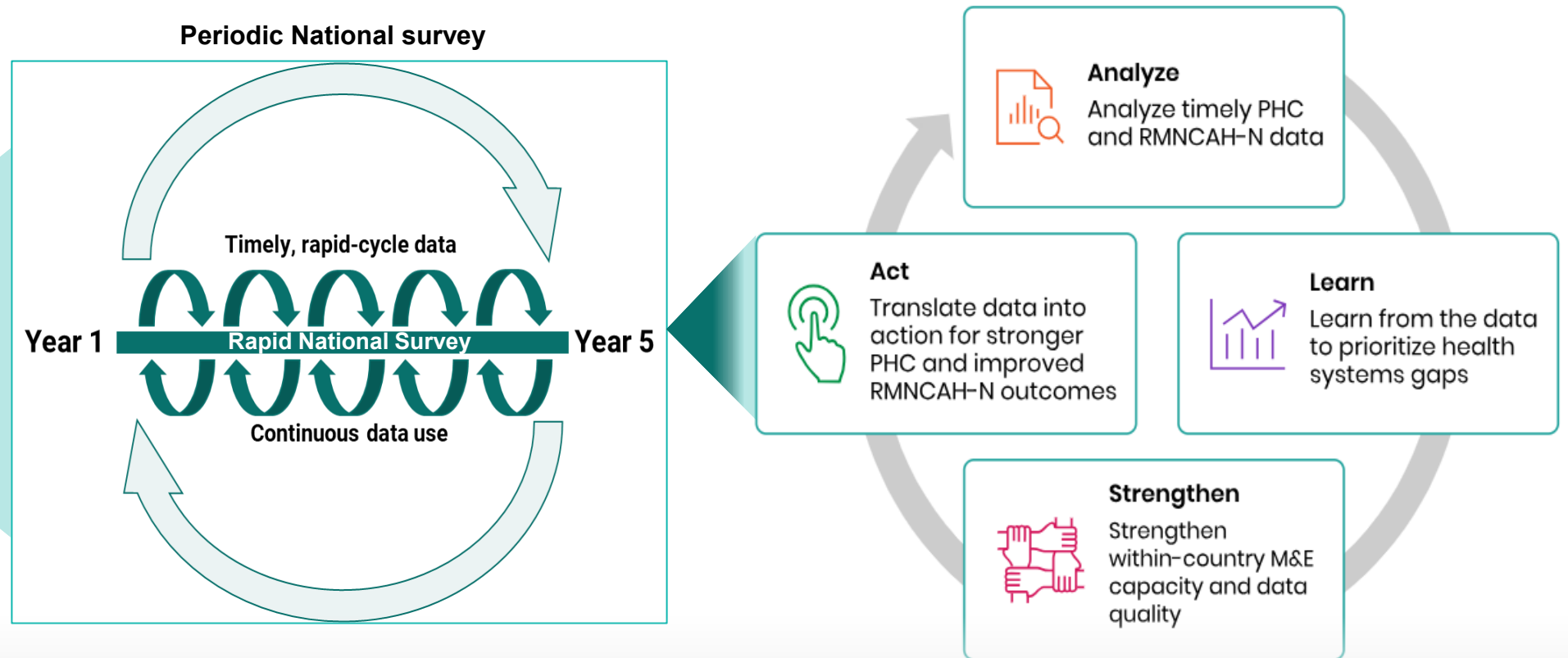
Improve the timeliness of facility surveys by complementing large-scale in-person surveys with rapid-cycle approaches

The survey produced data focusing on specific priority health service indicators and was useful for triangulating survey data across various programs e.g **BHCPF, Non-BHCPF, Project HOPE, MAMI Program Implementation**

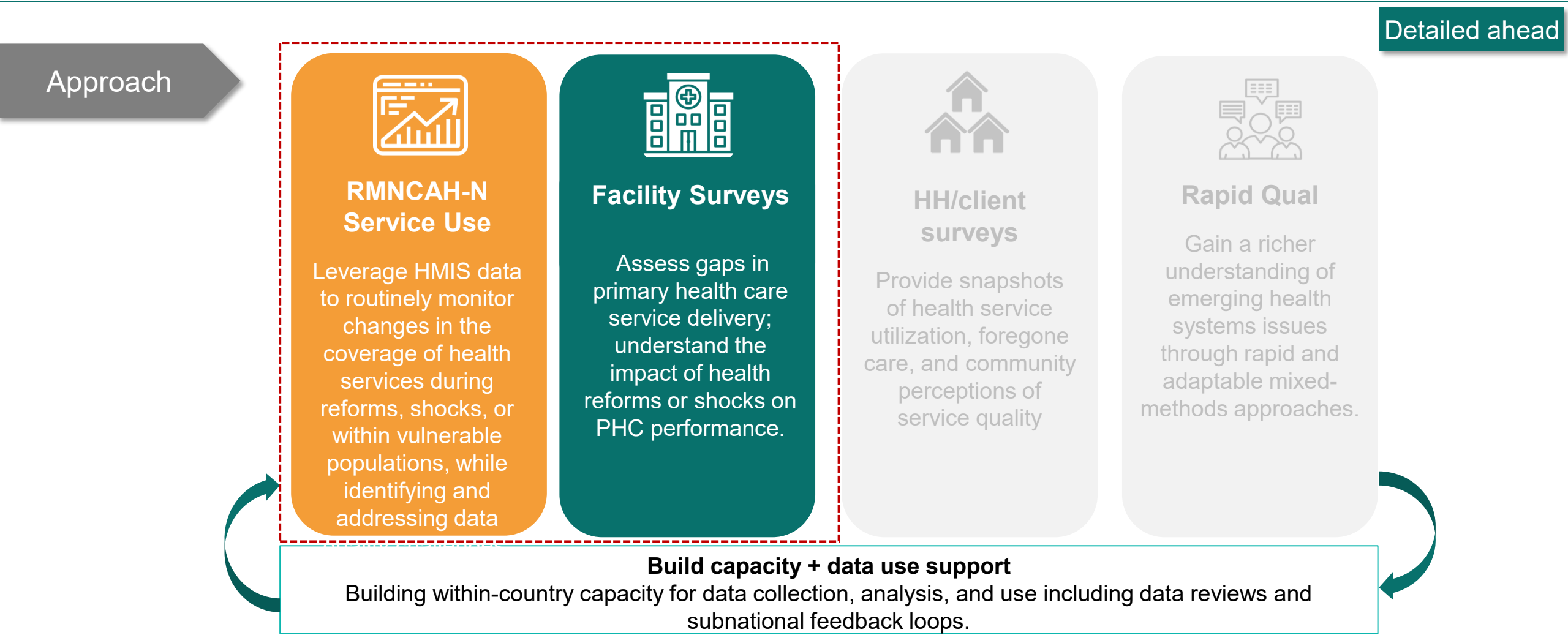
The FASTR approach aims to catalyze continuous ‘analyze, learn, strengthen and act’ cycles to drive the systematic use of timely data for decision making

- There is need for rapid, reliable and actionable data sources to support PHCs and in previous years, there has been strong reliance on Household surveys for RMNCH-N data, unfortunately, household surveys do not happen frequently e.g NDHS- 5yrs, MICS-3yrs
- Therefore, It is necessary to leverage on emerging options of data collection such as using mobile phone surveys

FASTR desires to provide such relevant and routine data quarterly to enable policy makers make data driven decisions thereby improving service delivery at health facilities



FASTR offers a timely, rigorous, and low-cost approach to monitoring PHC systems, underpinned by capacity building and data use support aligned with country demand and needs



SOURCE:NOIPolls analysis

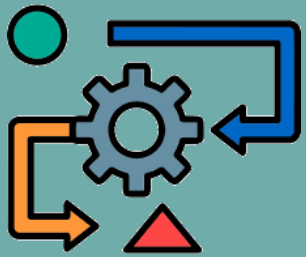


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Overview of the remote health facility survey



Remote Health Facility Survey

A remote health facility survey collects **facility-level information without visiting the site in person**, typically via telephone (CATI)

How it was done

- **3-day training:** Survey intent, module walkthrough, probing, neutrality, call etiquette, language assignment.
- **Pilot in 20 facilities:** Test duration, comprehension, and refine instrument.
- **Quality gates:** Time checks, soft validations, mandatory notes for extreme values.
- **Call protocol:** 5–7 attempts at varied times/day, we scheduled callbacks outside health facility peak hours, documented outcomes (no answer, wrong number, refusal).
- **Role routing:** If OIC unavailable, interview designated alternate; record respondent role.

The remote health facility survey design

S/N	Focus	Discussion
1	Mode + Length	45 to 60 minutes phone survey
2	Frequency	Tool completion over 3 contacts per year
3	Target	Representative panel of PHCs with annual partial replacement
4	Sampling	Stratified by zone, states, and Program (BHCPF, Non-BHCPF, Project HOPE)
5	Implementer	FMoHSW
6	Initial Adaptation	Ensuring that the tool is fit-for-purpose for Nigeria and will answer the Ministry of Health and Social Welfare's learning questions and M&E needs
7	Rapid Adaptation	Rounds review of priority topics and emerging health systems questions informs round-to-round adaptation

Analyzing primary health care facility performance and readiness; enables tracking over time

FASTR aims to provide rapid and regular health facility information assessing gap in Primary Healthcare service delivery



Facility Surveys

Assess gaps in primary health care service delivery; understand the impact of health reforms or shocks on PHC performance.

Nigeria Design

Sample Size

Scope

- **5,000** HFs comprising of the State-level representative sample of BHCPF facilities and zonal representative sample of Non-BHCPF, and Project HOPE facilities were surveyed
- The panel survey targets **public PHC facilities**, using Nigeria's Master Facility List (MFL) as the sampling frame
- This survey data was collected through telephone survey across 36+1 states for assessment

Methodology

- Data was collected via CATI for the first round and will be carried out three rounds annually for two years.

Tool

- The FASTR tool was adapted to Nigeria context and covers 10 thematic areas highlighted below, however not all were collected in first round:
 - Shocks
 - Resilience to shocks
 - Infrastructure
 - Supplies
 - Financing
 - Services
 - Workforce and Staffing
 - Community Engagement
 - Leadership and coordination
 - Quality improvement Processes

The sample population aligns with the key priority program and will be maintained over the period of the survey

Sample ahead

Schema showing prioritization of Health facilities and programs to be involved in the FASTR facility surveys



Sampling frame was the Master Facility List stratified by zones, states, and programs (**BHC PF, Non-BHC PF, Project Hope**) 8700 BHC PF facilities and Non-BHC PF facilities across 774 LGA's

Priority samples will include distribution of public health facilities (PHCs) based on FMOHSW priority programs: **2000 Project HOPE PHCs**, Zonal representation of Non BHC PF facilities and State representative of BHC PF facilities including **172 LGA's (MAMII facilities)**

FASTR Sample: Primary Healthcare Facilities: 5010 Primary Healthcare Facilities



Timelines

Quarter 1: **FASTR Data Collection & Validation**

May – August, 2025

Quarter 2: **FASTR Data Collection**

September – December , 2025

Quarter 3: **FASTR Data Collection**

Jan – March, 2026

The survey produced estimates not only for Nigeria as a whole (i.e., country-level estimates) but also for subpopulations of special interest

1 Survey population and sampling frame

A list frame of **25,460** health facilities was acquired by the FMoHSW and made available for sample selection.

Beyond HF identifiers, the sampling frame contained three groups of auxiliary variables related to:

- The territorial location of the HF (e.g., “admin_area_2” corresponding to the State, “admin_area_3” corresponding to the Local Government Area (LGA), “admin_area_4” corresponding to the Ward).
- The participation of the HF in two different programs: Basic Health Care Provision Fund (BHCPF) and Project HOPE (identified with variables “BHCPF” and “PROJECT HOPE”), whether the HF is primary health care

2 Precision requirement

A maximum sample size of about **5,000** HF

(including the 2,000 Project HOPE HF) was **considered compliant with the project scope and organizational constraints**

3 Estimation domains

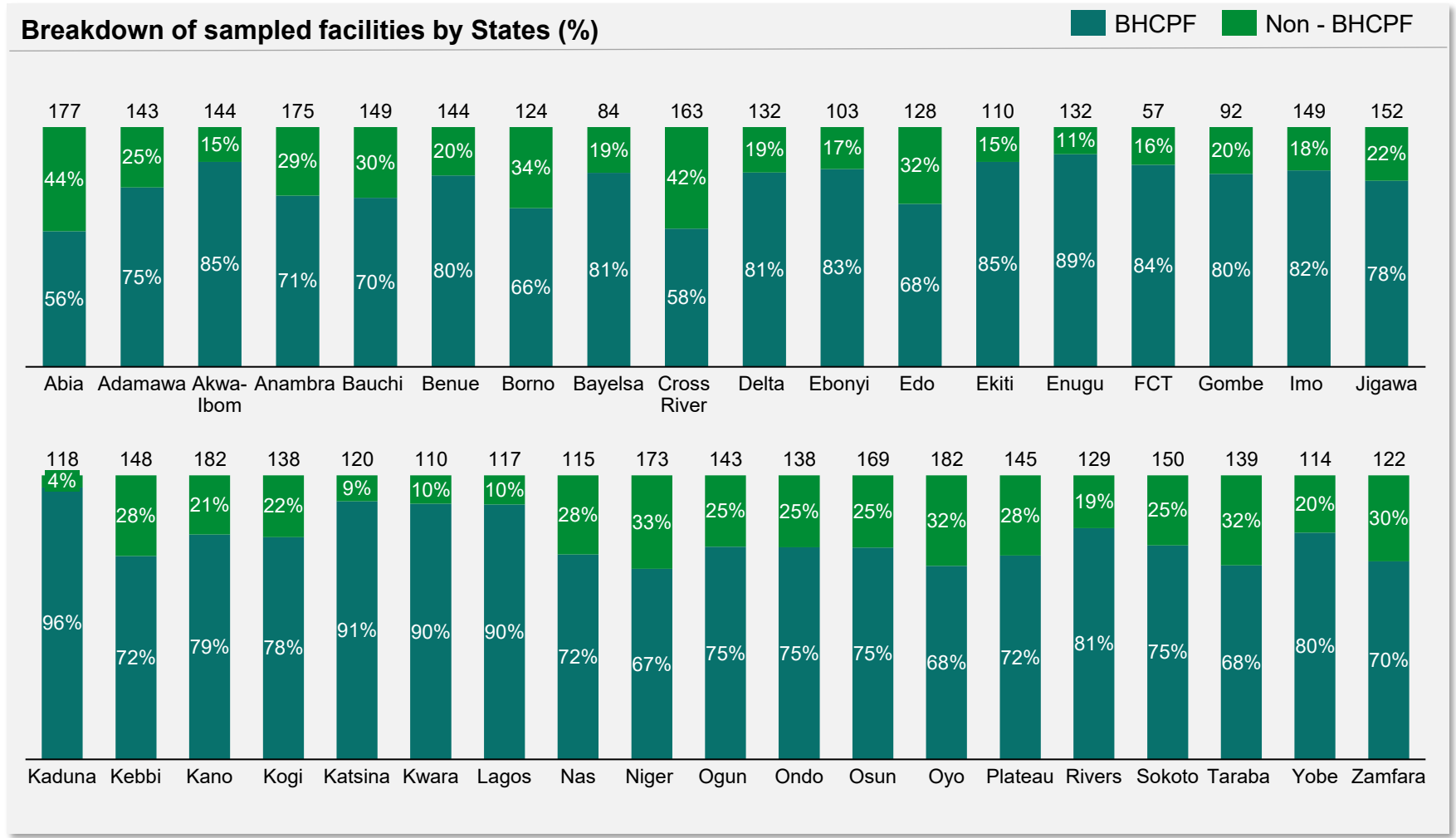
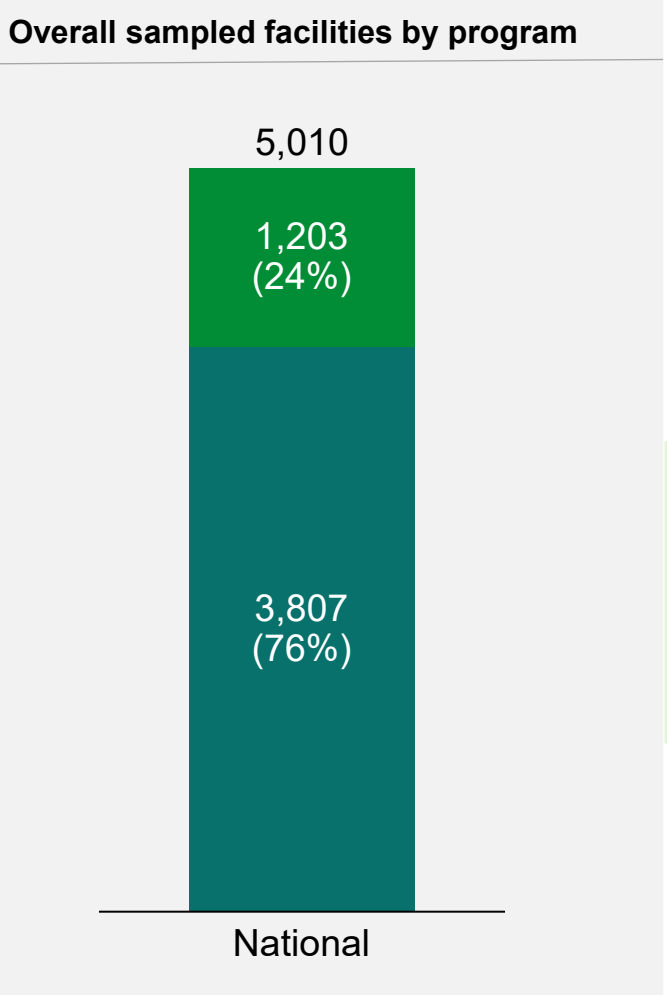
The following estimation domains were considered:

- Nigeria (national level)
- BHCPF vs Non-BHCPF
- Geopolitical Zones (the country encompasses 6 zones)
- States only for BHCPF facilities (the country encompasses 36 states plus the Federal Capital Territory)
- Project HOPE facilities

		>=0.8	Between 0.5 – 0.79	<0.5	Expected Power (change over time)							
					MDE = 0.05			MDE = 0.10				
Type	Domain	n	P = 0.10	P = 0.25	P = 0.50	P = 0.75	P = 0.90	P = 0.10	P = 0.25	P = 0.50	P = 0.75	P = 0.90
COUNTRY	Nigeria	5005	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
BHCPF	BHCPF	3802	1.00	1.00	0.99	1.00	1.00	1.00	1.00	1.00	1.00	1.00
	NON BHCPF	1203	0.97	0.77	0.64	0.77	0.97	1.00	1.00	1.00	1.00	1.00
ZONE	North Central	882	0.91	0.63	0.51	0.63	0.91	1.00	1.00	0.98	1.00	1.00
	North East	761	0.87	0.57	0.46	0.57	0.87	1.00	0.99	0.96	0.99	1.00
	North West	992	0.94	0.68	0.56	0.68	0.94	1.00	1.00	0.99	1.00	1.00
	South East	736	0.86	0.56	0.44	0.56	0.86	1.00	0.99	0.95	0.99	1.00
	South South	780	0.88	0.58	0.47	0.58	0.88	1.00	0.99	0.96	0.99	1.00
	South West	859	0.91	0.62	0.50	0.62	0.91	1.00	1.00	0.98	1.00	1.00

86 explicit strata were established, with the BHCPF facilities having 74 strata corresponding to the 37 states crossed with Project HOPE and non-BHCPF facilities having 12 strata corresponding to the 6 zones crossed again with Project HOPE

The final sampled facilities constitute 76% (3807) BHCPF and 24% (1203) Non-BHCPF



We established 86 explicit strata by crossing BHCPF facilities across the 37 states with Project HOPE, creating 74 strata, and by crossing non-BHCPF facilities across the six geopolitical zones with Project HOPE, creating 12 strata.

Data was collected for all datasets (thematic areas) for the first round of survey

The questionnaire, covering all datasets, was jointly developed through a consultative process with the Federal Ministry of Health and other partners to ensure relevance, accuracy, and alignment with national priorities

s/n	Round 1 (Q1: January 2025 – March 2025)
1	Facility characteristics
2	Shocks
3	Resilience to shocks
4	Services
5	Supplies
6	Infrastructure

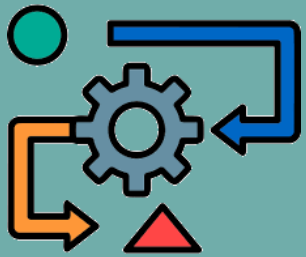


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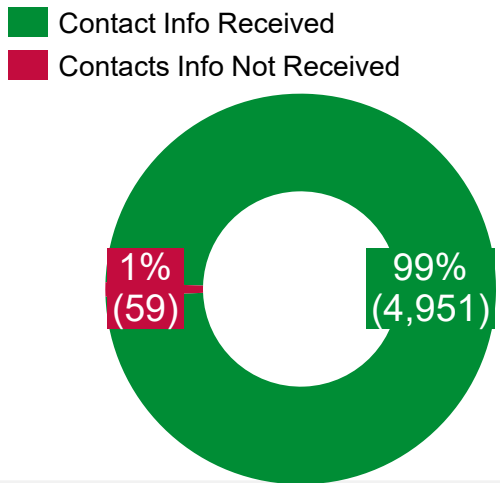
Remote Facility Survey Findings

Summary of Findings

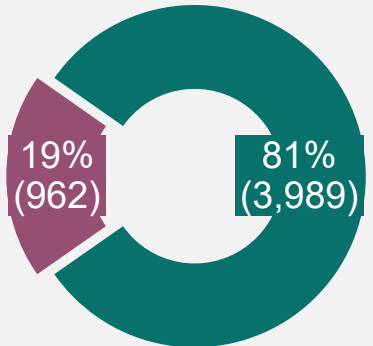
Over a period of 3 months data was successfully collected from 81% of the contacted facilities for Round 1 FASTR

Completed Surveys Uncompleted Surveys

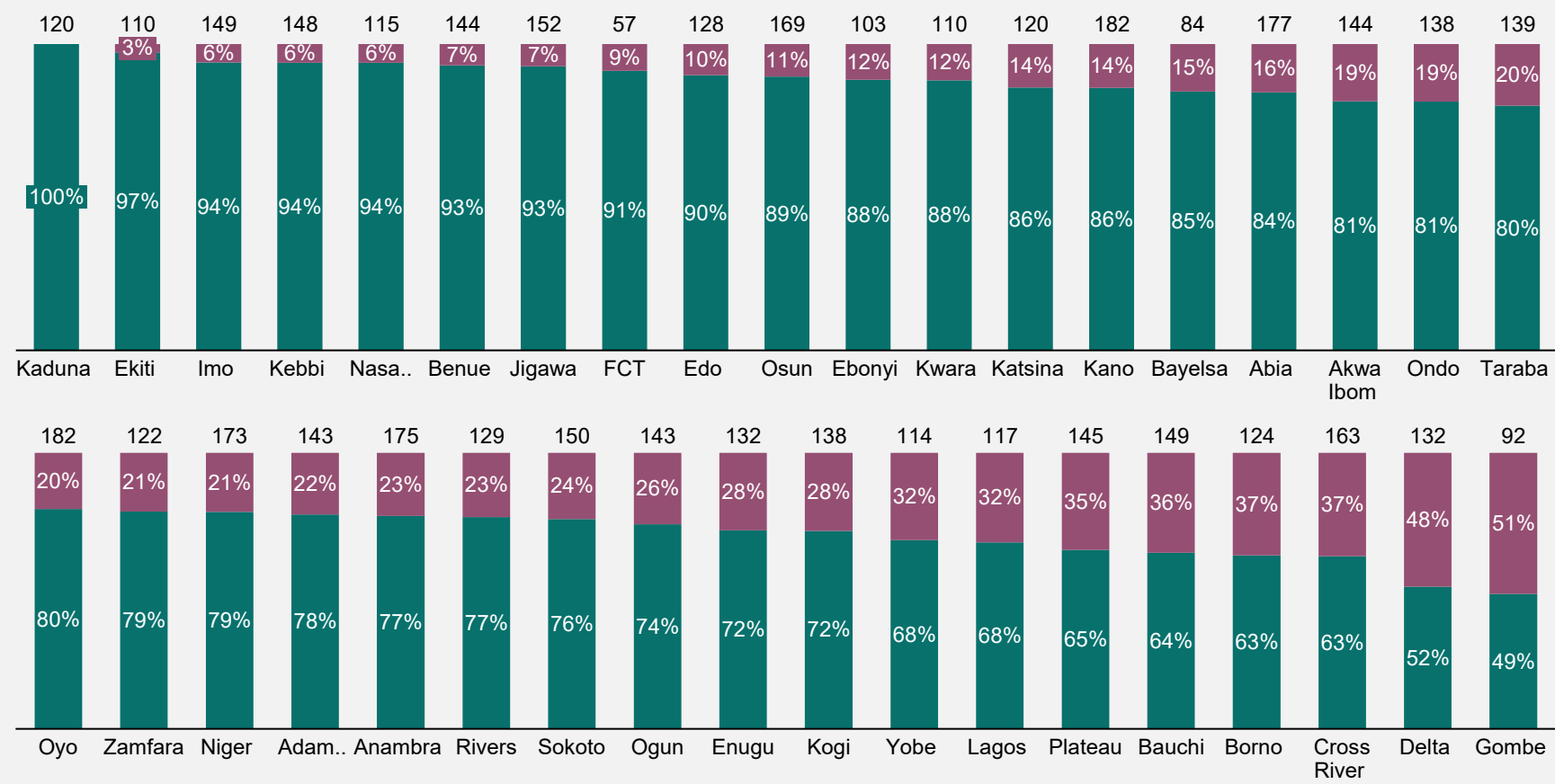
Proportion of OIC contact information received



Proportion of surveys achieved (%)



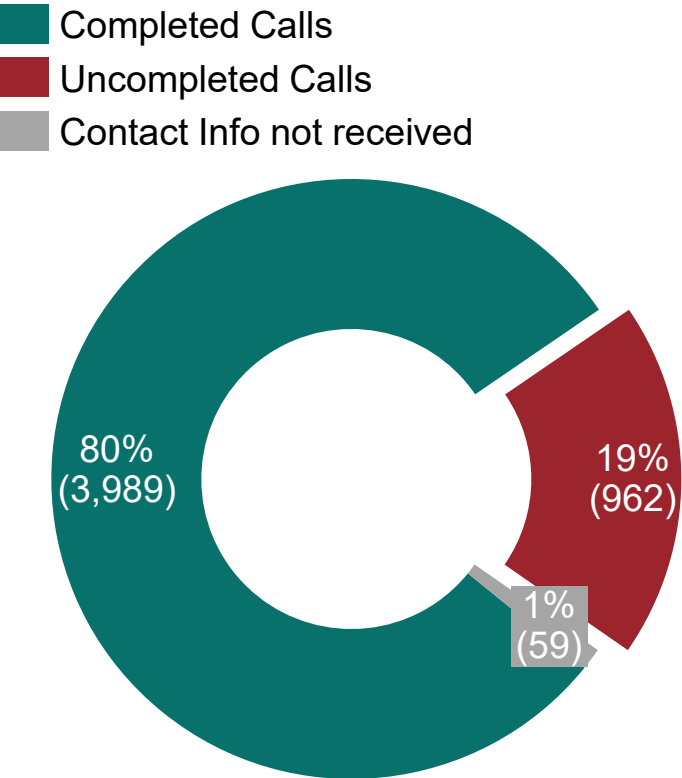
Breakdown of completed survey by States (%)



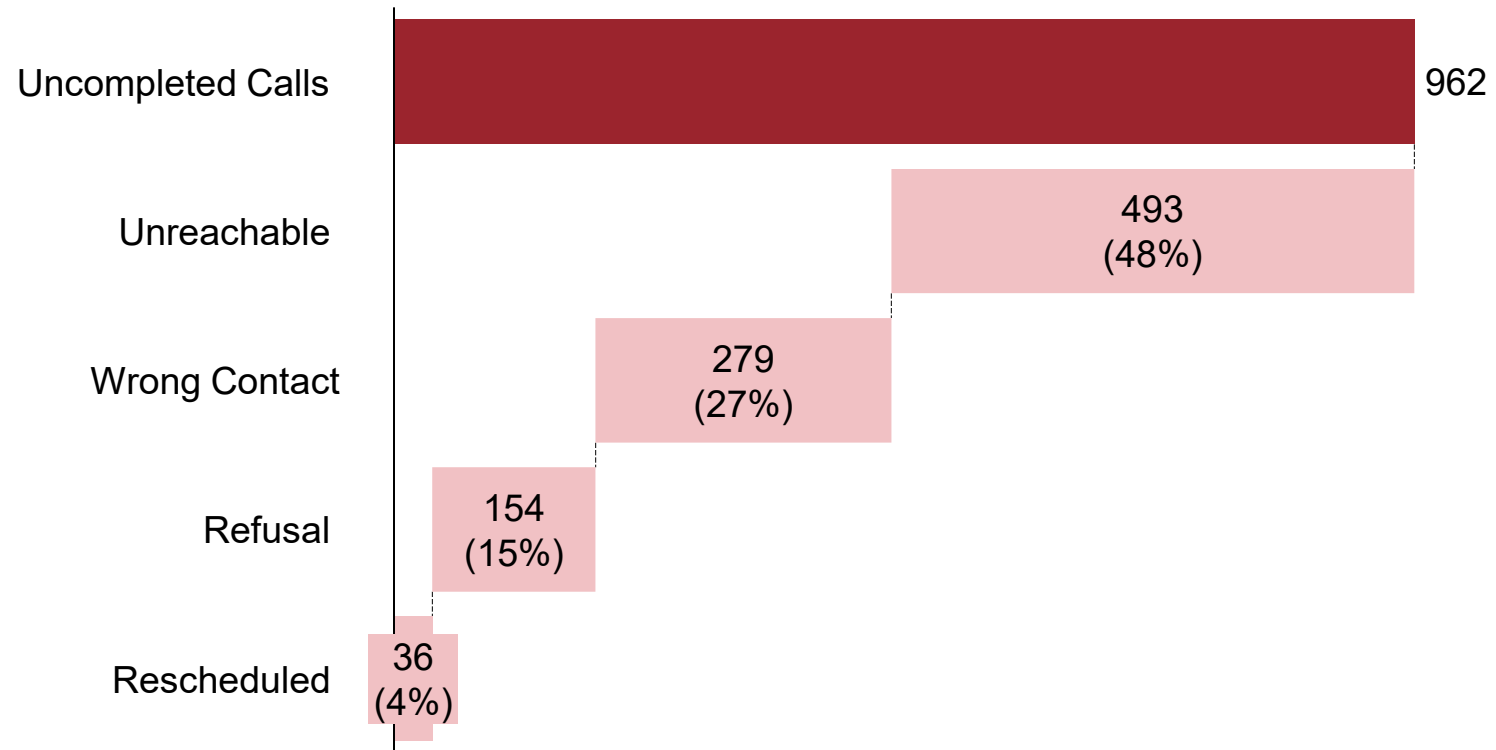
The 59 health facilities (1%) whose contact information was not received were primarily non-functional but were still included in the sampling frame for the survey.

Unsuccessful interviews were mainly due to unreachable phone numbers and incorrect OIC contact information

Proportion of uncompleted calls



Breakdown of reason for the uncompleted calls



- The unreachable contacts were either numbers that rang without a response or did not connect at all and we were unable to obtain alternative contact information for
- Refusals were from OICs that refused to participate despite interventions by state level stakeholders

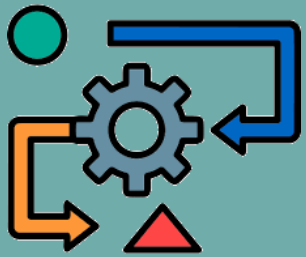


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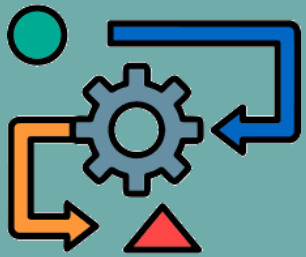
Data collection report

Remote Facility Survey Findings

Summary of Findings



External Events and Overall Challenges (Shocks)



Resilience to Shocks

Service Delivery

Physical Infrastructure

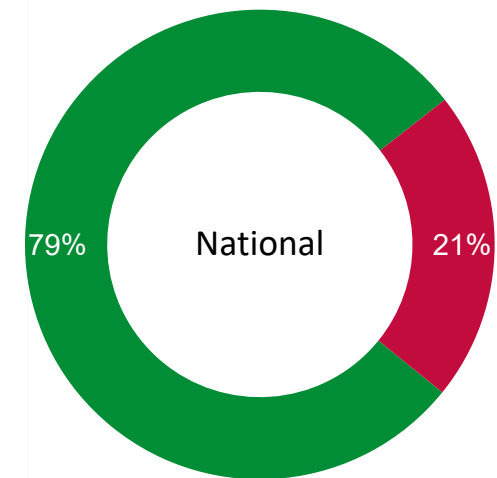


Medical Equipment & Supplies

What percentage of facilities reported a shock in Q1 2025?

Percentage of facilities that reported a shock in communities they serve (National)

N=3989

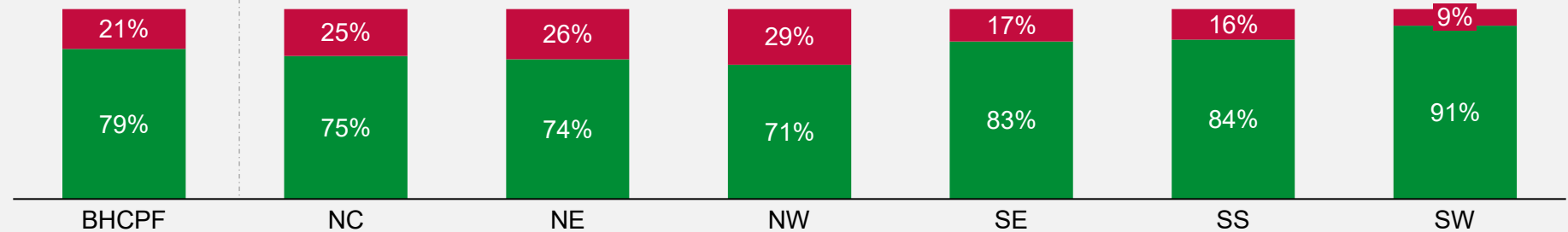


■ facing at least one shock ■ facing none of the shocks

Percentage of facilities that reported a shock in communities they serve by BHCPF & Non-BHCPF at the zonal level (%)

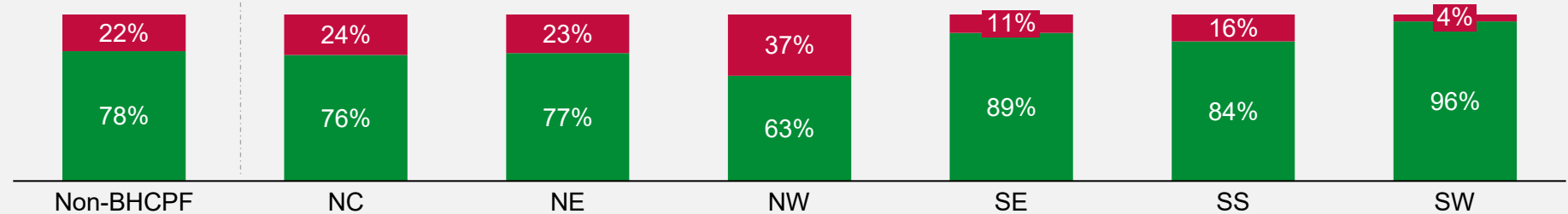
BHCPF Facilities

N=3161



Non - BHCPF Facilities

N=828



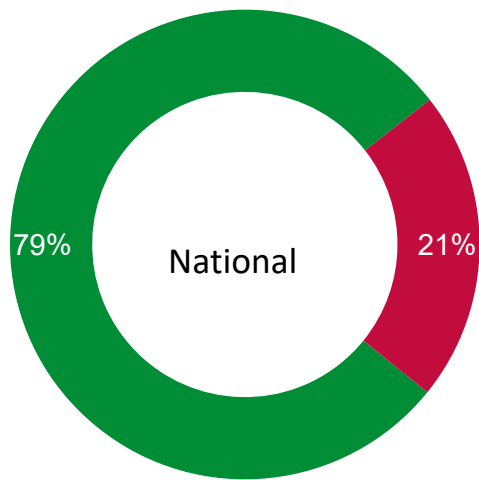
- The majority of facilities (79%) reported no shocks, while 21% experienced at least one external shock.
- On average, the likelihood of experiencing shocks did not differ between BHCPF and non-BHCPF facilities across zones. However, shocks were more prevalent in the Northern zone compared to the Southern zone.

What percentage of facilities reported a shock in Q1 2025?

■ facing at least one shock ■ facing none of the shocks

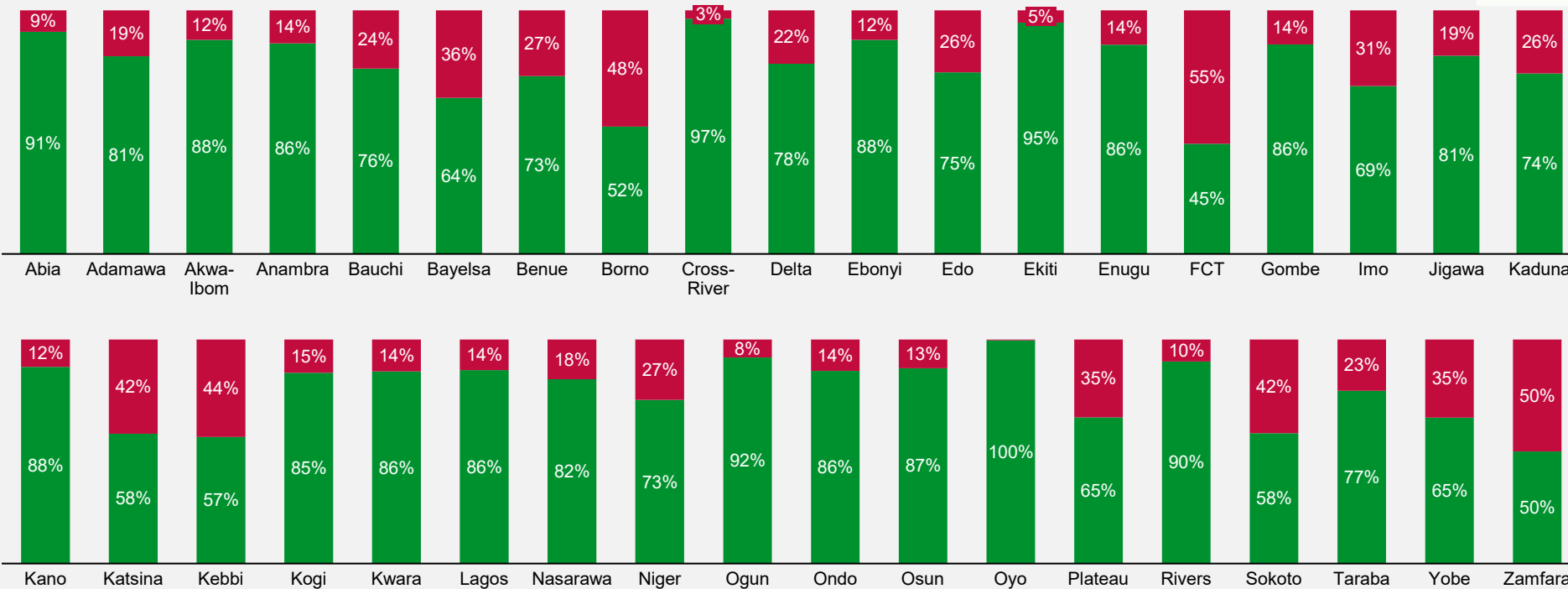
Percentage of facilities that reported a shock in communities they serve (National)

N=3989



Percentage of facilities that reported a shock in communities they serve by BHCPF at the state level (%)

N=3161

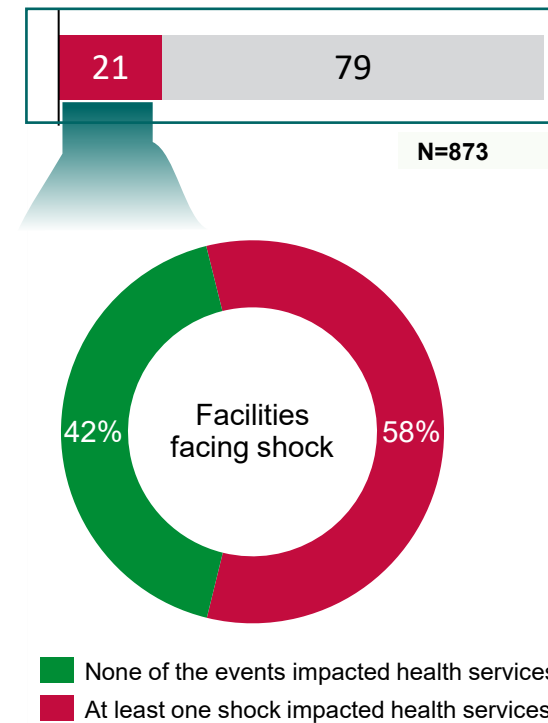


- Northern states that reported experiencing shocks include FCT (55%), Zamfara (50%), Borno (48%), Kebbi (44%), and Sokoto and Katsina, each with 42%

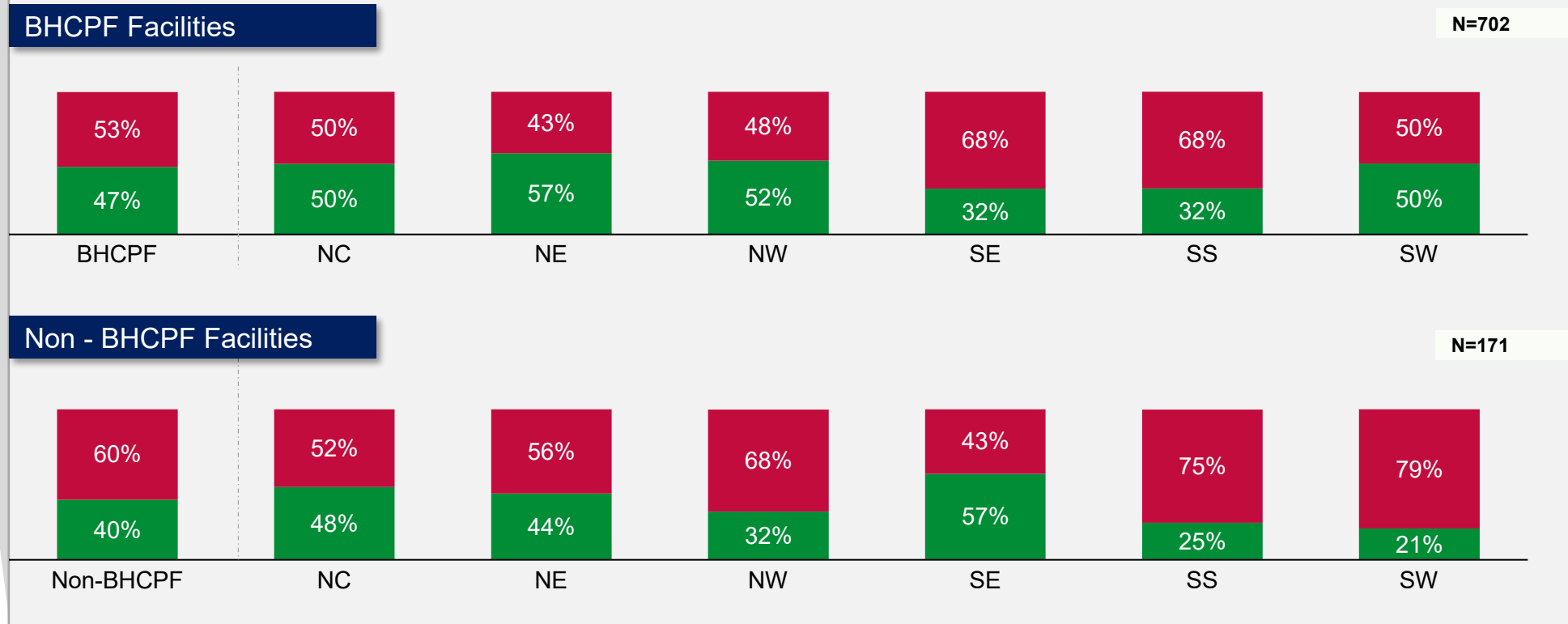
What percentage of facilities reported facing at least one shock that affected their ability to provide health services?

■ Impacted ■ Not Impacted

Percentage of facilities that reported a shock impacting health services



Percentage of facilities that reported a shock impacting health services by BHCPF & Non-BHCPF at the zonal level (%)

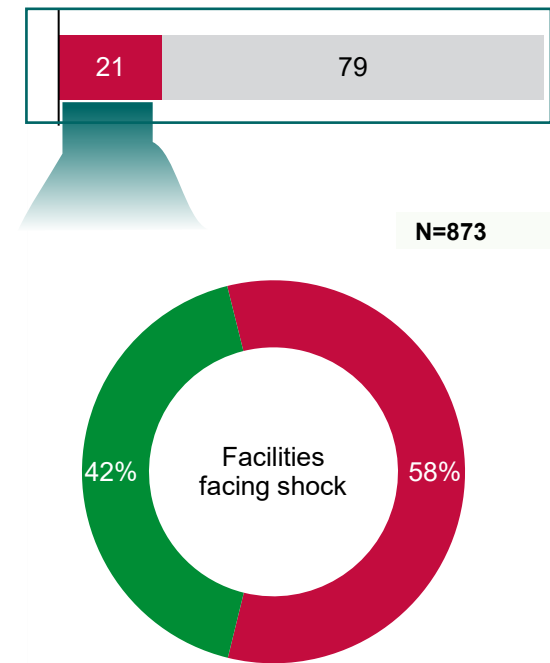


- Among the 21% of facilities that reported experiencing at least one shock, 58% indicated that it affected health services. Overall, a slightly higher proportion of BHCPF facilities reported service disruptions compared to Non-BHCPF facilities.
- While most shocks were reported in the Northern region, their impact on health services was most frequently noted in the Southern zone, with similar patterns across BHCPF and non-BHCPF facilities.
- Over 60% of BHCPF facilities in the South-East and South-South reported shocks that affected services. For non-BHCPF facilities, the highest proportions were recorded in the North-West (68%), South-South (75%), and South-West (79%)

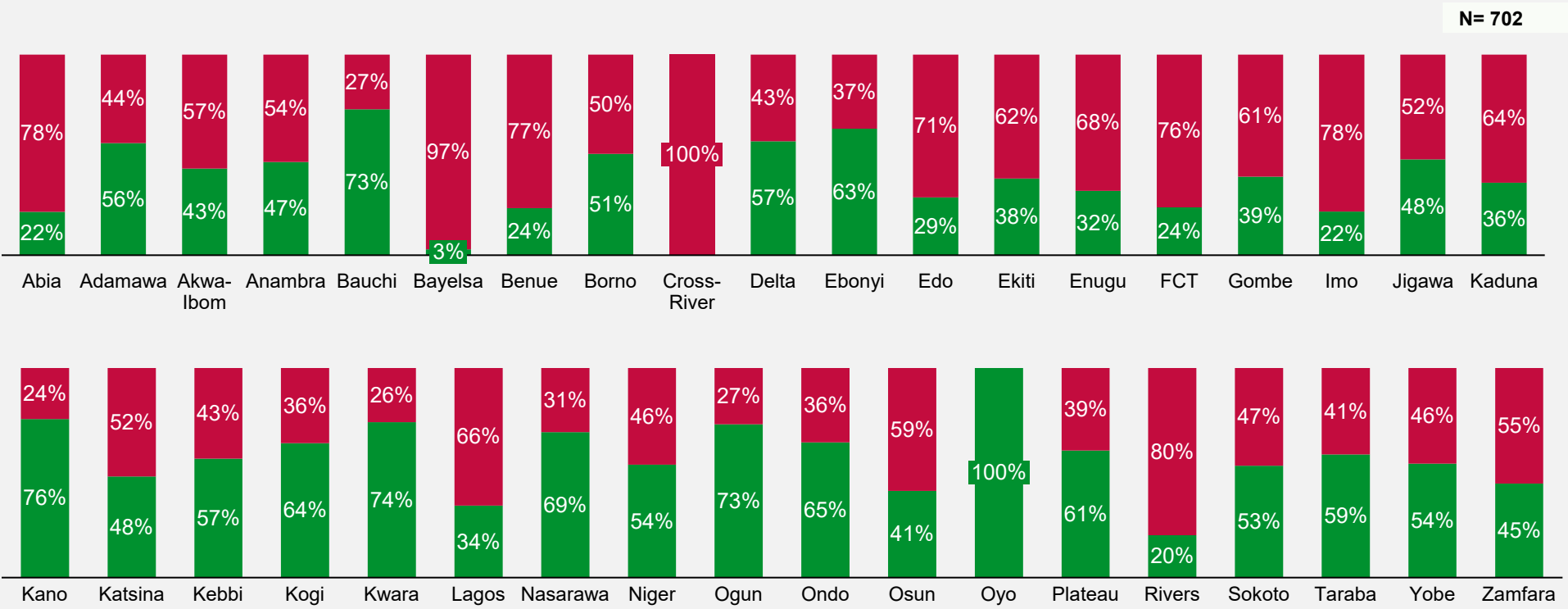
What percentage of facilities reported facing at least one shock that affected their ability to provide health services?

None of the events impacted health services (Green) | At least one shock impacted health services (Red)

Percentage of facilities that reported a shock impacting health services



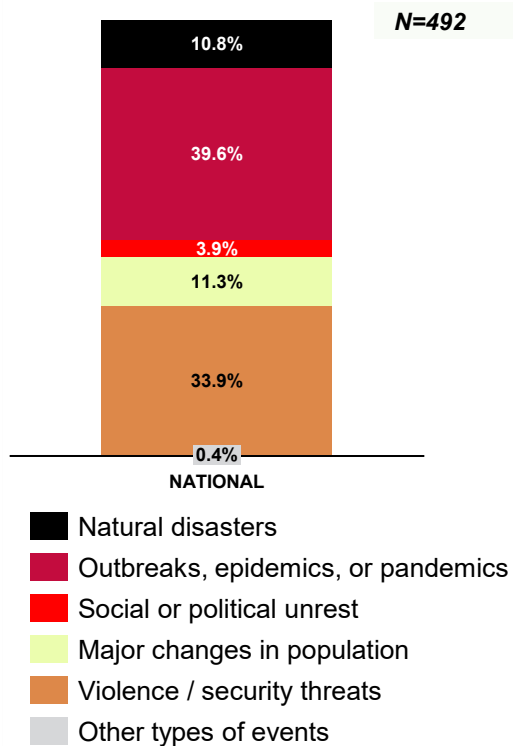
Percentage of facilities that reported a shock impacting health services by BHCPF state level (%)



- In the majority of states (36 out of 37), at least 24% of BHCPF facilities reported being impacted by at least one shock.
- States such as Cross River (100%), Bayelsa (97%), Rivers (80%), Abia and Imo (78%), Benue (77%), and the FCT (76%) contributed significantly to the high reports within their respective zones

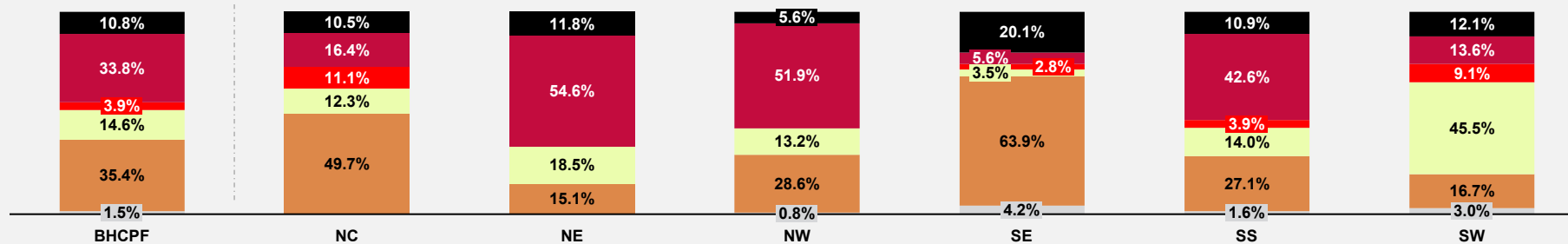
What are the kinds of shocks that impacted health services in Q1 2025?

Percentage of facilities that reported the following shocks impacted health services

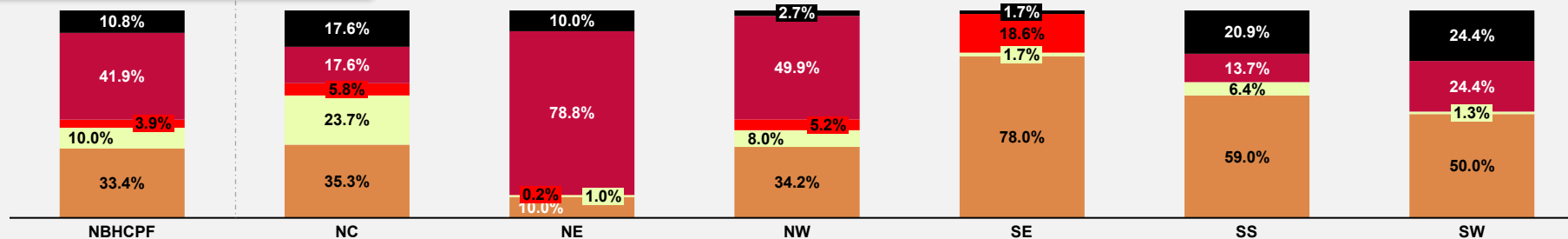


Percentage of facilities that reported a shock impacting health services by BHCPF & Non-BHCPF and at the zonal level (%)

BHCPF Facilities



Non - BHCPF Facilities



- Outbreaks, epidemics, and pandemics were the most reported types of shocks impacting health services, affecting 39.6% of the surveyed facilities in Nigeria, and this trend was consistent across Non-BHCPF facilities. However, in BHCPF facilities there were slightly more Violence and security threats (35.4%) than Outbreaks(34%)
- The South-East (78%) reported the highest percentage of violence and security threats across facility types, the North-East reported the highest for Outbreaks/epidemics (78.8%).
- However, the Non-BHCPF facilities in the South-West seems to stand out as they reported the highest impact due to major changes in the populations (45.5%) such as internally displaced people, migrants, refugees

What are the kinds of shocks that impacted health services of BHCPF facilities in Q1 2025?

Percentage of facilities that reported a shock impacting health services by BHCPF and at the zonal level (%)

Shock Type	National N=492	BHCPF N=383	NC	NE	NW	SE	SS	SW
Natural Disaster	10.8%	10.8%	10.5%	11.8%	5.6%	20.1%	10.9%	12.1%
Outbreaks/ Epidemics	39.6%	33.8%	16.4%	54.6%	51.9%	5.6%	42.6%	13.6%
Social/Political Unrest	3.9%	3.9%	11.1%	0%	0%	2.8%	3.9%	9.1%
Major changes in Population	11.3%	14.6%	12.3%	18.5%	13.2%	3.5%	14%	45.5%
Violence/Security threats	33.9%	35.4%	49.7%	15.1%	28.6%	63.9%	27.1%	16.7%
Other types of events	0.4%	1.5%	0%	0%	0.8%	4.2%	1.6%	3%

- Among BHCPF facilities, the South East recorded the highest impact from natural disasters (20.1%), violence and security threats (63.9%), and other disruptive events such as theft, kidnapping, fire, and poor road conditions (4.2%).
- Disease outbreaks were most prevalent in the North East (54.6%) and North West (51.9%).

What are the kinds of shocks that impacted health services of non-BHCPF facilities in Q1 2025?

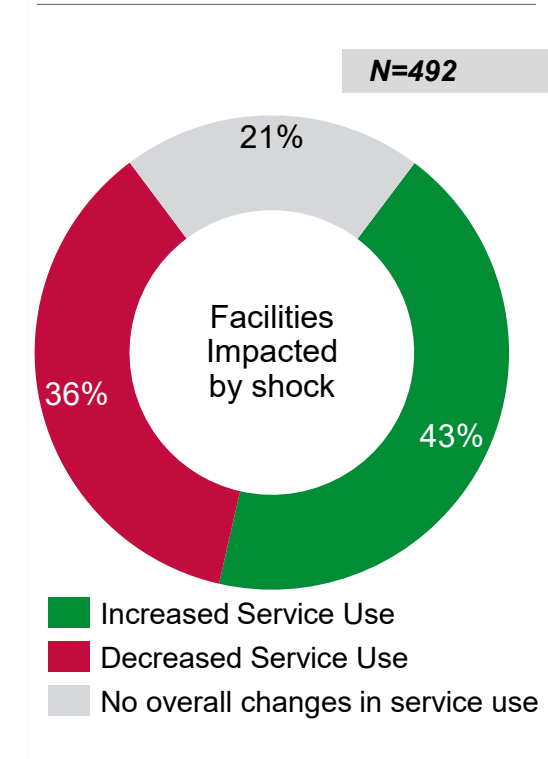
Percentage of facilities that reported a shock impacting health services by Non-BHCPF and at the zonal level (%)

Shock Type	National N=492	N/BHCPF N=109	NC	NE	NW	SE	SS	SW
Natural Disaster	10.8%	10.8%	17.6%	10%	2.7%	1.7%	20.9%	24.4%
Outbreaks/ Epidemics	39.6%	41.9%	17.6%	78.8%	49.9%	0%	13.7%	24.4%
Social/Political Unrest	3.9%	3.9%	5.8%	0.2%	5.2%	18.6%	0%	0%
Major changes in Population	11.3%	10%	23.7%	1%	8%	1.7%	6.4%	1.3%
Violence/Security threats	33.9%	33.4%	35.3%	10%	34.2%	78%	59%	50%
Other types of events	0.4%	0%	0%	0%	0%	0%	0%	0%

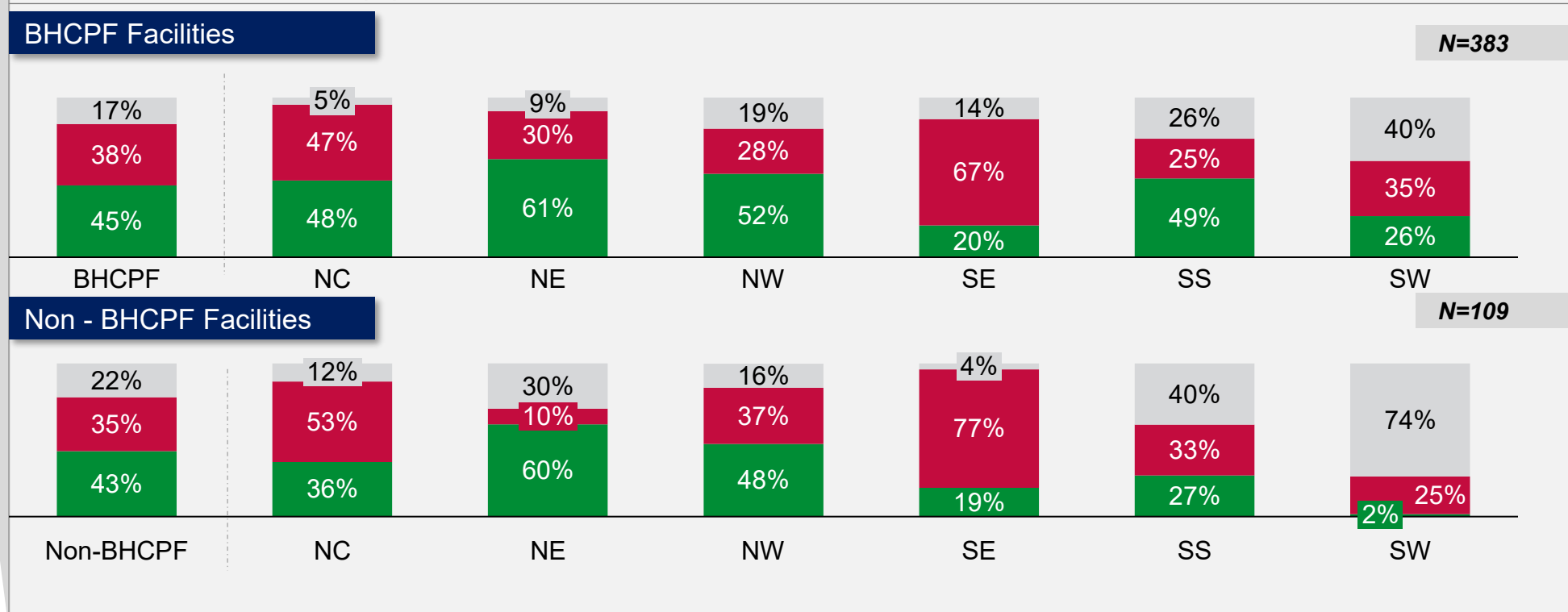
- In non-BHCPF facilities, the South East reported the highest impact from social and political unrest (18.6%) and violence/security threats (78%).
- Outbreaks were most severe in the North East (78.8%) and North West (49.9%)

Did these disruptions in Q1 2025 increase or reduce service utilization; or did they have no overall impact?

Percentage of facilities that reported the impact of the main shock on health service utilization



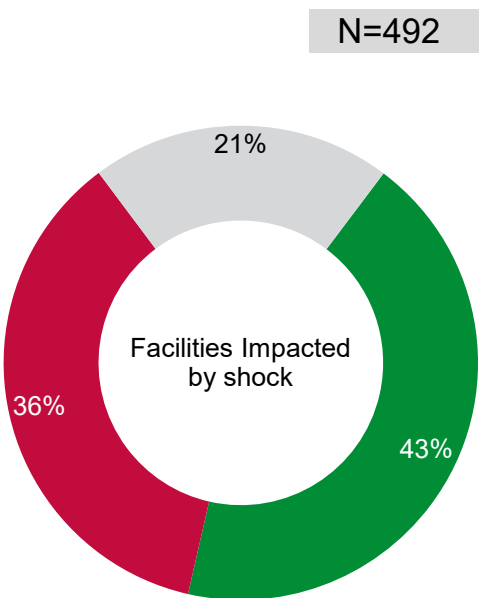
Percentage of facilities that reported the impact of the main shock on health service utilization by BHCPF & Non-BHCPF at the zonal level (%)



- At the national level, more facilities reported increased service use due to shocks, followed by decreased use and then no overall change. This trend was consistent across both BHCPF and non-BHCPF facilities.
- South-West facilities most often reported no change in service use, while North-East facilities most often reported an increase, at the same time, the South-East also recorded the highest reports of decreased service use due to shocks. This is a pattern consistent across both BHCPF and non-BHCPF facilities

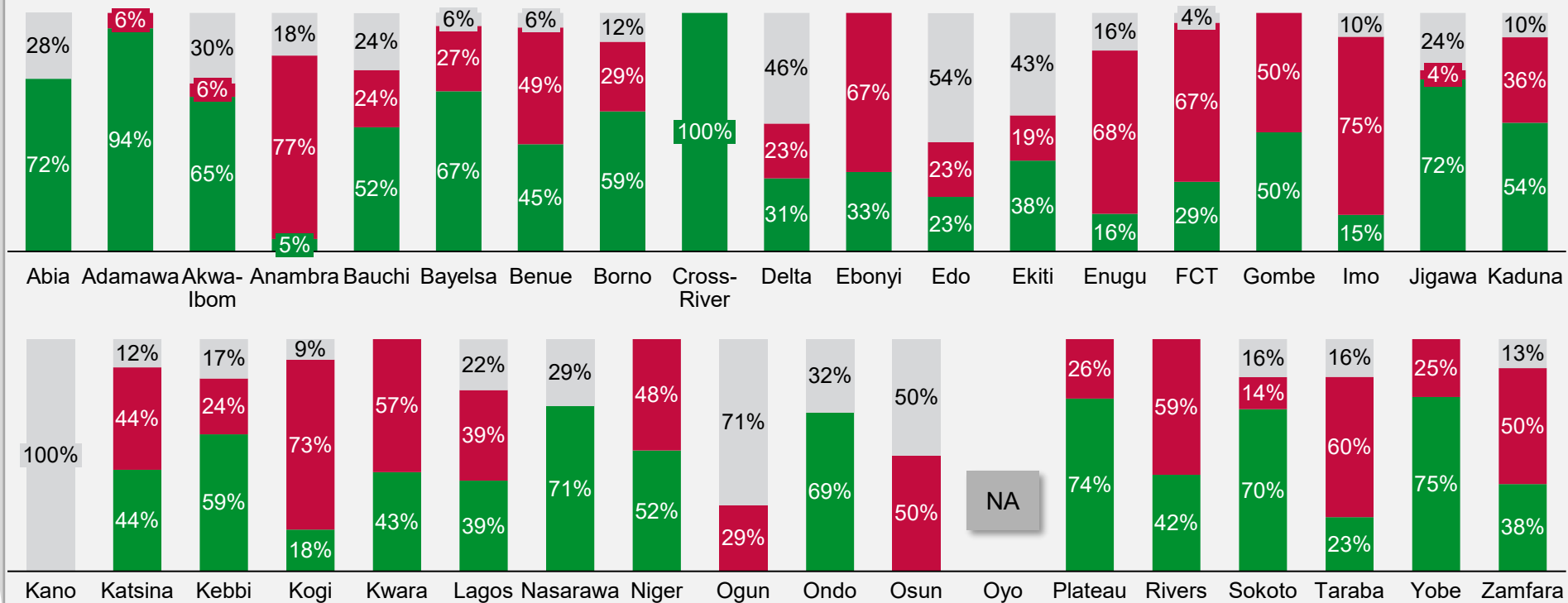
What percentage of facilities reported a shock in Q1 2025?

Percentage of facilities that reported the impact of the main shock on health service utilization



Increased Service Use Decreased Service Use No overall changes in service use

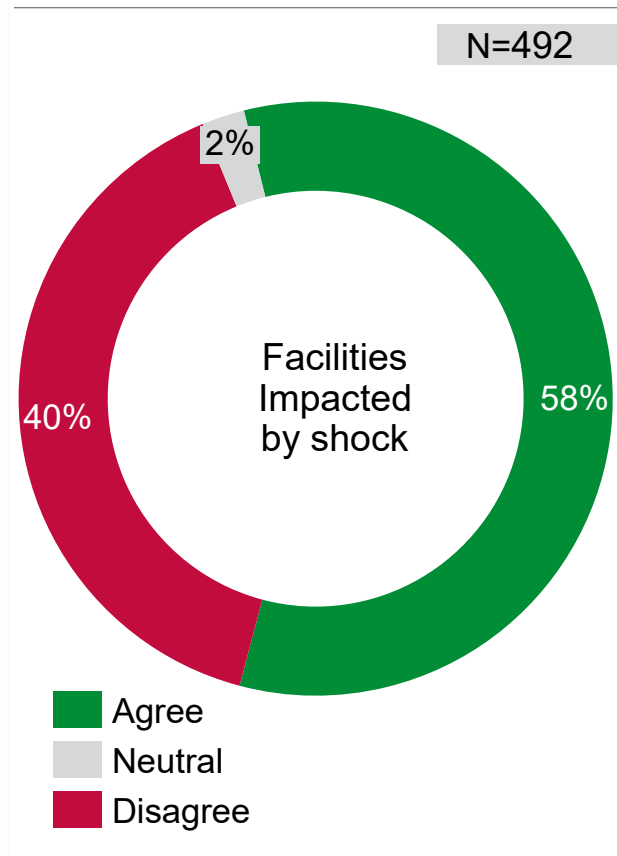
Percentage of facilities that reported the impact of the main shock on health service utilization by BHCPF facilities at the state level (%) N=383



- All facilities in Cross River (100%) and the majority in Adamawa (94%), Yobe (75%), and Plateau (74%) reported an increase in services.
- More than 60% of facilities in Anambra (77%), Imo (75%), Kogi (73%), Enugu (68%), FCT (67%), and Ebonyi (67%) reported a decrease in services due to shocks.
- In contrast, over 70% of facilities in Kano (100%) and Ogun (71%) reported no overall change, while Oyo recorded 0% as no shocks were reported at all

What service delivery challenges were caused or worsened by the shock, in Q1 2025?

Percentage of respondents that reported a challenge due to the shock



Thematic area

Infrastructure

Finance

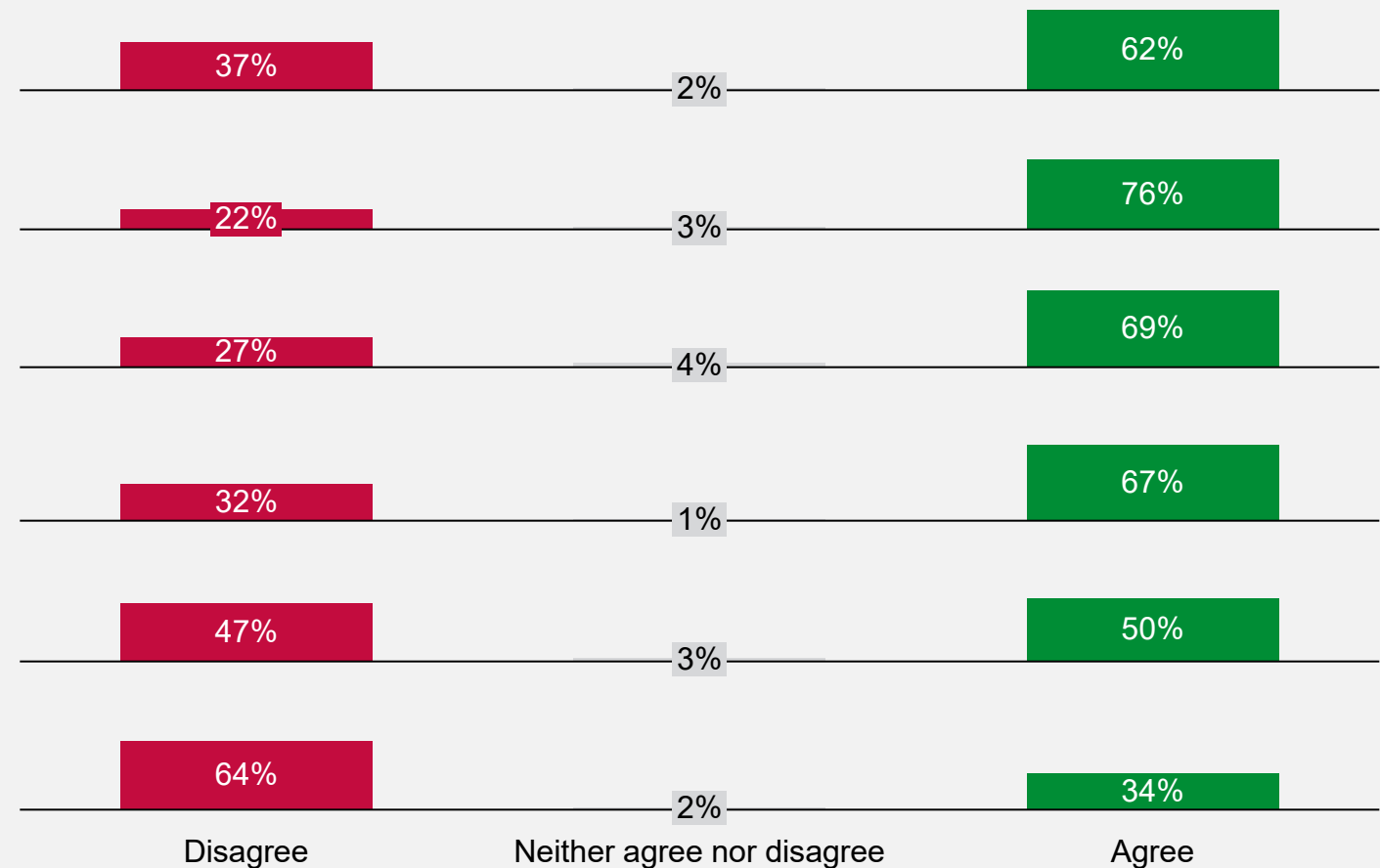
Human resource

Medical supplies and equipment

Community engagement and trust

Leadership and coordination

Percentage of facilities that reported each type of challenge with service delivery that was caused or worsened by recent shocks



- While over half of the facilities impacted by at least one shock reported experiencing challenges as a result (58%), about 40% disagreed
- Leadership and coordination was the least affected area (34%), whereas finance (76%) and human resources (69%) were the most severely impacted

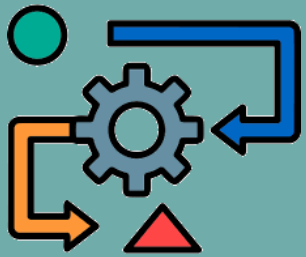
Summary of Findings on Shocks

Focus	Findings
<p>Shocks affecting facilities & community they serve</p>	<ul style="list-style-type: none"> ▪ The majority of facilities (79%) reported no shocks, while 21% experienced at least one external shock. ▪ On average, the likelihood of experiencing shocks did not differ between BHCPF and non-BHCPF facilities across zones. However, shocks were more prevalent in the Northern zone compared to the Southern zone. ▪ Among the 21% of facilities that reported experiencing at least one shock, 58% indicated that it affected health services ▪ Outbreaks, epidemics, and pandemics were the most reported types of shocks impacting health services, affecting 39.6% of the surveyed facilities in Nigeria, and this trend was consistent across Non-BHCPF facilities. However, in BHCPF facilities there were slightly more Violence and security threats (35.4%) than Outbreaks(34%)
<p>Shocks affecting service use</p>	<ul style="list-style-type: none"> ▪ At the national level, more facilities reported increased service use due to shocks, followed by decreased use and then no overall change. This trend was consistent across both BHCPF and non-BHCPF facilities. ▪ South-West facilities most often reported no change in service use, while North-East facilities most often reported an increase, at the same time, the South-East also recorded the highest reports of decreased service use due to shocks. This is a pattern consistent across both BHCPF and non-BHCPF facilities
<p>Challenges due to shock</p>	<ul style="list-style-type: none"> ▪ More than half (58%) of facilities reported service challenges due to shocks, though about 40% disagreed. ▪ Finance (76%) and human resources (69%) were the areas most worsened by shocks, while leadership and coordination was least affected (34%).



External Events and Overall Challenges (Shocks)

Resilience to Shocks



Service Delivery

Physical Infrastructure



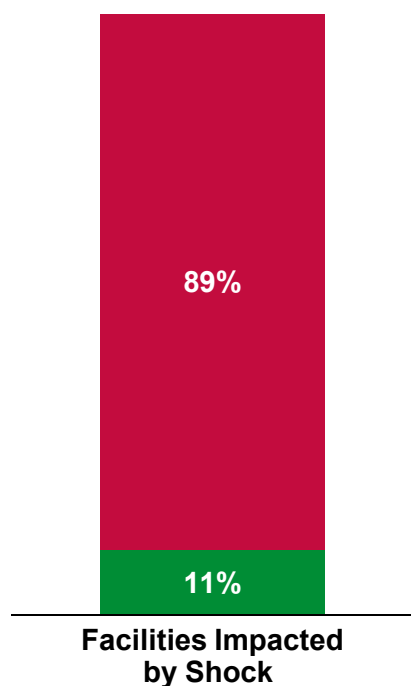
Medical Equipment & Supplies

Did the facility receive additional financial support due to the shock, in Q1 2025?

Yes No

Percentage of facilities that reported receiving additional financial support due to a shock

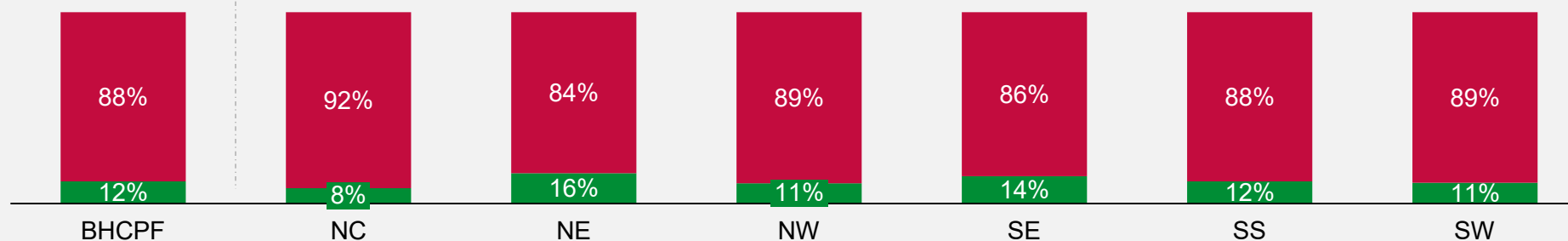
N=492



Percentage of facilities that reported receiving additional financial support due to a shock by BHCPF & Non-BHCPF at the zonal level (%)

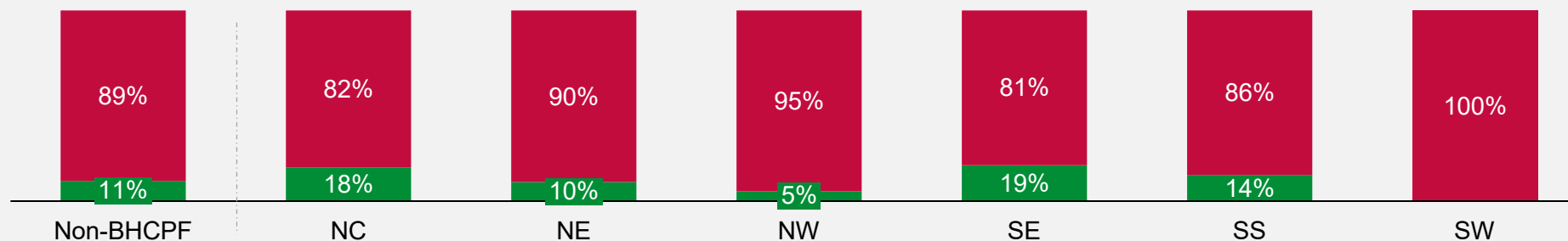
BHCPF Facilities

N=383



Non - BHCPF Facilities

N=109



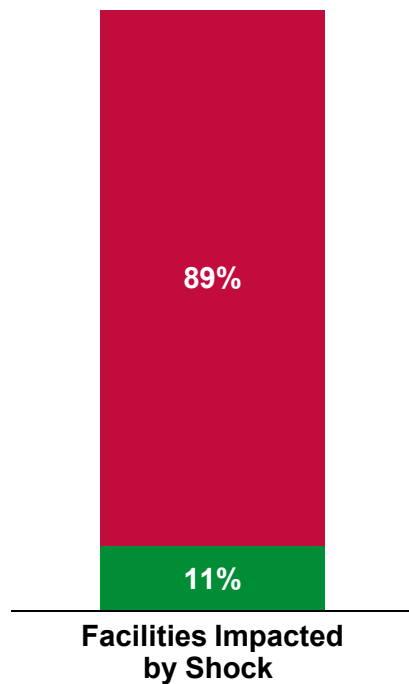
- At the national level, most facilities (89%) reported not receiving additional financial support, a trend consistent across both BHCPF and non-BHCPF facilities as well as across all geopolitical zones.
- Non-BHCPF facilities in the South West stood out as the only zone to report no additional financial support provided

Did the facility receive additional financial support due to the shock, in Q1 2025?

Yes No

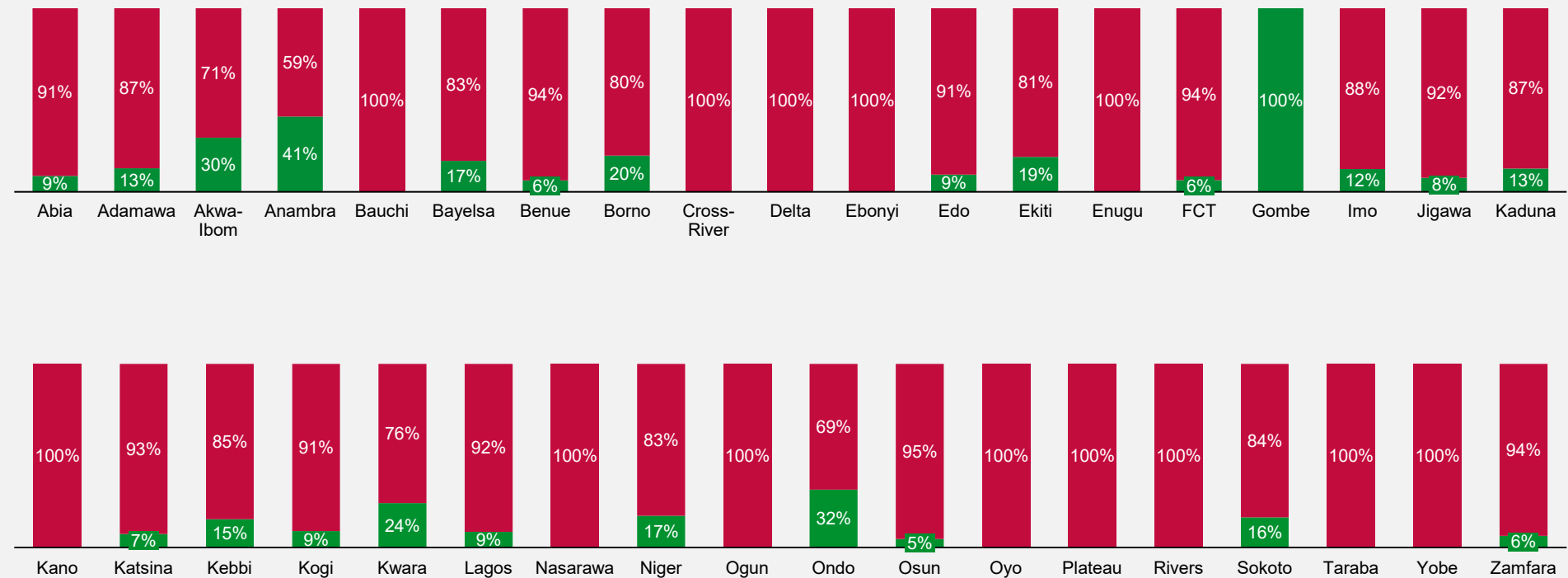
Percentage of facilities that reported receiving additional financial support due to a shock

N=492



Percentage of facilities that reported receiving additional financial support due to a shock by BHCPF facilities at State level (%)

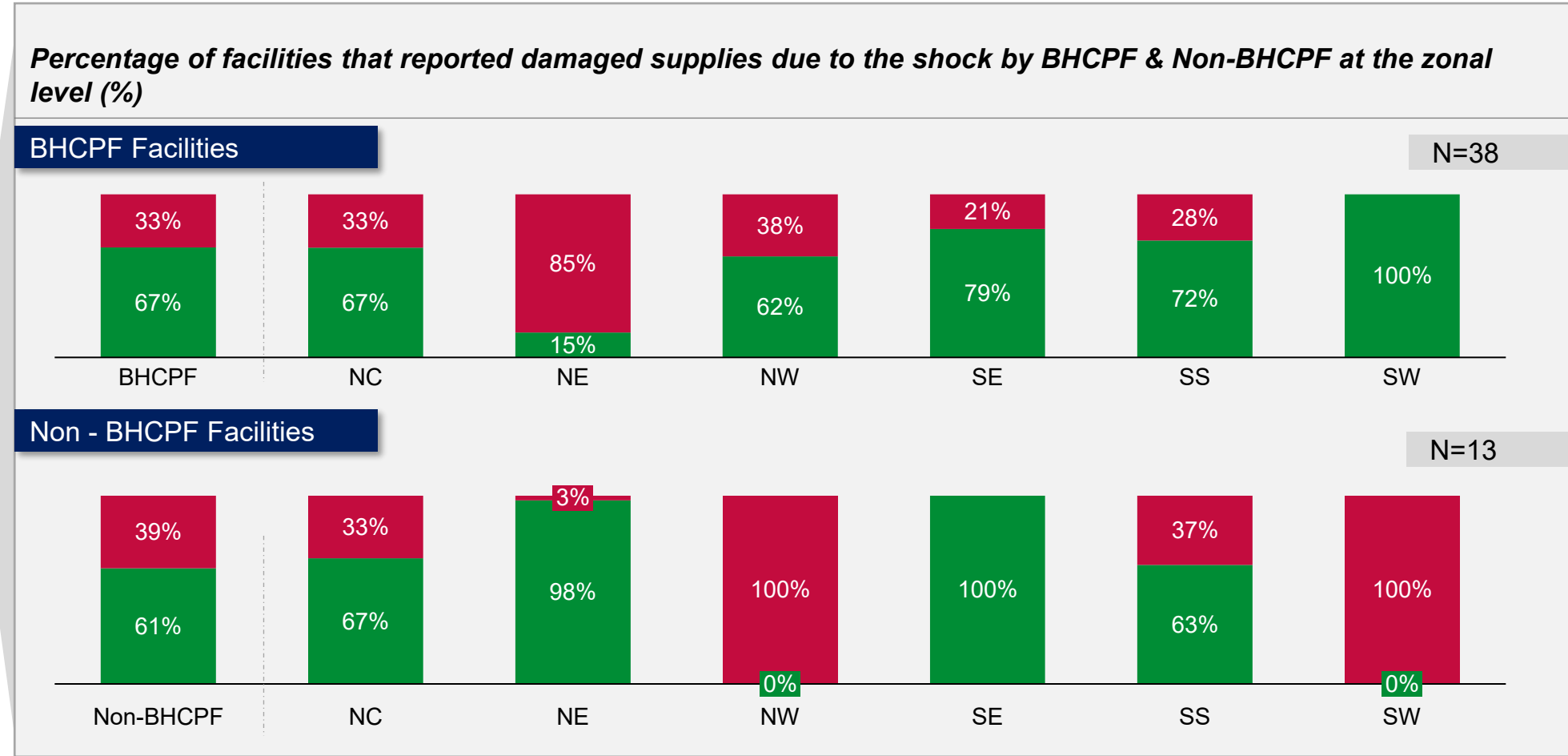
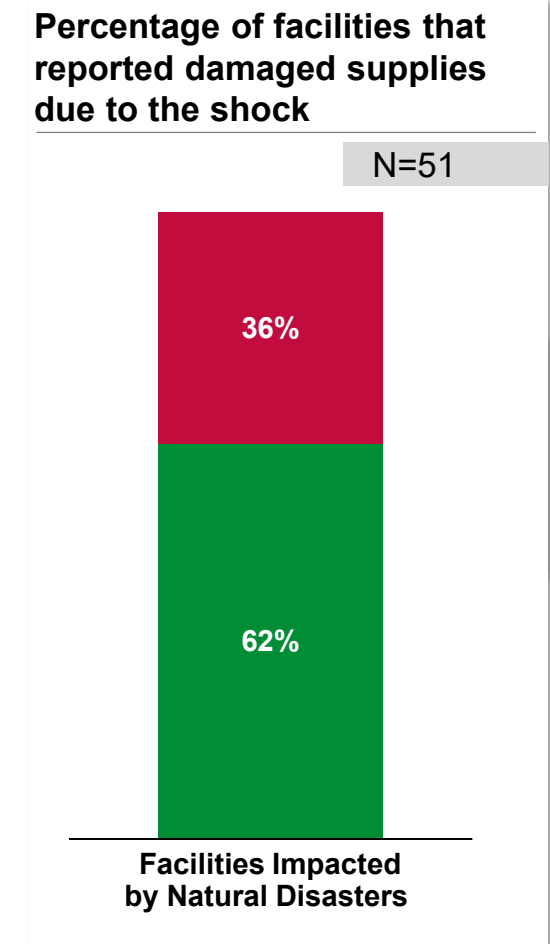
N=383



- Across 12 states, all BHCPF facilities impacted by shocks reported receiving no additional financial support. These states include Bauchi, Cross River, Delta, Ebonyi, Enugu, Kano, Nasarawa, Ogun, Oyo, Plateau, Rivers, Taraba, and Yobe.
- In contrast, Gombe was the only state where all BHCPF facilities impacted by shocks reported receiving additional financial support

Were any supplies damaged as a result of the shock, in Q1 2025?

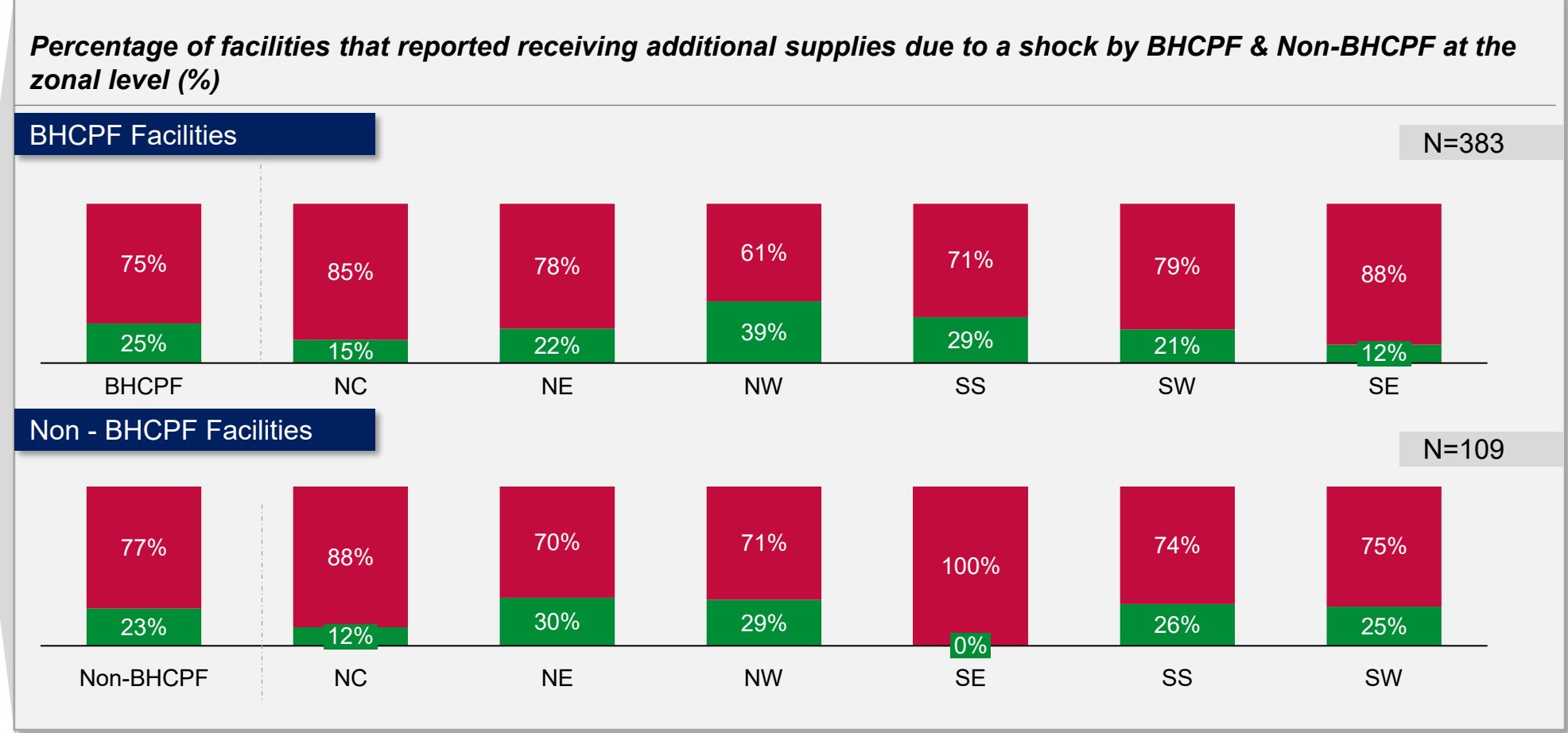
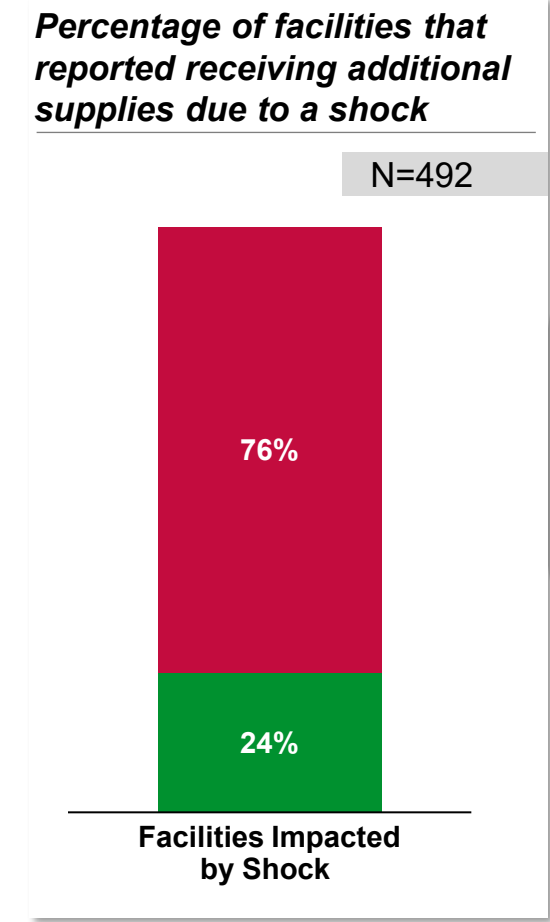
■ Damaged Supplies ■ No Damaged Supplies



- Over 60% of facilities, both BHCPF and non-BHCPF, reported no damage to supplies. Among non-BHCPF facilities, the North West zone reported the highest proportion of damaged supplies (100%), while the South East reported none.
- Interestingly, the North East showed a contrasting pattern: most BHCPF facilities reported damaged supplies (85%), whereas only 3% of non-BHCPF facilities did

Did the facility receive additional supplies due to the shock, in Q1 2025?

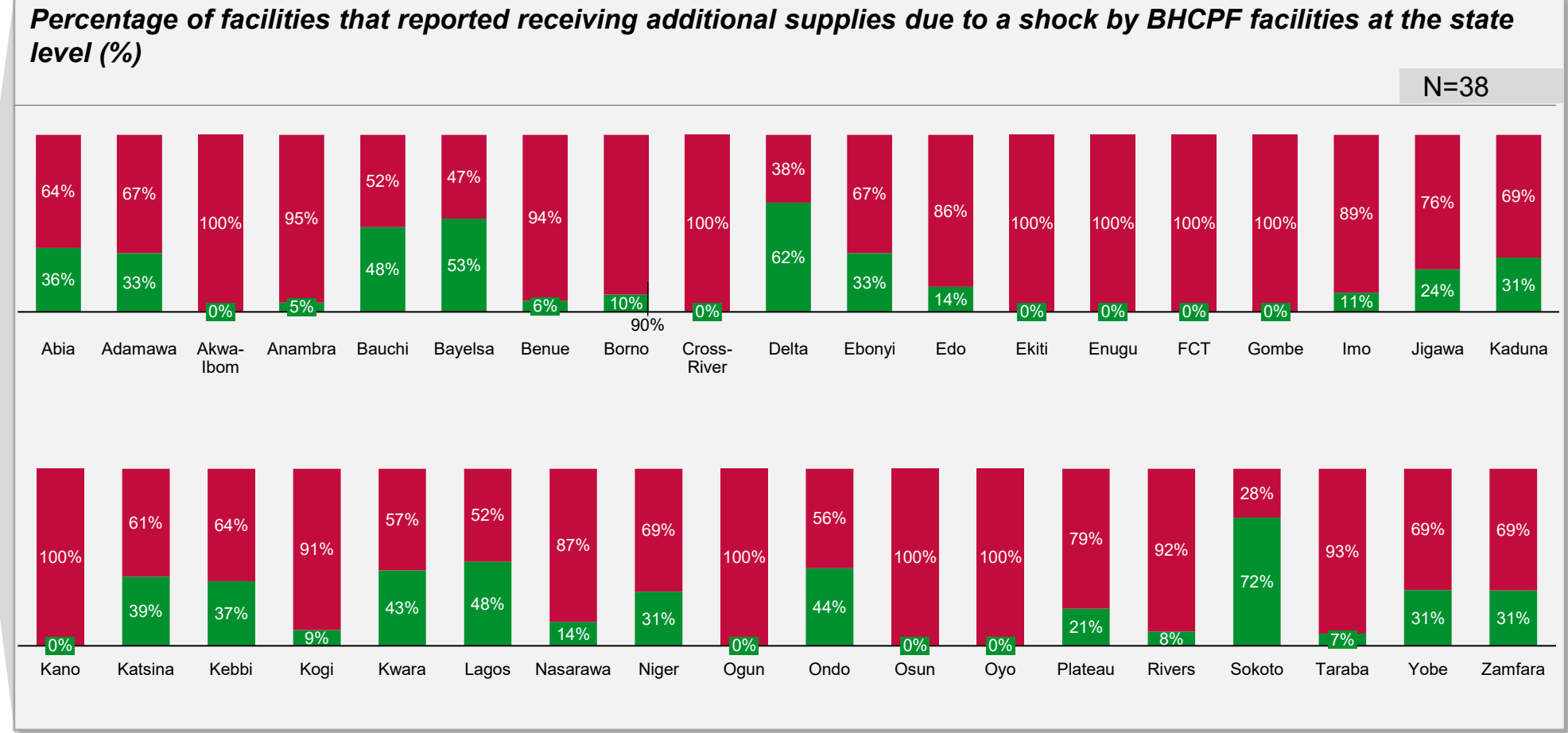
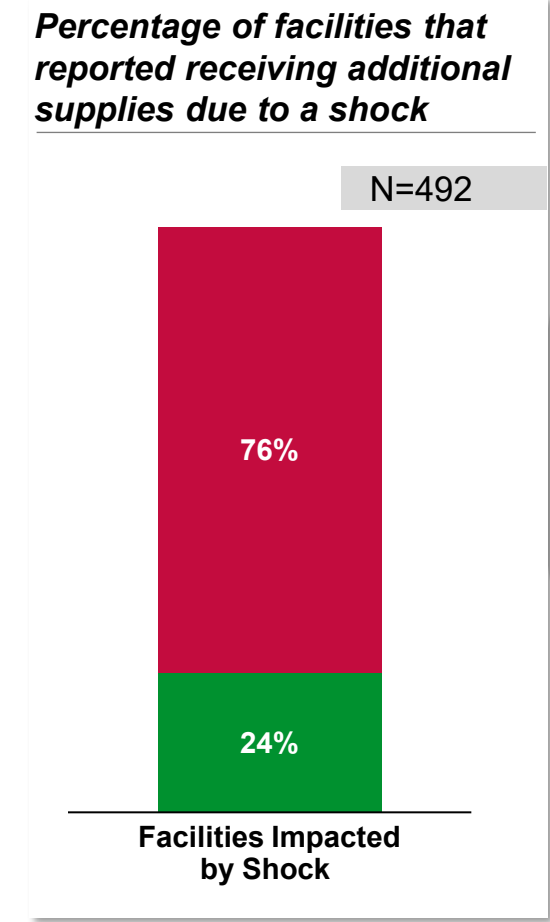
Yes No



- Only 24% of facilities impacted by shocks reported receiving additional supplies, a trend consistent across all geopolitical zones.
- However, in the South East, 100% of non-BHCPF facilities reported not receiving any additional supplies

Did the facility receive additional supplies due to the shock, in Q1 2025?

Yes No

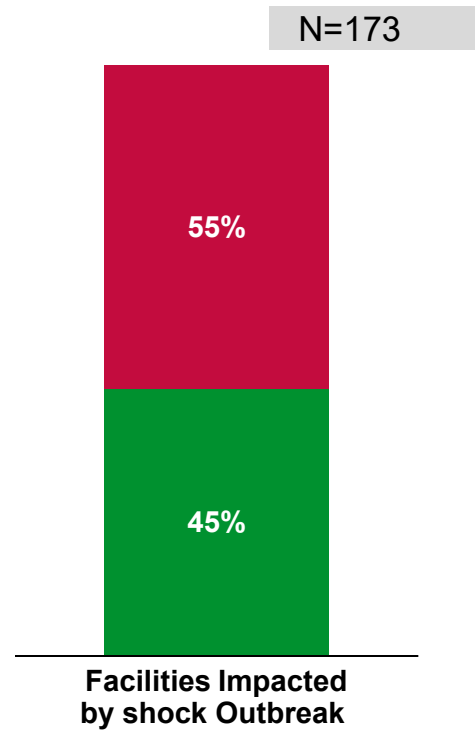


BHCPF facilities in Sokoto (72%), Delta (62%), and Bayelsa (53%) reported the highest receipt of additional supplies in response to shocks.

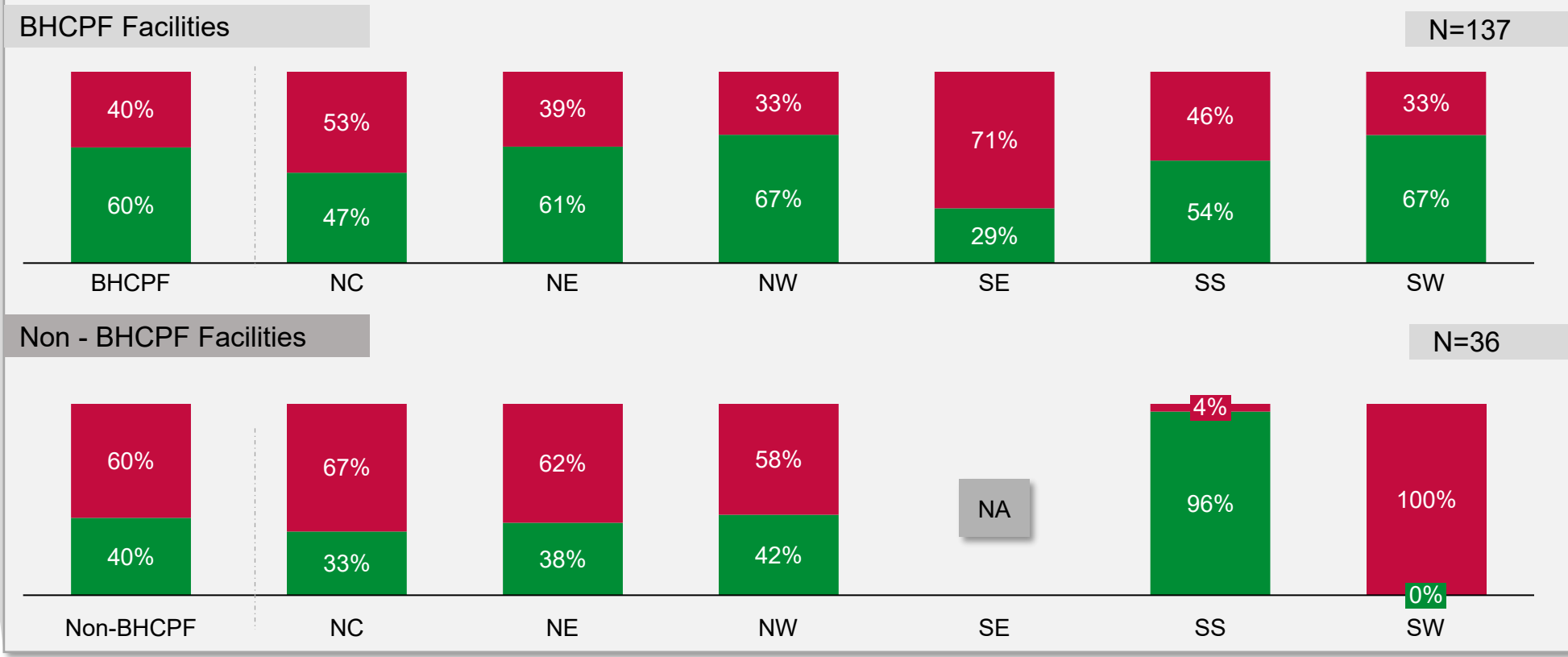
Did the facility have a separate waiting area for patients with symptoms of a contagious disease in Q1 2025?

Yes No

Percentage of facilities that reported a separate waiting areas for patients with symptoms of a contagious disease



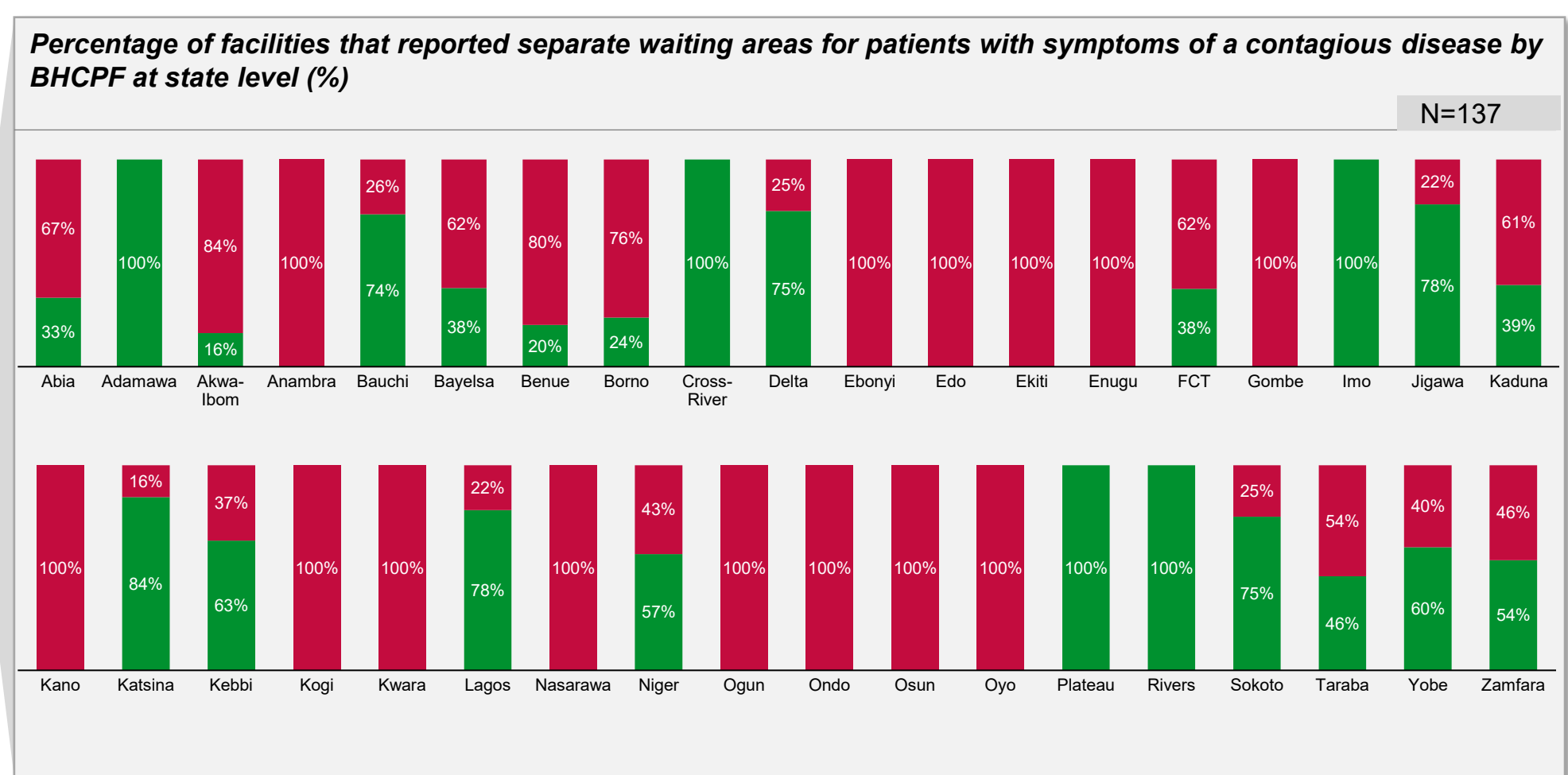
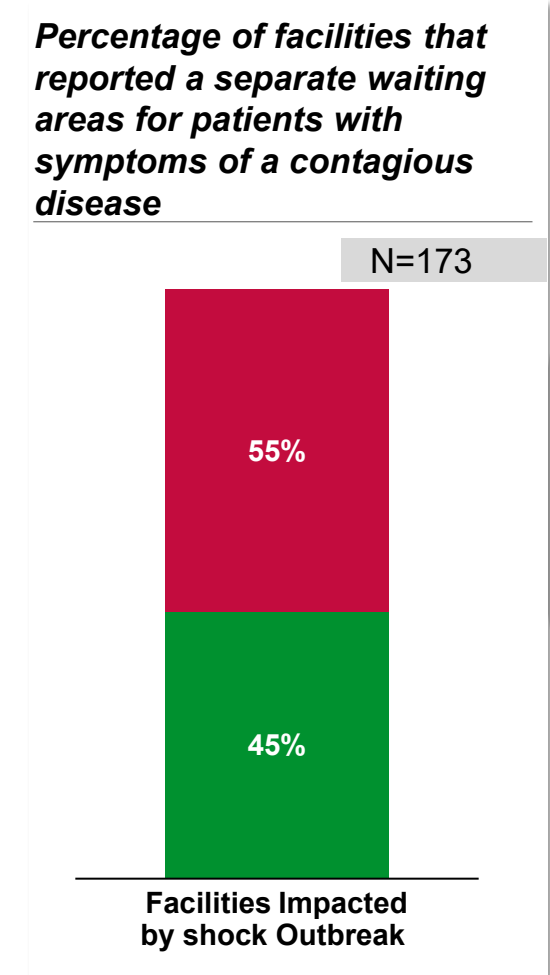
Percentage of facilities that reported separate waiting areas for patients with symptoms of a contagious disease by BHCPF & Non-BHCPF at the zonal level (%)



- About 60% of BHCPF facilities reported having separate waiting areas for patients with symptoms of a contagious disease and about the same 60% reported not having in non-BHCPF facilities
- The non-BHCPF facilities in the south east have no record because they did not report experiencing an outbreak or epidemic

Did the facility have a separate waiting area for patients with symptoms of a contagious disease in Q1 2025?

Yes No

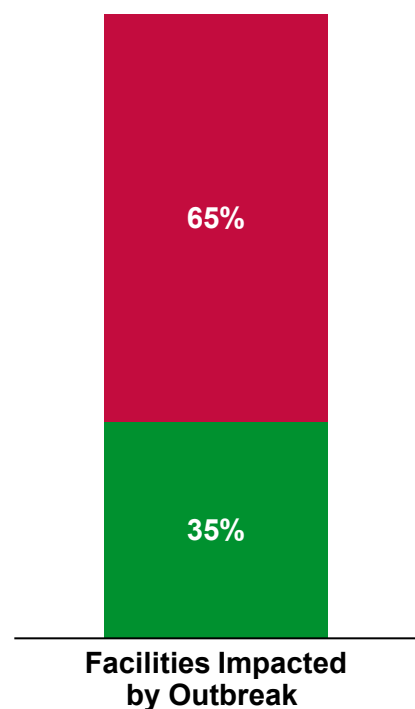


In 14 states, all surveyed BHC PF facilities impacted by an outbreak shock reported having no designated waiting areas for patients with symptoms of contagious diseases

Did the facility have a designated site for patient isolation in Q1 2025?

Percentage of facilities that report a designated site for patient isolation

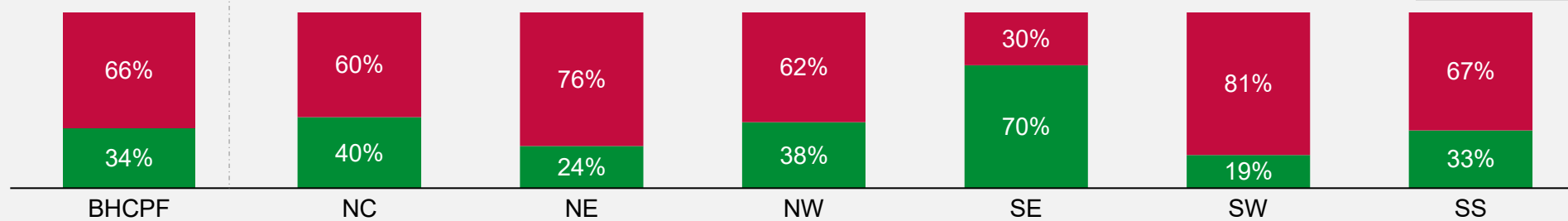
N=173



Percentage of facilities that report a designated site for patient isolation by BHCPF & Non-BHCPF at the zonal level (%)

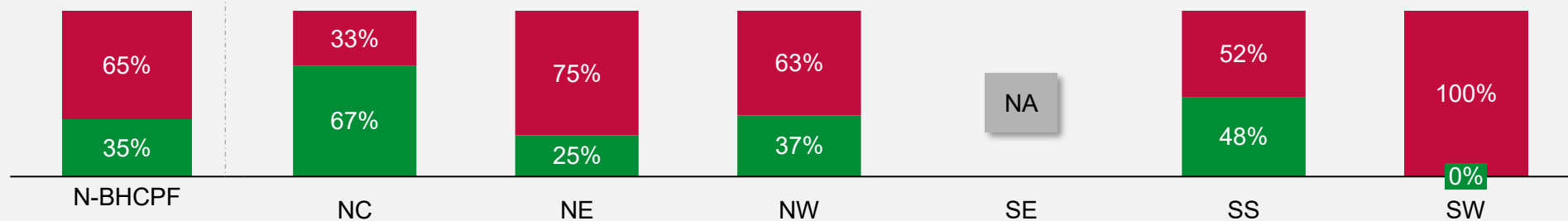
BHCPF Facilities

N=137



Non - BHCPF Facilities

N=36



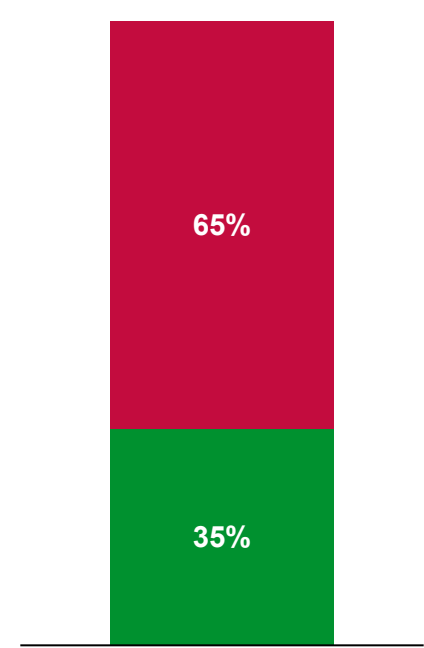
Overall, only 35% of facilities reported having a designated patient isolation site, while about 65% both BHCPF and non-BHCPF reported none. Across the zones, the BHCPF facilities in the South West had the lowest proportion of designated isolation sites

Did the facility have a designated site for patient isolation in Q1 2025?

Yes No

Percentage of facilities that reported a designated site for patient isolation

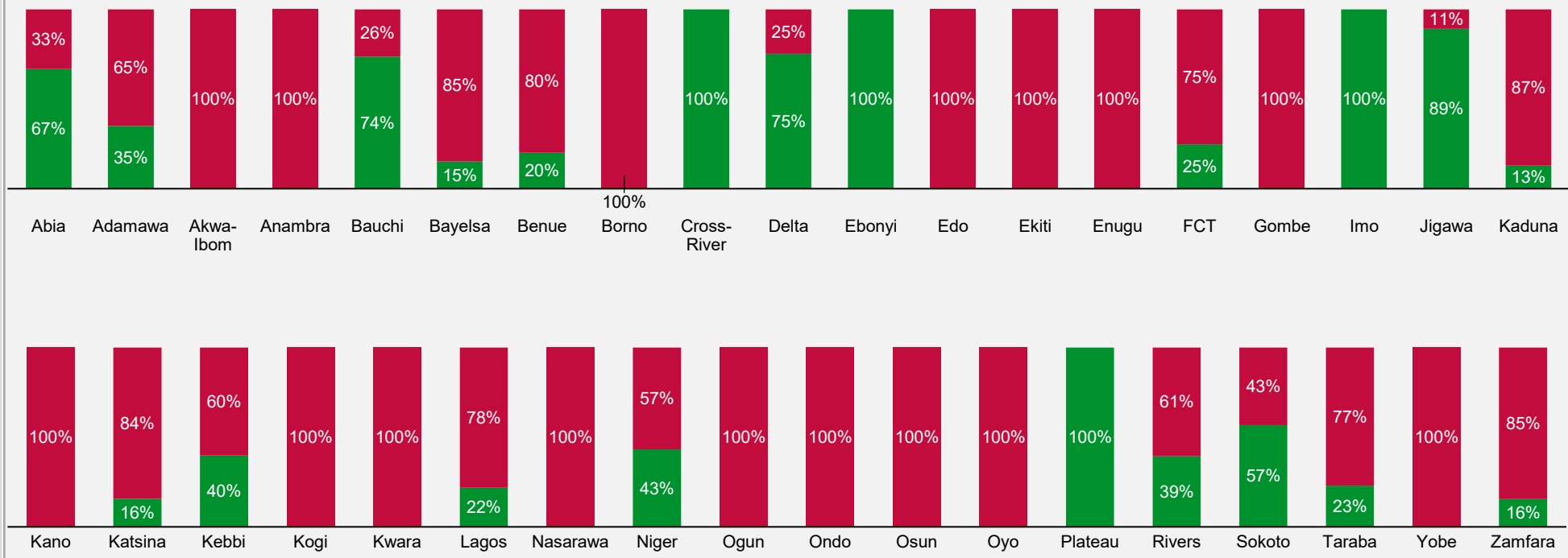
N=173



Facilities Impacted by Outbreak

Percentage of facilities that reported a designated site for patient isolation by BHCPF facilities at state level (%)

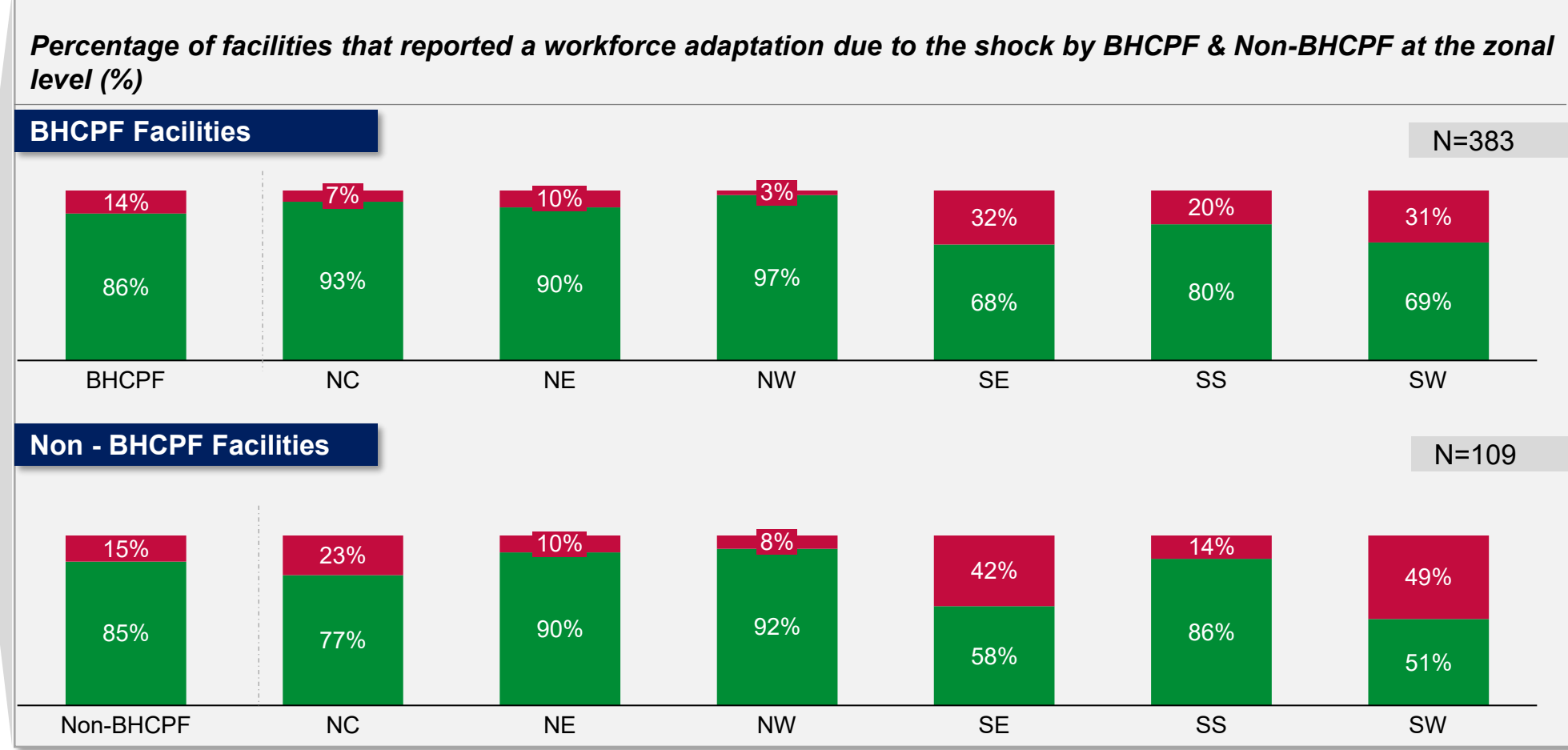
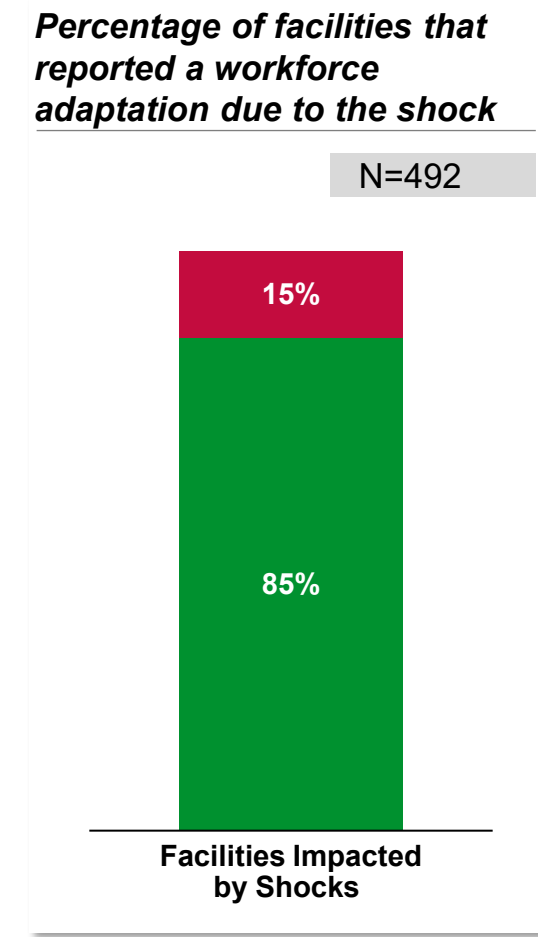
N=137



In 16 states, all surveyed BHCPF facilities impacted by an outbreak shock reported having no designated site for patient isolation

What percentage of facilities reported a workforce adaptation as a result of the shock in Q1 2025?

Yes No



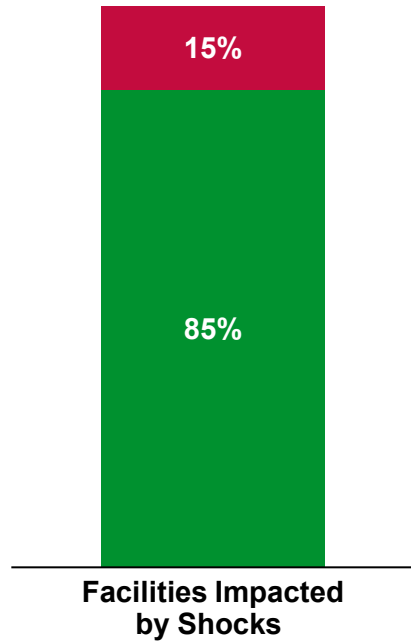
- Overall, 85% of facilities reported high workforce adaptation to shock events, a trend consistent across both BHCPF and non-BHCPF facilities.
- By zone, the North West recorded the highest workforce adaptation, with over 90% of facilities reporting adjustments

What percentage of facilities reported a workforce adaptation as a result of the shock in Q1 2025?

Yes No

Percentage of facilities that reported a workforce adaptation due to the shock

N=492



Percentage of facilities that reported a workforce adaptation due to the shock by BHCPF facilities at state level (%)

N=383

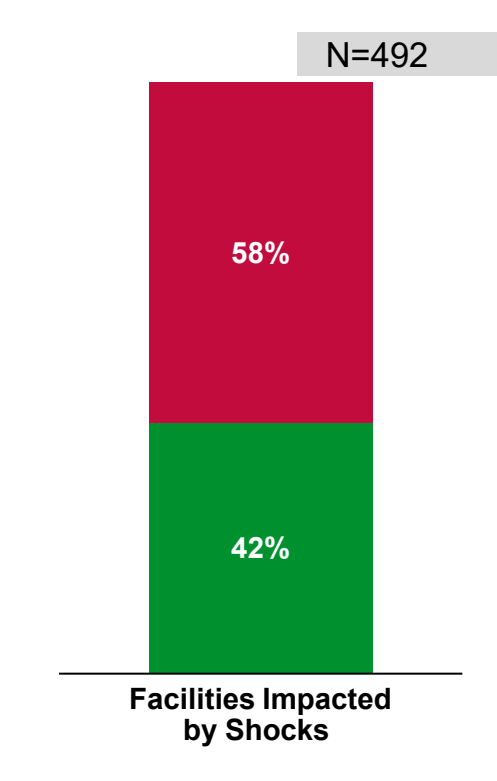


- 100% of the BHCPF facilities across 17 states including Abia, Akwa-ibom, Benue, Cross River, Ebonyi, Ekiti, Gombe, Kano, Kebbi, Kogi, Kwara, Nasarawa, Ondo, Plateau, Rivers, Sokoto and Yoba reported a workforce adaptation due to shocks

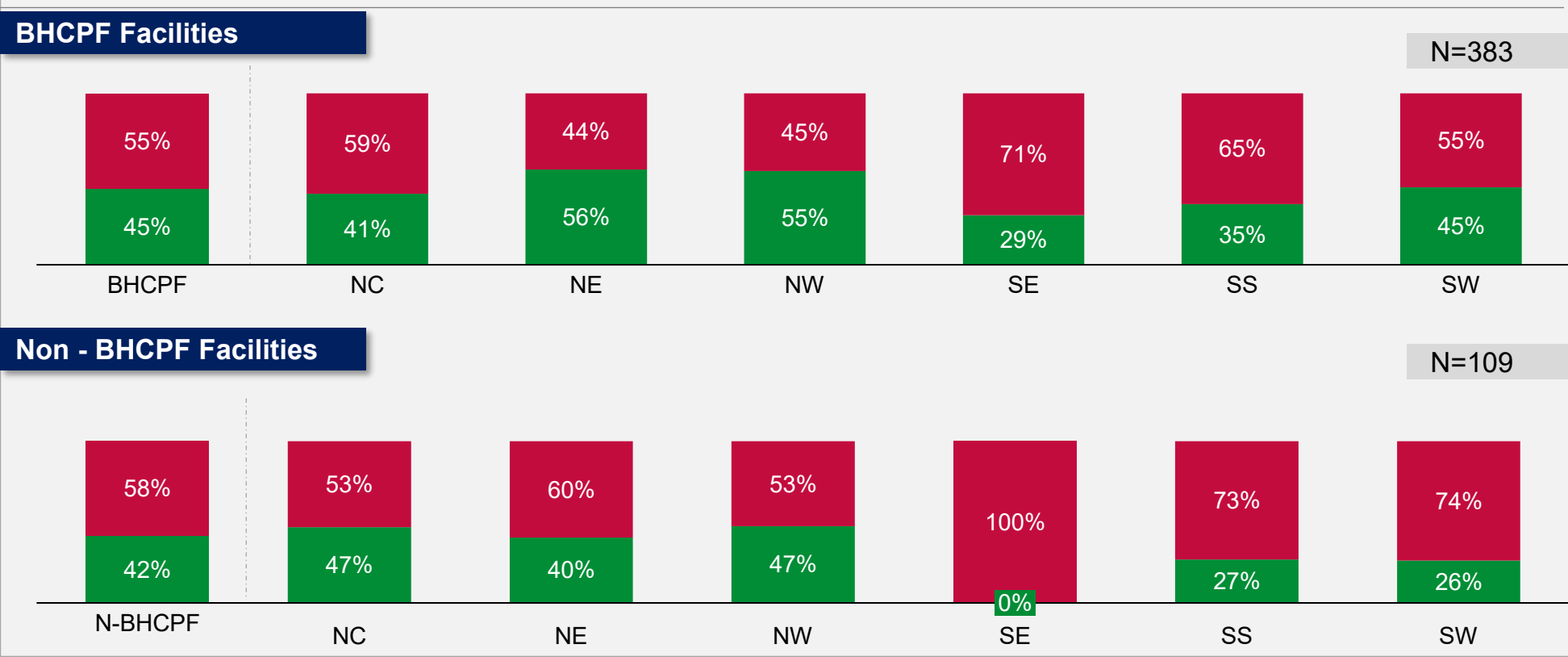
Did the facility make any changes to how health services were provided as a result of shocks in Q1 2025?

Yes No

Percentage of facilities that reported making any change in how health services are provided



Percentage of facilities that reported making any change in how health services are provided by BHCPF & Non-BHCPF at the zonal level (%)



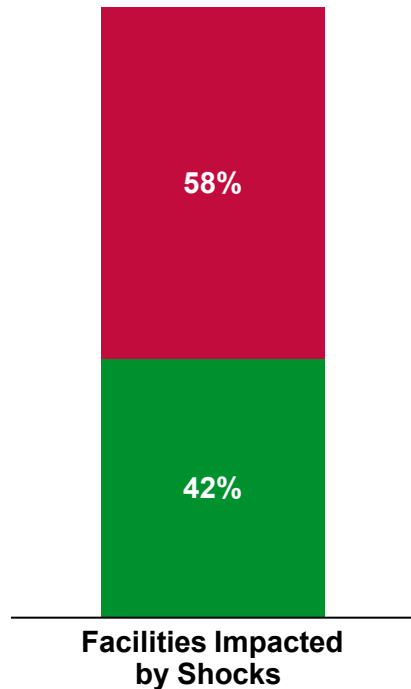
- More than 50% of both BHCPF and non-BHCPF facilities reported **NOT** making changes to how health services were provided as a result of shocks. However over 55% of BHCPF facilities in the Northeast and Northwest reported making changes to the services provided.
- Overall, some of these change in services included outreach services to the community (33%) , providing additional services to the patients (32%) as well as increasing the working hour of staff (16).

Did the facility make any changes to how health services were provided as a result of shocks in Q1 2025?

Yes No

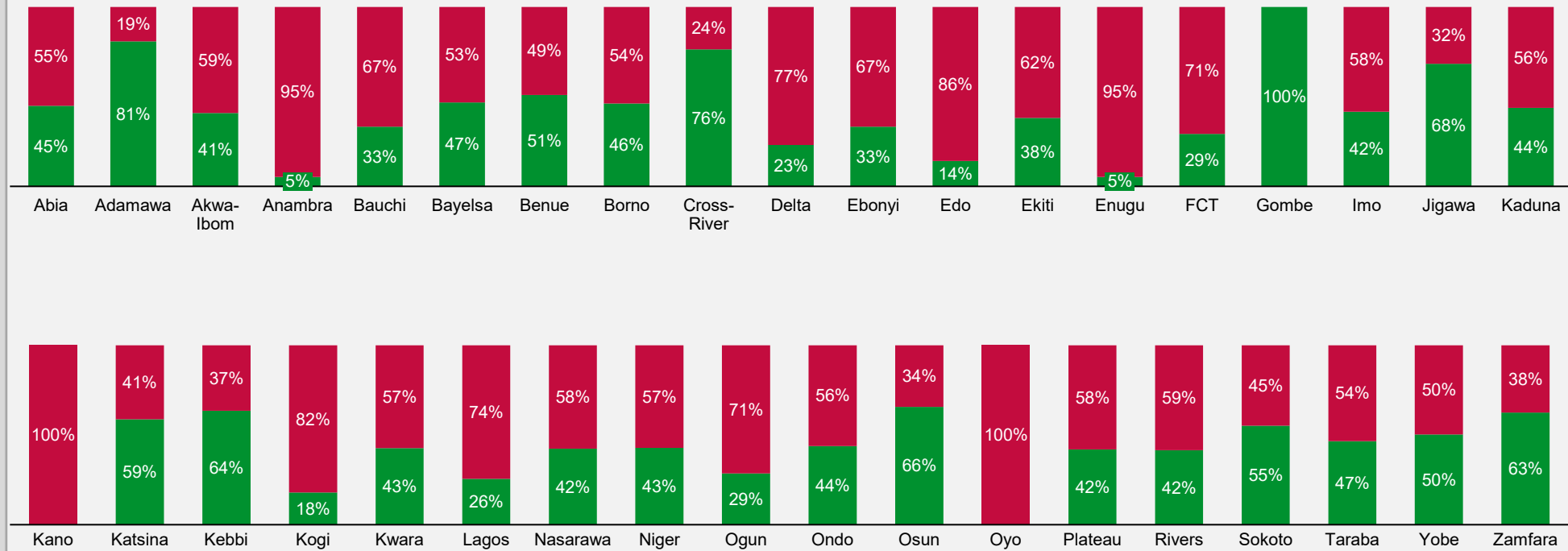
Percentage of facilities that reported making any change in how health services are provided

N=492



Percentage of facilities that reported making any change in how health services are provided by BHCPF facilities at the state level (%)

N=383



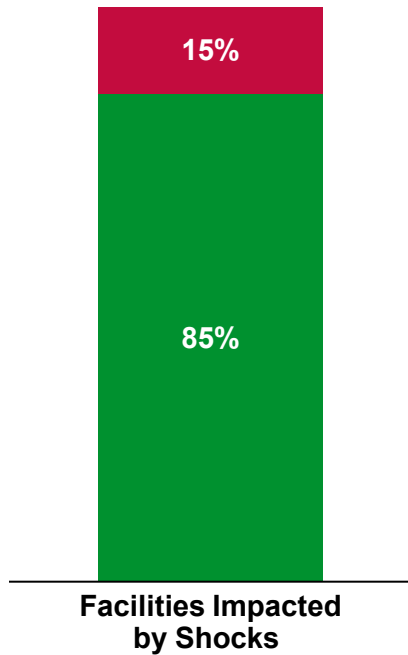
Notably, 100% of facility OICs in Gombe indicated making changes, while 100% of facilities in Kano and Oyo reported otherwise.

Was there any engagement with the community as a result of the shock in Q1 2025?

Yes No

The percentage of facilities that reported community engagement due to a shock

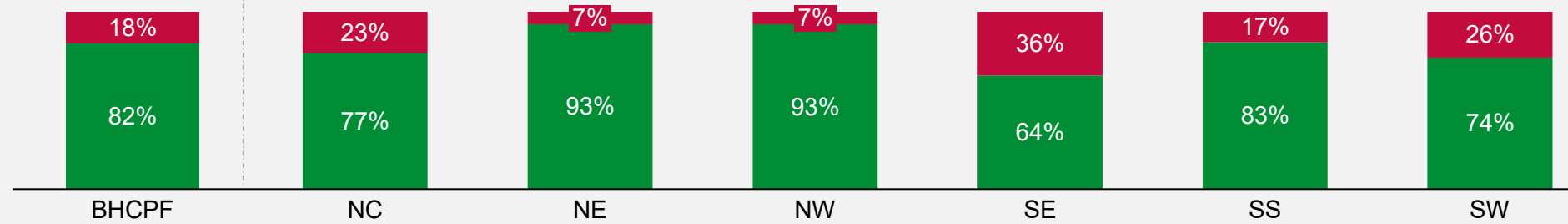
N=492



The percentage of facilities that reported community engagement due to a shock by BHCPF & Non-BHCPF at the zonal level (%)

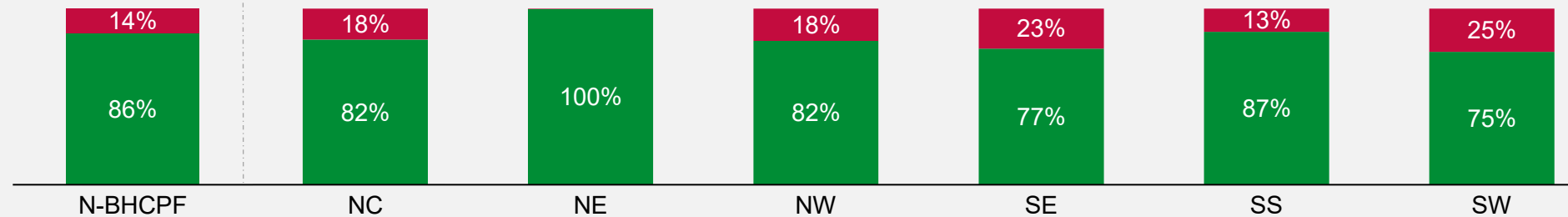
BHCPF Facilities

N=383



Non - BHCPF Facilities

N=109



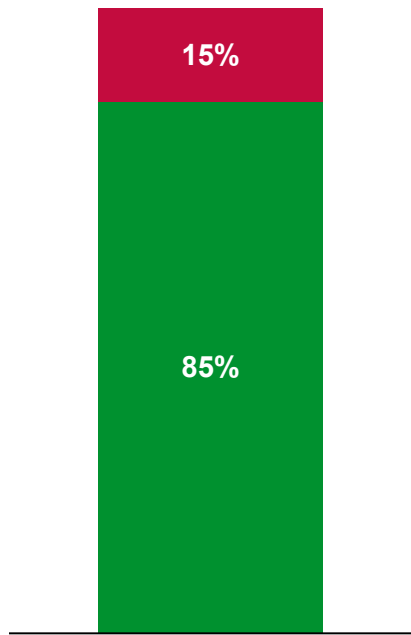
- In total, over 80% of facilities reported community engagement as a result of the shock, in BHCPF and non-BHCPF facilities
- Over 90% of facilities in the North-East reported having engagement with the community due to a shock, while the South east and South west showed the least engagement among BHCPF facilities
- The most common engagements (at national level) were; Carrying out health awareness talk across communities on cholera/measles (51%)
- Liaising with community leaders/head of the vigilante to raise awareness on the symptoms of outbreaks (24%), was a more common response from facilities in the south-South (67%).

Was there any engagement with the community as a result of the shock in Q1 2025?

Yes No

The percentage of facilities that reported community engagement due to a shock

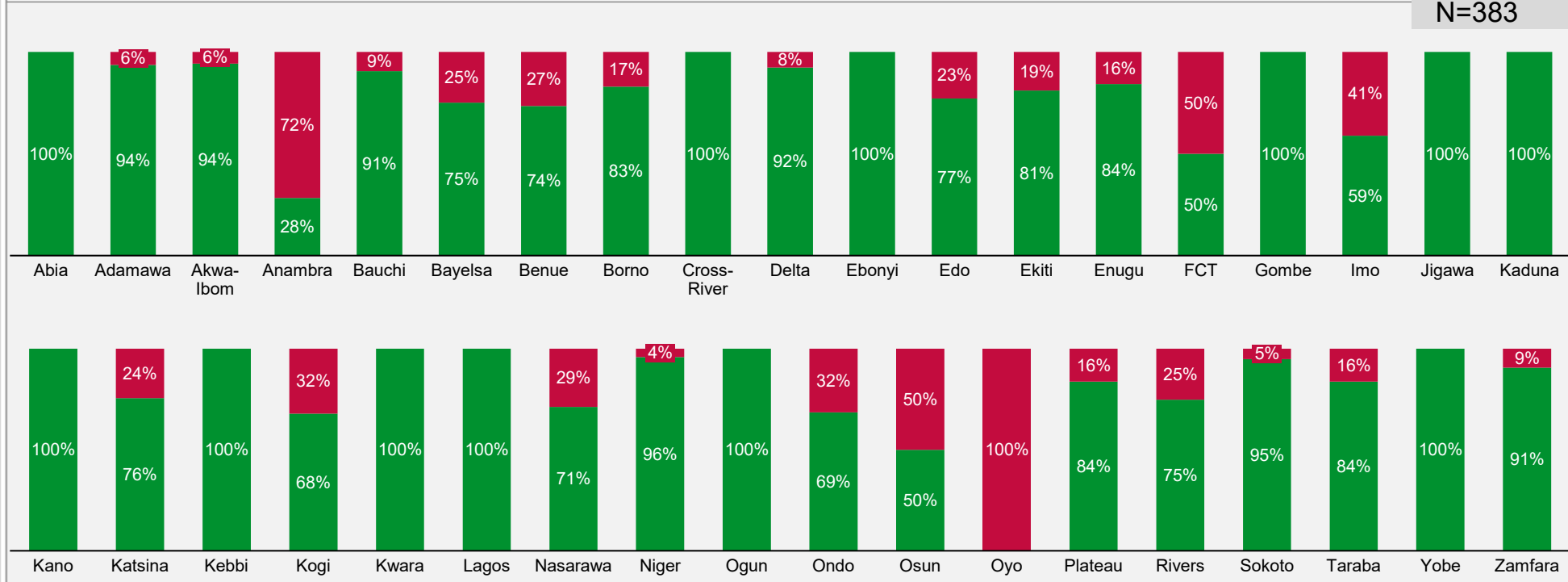
N=492



Facilities Impacted by Shocks

The percentage of facilities that reported community engagement due to a shock by BHCPF at the state level (%)

N=383

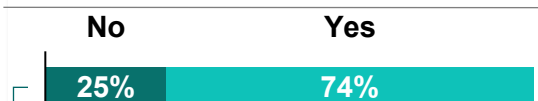


While all BHCPF facilities in Oyo state reported no community engagement as a result of shock, 100% of facilities in Abia, Cross-River, Ebonyi, Gombe, Jigawa, Kaduna, Kano, Kebbi, Kwara, Lagos, Ogun and Yobe reported community engagement.

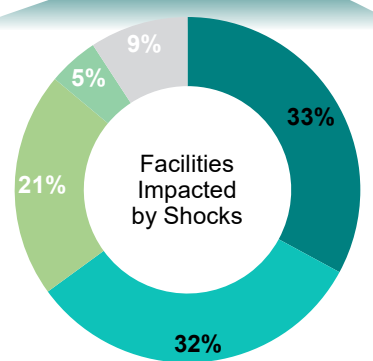
How did these shocks affect the facilities ability to provide services in Q1 2025?

Increased supplies Infrastructure HRH Provide the BHCPF Others

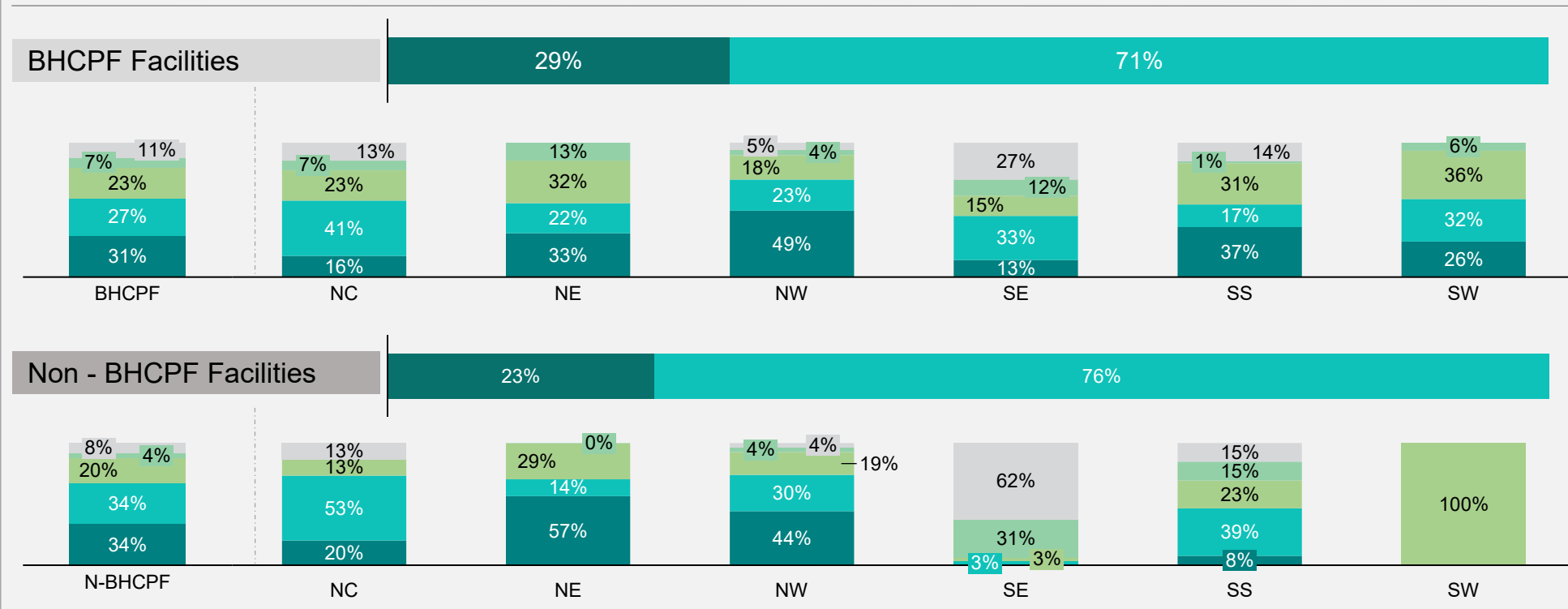
Percentage of facilities that reported requiring additional support or resources during the shock



Describe how these challenges have affected this facilities ability to provide services.



OICs response to "Describe any additional support or resources that this facility requires from higher-level authorities to provide health services during the shock"



- At the national level, increased supplies (33%) were the most requested additional resource, followed closely by infrastructure (32%). This trend was consistent among BHC PF facilities.
- However, non-BHC PF facilities expressed an equal need for both. In the South East, 62% of non-BHC PF facilities requested other forms of support such as improved security and an end to the 'sit-at-home' directive, while 100% of those in the South West prioritized additional staff (HRH).
- Among BHC PF facilities, the North West reported the highest demand for increased supplies (49%)

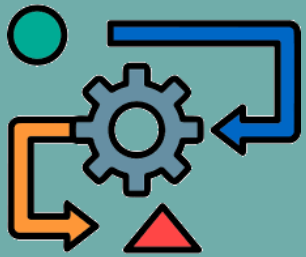
Infrastructure: 1. Water & electricity 2. Construction & renovation of staff quarters. 3. Building and renovation of health facilities (construction of more labs, isolation rooms, etc). 5. Building of perimeter fence/gate around the facility. Others: Provide security, end sit at home

Summary of findings on Resilience to Shocks

Focus	Findings
Resilience to shock	<ul style="list-style-type: none"> ▪ At the national level, most facilities (89%) that reported their health services being impacted by shocks reported not receiving additional financial support. ▪ Over 60% of facilities, both BHCPF and non-BHCPF, reported no damage to supplies. Among non-BHCPF facilities, the North West zone reported the highest proportion of damaged supplies (100%), while the South East reported none. ▪ Less than half of the facilities that reported shock events had a separate waiting area for patients with symptoms of contagious disease (45%) and a designated isolation site (35%)
Engagement with the community due to a shock	<ul style="list-style-type: none"> ▪ In total, over 80% of facilities reported community engagement as a result of the shock, in BHCPF and non-BHCPF facilities ▪ The most common engagements (at national level) were; Carrying out health awareness talk across communities on cholera/measles (51%) ▪ Liaising with community leaders/head of the vigilante to raise awareness on the symptoms of outbreaks (24%), was a more common response from facilities in the south-South (67%).
Additional support or resources during the shock	<ul style="list-style-type: none"> ▪ At the national level, increased supplies (33%) were the most requested additional resource, followed closely by infrastructure (32%). This trend was consistent among BHCPF facilities.



External Events and Overall Challenges (Shocks)



Resilience to Shocks

Service Delivery

Physical Infrastructure

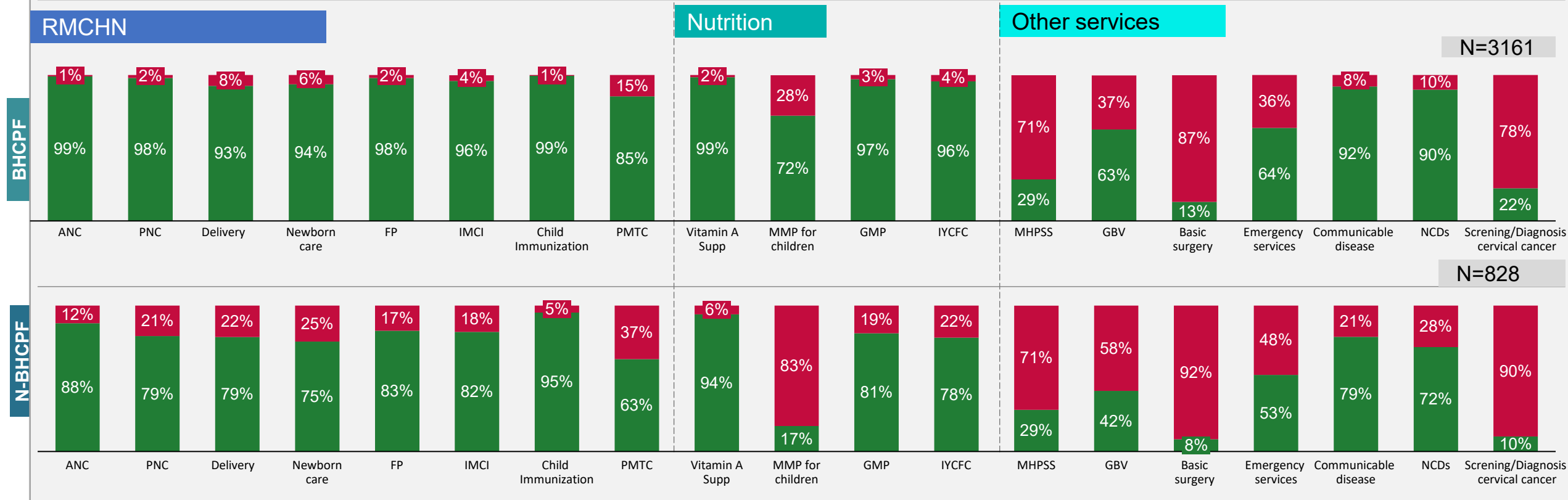


Medical Equipment & Supplies

Are the expected services reported as being provided at the surveyed health facilities in Q1 2025?

Yes No

Percentage of facilities that reported offering each of the surveyed services included in the survey (%)



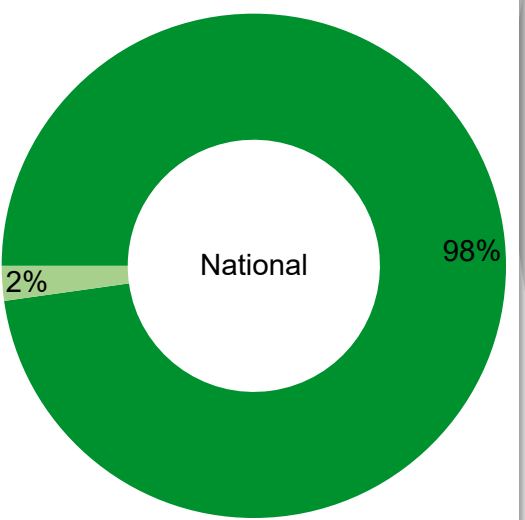
- Majority of the expected services are reported to be provided across the surveyed health facilities, however over 99% of facilities did NOT offer ALL surveyed services (Findings in the Annex)
- Family Planning (FP) , ANC, PNC, Child immunization and vitamin A supplementation were the highest reported services in BHC PF facilities with over 98%
- Screening for cervical cancer , MHPSS, and Basic surgery were the least offered services (less than 30%) across BHC PF and non-BHC PF facilities

Integrated Management of Child Illnesses (IMCI) , Family planning (FP), Antenatal care (ANC), Postnatal care (PNC), Prevention of mother-to-child transmission (PMTc), Delivery/childbirth services, Child immunization, Communicable disease services (tuberculosis, malaria, HIV) , Non-communicable disease services (NCDs- hypertension, diabetes, asthma), Mental health and psychosocial support (MHPSS), Services for survivors of gender-based violence (GBV), Growth monitoring and promotion (GMP), Infant and young child feeding counselling (IYFC), Vitamin A supplementation for children 6 to 59 months of age, Multiple micronutrient powders (MMP) for children 6 to 23 months of age, Multiple micronutrient supplementation for pregnant women

How did the facility offer child immunization services in Q1 2025?

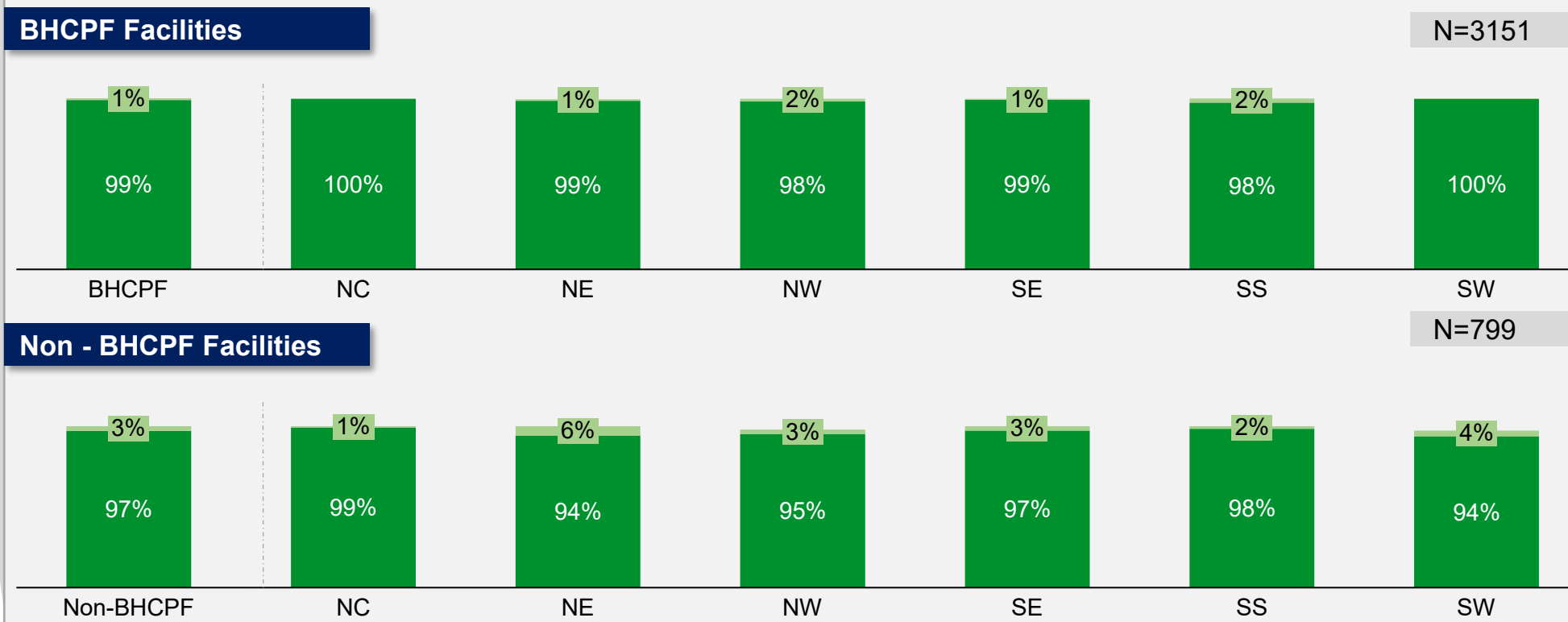
Percentage of facilities that reported offering child immunization services as outreach

N=3950



Only at this facility Both at this facility and outreach

Percentage of facilities that reported offering child immunization services as outreach by BHCPF & Non-BHCPF at the zonal level (%)

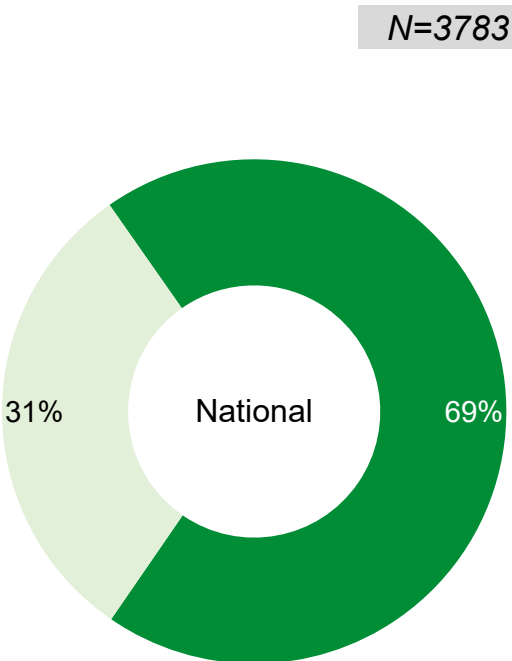


- Overall, there's high coverage of child immunization services, both in facilities and through outreach. The North Central has the highest coverage both at BHCPF(100%) and non-BHCPF level (99%).
- While most states reported a notably high percentage of facilities with full coverage of child immunization services, both within facilities and through outreach, some BHCPF facilities in states such as Benue (98.7%), Ekiti (98.6%), Kebbi (91.4%), Kwara (98.6%), Ondo (98.5%), and Sokoto (97.3%) did not achieve full coverage.

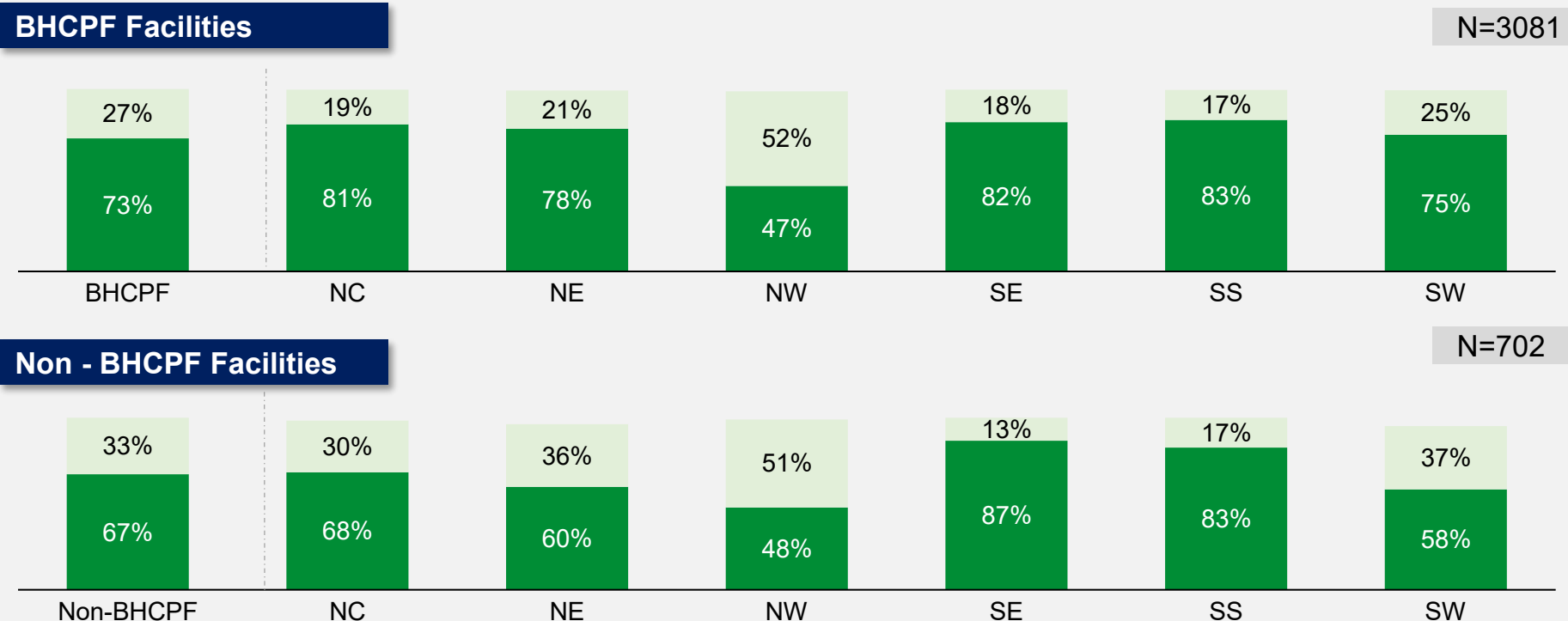
How did the facility offer growth monitoring and promotion services in Q1 2025?

Only at this facility Both at this facility and outreach

Percentage of facilities that reported offering growth monitoring & promotion services as outreach



Percentage of facilities that report offering growth monitoring & promotion services as outreach by BHCPF & Non-BHCPF at the zonal level (%)

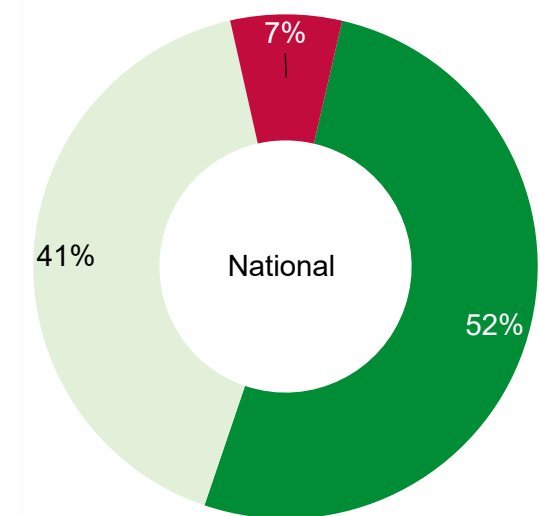


- Offering growth monitoring and promotion services exclusively within a health facility is a common practice in Northern Nigeria. In the Northwest, this practice is particularly prevalent with more than 50% of officers-in-charge (OICs) from facilities reporting to offer this service only at the facility

Did the facility offer curative care for children under 5 as outreach in Q1 2025?

Percentage of facilities that report offering curative care for children under-5 as outreach

N=3989

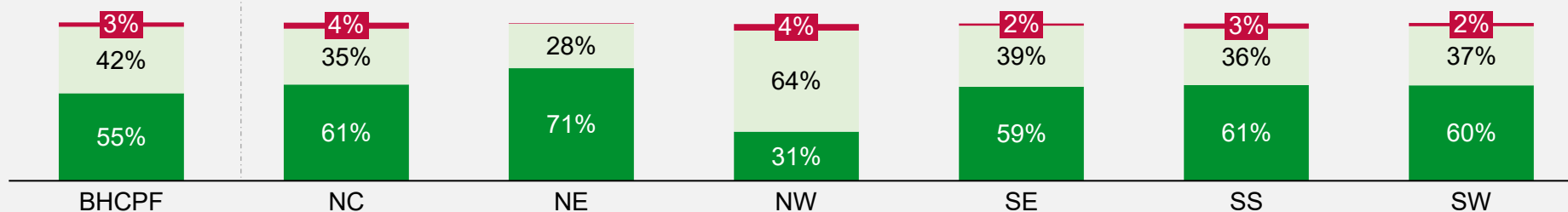


■ Only at this facility
 ■ Both at this facility and outreach
 ■ Facility does not offer this service

Percentage of facilities that report offering curative care for children under-5 as outreach by BHCPF & Non-BHCPF at the zonal level (%)

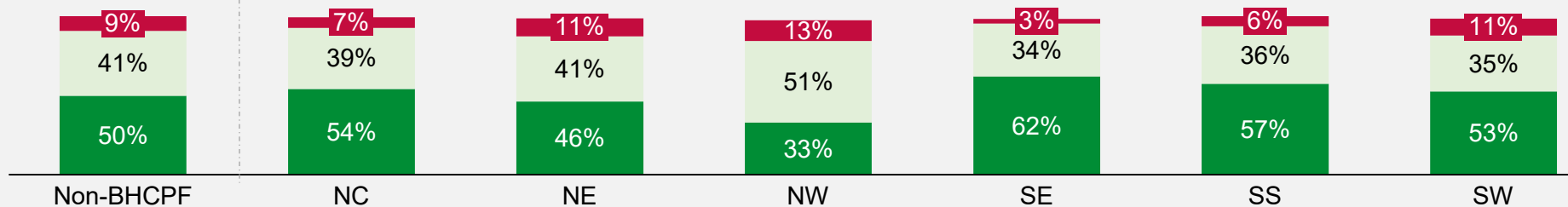
BHCPF Facilities

N=3161



Non - BHCPF Facilities

N=828

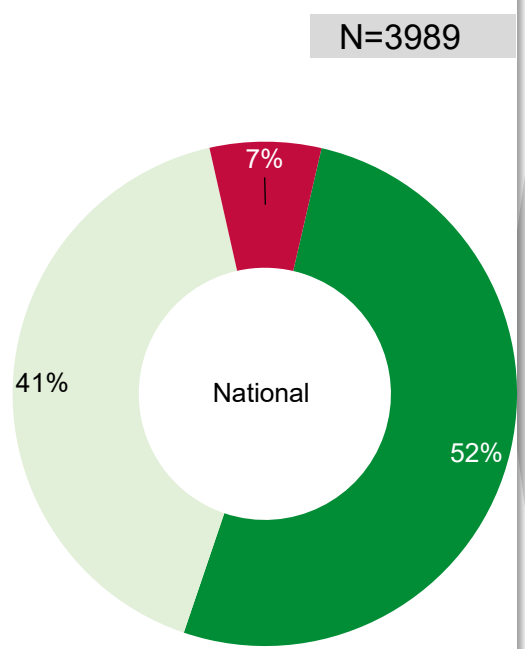


- While 93% of surveyed facilities reported providing curative care for children under five both within the facility and through outreach, the majority (52%) offered the service in both settings. However, 7% of facilities surveyed did not provide this service
- Non-BHCPF facilities had the highest number of OICs (9%) stating they do not offer this service at all; Among them those in the North western zone reported the highest (13%) not offering curative care for children under 5.

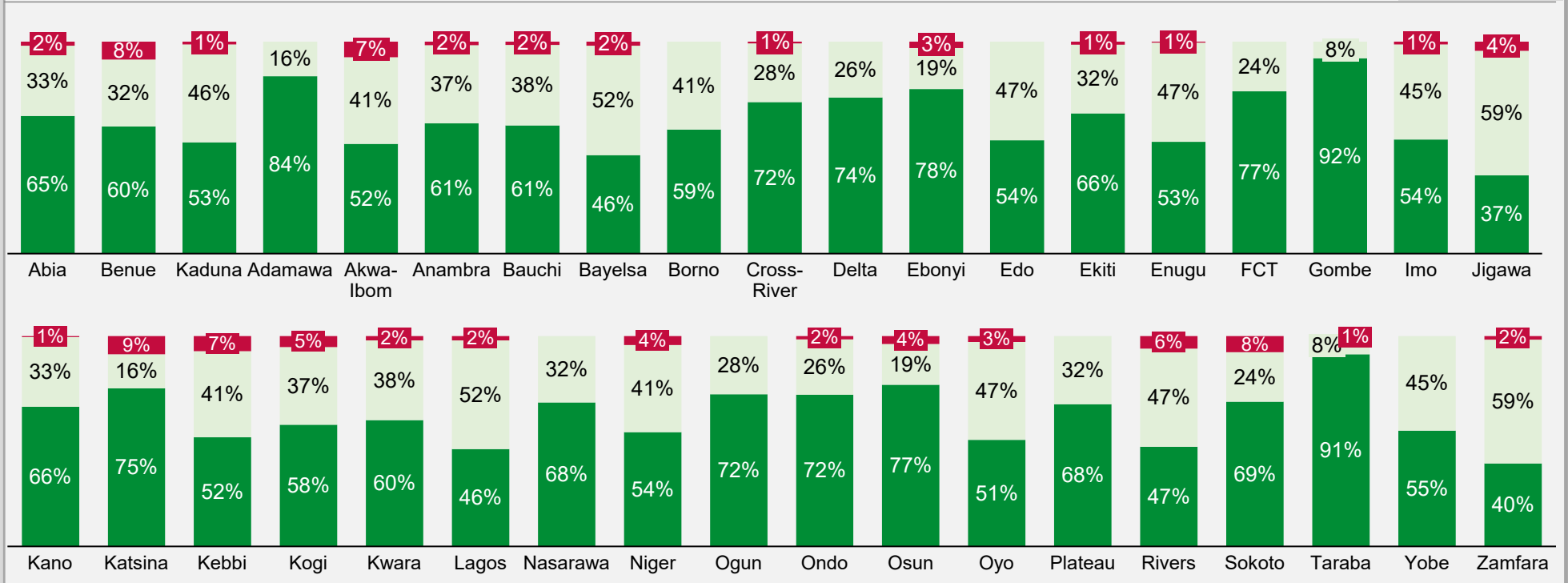
Did the facility offer curative care for children under 5 as outreach in Q1 2025?

■ Only at this facility
 ■ Both at this facility and outreach
 ■ Facility does not offer this service

Percentage of facilities that report offering curative care for children under-5 as outreach



Percentage of facilities that report offering curative care for children under-5 as outreach by BHCPF facilities at state level (%)



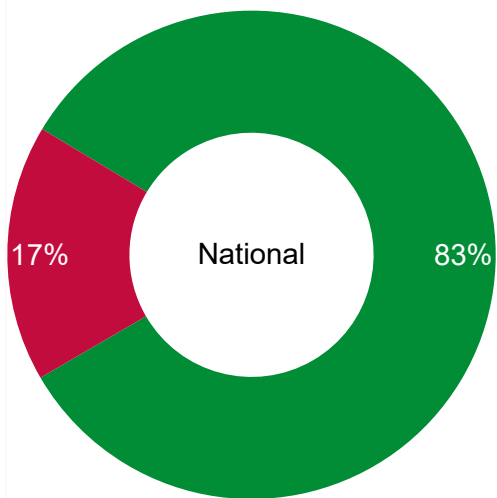
- Facilities in Gombe (92%), Taraba (92%), and Adamawa (84%) reported offering curative care for children (both at the facility and as outreach) the most, while Zamfara & Jigawa (59%), Edo (47%) and Kaduna (46%) reported offering this service only at the facility the most
- On the other hand, facilities in Katsina (9%), Benue & Sokoto (8%), Akwaibom & Kebbi (7%) reported the most facilities not offering the service at all

Did the facility offer delivery/childbirth services in Q1 2025?

Yes No

Percentage of facilities that reported offering delivery services

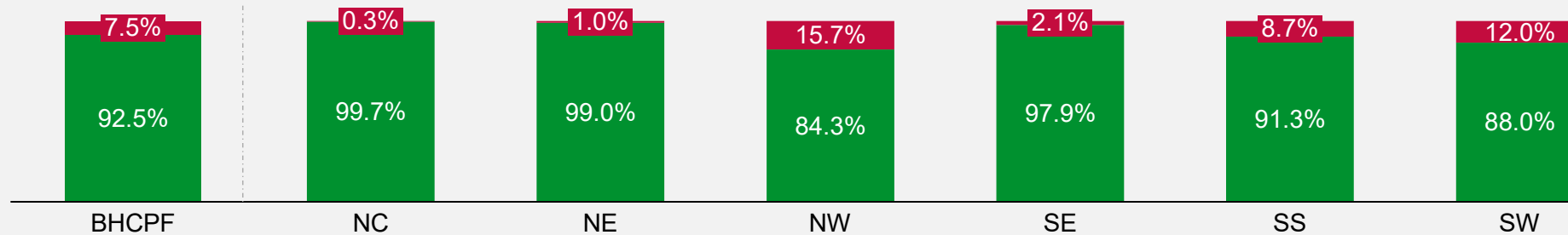
N=3989



Percentage of facilities that reported offering delivery services by BHCPF & Non-BHCPF at the zonal level (%)

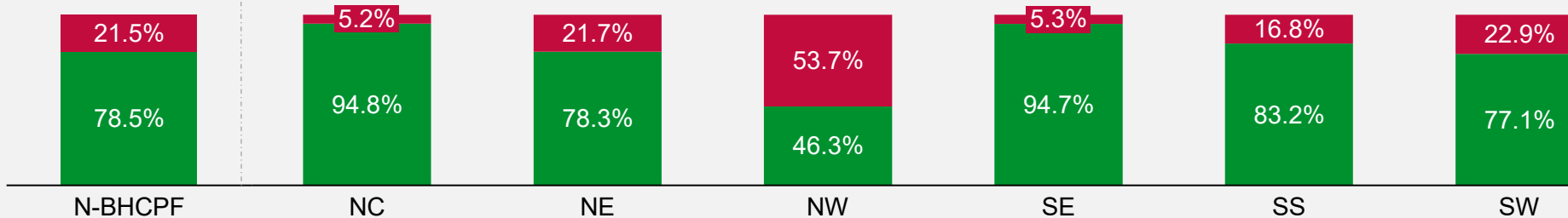
BHCPF Facilities

N=3161



Non - BHCPF Facilities

N=828



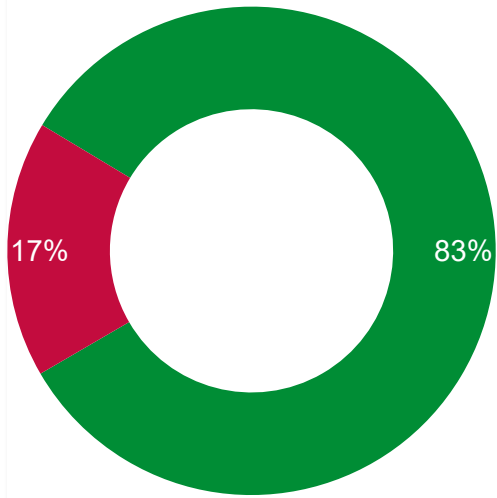
- Despite an overall positive report on facilities offering delivery and childbirth services (83%), over half (53.7%) of the Non-BHCPF facilities in the Northwest reported not offering the service

Did the facility offer delivery/childbirth services in Q1 2025?

Yes No

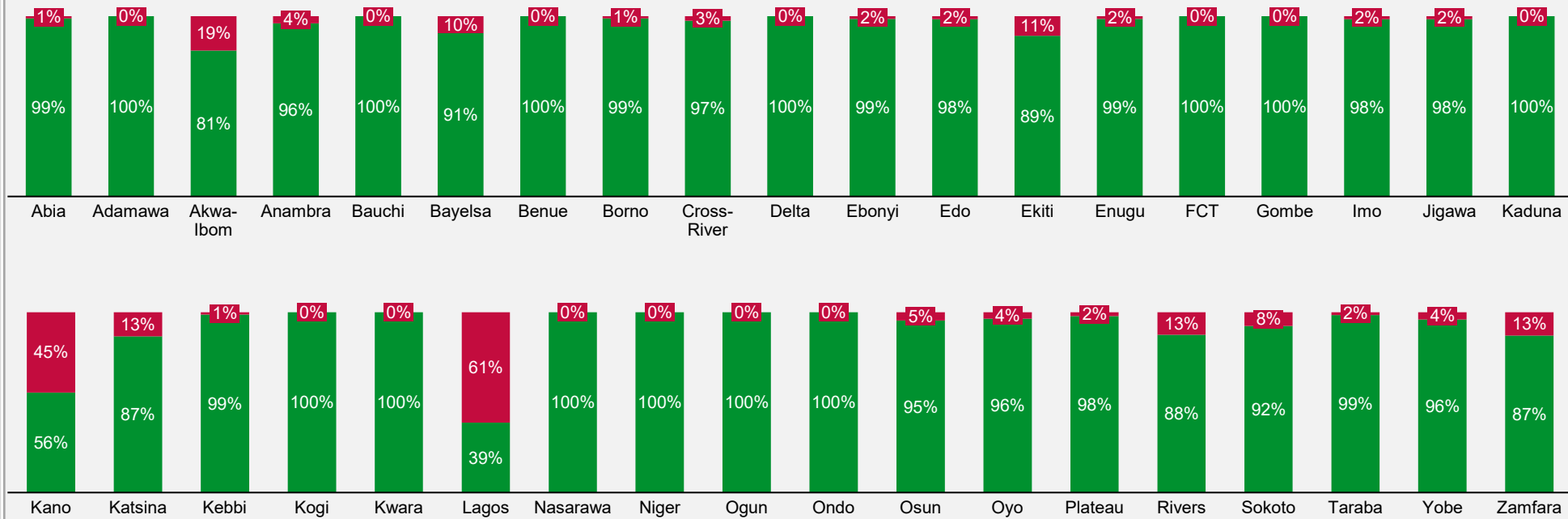
Percentage of facilities that reported offering delivery services

N=3989



Percentage of facilities that reported offering delivery services by BHCPF facilities at state level (%)

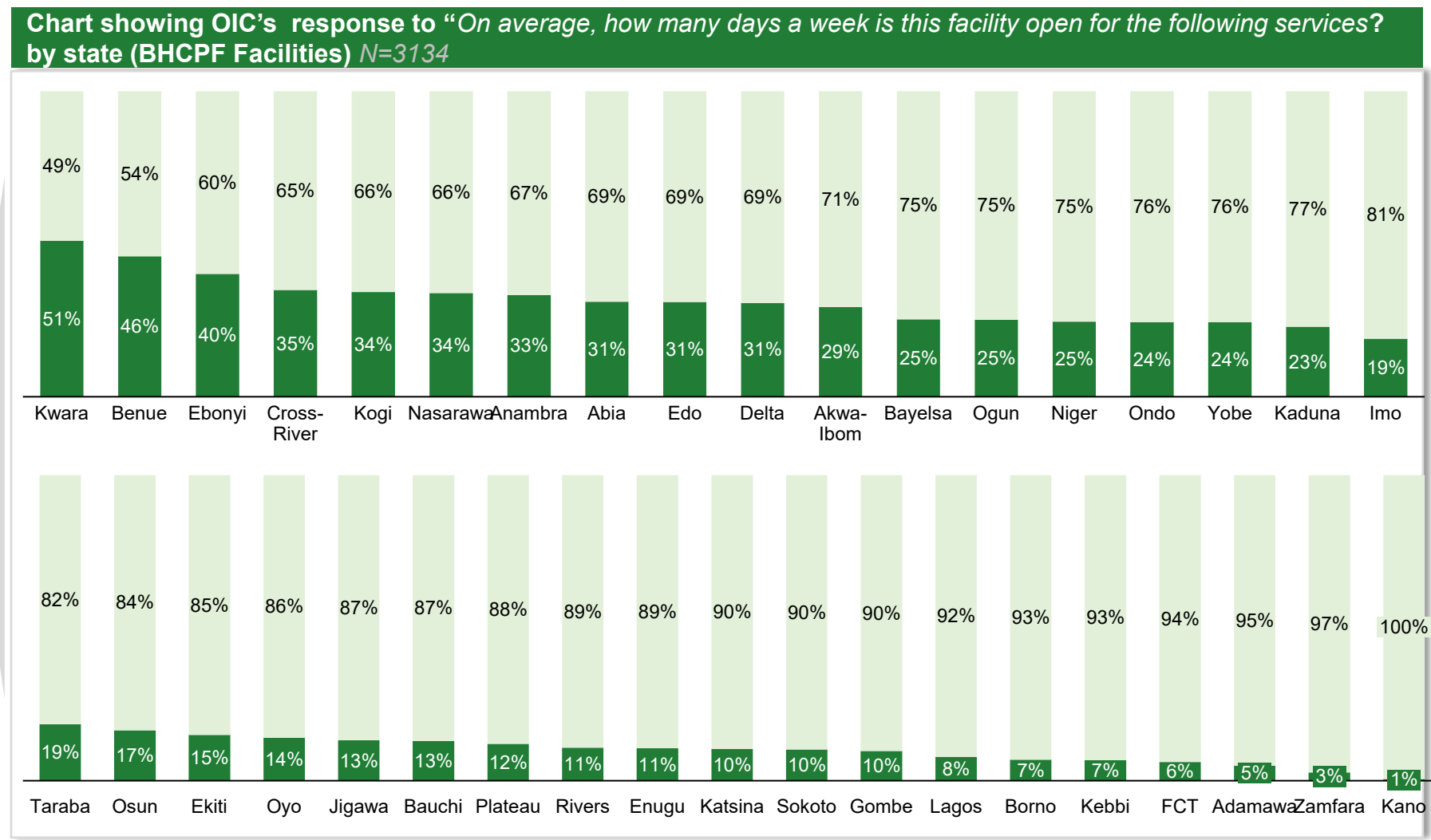
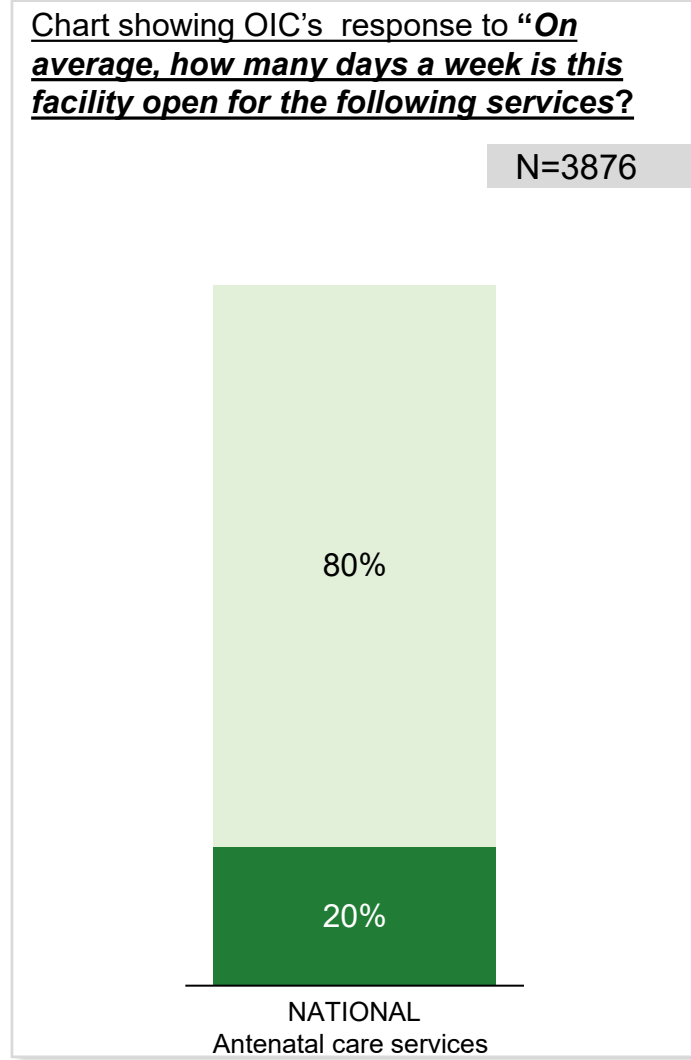
N=3161



While most of the facilities (over 90%) across states reported offering delivery/child birth services, states like Lagos (39%) and Kano (56%) reported a comparable low number of facilities offering this service

On the average, how many days a week was this facility open for antenatal care services, in Q1 2025?

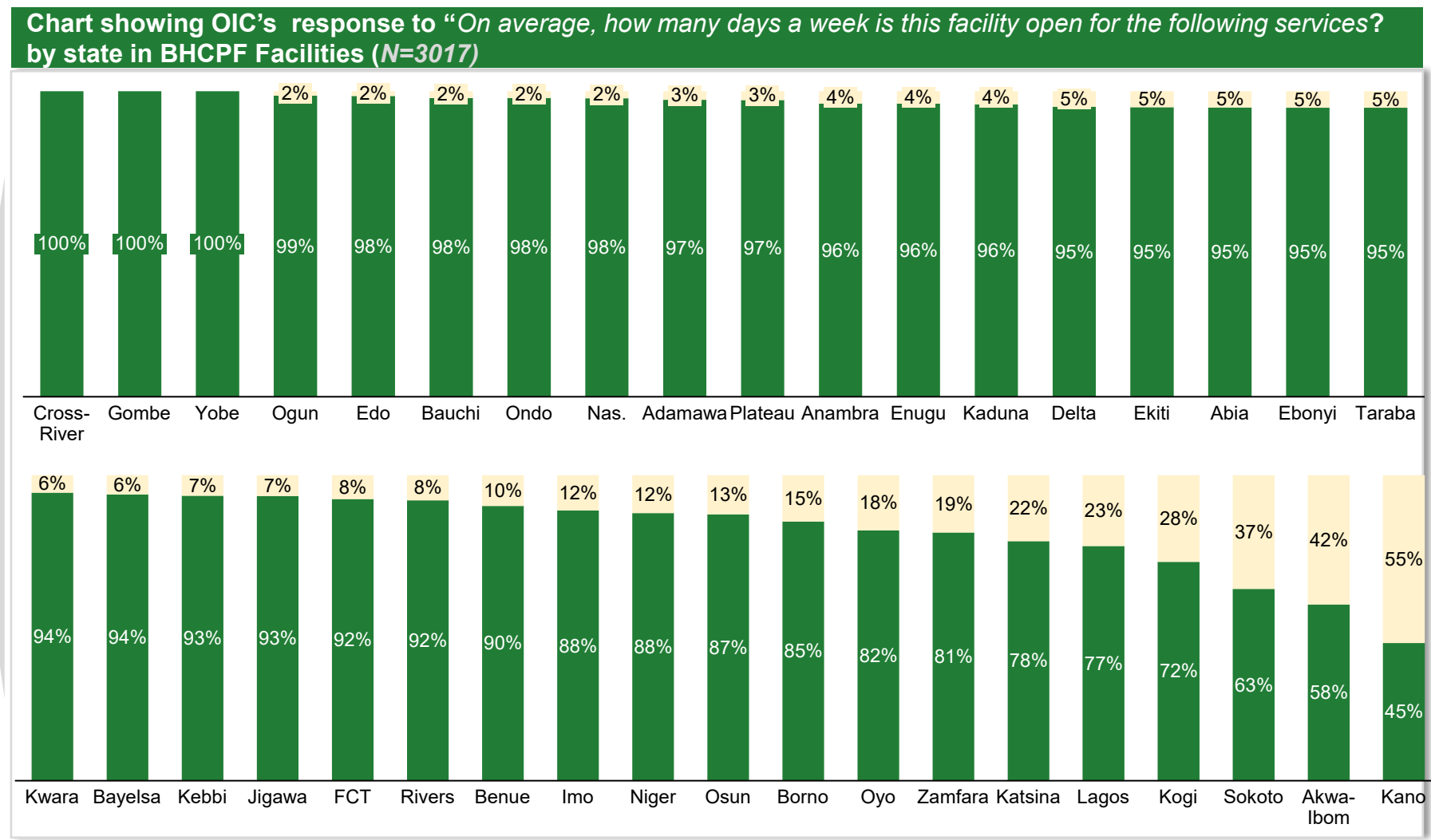
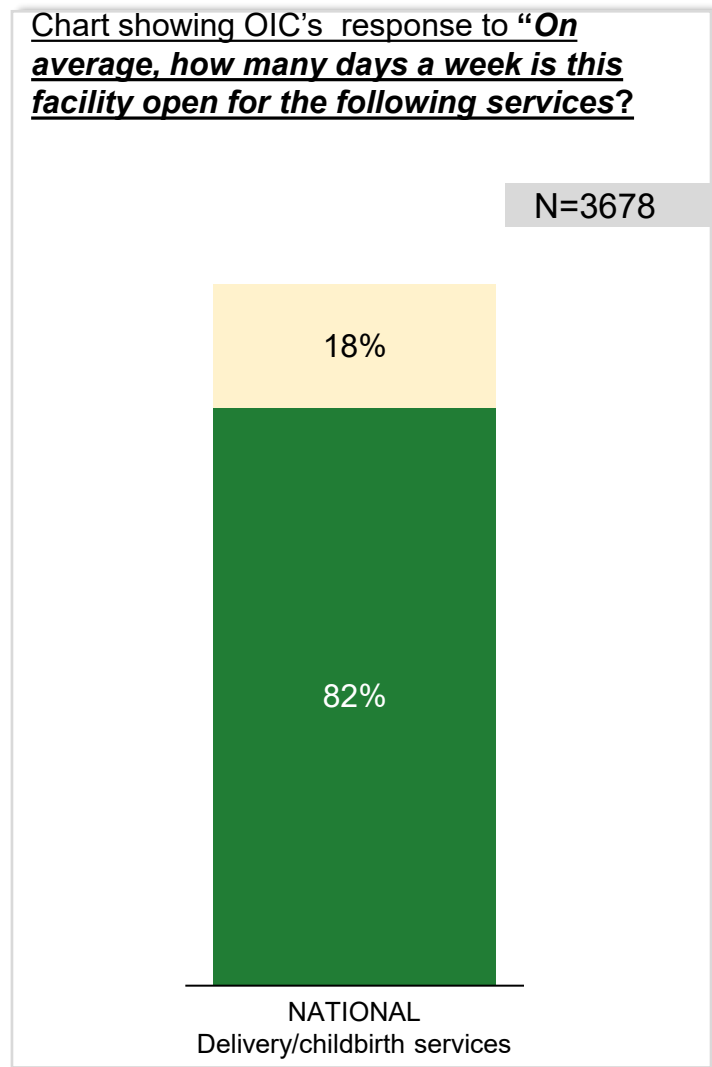
Less than 7 days a week 7 days



- Among facilities offering ANC services, only 20% provide them seven days a week, with a notably higher proportion in Kwara State (51%)
- About 20 states reported that 80% of their health facilities do not offer daily ANC sessions, despite the importance of this service in ensuring continuity of care for every pregnant woman who visits the facility on any given day.

On average, how many days a week was this facility open for delivery/childbirth services, in Q1 2025?

Less than 7 days a week 7 days



- Among facilities offering delivery services, 82% provide them seven days a week.
- More than 50% of health facilities in Kano do not offer daily delivery services. Akwa Ibom and Sokoto also reported gaps, with about 30% of their facilities reporting not offering daily delivery services.

Was your facility certified for Basic Emergency, Obstetric, and Newborn Care (BEMONC) in Q1 2025?

Don't know Yes No

Chart showing OIC's response to "Is your facility certified for Basic Emergency, Obstetric, and Newborn Care (BEMONC)?"

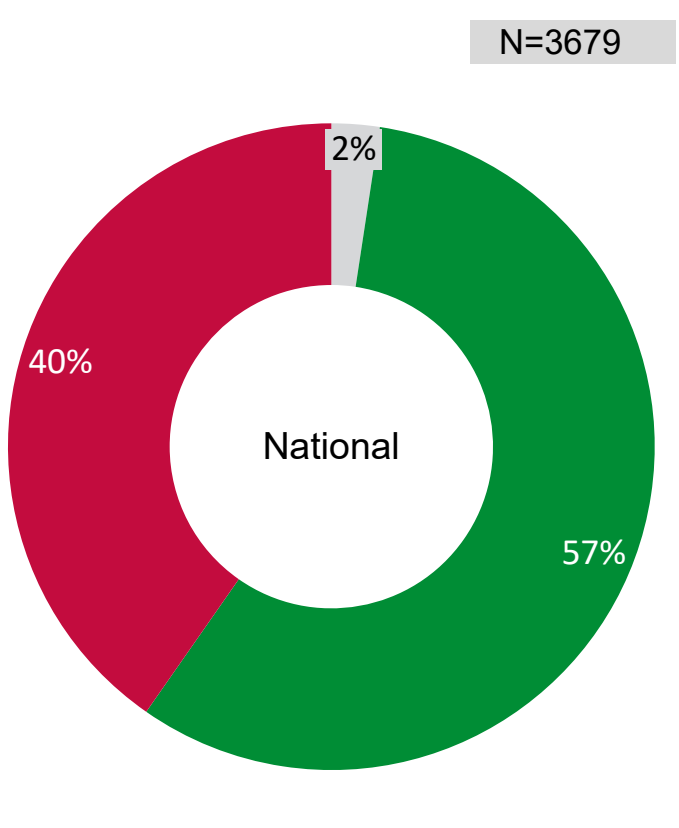


Chart showing OIC's response to "Is your facility certified for Basic Emergency, Obstetric, and Newborn Care (BEMONC)? by state"



- At the national level, 57% of facilities reported being certified for BEMONC, with BHC PF facilities accounting for a higher proportion of these certifications
- At the zonal level, Non-BHC PF facilities in the North East (54%) had the highest number of facilities that reported not being certified for BEMONC
- Interestingly, BHC PF facilities in the North East reported the highest across zones for being certified for BEMONC
- 7% of non-BHC PF facilities in the South South reported that they "don't know" if they are certified for BEMONC

Was your facility certified for Basic Emergency, Obstetric, and Newborn Care (BEMONC) in Q1 2025?

Chart showing OIC's response to "Is your facility certified for Basic Emergency, Obstetric, and Newborn Care (BEMONC)?"

N=3679

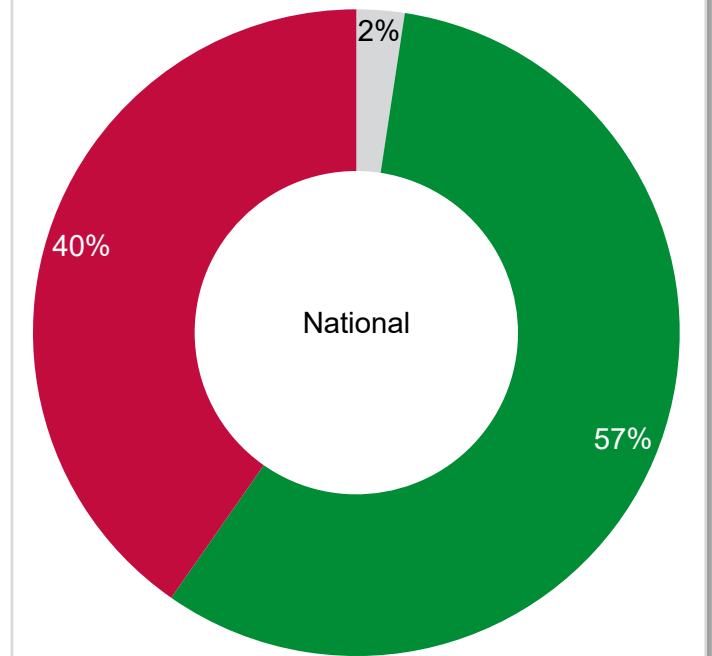


Chart showing OIC's response to "Is your facility certified for Basic Emergency, Obstetric, and Newborn Care (BEMONC)? Across BHCPF facilities by state N=3017"

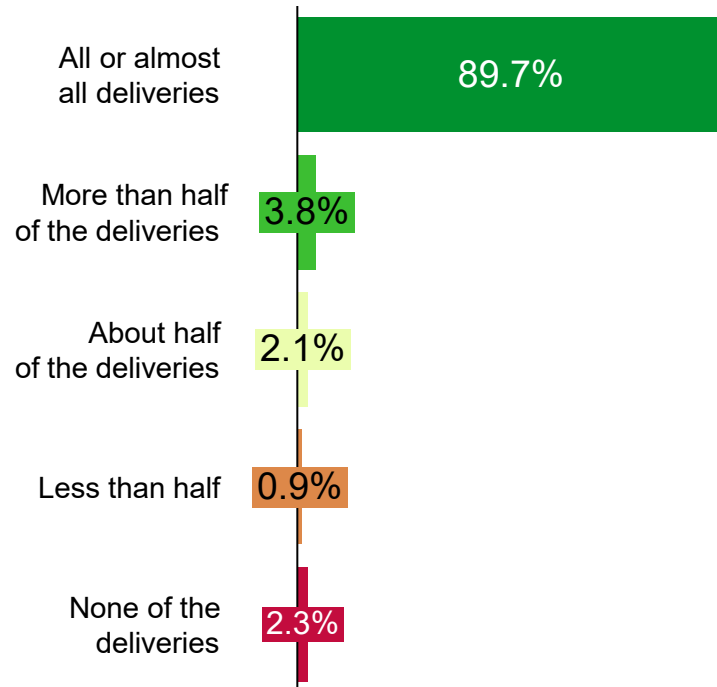


- Ebonyi state (92%) reported the highest number of facilities being certified for BEMONC
- Delta state (53%) had the highest number of facilities that reported **not** being certified for BEMONC
- 10% of BHCPF facilities in Ogun state reported that they do not know if they are certified for BEMONC or not

Were the deliveries conducted at the facility in Q1 2025 attended by a skilled birth attendant?

Percentage of facilities that reported deliveries conducted at this facility attended to by a skilled birth attendant

N=3277



Percentage of facilities that reported deliveries conducted at the facility were attended to by a skilled birth attendant by BHCPF at the zonal level (%) N=2733

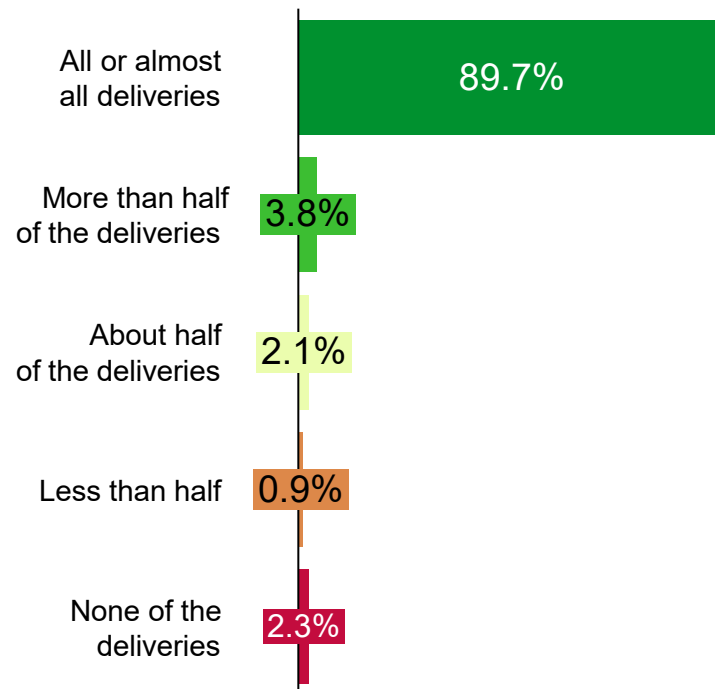
	BHCPF	NC	NE	NW	SE	SS	SW
All or almost all deliveries	92%	89.60%	91.30%	89.50%	95.10%	93.40%	92.70%
More than half of the deliveries	5%	5.30%	6.60%	4.60%	2.80%	4.40%	4.30%
About half	1%	2.00%	1.00%	2.00%	0.50%	1.70%	0.70%
Less than half	1%	1.10%	0.40%	1.80%	0.30%	0.30%	0.70%
None	1%	0.70%	0.30%	1.30%	1.40%	0.00%	1.60%

- Out of the facilities offering delivery services, a majority of them (87.9%) reported that all/almost deliveries were conducted by skilled birth attendants (SBA),
- BHCPF facilities in the south east (95.1%) reported the highest for deliveries conducted by an SBA while the South west (1.6%) reported the highest for none of the deliveries being conducted by an SBA
- However, in facilities where none of the deliveries are attended by an SBA, most are conducted by TBAs or Environmental Health Officer.

Were the deliveries conducted at the facility in Q1 2025 attended by a skilled birth attendant?

Percentage of facilities that reported deliveries conducted at this facility attended to by a skilled birth attendant

N=3277



Percentage of facilities that reported deliveries conducted at the facility were attended to by a skilled birth attendant by non-BHCPF at the zonal level (%) N=544

	Non-BHCPF	NC	NE	NW	SE	SS	SW
All or almost all deliveries	90%	85.20%	84.00%	92.20%	96.90%	94.90%	92.70%
More than half of the deliveries	3%	3.70%	5.40%	4.70%	0.00%	1.30%	0.00%
About half	3%	2.80%	5.30%	0.00%	0.30%	0.00%	2.90%
Less than half	3%	1.80%	0.00%	3.10%	0.10%	0.00%	0.10%
None	1%	4.60%	3.50%	0.00%	2.70%	1.30%	2.90%

- Out of the facilities offering delivery services, a majority of them (87.9%) reported that all/almost deliveries were conducted by skilled birth attendants (SBA),
- Non-BHCPF facilities in the south east (96.9%) reported the highest for deliveries conducted by an SBA while the North central (4.6%) reported the highest for none of the deliveries being conducted by an SBA
- However, in facilities where none of the deliveries are attended by an SBA, most are conducted by TBAs or community health officers. The CHOs in some cases also serve as the facility's OICs

How often were the deliveries conducted at this facility attended to by a skilled birth attendant in Q1 2025? (State-level data)

Chart showing OIC's response to "In the past 30 days, how often were the deliveries conducted at this facility attended to by a skilled birth attendant?"

N=3277

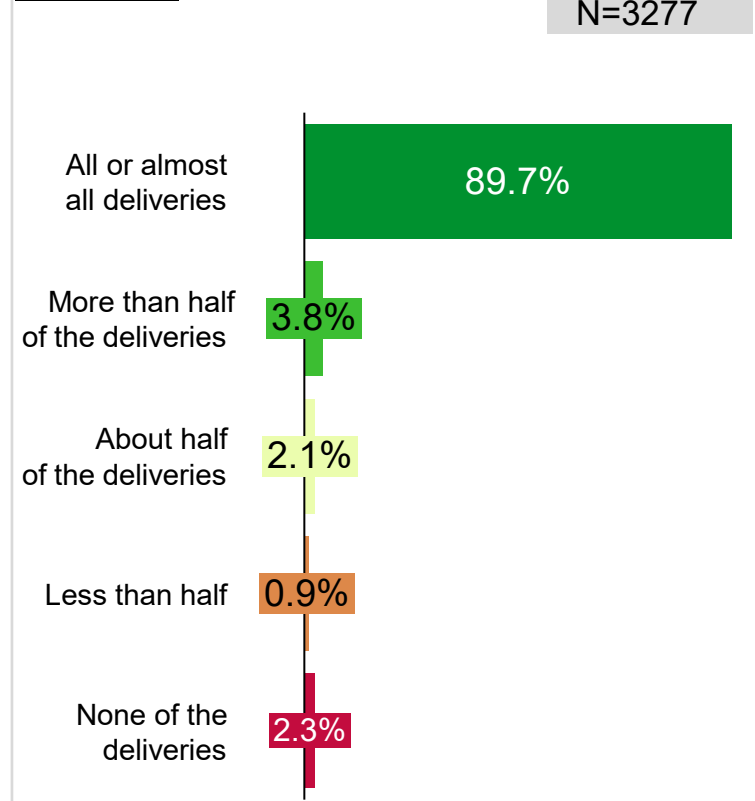
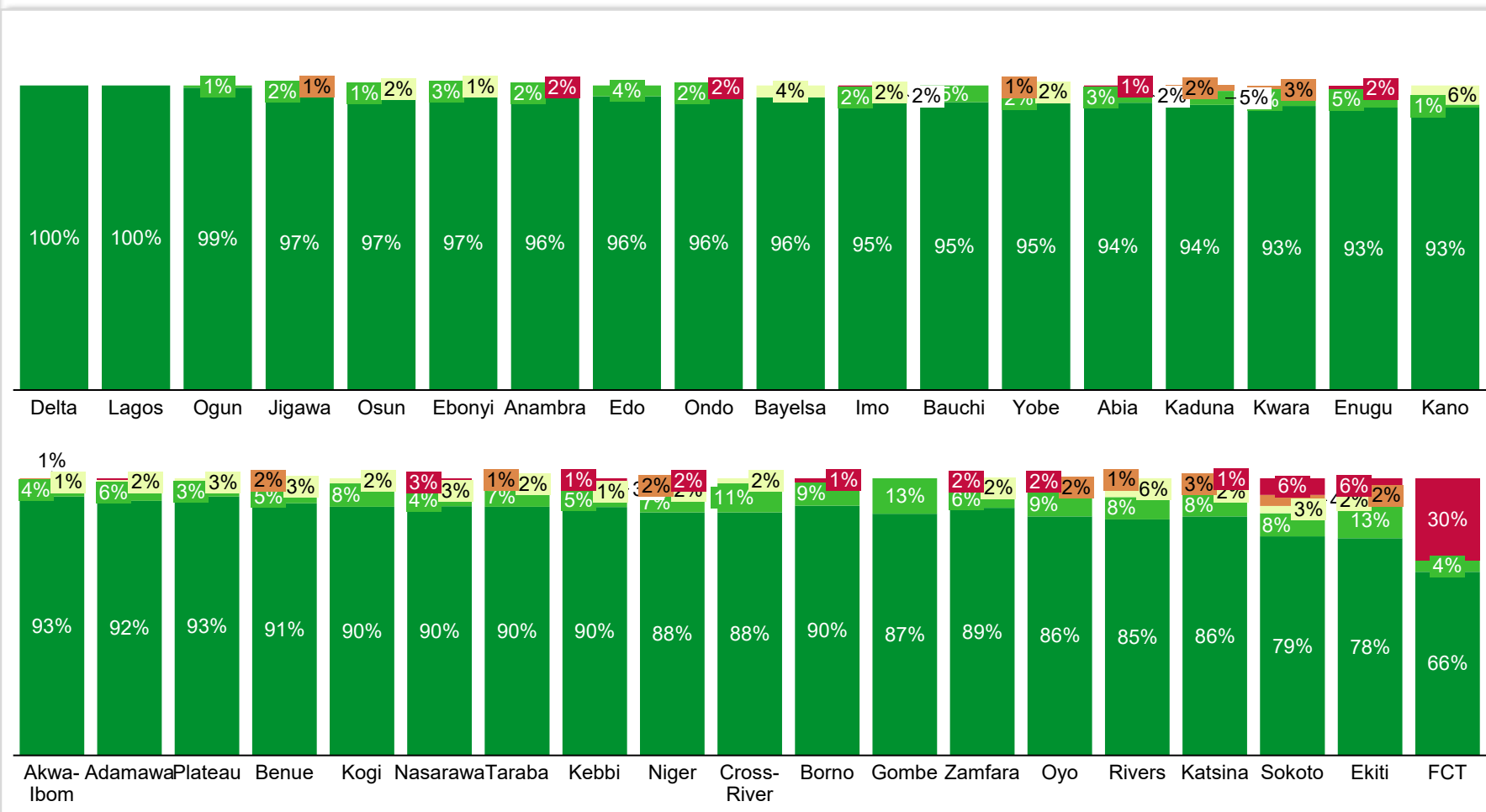


Chart showing OIC's response to "In the past 30 days, how often were the deliveries conducted at this facility attended to by a skilled birth attendant?" by state (BHCPF) N= 2733



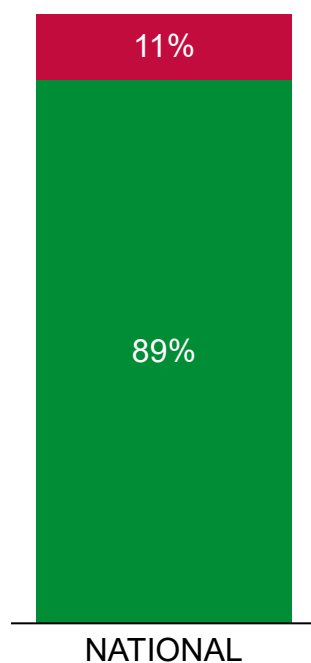
- Notably, nearly one-third (30%) of facilities in the FCT that reported offering delivery services indicated that these were not attended by skilled birth attendants (SBAs)
- 100% of facilities in Lagos and Delta reported that all/ almost all deliveries were conducted by an SBA

Was there continuous availability of a health worker at the facility in Q1 2025?

Yes NO

Percentage of facilities that report the continuous availability of a health worker

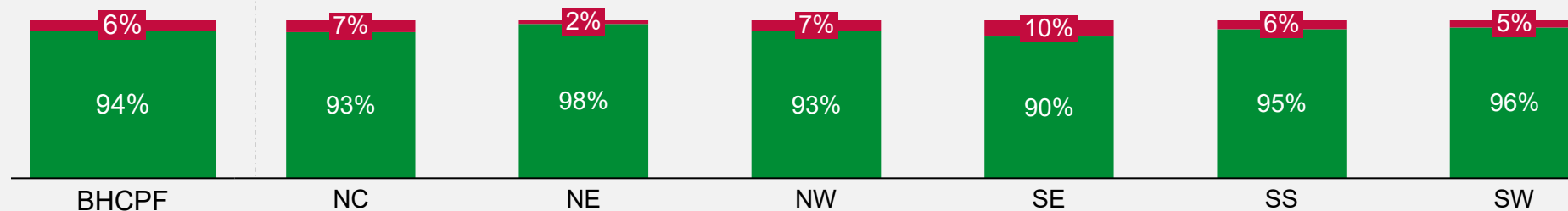
N=3679



Percentage of facilities that report the continuous availability of a health worker by BHCPF & Non-BHCPF at the zonal level (%)

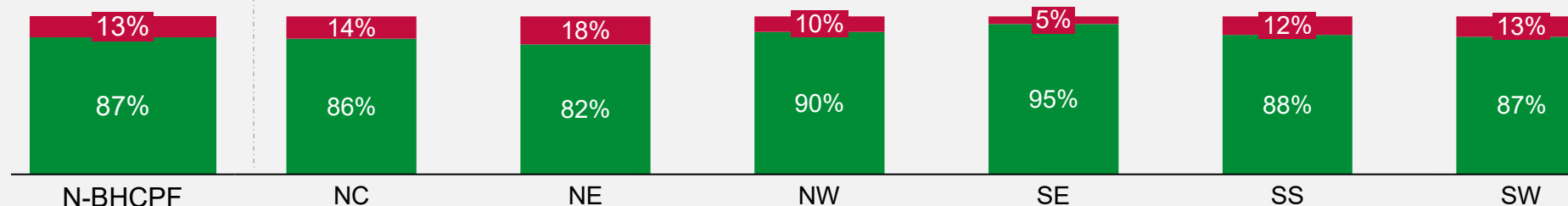
BHCPF Facilities

N=3017



Non - BHCPF Facilities

N=662



- Overall, there is continuous availability of health workers across the facilities, both for BHCPF and non-BHCPF, in every zone.
- However, non-BHCPF facilities in the North East (18%) reported the highest percentage of inconsistent availability of health workers.

How available were the monthly summary forms at the facility in Q1 2025?

Yes No

Chart showing OICs response to “Do you have a monthly summary form?”

N=3989

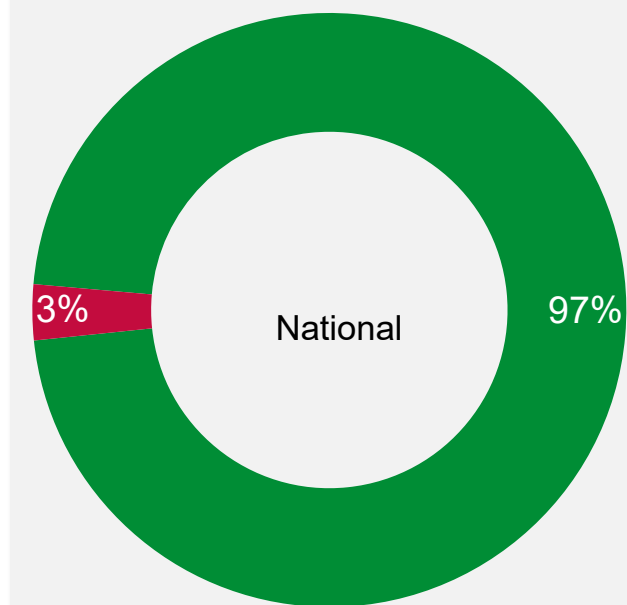


Chart showing OICs response to “Do you have a monthly summary form?” for BHCPF Health facilities by state N=3161



Although monthly summary forms are widely available (97%) at BHCPF facilities across various states, states like Imo(4%) and Sokoto (6%) still have facilities lacking the form.

In the past 30 days, how often was a partograph used to monitor and manage labour/WHO Labour Care Guide?

■ All the time ■ Most of the time ■ Some of the time ■ Rarely

Chart showing OIC's response to "In the past 30 days, how often was a partograph used to monitor and manage labour/WHO Labour Care Guide?"

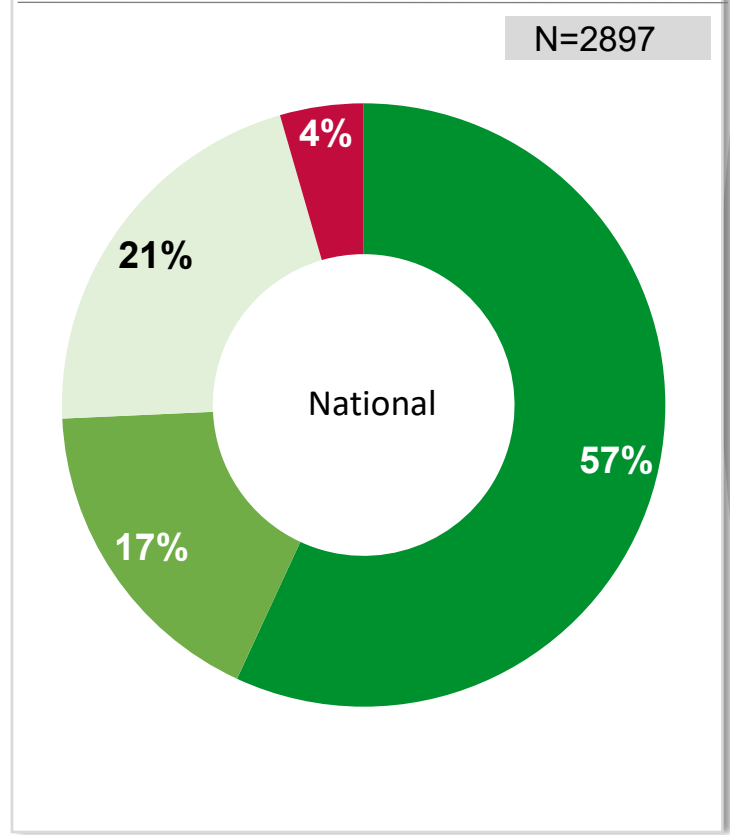
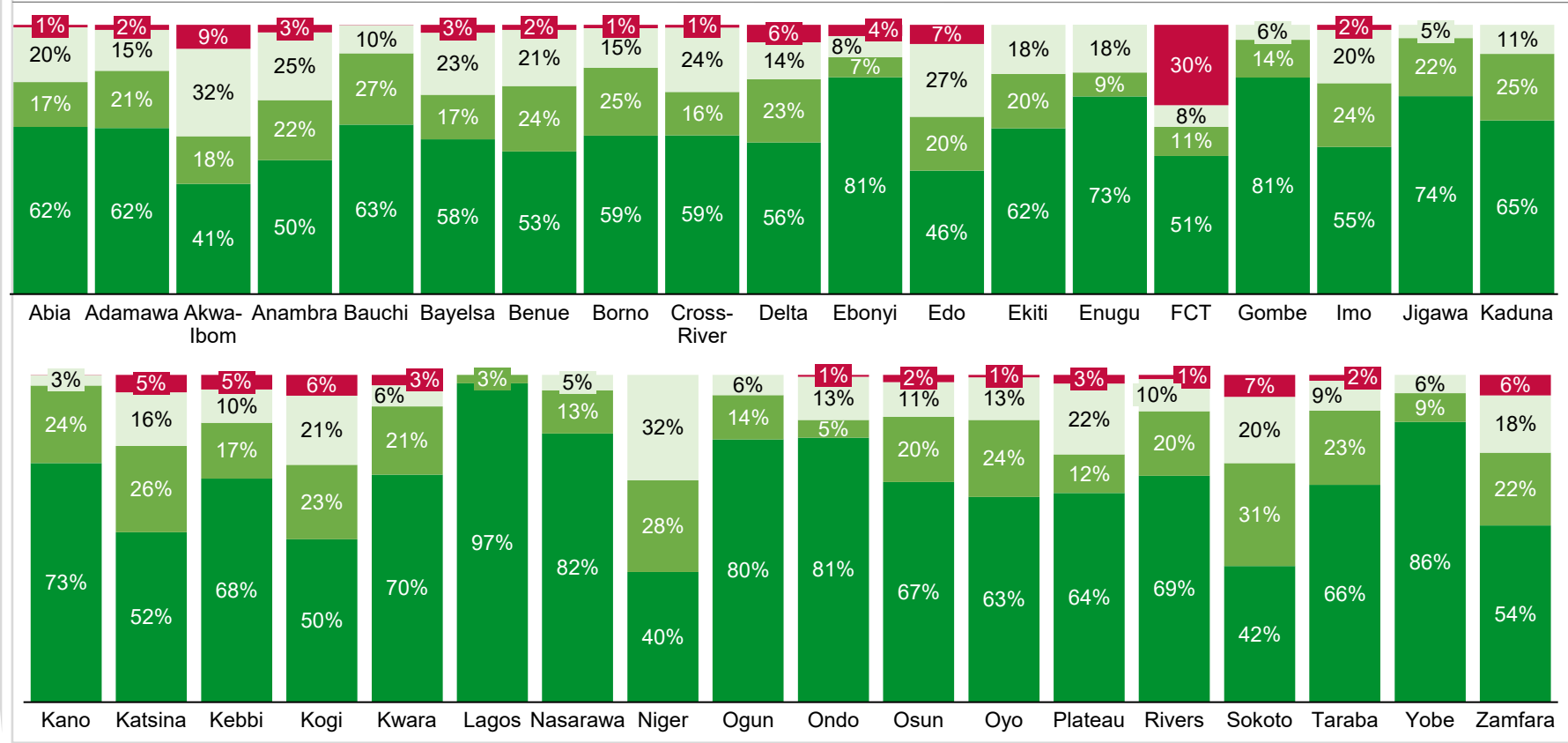


Chart showing OIC's response to "In the past 30 days, how often was a partograph used to monitor and manage labour/WHO Labour Care Guide?" by state (BHCPF Facilities) N=2504



- Overall 57% of the surveyed facilities reported using the partograph all the time to monitor and manage labour
- BHCPF facilities in the FCT(30%), Akwa-Ibom(9%), Edo and Sokoto (7%) reported rarely using a partograph to monitor and manage labour
- Lagos (97%), Yobe (86%), and Nasarawa(82%) reported using the partograph to monitor and manage labour all the time

Has the facility faced any challenges monitoring and managing labour using a partograph\ WHO Labour Care Guide?

Chart showing OIC's response to "Has this facility faced any challenges monitoring and managing labour using a partograph\ WHO Labour Care Guide?"

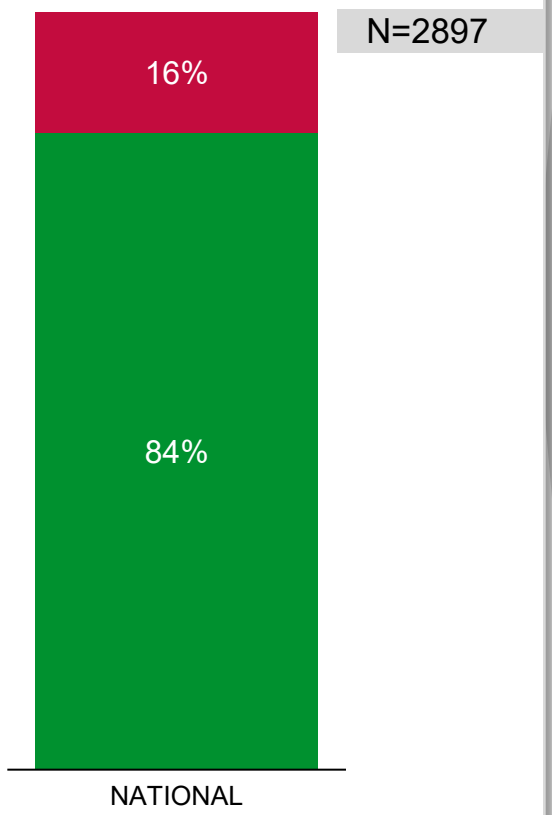
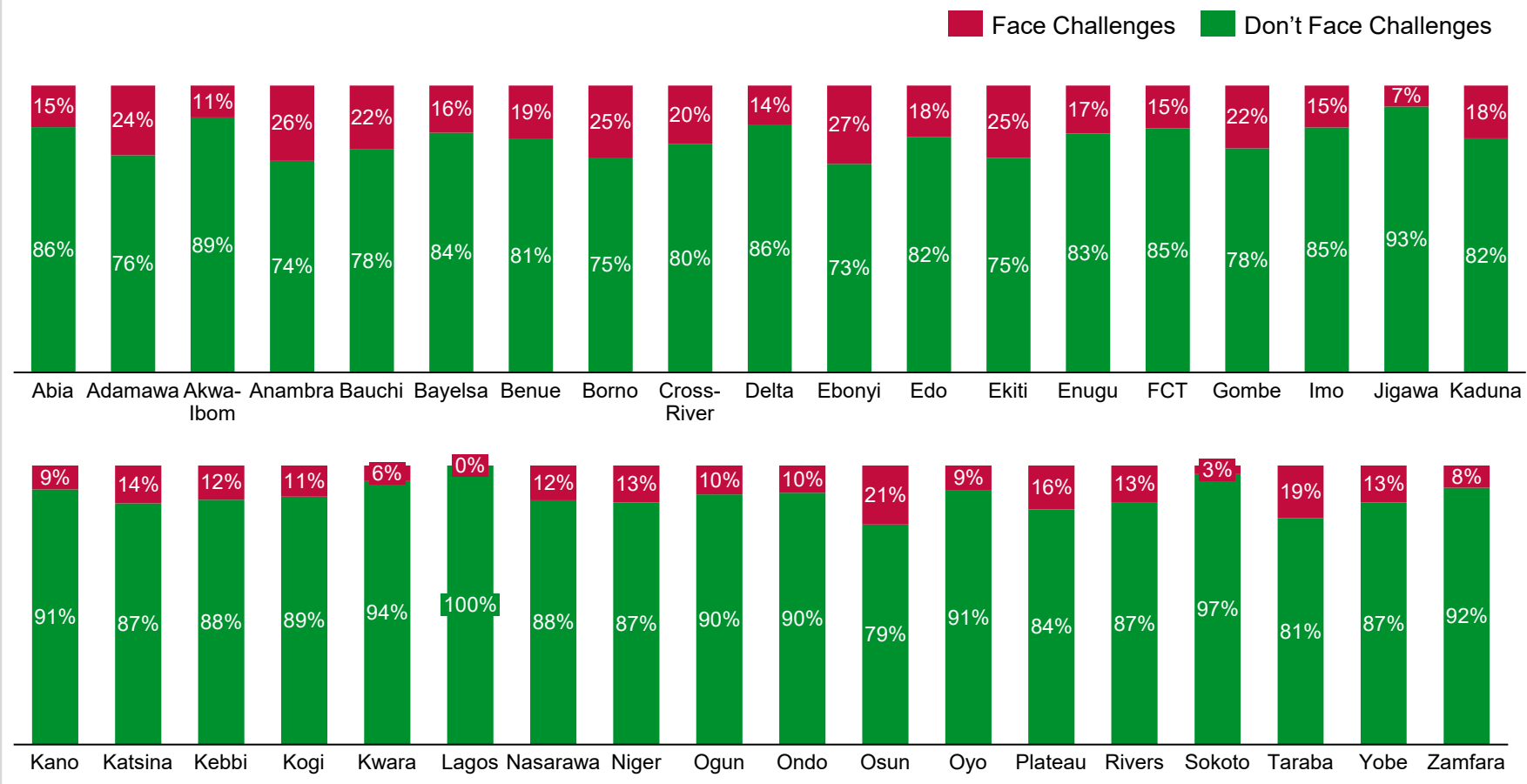


Chart showing OIC's response to "Has this facility faced any challenges monitoring and managing labour using a partograph\ WHO Labour Care Guide?" by state (BHCPF) N=2504



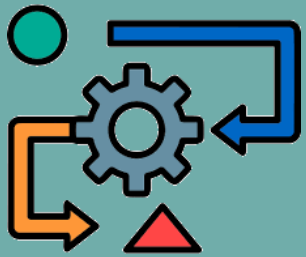
- 16% of the facilities reported challenges using a partograph or the WHO Labor Care Guide.
- This was mostly reported in Ebonyi (27%), Borno and Ekiti (25%), and Adamawa (24%)

Summary of findings on Services

Focus	Findings
Services overview	<ul style="list-style-type: none"> ▪ Almost all facilities (over 99%) did not provide the full range of surveyed services. However, Family Planning (FP), antenatal care (ANC), postnatal care (PNC), child immunization, and vitamin A supplementation were widely available across both BHCPF and non-BHCPF facilities, with over 98% of BHCPF facilities offering them. ▪ In contrast, services such as cervical cancer screening, mental health and psychosocial support (MHPSS), and basic surgery were the least available, with fewer than 30% of both BHCPF and non-BHCPF facilities providing them.
Child Immunization	<ul style="list-style-type: none"> ▪ Overall, there's high coverage of child immunization services, both in facilities and through outreach. The North Central has the highest coverage both at BHCPF(100%) and non-BHCPF level (99%).
Delivery & Childbirth	<ul style="list-style-type: none"> ▪ Majority of facilities reported offering delivery and childbirth services (83%) ▪ Among the facilities offering delivery services, 82% provide them seven days a week. ▪ Out of the facilities offering delivery services, a majority of them (87.9%) reported that all/almost deliveries were conducted by skilled birth attendants (SBA) ▪ Overall 57% of the surveyed facilities reported using the partograph all the time to monitor and manage labour



External Events and Overall Challenges (Shocks)



Resilience to Shocks

Service Delivery

Physical Infrastructure



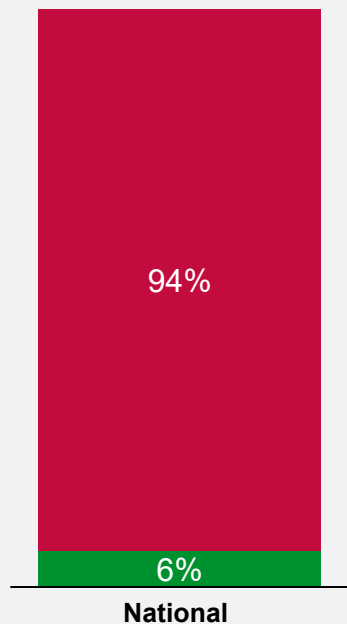
Medical Equipment & Supplies

Facilities that report the availability of water source, functional toilet, & hand-washing facility with either running water and soap or an alcohol-based hand sanitizer

Percent of facilities that report the availability of **basic WASH**

N=3989

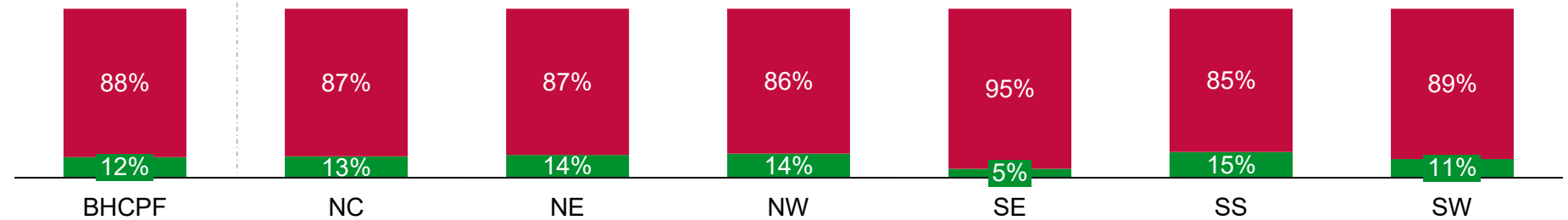
Yes, availability of basic WASH
No



Percent of facilities that report the availability of **basic WASH** by BHCPF & Non-BHCPF at the zonal level (%)

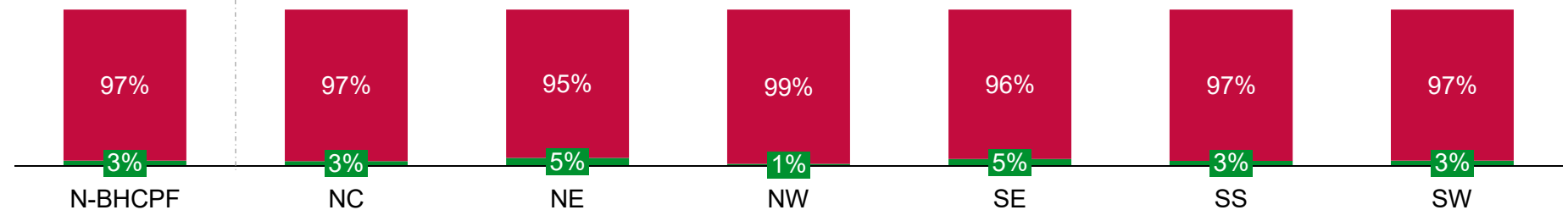
BHCPF Facilities

N=3161



Non - BHCPF Facilities

N= 828



- Only 6% of surveyed facilities reported having basic WASH services, defined as the presence of a water source, functional toilet, and a handwashing facility with either running water and soap or an alcohol-based hand sanitizer.
- This proportion was higher among BHCPF facilities (12%), while facilities in the South-East contributed the least

Basic WASH amenities criteria, water source, functional toilet, & hand-washing facility with either running water and soap or an alcohol-based hand sanitizer

Facilities that report the availability of water source, functional toilet, & hand-washing facility with either running water and soap or an alcohol-based hand sanitizer

Percent of facilities that report the availability of **basic WASH**

N=3161

Yes, availability of basic WASH
No

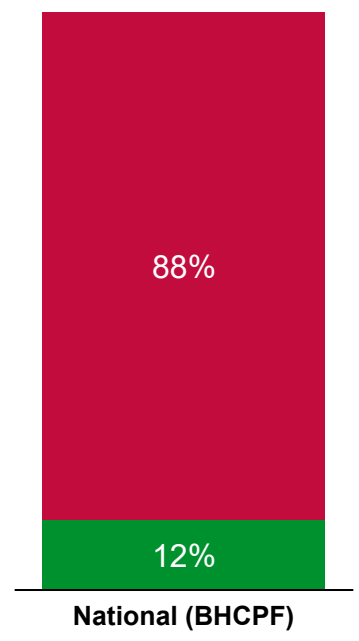
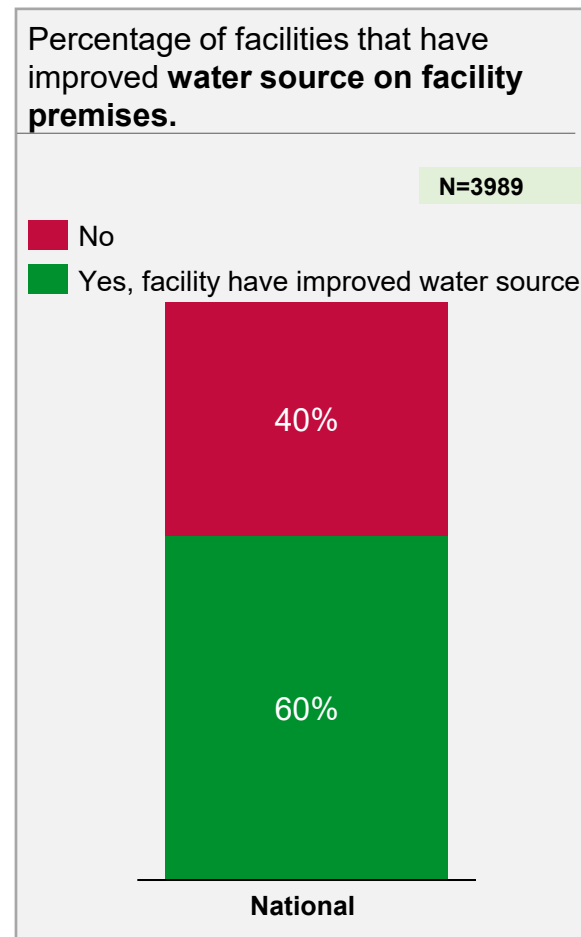


Chart showing OIC's response to having all basic WASH amenities criteria, water source, functional toilet, & hand-washing facility with either running water and soap or an alcohol-based hand sanitizer



88% of surveyed facilities across 36 states reported lacking basic WASH amenities. Facilities in Cross River, Rivers, and Kaduna states reported having all basic WASH amenities, with more than 20% in each state.

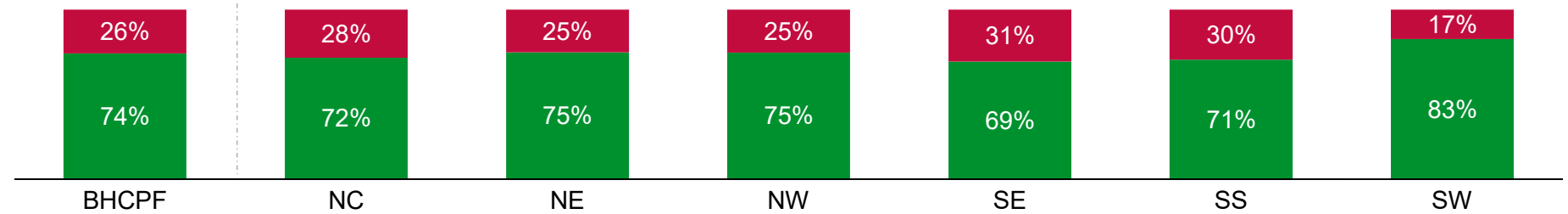
What is the main source of water supply for this health facility?



Percentage of facilities that have improved **water source on facility premises** by BHCPF & Non-BHCPF at the zonal level (%)

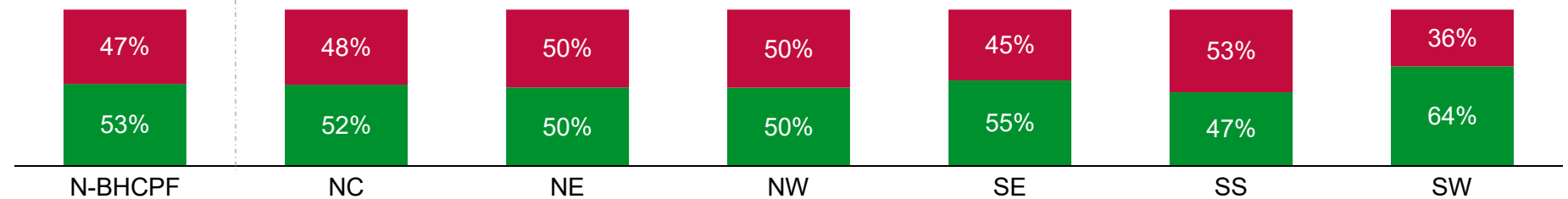
BHCPF Facilities

N=3161



Non - BHCPF Facilities

N= 828



- Overall, 60% of surveyed facilities reported using improved water sources, with BHCPF facilities contributing the largest share.
- Among BHCPF facilities, the South-West zone recorded the highest number of facilities with improved water sources.
- Although non-BHCPF facilities reported lower access overall, the South-West zone still had the highest proportion of facilities with improved water sources.

'Improved' water sources for the facility. The WHO considers Piped supply outside the building, Tube well/borehole, Public tap/standpipe, Protected dug well, Protected spring, Rainwater

SOURCE:FASTR analysis

What is the main source of water supply for this health facility?

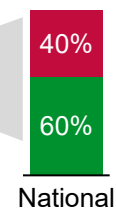
Percentage of facilities that have improved water source on facility premises

Yes, have improved water source

BHCPF

National (BHCPF) **74%** **26%** **N=3161**

Types of Water Source	NC	NE	NW	SE	SS	SW	National (N=25,460)
Piped supply inside & outside the building	6.30%	6.30%	13.10%	4.10%	10.20%	8.10%	5.90%
Tube well/borehole	45.30%	62.80%	51.20%	42.00%	47.50%	61.60%	39.50%
Protected dug well	13.50%	2.90%	6.80%	2.40%	5.20%	11.50%	7.90%
Unprotected dug well	2.20%	3.00%	3.10%	0.00%	4.90%	1.70%	4.30%
Tanker Truck/Vendor	8.40%	9.90%	9.80%	20.20%	6.70%	3.60%	7.60%
Surface water (lake, river, or stream)	5.30%	2.40%	0.60%	1.50%	5.80%	1.80%	6.50%
No water source	11.90%	9.40%	9.80%	7.30%	11.30%	9.50%	20.70%
Others	6.70%	2.90%	3.40%	21.00%	7.70%	2.10%	6.60%



- Tube wells and boreholes serve as the primary sources of improved water in BHCPF facilities, outpacing those in non-BHCPF facilities overall.
- Over 60% of BHCPF facilities (8,220) in the NE and SW zones reported that tube wells or boreholes are their main water supply.
- Additionally, facilities in the SS zone have the highest percentage of facilities utilizing surface water as their water source.

What is the main source of water supply for this health facility?

Percentage of facilities that have improved water source on facility premises

N=3161

Yes, have improved water source
NO

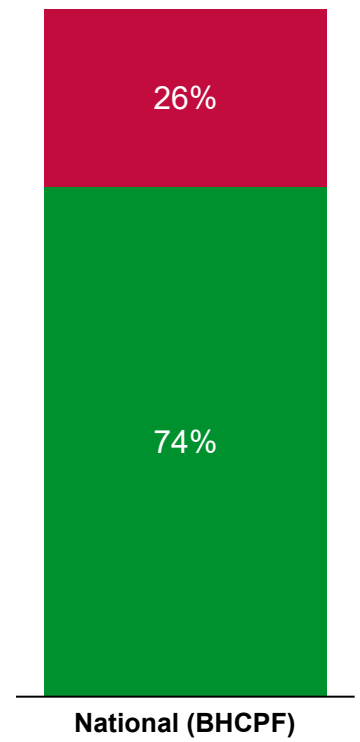


Chart showing OIC's response to "What is the main source of water supply for this health facility? by state



BHC PF

▪ Kaduna and Osun reported the highest percentage of facilities with improved water sources (94%), while Sokoto had the lowest (53%)

'Improved' water sources for the facility. The WHO considers Piped supply outside the building, Tube well/borehole, Public tap/standpipe, Protected dug well, Protected spring, Rainwater

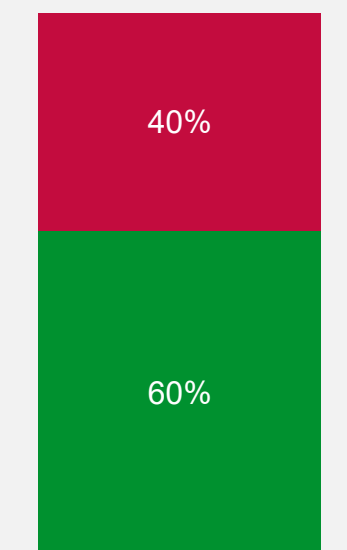
SOURCE:FASTR analysis

What type of functional toilets (latrines) are within the health facility premises for use by patients?

Percentage of facilities that have **functional, improved toilet for patients**

N=3989

■ No
■ Yes, facility have functional, improved toilet available for patients

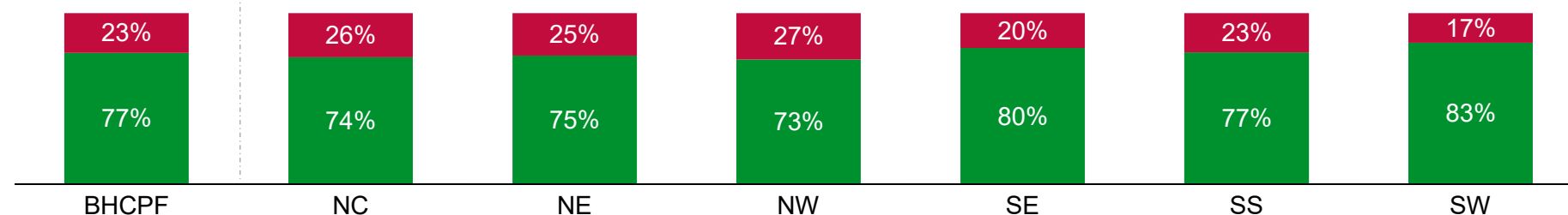


National

Percentage of facilities that have **functional, improved toilet for patients** by BHCPF & Non-BHCPF at the zonal level (%)

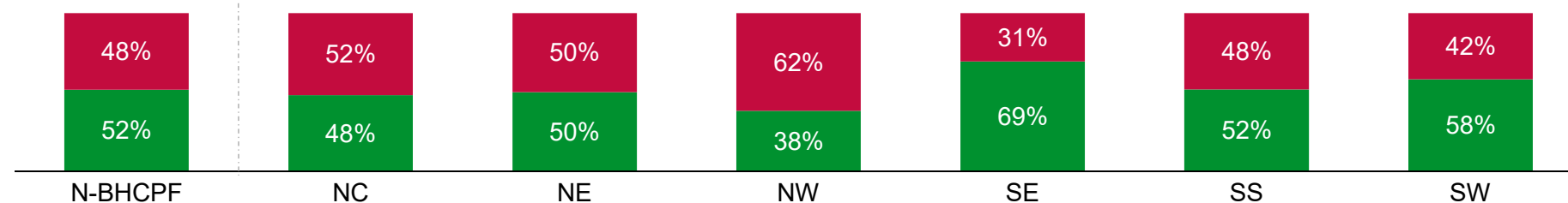
BHCPF Facilities

N=3161



Non - BHCPF Facilities

N= 828



- Overall, 60% of surveyed facilities reported using functional and improved toilet for patients, with BHCPF facilities contributing the largest share.
- Among BHCPF facilities, the South-West zone recorded the highest number of facilities with function and improved toilets for patients.
- Although non-BHCPF facilities reported lower access overall, the South-East zone had the highest proportion of facilities with function and improved toilets for patients.

Functional, improved toilets includes, Flush toilet to piped sewer system, Flush toilet to septic tank or pit latrine, Ventilated improved pit latrine, Pit latrine with slab, Composting

What type of functional toilets (latrines) are within the health facility premises for use by patients?

Percent of facilities that report having any functional, improved toilet available for patients

Yes, report having any functional, improved toilet available for patients

BHCPF

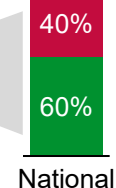
National (BHCPF)

77%

23%

N=3161

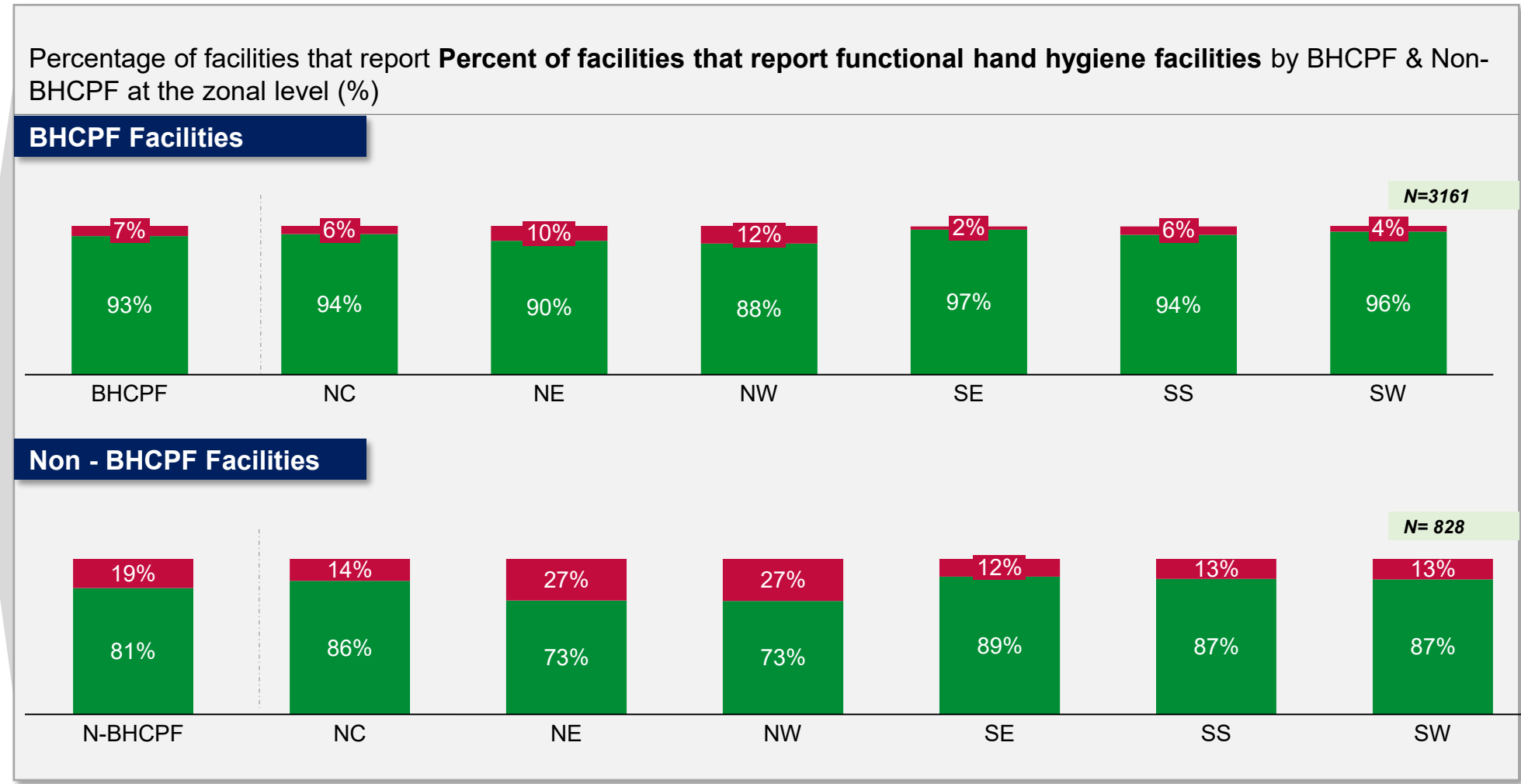
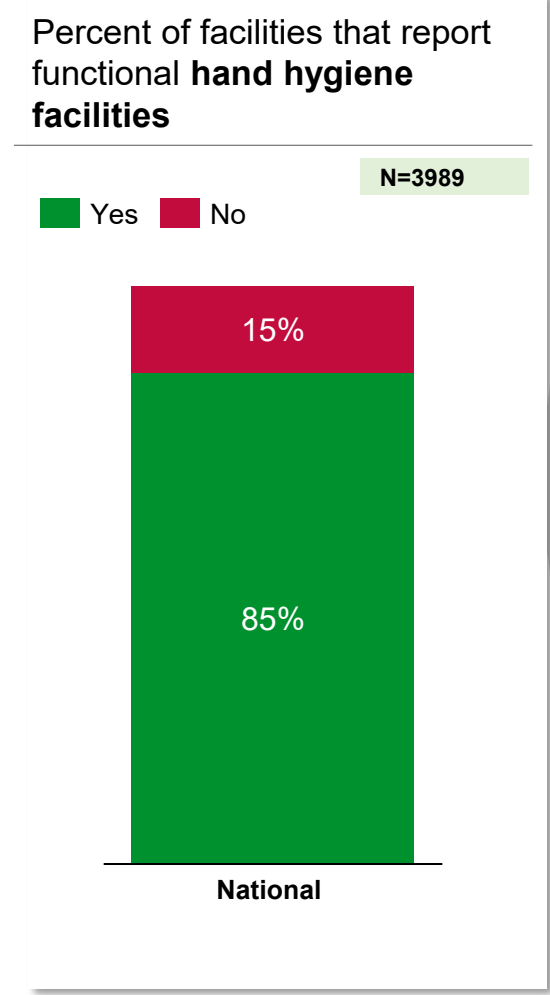
Types of Toilet	NC	NE	NW	SE	SS	SW	National (N=25,460)
Flush toilet to piped sewer system	29.30%	15.50%	12.80%	29.40%	35.80%	30.70%	18.60%
Ventilated improved pit latrine	3.20%	3.50%	4.70%	1.50%	2.40%	1.20%	2.20%
Pit latrine with slab	11.00%	37.50%	26.30%	3.60%	1.70%	2.10%	16.40%
Pit latrine without slab/ open pit	8.10%	13.60%	16.50%	1.80%	0.90%	1.00%	8.60%
Flush toilet to septic tank or pit latrine	15.60%	18.60%	4.00%	45.20%	37.20%	48.50%	22.50%
Flush toilet to open drain	2.30%	6.80%	4.70%	3.70%	8.10%	7.60%	4.60%
No functional facility on premises	35.50%	4.40%	9.70%	14.40%	13.80%	8.60%	26.60%



In the South-South, 37% of BHCPF facilities reported having a functional flush toilet connected to a septic tank or pit latrine, the highest proportion across zones. In contrast, in the North-Central, 35.5% of facilities reported having no functional toilet available for patients.

Functional, improved toilets includes, Flush toilet to piped sewer system, Flush toilet to septic tank or pit latrine, Ventilated improved pit latrine, Pit latrine with slab, Composting

Is there a hand-washing facility with either running water and soap or an alcohol-based hand sanitizer, available anywhere in this facility today?



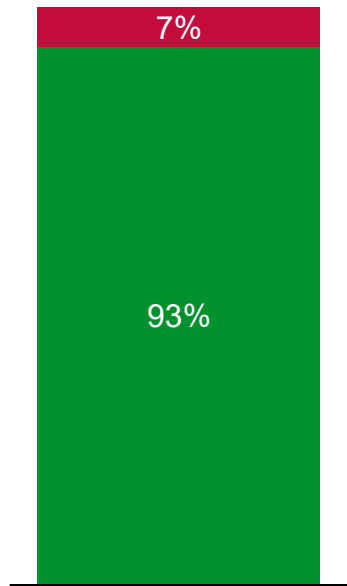
- BHCPF facilities reported a 12% higher rate of functional handwashing facilities compared to non-BHCPF facilities, with southern zones recording higher rates than their northern counterparts

Is there a hand-washing facility with either running water and soap or an alcohol-based hand sanitizer, available anywhere in this facility today?

Percent of facilities that report functional **hand hygiene facilities**

N=3161

Yes No



National (BHCPF)

Chart showing OIC's response to having all Percentage of facilities that report having functional hand hygiene facilities by states.

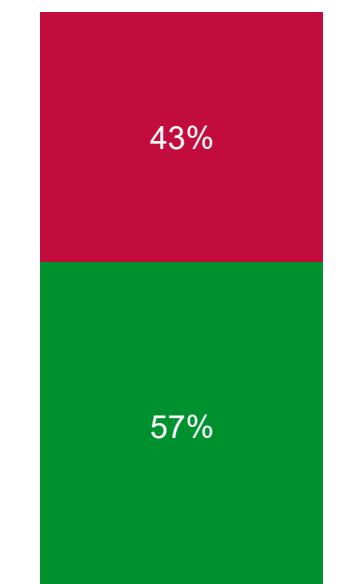


Facilities in the Northwest report the highest percentage of not having a functional hand-washing facility, with 12%. A deeper analysis of the states shows that Sokoto and Zamfara contribute to this issue, with 25% and 15% respectively.

Does this facility have guidelines or protocols for cleaning the facility such as for cleaning the floors, counters, and beds?

Percent of facilities that report **basic cleaning protocols or guidelines for cleaning the facility**

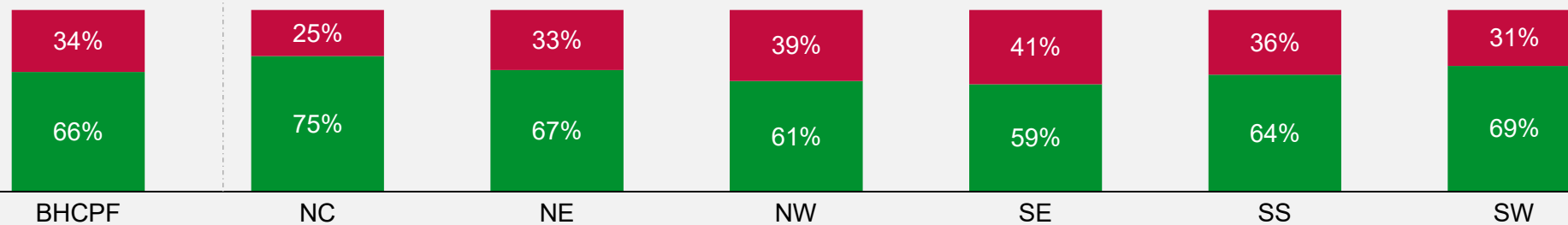
Yes No N=3989



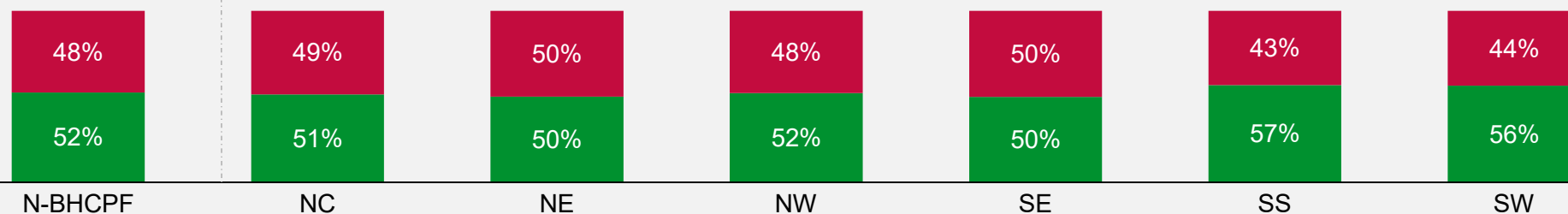
National

Percent of facilities that report basic cleaning protocols or guidelines for cleaning the facility by BHCPF & Non-BHCPF at the zonal level (%)

BHCPF Facilities



Non - BHCPF Facilities

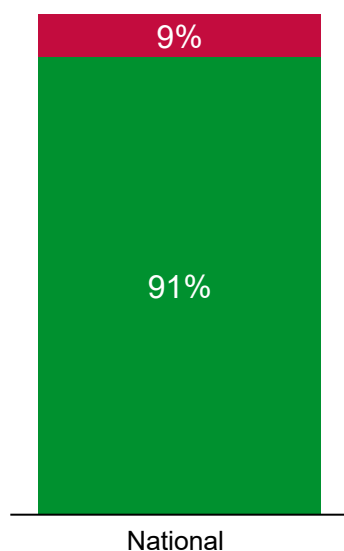


- More than 50% of both BHCPF and non-BHCPF facilities report having basic cleaning protocols or guidelines in place.
- Among the BHCPF facilities availability of these guidelines is lowest in the Northwest (61%) and Southeast (59%) zones.

What facilities reported any safe disposal for infectious non-sharp waste ?

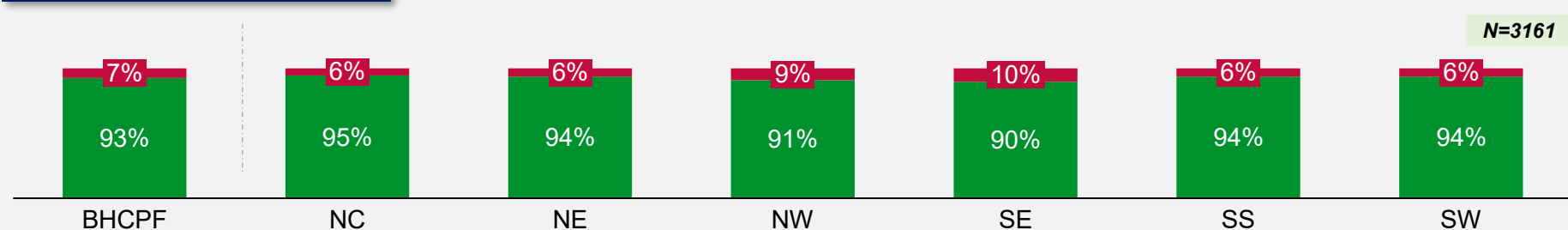
Percent of facilities that report **safe disposal of infectious non-sharp waste**

Yes No N=3989

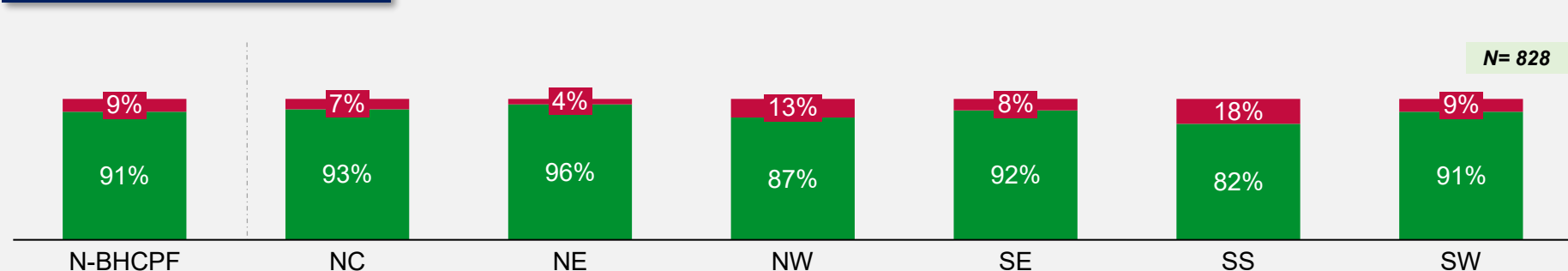


Percent of facilities that report safe disposal of infectious non-sharp waste by BHCPF & Non-BHCPF at the zonal level (%)

BHCPF Facilities



Non - BHCPF Facilities



- The surveyed facilities across both BHCPF and non-BHCPF programs generally adhere to the safe disposal of infectious non-sharp waste. Among the BHCPF facilities, the North Central (NC) zone reported a slightly higher safe disposal of infectious non-sharp waste.
- However, it is noteworthy that 10% of facilities in the Southsouth (SS) reported not practicing safe disposal of infectious waste, which is the highest proportion in the Non-BHCPF facilities. This is closely followed by 13% of facilities in the North-West (NW) reporting the same issue.

Safe disposal of infectious non-sharp waste include; Burn in incinerator, with incinerator functional and with fuel available today, Burn in incinerator, but not currently functional or no fuel available today, Open burning on flat ground (no protection), Open burning in pit or protected ground, Dump without burning on flat ground or open pit (no protection), Dump without burning in covered or protected pit, pit latrine or ground, Remove offsite, stored in covered container, or another protected environment, Remove offsite, stored unprotected, They gather the sharp waste in the safety box then taken to the LGA, Burn and bury, Lawman normally come to take them, Environmental come to pack

What facilities reported any safe disposal for infectious non-sharp waste ?

Percent of facilities that report safe disposal of infectious non-sharp waste

Yes No N=3161

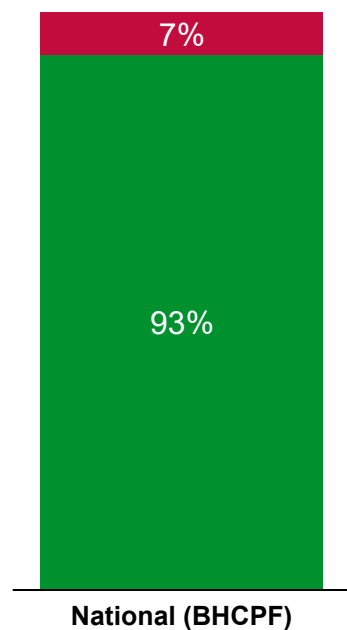


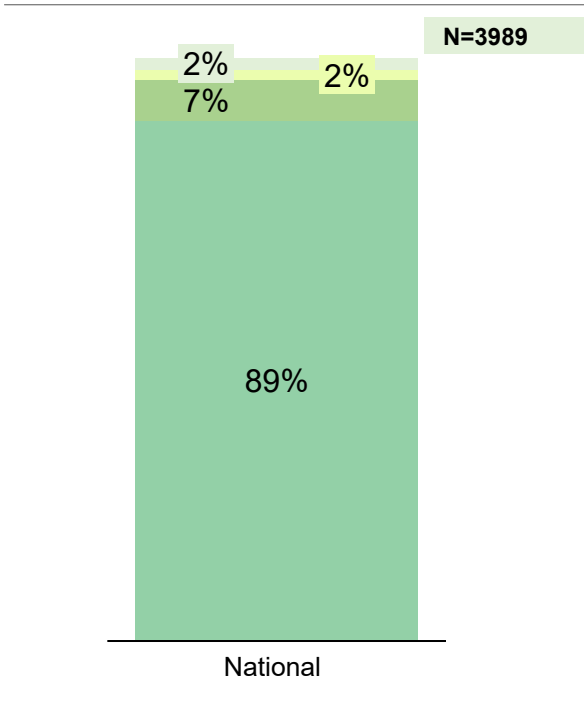
Chart showing OIC's response to having facilities that report safe disposal for infectious non-sharp waste by states.



- Across the BHCPF facilities, the facilities in Cross River reported the highest safe disposal of infectious non-sharp waste

What method does this facility use for the final disposal of infectious medical waste other than sharps waste (e.g., used bandages and placentas)?

Percentage of facilities that reported methods for final disposal of infectious medical waste other than sharps waste (e.g., used bandages and placentas)



■ Burning Method
 ■ Dumping Method
 ■ Offsite Removal & Storage
 ■ Waste handling & Collection

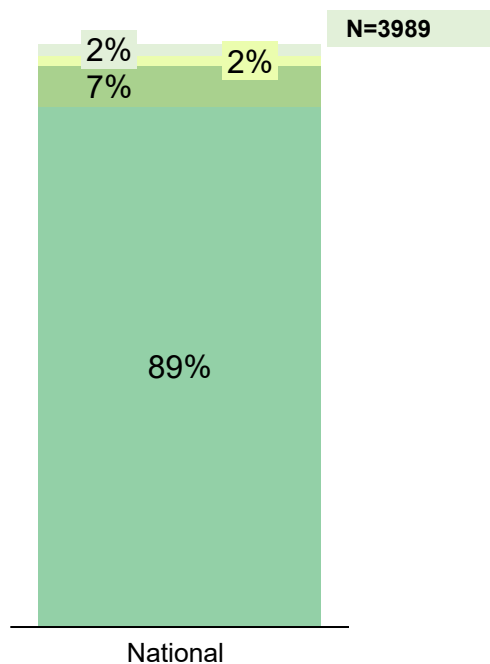
S/N	Disposal Method	BHCPF n=3161	NC	NE	NW	SE	SS	SW
1	Burning Method	88.3%	91.8%	92.8%	91.3%	85%	86.9%	81.7%
2	Dumping Method	6.5%	6.2%	3.4%	5%	10.2%	10.8%	3.9%
3	Offsite Removal & Storage	2.7%	1%	3%	2.9%	3.7%	1%	4.5%
4	Waste Handling & Collection	2.6%	1%	0.7%	0.7%	1.2%	1.1%	9.9%

- Burning methods of disposal (89%) were the most reported across facility types
- Among BHCPF facilities, waste collection and handling (9.9%) was reported more in the south west while Dumping (10.8%) was reported more in the south south

1. **Burning Methods:** Burn in incinerator, with incinerator functional and with fuel available today; Burn in incinerator, but not currently functional or no fuel available today; Open burning on flat ground (no protection); Open burning in pit or protected ground; Burn and bury
 2. **Dumping Methods:** Dump without burning on flat ground or open pit (no protection); Dump without burning in covered or protected pit, pit latrine, or ground
 3. **Offsite Removal & Storage:** Remove offsite, stored in covered container, or another protected environment; Remove offsite, stored unprotected
 4. **Waste Handling and Collection:** They gather the sharp waste in the safety box then taken to the LGA; Lawman normally comes to take them; Environmental come to pack

What method does this facility use for the final disposal of infectious medical waste other than sharps waste (e.g., used bandages and placentas)?

Percentage of facilities that reported methods for final disposal of infectious medical waste other than sharps waste (e.g., used bandages and placentas)



■ Burning Method
 ■ Dumping Method
 ■ Offsite Removal & Storage
 ■ Waste handling & Collection

S/N	Disposal Method	Non-BHCPF N=828	NC	NE	NW	SE	SS	SW
1	Burning Method	89.5%	91.9%	89.9%	88.8%	90.2%	90.3%	85%
2	Dumping Method	7.2%	6.7%	7.7%	8%	5.3%	7.2%	7.6%
3	Offsite Removal & Storage	1.3%	0%	1.3%	3.3%	1.8%	0.9%	1.6%
4	Waste Handling & Collection	1.7%	1.5%	1.3%	0%	1.9%	0.8%	5.9%

- Non-BHCPF facilities in the NW reported the dumping method (8%) and Offsite removal/Storage the most
- Just like BHCPF facilities in the south west, their non-BHCPF counterparts reported waste handling and collection (5.9%) the most

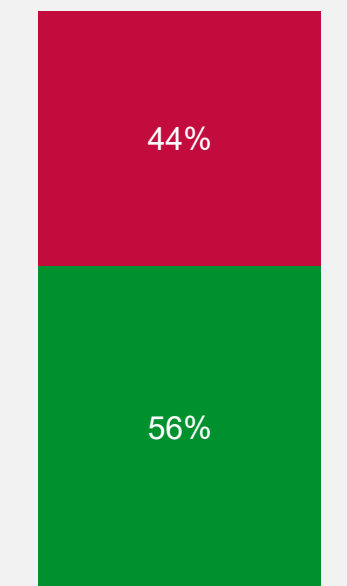
1. **Burning Methods:** Burn in incinerator, with incinerator functional and with fuel available today; Burn in incinerator, but not currently functional or no fuel available today; Open burning on flat ground (no protection); Open burning in pit or protected ground; Burn and bury
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 3. **Offsite Removal & Storage:** Remove offsite, stored in covered container, or another protected environment; Remove offsite, stored unprotected
 4. **Waste Handling and Collection:** They gather the sharp waste in the safety box then taken to the LGA; Lawman normally comes to take them; Environmental come to pack

What is this facility's primary source of electricity?

Percent of facilities that report a primary source of electricity

N=3989

- No
- Yes, report a primary source of electricity

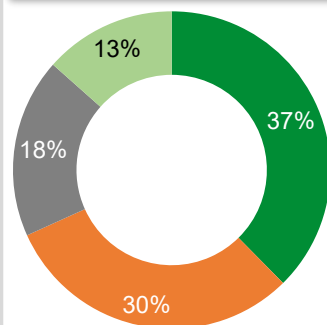


National

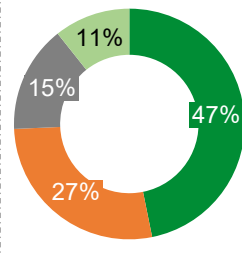
Percent of facilities that report a primary source of electricity by BHCPF & Non-BHCPF at the zonal level (%)

BHCPF Facilities

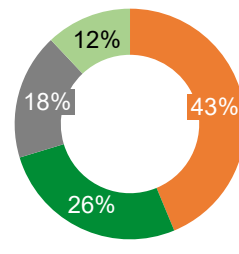
N=3161



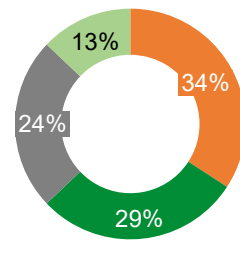
NC



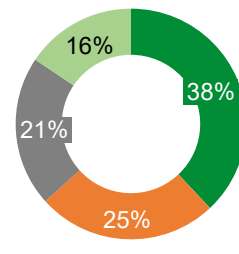
NE



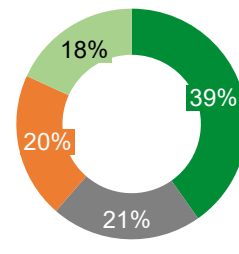
NW



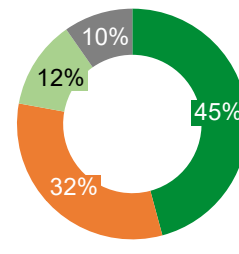
SE



SS

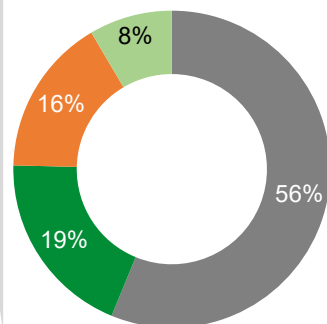


SW

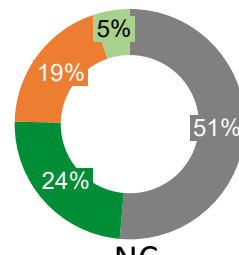


Non - BHCPF Facilities

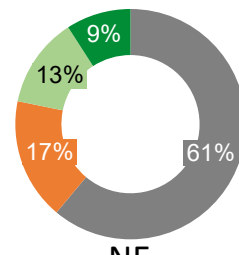
N= 828



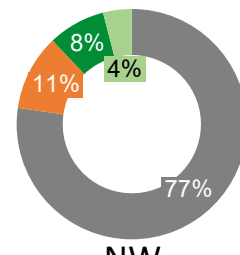
NC



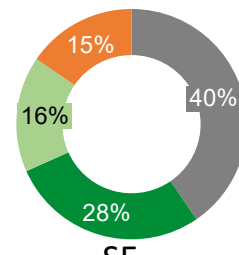
NE



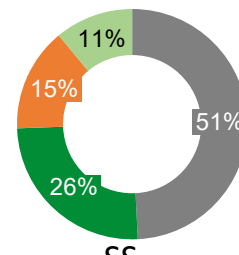
NW



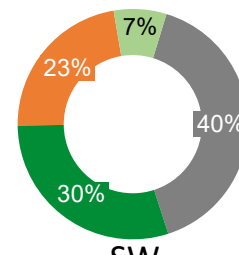
SE



SS

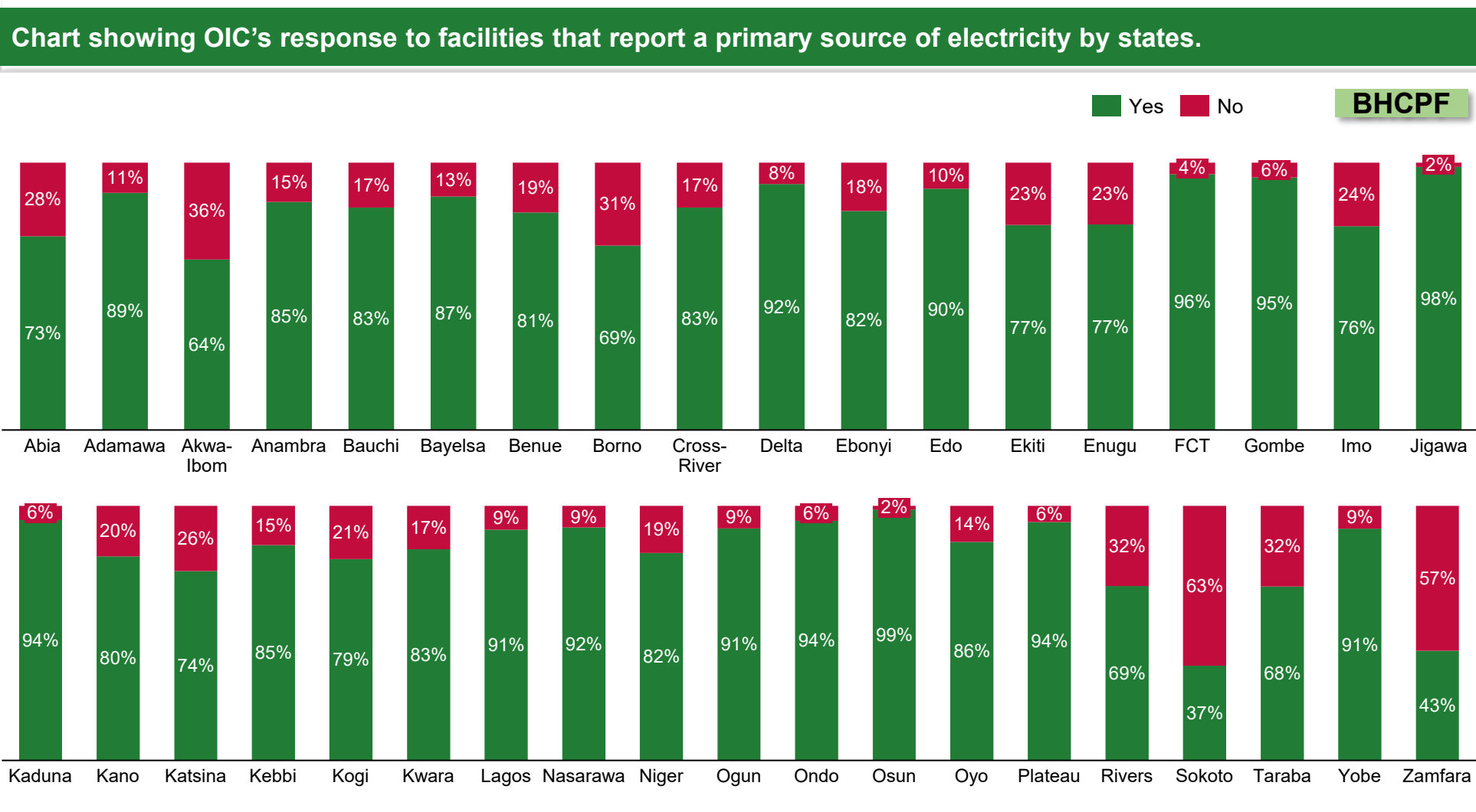
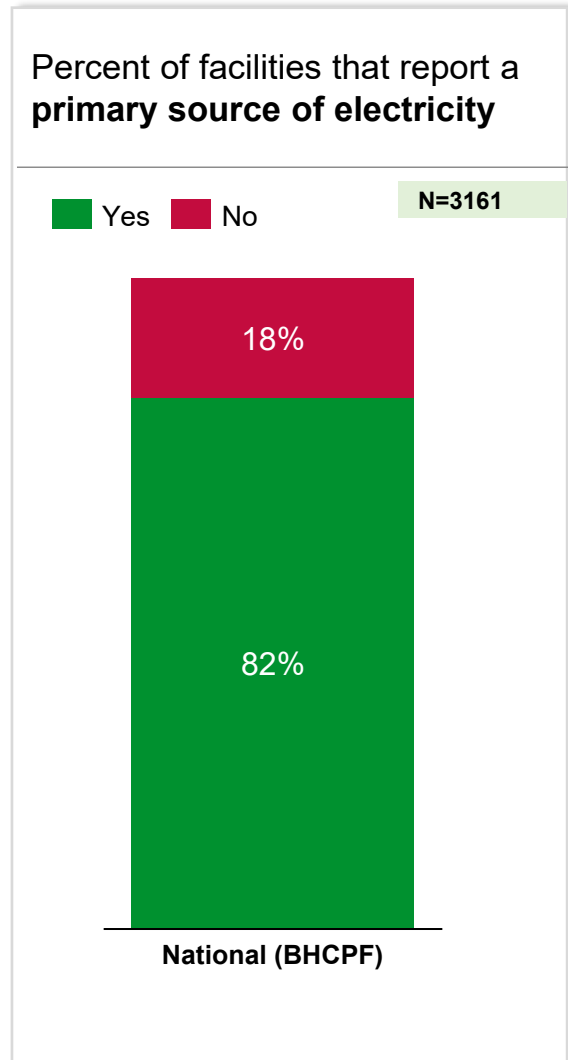


SW



- Across the surveyed facilities, the primary source of electricity was the national grid, followed by solar (mini-grid) systems
- Overall, 44% of surveyed facilities reported lacking a power supply. This challenge was more pronounced among non-BHCPF facilities, where 56% reported no access to power. Even among BHCPF facilities, 18% still reported being without power supply
- The North-West zone reported the highest proportion of BHCPF facilities without power supply, a trend that was consistent among non-BHCPF facilities as well

What is this facility's primary source of electricity?



■ In Osun and Jigawa, BHC PF facilities reported the highest availability of a primary source of electricity. In contrast, more than 50% of BHC PF facilities in Sokoto and Zamfara reported having no electricity source, placing them among the states with the lowest access to primary electricity.

In the last 7 days, was there any time when this facility did not have electricity while the facility was open for services?

Percent of facilities that report continuous access to a source of electricity in the seven days preceding the survey

N=3161

Yes, have continuous access to electricity
No

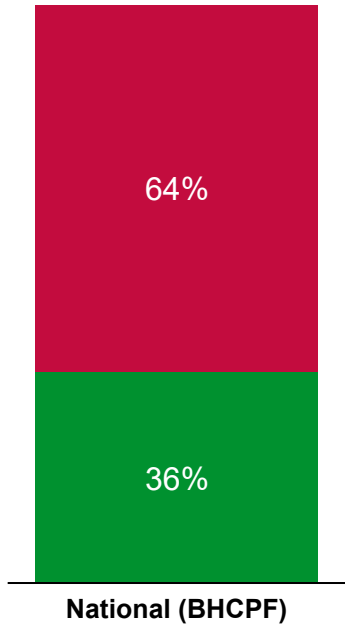


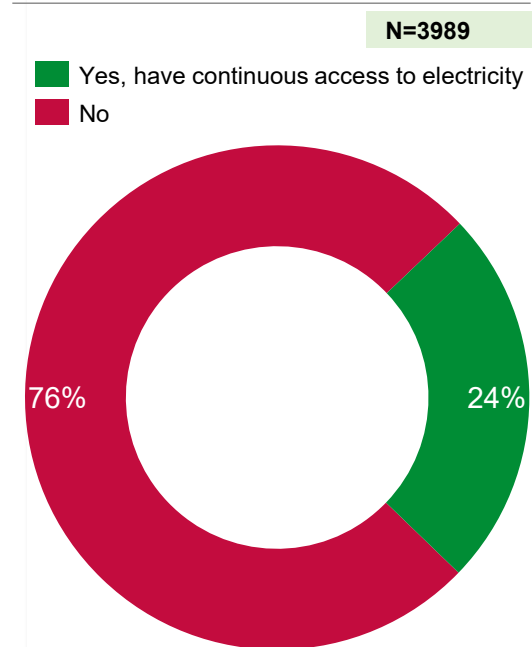
Chart showing OIC's response that reports continuous access to a source of electricity in the seven days preceding the survey by states.



More than 50% of the BHCPF facilities in Sokoto and Zamfara states report that they do not have continuous access to electricity.

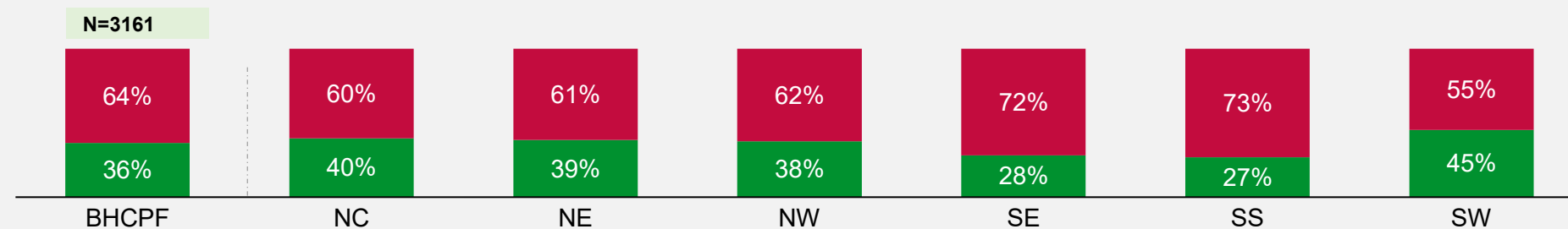
In the last 7 days, was there any time when this facility did not have electricity while the facility was open for services?

Percent of facilities that report continuous access to a source of **electricity in the seven days preceding the survey**

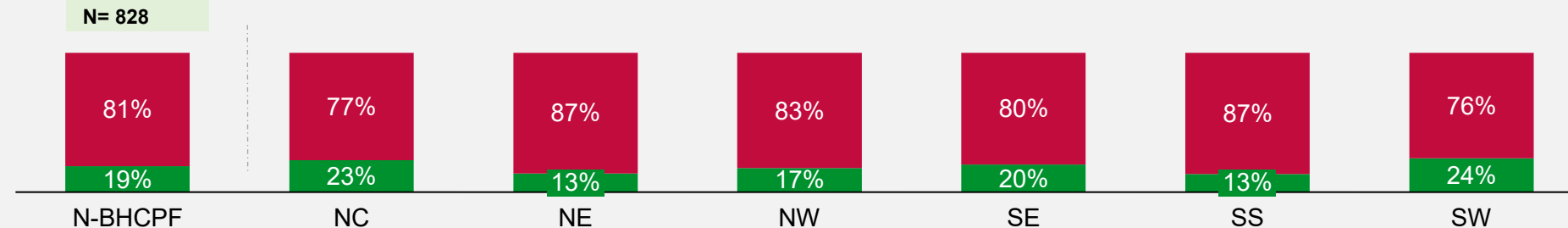


Percent of facilities that report continuous access to a source of **electricity in the seven days preceding the survey** by BHCPF & Non-BHCPF at the zonal level (%)

BHCPF Facilities



Non - BHCPF Facilities

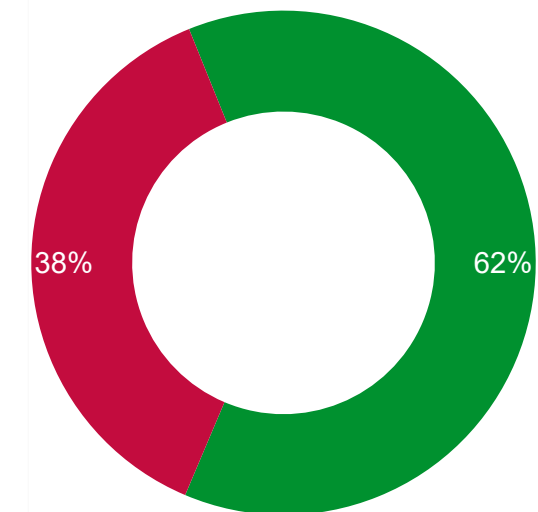


- Overall, the facilities surveyed reported a lack of continuous electricity in 76% (25,460) of facilities reporting no continuous access to electricity .
- This issue was particularly notable across the Non-BHCPF facilities in the Northeast and South-South zones, where more than 85% of facilities indicated they were without a continuous electricity supply.

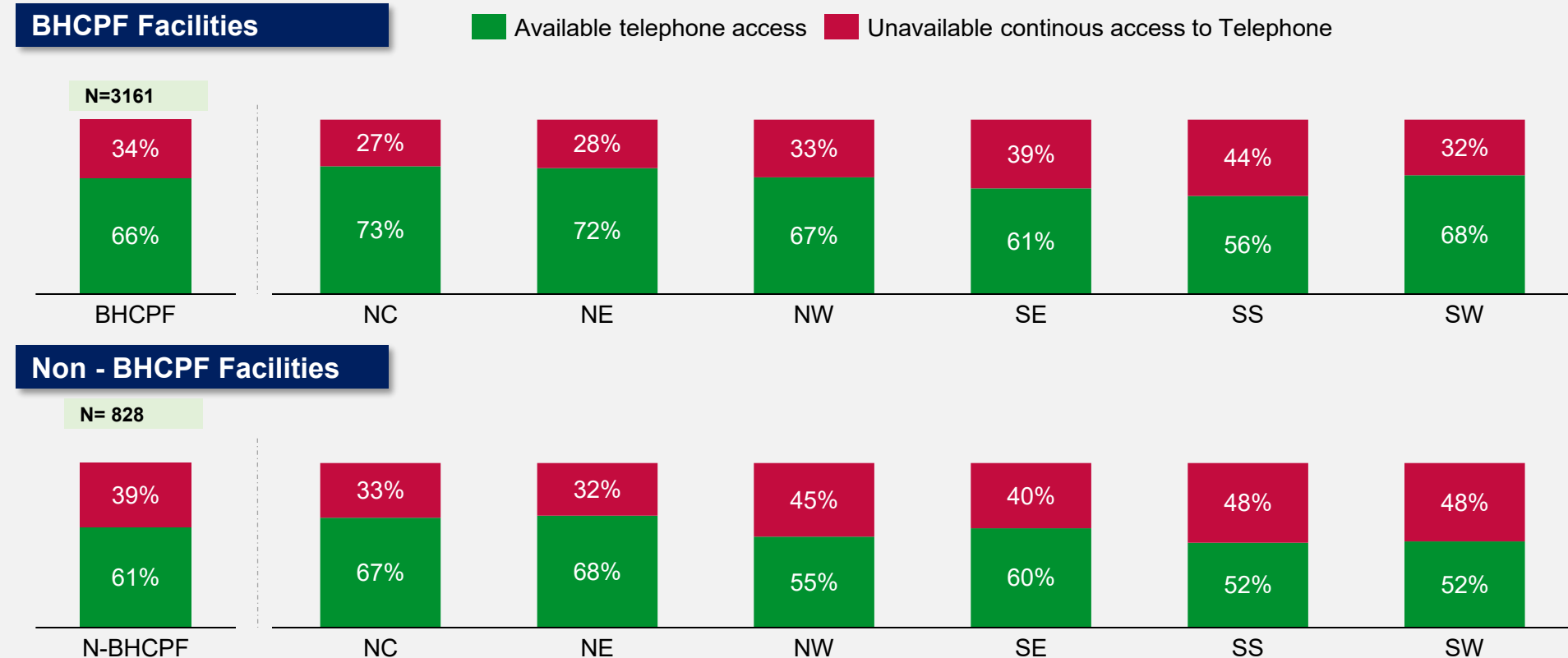
In the last 7 days, was there any time when this facility did not have any telephone service whether landline or mobile?

Percent of facilities that report the continuous availability of **telephone access** in the seven days preceding the survey

N=3989



Percent of facilities that report the continuous availability of **telephone access** in the seven days preceding the survey by BHCPF & Non-BHCPF at the zonal level (%)



- Telephone services are generally available in both BHCPF and Non-BHCPF facilities across the zones.
- However, 44% of facilities in the South-South (SS) lack access, with Cross River at 68%.

In the last 7 days, was there any time when this facility did not have electricity while the facility was open for services?

Percent of facilities that report the continuous availability of **telephone access** in the seven days preceding the survey

N=3161

- Available continous access to telephone
- Unavailable continous access to Telephone
- Don't know

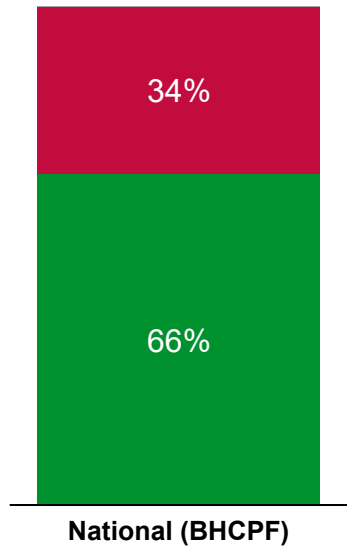


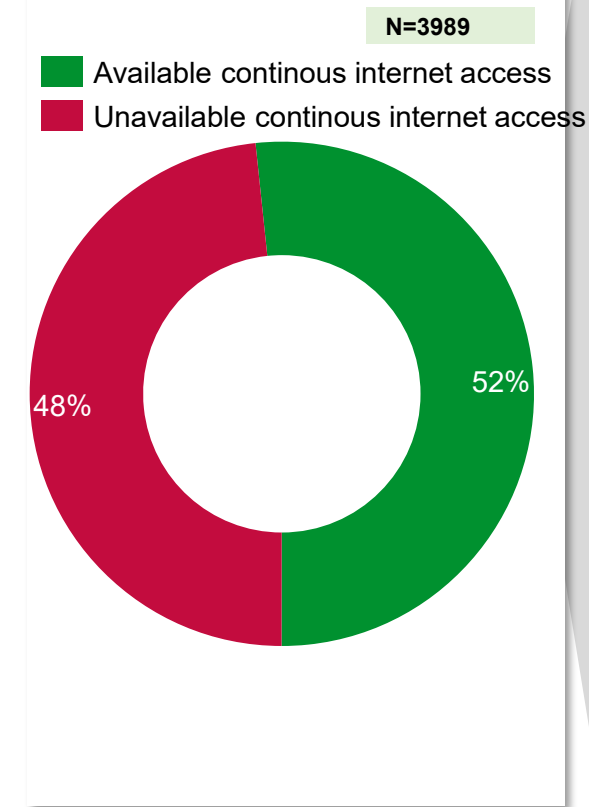
Chart showing OIC's response that reports continuous availability of telephone access in the seven days preceding the survey by states.



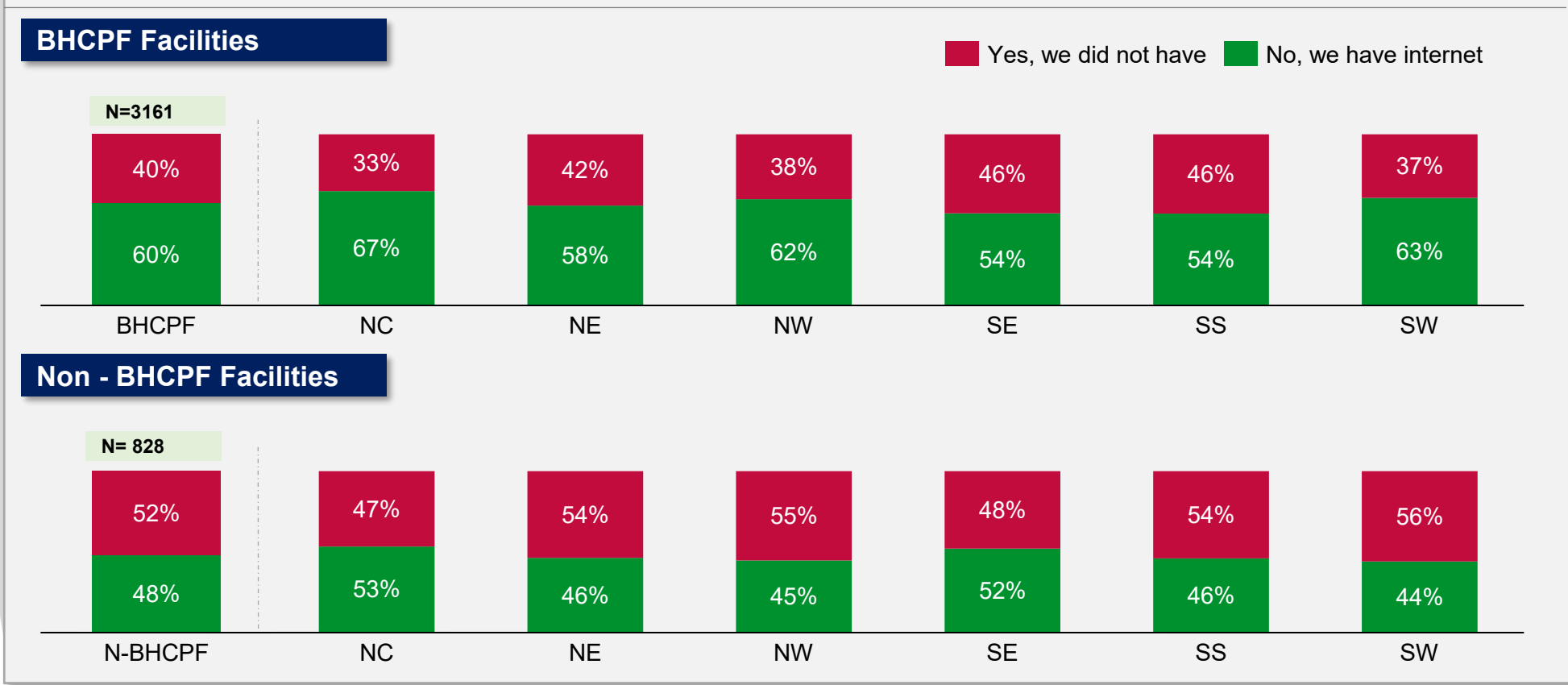
Bayelsa recorded the highest proportion of facilities reporting continuously unavailable telephone access (61%), followed by Lagos, Sokoto, and Zamfara, each at 50%

In the last 7 days, was there any time when this facility did not have access to the internet?

Percent of facilities that report the continuous availability of **internet access** in the seven days preceding the survey



Percent of facilities that report the continuous availability of **internet access** in the seven days preceding the survey by BHCPF & Non-BHCPF at the zonal level (%)



- Continuous internet access appeared to be almost evenly split between availability and unavailability, with just over 50% of facilities reporting continuous access. BHCPF facilities contributed the most to this proportion

In the last 7 days, was there any time when this facility did not have electricity while the facility was open for services?

Percent of facilities that report the continuous availability of **internet access** in the seven days preceding the survey

N=3161

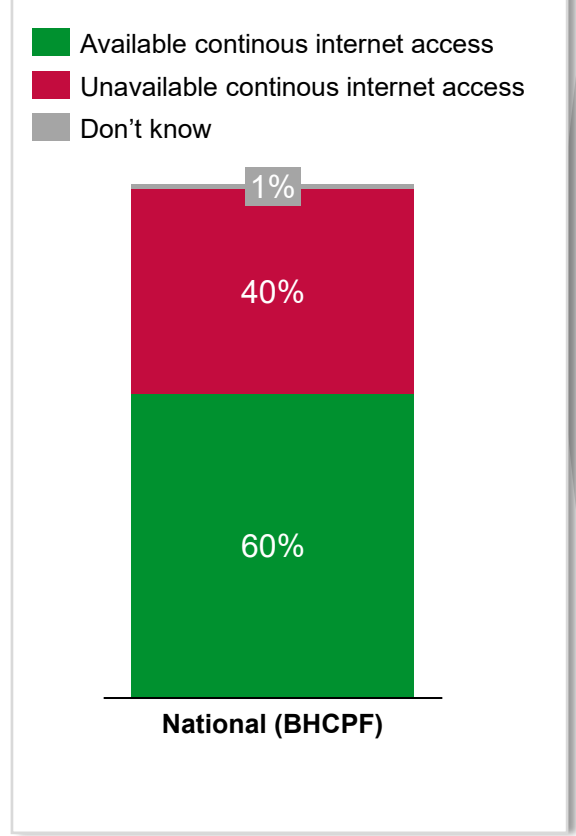


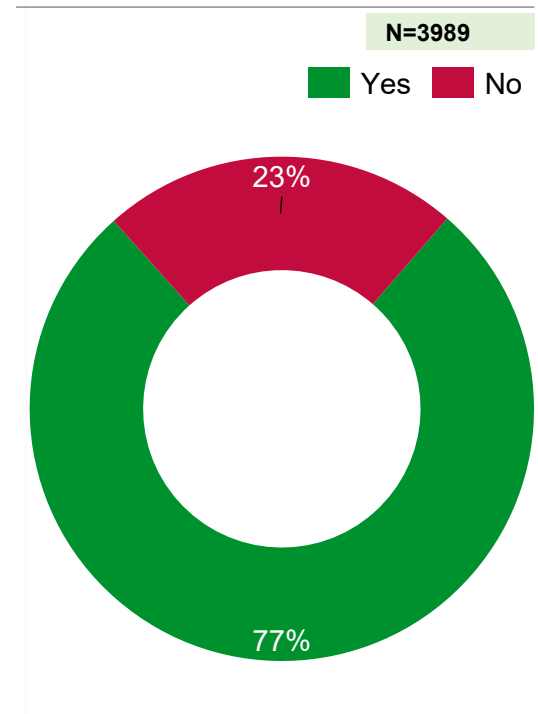
Chart showing OIC's response that reports continuous availability of internet access in the seven days preceding the survey by states.



States such as Sokoto, Zamfara, Bayelsa, Delta, Borno, Anambra contributes the most to the 40% of BHCPF facilities without continuous access to the internet

Is there a room with auditory or visual privacy available in this facility for patient consultations?

Percent of facilities that report a room with any form of **auditory or visual privacy** for patient consultations

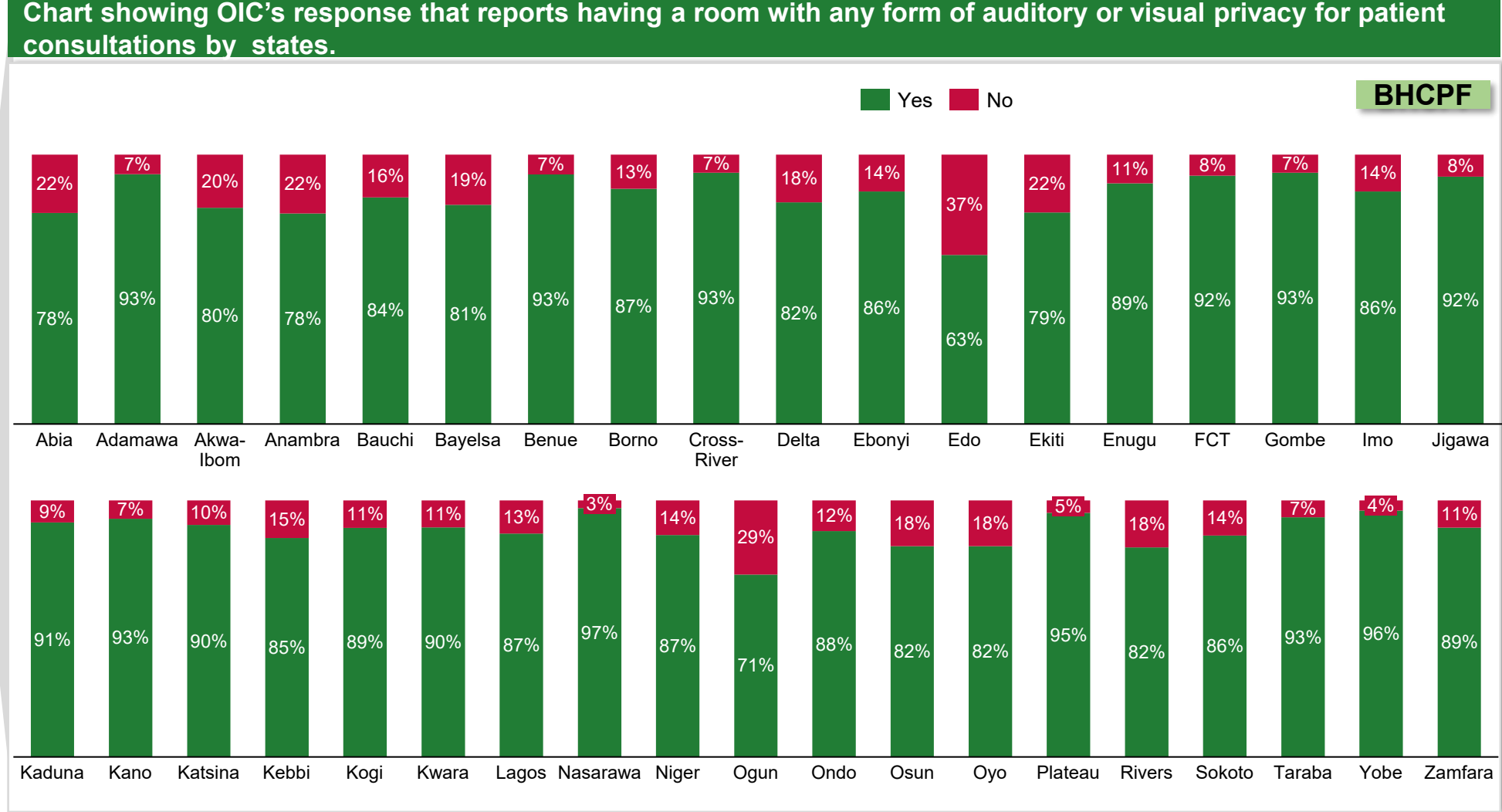
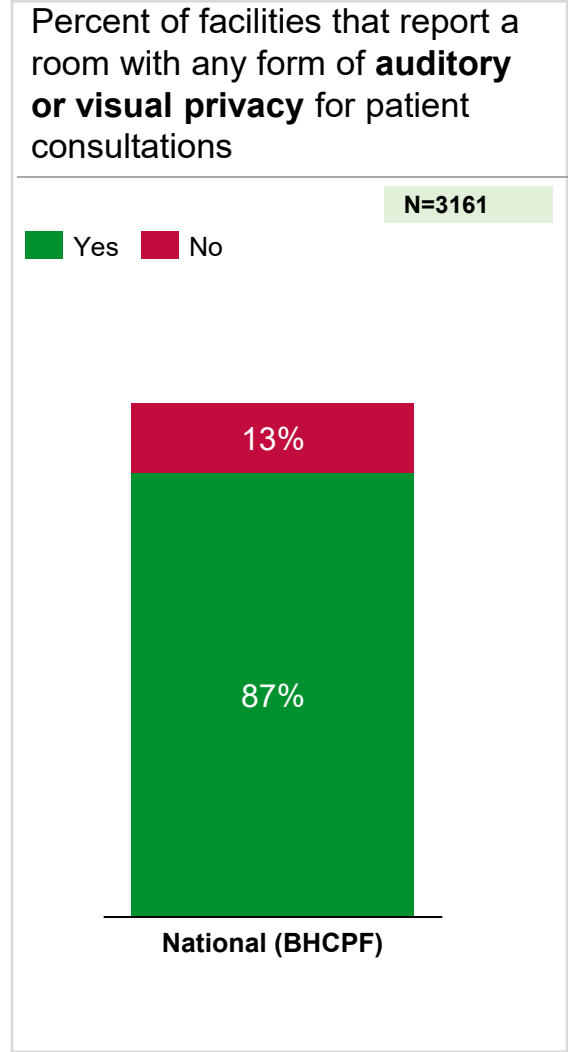


Percent of facilities that report a room with any form of **auditory or visual privacy** for patient consultations by BHCPF & Non-BHCPF at the zonal level (%)



- Patient consultations in both BHCPF and non-BHCPF facilities generally offer good auditory or visual privacy.

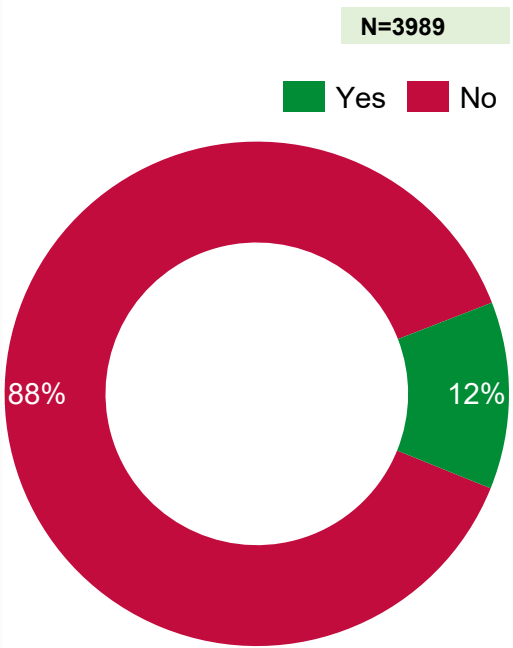
Is there a room with auditory or visual privacy available in this facility for patient consultations?



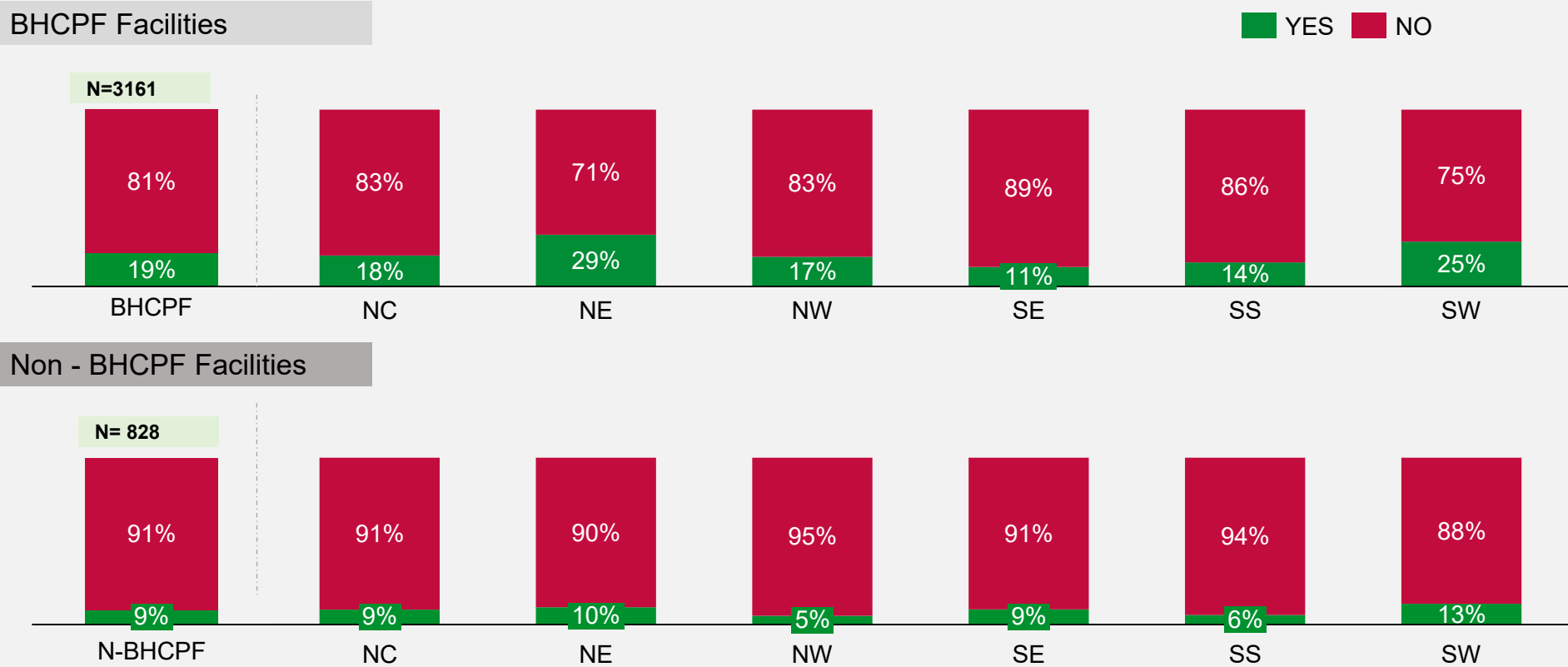
Facilities that provide auditory or visual privacy for patient consultations are a common practice across all states. Edo and Ogun States had the highest percentages, with 37% and 29% respectively, reporting the absence of such facilities.

Does this facility have access to at least one functional ambulance (able to start and move) or other four-wheeled motor vehicle provided by this facility for emergency transportation, that is stationed at this facility

Percent of facilities that report **available and functional emergency** transportation provided by the facility

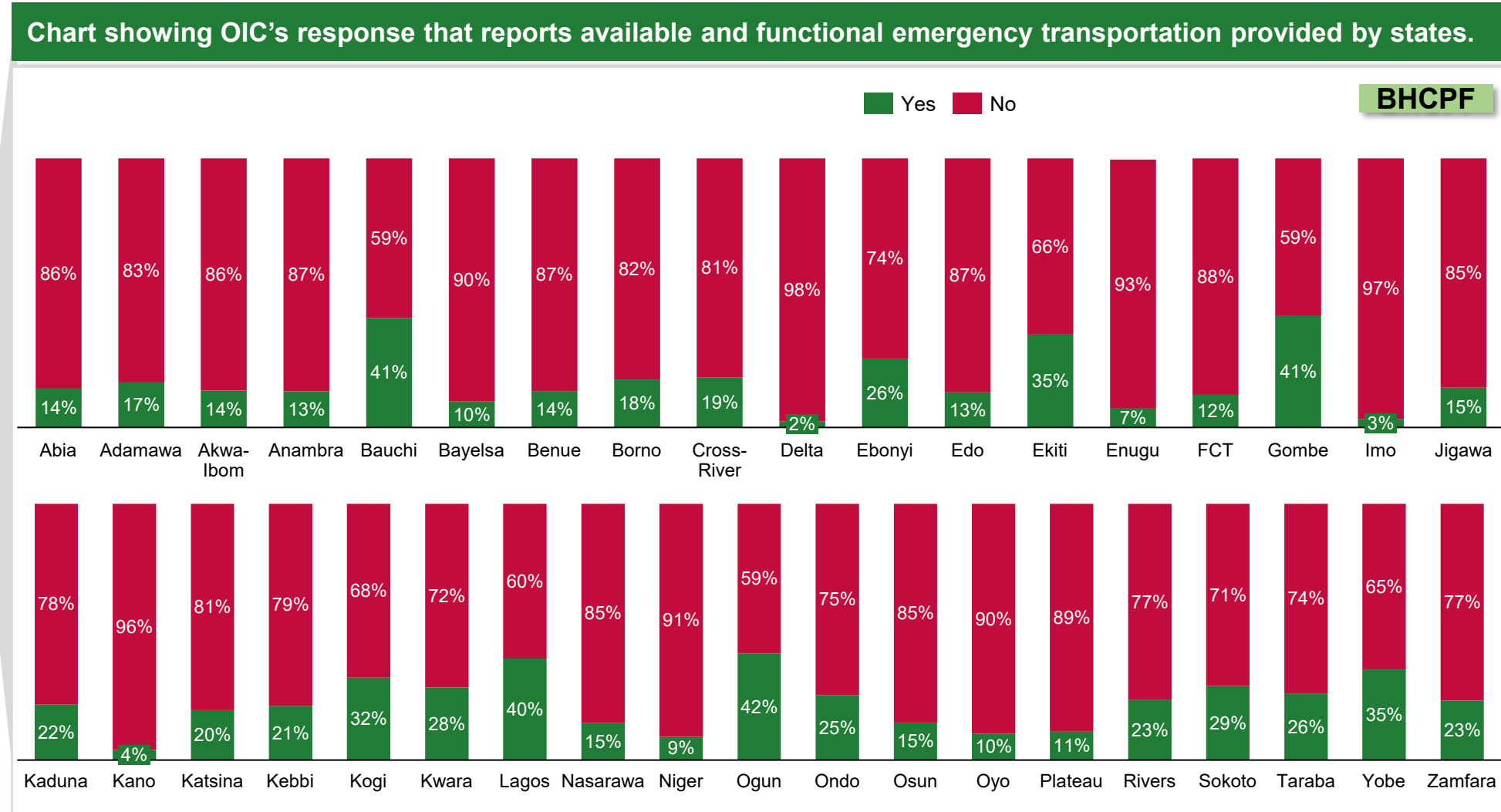
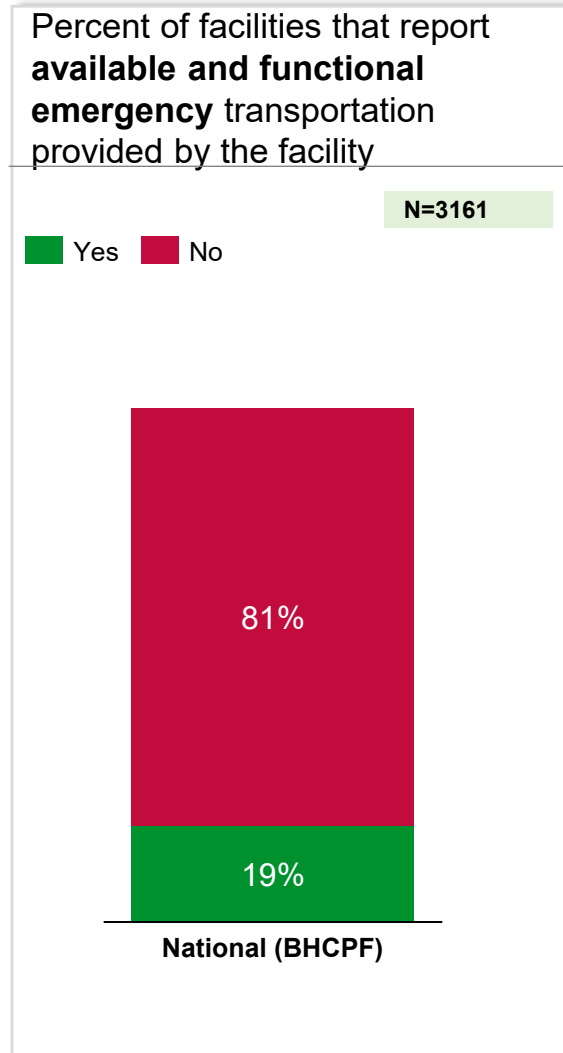


Percent of facilities that report **available and functional emergency** transportation provided by the facility - BHCPF & Non-BHCPF at the zonal level (%)



- The availability of functional emergency transportation services is generally very poor across all facility categories and regions. While many facilities lack access to emergency transportation, some in the Northeast (NE) and Southwest (SW) of BHCPF facilities report having such services.

Does this facility have access to at least one functional ambulance (able to start and move) or other four-wheeled motor vehicle provided by this facility for emergency transportation, that is stationed at this facility



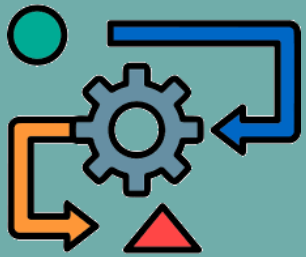
- While access to functional ambulances is a significant issue across all 36 states some states such as Baucji, Gombe, Lagos, Ogun, Yobe and Ekiti are the states contributing to the 19% of facilities with available and functional emergency transportation

Summary of findings on Infrastructure

Focus	Findings
<p>Basic wash</p>	<ul style="list-style-type: none"> ▪ The majority of facilities (94%) lacked access to basic WASH amenities, including a water source, functional toilet, and a handwashing facility with either running water and soap or an alcohol-based hand sanitizer. However, BHCPF facilities reported a slightly better proportion (12%) compared to non-BHCPF facilities (3%) ▪ Individually, a higher proportion of facilities reported the availability of a water source, with BHCPF facilities contributing more to this share. A similar trend was observed for the presence of functional improved toilets and handwashing facilities. ▪ More than 50% of both BHCPF and non-BHCPF facilities report having basic cleaning protocols or guidelines in place. ▪ The surveyed facilities across both BHCPF and non-BHCPF programs generally adhere to the safe disposal of infectious non-sharp waste. Among the BHCPF facilities, the North Central (NC) zone reported a slightly higher safe disposal of infectious non-sharp waste.
<p>Power facilities</p>	<ul style="list-style-type: none"> ▪ Across the surveyed facilities, the primary source of electricity was the national grid, followed by solar (mini-grid) systems ▪ Overall, 44% of surveyed facilities reported lacking a power supply. This challenge was more pronounced among non-BHCPF facilities, where 56% reported no access to power. Even among BHCPF facilities, 18% still reported being without power supply ▪ The North-West zone reported the highest proportion of BHCPF facilities without power supply, a trend that was consistent among non-BHCPF facilities as well
<p>Communication</p>	<ul style="list-style-type: none"> ▪ Telephone services are generally available in both BHCPF and Non-BHCPF facilities across the zones. ▪ Bayelsa recorded the highest proportion of facilities reporting continuously unavailable telephone access (61%), followed by Lagos, Sokoto, and Zamfara, each at 50% ▪ Continuous internet access appeared to be almost evenly split between availability and unavailability, with just over 50% of facilities reporting continuous access. BHCPF facilities contributed the most to this proportion
<p>Patient Privacy</p>	<ul style="list-style-type: none"> ▪ Patient consultations in both BHCPF and non-BHCPF facilities generally offer good auditory or visual privacy. ▪ Facilities that provide auditory or visual privacy for patient consultations are a common practice across all states. Edo and Ogun States had the highest percentages, with 37% and 29% respectively, reporting the absence of such facilities.
<p>Emergency transportation</p>	<ul style="list-style-type: none"> ▪ The overall availability of functional emergency transportation services is very poor across all facility categories and zones. ▪ Access to functional ambulances is a significant issue across all 36 states. However, facilities in the northeastern zones have reported slightly better access. 41% in Bauchi & Gombe, then Yobe, 35% of facilities, indicating they have at least one functional ambulance.



External Events and Overall Challenges (Shocks)



Resilience to Shocks

Service Delivery

Physical Infrastructure

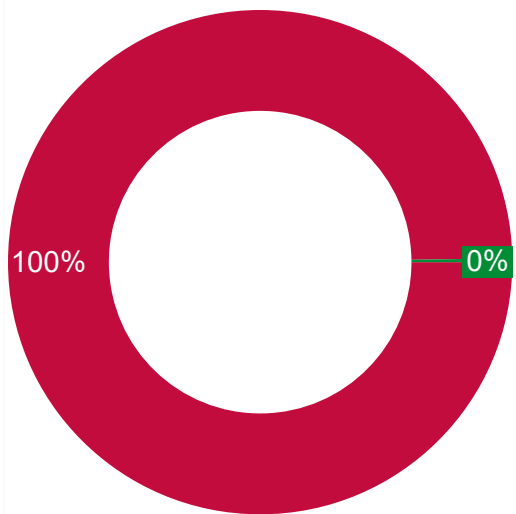


Medical Equipment & Supplies

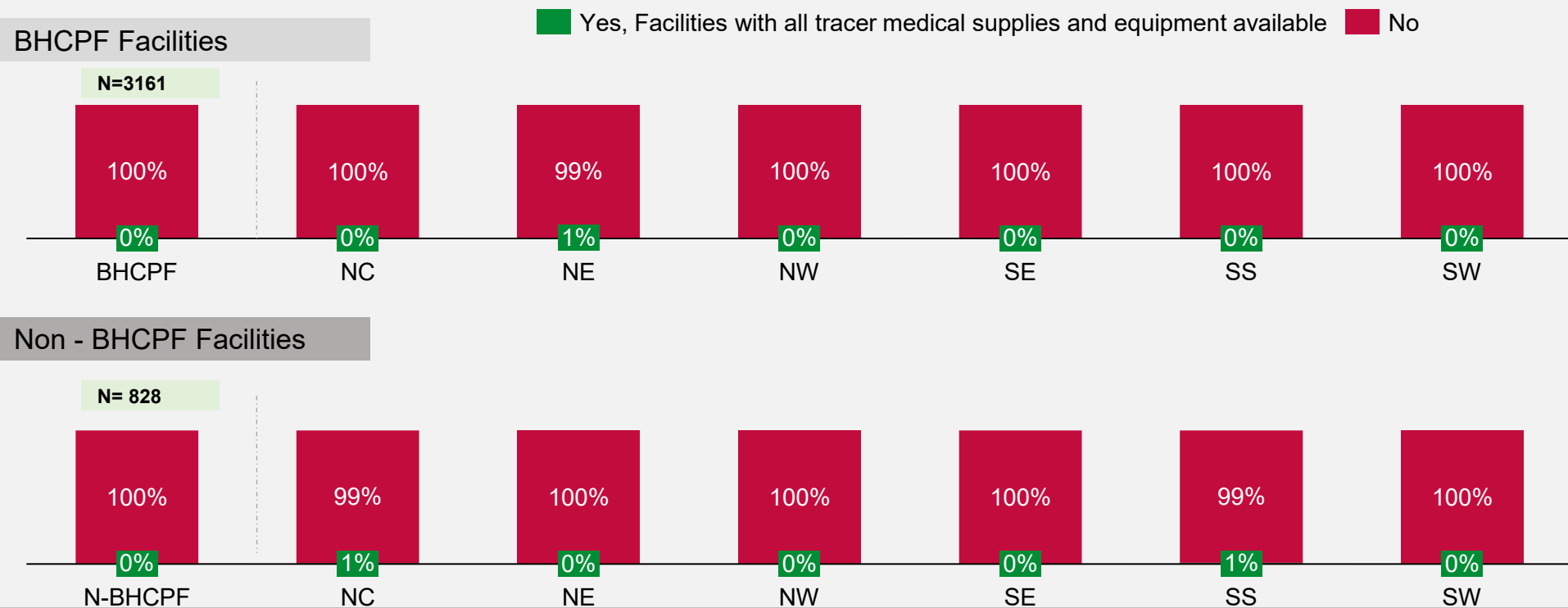
Percentage of each type of medical supplies and equipment categories available (indices for equipment, diagnostics, vaccines, PPE, medicines)

Percentage of health facilities with all tracer medical supplies and equipment available

N=3989



Percentage of health facilities with all tracer medical supplies and equipment available by BHCPF & Non-BHCPF at the zonal level (%)

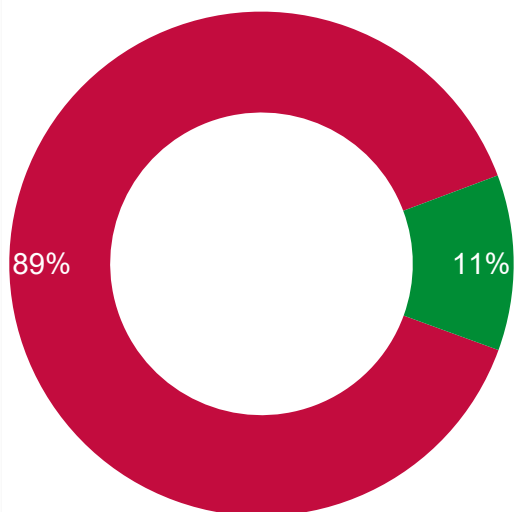


Overall, no facility reported the availability of all the surveyed supplies and equipment

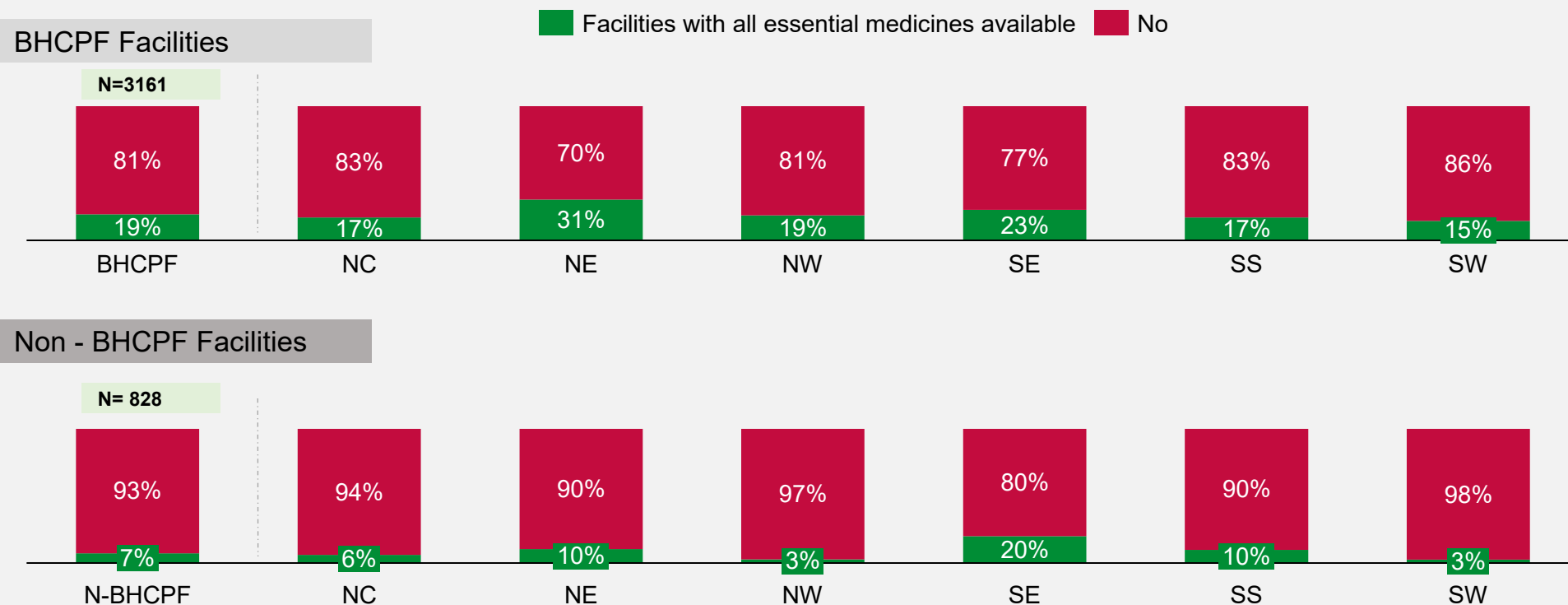
What percentage of essential medicines are available across all the surveyed facilities?

Percentage of facilities with all essential medicines available

N=3989



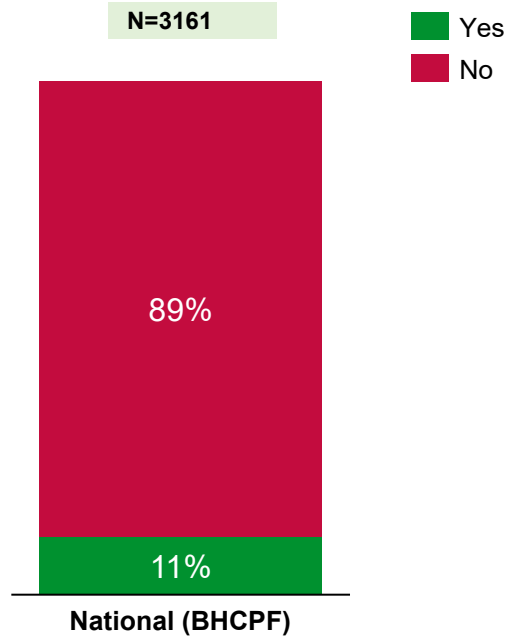
Facilities with all essential medicines available by BHCPF & Non-BHCPF at the zonal level (%)



- There was generally low availability of essential medicines across both BHCPF and non-BHCPF facilities. However, 19% of BHCPF facilities reported having all essential medicines available. The Northeast region accounted for the highest proportion of BHCPF facilities with full availability, while the Southwest reported the lowest.

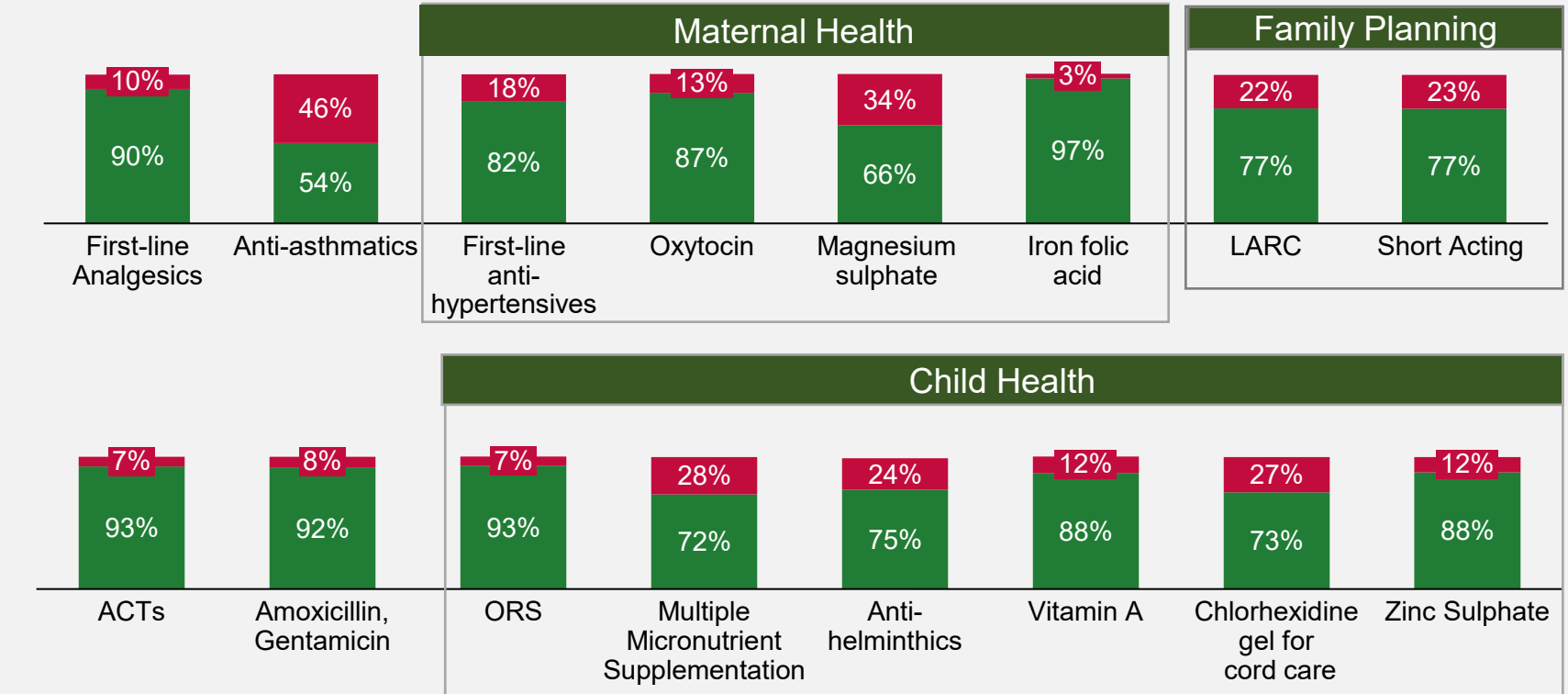
Did the BHCPF facility report availability of all surveyed essential medicine on the day of the survey in Q1 2025?

Percentage of facilities with all essential medicines available



Breakdown of essential medicine by BHCPF Facilities

BHCPF



- The supply chain for essential medicines shows weak systemic coordination, with each commodity managed independently. Although individual commodity availability appears relatively high, overall collective availability remains low.
- Anti-asthmatics and magnesium sulfate were the least available essential medicines, while maternal health commodities such as iron folic acid were widely available across surveyed facilities.

Did the BHCPF facility report availability of all surveyed essential medicine on the day of the survey in Q1 2025?

Percent of facilities that report availability of all surveyed essential medicine on the day of the survey

BHCPF

■ No ■ Facilities with all essential medicines available

National (BHCPF)

81%

19%

N=3161

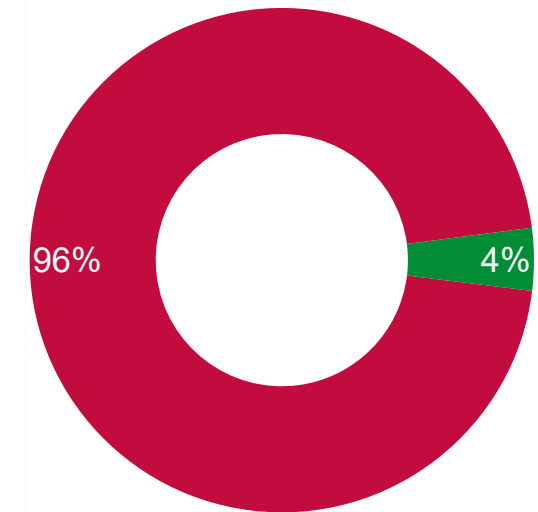
Essential Medicines	NC	NE	NW	SE	SS	SW
First-line Analgesics	91.50%	92.30%	88.30%	94.30%	89.20%	84.90%
Anti-asthmatics	55.50%	58.70%	61.00%	55.70%	49.70%	40.60%
First-line anti-hypertensives	80.70%	88.10%	79.10%	79.60%	80.70%	84.30%
Oxytocin	87.00%	93.40%	82.60%	93.60%	87.80%	83.80%
Magnesium sulphate	65.60%	75.30%	69.50%	70.50%	53.90%	58.30%
Iron folic acid	99.10%	98.00%	96.30%	97.10%	97.40%	94.50%
LARC	76.00%	84.60%	73.30%	71.70%	80.50%	78.20%
Short Acting ACTs	75.20%	83.20%	71.20%	71.70%	84.40%	78.30%
Amoxicillin, Gentamicin	96.20%	93.80%	94.40%	92.90%	90.70%	83.60%
ORS	94.10%	90.70%	94.80%	94.60%	93.90%	89.80%
Multiple Micronutrient Supplementation	73.50%	83.30%	61.60%	79.90%	64.30%	72.80%
Anti-helminthics	77.50%	81.90%	72.30%	77.60%	74.20%	68.90%
Vitamin A	81.40%	87.40%	85.50%	95.50%	88.80%	88.90%
Chlorhexidine gel for cord care	80.50%	87.00%	54.10%	72.30%	75.30%	78.30%
Zinc Sulphate	89.20%	88.80%	90.10%	92.10%	82.30%	85.30%

- Anti-asthmatics (54%) and magnesium sulphate (66%) were the least available essential medicines, with the SW showing the lowest availability at 40.6% and 53.9% in SS, respectively. (BHCPF)
- Chlorhexidine had the lowest availability in the Northwest region at 54%, while Oxytocin was the least available in the Northwest, with only 82% availability

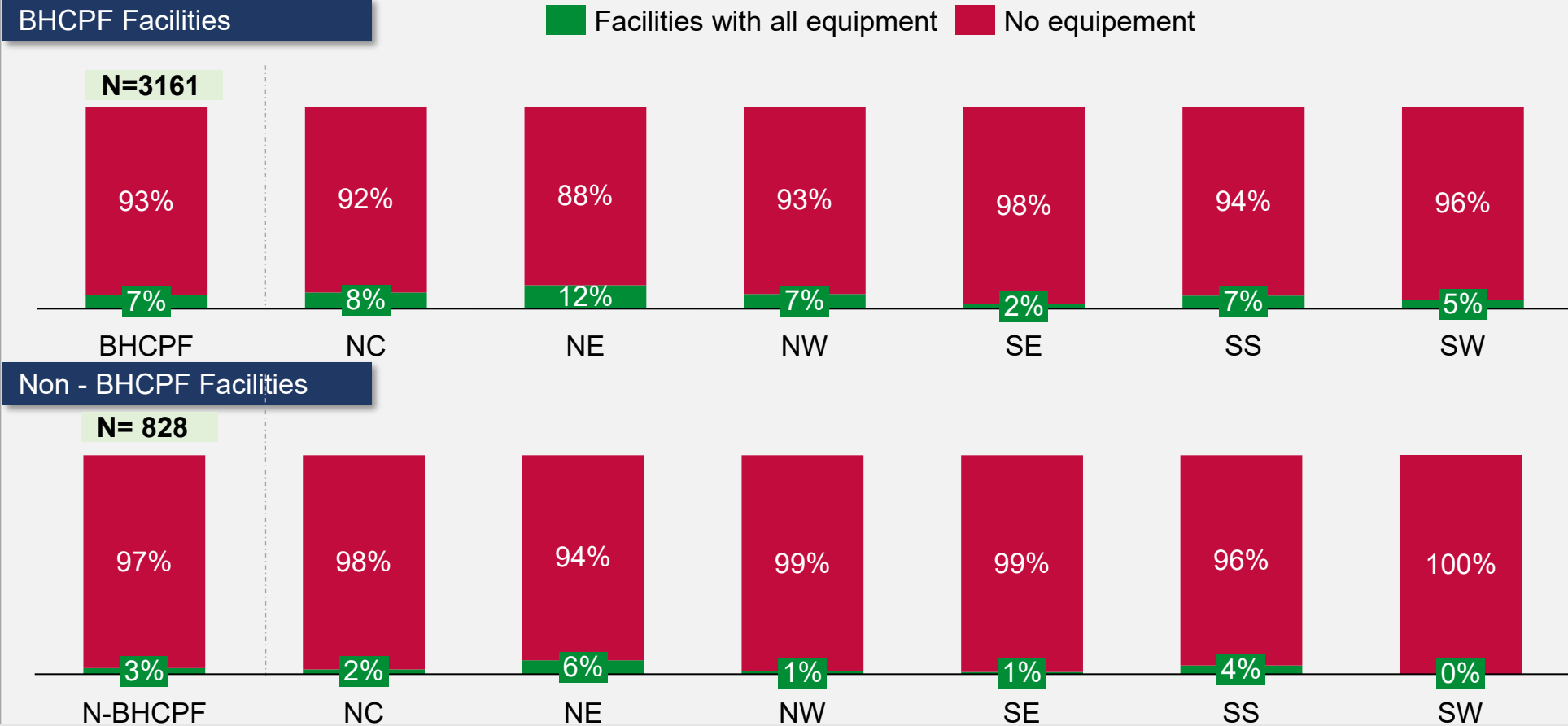
What percentage of equipment are available across all the surveyed facilities?

Percentage of facilities with all equipment available

N=3989

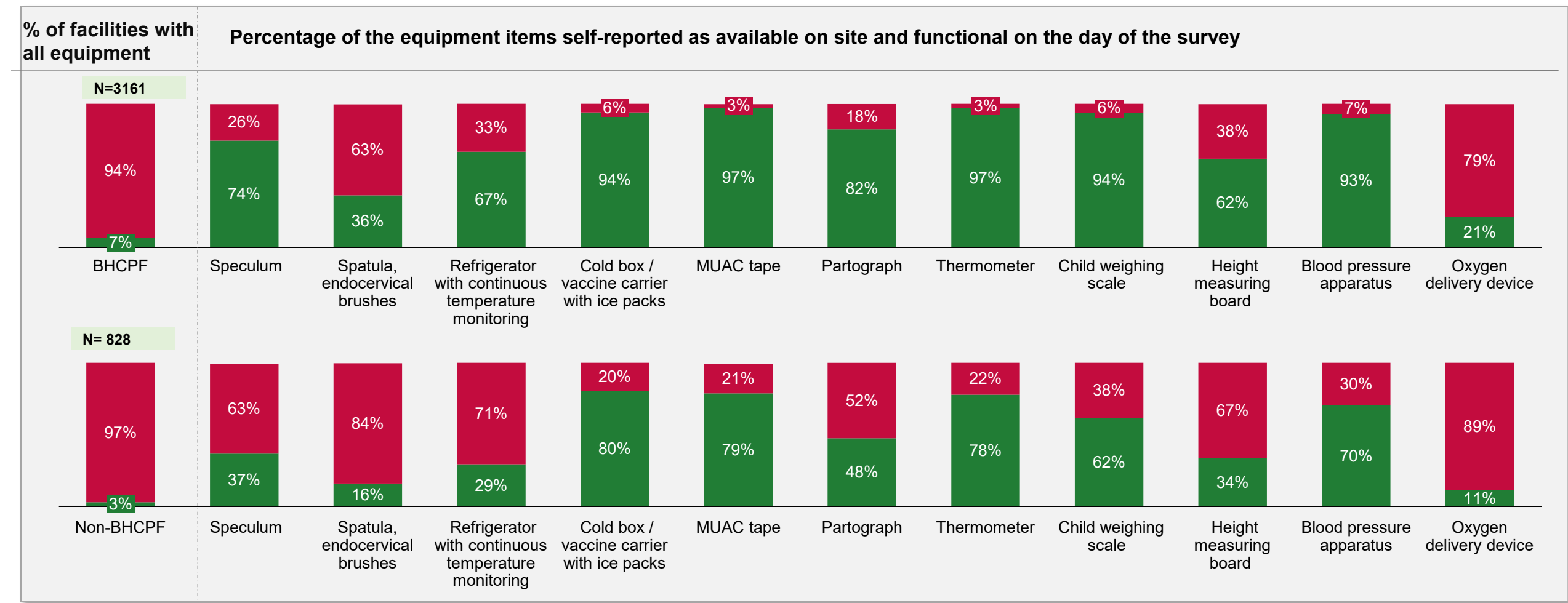


Percentage of facilities with all equipment by BHCPF & Non-BHCPF at the zonal level (%)



- BHCPF facilities reported significantly higher availability of equipment and supplies compared to non-BHCPF facilities; however, substantial gaps remain. The high unavailability of medical equipment was consistent across all zones for both BHCPF and non-BHCPF facilities.

What percentage of facilities have all surveyed equipment available and functional and on site?



- Least Available Equipment: Oxygen delivery devices and spatulas were the least available across both BHC PF and non-BHC PF facilities.
- Most Available Equipment: MUAC tapes, thermometers, cold boxes, and child weighing scales were the most commonly available.
- Notably, BHC PF facilities reported higher availability than non-BHC PF facilities for certain equipment, including partographs, speculums, and refrigerators with continuous temperature monitoring.

Did the BHCPF facility report availability of all type of equipment currently available on-site on the day of the survey in Q1 2025?

Percentage of facilities with each type of equipment currently available on-site at the facility

N=3161

BHCPF

Medical Equipements	NC	NE	NW	SE	SS	SW
Thermometer	98.40%	98.20%	94.90%	97.80%	96.80%	96.20%
Child weighing scale	93.70%	93.90%	93.60%	90.60%	94.60%	95.20%
Height measuring board	67.30%	72.40%	63.80%	45.20%	58.90%	63.30%
Blood pressure apparatus	92.20%	94.30%	92.30%	94.00%	92.10%	93.10%
Oxygen delivery device	26.10%	31.40%	21.00%	17.00%	18.90%	15.20%
Speculum	80.10%	83.30%	68.50%	66.00%	75.70%	75.90%
Spatula, endocervical brushes	40.70%	42.70%	42.30%	28.90%	32.00%	30.00%
Refrigerator with continuous temperature monitoring	62.70%	74.00%	63.60%	70.50%	68.20%	64.50%
Cold box / vaccine carrier with ice packs	89.70%	96.20%	95.20%	95.00%	95.80%	92.80%
MUAC tape	98.20%	99.20%	96.30%	96.00%	98.70%	95.20%
Partograph	88.20%	96.80%	80.00%	72.20%	67.40%	89.60%

- Oxygen delivery, and Spatula are the least available equipment across the surveyed facilities (BHCPF).

Maternal Health Services

Did the BHCPF facility report availability of Oxytocin on the day of the survey in Q1 2025?

Chart showing OIC's response to "Is Oxytocin available today anywhere in this facility?"

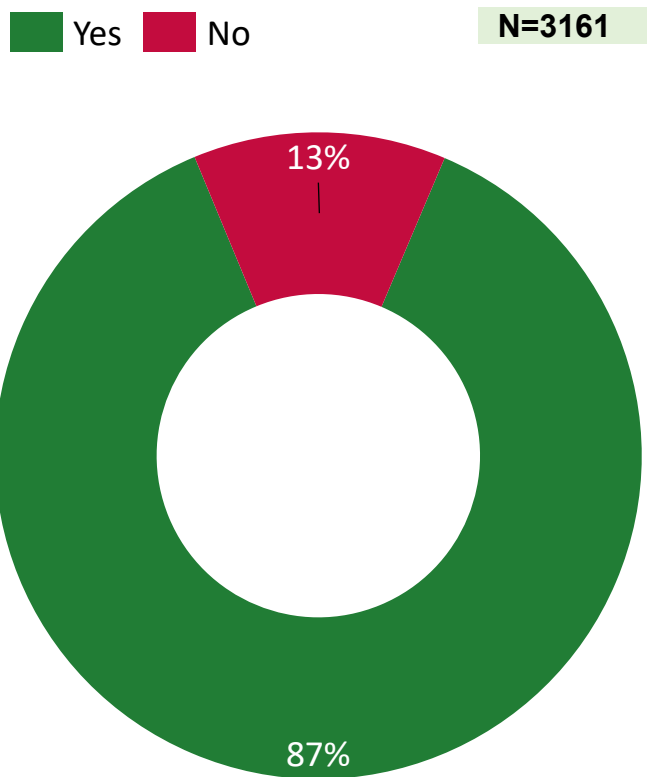
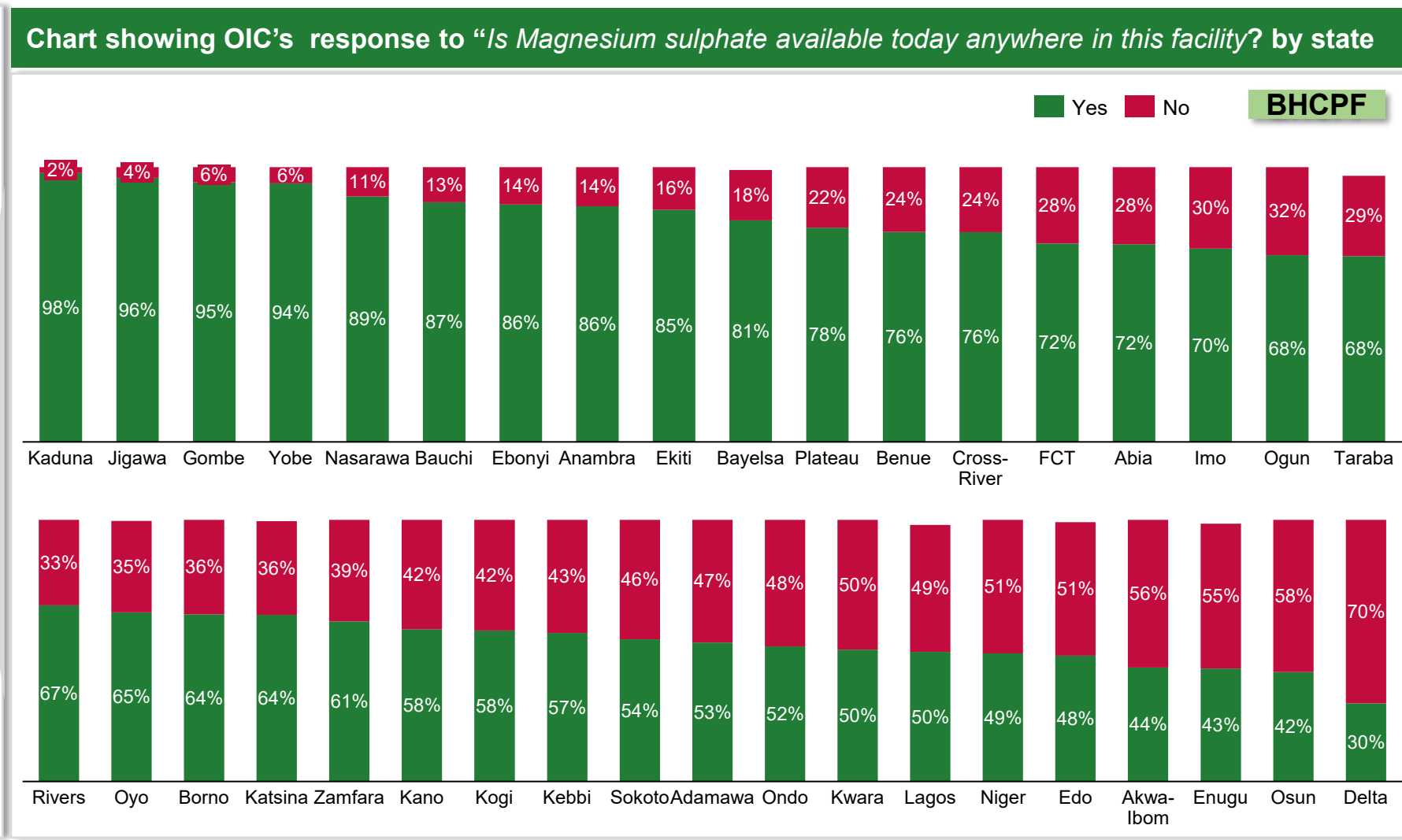
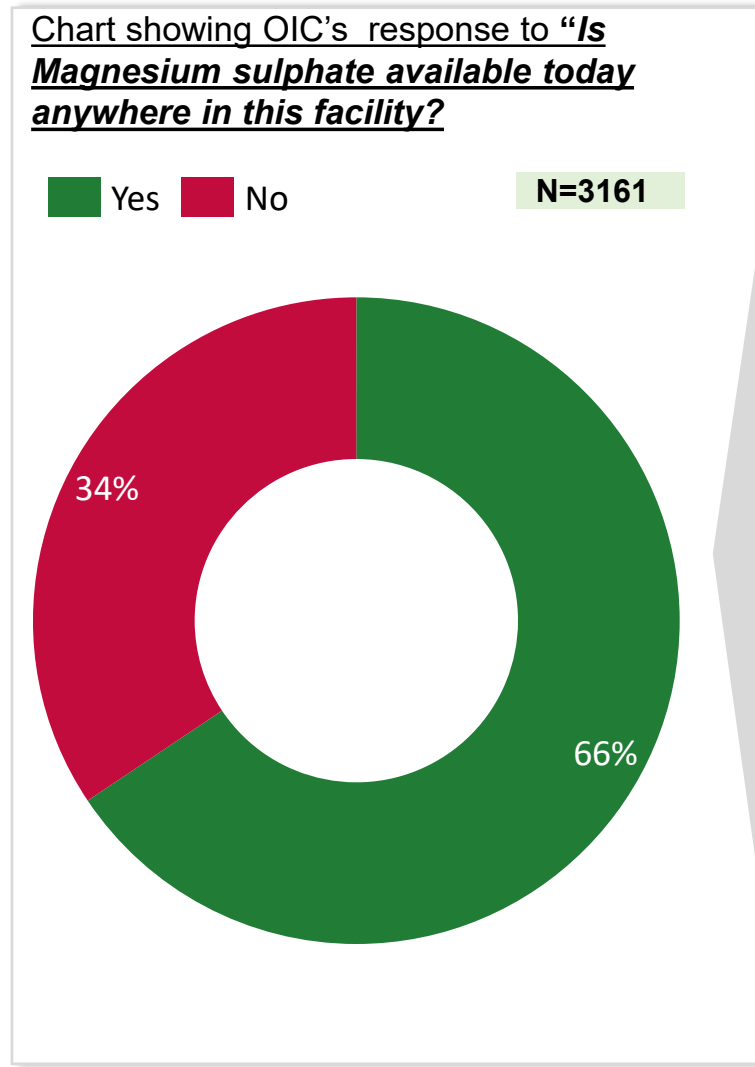


Chart showing OIC's response to "Is Oxytocin available today anywhere in this facility?" by state



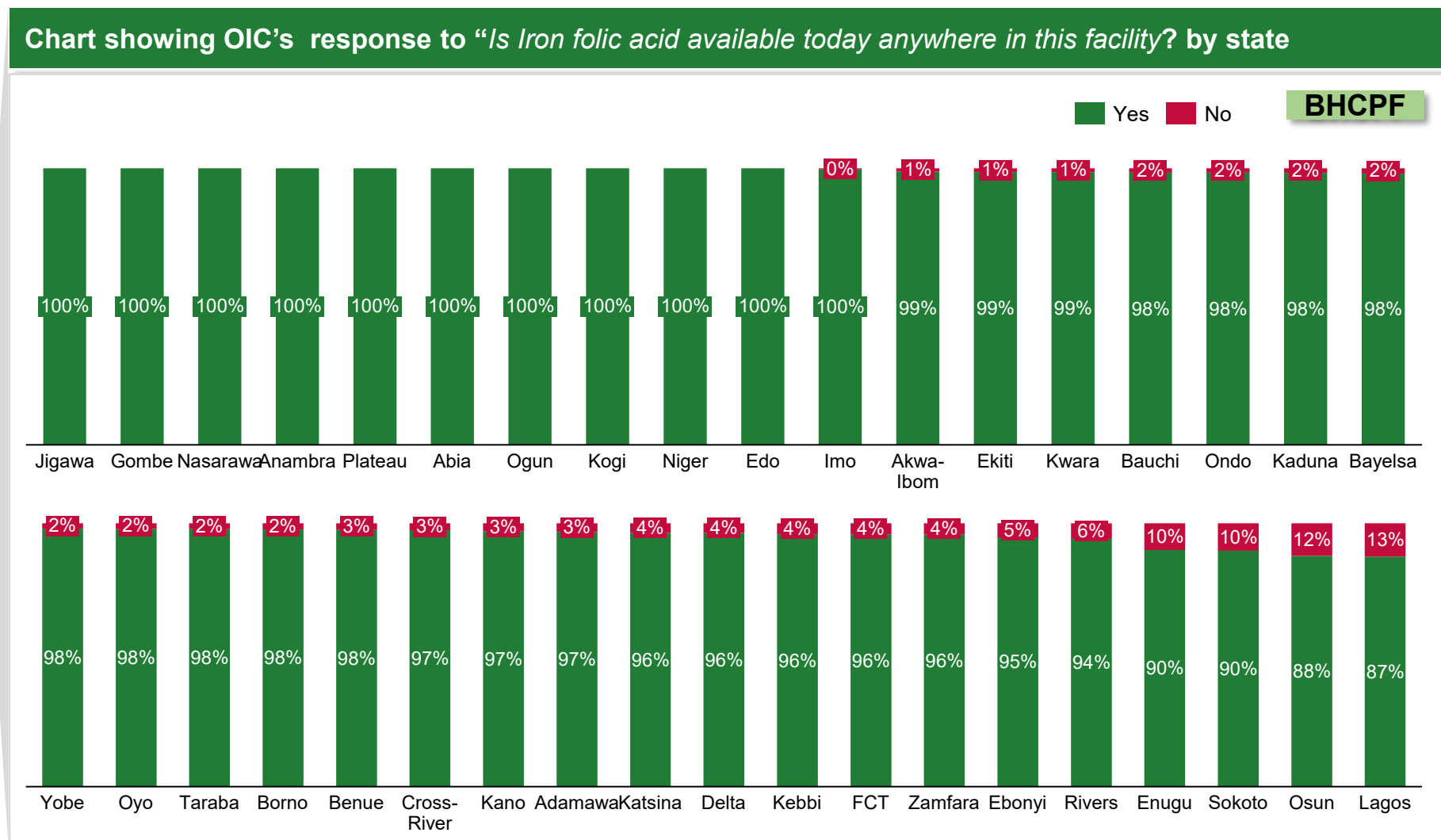
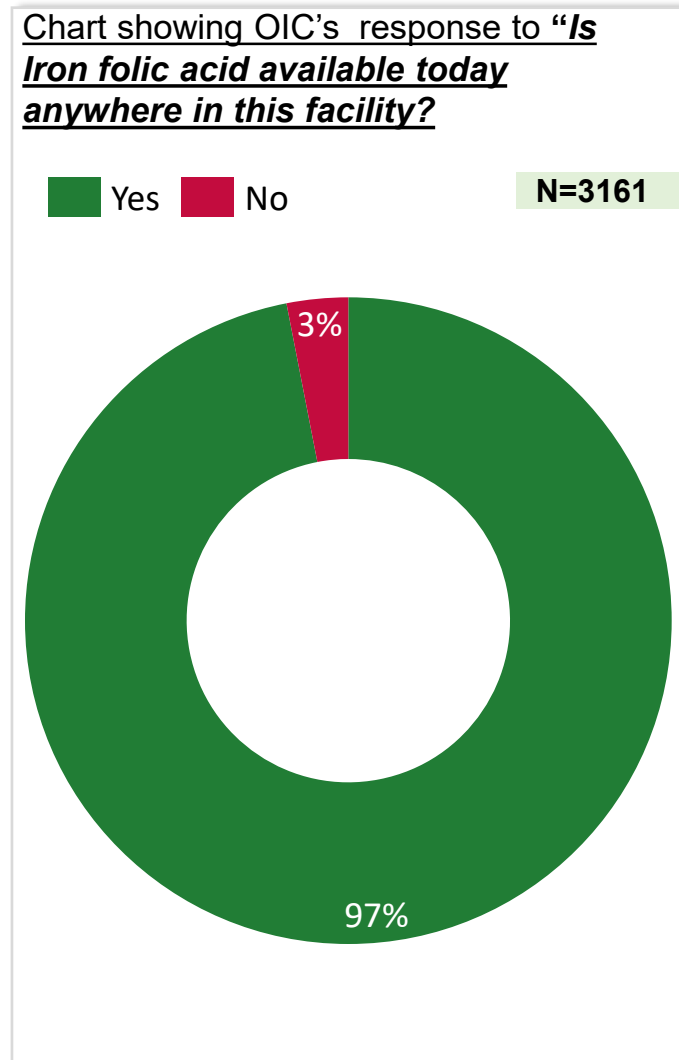
In Q1, 13% of facilities reported unavailability of Oxytocin on the day of the survey, with most cases occurring in the two most developed urban states FCT and Lagos where stockouts exceeded 60% & 40% respectively.

Did the BHCPF facility report the availability of Magnesium sulphate on the day of the survey in Q1 2025?



- States like Niger, Edo, Akwa-Ibom, Enugu, Osun and Delta state reported a low availability of Magnesium Sulphate
- Also, in Q1, 20% of facilities reported a low availability of Magnesium Sulphate as well. This implies there seems to be a challenge with the stock of this commodity

Did the BHCPF facility report the availability of Iron folic acid on the day of the survey in Q1 2025?



Iron folic acid was widely available in BHCPF facilities across states, with some gaps in BHCPF facilities in Enugu, Sokoto, Osun, Lagos with above 10% each.

Did the BHCPF facility report the availability of First-line anti- hypertensives on the day of the survey in Q1 2025?

Chart showing OIC's response to *"Is First-line anti- hypertensives available today anywhere in this facility?"*

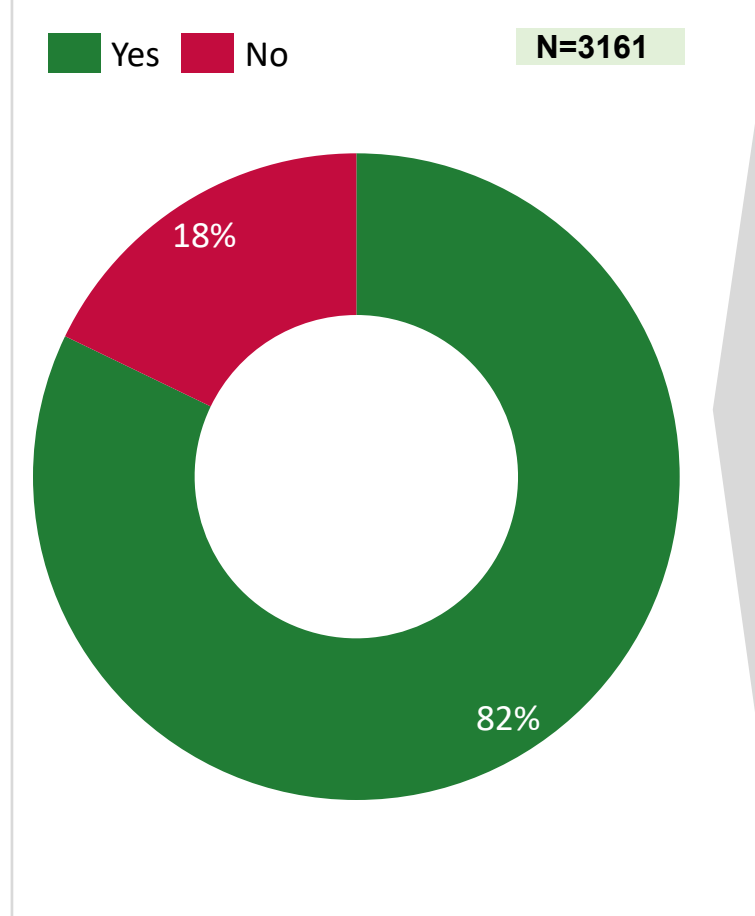
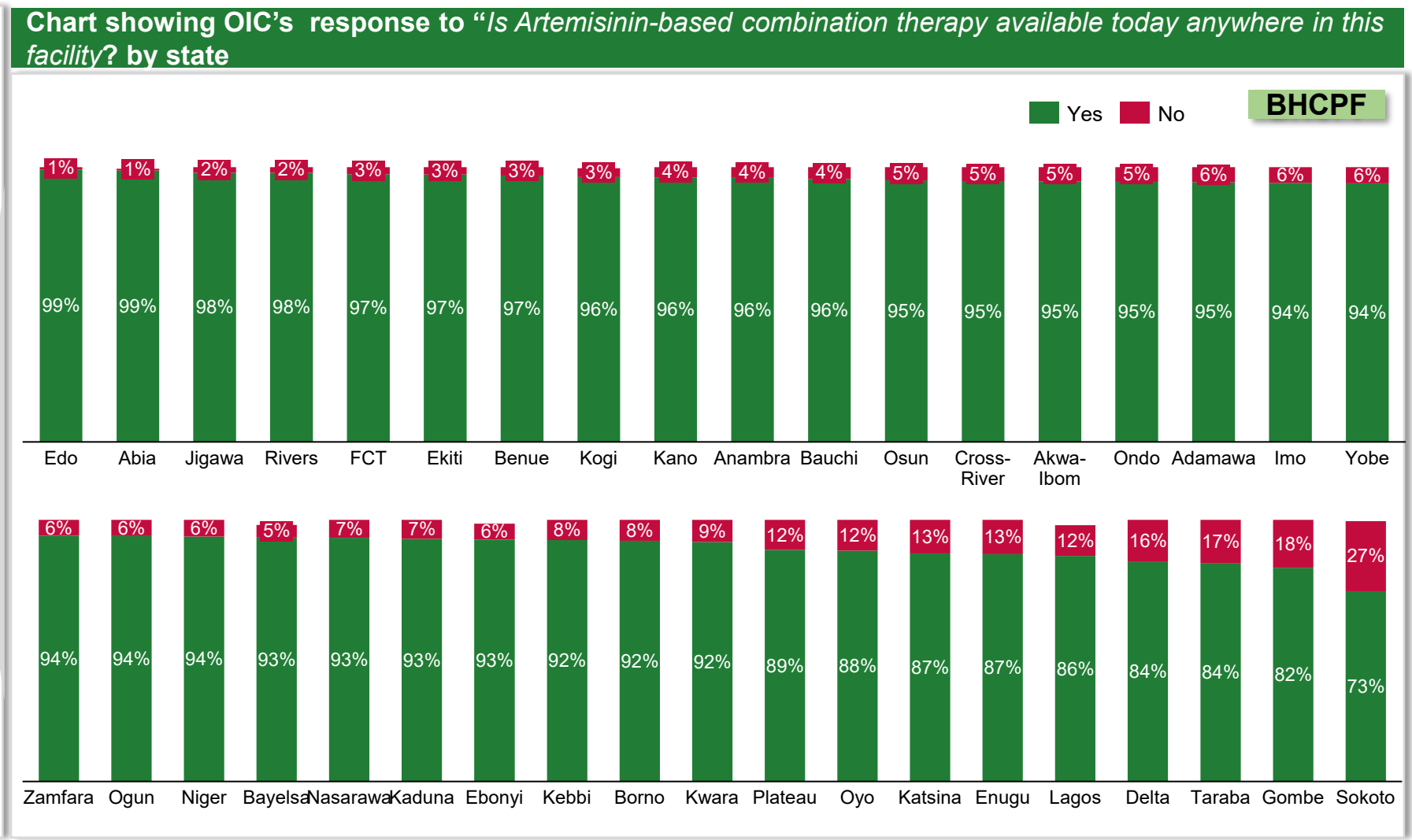
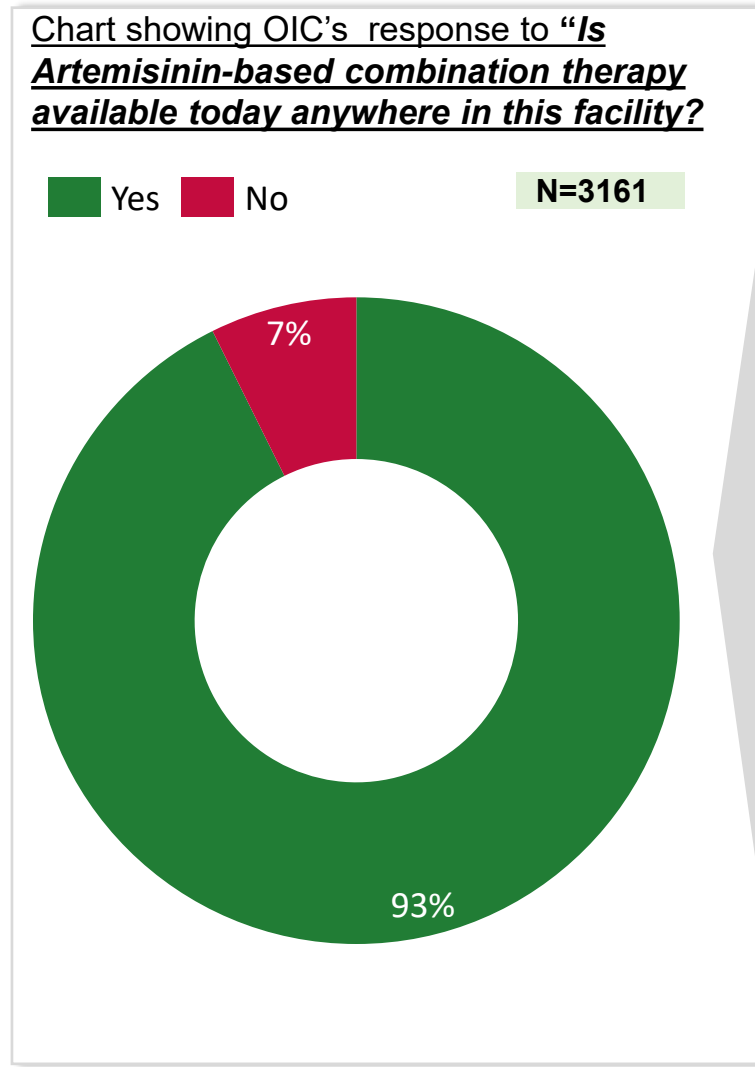


Chart showing OIC's response to *"Is First-line anti- hypertensives available today anywhere in this facility?"* by state



Among the surveyed BHCPF facilities, states such as Sokoto, Zamfara, Borno, Nasarawa, Enugu, and Delta over 30% of facilities lacked this commodity.

Did the BHCPF facility report the availability of ACTs on the day of the survey in Q1 2025?



Among the surveyed BHCPF facilities, states such as Sokoto, Gombe, Taraba, and Delta, over 15% of facilities lacked this commodity at the time of this survey

Did the BHCPF facility report the availability of Multiple Micronutrient Supplementation on the day of the survey in Q1 2025?

Chart showing OIC's response to *"Is Multiple Micronutrient Supplementation available today anywhere in this facility?"*

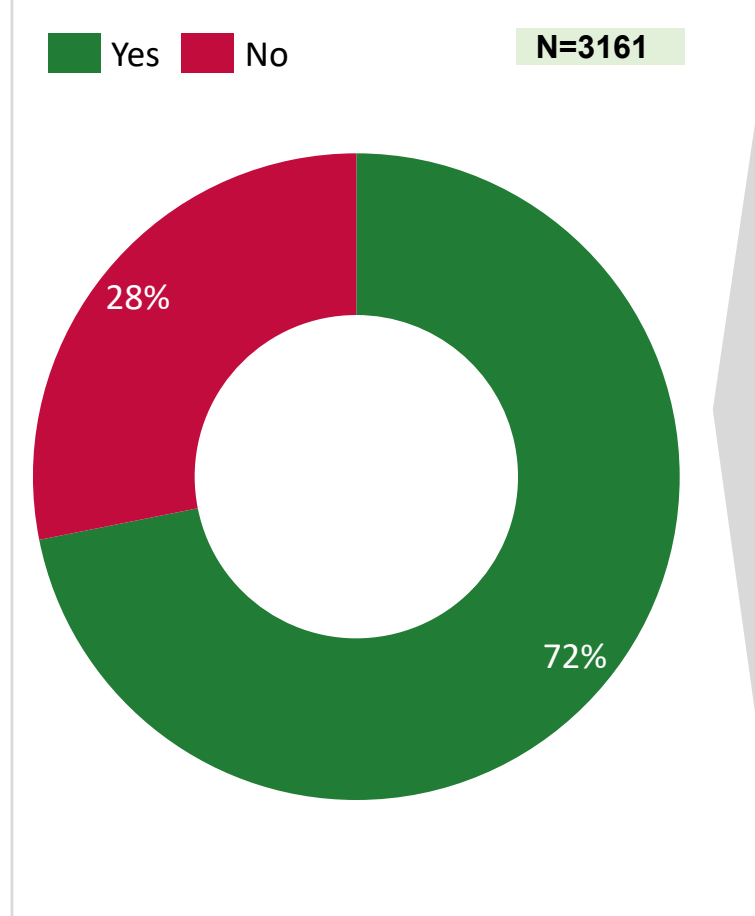
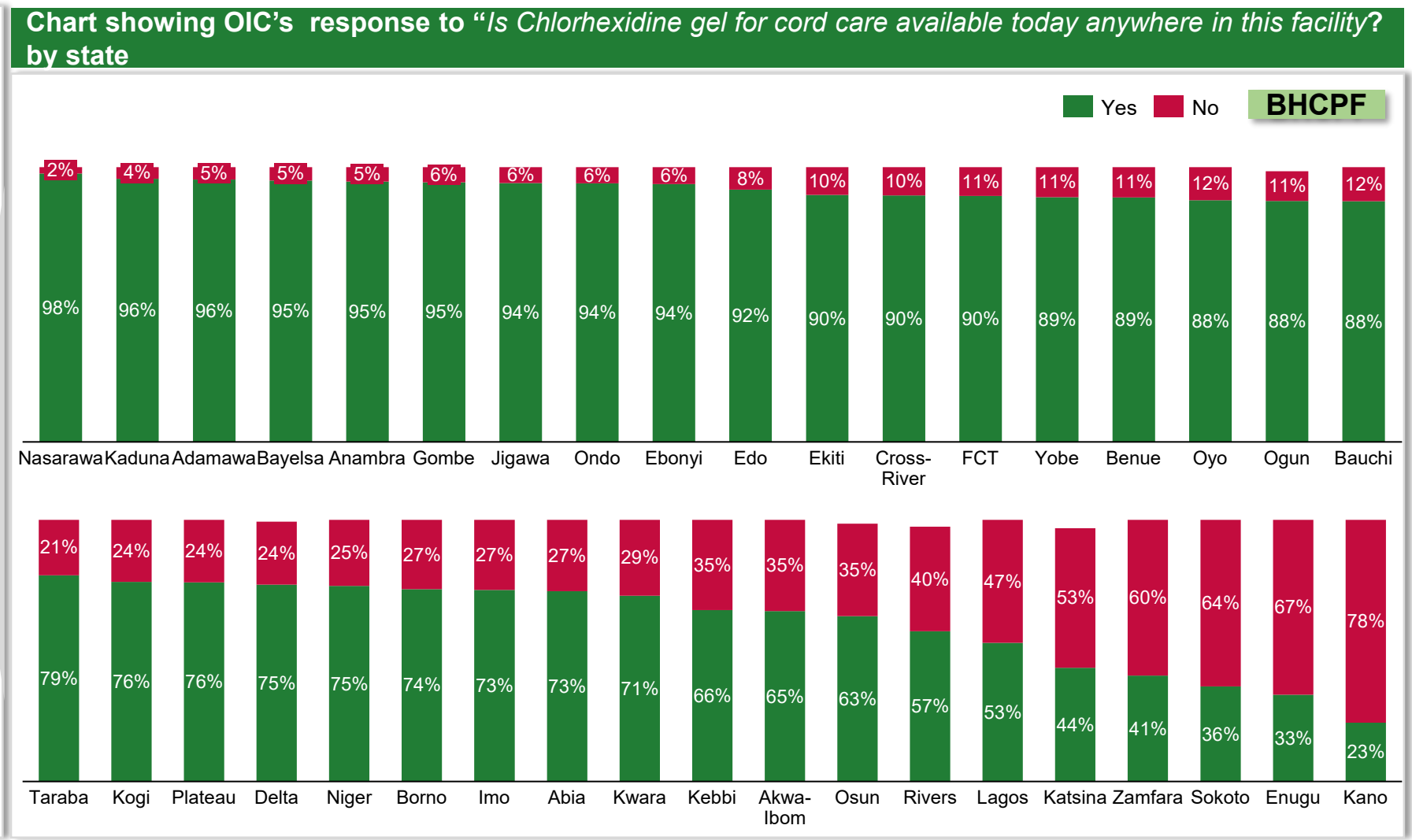
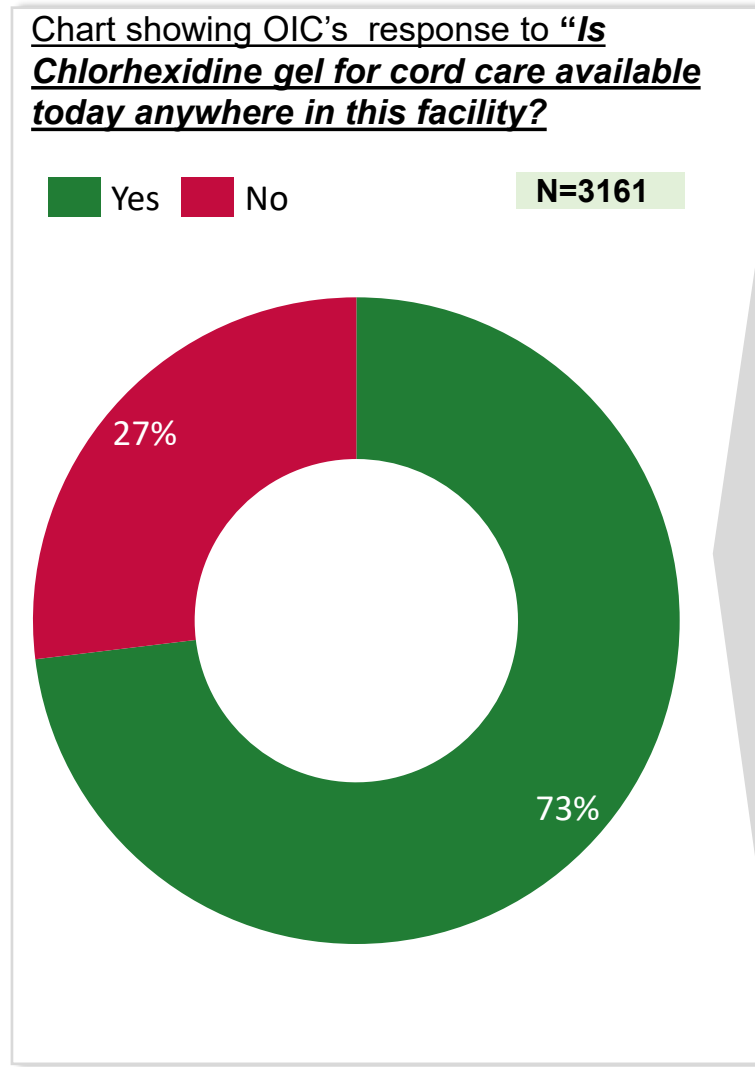


Chart showing OIC's response to *"Is Multiple Micronutrient Supplementation available today anywhere in this facility?"* by state



BHCPF Facilities in states like Delta, Kano, and Osun, over 50% of facilities lacked MMS at the time of the survey. This raises concerns for facilities, particularly in the states mentioned above.

Did the BHCPF facility report the availability of Chlorhexidine gel for cord care on the day of the survey in Q1 2025?



States such as Kano, Enugu, Sokoto, Zamfara, and Katsina, over 50% of facilities report a lack of availability for Chlorhexidine gel for cord care on the day of the survey

Family Planning

Did the BHCPF facility report the availability of long-acting reversible contraception on the day of the survey in Q1 2025?

Chart showing OIC's response to *"Is Long-acting reversible contraception methods available today anywhere in this facility?"*

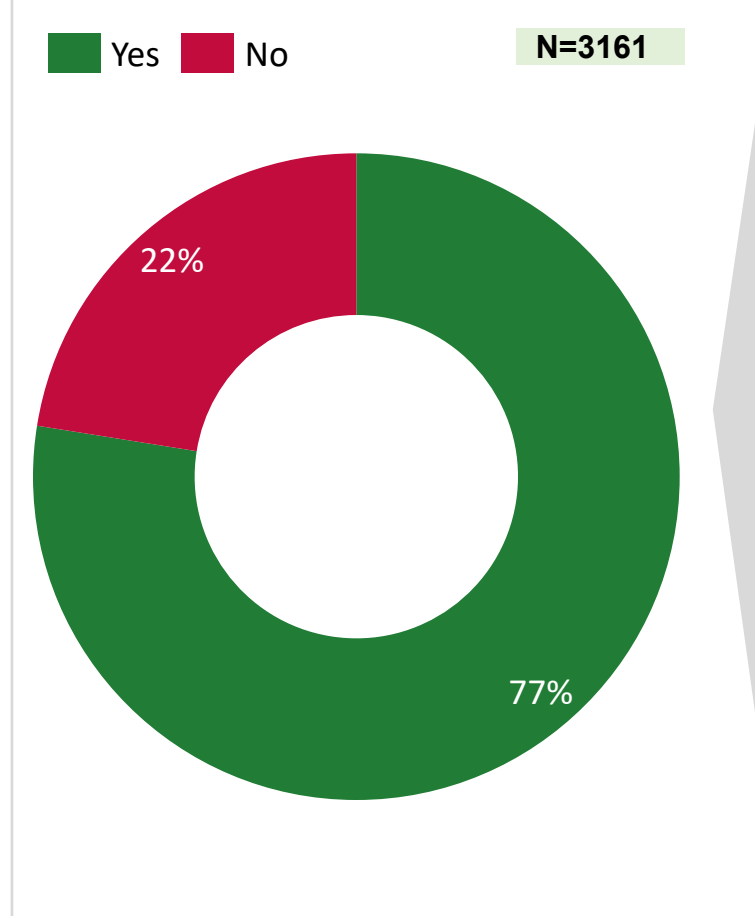


Chart showing OIC's response to *"Is Long-acting reversible contraception methods available today anywhere in this facility?"* by state



States like Imo, Ekiti, Zamfara, Sokoto, and Osun reported stockouts of long-acting reversible contraception methods in 30% or more of their health facilities

Did the BHCPF facility report the availability of Intrauterine contraceptive on the day of the survey in Q1 2025?

Chart showing OIC's response to "Is Intrauterine contraceptive device available today anywhere in this facility?"

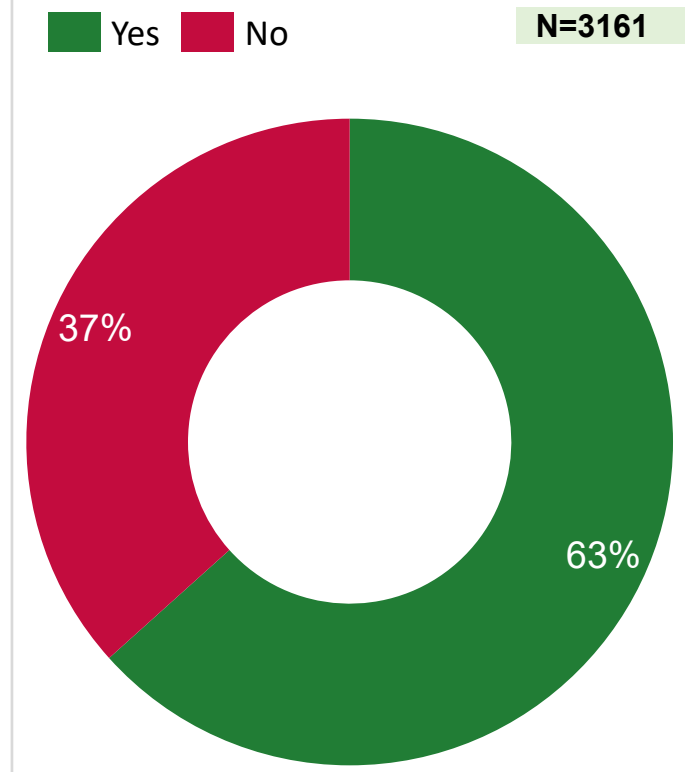
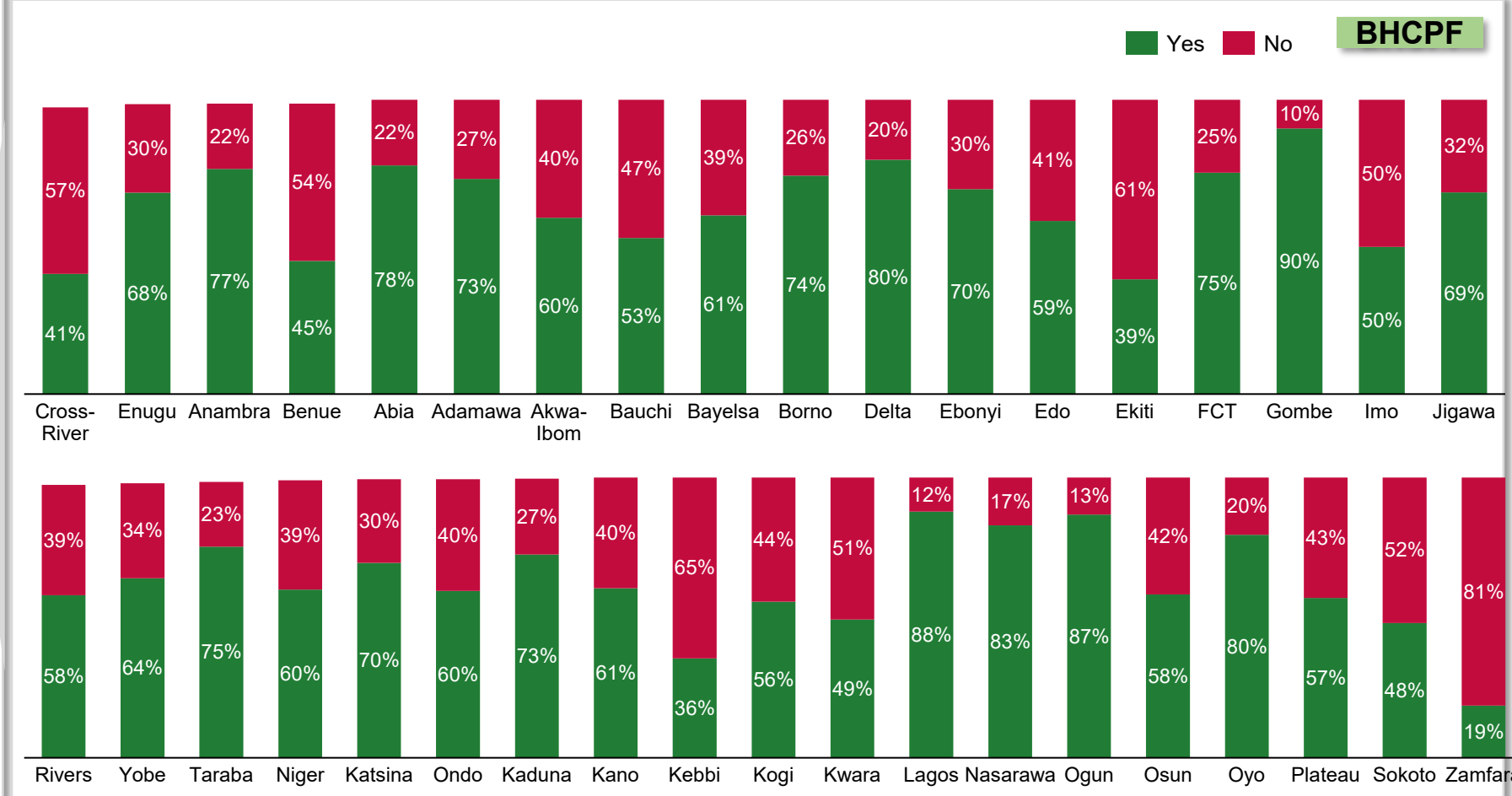


Chart showing OIC's response to "Is Intrauterine contraceptive device available today anywhere in this facility?" by state



More than 50% of health facilities in Cross River, Benue, Ekiti, Zamfara, Sokoto, and Kwara reported stockouts of intrauterine contraceptive devices

Did the BHCPF facility report the availability of Implant on the day of the survey in Q1 2025?

Chart showing OIC's response to ***"Is Implant available today anywhere in this facility?"***

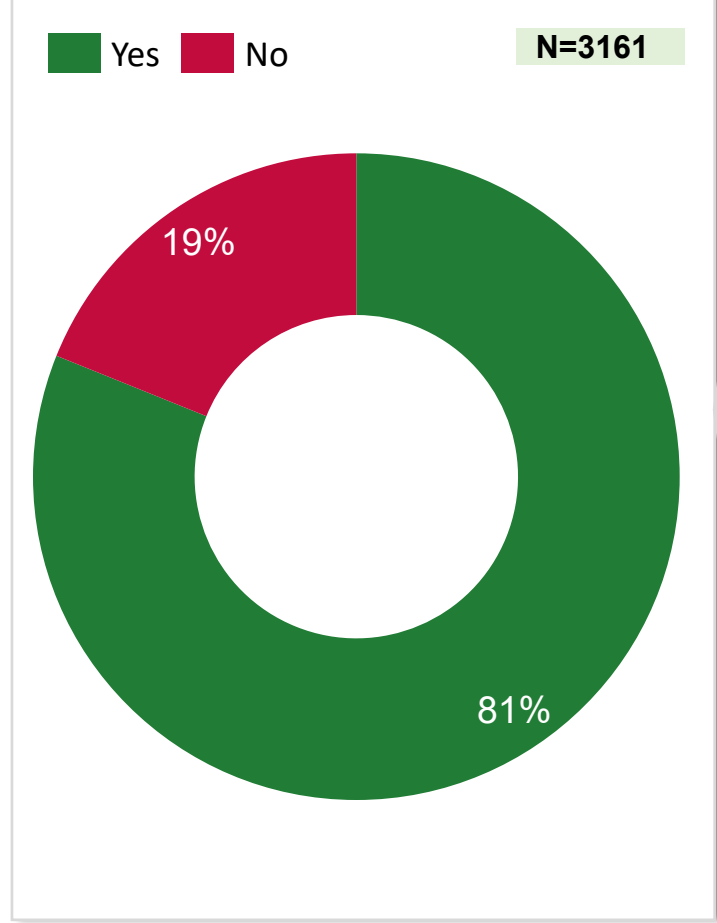


Chart showing OIC's response to ***"Is Implant available today anywhere in this facility?"*** by state



In Q1, more than 40% of reported health facilities in Kwara, Ekiti, Imo, and Osun lacked implants for family planning services

Did the BHCPF facility report the availability of short-acting reversible on the day of the survey in Q1 2025?

Chart showing OIC's response to ***"Is Short-acting reversible contraception methods available today anywhere in this facility?"***

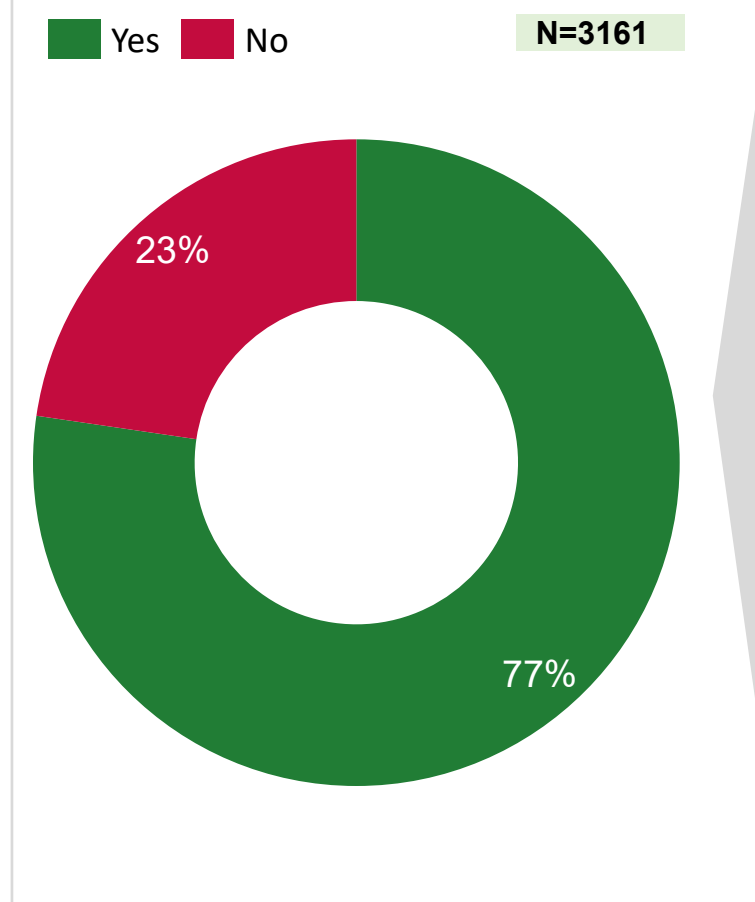


Chart showing OIC's response to ***"Is Short-acting reversible contraception methods available today anywhere in this facility?"*** by state



In Q1, more than 40% of reported health facilities in Imo, Katsina, Osun, Sokoto and Zamfara do not provide Short-acting reversible contraception methods for family planning

Did the BHCPF facility report the availability of Injectables on the day of the survey in Q1 2025?

Chart showing OIC's response to *"Is Injectable contraceptive methods available today anywhere in this facility?"*

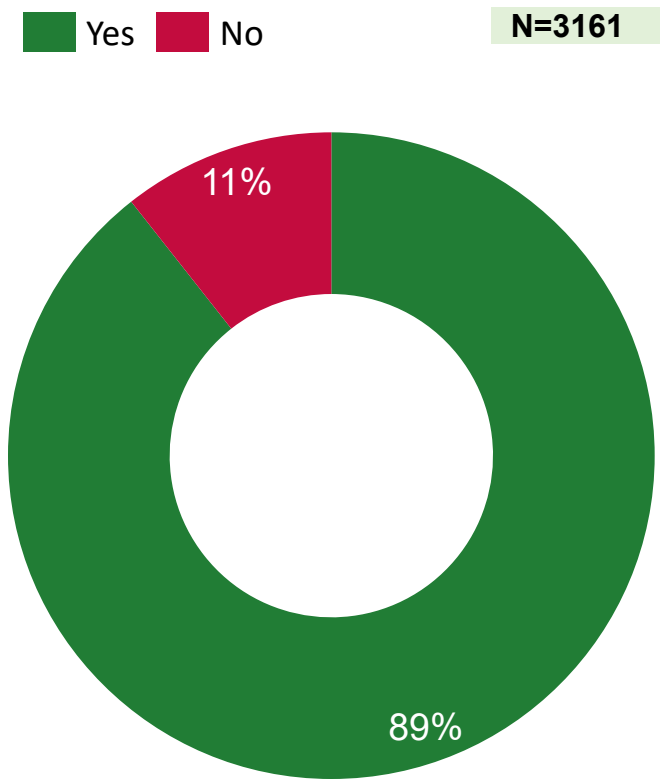


Chart showing OIC's response to *"Is Injectable contraceptive available today anywhere in this facility?"* by state



More than 30% of reported health facilities in Borno, Ebonyi and FCT do not provide Injectable contraceptive methods at the time of the survey for family planning

Did the BHCPF facility report the availability of Oral contraceptives on the day of the survey in Q1 2025?

Chart showing OIC's response to *"Is Oral Contraceptive available today anywhere in this facility?"*

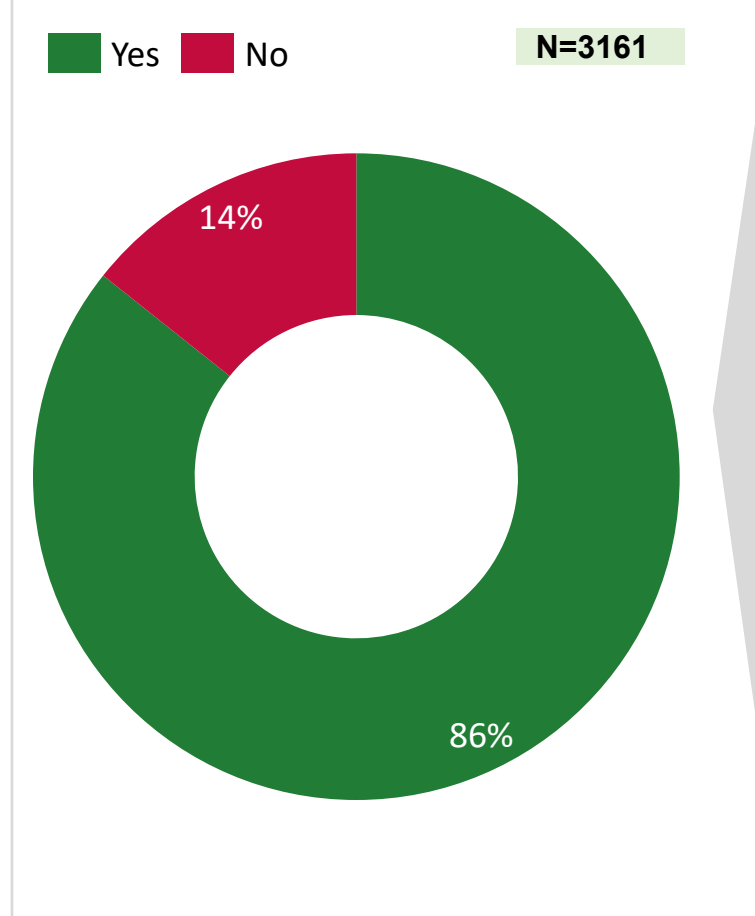


Chart showing OIC's response to *"Is Oral Contraceptive available today anywhere in this facility?"* by state



Over 30% of reported health facilities in Sokoto, Kogi, Kebbi, and Imo do not provide Oral Contraceptive at the time of the survey for family planning

Did the BHCPF facility report the availability of Male Condom on the day of the survey in Q1 2025?

Chart showing OIC's response to ***"Is Male Condom available today anywhere in this facility?"***

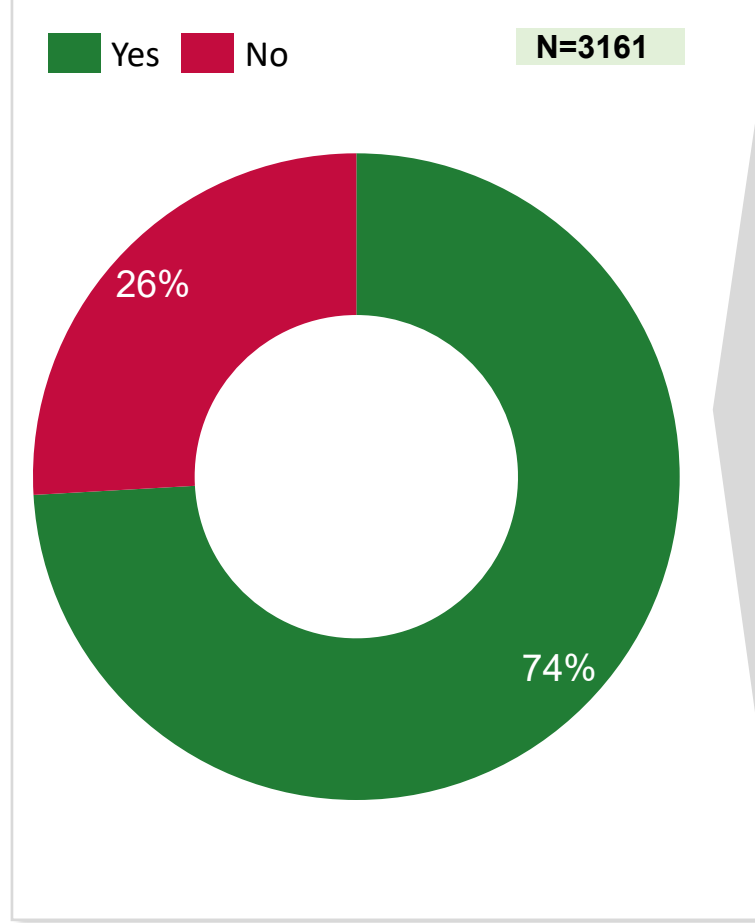


Chart showing OIC's response to ***"Is Male Condom available today anywhere in this facility?"*** by state



Over 40% of reported health facilities in Benue, Ebonyi, Imo, Kano, Niger, oyo, Plateau, Sokoto, Taraba and Zamfara and do not have male condom at the time of the survey for family planning

Did the BHCPF facility report the availability of Female Condom on the day of the survey in Q1 2025?

Chart showing OIC's response to ***"Is Female Condom available today anywhere in this facility?"***

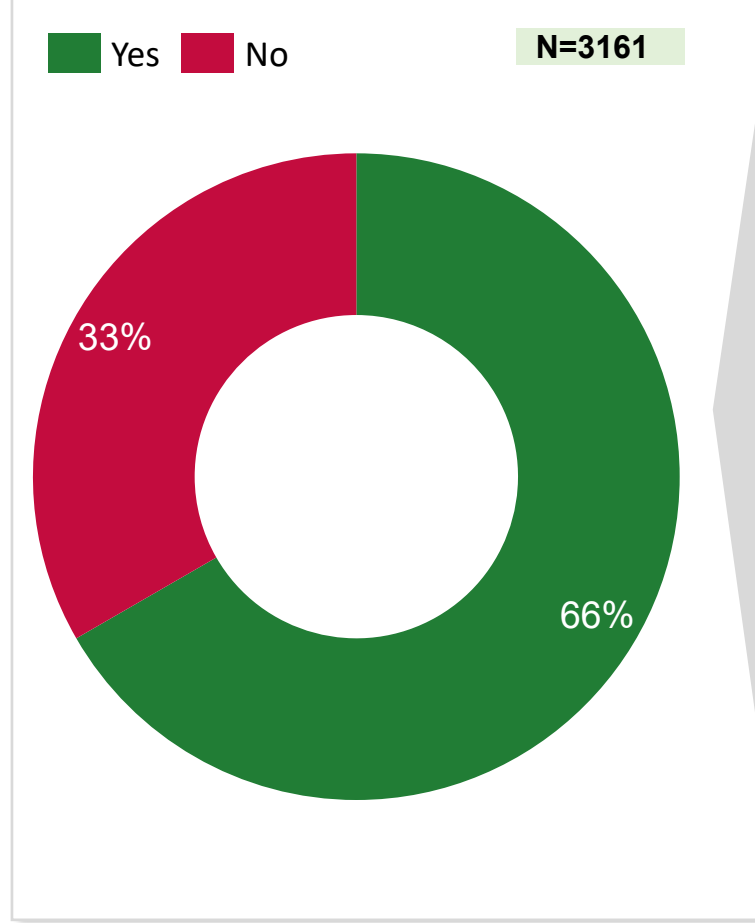


Chart showing OIC's response to ***"Is Female Condom available today anywhere in this facility?"*** by state



In Q1, more than 50% of reported health facilities in Bauchi, Niger, Kebbi, Osun, Oyo and Kano do not have female condom at the time of the survey for family planning

Did the BHCPF facility report the availability of Emergency contraceptive pill on the day of the survey in Q1 2025?

Chart showing OIC's response to *"Is Emergency contraceptive pill available today anywhere in this facility?"*

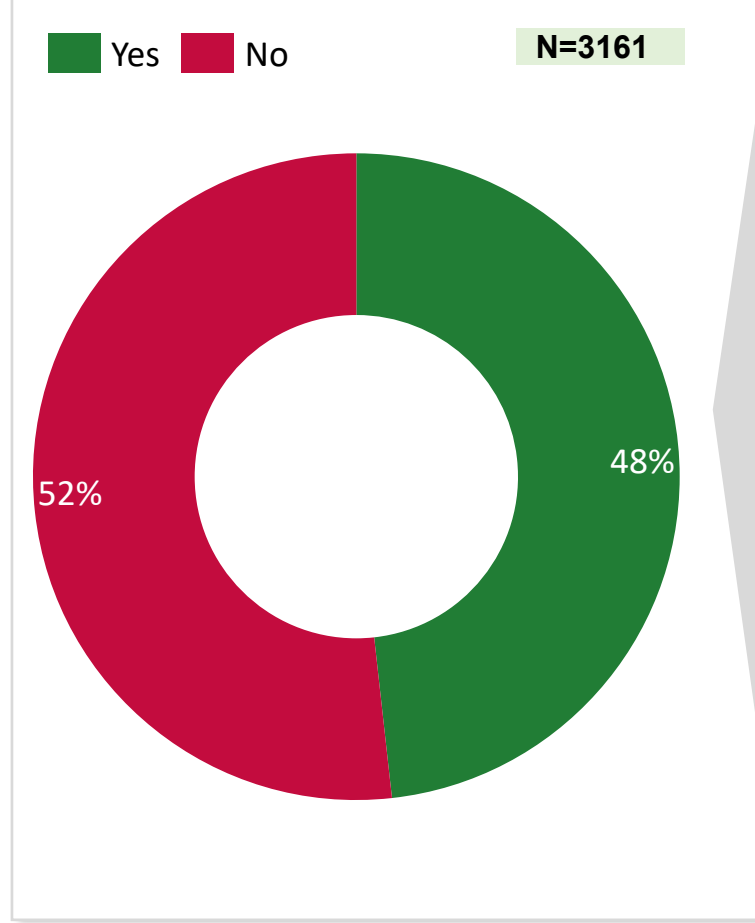
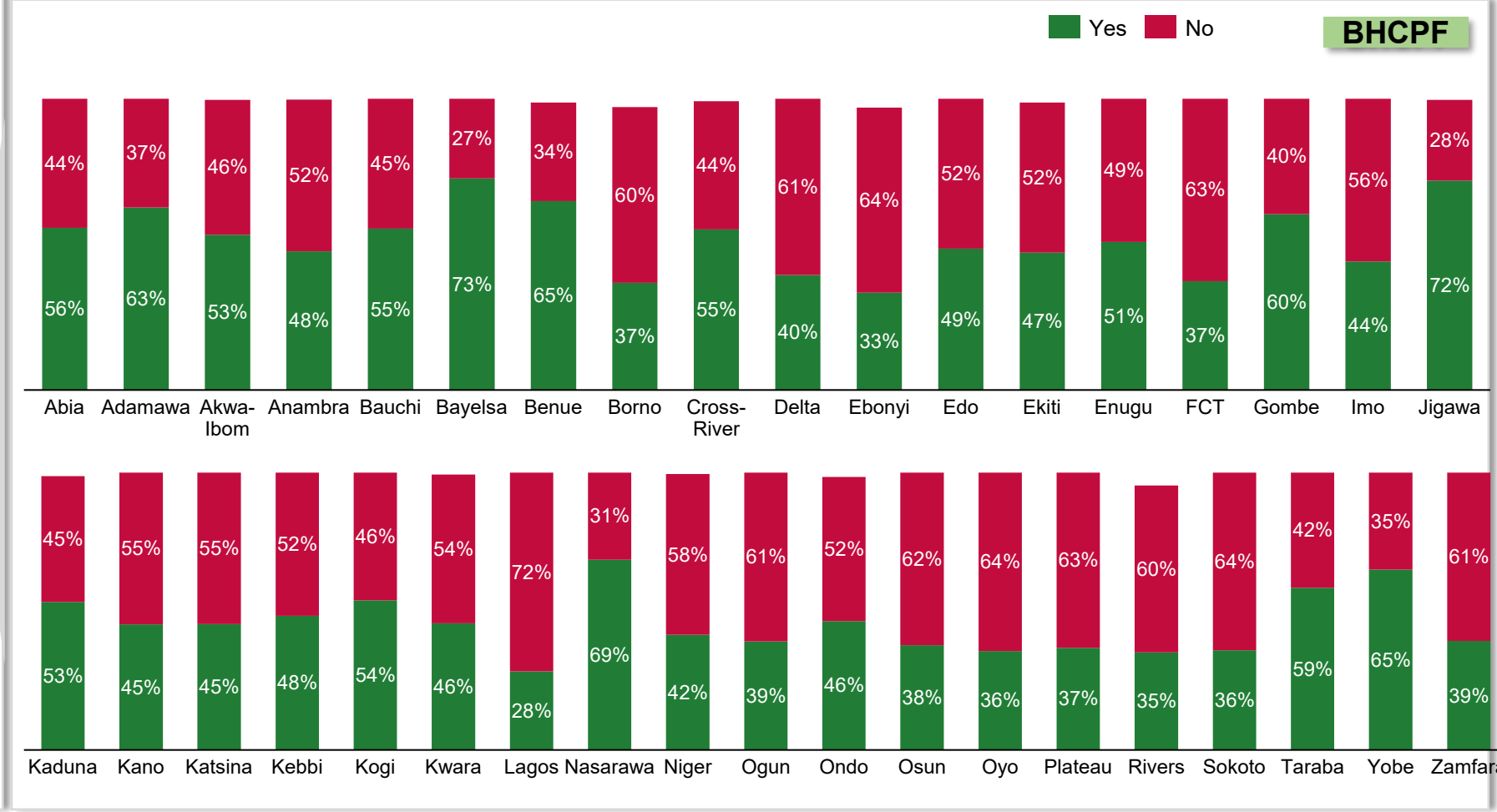


Chart showing OIC's response to *"Is Emergency contraceptive pill available today anywhere in this facility?"* by state



Over 60% of reported health facilities in Lagos, Osun, Zamfara, Ogun, Oyo, FCT, Delta, Ebonyi, Plateau and Sokoto do not have emergency contraceptive pill at the time of the survey for family planning

Did the BHCPF facility report the availability of Cycle beads on the day of the survey in Q1 2025?

Chart showing OIC's response to ***"Is Cycle Beads available today anywhere in this facility?"***

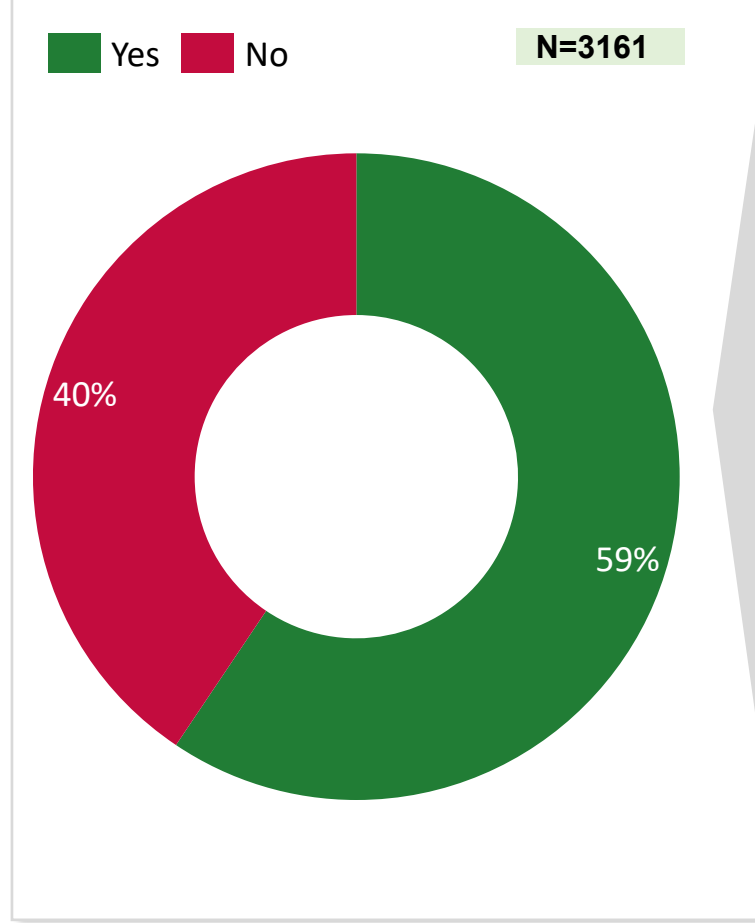


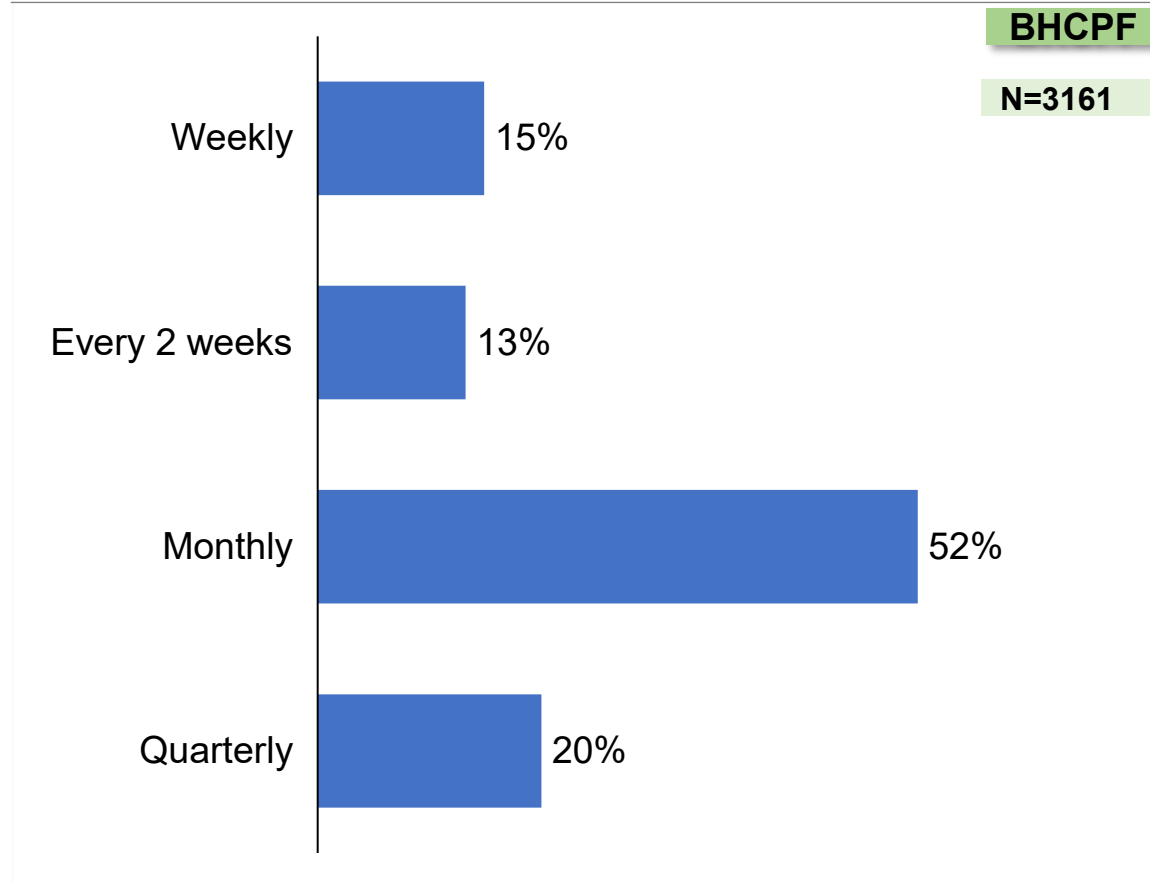
Chart showing OIC's response to ***"Is Cycle Beads available today anywhere in this facility?"*** by state



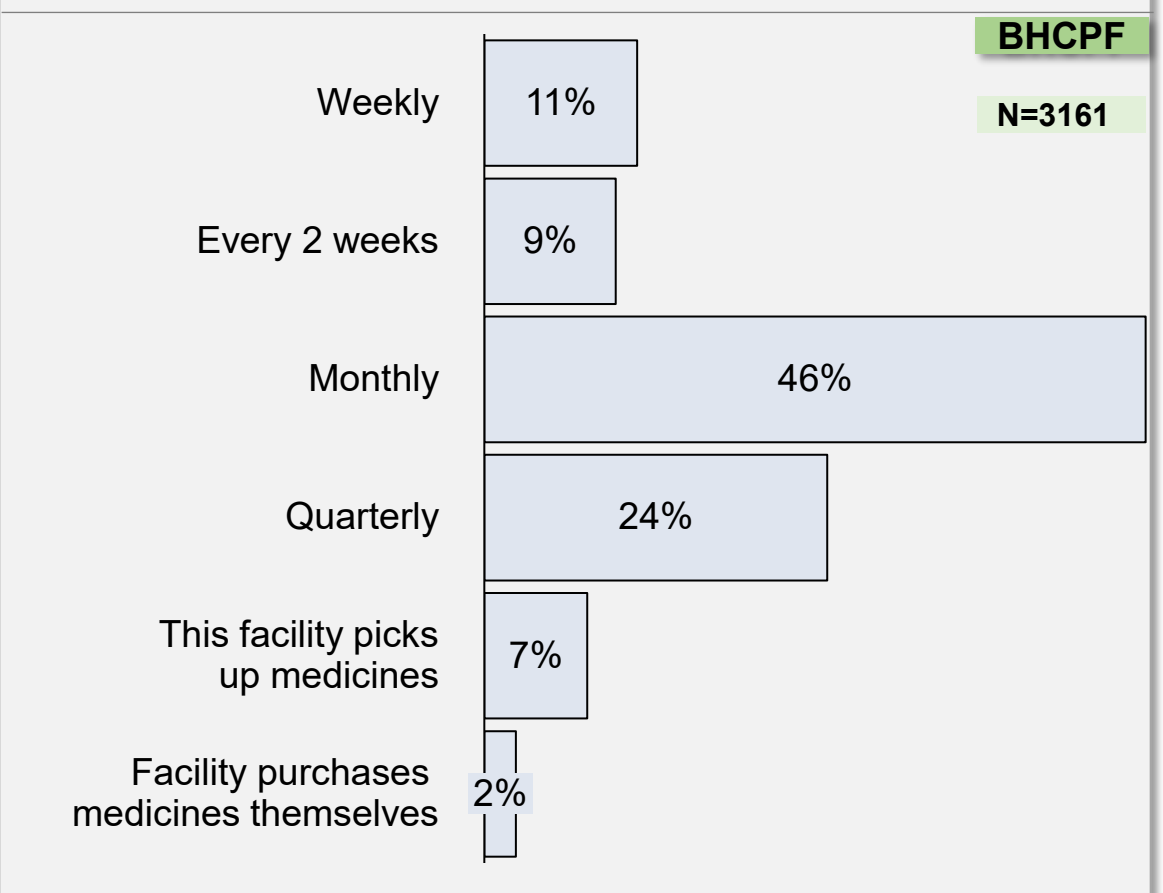
More than 60% of reported health facilities in Bauchi, Ekiti, Kebbi, Niger, Ogun, Osun, Oyo, Sokoto, Zamfara do not have cycle beads at the time of the survey for family planning

How frequent were medicine orders placed by the BHCPF facility and how frequently were they delivered in Q1 2025?

Percentage of facilities that reported frequency of medicine orders placed by the facility



Percentage of facilities that reported frequency of deliveries received by the facility of all surveyed essential medicines



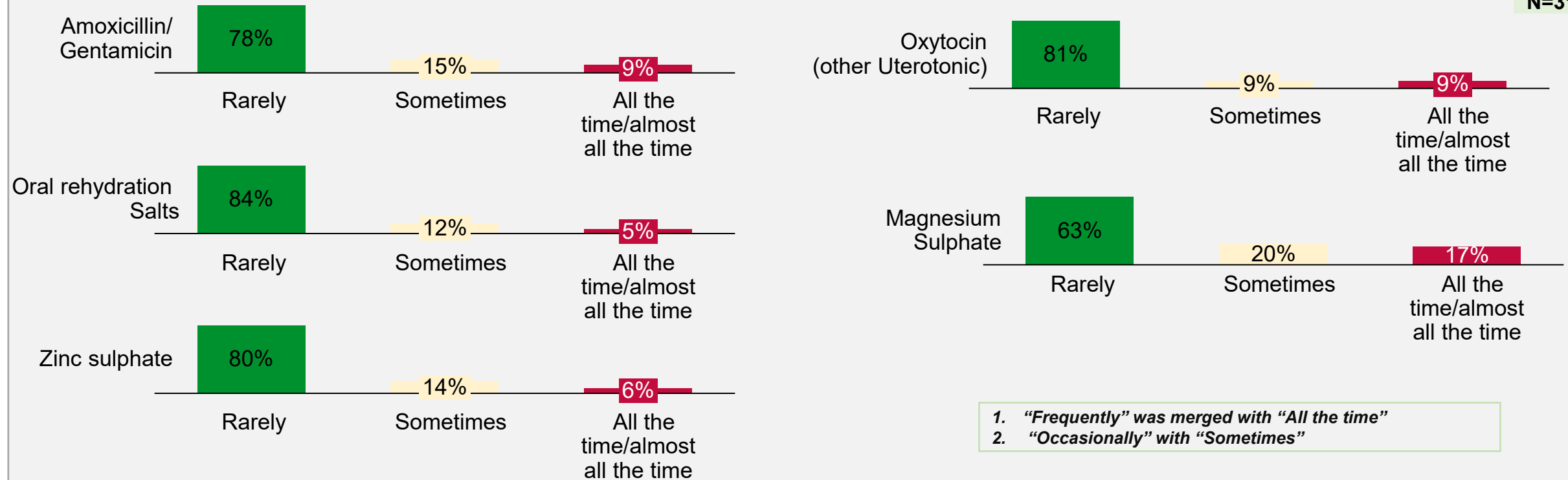
- About half of the surveyed facilities place orders and receive commodities on a monthly basis
- Facilities from the South-South (59%), order medicines monthly most frequently. The highest rate was reported in Plateau state (66%).

How often did the BHCPF facility experience stock out of the essential medicines, in Q1 2025?

Chart showing OICs response to “In the past three months, how often has this facility experienced a stock out of the following items”

BHCPF

N=3161



- Overall, Magnesium sulphate was the essential medicine most frequently reported by OICs to be in short supply all the time in both BHCPF & Non-BHCPF. This was particularly notable in the South-South (SS) at 16% and the South-West (SW) at 18%.
- Facilities from the Northern part of Nigeria responded with 'Never' when asked if they had experienced a stockout of essential medicines in the past three months.
- In contrast, from the South-East, most frequently reported 'Rarely' experiencing a stockout of essential medicines in the last three months, with this trend being particularly notable in Imo state.

Immunization Services

99% of the of BHCPF facilities offering child immunization services provide them both fixed and outreach sessions

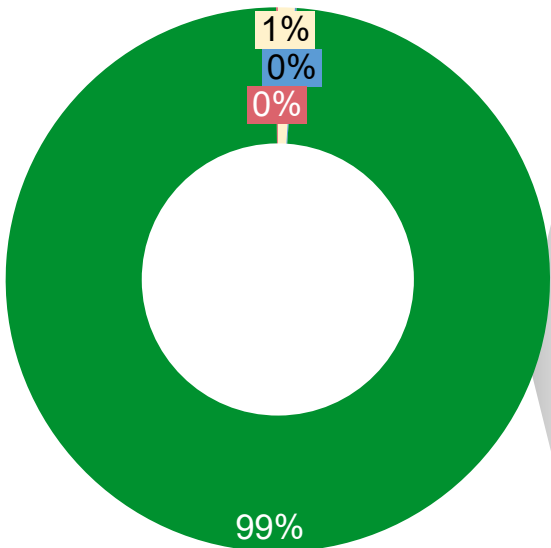
Chart showing OIC's response to "For each of the following services, is the service offered at this facility, as outreach, or both?" (%)

N=3161

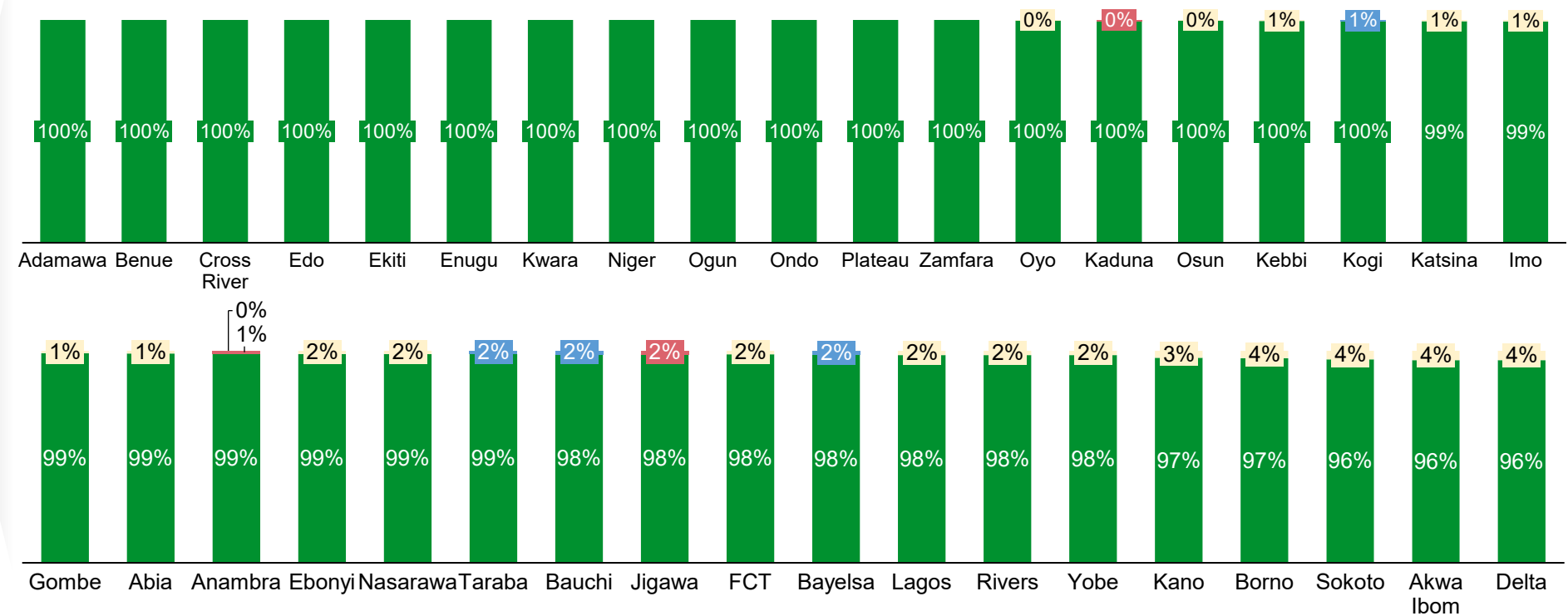
Breakdown by states (Percentage)

BHCPF

■ Only at this facility
 ■ Only through outreach
 ■ Both at this facility and through outreach
 ■ Facility do not offer this service at all



■ Only at this facility
■ Only through outreach
■ Both at this facility and through outreach
■ Facility do not offer this service at all



Interestingly, about 99% of these BHCPF facilities offer the service both at facility and through outreach, this was consistent across all the states.

How available were the key vaccines at health facilities, in Q1 2025?

Percentage of facilities that report the availability of all surveyed vaccine items

Facilities with all essential vaccines available
No

N=3989

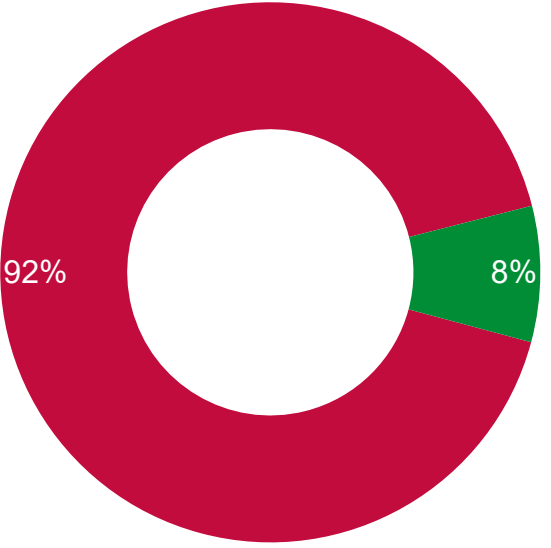


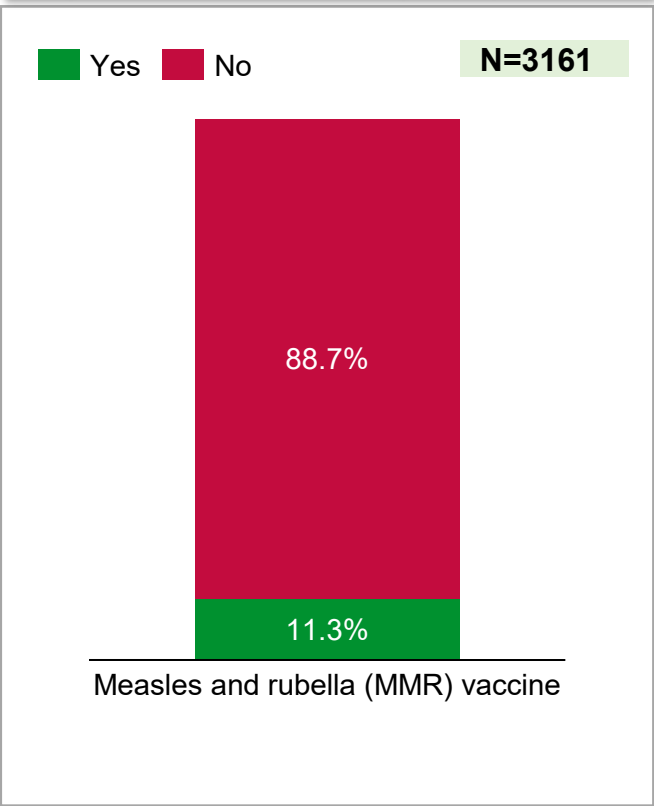
Chart showing OICs response to “Are the following vaccines currently available, anywhere in this facility?”



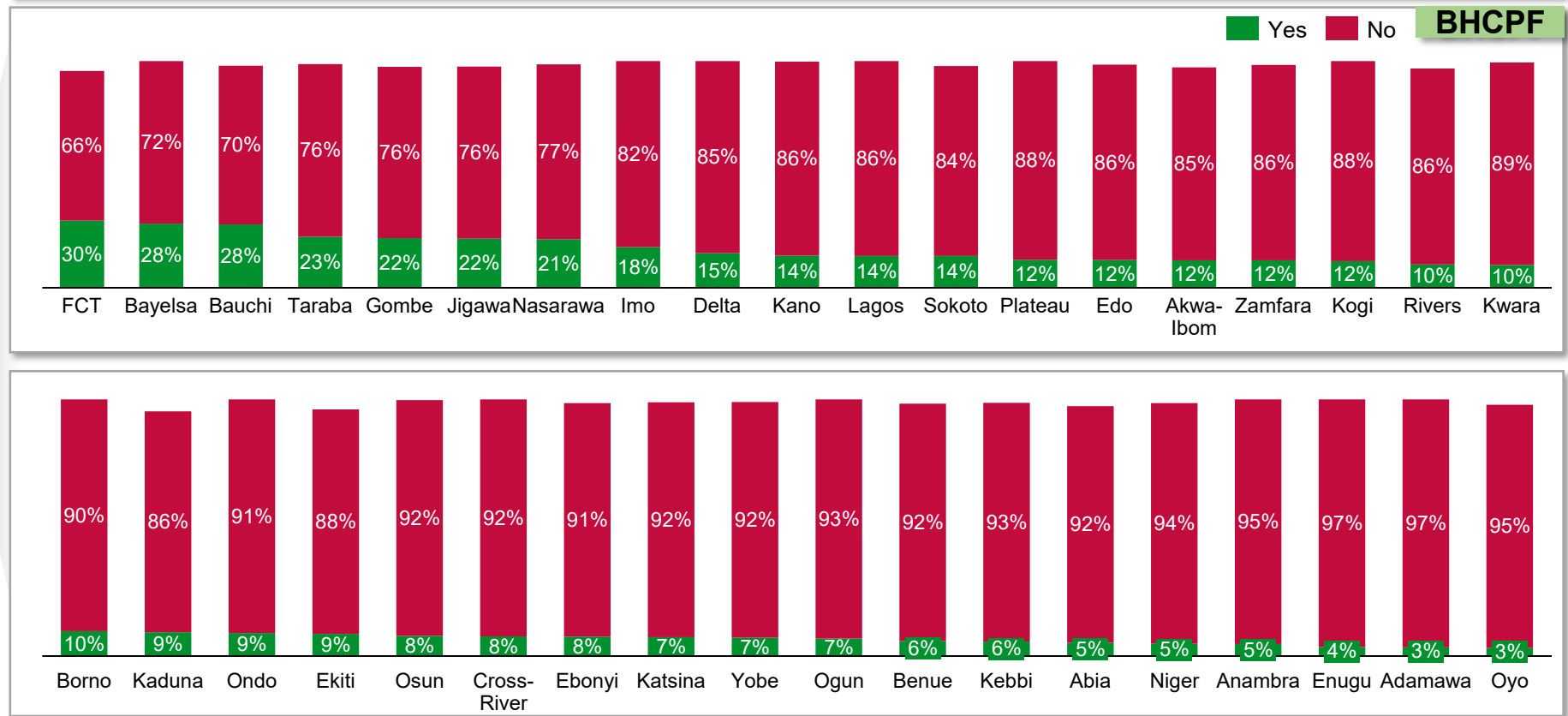
- The proportion of facilities with all essential vaccines available is low, largely due to the unavailability of MMR vaccines in most surveyed facilities. This indicates relatively better systemic coordination within the vaccine supply chain.
- BHCPF facilities reported higher availability of vaccines than non BHCPF. All facility types reported limited availability of MMR, which is currently being rolled out.
- A key implication is that children going to BHCPF facilities or benefiting from their campaigns are much more likely to find the vaccine in stock

Is this vaccine available today anywhere in this facility?

Is this vaccine available today anywhere in this facility? (%)



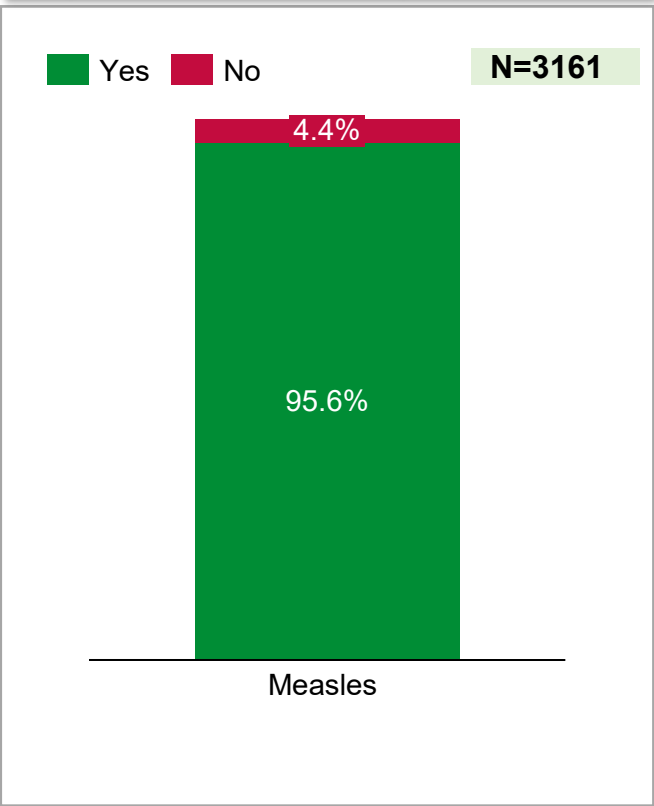
Breakdown of survey by states (Percentage)



Despite the MMR vaccines is being or yet to be rolled out, a notable BHCPF facilities reported having the availability of the vaccine in their facilities with states FCT, Bayelsa and Bauchi state reporting having more than 25% of facilities having the vaccine.

Is this vaccine available today anywhere in this facility?

Is this vaccine available today anywhere in this facility? (%)



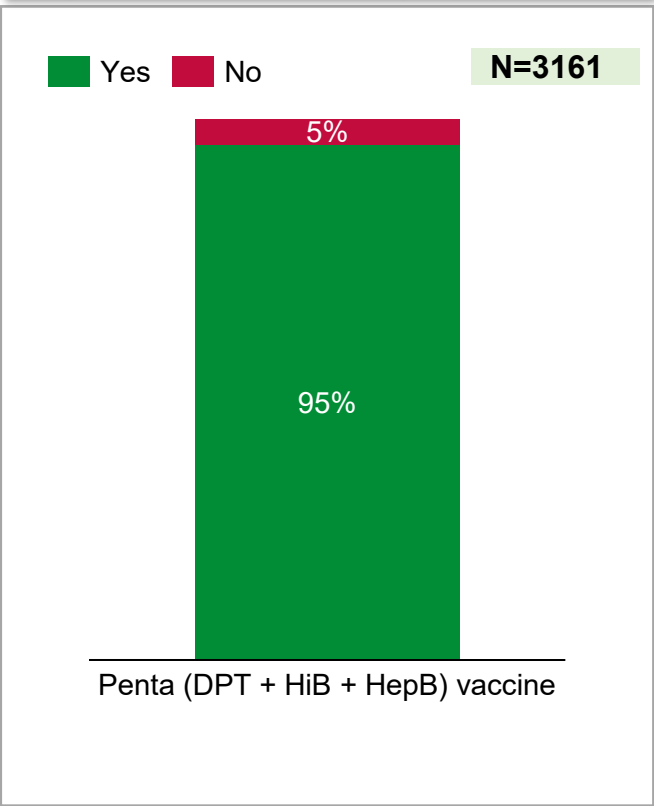
Breakdown of achieved survey by states (Percentage)



Measles vaccines is being reported available across all the surveyed BHCPF facilities in all the 36 states, with only Sokoto and Borno states having about 15% & 18% of non availability of the vaccine.

Is this vaccine available today anywhere in this facility?

Is this vaccine available today anywhere in this facility? (%)



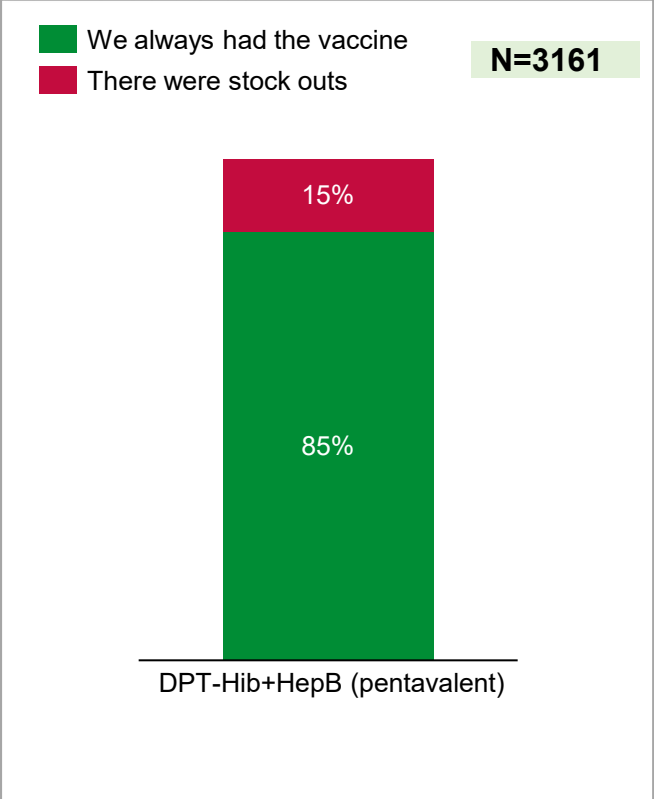
Breakdown of achieved survey by states (Percentage)



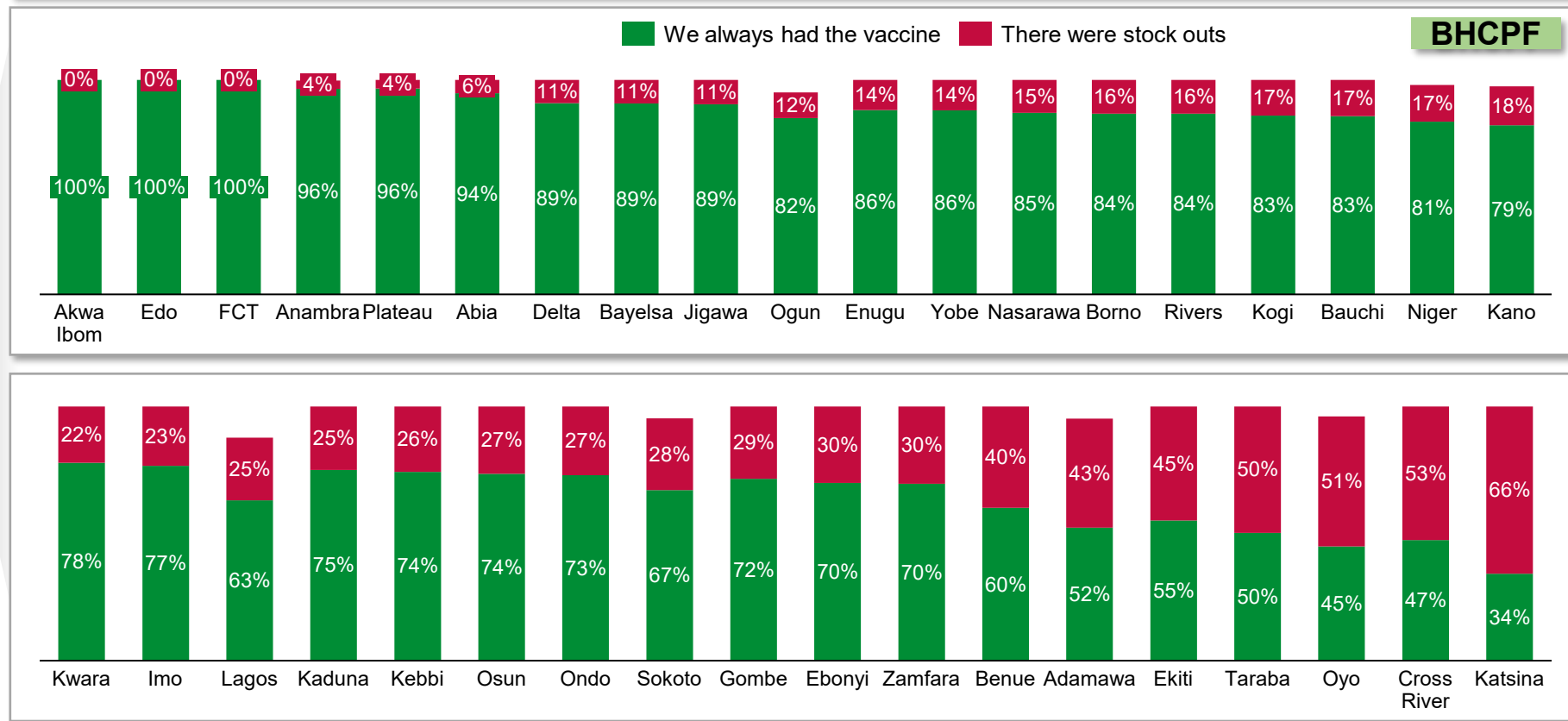
Penta vaccine availability remains low in Delta, Benue & Cross River, with about 20% of facilities do not have the vaccine

In the past three months were you unable to give any of the vaccines listed below because of unavailable stock?

In the past three months, were you unable to give any of this vaccine because of unavailable stock?



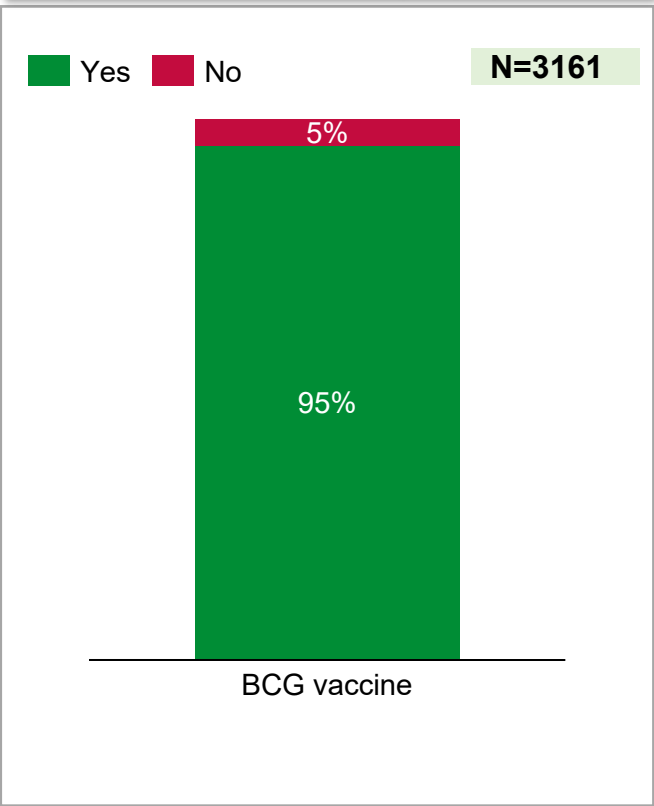
Breakdown by states (Percentage)



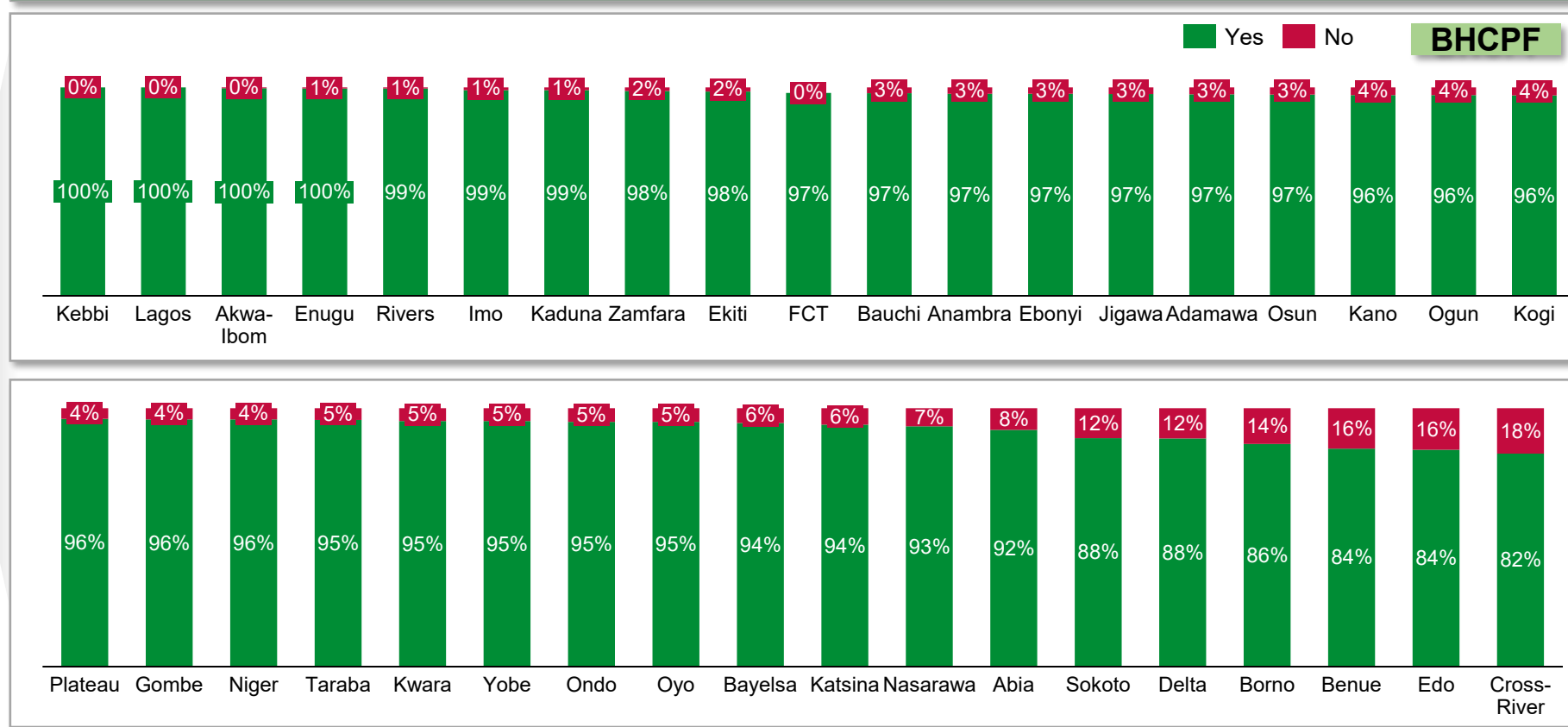
In the past three months, more than 50% of reported health facilities in cross river, Katsina Oyo and Taraba are stocked out of Penta vaccines at the time of the survey for immunization services

Is this vaccine available today anywhere in this facility?

Is this vaccine available today anywhere in this facility? (%)



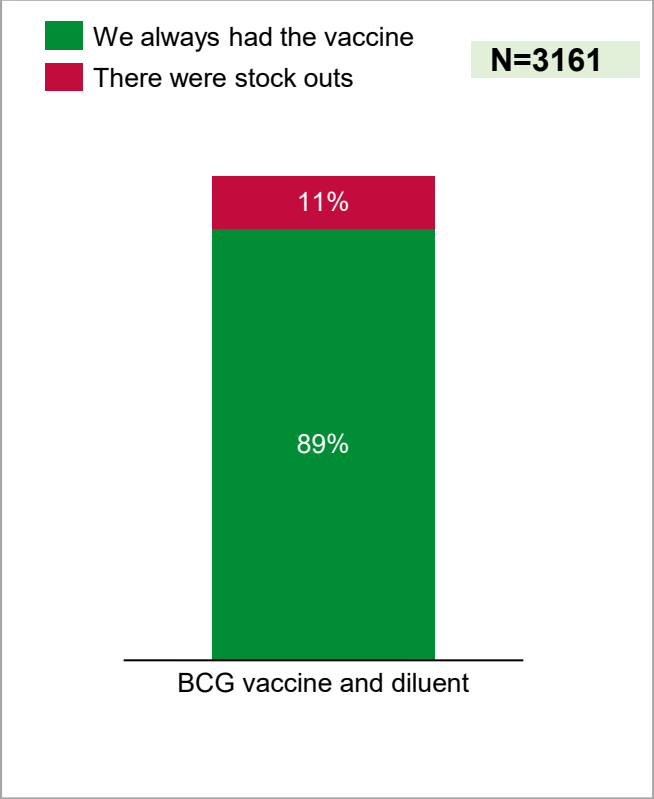
Breakdown of achieved survey by states (Percentage)



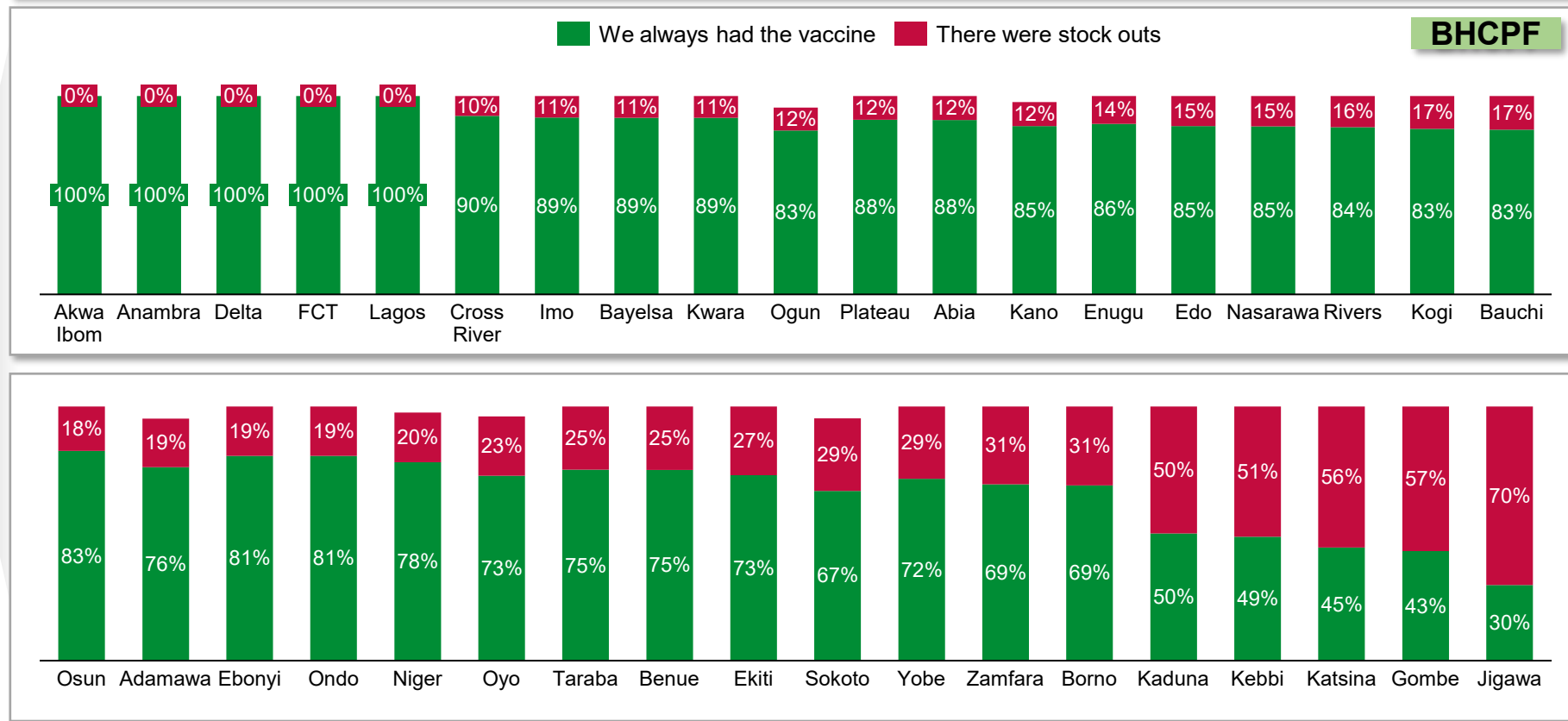
BCG vaccine availability remains low in Benue, Cross river, and Edo states with over 15% of facilities do not have the BCG vaccine

In the past three months were you unable to give any of the vaccines listed below because of unavailable stock?

In the past three months, were you unable to give any of this vaccine because of unavailable stock?



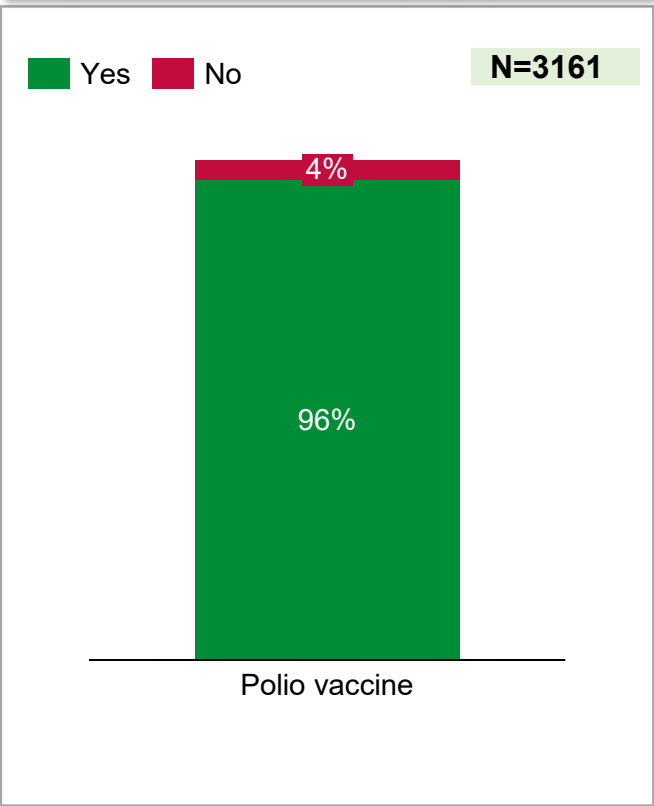
Breakdown by states (Percentage)



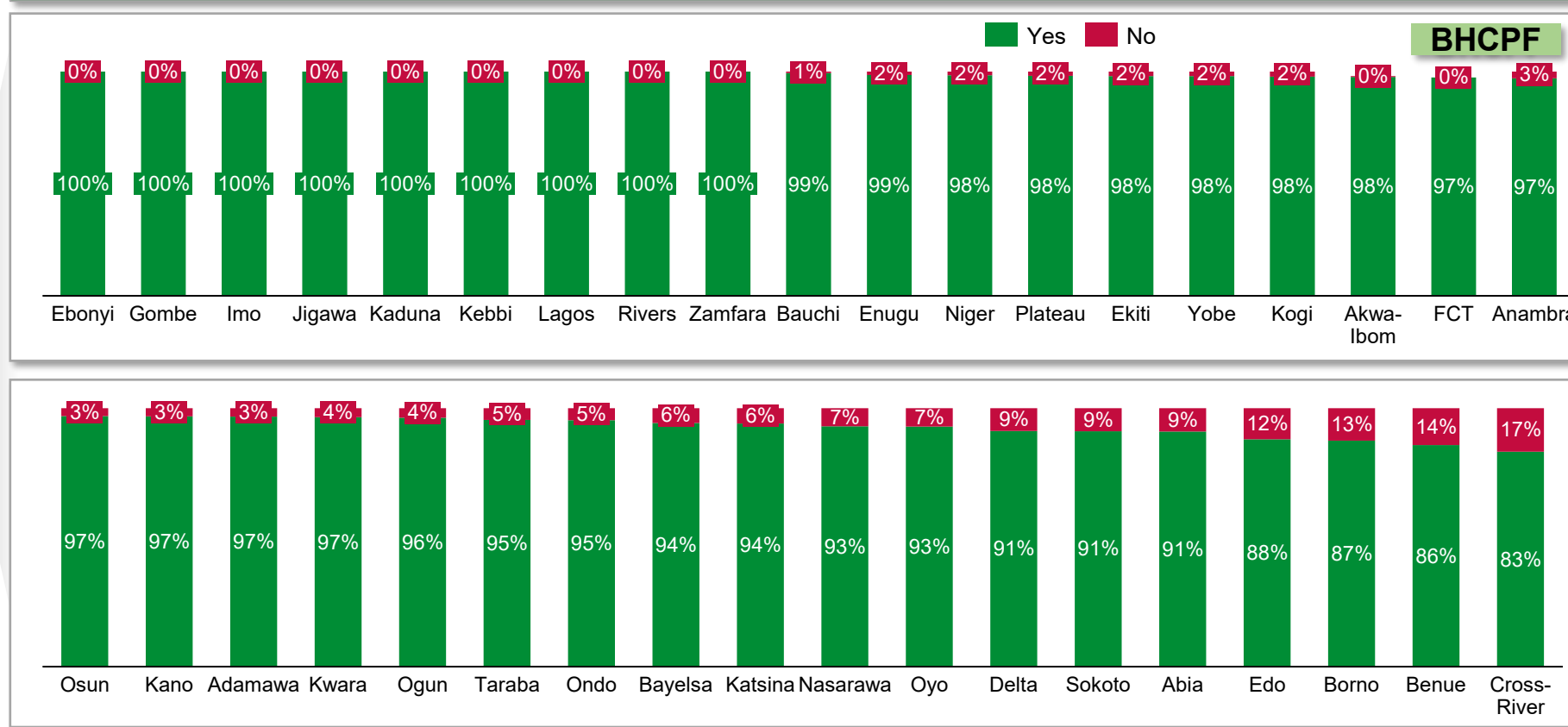
In the past three months, more than 50% of reported health facilities in Gombe, Jigawa, Kaduna, Katsina, Kebbi are stocked out of BCG vaccines at the time of the survey for immunization services

Is this vaccine available today anywhere in this facility?

Is this vaccine available today anywhere in this facility? (%)



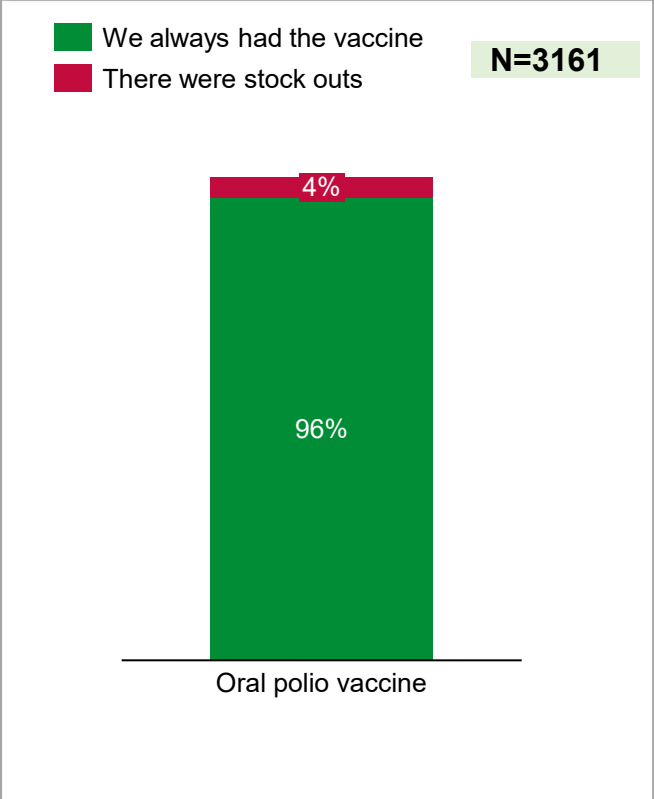
Breakdown of achieved survey by states (Percentage)



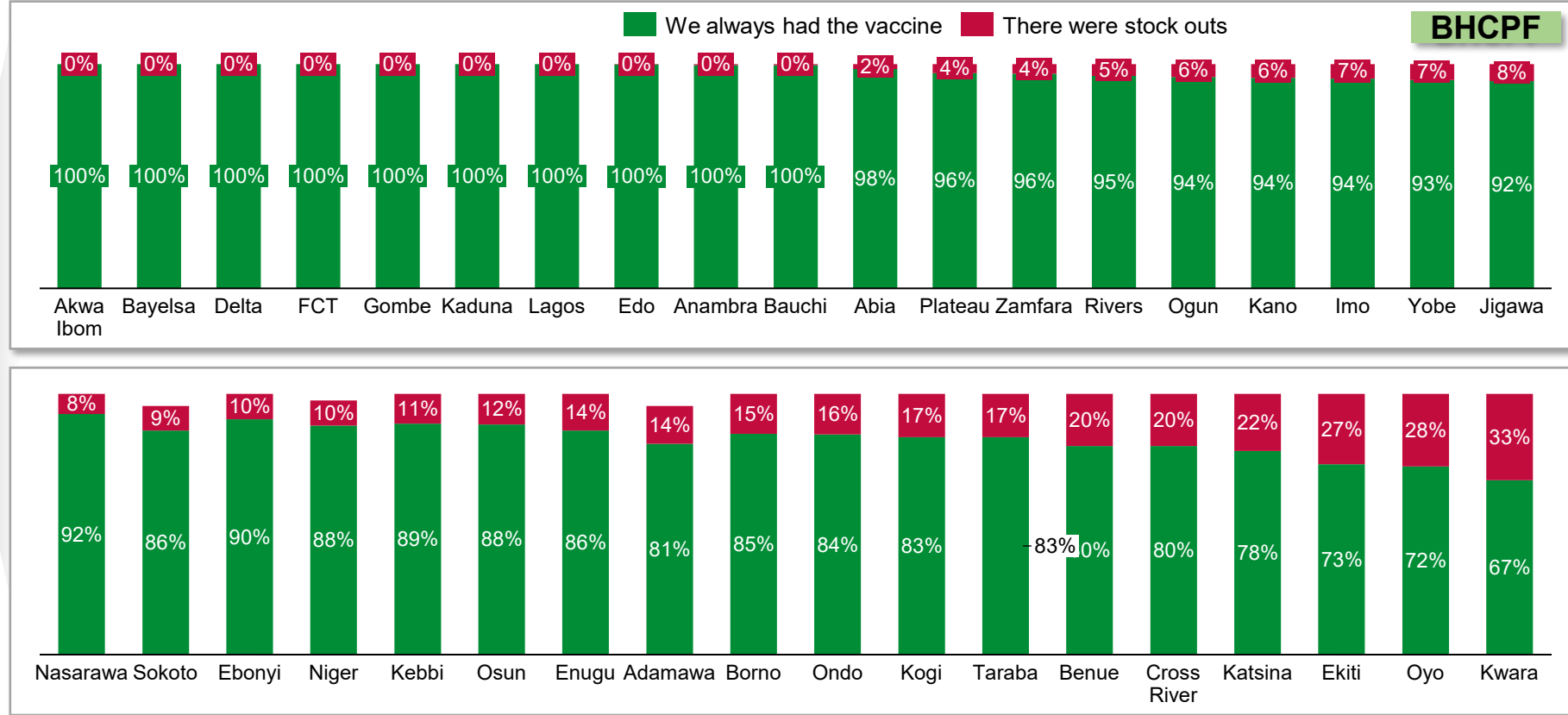
BHC PF facilities in Cross-River reported unavailability of Polio vaccine the most with over 15% of facilities do not have the vaccine

In the past three months were you unable to give any of the vaccines listed below because of unavailable stock?

In the past three months were you unable to give any of this vaccine because of unavailable stock?



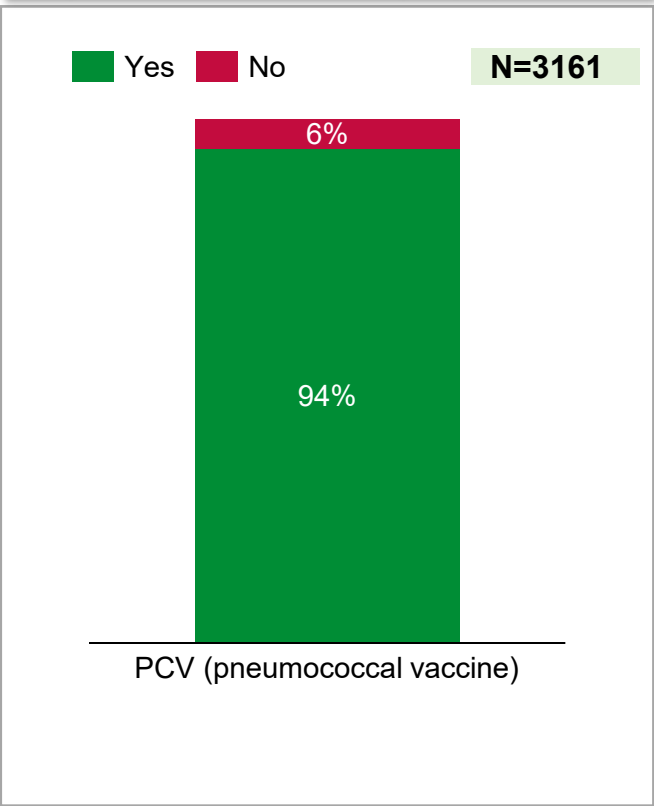
Breakdown by states (Percentage)



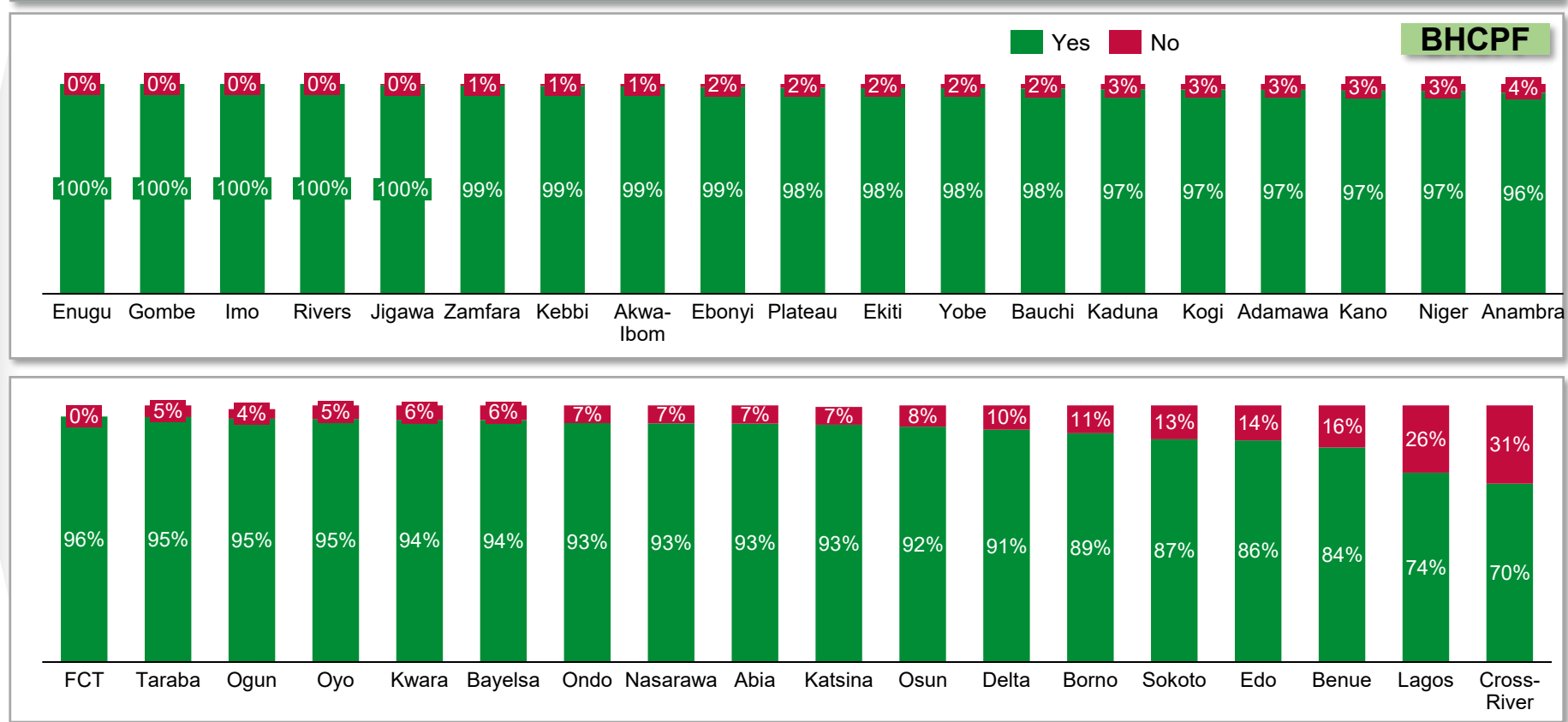
In the past three months, only Kwara has above 30% of the health facilities stocked out of oral polio vaccines at the time of the survey for immunization services

Is this vaccine available today anywhere in this facility?

Is this vaccine available today anywhere in this facility? (%)



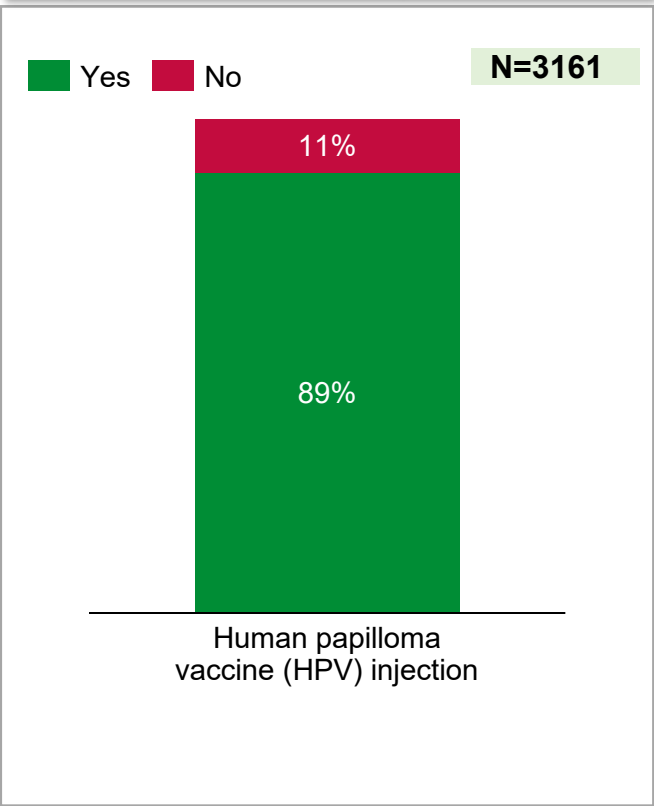
Breakdown of achieved survey by states (Percentage)



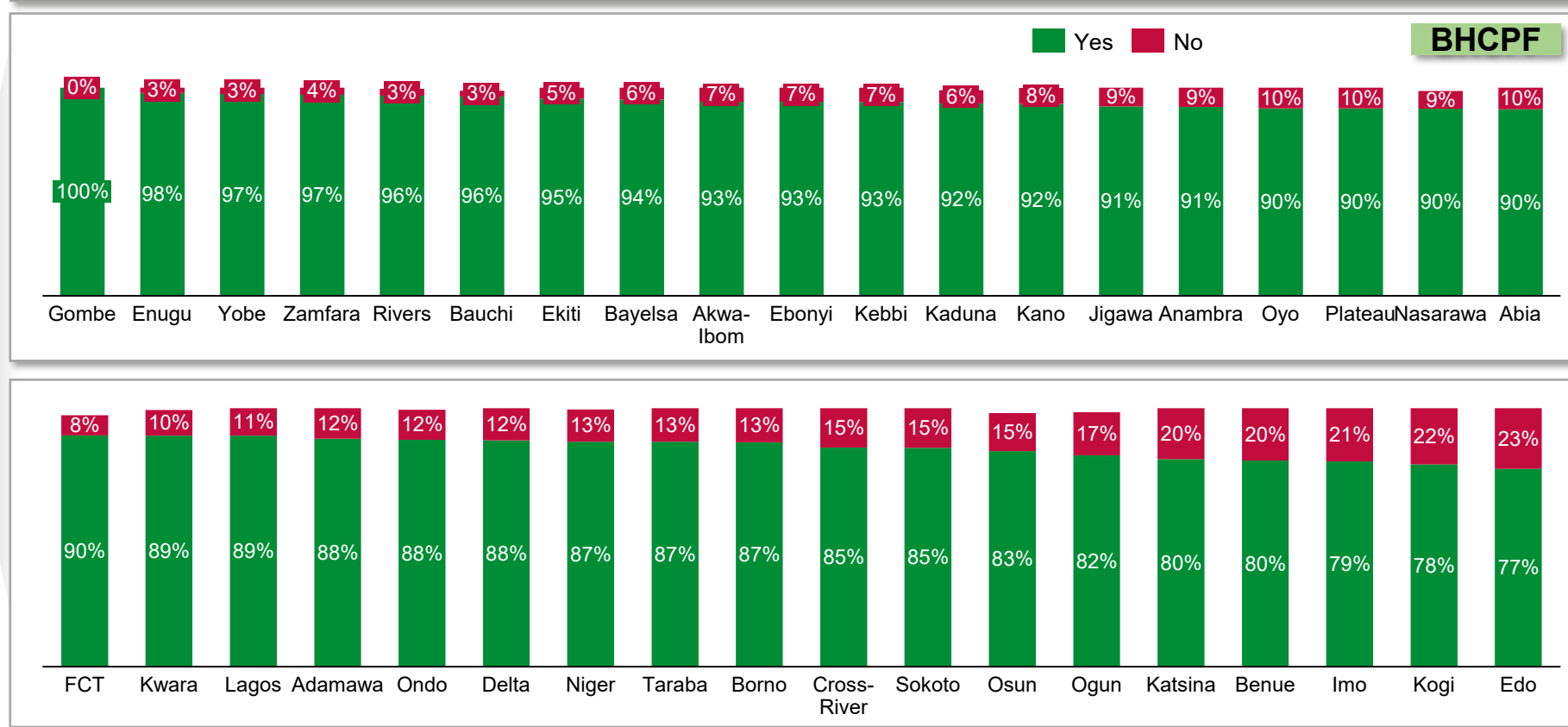
PCV vaccine availability in BHCPF facilities in states like Lagos & Cross-River remains low with over 25% of facilities do not have the PCV vaccine

Is this vaccine available today anywhere in this facility?

Is this vaccine available today anywhere in this facility? (%)



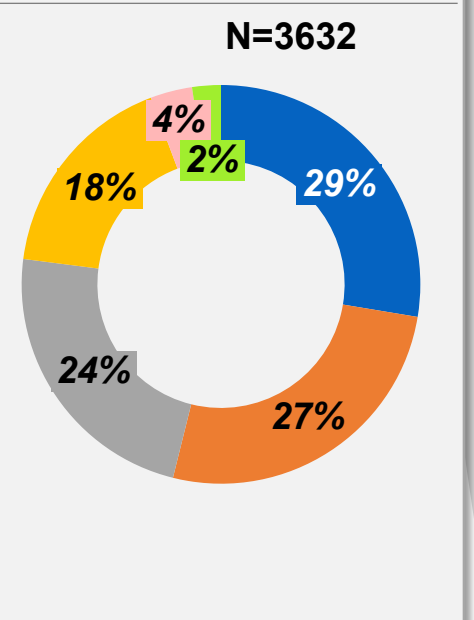
Breakdown of achieved survey by states (Percentage)



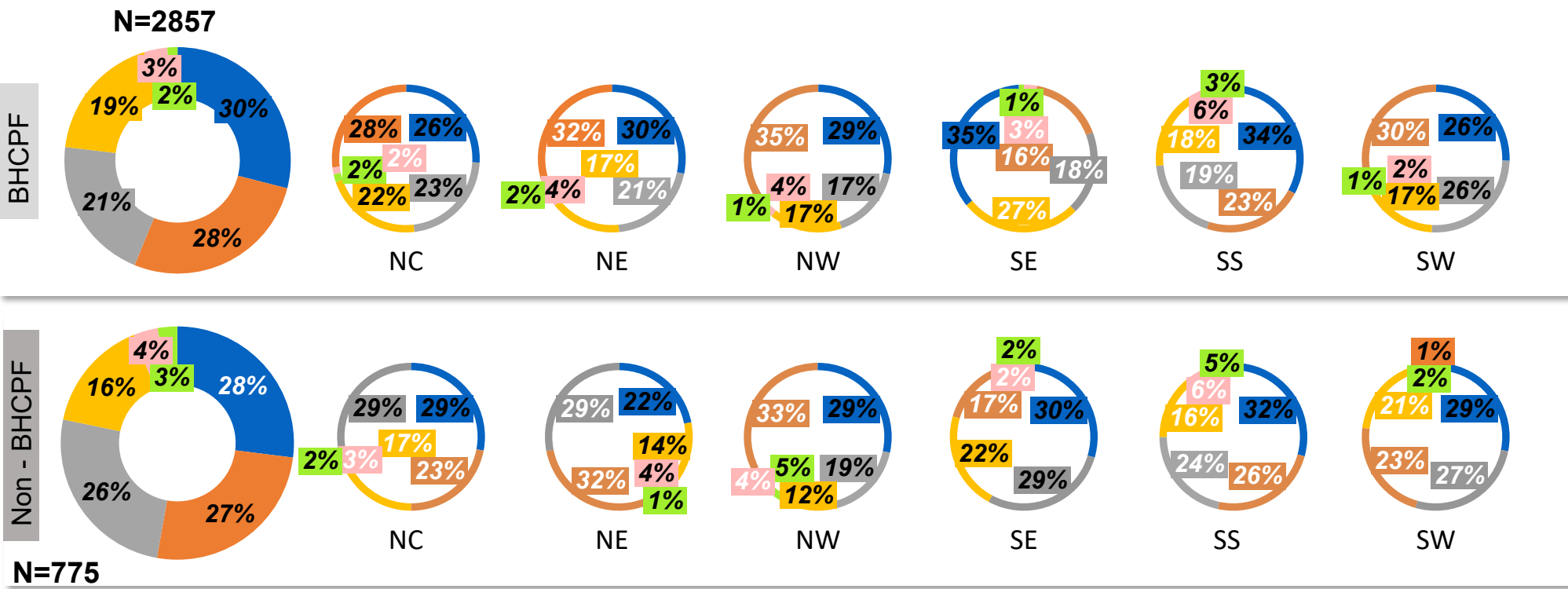
HPV vaccine availability remains low in Katsina, Benue, Imo, Kogi and Edo states, with about 20% of BHC PF facilities do not have the HPV vaccine

Why was the vaccine stocked out at the health facility, in Q1 2025

Chart showing OICs response to "Why is the vaccine stocked out (not available at the health facility)?"



Breakdown of sampled facilities by BHCPF & Non-BHCPF at zonal level (%)



■ Vaccine was not delivered to the health facility
 ■ Inability to pick up the vaccine
 ■ National or district stock out
 ■ Stock ran out/ demand was higher than expected
 ■ Other (specify)
 ■ Don't know

- The most reported reason for vaccine stock out is, vaccine not being delivered to the facility (29%). This was followed closely by national/district stock out (27%)
- National/district stock out was reported more by facilities in the north west (35%)

Other reasons for vaccine stockouts included: Renovations/temporary disruptions, No cold chain/ storage facility, not an immunization facility, Just Introduced

Personal Protective Equipment & Diagnostics

How available were the surveyed PPE at health facilities, in Q1 2025?

Percentage of facilities that report the availability of all PPE items

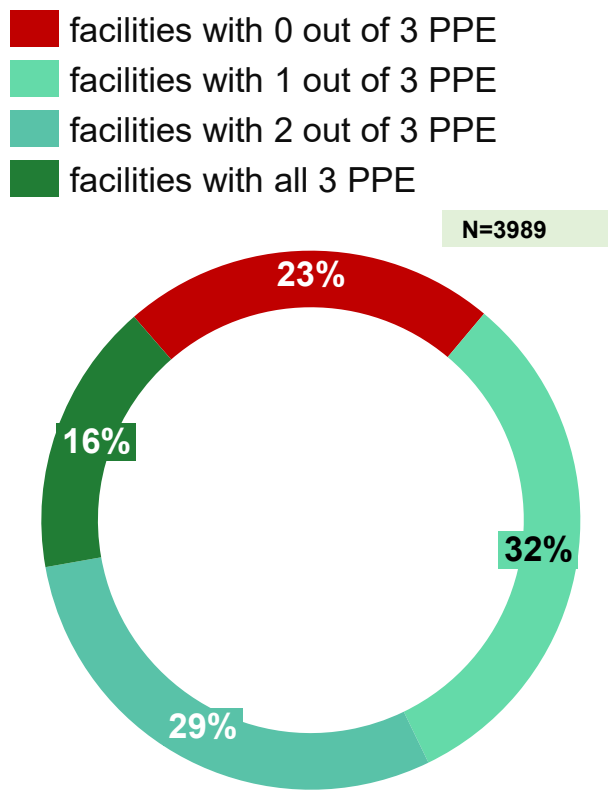
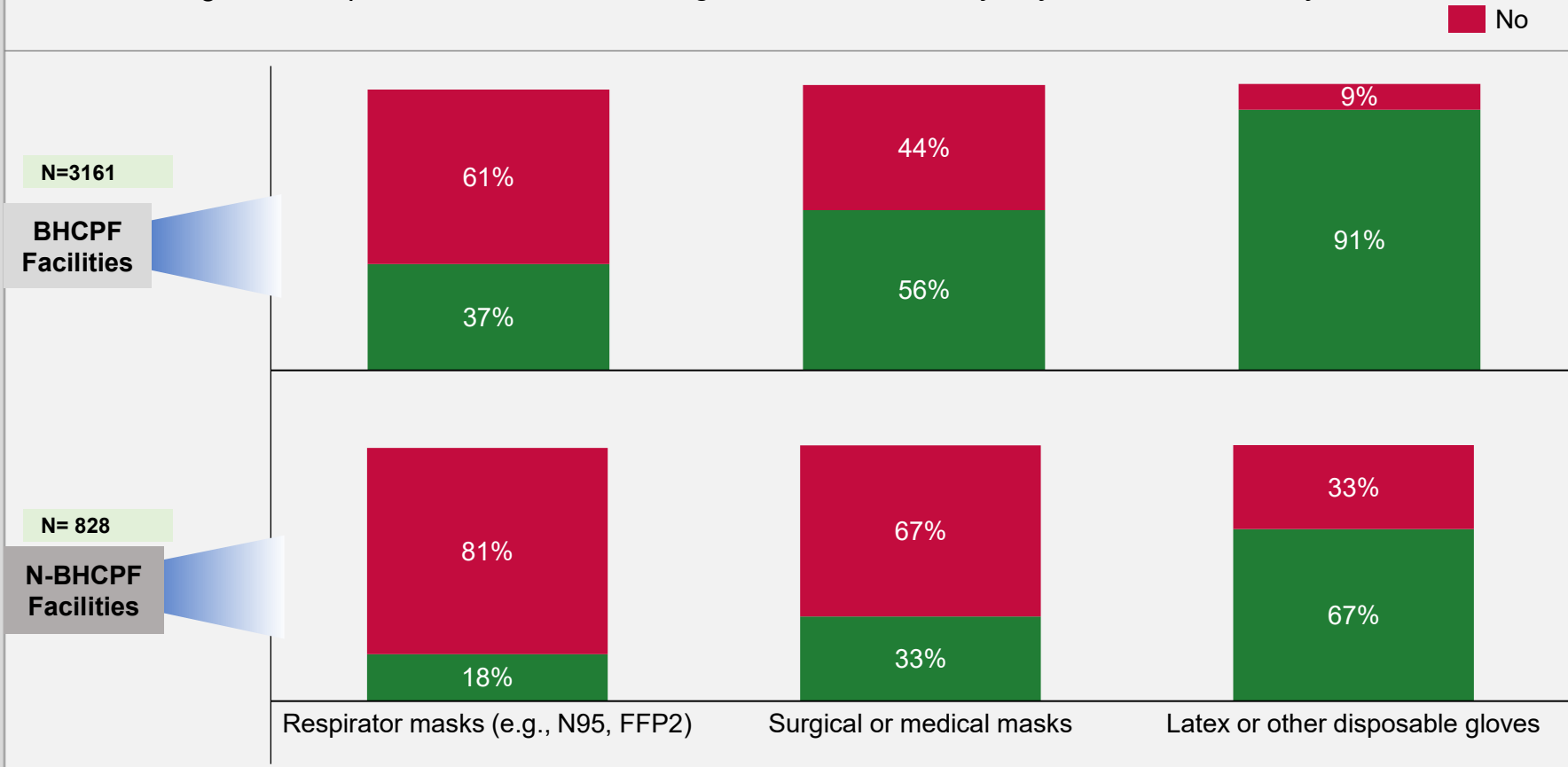


Chart showing OICs response to "Are the following PPE available today anywhere in this facility?"



- Only 16% of surveyed facilities reported having all required PPE items. The majority had just one PPE item typically latex gloves, while those with two PPE items most commonly reported having surgical masks in addition to gloves.

Did the facility have all the surveyed supplies/diagnostics in Q1 2025?

Percentage of facilities that report the availability of all surveyed supplies/diagnostics items

■ Facilities with all in-vitro diagnostics
■ No

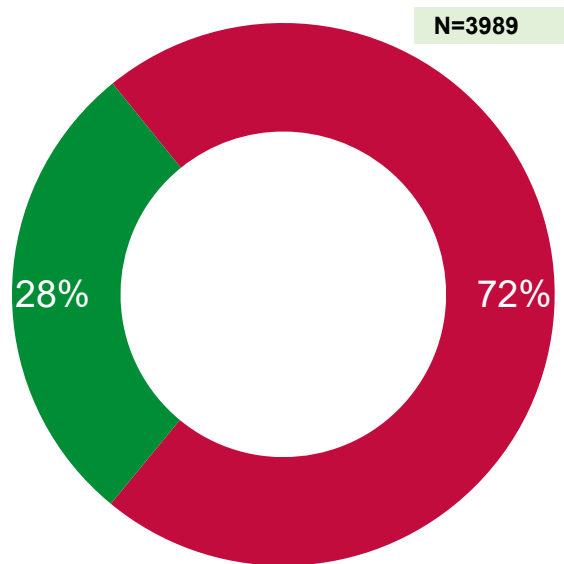
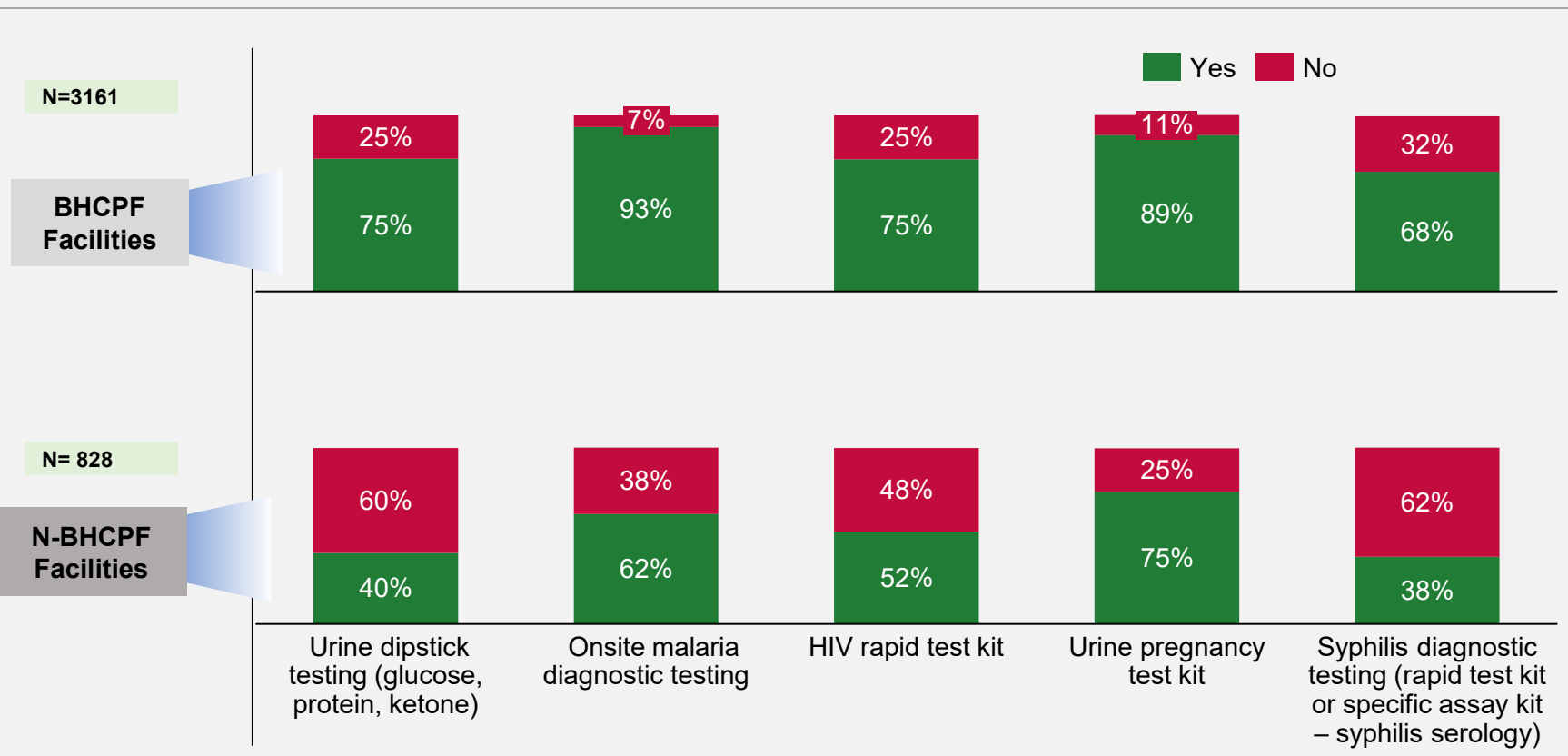


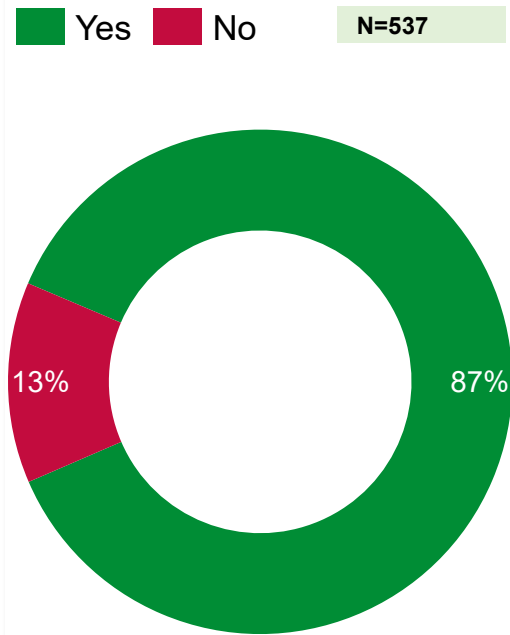
Chart showing OICs response to “Are the following supplies/ diagnostic items currently available, anywhere in this facility?”



▪ About 72% of surveyed facilities did not have all the required in-vitro diagnostics available. Among the available diagnostics, on-site malaria testing was the most commonly reported in BHCPF facilities, while urine pregnancy test kits were most available in non-BHCPF facilities.

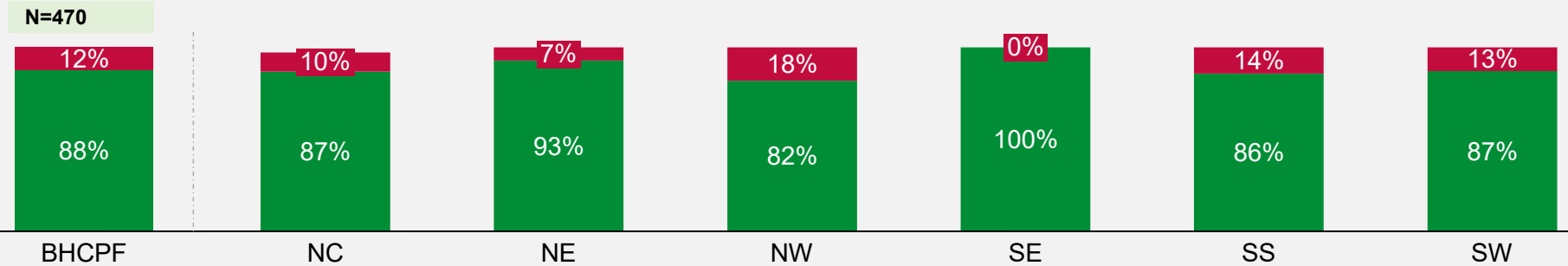
Were the reported stock recording IT systems functional in Q1 2015?

Percentage of facilities that report **functionality of the stock recording IT system in the past 7 days.**

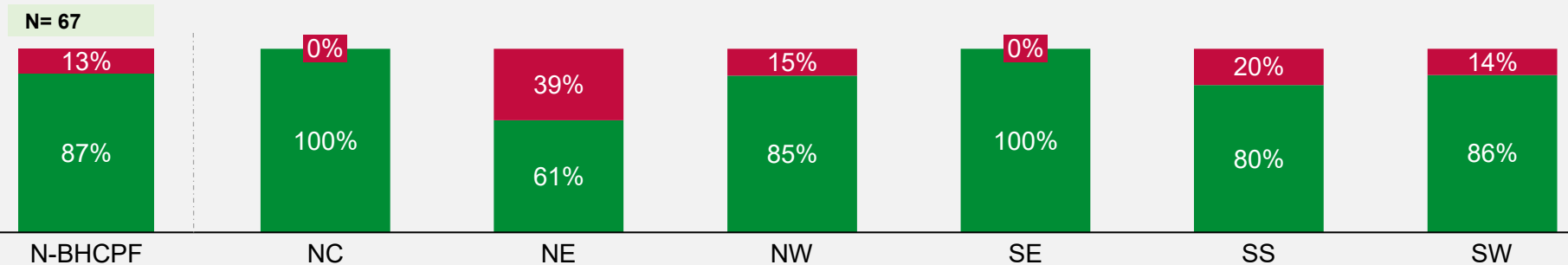


Percentage of facilities that report functionality of the stock recording IT system in the past 7 days by BHCPF & Non-BHCPF at the zonal level (%)

BHCPF Facilities



Non - BHCPF Facilities

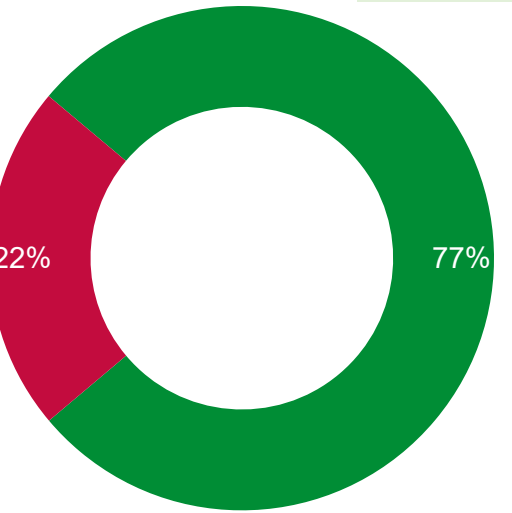


Overall, facilities have had a functional IT system in the seven days preceding the survey, with facilities in North-West states showing the highest number of facilities lacking this capability. A closer examination reveals that facilities without any stock of the IT recording system are most prevalent in Sokoto (51%) and Delta (30%).

Were the facilities able to fill CHW requests for medical supplies in Q1 2025?

Percentage of facilities that report they **could not fill community health workers requests for medical supplies in the last three months**

■ Facility was able to fill CHW request
■ Facility could NOT fill CHW request

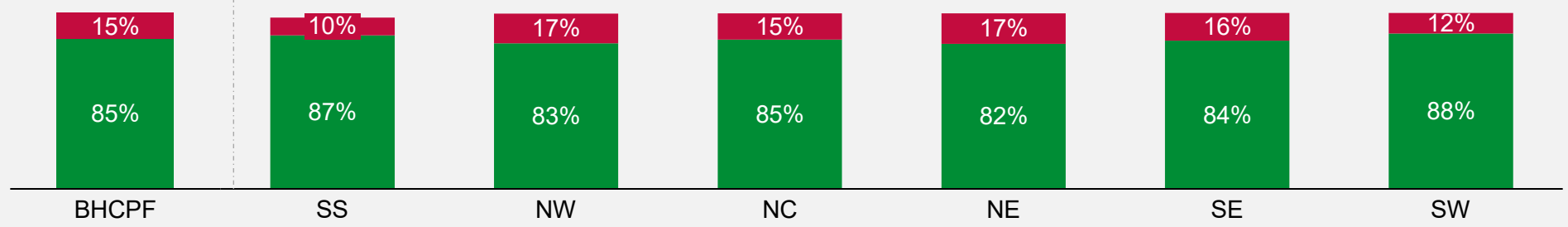


Percentage of facilities that report they **could not fill community health workers requests for medical supplies in the last three months** by BHCPF & Non-BHCPF at the zonal level (%)

■ Facility was able to fill CHW request ■ Facility could NOT fill CHW request

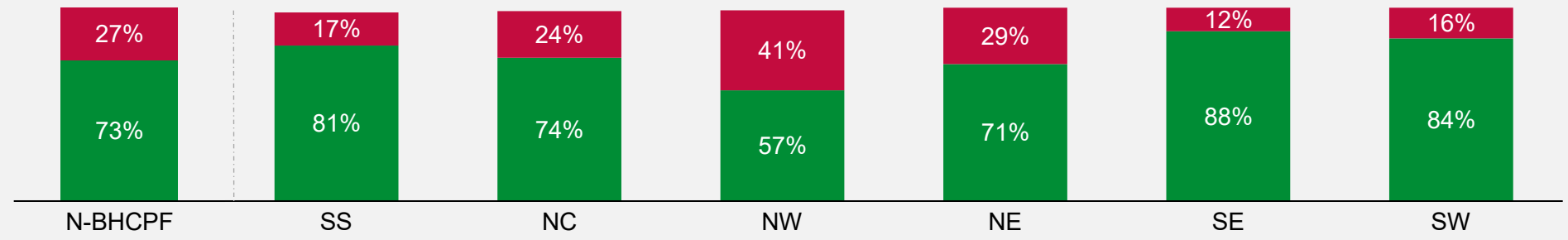
BHCPF Facilities

N=1912



Non - BHCPF Facilities

N= 359

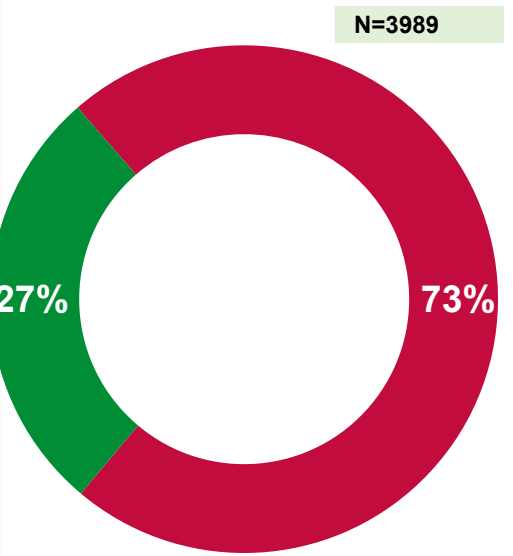


- Overall, facilities were able to fulfill community health workers' requests for medical supplies in Q1 of 2025.
- However, 86% of facilities in both the SS & SW zones reported being unable to meet these requests.
- Specific state data shows the following percentages of facilities that could not fulfill requests: Adamawa 22%, Akwa Ibom 24%, Borno 37%, Katsina 32%, Kwara 27%, and Sokoto 30%.

Did the availability of supplies/equipment's limit the facilities ability to deliver health services in Q1 2025?

Percent of facilities that report that **supplies and/or equipment are a challenge at the health facility**

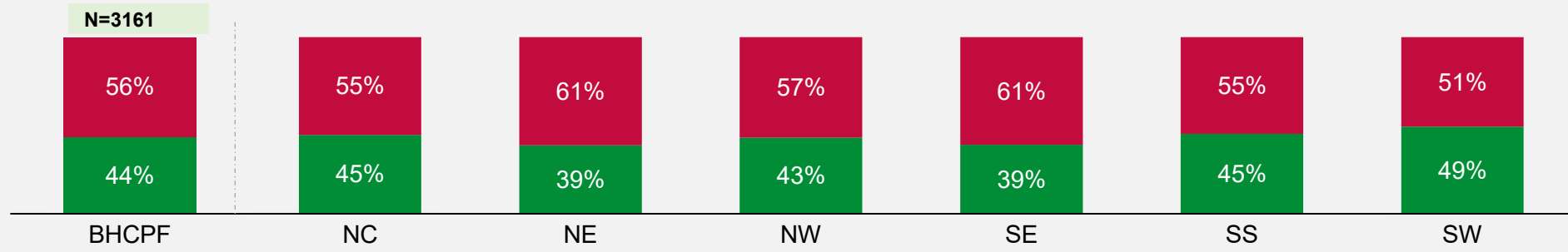
■ Sup/Equip. are a challenge at the health facility
■ Sup/Equip. are a challenge at the health facility



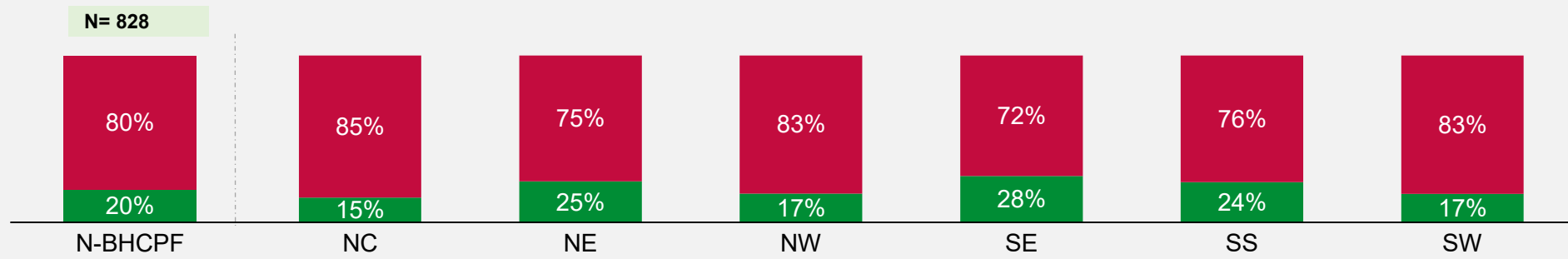
Percent of facilities that report that **supplies and/or equipment are a challenge** at the health facility by BHCPF & Non-BHCPF at the zonal level (%)

BHCPF Facilities

■ Sup/Equip. are NOT a challenge at the health facility
■ Sup/Equip. are a challenge at the health facility



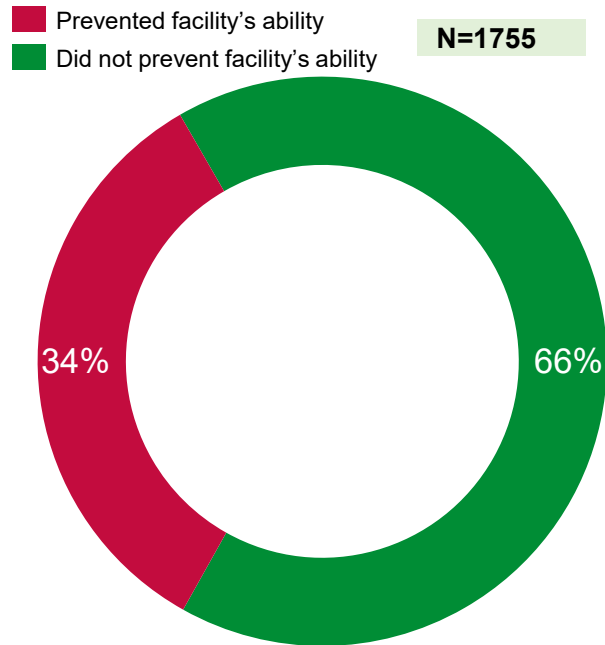
Non - BHCPF Facilities



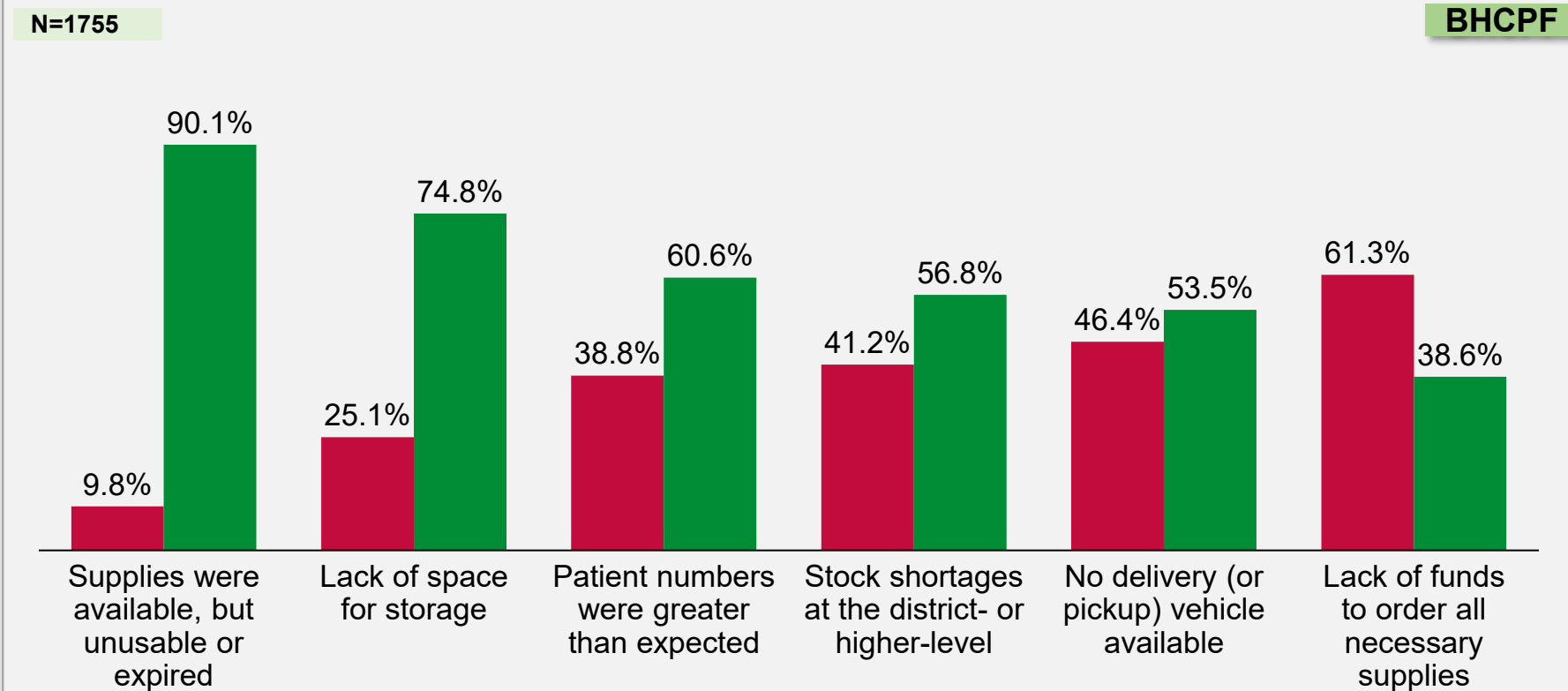
- Despite a general percentage of facilities reporting that supplies and equipment do not hinder their ability to deliver services, a notable percentage of approximately 20% across the zone indicated otherwise. The facilities in the southern zones reported the highest impact.
- Specifically, the percentage of facilities reporting that supplies and equipment prevent them from delivering health services includes: Yobe (25%), Sokoto (29%), Osun (29%), Kogi (26%), Imo (27%), Bayelsa (27%), Delta (29%), and Borno (30%).

Have challenges in medical supplies and equipment limited or prevented this facility's ability to deliver health services in the last quarter?

Percent of facilities that report that **supplies or equipment are limiting or preventing the facility's ability to deliver health services**



OICs response to "Describe how the challenges in medical supplies and equipment availability have affected this facility and its ability to provide services" by BHCPF facilities



- 35%-40% of BHCPF facilities in the Southern zone reported supplies or equipment are limiting or preventing the facility's ability to deliver health services
- Health facilities in these states face significant challenges, primarily due to a lack of funds to procure all necessary supplies and equipment.

Summary of findings on Medical equipment's & supplies

Focus	Findings
Essential Medicines	<ul style="list-style-type: none"> ▪ The supply chain for essential medicines shows weak systemic coordination, with each commodity managed independently. Although individual commodity availability appears relatively high, overall collective availability remains low. ▪ Anti-asthmatics and magnesium sulfate were the least available essential medicines, while maternal health commodities such as iron folic acid were widely available across surveyed facilities ▪ There is strong availability of family planning commodities with 77% of facilities reporting access to both short-acting and long-acting reversible contraceptives
Essential Vaccines	<ul style="list-style-type: none"> ▪ The proportion of facilities with all essential vaccines available is low, largely due to the unavailability of MMR vaccines in most surveyed facilities. This indicates relatively better systemic coordination within the vaccine supply chain. ▪ BHCPF facilities reported higher availability of vaccines than non BHCPF. All facility types reported limited availability of MMR, which is currently being rolled out. ▪ For facilities that reported stock out the most reported reason for vaccine stock out is, vaccine not being delivered to the facility (29%). This was followed closely by national/district stock out (27%)
Medical Equipment	<ul style="list-style-type: none"> ▪ Overall, facilities have had a functional IT system in the seven days preceding the survey, with facilities in North-West states showing the highest number of facilities lacking this capability. A closer examination reveals that facilities without any stock of the IT recording system are most prevalent in Sokoto (51%) and Delta (30%).
Personal Protective Equipment	<ul style="list-style-type: none"> ▪ Only 16% of surveyed facilities reported having all required PPE items. The majority had just one PPE item typically latex gloves, while those with two PPE items most commonly reported having surgical masks in addition to gloves. ▪ However, there is severe shortages of respirator masks (68% overall), reveal critical vulnerabilities in infection prevention and control (IPC)
Medical Diagnostics	<ul style="list-style-type: none"> ▪ About 72% of surveyed facilities did not have all the required in-vitro diagnostics available. Among the available diagnostics, on-site malaria testing was the most commonly reported in BHCPF facilities, while urine pregnancy test kits were most available in non-BHCPF facilities.

Overall takeaway for the medical equipment and supplies

Challenges

Persistent vaccine shortages, particularly in the Northern zones underscore systemic breakdowns in supply chain management.

Severe shortages of respirator masks (68% overall), reveal critical vulnerabilities in infection prevention and control (IPC)

Low availability of Magnesium Sulfate in one in five facilities during Q1 exposes persistent gaps in ensuring consistent access to life-saving maternal health commodities

Disparities across states and regions spanning vaccines, PPE, and essential medicines reveal that national averages conceal critical subnational gaps.

Implications

These disruptions threaten immunization coverage and increase the risk of preventable disease outbreaks.

Severe unavailability of PPE in Delta, FCT, and Kano (80–85%) directly exposes frontline workers to greater risk.

State-level shortfalls of Iron Folic Acid in Enugu, Sokoto, Osun, and Lagos (over 10%) reveal inequities in distribution, even where BHCPF-supported facilities report generally good availability.

Persistent disparities turn equity into a pressing challenge, as vulnerable populations risk being left underserved despite national progress, highlighting the need for disaggregated monitoring systems to uncover subnational weaknesses

Recommendations

The government should continue to prioritize investment in forecasting, procurement, and last-mile delivery mechanisms to reduce persistent vaccine shortages, especially in underserved regions.

The government will ensure sustainable availability of core PPE, particularly respirator masks, through improved stock management and emergency buffer systems.

Secure reliable access to life-saving maternal health drugs like Magnesium Sulfate by embedding them into essential medicines lists, procurement pipelines, and routine monitoring

Move beyond national averages by using disaggregated data to identify state and regional disparities, ensuring resources are targeted to subnational gaps.

Summary of key insights from the FASTR processes

Facility Sampling



Facility registries (MFL, BHCPF, DHIS2) are misaligned and duplicative, so early cross-walking and de-duplication are needed to build a clean, consistent sampling frame

OIC Contacts



Many facilities lack valid OIC numbers or are non-functional, so pre-validating facility status and sourcing updated contacts through national/state authorities restores coverage of calls achieved

Data Collection



OICs non-response and availability gaps hinder interviews; staggering follow-ups across days/times, offwork, using SMS, engaging national/state focal points, and relying on backup facility staff improve completion and reduce delays

THANK YOU!

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Email: enquiries@noi-polls.com

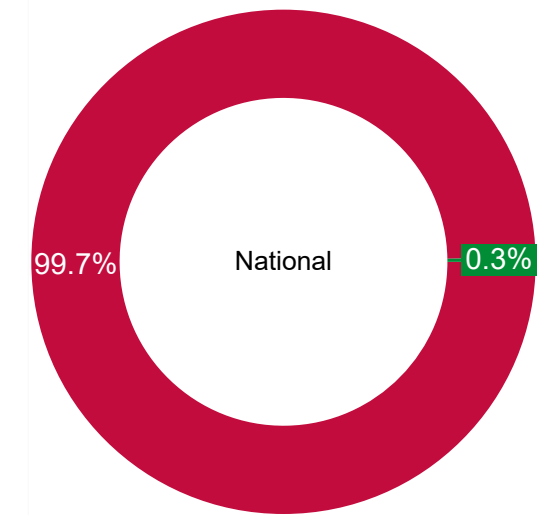
Website: www.noi-polls.com

Are the ALL-expected services reported as being provided at the sampled health facilities in Q1 2025?

Yes No

Percentage of facilities that reported offering ALL surveyed services

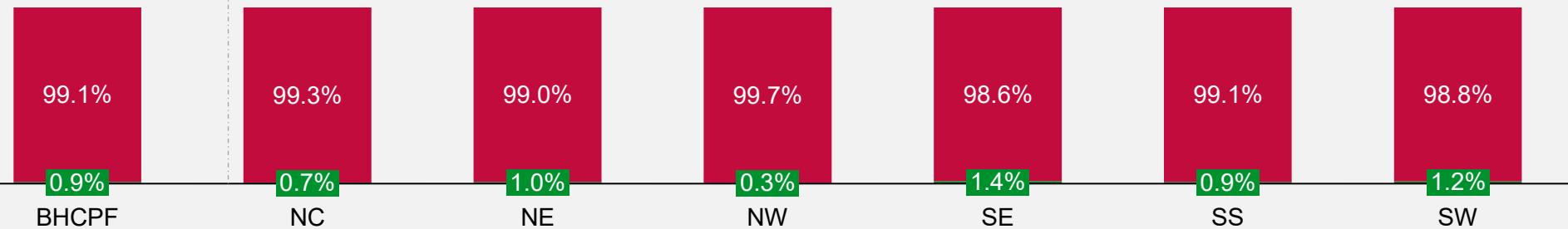
N=3989



Percentage of facilities that reported offering ALL surveyed services by BHCPF & Non-BHCPF at the zonal level (%)

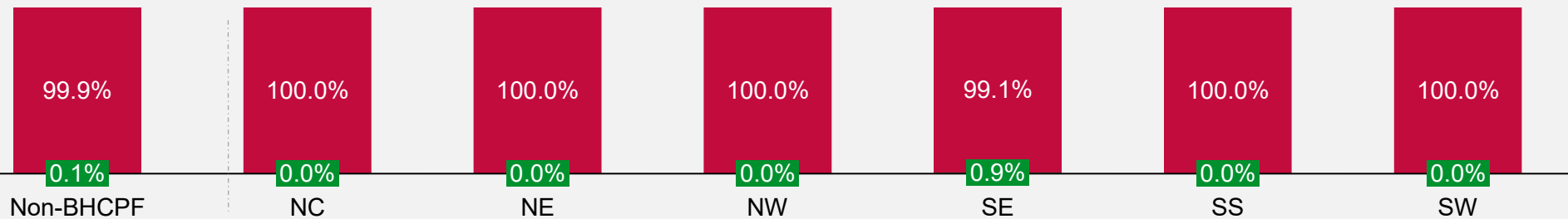
BHCPF Facilities

N=3161



Non - BHCPF Facilities

N=828

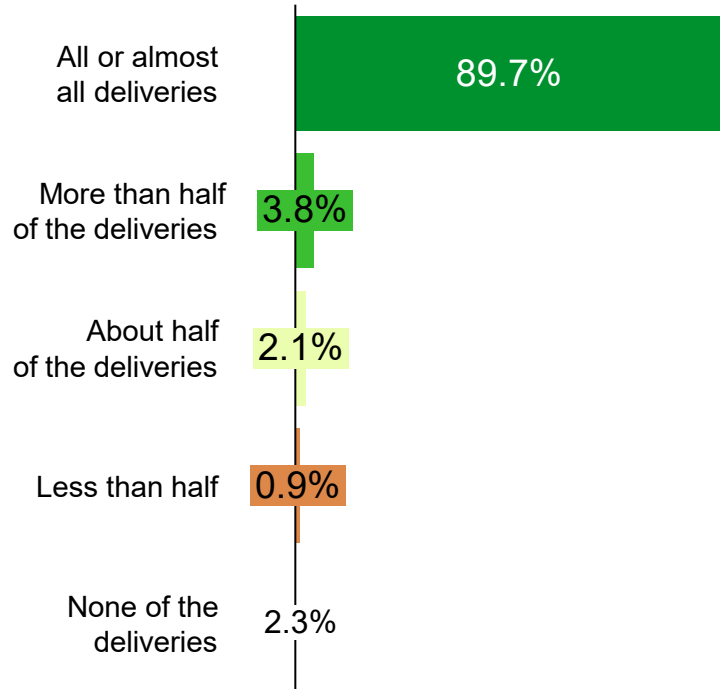


- Overall, over 99% of facilities did NOT offer **ALL** surveyed services
- This pattern was consistent across BHCPF and non-BHCPF facilities, with only a marginal difference: 0.9% of BHCPF facilities offered all services compared to 0.1% of non-BHCPF facilities.
- In the different zones, the South-East (1.4%) reported offering all surveyed services the most

Were the deliveries conducted at the facility in Q1 2025 attended by a skilled birth attendant?

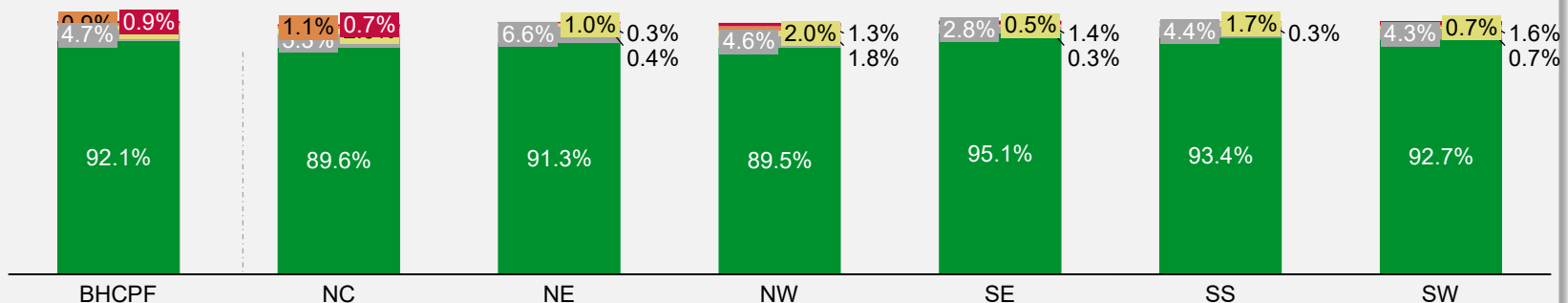
Percentage of facilities that reported deliveries conducted at this facility attended to by a skilled birth attendant

N=3277

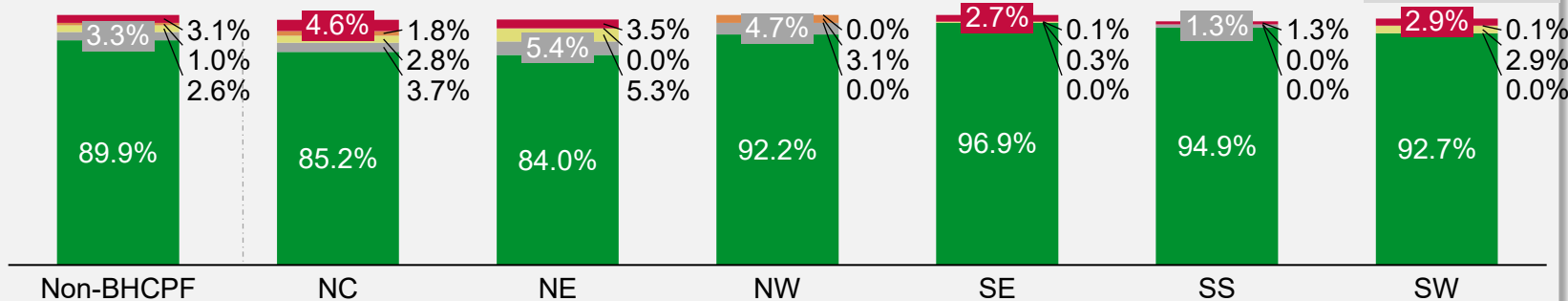


Percentage of facilities that reported deliveries conducted at the facility were attended to by a skilled birth attendant by BHCPF & Non-BHCPF at the zonal level (%)

N=2733



N=544

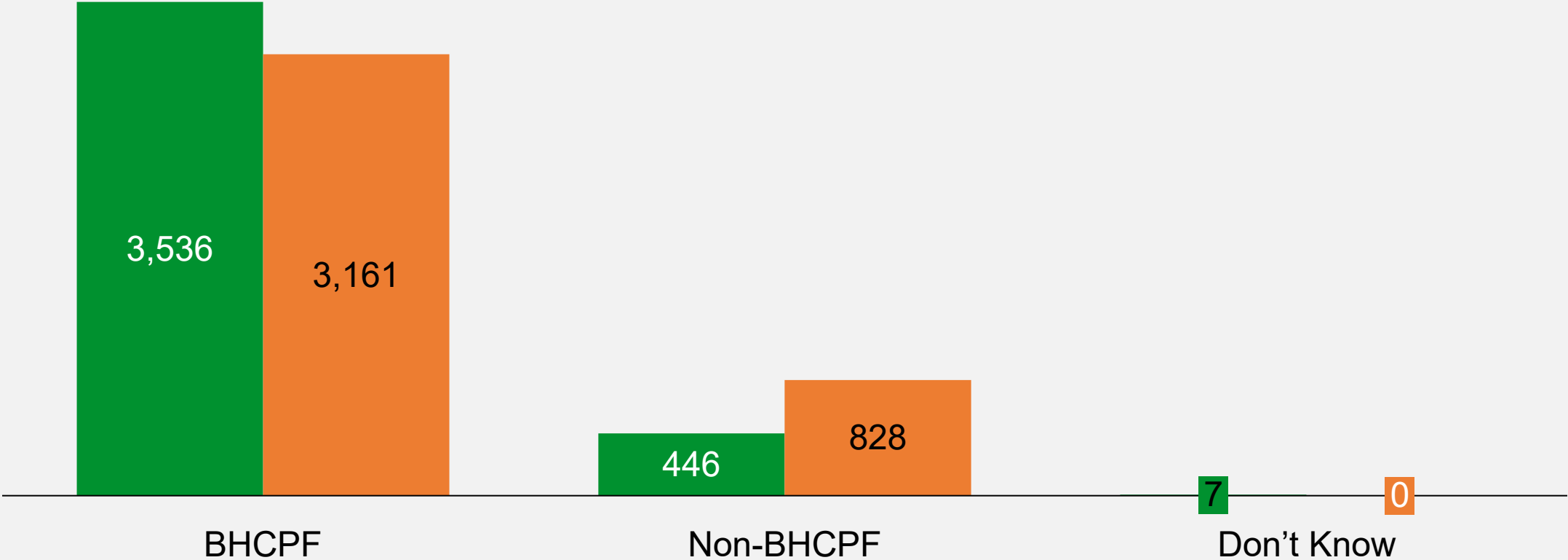


- Out of the facilities offering delivery services, a majority of them (90%) reported that all/almost deliveries were conducted by skilled birth attendants (SBA),
- Non-BHCPF facilities in the south east (96.9%) reported the highest for deliveries conducted by an SBA while the North central (4.6%) reported the highest for none of the deliveries being conducted by an SBA
- However, in facilities where none of the deliveries are attended by an SBA, most are conducted by TBAs or community health officers. The CHOs in some cases also serve as the facility's OICs

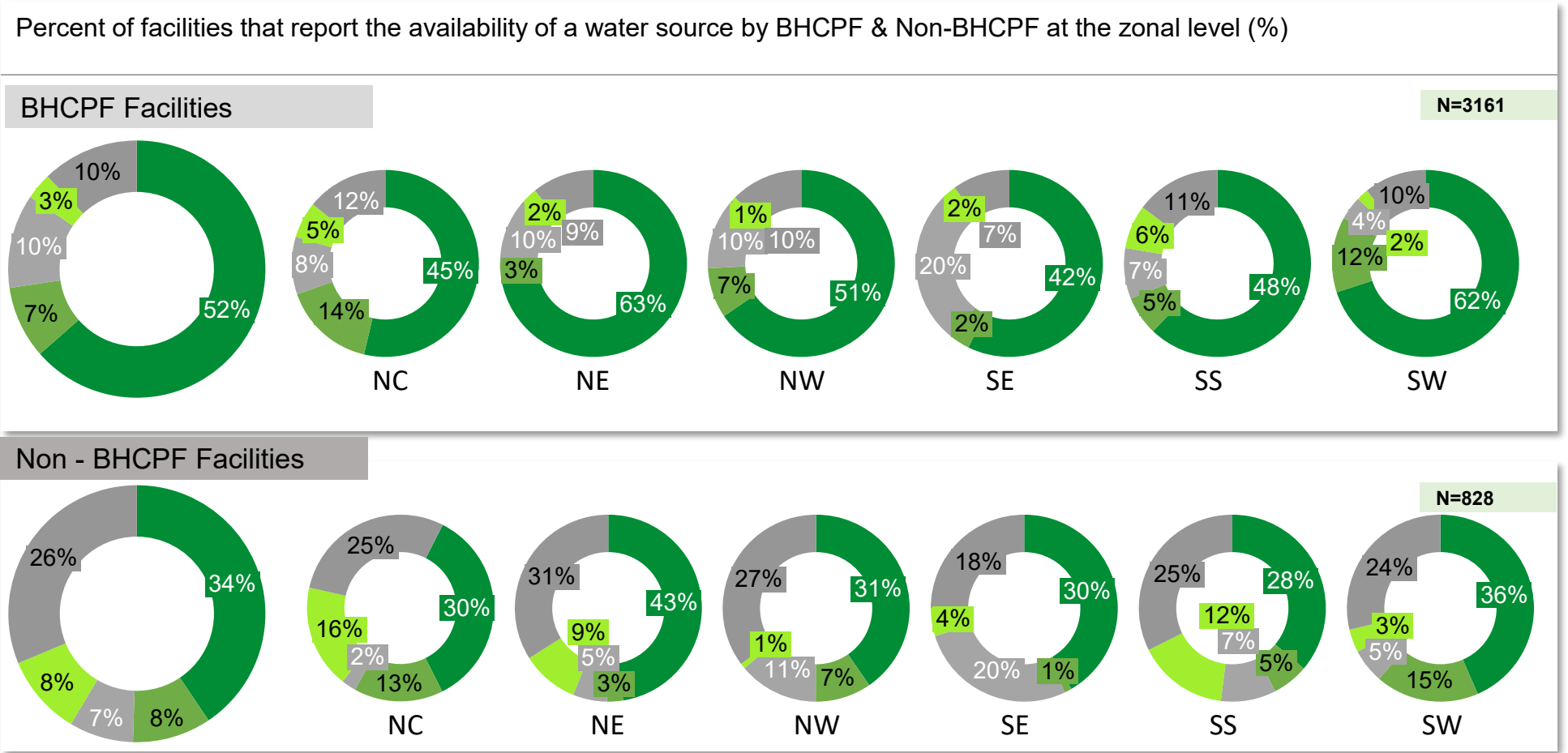
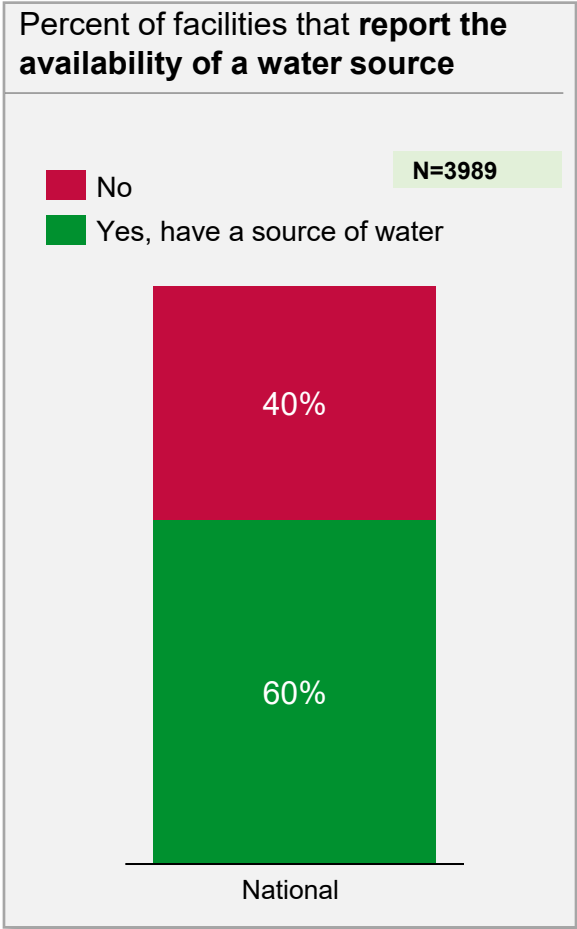
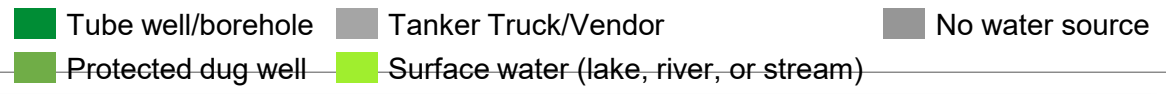
BHCPF Facility Distribution

Categorization of BHCPF & Non-BHCPF Facilities based on the Master Facility List vs Response from the OICs during the RFS

Response from OIC Master Facility List



What is the main source of water supply for this health facility?



- Tube wells and boreholes are the primary sources of improved water in BHCPF facilities, surpassing those in non-BHCPF facilities overall.
- More than 60% of BHCPF facilities (8,220) in NE & SW also reported having Tube well/borehole as their main water supply.
- Additionally, 6% of facilities in SS had the highest percentage of facilities that use surface water as their water source.

Other sources of water include public taps, rainwater, piped supply both inside and outside the building, and protected and unprotected springs.