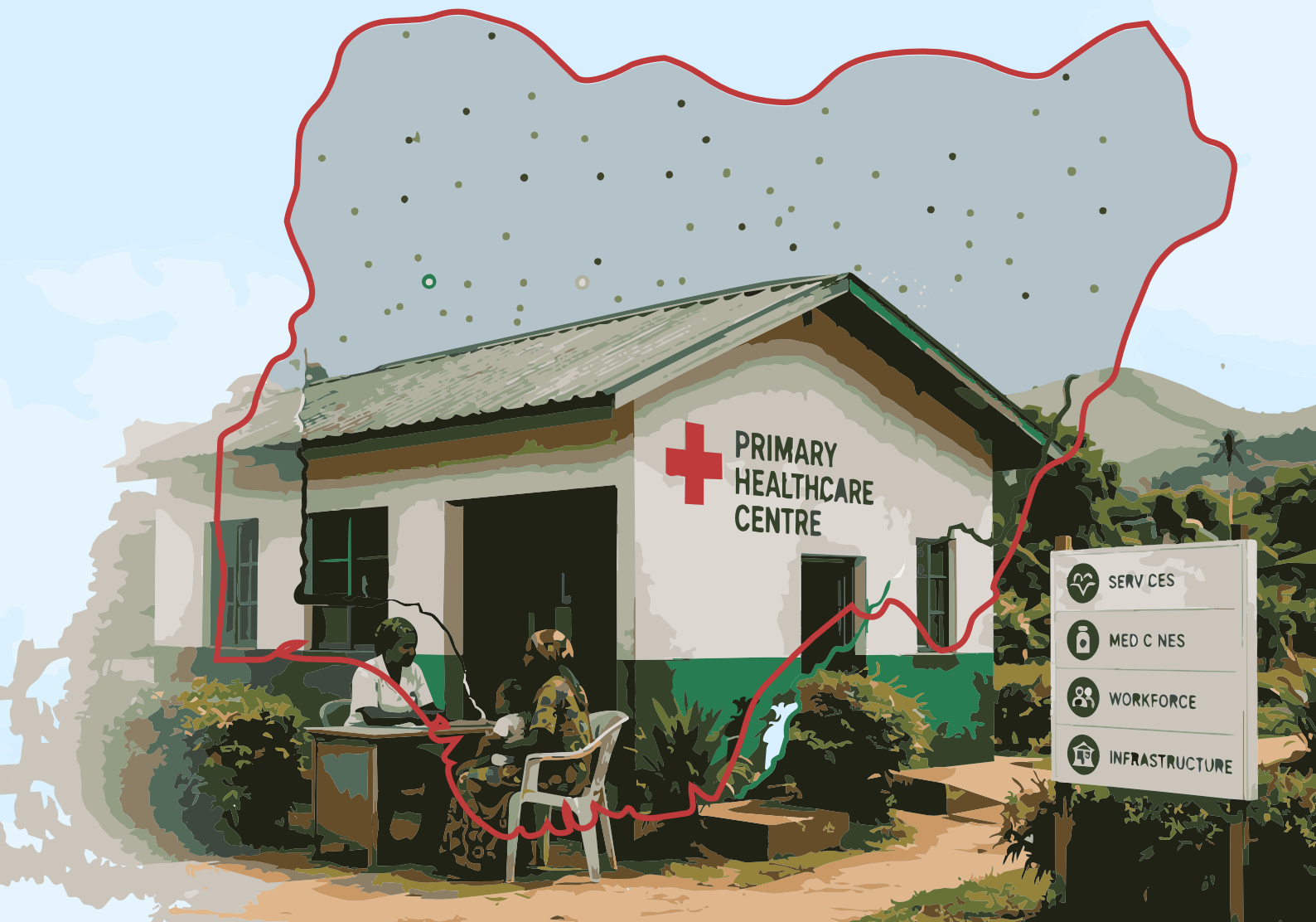


A NIGERIA DATA STORY

# THE STATE OF OF PRIMARY HEALTHCARE IN NIGERIA

*What 26,711 health facilities actually deliver — and what they don't.*



# About **Centre for Inclusive Social Development**

The Centre for Inclusive Social Development (CISD) is a non-profit and non-governmental organisation committed to building a society where everyone, regardless of gender, background, or circumstance, can access quality healthcare, education, and opportunities for meaningful participation.

Our foundation is rooted in a vision of creating inclusive systems driven by rigorous evidence, co-created through genuine community partnerships, and firmly grounded in the principles of social justice.

CISD collaborates with local communities, volunteers, and donors to achieve its goal of making a meaningful and positive impact on people's lives. CISD is committed to transparency and accountability, and its work is evidence-based, consistently striving to improve its impact through innovative solutions.

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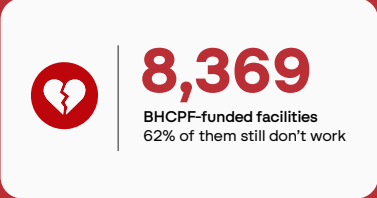
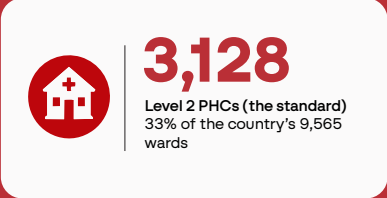
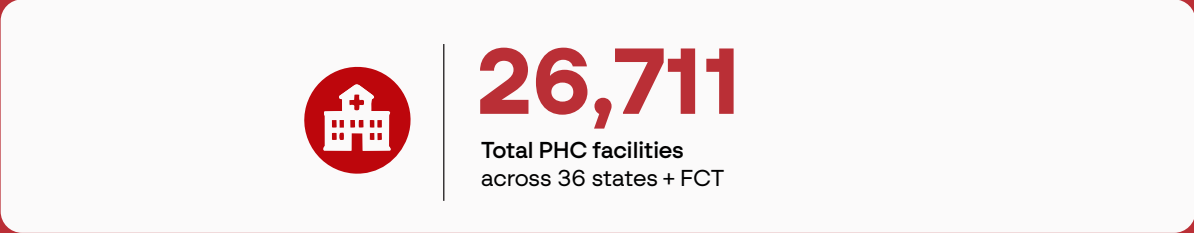
**Contact:** [cisdnigeria.org](http://cisdnigeria.org), +234 704 764 7745

**Address:** G104, NA AKA Hub, Off Odumegwu Ojukwu Way, Gudu District, Abuja



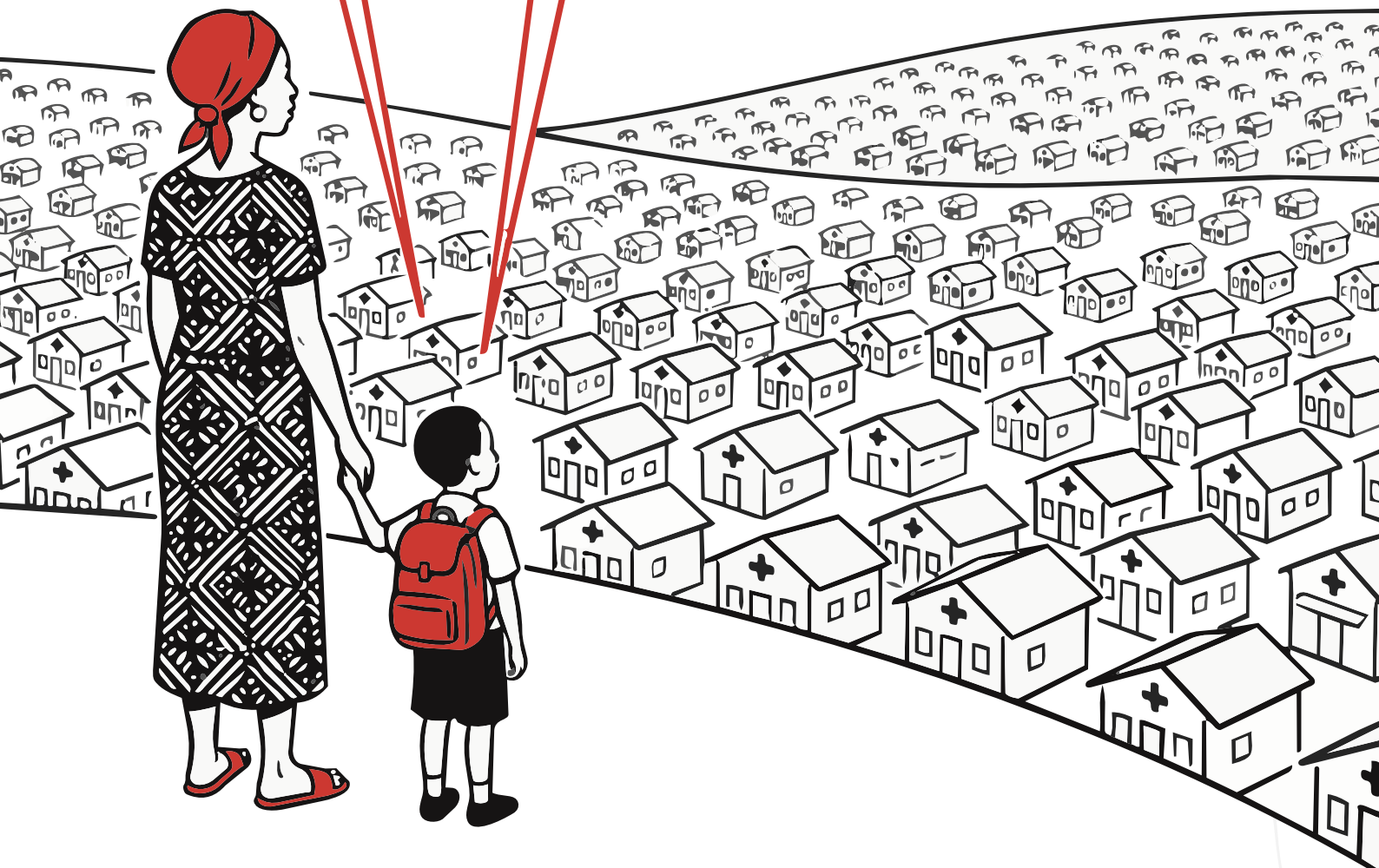
# Primary healthcare is the front door of Nigeria's health system.

It is where a mother takes a feverish child, where a pregnant woman registers her first visit, where a farmer goes after an accident. The country has built one of the largest networks in Africa – 26,711 facilities, spread across all 36 states and the Federal Capital Territory.



Wow...  
there are clinics  
everywhere.

Then getting the  
healthcare  
should be easy??

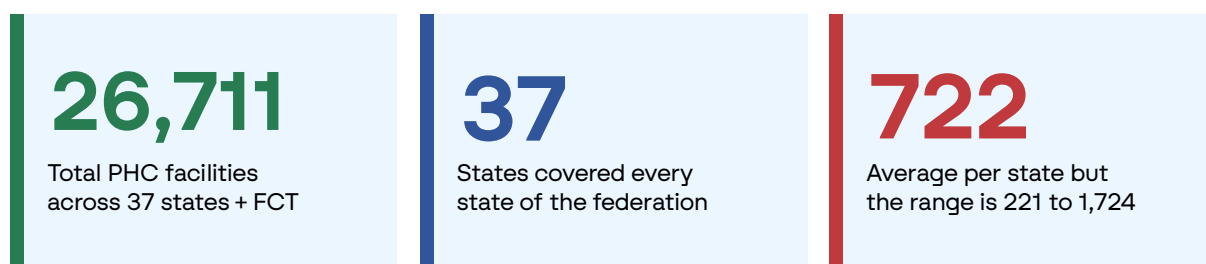




CHAPTER 1 / THE OPENING NUMBER

## 26,711 REASONS NIGERIANS SHOULD EXPECT CARE NEARBY.

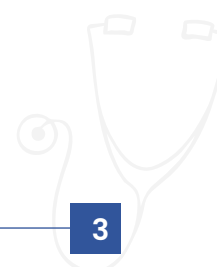
On paper, Nigeria has built a primary healthcare network that should put every citizen within walking distance of a clinic. But the network is not spread evenly. A handful of states carry most of the load – and a handful, surprisingly, carry very little.



### THE TEN STATES WITH THE MOST PHC FACILITIES

Northern states dominate the top of the list. Five of the top ten are in the North West and North Central; Cross River, in the South South, is the only Southern state with more than 1,000 facilities.

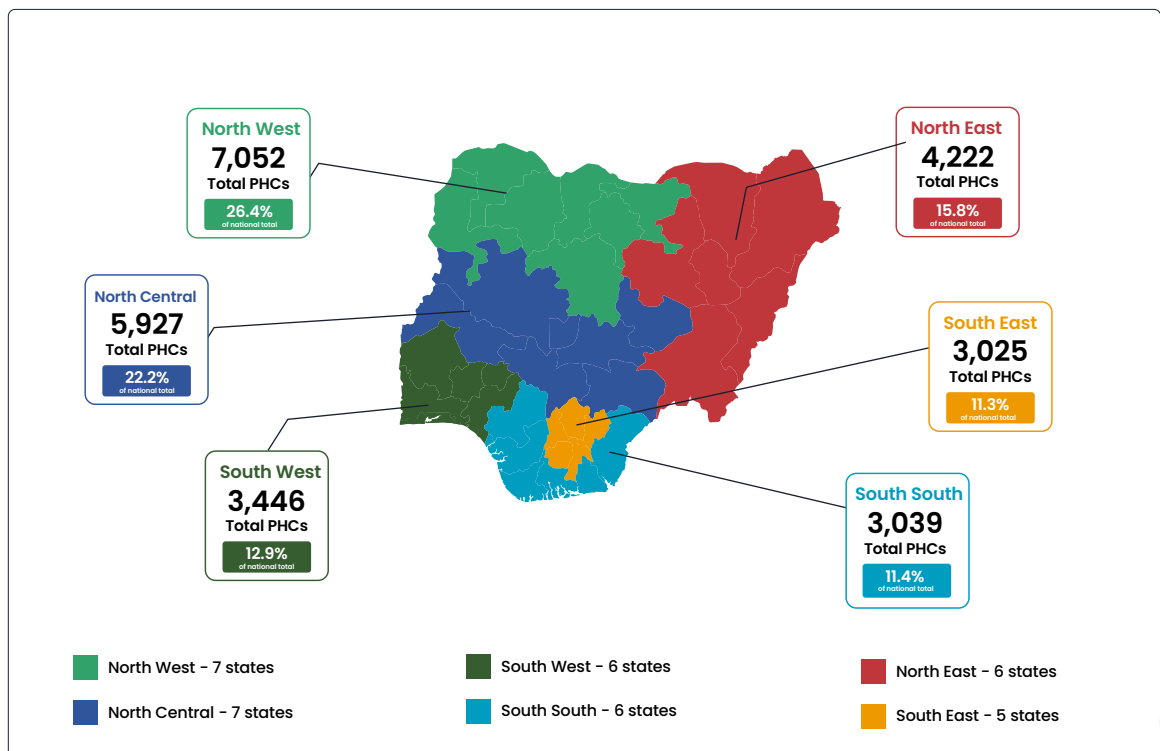
RANK	STATE	ZONE	TOTAL PHC'S
1	Katsina	North West	1,724
2	Niger	North Central	1,406
3	Kano	North West	1,242
4	Bauchi	North East	1,119
5	Cross River	South South	1,023
6	Kaduna	North West	1,015
7	Benue	North Central	1,007
8	Plateau	North Central	979
9	Kogi	North Central	928
10	Kebbi	North West	885



### THE TEN STATES WITH THE FEWEST PHC FACILITIES

At the other end, the South dominates. Bayelsa has only 221 facilities; Lagos, despite housing over 20 million people, has only 364. Population density and PHC count do not move together

RANK	STATE	ZONE	TOTAL PHC'S
1	Bayelsa	South South	221
2	FCT	North Central	284
3	Ekiti	South West	321
4	Rivers	South South	360
5	Lagos	South West	364
6	Borno	North East	376
7	Delta	South South	465
8	Akwa Ibom	South South	478
9	Edo	South South	492
10	Ebonyi	South East	509



Zone	States	Total PHCs	% of national total
North West	7	7,052	26.4%
North Central	7	5,927	22.2%
North East	6	4,222	15.8%
South West	6	3,446	12.9%
South South	6	3,039	11.4%
South East	5	3,025	11.3%



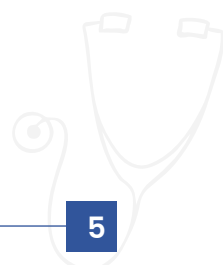
### WHAT THIS MEANS

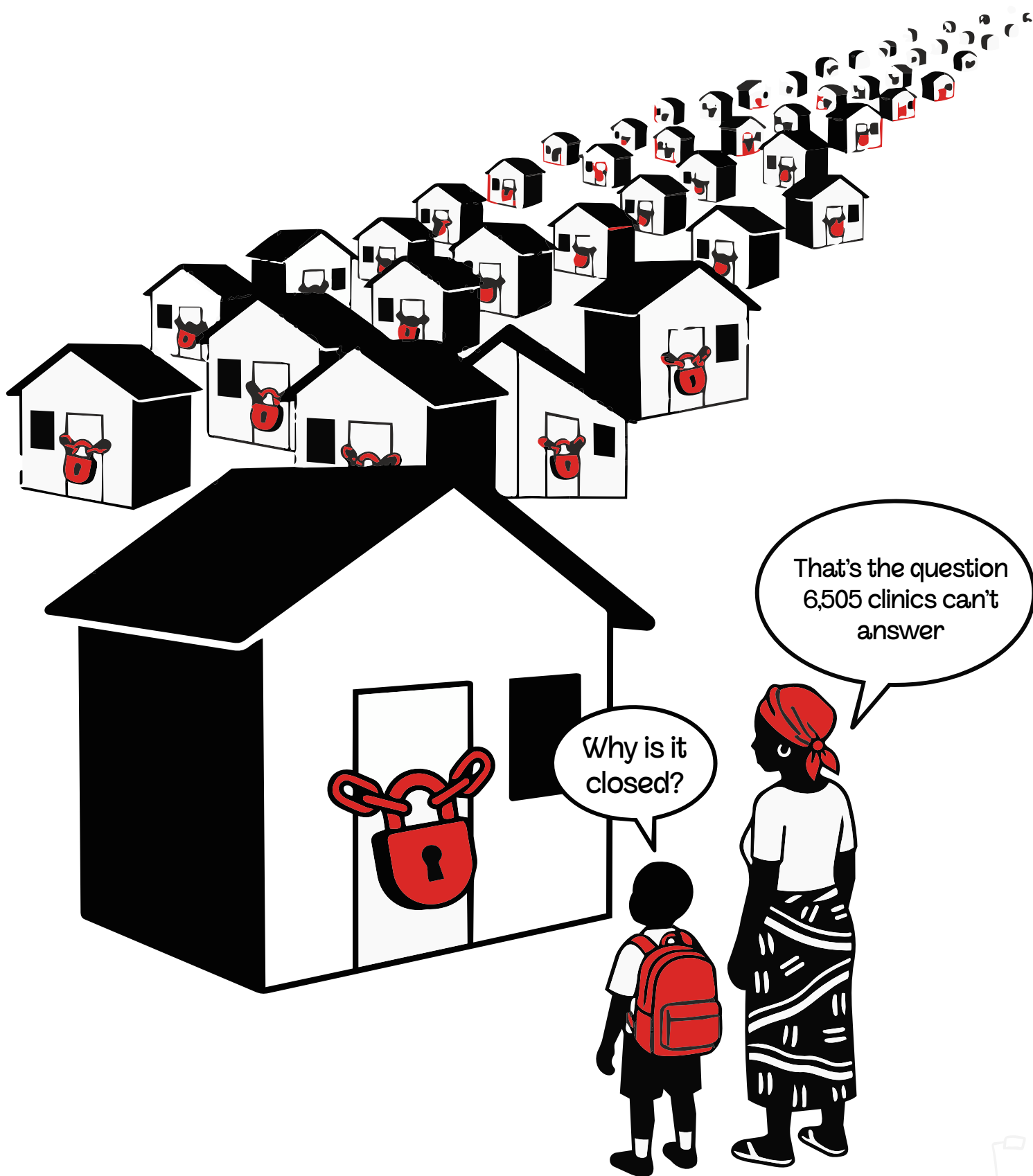
Nigeria has built a vast network on paper. Sixty-five percent of all PHC facilities sit in the three Northern zones; the three Southern zones combined hold the other 35%. The infrastructure exists. The question that follows in every chapter after this one is whether it actually works.



### WHAT TO DO WITH THIS

If your state appears in the bottom-10 list, the next time a politician says “we have many PHCs in this state”, remember the actual count. Ask how it compares to the national average of 722 facilities per state.



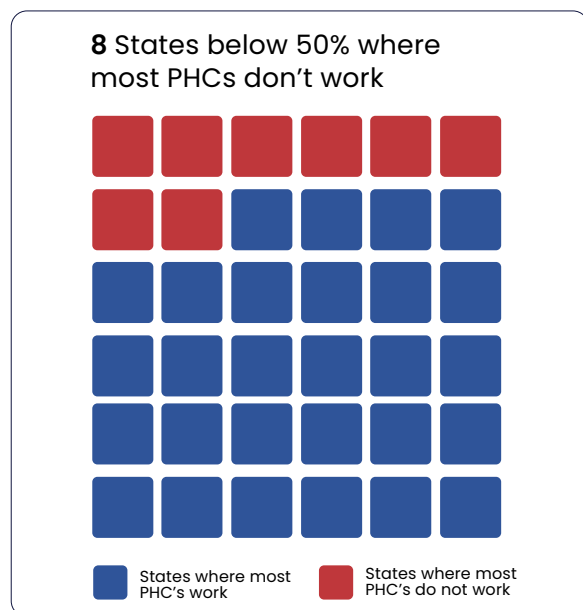
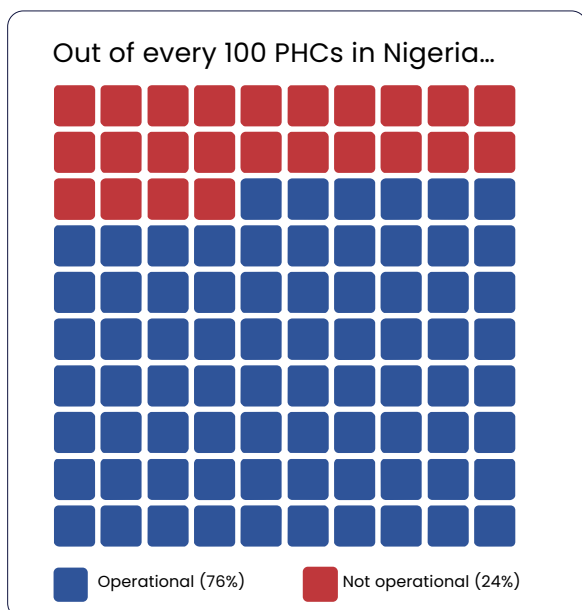


CHAPTER 2 / THE FIRST GAP



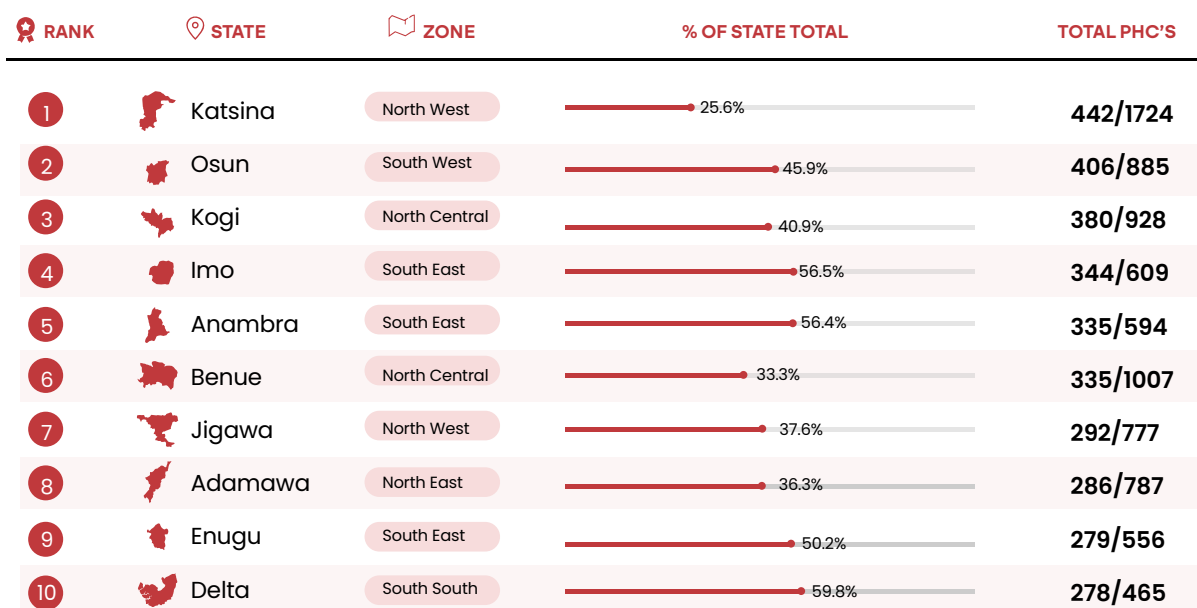
# 26,711 CLINICS. 1 IN 4 DON'T WORK.

A building with a roof and a signboard is not the same as a clinic that treats patients. Of the 26,711 PHC facilities on Nigeria's register, 6,505 are not currently operational. They exist as listings, not as care.



### THE TEN STATES WITH THE MOST NON-OPERATIONAL PHCS

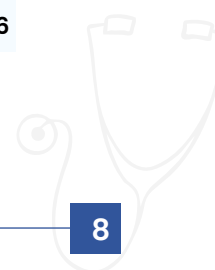
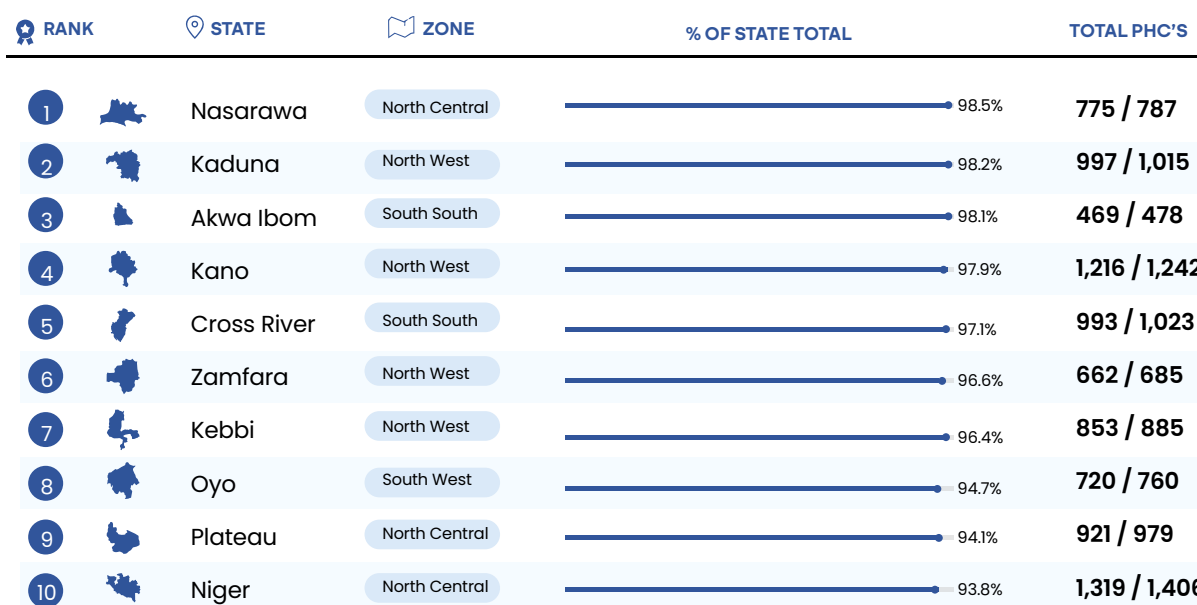
In absolute terms, Katsina has 442 non-operational facilities – the highest in the country. But because it has 1,724 PHCs in total, only 26% of its network is broken. Imo, Anambra, Enugu, and Delta have fewer non-operational PHCs in absolute numbers, but in those states more than HALF of all PHCs do not work.



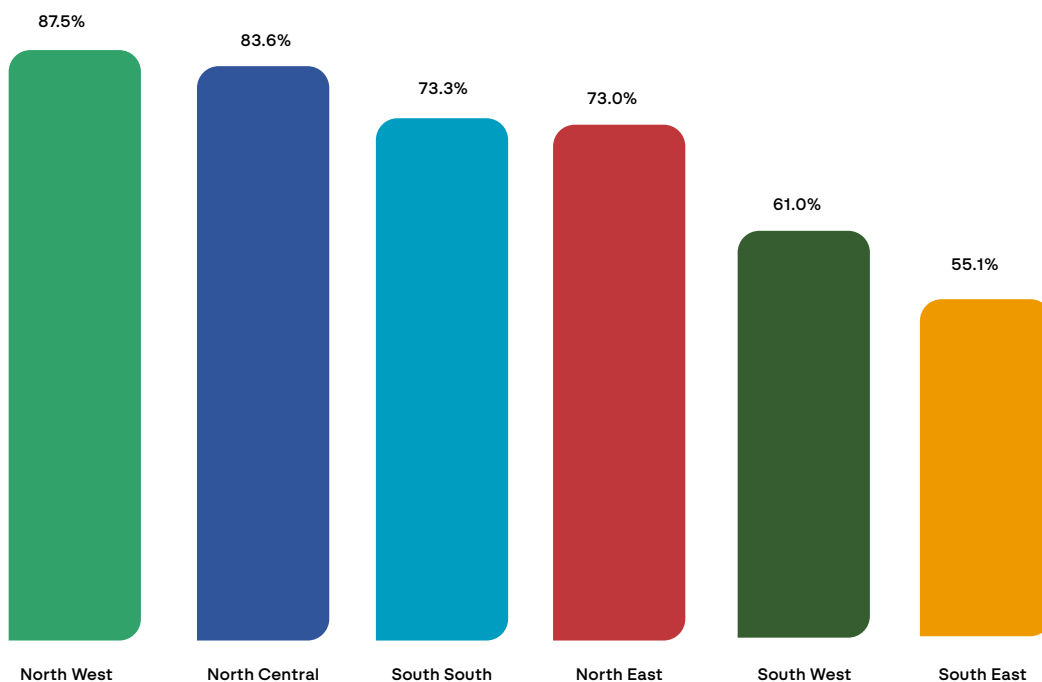
Data source: National Primary Healthcare Development Agency (NPHCDA)

### THE TEN STATES KEEPING PHCS WORKING – THE BEST OPERATIONAL RATES

Nasarawa, Kaduna, and Akwa Ibom each keep more than 98% of their PHCs operational. These are not necessarily the richest states – but they show that high operational rates are achievable.



### OPERATIONAL RATE BY ZONE



Zone	Total PHCs	Operational	Operational rate
North West	7,052	6,174	87.5%
North Central	5,927	4,953	83.6%
South South	3,039	2,228	73.3%
North East	4,222	3,082	73.0%
South West	3,446	2,102	61.0%
South East	3,025	1,667	55.1%

#### WHAT THIS MEANS

Two zones — North West and North Central — keep more than 8 out of 10 PHCs working. Two zones — South West and South East — keep barely 6 out of 10 working. The gap between Nigeria’s best and worst zone for operational PHCs is 32 percentage points. This is not a story about poverty: South West states such as Lagos and Osun have resources. It is a story about management, oversight, and political will.

#### WHAT TO DO WITH THIS

Find your state in the lists above. Then ask your state Commissioner for Health or your local government chairman: of the PHC facilities listed in your LGA, how many are operational this quarter? Ask for the names, not just the count.

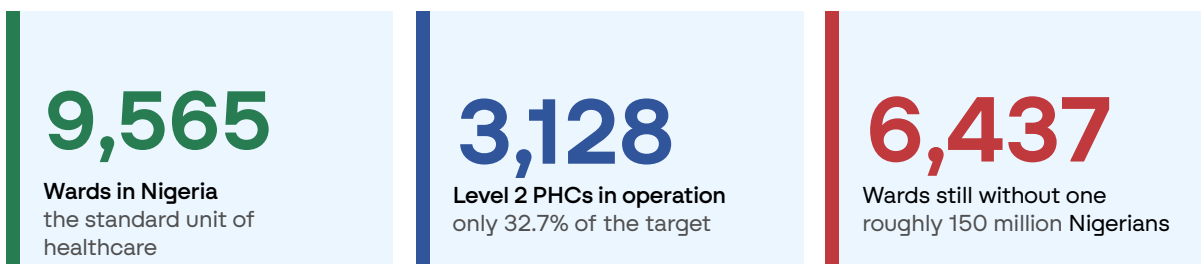




CHAPTER 3 / AGAINST THE NATIONAL STANDARD

## ONLY 1 IN 3 NIGERIAN WARDS HAS A MODEL PHC.

The NPHCDA standard is one Level 2 PHC – a fully staffed, fully equipped model facility with doctors, midwives, drugs, lab tests, and vaccinations – for every ward in the country. Nigeria has 9,565 wards. It has 3,128 Level 2 PHCs. That is a 6,437-ward gap, covering roughly 150 million Nigerians.



### THE TEN STATES WITH THE MOST LEVEL 2 PHC FACILITIES

Three North Western states top the list. Kaduna alone has 200 Level 2 facilities; Jigawa is second with 176 – and Jigawa’s 22.7% Level-2 share is the highest in the country relative to state size.

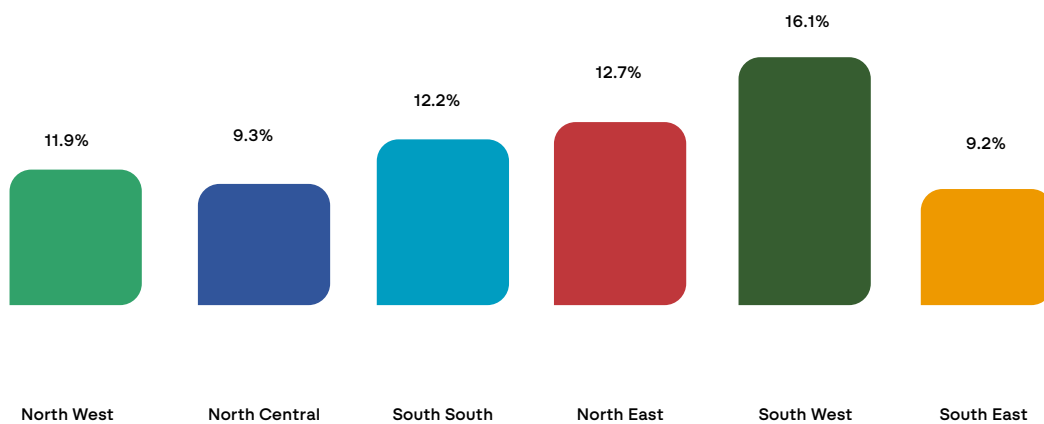
RANK	STATE	ZONE	% OF STATE TOTAL	LEVEL 2 PHCS
1	Kaduna	North West	19.7%	200
2	Jigawa	North West	22.7%	176
3	Kano	North West	12.1%	150
4	Oyo	South West	19.1%	145
5	Katsina	North West	8.0%	138
6	Yobe	North East	23.2%	126
7	Niger	North Central	8.0%	113
8	Cross River	South South	10.8%	110
9	Ogun	South West	20.8%	108
10	Benue	North Central	10.4%	105

### THE TEN STATES WITH THE FEWEST LEVEL 2 PHCS


Akwa Ibom has only 28 Level 2 PHCs across the entire state – the lowest in the country. Kogi has 36 across nearly a thousand facilities. The South East dominates the bottom: Imo, Abia, and Enugu all sit in the bottom ten.

RANK	STATE	ZONE	% OF STATE TOTAL	LEVEL 2 PHCS
1	Akwa Ibom	South South	5.9%	28
2	Bayelsa	South South	15.8%	35
3	Kogi	North Central	3.9%	36
4	Zamfara	North West	5.4%	37
5	Imo	South East	7.2%	44
6	Edo	South South	9.3%	46
7	Osun	South West	5.3%	47
8	Sokoto	North West	6.9%	50
9	Abia	South East	7.3%	55
10	Enugu	South East	10.3%	57

### LEVEL 2 PHC COVERAGE BY ZONE




Zone	Total PHCs	Level 2 PHCs	Share
South West	3,446	556	16.1%
North East	4,222	538	12.7%
South South	3,039	370	12.2%
North West	7,052	836	11.9%
North Central	5,927	549	9.3%
South East	3,025	279	9.2%



**WHAT THIS MEANS**

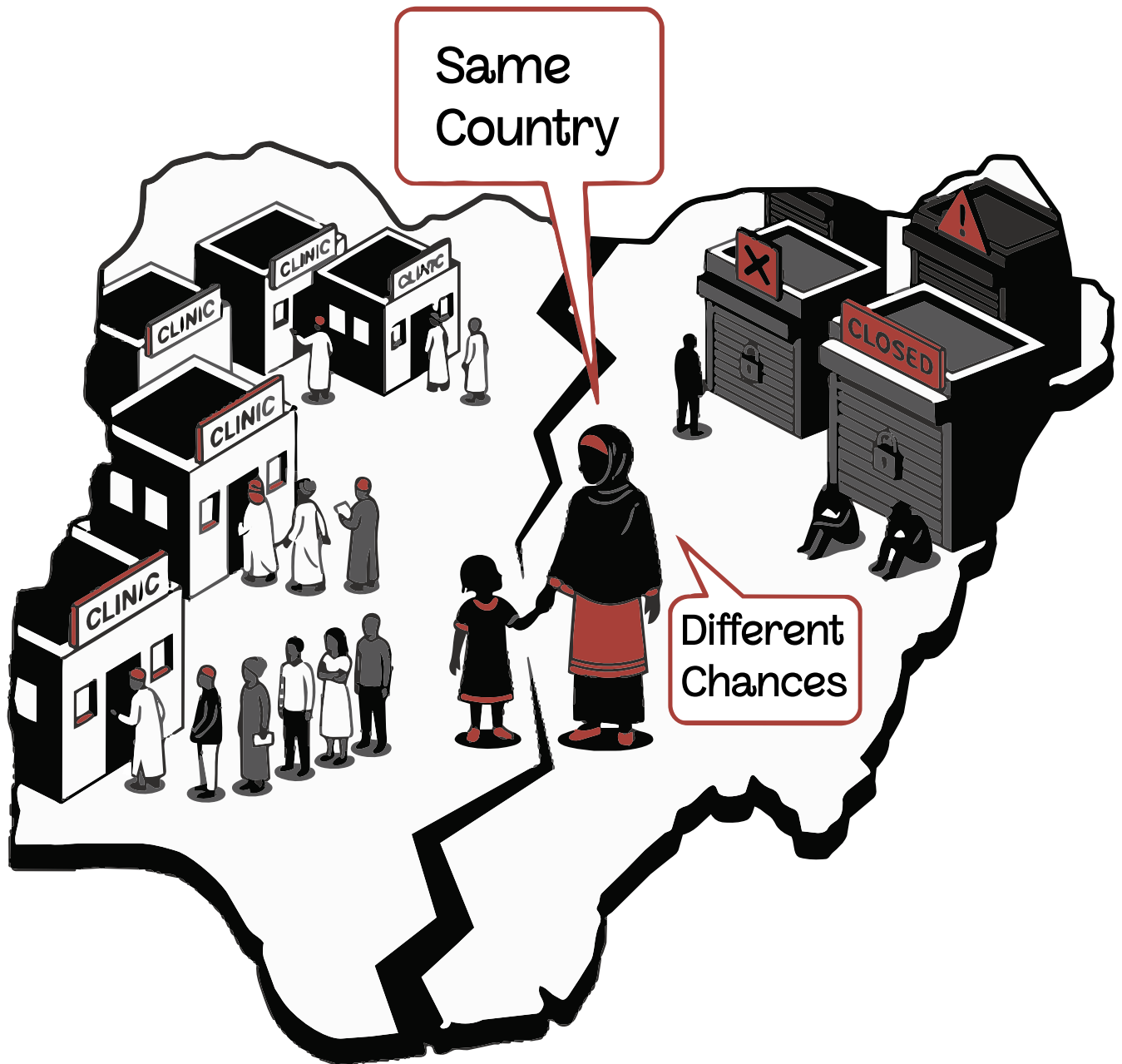
Even when we count generously, only one in three Nigerian wards has a primary care facility that meets Nigeria’s own minimum standard. The shortfall isn’t a few hundred clinics. It is over six thousand – roughly two-thirds of every ward in the country. Every Nigerian living in those 6,437 wards is one accident, one fever, or one childbirth away from a long, expensive, or fatal trip to find real care.



**WHAT TO DO WITH THIS**

Find out which ward you live in (your INEC voter card has it). If your ward does not have a Level 2 PHC, raise it at your next community meeting or write to your House of Representatives member. Every ward without one is a fixable problem if it is named.





## CHAPTER 4 / THE GEOGRAPHY



## TWO NIGERIAS SHARE THE SAME HEALTH SYSTEM.

Where you live in Nigeria changes whether your local PHC is open. The North West runs at 87.5% operational; the South East runs at 55.1%. That 32-point gap is wider than the gap between many European countries and many failed states. It exists between two zones of the same country.

# 87.5%

North West  
highest operational rate

# 55.1%

South East  
lowest operational rate

# 32.4%

Points Gap  
between best and worst zone

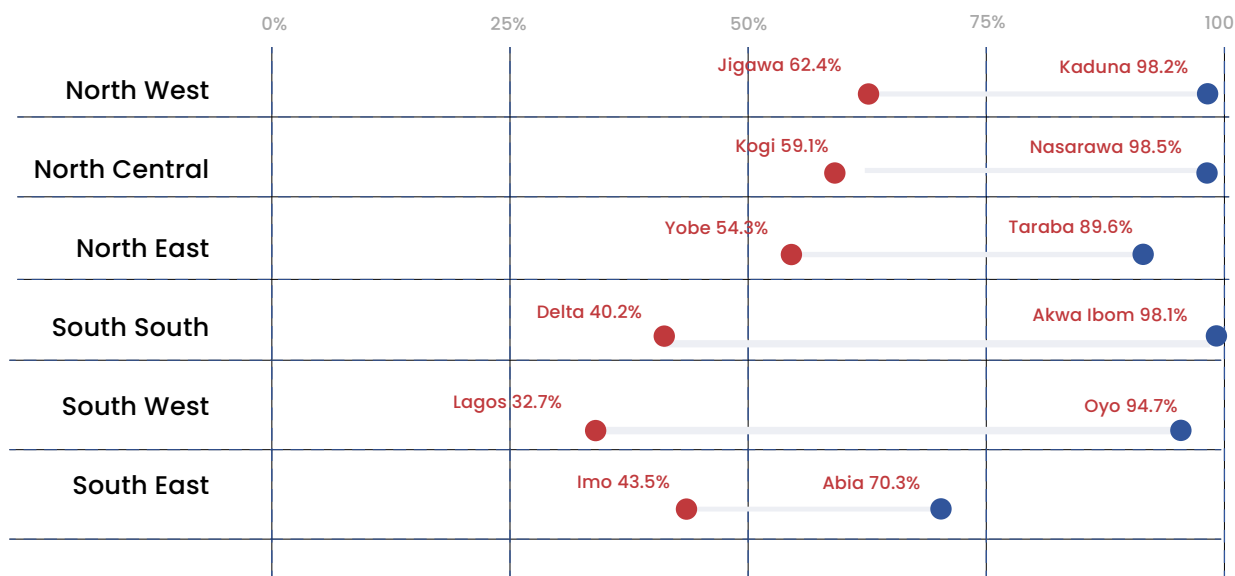
### FULL ZONAL SCORECARD

This single table summarises the entire national picture across the three indicators that matter most.

ZONE	NO OF STATES	TOTAL PHC'S	OPERATIONAL	OP %
North West	7	7,052	6,174	87.5%
North Central	7	5,927	4,953	83.6%
South South	6	3,039	2,228	73.3%
North East	6	4,222	3,082	73.0%
South West	6	3,446	2,102	61.0%
South East	5	3,025	1,667	55.1%

**WITHIN EACH ZONE — BEST AND WORST STATE**

Zonal averages hide what is happening at the state level. In every zone, the gap between the best and worst state is enormous — proof that this is a state-government performance issue, not just a regional one.



Zone	Best state	Best %	Worst state	Worst %
North West	Kaduna	98.2%	Jigawa	62.4%
North Central	Nasarawa	98.5%	Kogi	59.1%
North East	Taraba	89.6%	Yobe	54.3%
South South	Akwa Ibom	98.1%	Delta	40.2%
South West	Oyo	94.7%	Lagos	32.7%
South East	Abia	70.3%	Imo	43.5%

**WHAT THIS MEANS**

In every single zone, the leading state outperforms the trailing state by 25 percentage points or more. South West has both Oyo (94.7%) and Lagos (32.7%). North West has both Kaduna (98.2%) and Jigawa (62.4%). The variation inside zones is bigger than the variation between them. This tells us the cause is not geography — it is governance.

**WHAT TO DO WITH THIS**

If your state is the laggard in your zone, ask your state government directly: “What is [neighbouring state] doing that we are not?” The fix has been demonstrated in every region. It is a policy choice, not an act of fate.



How much farther?

Too far for something that's supposed to be nearby.



CHAPTER 5 / THE WORST PERFORMERS

## EIGHT STATES WHERE FEWER THAN HALF OF ALL PHCS WORK.

Zonal averages soften the picture. At the state level, eight states have flipped past the halfway mark – most of their PHCs do not function. Lagos, Nigeria’s commercial capital, sits at the bottom: only one in three of its 364 PHCs is operational.

<h1>8</h1> <p>States below 50% more than 1 in 5 states</p>	<h1>Lagos</h1> <p>Worst-performing state 32.7% of PHCs operational</p>	<h1>245</h1> <p>Closed PHCs in Lagos alone out of 364 listed</p>
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THE EIGHT STATES WHERE MORE PHCS ARE CLOSED THAN OPEN

These are not the poorest states. Lagos, Rivers, Delta, and Anambra are among the highest-GDP states in Nigeria. The crisis here is not about resources – it is about whether the resources reach the clinic.

RANK	STATE	ZONE	OPERATIONAL RATE	WORKING / TOTAL	CLOSED
1	Lagos	South West	32.7%	119 / 364	245
2	Delta	South South	40.2%	187 / 465	278
3	Rivers	South South	40.6%	146 / 360	214
4	Ekiti	South West	42.1%	135 / 321	186
5	Imo	South East	43.5%	265 / 609	344
6	Anambra	South East	43.6%	259 / 594	335
7	Bayelsa	South South	45.7%	101 / 221	120
8	Enugu	South East	49.8%	277 / 556	279

**ZONAL DISTRIBUTION OF THE BOTTOM 8**

Of the eight worst-performing states, three are in South South, three in South East, and two in South West. Not a single Northern state is on this list – even though the North has the largest absolute number of closed PHCs.

Zone	States in bottom 8	Which states
South South	3	Delta, Rivers, Bayelsa
South East	3	Imo, Anambra, Enugu
South West	2	Lagos, Ekiti
North East	0	—
North West	0	—
North Central	0	—



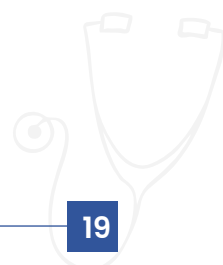
**WHAT THIS MEANS**

The PHC functionality crisis is not a Northern problem or a Southern problem in general – it is concentrated in eight specific states across the South. These states have larger budgets, more taxable industry, and more health professionals per capita than most of the country. They also have the worst-functioning primary care networks. Money is not the missing ingredient.



**WHAT TO DO WITH THIS**

If your state is on this list, the question for your governor is not “what is your plan for health?” It is more specific: “Which of the closed PHCs in this state will be reopened in the next budget cycle, and what is the named budget line?”



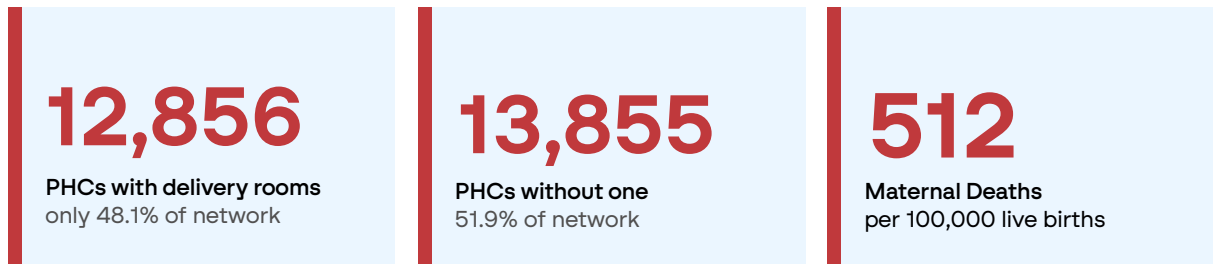


CHAPTER 6 / THE MATERNAL DIMENSION

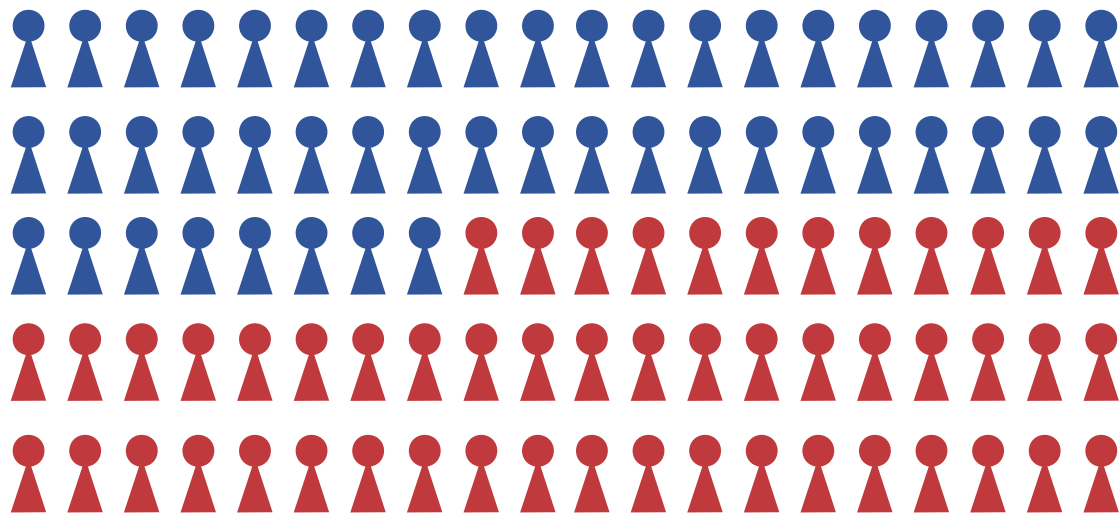


## HALF OF ALL PHCS HAVE NOWHERE FOR A WOMAN TO GIVE BIRTH.

Of the 26,711 PHC facilities, only 12,856 have a delivery room. The other 13,855 cannot safely receive a pregnant woman in labour. In a country where 512 mothers die per 100,000 live births – among the highest rates in the world – this is the most consequential gap in the entire dataset.



**If 100 PHCs were lined up across Nigeria, this is what mothers face**  
Each figure = 1% of all PHCs. Green = clinic with a delivery room. Red = none.



■ Has a delivery room (48%)     ■ Cannot deliver a baby (52%)

### THE TEN STATES WITH THE MOST DELIVERY ROOMS

Niger State leads the country with 926 delivery rooms – about a quarter of all delivery-room capacity in the country sits in just five states. Plateau, Nasarawa, and Oyo each have more than 80% of their PHCs delivery-ready

RANK	STATE	ZONE	% OF STATES PHC'S	DELIVERY ROOMS
1	Niger	North Central	65.9%	926
2	Plateau	North Central	81.3%	796
3	Cross River	South South	76.1%	779
4	Kaduna	North West	71.7%	728
5	Nasarawa	North Central	81.2%	639
6	Oyo	South West	80.1%	609
7	Benue	North Central	51.6%	520
8	Bauchi	North East	42.8%	479
9	Taraba	North East	57.5%	455
10	Kano	North West	33.7%	419

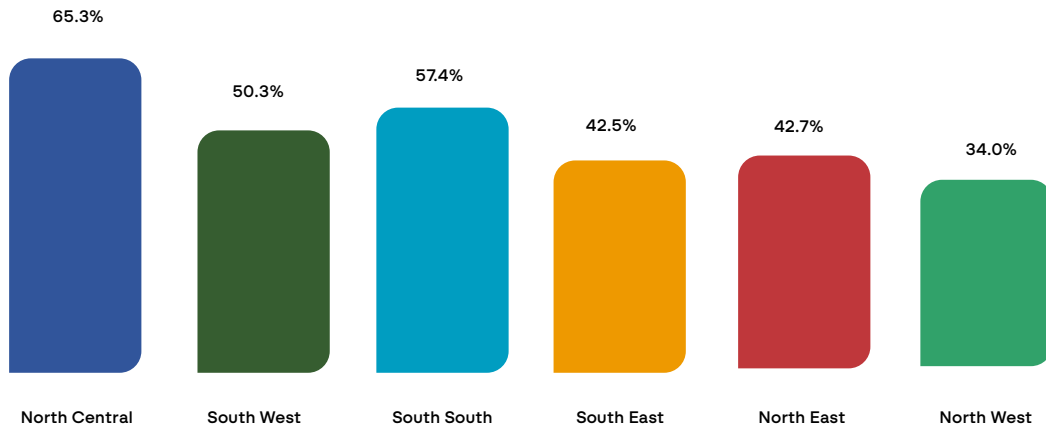
### THE TEN STATES WHERE MOST PHCS CANNOT DELIVER BABIES

Katsina is the most striking case in the entire dataset. It has 1,724 PHCs – the largest network in Nigeria. Only 145 of them have a delivery room. That is 8.4%. In Jigawa, fewer than 14% can take a woman in labour. Even Lagos, with its wealth, sits at 19.2%.

RANK	STATE	ZONE	% OF STATES PHC'S	DELIVERY ROOMS
1	Katsina	North West	8.4%	145 / 1,724
2	Jigawa	North West	13.6%	106 / 777
3	Lagos	South West	19.2%	70 / 364
4	Yobe	North East	20.3%	110 / 543
5	Rivers	South South	25.0%	90 / 360
6	Anambra	South East	27.1%	161 / 594
7	Ekiti	South West	27.7%	89 / 321
8	Bayelsa	South South	33.0%	73 / 221
9	Kano	North West	33.7%	419 / 1,242
10	Imo	South East	34.6%	211 / 609



DELIVERY ROOM COVERAGE BY ZONE



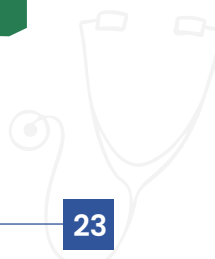
ZONE	BHCPF-FUNDED	OPERATIONAL	EFFECTIVENESS
North Central	5,927	3,891	65.3%
South West	3,446	1,735	50.3%
South South	3,039	1,743	57.4%
South East	3,025	1,286	42.5%
North East	4,222	1,802	42.7%
North West	7,052	2,399	34.0%

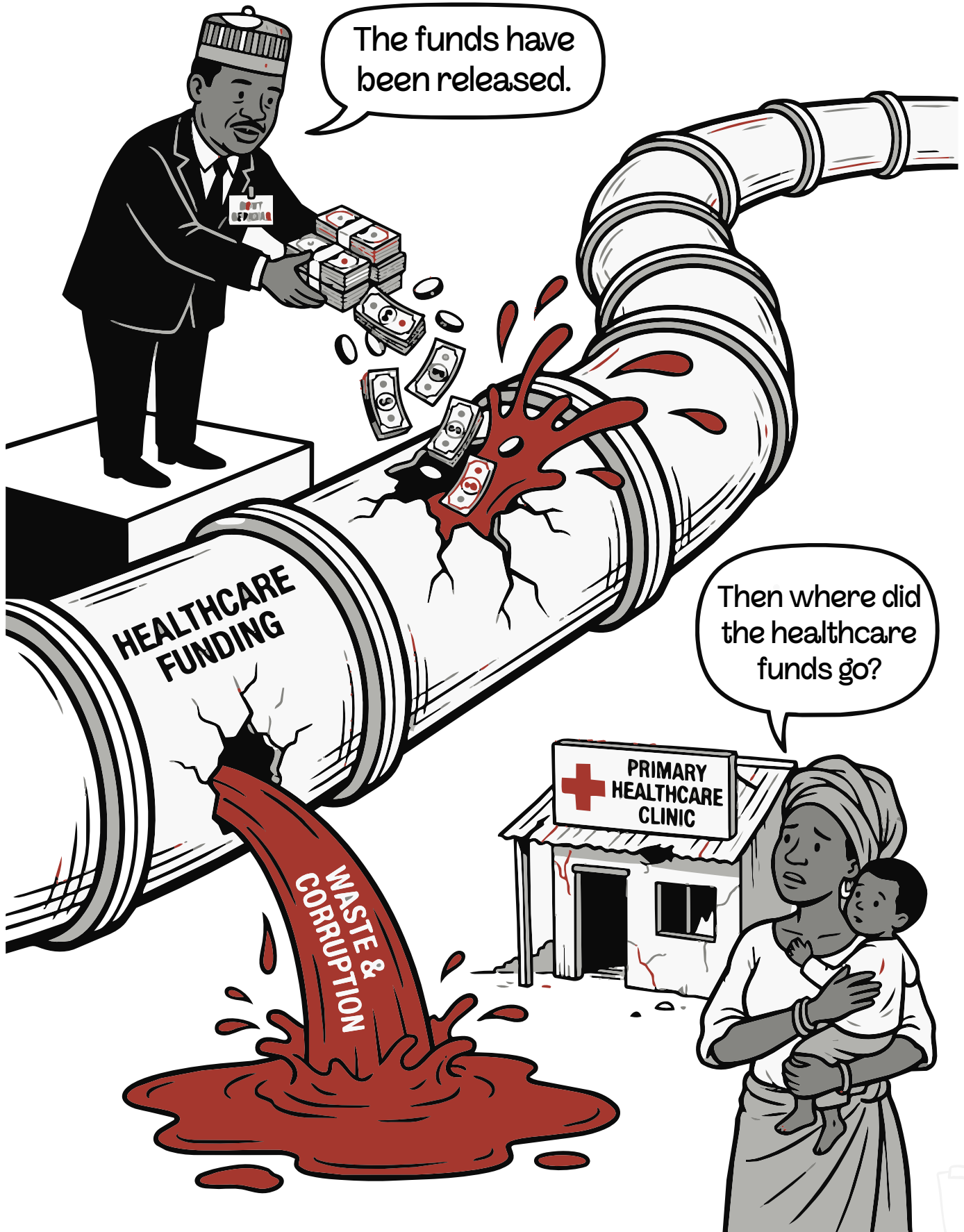
**WHAT THIS MEANS**

Maternal mortality in Nigeria is not a medical mystery. It is the predictable result of an infrastructure decision. Where you live determines whether your nearest clinic can deliver your baby. North West, despite having the most PHCs in the country, has the worst delivery-room coverage of any zone — only 34% of facilities are equipped. North Central’s 65.6% coverage shows what is possible inside Nigeria today.

**WHAT TO DO WITH THIS**

Every PHC without a delivery room is a fixable problem. Ask your local government chairman to publish the list of PHCs in your LGA and which of them have delivery rooms. Track the renovation timeline. Maternal mortality is a budget line, not a tragedy that cannot be planned for.







CHAPTER 7 / FOLLOW THE MONEY

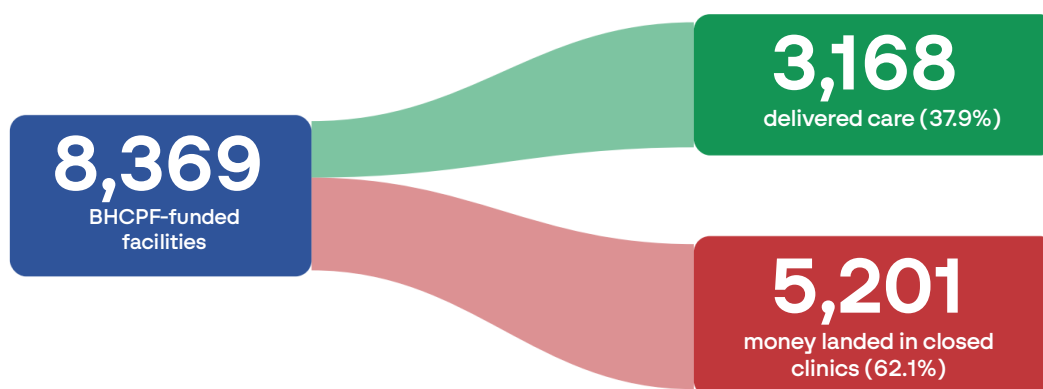
## 62% OF BHCPF-FUNDED CLINICS ARE NOT OPERATIONAL.

The Basic Healthcare Provision Fund (BHCPF) is the federal mechanism for getting recurrent money to PHC facilities – for drugs, staff salaries, and basic running costs. 8,369 facilities have been registered to receive BHCPF gateway funds. Only 3,168 of them are currently operational. The other 5,201 – about **N62 of every N100 disbursed** – landed in clinics that are not actually delivering care.



### Where the money goes – and what happens to it











Ribbon width = share of BHCPF-funded facilities flowing to each outcome.



■ BHCPF-funded   ■ Operational (money worked)   ■ Non-operational (money lost)













### THE STATES WHERE THE MONEY WORKED

In ten states, 100% of BHCPF-funded facilities are operational. The federal money landed in clinics that actually treat patients. These states show the system can work.

STATE	ZONE	BHCPF FACILITIES
 Akwa Ibom	South South	316
 Kano	North West	492
 Oyo	South West	312
 Niger	North Central	270
 Kaduna	North West	253
 Sokoto	North West	244
 Cross River	South South	187
 Plateau	North Central	208
 Kebbi	North West	225
 Nasarawa	North Central	148

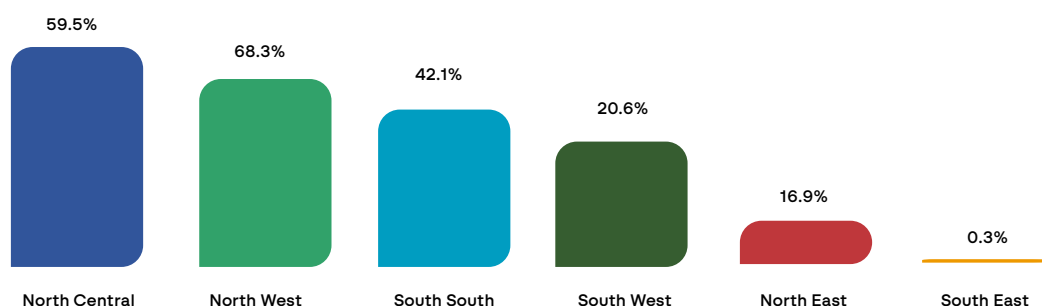
### THE STATES WHERE THE MONEY LANDED IN CLOSED CLINICS

In twelve states, 100% – yes, every single BHCPF-funded facility – is non-operational. The federal disbursement reached a registered facility, but that facility is not delivering care. This is where the public should ask the hardest questions.

STATE	ZONE	BHCPF FACILITIES
 Bauchi	North East	212
 Borno	North East	120
 Delta	South South	246
 Ebonyi	South East	172
 Ekiti	South West	177
 Enugu	South East	258
 FCT	North Central	62
 Gombe	North East	115
 Jigawa	North West	279
 Ogun	South West	227
 Rivers	South South	205
 Yobe	North East	161



### BHCPF EFFECTIVENESS BY ZONE



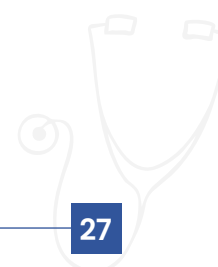
ZONE	BHCPF-FUNDED	OPERATIONAL	EFFECTIVENESS
North Central	1,377	820	59.5%
North West	1,982	1,239	68.3%
South South	1,202	506	42.1%
South West	1,531	315	20.6%
North East	1,002	169	16.9%
South East	1,275	4	0.3%

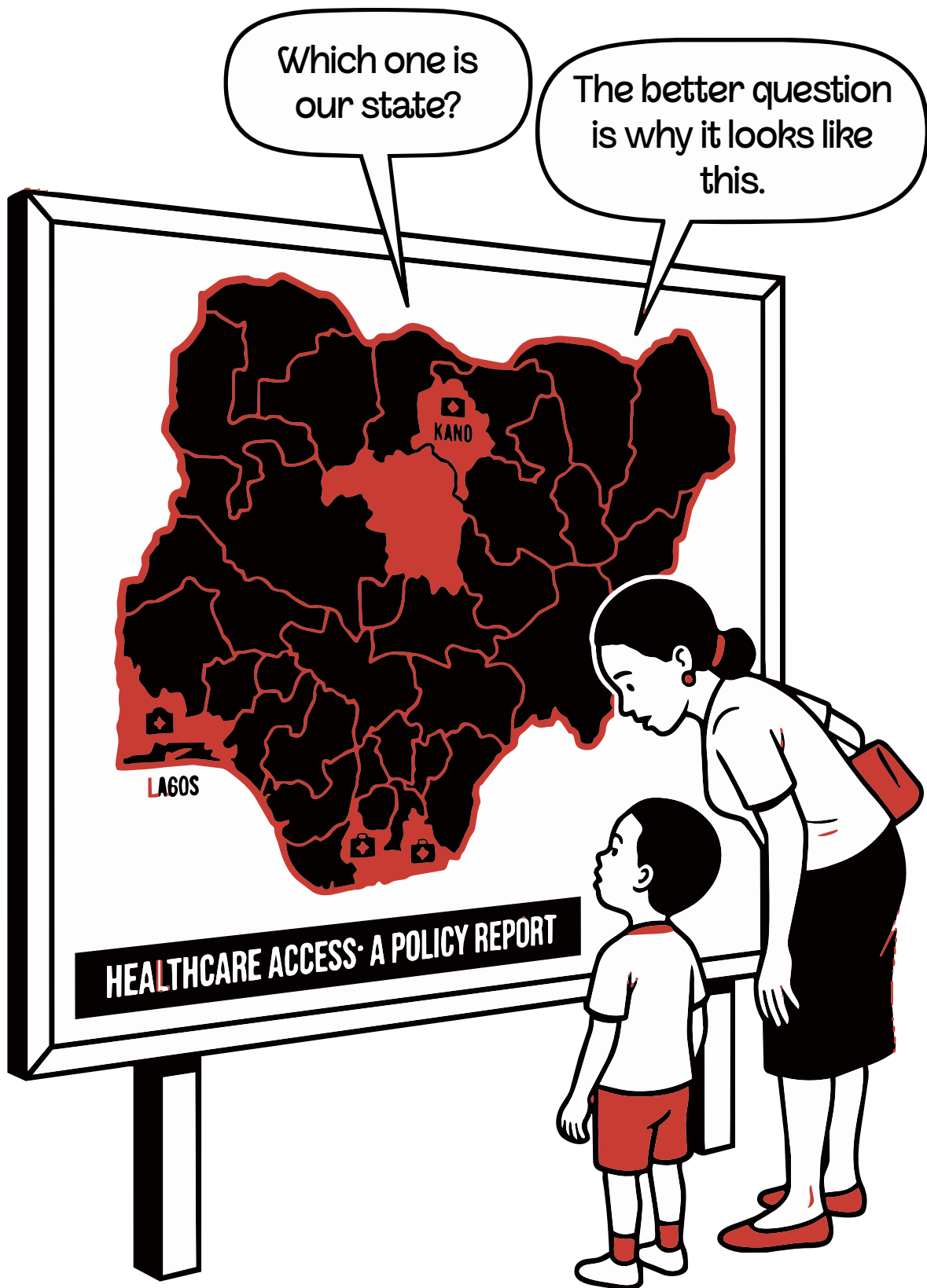
#### WHAT THIS MEANS

Nigeria has the funding mechanism. It also has a structural leakage problem between funding and delivery. The South East is the most extreme case – of 1,275 BHCPF-funded facilities, only 4 are operational. This is not an argument against funding; it is an argument for outcome-tracking. The question is not “was money disbursed?” – it is “did a patient receive care?”

#### WHAT TO DO WITH THIS

Demand transparency from the National Health Insurance Authority and the NPHCDA on the BHCPF disbursement-to-service ratio in your state. Ask publicly: how many of the BHCPF-funded facilities in your LGA delivered care last quarter? The numbers exist. They are simply not being published.





## CHAPTER 8 / FIND YOUR ZONE



## EVERY STATE, EVERY ZONE, EVERY METRIC.

The previous seven chapters showed national rankings. This chapter is a reference: every state in every zone, with all the key metrics in one place. Find your zone, find your state, and find the state next to yours. Compare. Then ask why.








Three numbers carry across every table on this page:

- Op % – the share of the state’s PHCs that are currently operational.
- Div % – the share with a functional delivery room.
- Level 2 – the count of model PHC facilities (the NPHCDA ward standard).

**Also shown:** Revitalized – facilities that have been upgraded under the NPHCDA revitalisation programme, and BHC PF – facilities receiving Basic Healthcare Provision Fund gateway support.








### NORTH WEST — 7 STATES, 7,052 PHCS (87.5% OPERATIONAL)

The North West has Nigeria’s largest PHC network. It also has the country’s lowest delivery-room coverage (34%). Kaduna leads on operational rate and Level 2 PHCs; Katsina has the most facilities but the lowest maternal-infrastructure coverage in the country (8.4%).

STATE	TOTAL	OP %	DLV %	LEVEL 2	REVITALIZED	BHC PF
 Katsina	1,724	74.4%	8.4%	138	113	350
 Kano	1,242	97.9%	33.7%	150	180	492
 Kaduna	1,015	98.2%	71.7%	200	153	253
 Kebbi	885	96.4%	47.0%	85	26	225
 Jigawa	777	62.4%	13.6%	176	172	279
 Sokoto	724	93.8%	45.2%	50	131	244
 Zamfara	685	96.6%	37.7%	37	75	139







### NORTH CENTRAL — 7 STATES, 5,927 PHCS (83.6% OPERATIONAL)

Strong on delivery-room coverage (65.6% – highest in Nigeria). Nasarawa keeps 98.5% of its PHCs operational, while Kogi and Benue have the zone’s lowest rates. FCT, despite housing the federal capital, has only 284 facilities and 4 revitalized.

STATE	TOTAL	OP %	DLV %	LEVEL 2	REVITALIZED	BHCPF
 Niger	1,406	93.8%	65.9%	113	46	270
 Benue	1,007	66.7%	51.6%	105	81	266
 Plateau	979	94.1%	81.3%	58	98	208
 Kogi	928	59.1%	43.3%	36	108	233
 Nasarawa	787	98.5%	81.2%	89	60	148
 Kwara	536	93.7%	75.7%	88	92	190
 FCT	284	76.1%	71.1%	60	4	62







### NORTH EAST — 6 STATES, 4,222 PHCS (73.0% OPERATIONAL)

Bauchi alone has more than a quarter of the zone’s PHCs. Taraba leads on operational rate (89.6%); Yobe trails on every indicator including delivery-room coverage (20.3%). Borno and Adamawa, despite security challenges, maintain mid-range operational performance.

STATE	TOTAL	OP %	DLV %	LEVEL 2	REVITALIZED	BHCPF
 Bauchi	1,119	79.5%	42.8%	95	131	212
 Taraba	791	89.6%	57.5%	58	67	168
 Adamawa	787	63.7%	37.9%	98	102	226
 Gombe	606	77.1%	50.8%	95	170	115
 Yobe	543	54.3%	20.3%	126	43	161
 Borno	376	58.5%	40.4%	66	108	120

### SOUTH WEST — 6 STATES, 3,446 PHCS (61.0% OPERATIONAL)

The zone with the widest internal gap. Oyo runs at 94.7% operational and 80.1% delivery-ready – among the best in Nigeria. Lagos, in the same zone, has the worst operational rate in the country (32.7%) and the third-worst delivery rate (19.2%). Same zone, opposite outcomes.

STATE	TOTAL	OP %	DLV %	LEVEL 2	REVITALIZED	BHCPF
 Osun	885	54.1%	42.9%	47	192	327
 Oyo	760	94.7%	80.1%	145	104	312
 Ondo	596	62.8%	57.4%	88	66	200
 Ogun	520	52.9%	47.1%	108	62	227
 Lagos	364	32.7%	19.2%	86	57	288
 Ekiti	321	42.1%	27.7%	82	94	177

**SOUTH SOUTH — 6 STATES, 3,039 PHCS (73.3% OPERATIONAL)**

Akwa Ibom and Cross River both run at 97%+ operational, but Delta, Rivers, and Bayelsa sit below 46%. The state-to-state gap is more than 50 percentage points. Rivers has revitalized the most PHCs in the zone (146) but still has the third-worst operational rate.

STATE	TOTAL	OP %	DLV %	LEVEL 2	REVITALIZED	BHCPF
Cross River	1,023	97.1%	76.1%	110	8	187
Edo	492	67.5%	62.2%	46	79	146
Akwa Ibom	478	98.1%	65.9%	28	10	316
Delta	465	40.2%	38.7%	63	126	246
Rivers	360	40.6%	25.0%	88	146	205
Bayelsa	221	45.7%	33.0%	35	12	102

**SOUTH EAST — 5 STATES, 3,025 PHCS (55.1% OPERATIONAL)**

The lowest-performing zone on operational rate, Level 2 share, and BHCPF effectiveness. Abia is the only state above 70% operational. Ebonyi has revitalized just 2 facilities — the lowest in the country. All five states have a non-operational rate above 30%.

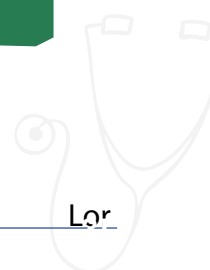
STATE	TOTAL	OP %	DLV %	LEVEL 2	REVITALIZED	BHCPF
Abia	757	70.3%	53.5%	55	68	190
Imo	609	43.5%	34.6%	44	9	327
Anambra	594	43.6%	27.1%	64	53	328
Enugu	556	49.8%	43.0%	57	30	258
Ebonyi	509	65.6%	53.0%	59	2	172

**WHAT THIS MEANS**

Look down the column for your zone. In every zone, at least one state is delivering decent operational and delivery numbers. The gap between best and worst within a single zone is, on average, 35 percentage points. This rules out culture, geography, climate, and ethnicity as the cause. What changes from one state to the next is the leadership of the state health system. That is the single biggest variable in this entire dataset.

**WHAT TO DO WITH THIS**

Identify the best-performing state in your zone (the one with the highest Op % above). Then ask: what is that state doing that mine is not? If you are in a Northern zone, the answer is often “more Level 2 PHCs and a tighter operational chain.” If you are in a Southern zone, the answer is often “the state actually keeps its facilities open.” Either way, the solution is visible inside the same dataset.











CHAPTER 9 / WHAT THE NUMBERS DEMAND

## FOUR FIXES THE DATA POINTS TO.

Across eight chapters, four patterns have surfaced. None of them is a mystery. None requires new data. Each one names a specific number, a specific gap, and a specific actor who should move.

<h1>6,505</h1> <p>PHCs to reopen name them; assign a deadline</p>	<h1>13,855</h1> <p>Delivery rooms to build the most consequential gap</p>	<h1>N</h1> <p>Track BHCPF outcomes 62.1% not just disbursements</p>
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THE FOUR DEMANDS, WITH NAMED ACCOUNTABILITY

	THE NUMBER	THE DEMAND	WHO MUST ACT?
1.	 <b>6,505 PHCs</b> non-operational	Publish a quarterly reopening list, with facility names and budget lines.	<b>State Commissioners for Health</b>
2.	 <b>13,855 PHCs</b> without delivery rooms	Prioritise maternal-infrastructure renovation in the next budget cycle.	<b>NPHCDA + state governments</b>
3.	 <b>6,437 wards</b> without a Level 2 PHC	Publish the ward-by-ward upgrade map.	<b>Federal Ministry of Health</b>
4.	 <b>62% of BHCPF</b> money not producing care	Demand quarterly outcome reports, not disbursement reports.	<b>National Assembly + NHIA</b>

## THE STATE-LEVEL CHECKLIST

Citizens can ask their state government three things this week:

- How many of the PHCs listed in my LGA are operational right now? Names, please.
- How many of those PHCs have a delivery room? If they do not, when will they?
- How much of the BHCPF gateway funding allocated to my state in the last quarter reached a facility that actually treated patients?



### WHAT THIS MEANS

The PHC crisis is not a knowledge problem. It is an accountability problem. The numbers in this story tell us exactly what is broken, where, and at roughly what scale of repair. The next question — the one this data story cannot answer — is who will act on them. That is a question for citizens to keep asking.



### WHAT TO DO WITH THIS

Share this story with your community. Tag your state Commissioner for Health on social media. Tag the NPHCDA state coordinator. Ask publicly: by when? The data is already in. What is missing is the public pressure that turns numbers into change.



## APPENDIX / STATE-BY-STATE LOOKUP



The authoritative state-by-state numbers used throughout this report. If any chapter figure disagrees with this table, the table wins.

STATE	ZONE	TOTAL PHC'S	OPERATIONAL	WITH DELIVERY ROOM	LEVEL 2
Abia	South East	757	532 (70.3%)	405 (53.5%)	55
Adamawa	North East	787	501 (63.7%)	298 (37.9%)	98
Akwa Ibom	South South	478	469 (98.1%)	315 (65.9%)	28
Anambra	South East	594	259 (43.6%)	161 (27.1%)	64
Bauchi	North East	1,119	890 (79.5%)	479 (42.8%)	95
Bayelsa	South South	221	101 (45.7%)	73 (33.0%)	35
Benue	North Central	1,007	672 (66.7%)	520 (51.6%)	105
Borno	North East	376	220 (58.5%)	152 (40.4%)	66
Cross River	South South	1,023	993 (97.1%)	779 (76.1%)	110
Delta	South South	465	187 (40.2%)	180 (38.7%)	63
Ebonyi	South East	509	334 (65.6%)	270 (53.0%)	59
Edo	South South	492	332 (67.5%)	306 (62.2%)	46
Ekiti	South West	321	135 (42.1%)	89 (27.7%)	82
Enugu	South East	556	277 (49.8%)	239 (43.0%)	57
FCT	North Central	284	216 (76.1%)	202 (71.1%)	60
Gombe	North East	606	467 (77.1%)	308 (50.8%)	95
Imo	South East	609	265 (43.5%)	211 (34.6%)	44
Jigawa	North West	777	485 (62.4%)	106 (13.6%)	176
Kaduna	North West	1,015	997 (98.2%)	728 (71.7%)	200
Kano	North West	1,242	1,216 (97.9%)	419 (33.7%)	150
Katsina	North West	1,724	1,282 (74.4%)	145 (8.4%)	138
Kebbi	North West	885	853 (96.4%)	416 (47.0%)	85
Kogi	North Central	928	548 (59.1%)	402 (43.3%)	36
Kwara	North Central	536	502 (93.7%)	406 (75.7%)	88
Lagos	South West	364	119 (32.7%)	70 (19.2%)	86

STATE	ZONE	TOTAL PHC'S	OPERATIONAL	WITH DELIVERY ROOM	LEVEL 2
Nasarawa	North Central	787	775 (98.5%)	639 (81.2%)	89
Niger	North Central	1,406	1,319 (93.8%)	926 (65.9%)	113
Ogun	South West	520	275 (52.9%)	245 (47.1%)	108
Ondo	South West	596	374 (62.8%)	342 (57.4%)	88
Osun	South West	885	479 (54.1%)	380 (42.9%)	47
Oyo	South West	760	720 (94.7%)	609 (80.1%)	145
Plateau	North Central	979	921 (94.1%)	796 (81.3%)	58
Rivers	South South	360	146 (40.6%)	90 (25.0%)	88
Sokoto	North West	724	679 (93.8%)	327 (45.2%)	50
Taraba	North East	791	709 (89.6%)	455 (57.5%)	58
Yobe	North East	543	295 (54.3%)	110 (20.3%)	126
Zamfara	North West	685	662 (96.6%)	258 (37.7%)	37

**Data source:**

NPHCDA facility register, as compiled in the dataset attached to this report.

**Methodology:**

*Operational = listed by NPHCDA as currently providing services.*

*Non-operational = listed but not currently functional.*

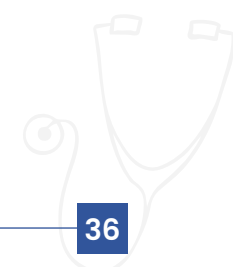
*Level 2 PHC = fully staffed and equipped model facility per the NPHCDA Ward Health System standard.*

*Delivery room = facility-level field indicating presence of a labour and delivery space.*

*Revitalized = facility upgraded under the NPHCDA revitalisation programme.*

*BHCPF = facilities registered for Basic Healthcare Provision Fund gateway support.*

*Ward count from INEC delineation; per-ward population estimate assumes roughly 23,000 residents per ward.*



# If Government Borrows Billions... Shouldn't Citizens see result???

## Borrowing isn't the problem.

Understanding how borrowed funds are used—and whether they deliver results—is what matters.



The Nigerian government continues to access loans to finance priority projects and programs across key sectors for national development.



That debt is supposed to deliver this.



**INFRASTRUCTURE**  
Better roads, bridges, and reliable power



**EDUCATION AND HEALTH**  
Functional Schools, hospitals and quality Services.



**WATER AND SANITATION**  
Clean water, toilets and a healthier environment.



**TRANSPORTION**  
Safe, Affordable and efficient public transport.



**JOBS AND LIVELIHOOD**  
Opportunities that create jobs and lift communities.

These are the results Nigerians have the right to see.



Follow the money.  
Track where it goes.

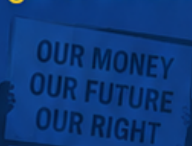


Check the impact.  
Are projects delivered?



Demand accountability.  
Hold leaders to account.

**Informed citizens. Better governance.**  
**Stronger Nigeria.**



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