



HSTP
Niger State, Federal Republic of Nigeria

MRL[®]
Public Sector Consultants

HEALTH SECTOR TRANSFORMATION PROGRAMME

HEALTH FACILITIES ASSESSMENT

Niger State, Federal Republic of Nigeria



HEALTH SECTOR TRANSFORMATION PROGRAMME

HEALTH FACILITIES ASSESSMENT

Niger State, Federal Republic of Nigeria



Produced for Niger State Ministry of Primary Health Care and
Ministry of Secondary and Tertiary Health, Federal Republic of Nigeria as part of the
Health Sector Transformation Programme (HSTP)
Programme by MRL[®] Public Sector Consultants Ltd.

For additional information please contact the HSTP Team
Niger State Ministry of Primary Health Care and Ministry of Secondary and Tertiary Health.



Website: www.hstpningerng.com
Email: mrl@mrl.uk.com

This document and other data in relation to HSTP Programme on which it is based are
available online at www.hstpningerng.com

MRL[®] Public Sector Consultants Ltd
Photography: Micheal Aderemi and Audu Samson.
Document Layout: Moses Are.
Cover Images: Micheal Aderemi.
All rights reserved.

No part of this document may be produced in any form without written permission from the
Niger State Ministry of Primary Health Care and Ministry of Secondary and Tertiary Health
and MRL[®] Public Sector Consultants Ltd.

TABLE OF CONTENTS

1.	BACKGROUND, AIM, OBJECTIVES AND BENEFITS	3
1.1	Aim and Objectives of the Health Facilities Assessment	4
1.2	The Benefits of the Health Facilities Assessment	5
2.	SCOPE OF THE HEALTH FACILITIES ASSESSMENT	7
3.	OPERATIONAL PLAN FOR THE ASSESSMENT	9
3.1	Operational Structure	9
3.2	Team Composition and Roles	11
3.2.1	Leadership and Coordination	11
3.2.2	Local Management and Deployment	12
3.3	Command and Communication	13
3.4	Key Strengths of the Approach	13
4.	HEALTH FACILITIES ASSESSMENT ACTIVITIES	15
4.1	Enumeration and Data Collection	15
4.1.1	Health Facility Mapping and Verification	15
4.1.2	Detailed Data Collection	15
4.2	Data Processing, Analysis, and Reporting	16
5.	QUESTIONNAIRES	17
5.1	Questionnaire for Primary Health Centres (PHCs)	17
5.2	Questionnaire for Secondary Health Facilities	17
5.3	Questionnaire for Tertiary Health Facilities	17
5.4	Questionnaire for Private Clinics and Hospitals	17
5.5	Questionnaire for Specialised Facilities	17

6.	DATA COLLECTION EQUIPMENT AND SOFTWARE	18
7.	RECRUITMENT AND TRAINING OF FIELDWORK STAFF	19
7.1	Recruitment Criteria: LGA Managers	19
7.2	Recruitment Criteria: Enumerators	20
8.	HEALTH FACILITIES ASSESSMENT ENUMERATION SCHEDULE	22
9.	STAKEHOLDER ENGAGEMENT PLAN	23
10.	ETHICAL CONSIDERATIONS AND DATA PRIVACY	24
11.	RISK MITIGATION STRATEGIES	25
12.	POST-ASSESSMENT APPLICATION	26
13.	MONITORING AND EVALUATION FRAMEWORK	27
14.	KEY PERFORMANCE INDICATORS (KPIs)	28
15.	CONCLUSION	29



1. Background, Aim, Objectives and Benefits

The Health Sector Transformation Programme (HSTP) is an ambitious initiative undertaken by the Niger State Government to improve healthcare quality, expand access to essential health services, and bolster the overall healthcare infrastructure. Recognising the critical need for data-driven interventions, the programme will conduct a comprehensive assessment of the health sector to gather detailed baseline information on health facilities, human resources, and service delivery within the state.



The insights gained from this Health Facilities Assessment (HFA) will serve as the foundation for crafting targeted health policies, optimising resource allocation, and addressing systemic challenges in healthcare delivery.

This project brief outlines the objectives, scope, and methodologies of the HSTP Health Facilities Assessment. It aims to:

Define the scope of the assessment to include all facility types and services provided



Elaborate on the recruitment, training, and deployment of field staff



Explain the operational processes for data collection, analysis, and reporting



Detail survey instruments and methodological frameworks for accurate data collection



Highlight the expected outputs and their application in policymaking and health systems strengthening





1.1 Aim and Objectives of the Health Facilities Assessment

The aim of the HFA is to establish a robust, actionable database that aligns with national health strategies and supports the achievement of the Sustainable Development Goals (SDGs) related to health and well-being. Its objectives include:

- **Ensure Comprehensive Data Collection:**
Conduct a systematic and detailed assessment of all health facilities in Niger State, covering infrastructure, human resources, and service delivery.
- **Enhance Data Accuracy and Quality Control:**
Train and equip field teams with the necessary skills and tools to ensure precise, ethical, and high-quality data collection and reporting.
- **Promote Collaboration Among Stakeholders:**
Facilitate coordination between government agencies, donor organisations, and local health authorities to align the assessment with broader healthcare goals.
- **Strengthen Health System Monitoring and Evaluation:** Establish a robust database to track healthcare trends, identify service gaps, and support future health sector improvements.
- **Support Sustainable Health System Strengthening:**
Use assessment findings to guide interventions that enhance healthcare access, quality, and efficiency across the state.

1.2

The Benefits of the Health Facilities Assessment

The Health Facilities Assessment is designed to provide a detailed understanding of the healthcare landscape in Niger State. By collecting reliable data on facility infrastructure, staffing, and service availability, this initiative will help drive informed decision-making, improve healthcare planning, and enhance service delivery. The benefits of this programme include:

1

Improved Healthcare Planning and Decision-Making:

The programme will provide accurate data that enables policymakers to make informed decisions on healthcare priorities, resource allocation, and service improvements.

2

Identification of Service Gaps and Infrastructure Needs: The assessment will highlight shortages in medical supplies, healthcare personnel, and essential services, allowing for targeted interventions to enhance service delivery.

3

Enhanced Efficiency in Resource Allocation: With a comprehensive database of health facilities, the government and stakeholders can distribute resources more effectively, ensuring equitable access to healthcare across all LGAs.

4

Strengthened Health System Monitoring and Evaluation: Establishing a data-driven framework will support continuous monitoring of health sector performance, making it easier to track progress and adjust strategies as needed.

5

Support for Evidence-Based Policy Formulation: Reliable data will guide the development of effective health policies and programmes that align with state, national, and global health objectives, including the Sustainable Development Goals (SDGs).





6

Increased Accountability and Transparency:

The programme will foster accountability by providing a clear picture of the current healthcare landscape, enabling stakeholders to assess improvements and hold institutions responsible for service delivery.

7

Improved Healthcare Access and Quality:

By addressing identified gaps, the programme will contribute to enhanced healthcare services, particularly in underserved areas, leading to better health outcomes for the population.

8

Facilitation of Partnerships and Donor Engagement:

The assessment findings will serve as a valuable resource for engaging development partners, donors, and NGOs in supporting healthcare initiatives within Niger State.

9

Capacity Building for Health Sector Workforce:

The training of field teams and stakeholders involved in data collection will improve skills in research, data management, and health systems analysis, strengthening institutional capacity.

10

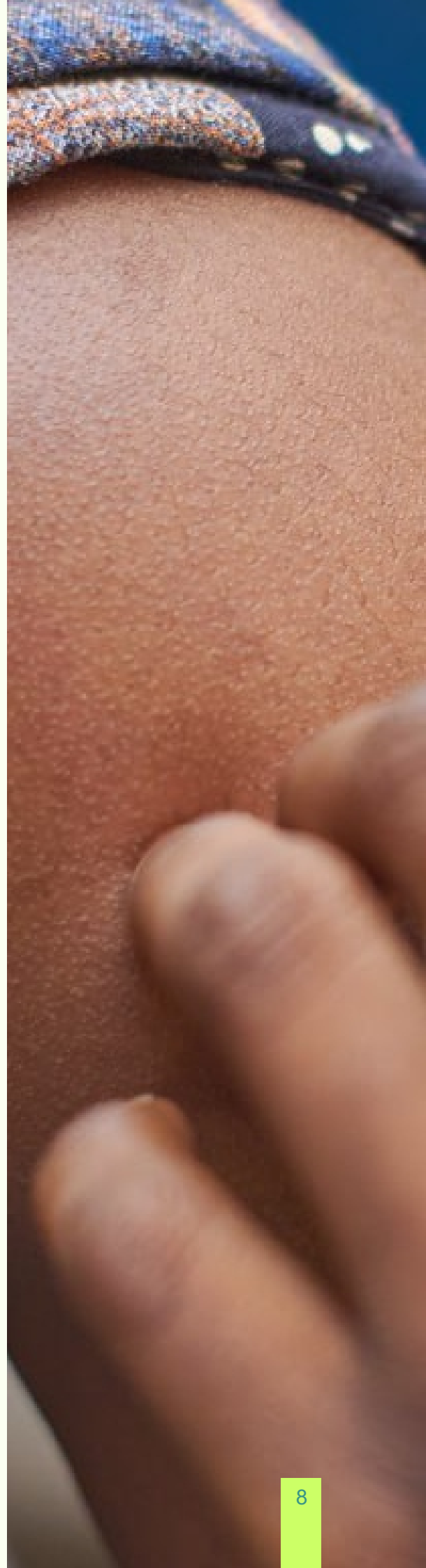
Long-Term Sustainability of Health Interventions:

The data generated will support the design of sustainable health interventions, ensuring that healthcare improvements are maintained beyond the duration of the programme.

2. Scope of the Health Facilities Assessment

The scope of the HFA has been carefully designed to provide an exhaustive overview of healthcare delivery in Niger State. It incorporates key dimensions such as geography, facility types, ownership structures, and service categories. This comprehensive approach ensures that the assessment captures the full spectrum of healthcare provision in the state.

- **Geography:** The assessment will encompass all 25 Local Government Areas (LGAs) and 274 wards in Niger State. This geographic coverage ensures representation across diverse settings, including urban, peri-urban, and remote rural areas.
- **Facility Types:** A broad array of healthcare facilities will be included, ranging from primary health centres, secondary and tertiary health facilities, to private clinics and specialised facilities like maternity homes and diagnostic laboratories. This inclusivity ensures that the assessment accounts for all contributors to healthcare delivery in the state.
- **Facility Ownership:** Both public and private healthcare providers will be surveyed. This includes state-owned facilities, privately managed clinics and hospitals, and non-traditional providers such as faith-based organisations. Their inclusion reflects the integrated nature of healthcare delivery in Niger State.
- **Services Offered:** The assessment will catalogue services provided across critical health areas, including maternal and child health, infectious diseases, non-communicable diseases, family planning, immunizations, and emergency care. By documenting service availability and gaps, the assessment will help identify areas requiring targeted interventions.





3. Operational Plan for the Assessment

The operational plan for the assessment has been meticulously designed to prioritise efficiency, scalability, and adaptability, ensuring the successful execution of activities in a structured and systematic manner. The approach integrates robust planning, strategic deployment of resources, and clear communication channels to achieve the desired outcomes.

3.1 Operational Structure

To effectively manage the assessment process, the state has been divided into 25 operational zones, with each zone corresponding to a Local Government Area (LGA). This division allows for localised oversight and tailored management, ensuring that activities are responsive to the unique needs and characteristics of each LGA.

These zones will serve as the foundational units for organising and executing all field activities. By decentralising operations, the plan promotes efficiency and enables swift resolution of localised challenges.





25 LOCAL GOVERNMENT



3.2 Team Composition and Roles

3.2.1 Leadership and Coordination

The assessment will be spearheaded by a team of senior consultants from MRL Public Sector Consultants Ltd, who bring extensive expertise and experience in managing large-scale assessments. Their leadership will ensure strategic direction and alignment with overarching goals.

Two (2) **Project Support Officers** will play a pivotal role in overseeing the overall coordination of the exercise, acting as liaisons between the senior consultants and the field teams to maintain seamless communication and operational harmony.

One of the project support officers will have the responsibility of coordinating field activities such as securing locations for training field workers, liaising with local government officials and community leaders to secure access to health facilities and scheduling visits by field workers to health facilities.

The second project support officer will be responsible for developing, deploying and maintaining the digital data collection tool. This will include ensuring that the tool is available and functional for both training and fieldwork and providing technical support to field workers.





3.2.2 Local Management and Deployment

A cadre of 25 **LGA managers** will be appointed, with each manager assigned to oversee field activities within one LGA. These managers will serve as the primary point of contact for their zones with the assessment coordination unit, ensuring that field operations are well-organised and effectively monitored.

To support data collection and on-ground activities, approximately **500 enumerators** will be deployed across the state. The deployment will be proportionate to the number of health facilities in each LGA, ensuring adequate coverage and representation in data collection efforts. Enumerators will receive comprehensive training to equip them with the necessary skills and knowledge to perform their roles effectively.

3.3 Command and Communication

A **centralised command centre** will be established in Minna to serve as the nerve centre for the assessment. This hub will:

- Provide a platform for real-time reporting, enabling the prompt identification and resolution of logistical and operational challenges.
- Facilitate efficient communication between the central team and field operatives, ensuring that updates, guidance, and feedback are disseminated promptly.
- Monitor progress across all zones and maintain a repository of data and insights to inform decision-making throughout the assessment process.

The command centre will also utilise advanced digital tools and systems to enhance coordination, including real-time dashboards for tracking field activities and issue resolution mechanisms to address emerging challenges swiftly.

3.4 Key Strengths of the Approach



Leveraging Local Expertise:

The plan strategically incorporates local expertise, tapping into the knowledge and experience of individuals familiar with the unique dynamics of each LGA. This approach not only enhances operational effectiveness but also fosters community engagement and ownership.



Promoting Accountability and Inclusivity:

By establishing clear roles, responsibilities, and reporting lines, the plan ensures that all team members are accountable for their contributions. Additionally, the inclusive approach ensures that the assessment captures diverse perspectives and provides a comprehensive understanding of the health landscape.



Adaptability and Resilience:

The operational plan is designed to be flexible, allowing for adjustments based on real-time insights and evolving circumstances. This adaptability ensures that the assessment remains on track even in the face of unforeseen challenges.



4. Health Facilities Assessment Activities

This section is subdivided into two key activities

Enumeration and Data Collection:

This phase involves the comprehensive mapping, verification, and detailed collection of data from health facilities.

Data Processing, Analysis, and Reporting:

This phase ensures the integrity, utility, and actionable application of the collected data through advanced processing and analysis.

4.1 Enumeration and Data Collection

The first and most critical phase of the assessment integrates the mapping, verification, and detailed data collection of health facilities across the state. This phase is foundational to the entire process.

4.1.1 Health Facility Mapping and Verification

- Trained enumerators will validate the existence, geographic location, and operational status of all health facilities within the state.
- Geographic coordinates will be captured using GPS-enabled mobile devices. This integrated process avoids duplication of efforts and ensures accurate documentation of facilities.
- The mapping exercise lays the groundwork for comprehensive data collection by ensuring that all facilities are accounted for and accurately documented.

4.1.2 Detailed Data Collection

- Structured questionnaires will be administered by enumerators to collect detailed information on infrastructure, staffing, service delivery, and available equipment.
- **The Computer-Assisted Personal Interview (CAPI)** method will be employed, leveraging mobile devices for enhanced accuracy and real-time synchronization with cloud servers. This ensures that data collection remains effective, even in areas with limited connectivity.

4.2 Data Processing, Analysis, and Reporting

The second phase focuses on ensuring the integrity and utility of the data collected during enumeration.

- **Data Upload and Validation:**

All collected data will be securely uploaded to a centralised cloud server. Rigorous validation checks will be performed to maintain data reliability and accuracy.

- **Development of a Data Tabulation Plan:**

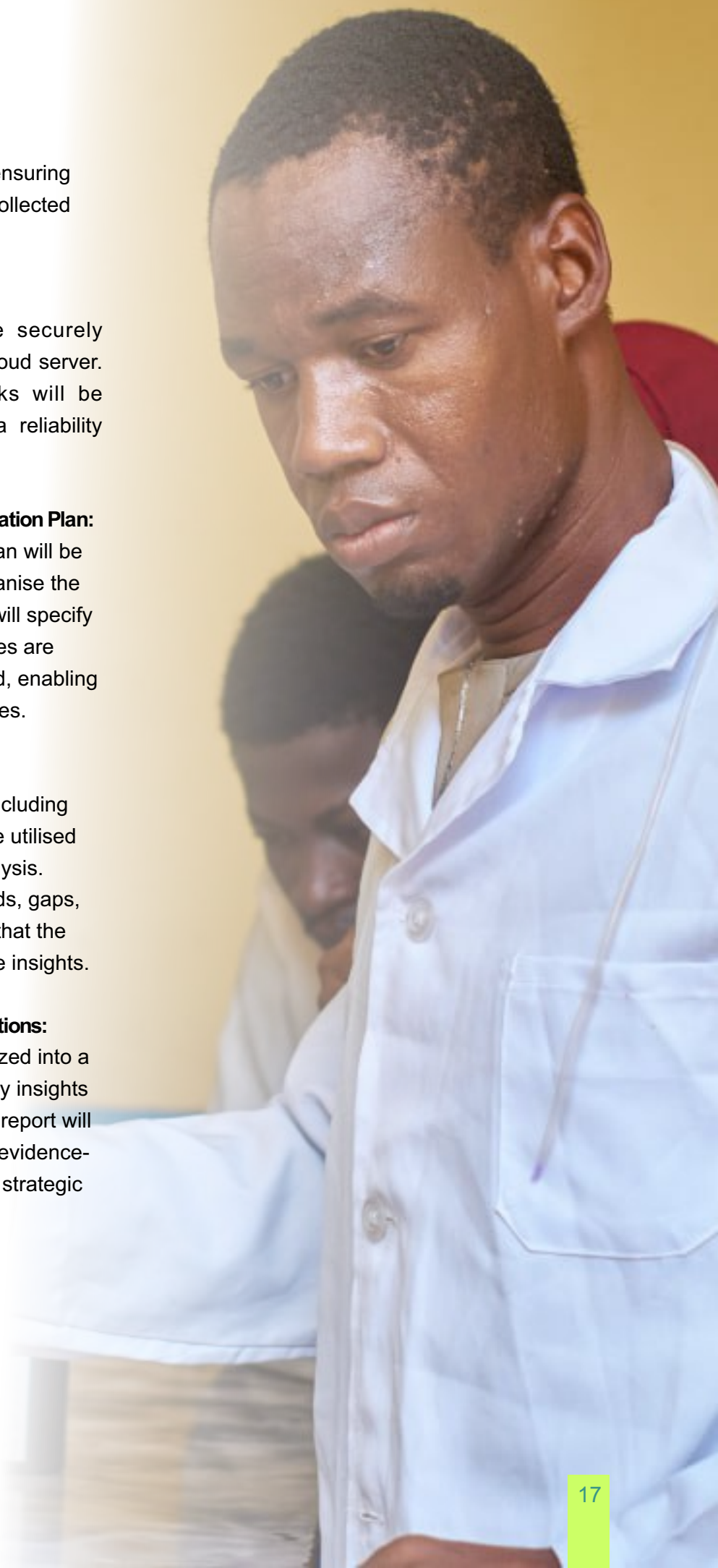
A detailed data tabulation plan will be created to structure and organise the data for analysis. This plan will specify how key metrics and variables are categorised and summarised, enabling efficient and targeted analyses.

- **Data Analysis:**

Advanced analytical tools, including Microsoft Excel and R will be utilised for comprehensive data analysis. These tools will identify trends, gaps, and opportunities, ensuring that the analysis produces actionable insights.

- **Reporting and Recommendations:**

The findings will be synthesized into a detailed report containing key insights and recommendations. This report will provide critical guidance for evidence-based policymaking and the strategic allocation of resources.



5. Questionnaires

The health assessment will employ tailored questionnaires to address the unique attributes of different facility types. Key modules include:

5.1 Questionnaire for Primary Health Centres (PHCs)

- Facility details and infrastructure
- Service availability and coverage
- Staffing levels and qualifications
- Stock and availability of essential medicines
- Patient demographics and utilisation patterns

5.2 Questionnaire for Secondary Health Facilities

- Specialisations and services offered
- Equipment and resource availability
- Emergency care capabilities
- Staffing and training levels

5.3 Questionnaire for Tertiary Health Facilities

- Advanced diagnostic and treatment services
- Research and teaching activities
- Specialty services and capacity

5.4 Questionnaire for Private Clinics and Hospitals

- Ownership and management structures
- Service offerings and patient demographics
- Compliance with regulatory standards

5.5 Questionnaire for Specialised Facilities

- Targeted health services (e.g., maternity, diagnostics)
- Equipment and referral systems



6.Data Collection Equipment and Software

The following equipment and software will be utilised:

Candidates that will be considered for recruitment as LGA Managers must possess the following qualifications and characteristics.

- Android devices with advanced CAPI capabilities
- GPS devices for precise facility mapping
- Power banks for extended fieldwork operations
- Cloud-based software for data collection and real-time data synchronization and storage. KoboToolbox has been specifically selected for collecting data for this assessment.

7. Recruitment and Training of Fieldwork Staff

7.1 Recruitment Criteria: LGA Managers

Candidates that will be considered for recruitment as LGA Managers must possess the following qualifications and characteristics.

- They must be a student of a tertiary institution in Nigeria or a graduate from a tertiary institution in Nigeria. A tertiary institution is defined as a monotechnic, polytechnic, college of education or university.
- Fluency in English and relevant local languages including Fulfulde (Fulani), Gbagyi, Hausa and Nupe.
- They must be resident within the assigned LGA. Candidates can still be assigned to LGAs where they are not resident if they express the willingness to accept the assignment.







7.2 Recruitment Criteria: Enumerators

Candidates that will be considered for recruitment as enumerators must possess the following qualifications and characteristics.

- They must be a student of a tertiary institution in Nigeria or a graduate from a tertiary institution in Nigeria. A tertiary institution is defined as a monotechnic, polytechnic, college of education or university.
- Fluency in English and relevant local languages including Fulfulde (Fulani), Gbagyi, Hausa and Nupe.
- They must be resident within the assigned LGA. Candidates can still be assigned to LGAs where they are not resident if they express the willingness to accept the assignment.

7.3 Training of LGA Managers:

LGA managers will undergo a comprehensive training programme comprising a minimum of three in-person sessions. These sessions will cover the objectives of the assessment, data collection techniques, enumerator and stakeholder management, and troubleshooting procedures for field challenges.

7.4 Training of Enumerators

Enumerators will participate in three-day training sessions organised in each LGA. The training will focus on using the CAPI tools, understanding the questionnaires, and ethical data collection practices.

8. Health Facilities Assessment Enumeration Schedule

S/N	Activity	Start Date	End Date
1	Recruitment and documentation of LGA managers and enumerators	15/01/2025	24/01/2025
2	Conduct training for LGA Managers	07/04/2025	01/05/2025
3	Conduct training for enumerators	07/04/2025	01/05/2025
4	Health Facilities Survey Fieldwork	12/05/2025	26/05/2025
5	Survey data quality control activities	12/05/2025	23/05/2025
6	Survey data retrieval and cleaning	26/05/2025	28/05/2025
7	Consolidate and create final survey dataset	29/05/2025	30/05/2025
8	Analyse Health Facilities Survey data	02/06/2025	13/06/2025
9	Draft Health Facilities Assessment report	16/06/2025	02/07/2025
10	Sign-off Health Facilities Assessment report	14/07/2025	14/07/2025



9. Stakeholder Engagement Plan

Engaging stakeholders is critical to the success of the health assessment. Key stakeholders include government agencies, healthcare providers, community leaders, and international development partners. Regular briefings, consultation meetings, and workshops will be organised to align expectations, foster collaboration, and address any concerns that arise.



10. Ethical Considerations and Data Privacy

The assessment will adhere to strict ethical standards to protect the privacy and rights of respondents. Measures include obtaining informed consent from facility representatives, anonymising data, and ensuring compliance with data protection regulations. Enumerators will receive training on ethical practices, emphasizing the importance of confidentiality and integrity.



11. Risk Mitigation Strategies

Potential risks to the assessment include logistical challenges, resistance from private facilities, and technical issues with data collection tools. Mitigation strategies will involve contingency planning, proactive stakeholder engagement, and providing backup equipment and support. A dedicated team will monitor field activities to identify and resolve issues promptly.



12. Post-Assessment Application

The data collected will serve as a valuable resource for policymaking, planning, and improving healthcare delivery. Key applications include identifying service delivery gaps, optimising resource allocation, and informing the design of targeted health programmes. The database will also support tracking progress toward the Sustainable Development Goals (SDGs).



13. Monitoring and Evaluation Framework

A robust Monitoring and Evaluation (M&E) framework will be implemented to track the progress and effectiveness of the health assessment. Performance metrics will include data collection completeness, timeliness of activities, and stakeholder satisfaction. Periodic reviews will be conducted to identify areas for improvement and ensure objectives are met.



14. Key Performance Indicators (KPIs)

The success of the health assessment will be measured using the following KPIs:

- Percentage of facilities successfully enumerated
- Accuracy and completeness of collected data
- Adherence to the assessment timeline
- Stakeholder satisfaction ratings
- Resolution of logistical challenges within 24 hours



15 Conclusion

This comprehensive health facilities assessment plan integrates mapping, data collection, and rigorous analysis to provide high-quality insights. By combining advanced methodologies and technology, the plan ensures a cohesive and efficient process that will guide strategic decisions to improve the health sector in Niger State.

For additional information on the HSTP Programme, please get in touch with our offices at

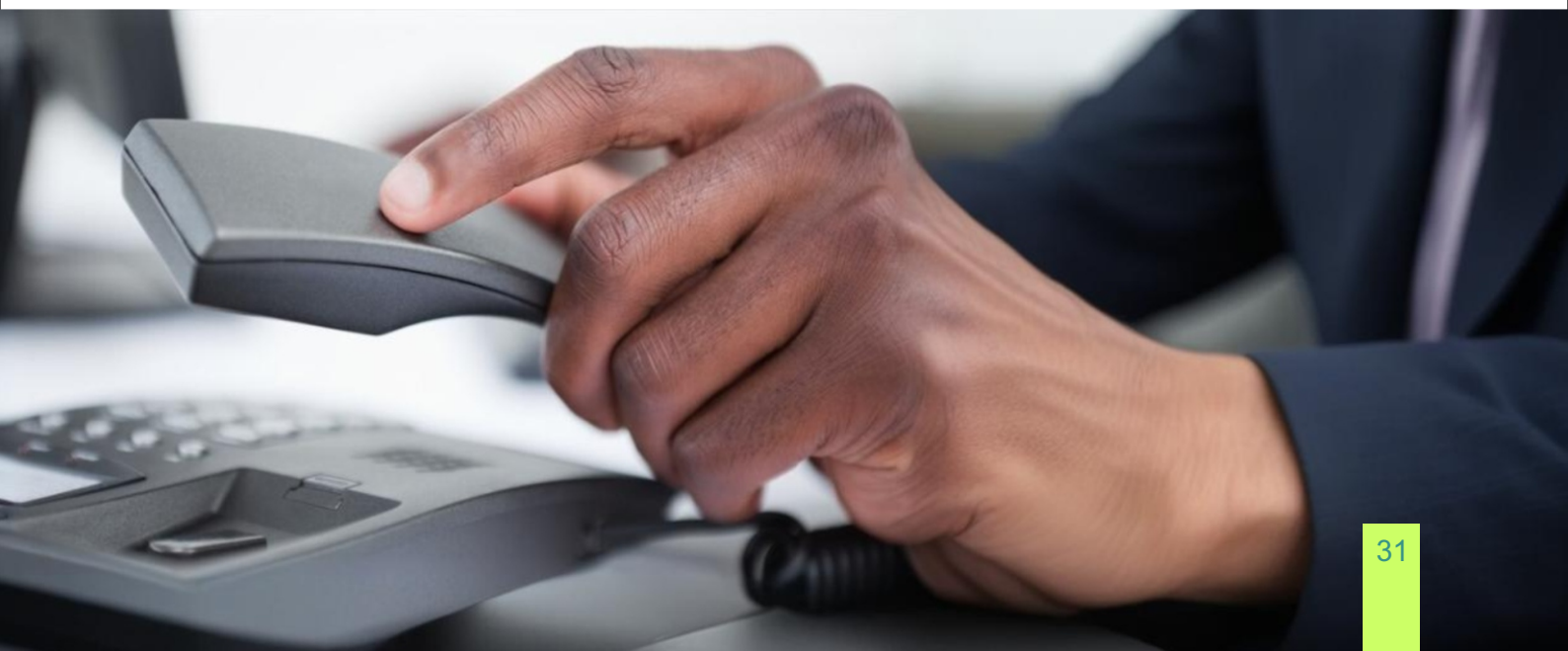
Nigeria

Ministry of Primary Health Care
New Secretariat Complex
Abdul Lafene Road
Minna, Niger State
Nigeria.

Ministry of Secondary and Tertiary
Health New Secretariat Complex
Abdul Lafene Road
Minna, Niger State
Nigeria.

UK

MRL® Public Sector Consultants Ltd
Pepple House
8 Broad Street
Great Cambourne,
Cambridge CB23 6HJ
England.
Tel: +44(0)7961326981
Email: mrl@mrl.uk.com
Website: www.mrl.uk.com





MRL® Public Sector Consultants Ltd

📍 Pepple House, 8 Broad Street, Great Cambourne,
Cambridge CB23 6HJ, United Kingdom.

☎ +44 (0) 7961 326981

✉ mrl@mrl.uk.com

🌐 www.mrl.uk.com



Nigeria

Ministry of Primary Health Care
New Secretariat Complex
Abdul Lafene Road
Minna, Niger State
Nigeria.

Ministry of Secondary and Tertiary
Health New Secretariat Complex
Abdul Lafene Road
Minna, Niger State
Nigeria.