# BASELINE MAPPING REPORT:

# HUMAN RESOURCES FOR HEALTH (HRH) GAP ANALYSIS AND STRATEGIC RECRUITMENT PLAN FOR PRIMARY HEALTHCARE (PHC) IN GOMBE STATE (2025–2029)

**GOMBE STATE MINISTRY OF HEALTH**

**March, 2025**

Gombe State Ministry of Health
Primary Health Care Development Agency

## FOREWORD

A robust and efficient healthcare system relies on the strength of its workforce. The lack of skilled, motivated, and adequately staffed health professionals remains a significant challenge in delivering quality healthcare services to our community, irrespective of the resources available in hospitals and Primary Health Centres (PHCs). The Gombe State Government is committed to improving the Human Resources for Health (HRH) system, acknowledging its significance within the broader Universal Health Coverage (UHC) initiative. This baseline mapping report and the Multi-Year HRH Recruitment and Sustainability Plan (2025–2030) is designed to systematically recruit, train, deploy, and retain health workers across all PHCs in the state, ensuring that every community has access to quality healthcare services. This plan ensures that all communities, including urban, rural, and underserved areas, have access to qualified healthcare providers. The plan aligns with the Gombe State Health Sector Reform Agenda under the visionary leadership of His Excellency Mohammadu Inuwa Yahaya and is essential to our goal of positioning Gombe as the healthiest state in Nigeria.

I urge all stakeholders, including health workers, policymakers, development partners, private sector representatives, and the residents of Gombe State, to support the full implementation of this plan. Let's collaborate to create a resilient health workforce and a healthier future for our state.

**Dr. Habu Dahiru**
Honourable Commissioner for Health
Gombe State Government

## ACKNOWLEDGMENT

We would like to extend our heartfelt appreciation to His Excellency, Muhammdu Inuwa Yahaya, CON, (Dan Majen Gombe), Executive Governor of Gombe State, for his insightful leadership and steadfast dedication to the transformation of healthcare. The focus of his administration on revitalising Primary Health Care (PHC) and investing in human capital development has laid the groundwork for this plan.

We express our heartfelt gratitude to the Honourable Commissioner for Health, Dr. Habu Dahiru (Danmasanin Deba), for his strategic guidance, policy knowledge, and unwavering commitment to ensuring that this baseline mapping report and the recruitment plan is in harmony with the broader health sector reform agenda of Gombe State. His commitment to enhancing HRH systems and service delivery has played a crucial role in shaping this initiative.

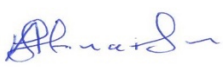
We extend our heartfelt gratitude to the Permanent Secretaries of the Ministry of Health, Dr. Ibrahim Yakubu Usman, and the Ministry of Budget and Economic Planning, Alh. Jalo Ibrahim Ali mni, for their unwavering dedication to enhancing primary healthcare services. Their exemplary leadership in promoting HRH strengthening, workforce expansion, and service equity throughout all LGAs is truly commendable. Their effort and dedication have played a vital role in the success of this plan.

We express our gratitude to the Director of Planning, Research, and Statistics (DPRS), Dr. Suraj Abdulkarim Abdullahi, for his thorough research, insightful data analysis, and valuable policy recommendations, which have guaranteed that this HRH plan is grounded in evidence and consistent with national and global HRH best practices.

Additionally, we express our gratitude to Mr. Jamilu Usman and Mr. Paul Balogun, whose technical skills, coordination efforts, and steadfast commitment to workforce planning and implementation have greatly enhanced the depth and quality of this document.

Finally, we acknowledge and value the efforts of all health professionals, government agencies, development partners, and staff of the agency who contributed to the development of this HRH recruitment and sustainability plan. Your collaboration and input will propel the successful execution of this initiative, ensuring that every citizen of Gombe State has access to skilled, motivated, and properly assigned health professionals.

Together, we are building a stronger, more resilient healthcare system for the people of Gombe State.



**Dr Abdulraham Shuaibu**
Executive Secretary
Gombe State Primary Healthcare Development Agency

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## LIST OF ABBREVIATIONS AND ACRONYMS

| ABBREVIATION | MEANING |
|---|---|
| **AIDS** | Acquired Immunodeficiency Syndrome |
| **ART** | Antiretroviral Therapy |
| **CHOs** | Community Health Officers |
| **CHEWs** | Community Health Extension Workers |
| **DLI** | Disbursement Linked Indicators |
| **DST** | Directly Observed Treatment |
| **FH** | Family Health |
| **GOPH** | Gombe State Ministry of Health |
| **GPMHS** | Gombe State Ministry of Health |
| **GPHCDA** | Gombe State Primary Healthcare Development Agency |
| **HIV** | Human Immunodeficiency Virus |
| **HU** | Health Unit |
| **IMN** | Infant Mortality Rate |
| **JCHEW** | Junior Community Health Extension Worker |
| **LGA** | Local Government Area |
| **MOH** | Ministry of Health |
| **MSP** | Minimum Service Package |
| **NGO** | Non-Governmental Organization |
| **NPHCDA** | National Primary Health Care Development Agency |
| **NTD** | Neglected Tropical Diseases |
| **PHC** | Primary Health Care/Primary Health Centre |
| **PHCDA** | Primary Health Care Development Agency |
| **RHS** | Rural Health Scheme |

| ABBREVIATION | MEANING |
|---|---|
| **RHU** | Rural Health Unit |
| **SFP** | Seasonal Malaria Chemoprevention |
| **STIs** | Sexually Transmitted Infections |
| **SWAp** | Sector Wide Approach |
| **TB** | Tuberculosis |
| **UHC** | Universal Health Coverage |
| **UHMIS** | Universal Health Management Information System |
| **WASH** | Water, Sanitation and Hygiene |
| **WHO** | World Health Organization |

## LIST OF CONTRIBUTORS

| S/N | Name | Designation | Organization |
|---|---|---|---|
| 1 | Dr habu Dahiru | HCH | State Ministry of health |
| 2 | Dr Abdulrahman Shuibu | Es GPHCDA | GSPHCDA |
| 3 | Alh. Jalo Ibrahim Ali mni | PS | Ministry of Budget and Economic Planning |
| 4 | Istakis Christopher | M&E officer | GSPHCDA |
| 5 | Dr Suraj Abdulkarim | DPRS, SMOH | State Ministry of health |
| 6 | Jamilu Usman | Project officer | DIG consult |
| 7 | Ester Okunola Ojo | HRH officer | DIG consult |
| 8 | Paul Balogun | Project Coordinator | Sufabel Community Development Initiative |
| 9 | Dr. Vahyala Adamu Tari | Senior Lecturer | Nigeria Police Academy POLAC |
| 10 | Dr. Adamu Abba | Senior Lecturer | Gombe State University |
| 11 | Amdo Nehemiah Nicodemus | Human Resource Information System Officer | Gombe State Primary HealthCare Development Agency |
| 12 | Mua'azu Bappah | HR Research and Management Officer | Gombe State Primary HealthCare Development Agency |
| 13 | Umar Lawal | ICT /Biometric Officer | Gombe State Primary HealthCare Development Agency |
| 14 | Oluwatosin Oke | PFM specialist | Former USAID, State to State |
| 15 | Dr Adamu Jibir | Programme Coordinator (PC) | HOPE Project Gombe State |
| 16 | Ruth Abel | HRH | State Ministry of health |

## EXECUTIVE SUMMARY

This report presents a comprehensive baseline mapping and Human Resources for Health (HRH) gap analysis of Gombe State's Primary Health Care (PHC) system, conducted in alignment with the Minimum Service Package (MSP 2024–2028), and in fulfillment of DLI 5.2 of the Nigeria Human Capital Opportunities for Prosperity and Equality Governance (HOPE-Gov) project. The analysis applied a mixed-methods approach, incorporating facility surveys across 598 PHC facilities, historical staffing records, stakeholder interviews, and the HRH Optimization Tool to validate and triangulate workforce data.

Findings reveal a total requirement of 10001 health workers across all PHC facility types (PHCCs, PHCs, Health Clinics, and Health Posts), whereas only 3419 staff are currently deployed, indicating a staffing shortfall of 6582, workers or 66% below national standards. Notably, key cadres such as doctors, nurses/midwives, and medical laboratory technicians are critically underrepresented, while Environmental Health Officers (EHOs) and Health Attendants are overstaffed in some locations. The skilled health worker density is just 2.5 per 10,000 population, far below the national benchmark of 10 per 10,000. Disparities are particularly pronounced in rural LGAs like Kaltungo, Nafada, and Yalmatu Deba.

To address these gaps, the report outlines a five-year strategic recruitment and deployment plan (2025–2029) targeting 6,582 new hires, including attrition replacement. The plan is structured to prioritize underserved rural areas (81% of total recruits), backed by a costed budget of ₦13.2 billion for salaries, training, and retention incentives. Gender analysis reveals a modest female majority in overall staffing (52.3%), though local disparities persist. Additionally, a robust training needs matrix and phased upskilling strategy are included to ensure that new and existing staff meet MSP service expectations.

Finally, the report emphasizes sustainability measures, including integration into state budgeting cycles, stakeholder coordination, and a monitoring framework to ensure long-term impact. With timely implementation, this HRH plan can reposition Gombe's PHC sector to deliver equitable, quality, and people-centered healthcare, and advance progress toward Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs).

## 1.0 INTRODUCTION

A well-functioning health workforce is the backbone of any effective healthcare system. In Gombe State, Nigeria, the Primary Health Care (PHC) system faces significant challenges in terms of workforce availability, distribution, and competency. These challenges hinder the delivery of essential health services and the achievement of Universal Health Coverage (UHC). This baseline mapping report provides a comprehensive assessment of the current HRH situation, identifies critical gaps, and offers strategic recommendations to strengthen the health workforce in Gombe State.

Gombe State is committed to improving access to quality healthcare services for all its residents. However, the state's health system struggles with inadequate staffing levels, uneven distribution of health workers, and skill mix imbalances. These issues are more pronounced in rural and underserved areas, where access to healthcare is most limited. Addressing these challenges is essential to ensure equitable access to healthcare and to meet the health-related Sustainable Development Goals (SDGs).

The PHC system in Gombe State is organized into 11 Local Government Areas (LGAs), each responsible for managing and coordinating PHC services within its jurisdiction. There are a total of 456 PHC facilities across the state, including PHC centers, maternal and child health (MCH) clinics, and rural health posts. These facilities serve as the first point of contact for healthcare services for the majority of the population, particularly in rural and underserved areas. The PHC system is designed to provide comprehensive primary healthcare services, including maternal and child health, immunization, disease prevention and control, and basic curative services. However, the distribution of PHC facilities is uneven, with higher concentrations in urban areas and significant gaps in rural regions.

The health workforce in Gombe State is characterized by severe shortages across all cadres. The state currently employs only 3,874 health workers, far below the total requirement of 13,224, to meet the MSP standards. This represents a significant gap of 11,350 health workers. The shortage is most critical for doctors, medical laboratory scientists, and other specialized cadres, with none of the PHC facilities having a resident doctor. Additionally, there is a heavy reliance on lower cadres such as Community Health Extension Workers (CHEWs) and Junior Community Health Extension Workers (JCHEWs), who are often overburdened and lack specialized training.

The state’s health workforce also faces challenges in terms of distribution. Urban areas have relatively better staffing levels compared to rural areas, where health workers are severely concentrated.

The document also highlights the urgent need for targeted interventions to recruit, train, and retain health workers, particularly in rural and underserved areas. By addressing these challenges, Gombe State can build a resilient health workforce capable of delivering high-quality care to all communities.

## 2.0 METHODOLOGY

This section outlines the methodological approach used to conduct the baseline mapping and the Human Resources for Health (HRH) Gap Analysis for Gombe State's Primary Health Care (PHC) system. The analysis employed a mixed-methods approach to comprehensively assess the current state of the health workforce and identify gaps in relation to the Minimum Service Package (MSP) 2024–2028 and Universal Health Coverage (UHC) objectives.

### 2.1 Data Sources and Collection

The data for the baseline mapping and HRH Gap Analysis was collected through multiple sources to ensure comprehensiveness and accuracy. **Primary data** was gathered through a comprehensive survey of all 456 PHC facilities across the 11 LGAs in Gombe State. This involved the use of standardized questionnaires and data collection forms designed to capture detailed information on staffing levels, cadre distribution, facility infrastructure, and service delivery capacity. Additionally, **secondary data** was obtained from the Gombe State Ministry of Health, the Primary Health Care Development Agency, and relevant government databases. This included historical staffing records, health service utilization data, and existing HRH policies and plans. **Stakeholder interviews** with health officials, facility managers, and health workers were also conducted to gather qualitative insights into the challenges and dynamics of the PHC system.

To enhance the **reliability and validity** of the collected data, the HRH Optimization tool was employed. This tool provided a systematic approach to compiling and validating the data, ensuring consistency and minimizing errors. It allowed for the integration of data from various sources and facilitated the identification of discrepancies and outliers, which were then verified through additional checks and cross-referencing with facility records.

### 2.2 Analytical Framework

The analysis employed a multi-dimensional framework to assess the HRH situation. **Descriptive analysis** was used to map the distribution of PHC facilities and staffing levels across LGAs. **Comparative analysis** was conducted to evaluate the current workforce against the recommended standards outlined in the Gombe State Minimum Service Package (MSP) 2024 – 2028. This involved calculating staff-to-population ratios and comparing them with national and international benchmarks. **Gap analysis** was performed to quantify the shortfalls in staffing levels for each cadre. **Equity analysis** was applied to examine disparities in staffing between urban and rural areas, as well as gender distribution within the workforce. **A heat map visualization** technique was employed to highlight critical gaps and prioritize areas for intervention. Furthermore, a **cost-benefit analysis** was conducted to assess the financial implications of the proposed recruitment and training plan.

The **HRH Optimization tool** played a crucial role in the analytical process. It provided advanced data analysis capabilities, enabling the identification of trends, patterns, and potential bottlenecks in the health workforce. The tool facilitated the application of various analytical techniques, such as predictive modeling and scenario analysis, to forecast future HRH requirements and evaluate the impact of different intervention strategies. It also supported the development of the strategic recruitment and deployment plan by simulating different recruitment scenarios and optimizing resource allocation to achieve the desired workforce levels within the given constraints.

### 2.3 Definitions and Assumptions

Key terms and assumptions were clearly defined to ensure consistency in the analysis. PHC facilities were categorized according to the national classification system, including PHC centers, maternal and child health centers, and health posts. HRH cadres were defined based on the national health workforce taxonomy, including doctors, nurses/midwives, community health officers, CHEWs, JCHEWs, and others. The analysis assumed that the recommended staffing levels in the MSP are achievable and sufficient to meet the health needs of the population. It also assumed that the current health service utilization rates and disease burden patterns would remain relatively stable over the planning period. Additionally, the analysis assumed that the proposed recruitment and training plan would be implemented as scheduled, with no significant disruptions.

### 2.4 Limitations

Despite the rigorous data collection and analysis process, several limitations were acknowledged. Data accuracy was a potential issue due to inconsistencies in record-keeping across facilities. Some staffing records were found to be incomplete or outdated, which may have affected the precision of the gap calculations. The analysis was also constrained by the availability of data on certain aspects, such as the competency levels and training needs of the existing workforce. Furthermore, the analysis did not account for potential changes in health service delivery models or technological advancements that could influence future HRH requirements. Finally, the financial projections were based on current salary scales and benefit packages, which may be subject to change due to policy reforms or economic factors.

## 3.0 HEALTH SYSTEM & HRH CONTEXT IN GOMBE STATE

### 3.1 Overview of PHC Structure

Gombe State's primary health care (PHC) system is organized into 11 Local Government Areas (LGAs), each responsible for managing and coordinating PHC services within its jurisdiction. There is a total of 598 PHC facilities across the state, including PHC centers, maternal and child health (MCH) clinics, and rural health posts (1). These facilities serve as the first point of contact for healthcare services for the majority of the population, particularly in rural and underserved areas. The PHC system is designed to provide comprehensive primary healthcare services, including maternal and child health, immunization, disease prevention and control, and basic curative services. However, the distribution of PHC facilities is uneven, with higher concentrations in urban areas and significant gaps in rural regions.

### 3.2 National and State HRH Policies

The Nigerian National Health Policy emphasizes the importance of a well-trained and adequately distributed health workforce to achieve Universal Health Coverage (UHC) (2). The Primary Health Care Development Agency (PHCDA) has established standards and guidelines for HRH in PHC facilities, including recommended staffing levels and skill mix (3). **At the state level**, Gombe State has developed its own health sector strategic plan, which aligns with the national goals and outlines specific objectives for strengthening the health system. The Gombe State Minimum Service Package (MSP) 2024–2028 sets clear benchmarks for staffing levels in PHC facilities to ensure the delivery of quality healthcare services (4). However, the implementation of these policies and standards has been challenging due to resource constraints and systemic bottlenecks.

### 3.3 State Demographic and Epidemiological Profile


Gombe State, with 11 LGAs as shown in the map, has a population of approximately 3.4 million people, with a growth rate of 2.8% per annum (5). The population is predominantly rural, with about 65% living in rural areas. The state has a young population, with over 45% under the age of 15 (6). The urbanization rate is relatively low, but it is increasing steadily, leading to higher demands for health services in urban centers. The epidemiological profile of the state is characterized by a high burden of communicable diseases such as malaria, tuberculosis, and respiratory infections (7). Maternal and child health indicators are also a major concern, with high maternal mortality ratio (MMR) and under-5 mortality rate (U5MR). Non-communicable diseases (NCDs) are emerging as a significant public health challenge, particularly in urban areas.

### 3.4 Health Status and Disease Burden

The health status of the population in Gombe State is generally poor, with limited access to quality healthcare services, especially in rural and underserved areas. The state has a high prevalence of maternal and child health issues, with an MMR of 580 per 100,000 live births and an U5MR of 120 per 1,000 live births (8). Malaria remains the leading cause of morbidity and mortality, accounting for over 40% of outpatient visits (9). Malnutrition is prevalent among children under five, with stunting rates exceeding 30% (10). The disease burden is further compounded by limited access to clean water and sanitation facilities, which contributes to the high incidence of waterborne diseases. The health system faces significant challenges in addressing these health issues due to inadequate HRH, poor infrastructure, and limited resources.

## 4.0 PHC FACILITY AND STAFFING OVERVIEW

This section provides an overview of the distribution and staffing levels of Primary Health Care (PHC) facilities across Gombe State. The data is based on comprehensive mapping of all 598 PHC facilities and 17 non-PHC facilities (14 Administrative Offices, and 3 posts at secondary facilities) spread across the 11 Local Government Areas (LGAs).

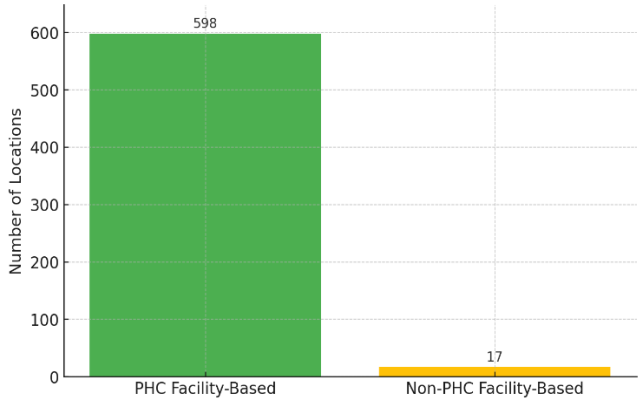
**Table 4.1 Current Operational Locations of Gombe State PHC Staff by LGA**

| LGA | PHCC | PHC | Health Clinic | Health Post | PHC Facility Subtotal | OFFICE | Others | Non-PHC Facility Subtotal | Grand Total |
|---|---|---|---|---|---|---|---|---|---|
| AKKO | 11 | 44 | 0 | 21 | 76 | 1 | 0 | 1 | 77 |
| BALANGA | 10 | 6 | 25 | 17 | 58 | 1 | 0 | 1 | 59 |
| BILLIRI | 10 | 33 | 0 | 23 | 66 | 1 | 0 | 1 | 67 |
| DUKKU | 11 | 41 | 0 | 19 | 71 | 1 | 1 | 2 | 73 |
| FUNAKAYE | 10 | 42 | 0 | 0 | 52 | 1 | 0 | 1 | 53 |
| GOMBE | 11 | 5 | 5 | 3 | 24 | 3 | 0 | 3 | 27 |
| KALTUNGO | 10 | 0 | 44 | 3 | 57 | 1 | 0 | 1 | 58 |
| KWAMI | 10 | 1 | 23 | 20 | 54 | 1 | 0 | 1 | 55 |
| NAFADA | 10 | 22 | 0 | 0 | 32 | 2 | 0 | 2 | 34 |
| SHONGOM | 10 | 29 | 1 | 13 | 53 | 1 | 0 | 1 | 54 |
| Y/DEBA | 11 | 0 | 18 | 26 | 55 | 1 | 2 | 3 | 58 |
| **Total** | 114 | 223 | 116 | 145 | **598** | 14 | 3 | **17** | **615** |

The distribution of operational locations where PHC staff are deployed across Gombe State shows that out of 615 total locations, 598 (97.2%) are facility-based comprising PHCCs, PHCs, Health Clinics, and Health Posts while only 17 (2.8%) are non-facility-based, such as offices and special facilities. This indicates that the vast majority of PHC staff are positioned at service delivery points within communities, supporting decentralized healthcare access. LGAs like Akko, Dukku, and Billiri have the highest number of facility-based locations, while non-facility deployments are mainly concentrated in Gombe, Dukku, and Yamaltu/Deba, suggesting strategic hubs for coordination and oversight functions.

**Figure 4.1 PHC Facility-Based vs Non-Facility-Based Operational Locations in Gombe State**

Here is the bar chart showing the number of operational locations for PHC staff in Gombe State. It clearly illustrates that the majority of deployments are in PHC facility-based locations (598), with only a small number (17) in non-facility-based locations such as offices and special facilities




Here is the bar chart showing the number of PHC staff distributed across different types of operational locations in Gombe State. It highlights that the majority of staff are posted at PHCCs (1,683) and PHCs (1,007), followed by Offices (609), Health Clinics (395), Health Posts (332), and a few in Special Facilities (26). This indicates a strong workforce presence at key service delivery points

**Table 4.2 Staff Distribution by Location Type**

| Category | PHC Staff Count | Non-PHC Staff Count |
|---|---|---|
| PHCC | 1683 | |
| PHC | 1007 | |
| Health Clinic | 397 | |
| Health Post | 332 | |
| Office | | 609 |
| None-PHC Facility | | 26 |
| **Subtotal** | **3419** | 635 |
| **Grand Total** | **4054** | **4054** |

The side-by-side summary of PHC staff deployment across Gombe State reveals a clear concentration of personnel within facility-based locations. Of the total 4,058 PHC staff, 84.4% (3,419 staff) are assigned to direct service delivery points, including Primary Health Care Centres (PHCCs – 1,683 staff), PHCs (1,007 staff), Health Clinics (397 staff), and Health Posts (332 staff). In contrast, only 15.6% (639 staff) are deployed in non-facility-based roles such as LGA PHC Offices (609 staff) and Special Facilities (30 staff). This distribution aligns with the state's focus on strengthening front-line health service delivery, ensuring that the majority of the workforce is positioned within community-accessible facilities. The relatively smaller proportion of staff in administrative supports system coordination, planning, and supervision functions essential to effective primary health care governance.

**Table 4.3: Distribution of Current Staff (Both Facility and Non-Facility) by LGA**

| LGA | SITE | STAFF | GENDER | |
|---|---|---|---|---|
| | | | Female | Male |
| AKKO | 77 | 644 | 278 (43.2%) | 366 (56.8%) |
| BALANGA | 59 | 308 | 127 (41.2%) | 181 (58.8%) |
| BILLIRI | 67 | 348 | 223 (64.1%) | 125 (35.9%) |
| DUKKU | 73 | 340 | 135 (39.7%) | 205 (60.3%) |
| FUNAKAYE | 53 | 406 | 175 (43.1%) | 231 (56.9%) |
| GOMBE | 27 | 508 | 292 (57.5%) | 216 (42.5%) |
| KALTUNGO | 58 | 159 | 113 (71.1%) | 46 (28.9%) |
| KWAMI | 55 | 394 | 209 (530.0%) | 185 (47.0%) |
| NAFADA | 34 | 185 | 67 (36.2%) | 118 (63.8%) |
| SHONGOM | 54 | 425 | 304 (71.5%) | 121 (28.5%) |
| Y/DEBA | 58 | 337 | 198 (58.8%) | 139 (41.2%) |
| **Total** | **615** | **4054** | **2121 (52.3%)** | **1933 (47.7%)** |

Table 4.3 presents the distribution of Primary Health Care (PHC) staff across Gombe State by LGA, number of sites, total staff strength, and gender composition. A total of 4,054 PHC staff are deployed across 615 sites in the 11 LGAs. Gender-wise, 52.3% (2,121) of the workforce are female, while 47.7% (1,933) are male, indicating a fairly balanced gender representation at the state level, with a slight female majority.

However, LGA-level analysis reveals significant gender disparities. Shongom (71.5%) and Kaltungo (71.1%) have the highest proportion of female staff, followed by Billiri (64.1%), suggesting strong female representation in these areas. In contrast, Nafada (36.2%) and Dukku (39.7%) have the lowest proportion of female staff, indicating male-dominated staffing. Gombe LGA, despite having the fewest sites (27), hosts a substantial number of staff (508), with female staff making up 57.5%, likely reflecting its administrative role. These disparities highlight the need for targeted gender equity efforts in recruitment and deployment, particularly in LGAs with a low female workforce, to promote inclusivity and ensure that health service delivery is culturally responsive across communities in Gombe State.

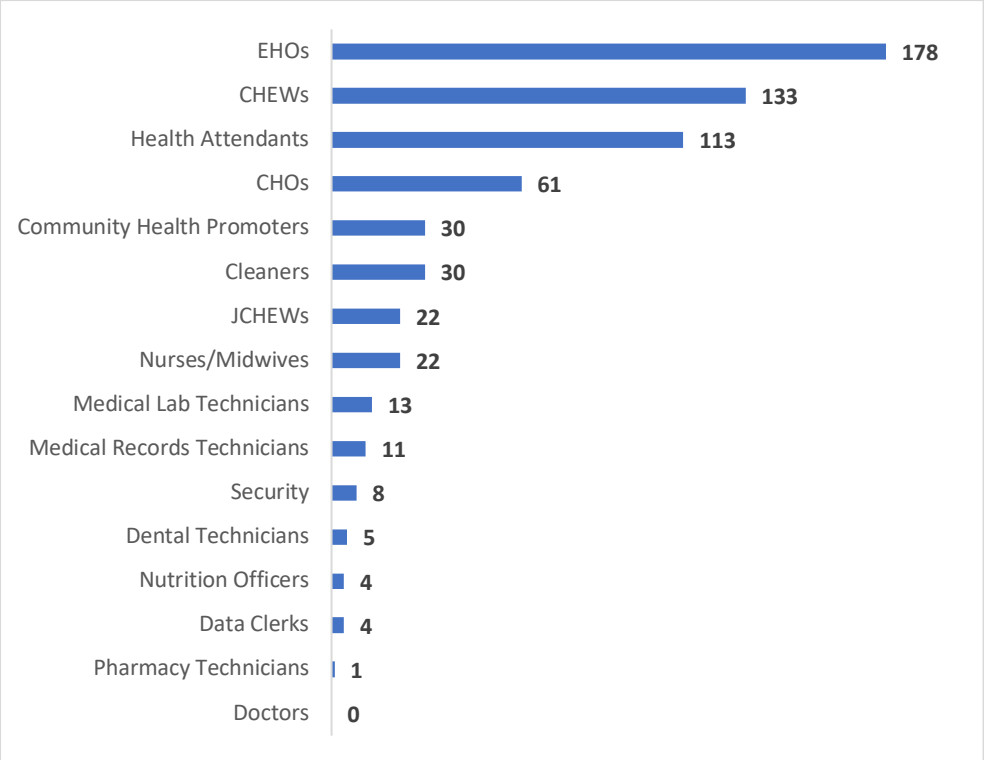
**Table 4.4 Facility-Based Staff by Cadre**

| Cadre | Health Clinic | Health Post | PHC | PHCC | Facility-Based Total |
|---|---|---|---|---|---|
| Doctors | 0 | 0 | 0 | 0 | 0 |
| Nurses/Midwives | 1 | 0 | 3 | 31 | 35 |
| CHOs | 8 | 2 | 19 | 92 | 121 |
| CHEWs | 98 | 55 | 244 | 389 | 786 |
| JCHEWs | 47 | 33 | 119 | 150 | 349 |
| EHOs | 106 | 99 | 233 | 291 | 729 |
| Pharmacy Technicians | 0 | 1 | 0 | 11 | 12 |
| Medical Records Technicians | 6 | 2 | 19 | 47 | 74 |

| | | | | | |
|---|---|---|---|---|---|
| Medical Lab Technicians | 5 | 1 | 7 | 82 | 95 |
| Dental Technicians | 0 | 0 | 8 | 17 | 25 |
| Health Attendants | 108 | 126 | 318 | 433 | 985 |
| Security | 6 | 2 | 11 | 47 | 66 |
| Cleaners | 4 | 7 | 9 | 41 | 61 |
| Data Clerks | 1 | 0 | 0 | 2 | 3 |
| Community Health Promoters | 2 | 0 | 12 | 17 | 31 |
| Nutrition Officers | 5 | 4 | 5 | 33 | 47 |
| **Total** | | | | | **3419** |

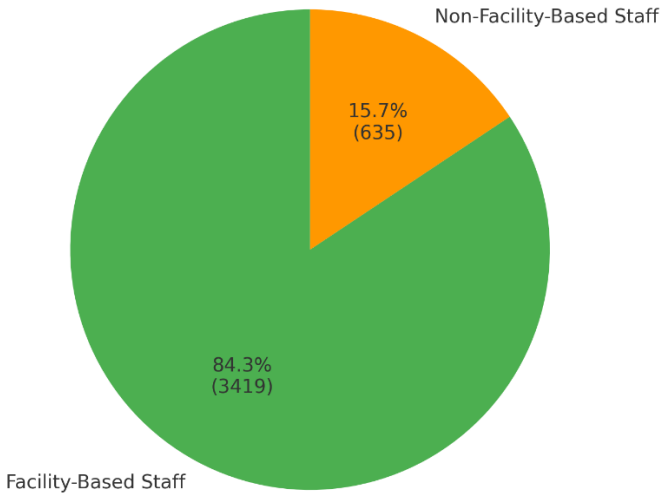
The Facility-Based Staff by Cadre in table 4.4 reveals that the bulk of the PHC workforce in Gombe State is concentrated in front-line service delivery points such as PHCCs, PHCs, Health Clinics, and Health Posts. Among all cadres, Health Attendants (985), CHEWs (786), and EHOs (729) constitute the largest groups deployed across these facilities, highlighting the system's reliance on community- and environmental-level health workers for primary care delivery. Notably, JCHEWs (349) and CHOs (121) also have substantial representation, supporting clinical and supervisory roles. Deployment of professional cadres like Nurses/Midwives (35) and Medical Lab Technicians (94) is relatively low, indicating potential gaps in skilled facility-based care. Doctors remain completely absent from all PHC facility levels, suggesting a critical shortage at the front-line level. This staffing pattern reflects a health system primarily driven by mid- and lower-level health workers, with a need to rebalance the workforce to enhance quality of care at the facility level.

**Figure 4.2 PHC Staff Distribution by Cadre (Non-Facility-Based)**



The visual distribution of non-facility-based PHC staff across Gombe State shows a strong concentration in support and mid-level health worker roles. Environmental Health Officers (EHOs) form the largest group with 178 staff, followed by Community Health Extension Workers (CHEWs) at 133, and Health Attendants at 113, indicating their key roles in administrative offices and special facility functions. Notably, higher-level clinical cadres like Doctors are completely absent, and Nurses/Midwives (22) and JCHEWs (22) are only minimally represented in non-facility settings. Technical cadres such as Medical Records Technicians (11), Medical Lab Technicians (13), and Data Clerks (4) are sparsely distributed, suggesting limited diagnostic and information management capacity at the administrative level. The presence of Cleaners (30) and Community Health Promoters (30) underscores a supportive environment, but the overall composition reflects a system where managerial and coordination functions rely heavily on mid- and low-level staff, with minimal specialist input. This highlights a potential need to enhance the skills mix within non-facility-based teams for improved oversight and system efficiency.

**Figure 4.3 Distribution of PHC Staff: Facility vs Non-Facility Based**




The pie chart in figure 4.3, illustrates the distribution of Primary Health Care (PHC) staff in Gombe State between facility-based and non-facility-based locations. Out of a total of 4,056 PHC staff, approximately 84.3% (3,417 staff) are deployed at facility-based locations, including PHCCs, PHCs, Health Clinics, and Health Posts. These are frontline service delivery points, reflecting the state's commitment to ensuring accessible community-based healthcare. In contrast, only 15.7% (639 staff) are located in non-facility-based settings, such as administrative offices and special facilities, which support coordination, supervision, and system oversight. This distribution demonstrates a strong focus on direct service provision, while also maintaining a lean administrative workforce to support the health system's operational needs.

**Table 4.5 Gender and PHC Facility Based Staffing Distribution**

| FACILITY | Sum of Total No. of Staff | Sum of No. Female | Sum of No. of Male |
|---|---|---|---|
| Health Clinic | 397 | 238 | 157 |
| Health Post | 332 | 146 | 186 |
| PHC | 1007 | 550 | 457 |
| PHCC | 1683 | 950 | 733 |
| **Grand Total** | **3419** | **1884** | **1533** |

Table 4.5 shows staff distribution across all primary health care facility types in Gombe State with a total of 3,419 personnel, with 1,884 females (55.1%) and 1,533 males (44.9%), indicating a female-majority workforce.
Among facility types:

- PHCCs (Primary Health Care Clinics), being the most comprehensive and better-resourced, account for the highest number of staff with 1,683, comprising 950 females and 733 males.
- PHCs follow with 1,007 staff, of which 550 are female and 457 males.
- Health Clinics have 397 staff, with a higher female proportion (238 females) compared to 159 males.
- Interestingly, Health Posts are the only facility type with more male staff (186) than female (146) out of 332 total staff, possibly reflecting deployment patterns in rural or hard-to-reach areas.

This distribution highlights gender imbalances across different facility types, with implications for equitable workforce planning, gender-sensitive HR policies, and facility-level support strategies.

**Table 4.6 Facility Types and Service Packages**

| Facility Type | Number of Facilities | Key Services Provided |
|---|---|---|
| PHCC (Primary Health Care Clinic) | 114 | Comprehensive primary care, emergency obstetric care, maternal and child health services, immunization, referral services, minor surgeries |
| PHC (Primary Health Centre) | 223 | Maternal and child health, outpatient care, antenatal services, basic lab tests, immunization, family planning |
| HC (Health Clinic) | 116 | Outpatient care, immunization, antenatal care, treatment of common illnesses |
| HP (Health Post) | 145 | Basic health promotion, immunization, first aid, referral to higher facilities |
| **Total** | **598** | |

Table 4.6 shows that Gombe State currently has a total of 598 Primary Health Care (PHC) facilities, distributed across four main categories: Primary Health Care Clinics (PHCCs), Primary Health Centres (PHCs), Health Clinics (HCs), and Health Posts (HPs). Each facility type plays a distinct role in the delivery of essential health services at the community level.

- PHCCs (114 facilities) provide the most comprehensive range of services, including emergency obstetric care, minor surgeries, referral services, and comprehensive maternal and child health care. These facilities serve as the first-level referral points within the PHC system.
- PHCs (223 facilities) focus on maternal and child health, outpatient consultations, antenatal care, immunization, basic laboratory services, and family planning, offering a broader but less specialized package than PHCCs.
- Health Clinics (116) deliver outpatient care, antenatal services, and treatment of common illnesses, with limited diagnostic or emergency capabilities.
- Health Posts (145) are the most basic facility type, providing health promotion, immunization, first aid, and facilitating referrals to higher-level centers.

This distribution suggests that while PHCs are the most common facility type (representing 37% of all facilities), there is a balanced spread of service tiers, allowing for scalability and coverage across rural and urban settings. The layered facility structure supports a referral-based PHC system, where clients can receive care appropriate to the level of need, with the ability to escalate to higher levels when necessary. However, the relatively lower number of PHCCs which are equipped to handle emergencies may indicate a need for strengthening or upgrading select PHCs to PHCC standards to improve emergency response capacity at the local level.

## 5.0 GAP ANALYSIS

To conduct an accurate workforce gap analysis, Gombe State adopted a facility-specific staffing standard derived from the National Primary Health Care Development Agency (NPHCDA) Minimum Standards for PHC (2012). This standard defines the ideal number of staff per cadre required in each type of primary health facility, namely PHC Centers, Maternal and Child Health (MCH) Clinics, and Rural Health Posts. The standard reflects the expected service package at each level and serves as a benchmark for identifying staffing gaps.

Table 5.1 below presents the required number of staff per cadre per facility type. It provides the baseline for comparing with current deployments in Gombe State to determine where significant surpluses or shortfalls exist. This analysis helps guide recruitment planning, staff redistribution, and training priorities to ensure each facility type is adequately staffed to deliver quality health services. The detailed breakdown of staff gap per facility is presented in Annex 2 of this report.

**Table 5.1 Staffing Standard per Cadre and Facility Type**

| Cadre | Health Post (HP) | Health Clinic (HC) | Primary Health Centre (PHC) | PHC Clinic (PHCC) |
|---|---|---|---|---|
| Doctors | 0 | 0 | 0 | 1 |
| Nurses/Midwives | 0 | 1 | 2 | 4 |
| CHOs | 0 | 0 | 1 | 1 |
| CHEWs | 1 | 2 | 3 | 4 |
| JCHEWs | 1 | 1 | 2 | 2 |
| EHOs | 0 | 1 | 1 | 1 |
| Pharmacy Technicians | 0 | 0 | 1 | 1 |
| Medical Records Technicians | 0 | 0 | 1 | 1 |
| Medical Lab Technicians | 0 | 0 | 1 | 2 |
| Dental Technicians | 0 | 0 | 0 | 1 |
| Health Attendants | 1 | 1 | 2 | 2 |
| Security | 1 | 1 | 1 | 2 |
| Cleaners | 1 | 1 | 1 | 2 |
| Data Clerks | 0 | 0 | 1 | 1 |
| Community Health Promoters | 0 | 1 | 2 | 2 |
| Nutrition Officers | 0 | 0 | 1 | 1 |

**Note:** Adapted from the National Primary Health Care Development Agency (NPHCDA) Minimum Standards for Primary Health Care in Nigeria (2012)

Table 5.1 outlines the recommended staffing standards by health worker cadre across the four tiers of primary healthcare facilities in Nigeria Health Post (HP), Health Clinic (HC), Primary Health Centre (PHC), and Primary Health Care Clinic (PHCC). These

standards are critical for ensuring a minimum service package is consistently delivered at each facility level.

- Health Posts, being the most basic facility type, are designed to operate with minimal staff. They require just two frontline workers: one Community Health Extension Worker (CHEW) and one Junior CHEW (JCHEW), making them suitable for delivering basic health promotion, first aid, and referrals.
- Health Clinics are expected to have a broader but still limited team that includes at least 1 Nurse/Midwife, 2 CHEWs, 1 JCHEW, and a few essential support staff (e.g., Cleaners, Security, Health Attendants). This supports delivery of outpatient care and preventive services like immunization and antenatal care.
- Primary Health Centres (PHCs) serve as the first-level comprehensive care facilities and are expected to be staffed with skilled health professionals, including 2 Nurses/Midwives, 1 CHO, 3 CHEWs, 2 JCHEWs, and technical support staff such as Lab Technicians, Medical Records, Pharmacy Technicians, and Nutrition Officers. This allows PHCs to offer maternal and child health services, family planning, minor treatment procedures, and diagnostic services.
- Primary Health Care Clinics (PHCCs) represent the most advanced level among PHC facilities. They are expected to have a full complement of staff, including a Medical Doctor, 4 Nurses/Midwives, 4 CHEWs, 2 Lab Technicians, Dental Technicians, and other support and administrative personnel. This configuration supports emergency obstetric care, minor surgeries, and comprehensive outpatient services, positioning PHCCs as the referral and coordinating hub for lower-level facilities.

This staffing standard ensures that human resources are aligned with service delivery expectations at each facility level. However, comparing this standard to actual staffing data (as seen in earlier tables) may highlight gaps in skilled personnel, especially in the areas of doctors, pharmacists, and lab professionals. Addressing such gaps will be essential for meeting national PHC performance benchmarks and improving health outcomes at the community level.

**Table 5.2 Facility Structure Under One PHCC**

| Facility Type | Expected No. Per PHCC | Function |
|---|---|---|
| PHCC (Primary Health Care Clinic) | 1 | Hub facility at ward level (comprehensive care + coordination) |
| PHC / HC (Health Centres or Clinics) | 4 – 5 | Mid-level PHC service delivery (maternal care, outpatient, etc.) |

| | | |
|---|---|---|
| HP (Health Posts) | 6 – 10 | Basic-level outreach and referral points in remote areas |

**Note:** Adapted from the National Primary Health Care Development Agency (NPHCDA) Minimum Standards for Primary Health Care in Nigeria (2012)

The recommended facility structure under a single Primary Health Care Clinic (PHCC) reflects a tiered and integrated model of service delivery aimed at ensuring accessibility, continuity, and referral efficiency within each ward. At the core of this structure is one PHCC per ward, functioning as the hub facility responsible for delivering comprehensive primary care services, including emergency obstetric care, minor surgeries, referral coordination, and administrative oversight of lower-tier facilities.

Each PHCC is expected to be supported by 4–5 PHCs or Health Clinics (HCs), which serve as mid-level service delivery points, offering outpatient care, maternal and child health services, antenatal care, immunization, and basic diagnostic services. These facilities act as the first point of clinical contact for most clients and provide upward referrals to the PHCC for more advanced care.

Further down the structure are 6–10 Health Posts (HPs), strategically located in hard-to-reach or underserved communities. Health Posts provide basic health promotion, first aid, immunization, and act primarily as referral gateways to higher-level facilities. This pyramid-like structure ensures that every community is within reasonable reach of essential health services, with a clear referral pathway from HPs to PHCs/HCs and up to the PHCC.

This model promotes equitable and decentralized healthcare delivery, supports task-shifting, and enables community-level surveillance and engagement. Successful implementation depends not only on the physical presence of these facilities but also on adequate staffing, supply chains, supervision, and transport systems to facilitate effective coordination and patient referrals.

**Table 5.3 PHC Centers Staffing Gap Analysis (114 PHC Centers)**

| Cadre | PHC Clinic (PHCC) | Total Expected | % of State Workforce | Current Workforce (PHCC) | Staffing Gap (-/+) |
|---|---|---|---|---|---|
| Doctors | 1 | 114 | 0.0% | 0 | -114 |
| Nurses/Midwives | 4 | 456 | 6.8% | 31 | -425 |
| CHOs | 1 | 114 | 80.7% | 92 | -22 |
| CHEWs | 4 | 456 | 85.3% | 389 | -67 |
| JCHEWs | 2 | 228 | 65.8% | 150 | -78 |
| EHOs | 1 | 114 | 255.3% | 291 | 177 |
| Pharmacy Technicians | 1 | 114 | 9.6% | 11 | -103 |
| Medical Records Technicians | 1 | 114 | 41.2% | 47 | -67 |

| | | | | | |
|---|---|---|---|---|---|
| Medical Lab Technicians | 2 | 228 | 36.0% | 82 | -146 |
| Dental Technicians | 1 | 114 | 14.9% | 17 | -97 |
| Health Attendants | 2 | 228 | 189.9% | 433 | 205 |
| Security | 2 | 228 | 20.6% | 47 | -181 |
| Cleaners | 2 | 228 | 18.0% | 41 | -187 |
| Data Clerks | 1 | 114 | 1.8% | 2 | -112 |
| Community Health Promoters | 2 | 228 | 7.5% | 17 | -211 |
| Nutrition Officers | 1 | 114 | 28.9% | 33 | -81 |

**Note:** Negative (–) gaps mean staff shortages, positive (+) gaps show surplus

Staffing analysis for Gombe State's 114 Primary Health Care Clinics (PHCCs) as guided by the National Primary Health Care Development Agency (NPHCDA) minimum standards reveals significant shortfalls across most critical health worker cadres, as shown in table 5.3. While each PHCC is expected to have at least one doctor, none are currently deployed, resulting in a 100% staffing gap. Similarly, only 31 out of 456 required Nurses/Midwives (6.8%) are in place. Key technical roles such as Pharmacy Technicians (9.6%), Medical Lab Technicians (36.0%), and Dental Technicians (14.9%) also show major deficits, indicating a limited capacity to provide essential clinical, pharmaceutical, and diagnostic services at the PHCC level.

Mid-level cadres, which form the backbone of PHC service delivery, show comparatively higher coverage. Community Health Officers (CHOs) and Community Health Extension Workers (CHEWs) have reached 80.7% and 85.3% of their expected numbers respectively, while Junior CHEWs (JCHEWs) are at 65.8% coverage. However, support staff such as Data Clerks (1.8%), Security (20.6%), and Cleaners (18.0%) remain significantly underrepresented, which may affect patient records, facility safety, and hygiene. Interestingly, Environmental Health Officers (255.3%) and Health Attendants (189.9%) are overstaffed relative to the standard, suggesting a misalignment between current deployment and actual service needs.

Overall, the data demonstrates that while Gombe State has successfully established the recommended number of PHCCs (114), the distribution and composition of staff do not align with national standards. There is a critical need to recruit and deploy more skilled medical and technical staff, particularly doctors, nurses, and diagnostic personnel, while also rationalizing support staff based on facility workload and service demands. Addressing these disparities is essential to ensure PHCCs function effectively as ward-level hubs for comprehensive, high-quality primary healthcare.

**Table 5.4 PHCs Staffing Gap Analysis (223 Clinics)**

| Cadre | PHC | Total Expected | % of State Workforce | Current Workforce (PHC) | Staffing Gap (–/+) |
|---|---|---|---|---|---|
| Doctors | 0 | 0 | 0.0% | 0 | 0 |
| Nurses/Midwives | 2 | 446 | 0.7% | 3 | -443 |
| CHOs | 1 | 223 | 8.5% | 19 | -204 |
| CHEWs | 3 | 669 | 36.5% | 244 | -425 |
| JCHEWs | 2 | 446 | 26.7% | 119 | -327 |
| EHOs | 1 | 223 | 104.5% | 233 | 10 |
| Pharmacy Technicians | 1 | 223 | 0.0% | 0 | -223 |
| Medical Records Technicians | 1 | 223 | 8.5% | 19 | -204 |
| Medical Lab Technicians | 1 | 223 | 3.1% | 7 | -216 |
| Dental Technicians | 0 | 0 | 0.0% | 8 | 8 |
| Health Attendants | 2 | 446 | 71.3% | 318 | -128 |
| Security | 1 | 223 | 4.9% | 11 | -212 |
| Cleaners | 1 | 223 | 4.0% | 9 | -214 |
| Data Clerks | 1 | 223 | 0.0% | 0 | -223 |
| Community Health Promoters | 2 | 446 | 2.7% | 12 | -434 |
| Nutrition Officers | 1 | 223 | 2.2% | 5 | -218 |

**Note:** Negative (–) gaps mean staff shortages, positive (+) gaps show surplus. N/R = Not Required.

Table 5.4 shows staffing analysis for Gombe State's 223 Primary Health Centres (PHCs) with a substantial shortfall in key cadres required to deliver the essential package of PHC services. According to national staffing standards, each PHC should be staffed with mid- and low-level healthcare workers, yet the data reveals that critical clinical cadres are severely underrepresented. For example, only 3 Nurses/Midwives are currently deployed out of 446 expected, and no doctors or pharmacy technicians are assigned to any PHC. Similarly, technical support cadres such as Medical Lab Technicians (3.1%), Medical Records Technicians (8.5%), and Nutrition Officers (2.2%) fall well below their expected numbers, indicating a lack of capacity for diagnostics, record-keeping, and nutrition services.

Despite these gaps, certain cadres show moderate-to-strong representation. Community Health Extension Workers (CHEWs) and Junior CHEWs (JCHEWs) form the core of the workforce at this level, accounting for 36.5% and 26.7% coverage respectively. Environmental Health Officers (EHOs) are the only cadre exceeding the standard, with 104.5% coverage, suggesting an over-concentration in this category. Meanwhile, Health Attendants, though not yet at full strength, cover 71.3% of their target. However, other essential operational roles such as Cleaners (4.0%), Security (4.9%), and Data Clerks (0.0%) are poorly staffed, which may impact facility cleanliness, safety, and data reporting.

In summary, the staffing situation at PHCs in Gombe State indicates a serious deficit in skilled clinical and technical personnel, especially in nursing, laboratory, pharmacy, and data management roles. This undermines the capacity of PHCs to serve as effective mid-level service points within the PHC system. While reliance on CHEWs and JCHEWs aligns with community health strategies, the absence of higher-skilled professionals limits the scope and

quality of services provided. Bridging these gaps through targeted recruitment, capacity building, and workforce realignment will be essential to strengthen PHC functionality and improve health outcomes at the community level.

**Table 5.5 Health Clinics Staffing Gap Analysis (116 Posts)**

| Cadre | HC | Total Expected | % of State Workforce | Current Workforce (PHC) | Staffing Gap (–/+) |
|---|---|---|---|---|---|
| Doctors | 0 | 0 | 0.00% | 0 | 0 |
| Nurses/Midwives | 1 | 116 | 0.90% | 1 | -115 |
| CHOs | 0 | 0 | 0.00% | 8 | 8 |
| CHEWs | 2 | 232 | 42.20% | 98 | -134 |
| JCHEWs | 1 | 116 | 40.50% | 47 | -69 |
| EHOs | 1 | 116 | 91.40% | 106 | -10 |
| Pharmacy Technicians | 0 | 0 | 0.00% | 0 | 0 |
| Medical Records Technicians | 0 | 0 | 0.00% | 6 | 6 |
| Medical Lab Technicians | 0 | 0 | 0.00% | 5 | 5 |
| Dental Technicians | 0 | 0 | 0.00% | 0 | 0 |
| Health Attendants | 1 | 116 | 93.10% | 108 | -8 |
| Security | 1 | 116 | 5.20% | 6 | -110 |
| Cleaners | 1 | 116 | 3.40% | 4 | -112 |
| Data Clerks | 0 | 0 | 0.00% | 1 | 1 |
| Community Health Promoters | 1 | 116 | 1.70% | 2 | -114 |
| Nutrition Officers | 0 | 0 | 0.00% | 5 | 5 |

Table 5.5 shows staffing review for Gombe State's 116 Health Clinics (HCs) reveals modest levels of coverage across key community health cadres, but significant shortfalls in several operational and technical support roles. Based on the national staffing standard of 2 CHEWs and 1 JCHEW per HC, there should be 232 CHEWs and 116 JCHEWs. Currently, 98 CHEWs (42.2%) and 47 JCHEWs (40.5%) are in place, indicating partial fulfillment in these frontline roles. Nurses/Midwives, although expected at a rate of 1 per clinic, are critically underrepresented with only 1 currently deployed out of 116 required (0.9%). There are no doctors, which aligns with the staffing standard, as doctors are not expected at the HC level.

Support staff such as Environmental Health Officers (EHOs) and Health Attendants have relatively high representation 91.4% and 93.1% respectively indicating strong coverage for hygiene, sanitation, and basic patient support services. However, essential non-clinical roles show severe underrepresentation: Cleaners (3.4%), Security personnel (5.2%), and Community Health Promoters (1.7%) are all far below the required thresholds. Additionally, some staff categories not typically expected at HC level such as CHOs, Nutrition Officers, Medical Records Technicians, and Lab Technicians are currently in place in small numbers, suggesting either facility upgrading, over-deployment, or task-shifting practices.

Overall, while Gombe State's Health Clinics have made progress in deploying CHEWs, JCHEWs, and EHOs, the absence of key clinical support staff and under-deployment of facility management personnel present a major constraint to effective service delivery. The data points to a need for rebalancing the workforce, with a focus on fulfilling the staffing standards for cleaning, security, and community outreach roles, and evaluating the appropriateness of assigning technical cadres to facility types where they are not formally required. Strengthening these areas would improve operational efficiency and the quality of care provided at the HC level.

**Table 5.6 Health Posts Staffing Gap Analysis (145 Posts)**

| Cadre | HP | Total Expected | % of State Workforce | Current Workforce (PHC) | Staffing Gap (–/+) |
|---|---|---|---|---|---|
| Doctors | 0 | 0 | 0.00% | 0 | 0 |
| Nurses/Midwives | 0 | 0 | 0.00% | 0 | 0 |
| CHOs | 0 | 0 | 0.00% | 2 | 2 |
| CHEWs | 1 | 145 | 37.90% | 55 | -90 |
| JCHEWs | 1 | 145 | 22.80% | 33 | -112 |
| EHOs | 0 | 0 | 0.00% | 99 | 99 |
| Pharmacy Technicians | 0 | 0 | 0.00% | 1 | 1 |
| Medical Records Technicians | 0 | 0 | 0.00% | 2 | 2 |
| Medical Lab Technicians | 0 | 0 | 0.00% | 1 | 1 |
| Dental Technicians | 0 | 0 | 0.00% | 0 | 0 |
| Health Attendants | 1 | 145 | 86.90% | 126 | -19 |
| Security | 1 | 145 | 1.40% | 2 | -143 |
| Cleaners | 1 | 145 | 4.80% | 7 | -138 |
| Data Clerks | 0 | 0 | 0.00% | 0 | 0 |
| Community Health Promoters | 0 | 0 | 0.00% | 0 | 0 |
| Nutrition Officers | 0 | 0 | 0.00% | 4 | 4 |

The staffing assessment for Gombe State's 145 Health Posts (HPs) as shown in table 5.6, highlights a limited but essential workforce structure, aligned with national expectations for these entry-level facilities. Health Posts are designed to operate with just 1 Community Health Extension Worker (CHEW) and 1 Junior CHEW (JCHEW) per facility. However, the data shows significant shortfalls in both categories only 55 CHEWs (37.9%) and 33 JCHEWs (22.8%) are currently deployed indicating that nearly two-thirds of Health Posts lack the minimum required staffing for basic service delivery. No doctors or nurses are expected at this level, and none are present, which aligns with the PHC staffing guidelines.

Surprisingly, cadres not typically assigned to Health Posts such as Environmental Health Officers (99 staff), Medical Records Technicians (2), Lab Technicians (1), and Nutrition Officers (4) are present, suggesting possible over-deployment or role overlap in these facilities. The high number of EHOs (99) in particular may reflect programmatic demands for sanitation and hygiene promotion at the community level, although this exceeds the standard and may indicate a need for reassessment. On a positive note, Health Attendants are relatively well

represented, with 126 currently deployed (86.9%), supporting non-clinical tasks such as basic patient care and facility upkeep.

The greatest gaps are in operational support: Security (1.4%) and Cleaners (4.8%) are critically underrepresented, which can undermine the safety, cleanliness, and functionality of these community-level service points. The absence of Community Health Promoters and Data Clerks may also impact outreach activities and record-keeping. Overall, while Health Posts are not expected to be fully staffed with clinical professionals, the shortage of CHEWs and JCHEWs their core personnel is a significant concern. Addressing this gap is critical to ensuring minimum service coverage in hard-to-reach and rural communities, where Health Posts often serve as the first and only point of contact with the health system.

**Figure 5.1 PHC Staffing Summary by Cadre (All Facility Types)**

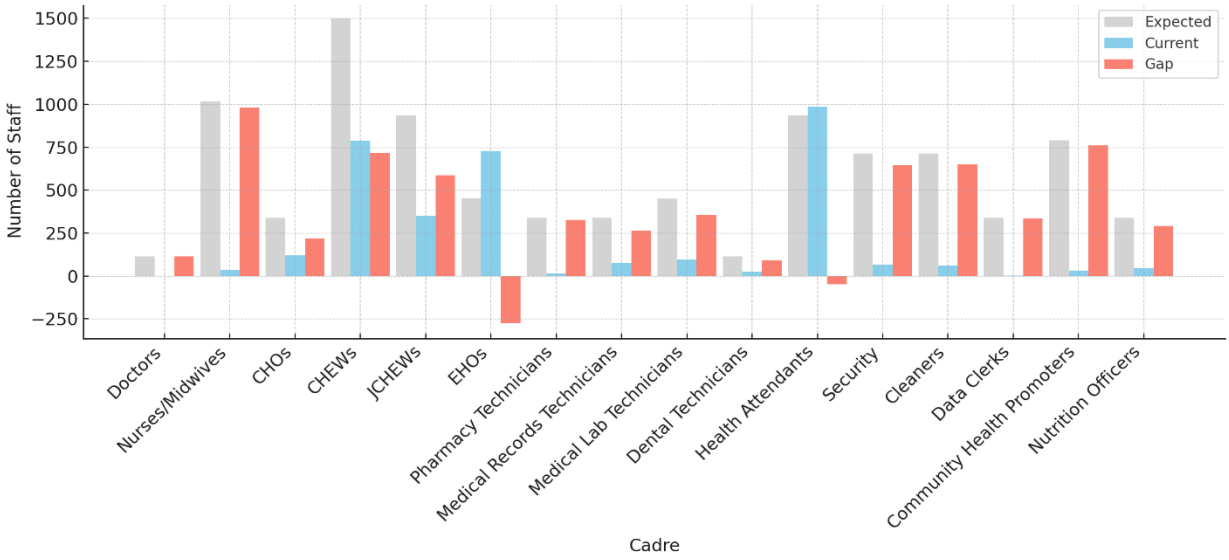



Figure 5.1 presents a comparative summary of staff distribution across all Primary Health Care (PHC) facility types in Gombe State, highlighting the *expected*, *current*, and *gap* in staffing for each health worker cadre.

- Significant Gaps in Key Cadres: The chart shows substantial staffing shortfalls in nearly all professional cadres. Notably, Nurses/Midwives, CHEWs, JCHEWs, and Community Health Promoters exhibit the widest gaps between expected and current workforce, confirming a critical shortage in frontline clinical personnel essential for maternal and child health services.
- Support Cadres Are Also Underserved: There are major gaps in Security, Cleaners, and Data Clerks, indicating that operational support systems within facilities are equally overstretched. This can affect safety, cleanliness, and data management.
- Overstaffing in EHOs and Health Attendants: Interestingly, Environmental Health Officers (EHOs) and Health Attendants show minimal or negative gaps suggesting they are overstaffed in relation to the national standard. This points to a misalignment in deployment priorities that may require rationalization.

- Cadres with Zero or Very Low Presence: Cadres such as Doctors, Pharmacy Technicians, and Medical Lab Technicians are almost entirely absent despite being expected at facility levels, which significantly undermines the ability to deliver quality diagnostics and curative services.

**Table 5.7 PHC Facility Based Staffing Summary**

| Facility Type | No. of Facilities | Total Expected Staff + Attrition | Current Staff Strength | Staffing Gap (–/+) | Attrition |
|---|---|---|---|---|---|
| PHCC | 114 | 3548 | 1683 | 1792 | 73 |
| PHC | 223 | 4617 | 1007 | 3471 | 139 |
| HC | 116 | 1096 | 397 | 672 | 27 |
| HP | 145 | 740 | 332 | 393 | 15 |
| **Total** | **598** | **10001** | **3419** | **6328** | **254** |

Table 5.7 presents a summary of staffing requirements, current availability, and gaps across various types of primary health care (PHC) facilities in Gombe State. Out of 598 functional facilities, the system requires a total of 10,001 staff (including attrition adjustments) to meet the expected staffing levels. However, only 3,419 staff are currently in place, resulting in a significant staffing gap of 6,328 personnel indicating that just over 34% of required staff are available.

Across facility types, Primary Health Clinics (PHCs) and Primary Health Care Centres (PHCCs) account for the largest share of the gap, with shortfalls of 3,471 and 1,792 respectively. Health Clinics (HCs) and Health Posts (HPs) also reflect considerable under-staffing. The recorded attrition of 254 staff further compounds the challenge, with PHCs experiencing the highest attrition (139), signaling potential instability in staffing retention. This situation underscores the urgent need for targeted recruitment, retention strategies, and workforce redistribution to ensure adequate service delivery across all PHC facility levels.

**Table 5.8 Skilled Health Worker Ratio Table**

| LGA | Population | Total Staff | % of Workforce | Skilled Staff | Skilled per 10,000 | Expected Ratio | Gap |
|---|---|---|---|---|---|---|---|
| Akko | 565,000 | 603 | 17.6% | 156 | 2.8 | 10 | 7.2 |
| Balanga | 354,100 | 274 | 8.0% | 74 | 2.1 | 10 | 7.9 |
| Billiri | 339,400 | 285 | 8.3% | 84 | 2.5 | 10 | 7.5 |
| Dukku | 347,700 | 216 | 6.3% | 82 | 2.4 | 10 | 7.6 |
| Funakaye | 398,000 | 320 | 9.4% | 98 | 2.5 | 10 | 7.5 |
| Gombe | 446,800 | 402 | 11.8% | 122 | 2.7 | 10 | 7.3 |
| Kaltungo | 268,600 | 124 | 3.6% | 38 | 1.4 | 10 | 8.6 |
| Kwami | 324,800 | 368 | 10.8% | 95 | 2.9 | 10 | 7.1 |
| Nafada | 234,700 | 97 | 2.8% | 45 | 1.9 | 10 | 8.1 |
| Shongom | 252,800 | 422 | 12.3% | 103 | 4.1 | 10 | 5.9 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Yalmatu Deba | 428,200 | 308 | 9.0% | 81 | 1.9 | 10 | 8.1 |
| **Total** | **4,519,100** | 3419 | 100.0% | 978 | 2.5(avg) | 10 | 7.5(avg) |

**Note:** Population are based on estimates from the Gombe State Bureau of Statistics. Expected ratio: 10 per 10,000. Skilled staff distributed by LGA workforce share.

Table 5.8 provides a snapshot of the distribution and adequacy of skilled PHC workers across the 11 LGAs in Gombe State, benchmarked against the national standard of 10 skilled health workers per 10,000 population. With a total of 978 skilled staff serving a population of over 4.5 million, the average skilled health worker density stands at just 2.5 per 10,000 indicating a substantial workforce shortfall across the state. The resulting average gap of 7.53 highlights a critical deficit in the availability of skilled personnel required to deliver essential health services.

Notably, no LGA meets the national benchmark, with the highest density observed in Shongom (4.1 per 10,000) and the lowest in Kaltungo (1.4 per 10,000). Despite having the highest number of skilled staff (156), Akko still records a significant gap (7.2), reflecting the influence of population size on workforce adequacy. These findings underscore the urgent need for targeted recruitment, equitable redistribution, and investment in workforce planning to strengthen primary health care delivery across Gombe State.

**Table 5.9 Future Workforce Requirements Based on Urban vs Rural Ratio**

| Classification of Location | List of Component LGAs | Staff Gap | Ratio |
|---|---|---|---|
| Urban | Akko, Gombe | -14.5 | 2.7 |
| Rural | Balanga, Billiri, Dukku, Funakaye, Kaltungo, Kwami, Nafada, Shongom, Yalmatu Deba | -68.3 | 2.4 |
| **Total** | All LGAs | -82.8 | 2.5 |

The analysis of skilled health worker distribution across urban and rural LGAs in Gombe State in Table 5.9, reveals a significant imbalance in staffing relative to population needs. Urban LGAs (Akko and Gombe) together have a skilled health worker ratio of 2.7 per 10,000, slightly higher than the 2.4 per 10,000 observed in the rural LGAs. However, both classifications fall well below the national benchmark of 10 per 10,000, indicating a statewide shortfall in skilled health workforce.

As presented in Table 5.9, 82.4% of the current staff gap (-68.3 out of -82.8) is concentrated in rural locations, while only 17.5% (-14.5) is found in urban areas. This highlights the disproportionate burden of staff shortages in rural LGAs, where access to health services is already constrained by geographic and infrastructural challenges. Despite urban LGAs having slightly better ratios, they too remain under-resourced relative to national standards.

These findings strongly justify the need for a massive redistribution and expansion of the skilled health workforce, with a priority focus on rural LGAs, where the majority of the population resides and the service delivery gaps are most pronounced. Strategic investments in rural health staffing through targeted recruitment, deployment, and incentives will be essential for achieving equitable healthcare access across the state.

**Table 5.10 Training Needs Matrix**

| Cadre | Facility Type(s) | Reason for Training Need | Suggested Training Focus |
|---|---|---|---|
| **Nurses/Midwives** | PHC, MCH, Health Posts | Critical shortage and limited deployment | EmONC, IMCI, family planning, respectful maternity care |
| **CHEWs** | All | Backbone of PHC, need for advanced procedure skills | IMCI, safe delivery, minor ailments, supervisory skills |
| **JCHEWs** | All | Numerous, potential for internal upgrading | Bridging to CHEW, immunization, health promotion |
| **CHOs** | PHC, MCH, Health Posts | Limited availability, key supervisory role | Health management, supportive supervision, data use |
| **EHOs** | PHC, Health Posts | Present in some facilities, underutilized | Environmental sanitation, outbreak response, food hygiene |
| **Pharmacy Technicians** | PHC | Critical gap, often under-skilled or misassigned | Rational drug use, drug inventory, dispensing standards |
| **Medical Records Techs** | PHC, MCH, Health Posts | Deployed without full HMIS capacity | DHIS2 reporting, data quality, digital health records |
| **Medical Lab Technicians** | PHC, MCH | Found where not expected or insufficient training | Rapid diagnostics, biosafety, sample handling |
| **Dental Technicians** | PHC, MCH | Deployed without clear role | Basic oral care, screening, referral protocols |
| **Health Attendants** | All | Numerous but lack clinical safety knowledge | Infection prevention, waste handling, basic patient care |
| **Security/Cleaners** | All | Oversupplied, often informal | Facility safety, respectful conduct, hygiene protocols |
| **Data Clerks** | PHC, MCH | Often clerical, need digital and HMIS skills | DHIS2, Excel, monthly report generation |
| **Community Health Promoters** | All | Key to mobilization, many untrained volunteers | IPC, health messaging, demand generation techniques |
| **Nutrition Officers** | PHC | Present but few, essential for targeted child health efforts | Maternal/child nutrition, counselling, growth monitoring |

**Justification for Identified Training Needs**

The training needs, shown in Table 5.9, were determined using three key methods:

1. **Staffing Gap Analysis:** Cadres with major shortages (e.g. CHEWs, CHOs, Nurses/Midwives) were prioritized for upskilling or bridging programs. For example, gaps in CHEWs support the need to upgrade JCHEWs through targeted training.
2. **Mismatch Between Role and Deployment:** Cadres like Medical Lab Technicians and EHOs were found in facilities where they are not required by standard, signaling the need for cross-training to ensure relevance and value in their current placements.
3. **Service Package vs. Competence Needs:** Each facility type has a defined service package. Comparing this with the deployed workforce revealed skill gaps. For example, staff at MCH Clinics require EmONC and immunization skills, while data clerks need capacity in DHIS2 and electronic reporting tools.

**Implementation Considerations for Training Plan**

To operationalize the identified training needs, Gombe State will:

1. Work with **existing training institutions** (e.g. Schools of Health Technology, Colleges of Nursing)
2. Leverage **in-service modular training** and **on-site mentorship** coordinated by GSPHCDA and LGA PHC coordinators
3. Use **digital platforms** where feasible (for data clerks, medical records, CHOs)
4. Prioritize **training in batches**, aligned with the phased recruitment plan (2025–2029)
5. Monitor training coverage and post-training impact through quarterly reviews

**Why This Training Investment is Cost-Effective**

By focusing on **existing staff** and upskilling **new recruits**, the state can rapidly increase service readiness without relying solely on long-term pre-service pipelines. This also supports **task-shifting**, **career progression** (e.g. JCHEWs to CHEWs), and improves retention when staff feel supported and valued in their roles.

**Table 5.11 Suggested Training Timeline (2025–2029)**
*Aligned with phased recruitment plan and training institution capacity*

| Year | Training Focus |
|---|---|
| **2025** | Orientation & onboarding for 10% recruits; refresher for existing staff in critical roles (CHEWs, CHOs) |
| **2026** | Modular training for 25% new recruits; JCHEW bridging begins |

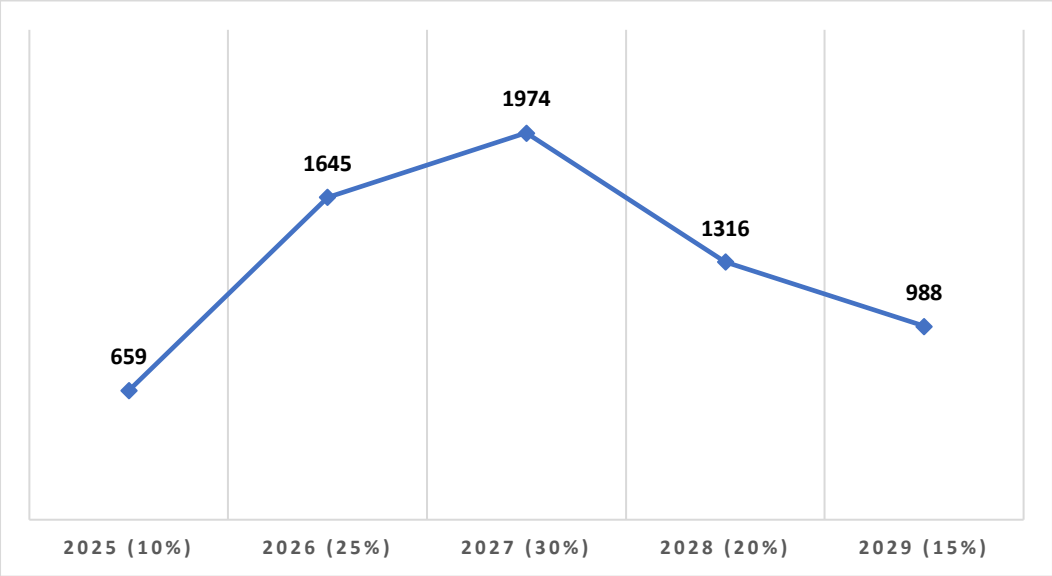
| | |
|---|---|
| **2027** | Largest training batch (30%); scale up for lab, data, and pharmacy technicians |
| **2028** | Specialist training: EmONC, DHIS2, supportive supervision |
| **2029** | Final batch onboarding; refresher courses and mid-term evaluation-based updates |

## 6. STRATEGIC RECRUITMENT & DEPLOYMENT PLAN (2025–2029)

To address the critical workforce gaps and achieve the Minimum Service Package (MSP) targets by 2029, a phased recruitment and deployment strategy has been developed. This plan prioritizes equity, efficiency, and sustainability while aligning with the fiscal and operational constraints of Gombe State.

### 6.1 Recruitment Plan (Targets and Phasing)

**Figure 6.1: Five-Year Recruitment Projection – Gombe State PHC (2025–2029)**




The five-year recruitment projection for Gombe State PHC illustrates a structured plan to close staffing gaps across primary health facilities. The line graph in Figure 6.1 shows that a total of 6,582 health workers will be recruited in phases from 2025 to 2029, with the highest intake occurring in 2027 (1,974 staff or 30%), followed by 2026 (1,645 staff or 25%), 2028 (1,316 staff or 20%), 2029 (988 staff or 15%), and 2025 (659 staff or 10%). This progressive increase in early years ensures rapid workforce buildup before tapering into maintenance levels by 2029.

The approach reflects a commitment to gradually strengthen the PHC system by filling critical workforce gaps, especially in underserved areas. The declining trend after 2027 also accounts for reduced pressure as the staffing gap narrows, while simultaneously integrating attrition replacement to sustain the workforce size. If implemented as planned, this strategy will significantly improve PHC service delivery and equity in healthcare access across Gombe State.

## 6.1 Recruitment Plan (Targets and Phasing)

**Table 6.1: 2025–2029 PHC Workers Recruitment and Deployment Plan**

| Cadre | Original Gap | Attrition | (Gap + Attrition) | 2025 (10%) | 2026 (25%) | 2027 (30%) | 2028 (20%) | 2029 (15%) |
|---|---|---|---|---|---|---|---|---|
| Doctors | 114 | 5 | 119 | 12 | 30 | 36 | 24 | 18 |
| Nurses/Midwives | 983 | 39 | 1022 | 102 | 256 | 307 | 204 | 153 |
| CHOs | 216 | 9 | 225 | 23 | 56 | 67 | 45 | 34 |
| CHEWs | 716 | 29 | 745 | 75 | 186 | 223 | 149 | 112 |
| JCHEWs | 586 | 23 | 609 | 61 | 152 | 183 | 122 | 91 |
| Pharmacy Technicians | 325 | 13 | 338 | 34 | 85 | 101 | 68 | 51 |
| Medical Records Technicians | 263 | 11 | 274 | 27 | 68 | 82 | 55 | 41 |
| Medical Lab Technicians | 356 | 14 | 370 | 37 | 93 | 111 | 74 | 56 |
| Dental Technicians | 89 | 4 | 93 | 9 | 23 | 28 | 19 | 14 |
| Security | 646 | 26 | 672 | 67 | 168 | 202 | 134 | 101 |
| Cleaners | 651 | 26 | 677 | 68 | 169 | 203 | 135 | 102 |
| Data Clerks | 334 | 13 | 347 | 35 | 87 | 104 | 69 | 52 |
| Community Health Promoters | 759 | 30 | 789 | 79 | 197 | 237 | 158 | 118 |
| Nutrition Officers | 290 | 12 | 302 | 30 | 75 | 90 | 60 | 45 |
| **Total** | **6328** | **254** | **6582** | **659** | **1645** | **1974** | **1316** | **988** |

Table 6.1 outlines a strategic five-year recruitment and deployment plan aimed at addressing the human resource gaps in Gombe State's Primary Health Care (PHC) system. Based on a total staffing gap of 6,328 across key cadres, an additional 254 staff are projected to exit due to attrition (retirement from service, transfer of service to other levels of care, resignation, etc.), bringing the cumulative staff need to 6,582.

The recruitment is phased: 10% of the required workforce will be recruited in 2025 (659 workers), scaling up to 25% in 2026 (1,645), peaking at 30% in 2027 (1,974), and tapering to 20% and 15% in 2028 (1,316) and 2029 (988) respectively.

The plan prioritizes cadres with the highest service impact and critical shortages. For example, Nurses/Midwives (1,022) and CHEWs (745) represent major components of the required workforce due to their frontline roles in maternal and child health services. The strategy also accommodates operational staff such as Security (672) and Cleaners (677) to support functionality and hygiene in PHC facilities. By spreading recruitment over five years and including attrition considerations, this plan aims to progressively close workforce gaps, enhance service quality, and achieve sustainable human resource management within the PHC sector in Gombe State.

**Recruitment Strategy**

The State will prioritize new hires through competitive recruitment process in line with the recruitment policy for health workers, this includes absorption of graduates from the schools of health and schools of nursing in the state. Where necessary, existing part-time staff in any facility will also be evaluated and converted as full-time health workers. Also, excess workers that are not optimally engaged in facilities with surpluses will be reviewed on priority basis and redistributed to facilities where their services/skills are critically required.

In addition, the State plan to balance out the gender disparity observed in affected LGAs during recruitment and deployment exercise.

## 6.2 Deployment Plan

| Classification of Location | Total to be Deployed | Ratio | 2025 | 2026 | 2027 | 2028 | 2029 |
|---|---|---|---|---|---|---|---|
| **Urban Facilities** | 1,251 | 19% | 126 | 312 | 375 | 250 | 187 |
| **Rural Facilities** | 5,331 | 81% | 533 | 1,333 | 1,599 | 1,066 | 801 |
| **Total** | 6,582 | 100% | 659 | 1,645 | 1,974 | 1,316 | 988 |

**Note:** Deployment per year is rounded proportionally from each category's total (10%, 25%, 30%, 20%, 15%).

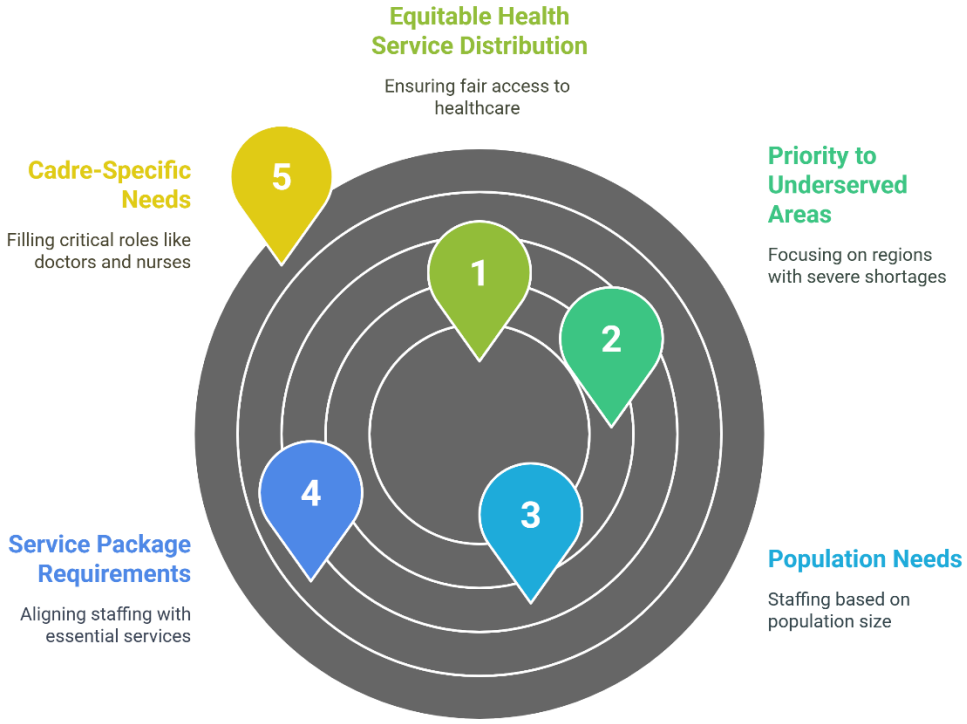
Table 6.2 reflects the geographic distribution of staff recruitment across Gombe State's PHC system from 2025 to 2029, based on identified workforce gaps. Out of 6,582 staff needed, 81% (5,331 staff) are planned for deployment to rural facilities, which reflects the disproportionate staff shortages in remote areas. Conversely, only 19% (1,251 staff) are allocated to urban facilities.

The phased deployment plan prioritizes rural coverage each year, with over 500 staff deployed to rural settings in 2025 alone, growing annually in line with the overall recruitment targets. This approach underscores the government's commitment to addressing rural health inequities and achieving more balanced access to essential services across the state.

### 6.2.1 Deployment Criteria and Prioritization

To ensure equitable distribution of health workers across all 11 LGAs, the deployment criteria in Figure 6.1 will be applied.

**Figure 6.2: Deployment Criteria Diagram**




*The diagram above illustrates the prioritization process used in deploying health workers across Gombe State. Each numbered criterion represents a key factor considered in deployment decisions. Arrows are used to clearly link the numbered items to their corresponding descriptions to enhance clarity and visual understanding.*

1. **Equitable Distribution of Health Services:** Ensure a fair spread of health workers between urban and rural areas so that all communities have access to quality care.
2. **Focus on Underserved and Hard-to-Reach Areas:** Give priority to locations with poor access to health services, such as remote villages or communities with limited healthcare infrastructure.
3. **Responding to Population Health Needs:** Deploy more staff to areas with large populations or where there is a high burden of illness (e.g., high rates of malaria or maternal deaths).
4. **Facility Readiness and Service Capacity:** Assign staff to facilities that are already equipped with the necessary infrastructure and tools to deliver essential services.
5. **Cadre-Specific Staffing Gaps:** Prioritize LGAs with the most urgent shortage of specific health workers (e.g., no nurses, doctors, or lab technicians).

## 6.3 Multi-Year Recruitment and Deployment Cost

The cost implications of the recruitment and deployment plan are presented in Tables 6.3 – 6.9. The cost covers the estimated expenses for the recruitment exercise, salaries of the new recruits, allowances, training costs and other costs like stationery, utilities, work station, etc.

**Table 6.3 Cost of Recruitment Exercise**

| Year | Total Staff to be Recruited | Cost of Recruitment Exercise (₦) |
|---|---|---|
| 2025 | **659** | ₦32,950,000 |
| 2026 | 1645 | ₦82,264,000 |
| 2027 | 1974 | ₦98,716,800 |
| 2028 | 1316 | ₦65,811,200 |
| 2029 | 988 | ₦49,358,400 |
| **Total** | **6582** | ₦329,100,400 |

**Assumption:** A unit cost of **₦50,000 per staff** was applied, covering all key activities: advertising, assessments, interviews, documentation, and onboarding logistics.

Over the five-year period from 2025 to 2029, the Gombe State Government plans to recruit a total of 6,582 PHC workers to address the identified human resource gaps across all facility types. The recruitment effort is projected to cost a total of ₦329,100,400, applying a standard unit cost of ₦50,000 per staff, which encompasses all essential recruitment activities, including job advertisement, screening, interviews, documentation, and onboarding logistics as shown in table 6.3.

The cost distribution aligns with the annual recruitment targets, with the highest investment required in 2027 (₦98.7 million) due to the peak intake of 1,974 staff that year. This is followed by 2026 (₦82.3 million) and 2028 (₦65.8 million). The lowest projected costs occur in 2025 and 2029, reflecting the 10% and 15% recruitment targets, respectively. This phased funding approach enables better budget predictability and planning, while ensuring sustained investment in strengthening the PHC workforce across the state.

**Table 6.4 Monthly and Annual Salaries by Cadre (Based on CONHESS, adjusted to state context)**

| Cadre | Est. Monthly Salary (₦) | Est. Annual Salary (₦) |
|---|---|---|
| Doctors (Junior Level) | 300,000 | 3,600,000 |
| Nurses/Midwives | 180,000 | 2,160,000 |
| CHOs | 160,000 | 1,920,000 |
| CHEWs | 140,000 | 1,680,000 |
| JCHEWs | 100,000 | 1,200,000 |
| EHOs | 160,000 | 1,920,000 |
| Pharmacy Technicians | 140,000 | 1,680,000 |
| Medical Records Technicians | 120,000 | 1,440,000 |

| | | |
|---|---|---|
| Medical Lab Technicians | 150,000 | 1,800,000 |
| Dental Technicians | 140,000 | 1,680,000 |
| Health Attendants | 80,000 | 960,000 |
| Security/Cleaners | 70,000 | 840,000 |
| Data Clerks | 100,000 | 1,200,000 |
| Community Health Promoters | 100,000 | 1,200,000 |
| Nutrition Officers | 150,000 | 1,800,000 |

**Note:** These are rounded averages adjusted to reflect PHC settings in Northern states, excluding higher CONHESS step-ups used in federal hospitals.

**Table 6.5: Deployment Cost Implications: 5-Year Personnel Cost (Salary) Projection by Cadre (2025–2029)**

| Cadre | Total Recruits | Unit Cost | 2025 (10%) | 2026 (25%) | 2027 (30%) | 2028 (20%) | 2029 (15%) | Total |
|---|---|---|---|---|---|---|---|---|
| Doctors | 119 | ₦3,600,000.00 | ₦43,200,000.00 | ₦108,000,000.00 | ₦129,600,000.00 | ₦86,400,000.00 | ₦64,800,000.00 | ₦432,000,000.00 |
| Nurses/Midwives | 1022 | ₦2,400,000.00 | ₦244,800,000.00 | ₦614,400,000.00 | ₦736,800,000.00 | ₦489,600,000.00 | ₦367,200,000.00 | ₦2,452,800,000.00 |
| CHOs | 225 | ₦2,200,000.00 | ₦48,400,000.00 | ₦123,200,000.00 | ₦147,400,000.00 | ₦99,000,000.00 | ₦74,800,000.00 | ₦492,800,000.00 |
| CHEWs | 745 | ₦1,800,000.00 | ₦133,200,000.00 | ₦334,800,000.00 | ₦401,400,000.00 | ₦268,200,000.00 | ₦201,600,000.00 | ₦1,339,200,000.00 |
| JCHEWs | 609 | ₦1,500,000.00 | ₦91,500,000.00 | ₦228,000,000.00 | ₦274,500,000.00 | ₦183,000,000.00 | ₦136,500,000.00 | ₦913,500,000.00 |
| Pharmacy Technicians | 338 | ₦2,000,000.00 | ₦68,000,000.00 | ₦170,000,000.00 | ₦202,000,000.00 | ₦136,000,000.00 | ₦102,000,000.00 | ₦678,000,000.00 |
| Medical Records Technicians | 274 | ₦1,800,000.00 | ₦48,600,000.00 | ₦122,400,000.00 | ₦147,600,000.00 | ₦99,000,000.00 | ₦73,800,000.00 | ₦491,400,000.00 |
| Medical Lab Technicians | 370 | ₦2,000,000.00 | ₦74,000,000.00 | ₦186,000,000.00 | ₦222,000,000.00 | ₦148,000,000.00 | ₦112,000,000.00 | ₦742,000,000.00 |
| Dental Technicians | 93 | ₦1,900,000.00 | ₦17,100,000.00 | ₦43,700,000.00 | ₦53,200,000.00 | ₦36,100,000.00 | ₦26,600,000.00 | ₦176,700,000.00 |
| Security | 672 | ₦900,000.00 | ₦60,300,000.00 | ₦151,200,000.00 | ₦181,800,000.00 | ₦120,600,000.00 | ₦90,900,000.00 | ₦604,800,000.00 |
| Cleaners | 677 | ₦850,000.00 | ₦57,800,000.00 | ₦143,650,000.00 | ₦172,550,000.00 | ₦114,750,000.00 | ₦86,700,000.00 | ₦575,450,000.00 |
| Data Clerks | 347 | ₦1,000,000.00 | ₦35,000,000.00 | ₦87,000,000.00 | ₦104,000,000.00 | ₦69,000,000.00 | ₦52,000,000.00 | ₦347,000,000.00 |
| Community Health Promoters | 789 | ₦1,200,000.00 | ₦94,800,000.00 | ₦236,400,000.00 | ₦284,400,000.00 | ₦189,600,000.00 | ₦141,600,000.00 | ₦946,800,000.00 |
| Nutrition Officers | 302 | ₦2,000,000.00 | ₦60,000,000.00 | ₦150,000,000.00 | ₦180,000,000.00 | ₦120,000,000.00 | ₦90,000,000.00 | ₦600,000,000.00 |
| **Total** | **6582** | | **₦1,076,700,000.00** | **₦2,698,750,000.00** | **₦3,237,250,000.00** | **₦2,159,250,000.00** | **₦1,620,500,000.00** | **₦10,792,450,000.00** |

Over the five-year period from 2025 to 2029, the Gombe State Government will require a total of ₦10.79 billion to cover the salaries of 6,582 newly recruited Primary Health Care (PHC) workers as shown in table 6.5. This projection spans all cadres, with costs increasing in the first three years due to higher recruitment volumes before tapering off in 2028 and 2029. The peak expenditure is expected in 2027 (₦3.24 billion), coinciding with the year of highest staff intake. The budget covers a mix of skilled and support staff including doctors, nurses/midwives, CHEWs, laboratory technicians, and cleaners.

This investment reflects the critical need to close the staffing gap in PHC facilities and ensure equitable service delivery across Gombe State. Efficient planning and funding allocation will be vital for timely implementation and sustainability of the workforce strategy.

**Table 6.6 Training Cost Estimate – Gombe State PHC Workforce (2025–2029)**

*Focused on in-service and induction training for new recruits and existing staff upgrade*

| Cadre | Planned Trainees | Unit Training Cost (₦) | Total Cost (₦) |
|---|---|---|---|
| Doctors | 119 | ₦150,000 | ₦17,850,000 |
| Nurses/Midwives | 1022 | ₦120,000 | ₦122,640,000 |
| CHOs | 225 | ₦100,000 | ₦22,500,000 |
| CHEWs | 745 | ₦100,000 | ₦74,500,000 |
| JCHEWs | 609 | ₦90,000 | ₦54,810,000 |
| Pharmacy Technicians | 338 | ₦100,000 | ₦33,800,000 |
| Medical Records Technicians | 274 | ₦90,000 | ₦24,660,000 |
| Medical Lab Technicians | 370 | ₦100,000 | ₦37,000,000 |
| Dental Technicians | 93 | ₦90,000 | ₦8,370,000 |
| Security | 672 | ₦50,000 | ₦33,600,000 |
| Cleaners | 677 | ₦40,000 | ₦27,080,000 |
| Data Clerks | 347 | ₦70,000 | ₦24,290,000 |
| Community Health Promoters | 789 | ₦80,000 | ₦63,120,000 |
| Nutrition Officers | 302 | ₦90,000 | ₦27,180,000 |
| **Total** | **6582** | | **₦571,400,000** |

***Note:*** *Unit cost includes training materials, facilitator fees, logistics, venue, refreshments, and supervision. May vary based on batch size and delivery mode.*

Table 6.6 presents the training cost projection for newly recruited Primary Health Care (PHC) workers in Gombe State across all relevant cadres, covering a total of 6,582 planned trainees. The cost estimates reflect reduced but realistic unit training costs suitable for a government-run health workforce capacity-building initiative.

The highest share of training investment is allocated to Nurses/Midwives (₦122.64 million) due to their large number (1,022 trainees) and their critical role in clinical service delivery. This is followed by Community Health Extension Workers (CHEWs) at ₦74.5 million and Junior CHEWs (JCHEWs) at ₦54.81 million, who form the backbone of PHC service provision in rural and peri-urban areas.

Support and administrative roles such as Security (₦33.6 million) and Cleaners (₦27.08 million) are also included to ensure functional and hygienic PHC environments. Less represented cadres like Dental Technicians and Nutrition Officers have comparatively lower costs due to smaller trainee numbers.

Overall, the total estimated training cost is ₦571.4 million over the recruitment period. This investment is essential to ensure that newly hired personnel are adequately prepared for their roles, thereby enhancing service delivery quality and sustaining health outcomes across the state's PHC system.

**Table 6.7 Other Costs**

| Year | Total Staff to be Recruited | Other Cost (₦) |
|---|---|---|
| 2025 | 659 | ₦26,360,000 |
| 2026 | 1,645 | ₦65,800,000 |

| | | |
|---|---|---|
| 2027 | 1,974 | ₦78,960,000 |
| 2028 | 1,316 | ₦52,640,000 |
| 2029 | 988 | ₦39,520,000 |
| **Total** | **6,582** | **₦263,280,000** |

Considering that every new recruitment increases government expenditure on associated operational needs such as office materials and supplies, utilities, work desks, and basic equipment Table 6.7 presents the estimated "other costs" required to support newly recruited Primary Health Care (PHC) workers across Gombe State from 2025 to 2029.

Based on a standard unit allocation of ₦40,000 per recruit, the projected cost for other supporting logistics in 2025 is ₦26,360,000 for 659 staff. This cost grows in line with the recruitment volume, peaking in 2027 at ₦78,960,000 for 1,974 staff, before tapering down to ₦39,520,000 in 2029 for 988 staff. Over the five-year implementation period, the cumulative other costs amount to ₦263,280,000, reflecting the financial implication of equipping and supporting 6,582 newly hired PHC personnel to perform their duties effectively and safely.

**Table 6.8: Incentive Strategies for Rural Health Workers**

| Incentive Strategy | Description |
|---|---|
| Financial Incentives | Higher salary scales and hardship allowances for rural postings. |
| Career Development | Opportunities for continuous professional development and career advancement. |
| Improved Work Environment | Investment in facility infrastructure and equipment to enhance working conditions. |
| Community Engagement | Partnerships with local communities to provide housing and other support for health workers. |
| Recognition Programs | Establishing awards and recognition programs for health workers in rural areas. |

**Table 6.9 *Rural Retention Framework for Gombe State PHC Workforce***

To address high attrition and improve rural service coverage, Gombe State proposes a combination of financial and non-financial incentives designed to attract, deploy, and retain health workers, especially in underserved LGAs.

| Incentive Category | Strategy |
|---|---|
| **Financial** | - Monthly rural allowance (₦5,000–₦50,000 by cadre) |
| | - Hardship allowance for remote/insecure areas |
| | - Performance-based bonuses tied to service delivery (ANC, immunization, TB case detection) |
| **Non-Financial** | - Staff housing (direct or rent support) |
| | - Motorbikes for field staff (CHEWs, CHOs) |
| | - Prioritized promotions/study leave for rural postings |
| | - On-the-job training and digital CPD access |
| | - Community appreciation and WDC support mechanisms |

**Implementation and Oversight**

GSPHCDA will coordinate the implementation of the incentive scheme in collaboration with LGAs and the State Primary Health Care Board. Incentive payments will be tracked using the state HRIS and verified quarterly through supportive supervision. Deployment decisions will prioritize local recruitment and proximity posting, with routine feedback from facility heads and WDCs to assess satisfaction and address challenges.

### 6.5 Potential Funding Sources

1. **Government Budget Allocation**: Advocacy for increased state government budgetary allocations to the health sector, with a specific focus on HRH development.
2. **Donor Organizations**: Leverage funding from international donors and development agencies, such as the World Bank, WHO, and UNICEF.
3. **Public-Private Partnerships**: Explore partnerships with private healthcare providers and corporate entities for co-funding and resource sharing.
4. **Innovative Financing Mechanisms**: Implement innovative financing approaches like health impact bonds and results-based financing to attract diverse funding streams.

### 6.6 Cost-Benefit Analysis

1. **Short-Term Costs vs. Long-Term Gains**: While the upfront recruitment and training costs are significant, the long-term benefits include improved health

outcomes, increased productivity, and reduced healthcare costs for the population.

2. **Economic Impact**: A well-staffed health system can lead to a healthier workforce, reduced absenteeism, and increased economic productivity, providing a positive return on investment.

### Table 6.10 Risks and Mitigation Strategies for Recruitment Plan Implementation

| Potential Risk | Impact | Mitigation Strategy |
|---|---|---|
| **Funding shortfalls or delays** | Slows or halts recruitment and training activities | Leverage BHCPF and development partner support; include HRH in annual state budgeting |
| **Limited training capacity or graduate output** | Shortage of qualified candidates for recruitment | Strengthen linkages with health training institutions; implement JCHEW-to-CHEW bridging |
| **Delayed approvals or bureaucratic bottlenecks** | Slows deployment and contract processing | Early engagement with Civil Service Commission and Ministry of Finance |
| **Higher-than-expected attrition** | Undermines workforce stability and projections | Monitor attrition annually; include flexible replacement in recruitment cycles |
| **Poor rural retention of new recruits** | Undermines service availability in underserved areas | Apply incentives (rural, hardship, housing); prioritize local recruitment and posting |
| **Mismatch between deployment and facility needs** | Wasted resources, continued facility-level gaps | Use real-time HRH tracking and facility classification for deployment decisions |

## 6.4 Stakeholder Roles and Responsibilities in Plan Implementation

This section outlines the expected roles of key stakeholders involved in implementing the Gombe State Primary Health Care Human Resources for Health (HRH) recruitment, training, and deployment plan. Collaboration and role clarity are essential to ensure accountability, coordination, and sustained progress toward the MSP 2024–2028 and Universal Health Coverage (UHC) goals.

| Stakeholder | Key Roles and Responsibilities |
|---|---|
| Gombe State Ministry of Health (SMOH) | Policy oversight, budget approval, integration with state health strategies |
| Gombe State Primary Health Care Development Agency (GSPHCDA) | Lead coordination of recruitment, training, deployment, and workforce supervision |
| State Civil Service Commission (CSC) | Recruitment authorization, processing appointments, ensuring due process |

| | |
|---|---|
| Ministry of Finance, Budget and Planning | Resource allocation, inclusion of HRH costs in annual state budgets |
| Local Government Authorities (LGAs) | Facility-level oversight, support supervision, workforce monitoring, and staff welfare coordination |
| Federal Ministry of Health (FMoH) | Technical support, alignment with national HRH frameworks, and provision of tools or guidelines |
| National Primary Health Care Development Agency (NPHCDA) | Standard setting, training guidance, PHC facility and workforce standards enforcement |
| Health Training Institutions | Production of qualified health workers, pre-service training, support for bridging programs |
| Donor Partners (e.g., WHO, UNICEF, BMGF) | Funding support, technical assistance, capacity-building support, and system-strengthening inputs |
| Community Structures (Ward Development Committees, Traditional Leaders) | Support recruitment acceptance, community-based volunteer identification, retention advocacy |

**Note:**
Successful implementation of the HRH plan hinges on multi-level collaboration, especially between state agencies, local authorities, and partners. Clear delineation of roles will reduce duplication, encourage ownership, and ensure that each phase of the plan from recruitment to deployment is timely and efficient. A functional coordination mechanism will also be essential to track progress and course-correct where needed.

## 7.0 MONITORING, EVALUATION & SUSTAINABILITY

Effective monitoring, evaluation, and sustainability frameworks are crucial to ensure the successful implementation of the HRH strategic plan and achieve long-term improvements in Gombe State's PHC system. These frameworks provide continuous oversight, measure progress against targets, and ensure the plan's objectives are sustainable beyond the initial implementation period.

### 7.1 Monitoring Framework

Monitoring activities are designed to track progress in real-time and facilitate rapid response to emerging challenges. The framework clearly defines what should be monitored, who is responsible, what tools will be used, and how gaps will be escalated and addressed.

#### 7.1.1 Key Performance Indicators (KPIs)

Tracked through a KPI matrix (see Table 7.1) to ensure consistent progress.

**Table 7.1: Key Performance Indicators for HRH Strategic Plan Implementation**

| KPI Category | Indicator | Target/Benchmark | Data Source | Frequency |
|---|---|---|---|---|
| Staffing Levels | Number of health workers recruited by cadre and LGA | 100% of HRH recruitment target by 2029 | HRH Database, HRIS | Quarterly |
| Facility Staffing Ratios | Staff-to-population and staff-to-facility ratio by LGA | Aligned with MSP 2024–2028 standards | NHMIS, Facility Reports | Quarterly |
| Recruitment Timeliness | Average time to fill vacancies | < 6 months per recruitment cycle | HRH Recruitment Tracker | Biannually |
| Training Effectiveness | % of staff who demonstrate skill improvement post-training | ≥ 80% post-training knowledge gain | Training Assessment Tools | After each cycle |
| Service Coverage | Immunization, ANC, and malaria treatment rates | ≥ 90% coverage in target populations | NHMIS, DHIS2 | Quarterly |
| Equity in Distribution | % of staff deployed to rural/underserved LGAs | ≥ 50% of new hires posted to rural areas | GIS, HRH Deployment Records | Biannually |
| Retention Rates | % of health workers retained annually by LGA | ≥ 85% retention rate | HRIS, Payroll Records | Annually |
| Community Health Impact | Maternal and child mortality rates | Annual decline ≥ 5% | HMIS, Health Surveys | Annually |

### 7.1.2 Roles and Responsibilities

a. **State HRH M&E Team:** Leads statewide monitoring and analysis of recruitment, distribution, and staffing compliance.

b. **LGA Health Management Teams:** Submit monthly staffing reports, track local KPIs, and implement corrective actions.

c. **Facility Managers:** Ensure accurate and timely data entry and staff-level updates.

### 7.1.3 Monitoring Tools:

a. Standardized templates for monthly staffing reports and cadre deployment.

b. GIS-enabled deployment maps for tracking urban-rural equity.

c. DHIS2 and HRIS integration for automated indicator tracking.

### 7.1.4 Benchmarks for Compliance:

a. LGAs are considered compliant if at least 90% of their cadre-specific staffing targets are met for two consecutive quarters.

b. Recruitment cycle performance is acceptable if the average vacancy is filled within 6 months.

### 7.1.5 Escalation Mechanisms:

a. If a facility or LGA reports a gap >50% in any cadre for two consecutive quarters, an alert is triggered.

b. SPHCDA, in collaboration with the HRH Rapid Response Team, must deploy an emergency corrective plan within 30 days.

### 7.1.6 Feedback and Accountability:

a. Feedback loops include a state-level HRH hotline and quarterly stakeholder forums.

b. Results from monitoring are publicly reported through a real-time HRH dashboard.

## 7.2 Evaluation Strategy

Evaluation provides a structured process to assess the effectiveness, efficiency, and impact of HRH interventions in Gombe State's PHC system. This strategy is essential to validate results, identify areas for improvement, and inform future policy adjustments.

- **Evaluation Objectives:**
    1. Assess whether staffing targets are being met and aligned with MSP 2024–2028.
    2. Determine the quality and outcomes of training, deployment, and retention strategies.
    3. Measure the contribution of HRH improvements to service delivery and community health indicators.
- **Evaluation Activities:**
    1. **Baseline and Endline Assessments:** Establish key benchmarks at project initiation and measure final outcomes by 2029.
    2. **Midterm Review:** Conduct a comprehensive evaluation in 2027 to assess interim progress and recalibrate strategies.
    3. **Training Impact Studies:** Use pre- and post-training assessments to evaluate knowledge and competency gains.
    4. **Community Health Surveys:** Gather data on patient satisfaction, service access, and health outcomes.
    5. **Equity Audits:** Evaluate whether rural, remote, and underserved LGAs are equitably benefitting from HRH reforms.
- **Evaluation Tools and Methodologies:**
    1. Mixed-methods approach including quantitative indicators and qualitative feedback.
    2. Use of digital M&E platforms to streamline data analysis and report generation.
    3. External evaluators may be engaged for impartial reviews.
- **Feedback and Learning:**
    1. Evaluation findings will be presented at annual HRH review summits.
    2. Lessons learned will inform adaptive management and guide revisions to recruitment and training plans.
    3. Successes and challenges will be documented and shared with stakeholders through reports and learning briefs.

### 7.3 Sustainability Measures

Ensuring the long-term sustainability of HRH investments is essential for maintaining improvements in healthcare delivery across Gombe State. This section outlines the strategies designed to institutionalize gains and ensure they continue beyond the duration of the strategic plan.

- **Policy Integration:**
    1. Embed HRH strategies into the Gombe State Health Sector Strategic Plan and related policies to secure ongoing political and institutional support.
    2. Advocate for HRH issues in broader health system reforms, ensuring alignment with national UHC goals.
- **Financial Planning:**
    1. Develop a multi-year financial roadmap with specific budget lines for HRH recruitment, training, and retention.
    2. Diversify funding sources through government allocation, donor contributions, and innovative mechanisms like health impact bonds and PPPs.
- **Institutional Strengthening:**
    1. Build the capacity of HRH units at the state and LGA levels to plan, implement, and manage workforce programs effectively.
    2. Establish sustainable HRH information systems and data governance structures.
- **Stakeholder Engagement:**
    1. Maintain regular forums with development partners, civil society, and community-based organizations to foster collaboration and resource sharing.
    2. Involve communities in HRH planning and monitoring through health committees and advocacy platforms.
- **Innovation and Research:**
    1. Partner with academic and research institutions to conduct longitudinal studies on HRH interventions.
    2. Pilot and scale up innovative solutions such as task-shifting, digital training platforms, and mobile-based supervision tools.

- **Advocacy and Communication:**
    1. Launch public awareness campaigns highlighting the importance and impact of HRH.
    2. Document and disseminate success stories and best practices through newsletters, reports, and media engagement.
- **Research and Innovation**: Establish partnerships with academic and research institutions to conduct regular workforce assessments and identify best practices. This includes supporting pilot projects on innovative HRH solutions.
- **Advocacy and Communication**: Develop a strategic communication plan to advocate for increased HRH investment and share success stories. This includes regular media briefings and success story documentation.

## 8.0 CONCLUSIONS

This report provides a comprehensive assessment of Gombe State's primary health care (PHC) workforce, highlighting the critical gaps that must be addressed to achieve the Minimum Service Package (MSP) 2024–2028 and move closer to Universal Health Coverage (UHC). The findings reveal an alarming overall staffing deficit of 85.8%, with key cadres such as doctors and medical laboratory scientists completely absent from PHC facilities. Rural areas remain the most underserved, compounding inequities in access to essential health services. Gender imbalance and an inadequate skill mix further limit the effectiveness of service delivery across the state.

To tackle these challenges, the report proposes a realistic and costed five-year roadmap that includes phased recruitment, targeted in-service training, and financial and non-financial incentives to improve rural retention. This plan is supported by a robust monitoring and evaluation framework and aligns with national HRH standards and state policy priorities.

By fully committing to this plan, Gombe State can significantly improve workforce availability, strengthen service delivery in rural and underserved LGAs, and build a resilient PHC system. With strong political will, adequate funding, and active stakeholder collaboration, the state can close its health workforce gap and ensure that every resident has equitable access to quality care. The task ahead is ambitious but achievable and it is the foundation for healthier communities and lasting health system reform.

## 9.0 RECOMMENDATIONS

This section outlines the key recommendations to address the critical workforce shortages and disparities in Gombe State's Primary Health Care (PHC) system, derived from the findings of the HRH Gap Analysis. These recommendations are designed to be actionable and realistic, building on existing structures and policies to ensure practicality and sustainability.

**9.1 Policy and Governance:** The first area of focus is on policy and governance. It is recommended to conduct a comprehensive review of existing HRH policies to identify gaps and update them to better reflect current challenges and future needs. This will ensure that the policies are aligned with the state's health objectives and are effective in addressing the identified issues. Additionally, enhancing the capacity and effectiveness of the existing HRH coordination unit will improve workforce planning and management, leading to more efficient allocation of resources and better coordination among stakeholders.

**9.2 Strategic Recruitment and Deployment:** Implementing a strategic recruitment and deployment plan is crucial to addressing the workforce shortages. The five-year

phased recruitment plan should be initiated immediately, with a focus on critical cadres such as doctors, nurses, and laboratory scientists. This will help to gradually but steadily close the staffing gap and move towards full staffing coverage by 2029. Furthermore, offering financial incentives and non-financial benefits to attract health workers to rural LGAs will help to address the urban-rural disparities in staffing levels. Prioritizing hiring from rural communities can also increase the likelihood of retention in these underserved areas, ensuring a more stable and reliable workforce in rural health facilities.

**9.3 Training and Capacity Building:** Significant attention must be given to training and capacity building to address the competency gaps within the existing workforce. Developing short-term, modular training programs can provide urgent competency development without requiring health workers to be away from their posts for extended periods. This will help to quickly improve the skill set of the workforce and enhance the quality of healthcare services provided. Additionally, deploying mobile training units to remote and rural areas will make training more accessible to health workers in these locations, ensuring that they also have the opportunity to develop their skills and stay updated with best practices. Utilizing digital tools and e-learning platforms can further expand access to continuous professional development, allowing health workers to conveniently access training resources and improve their competencies on an ongoing basis.

**9.4 Incentives and Retention Strategies:** To attract and retain skilled health workers in rural and underserved areas, a range of incentives should be introduced. Financial incentives, such as higher salary scales and additional allowances, can provide economic motivation for health workers to choose and remain in these areas. Non-financial incentives, including housing support, educational opportunities for children, and recognition awards, can enhance job satisfaction and overall quality of life for health workers and their families. Establishing clear career progression pathways will encourage long-term commitment from health workers, giving them a sense of professional growth and development opportunities within the health system. This can help to reduce turnover rates and ensure a more stable workforce in rural and underserved areas.

**9.5 Data and Monitoring:** Strengthening data systems is essential for effective workforce planning and management. Enhancing the use of digital health information systems will enable real-time workforce data collection and analysis, providing up-to-date and accurate information to inform decision-making. Conducting annual workforce audits will ensure that staffing records are regularly updated and that any changes in workforce requirements are identified promptly. This will allow for timely adjustments to recruitment and deployment strategies. Developing user-friendly performance dashboards will facilitate the monitoring of recruitment progress, staffing

levels, and service coverage. These dashboards can serve as valuable tools for tracking the implementation of the strategic plan and assessing the impact of interventions on the health workforce and service delivery.

**9.6 Resource Mobilization:** Finally, resource mobilization is crucial to support the implementation of the recommended strategies. Advocating for increased funding allocations to the health sector, particularly for HRH development, will provide the necessary financial resources to carry out recruitment, training, and retention initiatives. Collaborating with international donors and agencies can secure additional funding and technical support, leveraging their expertise and resources to strengthen the health workforce in Gombe State. Exploring public-private partnerships offers opportunities to share resources and expertise between the public and private sectors, enhancing the capacity to train health workers and deliver quality healthcare services, especially in underserved areas.

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| 152 | Kolkos PHC | PHC | BILLIRI | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| 153 | Kolokkwannin PHC | PHC | BILLIRI | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| 154 | komta HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| 155 | Kufai PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| 156 | Kulgul PHCC | PHCC | BILLIRI | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 157 | Kuron Mota PHC | PHC | BILLIRI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 158 | Kurum HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 159 | Kwaya PHC | PHC | BILLIRI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| 160 | Kwibah PHC | PHC | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 161 | Kwilapandi Amoyo HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 162 | kiwulang HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 163 | Laberfito HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 164 | Lafurut HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 165 | Lakalkal HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 166 | Lakarai HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| 167 | Lakelembu PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 168 | Lakukdu HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 169 | Lamugu PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 170 | Lapanshedde PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 171 | Lasale PHC | PHC | BILLIRI | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| 172 | Lasani PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 173 | Latambayo HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| 174 | Latoddo HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 175 | Latugad HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 176 | Lawape HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 177 | Lawiltu PHC | PHC | BILLIRI | 0 | 0 | 0 | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 178 | Lawushi Daji PHC | PHC | BILLIRI | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 179 | Lawurkondo HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 180 | Layafi PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 181 | Pakla HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| 182 | Pandikungu HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| 183 | Pandinkude PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 184 | Panguru PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 185 | Payi PHC | PHC | BILLIRI | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 186 | Pissiuko PHC | PHC | BILLIRI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 187 | Pobawure PHCC | PHCC | BILLIRI | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 1 | 1 | 0 | 2 | 0 |

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| **202** | Tudi PHCC | PHCC | BILLIRI | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 1 | 0 | 3 | 0 |
| **203** | Tudu PHCC | PHCC | BILLIRI | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 1 | 2 | 0 | 3 | 0 |
| **204** | ALANI PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **205** | BALAJE PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **206** | BANIGAYI PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **207** | BAWA PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **208** | BAWA ZEGO HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **209** | BOKKIRU PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **210** | BOZONSILWA PHCC | PHCC | DUKKU | 0 | 0 | 0 | 1 | 2 | 2 | 0 | 1 | 0 | 0 | 2 | 0 |
| **211** | BULAMA PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **212** | BURARI PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **213** | DAMBA PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **214** | DAMINYA PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **215** | DASHI PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **216** | DIGE PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **217** | DOKORO PHC | PHC | DUKKU | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **218** | DUGGIRI HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **219** | DUKKU PHCC | PHCC | DUKKU | 0 | 0 | 1 | 15 | 9 | 23 | 0 | 3 | 4 | 0 | 8 | 0 |
| **220** | DUKKU TOWN MATERNITY PHC | PHC | DUKKU | 0 | 0 | 0 | 2 | 4 | 2 | 0 | 0 | 0 | 0 | 7 | 0 |
| **221** | DUKKUYEL PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **222** | DUU PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **223** | GABCHIYARI PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **224** | GADUM PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **225** | Gale PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **226** | GANAWAJI HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **227** | GARIN AHMADU HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **228** | GARIN ALARAMMA PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **229** | GENERAL HOSPITAL | SF | DUKKU | 0 | 1 | 0 | 3 | 2 | 6 | 1 | 0 | 0 | 0 | 6 | 0 |
| **230** | GODE PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **231** | GOMBE ABBA PHCC | PHCC | DUKKU | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 4 | 0 |
| **232** | GORINGO PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **233** | HASHIDU PHCC | PHCC | DUKKU | 0 | 0 | 0 | 2 | 2 | 3 | 0 | 0 | 0 | 0 | 2 | 0 |
| **234** | ISAH ALI PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **235** | JALINGO HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **236** | JAMARI PHCC | PHCC | DUKKU | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **237** | JARKUM PHC | PHC | DUKKU | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **238** | JOMBO HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **239** | JONDE HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **240** | KABADE PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **241** | KAGARA HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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| **254** | MARU PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **255** | MAYO LAMIDO PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **256** | NYSC CLINIC WURO TARA PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **257** | PALIMOCCHI HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **258** | SHABEWA PHC | PHC | DUKKU | 0 | 0 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| **259** | SHUWE PHC | PHC | DUKKU | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **260** | SUKA PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **261** | TALE HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **262** | TIMBU PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **263** | TUMFURE PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **264** | Walama PHC | PHC | DUKKU | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **265** | WALOJI PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **266** | WANGI BAKO PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **267** | WEDU KOLE PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **268** | WURO BOGGA HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **269** | WURO KUDU PHC | PHC | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **270** | WURO TALE PHCC | PHCC | DUKKU | 0 | 0 | 1 | 1 | 0 | 3 | 0 | 0 | 0 | 1 | 0 |
| **271** | Yole HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **272** | ZAGALA HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **273** | ZANGE PHCC | PHCC | DUKKU | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| **274** | Zaune HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **275** | ZAUNE PHCC | PHCC | DUKKU | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| **276** | PHC DEPARTMENT | OFFICE | DUKKU | 0 | 1 | 3 | 19 | 6 | 49 | 0 | 1 | 7 | 0 | 1 | 0 |
| **277** | PHC DEPARTMENNT | OFFICE | FUNAKAYE | 0 | 2 | 15 | 13 | 2 | 14 | 0 | 0 | 1 | 0 | 8 | 4 |
| **278** | Ashaka Gari PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| **279** | Bulagaidam PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 1 | 0 |
| **280** | Dayayi PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **281** | Jalingo Primary Health Centre | PHCC | FUNAKAYE | 0 | 1 | 0 | 2 | 0 | 5 | 0 | 2 | 1 | 0 | 8 | 0 |
| **282** | Jalingo Gate PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **283** | Kademi PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **284** | Magaba PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **285** | Mannari PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **286** | Bage Primary Health Centre | PHCC | FUNAKAYE | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 4 | 0 |
| **287** | Badabdi PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **288** | Bumgum PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **289** | Dindi PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **290** | FeshingoPHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **291** | Garin Maja PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **292** | Gongila PHC | PHC | FUNAKAYE | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **293** | Guba PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |

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| **308** | Kuka Bakwai PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 0 |
| **309** | Abuja PHC | PHC | FUNAKAYE | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **310** | Garin Dogo PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 6 | 1 |
| **311** | Guiwa PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 4 | 0 |
| **312** | Ngarai PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 1 | 0 |
| **313** | Ribadu Primary Health Centre | PHCC | FUNAKAYE | 0 | 0 | 1 | 2 | 3 | 3 | 0 | 0 | 0 | 0 | 5 | 0 |
| **314** | Bodor PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 5 | 0 |
| **315** | Tilde Primary Health Center | PHCC | FUNAKAYE | 0 | 0 | 1 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 4 | 2 |
| **316** | Sisi Bako PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **317** | Tongo Primary Health Centre | PHCC | FUNAKAYE | 0 | 0 | 1 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 17 | 0 |
| **318** | Yarda PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **319** | Komi PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **320** | Wakaltu PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |
| **321** | Wawa PHCC | PHCC | FUNAKAYE | 0 | 0 | 3 | 3 | 1 | 4 | 0 | 0 | 0 | 0 | 2 | 2 |
| **322** | Wuro Galde PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **323** | Gardawashi PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **324** | Garin Aba PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **325** | Boggawo PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **326** | Gadakka PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 5 | 0 |
| **327** | Siddikiyo PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **328** | Gerengi PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **329** | Yarimari PHC | PHC | FUNAKAYE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **330** | PHC DEPARTMENT | OFFICE | GOMBE | 0 | 3 | 4 | 11 | 1 | 9 | 0 | 3 | 0 | 0 | 6 | 1 |
| **331** | WASH DEPARTMENT | OFFICE | GOMBE | 0 | 0 | 0 | 0 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 |
| **332** | IDI HP | Health Post | GOMBE | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **333** | MADAKI PHCC | PHCC | GOMBE | 0 | 0 | 3 | 11 | 0 | 1 | 0 | 0 | 1 | 0 | 2 | 0 |
| **334** | FAMILY SUPPORT | PHC | GOMBE | 0 | 0 | 1 | 4 | 0 | 3 | 0 | 2 | 1 | 1 | 1 | 0 |
| **335** | BOLARI PHCC | PHCC | GOMBE | 0 | 0 | 3 | 6 | 2 | 2 | 0 | 0 | 1 | 0 | 9 | 0 |
| **336** | MANAWASHI HP | Health Post | GOMBE | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 3 | 0 |
| **337** | TOWN PHCC | PHCC | GOMBE | 0 | 3 | 3 | 7 | 2 | 4 | 0 | 3 | 4 | 0 | 5 | 0 |
| **338** | TBL HC | Health Clinic | GOMBE | 0 | 0 | 0 | 3 | 3 | 3 | 0 | 1 | 0 | 0 | 3 | 0 |
| **339** | PHCC HERWAGANA | PHCC | GOMBE | 0 | 2 | 2 | 6 | 2 | 3 | 1 | 0 | 0 | 0 | 6 | 0 |
| **340** | JEKADAFARI PHCC | PHCC | GOMBE | 0 | 1 | 3 | 4 | 2 | 2 | 0 | 2 | 0 | 0 | 2 | 0 |
| **341** | DOMA PHCC | PHCC | GOMBE | 0 | 0 | 2 | 4 | 3 | 2 | 0 | 0 | 2 | 0 | 1 | 0 |
| **342** | KUMBIYA KUMBIYA PHCC | PHCC | GOMBE | 0 | 1 | 3 | 7 | 4 | 4 | 0 | 1 | 1 | 0 | 2 | 0 |
| **343** | NASARAWO PHCC | PHCC | GOMBE | 0 | 1 | 3 | 4 | 3 | 4 | 0 | 1 | 0 | 0 | 3 | 0 |
| **344** | SABON GARI HC | Health Clinic | GOMBE | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **345** | PANTAMI PHCC | PHCC | GOMBE | 0 | 4 | 0 | 7 | 3 | 1 | 0 | 1 | 1 | 0 | 2 | 0 |
| **346** | PANTAMI HC | Health Clinic | GOMBE | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **347** | GABUKKA PHC | PHC | GOMBE | 0 | 0 | 1 | 4 | 1 | 3 | 0 | 1 | 0 | 0 | 2 | 0 |

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| **360** | DUNDAYE H/C | Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **361** | BWARA H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **362** | BAULE GARI PHCC | PHCC | KALTUNGO | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **363** | JALINGO H/ C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **364** | LUNGURE H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **365** | LAFIYA H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **366** | JAURO AUDI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **367** | BILKITAMAN H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **368** | KALTIN PHCC | PHCC | KALTUNGO | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **369** | BULE H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **370** | KWANG H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **371** | SABONGARI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **372** | BUNDI-BUNDE HP | Health Post | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **373** | JAURO ALI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **374** | LAKWEME H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **375** | KALAKOROK HP | Health Post | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **376** | PURMAI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **377** | KALUWA H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **378** | POSHERENG H/C | Health Clinic | KALTUNGO | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 0 |
| **379** | POPANDI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 0 | 0 | 0 |
| **380** | KALEH ALGON H/C | Health Clinic | KALTUNGO | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 3 | 0 |
| **381** | LAYIRO POSHERENG H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **382** | LAYIRO H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **383** | A T SHAMALI PHCC | PHCC | KALTUNGO | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **384** | BANDARA H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **385** | KOKDE H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **386** | KALORGU PHCC | PHCC | KALTUNGO | 0 | 0 | 1 | 3 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 |
| **387** | LAPANDINTAI H/C | Health Clinic | KALTUNGO | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **388** | FADA H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **389** | KWA H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **390** | LIMDE HP | Health Post | KALTUNGO | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **391** | POKWANLI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **392** | LAKIDIR PHCC | PHCC | KALTUNGO | 0 | 0 | 1 | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |

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| **405** | LATARIN H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **406** | WANGE PHCC | PHCC | KALTUNGO | 0 | 0 | 1 | 3 | 2 | 0 | 0 | 0 | 0 | 3 | 0 |
| **407** | KUNINI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| **408** | BWELE H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **409** | YORIYO H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **410** | BAMBAM YIRI H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **411** | YIRI PHCC | PHCC | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 2 | 0 |
| **412** | KWEN H/C | Health Clinic | KALTUNGO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **413** | PHCD | OFFICE | KALTUNGO | 0 | 3 | 6 | 7 | 3 | 9 | 0 | 1 | 2 | 0 | 4 | 0 |
| **414** | PHC Department | OFFICE | KWAMI | 0 | 0 | 6 | 8 | 0 | 7 | 0 | 0 | 0 | 0 | 3 | 0 |
| **415** | Abuja Primary Health Center | PHCC | KWAMI | 0 | 0 | 1 | 2 | 1 | 3 | 0 | 0 | 1 | 0 | 2 | 1 |
| **416** | Ahlugel HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **417** | Algon  Daban fulani Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 2 | 0 |
| **418** | Bele HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **419** | Bojude Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 6 | 0 |
| **420** | Bomala HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 6 | 0 |
| **421** | D/Fulani Primary Health Center | PHCC | KWAMI | 0 | 0 | 1 | 4 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| **422** | Damba Barde health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| **423** | Daniya Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **424** | Dawo HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **425** | Dinawa HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| **426** | Dirri primary Health Centre | PHCC | KWAMI | 0 | 0 | 1 | 1 | 2 | 3 | 0 | 0 | 1 | 0 | 3 | 0 |
| **427** | Doho Primary Health Center | PHCC | KWAMI | 0 | 0 | 1 | 5 | 3 | 9 | 0 | 1 | 0 | 0 | 8 | 2 |
| **428** | Dokari HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **429** | Dukkul Primary Health Center | PHCC | KWAMI | 0 | 0 | 1 | 2 | 1 | 6 | 0 | 0 | 0 | 0 | 3 | 2 |
| **430** | Gabukka Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **431** | Gadam Primary Health Care | PHCC | KWAMI | 0 | 1 | 1 | 3 | 2 | 5 | 0 | 1 | 1 | 1 | 8 | 1 |
| **432** | Gafara Galadima HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **433** | Ganjuwa Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **434** | Garin Abbasu Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 2 | 0 |
| **435** | Garin Wakili Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **436** | Gerkwami Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 3 | 1 | 3 | 0 | 0 | 0 | 0 | 3 | 0 |
| **437** | Gwaram HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **438** | Jangil Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |

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| **451** | Kwami Model Primary Health Centre | PHCC | KWAMI | 0 | 0 | 1 | 4 | 2 | 8 | 0 | 0 | 1 | 0 | 5 | 3 |
| **452** | Laro HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **453** | Madu Kellumi Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 1 | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 0 |
| **454** | Demi shuwa Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **455** | Mallam/Sidi Primary Health Center | PHCC | KWAMI | 0 | 0 | 2 | 4 | 2 | 5 | 0 | 0 | 1 | 1 | 6 | 1 |
| **456** | Malleri Primary Health Center | PHCC | KWAMI | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 3 | 0 |
| **457** | Mettako HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| **458** | Shongo Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 4 | 0 | 5 | 0 | 0 | 0 | 0 | 8 | 0 |
| **459** | Shugu Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **460** | Tappi PHC | PHC | KWAMI | 0 | 0 | 0 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **461** | Tinda HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **462** | Titi HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 2 | 0 |
| **463** | Titi Malari Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **464** | Tumbushi HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **465** | Wudil Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **466** | Wuro Dole Health Clinic | Health Clinic | KWAMI | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |
| **467** | Wuro Lule HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **468** | Yame HP | Health Post | KWAMI | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **469** | BARWO NASARAWO PHCC | PHCC | NAFADA | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **470** | BARWO SABON GARI PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **471** | WAKKALTU PHC | PHC | NAFADA | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **472** | Barwo winde PHCC | PHCC | NAFADA | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 2 | 1 |
| **473** | Daba phc | PHC | NAFADA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **474** | GANIYANA PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **475** | BIRIN BOLEWA PHCC | PHCC | NAFADA | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **476** | BURARI PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **477** | MAIDUKURI PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **478** | MUNDA PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| **479** | TASHAN KARGO PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **480** | BIRIN FULANI PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **481** | GADI PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **482** | GURAJAWA PHC | PHC | NAFADA | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **483** | SORODO PHCC | PHCC | NAFADA | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **484** | BIRIN FULANI PHCC | PHCC | NAFADA | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| **485** | SHAGANAWA PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **486** | WURO BUNDU PHC | PHC | NAFADA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |

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| **502** | WASH DEPARTMENT | OFFICE | NAFADA | 0 | 0 | 0 | 1 | 0 | 20 | 0 | 0 | 0 | 0 | 16 | 0 |
| **503** | BANGUNJI PHCC | PHCC | SHONGOM | 0 | 1 | 0 | 3 | 2 | 1 | 0 | 1 | 0 | 0 | 2 | 0 |
| **504** | KALOH PHC | PHC | SHONGOM | 0 | 0 | 0 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 3 | 0 |
| **505** | GALDIMARU PHC | PHC | SHONGOM | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **506** | BANGUK HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **507** | BOH PHCC | PHCC | SHONGOM | 0 | 0 | 0 | 11 | 1 | 2 | 0 | 1 | 4 | 0 | 9 | 0 |
| **508** | KAREL PHC | PHC | SHONGOM | 0 | 0 | 0 | 7 | 5 | 2 | 0 | 0 | 0 | 0 | 7 | 0 |
| **509** | POKATA PHC | PHC | SHONGOM | 0 | 0 | 0 | 4 | 0 | 3 | 0 | 0 | 0 | 0 | 3 | 0 |
| **510** | LABEKE HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **511** | LAWISHI HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **512** | ALGON CLINIC | PHC | SHONGOM | 0 | 0 | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **513** | BURAK PHCC | PHC | SHONGOM | 0 | 0 | 0 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 3 | 0 |
| **514** | NYALIMI PHC | PHC | SHONGOM | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **515** | LASSANJANG DUNA HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **516** | KWANAN KUKA HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **517** | PERO PHCC | PHCC | SHONGOM | 0 | 0 | 2 | 5 | 1 | 4 | 0 | 1 | 0 | 0 | 10 | 0 |
| **518** | FARIN KASA PHC | PHC | SHONGOM | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **519** | JAURO SAJO PHC | PHC | SHONGOM | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **520** | GWALE HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **521** | YAPILO PHC | PHC | SHONGOM | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **522** | GUNDALE PHCC | PHCC | SHONGOM | 0 | 0 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| **523** | DAJA PHC | PHC | SHONGOM | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 |
| **524** | FUGULA PHC | PHC | SHONGOM | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **525** | GWANDUM PHCC | PHCC | SHONGOM | 0 | 0 | 1 | 5 | 2 | 1 | 1 | 1 | 3 | 0 | 6 | 0 |
| **526** | DAMJIGRI HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **527** | TORO PHC | PHC | SHONGOM | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 2 | 0 |
| **528** | KEFFI PHC | PHC | SHONGOM | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **529** | PAMADU PHC | PHC | SHONGOM | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **530** | POPANDI PHC | PHC | SHONGOM | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **531** | GUJUBA HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **532** | MAJIDADI PHC | PHC | SHONGOM | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **533** | KATAGUM HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **534** | KULISHIN PHCC | PHCC | SHONGOM | 0 | 0 | 2 | 13 | 1 | 5 | 0 | 1 | 4 | 0 | 8 | 0 |
| **535** | LASHIKOLTOK PHC | PHC | SHONGOM | 0 | 0 | 1 | 10 | 5 | 2 | 0 | 0 | 0 | 0 | 7 | 0 |
| **536** | KALISEN HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 4 | 0 |
| **537** | KUSHI KAURI PHCC | PHCC | SHONGOM | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 4 | 0 |
| **538** | KUSHI GOMLE PHC | PHC | SHONGOM | 0 | 0 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 7 | 0 |
| **539** | LAPANDINTAI PHC | PHC | SHONGOM | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |

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| **554** | MADAKI PHC | PHC | SHONGOM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **556** | GSPHCDA | OFFICE | SHONGOM | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **615** | FILIYA PHCC | PHCC | SHONGOM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **558** | PHC DEPT | OFFICE | Y/DEBA | 0 | 2 | 2 | 12 | 0 | 2 | 0 | 0 | 0 | 0 | 3 | 1 |
| **559** | DEBA PHCC | PHCC | Y/DEBA | 0 | 0 | 0 | 7 | 1 | 11 | 0 | 1 | 1 | 0 | 7 | 0 |
| **560** | SARUJE HP | Health Post | Y/DEBA | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **561** | GEN HOSPITAL DEBA | SF | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 1 | 0 |
| **562** | GWANI EAST HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **563** | GWANI WEAST HP | Health Post | Y/DEBA | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **564** | KALO HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **565** | SHINGA PHCC | PHCC | Y/DEBA | 0 | 2 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **566** | WADE HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **567** | WADE HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **568** | DADIN KOWA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 2 | 0 | 3 | 0 | 0 | 0 | 0 | 1 | 0 |
| **569** | DADIN KOWA MODEL PHCC | PHCC | Y/DEBA | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 |
| **570** | GARIN ABDULLAHI HP | Health Post | Y/DEBA | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **571** | GARIN BUKAR HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **572** | HINA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **573** | JANGARGARE HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **574** | TSANDO HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **575** | DASA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **576** | JAGALI HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **577** | JAURO GOTEL H CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **578** | JAURO MUSA KADI | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **579** | MAIKAHO PHCC | PHCC | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **580** | TSANDON DAN DELA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **581** | JIGAWAN IRO HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **582** | KURJALE PHCC | PHCC | Y/DEBA | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **583** | PATA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **584** | DANGAR PHCC | PHCC | Y/DEBA | 0 | 0 | 1 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 3 | 1 |
| **585** | JANNAWO HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 0 |
| **586** | KACHALLARI HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 1 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 0 |
| **587** | KANAWA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| **588** | WAJARI HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| | | Health | | | | | | | | | | | | | |

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| **601** | NASARAWA DAN KUDE HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **602** | SHEMEL DAURA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **603** | DIFA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 |
| **604** | GARIN MALAN BABA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| **605** | KINAFA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **606** | LUBO PHCC | PHCC | Y/DEBA | 0 | 0 | 0 | 3 | 1 | 2 | 0 | 0 | 0 | 0 | 2 | 0 |
| **607** | BOLTUNGO HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **608** | GARINBARAYA HP | Health Post | Y/DEBA | 0 | 0 | 1 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **609** | KUNUWAL HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 5 | 0 | 2 | 0 | 1 | 0 | 0 | 1 | 2 |
| **610** | NONO M ISA H/ CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **611** | NONO PHCC | PHCC | Y/DEBA | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 |
| **612** | GENERAL HOSP ZAMBUK | SF | Y/DEBA | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **613** | KWALI HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **614** | SABON GARI HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| **615** | ZAMBUK PHCC | PHCC | Y/DEBA | 0 | 0 | 2 | 3 | 1 | 2 | 0 | 0 | 0 | 0 | 5 | 0 |
| **Total** | | | | **0** | **57** | **182** | **919** | **371** | **907** | **13** | **85** | **108** | **30** | **1098** | **74** |

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| 4 | BAPPA IBRAHIMA PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 5 | BARAMBU PHCC | PHCC | AKKO | 1 | 3 | 1 | 3 | 1 | 0 | 1 | 1 | 2 |
| 6 | BARUNDE PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 0 |
| 7 | BOGO MODEL PHCC | PHCC | AKKO | 1 | 4 | 0 | 3 | 2 | -5 | 1 | 0 | 1 |
| 8 | BOGO PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 1 | -9 | 1 | 0 | 0 |
| 9 | BOGO WAZIRI PHC | PHC | AKKO | 0 | 2 | 1 | 0 | -2 | -4 | 1 | 1 | 1 |
| 10 | BOMALA PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 1 | -3 | 1 | 1 | 1 |
| 11 | BULA PHC | PHC | AKKO | 0 | 2 | 1 | -6 | 0 | -7 | 1 | 1 | 1 |
| 12 | CHILO PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 13 | DOLLI PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 14 | DONGOL PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 15 | GADAWO PHCC | PHCC | AKKO | 1 | 4 | 1 | 3 | 2 | -2 | 1 | 0 | 0 |
| 16 | GAMAWA PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 17 | GARIN BAKARI PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 18 | GARIN BARAYA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 0 | -1 | 0 | 0 | 0 |
| 19 | GARIN GALADIMA PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 20 | GARIN RIJIYA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 21 | GARKO PHC | PHC | AKKO | 0 | 1 | 1 | 1 | 2 | 0 | 1 | 1 | 1 |
| 22 | GARWA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 23 | GIDIM HP | Health Post | AKKO | 0 | 0 | 0 | 1 | -1 | -2 | 0 | 0 | 0 |
| 24 | GOKARU HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 25 | GONA PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 0 | 1 | 1 | 1 | 1 |
| 26 | GUJUBAPHC | PHC | AKKO | 0 | 2 | 1 | 2 | 1 | 0 | 1 | 1 | 1 |
| 27 | HAMMADU KAFI PHC | PHC | AKKO | 0 | 2 | 1 | 1 | -1 | -3 | 1 | 1 | 1 |
| 28 | JABBA PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 1 | -1 | 1 | 1 | 1 |
| 29 | JUNGUDO DEGA PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 1 | -4 | 1 | 1 | 1 |
| 30 | JURARA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 31 | KALCHINGI PHCC | PHCC | AKKO | 1 | 3 | 1 | 2 | 0 | 0 | 1 | 1 | 2 |
| 32 | KALTANGA HP | Health Post | AKKO | 0 | 0 | 0 | 0 | 1 | -1 | 0 | 0 | 0 |
| 33 | KARGO PHC | PHC | AKKO | 0 | 2 | 1 | 1 | 2 | 0 | 1 | 1 | 1 |
| 34 | KASHERE MODEL PHCC | PHCC | AKKO | 1 | 4 | 1 | 2 | 2 | -2 | 1 | 1 | 1 |
| 35 | KAYEL BAGA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 36 | KEMBU PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 0 | -1 | 1 | 1 | 1 |
| 37 | KIDDA PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 38 | KOBUWA PHC | PHC | AKKO | 0 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 39 | KOMBANI ISA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 40 | KWAMBANI MAIKASUWA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 41 | KOROTI HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 42 | KUMO PHCC | PHCC | AKKO | 1 | 3 | 1 | 0 | -1 | -23 | 1 | 0 | 1 |
| 43 | KUNDULUM PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 1 | -5 | 1 | 1 | 1 |
| 44 | KUNJI PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 1 | -1 | 1 | 0 | 0 |
| 45 | LAWANTI PHC | PHC | AKKO | 0 | 2 | 1 | 1 | 2 | 0 | 1 | 1 | 1 |
| 46 | LEDEN PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 0 | 0 | 1 | 1 | 1 |
| 47 | LEMBI PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | -1 | 1 | 1 | 1 |
| 48 | LUGGEWO PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | -1 | 1 | 1 | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 63 | TUKULMA PHCC | PHCC | AKKO | 1 | 4 | 1 | 2 | 2 | -2 | 1 | 1 | 2 |
| 64 | TULMI HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 0 | -1 | 0 | 0 | 0 |
| 65 | TUMUPHCC | PHCC | AKKO | 1 | 4 | 1 | 3 | 1 | -1 | 1 | 1 | 2 |
| 66 | TUMFURE PHC | PHC | AKKO | 0 | 2 | 1 | 1 | 1 | -2 | 1 | 1 | 1 |
| 67 | WARRA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 68 | WURO DOLE HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 69 | YELWA HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 70 | YANKARI HP | Health Post | AKKO | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 71 | YARIMA SAHE PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 72 | YELWAN BOGO PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 1 | -7 | 1 | 0 | 1 |
| 73 | ZABIN KANI PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 74 | ZONGOMARI PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 |
| 75 | SAMBO DAJI PHC | PHC | AKKO | 0 | 2 | 1 | 3 | 1 | -4 | 1 | 1 | 1 |
| 76 | GWARAM PHC | PHC | AKKO | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 77 | TALASSE PHCC | PHCC | BALANGA | 1 | 4 | 0 | -2 | 2 | 1 | 1 | -1 | 0 |
| 78 | DONG PHC | PHC | BALANGA | 0 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 |
| 79 | REME PHC | PHC | BALANGA | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 80 | JAMJARA HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 81 | SWA PHCC | PHCC | BALANGA | 1 | 4 | -1 | -2 | -5 | -1 | -1 | -1 | 0 |
| 82 | WADACHI HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 83 | DABA HP | Health Post | BALANGA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 84 | GASI HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 85 | WALA HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
| 86 | REFELE HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 87 | KOLAKU HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 88 | GELENGU PHCC | PHCC | BALANGA | 1 | 4 | 1 | -1 | -3 | -2 | 0 | 0 | 0 |
| 89 | BAKASI HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 0 | 1 | 0 | -1 | 0 |
| 90 | GANGAWARE HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 91 | KEMBU HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 92 | BALANGA PHC | PHC | BALANGA | 0 | 2 | 0 | 3 | 2 | 1 | 1 | 1 | 1 |
| 93 | BANGU PHCC | PHCC | BALANGA | 1 | 4 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 94 | DALAWAJA HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 95 | LAFIYA HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
| 96 | TIYAKUNU HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 97 | SABONLAYI HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 98 | PUTOKI PHCC | PHCC | BALANGA | 1 | 4 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| 99 | SIKKAM PHC | PHC | BALANGA | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 100 | LUKI A HP | Health Post | BALANGA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 101 | LUKI B HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 102 | DEGRI KUFAI PHC | PHC | BALANGA | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 116 | GWENTI HP | Health Post | BALANGA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 117 | YOLDE HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 118 | SILON PHCC | PHCC | BALANGA | 1 | 4 | -1 | 3 | 2 | 1 | 1 | 1 | 2 |
| 119 | MONA HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 120 | BARE HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 121 | LAKUN HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 122 | KWARGE HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 123 | KWARI HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 124 | BAMBAM PHCC | PHCC | BALANGA | 1 | 3 | -1 | -2 | -2 | -1 | 0 | -1 | 1 |
| 125 | BARE JAUDI HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 126 | DADIYA PHCC | PHCC | BALANGA | 1 | 4 | 1 | -4 | 2 | 1 | 1 | 1 | 2 |
| 127 | LOBATI HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 128 | MAITUNKU HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 129 | YALWA HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 130 | LOBARE HP | Health Post | BALANGA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 131 | KAFIN BAWA HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 132 | YAMFIYO HC | Health Clinic | BALANGA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 133 | SABARA | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 134 | BALANSANI HC | Health Clinic | BALANGA | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 135 | Algon PHC | PHC | BILLIRI | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 136 | Amtawalam HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 137 | Amutha PHC | PHC | BILLIRI | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 138 | Awai HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 139 | Ayaba PHCC | PHCC | BILLIRI | 1 | 4 | -1 | 2 | 1 | 1 | 1 | 0 | 2 |
| 140 | Banganje PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 |
| 141 | Banganje PHCC | PHCC | BILLIRI | 1 | 3 | 0 | 2 | 0 | -2 | 1 | 1 | 2 |
| 142 | Bassa HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 143 | Falseje HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 144 | kalindi PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 145 | kalkulum PHC | PHC | BILLIRI | 0 | 2 | 1 | -5 | 1 | 0 | 1 | 1 | 1 |
| 146 | Kalmai PHC | PHC | BILLIRI | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 147 | Kekkel PHCC | PHCC | BILLIRI | 1 | 3 | 1 | -6 | 0 | -4 | 1 | 1 | -1 |
| 148 | Kentengereng PHCC | PHCC | BILLIRI | 1 | 3 | 1 | 0 | -1 | -1 | 0 | 1 | 0 |
| 149 | Kolkos PHC | PHC | BILLIRI | 0 | 2 | 1 | 1 | 2 | 0 | 1 | 1 | 1 |
| 150 | Kolokkwannin PHC | PHC | BILLIRI | 0 | 2 | 1 | 3 | 0 | 1 | 1 | 1 | 1 |
| 151 | komta HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | -1 | -1 | 0 | 0 | 0 |
| 152 | Kufai PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 153 | Kulgul PHCC | PHCC | BILLIRI | 1 | 4 | 1 | 0 | 1 | 1 | 1 | 1 | 2 |
| 154 | Kuron Mota PHC | PHC | BILLIRI | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 155 | Kurum HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |

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| 171 | Latoddo HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 172 | Latugad HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 173 | Lawape HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 174 | Lawiltu PHC | PHC | BILLIRI | 0 | 2 | 1 | -1 | 1 | 1 | 1 | 1 | 1 |
| 175 | Lawushi Daji PHC | PHC | BILLIRI | 0 | 2 | 0 | 0 | 2 | 1 | 1 | 1 | 1 |
| 176 | Lawurkondo HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 177 | Layafi PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 178 | Pakla HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 179 | Pandikungu HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 180 | Pandinkude PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 181 | Panguru PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 |
| 182 | Payi PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 183 | Pissiuko PHC | PHC | BILLIRI | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 184 | Pobawure PHCC | PHCC | BILLIRI | 1 | 4 | 1 | 2 | 1 | 0 | 1 | 0 | 1 |
| 185 | Pokulji PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 186 | pokwangli PHC | PHC | BILLIRI | 0 | 2 | 1 | -1 | 0 | 1 | 1 | 1 | 1 |
| 187 | Popandi HP | Health Post | BILLIRI | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 188 | Powushi PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 189 | Poyali PHC | PHC | BILLIRI | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 190 | Ruggan Alh.Adeh PHC | PHC | BILLIRI | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 191 | Sabonlayi PHCC | PHCC | BILLIRI | 1 | 4 | 1 | 2 | 2 | 0 | 1 | -1 | 1 |
| 192 | Sansani PHCC | PHCC | BILLIRI | 1 | 4 | 0 | -2 | 0 | -1 | 1 | 1 | 0 |
| 193 | shela PHC | PHC | BILLIRI | 0 | 2 | 1 | 2 | 1 | 0 | 1 | 1 | 1 |
| 194 | Sikirit HP | Health Post | BILLIRI | 0 | 0 | 0 | -1 | 1 | 0 | 0 | 0 | 0 |
| 195 | Tal PHC | PHC | BILLIRI | 0 | 2 | 0 | 0 | 2 | 0 | 1 | 1 | 1 |
| 196 | Tal Maternity | PHC | BILLIRI | 0 | 2 | 0 | 1 | 0 | -1 | 1 | 1 | 1 |
| 197 | Tangji HP | Health Post | BILLIRI | 0 | 0 | 0 | 1 | 0 | -1 | 0 | 0 | 0 |
| 198 | Tanglang PHC | PHC | BILLIRI | 0 | 1 | 0 | -3 | -1 | 1 | 1 | 0 | 1 |
| 199 | Todi PHCC | PHCC | BILLIRI | 1 | 4 | 1 | 2 | 2 | -1 | 1 | 1 | 1 |
| 200 | Tudu PHCC | PHCC | BILLIRI | 1 | 4 | 0 | 0 | 2 | 1 | 1 | 0 | 0 |
| 201 | ALANI PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 202 | BALAJE PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 203 | BANIGAYI PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 204 | BAWA PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 205 | BAWA ZEGO HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 206 | BOKKIRU PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 207 | BOZONSILWA PHCC | PHCC | DUKKU | 1 | 4 | 1 | 3 | 0 | -1 | 1 | 0 | 2 |
| 208 | BULAMA PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 209 | BURARI PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 210 | DAMBA PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 211 | DAMINYA PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 212 | DASHI PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 |
| 213 | DIGE PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 214 | DOKORO PHC | PHC | DUKKU | 0 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 230 | ISAH ALI PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 231 | JALINGO HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 232 | JAMARI PHCC | PHCC | DUKKU | 1 | 4 | 1 | 2 | 1 | 1 | 1 | 1 | 2 |
| 233 | JARKUM PHC | PHC | DUKKU | 0 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 234 | JOMBO HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 235 | JONDE HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 236 | KABADE PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 237 | KALAM HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 238 | KALOMA PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 239 | KAMBA PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 240 | KOMBI PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 241 | KOWAGOL HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 242 | KUKADI HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 0 | -1 | 0 | 0 | 0 |
| 243 | KUNDE PHCC | PHCC | DUKKU | 1 | 4 | 1 | 3 | 1 | -1 | 1 | 1 | 2 |
| 244 | KUNI HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 245 | LAFIYA PHCC | PHCC | DUKKU | 1 | 4 | 1 | 2 | 1 | 0 | 1 | 1 | 2 |
| 246 | Lule HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 247 | MALALA PHCC | PHCC | DUKKU | 1 | 4 | 1 | 0 | 1 | -1 | 1 | 1 | 1 |
| 248 | MALALAYEL HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 249 | MALURI YELWA PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 250 | MARU PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 251 | MAYO LAMIDO PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 252 | NYSC CLINIC WURO TARA PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 253 | PALIMOCCHI HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 254 | SHABEWA PHC | PHC | DUKKU | 0 | 2 | 1 | 0 | 2 | -1 | 1 | 1 | 1 |
| 255 | SHUWE PHC | PHC | DUKKU | 0 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 256 | SUKA PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 257 | TALE HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 258 | TIMBU PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 259 | TUMFURE PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 260 | Walama PHC | PHC | DUKKU | 0 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 |
| 261 | WALOJI PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 262 | WANGI BAKO PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 263 | WEDU KOLE PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 264 | WURO BOGGA HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 265 | WURO KUDU PHC | PHC | DUKKU | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 266 | WURO TALE PHCC | PHCC | DUKKU | 1 | 4 | 0 | 3 | 2 | -2 | 1 | 1 | 2 |
| 267 | Yole HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 268 | ZAGALA HP | Health Post | DUKKU | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 269 | ZANGE PHCC | PHCC | DUKKU | 1 | 4 | 0 | 3 | 2 | 0 | 1 | 1 | 2 |
| 270 | Zaune HP | Health Post | DUKKU | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 271 | ZAUNE PHCC | PHCC | DUKKU | 1 | 4 | 1 | 3 | 1 | 0 | 1 | 1 | 2 |
| 272 | Ashaka Gari PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | 1 | 1 | 1 | 1 | 1 |
| 273 | Bulagaidam PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | -2 | 1 | 1 | 1 |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 289 | Kafiwol PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 290 | Lariski PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | -3 | 1 | 1 | 1 |
| 291 | Manawashi PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | -1 | 1 | 1 | 1 |
| 292 | Ngeltanni Health Clinic | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 293 | Sangaru Primary Health Centre | PHCC | FUNAKAYE | 1 | 3 | 1 | 0 | 2 | -7 | 1 | 1 | -1 |
| 294 | Bajoga Primary Health Centre | PHCC | FUNAKAYE | 1 | 4 | -2 | 0 | 0 | -1 | 1 | -1 | 1 |
| 295 | Sharfuri PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | -1 | -1 | 1 | 1 | 1 |
| 296 | Jagabari PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | 1 | 0 | 1 | 1 | 1 |
| 297 | Jillahi Primary Health Centre | PHCC | FUNAKAYE | 1 | 4 | 1 | 1 | 2 | -3 | 1 | 1 | 2 |
| 298 | Mutuke PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 299 | Wuro Arsi PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 300 | Kupto Primary Health Centre | PHCC | FUNAKAYE | 1 | 4 | 0 | 2 | -1 | 0 | 1 | 1 | 2 |
| 301 | Jangade PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 302 | Kuka Bakwai PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 1 | 0 | 1 | 1 | 1 |
| 303 | Abuja PHC | PHC | FUNAKAYE | 0 | 1 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 304 | Garin Dogo PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | 2 | -1 | 1 | 1 | 1 |
| 305 | Guiwa PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 306 | Ngarai PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | -2 | 1 | -2 | 1 |
| 307 | Ribadu Primary Health Centre | PHCC | FUNAKAYE | 1 | 4 | 0 | 2 | -1 | -2 | 1 | 1 | 2 |
| 308 | Bodor PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 |
| 309 | Tilde Primary Health Center | PHCC | FUNAKAYE | 1 | 4 | 0 | 2 | 2 | -2 | 1 | 1 | 2 |
| 310 | Sisi Bako PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 311 | Tongo Primary Health Centre | PHCC | FUNAKAYE | 1 | 4 | 0 | 2 | 0 | -1 | 1 | 1 | 2 |
| 312 | Yarda PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 0 | 2 | 1 | 1 | 1 | 1 |
| 313 | Komi PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 314 | Wakaltu PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 1 | 2 | -1 | 1 | 1 | 1 |
| 315 | Wawa PHCC | PHCC | FUNAKAYE | 1 | 4 | -2 | 1 | 1 | -3 | 1 | 1 | 2 |
| 316 | Wuro Galde PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 1 | -1 | 1 | 1 | 1 |
| 317 | Gardawashi PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 318 | Garin Aba PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 319 | Boggawo PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 320 | Gadakka PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 2 | 1 | 0 | 1 | 1 | 1 |
| 321 | Siddikiyo PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 322 | Gerengi PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 323 | Yarimari PHC | PHC | FUNAKAYE | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 324 | IDI HP | Health Post | GOMBE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 325 | MADAKI PHCC | PHCC | GOMBE | 1 | 4 | -2 | -7 | 2 | 0 | 1 | 1 | 1 |
| 326 | FAMILY SUPPORT | PHC | GOMBE | 0 | 2 | 0 | -1 | 2 | -2 | 1 | -1 | 0 |
| 327 | BOLARI PHCC | PHCC | GOMBE | 1 | 4 | -2 | -2 | 0 | -1 | 1 | 1 | 1 |
| 328 | MANAWASHI HP | Health Post | GOMBE | 0 | 0 | -1 | 0 | 1 | -2 | 0 | 0 | 0 |
| 329 | TOWN PHCC | PHCC | GOMBE | 1 | 1 | -2 | -3 | 0 | -3 | 1 | -2 | -2 |
| 330 | TBL HC | Health Clinic | GOMBE | 0 | 1 | 0 | -1 | -2 | -2 | 0 | -1 | 0 |
| 331 | PHCC HERWAGANA | PHCC | GOMBE | 1 | 2 | -1 | -2 | 0 | -2 | 0 | 1 | 2 |
| 332 | JEKADAFARI PHCC | PHCC | GOMBE | 1 | 3 | -2 | 0 | 0 | -1 | 1 | -1 | 2 |

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| 345 | JAURO ABARE KORAN ZAKI | Clinic | GOMBE | 0 | 1 | 0 | 0 | -2 | -2 | 0 | 0 | 0 |
| 346 | KAGARAWAL PHCC | PHCC | GOMBE | 1 | 4 | -1 | -2 | -2 | -2 | 1 | 0 | 2 |
| 347 | HAYIN DOGO HP | Health Post | GOMBE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 348 | SABON LAYI PHCC | PHCC | KALTUNGO | 1 | 4 | 0 | 3 | 2 | 0 | 1 | 1 | 2 |
| 349 | SOBLONG H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
| 350 | DOGONRUWA H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 351 | GARIN BAKO H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 352 | DUNDAYE H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 353 | BWARA H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 354 | BAULE GARI PHCC | PHCC | KALTUNGO | 1 | 4 | 0 | 4 | 1 | -1 | 1 | 1 | 2 |
| 355 | JALINGO H/ C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 356 | LUNGURE H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 357 | LAFIYA H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 358 | JAURO AUDI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
| 359 | BILKITAMAN H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 360 | KALTIN PHCC | PHCC | KALTUNGO | 1 | 4 | 0 | 3 | 2 | 1 | 1 | 1 | 2 |
| 361 | BULE H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 362 | KWANG H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 363 | SABONGARI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 364 | BUNDI-BUNDE HP | Health Post | KALTUNGO | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 365 | JAURO ALI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
| 366 | LAKWEME H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| 367 | KALAKOROK HP | Health Post | KALTUNGO | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 368 | PURMAI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 369 | KALUWA H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 370 | POSHERENG H/C | Health Clinic | KALTUNGO | 0 | 1 | -1 | 1 | 0 | 0 | 0 | -1 | -1 |
| 371 | POPANDI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 0 | -1 | 0 | 0 | -1 |
| 372 | KALEH ALGON H/C | Health Clinic | KALTUNGO | 0 | 1 | -1 | 2 | 1 | 0 | 0 | 0 | -1 |
| 373 | LAYIRO POSHERENG H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 374 | LAYIRO H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 375 | A T SHAMALI PHCC | PHCC | KALTUNGO | 1 | 4 | 0 | 2 | 2 | -1 | 1 | 1 | 2 |
| 376 | BANDARA H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 377 | KOKDE H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 378 | KALORGU PHCC | PHCC | KALTUNGO | 1 | 4 | 0 | 1 | 2 | 0 | 1 | 1 | 1 |
| | | Health | | | | | | | | | | |

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| 391 | PATUWANA H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | -1 |
| 392 | BIRWAI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 393 | SHENGE-SHENGE H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 394 | JALINGO KAMO H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 395 | DABEWA H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 396 | ZANGE H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 397 | LATARIN H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 398 | WANGE PHCC | PHCC | KALTUNGO | 1 | 4 | 0 | 1 | 0 | 1 | 1 | 1 | 2 |
| 399 | KUNINI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | -1 | 0 | 0 | 0 |
| 400 | BWELE H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 401 | YORIYO H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 0 | 0 |
| 402 | BAMBAM YIRI H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 403 | YIRI PHCC | PHCC | KALTUNGO | 1 | 4 | 1 | 3 | 2 | -1 | 1 | 1 | 1 |
| 404 | KWEN H/C | Health Clinic | KALTUNGO | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 405 | Abuja Primary Health Center | PHCC | KWAMI | 1 | 4 | 0 | 2 | 1 | -2 | 1 | 1 | 1 |
| 406 | Ahlugel HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 407 | Algon  Daban fulani Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 1 | 0 | -2 | 0 | 0 | 0 |
| 408 | Bele HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 409 | Bojude Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | -1 | -2 | -2 | 0 | 0 | 0 |
| 410 | Bomala HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 411 | D/Fulani Primary Health Center | PHCC | KWAMI | 1 | 4 | 0 | 0 | 2 | -4 | 1 | 1 | 2 |
| 412 | Damba Barde health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 413 | Daniya Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 414 | Dawo HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 415 | Dinawa HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -3 | 0 | 0 | 0 |
| 416 | Dirri primary Health Centre | PHCC | KWAMI | 1 | 4 | 0 | 3 | 0 | -2 | 1 | 1 | 1 |
| 417 | Doho Primary Health Center | PHCC | KWAMI | 1 | 4 | 0 | -1 | -1 | -8 | 1 | 0 | 2 |
| 418 | Dokari HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 419 | Dukkul Primary Health Center | PHCC | KWAMI | 1 | 4 | 0 | 2 | 1 | -5 | 1 | 1 | 2 |
| 420 | Gabukka Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 421 | Gadam Primary Health Care | PHCC | KWAMI | 1 | 3 | 0 | 1 | 0 | -4 | 1 | 0 | 1 |
| 422 | Gafara Galadima HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 423 | Ganjuwa Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 2 | 1 | -1 | 0 | 0 | 0 |
| 424 | Garin Abbasu Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 1 | 0 | -2 | 0 | 0 | 0 |
| 425 | Garin Wakili Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 |
| 426 | Gerkwami Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | -1 | 0 | -2 | 0 | 0 | 0 |

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| 439 | Kulum Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 2 | 1 | -1 | 0 | 0 | 0 |
| 440 | Kurugu HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 441 | Kwami Model Primary Health Centre | PHCC | KWAMI | 1 | 4 | 0 | 0 | 0 | -7 | 1 | 1 | 1 |
| 442 | Laro HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 443 | Madu Kellumi Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 1 | 0 | -3 | 0 | 0 | 0 |
| 444 | Demi shuwa Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 2 | 1 | -1 | 0 | 0 | 0 |
| 445 | Mallam/Sidi Primary Health Center | PHCC | KWAMI | 1 | 4 | -1 | 0 | 0 | -4 | 1 | 1 | 1 |
| 446 | Malleri Primary Health Center | PHCC | KWAMI | 1 | 4 | 1 | 2 | 1 | -1 | 1 | 1 | 2 |
| 447 | Mettako HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | 0 | -1 | 0 | 0 |
| 448 | Shongo Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | -2 | 1 | -4 | 0 | 0 | 0 |
| 449 | Shugu Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 2 | 0 | -1 | 0 | 0 | 0 |
| 450 | Tappi PHC | PHC | KWAMI | 0 | 2 | 1 | 0 | 1 | 0 | 1 | 1 | 1 |
| 451 | Tinda HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 452 | Titi HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 0 | -3 | 0 | 0 | 0 |
| 453 | Titi Malari Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 2 | 0 | -1 | 0 | 0 | 0 |
| 454 | Tumbushi HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 455 | Wudil Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 2 | 1 | -1 | 0 | 0 | 0 |
| 456 | Wuro Dole Health Clinic | Health Clinic | KWAMI | 0 | 1 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 457 | Wuro Lule HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 458 | Yame HP | Health Post | KWAMI | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 459 | BARWO NASARAWO PHCC | PHCC | NAFADA | 1 | 4 | 0 | 3 | 2 | 1 | 1 | 1 | 2 |
| 460 | BARWO SABON GARI PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 461 | WAKKALTU PHC | PHC | NAFADA | 0 | 2 | 1 | 2 | 2 | 1 | 1 | 1 | 1 |
| 462 | Barwo winde PHCC | PHCC | NAFADA | 1 | 4 | 1 | 3 | 0 | 0 | 1 | 1 | 2 |
| 463 | Daba phc | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 464 | GANIYANA PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |
| 465 | BIRIN BOLEWA PHCC | PHCC | NAFADA | 1 | 4 | 1 | 1 | 2 | 0 | 1 | 1 | 2 |
| 466 | BURARI PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 1 | 0 | 1 | 1 | 1 |
| 467 | MAIDUKURI PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 1 | 0 | 1 | 1 | 1 |
| 468 | MUNDA PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 0 |
| 469 | TASHAN KARGO PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | -1 | 1 | 1 | 1 |
| 470 | BIRIN FULANI PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 471 | GADI PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 |
| 472 | GURAJAWA PHC | PHC | NAFADA | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 473 | SORODO PHCC | PHCC | NAFADA | 1 | 4 | 1 | 3 | 1 | 0 | 1 | 1 | 2 |
| 474 | BIRIN FULANI PHCC | PHCC | NAFADA | 1 | 4 | 1 | 1 | 2 | 1 | 1 | 1 | 2 |
| 475 | SHAGANAWA PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 0 | 1 | 1 | 1 | 1 |
| 476 | WURO BUNDU PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 477 | MADAKI LAMU PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 1 | 1 | 1 | 1 | 1 |
| 478 | GUDUKKU PHCC | PHCC | NAFADA | 1 | 4 | 1 | 3 | 2 | 0 | 1 | 1 | 2 |
| 479 | TASHA PHC | PHC | NAFADA | 0 | 2 | 1 | 3 | 2 | 1 | 1 | 1 | 1 |

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| 494 | BANGUK HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 495 | BOH PHCC | PHCC | SHONGOM | 1 | 4 | 1 | -7 | 1 | -1 | 1 | 0 | -2 |
| 496 | KAREL PHC | PHC | SHONGOM | 0 | 2 | 1 | -4 | -3 | -1 | 1 | 1 | 1 |
| 497 | POKATA PHC | PHC | SHONGOM | 0 | 2 | 1 | -1 | 2 | -2 | 1 | 1 | 1 |
| 498 | LABEKE HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 1 | -1 | 0 | 0 | 0 |
| 499 | LAWISHI HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 0 | -2 | 0 | 0 | 0 |
| 500 | ALGON CLINIC | PHC | SHONGOM | 0 | 2 | 0 | 2 | 1 | -1 | 1 | 1 | 1 |
| 501 | BURAK PHCC | PHC | SHONGOM | 0 | 2 | 1 | 1 | 2 | -4 | 1 | 1 | 1 |
| 502 | NYALIMI PHC | PHC | SHONGOM | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 503 | LASSANJANG DUNA HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 504 | KWANAN KUKA HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 505 | PERO PHCC | PHCC | SHONGOM | 1 | 4 | -1 | -1 | 1 | -3 | 1 | 0 | 2 |
| 506 | FARIN KASA PHC | PHC | SHONGOM | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 507 | JAURO SAJO PHC | PHC | SHONGOM | 0 | 2 | 1 | -2 | 2 | 0 | 1 | 1 | 1 |
| 508 | GWALE HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 509 | YAPILO PHC | PHC | SHONGOM | 0 | 2 | 1 | 0 | 2 | 1 | 1 | 1 | 1 |
| 510 | GUNDALE PHCC | PHCC | SHONGOM | 1 | 4 | 1 | 1 | -1 | 1 | 1 | 1 | 2 |
| 511 | DAJA PHC | PHC | SHONGOM | 0 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 512 | FUGULA PHC | PHC | SHONGOM | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |
| 513 | GWANDUM PHCC | PHCC | SHONGOM | 1 | 4 | 0 | -1 | 0 | 0 | 0 | 0 | -1 |
| 514 | DAMJIGRI HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 515 | TORO PHC | PHC | SHONGOM | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 0 | 1 |
| 516 | KEFFI PHC | PHC | SHONGOM | 0 | 2 | 1 | 1 | 0 | 1 | 1 | 1 | 1 |
| 517 | PAMADU PHC | PHC | SHONGOM | 0 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| 518 | POPANDI PHC | PHC | SHONGOM | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 519 | GUJUBA HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | 1 | -2 | 0 | 0 | 0 |
| 520 | MAJIDADI PHC | PHC | SHONGOM | 0 | 2 | 1 | 3 | 2 | 0 | 1 | 1 | 1 |
| 521 | KATAGUM HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 522 | KULISHIN PHCC | PHCC | SHONGOM | 1 | 4 | -1 | -9 | 1 | -4 | 1 | 0 | -2 |
| 523 | LASHIKOLTOK PHC | PHC | SHONGOM | 0 | 2 | 0 | -7 | -3 | -1 | 1 | 1 | 1 |
| 524 | KALISEN HP | Health Post | SHONGOM | 0 | 0 | 0 | 0 | -1 | -3 | 0 | 0 | 0 |
| 525 | KUSHI KAURI PHCC | PHCC | SHONGOM | 1 | 4 | 0 | 4 | 1 | -1 | 1 | 0 | 2 |
| 526 | KUSHI GOMLE PHC | PHC | SHONGOM | 0 | 2 | 1 | 0 | 2 | -1 | 1 | 1 | 1 |
| 527 | LAPANDINTAI PHC | PHC | SHONGOM | 0 | 2 | 1 | 2 | 2 | -1 | 1 | 1 | 1 |
| 528 | LALAIPIDO PHCC | PHCC | SHONGOM | 1 | 4 | 0 | -5 | 1 | 0 | 1 | 0 | 1 |
| 529 | LAKENTURUM PHC | PHC | SHONGOM | 0 | 2 | 1 | 1 | 2 | -1 | 1 | 1 | 1 |
| 530 | LATATAR PHC | PHC | SHONGOM | 0 | 2 | 1 | -1 | 1 | 0 | 1 | 1 | 1 |
| 531 | LASADAR PHC | PHC | SHONGOM | 0 | 2 | 0 | 3 | 2 | 0 | 1 | 1 | 1 |
| 532 | TEDMUKZU PHC | PHC | SHONGOM | 0 | 2 | 1 | 3 | 0 | 1 | 1 | 1 | 1 |
| 533 | AMKOLOM HP | Health Post | SHONGOM | 0 | 0 | 0 | 1 | 1 | -1 | 0 | -1 | 0 |
| 534 | LAPAN PHCC | PHCC | SHONGOM | 1 | 4 | -1 | -11 | 1 | 0 | 1 | 0 | -2 |
| 535 | LABARYA PHC | PHC | SHONGOM | 0 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 1 |
| 536 | LASANJANG PHC | PHC | SHONGOM | 0 | 2 | 1 | 1 | 2 | -1 | 1 | 1 | 1 |
| 537 | LASSASAP PHC | PHC | SHONGOM | 0 | 2 | 1 | 2 | 2 | 0 | 1 | 1 | 1 |

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| 552 | DADIN KOWA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 0 | 1 | -2 | 0 | 0 | 0 |
| 553 | DADIN KOWA MODEL PHCC | PHCC | Y/DEBA | 1 | 4 | 0 | 2 | 1 | 1 | 1 | 1 | 0 |
| 554 | GARIN ABDULLAHI HP | Health Post | Y/DEBA | 0 | 0 | 0 | -1 | 1 | 0 | 0 | 0 | 0 |
| 555 | GARIN BUKAR HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 556 | HINA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 1 | 0 | -1 | 0 | 0 | 0 |
| 557 | JANGARGARE HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | -1 | 0 | 0 | 0 |
| 558 | TSANDO HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 559 | DASA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 |
| 560 | JAGALI HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 |
| 561 | JAURO GOTEL H CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 562 | JAURO MUSA KADI | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 563 | MAIKAHO PHCC | PHCC | Y/DEBA | 1 | 4 | 1 | 3 | 2 | 0 | 1 | 1 | 2 |
| 564 | TSANDON DAN DELA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | -1 | 0 | 0 | 0 |
| 565 | JIGAWAN IRO HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 566 | KURJALE PHCC | PHCC | Y/DEBA | 1 | 4 | 0 | 2 | 2 | -1 | 1 | 1 | 2 |
| 567 | PATA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 1 | -1 | 1 | 0 | 0 | 0 |
| 568 | DANGAR PHCC | PHCC | Y/DEBA | 1 | 4 | 0 | 2 | 1 | -1 | 1 | 1 | 2 |
| 569 | JANNAWO HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 570 | KACHALLARI HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | -1 | -1 | 1 | 0 | 0 | 0 | 0 |
| 571 | KANAWA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | -2 | 0 | 0 | 0 |
| 572 | WAJARI HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 573 | ZAMFARAWA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | -2 | 0 | 0 | 0 |
| 574 | HAMMATATU HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 1 | -2 | 0 | 0 | 0 |
| 575 | JAURO SAMBO HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 576 | KURBA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 0 | -2 | -5 | 0 | 0 | 0 |
| 577 | KWADON PHCC | PHCC | Y/DEBA | 1 | 4 | 0 | -4 | 1 | -7 | 1 | 1 | 1 |
| 578 | LIJI HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 0 | 0 | -6 | -2 | -6 | 0 | 0 | 0 |
| 579 | DUMBU HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | -1 | 0 | 0 | 0 | 0 |
| 580 | JIGAWAN MAGAJI HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 581 | KURI HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 0 | 1 | -2 | 0 | -1 | 0 |
| 582 | LAMBAN HEALTH | Health Clinic | Y/DEBA | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 |
| 583 | LANO PHCC | PHCC | Y/DEBA | 1 | 4 | 0 | 3 | 1 | -1 | 1 | 1 | 0 |
| 584 | NASARAWA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 585 | NASARAWA DAN KUDE HP | Health Post | Y/DEBA | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 586 | SHEMEL DAURA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| 587 | DIFA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 588 | GARIN MALAN BABA HP | Health Post | Y/DEBA | 0 | 0 | 0 | 1 | 1 | -1 | 0 | 0 | 0 |
| 589 | KINAFA HEALTH CLINIC | Health Clinic | Y/DEBA | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 |