



## **KOGI STATE GOVERNMENT**

# **REPORT OF BASELINE MAPPING EXERCISE FOR PRIMARY HEALTHCARE WORKERS IN KOGI STATE**

**FEBRUARY 2025**

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## **Acronyms**

ANC	Antenatal Clinic
AOP	Annual Operation Plan
BHCPF	Basic Health Care Provision Fund
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CHW	Community Health Worker
DFF	Direct Facility Financing
DPHC	Directors of Primary Health Care
FMOH	Federal Ministry of Health
HC	Health Clinic
HIS	Health Information System
HMB	Hospital Management Board
HMIS	Health Management Information System
HND	Higher National Diploma
HP	Health Post
HOPE-GOV	Human Capital Opportunities for Prosperity and Equity - Governance
HOPE-PHC	Human Capital Opportunities for Prosperity and Equity - Primary Healthcare

HRH	Human Resource for Health
HRIS	Human Resource Information System
HSP	Health Service Post
KSPHCDA	Kogi State Primary Health Care Development Agency
JCHEW	Junior Community Health Extension Worker
LGA	Local Government Area
MDG	Millennium Development Goals
MDAs	Ministries, Departments, and Agencies
MSP	Minimum Service Package
NPHCDA	National Primary Health Care Development Agency
PHC	Primary Healthcare
PHCC	Primary Health Care Clinic
PHCUOR	Primary Health Care Under One Roof
UHC	Universal Primary Coverage
RM	Registered Midwife
RN	Registered Nurse
SHDP	Strategic Health Development Plan
SMOH	State Ministry of Health
SPHCDB	State Primary Healthcare Development Agency

## Foreword

Primary Health Care (PHC) remains the cornerstone of Nigeria's health system and the most effective means of delivering essential services to communities. In Kogi State, PHC facilities are the first point of contact for millions of citizens, providing preventive and curative care that directly impacts maternal and child health, disease prevention, and community well-being. Strengthening this system is therefore central to our vision of achieving equitable access to quality healthcare for all. This baseline report on PHC workers in Kogi State represents a landmark effort to generate reliable data on the composition, distribution, and gaps within our workforce. By covering all 712 PHC facilities across the 21 Local Government Areas, the report provides a clear picture of the human resource realities that shape service delivery. It highlights both the strengths of our system, such as the presence of dedicated cadres like Community Health Extension Workers, and the challenges we face, including shortages of nurses, midwives, physicians, and other critical professionals.

This exercise was undertaken in recognition of the pressing need to strengthen the Primary Health Care workforce in Kogi State. We acknowledge the support of the World Bank's Human Capital Opportunities for Prosperity and Equity - Governance (HOPE-Gov) Program for Results (PforR), which helped to underscore the importance of conducting such a rigorous baseline assessment. By drawing attention to workforce gaps and the necessity of evidence-based planning, the program has encouraged states like ours to take decisive steps toward building a stronger, more equitable PHC system.

As Commissioner for Health, I commend the Kogi State Primary Health Care Development Agency (KSPHCDA), Local Government Monitoring and Evaluation Officers, PHC facility in-charges, and all partners who contributed to this exercise. Their dedication has produced a report that will serve as a vital tool for policy makers, development partners, and stakeholders committed to improving healthcare in our state. With the insights provided here, we are better positioned to address workforce challenges, enhance equity in service delivery, and build a resilient PHC system that meets the needs of every community in Kogi State.



**Dr. Abdulazeez Adams Adeiza,**  
**Honorable Commissioner,**  
**Kogi State Ministry of Health.**

## Acknowledgment

On behalf of the Kogi State Primary Health Care Development Agency (KSPHCDA), I extend heartfelt appreciation to all those who contributed to the successful completion of this baseline report on Primary Health Care (PHC) workers in Kogi State. This exercise marks an important milestone in strengthening our health system by providing credible evidence to guide recruitment, deployment, and retention strategies across the state.

We are particularly grateful to the World Bank and the HOPE-Gov Program for Results (PforR) for stimulating and supporting the State to embark on this rigorous yet imperative exercise. Their framework and technical guidance provided the impetus for undertaking a comprehensive workforce mapping that will serve as the foundation for long-term improvements in service delivery.

Special thanks are also due to the Local Government Monitoring and Evaluation (M&E) officers and the Officers-in-Charge of PHC facilities who worked diligently to collect and validate the data. Their commitment ensured that the findings reflect the realities on the ground. We equally acknowledge the contributions of our partners, stakeholders, and community leaders whose cooperation made this exercise possible.

Finally, I commend the staff of KSPHCDA for their dedication and oversight throughout the process. This report is the product of collective effort, and it will serve as a vital tool in our mission to ensure equitable access to quality primary healthcare services for all citizens of Kogi State.



**Dr. Muazu Omeiza Musa**

**Executive Director**

**Kogi State Primary Healthcare Development Agency**

## Executive Summary

This baseline report provides a comprehensive mapping of Primary Health Care (PHC) workers across Kogi State, covering all 712 PHC facilities. The exercise was designed to generate reliable data on the number, cadre, and duty stations of health workers, forming the evidence base for workforce planning and service delivery improvements. The findings highlight critical imbalances in staffing across Local Government Areas (LGAs), underscoring the urgent need for targeted recruitment, redistribution, and retention strategies to strengthen the PHC system.

The gaps analysis reveals significant shortfalls when measured against the National Primary Health Care Development Agency (NPHCDA) minimum staffing standards. Most LGAs fall below required levels, with the most severe deficits recorded in Adavi (119), Bassa (115), Ajaokuta (-100), Ankpa (1), and Ibaji (0). Only Yagba West exceeded its CHEW requirement, with a surplus of nine workers. Critical cadres such as nurses, midwives, physicians, and pharmacy technicians remain severely underrepresented, with only two pharmacy technicians deployed across the state and no medical doctors serving at the PHC level. These shortages have direct implications for maternal and child health services, which are disproportionately affected by the absence of skilled professionals.

The recruitment costing analysis demonstrates the scale of investment required to close these gaps. Based on current deficits, the state will need to implement a phased, multi-year recruitment plan that prioritizes essential cadres and underserved LGAs. The costing estimates account for salaries, training, deployment logistics, and retention incentives such as housing, hardship allowances, and career progression opportunities. Without these measures, staffing imbalances will persist, undermining the effectiveness of PHC service delivery and contributing to continued attrition.

In response, the report recommends a comprehensive workforce strategy that combines recruitment with redistribution and retention. Key interventions include improving security in vulnerable areas, investing in rural infrastructure, offering competitive remuneration packages, and creating clear pathways for professional growth. Gender-responsive policies that support the mobility of female health workers are also critical. By implementing these measures, Kogi State can build a resilient PHC workforce, reduce attrition, and ensure equitable access to quality healthcare services across all communities.



## 1.0 INTRODUCTION

Any health system's effectiveness is directly correlated with the quality and structure of its personnel. The World Health Organization (WHO) defines human resources for health as all those who diagnose diseases, treat patients, and promote and maintain health. The variety of professions who protect health, provide care, and address community health issues are included in human resources for health. Improved access to primary care, higher vaccination rates, and quantifiable drops in maternal and child mortality are just a few of the many advantages that result from this workforce's efficient management and equitable deployment. The management of health professionals is essential to the long-term success of the health system since, in addition to their clinical influence, they constitute a significant investment in state finances.

Primary Health Care (PHC) is the foundation of Nigeria's health system, serving as the first point of contact for communities and delivering essential preventive and curative services. In Kogi State, PHC facilities provide critical interventions such as immunization, maternal and child health care, health education, sanitation, and early disease detection. With 712 PHC facilities spread across the 21 Local Government Areas (LGAs), the system is designed to bring healthcare closer to the people, particularly in rural and underserved communities.

Despite this structured framework, the PHC workforce in Kogi State faces persistent challenges. Shortages of skilled personnel, uneven distribution across LGAs, and weak retention mechanisms continue to undermine service delivery. Critical cadres such as nurses, midwives, physicians, and pharmacy technicians remain severely underrepresented, while Community Health Extension Workers (CHEWs) and Junior CHEWs (JCHEWs) form the bulk of the workforce. These imbalances have direct implications for the quality of care, especially in maternal and child health services.

This baseline report was developed to provide a comprehensive mapping of PHC workers in Kogi State, capturing their numbers, cadres, and duty stations. The exercise offers reliable evidence for identifying staffing gaps, guiding recruitment and redistribution, and informing a costed, multi-year workforce plan. By establishing a clear picture of the current workforce, the report aims to strengthen human resource planning, promote equitable access to healthcare, and support the long-term development of the PHC system in the state.

## 1.1 Background

One of the biggest issues Nigeria's health systems is still dealing with is human resources, especially when it comes to primary healthcare. Service delivery has always been hampered by a lack of qualified workers, unequal allocation between urban and rural facilities, and disjointed management systems. The scarcity of frontline employees and the problem of upholding minimal staffing requirements throughout the 712 PHC sites in Kogi State are clear examples of these issues.

The Nigeria Human Capital Opportunities for Prosperity and Equity – Governance (HOPE–Gov) Program for Results (PforR) mandates that states do a baseline mapping of primary health care professionals in order to address these systemic inadequacies. This exercise serves as the basis for a costed, multi-year recruiting and deployment plan by providing reliable data on the number and duty stations of PHC employees. States can improve human resource planning, encourage fair personnel distribution, and methodically repair staffing gaps by creating a trustworthy workforce baseline. The HOPE-Gov framework guarantees that decisions about recruiting and deployment are transparent, supported by evidence, and in line with the general objectives of enhancing access to high-quality primary healthcare services.

## 1.2 Objectives of the Baseline Mapping Exercise

The objective of this baseline report is to provide a comprehensive mapping of Primary Health Care (PHC) workers in Kogi State, in line with the requirements of the HOPE–Gov Program for Results (PforR). Establishing a reliable workforce profile is critical for addressing systemic gaps in service delivery, ensuring equitable distribution of personnel, and guiding evidence-based recruitment and deployment decisions. This exercise will serve as the foundation for a costed, multi-year plan to strengthen human resources for health and improve access to quality primary healthcare services across the state.

### **Specific objectives include:**

#### **1. Workforce Enumeration and Duty Station Mapping**

- Collect accurate data on the number of PHC workers currently employed in Kogi State.
- Identify and document the duty stations of each worker across the 712 PHC facilities.
- Highlight disparities in staffing between urban and rural locations.

#### **2. Gap Analysis Against Minimum Standards**

- Assess staffing levels against national and state benchmarks for PHC service delivery.
- Identify shortages in critical cadres such as nurses, midwives, and community health workers.
- Quantify the extent of unmet staffing needs across facilities.

#### **3. Development of a Costed Multi-Year Recruitment and Deployment Plan**

- Use baseline data to design a phased plan for filling staffing gaps.
- Estimate financial requirements for recruitment, training, and deployment.

- Ensure the plan promotes equitable distribution of personnel, prioritizing underserved rural areas.

#### **4. Strengthening Human Resource Planning and Management Systems**

- Provide evidence to support transparent and accountable decision-making in workforce management.
- Align recruitment and deployment strategies with the HOPE-Gov verification protocol.
- Establish mechanisms for ongoing monitoring and reporting of staffing progress.

### **1.3 Scope of the Baseline Mapping Exercise**

This baseline report focuses on the comprehensive mapping of only state's government-owned primary healthcare facilities and Primary Health Care (PHC) workers across all 712 facilities in Kogi State, were examined for the mapping exercise. The report captures the number, categories, and duty stations of frontline health personnel, providing a clear picture of workforce distribution between urban and rural areas. By documenting existing staffing levels and comparing them against national and state delivery standards, the report highlights critical shortages and inequities that undermine access to quality care. Furthermore, beyond enumeration, the scope extends to establishing the evidence base for a costed, multi-year recruitment and deployment plan.

## 1.4 Methodology

### 1.4.1 Approach

The baseline analysis drew on both primary and secondary data sources. Primary data was gathered through structured survey instruments and a collation template designed to capture real-time information on facilities. In addition, secondary data was obtained through desk reviews and analysis of existing Human Resources for Health (HRH) databases, annual operational plans, The Kogi State Minimum Service Package and other relevant health policies, as well as the Primary Health Care Under One Roof (PHCUOR) guidelines.

### 1.4.2 Data Collection Method

The Kogi State's Health Sector Annual Operational Plan 2025 led by the Kogi State Ministry of Health provided preliminary data for the mapping and baseline of PHC personnel. Primary data (baseline data) was then collected utilizing a standardized data form that is included in Annex 2 of this study. The most recent data was obtained from the State's Annual Operational Plan 2025. For accuracy and reliability, this data was triangulated using survey data. To bolster the evidence foundation and guarantee thorough coverage of the State's PHC workforce situation, data was also obtained from the State's Annual Operational Plan 2025 and other relevant secondary sources.

### 1.4.3 Methodological Assumption and Limitations

## **Methodology**

Data for this baseline report was collected through a collaborative process involving Local Government Monitoring and Evaluation (M&E) (M&E) staff working closely with Primary Health Care (PHC) facility in-charges. The M&E teams coordinated visits to all PHC sites across Kogi State, where facility heads provided detailed information on the number, cadre, and duty stations of health workers.

This approach ensured that the data reflected both official records and the realities on the ground, capturing variations in staffing across urban and rural facilities. The combination of local government oversight and facility-level input provided a comprehensive picture of the workforce and allowed for verification of staffing levels at each site.

## **Limitations**

Despite the structured approach, several limitations were encountered during data collection. Variations in record-keeping practices across facilities meant that some registers were incomplete or outdated, requiring additional clarification from staff. Accessibility challenges in remote areas also affected the ease of data gathering, while reliance on manual reporting introduced risks of human error. In a few cases, limited availability of facility in-charges during visits delayed the process. These constraints may have affected the precision of the dataset, but the involvement of both M&E staff and PHC in-charges helped to mitigate gaps and strengthen the credibility of the findings.

### **1.4.4 Validation**

A variety of validation procedures were used to ensure the PHC baseline mapping report's dependability and accuracy. To make sure that reported statistics matched actual conditions on the ground, spot inspections were conducted in a few primary healthcare facilities around the local government region. The State Annual Operational Plan, State MSP 2024-2028, State Development Plan 2024-2056 and State BHPF Guideline 2004-2024 and state and local government payroll records were then used to cross-check the collected data. These actions produced a strong framework for verifying the dataset's dependability and consistency.

Facility Management Committees, Ward Development Committees, health-focused civil society organizations, and facility in-charges gathered for a four-day stakeholder engagement at the end of the process. Stakeholders were able to review the results, offer contextual views, and provide further information through this interactive forum, which resulted in practical suggestions for filling in the gaps that

were found. Their combined efforts strengthened the baseline report's credibility and established it as a tool for improving Kogi State's primary health care delivery.

#### 1.4.5 Methodological Assumptions

The PHC baseline mapping exercise is predicated on a number of fundamental assumptions: that basic education enrollment will increase steadily between 2025 and 2029 due to ongoing government and stakeholder interventions, creating demand for additional health worker deployment in 2028–2029; that workforce projections based on the NPHCDA minimum staffing standards, and population growth estimates; that retirements will take place at the statutory age of 60; and that the state's annual population growth rate of 3.2% will push Kogi's population to approximately 6.4 million by 2029, necessitating an additional 959 PHC workers to meet service delivery needs.

## 2.0 SITUATIONAL ANALYSIS

### 2.1 Overview of Kogi State's Primary Healthcare System and Human Resources

Like other parts of Nigeria, the Kogi State Primary Health Care Development Agency (KSPHCDA) represents the third tier of health service delivery. Its mandate centers on preventive care, including community engagement, health education, hygiene promotion, environmental sanitation, immunization, and early detection of disease outbreaks. At the same time, primary healthcare facilities serve as the first point of contact for curative services delivered through health centers, clinics, dispensaries, and health posts. Oversight of the system rests with the Executive Director of KSPHCDA, who ensures compliance with national standards, while Directors of Primary Health Care (DPHCs) manage operations across the 21 Local Government Areas (LGAs). At the facility level, Community Health Extension Workers (CHEWs), often serving as Officers-in-Charge, and they provide frontline services and report directly to their respective PHCs.

Kogi State currently operates 712 PHC facilities distributed across all LGAs. Despite this structured framework, the workforce faces persistent shortages and uneven distribution. Rural and hard-to-reach LGAs remain underserved, while urban centers tend to have

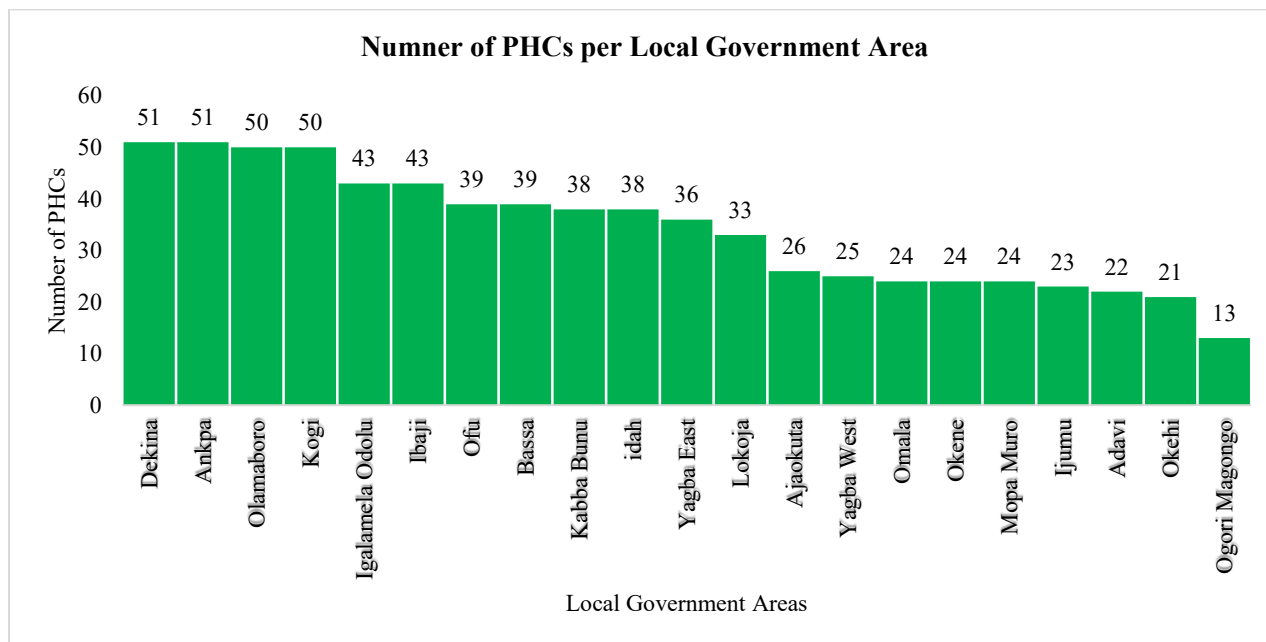
relatively higher staffing levels. The lack of critical cadres such as nurses, midwives, and physicians has particularly affected maternal and child health services. Addressing these challenges requires deliberate strategies for recruitment, redistribution, and retention of health workers. Without such measures, imbalances across workforce categories will continue to undermine effective delivery, even though some cadres such as CHEWs, are more widely available.

#### 2.1.1 Number of Government-owned PHC Facilities in Kogi State

Kogi State has 712 government-owned Primary Health Centers (PHCs) spread throughout its 21 Local Government Areas (LGAs), as shown in the figure below. According to the distribution, Ogori Magongo has the fewest PHCs (13), while Ankpa and Dekina Local Government Areas have the most (51) each, followed by Kogi and Olamboro (50) each. The Basic Health Care Provision Fund (BHCPF)



provides Direct Facility Financing (DFF) support to a subset of PHCs. The State's PHC facility database, which directs planning and resource distribution among the LGAs, contains specific information about these facilities.



*Figure 1: Chart showing Numbers of PHCs per LGA*

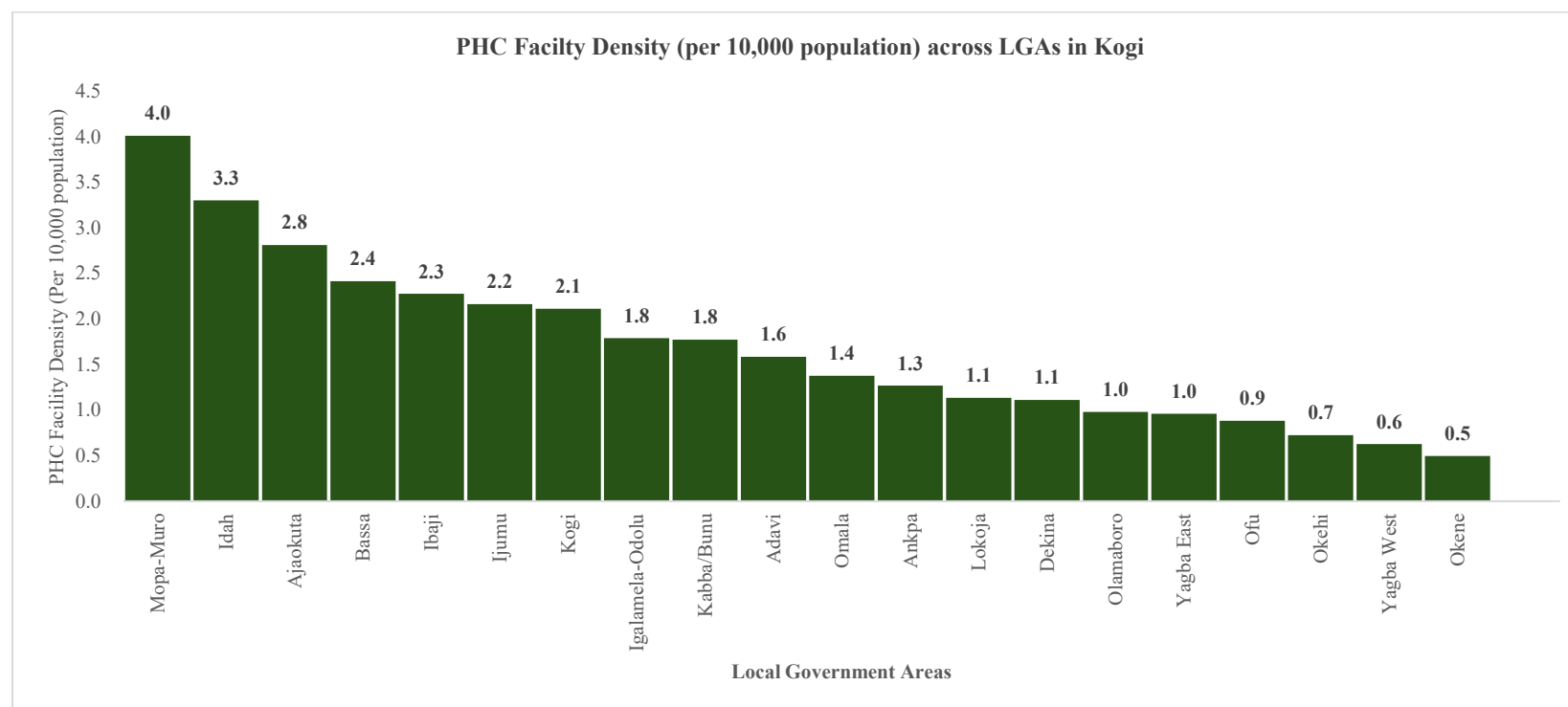
Source: Kogi State PHC Baseline Data 2025

### 2.1.2 PHC Facility Density in Kogi State

The number of health facilities, particularly public Primary Health Centers (PHCs), per 10,000 people is referred to as the "health facility density." It is a crucial measure of the state's access to outpatient medical services.

The population of Kogi State is expected to reach 5.64 million by 2025. With 712 government-owned PHCs spread throughout its 21 Local Government Areas (LGAs), the state's PHC density is roughly 1.26 per 10,000 people, meaning that on average, one PHC serves about 7,930 people.

Figure 2: Health Facility Density per LGA



Source: Kogi State PHC Health Workforce Data 2025

### 2.1.3 Location of PHC Facilities in Kogi State and Rural-Urban Continuum

Due to the state's dispersed settlement structure and the requirement for decentralized health care, the bulk of Kogi State's Primary Health Care (PHC) institutions are found in rural regions. About 681 facilities (96%) and 31 facilities (4%) of the 712 government-owned PHCs are found in rural and urban areas, respectively.

With 96% of its PHCs situated in rural areas, Adavi LGA with 95%, and Lokoja has 27% of the PHCs located in urban areas, as seen in Figure 3 below. In contrast, 100% of PHCs in LGAs like Ajaokuta, Ankpa, Bassa, Okene Omala and many others are located in rural areas, highlighting the significance of rural health infrastructure in these areas.

Planning under the Basic Health Care Provision Fund (BHCPF), particularly for Direct Facility Financing (DFF), which seeks to improve service delivery in underserved areas, depends on this allocation. The state's personnel deployment, logistics, and community outreach plans are all influenced by the rural-urban divide.

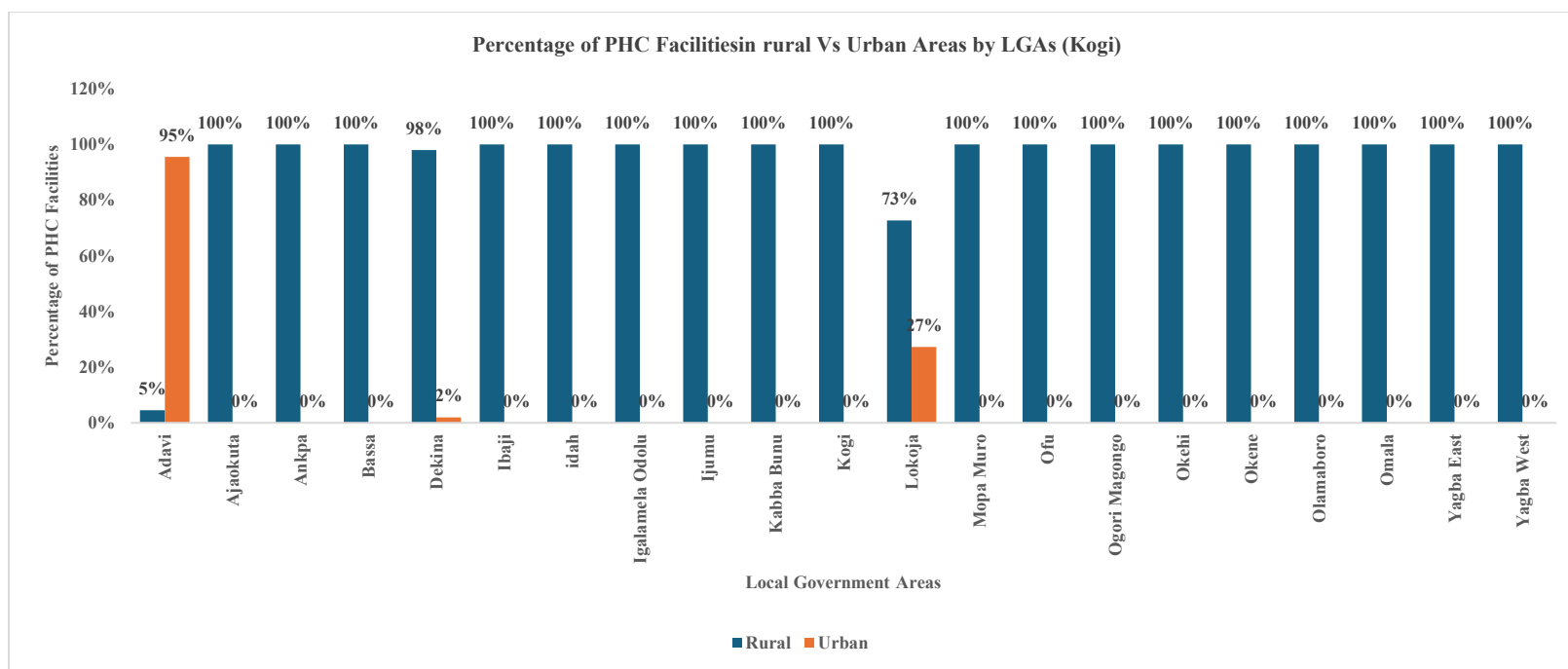


Figure 3: Percentage of PHC Facilities in Rural Vs Urban Areas by LGA in Kogi State

## 2.1.4 Current PHC Workforce in Kogi State and their Location

### 2.1.4.1. Total PHC Workforce in Kogi State by Location

A total of 3,256 employees work at Kogi State's 712 PHC facilities. In terms of absolute numbers, Ajaokuta LGA has the most employees with 276 despite low number (27) of facilities in the LGA. This is not in line with the urban classification, attendance population, and comparatively large number of PHC facilities like Ankpa and Kogi with 51 and 50 PHCs respectively. However, as Figure 4 illustrates, Okene Local Government has the fewest employees (70). Ogori LGA has the least number of facilities but with 88 health workers. This highlights the severe lack of medical professionals in the area. In order to guarantee fair service delivery

throughout the state, focused workforce planning and redistribution are necessary, as evidenced by the disparity between the number of facilities and personnel levels in some LGAs.

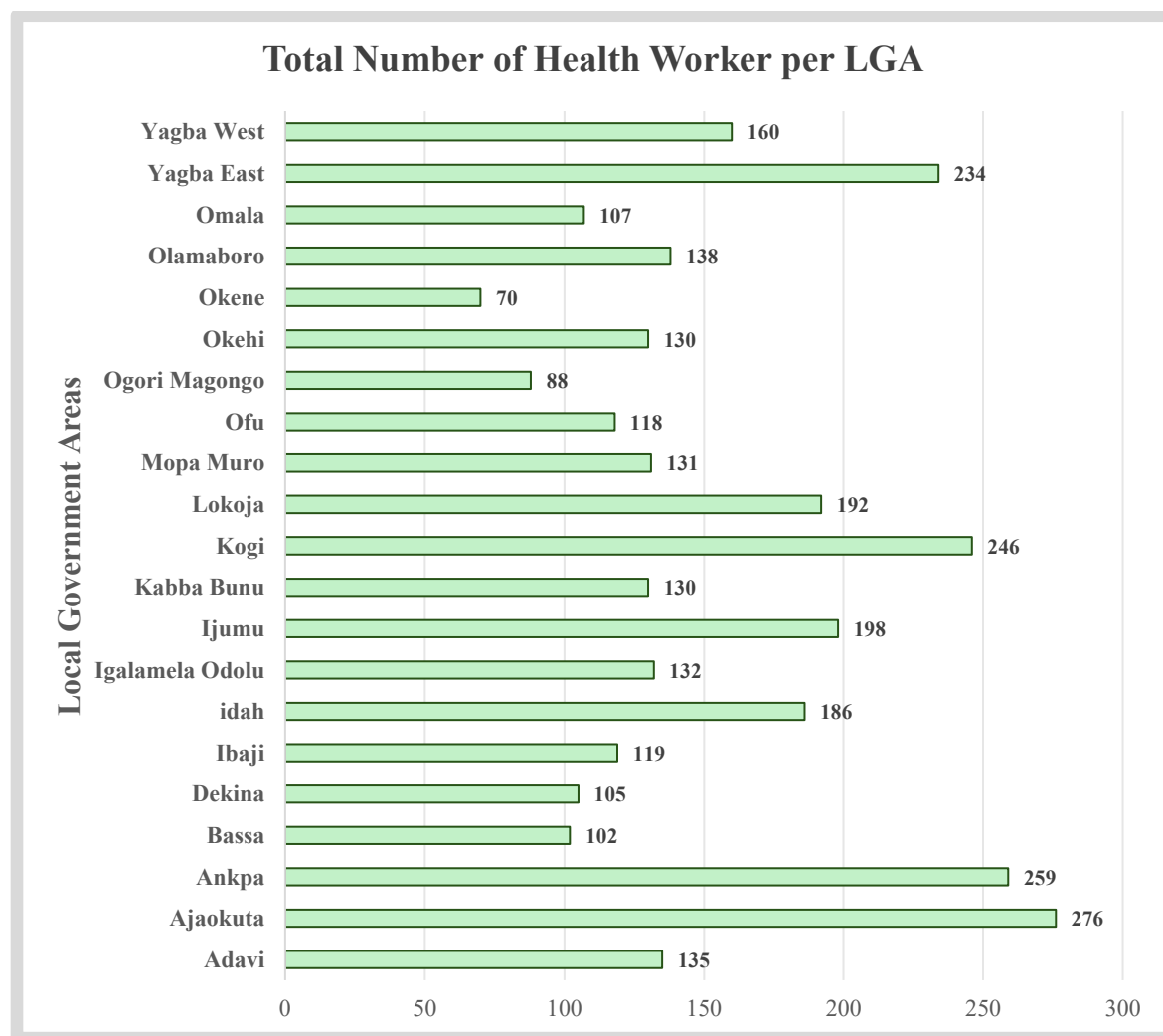


Figure 4: Total Numbers of Health Workers Per LGA in Kogi State

Source: Kogi State 2024 Baseline Data

Notably, this baseline analysis of Kogi State's staff-to-facility ratio shows notable differences in the distribution of workers among LGAs. Relatively high ratios are found in LGAs like Ajaokuta (10.6 employees per facility) and Ogori Magongo (6.97 employees per facility), which may indicate either concentrated personnel in fewer locations or potential deployment inefficiencies. While LGAs with extremely low ratios, such as Okene (2.92 workers per facility), Kogi (4.92), may be understaffed, which could jeopardize service delivery.

Overall, the large difference underscores the need for more equitable workforce planning, even though the state average is about 4.57 employees per site. While LGAs with relatively high ratios may be overstaffed in relation to the number of facilities, those with extremely low ratios may find it difficult to deliver quality care. In order to improve access and guarantee that PHC facilities throughout Kogi are sufficiently staffed to fulfill community health requirements, it would be imperative to address these disparities.

#### 2.1.4.2 Distribution of PHC Workers by Gender

With 885 male employees (27.18%) and 2,371 female employees (72.82%) spread among the 21 LGAs, Kogi State's Primary Health Care (PHC) workforce is comparatively imbalanced. There is a bit significant male representation in the health workforce in several LGAs, even though female still make up the majority.

The percentage of female PHC employees is higher at Ankpa Local Government Area with 6.2% (202) and Yagba East Local Government Area with 5.9% (192). Ankpa Local Government Area has almost females four times higher than the number of male employees 1.75% (57). Also, Yagba East also has more female employees (192) than male employees 2.95% (96). In a similar vein, Ajaokuta Local Government Area report staffing that is dominated by women, with 5.5% (179) female employees, exceeding their male counterparts which is 2.3% (97). Generally, there are notable gender differences in almost all the LGAs where there are significantly more females' employees than male employees.

The gender distribution of PHC employees in Kogi often reflects some cultural and regional characteristics, with rural LGAs frequently exhibiting female dominance and urban LGAs typically having less balanced or female-dominant personnel at the PHCs.

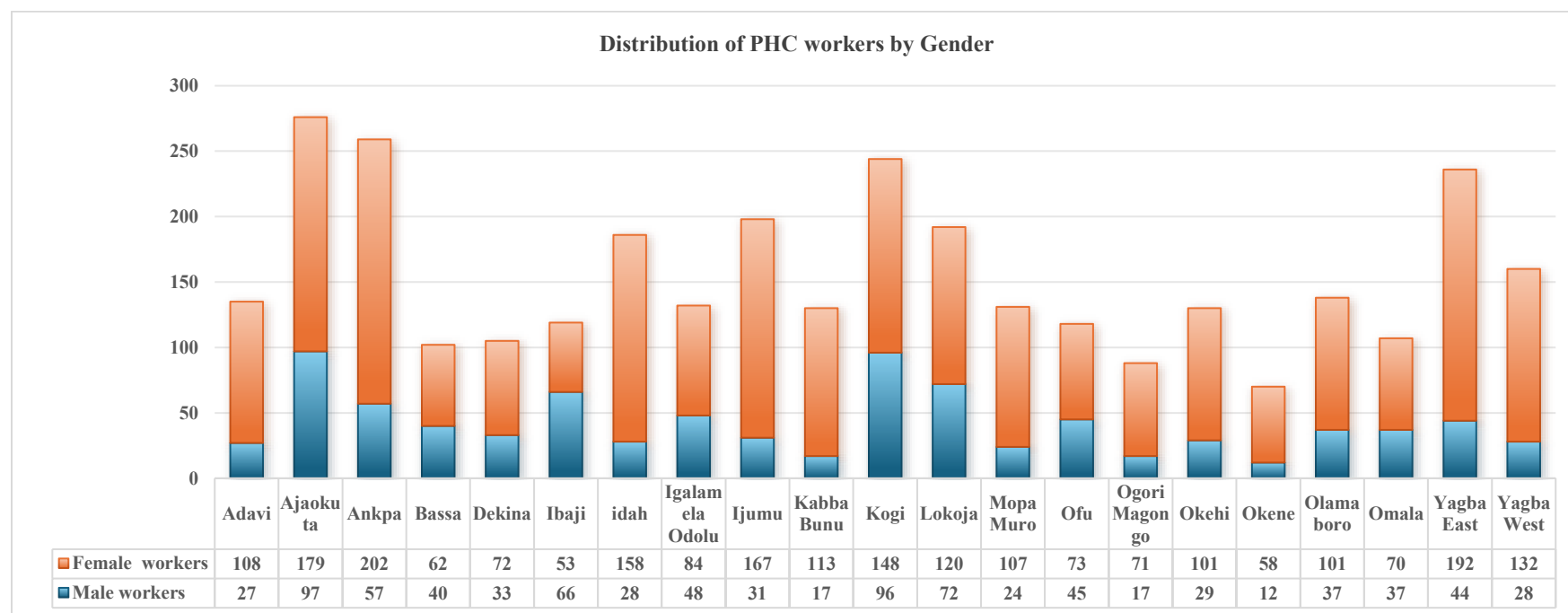


Figure 5: Distribution of PHC Workers Per Gender

Source: Kogi State 2024 Baseline Data

#### 2.1.4.3 Average PHC Worker per Facility

The average number of employees per PHC in the state is 5. As seen in Figure 5, Yagba West LGA has the highest average of 12 PHC workers per facility, followed by Yagba East with average of 11 PHC health workers per facility, while Bassa and Dekina has lowest average of 2 PHC health workers each.

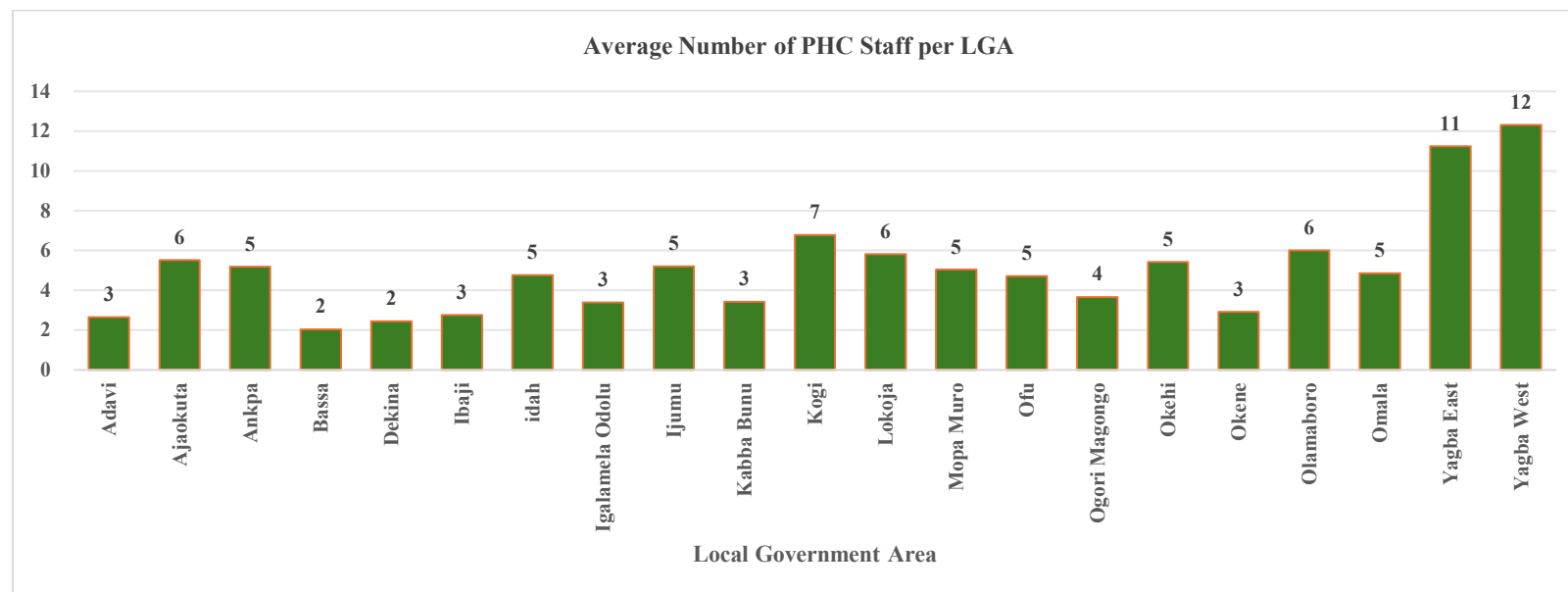


Figure 6: Average Number of Staff Per Facility

Source: Kogi State 2024 Baseline Data

#### 2.1.4.5 Distribution of PHC Workers by Job Area

The distribution of Primary Health Care (PHC) employees by job area in Kogi State is shown in Table 1. Medical doctors, Community Health Officers (CHOs), Junior Community Health Extension Workers (JCHEWs), environmental health personnel, laboratory technicians, pharmacy technicians, and medical record officers constituted 68.7% (2,239) of the 3,256 workers who are categorized as



core health workers. Support personnel, which include administrative professionals, health assistants, professional health associates, health educators, and allied cadres, makes up the remaining 31.23% (1,017) employees.

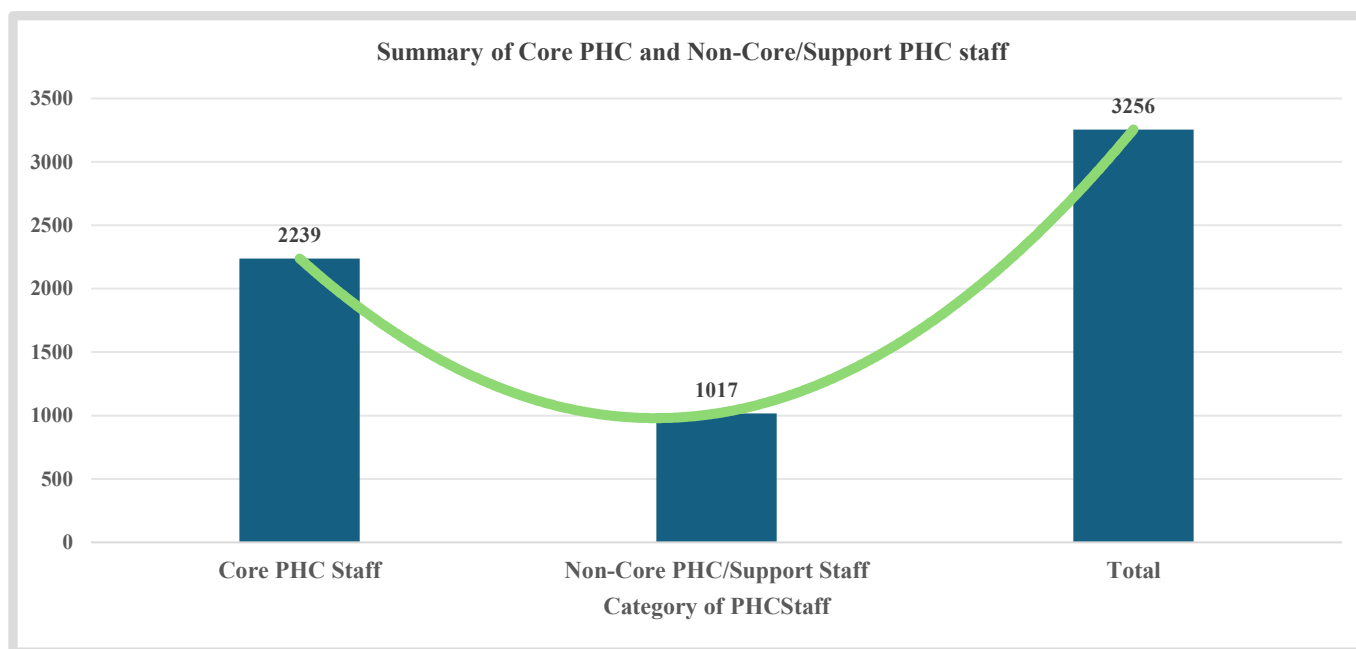


Figure 7: Summary of Core PHC and Non-Core PHC Support Staff

Medical professionals such as Community Health Extension Workers (CHEWs), Junior CHEWs (JCHEWs), medical laboratory technicians, and Community Health Officers (CHOs) make up the largest share of the PHC workforce in Kogi State, accounting for 27%, 9.6%, and 8.4% respectively. Nurses and midwives represent 5.1% of the workforce, while CHOs and environmental health technicians each contribute 6.5%. The baseline data further shows that only two pharmacy technicians (0.06%) are currently deployed across all PHCs, and no medical doctors are providing services at the primary care level.

The distribution of JCHEWs, CHEWs, and CHOs is relatively balanced across the 21 LGAs, though disparities remain. Kogi LGA recorded the highest number of these cadres with 111 workers (7.8%), followed by Igalamela Odolu with 101 (7.1%) and Yagba East with 91 (6.4%). At the lower end, Ogori Magongo and Okene LGAs reported 30 (2.1%) and 45 (3.1%) respectively. In terms of nurses and midwives, all LGAs had at least two staff except Omala, which had none. Lokoja LGA had the highest number of nurses/midwives at 20 (12%), followed by Ajaokuta with 17 (10.2%) and Ijumu with 14 (8.4%). Looking at the overall workforce across cadres, Ajaokuta and Ankpa LGAs each had 153 health workers (6.8%), closely followed by Yagba with 151 (6.7%). Okene and Ogori Magongo recorded the lowest totals, with 54 (2.4%) and 62 (2.8%) respectively.

LGA OF PHC	Pharmacy Technician	Environmental Technicians	JCHEW	Laboratory Technician	Medical Officer	Medical Records Officer	CHO	CHEW	Nurses/Midwives	Total
Adavi	0	4	23	14	0	5	1	34	9	<b>90</b>
Ajaokuta	0	32	23	12	0	12	7	50	17	<b>153</b>
Ankpa	0	35	8	18	0	12	14	59	7	<b>153</b>
Bassa	0	3	14	10	0	0	9	35	4	<b>75</b>
Dekina	0	4	14	9	0	4	4	47	2	<b>84</b>
Ibaji	0	15	10	16	0	1	12	39	3	<b>96</b>
Idah	0	3	14	36	0	8	11	40	9	<b>121</b>
Igalamela Odolu	0	0	23	11	0	0	18	60	7	<b>119</b>
Ijumu	0	18	12	34	0	17	11	46	14	<b>152</b>
Kabba Bunu	0	5	8	3	0	10	9	42	9	<b>86</b>

Kogi	1	4	35	12	0	17	6	70	4	<b>149</b>
Lokoja	0	15	22	13	0	12	7	57	20	<b>146</b>
Mopa Muro	0	10	15	13	0	11	9	36	3	<b>97</b>
Ofu	0	7	12	9	0	4	7	47	10	<b>96</b>
Ogori Magongo	1	6	7	11	0	5	5	18	9	<b>62</b>
Okehi	0	10	17	15	0	10	18	27	10	<b>107</b>
Okene	0	2	5	3	0	2	6	34	2	<b>54</b>
Olamaboro	0	1	11	7	0	0	4	46	4	<b>73</b>
Omala	0	13	13	4	0	2	7	30	0	<b>69</b>
Yagba East	0	22	18	11	0	17	31	42	10	<b>151</b>
Yagba West	0	4	7	13	0	4	17	48	13	<b>106</b>
<b>Total</b>	<b>2</b>	<b>213</b>	<b>311</b>	<b>274</b>	<b>0</b>	<b>153</b>	<b>213</b>	<b>907</b>	<b>166</b>	<b>2,239</b>

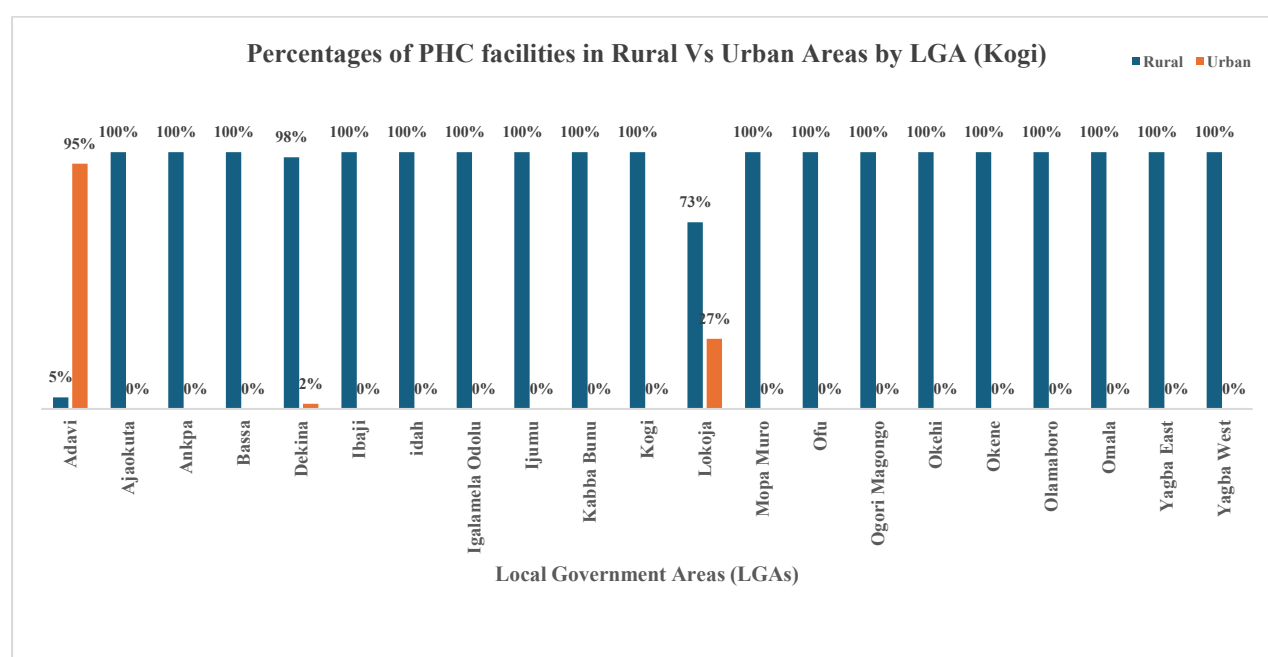
**Table 1: Distribution of core PHC workers in Kogi State by Job Area.**

**Source: Kogi State 2025 Baseline data**

#### 2.1.4.6 Distribution of PHC Workers by type of Duty Station (Rural-Urban Continuum)

The distribution of PHC facilities throughout the state is shown in Figure 7, which shows that 18 LGAs have all their PHCs facilities located in rural areas. This means that most PHC employees in Kogi State are based in rural areas. According to the data, only 24% of PHCs located in urban areas while 76% are located in rural areas. And because 76% of PHC facilities are in rural areas, most PHC employees are likely to be based in those locations. In a similar vein, 3 LGAs of Adavi, Lokoja and Dekina have 95%, 17% and 2% of their facilities located in urban areas. This signifies that most of their employees are based in urban regions.

On the other hand, other LGAs have almost of their health professionals are assigned to rural duty stations, where 100% of PHC facilities are situated. In general, the location of PHC facilities is closely reflected in the distribution of PHC employees by duty station; LGAs that host more urban PHCs also have more urban-based staff, and vice versa.



Source: Kogi State 2025 Baseline Data

#### 2.1.4.9 Analysis of Workers Leaving the Service Between 2025 and 2029

It is estimated that 486 full-time employees in Kogi State's health sector will retire between 2025 and 2029, based on the 35-year retirement threshold. Table 3 below shows the analysis of health workers leaving service between 2025 and 2029 by gender. In particular, it is anticipated that 50 employees (14 males, 36 females) will retire in 2025, another 102 (33 males, 69 females) in 2026, 188 (51 males, 137 females) in 2027, 105 (25 males, 80 females) in 2028,

and 41 (12 males, 29 females) in 2029. This means that during the next five years, a significant number of experienced employees will leave.

**Table 3: Estimated Retirement from the Primary Healthcare Workforce per Year by Gender**

Year of Retirement	Male	Female	Total No. of HWF Retirees
2025	14	36	50
2026	33	69	102
2027	51	137	188
2028	25	80	105
2029	12	29	41
<b>Total Retiring in the next 5 years</b>	<b>135</b>	<b>351</b>	<b>486</b>

Source: Kogi State 2024 HRH at PHC data.

**\*\*Note! The above table content data on “Date of 1<sup>st</sup> Appointment” only and no data on “Date of Birth”.**

Again, table 4 below outlined the health workers leaving service between 2025 and 2029 by cadre. It showed that 188 (38.7%) CHEWs will be leaving the service within the period under consideration. Also, Administrative professionals 84 (17.3%), JCHEWs 64 (13.2%), Nurses/Midwives 26 (5.3%) and CHOs 24 (4.9%) will exit the service within the targeted period.

While the year 2027 will record the highest number of exits (188), the year 2029 will have low number of exits (41). The exit of these core health workers will create a vacuum in the service except if it is a drastic decision for targeted planning to recruit or redistribute for adequate service delivery.

**Table 4: Estimated Retirement from the Primary Healthcare Workforce per Year by Cadre**

Year of Retirement	Administrative	CHEW	CHO	Dental Technician	Environmental Health	Health Educator	HMT	JCHEW	Medical Lab. Tech	Nurse/Midwife	Professional Health	Total
2025	7	21	6	0	3	1	0	2	0	3	7	50
2026	15	47	3		5	6	4	11	4	1	6	102
2027	30	72	8	1	11	8	3	29	7	10	9	188
2028	23	32	6		6	4	6	18	2	5	3	105
2029	9	16	1		2	1		4		7	1	41
<b>Total</b>	<b>84</b>	<b>188</b>	<b>24</b>	<b>1</b>	<b>27</b>	<b>20</b>	<b>13</b>	<b>64</b>	<b>13</b>	<b>26</b>	<b>26</b>	<b>486</b>

Source: Kogi State 2024 HRH at PHC data.

**Note! The above table content data on “Date of 1<sup>st</sup> Appointment” only and no data on “Date of Birth”.**

## 2.2 Staff Gap Analysis and Findings

### 2.2.1 Total PHC Staff Gap by Professional Area in Kogi State

Given the National Primary Health Care Development Agency's (NPHCDA) minimum requirements for primary health care staffing in Nigeria, the estimated retirements from service, and the anticipated impact of population growth on the number of PHC workers in the State, the 712 PHC facilities in the State are operating with a total staff of 3,256.

According to the NPHCDA minimum standards gap, the current personnel shortfall is 10,816 and 486 employees are expected to quit the service between 2025 and 2029. With a high birth registration rate and an estimated 3.2% annual population growth rate, Kogi State's total population is expected to increase from 5.6 million in 2025 to 5.8 million in 2026 and 6.6 million by 2029. The adequacy of PHC staff will be impacted by this yearly population rise, necessitating the establishment of additional PHC facilities in order to provide health coverage.

In addition to the current gaps, this projected population growth is expected to result in an extra 10,816 PHC personnel that must be added to the PHC workforce between 2025 and 2029 in order to guarantee sufficient health care for the burgeoning population. When these are combined, the number of PHC employees that need to be filled between 2025 and 2029 is 11,302. The staffing gap by professional area is shown in Table 4 below.

Table 4 illustrates the near-complete absence of medical officers, with no doctors available out of 239 needed, leaving a 100% shortfall. CHO, Nurse/Midwife, JCHEWs and pharmacy technicians have gaps of 70%, 94%, 57%, 92% and 99% respectively. Whereas Environmental technicians, Medical Records Technicians and Laboratory Technician have gaps of 70%, 79%, and 61%. Additionally, there is a severe under-representation of JCHEWs with only 311 available instead of 4,272 needed, resulting to a shortfall of 3,961. Nurse/Midwife with only 166 instead of 2,848 needed, resulting in a shortfall of 2,682.

**Table 4: Total PHC Staff Gap by Professional Area**

Minimum PHC Personnel	Minimum No. per PHC**	Total No. Required across the State	Total No. available across the State	The gap across the State
Medical Officer**	1	239	0	(239)
Community Health Officer	1	712	213	(499)
Nurse/Midwife	4	2848	166	(2,682)

CHEW	3	2136	907	(1,229)
JCHEW	6	4,272	311	(3,961)
Pharmacy Technician	1	712	2	(710)
Environmental Officer	1	712	213	(499)
Medical records officer	1	712	153	(559)
Laboratory Technician	1	712	274	(438)

*\*\*NPHCDA Minimum Standards for Primary Health Care staffing in Nigeria.*

**Source:** Kogi State 2024 HRH Profile & Baseline Survey Data Analysis.

### 2.2.2 Summary of PHC Staff Gap by Local Government

Table 5 below shows the distribution of PHC employees per Local Government Area (LGA). The workforce analysis reveals significant disparities between LGAs and cadres. Most other professional categories are still severely underserved because of the existing gap in all the cadres of the core PHC workers. LGAs like Ajaokuta (153), Ankpa (153), Yagba East (151), Kogi (149), and Lokoja (146) hosting large concentrations. For instance, there are no medical doctors available in the entire state instead of 239 (1 per political ward for reference clinic), and there is a serious shortage of pharmacy technicians with 2 instead of 712 required, JCHEWs with 311 instead of 4,272 required, nurses/midwives with 166 instead of 2,682 required. The gap involved all the core PHC health workers and in all the 21 LGA of the State.

Nurse/Midwife provide a mixed envision numerous all LGAs for example Bassa has significant gap of (-196), Adavi (-195), Ankpa (-193), and Ajaokuta (-183) on a higher scale, whereas Okehi (-86), Yagba East (-74) and Yagba West (-39) gaps on the lower scale for the minimum standards. In overall, the analysis shows that all PHC core health workers have shortfall with significant gaps insufficiently staffed, the efficient provision of primary healthcare in Kogi State is threatened by the severe shortage of all clinical cadres for PHCs, especially physicians, nurses, JCHEWs, and pharmacy technicians, in all the LGAs.

**Table 5: PHC Core Staff Gap by Location**

LGA OF PHC	Pharmacy Technician	Environmental Officer	JCHEW	Laboratory Technician	Medical Officer	Medical Records	CHO	CHEW	Nurses/ Midwives	Total
Adavi	0	4	23	14	0	5	1	34	9	<b>90</b>
Ajaokuta	0	32	23	12	0	12	7	50	17	<b>153</b>
Ankpa	0	35	8	18	0	12	14	59	7	<b>153</b>
Bassa	0	3	14	10	0	0	9	35	4	<b>75</b>
Dekina	0	4	14	9	0	4	4	47	2	<b>84</b>
Ibaji	0	15	10	16	0	1	12	39	3	<b>96</b>
Idah	0	3	14	36	0	8	11	40	9	<b>121</b>
Igalamela Odolu	0	0	23	11	0	0	18	60	7	<b>119</b>
Ijumu	0	18	12	34	0	17	11	46	14	<b>152</b>
Kabba Bunu	0	5	8	3	0	10	9	42	9	<b>86</b>
Kogi	1	4	35	12	0	17	6	70	4	<b>149</b>
Lokoja	0	15	22	13	0	12	7	57	20	<b>146</b>
Mopa Muro	0	10	15	13	0	11	9	36	3	<b>97</b>
Ofu	0	7	12	9	0	4	7	47	10	<b>96</b>
Ogori Magongo	1	6	7	11	0	5	5	18	9	<b>62</b>
Okehi	0	10	17	15	0	10	18	27	10	<b>107</b>
Okene	0	2	5	3	0	2	6	34	2	<b>54</b>
Olamaboro	0	1	11	7	0	0	4	46	4	<b>73</b>
Omala	0	13	13	4	0	2	7	30	0	<b>69</b>
Yagba East	0	22	18	11	0	17	31	42	10	<b>151</b>
Yagba West	0	4	7	13	0	4	17	48	13	<b>106</b>
<b>Grand Total</b>	<b>2</b>	<b>213</b>	<b>311</b>	<b>274</b>	<b>0</b>	<b>153</b>	<b>213</b>	<b>907</b>	<b>166</b>	<b>2,239</b>

**Source:** Kogi State 2024 HRH Profile & Baseline Survey Analysis.



### 2.2.3 Summary of CHEW Staffing Gap by Location

There are noteworthy differences between the NPHCDA minimum staffing criteria and the distribution of Community Health Extension Workers (CHEWs) among the LGAs in Kogi State. The majority of LGAs have significant gaps in the 712 PHC facilities; the most severe deficits are found in Adavi LGA with a gap of (-119), Bassa (-115), Ajaokuta (-100), Ankpa (-91), and Ibaji (-90), among many others. On the other hand, Yagba West LGA surpass their requirements on CHEW over staffing of 48 instead of 39 (+9). In order to balance worker supply and guarantee equitable PHC service delivery throughout the State, targeted recruitment and redistribution methods are urgently needed, because almost all LGAs show relative inadequacy in CHEW staffing.

Table 6: Health Facilities with CHEW Surplus and Deficits Deployment Gaps.

LGA	Total Number of PHC Facility	Available Community Health Extension Worker (CHEWs)	Required CHEWS	<b>CHEW Gaps Per LGA</b>
Adavi	51	34	153	<b>-119</b>
Ajaokuta	50	50	150	<b>-100</b>
Ankpa	50	59	150	<b>-91</b>
Bassa	50	35	150	<b>-115</b>
Dekina	43	47	129	<b>-82</b>
Ibaji	43	39	129	<b>-90</b>
Idah	39	40	117	<b>-77</b>
Igalamela Odolu	39	60	117	<b>-57</b>
Ijumu	38	46	114	<b>-68</b>
Kabba Bunu	38	42	114	<b>-72</b>
Kogi	36	70	108	<b>-38</b>
Lokoja	33	57	99	<b>-42</b>
Mopa Muro	26	36	78	<b>-42</b>
Ofu	25	47	75	<b>-28</b>

Ogori Magongo	24	18	72	-54
Okehi	24	27	72	-45
Okene	24	34	72	-38
Olamaboro	23	46	69	-23
Omala	22	30	66	-36
Yagba East	21	42	63	-21
Yagba West	13	48	39	9
<b>Total</b>	<b>712</b>	<b>907</b>	<b>2,136</b>	<b>-1,229</b>

Source: Kogi State 2024 HRH Profile & Baseline Survey Analysis.

*NB: The gap by facility across different cadres and LGA is presented in Appendix 4.*

## 2.3 Institutional Structure for Primary Health Human Resource Management in Kogi State.

The Kogi State Primary Health Care Development Agency (SPHCDA), Local Government Health Authorities (LGHAs), and other health sector boards/Agencies collaborate closely with the Kogi State Ministry of Health to form the institutional framework for Primary Health Care (PHC) human resource management in the State. These organizations work together to manage policy, hiring, assigning, and supervising PHC employees throughout the 712 PHC located and 21 LGAs.

### 2.3.1 Minimum Standard for PHC Workers

Table 7 below shows the State's minimum requirements for PHC employees as well as the maximum worker-to-patient ratio. The National Primary Health Care Development Agency's minimal staffing requirement for PHCs in Nigeria served as the model for the minimum standard. However, the State has not yet met this criterion, particularly with regard to the Medical Officer and Nurse/Midwife cadre CHEWS, JCHEWs, Pharmacy Technicians, Medical Laboratory Technicians, CHOs, Medical Records Technicians. In the next five years, Kogi State aims to meet this minimal need for both rural and urban health facilities. While the worker-to-patient ratio varies slightly between rural and urban PHC facilities, the same minimum staffing requirements were maintained for each.

Table 7: Minimum Standard for Primary Healthcare Staffing

<b>Minimum Standard</b>	<b>Minimum No. per PHC</b>	<b>Maximum worker-to-patient ratio (Rural)</b>	<b>Maximum worker-to-patient ratio (Urban)</b>
Medical Officer	1	1 : 30,000	1 : 40,000
Community Health Officer	1	1 : 30,000	1 : 40,000
Nurse/Midwife	4	1 : 9,000	1 : 10,000
CHEW	3	1 : 10,000	1 : 10,000
JCHEW	6	1 : 5,000	1 : 5,000
Pharmacy Technician	1	1 : 30,000	1 : 40,000
Environmental Officer	1	1 : 30,000	1 : 40,000
Medical records officer	1	1 : 30,000	1 : 40,000
Laboratory Technician	1	1 : 30,000	1 : 40,000
Support Staff (Health Assistant/Attendant (2), Security (2), General Maintenance Staff (1))	5	NA	NA

*Source: National Primary Health Care Development Agency minimum staffing standard for PHCs in Nigeria.*

### 2.3.2 Gender and Social Inclusion Requirements in Kogi State

The government of Kogi State is sensitive to gender issues, as seen by the incorporation of social and gender inclusion in its PHC policies and initiatives. The ratio of male to female PHC employees, which currently favors the female gender, makes this clear. Therefore, as outlined in this report, this sensitivity will be considered when hiring and deploying new PHC employees. Additionally, the State will guarantee that the PHCs have facilities that are gender sensitive.

Kogi State has strengthened its commitment to gender and social inclusion at the service-access level by working with Ward Development Committees and putting specific community mobilization tactics into practice. In addition to involving husbands and community leaders to promote broader acceptance of contemporary health services, these initiatives aim to increase women's participation in prenatal care, vaccines, and facility-based deliveries. The State can address and lessen cultural obstacles by collaborating with traditional and religious leaders, ensuring that the most vulnerable people receive important messages on immunization and maternal health.

Accessibility for women and marginalized groups is further improved by enhancement of healthcare infrastructures and the strategic placement of female employees. Together, these

developments help to overcome obstacles pertaining to cultural norms and physical access, ultimately making primary healthcare more responsive and inclusive for all community members. The current recruitment and deployment push will continue these efforts.

#### 2.4 Challenges of PHC Workers Recruitment, Deployment and Retention in Kogi State

Recruiting, deploying, and retaining Primary Health Care (PHC) workers in Kogi State remains a major challenge. Persistent insecurity in parts of the state, including incidents of banditry, kidnapping, and communal clashes has discouraged health workers from accepting postings, particularly in rural and hard-to-reach areas. Poor rural infrastructure compounds the problem: inadequate access roads, unreliable electricity, lack of staff housing, and limited water supply make many facilities unattractive duty stations. In addition, low and irregular remuneration, coupled with the absence of incentives such as hardship allowances or rural posting bonuses, reduces the appeal of PHC jobs compared to urban or private sector opportunities. These factors contribute to staff shortages in several facilities, undermining the delivery of essential health services.

Beyond remunerations and infrastructure, other barriers affect workforce stability. Many PHC facilities operate in dilapidated buildings with frequent drug stockouts and insufficient equipment, conditions that lower morale and make retention difficult. Career progression opportunities are limited, with few chances for training or professional growth, leaving workers demotivated. Sociocultural factors also play a role: for example, restrictions on women working away from their families limit the mobility of female health professionals to rural postings. Weak deployment strategies and inadequate supervision further exacerbate the imbalance, leaving some facilities overstaffed while others remain critically underserved. These challenges have fueled a “brain drain,” as skilled workers migrate to urban centers or abroad in search of better conditions.

In response, the Kogi State Government has prioritized interventions to strengthen PHC workforce management. Efforts include improving security in vulnerable areas, investing in rural infrastructure, offering more competitive and reliable remuneration packages, and creating clear pathways for career advancement. Policies that support gender inclusion and protect female health workers are being introduced, alongside stronger governance structures to improve coordination and accountability. These measures aim to create a more supportive working environment, reduce attrition, and ensure that communities across the state have sustained access to quality primary healthcare services.

### 3.0 RECRUITMENT/DEPLOYMENT PLAN AND COSTING

#### 3.1 Recruitment Plan

The Kogi State recruitment strategy takes into account the 3.2% yearly population growth rate predicted by the Kogi State AOP/MSP (2025 edition). The population of the state, which was 5,464,283 in 2024, is predicted to increase gradually over the following five years, reaching 5,644,000 in 2025, 5,825,000 in 2026, 6,011,000 in 2027, 6,204,000 in 2028, and roughly 6,402,000 by 2029. The primary health care workforce will be under tremendous strain as a result of this demographic growth and the expected retirements of medical professionals between 2025 and 2029.

The recruitment strategy takes into account both the natural population growth and employee attrition from retirement in order to handle these issues. The need to accommodate increased service needs is expected to cause the staffing gap to expand by an average of three extra workers in rural LGAs and five in urban LGAs annually due to population growth. In order to ensure that recruiting goals are reasonable and sensitive to the State's changing health needs, these incremental gaps have been incorporated into the larger workforce gap study. Kogi State hopes to develop a robust primary health care system that can provide fair and high-quality services throughout all 21 Local Government Areas by matching recruiting with population trends and worker attrition.

##### 3.1.1 PHC Workers Recruitment Plan by Job Area (5-year Projection)

Based on the staffing shortfalls found in various job sectors, the predicted impact of population increase on the primary healthcare workforce, and the estimated number of employees scheduled for retirement, the PHC workers' recruitment plan is shown in Table 8. The State can close its personnel shortfalls in five years thanks to the phased recruitment process, which strikes a compromise between cost effectiveness and human resource planning. As a result, between 2025 and 2029, the State plans to hire employees in annual percentages of 25%, 25%, 30%, 10%, and 10%.

To be more precise, Table 8 demonstrates that Kogi State's five-year recruitment plan for Primary Health Care (PHC) workers aims to overcome a total staff shortage of 10,816 people across important cadres. Nurses and midwives (2,682) and junior community health extension workers (JCHEWs) 3,961, Community Health Extension Workers (CHEWs) 1,229 who together account for 72.8% of the overall shortfall, are given priority in the plan. Phased

recruitment will take place, with the largest intake planned for the first three years: 990 JCHEWs in 2025 and 2026, 1,188 in 2027 while 396 in 2028 yearly in 2028 and 2029; 670 nurses/midwives each in 2025 and 2026, 805 in 2027 while 2028 and 2029 will take 268 each. Recruitment of nurses/midwives. In a similar vein, frontline PHC services will be steadily reinforced through the recruitment of Community Health Officers (499), CHEWs (1,229), and Pharmacy Technicians (710), Medical Doctors (239), Environmental Health Technicians (499), Medical Records and Medical Laboratory Technicians (559) and (438) in organized batches.

All things considered, this phased plan shows a purposeful approach to fortify the PHC system by front-loading recruitment in the most important cadres while guaranteeing consistent additions through 2029 to stabilize care delivery throughout the State.

Table 8: PHC Workers Recruitment Plan by Job Area (5-year Projection)

PHC Workers Recruitment by Job Area	Total Staff Gap	Recruitment Plan				
		2025	2026	2027	2028	2029
Medical Officer	239	60	60	72	24	24
Community Health Officer	499	125	125	150	50	50
Nurse/Midwife	2,682	671	671	805	268	268
CHEW	1,229	307	307	369	123	123
JCHEW	3,961	990	990	1,188	396	396
Pharmacy Technician	710	178	178	213	71	71
Environmental Officer	499	125	125	150	50	50
Medical records officer	559	140	140	168	60	60
Laboratory Technician	438	110	110	131	44	44
<b>Total</b>	<b>10,816</b>	<b>2704</b>	<b>2704</b>	<b>3,245</b>	<b>1,082</b>	<b>1,082</b>

Source: Source: *Baseline Survey Analysis*.

### 3.1.2 Workers Recruitment Plan by Classification of Duty Station

As indicated in Table 9 below, the majority of the recruitment will be directed toward filling the vacancies at the rural duty stations. To alleviate the gaps in the state's PHC workforce between rural and urban areas, 96% (10,383) of the projected recruiting will be assigned to rural duty stations and 4% (433) to urban duty stations.

Table 9. Workers Recruitment Plan by Classification of Duty Station

PHC Workers Recruitment by Classification of Duty Station	No. of Workers
Rural	10,383
Urban	433

Source: *Baseline Survey Analysis*.

### 3.1.4 PHC Workers Recruitment by Duty Station (PHC Facility)

The staff gap by facility, as indicated in Appendix 3, will be used to recruit PHC employees by facility. For each of the 239 major PHC institutions (one per ward), 239 Medical Officers will be hired. Each of the state's 712 medical facilities will hire three CHEWs.

### 3.1.5 Kogi State PHC Staffing Recruitment Strategy

The State plans to employ the following strategies to fill the existing worker gap in the PHCs. These strategies include:

- a. Targeted recruitment: Rather than issuing a general call for applications, the results and gaps from the baseline mapping effort will be utilized to create a vacancy list that will direct the recruitment process with the most impoverished locations given priority.
- b. Strategic Sourcing: Expanding the state's health manpower planning through strategic investment to increase young people's enrollment in various health training institutions. More significantly, coordinated efforts will be undertaken to guarantee the quality of health service education in these institutions in order to supply the state with a competent and high-quality health workforce that is ready to be integrated into the state's PHC workforce. Rolling Recruitment: because of the delays associated with mass government recruitment and deployment exercises, new recruitments will be made on a rolling basis (quarterly), to manage number and quality of so that new recruits can be absorbed without long delay.
- c. Retention-focused recruitment: To address retention issues, particularly in rural duty stations, the government will collaborate with relevant health training institutions (such as the Schools of Nursing, Midwifery, and Health Technology, among others) to sponsor candidates from underserved LGAs on the condition that they return to work as PHC employees in their communities. Additionally, prizes for rural posting and small hardship (related to attendance) will be given to workers who are deployed to remote or dangerous regions.
- d. Transfer of Service: Allowing current, competent healthcare professionals to voluntarily convert to secondary healthcare institutions in the state.
- e. Alternative Staffing Models: Rehiring recently retired nurses and midwives on brief contracts, especially for training, mentoring, and supervising junior staff, is one way to use contract workers when there are financial constraints. Additionally, using NGO assistance

and public-private partnerships to hire and deploy skilled workers until government institutions are able to assume full responsibility.

- f. After putting the aforementioned tactics into practice, recruitment calls from externally qualified applicants are used to fill the outstanding gap.
- g. The State will increase the use of innovation and technology to improve health workforce systems for ongoing staff management. In order to ensure smooth coordination and enhanced responsiveness in the use of core PHC workers, this will encompass workforce management, promotions, attendance monitoring, retirements, and redeployment procedures. The State hopes to improve efficiency, accountability, and transparency in the management of its primary health care staff by utilizing digital tools and creative approaches.

## 3.2 Deployment plan

### 3.2.1 PHC Workers Deployment Plan by Classification of Duty Station

As shown in Table 11, the majority of the anticipated recruitment efforts will be focused on filling the manpower deficits at remote duty stations. The goal of this focused strategy is to guarantee that underprivileged communities have access to the PHC staff they need to provide quality healthcare.

Furthermore, the demographic estimates given in Section 3.1 have been used to anticipate future labor requirements. According to these estimates, the 10,383 personnel vacancies in rural areas will be filled by 2029, and there will be 433 unfilled positions in metropolitan areas. To guarantee thorough coverage and ongoing service delivery in both rural and urban environments, these projected labor needs have been included in the overall recruitment and deployment strategy. Table 11 below provides a breakdown of recruitment and deployment to rural and urban duty stations.

**Table 11: PHC Workers Deployment Plan by Classification of Duty Station**

Cadre	Duty Station	
	Rural	Urban
Medical Officer	229	10
Community Health Officer	479	20
Nurse/Midwife	2,574	108
CHEW	1,180	49
JCHEW	3803	158
Pharmacy Technician	682	28
Environmental Officer	479	20
Medical records officer	537	22
Laboratory Technician	420	18
<b>TOTAL</b>	<b>10,383</b>	<b>433</b>



Source: Kogi State Baseline Data

### 3.2.2 Framework for Equitable Workers Deployment

The State government will make sure that rural areas receive precedence and that at least 90% of new hires are deployed in rural areas in order to guarantee equitable worker deployment. All health authorities will offer respectable working conditions and accommodation, as well as rural posting allowance and incentives, to guarantee that the employees remain and serve at the duty stations they are assigned to, especially in rural areas. Also, in order to help the communities in State, government will also encourage indigenous applicants to enroll for health courses into the pre-training health institutions in the state.

### 3.3 Multi-Year Costed PHC Workers Recruitment and Deployment Plan

The projected financial requirements for recruiting, training, deploying and retaining PHC workers over the next five years are detailed in Table 12. In 2025, the state will need approximately additional ₦680.42 million to finance these activities. This amount will increase to ₦714.44 million in 2026, reflecting increased worker needs and anticipated economic changes that may affect costs. For 2027, the estimated cost rises further to ₦857.38 million, before decreasing to ₦285.88 million in 2028. By 2029, the required funding is projected at ₦300.18 million.

These costs encompass not only the salaries aligned with the National Minimum Wage policy but also the associated benefits for PHC workers. Additionally, provisions are included for necessary office supplies and equipment to ensure that staff can perform their duties effectively. All financial estimates have factored in a projected 5% inflation and wage increase effect each year, ensuring that the budget remains robust in the face of changing economic conditions.

**Table 12: Multi-Year Costed PHC Workers Recruitment and Deployment Plan**

Cost Items	Description	Amount (₦)				
		2025	2026	2027	2028	2029
<i>New PHC workers to be recruited and deployed</i>		2704	2704	3245	1082	1082
<i>PHC Workers to be redeployed from facilities with surplus</i>		0	0	0	0	0
Recruitment Exercise	<i>Adverts, examinations, selection interview, etc.</i>	27,040,071.12	28,392,430.06	34,072,503.11	11,361,212.23	11,929,050.40
Onboarding Exercise	<i>Orientation and pre-deployment training.</i>	54,080,046.12	56,784,113.21	68,145,210.19	22,722,082.07	23,858,150.20
Personnel Cost	<i>Salary, allowances, incentives for rural posting, etc.</i>	270,401,070.60	283,920,401.04	340,725,031.51	113,610,110.21	119,290,500.21
Overhead Cost	<i>Off-the-job Training, instructional materials &amp; stationery, etc.</i>	67,600,034.22	70,980,208.04	85,181,250.06	28,402,500.70	29,822,625.00

Capital Cost	<i>Office space, furniture, etc.</i>	216,320,030.22	227,136,070.08	272,580,230.01	90,888,010.10	95,432,400.08
Allowances & Incentives	<i>Rural posting &amp; redeployment allowance, etc.</i>	31,457,448.28	33,030,320.69	39,638,822.11	13,217,012.49	13,877,863.11
Other Costs	<i>Contingency, etc.</i>	13,524,035.82	14,200,237.61	17,041,326.80	5,682,192.79	5,966,302.43
<b>Total Cost</b>		<b>680,422,736.38</b>	<b>714,443,780.73</b>	<b>857,384,373.79</b>	<b>285,883,120.59</b>	<b>300,176,891.43</b>

**Source:** *Baseline Survey Analysis and Financial Estimation.*

### 3.4 Recruitment Calendar

To guarantee coordination and smooth execution of the requirement and placements exercise throughout the state, the state will adopt the following recruiting schedule in line with the multi-year-cost recruitment and deployment plan above:

*Table 15: PHC Workers Recruitment Calendar*

ACTIVITIES	2025	2026	2027	2028	2029
Finalize and obtain approval for the recruitment and deployment plan	Q1				
Constitute a recruitment and deployment committee in collaboration with State and Local Government Civil Service Commission.	Q2				
Place adverts for recruitment in newspapers, on website, notice boards and social media	Q2	Q1	Q1	Q1	Q1
Screen and streamline applications	Q3	Q1	Q1	Q1	Q1
Conduct recruitment examination	Q3	Q2	Q2	Q2	Q2
Shortlist successful candidates	Q3	Q2	Q2	Q2	Q2
Conduct oral interviews and verification of certificates	Q3	Q2	Q2	Q2	Q2
Publish list of successful candidates with duty stations	Q3	Q2	Q2	Q2	Q2
Conduct orientation, placements and pre-deployment training	Q4	Q3	Q3	Q3	Q3
Conduct annual monitoring of attendance and service delivery quality, as well as performance appraisal exercise	Q4	Q3-Q4	Q3-Q4	Q3-Q4	Q3-Q4

*Q = Quarter*

### 3.5 Integration with the State Health Annual Operational Plan

The PHC baseline mapping exercise's conclusions and suggestions are intended to directly inform Kogi State's Health Annual Operational Plan (AOP). The baseline functions as an evidence base for establishing annual priorities, resource allocation, and performance targets within the AOP framework by offering reliable data on the present workforce, staffing shortages, and anticipated needs.

In particular, the AOP's human resource component will be informed by the recruitment and deployment predictions presented in this report, guaranteeing that staffing plans are reasonable, cost-effective, and in line with available financial resources. The baseline also identifies differences in gender balance, cadre availability, and rural-urban distribution, all of which will inform equity-focused AOP programs. Additionally, the AOP is able to predict future demands and make necessary adjustments because the forward-looking planning lens provided by the assumptions on population increase, retirements, and security enhancements.

Kogi State will enhance accountability, assess progress toward staffing goals, and make sure that investments in primary health care workforce development are methodically monitored by incorporating the baseline findings into the AOP cycle.

## 4.0 RECOMMENDATIONS

Based on the findings from the baseline exercise, the following are recommended to strengthen PHC workforce in Kogi State:

1. **Strategic Recruitment and Deployment:** To address workforce disparities, it is crucial to strategically implement the comprehensive recruitment and deployment plan in this report. This plan focuses on ensuring an equitable distribution of healthcare workers across all primary healthcare facilities, with particular attention given to urgent recruitment of 239 Medical Doctors and 712 Pharmacy Technicians across all facilities in the state, in line with the national minimum standards, and reaching underserved rural regions. By implementing it strategically, the state can work towards providing balanced access to healthcare services for all residents.
2. **Enhancement of Working Conditions and Renumeration Incentives:** Improving the working environment is vital for maintaining a motivated and committed healthcare

workforce. Hence, the State Government should provide adequate financial and non-financial incentives, ensure security around PHC facilities, and promote opportunities for professional development for PHC workers, particularly the clinical staff. This will foster higher levels of motivation and retention among healthcare personnel. Special attention should be placed on supporting those serving in rural and boundary communities and.

3. **Strengthening Monitoring and Evaluation Frameworks:** A robust monitoring and evaluation framework is necessary for tracking progress and responding to challenges as they arise. By regularly assessing outcomes and refining strategies in real time, the state can address emerging issues effectively and optimize its approach to workforce management.
4. **Increased Budgetary Allocation:** It is recommended that the recurrent (personnel and overhead) budget for the primary health sub-sector be increased accordingly to accommodate the recruitment efforts required to close the identified human resource gaps. Enhanced financial support will ensure the sustainability and effectiveness of the workforce development initiatives. This should also take cognizance of the annual operational plan fiscal forecasting and costing for all health-related expenditures.
5. **Sustained Implementation of Primary Health Care Under One Roof (PHCUOR):** The state should continue to actively pursue the principle of Primary Health Care Under One Roof (PHCUOR), integrating all aspects of primary health care delivery under a unified structure. This approach will streamline operations and support the efficient management of healthcare resources.

By implementing the above recommended measures, Kogi State can effectively bridge gaps in its primary healthcare workforce and establish a strong foundation for ongoing improvements in healthcare delivery. These actions will contribute to a more equitable and sustainable health system that meets the needs of all residents.

## 5.0 CONCLUSION

The baseline mapping exercise for primary healthcare workers in Kogi State has revealed a troubling deficit in human resources necessary for delivering quality care. The findings underscore substantial shortages of healthcare personnel throughout the state (particularly medical doctors and pharmacy technicians), with the situation being especially acute in rural areas, where the majority of the population resides. This comprehensive assessment offers valuable insights into the current state of Kogi State's primary healthcare workforce and serves as a foundation for future planning and informed decision-making.

To ensure the efficient delivery of primary healthcare services, it is imperative for the Kogi State Government to take prompt steps to close the identified staffing gaps, particularly medical doctors. Key actions include increasing budgetary support for the health sector, consolidating essential healthcare functions under the Kogi State Primary Healthcare Development Agency, and implementing the robust recruitment and deployment plan in this report. These initiatives are critical for addressing the workforce deficit and improving the state's healthcare infrastructure.

Enhancing the working environment and providing effective incentives are essential for motivating and retaining healthcare professionals, particularly those serving rural communities. Focused efforts to improve both financial and non-financial rewards will help sustain a committed workforce and foster greater retention among healthcare staff, ultimately benefiting underserved populations.

The recommendations presented in this report form a strategic guide for strengthening the primary healthcare system in Kogi State. By methodically tackling the shortage of human resources and optimising workforce management, the goal of universal access to high-quality healthcare services for all residents becomes attainable. Achieving these objectives requires ongoing collaboration and dedication from government leaders, healthcare professionals, and the communities they serve. Through collective effort, Kogi State can build a healthier future for everyone.

## Appendices

### Appendix 1: Membership Composition of Kogi State Committee for PHC Baseline Mapping

S/N	Team	Role
1.	Permanent Secretary, Ministry of Health	Chairman
2.	Executive Director, Kogi State Primary Healthcare Development Agency (KSPHCDA)	Co-Chairman
3.	Director Planning, Research, and Statistics, Ministry of Health	Secretary
4.	Director Planning, Research, and Statistics, KSPHCDA	Assistant Secretary
5.	Desk Officer of HOPE-PHC	Member
6.	Directors of Primary Health Care of 4 LGAs	Members
7.	21 LGA M&E Officers	Members
8.	Representative of ALGON, Kogi	Member
9.	HOPE-GOV Desk Officer, KSPHCDA	Member
10.	HRH Focal person, Ministry of Health	Member
11.	Representative, Kogi State Union of Health Workers	Member
12.	Representatives of Health Development Partners	Members

### Appendix 2: LGA Data Collection Tool

#### KOGI STATE PHC BASELINE SURVEY FORM

**LGA Name:**

**Number of PHCs in LGA:**

**Instruction:** Provide information on all the PHC workers in your LGA using the form below. Create more rows as may be necessary.

Name of Worker	Duty Station (Facility)	Gender	Cadre	Date of First Appointment	Type of Appointment (Permanent, Contract or Volunteer)	Date of Retirement	Qualification	Staff ID



Appendix 3: Current PHC Workers Population and Spread by PHC Facility and Job Area

Name of PHCs	Total PHC Workers	Male	Female	Medical Officer	Community Health Officer	Nurses/ Midwives	CHEW	JCHEW	Pharmacy Technician	Environmental Officer	Medical Records Officer	Lab. Technician	Support Staff
Total	3256	885	2371	0	213	166	907	311	2	213	153	274	1017
Adavi Eba	4	0	4	0	0	1	0	2	0	1	0	0	0
Aku	1	1	0	0	0	0	1	0	0	0	0	0	0
Atami	1	1	0	0	0	0	0	0	0	1	0	0	1
Ebogogo	14	5	9	0	0	0	1	6	0	2	1	1	3
Egge	6	1	5	0	0	1	2	1	0	0	0	0	2
FSP Ibeke	9	1	8	0	0	0	3	1	0	0	0	5	0
Iresuha	5	1	4	0	0	0	2	1	0	0	0	0	2
Irewagere	1	0	1	0	0	0	0	1	0	0	0	0	0
Iruvucheba	5	0	5	0	0	1	1	1	0	0	1	0	1
MDG Zango Daji	4	0	4	0	0	1	1	0	0	0	0	1	1
Obehitutu	4	0	4	0	0	0	1	1	0	0	0	1	1
Obuburu	4	0	4	0	0	0	2	0	0	0	1	0	1
Osara	2	1	1	0	0	0	1	0	0	0	0	0	1
Osisi/Ipaku	8	0	8	0	0	1	2	1	0	0	0	1	3
Osoma	4	0	4	0	0	0	1	1	0	0	0	1	1
Oziokutu	44	11	33	0	1	2	8	5	0	0	2	3	23
Ozuri	6	2	4	0	0	1	1	0	0	0	0	0	4
Irepeni	1	0	1	0	0	0	1	0	0	0	0	0	0
School Clinic Ozuri	2	0	2	0	0	0	1	1	0	0	0	0	0
Utohu	6	0	6	0	0	1	2	0	0	0	0	1	2
Zariagi	1	0	1	0	0	0	1	0	0	0	0	0	0
NPI	3	3	0	0	0	0	2	1	0	0	0	0	0
MCH Ebiya	5	1	4	0	0	0	2	0	0	0	1	0	2
MPHC Ajaokuta	9	1	8	0	0	0	2	0	0	0	0	0	7
Ogodo	5	2	3	0	0	1	1	0	0	0	0	0	3
Adogo	9	5	4	0	2	1	2	2	0	0	0	0	2
Adogwu	3	1	2	0	0	0	1	0	0	0	0	0	2
Adu	11	0	11	0	0	0	3	2	0	2	1	0	3
Apanko	5	4	1	0	0	1	2	0	0	0	0	0	2
Badoko	13	4	9	0	1	0	2	1	0	0	0	0	9
Ebiya	9	3	6	0	0	1	2	0	0	1	1	0	4
Elaite	2	2	0	0	0	0	1	0	0	0	0	0	1
Emi Adiko	2	0	2	0	0	0	0	2	0	0	0	0	0
Emi Woro	2	1	1	0	0	0	2	0	0	0	0	0	0
Ganaja	12	0	12	0	2	0	4	0	0	0	1	3	2
Geregu	30	7	23	0	0	3	6	1	0	4	1	3	12
Inayere	5	4	1	0	0	0	1	1	0	0	0	0	3
Gida Bassa	1	0	1	0	0	0	0	1	0	0	0	0	0
Kilometre 18	2	1	1	0	0	0	1	0	0	0	1	0	0
Kporoko	3	1	2	0	0	0	1	1	0	0	0	0	1
Obangede	2	2	0	0	0	0	1	1	0	0	0	0	0
Odonu	7	1	6	0	0	0	2	1	0	0	1	0	3
Ogigiri	27	10	17	0	0	3	3	1	0	5	0	4	11
Okuhaobanyi	10	3	7	0	0	1	3	1	0	1	0	0	4
Patesi	24	5	19	0	0	2	2	4	0	1	1	0	14

Unosi	9	5	4	0	0	0	1	2	0	1	1	0	4
Upake	6	3	3	0	0	1	1	1	0	1	0	0	2
Staff Clinic	63	31	32	0	2	3	4	1	0	16	3	2	32
Ajobe	4	1	3	0	1	0	1	0	0	1	0	0	1
Akunu	4	2	2	0	0	0	1	0	0	1	1	0	1
FSP Clinic Ankpa	14	1	13	0	0	0	1	0	0	3	0	0	10
Staff PHC	3	0	3	0	0	1	1	0	0	0	0	0	1
Awo Akukuda	1	0	1	0	0	0	1	0	0	0	0	0	0
Odogomu	3	1	2	0	0	0	1	0	0	0	0	0	2
Inyolocu	7	0	7	0	0	0	1	0	0	0	1	0	5
Odagna	1	0	1	0	0	0	0	0	0	0	0	0	1
Ojoku	7	1	6	0	2	0	4	0	0	0	0	0	1
Okenyi	4	3	1	0	0	0	3	0	0	0	0	0	1
Owelle Ankpa	9	1	8	0	0	0	1	0	0	0	0	0	8
Egbeche	2	0	2	0	0	0	1	0	0	0	0	0	1
Abache	2	0	2	0	0	0	1	0	0	0	0	0	1
Achele	4	0	4	0	0	1	2	0	0	0	1	0	0
Afogamgam	2	0	2	0	0	0	0	0	0	2	0	0	0
Agbenema	1	1	0	0	0	0	1	0	0	0	0	0	0
Agwumagwu	4	1	3	0	0	0	1	1	0	0	0	0	2
Akwu	2	0	2	0	0	0	1	0	0	0	0	0	1
Amoke	2	1	1	0	0	0	0	1	0	1	0	0	0
Angwa	7	0	7	0	0	0	1	0	0	2	0	0	4
Awo Akpali	4	2	2	0	1	0	2	0	0	0	0	1	0
Awulu	2	0	2	0	0	0	0	0	0	0	0	0	2
Emere	4	3	1	0	0	0	2	0	0	0	0	0	2
Enabo	2	1	1	0	0	0	0	0	0	0	0	0	2
Enagbede	4	0	4	0	0	0	0	0	0	0	1	1	2
Enekpoli	2	0	2	0	0	0	0	0	0	0	0	0	2
Enelie	5	2	3	0	0	0	1	0	0	1	0	0	3
Geri	5	2	3	0	0	0	2	0	0	0	0	0	3
Ika Odeto	1	0	1	0	0	0	1	0	0	0	0	0	0
Ikanekpo	3	0	3	0	0	0	0	0	0	0	0	0	3
Inye	10	3	7	0	2	0	3	0	0	0	1	1	3
Lagos Ochi	1	0	1	0	0	1	0	0	0	0	0	0	0
New Odagba	1	0	1	0	0	0	1	0	0	0	0	0	0
Ochinobi	2	0	2	0	0	0	1	0	0	0	0	0	1
Odobi	2	0	2	0	0	0	0	1	0	0	0	0	1
Odagba	3	0	3	0	0	0	3	0	0	0	0	0	0
Odokpono	1	0	1	0	0	0	0	0	0	0	0	0	1
Ogaji	2	0	2	0	0	0	1	0	0	0	0	0	1
Ojapata	1	0	1	0	0	0	1	0	0	0	0	0	0
Ejede Ankpa	1	0	1	0	0	0	0	1	0	0	0	0	0
Ojogobi	1	0	1	0	0	0	0	0	0	0	0	0	1
Okobo Okpiko	1	0	1	0	0	0	1	0	0	0	0	0	0
Old Ejeh Palance	1	0	1	0	0	0	1	0	0	0	0	0	0
Olufogo	2	0	2	0	0	0	0	0	0	0	1	1	0
MPHC Opulega	8	3	5	0	0	0	1	0	0	2	0	2	3
Ogodo	6	0	6	0	0	0	1	1	0	0	0	0	4
Ankpa PHCC	70	20	50	0	6	2	7	1	0	21	4	10	19

Enjema	12	3	9	0	1	1	0	0	0	0	2	1	7
Ofugo	8	1	7	0	1	0	3	1	0	0	0	0	3
Staff Clinic	4	1	3	0	0	0	1	0	0	0	0	1	2
Ukpolobia	7	3	4	0	0	1	3	1	0	1	0	0	1
Adembeku	2	1	1	0	0	0	1	0	0	1	0	0	0
Agodo	1	0	1	0	0	0	1	0	0	0	0	0	0
Akakana	2	2	0	0	0	0	1	0	0	0	0	0	1
Ayede	3	1	2	0	0	0	0	1	0	0	0	0	2
Gagba	1	1	0	0	0	0	0	0	0	0	0	0	1
Inigu Tamazhe	1	1	0	0	0	0	1	0	0	0	0	0	0
Inigu Omono	1	1	0	0	1	0	0	0	0	0	0	0	0
Kotoko	1	0	1	0	0	0	0	1	0	0	0	0	0
Kpanche	3	2	1	0	0	0	2	0	0	0	0	0	1
Mozum	8	2	6	0	2	0	3	0	0	0	0	1	2
Shintaku	8	1	7	0	0	3	1	2	0	0	0	1	1
NPI	3	2	1	0	1	0	2	0	0	0	0	0	0
Nyezhi	2	0	2	0	0	0	0	2	0	0	0	0	0
Odenyi	5	3	2	0	1	0	2	0	0	1	0	1	0
Odugbo	1	1	0	0	0	0	0	0	0	0	0	0	1
Odulo	1	1	0	0	1	0	0	0	0	0	0	0	0
Ogba	2	1	1	0	0	0	1	1	0	0	0	0	0
Oguma	10	2	8	0	0	0	5	1	0	0	0	1	3
Okudugu	1	1	0	0	0	0	0	1	0	0	0	0	0
Orokwo	2	0	2	0	0	0	1	0	0	0	0	0	1
Ozugbe	1	1	0	0	0	0	1	0	0	0	0	0	0
Dodogbagi	1	1	0	0	0	0	1	0	0	0	0	0	0
Ecewu	3	1	2	0	0	0	1	0	0	0	0	0	2
Eforo	1	1	0	0	0	0	1	0	0	0	0	0	0
Emi Audu	3	0	3	0	1	0	1	0	0	0	0	0	1
Gbechi	1	0	1	0	0	0	1	0	0	0	0	0	0
Gbegekere	1	1	0	0	0	0	1	0	0	0	0	0	0
Karukwo	1	1	0	0	0	0	0	1	0	0	0	0	0
Kekure	2	2	0	0	0	0	1	0	0	0	0	0	1
Koji	4	1	3	0	0	1	1	0	0	0	0	1	1
Nyimua	1	0	1	0	0	0	0	1	0	0	0	0	0
Odulo	1	0	1	0	0	0	0	0	0	0	0	0	1
Paruwa	2	0	2	0	0	0	1	0	0	0	0	0	1
Sheria	3	0	3	0	0	0	2	0	0	0	0	1	0
Unity	1	1	0	0	0	0	0	0	0	1	0	0	0
Wussa	1	1	0	0	0	0	0	0	0	0	0	0	1
Gboloko	13	5	8	0	1	0	0	3	0	0	0	3	6
Kpata	3	1	2	0	1	0	1	0	0	0	0	1	0
Ujoh	1	0	1	0	0	0	1	0	0	0	0	0	0
CHC Ayingba	7	0	7	0	0	0	4	1	0	0	1	1	0
MCH Dekina	6	0	6	0	0	1	1	0	0	0	0	2	2
MDG OFEKO	5	0	5	0	0	0	3	0	0	0	0	1	1
Ajiolo Abocho	4	1	3	0	1	0	3	0	0	0	0	0	0
Ulaja	1	1	0	0	0	0	1	0	0	0	0	0	0
NPI	1	1	0	0	0	0	0	0	0	1	0	0	0
Agojeju	2	1	1	0	0	0	1	0	0	0	0	0	1

Ajiolo Ojaji	1	1	0	0	0	0	1	0	0	0	0	0	0
Abocho	5	2	3	0	0	0	1	2	0	0	0	0	2
Acharu	1	1	0	0	1	0	0	0	0	0	0	0	0
Agala Ate	2	0	2	0	0	0	1	1	0	0	0	0	0
Agbeji	7	3	4	0	0	0	2	2	0	0	0	0	3
Agbenema	2	0	2	0	0	0	1	1	0	0	0	0	0
Ajegwuna	2	1	1	0	0	0	1	0	0	0	0	0	1
Ajichemu	1	1	0	0	0	0	1	0	0	0	0	0	0
Ajobaje	2	1	1	0	0	0	1	1	0	0	0	0	0
Ajonuchebo	1	0	1	0	0	0	1	0	0	0	0	0	0
Ayingba	10	2	8	0	0	0	2	0	0	2	3	1	2
Ate Uge	1	0	1	0	0	0	0	0	0	0	0	0	1
Biraidu	2	0	2	0	0	0	0	0	0	0	0	0	2
Emewe Efofe	4	1	3	0	0	0	0	2	0	0	0	0	2
Emewe Opada	4	1	3	0	0	0	3	0	0	0	0	1	0
Etutekpe	3	1	2	0	0	0	1	0	0	0	0	0	2
Ewune	1	0	1	0	0	0	1	0	0	0	0	0	0
Ijoji	1	0	1	0	0	0	1	0	0	0	0	0	0
Iyale	2	0	2	0	1	0	0	0	0	1	0	0	0
Ochaja	1	0	1	0	0	0	1	0	0	0	0	0	0
Odu Anana	1	0	1	0	0	0	0	1	0	0	0	0	0
Odu Ochele	1	0	1	0	0	1	0	0	0	0	0	0	0
Odu Ofugo	2	1	1	0	0	0	2	0	0	0	0	0	0
Ogbaloto	1	1	0	0	0	0	1	0	0	0	0	0	0
Ogene	1	0	1	0	0	0	1	0	0	0	0	0	0
Ojikpadala	1	0	1	0	0	0	1	0	0	0	0	0	0
Okeh	1	0	1	0	0	0	0	1	0	0	0	0	0
Okura Olafia	1	1	0	0	1	0	0	0	0	0	0	0	0
Ologba	1	0	1	0	0	0	1	0	0	0	0	0	0
Onyakoji	1	1	0	0	0	0	0	0	0	0	0	1	0
Udaba	2	0	2	0	0	0	1	0	0	0	0	0	1
Akpobi	1	1	0	0	0	0	0	0	0	0	0	0	1
Ajenejo	1	1	0	0	0	0	0	0	0	0	0	1	0
Ajogwoni	1	1	0	0	0	0	0	1	0	0	0	0	0
Ajudacha	1	0	1	0	0	0	1	0	0	0	0	0	0
Alade Egume	1	1	0	0	0	0	0	0	0	0	0	1	0
Alokoli	1	1	0	0	0	0	1	0	0	0	0	0	0
Egume	2	1	1	0	0	0	2	0	0	0	0	0	0
Elubi Etiaja	1	1	0	0	0	0	0	1	0	0	0	0	0
Odu Okpakili Ate	1	1	0	0	0	0	1	0	0	0	0	0	0
Odu Okpakili Ogane	1	0	1	0	0	0	1	0	0	0	0	0	0
Ogbobutu	1	1	0	0	0	0	1	0	0	0	0	0	0
Ogbogbo Ojuwo	1	1	0	0	0	0	1	0	0	0	0	0	0
Abujagba	1	0	1	0	0	0	1	0	0	0	0	0	0
Affa	2	0	2	0	0	0	1	0	0	0	0	1	0
Akwuro	1	1	0	0	0	0	0	0	0	0	0	1	0
Adagwo	1	0	1	0	0	0	1	0	0	0	0	0	0
Nwalaja	2	1	1	0	0	0	1	0	0	0	0	1	0
Anocha	1	1	0	0	0	0	0	0	0	0	0	1	0
Ayah	5	4	1	0	0	2	1	0	0	0	0	2	0

Echeno	5	3	2	0	1	0	1	0	0	0	1	2	0
Elele	3	1	2	0	0	0	1	0	0	1	0	1	0
Ore Orachi	1	1	0	0	0	0	0	1	0	0	0	0	0
NPI	2	0	2	0	0	0	2	0	0	0	0	0	0
Ihile	1	0	1	0	1	0	0	0	0	0	0	0	0
Ikah	1	1	0	0	0	0	1	0	0	0	0	0	0
Ikaka	1	1	0	0	0	0	1	0	0	0	0	0	0
Inemeh	2	1	1	0	1	0	1	0	0	0	0	0	0
Ishi	1	1	0	0	0	0	0	1	0	0	0	0	0
Iteh	1	1	0	0	0	0	0	1	0	0	0	0	0
Iyano	3	2	1	0	0	0	1	0	0	0	0	1	1
Main Office	8	6	2	0	1	0	2	1	0	3	0	0	1
Obale	3	3	0	0	1	0	1	0	0	0	0	0	1
Odeke	7	6	1	0	2	0	2	0	0	1	0	0	2
Oji Alah	2	2	0	0	2	0	0	0	0	0	0	0	0
Okogbo	2	1	1	0	0	0	0	1	0	1	0	0	0
Olukwudu	2	2	0	0	0	0	1	0	0	0	0	1	0
Omabo	2	2	0	0	1	0	0	0	0	0	0	1	0
Onugwa	1	1	0	0	0	0	0	0	0	1	0	0	0
Onyedega	32	9	23	0	2	1	8	1	0	6	0	2	12
Orogwu	4	2	2	0	0	0	1	1	0	0	0	0	2
Echeno	1	0	1	0	0	0	0	0	0	0	0	1	0
Agbaligbojo	1	1	0	0	0	0	1	0	0	0	0	0	0
Ajegwuna	1	1	0	0	0	0	1	0	0	0	0	0	0
Aluomi	2	1	1	0	0	0	1	0	0	0	0	0	1
Anoncha	1	1	0	0	0	0	1	0	0	0	0	0	0
Atikor	1	1	0	0	0	0	1	0	0	0	0	0	0
Ayike	1	0	1	0	0	0	0	0	0	1	0	0	0
Eganakwu	2	0	2	0	0	0	1	0	0	0	0	0	1
Ejule Onuh	3	2	1	0	0	0	1	1	0	0	0	1	0
Ifonu	1	1	0	0	0	0	0	1	0	0	0	0	0
Itoduma	2	1	1	0	0	0	1	0	0	0	0	0	1
Ojebe	1	0	1	0	0	0	0	1	0	0	0	0	0
Uchuchu	2	1	1	0	0	0	2	0	0	0	0	0	0
Ujoh	2	2	0	0	0	0	1	0	0	0	0	0	1
Unale	1	1	0	0	0	0	0	0	0	1	0	0	0
Adumu	4	0	4	0	0	1	2	0	0	0	0	1	0
Ajaina	1	0	1	0	0	0	1	0	0	0	0	0	0
Akpataega	2	0	2	0	0	0	1	0	0	0	0	0	1
Alokoina	2	0	2	0	0	0	1	0	0	0	0	0	1
Attanegoma	2	2	0	0	0	0	1	0	0	1	0	0	0
Atta Palace	2	0	2	0	0	0	1	0	0	0	0	0	1
DPHC Office	6	2	4	0	0	1	0	0	0	1	0	1	3
Ega	6	0	6	0	0	0	1	0	0	0	0	1	4
Family Health Center	36	4	32	0	4	1	6	2	0	1	4	7	11
FSP Idah	1	0	1	0	0	0	0	1	0	0	0	0	0
Ichekene	2	1	1	0	0	0	1	0	0	0	0	0	1
Igalogba	8	1	7	0	0	1	2	1	0	0	0	2	2
Igecheba	5	1	4	0	1	0	1	1	0	0	0	2	0
Ijobe	2	0	2	0	0	0	1	1	0	0	0	0	0

Majoka	3	1	2	0	0	1	1	0	0	0	0	0	1
NPI	8	4	4	0	4	0	0	0	0	0	1	1	2
Ogenegu	1	1	0	0	0	0	0	1	0	0	0	0	0
Okotonowa	1	0	1	0	0	0	0	0	0	0	0	1	0
Onsh	1	0	1	0	0	0	0	1	0	0	0	0	0
Alla Okweje	1	1	0	0	0	0	1	0	0	0	0	0	0
Agwa	3	0	3	0	0	0	1	0	0	0	0	1	1
Ede Adejoh	5	1	4	0	1	0	1	2	0	0	0	0	1
Ede Alaba	4	0	4	0	0	0	2	0	0	0	0	0	2
Efufu	1	0	1	0	0	0	1	0	0	0	0	0	0
Inachalo	2	0	2	0	0	0	1	0	0	0	0	1	0
Mission	1	0	1	0	0	0	1	0	0	0	0	0	0
Ofiji	21	1	20	0	0	2	1	2	0	0	1	5	10
Ofukolo	3	0	3	0	0	0	2	0	0	0	0	0	1
Ogegele	14	4	10	0	0	1	1	1	0	0	0	4	7
Sabongari 1	4	0	4	0	0	1	0	1	0	0	0	1	1
Sabongari 2	13	1	12	0	0	0	2	0	0	0	0	6	5
Ukwaja	4	1	3	0	0	0	1	0	0	0	1	1	1
Ubiege	3	0	3	0	0	0	1	0	0	0	0	1	0
Ubiga	5	0	5	0	0	0	1	0	0	0	0	0	4
Ubomu	7	1	6	0	1	0	2	0	0	0	1	0	3
Ugbetulu	1	1	0	0	0	0	1	0	0	0	0	0	0
Ugwoda	1	0	1	0	0	0	0	0	0	0	0	0	1
Environmental Unit	1	0	0	0	0	0	0	0	0	0	0	0	0
Agbokete	1	0	1	0	0	0	1	0	0	0	0	0	0
Akpanya	7	3	4	0	2	1	3	0	0	0	0	1	0
Alakwa	1	1	0	0	0	0	1	0	0	0	0	0	0
Amaka	2	1	1	0	0	1	1	0	0	0	0	0	0
Ijagodo	3	1	2	0	1	2	0	0	0	0	0	0	0
NPI	9	5	4	0	3	0	3	1	0	0	0	1	1
Ofudu	2	1	1	0	1	0	1	0	0	0	0	0	0
Achokpa	1	0	1	0	0	0	1	0	0	0	0	0	0
Ayah	2	1	1	0	0	0	2	0	0	0	0	0	0
Ayikpele	1	1	0	0	0	0	1	0	0	0	0	0	0
Efekpe	3	0	3	0	0	0	0	3	0	0	0	0	0
Egbolo	1	1	0	0	0	0	0	1	0	0	0	0	0
Emachi	2	0	2	0	0	0	1	0	0	0	0	1	0
Emachi Oko	1	1	0	0	0	0	1	0	0	0	0	0	0
Ihiame	1	1	0	0	0	0	0	1	0	0	0	0	0
Ikare 1	2	1	1	0	0	0	2	0	0	0	0	0	0
Ikare 2	1	0	1	0	0	0	1	0	0	0	0	0	0
Ikeffi	1	1	0	0	0	0	1	0	0	0	0	0	0
Iyegwu	1	0	1	0	0	0	1	0	0	0	0	0	0
Iyogbo	8	1	7	0	2	0	2	1	0	0	0	1	2
Ofanwa	1	1	0	0	1	0	0	0	0	0	0	0	0
Oforachi	3	1	2	0	0	0	2	1	0	0	0	0	0
Ogbogbo	18	10	8	0	1	0	10	5	0	0	0	1	1
Oguma	1	1	0	0	0	0	1	0	0	0	0	0	0
Ojokuta	3	1	2	0	0	0	2	0	0	0	0	0	1
Okenya	2	0	2	0	0	0	2	0	0	0	0	0	0

Okochegbe/Imere	1	0	1	0	0	0	0	1	0	0	0	0	0
Okpakpata	2	1	1	0	0	1	1	0	0	0	0	0	0
Otobo Adokpulu	4	0	4	0	2	0	0	1	0	0	0	1	0
Otobo Adoyi	3	0	3	0	0	0	2	0	0	0	0	0	1
Ugbedomagu	1	1	0	0	0	0	1	0	0	0	0	0	0
Ujagba	2	0	2	0	0	0	2	0	0	0	0	0	0
Utoro	1	0	1	0	0	0	1	0	0	0	0	0	0
Uwowo	3	1	2	0	0	0	2	1	0	0	0	0	0
Ibochi	3	1	2	0	1	0	1	0	0	0	0	0	1
PHCC Ajaka	13	6	7	0	3	0	5	0	0	0	0	2	3
Odolu	1	0	1	0	0	0	1	0	0	0	0	0	0
Ofuloko	1	0	1	0	0	0	0	1	0	0	0	0	0
Ogbagbada	1	0	1	0	0	0	1	0	0	0	0	0	0
Ogbogba	7	1	6	0	0	2	0	3	0	0	0	1	1
Okpachala	9	2	7	0	0	0	3	2	0	0	0	2	2
Owodu	1	1	0	0	1	0	0	0	0	0	0	0	0
Ibochi Okpaneka	1	0	1	0	0	0	0	1	0	0	0	0	0
Aduratedo	3	0	3	0	1	0	0	0	0	0	0	1	1
Ayeh	2	0	2	0	0	0	0	1	0	0	0	0	1
Iffe	7	2	5	0	0	0	2	0	0	0	0	1	4
FSP Iyara	4	0	4	0	0	0	2	0	0	0	1	1	0
Igbopin	2	1	1	0	0	0	1	0	0	0	0	1	0
LGA Clinic	22	7	15	0	5	1	3	0	0	1	3	1	6
Ikoyi	8	1	7	0	0	0	1	2	0	3	0	1	1
Ilare	11	0	11	0	0	0	3	0	0	3	0	5	0
Iyamoye	13	1	12	0	1	0	4	0	0	2	0	1	5
Ilupa Iyara	16	1	15	0	1	0	4	2	0	0	3	1	5
Ekinrin Ade	13	3	10	0	2	0	6	1	0	0	0	1	3
Aduge	1	1	0	0	0	0	0	0	0	0	0	0	1
Agirigbon	1	1	0	0	0	0	1	0	0	0	0	0	0
Araromi	3	0	3	0	1	0	0	0	0	1	0	1	0
Ayegunle	11	1	10	0	0	4	1	1	0	1	0	2	2
Ayere	13	4	9	0	0	2	2	0	0	0	2	7	0
Ayetoro	21	4	17	0	0	4	2	2	0	3	2	2	6
Egbeda	15	2	13	0	0	0	6	0	0	2	0	7	0
Ileteju	6	0	6	0	0	0	1	2	0	0	1	0	2
Iyah	11	1	10	0	0	1	2	0	0	2	2	1	3
Odokoro	4	0	4	0	0	0	1	1	0	0	1	0	1
Ogidi	10	1	9	0	0	2	3	0	0	0	2	0	3
Staff Clinic	1	0	1	0	0	0	1	0	0	0	0	0	0
Agbadu	1	0	1	0	0	0	1	0	0	0	0	0	0
Aherin	1	0	1	0	0	0	1	0	0	0	0	0	0
Aiyede	1	0	1	0	0	0	1	0	0	0	0	0	0
Egbeda MCHC	1	0	1	0	0	0	1	0	0	0	0	0	0
Aiyetoro Kiri	3	1	2	0	0	1	0	1	0	0	0	0	1
Akutukpa	1	0	1	0	0	0	1	0	0	0	0	0	0
Apaa	3	0	3	0	0	0	2	0	0	0	0	0	1
Ayede	2	0	2	0	0	0	0	0	0	0	0	0	2
Ayinle FSP	4	0	4	0	0	0	2	0	0	0	1	0	1
Bolorunduro	2	0	2	0	0	0	1	0	0	0	0	0	1

Central Market	3	0	3	0	0	0	1	0	0	0	1	0	1
Comprehensive PHC	2	0	2	0	0	0	1	0	0	0	0	0	1
Egbeda	3	0	3	0	0	1	0	0	0	0	1	0	0
Kabba DHU Clinic	1	0	1	0	0	0	1	0	0	0	0	0	0
Fehinti	3	0	3	0	0	0	2	0	0	0	1	0	0
Idoyi	3	1	2	0	0	0	1	0	0	0	0	0	2
Ike Model	1	0	1	0	0	0	1	0	0	0	0	0	0
Illah	3	1	2	0	0	0	1	0	0	0	0	0	2
Ilogun	1	0	1	0	0	0	0	1	0	0	0	0	0
Iluke	2	0	2	0	0	1	0	0	0	0	0	0	1
Iyah	3	0	3	0	1	0	1	0	0	0	1	0	0
Kajola	6	0	6	0	0	0	1	0	0	0	2	0	1
Kakun	5	0	5	0	1	0	1	2	0	0	0	0	1
MPHC Odo-Ape	11	1	10	0	0	2	5	0	0	1	0	0	3
NPI	10	7	3	0	2	0	2	0	0	2	0	2	2
OdoAffin	5	0	5	0	0	1	3	0	0	0	0	0	1
Offere	2	0	2	0	0	0	1	0	0	0	0	0	1
Okebukun	6	0	6	0	1	0	2	0	0	1	0	0	2
Okedayo	3	1	2	0	2	0	0	0	0	1	0	0	0
OkeOffin	2	0	2	0	0	0	1	0	0	0	0	0	1
Olle	5	2	3	0	0	1	1	1	0	0	0	0	2
Otu Egunbe	5	2	3	0	0	0	2	0	0	0	0	0	3
Owode	10	0	10	0	1	1	1	0	0	0	1	0	6
Igbo	1	0	1	0	0	0	0	1	0	0	0	0	0
St. Mary	4	1	3	0	1	0	1	0	0	0	1	0	1
Sacred Heart	2	0	2	0	0	0	1	0	0	0	0	0	1
St. Banabas	1	0	1	0	0	0	0	1	0	0	0	0	0
Sango	8	0	8	0	0	1	1	1	0	0	1	1	3
Achara	4	2	2	0	0	0	1	0	0	0	0	1	2
Adangere	3	1	0	0	0	0	0	1	0	0	0	0	1
Adingere	1	1	0	0	0	0	0	0	0	0	1	0	0
Agbudu	3	1	2	0	0	0	1	1	0	0	0	0	1
Gegu Egba	8	4	4	0	2	0	0	0	1	0	0	0	5
Girinya	12	7	5	0	0	0	3	0	0	0	1	1	7
Edekakpo	4	3	1	0	0	0	1	0	0	0	0	0	3
Ette	3	3	0	0	0	0	1	0	0	0	0	0	2
FSP Clinic Koton-Karfe	30	5	25	0	3	1	5	7	0	1	3	1	9
Gbarada	2	2	0	0	0	0	1	1	0	0	0	0	0
Ibehu	1	1	0	0	0	0	1	0	0	0	0	0	0
Kekere	2	2	0	0	0	0	0	1	0	0	0	0	1
Kpokpolobi	2	2	0	0	0	0	1	0	0	1	0	0	0
Gegu Beki	15	2	13	0	0	0	4	1	0	0	2	3	5
Mouzetee	1	1	0	0	0	0	0	0	0	0	0	0	1
Okparake	12	3	9	0	1	1	5	1	0	0	0	0	4
NPI	18	5	13	0	0	0	5	3	0	1	2	0	7
Odah	3	1	2	0	0	0	11	0	0	0	0	0	2
Palace	7	1	6	0	0	0	0	3	0	1	1	0	2
Edegaki	6	4	2	0	0	0	1	1	0	0	0	0	4
Edeha	7	3	4	0	0	0	1	2	0	0	1	0	3
Edimose	4	3	1	0	0	0	1	0	0	0	0	0	3



Gaba	1	0	1	0	0	0	0	1	0	0	0	0	0
Gegu 2	11	2	9	0	0	1	2	1	0	0	1	0	6
Idu	3	1	2	0	0	0	1	0	0	0	0	0	1
Igbogo	1	1	0	0	0	0	0	1	0	0	0	0	0
Iraki	3	0	3	0	0	0	1	0	0	0	0	0	2
Kelebe	1	1	0	0	0	0	0	1	0	0	0	0	0
Nyaba 1	1	1	0	0	0	0	1	0	0	0	0	0	0
Okpaka	2	1	1	0	0	0	1	0	0	0	0	0	1
Omoko	4	2	2	0	0	0	1	0	0	0	0	0	3
Onzo	5	2	3	0	0	0	1	1	0	0	0	0	3
Osedumi	6	3	3	0	0	0	1	0	0	0	0	0	5
Osuku	5	2	3	0	0	0	2	1	0	0	1	0	1
Ozahi	2	2	0	0	0	0	1	0	0	0	0	0	1
Ozi	4	0	4	0	0	0	1	1	0	0	0	0	2
Ozugbe	1	1	0	0	0	0	0	1	0	0	0	0	0
Robomi South	7	3	4	0	0	0	0	1	0	0	2	3	1
Tanahu	1	0	1	0	0	0	0	0	0	0	0	0	1
Tawari	6	3	3	0	0	1	0	0	0	0	1	1	3
Ugwo	3	3	0	0	0	0	1	0	0	0	0	0	2
Serejama	1	1	0	0	0	0	0	0	0	0	0	1	0
Akabu	1	0	1	0	0	0	0	0	0	0	0	1	0
Tazenyi	4	2	2	0	0	0	4	0	0	0	0	0	0
Aseni	4	2	2	0	0	0	1	0	0	0	0	0	3
Okofi	1	1	0	0	0	0	1	0	0	0	0	0	0
Ahoko	16	3	13	0	0	0	5	3	0	0	0	0	7
Adabo	1	1	0	0	0	0	1	0	0	0	0	0	0
Akpogu	2	1	1	0	0	0	1	0	0	0	1	0	0
Akobu	1	0	1	0	0	0	0	1	0	0	0	0	0
Abugi	4	4	0	0	0	0	2	0	0	1	1	0	0
Agini	2	2	0	0	0	0	1	0	0	0	0	0	1
Angwan Kura	11	0	11	0	0	2	3	1	0	1	1	1	2
NPI	13	4	9	0	2	2	2	2	0	3	0	1	1
MPHC Felele	15	5	10	0	0	2	3	4	0	0	2	0	4
FSP Clinic	3	1	2	0	0	0	1	1	0	0	0	0	1
Jamata	1	1	0	0	0	0	1	0	0	0	0	0	0
LGA Secreteriat	5	5	0	0	0	1	0	0	0	0	1	0	3
Mami	6	4	2	0	0	0	3	0	0	0	0	1	2
NPI	16	9	7	0	1	0	4	1	0	9	1	0	0
Old Market	14	0	14	0	0	6	4	0	0	0	2	0	2
Owara	1	1	0	0	0	0	1	0	0	0	0	0	0
Adankolo	10	2	8	0	2	0	3	0	0	0	0	1	4
Angwa Yashi	8	2	6	0	1	1	3	0	0	0	0	2	1
Budon	3	3	0	0	0	0	2	0	0	0	0	0	1
Eggan	1	1	0	0	0	0	1	0	0	0	0	0	0
Eto	3	1	2	0	0	0	1	0	0	0	0	0	2
Gori	1	1	0	0	0	0	0	1	0	0	0	0	0
Iwaa	1	0	1	0	0	0	1	0	0	0	0	0	0
Jakura	2	1	1	0	0	0	0	1	0	0	0	0	1
Kabawa	26	4	22	0	0	0	11	1	0	1	1	3	9
Kayinko	1	1	0	0	0	0	1	0	0	0	0	0	0

Lokogoma	6	1	5	0	1	0	1	1	0	0	0	2	1
Newlayout	7	4	3	0	0	0	2	1	0	0	0	1	3
Obajana	3	2	1	0	0	0	1	1	0	0	0	0	1
Serikinoma	5	1	4	0	0	0	2	1	0	0	1	0	1
Agbaja	3	2	1	0	0	0	0	1	0	0	0	0	2
Oyo	7	2	5	0	0	2	1	0	0	0	0	0	4
SMOH Staff Clinic	7	1	6	0	0	4	0	0	0	0	2	1	0
Ekan	1	1	0	0	0	0	0	1	0	0	0	0	0
Gbebu	1	1	0	0	0	0	1	0	0	0	0	0	0
Kinami	1	1	0	0	0	0	1	0	0	0	0	0	0
Awumi	4	4	0	0	0	0	0	4	0	0	0	0	0
Amuro	1	0	1	0	0	0	1	0	0	0	0	0	0
Ileteju	8	0	8	0	0	0	3	0	0	1	1	0	3
FSP Odole	10	0	10	0	0	1	3	0	0	0	1	2	3
Ayede	3	0	3	0	0	0	2	0	0	0	0	1	0
MPHCC Aiyede	5	0	5	0	0	0	1	1	0	0	1	2	0
NPI	17	6	11	0	4	0	4	1	0	1	3	2	2
Okako	2	0	2	0	0	0	0	1	0	0	0	0	1
Adogbe	8	0	8	0	0	1	2	3	0	0	1	0	1
Agbajogun	6	1	5	0	0	0	3	0	0	0	0	2	1
Agbede	5	1	4	0	1	0	1	0	0	0	1	2	0
Oroke 1	2	1	1	0	0	0	0	1	0	0	0	0	1
Ayanku	2	0	2	0	0	0	1	0	0	0	0	0	1
Ijagbe	3	1	2	0	0	0	2	0	0	0	1	0	1
Ikeji	6	0	6	0	0	0	2	0	0	0	0	0	4
Ilai	7	5	2	0	0	0	1	1	0	2	0	0	3
MCH Ilai	4	1	3	0	1	0	0	0	0	0	1	0	2
Okeagi	9	2	7	0	1	0	2	1	0	2	1	2	2
Okeguru	3	0	3	0	0	0	2	0	0	0	0	0	1
Okohi	5	0	5	0	1	0	1	2	0	0	0	0	1
Okotun	5	0	5	0	0	0	2	0	0	1	0	0	2
Oroke 2	11	3	8	0	1	1	2	2	0	1	0	0	4
Ilemo	1	1	0	0	0	0	0	1	0	0	0	0	0
Otafun	4	2	2	0	0	0	0	1	0	1	0	0	2
Takete	4	0	4	0	0	0	1	0	0	1	0	0	2
Agojeju	6	3	3	0	0	1	2	0	0	1	0	1	1
Ajodi	1	0	1	0	0	0	1	0	0	0	0	0	0
Alla Ejima	1	0	1	0	0	0	1	0	0	0	0	0	0
Alloma	3	2	1	0	0	0	1	0	0	1	0	0	1
Igoti	1	0	1	0	0	0	1	0	0	0	0	0	0
MPHCC Aloji	4	1	3	0	0	0	1	2	0	0	0	1	0
MPHCC Itobe	10	3	7	0	2	0	7	1	0	0	0	0	1
Ofabo	3	2	1	0	0	0	1	1	0	0	0	0	1
Ogbagebe	1	0	1	0	0	0	0	0	0	0	0	0	1
Ogbonicha	1	1	0	0	0	0	1	0	0	0	0	0	0
Ejule	7	4	3	0	0	2	2	0	0	0	0	1	2
Ogbabo Ogane	2	0	2	0	0	0	2	0	0	0	0	0	0
Adumu	1	0	1	0	0	0	1	0	0	0	0	0	0
Ahi Ojapata	1	0	1	0	0	0	1	0	0	0	0	0	0
Ajegwu	7	3	4	0	0	1	1	0	0	0	0	1	4

Ajengo	1	0	1	0	0	0	0	1	0	0	0	0	0
Ojagefu	1	1	0	0	0	0	1	0	0	0	0	0	0
Ajoh	1	1	0	0	0	0	1	0	0	0	0	0	0
Ajokopi	1	0	1	0	0	0	0	1	0	0	0	0	0
Akpagidigbo	4	2	2	0	0	0	1	1	0	0	0	1	1
Alome Jinedu	3	2	1	0	1	0	1	0	0	0	0	0	1
Atenegoma	1	1	0	0	0	0	0	0	0	0	0	1	0
Atoda	1	0	1	0	0	0	0	0	0	0	0	0	1
Igaojo	1	0	1	0	0	0	1	0	0	0	0	0	0
Igebije	1	1	0	0	0	0	1	0	0	0	0	0	0
Ijogo	1	1	0	0	1	0	0	0	0	0	0	0	0
Itobe	3	1	2	0	0	1	1	1	0	0	0	0	0
Obagwu	3	2	1	0	0	0	1	0	0	0	1	0	0
Ochadamu	7	3	4	0	0	1	3	0	0	1	0	1	1
Odah	1	0	1	0	0	0	1	0	0	0	0	0	0
Ofakaga 1	1	0	1	0	0	0	1	0	0	0	0	0	0
Ofakaga 2	3	0	3	0	0	0	2	1	0	0	0	0	0
Ojuocha	8	2	6	0	0	1	2	1	0	0	1	1	2
Okabo	1	0	1	0	0	0	1	0	0	0	0	0	0
Okele	2	1	1	0	0	0	1	0	0	0	0	0	1
Okpaji	1	0	1	0	0	0	0	1	0	0	0	0	0
Onicha Igo	1	1	0	0	0	0	1	0	0	0	0	0	0
Owowolo	1	0	1	0	0	0	1	0	0	0	0	0	0
Ugwolawo	21	7	14	0	3	3	3	1	0	4	2	1	4
Aiyeromi	4	0	4	0	0	0	1	1	0	0	1	0	1
NYSC Clinic Magongo	18	5	13	0	0	1	3	1	0	4	1	2	6
BHC Okibo	12	2	10	0	1	2	2	2	1	1	0	1	2
Bolorunduro	3	0	3	0	0	0	1	1	0	0	0	0	1
Eni	9	2	7	0	1	1	2	0	0	0	1	1	3
FSP Akpafa	5	3	2	0	0	2	1	0	0	0	0	0	2
NPI	6	1	5	0	1	0	2	0	0	1	0	0	2
Otanutum	4	1	3	0	0	0	1	0	0	0	0	1	2
Oshobane	3	0	3	0	0	0	0	0	0	0	1	1	1
Oturu	7	0	7	0	1	2	0	1	0	0	0	1	2
Obatigben	7	0	7	0	1	1	1	0	0	0	0	3	1
Obinoyin	5	2	3	0	0	0	2	1	0	0	0	1	1
Okeis	5	1	4	0	0	0	2	0	0	0	1	0	2
Abobo	4	1	3	0	0	0	2	0	0	0	1	1	0
Irekovi	6	0	6	0	2	2	0	0	0	0	0	0	1
Irivusechi	6	1	5	0	0	0	1	2	0	0	0	0	3
Obangede	21	10	11	0	8	0	3	2	0	2	1	3	2
Oboroke Eba	8	3	5	0	1	1	0	0	0	0	0	5	1
Ohizenyi	4	2	2	0	0	1	0	0	0	1	0	0	2
Ohuepe	5	2	3	0	1	0	0	2	0	0	0	0	2
Okumehi	7	0	7	0	0	0	1	3	0	2	1	0	0
Omavi Eba	3	0	3	0	1	0	1	0	0	0	0	0	1
Otarneyire	3	0	3	0	0	0	1	0	0	1	0	1	0
Egge Omavi	2	0	2	0	0	0	1	1	0	0	0	0	0
Okaito	11	2	9	0	0	2	1	1	0	2	1	1	3
Obeiba CHC	1	0	1	0	0	0	1	0	0	0	0	0	0

Ikuehi	8	2	6	0	1	0	2	3	0	1	1	0	0
Inata	7	1	6	0	0	0	3	2	0	0	0	0	2
Obeiba	8	1	7	0	1	2	3	0	0	0	0	1	1
Oboroke Uvete	7	1	6	0	1	2	1	0	0	0	1	2	0
Ikuehi	6	2	4	0	1	0	1	0	0	0	2	1	1
Ohueta	6	1	5	0	1	0	2	0	0	1	2	0	0
Oride	3	0	3	0	0	0	1	1	0	0	0	0	1
Ohuodo	4	0	4	0	0	0	2	0	0	0	0	0	2
Bariki HP	1	0	1	0	0	0	1	0	0	0	0	0	0
Ageva	4	1	3	0	1	0	1	0	0	0	1	0	1
Upogoro	5	2	3	0	0	0	3	0	0	0	0	1	1
Environmental Unit	7	2	5	0	0	0	2	0	0	2	0	1	2
FSP Clinic	1	0	1	0	0	1	0	0	0	0	0	0	0
Agassa HP	1	0	1	0	0	0	0	1	0	0	0	0	0
Enyinare HP	1	1	0	0	0	0	1	0	0	0	0	0	0
Esomi HP	2	0	2	0	0	0	2	0	0	0	0	0	0
Idogi HP	3	0	3	0	0	0	3	0	0	0	0	0	0
Obocheche HP	1	0	1	0	0	0	1	0	0	0	0	0	0
Orietesu HP	2	1	1	0	0	0	2	0	0	0	0	0	0
Otutu HP	3	1	2	0	0	0	3	0	0	0	0	0	0
MCH Agassa	7	0	7	0	1	1	1	2	0	0	0	0	2
Idoma MCH	1	0	1	0	0	0	0	0	0	0	0	0	0
Okene MCH	12	1	11	0	2	0	4	1	0	0	1	0	4
NPI	3	0	3	0	1	0	1	0	0	0	0	1	0
Anyava	3	0	3	0	0	0	1	0	0	0	0	0	2
Inike	2	0	2	0	0	0	1	0	0	0	0	0	1
Okene	1	0	1	0	0	0	1	0	0	0	0	0	0
Okenkwe	6	1	5	0	0	0	3	1	0	0	0	0	2
PPFN Clinic	1	0	1	0	0	0	1	0	0	0	0	0	0
Sheifudeen	1	0	1	0	0	0	1	0	0	0	0	0	0
Oguda	1	1	0	0	0	0	1	0	0	0	0	0	0
Arigo	1	1	0	0	1	0	0	0	0	0	0	0	0
Adum	3	0	3	0	1	0	1	0	0	0	0	0	1
Imane CHC	8	2	6	0	0	0	3	0	0	0	0	2	3
Efodo	2	1	1	0	0	0	1	0	0	0	0	0	1
Okpo FSP	15	4	11	0	1	0	4	3	0	1	0	2	4
Ikem	2	1	1	0	0	0	0	1	0	0	0	0	0
NPI	1	0	1	0	0	0	1	0	0	0	0	0	0
Etutikpe	3	3	0	0	1	0	0	0	0	0	0	0	2
Igah Ikeje	9	5	4	0	0	1	2	1	0	0	0	1	4
Ochekwu	2	1	1	0	0	0	1	0	0	0	0	0	1
Ofante	2	0	2	0	0	0	0	0	0	0	0	0	2
Ofobobo	4	0	4	0	0	0	2	0	0	0	0	0	2
Ogbagebe	8	0	8	0	0	0	2	0	0	0	0	0	6
Ogbofe	1	0	1	0	0	0	0	0	0	0	0	0	1
Abo Ojuwo	3	0	3	0	0	0	0	0	0	0	0	0	3
Adeh	8	3	5	0	0	1	0	3	0	0	0	0	5
Agala	3	1	2	0	0	0	1	0	0	0	0	0	2
Etukwo	1	0	1	0	0	0	0	0	0	0	0	0	1
Agbaduma	1	0	1	0	0	0	1	0	0	0	0	0	1

Agwodaba	2	0	2	0	0	0	1	0	0	0	0	1	0
Akpoli	1	1	0	0	0	0	1	0	0	0	0	0	0
Alagani	1	0	1	0	0	0	1	0	0	0	0	0	0
Alicha	1	0	1	0	0	0	0	1	0	0	0	0	0
PHC Department	1	1	0	0	1	0	0	0	0	0	0	0	0
Ebuloko	3	0	3	0	0	0	2	0	0	0	0	0	1
Efabo	6	3	3	0	0	1	2	0	0	0	0	0	3
Efakpa	1	0	1	0	0	0	1	0	0	0	0	0	0
Emonoji	1	0	1	0	0	0	1	0	0	0	0	0	0
Emonyokwu	2	0	2	0	0	0	1	0	0	0	0	0	1
Ibana	2	0	2	0	0	0	1	0	0	0	0	0	1
Idekpa	1	1	0	0	0	0	1	0	0	0	0	0	0
Igoti	1	0	1	0	0	0	1	0	0	0	0	0	0
Inabe	5	2	3	0	0	1	1	0	0	0	0	0	3
Inele Ugo	2	0	2	0	0	0	1	0	0	0	0	0	1
Inwa	1	1	0	0	0	0	1	0	0	0	0	0	0
Mabenyi	2	0	2	0	0	0	1	0	0	0	0	0	1
Igah Ocheba	2	0	2	0	0	0	1	0	0	0	0	0	1
Ofa	1	1	0	0	0	0	0	1	0	0	0	0	0
Ofudu	3	0	3	0	0	0	1	0	0	0	0	0	2
Ogenago	1	1	0	0	0	0	0	0	0	0	0	0	1
Ogene Igah	2	0	2	0	0	0	1	0	0	0	0	0	1
Ogene Oforachi	3	1	2	0	0	0	1	0	0	0	0	0	2
Ogugu	5	2	3	0	0	0	1	0	0	0	0	1	3
Ojuwo Igah	1	0	1	0	0	0	1	0	0	0	0	0	0
Okungaga	1	0	1	0	0	0	1	0	0	0	0	0	0
Otakuhi	1	1	0	0	0	0	0	0	0	0	0	0	1
Ubalu	1	0	1	0	0	0	1	0	0	0	0	0	0
Ugbologidi	5	0	5	0	0	0	1	1	0	0	0	0	3
Ojoguche Auji	1	0	1	0	0	0	0	0	0	0	0	0	1
Ugbamaka	1	1	0	0	0	0	1	0	0	0	0	0	0
Ukoh	1	0	1	0	0	0	0	0	0	0	0	0	1
Abejukolo FSP	10	0	10	0	1	0	3	1	0	0	0	0	5
Abejukolo FSP	28	8	20	0	0	0	7	4	0	1	2	1	13
Agbenema	1	0	1	0	0	0	0	0	0	0	0	0	1
Ajiyolo	2	2	0	0	0	0	0	1	0	0	0	0	1
Ajimaiwa	1	0	1	0	0	0	1	0	0	0	0	0	0
Akpacha	3	1	2	0	0	0	1	0	0	0	0	0	2
Bagaji	1	1	0	0	0	0	1	0	0	0	0	0	0
Echa	8	3	5	0	1	0	1	3	0	0	0	1	2
Efiwo	1	1	0	0	1	0	0	0	0	0	0	0	0
Ibado	4	1	3	0	1	0	0	0	0	0	0	0	3
Icheke	4	2	2	0	0	0	1	1	0	0	0	1	1
Ajocholi	1	1	0	0	0	0	1	0	0	0	0	0	0
Igodo	3	2	1	0	0	0	1	0	0	0	0	0	2
Ikeffi	4	1	3	0	0	0	1	2	0	0	0	1	0
ikpoba	1	0	1	0	0	0	1	0	0	0	0	0	0
Iyade	1	1	0	0	0	0	0	1	0	0	0	0	0
NPI	4	0	4	0	0	0	1	0	0	0	0	0	3
LGA DPMT	23	11	12	0	2	0	4	0	0	12	0	0	5

Kaduna	1	1	0	0	1	0	0	0	0	0	0	0	0
Oti 3	1	1	0	0	0	0	1	0	0	0	0	0	0
Olukwu	2	0	2	0	0	0	2	0	0	0	0	0	0
Okugba	1	0	1	0	0	0	1	0	0	0	0	0	0
Oti 1	1	0	1	0	0	0	1	0	0	0	0	0	0
Olgaliwo	1	0	1	0	0	0	1	0	0	0	0	0	0
Agimi	1	1	0	0	0	0	0	0	0	0	0	0	1
Alu	9	1	8	0	1	0	2	1	0	0	0	1	4
Anku Ejuku	11	4	7	0	0	1	2	0	0	0	0	0	8
Asala	3	1	2	0	0	0	1	0	0	0	1	0	1
Ayegunle Ejuku	3	1	2	0	1	0	0	1	0	0	0	0	1
Bagido	14	1	13	0	4	0	3	1	0	0	1	0	5
Ifeolukotun DHU	12	2	10	0	0	1	2	1	0	3	1	1	3
Isanlu DHU	13	1	12	0	0	0	5	1	0	1	1	1	4
Ere Ife	1	0	1	0	0	0	0	0	0	0	0	0	1
Igbagun	3	1	2	0	0	1	1	0	0	0	0	1	0
Ijowa	7	1	6	0	2	1	2	0	0	0	0	0	2
Imela	1	0	1	0	0	0	1	0	0	0	0	0	0
Irunda Ile	2	0	2	0	0	0	1	0	0	0	0	0	1
Jege	4	1	3	0	1	0	0	0	0	1	0	0	2
MPHCC Makutu	1	0	1	0	0	0	0	1	0	0	0	0	0
NPI	6	3	3	0	2	0	0	1	0	1	2	0	0
Offin	6	0	6	0	2	0	1	0	0	0	1	1	1
Ogbom	2	1	1	0	0	0	0	1	0	0	0	0	1
Ohun	1	0	1	0	0	0	0	0	0	0	0	0	0
Okefe	6	1	5	0	0	1	0	1	0	0	1	0	3
Omowa Mopo	17	1	16	0	2	2	2	0	0	3	2	1	3
Oranre	4	0	4	0	0	0	1	1	0	0	0	0	2
Otun	3	1	2	0	1	0	0	0	0	0	0	0	2
LGA Office	35	9	26	0	6	1	2	0	0	13	4	0	8
Chest & Skin Surulere	1	0	1	0	0	0	1	0	0	0	0	0	0
Oyi Leprosy Etcor	1	0	1	0	1	0	0	0	0	0	0	0	0
Iddojesha	1	0	1	0	0	0	0	1	0	0	0	0	0
Idofin	5	2	3	0	0	0	0	1	0	0	0	0	4
Ilafin	13	1	14	0	0	0	3	2	0	0	0	1	7
Itedo	17	2	15	0	3	1	5	1	0	0	1	1	5
Makutu	14	2	12	0	3	1	3	1	0	0	2	1	3
Odogbe	3	2	1	0	0	0	0	1	0	0	0	0	2
MPHCC Ponyan	7	3	4	0	1	0	2	0	0	0	0	2	2
BHC Ponyan	2	0	2	0	0	0	1	0	0	0	0	0	1
Igbo-Ero	1	1	0	0	0	0	0	0	0	0	0	0	1
Akata HP	4	0	4	0	1	0	1	1	0	0	0	0	1
Okoloke BHC	11	3	8	0	3	0	3	0	0	0	0	0	5
Ajewo	8	0	8	0	1	0	3	0	0	0	0	3	1
Bareke	2	0	2	0	0	0	1	0	0	1	0	0	0
BHC Ejiba	13	2	11	0	0	3	3	0	0	1	0	2	4
Odo Ara	1	1	0	0	0	0	0	1	0	0	0	0	0
BHC Ogga	6	3	3	0	0	1	2	0	0	0	0	0	3
BHC Ogbe	6	1	5	0	0	0	2	0	0	0	0	0	4
Oke Ere	1	1	0	0	0	1	0	0	0	0	0	0	0

Odo Rom HP	4	0	4	0	0	0	1	2	0	0	0	0	1
Okunran	1	1	0	0	0	0	0	0	0	0	0	0	1
Egbe Titun	9	2	7	0	2	0	4	0	0	0	0	0	3
Igbaruku	10	1	9	0	0	1	3	0	0	0	0	1	5
Igbobe	1	0	1	0	0	0	1	0	0	0	0	0	0
Iyamerin	2	0	2	0	0	0	1	0	0	0	0	0	1
NPI	12	2	10	0	3	0	4	0	0	1	1	2	1
Odo Ere	12	0	12	0	1	2	4	2	0	0	1	0	2
Odo Ere FSP	3	0	3	0	1	1	0	0	0	0	0	0	1
Odor Eri BHC	17	3	14	0	3	3	3	0	0	0	0	1	7
Okeri MPHCC	4	1	3	0	0	0	1	0	0	0	0	0	3
Etijakuru	6	2	4	0	0	0	2	0	0	0	1	3	0
Ijagun	6	0	6	0	0	1	3	0	0	0	0	0	2
Ijalu	5	1	4	0	0	0	2	1	0	0	0	0	2
Isaba	7	2	5	0	0	0	1	1	0	0	0	1	4
PPFN Clinic Egbe	10	1	9	0	3	0	4	0	0	1	0	0	2
Palace Clinic	3	1	2	0	0	0	0	0	0	0	1	0	2

Appendix 4: Staffing Gap, Recruitment and Deployment by Health Facility and Job Area

Name of PHCs	LGA OF PHC	Medical Officers	CHOs' Gap	Nurses/ Midwives'	CHEWs' Gap	JCHEWs' Gap	Pharm. Officers	Environmen tal Technicians	Medical Technicians	Laboratory Technicians	No. of Support Staff
Total		239	499	2682	1229	3961	710	499	559	438	1017
Adavi Eba	Adavi	1	1	3	3	4	1	0	1	1	0
Aku	Adavi	1	1	4	2	6	1	1	1	1	0
Atami	Adavi	1	1	4	3	6	1	0	1	1	1
Ebogogo	Adavi	1	1	4	2	0	1	-1	0	0	3
Egge	Adavi	1	1	3	1	5	1	1	1	1	2
FSP Ibeke	Adavi	1	1	4	0	5	1	1	1	-4	0
Iresuha	Adavi	1	1	4	1	5	1	1	1	1	2
Irewagere	Adavi	1	1	4	3	5	1	1	1	1	0
Iruvucheba	Adavi	1	1	3	2	5	1	1	0	1	1
MDG Zango Daji	Adavi	1	1	3	2	6	1	1	1	0	1
Obehitutu	Adavi	1	1	4	2	5	1	1	1	0	1
Obuburu	Adavi	1	1	4	1	6	1	1	0	1	1
Osara	Adavi	1	1	4	2	6	1	1	1	1	1
Osisi/Ipaku	Adavi	1	1	3	1	5	1	1	1	0	3
Osoma	Adavi	1	1	4	2	5	1	1	1	0	1
Oziokutu	Adavi	1	0	2	-5	1	1	1	-1	-2	23
Ozuri	Adavi	1	1	3	2	6	1	1	1	1	4
Irepeni	Adavi	1	1	4	2	6	1	1	1	1	0
School Clinic Ozuri	Adavi	1	1	4	2	5	1	1	1	1	0
Utohu	Adavi	1	1	3	1	6	1	1	1	0	2
Zariagi	Adavi	1	1	4	2	6	1	1	1	1	0
NPI	Adavi	1	1	4	1	5	1	1	1	1	0
MCH Ebiya	Ajaokuta	1	1	4	1	6	1	1	0	1	2
MPHC Ajaokuta	Ajaokuta	1	1	4	1	6	1	1	1	1	7
Ogodo	Ajaokuta	1	1	3	2	6	1	1	1	1	3

Adogo	Ajaokuta	1	-1	3	1	4	1	1	1	1	2
Adogwu	Ajaokuta	1	1	4	2	6	1	1	1	1	2
Adu	Ajaokuta	1	1	4	0	4	1	-1	0	1	3
Apanko	Ajaokuta	1	1	3	1	6	1	1	1	1	2
Badoko	Ajaokuta	1	0	4	1	5	1	1	1	1	9
Ebiya	Ajaokuta	1	1	3	1	6	1	0	0	1	4
Elaite	Ajaokuta	1	1	4	2	6	1	1	1	1	1
Emi Adiko	Ajaokuta	1	1	4	3	4	1	1	1	1	0
Emi Woro	Ajaokuta	1	1	4	1	6	1	1	1	1	0
Ganaja	Ajaokuta	1	-1	4	-1	6	1	1	0	-2	2
Geregu	Ajaokuta	1	1	1	-3	5	1	-3	0	-2	12
Inayere	Ajaokuta	1	1	4	2	5	1	1	1	1	3
Gida Bassa	Ajaokuta	1	1	4	3	5	1	1	1	1	0
Kilometre 18	Ajaokuta	1	1	4	2	6	1	1	0	1	0
Kporoko	Ajaokuta	1	1	4	2	5	1	1	1	1	1
Obangede	Ajaokuta	1	1	4	2	5	1	1	1	1	0
Odonu	Ajaokuta	1	1	4	1	5	1	1	0	1	3
Ogigiri	Ajaokuta	1	1	1	0	5	1	-4	1	-3	11
Okuhaobanyi	Ajaokuta	1	1	3	0	5	1	0	1	1	4
Patesi	Ajaokuta	1	1	2	1	2	1	0	0	1	14
Unosi	Ajaokuta	1	1	4	2	4	1	0	0	1	4
Upake	Ajaokuta	1	1	3	2	5	1	0	1	1	2
Staff Clinic	Ajaokuta	1	-1	1	-1	5	1	-15	-2	-1	32
Ajobe	Ankpa	1	0	4	2	6	1	0	1	1	1
Akunu	Ankpa	1	1	4	2	6	1	0	0	1	1
FSP Clinic Ankpa	Ankpa	1	1	4	2	6	1	-2	1	1	10
Staff PHC	Ankpa	1	1	3	2	6	1	1	1	1	1
Awo Akukuda	Ankpa	1	1	4	2	6	1	1	1	1	0
Odogomu	Ankpa	1	1	4	2	6	1	1	1	1	2
Inyolocu	Ankpa	1	1	4	2	6	1	1	0	1	5
Odagna	Ankpa	1	1	4	3	6	1	1	1	1	1
Ojoku	Ankpa	1	-1	4	-1	6	1	1	1	1	1
Okenyi	Ankpa	1	1	4	0	6	1	1	1	1	1
Owelle Ankpa	Ankpa	1	1	4	2	6	1	1	1	1	8
Egbeche	Ankpa	1	1	4	2	6	1	1	1	1	1
Abache	Ankpa	1	1	4	2	6	1	1	1	1	1
Achele	Ankpa	1	1	3	1	6	1	1	0	1	0
Afogamgam	Ankpa	1	1	4	3	6	1	-1	1	1	0
Agbenema	Ankpa	1	1	4	2	6	1	1	1	1	0
Agwumagwu	Ankpa	1	1	4	2	5	1	1	1	1	2
Akwu	Ankpa	1	1	4	2	6	1	1	1	1	1
Amoke	Ankpa	1	1	4	3	5	1	0	1	1	0
Angwa	Ankpa	1	1	4	2	6	1	-1	1	1	4
Awo Akpali	Ankpa	1	0	4	1	6	1	1	1	0	0
Awulu	Ankpa	1	1	4	3	6	1	1	1	1	2
Emere	Ankpa	1	1	4	1	6	1	1	1	1	2
Enabo	Ankpa	1	1	4	3	6	1	1	1	1	2
Enagbede	Ankpa	1	1	4	3	6	1	1	0	0	2
Enekpoli	Ankpa	1	1	4	3	6	1	1	1	1	2
Enelie	Ankpa	1	1	4	2	6	1	0	1	1	3



Geri	Ankpa	1	1	4	1	6	1	1	1	1	3
Ika Odeto	Ankpa	1	1	4	2	6	1	1	1	1	0
Ikanekpo	Ankpa	1	1	4	3	6	1	1	1	1	3
Inye	Ankpa	1	-1	4	0	6	1	1	0	0	3
Lagos Ochi	Ankpa	1	1	3	3	6	1	1	1	1	0
New Odagba	Ankpa	1	1	4	2	6	1	1	1	1	0
Ochinobi	Ankpa	1	1	4	2	6	1	1	1	1	1
Odobi	Ankpa	1	1	4	3	5	1	1	1	1	1
Odagba	Ankpa	1	1	4	0	6	1	1	1	1	0
Odokpono	Ankpa	1	1	4	3	6	1	1	1	1	1
Ogaji	Ankpa	1	1	4	2	6	1	1	1	1	1
Ojapata	Ankpa	1	1	4	2	6	1	1	1	1	0
Ejede Ankpa	Ankpa	1	1	4	3	5	1	1	1	1	0
Ojogobi	Ankpa	1	1	4	3	6	1	1	1	1	1
Okobo Okpiko	Ankpa	1	1	4	2	6	1	1	1	1	0
Old Ejeh Palance	Ankpa	1	1	4	2	6	1	1	1	1	0
Olufoko	Ankpa	1	1	4	3	6	1	1	0	0	0
MPHC Opulega	Ankpa	1	1	4	2	6	1	-1	1	-1	3
Ogodo	Ankpa	1	1	4	2	5	1	1	1	1	4
Ankpa PHCC	Ankpa	1	-5	2	-4	5	1	-20	-3	-9	19
Enjema	Ankpa	1	0	3	3	6	1	1	-1	0	7
Ofugo	Ankpa	1	0	4	0	5	1	1	1	1	3
Staff Clinic	Ankpa	1	1	4	2	6	1	1	1	0	2
Ukpolobia	Ankpa	1	1	3	0	5	1	0	1	1	1
Adembeku	Bassa	1	1	4	2	6	1	0	1	1	0
Agodo	Bassa	1	1	4	2	6	1	1	1	1	0
Akakana	Bassa	1	1	4	2	6	1	1	1	1	1
Ayede	Bassa	1	1	4	3	5	1	1	1	1	2
Gagba	Bassa	1	1	4	3	6	1	1	1	1	1
Inigu Tamazhe	Bassa	1	1	4	2	6	1	1	1	1	0
Inigu Omono	Bassa	1	0	4	3	6	1	1	1	1	0
Kotoko	Bassa	1	1	4	3	5	1	1	1	1	0
Kpanche	Bassa	1	1	4	1	6	1	1	1	1	1
Mozum	Bassa	1	-1	4	0	6	1	1	1	0	2
Shintaku	Bassa	1	1	1	2	4	1	1	1	0	1
NPI	Bassa	1	0	4	1	6	1	1	1	1	0
Nyezhi	Bassa	1	1	4	3	4	1	1	1	1	0
Odenyi	Bassa	1	0	4	1	6	1	0	1	0	0
Odugbo	Bassa	1	1	4	3	6	1	1	1	1	1
Odulo	Bassa	1	0	4	3	6	1	1	1	1	0
Ogba	Bassa	1	1	4	2	5	1	1	1	1	0
Oguma	Bassa	1	1	4	-2	5	1	1	1	0	3
Okudugu	Bassa	1	1	4	3	5	1	1	1	1	0
Orokwo	Bassa	1	1	4	2	6	1	1	1	1	1
Ozugbe	Bassa	1	1	4	2	6	1	1	1	1	0
Dodogbagi	Bassa	1	1	4	2	6	1	1	1	1	
Ecewu	Bassa	1	1	4	2	6	1	1	1	1	2
Eforo	Bassa	1	1	4	2	6	1	1	1	1	
Emi Audu	Bassa	1	0	4	2	6	1	1	1	1	1
Gbechi	Bassa	1	1	4	2	6	1	1	1	1	

Gbegekere	Bassa	1	1	4	2	6	1	1	1	1	
Karukwo	Bassa	1	1	4	3	5	1	1	1	1	
Kekure	Bassa	1	1	4	2	6	1	1	1	1	1
Koji	Bassa	1	1	3	2	6	1	1	1	0	1
Nyimua	Bassa	1	1	4	3	5	1	1	1	1	
Odulo	Bassa	1	1	4	3	6	1	1	1	1	1
Paruwa	Bassa	1	1	4	2	6	1	1	1	1	1
Sheria	Bassa	1	1	4	1	6	1	1	1	0	
Unity	Bassa	1	1	4	3	6	1	0	1	1	
Wussa	Bassa	1	1	4	3	6	1	1	1	1	1
Gboloko	Bassa	1	0	4	3	3	1	1	1	-2	6
Kpata	Bassa	1	0	4	2	6	1	1	1	0	
Ujoh	Bassa	1	1	4	2	6	1	1	1	1	
CHC Ayingba	Dekina	1	1	4	-1	5	1	1	0	0	
MCH Dekina	Dekina	1	1	3	2	6	1	1	1	-1	2
MDG OFEKO	Dekina	1	1	4	0	6	1	1	1	0	1
Ajiolo Abocho	Dekina	1	0	4	0	6	1	1	1	1	
Ulaja	Dekina	1	1	4	2	6	1	1	1	1	
NPI	Dekina	1	1	4	3	6	1	0	1	1	
Agojeju	Dekina	1	1	4	2	6	1	1	1	1	1
Ajiolo Ojaji	Dekina	1	1	4	2	6	1	1	1	1	
Abocho	Dekina	1	1	4	2	4	1	1	1	1	2
Acharu	Dekina	1	0	4	3	6	1	1	1	1	
Agala Ate	Dekina	1	1	4	2	5	1	1	1	1	
Agbeji	Dekina	1	1	4	1	4	1	1	1	1	3
Agbenema	Dekina	1	1	4	2	5	1	1	1	1	
Ajegwuna	Dekina	1	1	4	2	6	1	1	1	1	1
Ajichemu	Dekina	1	1	4	2	6	1	1	1	1	
Ajobaje	Dekina	1	1	4	2	5	1	1	1	1	
Ajonuchebo	Dekina	1	1	4	2	6	1	1	1	1	
Ayingba	Dekina	1	1	4	1	6	1	-1	-2	0	2
Ate Uge	Dekina	1	1	4	3	6	1	1	1	1	1
Biraidu	Dekina	1	1	4	3	6	1	1	1	1	2
Emewe Efofe	Dekina	1	1	4	3	4	1	1	1	1	2
Emewe Opada	Dekina	1	1	4	0	6	1	1	1	0	
Etutekpe	Dekina	1	1	4	2	6	1	1	1	1	2
Ewune	Dekina	1	1	4	2	6	1	1	1	1	
Ijoji	Dekina	1	1	4	2	6	1	1	1	1	
Iyale	Dekina	1	0	4	3	6	1	0	1	1	
Ochaja	Dekina	1	1	4	2	6	1	1	1	1	
Odu Anana	Dekina	1	1	4	3	5	1	1	1	1	
Odu Ochele	Dekina	1	1	3	3	6	1	1	1	1	
Odu Ofugo	Dekina	1	1	4	1	6	1	1	1	1	
Ogbaloto	Dekina	1	1	4	2	6	1	1	1	1	
Ogene	Dekina	1	1	4	2	6	1	1	1	1	
Ojikpadala	Dekina	1	1	4	2	6	1	1	1	1	
Okeh	Dekina	1	1	4	3	5	1	1	1	1	
Okura Olafia	Dekina	1	0	4	3	6	1	1	1	1	
Ologba	Dekina	1	1	4	2	6	1	1	1	1	
Onyakoji	Dekina	1	1	4	3	6	1	1	1	0	

Udaba	Dekina	1	1	4	2	6	1	1	1	1	1
Akpobi	Dekina	1	1	4	3	6	1	1	1	1	1
Ajenejo	Dekina	1	1	4	3	6	1	1	1	0	
Ajogwoni	Dekina	1	1	4	3	5	1	1	1	1	
Ajudacha	Dekina	1	1	4	2	6	1	1	1	1	
Alade Egume	Dekina	1	1	4	3	6	1	1	1	0	
Alokoli	Dekina	1	1	4	2	6	1	1	1	1	
Egume	Dekina	1	1	4	1	6	1	1	1	1	
Elubi Etiaja	Dekina	1	1	4	3	5	1	1	1	1	
Odu Okpakili Ate	Dekina	1	1	4	2	6	1	1	1	1	
Odu Okpakili Ogane	Dekina	1	1	4	2	6	1	1	1	1	
Ogbobutu	Dekina	1	1	4	2	6	1	1	1	1	
Ogbogbo Ojuwo	Dekina	1	1	4	2	6	1	1	1	1	
Abujagba	Ibaji	1	1	4	2	6	1	1	1	1	
Affa	Ibaji	1	1	4	2	6	1	1	1	0	
Akwuro	Ibaji	1	1	4	3	6	1	1	1	0	
Adagwo	Ibaji	1	1	4	2	6	1	1	1	1	
Nwalaja	Ibaji	1	1	4	2	6	1	1	1	0	
Anocha	Ibaji	1	1	4	3	6	1	1	1	0	
Ayah	Ibaji	1	1	2	2	6	1	1	1	-1	
Echeno	Ibaji	1	0	4	2	6	1	1	0	-1	
Elele	Ibaji	1	1	4	2	6	1	0	1	0	
Ore Orachi	Ibaji	1	1	4	3	5	1	1	1	1	
NPI	Ibaji	1	1	4	1	6	1	1	1	1	
Ihile	Ibaji	1	0	4	3	6	1	1	1	1	
Ikah	Ibaji	1	1	4	2	6	1	1	1	1	
Ikaka	Ibaji	1	1	4	2	6	1	1	1	1	
Inemeh	Ibaji	1	0	4	2	6	1	1	1	1	
Ishi	Ibaji	1	1	4	3	5	1	1	1	1	
Iteh	Ibaji	1	1	4	3	5	1	1	1	1	
Iyano	Ibaji	1	1	4	2	6	1	1	1	0	1
Main Office	Ibaji	1	0	4	1	5	1	-2	1	1	1
Obale	Ibaji	1	0	4	2	6	1	1	1	1	1
Odeke	Ibaji	1	-1	4	1	6	1	0	1	1	2
Oji Alah	Ibaji	1	-1	4	3	6	1	1	1	1	
Okogbo	Ibaji	1	1	4	3	5	1	0	1	1	
Olukwudu	Ibaji	1	1	4	2	6	1	1	1	0	
Omabo	Ibaji	1	0	4	3	6	1	1	1	0	
Onugwa	Ibaji	1	1	4	3	6	1	0	1	1	
Onyedega	Ibaji	1	-1	3	-5	5	1	-5	1	-1	12
Orogwu	Ibaji	1	1	4	2	5	1	1	1	1	2
Echeno	Ibaji	1	1	4	3	6	1	1	1	0	
Agbaligbojo	Ibaji	1	1	4	2	6	1	1	1	1	
Ajegwuna	Ibaji	1	1	4	2	6	1	1	1	1	
Aluomi	Ibaji	1	1	4	2	6	1	1	1	1	1
Anoncha	Ibaji	1	1	4	2	6	1	1	1	1	
Atikor	Ibaji	1	1	4	2	6	1	1	1	1	
Ayike	Ibaji	1	1	4	3	6	1	0	1	1	
Eganakwu	Ibaji	1	1	4	2	6	1	1	1	1	1
Ejule Onuh	Ibaji	1	1	4	2	5	1	1	1	0	

Ifonu	Ibaji	1	1	4	3	5	1	1	1	1	
Itoduma	Ibaji	1	1	4	2	6	1	1	1	1	1
Ojebe	Ibaji	1	1	4	3	5	1	1	1	1	
Uchuchu	Ibaji	1	1	4	1	6	1	1	1	1	
Ujoh	Ibaji	1	1	4	2	6	1	1	1	1	1
Unale	Ibaji	1	1	4	3	6	1	0	1	1	
Adumu	idah	1	1	3	1	6	1	1	1	0	
Ajaina	idah	1	1	4	2	6	1	1	1	1	
Akpataega	idah	1	1	4	2	6	1	1	1	1	1
Alokoina	idah	1	1	4	2	6	1	1	1	1	1
Attanegoma	idah	1	1	4	2	6	1	0	1	1	
Atta Palace	idah	1	1	4	2	6	1	1	1	1	1
DPHC Office	idah	1	1	3	3	6	1	0	1	0	3
Ega	idah	1	1	4	2	6	1	1	1	0	4
Family Health Center	idah	1	-3	3	-3	4	1	0	-3	-6	11
FSP Idah	idah	1	1	4	3	5	1	1	1	1	
Ichekene	idah	1	1	4	2	6	1	1	1	1	1
Igalogba	idah	1	1	3	1	5	1	1	1	-1	2
Igecheba	idah	1	0	4	2	5	1	1	1	-1	
Ijobe	idah	1	1	4	2	5	1	1	1	1	
Majoka	idah	1	1	3	2	6	1	1	1	1	1
NPI	idah	1	-3	4	3	6	1	1	0	0	2
Ogenegu	idah	1	1	4	3	5	1	1	1	1	
Okotonowa	idah	1	1	4	3	6	1	1	1	0	
Onsh	idah	1	1	4	3	5	1	1	1	1	
Alla Okweje	idah	1	1	4	2	6	1	1	1	1	
Agwa	idah	1	1	4	2	6	1	1	1	0	1
Ede Adejoh	idah	1	0	4	2	4	1	1	1	1	1
Ede Alaba	idah	1	1	4	1	6	1	1	1	1	2
Efufu	idah	1	1	4	2	6	1	1	1	1	
Inachalo	idah	1	1	4	2	6	1	1	1	0	
Mission	idah	1	1	4	2	6	1	1	1	1	
Ofiji	idah	1	1	2	2	4	1	1	0	-4	10
Ofukolo	idah	1	1	4	1	6	1	1	1	1	1
Ogegele	idah	1	1	3	2	5	1	1	1	-3	7
Sabongari 1	idah	1	1	3	3	5	1	1	1	0	1
Sabongari 2	idah	1	1	4	1	6	1	1	1	-5	5
Ukwaja	idah	1	1	4	2	6	1	1	0	0	1
Ubiege	idah	1	1	4	2	6	1	1	1	0	
Ubiga	idah	1	1	4	2	6	1	1	1	1	4
Ubomu	idah	1	0	4	1	6	1	1	0	1	3
Ugbetulu	idah	1	1	4	2	6	1	1	1	1	
Ugwoda	idah	1	1	4	3	6	1	1	1	1	1
Environmental Unit	idah	1	1	4	3	6	1	1	1	1	
Agbokete	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Akpanya	Igalamela Odolu	1	-1	3	0	6	1	1	1	0	
Alakwa	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Amaka	Igalamela Odolu	1	1	3	2	6	1	1	1	1	
Ijagodo	Igalamela Odolu	1	0	2	3	6	1	1	1	1	
NPI	Igalamela Odolu	1	-2	4	0	5	1	1	1	0	1

Ofudu	Igalamela Odolu	1	0	4	2	6	1	1	1	1	
Achokpa	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Ayah	Igalamela Odolu	1	1	4	1	6	1	1	1	1	
Ayikpele	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Efekpe	Igalamela Odolu	1	1	4	3	3	1	1	1	1	
Egbolo	Igalamela Odolu	1	1	4	3	5	1	1	1	1	
Emachi	Igalamela Odolu	1	1	4	2	6	1	1	1	0	
Emachi Oko	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Ihiame	Igalamela Odolu	1	1	4	3	5	1	1	1	1	
Ikare 1	Igalamela Odolu	1	1	4	1	6	1	1	1	1	
Ikare 2	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Ikeffi	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Iyegwu	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Iyogbo	Igalamela Odolu	1	-1	4	1	5	1	1	1	0	2
Ofanwa	Igalamela Odolu	1	0	4	3	6	1	1	1	1	
Oforachi	Igalamela Odolu	1	1	4	1	5	1	1	1	1	
Ogbogbo	Igalamela Odolu	1	0	4	-7	1	1	1	1	0	1
Oguma	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Ojokuta	Igalamela Odolu	1	1	4	1	6	1	1	1	1	1
Okenya	Igalamela Odolu	1	1	4	1	6	1	1	1	1	
Okochegbe/Imere	Igalamela Odolu	1	1	4	3	5	1	1	1	1	
Okpakpata	Igalamela Odolu	1	1	3	2	6	1	1	1	1	
Otobo Adokpulu	Igalamela Odolu	1	-1	4	3	5	1	1	1	0	
Otobo Adoyi	Igalamela Odolu	1	1	4	1	6	1	1	1	1	1
Ugbedomagu	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Ujagba	Igalamela Odolu	1	1	4	1	6	1	1	1	1	
Utoro	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Uwowo	Igalamela Odolu	1	1	4	1	5	1	1	1	1	
Ibochi	Igalamela Odolu	1	0	4	2	6	1	1	1	1	1
PHCC Ajaka	Igalamela Odolu	1	-2	4	-2	6	1	1	1	-1	3
Odolu	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Ofuloko	Igalamela Odolu	1	1	4	3	5	1	1	1	1	
Ogbagbada	Igalamela Odolu	1	1	4	2	6	1	1	1	1	
Ogbogba	Igalamela Odolu	1	1	2	3	3	1	1	1	0	1
Okpachala	Igalamela Odolu	1	1	4	0	4	1	1	1	-1	2
Owodu	Igalamela Odolu	1	0	4	3	6	1	1	1	1	
Ibochi Okpaneka	Igalamela Odolu	1	1	4	3	5	1	1	1	1	
Aduratedo	Ijumu	1	0	4	3	6	1	1	1	0	1
Ayeh	Ijumu	1	1	4	3	5	1	1	1	1	1
Iffe	Ijumu	1	1	4	1	6	1	1	1	0	4
FSP Iyara	Ijumu	1	1	4	1	6	1	1	0	0	
Igbopin	Ijumu	1	1	4	2	6	1	1	1	0	
LGA Clinic	Ijumu	1	-4	3	0	6	1	0	-2	0	6
Ikoyi	Ijumu	1	1	4	2	4	1	-2	1	0	1
Ilare	Ijumu	1	1	4	0	6	1	-2	1	-4	
Iyamoye	Ijumu	1	0	4	-1	6	1	-1	1	0	5
Ilupa Iyara	Ijumu	1	0	4	-1	4	1	1	-2	0	5
Ekinrin Ade	Ijumu	1	-1	4	-3	5	1	1	1	0	3
Aduge	Ijumu	1	1	4	3	6	1	1	1	1	1
Agirigbon	Ijumu	1	1	4	2	6	1	1	1	1	

Araromi	Ijumu	1	0	4	3	6	1	0	1	0	
Ayegunle	Ijumu	1	1	0	2	5	1	0	1	-1	2
Ayere	Ijumu	1	1	2	1	6	1	1	-1	-6	
Ayetoro	Ijumu	1	1	0	1	4	1	-2	-1	-1	6
Egbeda	Ijumu	1	1	4	-3	6	1	-1	1	-6	
Ileteju	Ijumu	1	1	4	2	4	1	1	0	1	2
Iyah	Ijumu	1	1	3	1	6	1	-1	-1	0	3
Odokoro	Ijumu	1	1	4	2	5	1	1	0	1	1
Ogidi	Ijumu	1	1	2	0	6	1	1	-1	1	3
Staff Clinic	Ijumu	1	1	4	2	6	1	1	1	1	
Agbadu	Kabba Bunu	1	1	4	2	6	1	1	1	1	
Aherin	Kabba Bunu	1	1	4	2	6	1	1	1	1	
Aiyede	Kabba Bunu	1	1	4	2	6	1	1	1	1	
Egbeda MCHC	Kabba Bunu	1	1	4	2	6	1	1	1	1	
Aiyetoro Kiri	Kabba Bunu	1	1	3	3	5	1	1	1	1	1
Akutukpa	Kabba Bunu	1	1	4	2	6	1	1	1	1	
Apaa	Kabba Bunu	1	1	4	1	6	1	1	1	1	1
Ayede	Kabba Bunu	1	1	4	3	6	1	1	1	1	2
Ayinle FSP	Kabba Bunu	1	1	4	1	6	1	1	0	1	1
Bolorunduro	Kabba Bunu	1	1	4	2	6	1	1	1	1	1
Central Market	Kabba Bunu	1	1	4	2	6	1	1	0	1	1
Comprehensive PHC	Kabba Bunu	1	1	4	2	6	1	1	1	1	1
Egbeda	Kabba Bunu	1	1	3	3	6	1	1	0	1	
Kabba DHU Clinic	Kabba Bunu	1	1	4	2	6	1	1	1	1	
Fehinti	Kabba Bunu	1	1	4	1	6	1	1	0	1	
Idoyi	Kabba Bunu	1	1	4	2	6	1	1	1	1	2
Ike Model	Kabba Bunu	1	1	4	2	6	1	1	1	1	
Illah	Kabba Bunu	1	1	4	2	6	1	1	1	1	2
Ilogun	Kabba Bunu	1	1	4	3	5	1	1	1	1	
Iluke	Kabba Bunu	1	1	3	3	6	1	1	1	1	1
Iyah	Kabba Bunu	1	0	4	2	6	1	1	0	1	
Kajola	Kabba Bunu	1	1	4	2	6	1	1	-1	1	1
Kakun	Kabba Bunu	1	0	4	2	4	1	1	1	1	1
MPHC Odo-Ape	Kabba Bunu	1	1	2	-2	6	1	0	1	1	3
NPI	Kabba Bunu	1	-1	4	1	6	1	-1	1	-1	2
OdoAffin	Kabba Bunu	1	1	3	0	6	1	1	1	1	1
Offere	Kabba Bunu	1	1	4	2	6	1	1	1	1	1
Okebukun	Kabba Bunu	1	0	4	1	6	1	0	1	1	2
Okedayo	Kabba Bunu	1	-1	4	3	6	1	0	1	1	
OkeOffin	Kabba Bunu	1	1	4	2	6	1	1	1	1	1
Olle	Kabba Bunu	1	1	3	2	5	1	1	1	1	2
Otu Egunbe	Kabba Bunu	1	1	4	1	6	1	1	1	1	3
Owode	Kabba Bunu	1	0	3	2	6	1	1	0	1	6
Igbo	Kabba Bunu	1	1	4	3	5	1	1	1	1	
St. Mary	Kabba Bunu	1	0	4	2	6	1	1	0	1	1
Sacred Heart	Kabba Bunu	1	1	4	2	6	1	1	1	1	1
St. Banabas	Kabba Bunu	1	1	4	3	5	1	1	1	1	
Sango	Kabba Bunu	1	1	3	2	5	1	1	0	0	3
Achara	Kogi	1	1	4	2	6	1	1	1	0	2
Adangere	Kogi	1	1	4	3	5	1	1	1	1	1

Adingere	Kogi	1	1	4	3	6	1	1	0	1	
Agbudu	Kogi	1	1	4	2	5	1	1	1	1	1
Gegu Egba	Kogi	1	-1	4	3	6	0	1	1	1	5
Girinya	Kogi	1	1	4	0	6	1	1	0	0	7
Edekakpo	Kogi	1	1	4	2	6	1	1	1	1	3
Ette	Kogi	1	1	4	2	6	1	1	1	1	2
FSP Clinic Koton-Karfe	Kogi	1	-2	3	-2	-1	1	0	-2	0	9
Gbarada	Kogi	1	1	4	2	5	1	1	1	1	
Ibehu	Kogi	1	1	4	2	6	1	1	1	1	
Kekere	Kogi	1	1	4	3	5	1	1	1	1	1
Kpokpolobi	Kogi	1	1	4	2	6	1	0	1	1	
Gegu Beki	Kogi	1	1	4	-1	5	1	1	-1	-2	5
Mouzetee	Kogi	1	1	4	3	6	1	1	1	1	1
Okparake	Kogi	1	0	3	-2	5	1	1	1	1	4
NPI	Kogi	1	1	4	-2	3	1	0	-1	1	7
Odah	Kogi	1	1	4	-8	6	1	1	1	1	2
Palace	Kogi	1	1	4	3	3	1	0	0	1	2
Edegaki	Kogi	1	1	4	2	5	1	1	1	1	4
Edeha	Kogi	1	1	4	2	4	1	1	0	1	3
Edimose	Kogi	1	1	4	2	6	1	1	1	1	3
Gaba	Kogi	1	1	4	3	5	1	1	1	1	
Gegu 2	Kogi	1	1	3	1	5	1	1	0	1	6
Idu	Kogi	1	1	4	2	6	1	1	1	1	1
Igbogo	Kogi	1	1	4	3	5	1	1	1	1	
Iraki	Kogi	1	1	4	2	6	1	1	1	1	2
Kelebe	Kogi	1	1	4	3	5	1	1	1	1	
Nyaba 1	Kogi	1	1	4	2	6	1	1	1	1	
Okpaka	Kogi	1	1	4	2	6	1	1	1	1	1
Omoko	Kogi	1	1	4	2	6	1	1	1	1	3
Onzo	Kogi	1	1	4	2	5	1	1	1	1	3
Osedumi	Kogi	1	1	4	2	6	1	1	1	1	5
Osuku	Kogi	1	1	4	1	5	1	1	0	1	1
Ozahi	Kogi	1	1	4	2	6	1	1	1	1	1
Ozi	Kogi	1	1	4	2	5	1	1	1	1	2
Ozugbe	Kogi	1	1	4	3	5	1	1	1	1	
Robomi South	Kogi	1	1	4	3	5	1	1	-1	-2	1
Tanahu	Kogi	1	1	4	3	6	1	1	1	1	1
Tawari	Kogi	1	1	3	3	6	1	1	0	0	3
Ugwo	Kogi	1	1	4	2	6	1	1	1	1	2
Serejama	Kogi	1	1	4	3	6	1	1	1	0	
Akabu	Kogi	1	1	4	3	6	1	1	1	0	
Tazenyi	Kogi	1	1	4	-1	6	1	1	1	1	
Aseni	Kogi	1	1	4	2	6	1	1	1	1	3
Okofi	Kogi	1	1	4	2	6	1	1	1	1	
Ahoko	Kogi	1	1	4	-2	3	1	1	1	1	7
Adabo	Kogi	1	1	4	2	6	1	1	1	1	
Akpogu	Kogi	1	1	4	2	6	1	1	0	1	
Akobu	Kogi	1	1	4	3	5	1	1	1	1	
Abugi	Lokoja	1	1	4	1	6	1	0	0	1	
Agini	Lokoja	1	1	4	2	6	1	1	1	1	1

Angwan Kura	Lokoja	1	1	2	0	5	1	0	0	0	2
NPI	Lokoja	1	-1	2	1	4	1	-2	1	0	1
MPHC Felele	Lokoja	1	1	2	0	2	1	1	-1	1	4
FSP Clinic	Lokoja	1	1	4	2	5	1	1	1	1	1
Jamata	Lokoja	1	1	4	2	6	1	1	1	1	
LGA Secreteriat	Lokoja	1	1	3	3	6	1	1	0	1	3
Mami	Lokoja	1	1	4	0	6	1	1	1	0	2
NPI	Lokoja	1	0	4	-1	5	1	-8	0	1	
Old Market	Lokoja	1	1	-2	-1	6	1	1	-1	1	2
Owara	Lokoja	1	1	4	2	6	1	1	1	1	
Adankolo	Lokoja	1	-1	4	0	6	1	1	1	0	4
Angwa Yashi	Lokoja	1	0	3	0	6	1	1	1	-1	1
Budon	Lokoja	1	1	4	1	6	1	1	1	1	1
Eggan	Lokoja	1	1	4	2	6	1	1	1	1	
Eto	Lokoja	1	1	4	2	6	1	1	1	1	2
Gori	Lokoja	1	1	4	3	5	1	1	1	1	
Iwaa	Lokoja	1	1	4	2	6	1	1	1	1	
Jakura	Lokoja	1	1	4	3	5	1	1	1	1	1
Kabawa	Lokoja	1	1	4	-8	5	1	0	0	-2	9
Kayinko	Lokoja	1	1	4	2	6	1	1	1	1	
Lokogoma	Lokoja	1	0	4	2	5	1	1	1	-1	1
Newlayout	Lokoja	1	1	4	1	5	1	1	1	0	3
Obajana	Lokoja	1	1	4	2	5	1	1	1	1	1
Serikinoma	Lokoja	1	1	4	1	5	1	1	0	1	1
Agbaja	Lokoja	1	1	4	3	5	1	1	1	1	2
Oyo	Lokoja	1	1	2	2	6	1	1	1	1	4
SMOH Staff Clinic	Lokoja	1	1	0	3	6	1	1	-1	0	
Ekan	Lokoja	1	1	4	3	5	1	1	1	1	
Gbebu	Lokoja	1	1	4	2	6	1	1	1	1	
Kinami	Lokoja	1	1	4	2	6	1	1	1	1	
Awumi	Lokoja	1	1	4	3	2	1	1	1	1	
Amuro	Mopa Muro	1	1	4	2	6	1	1	1	1	
Ileteju	Mopa Muro	1	1	4	0	6	1	0	0	1	3
FSP Odole	Mopa Muro	1	1	3	0	6	1	1	0	-1	3
Ayede	Mopa Muro	1	1	4	1	6	1	1	1	0	
MPHCC Aiyede	Mopa Muro	1	1	4	2	5	1	1	0	-1	
NPI	Mopa Muro	1	-3	4	-1	5	1	0	-2	-1	2
Okako	Mopa Muro	1	1	4	3	5	1	1	1	1	1
Adogbe	Mopa Muro	1	1	3	1	3	1	1	0	1	1
Agbajogun	Mopa Muro	1	1	4	0	6	1	1	1	-1	1
Agbede	Mopa Muro	1	0	4	2	6	1	1	0	-1	
Oroke 1	Mopa Muro	1	1	4	3	5	1	1	1	1	1
Ayanku	Mopa Muro	1	1	4	2	6	1	1	1	1	1
Ijagbe	Mopa Muro	1	1	4	1	6	1	1	0	1	1
Ikeji	Mopa Muro	1	1	4	1	6	1	1	1	1	4
Ilai	Mopa Muro	1	1	4	2	5	1	-1	1	1	3
MCH Ilai	Mopa Muro	1	0	4	3	6	1	1	0	1	2
Okeagi	Mopa Muro	1	0	4	1	5	1	-1	0	-1	2
Okeguru	Mopa Muro	1	1	4	1	6	1	1	1	1	1
Okohi	Mopa Muro	1	0	4	2	4	1	1	1	1	1



Okotun	Mopa Muro	1	1	4	1	6	1	0	1	1	2
Oroke 2	Mopa Muro	1	0	3	1	4	1	0	1	1	4
Illemo	Mopa Muro	1	1	4	3	5	1	1	1	1	
Otafun	Mopa Muro	1	1	4	3	5	1	0	1	1	2
Takete	Mopa Muro	1	1	4	2	6	1	0	1	1	2
Agojeju	Ofu	1	1	3	1	6	1	0	1	0	1
Ajodi	Ofu	1	1	4	2	6	1	1	1	1	
Alla Ejima	Ofu	1	1	4	2	6	1	1	1	1	
Alloma	Ofu	1	1	4	2	6	1	0	1	1	1
Igoti	Ofu	1	1	4	2	6	1	1	1	1	
MPHCC Aloji	Ofu	1	1	4	2	4	1	1	1	0	
MPHCC Itobe	Ofu	1	-1	4	-4	5	1	1	1	1	1
Ofabo	Ofu	1	1	4	2	5	1	1	1	1	1
Ogbagebe	Ofu	1	1	4	3	6	1	1	1	1	1
Ogbonicha	Ofu	1	1	4	2	6	1	1	1	1	
Ejule	Ofu	1	1	2	1	6	1	1	1	0	2
Ogbabo Ogane	Ofu	1	1	4	1	6	1	1	1	1	
Adumu	Ofu	1	1	4	2	6	1	1	1	1	
Ahi Ojapata	Ofu	1	1	4	2	6	1	1	1	1	
Ajegwu	Ofu	1	1	3	2	6	1	1	1	0	4
Ajengo	Ofu	1	1	4	3	5	1	1	1	1	
Ojagefu	Ofu	1	1	4	2	6	1	1	1	1	
Ajoh	Ofu	1	1	4	2	6	1	1	1	1	
Ajokopi	Ofu	1	1	4	3	5	1	1	1	1	
Akpagidigbo	Ofu	1	1	4	2	5	1	1	1	0	1
Alome Jinedu	Ofu	1	0	4	2	6	1	1	1	1	1
Atenegoma	Ofu	1	1	4	3	6	1	1	1	0	
Atoda	Ofu	1	1	4	3	6	1	1	1	1	1
Igaojo	Ofu	1	1	4	2	6	1	1	1	1	
Igebije	Ofu	1	1	4	2	6	1	1	1	1	
Ijogo	Ofu	1	0	4	3	6	1	1	1	1	
Itobe	Ofu	1	1	3	2	5	1	1	1	1	
Obagwu	Ofu	1	1	4	2	6	1	1	0	1	
Ochadamu	Ofu	1	1	3	0	6	1	0	1	0	1
Odah	Ofu	1	1	4	2	6	1	1	1	1	
Ofakaga 1	Ofu	1	1	4	2	6	1	1	1	1	
Ofakaga 2	Ofu	1	1	4	1	5	1	1	1	1	
Ojuocha	Ofu	1	1	3	1	5	1	1	0	0	2
Okabo	Ofu	1	1	4	2	6	1	1	1	1	
Okele	Ofu	1	1	4	2	6	1	1	1	1	1
Okpaji	Ofu	1	1	4	3	5	1	1	1	1	
Onicha Igo	Ofu	1	1	4	2	6	1	1	1	1	
Owowolo	Ofu	1	1	4	2	6	1	1	1	1	
Ugwolawo	Ofu	1	-2	1	0	5	1	-3	-1	0	4
Aiyeromi	Ogori Magongo	1	1	4	2	5	1	1	0	1	1
NYSC Clinic Magongo	Ogori Magongo	1	1	3	0	5	1	-3	0	-1	6
BHC Okibo	Ogori Magongo	1	0	2	1	4	0	0	1	0	2
Bolorunduro	Ogori Magongo	1	1	4	2	5	1	1	1	1	1
Eni	Ogori Magongo	1	0	3	1	6	1	1	0	0	3
FSP Akpafa	Ogori Magongo	1	1	2	2	6	1	1	1	1	2

NPI	Ogori Magongo	1	0	4	1	6	1	0	1	1	2
Otanutum	Ogori Magongo	1	1	4	2	6	1	1	1	0	2
Oshobane	Ogori Magongo	1	1	4	3	6	1	1	0	0	1
Oturu	Ogori Magongo	1	0	2	3	5	1	1	1	0	2
Obatigben	Ogori Magongo	1	0	3	2	6	1	1	1	-2	1
Obinoyin	Ogori Magongo	1	1	4	1	5	1	1	1	0	1
Okeis	Ogori Magongo	1	1	4	1	6	1	1	0	1	2
Abobo	Okehi	1	1	4	1	6	1	1	0	0	
Irekovi	Okehi	1	-1	2	3	6	1	1	1	1	1
Irivusechi	Okehi	1	1	4	2	4	1	1	1	1	3
Obangede	Okehi	1	-7	4	0	4	1	-1	0	-2	2
Oboroke Eba	Okehi	1	0	3	3	6	1	1	1	-4	1
Ohizenyi	Okehi	1	1	3	3	6	1	0	1	1	2
Ohuepe	Okehi	1	0	4	3	4	1	1	1	1	2
Okumehi	Okehi	1	1	4	2	3	1	-1	0	1	
Omavi Eba	Okehi	1	0	4	2	6	1	1	1	1	1
Otarneyire	Okehi	1	1	4	2	6	1	0	1	0	
Egge Omavi	Okehi	1	1	4	2	5	1	1	1	1	
Okaito	Okehi	1	1	2	2	5	1	-1	0	0	3
Obeiba CHC	Okehi	1	1	4	2	6	1	1	1	1	
Ikuehi	Okehi	1	0	4	1	3	1	0	0	1	
Inata	Okehi	1	1	4	0	4	1	1	1	1	2
Obeiba	Okehi	1	0	2	0	6	1	1	1	0	1
Oboroke Uvete	Okehi	1	0	2	2	6	1	1	0	-1	
Ikuehi	Okehi	1	0	4	2	6	1	1	-1	0	1
Ohueta	Okehi	1	0	4	1	6	1	0	-1	1	
Oride	Okehi	1	1	4	2	5	1	1	1	1	1
Ohuodo	Okehi	1	1	4	1	6	1	1	1	1	2
Bariki HP	Okene	1	1	4	2	6	1	1	1	1	
Ageva	Okene	1	0	4	2	6	1	1	0	1	1
Upogoro	Okene	1	1	4	0	6	1	1	1	0	1
Environmental Unit	Okene	1	1	4	1	6	1	-1	1	0	2
FSP Clinic	Okene	1	1	3	3	6	1	1	1	1	
Agassa HP	Okene	1	1	4	3	5	1	1	1	1	
Enyinare HP	Okene	1	1	4	2	6	1	1	1	1	
Esomi HP	Okene	1	1	4	1	6	1	1	1	1	
Idogi HP	Okene	1	1	4	0	6	1	1	1	1	
Obocheche HP	Okene	1	1	4	2	6	1	1	1	1	
Orietesu HP	Okene	1	1	4	1	6	1	1	1	1	
Otutu HP	Okene	1	1	4	0	6	1	1	1	1	
MCH Agassa	Okene	1	0	3	2	4	1	1	1	1	2
Idoma MCH	Okene	1	1	4	3	6	1	1	1	1	
Okene MCH	Okene	1	-1	4	-1	5	1	1	0	1	4
NPI	Okene	1	0	4	2	6	1	1	1	0	
Anyava	Okene	1	1	4	2	6	1	1	1	1	2
Inike	Okene	1	1	4	2	6	1	1	1	1	1
Okene	Okene	1	1	4	2	6	1	1	1	1	
Okenkwe	Okene	1	1	4	0	5	1	1	1	1	2
PPFN Clinic	Okene	1	1	4	2	6	1	1	1	1	
Sheifudeen	Okene	1	1	4	2	6	1	1	1	1	

Oguda	Okene	1	1	4	2	6	1	1	1	1	
Arigo	Okene	1	0	4	3	6	1	1	1	1	
Adum	Olamaboro	1	0	4	2	6	1	1	1	1	1
Imane CHC	Olamaboro	1	1	4	0	6	1	1	1	-1	3
Efodo	Olamaboro	1	1	4	2	6	1	1	1	1	1
Okpo FSP	Olamaboro	1	0	4	-1	3	1	0	1	-1	4
Ikem	Olamaboro	1	1	4	3	5	1	1	1	1	
NPI	Olamaboro	1	1	4	2	6	1	1	1	1	
Etutikpe	Olamaboro	1	0	4	3	6	1	1	1	1	2
Igah Ikeje	Olamaboro	1	1	3	1	5	1	1	1	0	4
Ochekwu	Olamaboro	1	1	4	2	6	1	1	1	1	1
Ofante	Olamaboro	1	1	4	3	6	1	1	1	1	2
Ofobobo	Olamaboro	1	1	4	1	6	1	1	1	1	2
Ogbagebe	Olamaboro	1	1	4	1	6	1	1	1	1	6
Ogbofe	Olamaboro	1	1	4	3	6	1	1	1	1	1
Abo Ojuwo	Olamaboro	1	1	4	3	6	1	1	1	1	3
Adeh	Olamaboro	1	1	3	3	3	1	1	1	1	5
Agala	Olamaboro	1	1	4	2	6	1	1	1	1	2
Etukwo	Olamaboro	1	1	4	3	6	1	1	1	1	1
Agbaduma	Olamaboro	1	1	4	2	6	1	1	1	1	1
Agwodaba	Olamaboro	1	1	4	2	6	1	1	1	0	
Akpoli	Olamaboro	1	1	4	2	6	1	1	1	1	
Alagani	Olamaboro	1	1	4	2	6	1	1	1	1	
Alicha	Olamaboro	1	1	4	3	5	1	1	1	1	
PHC Department	Olamaboro	1	0	4	3	6	1	1	1	1	
Ebuloko	Olamaboro	1	1	4	1	6	1	1	1	1	1
Efabo	Olamaboro	1	1	3	1	6	1	1	1	1	3
Efakpa	Olamaboro	1	1	4	2	6	1	1	1	1	
Emonoji	Olamaboro	1	1	4	2	6	1	1	1	1	
Emonyokwu	Olamaboro	1	1	4	2	6	1	1	1	1	1
Ibana	Olamaboro	1	1	4	2	6	1	1	1	1	1
Idekpa	Olamaboro	1	1	4	2	6	1	1	1	1	
Igoti	Olamaboro	1	1	4	2	6	1	1	1	1	
Inabe	Olamaboro	1	1	3	2	6	1	1	1	1	3
Inele Ugo	Olamaboro	1	1	4	2	6	1	1	1	1	1
Inwa	Olamaboro	1	1	4	2	6	1	1	1	1	
Mabenyi	Olamaboro	1	1	4	2	6	1	1	1	1	1
Igah Ocheba	Olamaboro	1	1	4	2	6	1	1	1	1	1
Ofa	Olamaboro	1	1	4	3	5	1	1	1	1	
Ofudu	Olamaboro	1	1	4	2	6	1	1	1	1	2
Ogenago	Olamaboro	1	1	4	3	6	1	1	1	1	1
Ogene Igah	Olamaboro	1	1	4	2	6	1	1	1	1	1
Ogene Oforachi	Olamaboro	1	1	4	2	6	1	1	1	1	2
Ogugu	Olamaboro	1	1	4	2	6	1	1	1	0	3
Ojuwo Igah	Olamaboro	1	1	4	2	6	1	1	1	1	
Okungaga	Olamaboro	1	1	4	2	6	1	1	1	1	
Otakuhi	Olamaboro	1	1	4	3	6	1	1	1	1	1
Ubalu	Olamaboro	1	1	4	2	6	1	1	1	1	
Ugbologidi	Olamaboro	1	1	4	2	5	1	1	1	1	3
Ojoguiche Auji	Olamaboro	1	1	4	3	6	1	1	1	1	1

Ugbamaka	Olamaboro	1	1	4	2	6	1	1	1	1	
Ukoh	Olamaboro	1	1	4	3	6	1	1	1	1	1
Abejukolo FSP	Omala	1	0	4	0	5	1	1	1	1	5
Abejukolo FSP	Omala	1	1	4	-4	2	1	0	-1	0	13
Agbenema	Omala	1	1	4	3	6	1	1	1	1	1
Ajiyolo	Omala	1	1	4	3	5	1	1	1	1	1
Ajimaiwa	Omala	1	1	4	2	6	1	1	1	1	
Akpacha	Omala	1	1	4	2	6	1	1	1	1	2
Bagaji	Omala	1	1	4	2	6	1	1	1	1	
Echa	Omala	1	0	4	2	3	1	1	1	0	2
Efiwo	Omala	1	0	4	3	6	1	1	1	1	
Ibado	Omala	1	0	4	3	6	1	1	1	1	3
Icheke	Omala	1	1	4	2	5	1	1	1	0	1
Ajocholi	Omala	1	1	4	2	6	1	1	1	1	
Igodo	Omala	1	1	4	2	6	1	1	1	1	2
Ikeffi	Omala	1	1	4	2	4	1	1	1	0	
ikpoba	Omala	1	1	4	2	6	1	1	1	1	
Iyade	Omala	1	1	4	3	5	1	1	1	1	
NPI	Omala	1	1	4	2	6	1	1	1	1	3
LGA DPMT	Omala	1	-1	4	-1	6	1	-11	1	1	5
Kaduna	Omala	1	0	4	3	6	1	1	1	1	
Oti 3	Omala	1	1	4	2	6	1	1	1	1	
Olukwu	Omala	1	1	4	1	6	1	1	1	1	
Okugba	Omala	1	1	4	2	6	1	1	1	1	
Oti 1	Omala	1	1	4	2	6	1	1	1	1	
Olgaliwo	Omala	1	1	4	2	6	1	1	1	1	
Agimi	Yagba East	1	1	4	3	6	1	1	1	1	1
Alu	Yagba East	1	0	4	1	5	1	1	1	0	4
Anku Ejuku	Yagba East	1	1	3	1	6	1	1	1	1	8
Asala	Yagba East	1	1	4	2	6	1	1	0	1	1
Ayegunle Ejuku	Yagba East	1	0	4	3	5	1	1	1	1	1
Bagido	Yagba East	1	-3	4	0	5	1	1	0	1	5
Ifeolukotun DHU	Yagba East	1	1	3	1	5	1	-2	0	0	3
Isanlu DHU	Yagba East	1	1	4	-2	5	1	0	0	0	4
Ere Ife	Yagba East	1	1	4	3	6	1	1	1	1	1
Igbagun	Yagba East	1	1	3	2	6	1	1	1	0	
Ijowa	Yagba East	1	-1	3	1	6	1	1	1	1	2
Imela	Yagba East	1	1	4	2	6	1	1	1	1	
Irunda Ile	Yagba East	1	1	4	2	6	1	1	1	1	1
Jege	Yagba East	1	0	4	3	6	1	0	1	1	2
MPHCC Makutu	Yagba East	1	1	4	3	5	1	1	1	1	
NPI	Yagba East	1	-1	4	3	5	1	0	-1	1	
Offin	Yagba East	1	-1	4	2	6	1	1	0	0	1
Ogbom	Yagba East	1	1	4	3	5	1	1	1	1	1
Ohun	Yagba East	1	1	4	3	6	1	1	1	1	
Okefe	Yagba East	1	1	3	3	5	1	1	0	1	3
Omowa Mopo	Yagba East	1	-1	2	1	6	1	-2	-1	0	3
Oranre	Yagba East	1	1	4	2	5	1	1	1	1	2
Otun	Yagba East	1	0	4	3	6	1	1	1	1	2
LGA Office	Yagba East	1	-5	3	1	6	1	-12	-3	1	8

Chest & Skin Surulere	Yagba East	1	1	4	2	6	1	1	1	1	
Oyi Leprosy Etcor	Yagba East	1	0	4	3	6	1	1	1	1	
Iddojesha	Yagba East	1	1	4	3	5	1	1	1	1	
Idofin	Yagba East	1	1	4	3	5	1	1	1	1	4
Ilafin	Yagba East	1	1	4	0	4	1	1	1	0	7
Itedo	Yagba East	1	-2	3	-2	5	1	1	0	0	5
Makutu	Yagba East	1	-2	3	0	5	1	1	-1	0	3
Odogbe	Yagba East	1	1	4	3	5	1	1	1	1	2
MPHCC Ponyan	Yagba East	1	0	4	1	6	1	1	1	-1	2
BHC Ponyan	Yagba East	1	1	4	2	6	1	1	1	1	1
Igbo-Ero	Yagba East	1	1	4	3	6	1	1	1	1	1
Akata HP	Yagba East	1	0	4	2	5	1	1	1	1	1
Okoloke BHC	Yagba West	1	-2	4	0	6	1	1	1	1	5
Ajewo	Yagba West	1	0	4	0	6	1	1	1	-2	1
Bareke	Yagba West	1	1	4	2	6	1	0	1	1	
BHC Ejiba	Yagba West	1	1	1	0	6	1	0	1	-1	4
Odo Ara	Yagba West	1	1	4	3	5	1	1	1	1	
BHC Ogga	Yagba West	1	1	3	1	6	1	1	1	1	3
BHC Ogbe	Yagba West	1	1	4	1	6	1	1	1	1	4
Oke Ere	Yagba West	1	1	3	3	6	1	1	1	1	
Odo Rom HP	Yagba West	1	1	4	2	4	1	1	1	1	1
Okunran	Yagba West	1	1	4	3	6	1	1	1	1	1
Egbe Titun	Yagba West	1	-1	4	-1	6	1	1	1	1	3
Igbaruku	Yagba West	1	1	3	0	6	1	1	1	0	5
Igbobe	Yagba West	1	1	4	2	6	1	1	1	1	
Iyamerin	Yagba West	1	1	4	2	6	1	1	1	1	1
NPI	Yagba West	1	-2	4	-1	6	1	0	0	-1	1
Odo Ere	Yagba West	1	0	2	-1	4	1	1	0	1	2
Odo Ere FSP	Yagba West	1	0	3	3	6	1	1	1	1	1
Odor Eri BHC	Yagba West	1	-2	1	0	6	1	1	1	0	7
Okeri MPHCC	Yagba West	1	1	4	2	6	1	1	1	1	3
Etijakuru	Yagba West	1	1	4	1	6	1	1	0	-2	
Ijagun	Yagba West	1	1	3	0	6	1	1	1	1	2
Ijalu	Yagba West	1	1	4	1	5	1	1	1	1	2
Isaba	Yagba West	1	1	4	2	5	1	1	1	0	4
PPFN Clinic Egbe	Yagba West	1	-2	4	-1	6	1	0	1	1	2
Palace Clinic	Yagba West	1	1	4	3	6	1	1	0	1	2