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ANAMBRA STATE

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ANAMBRA STATE

(now Anambra and Enugu States)

A Report of Fact Finding Mission on the Family Planning Program

**CONDUCTED BY
Policy and Evaluation Division
Family Health Services Project**

**FUNDED BY
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June 1991

MAP OF ANAMBRA STATE
SHOWING THE LGA boundaries

ANAMBRA
STATE

ENUGU STATE

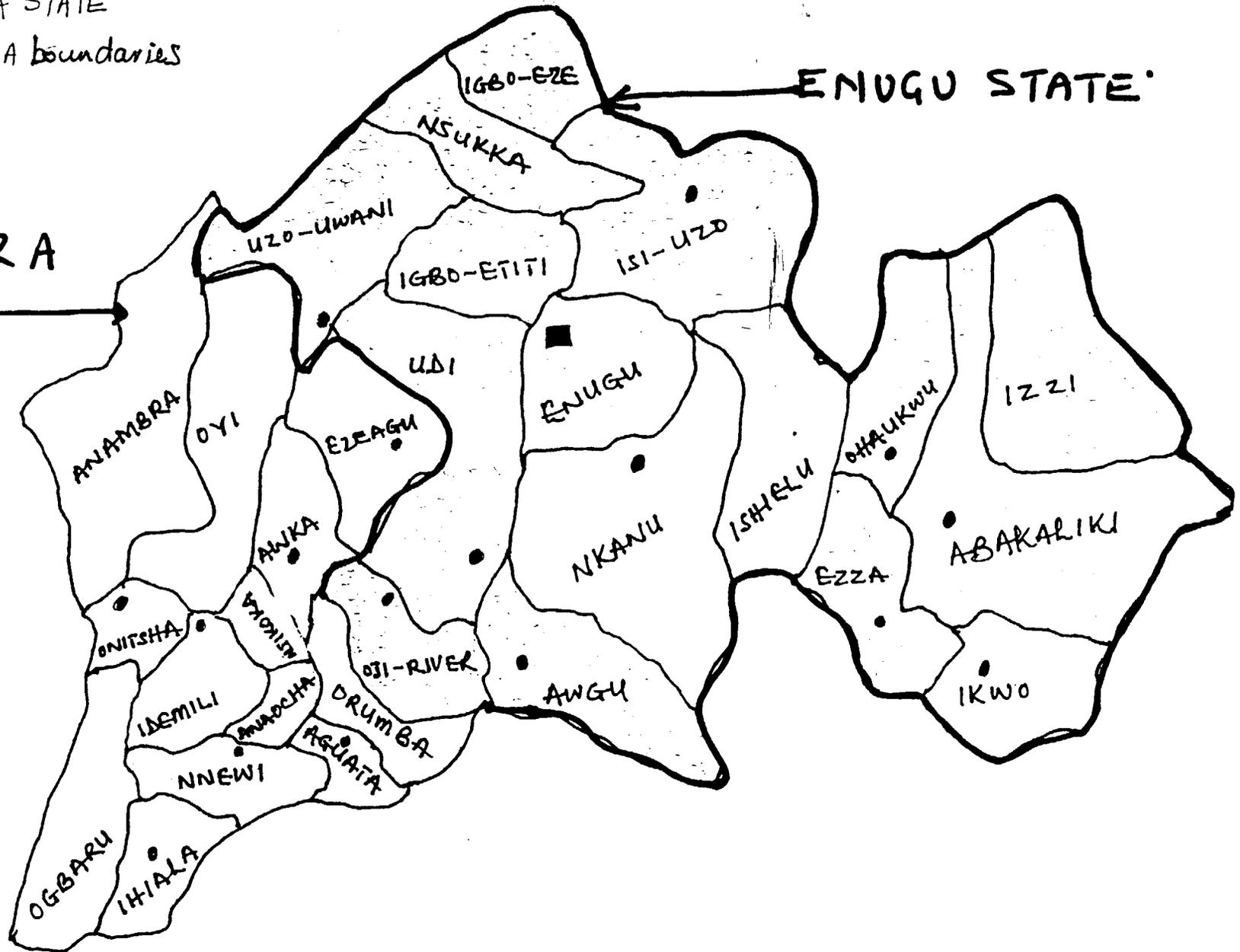


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Homage is hereby paid to our Royal Fathers, our Elders, all of whom cooperated with members of the survey team.

All the efforts of the State Commissioner for Health, Prof A.B.C. Nwosu; the Director-General, the Chief Medical Officer, Anambra Ministry of Health, Director of Primary Health Care and the Family Planning Coordinator are hereby acknowledge. Without their personal intervention, the survey would have been stalled.

The cooperation of the Office of Budget and Planning is also acknowledged.

EXECUTIVE SUMMARY

The Fact Finding Mission (See Appendix 1 for survey implementation) has identified certain trends in the evolution of the family planning program in former Anambra State (now Anambra and Enugu States).

- * The Ministry of Health in the state started its family planning program with 2 clinics in 1986 (the teaching hospital started providing some service in 1975 once weekly). Public sector clinics now number 54 as at 1991. Family planning services are also being provided through clinics in the private sector. The new acceptors statistics increased from 2100 to 5543. Over this period, 20 doctors have been trained in clinical service provision, 6 to do minilap in voluntary surgical contraception. Eighty nurses were fully trained over the same period to provide clinical services, 23 nurses were trained as counsellors for surgical contraception services. In the private sector, 175 pharmacy attendants, 60 market vendors and 15 transport workers, 48 nurses were also trained to distribute contraceptives and/or provide services.
- * **Fertility trends:** Among 223 family planning clients on whom information is available, 60% were found to have had 4-6 children before they started contracepting.
- * **Potential Demand for Family Planning:** Thirty percent of those presently contracepting desire to stop childbearing. The teaching hospital is the only point where tubal ligation is offered in the state. Many clinics in the state do not have the capability to provide permanent contraception services.
- * **Contraceptive use:** Intrauterine devices (40%) are the commonest method accepted by new clients, injections(25%) is the second commonest method accepted while pills (19%) was the third commonest method.
- * **Quality of Services:** Sixty percent of the clinics surveyed open daily, 31 of the 43 clinic surveyed do not have doctors who are fully trained to offer services; 14 do not have fully trained nurses either, the clients identified provision of more trained staff as a major constraint to the family planning program. On the average, 80% of the clinics have running water, electricity, and separate rooms for counselling. Commodities were not available in many of the clinics all through the year. Equipment shortage was the third commonest constraint on the program.
- * **Utilization of Services:** Forty-five percent of the clients interviewed came from within five kilometers of the clinic, 70% of them came from within ten kilometers. The monetary service cost is very minimal
- * **Constraints:** Religion (Catholicism) was the main reason for non-use of modern method in this state.

Background Information on Anambra State

Anambra State (estimated 1988 population estimates = 7.6 million), is located within the south-eastern region and within the A health zone. About 80% of the states in the region are rural, female literacy is very high. Access to radio is 56% and to television is 19%(NDHS 1990). Median age at first marriage is now around 20 years but total fertility is still very high. Breastfeeding is very prevalent in the region but exclusive breastfeeding is very low even at three months postpartum. Median duration of breastfeeding is less than 17 months. Median birth interval is 28 months. Percent using contraception in the region is 5%(NDHS 1990).

The population of Anambra State is predominantly Christian.

Family Planning Services

Family planning services started in this state in 1986 with the Planned Parenthood Federation (PPFN) operating two clinics. Services are now provided in 54 clinics located in a network of maternal and child health centers (70%), public and private sector hospitals(11%) and some basic health services clinics. Only 37 of these clinics report regularly. Sixty eight percent of the clinics are fully-equipped to offer full service. This state has the third largest number (774) of personnel trained to offer some family planning service. Among the 774, only 80 nurses and 20 doctors have been trained to provide clinical services. A lot of training took place in the private sector to swell the total number to 774. Majority of these are distributors rather than service providers.

Information, education, and communication activities started early in the life of the program in this state. In 1987, a television drama series "In the lighter mood" was aired by Nigerian Television. This series was followed by a radio soap opera "Ezi na Uno" which was aired between 1988 and 1989. The PPFN continued with advocacy activities targeted at influentials, school counsellors in 1989. The table below shows the trend in the new acceptor figures for 1986-1990, (Figure 1,in Appendix 2).

Table 1 showing the new acceptor client statistics for 1986-1990 by method.

METHOD	1986	: 1987	1988	:	1989	:	1990
Pill	168	: 607	: 701	:	713	:	680
Injection	224	: 940	: 1686	:	1540	:	1318
IUCD	834	: 1988	: 2997	:	2644	:	2449
Condom	725	: 2848	: 6615	:	910	:	519
Foam Tablets	87	: 682	: 2265	:	696	:	329
Sterilization	0	: 92	: 58	:	100	:	89
Implant	:	:	:	:	:	:	0
Others	:	:	:	:	:	:	130
Total	2100	7636	15068		6941		5558

There is a trend downwards in the number of new acceptors. The 1988 figures are high because of the quality of data; there is the possibility that the figures are high because condoms were given out as part of an IEC activity that was being implemented at this time in the state.

The new users of family planning per 1000 women of reproductive age is less than 3 which is the third least value in the country.

There were 5558 new acceptors for all methods in 1990 compared to 7751 which was projected from the 1989 family planning coordinators workshop of target to be reached for an average 10% increase. The shortfalls were injectables, pills and foaming tablets.

Information on the services in the private sector is not immediately accessible. Responses to the question "Can you get the commodities to buy in any place nearer your home?" might give an insight. Twenty-one percent of the respondents were aware of alternate sources of commodities. Patent medicine store, private doctors, and markets were the three commonest sources mentioned. The providers in the clinics surveyed get their supplies from the government central stores(36%), zonal stores(16.7%), and from pharmaceutical distributors (28.6%).

The information from both providers and clients above can be interpreted to be pointing to private sector as providing important alternate sources of commodities.

There had been a lot of input into this state from various components of the Family Health Services(FHS) project. The private sector held a lot of training for clinical service and non clinical service providers and a sales program in 1989. The public sector of the FHS also has conducted a management workshop to draw an action plan in 1989, trained providers for clinical and non clinical service delivery in 1990, conducted management information system training in 1989, and trained program managers in supervision techniques in 1990. The information, education and communication unit had a series of family life education activities in the state.

Findings of the Fact Finding Mission

Utilization of Family Planning Services

A month's statistics were compared for 1990 and 1989 in the sample of clinics surveyed. Only one clinic in Enugu had more than 400 but less than 500 new acceptors in the two months being compared. Two other clinics had more than 100 new acceptors. Most of the other clinics have less than 50 new acceptors per month.(See Appendix 3, Table 1). A review of statistics from November 1990-January 1991 showed the same trend (Appendix 4 Table 2).

To account for this situation, accessibility of services were considered. The distance between clients homes and clinics was examined, cost incurred in time and money, and the range of methods available at the clinics reviewed were examined.

Information on distance between the homes of 218 clients the various facilities were reviewed. Forty-five percent of the clients came from less than five kilometers of the center, and seventy percent of the clients came from within 10 kilometers of the facilities.

Ninety-one percent of the clients took less than half-hour to get to the clinic from their homes. Ninety percent of the clinics surveyed offered pills, injections, intrauterine devices, condom. Unfortunately, commodities were only available 52% of the times the interviewed clients were in the clinic for supply. Seventy-seven percent of them paid less than **five naira** for the services obtained in the clinic. Ninety-three percent paid less than five naira for the round trip back home.

Clients

Eighty-eight clients were interviewed while client records on another 243 were accessed for review.

Sixty-four percent of the clients whose records were reviewed were in their mid-reproductive cycle(20-34 years), 35% were in their late reproductive(35-44 years) phase.

Those interviewed were civil servants (41%), traders(33%), farmers(7%) and others were self-employed. Twenty-nine percent of them had no education or did not complete primary education, 13% completed secondary education and 14% had post secondary education. Educational status could not be established in 29%. Eighty-five percent of them were christians, 14% moslems. Ninety-eight percent of the clients reviewed are women and are married.

Parities of 223 Clients

The table below shows that 60% of the clients surveyed were of parities 4-6. Fifteen percent had fewer than four children. This is suggesting that most of the mothers start contracepting after they have four children. Almost a quarter of the clients whose records were reviewed already had more than six children.

Thirty percents of these clients desire to stop childbearing. All those who desire to stop are still using non permanent methods.

Table 2 showing the parity distribution of 223 family planning clients surveyed

Parity	Percentage of women
1	3
2	6
3	6
4	18
5	21
6	20
7	9
8	10
9	4
10+	3

(N=223).

Contraceptive behavior

Two hundred and forty-three client records were available for review. Intra-uterine devices were the commonest(40%) method accepted by the clients reviewed; injections(25%) was the second commonest method, 19% were on pills. Whereas overall figures may be low but 75% of the clients are on effective methods. There were only 2 of the clients that had tubal ligation.

Eighty-eight clients were interviewed and it was found that 32.6% of them had changed methods since they started contraception.

Of the sixty-nine interviewed clients who responded to duration of current contraceptive they are on, 44% had continued using the method for one year, 35% had continued for two years, while the remaining 20% had continued for over two years. As would be expected, more of the clients on intrauterine devices continued more than one year.

From the information available for breastfeeding on 160 clients, 71% were not breastfeeding at the time they started using any modern method of contraception.

Thirty percent of the clients desire to stop childbearing while 65% were contracepting to space births. Three percent were contracepting for economic reasons.

Health personnel and clinics (42%) served as the main source of referral of clients to the family planning clinic. Friends(30%), and media (25%) were the other major sources of referral to the family planning clinics.

The fact finding mission examined the cadres of people referred for counselling in order to ascertain areas that need to be explored so that a wider range of potential clients can get referred.

Table 3 illustrates that the family program as of now is targetted at married men and women of reproductive age (25), some of the clients(5) are being reached at the antenatal clinic whilst a small percentage is reached postpartum. The motivators do not appear to be able to draw adolescents to these public sector clinics.

Table 3 Types of Potential Clients Referred for Counselling at the Family Planning Clinic.

Cadre of people	No of Clients
1. Antenatal patients	5
2. Married men/women	20
3. Women of reproductive age	5
4. Postnatal nursing women	4
5. Others (Teachers, adolescents,...)	5

Clinics

Sixty percent of the clinics open everyday of the week, and at the time of the survey 35% of the clinics surveyed need more equipment for their family planning services. All the commodities were available in 95% of the clinics surveyed.

Apart from sample of commodities that were freely available in the clinics surveyed for use in counselling, charts, posters(74%), booklets(56%) brochures (40%) models (14%) were in short supply.

Social amenities like water(71%), and electricity (81%) were available in the majority of the clinics. Separate rooms for counselling and examination were also available in 88% of the clinics.

Providers

Twelve of the clinics had trained physicians as part of the team providing services. As it is the case in other parts of the country, nurse-midwives constitute the vast majority of providers. Twenty-nine of the clinics had fully trained providers on site. Unequal distribution of trained staff is demonstrated in this state where one of the clinics had 20 fully trained providers. Village health workers operate in some of the clinics, in fact two of the clinics has up to 10 village health workers. The truth of the provider situation is that many of the clinics do not have trained personnel providing services. Table 3 in the Appendix 5 summarises the situation in the clinics surveyed.

Constraints to effective provision of family planning services

The constraints highlighted by providers were matched with the improvements suggested by clients interviewed. Both groups identified the same issues. Commodities, personnel, and equipment.

Table 4. highlighting the Improvement required for more effective family planning program implementation.

Clients List

Regular supply of commodities
 More trained staff
 More Equipment
 Provide space for counselling
 Resume clinic service earlier
 Better counselling
 Reduce cost to clients
 Make it "first come first served"

Providers List

More trained staff
 More equipment
 Commodities
 Vehicle for monitoring

The clients were also asked for the preference for private clinics for family planning services. Privacy (42%) and better service (51%) were the two commonest reasons given. "No delay in providing service" was included as one of the criteria for "better service".

Non-Use of Contraception

Religion (46%) was the main reason why some women do not use modern contraception. Ignorance (28%), fear of side-effects (16%), and fear of husbands' reaction (10%) were some of the other reasons given by clients interviewed.

As would be expected from the trend above, the clients identified awareness creation, improved counselling of potential clients, provision of subsidized commodities, and provision of more trained staff as strategies to be considered.

What the Influentials Say

Tradition is very strong in this state. There is a high regard for the opinion of the elders. A sample of 35 elders was drawn up from a list provided by the Anambra State Liaison Office in Lagos. This was made up of 30 males and 5 females. Eighteen of them were traditional rulers, 2 were religious leaders and the rest were either politicians, community leaders or society respected individuals.

Perception of the size of Nigerian Population: Two thirds of those interviewed agree that the population is too large for the resources available. One out of every eight of them regard the population as being just right. One out of every eleven of them think the population is too small.

Ideal Number of Children: Two thirds of them regard 3-4 children as being ideal while one quarter opt for 5-6 children. Less than one tenth opt for "As God gives response".

Advantages of Family Planning Program: All the influentials interviewed agree that birth spacing protects the health of mothers and that if children under 2 years of age. Ninety percent also believe that childspacing can reduce maternal deaths in the under 18 and in the over 45 years of age.

Influential Perception of the Non-Use of Family Planning: Responding to the question as to why people do not wish to use family planning, lack of education (70%), family planning is against religion and culture (25%) were the two commonest reasons given. Only one in 20 regard the side-effects as a constraint to the use of modern methods. This is significant recalling the fact the predominant church perceives side-effects as a major reason for not supporting the use of any modern method.

The interview with the influentials point to the fact that the influentials and therefore constituencies within the states are waiting to be motivated for they can be very useful to the program. They do not seem antagonistic. All except three of those interviewed are willing to take a public stand on it.

Summary of findings

1. The clinics in the state are few and are not well equipped and well staffed with trained staff.
2. Commodities were not available in the clinics most of the year under the survey.
3. There is a downward trend in contraceptive acceptance from 1988 on.
4. Religion is a strong constraint against family planning, however lack of awareness on the benefits of family planning, fear of side-effects are other reasons why people might not wish to use modern methods.
5. Among the users of modern methods either interviewed or whose records were reviewed, IUD(40%),injections(25%), and pills (19%) were the commonest methods selected by for family planning. One third of the clients had changed from the method they first selected. Seventy percent had stopped breastfeeding before they started to use modern contraception.
6. Sixty-four percent of the clients are between 20-34 years of age, one third of them are in their late reproductive life. Sixty percent of these clients are parities between 4-6 children. 30% of clients desire to stop childbearing, though none are using a permanent method.
7. Almost half of the clients got referred to the family planning clinics from other health clinics or after motivation by a health personnel.
8. The influentials interviewed more readily accept health reasons as an acceptable reason for family planning.

Recommendations for Improving Family Planning Services

1. Adequate family planning commodities should be allocated to the state and a special efforts should be made to ensure that the commodities reach each of the clinics providing family planning services.
2. In-service training of clinical providers should be embarked upon. Providers should be motivated personnel who are willing to carryout intensive outreach activities as part of their normal activities.

3. **Many clinics lack appropriate equipment, the local and state government should find ways of supplying some of these equipment rather than waiting for a donor agency to do the equipping.**
4. **Advocacy must be effectively pursued by the Counselling division of the state ministry of health. Materials for informing and educating potential clients should be produced in large numbers for distribution. Another round of media activities should be embarked upon to reinforce the 1987-1988 activities.**

APPENDIX

II. SURVEY IMPLEMENTATION

Structured questionnaires were designed in Nigeria with input from the Federal Ministry of Health, Africare and representatives from various divisions of the Family Health Services Project.

This section is a brief description of each of the forms used.

The Influential Leaders Form

For the success of any program, political will and support are essential. It is therefore appropriate to identify influential leaders within the community whose opinion are likely to influence the general opinion within the community around them. This questionnaire was designed to assess their opinions on the National Population Policy and the entire population program. The questionnaire also seeks to elicit some level of support for the population policy from these influentials.

The Family Planning Clients Form

This questionnaire was designed to collect information on the clients who are receiving the services offered at various service delivery points. These information include: socio demographic characteristics, reproductive history, contraceptive behavior and cost in time and money incurred by the clients using the services.

The Clinic Assessment Form

This form is designed to survey delivery points. Its aim is to assess the quality of service offered clients. Physical environment of the clinics, aids to decision making process and range of commodities available are among the issues to be examined.

Clinical Service Providers Forms

Two forms were designed to determine the quality of service providers at the service delivery points. One of the forms looks at the socio-demographic characteristics of the providers, the type of training they have had, the range of services they provide and the constraints they encounter. This form referred to as "Providers Form" is target at providers regardless of the level of training they have had.

Fig 1

NEW ACCEPTORS OF FP IN ANAMBRA STATE 1986-1990

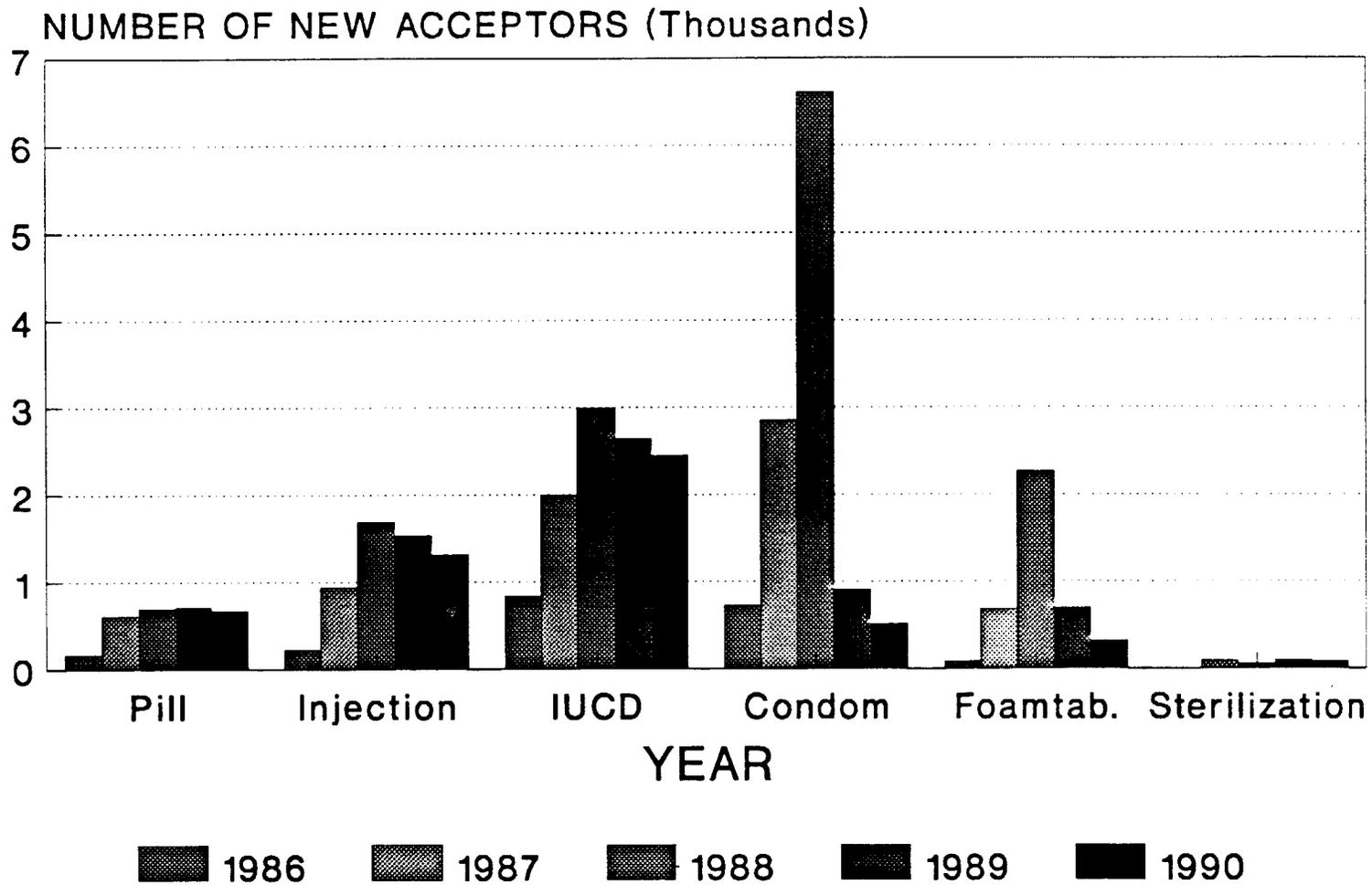


Table 1

Appendix 3

FP PROVIDING CLINICS IN ANAMBRA STATE

Number of Clients Seen in the Clinics: Jan. 1989 and Jan 1990 in Surveyed Clinics

LGA	No. of Clinics	Number of Clinic Clients			
		Jan 1989		Jan 1990	
		NA	RV	NA	RV
Abakaliki	1	17	76	11	76
	1	NR	NR	NR	NR
Awgu	1	46	78	59	125
Enugu	1	41	44	59	82
	1	25	29	17	160
	1	21	112	9	95
	1	420	643	433	719
	1	14	35	14	35
	1	32	173	33	165
	1	NR	NR	NR	NR
	1	NR	NR	8	-
	1	NR	NR	35	70
Nkanu	1	24	69	11	120
	1	3	16	11	33
Igbo Eze	1	NR	NR	5	-
	1	7	6	7	4
Oji River	1	7	23	7	39
Uzo-Uwan	1	7	-	19	-
Nsukka	1	NR	NR	14	-
	1	NR	NR	NR	NR
Onitsha	1	34	47	46	85
	1	178	76	141	74
Ohaukwu	1	7	8	3	11
Ezza	1	1	-	2	2
Nnewi	1	210	200	61	60
Aguata	1	13	2	238	95
Idemili	1	7	23	21	28
Total	27	1,114	1,665	1,264	2,078

Table 2

CLINIC STATISTICS

ANAMBRA STATE BY LGA

LGA	CLINIC	JAN. 1991			DEC 1990			NOV 1990		
		NA	RV	TOTAL	NA	RV	TOTAL	NA	RV	TOTAL
EZZA	GH ONUKEKE							-	8	6
AWGU	MCH	3	3	6		-				
AWGU	MCH	6	6	12		-				
IHALA	HC, EZIAM	16	3	18	15	2	17	7	3	10
ENUGU	MCH/FP, UWANI	15	37	53	25	28	53	15	31	48
IDEMILI	MCH, OGIDI	17	26	43		-				
OJI RIV.	FPC, AKPUGOEZE	3	1	4	1	1	2	2	0	2
ENUGU	IRLY IN. CLINIC	6	7	12	1		3	1	23	24
ENUGU	FPC (GEN HOSP)	4	18	22	7	37	44	6	43	40
AWGU	GEN HOSP, AGWU	2	12	14	2	9	11		3	3
ENUGU	UNTH, FPC	92	528	620	139	501	640	96	636	732
UDI	MCH F/P CLINIC	6	67	73	11	72	83			
AWKA	MCH F/P CLINIC	29	101	130	25	34	59	25	95	120
NKANU	OZALLA MCH	3	15	18	7	15	22	5	30	35
ENUGU	MCH, ABAKPA	32	108	200	27	118	145	12	153	165
LGA 22	IBOKO FPC	1	2	3	3	1	4	3	4	7
OJI RIV.	PHC	7	40	47	13	19	32	11	30	41
UDI	FP OKPATU H/C		3	3		4	4	10	54	64
ABAKALIKI	MCH (FP)	11	77	88	7	58	65	13	55	68
NNEWI	FPC, H.O NNEWI	3	5	8					4	4
NNEWI	MCH, AMICHI		1	1					2	2
IGBO ETITI	PHC, EZI-UKEKE	2	11	13	14	23	37	6	15	21
IGBO ETITI	OGBEDE H/C							6	6	11
ONITSHA	FPC/PHO	7	35	42	10	32	42			
NKAMU	AGBANI H/CENTRE	11	88	99	19	82	101	11	48	59
NJIKOKA	PHC, ABGANA	3	5	8	13	31	44	6	10	16
NJIKOKA	MCH/FPC ABAGANA	12	24	36				6	12	18
ENUGU	PHC, AMECHI	9	94	103	12	76	88	15	75	90
OJIANKIN	EZZANGBO F/P	3	10	13	1	13	17	4	19	23
ENUGU	PHC ASATA	15	57	72						
NSUKKA	FP CLINIC MS				6	23	29	15	57	72
NJIKOKA	CHC ABAGANA				4	18	22	2	8	10
ANAACHI	H. O. NENI				3	0	3	3	2	5
	P/F ASATA				17	43	60	16	46	61
UZI-UZO	OBOLLA AI OH	11	25	36	7	32	39	3	11	14
IGBO-ETITI	OGBEDE HC				20	55	75			
NSUKKA	CHC OBUKPA							5	25	30

N.A. = New Acceptors

R.V. = Revisits

ANAMBRA STATE SERVICE POINTS (20)

<i>NAME</i>	<i>TYPE OF</i>	<i>STR.</i>	<i>LOCALITY</i>	<i>LGA</i>
Health Office	Clinic	?	Atani	Ogbaru
M. C. H	Hospital	?	Amuri	Nkanu
M. C. H	Hospital	?	Ozalla	Nkanu
M. C. H	Hospital	?	Agbani	Nkanu
M. C. H	Hospital	?	Aguobowa	Ezeagu
M.C.H	Hospital	?	Otuocho	Anambra
Health Office	H/Office	?	Nneni	Anaocha
M.C.H	Hospital	?	Awka	Awka
M.C.H	Hospital	?	Amanuke	Awka
B. H. C	Clinic	?	Ogbolo	Ihiala
Basic Health	Clinic	?	Court Rd.	Onitsha
M. C. H	Hospital	?	Inland Town	Onitsha
Gen. Hospital	Hospital	?	Nando	Oyi
Health Office	Clinic	?	Nnewi	Nnewi
Gen. Hospital	Hospital	?	Nnewi	Nnewi
M. C. H	Hospital	?	Eziani	Ihiala
Gen. Hospital	Hospital	?	Onitsha	Onitsha
M. C. H	Hospital	?	Ogidi	Idemili
M. C. H	Hospital	?	Alor	Idemili
M. C. H	Hospital	?	Abagana	Njikoka

Updated in Oct. 1991

ENUGU STATE SERVICE POINTS (27)

<i>NAME</i>	<i>TYPE OF</i>	<i>STR.</i>	<i>LOCALITY</i>	<i>LGA</i>
M. C. H	Hospital	?	Ogbete	Enugu
M.C.H	Hospital	?	Abakpa Nike	Enugu
M. C. H	Hospital	?	Ezza	Ezza
M. C. H	Hospital	?	Ovoko	Igbo-Eze
M. C. H.	Hospital	?	Obodo Nike	Enugu
UNTH F. P	FP Clinic	?	UN, Nsukka	Enugu
M. C. H	Hospital	?	Asata	Enugu
M. C. H	Hospital	?	Aku	Igbo-Etiti
M. C. H	Hospital	?	Iboko	Izzi
M. C. H	Hospital	?	Uwani	Enugu
M. C. H	Hospital	?	Akpugoeze	Oji-River
Sch. of M/Wifery	Clinic	?	Awgu	Awgu
M. C. H	Hospital	?	Awgu	Awgu
Health Office	H/Office	?	Nnaku	Awgu
M.C.H	Hospital	?	Abakaliki	Abakaliki
Gen. Hospital	Hospital	?	Parkelane	Enugu
M. C. H	Hospital	?	Nsukka	Nsukka
Gen. Hospital	Hospital	?	Awgu	Awgu
B. H. C	Clinic	?	Amechi	Enugu
M. C. H	Hospital	?	Afor	Isi-Uzo
Health Office	Clinic	?	Ikem	Isi-Uzo
M. C. H	Hospital	?	Oji-River	Oji-River
M. C. H	Hospital	?	Ezzamgbo	Ohaukwu
M. C. H	Hospital	?	Udi	Udi
M. C. H	Hospital	?	Adani	Uzo-Uwani
Ukpor H. C.	Clinic	?	Nnewi	Uzo-Uwani
M. C. H	Hospital	?	Nnewi	Uzo-Uwani