



Humanitarian Rapid Needs Assessment
for
Communities, Health Facilities
and Primary Health Care Authorities
in Adamawa State, Nigeria
January, 2023

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AdSEMA	Adamawa State Emergency Management Agency
ADSPHCDA	Adamawa State Primary Health Care Development Authority
CAP	Capacity Action Plan
CBO	Community-Based Organization
CM	Case Management
CSO	Civil Society Organization
CHEW	Community Health Extension Worker
DNK	Do Not Know
ES	Executive Secretary
GD	Group Discussion
HH	House Hold
IOM	International Organization for Immigration
JCHEW	Junior Community Health Extension Worker
KI	Key Informant
KII	Key Informant Interview
LCCN	Lutheran Church of Christ in Nigeria
LGA	Local Government Area
LEMC	Local Government Emergency Management Committee
MDA	Ministries, Departments & Agencies
MIS	Management Information System
MoH	Ministry of Health
MOU	Memorandum of Understanding
MRRRHS	Ministry of Reconstruction, Rehabilitation, Reintegration and Human Services
MUAC	Measurement of Upper Arm Circumference
MWR	Ministry of Water Resources

NGO	Non-Governmental Organization
OCA	Organizational Capacity Assessment
OPI	Organizational Performance Index
OVC	Orphans and Vulnerable Children
PHCC	Primary Health Care Center
P-HOPE	Project HOPE Nigeria
RCA	Rapid Capacity Assessment
RCAT	Rapid Capacity Assessment Tool
RDAT	Routine Data Assessment Tool
RDQA	Routine Data Quality Assessment
RFP	Request for Proposals
RH	Reproductive Health
SOP	Standard Operating Procedure
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Infection
TWG	Technical Working Group
UNICEF	United Nation Children Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WHO- HeRAMS	WHO Health Resources and Services Availability Monitoring System assessment tool

1.0 Background

The conflict and the devastating flooding in Adamawa state has rapidly increased the humanitarian needs of the people in and around the conflict and flooding zones. Further worsening the situation was the reported outbreak of Cholera in many parts of the state that underscored the need for Health, Nutrition and Water, Sanitation and Hygiene (WASH) interventions. Desirous of deploying immediate early recovery, durable solutions in, Health, WASH and Nutritional intervention to aid improved wellbeing for the people in Adamawa state, the Emergency Response Unit of Project Hope Nigeria, through its Nigerian Humanitarian Affairs/Emergency Response program, facilitated a rapid assessment of the health, WASH and nutritional needs in 5 selected Local Government Areas (LGAs) of Adamawa State to identify gaps in health system in these LGAs.

From January 16, 2023 to January 24, 2023, a rapid assessment was conducted in Demsa, Guyuk, Lamurde, Numan and Shelleng LGAs of Adamawa state. The assessment was conducted using the proportionate sampling methods in the different communities in each of the 5 selected LGAs. A total of 250 heads of families, community leaders and stakeholders from different parts and settlements were interviewed across 50 households in each LGA. A second part of the assessment focused on the capacity and available services of health care facilities in the communities congruent to the samples. In total, 10 health care facilities were assessed, 2 in each LGA. To aid the process of the rapid assessment, the checklist for the assessment was developed based on the WHO Health Resources and Services Availability Monitoring System (HeRAMS) assessment tool, UNOCHA durable solution guide.

The 5 LGAs of Demsa, Guyuk, Lamurde, Numan and Shelleng was selected for the assessment following robust Stakeholders consultations in the state. Consultations were held with some state authorities including the State Ministry of Health, Ministry of Water Resources, Ministry of Reconstruction, Rehabilitation and Reintegration, the Adamawa State Emergency management Agency, as well as the

Adamawa State Planning Commission amongst others. The selection was informed by the need to avoid the duplication of interventions, the impact of the outbreak of Cholera and related diseases, geographic spread of partners intervention in the state, consideration for IPC AMA and the need for positive impact on the communities.

Understanding that there could not be any meaningful and sustainable intervention in these health facilities and communities without the input and involvement of the entities coordinating the operations of the health care facilities, the Project Hope Nigeria made the decision to equally assess the organizational capacity of the Primary Health Care Authorities in each of the LGAs.

The Primary Health Care Authorities (PHCAs) in Adamawa State are the government entities in each Local Government Area that are responsible for the operation and management of the Primary Health Care Centers (PHCCs). They exist to pro-actively provide leadership that supports the promotion and implementation of high quality and sustainable Primary Health Care Service for all rural communities, through standard resource mobilization, partnership, collaboration, development of sustainable community-based financing projects and functional health facilities.

The assessment of the rapid humanitarian capacity needs of the PHCAs was to enable Project Hope identify the capacity gaps of the entities towards the design and implementation of strategic organizational improvement plan and capacity development interventions.

This report presents the summary of results from the assessment exercises.

2.0 Methodology

The research methodology for the rapid assessment looks at the design of the study, area of the study, population, sample and sampling techniques, the instrument, the validity and reliability of the instrument, method of data collection and method of data analysis.

Research Design: The rapid assessment was both observation and descriptive design, towards increasing accuracy in determining and reporting the findings. This helped in the assessment of attitudes and behaviors towards health, hygiene and nutrition.

Population, Sample Size and Sampling Techniques: The population for this assessment was members of vulnerable households, health facility and PHCAs staff from conflict and cholera affected communities in 5 selected LGAs of Guyuk, Shelleng, Demsa, Lamurde and Numan in Adamawa State. The proportionate sampling technique was used to obtain the sample for the rapid assessment. The purpose was to ensure the selection of enough typical cases to represent each of the institutions, communities and LGAs.

Three (3) separate tools were utilized for the assessment. The Community Needs Assessment Tool, the Health Facility Needs Assessment Tool and the Rapid Capacity Needs Assessment Tool. These tools were developed based on the WHO Health Resources and Services Availability Monitoring System (HeRAMS) assessment tool, UNOCHA durable solution guide, etc. A minimum of 1 Key Informant (KI) per household was interviewed. In some instances, Group Discussions (GD) was utilized to enrich the data collection in the communities.

Method of Data Collection: As a result of the geographical spread of the target area and respondents, the Project HOPE engaged the services of five (5) assessment assistants for the assessment. These five assessment assistants were used to administer the instrument to the target area and respondents. The

five assessment assistants where the data collectors in the LGAs, graduates, trained in all field of data collection by the State Ministry of Health, UNICEF and other partners. They had previously participated in relevant assessment/survey from the local government. Project HOPE team, consultant discussed and trained the five assessment assistants with the instrument that were used. They were trained in the area of probing and questioning the respondents and how to record the responses of the subjects. They are able to speak the local dialect of the people. The Project HOPE team and the consultants made physical visits to the sites to observe the process.

A total of 250 Key Informant Interviews (KII) and General Discussions were conducted within the period of the assessment. KIs were interviewed in the communities and settlements, at the sites of Cholera outbreak, in the community health facilities, community centers and at some source of water supply and dump sites. Findings from this assessment are reported as numerical estimates, proportions and percentages. These findings are indicative and should not be generalized across other LGAs of Adamawa that were not covered by this rapid assessment.

The communities and settlements assessed were primarily rural communities and settlements with predominantly indigenous populations. The communities and settlements assessed are as follows:

S/N	LGA	Estimated Population of LGA*	No. of Communities/Settlements Assessed	Name of Communities/Settlement Assessed
1	Demsa	284,789	2	Dong
				Kodomun
2	Guyuk	159,552	2	Gwalam
				Bobini
3	Lamura	550,000	2	Kupte
				Lafia Waja
4	Numan	185,972	2	Imburu
				Shaforon
5	Shelleng	190,671	3	Ang Noma
				Babban Daba
				Lama Buba Jaule

Table 1.0 Communities Assessed

Technique for Data Analysis: The data collected from the assessment was analyzed through the use of number of persons and percentages using Microsoft excel spread sheet. The percentages commonly used to measure central tendency. It is computed by adding all the values (number of persons) in the data set multiplied by 100 to determine the percentages. The percentage score was used to make decisions because it is simple to understand and easy to calculate.

Desk Review/Assessment: The Project HOPE team and the consultants conducted a desk research prior to commencing the assessment to get some initial information on the subject. There is no doubt a lot of information available on the topic in the global context, therefore, the desk research was confined to specific areas, for example finding a general theory on Health, nutritional and WASH needs in communities affected by conflicts, flood and disease outbreaks and researching the developments using different platforms (social and print media, search engine and the library). This was necessary so that the assessment can have an overview of the different idea of the need assessment scope.

Questionnaire: Despite the fact that assessment has already been done on the subject of interest in other areas, this assessment used the mixed method of quantitative and qualitative research method in the design of the questionnaire. The assessment gained a wide range of responses from a variety of the population. The major benefits of creating this questionnaire, was to allow for easy comparison when analyzing the results. However, there were a few drawbacks, such as vivid description of past intervention actors and depth of intervention in some of the areas.

The Humanitarian Capacity Assessment of the PHCAs was conducted using a Rapid Capacity Needs Assessment Tool (RCNAT). The tool focuses on the capacity of the entities in 6 critical areas as follows:

Capacity Area 1: Governance and Leadership - Under this capacity area, the tool seeks to assess the capacity of the entities in such domains as Leadership Structure, Focus and Coordination, Governance Accountability, Management Operations and Leading for Development.

Capacity Area 2: Planning, Budgeting and Resource Mobilization – This section of the RCNAT focuses on understanding the capacity of the PHCAs in the areas of Strategic Planning, Operational Planning, and Operational resourcing.

Capacity Area 3: M&E and Information Management System – This section assesses the capacity of the entities in such domains as Data Management Systems, knowledge Management and Learning, M&E Framework.

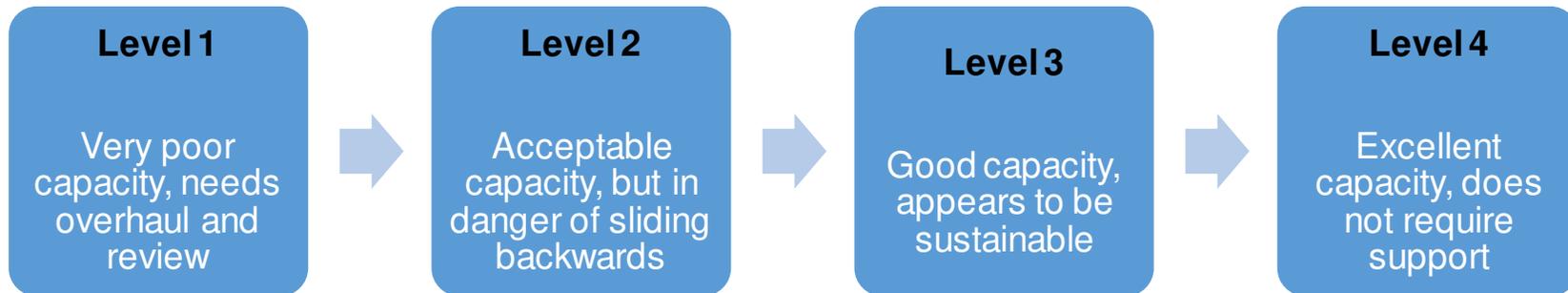
Capacity Area 4: Thematic Technical Capacity – The domains for this capacity area includes technical Skills and Competency, Quality Improvement and Assurance, Service Delivery guidelines and Standard Operating Procedures (SOPs) and Service Standards.

Capacity Area 5: Human Resource Management – This section seeks to understand the capacity of the entities in the areas of Human resource policies and Procedures, Communication Mechanisms and Information Sharing, Job descriptions, Performance Evaluation and Staff Development as well as Database for Employee Biodata and Career Information.

Capacity Area 6: Experience, Knowledge and Skills – This Capacity area assess the PHCAs in three major domains such as Knowledge and Experience relevant to health, Organizational values and Ethical Principles as well as Knowledge and Skills Improvement.

RCNA Scoring Process/Consensus Scoring: The PHCAs were assessed against each of these capacity areas. Capacity scores of 1 to 4 are allocated to each domain and the entities are assigned a score depending on the descriptive parameter preassigned to the capacity score, 1 being the lowest and

4 being the highest score indicating the level of compliance to best practices in each regard. Questions raised were equally answered. To reduce subjectivity in scoring the assessed standards have four clearly stated “capacity performance categories” for each assessed standard in each Domain; viz



3.0 Key Findings – Community Health, WASH and Nutritional Assessment

The results from the survey carried out in the communities show a significant need for Health, WASH and Nutritional interventions in the LGAs. Our personal observations during on-site visits to the communities confirm the results from the survey.

Water Supply: Water supply in the communities are a major challenge. We observed in many of the communities that their primary sources of water include stagnant water puddles and small streams. These water source serves the communities for both domestic use and for the purposes of laundry and the washing of their motorbikes as well as drinking for their livestock. In some other instances, water is supplied for domestic use from deep uncovered, unprotected wells. In Gwalam community in Bobini, we sited a non-functional handpump borehole donated to the community by UNICEF under the Universal Access to Sanitation and Water Project in November 2020.

Waste Disposal: There were no designated waste disposal sites in the communities visited. Solid wastes are disposed indiscriminately and in many of these sites, livestock dung are seen scattered all of the community. Most of the beneficiaries have no safe and consistent access to latrines, water and bathing facilities. In 2022, there was cholera outbreak in communities currently been assessed with no current chlorination effort for the major source of water within some of this communities.

Nutrition: Although partners like Hellen Keller are supporting through the Micronutrient Supplementation Programs for Vitamin A and Iron in some LGAs, the assessment showed the non-existence of professional services for the management of Severe Acute Malnutrition, Management of Moderate Acute Malnutrition, General Food Distribution, Nutritional Growth Monitoring, e.g Measurement of Upper Arm Circumference (MUAC), Other Nutrition Programs. The summary of findings from the assessment in the various Communities are presented below.

3.1 Key Findings in Community Sites in Shelleng LGA

Overview of Shelleng LGA

Shelleng is a Local Government Area (LGA) of Adamawa State, North-East Nigeria. The LGA shares borders with Guyuk and Girei LGA and is made up of towns and villages with an estimated population of 190,671 inhabitants with the area consisting members of varying ethnic group such as the Fulani, Lala, Kana Kuri, Kiri, and the Bura. The Bura language is one of the spoken languages in Shelleng LGA while the religions of Christianity and Islam are commonly practiced in the area. Fishing, farming, hunting, pottery, crafts making, trading of livestock and animal rearing are economic activities with domestic animals such as cows, goats, rams, and horses reared and sold in large quantities within the area. The LGA is also home to a vibrant trade sector, hosting several markets.

The indicative summary of findings in the LGA is presented below.

Initial Rapid Assessment - Community

Local Govt. Area:	Shelleng Local Government Area							
District/Sub District:	Kula District							
Name of Location or Sites:	Lama Buba Jaule, Babban Daba & Ang Noma							
Type of Settlement	Predominantly Informal Settlements in Rural Area with Indigenous Populations							
Estimated Population of the sites:	# of People	# of Households	Adult Males	Adult Females	Children <5	PWDs & MH	Older People > 60	Population Dynamics
	3,414	442	376	880	1,987	40	131	Increasing
Priority Needs Identified by Key Informant Interviews:	Health Post. Primary School. Portable Water. Public Toilets/Latrines. Fertilizers. Food Stocks. Cooking Utensils and Materials. Sleeping Mattress. Fishing Nets.							
Summary of Humanitarian Needs (Priorities Identified for Selected Area)	Health (Including Reproductive Health)	Family Planning Services. Anti-natal Care. Delivery and Birth Attendance. Child health Care						
	WASH	Alternative Source of Clean Water Supply. Proper Waste Management and Disposal System. Access to Latrines and Proper Toilets						
	Shelter & Essential Non-Food Items	Better Water Storage Facilities in homes. Better cooking and eating Utensils. Standard Residential Houses (Houses here are mostly constructed with mud and thatch.						
	Nutrition	Nutritional Growth Monitoring, e.g. Measurement of Upper Arm Circumference (MUAC)						
	Mental Health and PSS	There is a need for Mental Health Awareness and PSS services						
	Protection	There are no formal protection services rendered within the sites.						

Food Security and Nutrition	Existing Capacities and Activities	Micronutrient Supplementation Programs for Vitamin A and Iron. The program is being implemented by HELEN KELLER INTERNATIONAL		
	Non- Existing Capacities and Activities	Management of Severe Acute Malnutrition, Management of Moderate Acute Malnutrition, General Food Distribution, Other Nutrition Programs.		
	Average Change in the total amount of food that people are eating since the crisis began	Amount consumed has increased		
	People in the Community with Food Stocks in their Household Currently	Some		
	Average Period Food Stocks Lasts in Households	Cereals & Roots/Tubers	Pulses & Legumes	Oils & Fats
		Less than 1 Week	Less than 1 Week	Less than 1 Week
	Physical Access to Functioning Market	No		
	Percentage of Infants that are Formula fed / Formula Dependent	< 25%		
	Identified Problems with feeding children < 2 since crisis started	Yes: Dermatitis (Skin disease), Diarrhea		
	Current Livelihood/Food Situation in this Site	Predominantly Agriculturalists and Pastoralists		
	Impact of Crisis on Livelihoods, Market & Food Stocks	Disrupted Livelihoods, Increased Food Prices and Depleted Food Stocks		
	Most Affected Population Groups	Children/Youth, Women, Men, Elderly People		
	Priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?			

Water, Sanitation and Hygiene (WASH)	Current or threatened water and sanitation-related diseases	Diarrhea, Cholera and Typhoid	
	Current water source for drinking	Small Stream	
	Current source of water for bathing, washing clothes and other domestic use	Small Stream	
	KI Interview Questions	% Response	
		Yes	No
	Do the beneficiaries have safe and consistent access to latrines, water and bathing facilities?	0	100
	Is water treatment necessary?	56	44
	Are there alternative sources of water nearby?	0	100
	Is the water available at the source sufficient for short-term and longer-term needs for all groups in the population?	0	100
	Is the current water supply reliable?	0	100
	If water trucking is practiced, how long does the supply last?	0	100
	Risk of contamination: Is there any septic tank/ toilet/ open pit, flood, canals or other waste materials near the water source?	98	2
	Is the service provider available nearby for water tinkering?	0	100
	Are people drawing water hygienically? (i.e., covered containers, use of a clean, long handled dipper or through a tap, etc.)	60	40
	Is solid waste a problem?	80	20
	How do people dispose of their waste? Collection, Buried, Burned, Compost.	0	100
	Proper use of toilets.	0	100
	Hand washing with soap after defecation	0	100
	Hand washing with soap after disposing babies' faeces	0	100
	Hand washing with soap before and after food preparation.	0	100
Hand washing with soap before and after eating or feeding a child.	0	100	
Covering water in the household.	80	20	
Water treatment in the household	0	100	

Table 2.0 Key Findings from sites assessed in Shelleng LGA

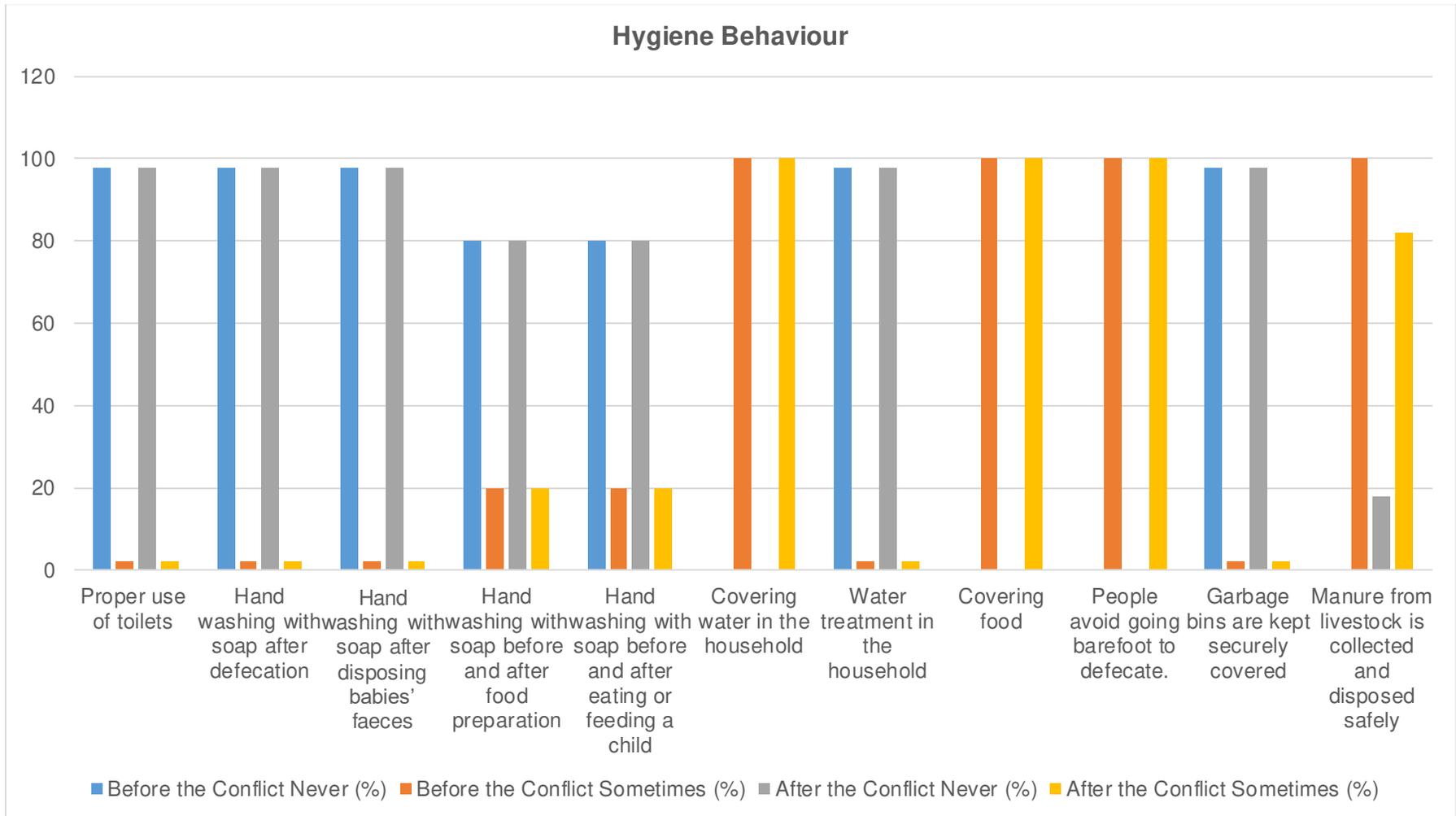
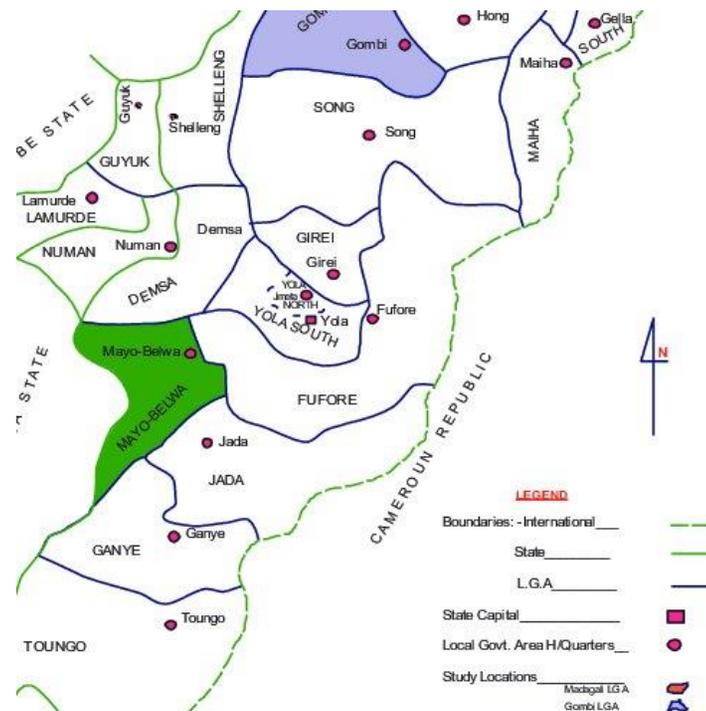


Chart 1.0 Key Findings for Hygiene Behaviour in Shelleng LGA

3.2 Key Findings in Community Sites in Guyuk LGA

Overview of Guyuk LGA

Guyuk is a town and Local Government Area in Adamawa State, Nigeria. Guyuk has many limestone deposits. Guyuk is located along the Numan–Biu road, with a population of 159,552 and a landmass of 764.6km². The local ethnic group in Guyuk is the Longuda people. They are mainly small-scale farmers.



Initial Rapid Assessment - Community

Local Govt. Area:	Guyuk Local Government Area							
District/Sub District:	Bobini							
Name of Location or Site:	Bobini & Gwalam							
Type of Settlement	Informal Settlements in Rural Area with Indigenous Population							
Estimated Population:	# of People	# of Households	Adult Males	Adult Females	Children <5	PWDs & MH	Older People > 60	Population Dynamics
	12,147	342	2,252	2,440	6,945	6	44	Increasing
Priority Needs Identified by Key Informant Interviews:	Health Facility. Proper Waste Management. Source of Clean Water							
Summary of Humanitarian Needs (Priorities Identified for Selected Area)	Health (Including Reproductive Health)	Family Planning Services. Anti-natal Care. Delivery and Birth Attendance.						
	WASH	Provision of Public Toilets. Provision of Clean Water Supply						
	Shelter & Essential Non-Food Items	None Expressed						
	Nutrition	Nutritional Growth Monitoring, e.g Measurement of Upper Arm Circumference (MUAC)						
	Mental Health and PSS	None Expressed						
	Protection	None Expressed						

Food Security and Nutrition	Existing Capacities and Activities	Micronutrient Supplementation Programs for Vitamin A and Iron. The program is being implemented by HELEN KELLER INTERNATIONAL for Children 6 - 59months and Pregnant Women		
	Non- Existing Capacities and Activities	Management of Severe Acute Malnutrition, Management of Moderate Acute Malnutrition, General Food Distribution, Other Nutrition Programs.		
	Average Change in the total amount of food that people are eating since the crisis began	Amount consumed is the same		
	People in the Community with Food Stocks in their Household Currently	Some		
	Average Period Food Stocks Lasts in Households	Cereals & Roots/Tubers	Pulses & Legumes	Oils & Fats
		More than 2 weeks	1 - 2 Weeks	Less than 1 Week
	Physical Access to Functioning Market	Yes		
	Percentage of Infants that are Formula fed / Formula Dependent	DNK		
	Identified Problems with feeding children < 2 since crisis started	No		
	Current Livelihood/Food Situation in this Site	Predominantly Agriculturalists. Small Business Trading		
	Impact of Crisis on Livelihoods, Market & Food Stocks	Disrupted Livelihoods		
	Most Affected Population Groups	Children/Youth, Women, Elderly People		
Priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?	Clean Water Supply. Good Health Facility. Public Toilet.			

Water, Sanitation and Hygiene (WASH)	Current or threatened water and sanitation -related diseases	Diarrhea, Cholera and Typhoid	
	Current water source for drinking	River, Water Trucking, Rain Water	
	Current source of water for bathing, washing clothes and other domestic use	River, Water Trucking, Rain Water	
	KI Interview Questions	% Response	
		Yes	No
	Do the beneficiaries have safe and consistent access to latrines, water and bathing facilities?	20	80
	Is water treatment necessary?	100	0
	Are there alternative sources of water nearby?	42	58
	Is the water available at the source sufficient for short-term and longer-term needs for all groups in the population?	42	58
	Is the current water supply reliable?	24	76
	If water trucking is practiced, how long does the supply last?	22	78
	Risk of contamination: Is there any septic tank/ toilet/ open pit, flood, cannels or other waste materials near the water source?	100	0
	Is the service provider available nearby for water tinkering?	0	100
	Are people drawing water hygienically? (i.e., covered containers, use of a clean, long handled dipper or through a tap, etc.)	0	100
	Is solid waste a problem?	100	0
	How do people dispose of their waste? Collection, Buried, Burned, Compost.	50	50
	Proper use of toilets.	70	30
Hand washing with soap after defecation	30	70	

	Hand washing with soap after disposing babies' faeces	52	48
	Hand washing with soap before and after food preparation.	20	80
	Hand washing with soap before and after eating or feeding a child.	44	56
	Covering water in the household.	100	0
	Water treatment in the household	0	100

Table 3.0 Key Findings from sites assessed in Guyuk LGA

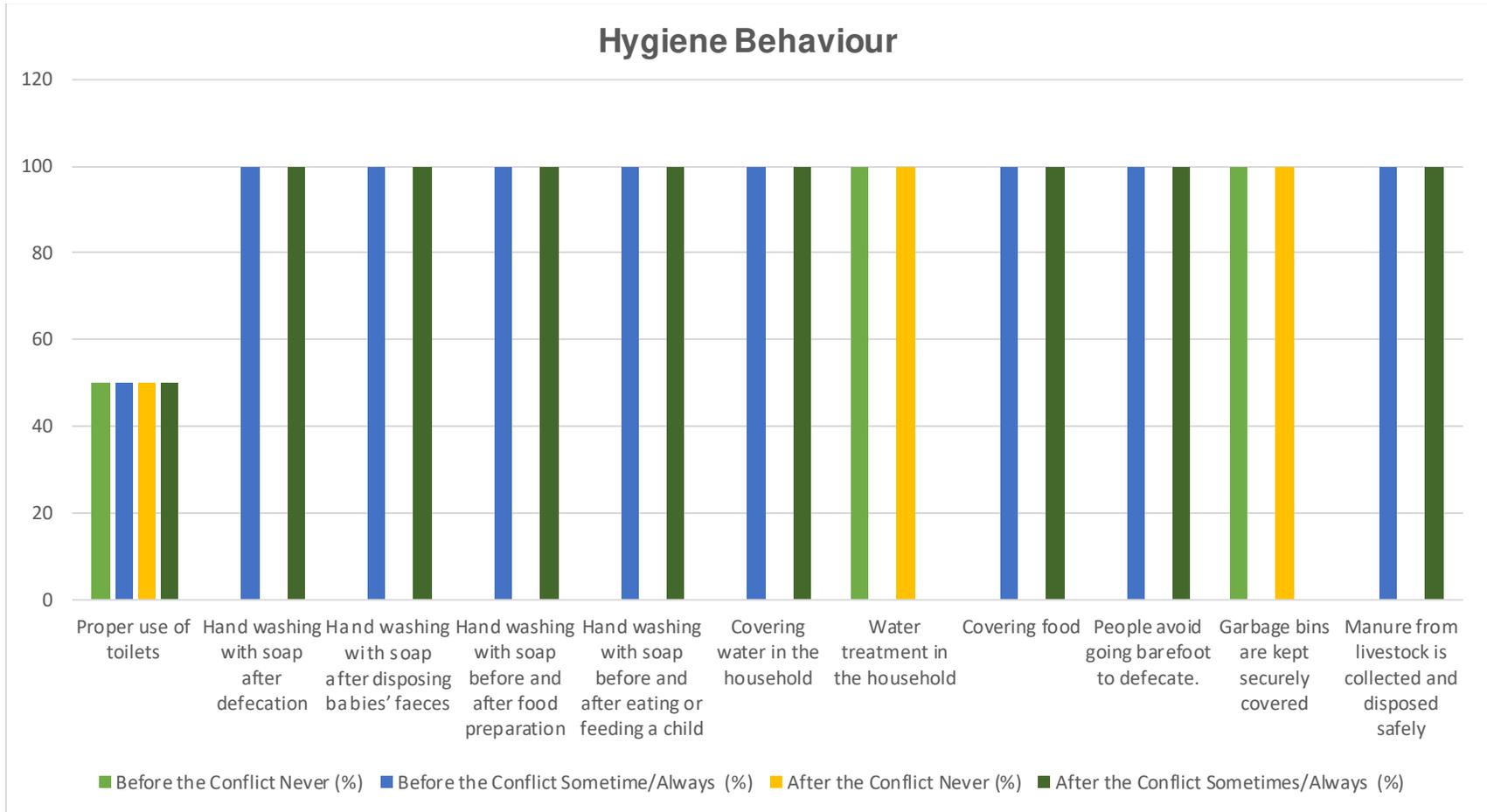
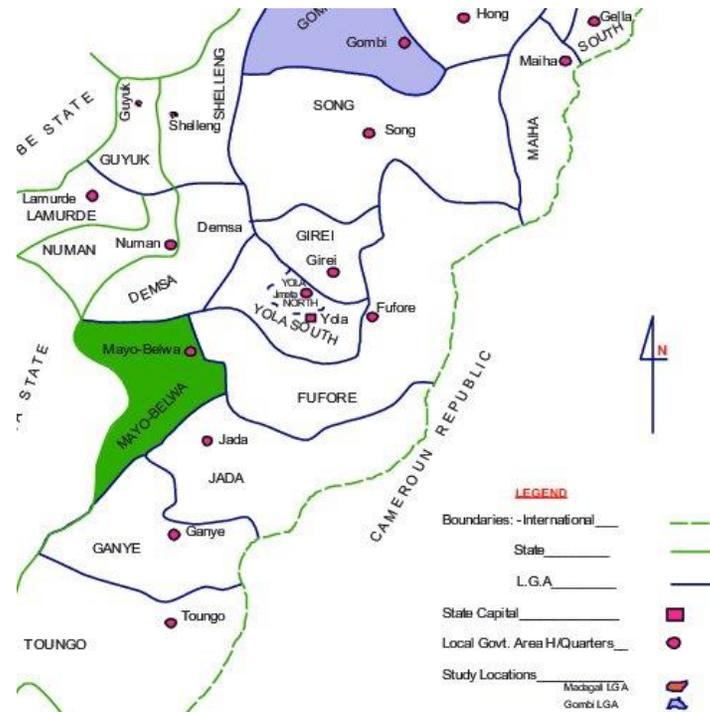


Chart 2.0 Key Findings for Hygiene Behaviour in Guyuk LGA

3.3 Key Findings in Community Sites in Demsa LGA

Overview of Demsa LGA

Demsa is a Local Government Area of Adamawa State, Nigeria with headquarters located in Demsa. Demsa lies on the Benue River with a postal code of 642. The LGA administrative office is situated in Demsa Town with communities that made up the town. The Population is 284,789. It is inhabited by ethnic groups such as the Bachama (Bwatiye), Batta, Yandang, Bille, Mbula, Maya, Bare and fulani.



Initial Rapid Assessment - Community

Local Govt. Area:	Demsa Local Government Area							
District/Sub District:	Dong, Kodomun							
Name of Location or Site:	Dong, Kodomun							
Type of Settlement	Primarily Rural Area with mostly Indigenous Population							
Estimated Population:	# of People	# of Households	Adult Males	Adult Females	Children <5	PWDs & MH	Older People > 60	Population Dynamics
	21,094	NA	NA	NA	NA	NA	NA	DNK
Priority Needs Identified by Key Informant Interviews:	Food Supply. Security. Environmental Sanitation. Community Health Care.							
Summary of Humanitarian Needs (Priorities Identified for Selected Area)	Health (Including Reproductive Health)	Anti-natal Care. Delivery and Birth Attendance. Immunization. Family Planning						
	WASH	Clean Water Supply. Waste Management System. Toilets						
	Shelter & Essential Non-Food Items	Better Housing. Public Toilets. Mosquito Nets.						
	Nutrition	Food Supply.						
	Mental Health and PSS	Mental Health Support Services						
	Protection	Improved Security for the communities						

Food Security and Nutrition	Existing Capacities and Activities	Management of Moderate Acute Malnutrition. Micronutrient Supplementation Programs for Vitamin A and Iron. The program is being implemented by HELEN KELLER INTERNATIONAL		
	Non- Existing Capacities and Activities	Management of Severe Acute Malnutrition, General Food Distribution, Other Nutrition Programs.		
	Average Change in the total amount of food that people are eating since the crisis began	Amount consumed is the same		
	People in the Community with Food Stocks in their Household Currently	Some		
	Average Period Food Stocks Lasts in Households	Cereals & Roots/Tubers	Pulses & Legumes	Oils & Fats
		1 - 2 Weeks	DNK	Less than 1 Week
	Physical Access to Functioning Market	No		
	Percentage of Infants that are Formula fed / Formula Dependent	None		
	Identified Problems with feeding children < 2 since crisis started	None		
	Current Livelihood/Food Situation in this Site	Predominantly Agriculturalists and Small Business Trading		
	Impact of Crisis on Livelihoods, Market & Food Stocks	Disrupted Livelihoods, Increased Food Prices and Depleted Food Stocks		
	Most Affected Population Groups	Children/Youth, Women, Men, Ederly People		
Priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?	Provision of Boreholes, Food Supply and Public Toilets			

Water, Sanitation and Hygiene (WASH)	Current or threatened water and sanitation-related diseases	Diarrhea, Cholera and Typhoid	
	Current water source for drinking	Tube Well - Not Protected, Deep Well Protected.	
	Current source of water for bathing, washing clothes and other domestic use	Tube Well - Not Protected, Deep Well Protected.	
	KI Interview Questions	% Response	
		Yes	No
	Do the beneficiaries have safe and consistent access to latrines, water and bathing facilities?	80	20
	Is water treatment necessary?	80	20
	Are there alternative sources of water nearby?	0	100
	Is the water available at the source sufficient for short-term and longer-term needs for all groups in the population?	0	100
	Is the current water supply reliable?	0	100
	If water trucking is practiced, how long does the supply last?	0	100
	Risk of contamination: Is there any septic tank/ toilet/ open pit, flood, cannels or other waste materials near the water source?	90	10
	Is the service provider available nearby for water tinkering?	0	100
	Are people drawing water hygienically? (i.e., covered containers, use of a clean, long handled dipper or through a tap, etc.)	84	16
	Is solid waste a problem?	88	12
	How do people dispose of their waste? Collection, Buried, Burned, Compost.	90	10
	Proper use of toilets.	0	100
	Hand washing with soap after defecation	8	92
	Hand washing with soap after disposing babies' faeces	24	76
	Hand washing with soap before and after food preparation.	0	100
Hand washing with soap before and after eating or feeding a child.	0	100	
Covering water in the household.	100	0	
Water treatment in the household	12	88	

Table 4.0 Key Findings from sites assessed in Demsa LGA

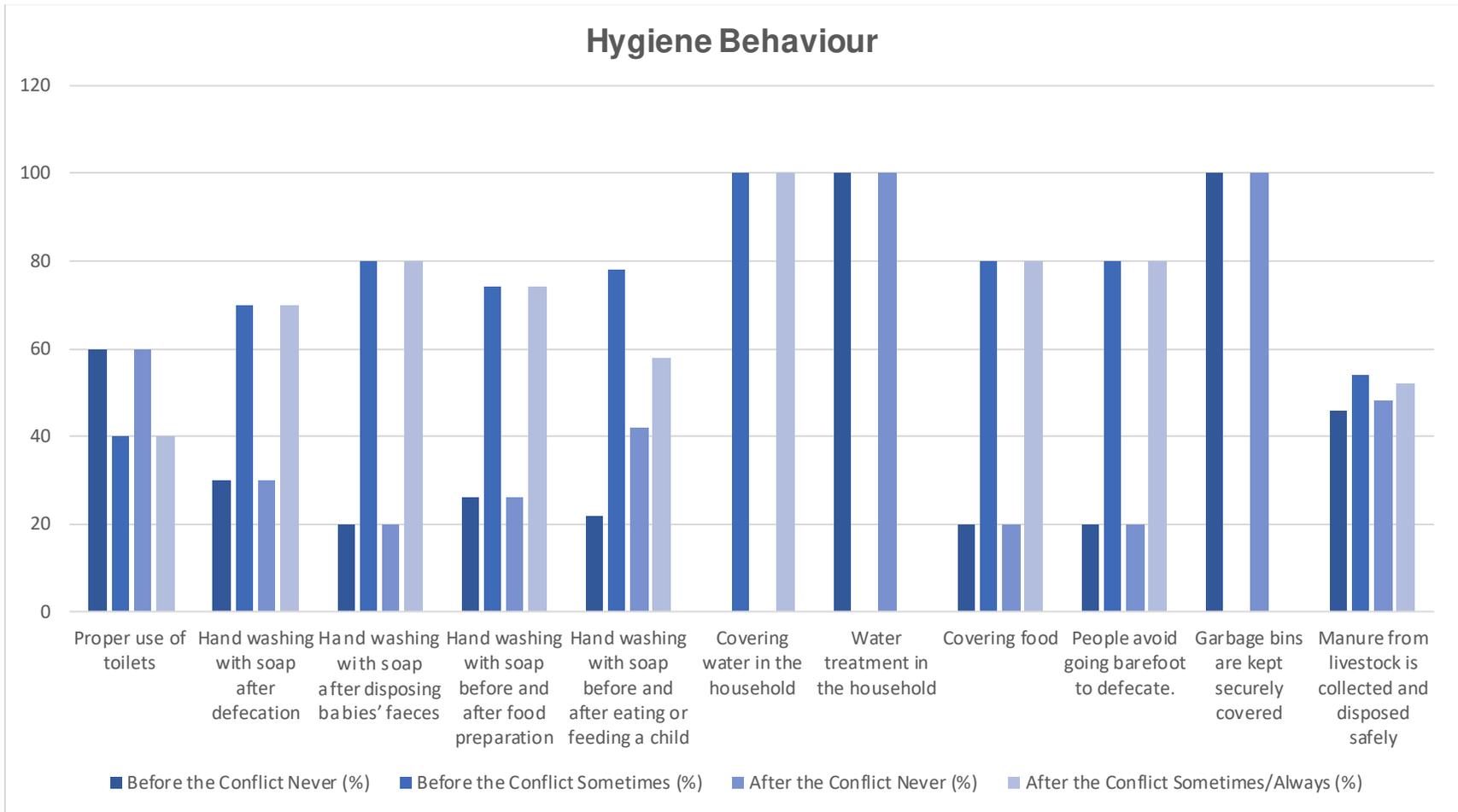
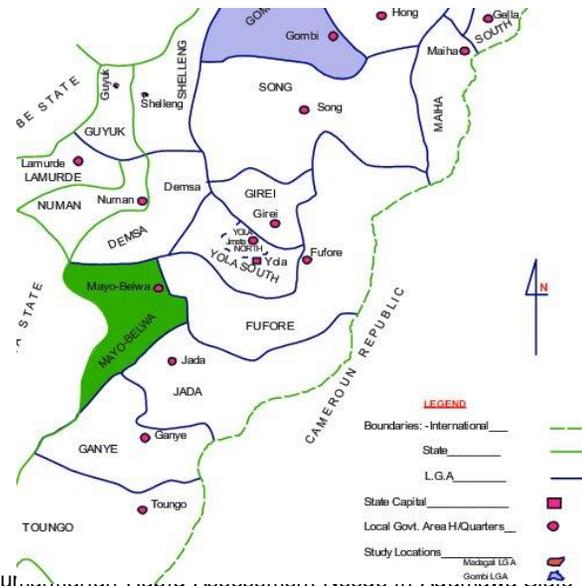


Chart 3.0 Key Findings for Hygiene Behaviour in Demsa LGA

3.4 Key Findings in Community Sites in Lamurde LGA

Overview of Lamurde LGA

Lamurde is a town and Local Government Area of Adamawa State, Nigeria inhabited predominantly by the Bwatiye (Bachama) people. Lamurde local government has several towns and villages that is made up off. The estimated population of Lamurde LGA is put at 550,000 inhabitants with the majority of the area’s dwellers being members of the Bwatiye/Bachama ethnic group. The Bachama language is extensively spoken in the area while the religions of Islam and Christianity are practiced in the area. Prominent traditional rulers in Lamurde LGA include the Hama of Bachama kingdom. The LGA is home to an agrarian society with the area known for the cultivation of a variety of crops and the rearing of a number of animals. Trade also booms in Lamurde LGA with the area being home to several markets which attract hundreds of buyers and sellers.



Initial Rapid Assessment - Community								
Local Govt. Area:	Lamurde Local Government Area							
District/Sub District:	Lafia							
Name of Location or Site:	Kupte, Lafiya Waja							
Type of Settlement	Primarily Rural							
Estimated Population:	# of People	# of Households	Adult Males	Adult Females	Children <5	PWDs & MH	Older People > 60	Population Dynamics
	NA	NA	NA	NA	NA	NA	NA	DNK
Priority Needs Identified by Key Informant Interviews:	Shelter. Drugs. Mosquito Nets. Food Supply. Security. Toilets.							
Summary of Humanitarian Needs (Priorities Identified for Selected Area)	Health (Including Reproductive Health)	Immunization. Anti-Natal Care. Hospital Beds and Drugs. Nutritional Support.						
	WASH	Clean Water Supply. Toilets. Hygiene Education						
	Shelter & Essential Non-Food Items	Better Housing. Cooking Apparatus.						
	Nutrition	Nutrition Education. Nutrition Support and Supplements.						
	Mental Health and PSS	Mental Health Support Services is available and provided by the Red Cross						
	Protection	Improved Security for the communities						

Food Security and Nutrition	Existing Capacities and Activities	Community-Based Management of Moderate Acute Malnutrition (CMAM).		
	Non- Existing Capacities and Activities	Management of Severe Acute Malnutrition, General Food Distribution, Micronutrient Supplementation. Other Nutrition Programs.		
	Average Change in the total amount of food that people are eating since the crisis began	Amount consumed has increased		
	People in the Community with Food Stocks in their Household Currently	None		
	Average Period Food Stocks Lasts in Households	Cereals & Roots/Tubers	Pulses & Legumes	Oils & Fats
		Less than 1 Week	Less than 1 Week	Less than 1 Week
	Physical Access to Functioning Market	Yes		
	Percentage of Infants that are Formula fed / Formula Dependent	None		
	Identified Problems with feeding children < 2 since crisis started	Yes: Malnutrition		
	Current Livelihood/Food Situation in this Site	Predominantly Agriculturalists and Small Business Trading		
	Impact of Crisis on Livelihoods, Market & Food Stocks	Disrupted Livelihoods, Increased Food Prices and Depleted Food Stocks		
	Most Affected Population Groups	Children/Youth, Women, Elderly People		
Priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?	None			

Water, Sanitation and Hygiene (WASH)	Current or threatened water and sanitation-related diseases	Cholera and Typhoid		
	Current water source for drinking	Water Trucking. Deep Well-Not Protected. Rain Water		
	Current source of water for bathing, washing clothes and other domestic use	Water Trucking. Deep Well-Not Protected. Rain Water		
	KI Interview Questions		% of Response	
			Yes	No
	Do the beneficiaries have safe and consistent access to latrines, water and bathing facilities?		0	100
	Is water treatment necessary?		38	62
	Are there alternative sources of water nearby?		22	88
	Is the water available at the source sufficient for short-term and longer-term needs for all groups in the population?		10	90
	Is the current water supply reliable?		0	100
	If water trucking is practiced, how long does the supply last?		2days	
	Risk of contamination: Is there any septic tank/ toilet/ open pit, flood, cannels or other waste materials near the water source?		81	19
	Is the service provider available nearby for water tinkering?		0	100
	Are people drawing water hygienically? (i.e., covered containers, use of a clean, long handled dipper or through a tap, etc.)		48	52
	Is solid waste a problem?		45	55
	How do people dispose of their waste? Collection, Buried, Burned, Compost.		92	8
	Proper use of toilets.		10	100
	Hand washing with soap after defecation		0	100
	Hand washing with soap after disposing babies' faeces		0	100
	Hand washing with soap before and after food preparation.		0	100
Hand washing with soap before and after eating or feeding a child.		0	100	
Covering water in the household.		60	40	
Water treatment in the household		0	100	

Table 5.0 Key Findings from sites assessed in Lamurde LGA

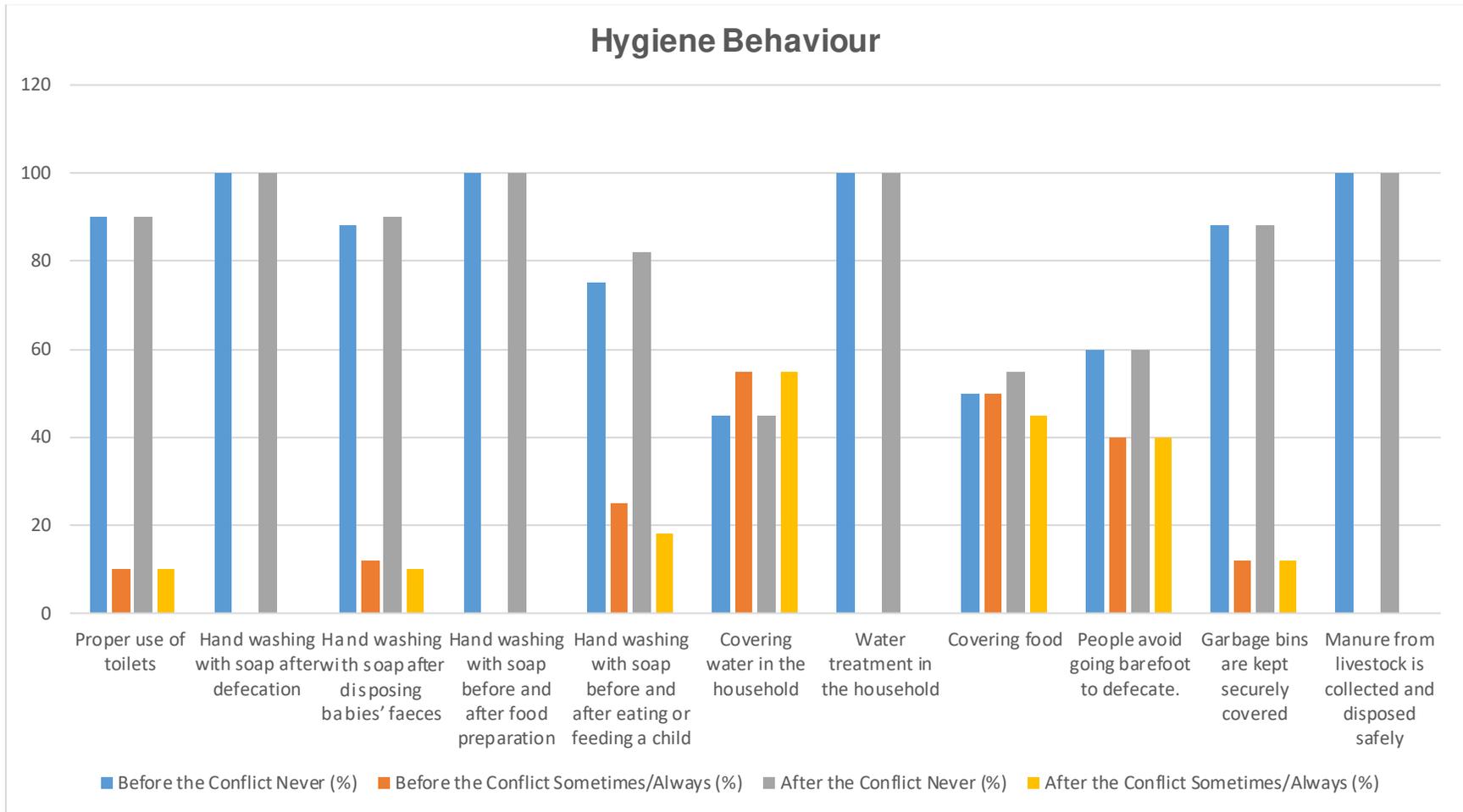


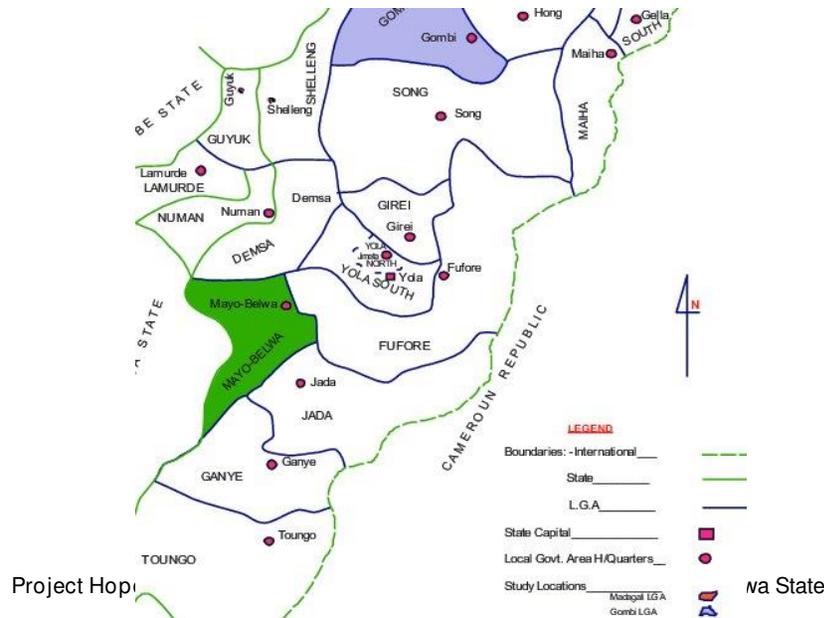
Chart 4.0 Key Findings for Hygiene Behaviour in Lamurde LGA

3.5 Key Findings in Community Sites in Numan LGA

Overview of Numan LGA

Numan, also known as **Nomweh** (meaning 'hilltop'), is a town and a Local Government Area in Adamawa State, Nigeria. It is a port town that lies on the confluence of Benue River and Gongola River. The predominant ethnic group in the town are the Bwatiye (Bachama) people who have a reputation of being unconquered warriors in all their history.

The estimated population of Numan LGA is put at 185,972 inhabitants. Farming is a key economic activity in Numan LGAA number of animals such as cows, donkeys, and goats are reared and sold in the LGA. Trade also flourishes in Numan LGA with the area hosting several markets which provide platforms for the exchange of a variety of commodities. Other important economic activities in Numan LGA include hunting and leather works.



Initial Rapid Assessment - Community

Local Govt. Area:	Numan Local Government Area							
District/Sub District:	Numan, Shaforon							
Name of Location or Site:	Imburu, Shaforon							
Type of Settlement	Mixed. Primarily Urban							
Estimated Population:	# of People	# of Households	Adult Males	Adult Females	Children <5	PWDs & MH	Older People > 60	Population Dynamics
	NA	NA	NA	NA	NA	NA	NA	DNK
Priority Needs Identified by Key Informant Interviews:	Improved Education. Food Supply. Improved Water Supply. Farm Inputs.							
Summary of Humanitarian Needs (Priorities Identified for Selected Area)	Health (Including Reproductive Health)		Family Planning/ Health Education. Immunization. Anti-Natal Care.					
	WASH		Need for Environmental Sanitation. Need for Water Treatment.					
	Shelter & Essential Non-Food Items		None					
	Nutrition		Nutrition Education. Nutrition Support and Supplements.					
	Mental Health and PSS		Prevalence of Alcoholism and Drug Abuse. Need for Drug Abuse Resistance Education					
	Protection		None					

Food Security and Nutrition	Existing Capacities and Activities	Micronutrient Supplementation Programs for Vitamin A and Iron. The program is being implemented by HELEN KELLER INTERNATIONAL for Children 6 - 59months and Pregnant Women since 2022		
	Non- Existing Capacities and Activities	Management of Severe Acute Malnutrition, General Food Distribution, Micronutrient Supplementation. Other Nutrition Programs.		
	Average Change in the total amount of food that people are eating since the crisis began		Amount consumed has increased	
	People in the Community with Food Stocks in their Household Currently		Some	
	Average Period Food Stocks Lasts in Households	Cereals & Roots/Tubers	Pulses & Legumes	Oils & Fats
		Less than 1 Week	Less than 1 Week	Less than 1 Week
	Physical Access to Functioning Market		No	
	Percentage of Infants that are Formula fed / Formula Dependent		10 - 25%	
	Identified Problems with feeding children < 2 since crisis started		No	
	Current Livelihood/Food Situation in this Site		Predominantly Agriculturalists, Pastoralists and Small Business Trading	
	Impact of Crisis on Livelihoods, Market & Food Stocks		Disrupted Livelihoods, Increased Food Prices and Depleted Food Stocks	
	Most Affected Population Groups		Children/Youth, Women, Ederly People, Men	
	Priorities expressed by the population concerning livelihoods, food security or infant and young child feeding?			

Water, Sanitation and Hygiene (WASH)	Current or threatened water and sanitation-related diseases	Diarrhea, Cholera and Typhoid		
	Current water source for drinking	Water Trucking. Deep Well-Not Protected. Rain Water		
	Current source of water for bathing, washing clothes and other domestic use	Water Trucking. Deep Well-Not Protected. Rain Water		
	KI Interview Questions		%of Response	
			Yes	No
	Do the beneficiaries have safe and consistent access to latrines, water and bathing facilities?		0	100
	Is water treatment necessary?		0	100
	Are there alternative sources of water nearby?		0	100
	Is the water available at the source sufficient for short-term and longer-term needs for all groups in the population?		12	88
	Is the current water supply reliable?		0	100
	If water trucking is practiced, how long does the supply last?		0	100
	Risk of contamination: Is there any septic tank/ toilet/ open pit, flood, cannels or other waste materials near the water source?		10	90
	Is the service provider available nearby for water tinkering?		0	100
	Are people drawing water hygienically? (i.e., covered containers, use of a clean, long handled dipper or through a tap, etc.)			
	Is solid waste a problem?		80	20
	How do people dispose of their waste? Collection, Buried, Burned, Compost.		0	100
	Proper use of toilets.		0	100
	Hand washing with soap after defecation		0	100
	Hand washing with soap after disposing babies' faeces		0	100
	Hand washing with soap before and after food preparation.		0	100
Hand washing with soap before and after eating or feeding a child.		0	100	
Covering water in the household.		0	100	
Water treatment in the household		0	100	

Table 6.0 Key Findings from sites assessed in Numan LGA

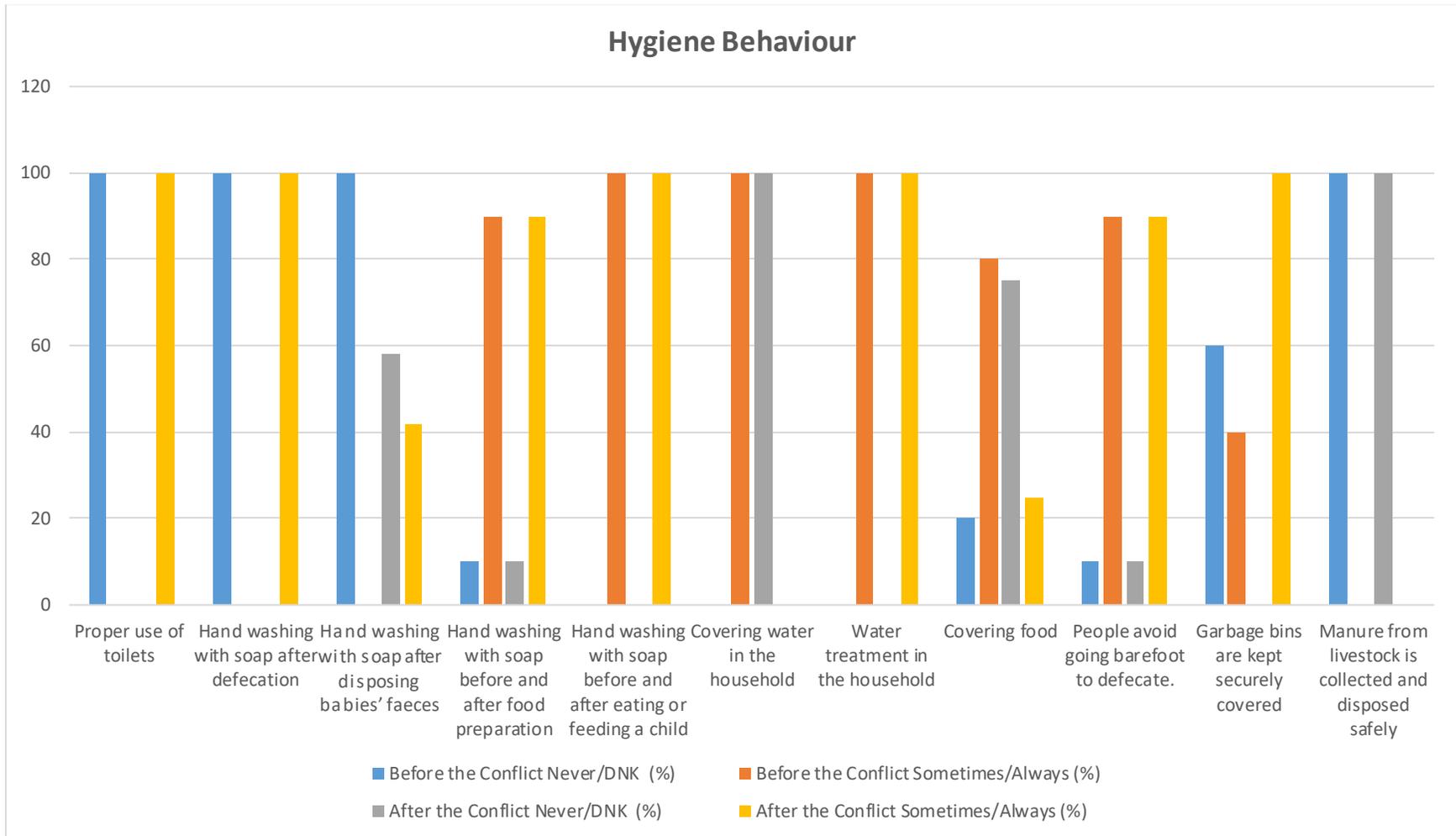


Chart 5.0 Key Findings for Hygiene Behaviour in Numan LGA

4.0 Assessment of Health Facilities

10 Health facilities were assessed during the rapid assessment. 2 facilities were assessed in each LGA. The summary of findings is presented below.

Community Health: Most members of the communities visited rely on traditional birth attendants for their healthcare needs as a result of many reasons such as, access to the existing functional primary health facilities, attitude of healthcare professional, non-functionality and dilapidated structures of some primary health facilities, irregular presence of expert health professional in the communities etc. Where facilities are functional the following services are non-existent to respond to the need of communities, such services as: 1) Family Planning Services, 2) Anti-natal Care, 3) Delivery and Birth Attendance, 4) Child health Care, mental health/PSS etc.

Health Facility: Most of the health facilities accessed in the communities do not have trained medical professional (Doctors, nurses MHPSS staff etc.). Many facilities recording communicable and non-communicable diseases in large numbers (those that came for healthcare services) from the shared data as documented by the assessment assistants.

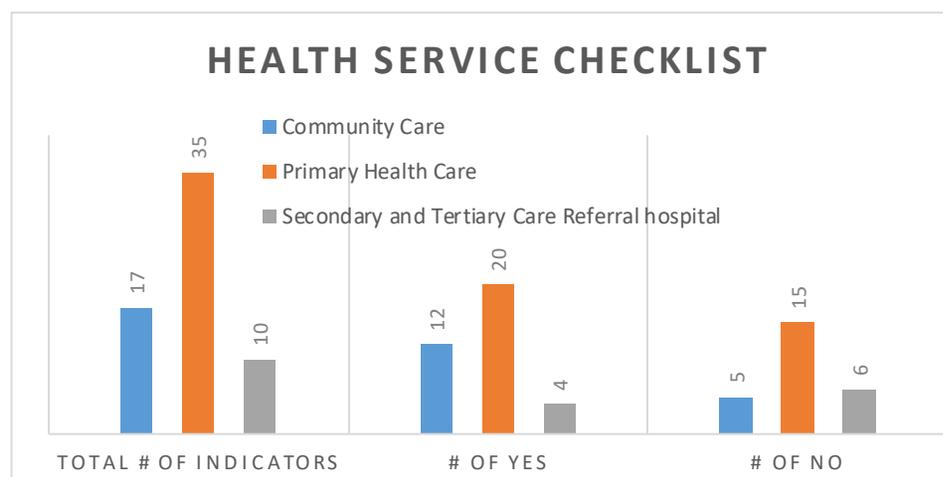
Nutritional Assessment: The assessment shows the non-existence professional and services for management of Severe Acute Malnutrition, Management of Moderate Acute Malnutrition, General Food Distribution, Nutritional Growth Monitoring, e.g Measurement of Upper Arm Circumference (MUAC), Other Nutrition Programs. Though partners like Hellen Keller are supporting through the Micronutrient Supplementation Programs for Vitamin A and Iron in some LGAs.

The tables below present a summary of key findings for each of the assessed facilities .

Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Kodomun PHCC: 9.4575922 / 12.22467682	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Centre
Status		Permanent
Managed by		ADSPHCDA
Condition of Facility		Partial Damage to Building, Equipment and other Infrastructure
No. of Beds		21
Financial Access to Facility		Payment
Physical Access to facility		Easy
Closest Referral		LCCN Referral Hospital Demsa
Health Care Providers in the Facility		Nurses
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	1
	CHEW /JCHEW	5
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	5
	Traditional healers	0
	NGO Personnel's	0
Essential Drugs, Vaccines & Supplies Available		Antibiotics, Contraception, ORS, Anti-Malarias Delivery Kits, Dressing Materials, Anti-Hypertensive, EPI Vaccines
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	32	0
Communicable Diseases	0	0
Non-Communicable Diseases	32	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	2	0
Acute Malnutrition	0	0
Pregnancy Related Conditions	1	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	12	5
Primary Health Care	35	20	15
Secondary and Tertiary Care Referral hospital	10	4	6
WASH Sanitary risk Score	25	Risk Score: 12	

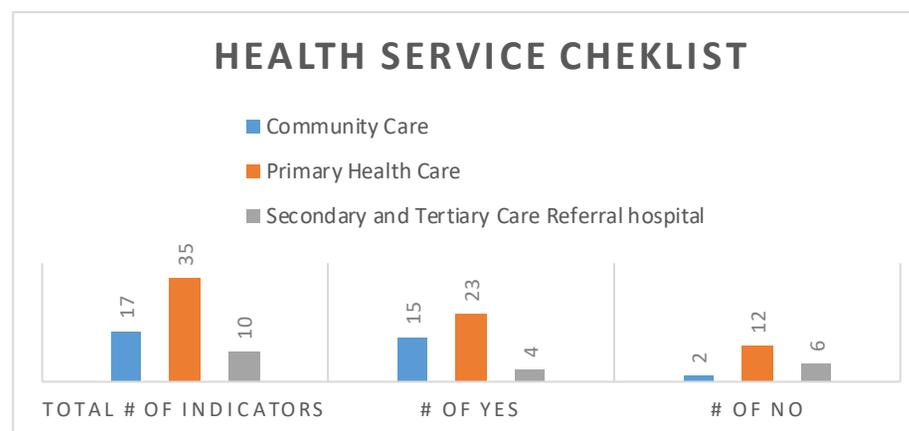
Table 7.0 Key findings for Kodomon Health facility in Demsa LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Dong PHCC: 9.39382667 /11.91953967	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Centre
Status		Permanent
Managed by		ADSPHCDA
Condition of Facility		No Damage to Building, Equipment and other Infrastructure
No. of Beds		11
Financial Access to Facility		Free of Charge
Physical Access to facility		Easy
Closest Referral		Numan General Hospital Numan
Health Care Providers in the Facility		Nurses
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	0
	CHEW /JCHEW	8
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	4
	Traditional healers	0
	NGO Personnels	0
Essential Drugs, Vaccines & Supplies Available		Antibiotics, Contraception, ORS, Anti-Malarials Delivery Kits, EPI Vaccines
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	60	0
Communicable Diseases	3	0
Non-Communicable Diseases	57	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	6	0
Acute Malnutrition	3	0
Pregnancy Related Conditions	18	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	15	2
Primary Health Care	35	23	12
Secondary and Tertiary Care Referral hospital	10	4	6
WASH Sanitary risk Score	25	Risk Score: 11	

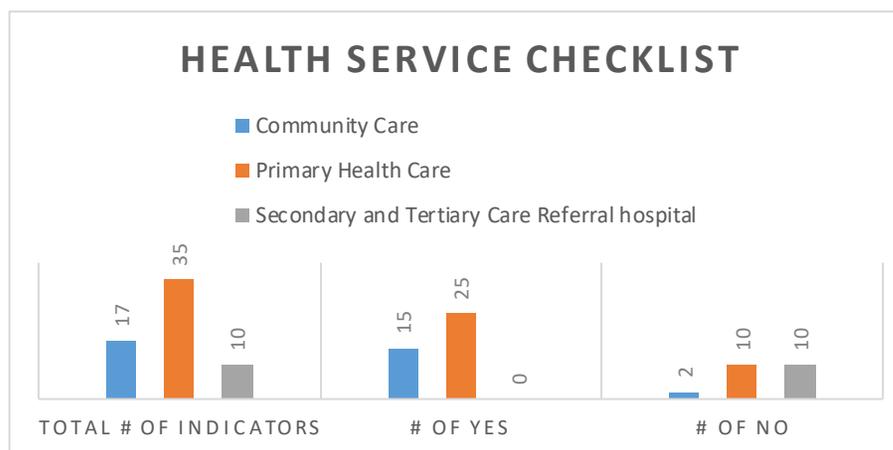
Table 8.0 Key findings for Dong PHCC in Demsa LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Gwagarap PHCC, Shelleng: 07035976442 (9.79123 / 12.05614)	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Centre
Status		Permanent
Managed by		ADSPHCDA
Condition of Facility		Partial Damage to Building, Equipment and other Infrastructure
No. of Beds		11
Financial Access to Facility		Payment
Physical Access to facility		Easy
Closest Referral		Cottage Hospital Shelleng
Health Care Providers in the Facility		Nurses
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	0
	CHEW /JCHEW	4
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	2
	Traditional healers	5
	NGO Personnels	3
Essential Drugs, Vaccines & Supplies Available		DNK
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	35	0
Communicable Diseases	0	0
Non-Communicable Diseases	35	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	0	0
Acute Malnutrition	0	0
Pregnancy Related Conditions	0	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	15	2
Primary Health Care	35	25	10
Secondary and Tertiary Care Referral hospital	10	0	10
WASH Sanitary risk Score	25	Risk Score: 17	

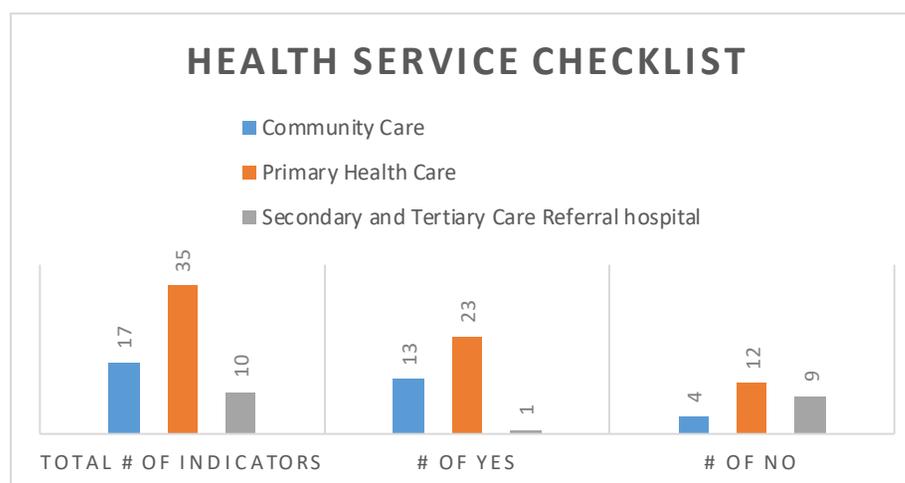
Table 8.0 Key findings for Gwagarap PHCC in Shelleng LGA



Health Facility Rapid Assessment			
Name & Contact of Facility (include GPS)	Jamali PHCC, Shelleng: 09020353489		
Summary of Key Findings			
Assessment Index/Category	Sub Items	Indications/Findings	
Facility type		Health Centre	
Status		Permanent	
Managed by		ADSPHCDA	
Condition of Facility		Partial Damage to Building, Equipment and other Infrastructure	
No. of Beds		3	
Financial Access to Facility		Payment	
Physical Access to facility		Easy	
Closest Referral		Cottage Hospital Shelleng	
Health Care Providers in the Facility		Nurses	0
		Medical Doctors	0
	Midwife	0	
	MHPSS Staff	0	
	Nutrition Staff	0	
	CHEW /JCHEW	4	
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	1	
	Traditional healers	4	
	NGO Personnels	3	
Essential Drugs, Vaccines & Supplies Available		Contraception, ORS, Delivery Kits, Dressing Materials, Anti-Hypertensive, EPI Vaccines, Functioning Cold Chain	
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days	
Total Patients	48	0	
Communicable Diseases	0	0	
Non-Communicable Diseases	48	0	
Psychological Conditions	0	0	
Communicable Diseases	0	0	
Injuries	3	0	
Acute Malnutrition	0	0	
Pregnancy Related Conditions	2	0	

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	13	4
Primary Health Care	35	23	12
Secondary and Tertiary Care Referral hospital	10	1	9
WASH Sanitary risk Score	25	Risk Score: 15	

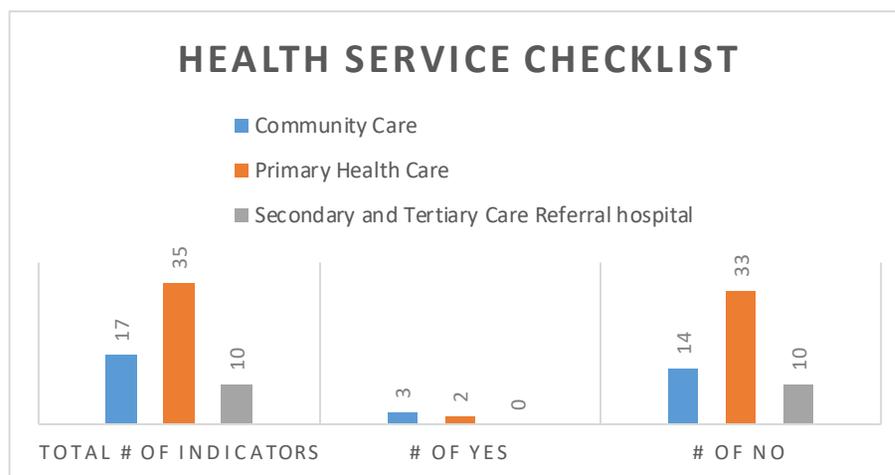
Table 9.0 Key findings for Jamali PHCC in Shelleng LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Gwalam Primary Health Clinic, Guyuk: (LAT 9.59'1 LONG 11.49'4)	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Center
Status		Permanent
Managed by		Ministry of Health
Condition of Facility		Partial Damage to Building, Equipment and other Infrastructure
No. of Beds		13
Financial Access to Facility		Free of Charge
Physical Access to facility		Easy
Closest Referral		Cottage Hospital Guyuk
Health Care Providers in the Facility	Nurses	0
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	0
	CHEW /JCHEW	3
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	2
	Traditional healers	0
	Others	5
Essential Drugs, Vaccines & Supplies Available		Antibiotics, Contraception, Clean Delivery Kits, ORS, Anti-Malaria, Dressing materials, Antihypertensive, Oral Hypoglycemic, EPI Vaccines, Cold Chain
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	41	0
Communicable Diseases	11	0
Non-Communicable Diseases	30	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	2	0
Acute Malnutrition	0	0
Pregnancy Related Conditions	3	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	3	14
Primary Health Care	35	2	33
Secondary and Tertiary Care Referral hospital	10	0	10
WASH Sanitary risk Score	25	Risk Score: 23	

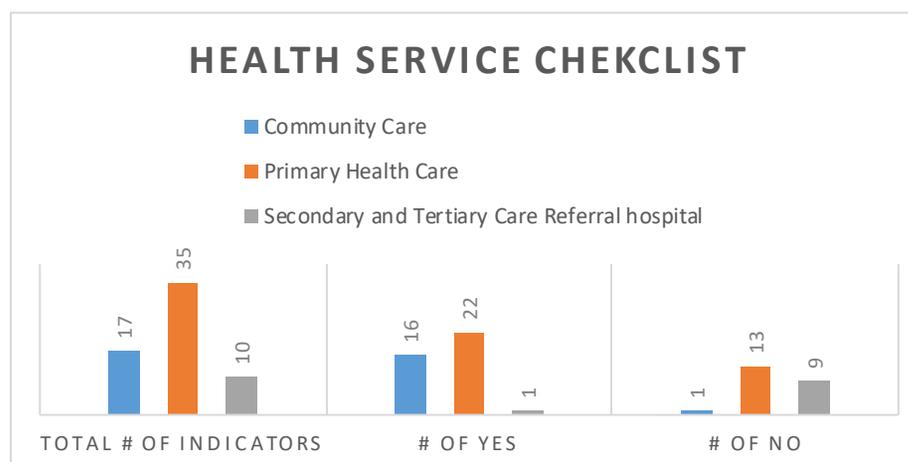
Table 10.0 Key findings for Gwalam Primary Health Clinic in Guyuk LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Bobini PHCC, Guyuk: (LAT 9.59'44 LONG 11.54'5)	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Clinic
Status		Permanent
Managed by		Ministry of Health
Condition of Facility		Full Damage to Building, Equipment and other Infrastructure
No. of Beds		1
Financial Access to Facility		Free of Charge
Physical Access to facility		Easy
Closest Referral		Bobini PHCC
Health Care Providers in the Facility		Nurses
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	0
	CHEW /JCHEW	1
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	0
	Traditional healers	4
	NGO Personnels	0
Essential Drugs, Vaccines & Supplies Available		Anti-Malaria, EPI Vaccines,
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	35	0
Communicable Diseases	0	0
Non-Communicable Diseases	35	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	0	0
Acute Malnutrition	0	0
Pregnancy Related Conditions	0	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	16	1
Primary Health Care	35	22	13
Secondary and Tertiary Care Referral hospital	10	1	9
WASH Sanitary risk Score	25	Risk Score: 13	

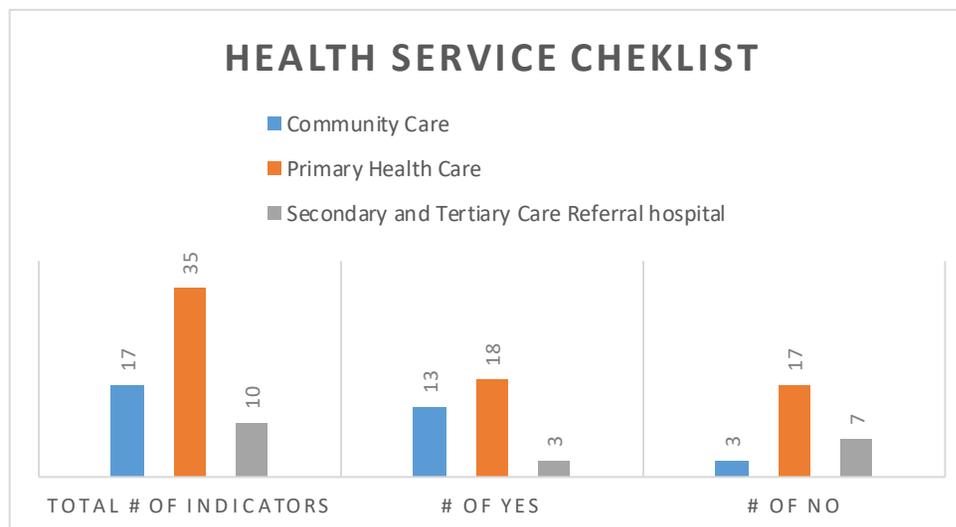
Table 11.0 Key findings for Bobini PHCC in Guyuk LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Shaforon PHCC in Numan LGA: 07063895364 (LAT 9.45940 LONG 11.91679)	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Center
Status		Permanent
Managed by		Ministry of Health
Condition of Facility		No Damage to Building. Partial damage to Equipment and other Infrastructure
No. of Beds		4
Financial Access to Facility		
Physical Access to facility		
Closest Referral		General Hospital Numan
Health Care Providers in the Facility	Nurses	0
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	0
	CHEW /JCHEW	4
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	0
	Traditional healers	0
	Others	0
Essential Drugs, Vaccines & Supplies Available		Antibiotics, Contraception, Clean Delivery Kits, ORS, Anti-Malaria, Dressing materials, Antihypertensive, Oral Hypoglycemic, EPI Vaccines, Cold Chain
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	306	0
Communicable Diseases	189	0
Non-Communicable Diseases	81	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	8	0
Acute Malnutrition	6	0
Pregnancy Related Conditions	22	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	13	3
Primary Health Care	35	18	17
Secondary and Tertiary Care Referral hospital	10	3	7
WASH Sanitary risk Score	25	Risk Score: 8	

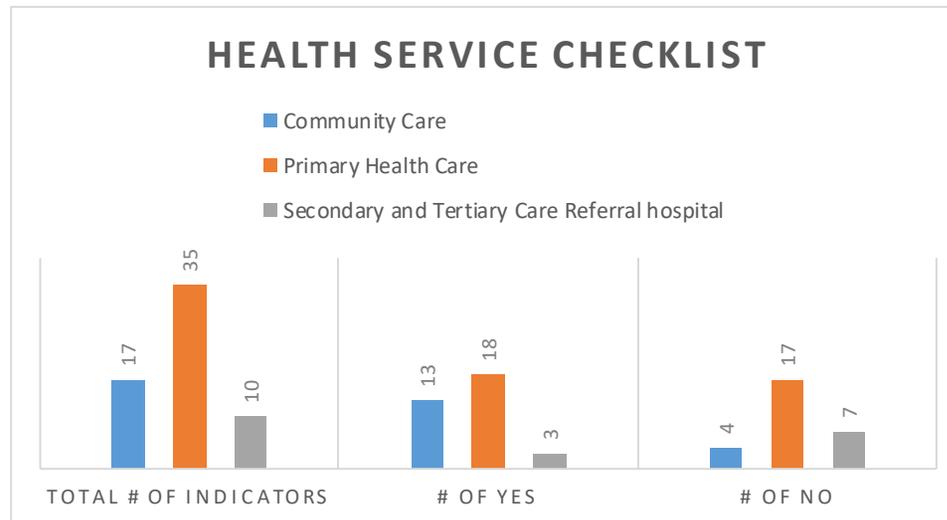
Table 12.0 Key findings for Shaforon PHCC in Numan LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Imburu PHCC in Numan LGA: 0803754093 (LAT 9.29'12 LONG E12.1.2)	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Center
Status		Permanent
Managed by		Ministry of Health
Condition of Facility		No Damage to Building. Partial damage to Equipment and other Infrastructure
No. of Beds		5
Financial Access to Facility		Payment
Physical Access to facility		
Closest Referral		General Hospital Numan
Health Care Providers in the Facility		Nurses
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	0
	CHEW /JCHEW	6
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	1
	Traditional healers	0
	Others	0
Essential Drugs, Vaccines & Supplies Available		Antibiotics, Contraception, Clean Delivery Kits, ORS, Anti-Malaria, Dressing materials, Antihypertensive, Oral Hypoglycemic, EPI Vaccines, Cold Chain
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	29	0
Communicable Diseases	15	0
Non-Communicable Diseases	7	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	2	0
Acute Malnutrition	2	0
Pregnancy Related Conditions	3	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	13	4
Primary Health Care	35	18	17
Secondary and Tertiary Care Referral hospital	10	3	7
WASH Sanitary risk Score	25	Risk Score: 8	

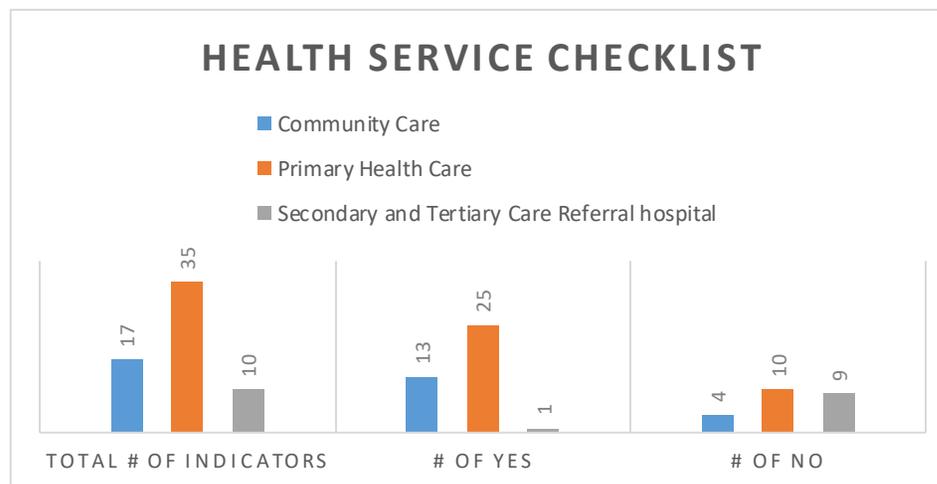
Table 12.0 Key findings for Imburu PHCC in Numan LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Federal Model Clinic Kupte in Lamurde LGA: 08069109563 (LAT 9.6277333, LONG 11.81614995)	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Center
Status		Permanent
Managed by		Ministry of Health
Condition of Facility		Partial Damage to Building. Partial damage to Equipment and other Infrastructure
No. of Beds		6
Financial Access to Facility		Payment
Physical Access to facility		Easy
Closest Referral		General Hospital Numan
Health Care Providers in the Facility		Nurses
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	2
	CHEW /JCHEW	5
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	2
	Traditional healers	0
	Others	0
Essential Drugs, Vaccines & Supplies Available		Antibiotics, Contraception, , ORS, Anti-Malaria, Dressing materials, Oral Hypoglycemic, EPI Vaccines,
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	12	0
Communicable Diseases	6	0
Non-Communicable Diseases	11	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	2	0
Acute Malnutrition	0	0
Pregnancy Related Conditions	3	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	13	4
Primary Health Care	35	25	10
Secondary and Tertiary Care Referral hospital	10	1	9
WASH Sanitary risk Score	25	Risk Score: 15	

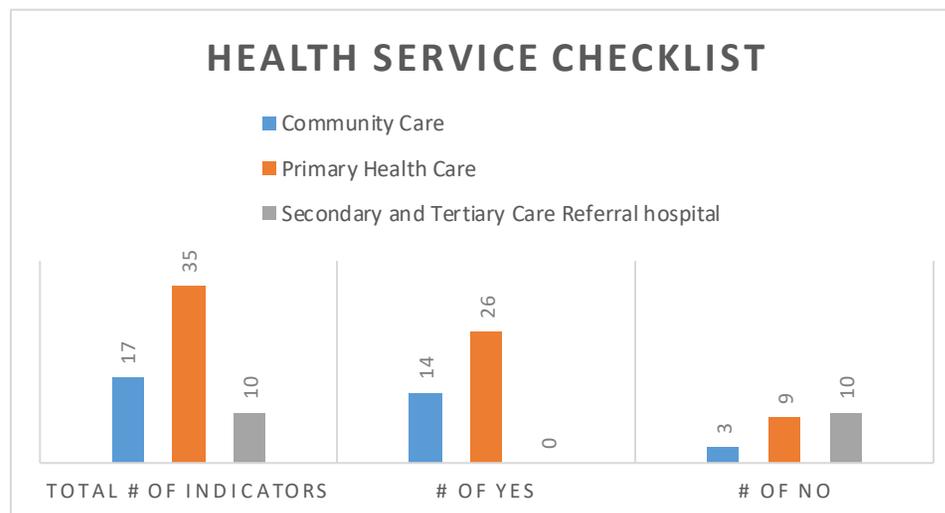
Table 13.0 Key findings for Federal Model Clinic Kupte. Lamurde LGA



Health Facility Rapid Assessment		
Name & Contact of Facility (include GPS)	Lahiya waja PHCC in Lamurde LGA: 07035871647 (LAT 9.64568500, LONG 11.81614995)	
Summary of Key Findings		
Assessment Index/Category	Sub Items	Indications/Findings
Facility type		Health Center
Status		Permanent
Managed by		Ministry of Health
Condition of Facility		Partial Damage to Building. Partial damage to Equipment and other Infrastructure
No. of Beds		7
Financial Access to Facility		Payment
Physical Access to facility		Easy
Closest Referral		General Hospital Numan
Health Care Providers in the Facility		Nurses
	Medical Doctors	0
	Midwife	0
	MHPSS Staff	0
	Nutrition Staff	0
	CHEW /JCHEW	4
Community based Health Service delivered in Catchment Area	Village Midwife / Traditional Birth Attendants	2
	Traditional healers	0
	Others (EHA/HATT)	4
Essential Drugs, Vaccines & Supplies Available		Antibiotics, Contraception, , ORS, Anti-Malaria, Dressing materials, , EPI Vaccines,
Main Health concerns from Clinic Records or Reported by Health Professionals	# of Cases in last 7 days	# of Deaths in Last 7 days
Total Patients	15	0
Communicable Diseases	0	0
Non-Communicable Diseases	15	0
Psychological Conditions	0	0
Communicable Diseases	0	0
Injuries	0	0
Acute Malnutrition	0	0
Pregnancy Related Conditions	0	0

Health Service Checklist			
Domain	Total # of Indicators	# of Yes	# of No
Community Care	17	14	3
Primary Health Care	35	26	9
Secondary and Tertiary Care Referral hospital	10	0	10
WASH Sanitary risk Score	25	Risk Score: 10	

Table 14.0 Key findings for Lafiya Waja PHCC. Lamurde LGA



5.0 Key Findings – Humanitarian Capacity Assessment of PHCAs

5 Primary Health Care Authorities (PHCAs) were assessed, 1 in each LGAs of Demsa, Guyuk, Lamurde, Numan and Shelleng in Adamawa State. The results from the assessment exercise for the 5 local governments in the 6 capacity areas are summarized in the charts below.

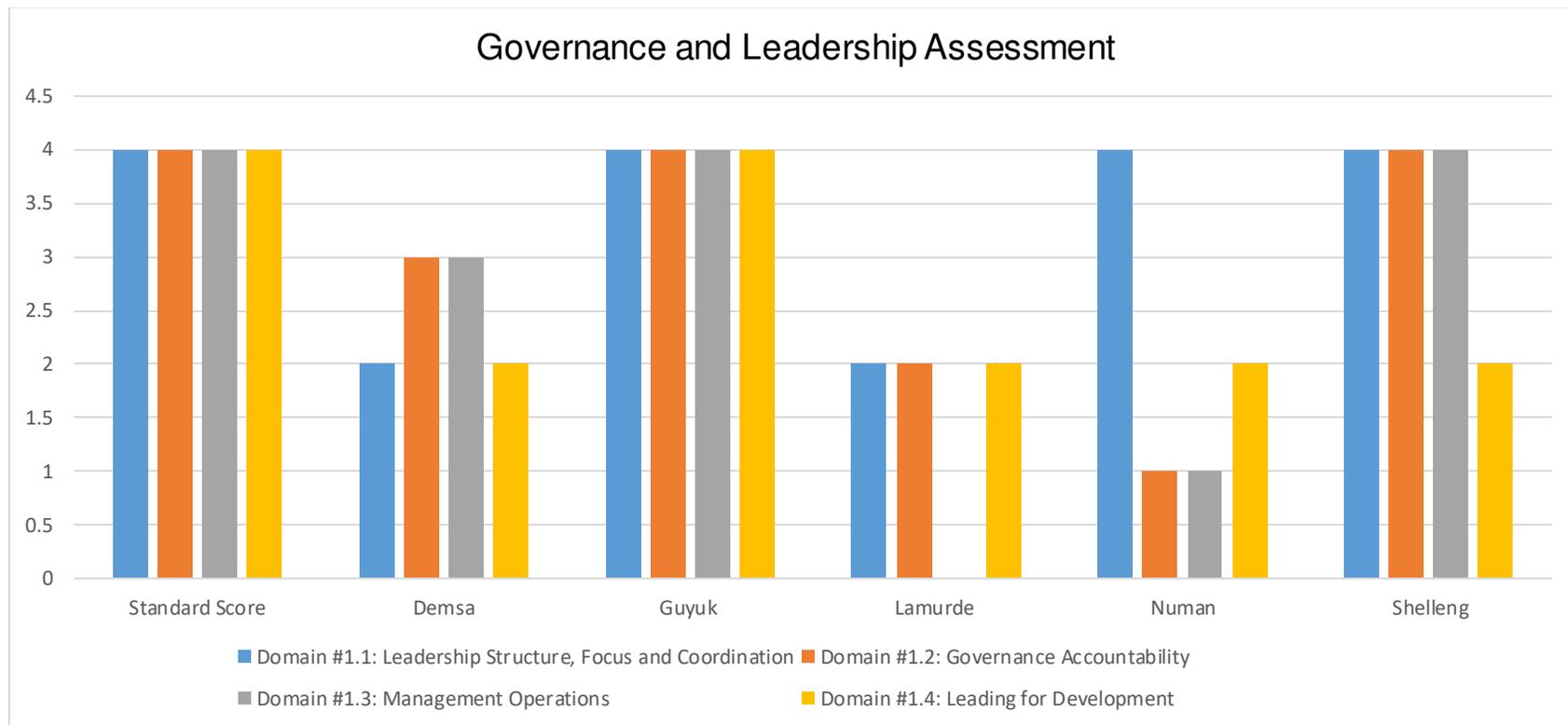


Chart 1: Governance and Leadership

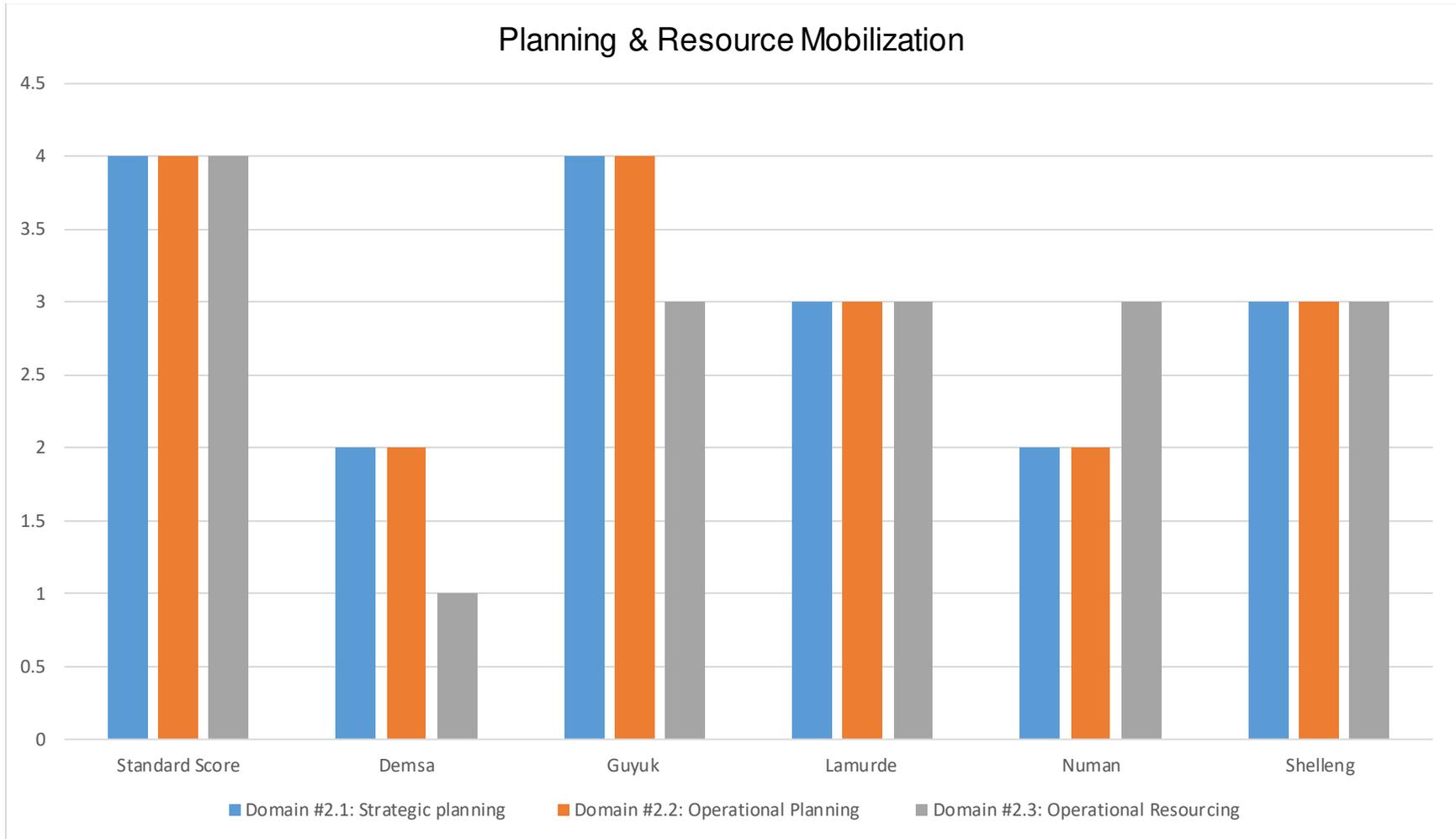


Chart 2: Planning and Resource Mobilization

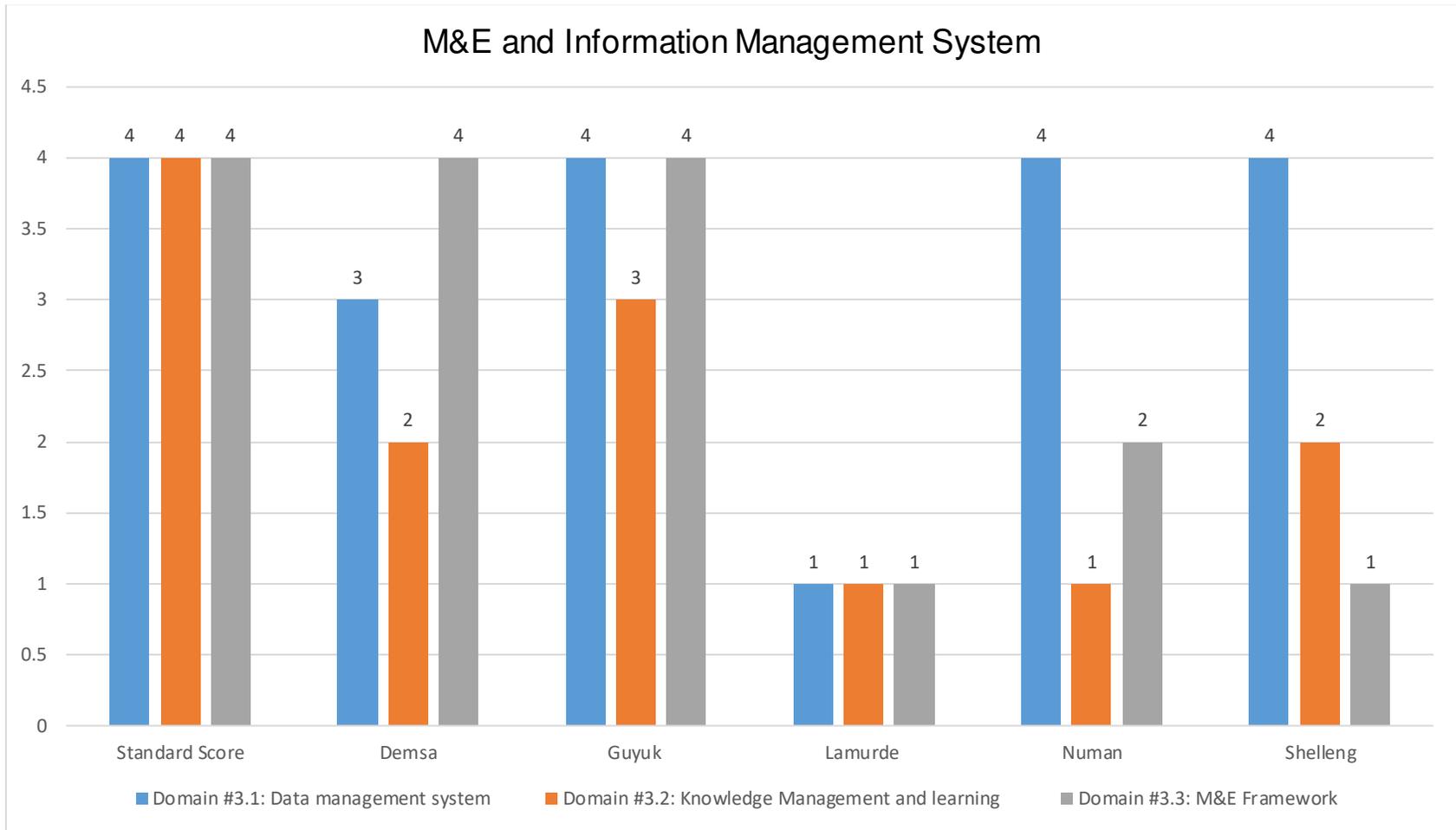


Chart 3: M&E and Information Management System

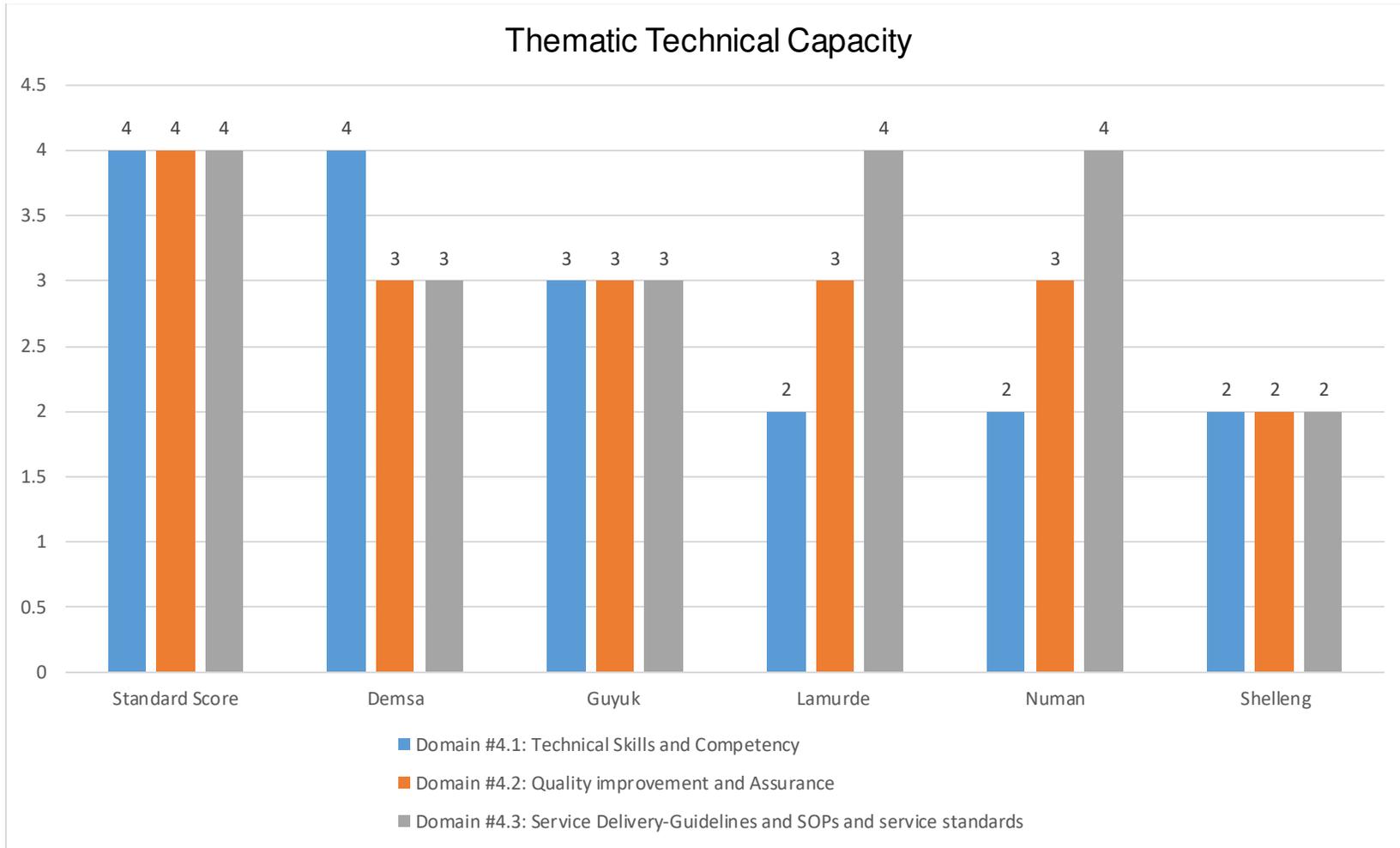


Chart 4: Thematic Technical Capacity

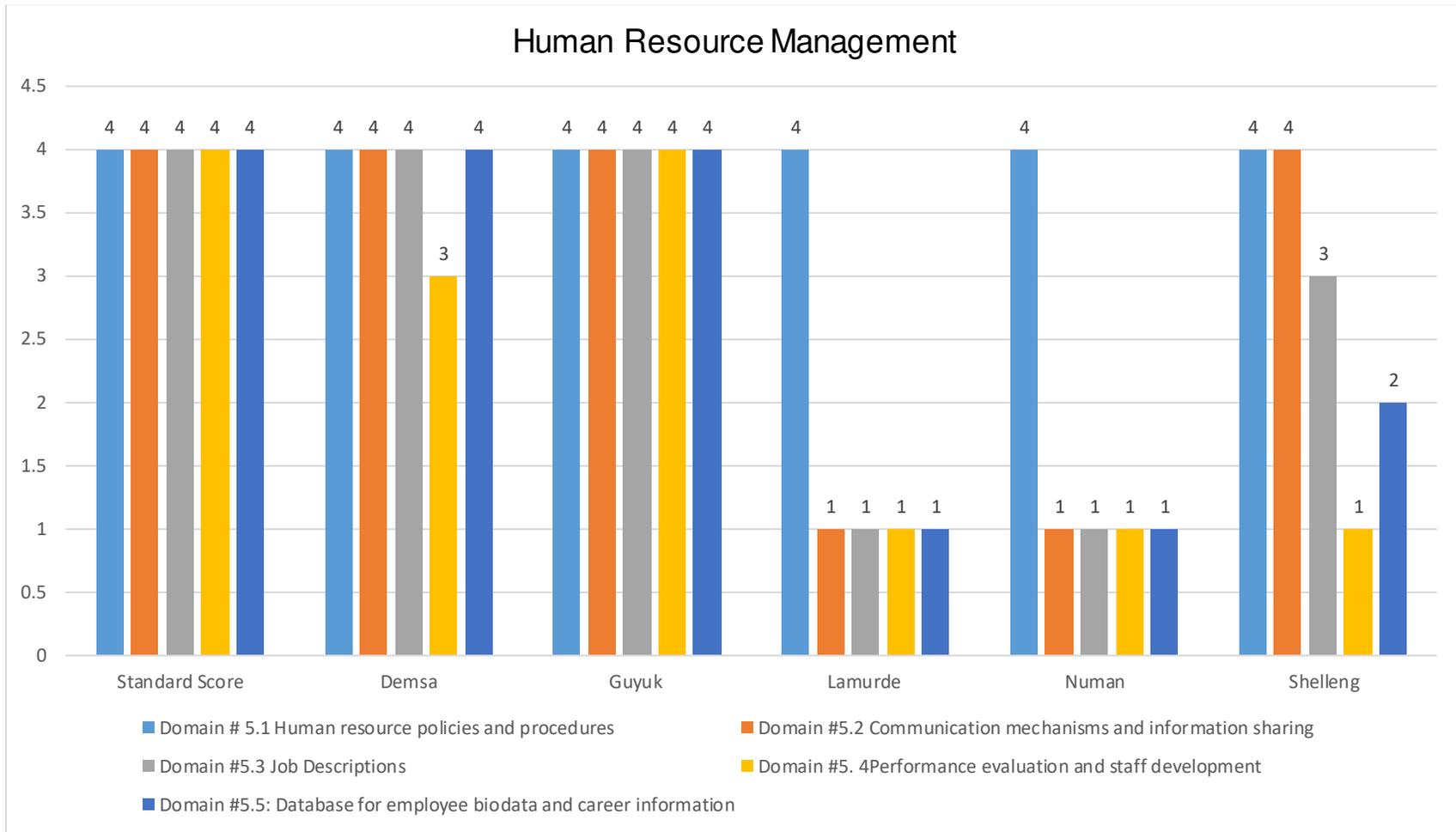


Chart 5: Human Resource Management



Chart 6: Experience, Knowledge and Skills

5.1 Detailed Findings from Demsa PHCA

Domain	Capacity Score	Decision Criteria
CAPACITY AREA 1: GOVERNANCE AND LEADERSHIP		
Domain #1.1: Leadership Structure, Focus and Coordination	2	Organization has developed and communicate its mission, vision, objectives and priorities to staff. External stakeholders are not aware of its annual priorities.
Domain #1.2: Governance Accountability	3	The organization has continued to sustain regular monthly meetings with staff. Organization collates and provides regular updates to staff on its progress, decisions and plans at least monthly.
Domain #1.3: Management Operations	3	Management meets every month to discuss, review and plan based on feedbacks and priorities defined. Meeting deliberations are shared with staff. Management has not held its annual meeting in the last one year.
Domain #1.4: Leading for Development	2	Management has continued to develop, review and modify its development plan based on needs and available resources. Management takes leadership in resourcing for opportunities to implement its annual development plan, although achieved at 50%.

CAPACITY AREA 2: PLANNING, BUDGETING AND RESOURCE MOBILIZATION		
Domain #2.1: Strategic planning	2	Organization has strategic plan that was developed internally without the involvement of stakeholders.
Domain #2.2: Operational Planning	2	Operational plan was developed but entirely linked to projects and not organization's strategic focus
Domain #2.3: Operational Resourcing	1	Resourcing from government, private and international organizations are not linked to the resource mobilization plan
CAPACITY AREA 3: M&E AND INFORMATION MANAGEMENT SYSTEM		
Domain #3.1: Data management system	3	Organization has a system in place for data collection (paper based and electronic) for data collection for decision making, but no dissemination and feedback mechanism
Domain #3.2: Knowledge Management and learning	2	Organization has developed a structure for capturing information, learning and knowledge sharing in a few areas, but is not widely used or comprehensive enough to have an impact on programmatic decisions
Domain #3.3: M&E Framework	4	Organization has M&E framework that is in use and annually reviewed
CAPACITY AREA 4: THEMATIC TECHNICAL CAPACITY		
Domain #4.1: Technical Skills and Competency	4	Staff assumed new or senior roles based on capacity developed. This is achieved through a fair human resource process.
Domain #4.2: Quality improvement and Assurance	3	Organization has a quality improvement plan and tools to ensure provision of quality services but they are not utilized
Domain #4.3: Service Delivery- Guidelines and SOPs and service standards	3	Organization has the National guidelines and SOP, and some activities and service provisions are guided by these guidelines, SOPs and service standards

CAPACITY Area 5 Human resource management		
Domain # 5.1 Human resource policies and procedures	4	Human resource policies and procedures are in place and managers use them consistently to hire and retain talented and committed staff.
Domain #5.2 Communication mechanisms and information sharing	4	Communication mechanisms are used consistently and effectively to share information across organizational units and among staff at different levels.
Domain #5.3 Job Descriptions	4	Clear Job Descriptions exist for all positions, they are used consistently to manage staff performance expectations and are regularly reviewed.
Domain #5. 4Performance evaluation and staff development	3	A performance appraisal system is in place, procedures for performance evaluation and staff development exist but they are not used.
Domain #5.5: Database for employee biodata and career information	4	A comprehensive database for employee biodata and career information is maintained and regularly updated.
CAPACITY AREA 6 Experience, knowledge and skills		
Domain #6.1 Knowledge and experience relevant to Health	3	At least 75% of staff have basic knowledge and experience in relevant Health programming and most of the deployment is based on such knowledge.
Domain # 6.2 Organizational values and ethical principles	3	Organizational values and ethical principles are frequently cited by staff at all levels.
Domain #6.3 Knowledge and skills improvement	3	At least 75% of key staff or members regularly update their knowledge and skills. Three quarters of the key staff members have attended at least two conferences or training sessions in the past year.

5.2 Detailed Findings from Guyuk PHCA

Domain	Capacity Score	Decision Criteria
CAPACITY AREA 1: GOVERNANCE AND LEADERSHIP		
Domain #1.1: Leadership Structure, Focus and Coordination	4	Platforms to share, interact and solicit feedbacks from stakeholders are held are stipulated in the Terms of Reference. Resources, data and reports of organization's activities are disseminated internally and externally.
Domain #1.2: Governance Accountability	4	Organization's updates to staff is up-to-date for the last one year. A system has been created to allow for staff anonymous feedback, opinions and suggestions on programs and welfare. Management has responded diplomatically to the issues and communicate openly on resolved and unresolved feedback.
Domain #1.3: Management Operations	4	Management meets every week to discuss, review and plan based on feedbacks and priorities defined. Meeting deliberations are shared with staff. Management has also had its last annual meeting to discuss and develop priorities for the following year.
Domain #1.4: Leading for Development	4	Management has devise means of achieving its annual capacity development plans. A database is maintained to collate all capacity development effort and is used to update capacity assessment reports, planning and further development plans.

CAPACITY AREA 2: PLANNING, BUDGETING AND RESOURCE MOBILIZATION		
Domain #2.1: Strategic planning	4	Organization's strategic plan has been reviewed through a participatory process at least at mid-term since its development. Feedback from the review were integrated to have a revised strategic plan. Stakeholders has copy of the revised strategic plan.
Domain #2.2: Operational Planning	4	Organization's costed operational plan has been reviewed quarterly and milestones collated are used to update the M&E framework in the Strategic Plan.
Domain #2.3: Operational Resourcing	3	Organization's response to request from government, private and international organizations are based on the costed operational plan.
CAPACITY AREA 3: M&E AND INFORMATION MANAGEMENT SYSTEM		
Domain #3.1: Data management system	4	Organization has a system in place for data collection (paper based and electronic) data dissemination and feedback and decision making.
Domain #3.2: Knowledge Management and learning	3	Organization has established structure for capturing and disseminating internal knowledge but dissemination to relevant stakeholders are still rudimentary and their use is not frequently referenced in program planning and management
Domain #3.3: M&E Framework	4	Organization has M&E framework that is in use and annually reviewed
CAPACITY AREA 4: THEMATIC TECHNICAL CAPACITY		
Domain #4.1: Technical Skills and Competency	3	Organization has developed database to document capacity development for its staff in line with skill need assessment report or appraisal
Domain #4.2: Quality improvement and Assurance	3	Organization has a quality improvement plan and tools to ensure provision of quality services but they are not utilized

Domain #4.3: Service Delivery- Guidelines and SOPs and service standards	3	Organization has the National guidelines and SOP, and some activities and service provisions are guided by these guidelines, SOPs and service standards
CAPACITY Area 5 Human resource management		
Domain # 5.1 Human resource policies and procedures	4	Human resource policies and procedures are in place and managers use them consistently to hire and retain talented and committed staff.
Domain #5.2 Communication mechanisms and information sharing	4	Communication mechanisms are used consistently and effectively to share information across organizational units and among staff at different levels.
Domain #5.3 Job Descriptions	4	Clear Job Descriptions exist for all positions, they are used consistently to manage staff performance expectations and are regularly reviewed.
Domain #5. 4Performance evaluation and staff development	4	A performance appraisal system is in place, procedures for performance evaluation and staff development exist and are in use.
Domain #5.5: Database for employee biodata and career information	4	A comprehensive database for employee biodata and career information is maintained and regularly updated.
CAPACITY AREA 6 Experience, knowledge and skills		
Domain #6.1 Knowledge and experience relevant to Health	3	At least 75% of staff have basic knowledge and experience in relevant Health programming and most of the deployment is based on such knowledge.
Domain # 6.2 Organizational values and ethical principles	2	Organizational values and ethical principles have been defined but are not internalized in the organization.
Domain #6.3 Knowledge and skills improvement	3	At least 75% of key staff or members regularly update their knowledge and skills. Three quarters of the key staff members have attended at least two conferences or training sessions in the past year.

5.3 Detailed Findings from Lamurde PHCA

Domain	Capacity Score	Decision Criteria
CAPACITY AREA 1: GOVERNANCE AND LEADERSHIP		
Domain #1.1: Leadership Structure, Focus and Coordination	2	Organization has developed and communicate its mission, vision, objectives and priorities to staff. External stakeholders are not aware of its annual priorities.
Domain #1.2: Governance Accountability	2	Organization makes attempts to interact with staff through a regular meeting (including virtual meetings and departmental meetings) held at least once a month. This meeting has not held for the past three months.
Domain #1.3: Management Operations		
Domain #1.4: Leading for Development	2	An annual capacity development plan is developed yearly. Implementation is low and below 50% of planned capacity actions. The annual development plan was not informed by a capacity assessment.
CAPACITY AREA 2: PLANNING, BUDGETING AND RESOURCE MOBILIZATION		
Domain #2.1: Strategic planning	3	Organization's strategic plan aligns with national priorities and was developed in consultation with stakeholders through a participatory approach. The costed strategic plan was disseminated to all stakeholders and staff.
Domain #2.2: Operational Planning	3	Organization has operational plan which aligns to the strategic plan but is not costed.
Domain #2.3: Operational Resourcing	3	Organization's response to request from government, private and international organizations are based on the costed operational plan.

CAPACITY AREA 3: M&E AND INFORMATION MANAGEMENT SYSTEM		
Domain #3.1: Data management system	1	Organization does not have complete appropriate data management tools for data collection.
Domain #3.2: Knowledge Management and learning	1	Organization has no formal structure to capture, document, and use experience sharing for program improvement or planning,
Domain #3.3: M&E Framework	1	Organization has no M& E framework in place
CAPACITY AREA 4: THEMATIC TECHNICAL CAPACITY		
Domain #4.1: Technical Skills and Competency	2	Staff have received trainings in its technical area but no records have been maintained
Domain #4.2: Quality improvement and Assurance	3	Organization has a quality improvement plan and tools to ensure provision of quality services but they are not utilized
Domain #4.3: Service Delivery- Guidelines and SOPs and service standards	4	Organization has the National guidelines and SOP; all activities and services are designed and provided in line with the National guidelines and SOP
CAPACITY Area 5 Human resource management		
Domain # 5.1 Human resource policies and procedures	4	Human resource policies and procedures are in place and managers use them consistently to hire and retain talented and committed staff.
Domain #5.2 Communication mechanisms and information sharing	1	Communication mechanisms are in for sharing information across organizational units and among staff at different levels do not exist.
Domain #5.3 Job Descriptions	1	No Job Descriptions exist.
Domain #5.4 Performance evaluation and staff development	1	No performance appraisal system or procedures for performance evaluation and staff development exist.

Domain #5.5: Database for employee biodata and career information	1	No database for employee biodata and career information exists.
CAPACITY AREA 6 Experience, knowledge and skills		
Domain #6.1 Knowledge and experience relevant to Health	4	Staff have basic knowledge and experience in relevant Health thematic areas and programming and all deployments are based on such knowledge, which is regularly updated.
Domain # 6.2 Organizational values and ethical principles	4	Organizational values and ethical principles are widely known and understood and staff are adhering to them as a routine.
Domain #6.3 Knowledge and skills improvement	4	All key staff or members regularly update their knowledge and skills. All key staff members have attended at least two conferences or training sessions in the past year.

5.4 Detailed Findings from Numan PHCA

Domain	Capacity Score	Decision Criteria
CAPACITY AREA 1: GOVERNANCE AND LEADERSHIP		
Domain #1.1: Leadership Structure, Focus and Coordination	4	Platforms to share, interact and solicit feedbacks from stakeholders are held as stipulated in the Terms of Reference. Resources, data and reports of organization's activities are disseminated internally and externally.
Domain #1.2: Governance Accountability	1	The leadership structure has not devised an approach to create, interact, maintain and motivate mutual relationship with its subordinates.
Domain #1.3: Management Operations	1	Management has not met for the past three months.
Domain #1.4: Leading for Development	2	An annual capacity development plan is developed yearly. Implementation is low and below 50% of planned capacity actions. The annual development plan was not informed by a capacity assessment.
CAPACITY AREA 2: PLANNING, BUDGETING AND RESOURCE MOBILIZATION		
Domain #2.1: Strategic planning	2	Organization has strategic plan that was developed internally without the involvement of stakeholders.
Domain #2.2: Operational Planning	2	Operational plan was developed but entirely linked to projects and not organization's strategic focus
Domain #2.3: Operational Resourcing	3	Organization's response to request from government, private and international organizations are based on the costed operational plan

CAPACITY AREA 3: M&E AND INFORMATION MANAGEMENT SYSTEM		
Domain #3.1: Data management system	4	Organization has a system in place for data collection (paper based and electronic) data dissemination and feedback and decision making.
Domain #3.2: Knowledge Management and learning	1	Organization has no formal structure to capture, document, and use experience sharing for program improvement or planning,
Domain #3.3: M&E Framework	2	Organization has commenced development of M&E framework that is not completed
CAPACITY AREA 4: THEMATIC TECHNICAL CAPACITY		
Domain #4.1: Technical Skills and Competency	2	Staff have received trainings in its technical area but no records have been maintained
Domain #4.2: Quality improvement and Assurance	3	Organization has a quality improvement plan and tools to ensure provision of quality services but they are not utilized
Domain #4.3: Service Delivery- Guidelines and SOPs and service standards	4	Organization has the National guidelines and SOP; all activities and services are designed and provided in line with the National guidelines and SOP
CAPACITY Area 5 Human resource management		
Domain # 5.1 Human resource policies and procedures	4	Human resource policies and procedures are in place and managers use them consistently to hire and retain talented and committed staff.
Domain #5.2 Communication mechanisms and information sharing	1	Communication mechanisms are in for sharing information across organizational units and among staff at different levels do not exist.
Domain #5.3 Job Descriptions	1	No Job Descriptions exist.

Domain #5.4 Performance evaluation and staff development	1	No performance appraisal system or procedures for performance evaluation and staff development exist.
Domain #5.5: Database for employee biodata and career information	1	No database for employee biodata and career information exists.
CAPACITY AREA 6 Experience, knowledge and skills		
Domain #6.1 Knowledge and experience relevant to Health	1	Staff have no basic knowledge and experience relevant to any Health thematic areas.
Domain # 6.2 Organizational values and ethical principles	1	Organizational values and ethical principles have not been defined.
Domain #6.3 Knowledge and skills improvement	3	All key staff or members regularly update their knowledge and skills. All key staff members have attended at least two conferences or training sessions in the past year.

5.5 Detailed Findings from Shelleng PHCA

Domain	Capacity Score	Decision Criteria
CAPACITY AREA 1: GOVERNANCE AND LEADERSHIP		
Domain #1.1: Leadership Structure, Focus and Coordination	4	Platforms to share, interact and solicit feedbacks from stakeholders are held are stipulated in the Terms of Reference. Resources, data and reports of organization's activities are disseminated internally and externally.
Domain #1.2: Governance Accountability	4	Organization's updates to staff is up-to-date for the last one year. A system has been created to allow for staff anonymous feedback, opinions and suggestions on programs and welfare. Management has responded diplomatically to the issues and communicate openly on resolved and unresolved feedback.
Domain #1.3: Management Operations	4	Management meets every week to discuss, review and plan based on feedbacks and priorities defined. Meeting deliberations are shared with staff. Management has also had its last annual meeting to discuss and develop priorities for the following year.
Domain #1.4: Leading for Development	2	An annual capacity development plan is developed yearly. Implementation is low and below 50% of planned capacity actions. The annual development plan was not informed by a capacity assessment.

CAPACITY AREA 2: PLANNING, BUDGETING AND RESOURCE MOBILIZATION

Domain #2.1: Strategic planning	3	Organization’s strategic plan aligns with national priorities and was developed in consultation with stakeholders through a participatory approach. The costed strategic plan was disseminated to all stakeholders and staff.
Domain #2.2: Operational Planning	3	Organization has operational plan which aligns to the strategic plan but is not costed.
Domain #2.3: Operational Resourcing	3	Organization’s response to request from government, private and international organizations are based on the costed operational plan.

CAPACITY AREA 3: M&E AND INFORMATION MANAGEMENT SYSTEM

Domain #3.1: Data management system	4	Organization has a system in place for data collection (paper based and electronic) data dissemination and feedback and decision making.
Domain #3.2: Knowledge Management and learning	2	Organization has developed a structure for capturing information, learning and knowledge sharing in a few areas, but is not widely used or comprehensive enough to have an impact on programmatic decisions
Domain #3.3: M&E Framework	1	Organization has no M& E framework in place

CAPACITY AREA 4: THEMATIC TECHNICAL CAPACITY

Domain #4.1: Technical Skills and Competency	2	Staff have received trainings in its technical area but no records have been maintained.
Domain #4.2: Quality improvement and Assurance	2	Organization has no quality improvement plan but acknowledges its importance; emphasizes more on the quality of services instead of number of activities and has commenced setting up processes that will help assess and improve quality

Domain #4.3: Service Delivery- Guidelines and SOPs and service standards	2	Organization has the National guidelines and SOP, but activities and service provision are not in line with the National guidelines and SOP for service delivery
CAPACITY Area 5 Human resource management		
Domain # 5.1 Human resource policies and procedures	4	Human resource policies and procedures are in place and managers use them consistently to hire and retain talented and committed staff.
Domain #5.2 Communication mechanisms and information sharing	4	Communication mechanisms are used consistently and effectively to share information across organizational units and among staff at different levels.
Domain #5.3 Job Descriptions	3	Clear Job Descriptions exist for all positions, but they are used inconsistently and are not used to manage staff performance expectations.
Domain #5. 4Performance evaluation and staff development	1	No performance appraisal system or procedures for performance evaluation and staff development exist.
Domain #5.5: Database for employee biodata and career information	2	A database for employee biodata and career information is in the process of being set up.
CAPACITY AREA 6 Experience, knowledge and skills		
Domain #6.1 Knowledge and experience relevant to Health	3	At least 75% of staff have basic knowledge and experience in relevant Health programming and most of the deployment is based on such knowledge.
Domain # 6.2 Organizational values and ethical principles	3	Organizational values and ethical principles are frequently cited by staff at all levels.
Domain #6.3 Knowledge and skills improvement	2	At least 25% of key staff or members regularly update their knowledge and skills. More than one staff member has attended at least two conferences or training sessions in the past year.

6.0 Deductions, Recommendation & Conclusion

We have made deductions from the data collected and drawn some conclusions based on the findings. However, it has been assumed that the data collected are accurate to the extent that the questionnaires were correctly administered and that the respondents had a proper understanding of the questions. However, we acknowledge that there may be some inconsistencies in response by the respondents. In the case of Bobini Community for instance, of the 25 persons interviewed, 24 respondents claimed to use the toilets properly. However, 10 of these respondents representing 41.67% of the respondents, reported that they do not wash their hands with soap after defecation. This significant data challenges the initial claim of the proper use of the toilet.

This constraint notwithstanding, we conclude that many of the communities are underserved in terms of their health WASH and nutritional needs. The health facilities are largely in very bad structural states and mostly non-functional in terms of delivering the required services in the communities. In the light of our findings, we make the following recommendations.

- a. That strategic development partners should consider the deepening of the knowledge of the members of the community on effective WASH practices through sustained educational and sensitization engagements with stakeholders and community members.
- b. Supporting Community members to develop and adopt effective WASH practices for nutrition.
- c. Development partners and government agencies to tackle security concerns in the local communities to create enabling environment for the design and implementation of community led Sanitation programs for the cleaning up of the environment
- d. Develop and strategically share nutrition-sensitive WASH messages in the communities to increase awareness on best practices
- e. Design and development of dissemination of behavior promotion messaging and monitoring.

- f. Deployment of health care professionals to the communities to scale up response to the members of the communities.
- g. We equally recommend extensive infrastructural investments in the communities, especially in the upgrade, reconstruction or building of community health facilities, provision of boreholes for water supply.
- h. Create programs to support the upskilling of community health care professionals
- i. Government and development partners to support the introduction of formal educational institutions in the communities to aid literacy and learning
- j. The government and development partners should support the design and deployment of durable solutions for those affected by flooding and communal clashes in the areas. The interventions should focus on sustainable relocation/resettlement and reintegration and family reunion activities that will improve safety and security, adequate standard of living, access to livelihoods, adequate housing, access to documentation, effective remedies and justice.

Following the assessment of the 5 PHCAs and the identified capacity gaps, it is equally recommended as follows:

- k. The partners to develop technical assistance matrix to aid technical support in strengthening systems of the LGA PHCAs.
- l. There is a need for deployment of skilled staff with good motivation by the State ministry of health through the State Primary Healthcare Development Agency to the PHCAs in the LGAs.
- m. That the PHCAs should develop context specific strategic plan for the year. The organization can leverage partners experience and expertise in the development of the strategic plan for the state.
- n. The PHCAs should develop clear and harmonized resource mobilization strategy for internal and external resources.

- o. The PHCAs need to improve staff performance evaluation process to aid staff motivation.
- p. There is the need for staff capacity development plan to aid staff learning and capacity building.

Appendices 1: Pictures from Assessment



Some Sources of Water in Assessed Communities



On-site Assessment visits to communities



On-site Assessment visits to communities



Primary Health Centre in Lamurde

Appendices 2: Rapid Needs Assessment Tools used.



Initial Rapid
Assessment - CommHealth and WASH



Health Facility



RAPID CAPACITY
ASSESSMENT TOOL

Appendices 3: List of Contributors

NAME	DESIGNATION	ORGANIZATION
Agada Christopher	HA/ER Lead	Project HOPE Nigeria
Henry Nwachukwu Ijomah	Lead Consultant	Learning Dimension, Abuja/Adamawa
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Ayuba L. Shenmi	M&E/data Officer	Shelleng PHCA LG
Fidelis Kariga	M&E/data Officer	Guyuk PHCA LG
Mohadapwa Bodeson	M&E/data Officer	Numan PHCA LG
Frank David Jacob	M&E/data Officer	Lamurde PHCA LG
Umar Sajo Aliyu	State WASH Sector Coordinator	Ministry of Water Resources
Dr Laori Celine	Director Public Health	Ministry of Health
Shetty Pranav	Emergency Response Unit	Project HOPE HQ
Dr Michael Dibor	Country Representative, Nigeria	Project HOPE Nigeria
Dr Uche Ralph-Opara	Deputy Director Africa Region	Project HOPE Africa
Steve Neri	Africa Regional Director	Project HOPE Africa
Chris Skopec	Executive Vice President	Project HOPE HQ