LAGOS STATE GOVERNMENT

BASELINE ASSESSMENT

OF

OLUBORI-ODUN IFA, IDI-ARABA AND MOSAFEJO COMMUNITIES

IN

Kosofe Local Government Areas

Of

Lagos State

December 2015

unicef

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PREFACE

Lagos State population continues to grow in leaps and bounds due to her proximity to national landmarks such as sea and air ports that made her an investment destination. In addition, the State had, at one time, served as the Nations's capital with a wide range of socio-economic infrastructure and business haven to a lot of people. The uncontrollable influx of people into the State from other parts of the Country as well as the Sub-Sahara West Africa for business and other economic opportunities has serious impact on the State's housing infrastructure. The persistence of the trend over time has culminated in the emergence of urban slums in the nooks and crannies of the State. The state population is currently estimated at over 23 million with a population density of **6,516** per square kilometer. Lagos is undoubtedly a regional economic hub and a megacity of unique endowments requiring better understanding and appreciation of its urban peculiarities in relation to other Nigerian cities. The State population has grown in leaps and bounds stretching the existing infrastructure beyond the limit.

In spite of the megacity status of Lagos State, facts and figures show that the State harbour a sizeable number of slum settlements across the entire 57 LG/ LCDAs. This is because the high cost of accommodation has resulted in concentration of the poor and most vulnerable population in slums and shanty towns scattered around the metropolis.

In all, the State has a preponderance of slums area with similar characteristics of low uptake of educational and health care services. In 2012, an investment case for Lagos was conducted with the aim of identifying bottlenecks and window of opportunities to address the inequalities in health especially the urban slums.

A 12 months pilot intervention was thereafter embarked upon in five slum communities in Ajeromi/Ifelodun LGA. One of the action points of the investment case was to review the progress of the investment case every three years using the current data as baseline while the results so far will be the basis for the next phase. It is 3 years now and there is a need to follow-up on the progress made and review strategies where necessary.

Thus, three (3) communities in the Kosofe Local Government Areas: **OLUBORI ODUN IFA, IDI-ARABA** and **MOSAFEJO** communities were selected for the next round of intervention with a view to scaling up the health care uptake of the inhabitants through direct access to preventive health care services.

To this end, The Lagos Bureau of Statistics (LBS), Ministry of Economic Planning and Budget (MEPB) in collaboration with the UNICEF embarked on the baseline assessment of the inhabitants of the three identified communities; OLUBORI ODUN IFA, IDI-ARABA and MOSAFEJO communities, with a view to arriving at the relevant and reliable information that could be leveraged upon for

appropriate intervention in these communities. This expectedly will assist to reduce both mortality and morbidity rates in the selected communities.

The Lagos Bureau of Statistics (LBS) provided the technical support for the baseline study in the listing of houses and households in the three (3) communities, Questionnaire designs and production, Data collection, Data analysis and Report writing while the fund for this project was exclusively sourced from United Nations Children's Fund (UNICEF). The Agency supports countries and sub-nationals in using population data for policies and programmes targeting children (under 5 years old) and women especially the vulnerable ones. The Agency also supports various immunization initiatives that will enhance children's quality of life, Child Rights protection and prevention of child abuse in all ramifications.
Users in the academia, researchers, programme officers and policy makers on Lagos State will find the maiden edition very useful.

The Lagos Bureau of Statistics expresses its sincere gratitude to UNICEF for this relationship and her continuous support to the Bureau. The contribution of staff of the Bureau towards successful completion of this study is highly appreciated.

Suggestions, comments and constructive criticisms that will ensure improvement in the subsequent edition(s) are welcome from all and sundry.

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INTRODUCTION

Kosofe Local Government Area is one of the 57 LG/LCDAs in the State with an estimated population of **1,240,936** people (LBS Digest of Statistics, 2014) and a population density of **14,703** per square kilometre. The LGA is bounded in the North by Ojota-Alapere axis along Lagos-Ibadan Expressway and in the South by Oworonshoki-Apapa Expressway to Anthony Village. The Eastern Boundary of the LGA starts from Oworonshoki – Ibadan expressway to Ketu Junction while the Western Boundary ranged Anthony to Maryland axis of Ikorodu road. The LGA consist of 18 wards out of which Olubori - Mosafejo is one. The Olubori - Mosafejo Ward is comprised of three distinct communities namely, Olubori-Odunfa, Idi-Araba and Mosafejo communities with 124 Streets, 33 Streets and 74 Streets respectively. On the other hand, a total of 1,872 households, 516 households and 700 households were listed in Olubori-Odunfa, Idi-Araba and Mosafejo communities respectively.

In accordance with the objective of the survey, only households with children less than 5 years old were actually interviewed. The summary of the exercise is tabulated in Table 1.

Map of the target population

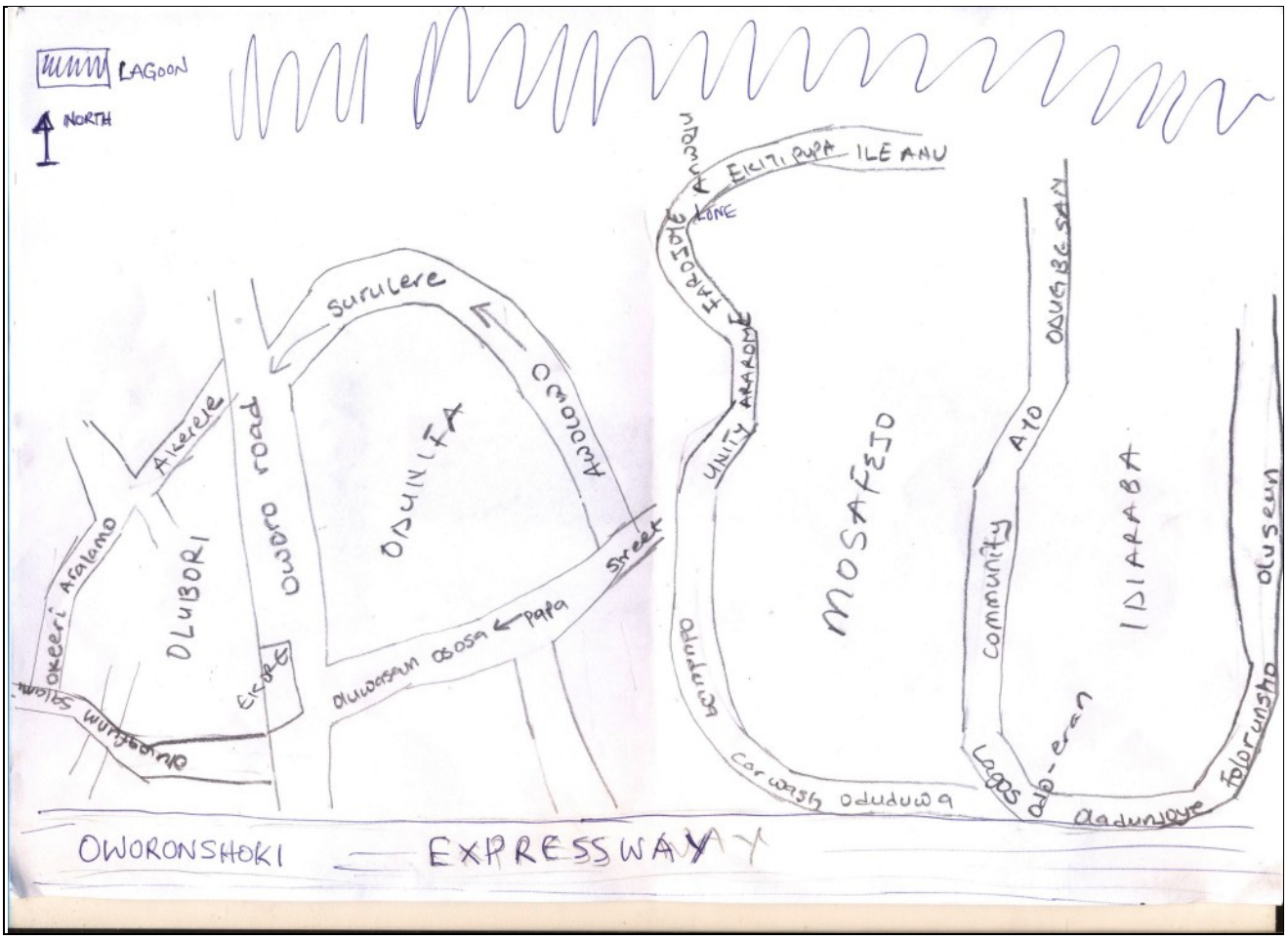


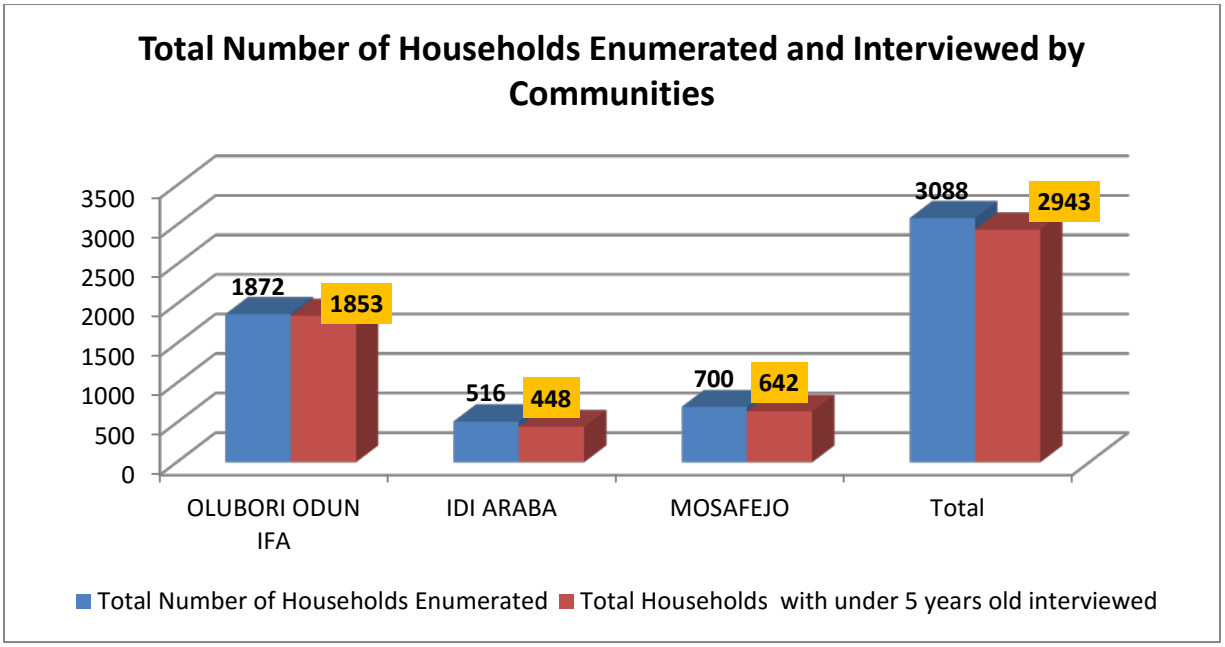
Table 1: SHOWING SUMMARY OF HOUSEHOLD EXERCISE IN KOSOFE LGA

Summary of Household Survey Exercise in Kosofe LGA					
S/N	**NAME OF COMMUNITY**	**Number of Streets**	**Number of Houses**	**Number of Households Enumerated**	**Households with under 5 years old**
1	OLUBORI ODUN IFA	124	684	1,872	1,853
2	IDI ARABA	33	188	516	448
3	MOSAFEJO	74	256	700	642
	Total	**231**	**1,128**	**3,088**	**2,943**

Household Survey is globally acclaimed as the major source of information on the socio-economic well-being of the populace. It provides information on wide range of activities and characteristics of individual household, the communal relationship, demography, education, health, religion, income and occupational pattern, housing condition, water and sanitation, infrastructural needs and provision among others. Researchers all over the world have realized that information collected at household levels within a geographical entity remain one of the powerful tools of assessing the socio-economic condition of the inhabitants of the community, local government areas, states or federal constituencies as the case may be.

It is in this light that the baseline assessment of the three slum communities were conducted to obtain first-hand information on key social and health issues being experienced by the inhabitants of the communities, especially the children and the women, with a view to exposing them to basic health care services through a 6-month intervention. In addition, information gathered through this process will be of immense contribution in determining the variety and quality of health care desired by the inhabitants of the community.

Chart 1: Total Number of Households Enumerated and Interviewed by Communities



OBJECTIVES:

The General Objective of the baseline assessment study is to generate the database of the inhabitants of the three communities with a view to proffering appropriate solutions to their socio-economic needs as well as understanding the key features/ characteristics of the AJIF project in the communities.

The specific objectives are:

- To determine the proportion of women that attended Ante-natal Care (ANC)
- To determine the proportion of women that received Tetanus Toxoid Immunization (TTI)
- To determine the proportion of new born baby(s) that received Bacillus Calmette - Guerin (BCG) vaccine
- To determine the proportion of children that were vaccinated against Measles
- To determine the proportion of children that received the 1st and 2nd Doses of Vitamin A
- To determine the proportion of children that completed the dose of vaccination against Diphtheria Pertussis and Tetanus (DPT) –DPT1, 2 and 3.
- To determine the proportion of children that completed the intake of Oral Polio Vaccine (OPV) – OPV1, 2 and 3
- To determine the proportion of deliveries taken by skilled birth attendants
- To determine where deliveries take place
- To determine the proportion of babies delivered that are exclusively breast fed for the first six months
- To determine the proportion of under 5 children whose birth were registered.

- ❖ To determine the proportion of under 5 children that are fully immunized in the selected communities
- ❖ To determine the proportion of children sick with Malaria, Pneumonia and Diarrhoea in the selected communities
- ❖ To determine the proportion of pregnant women who receive Focused Antenatal Care (FANC) including HIV testing.

SCOPE and COVERAGE

The Scope of the study centred on the children (Under 5years) and women of child bearing age (15-49) years in the three (3) selected communities: **Olubori Odun-Ifa, Idi-Araba and Mosafejo** communities in Kosofe Local Government Areas of Lagos State.

METHODOLOGY

A preliminary meeting was held between the Officials of the UNICEF and Lagos Bureau of Statistics (LBS) to discuss the modalities of the baseline assessment, the time lines and the cost implication. An Implementation Roadmap was thereafter generated for effective synergy on the expected deliverables and milestones.

Consequently, a meeting was held between the LBS and the official of the Kosofe local Government, ably represented by Mrs. Thomas to chart the course for approaching the communities leveraging upon the existing traditional structure and synergy with the head of each of the three (3) communities, the Baales, to inform them about the proposed interventions and solicit the cooperation of the inhabitants during the exercise.

A preliminary visit was paid to the three (3) Identified Slum Communities to identify the boundaries, study the terrain and map out the appropriate data collection strategy.

On the other hand, Questionnaire and Listing Format were designed and jointly ratified by the UNICEF and LBS which now paved way for the recruitment of AdHoc staff for field work. In all a total of 72 AdHoc-staff were engaged comprising 60 Enumerators and 12 Supervisors. The LBS provided 3 Coordinators to support the entire field work process.

SAMPLING METHODOLOGY

A Multi-Stage Sampling method was adopted for the study:

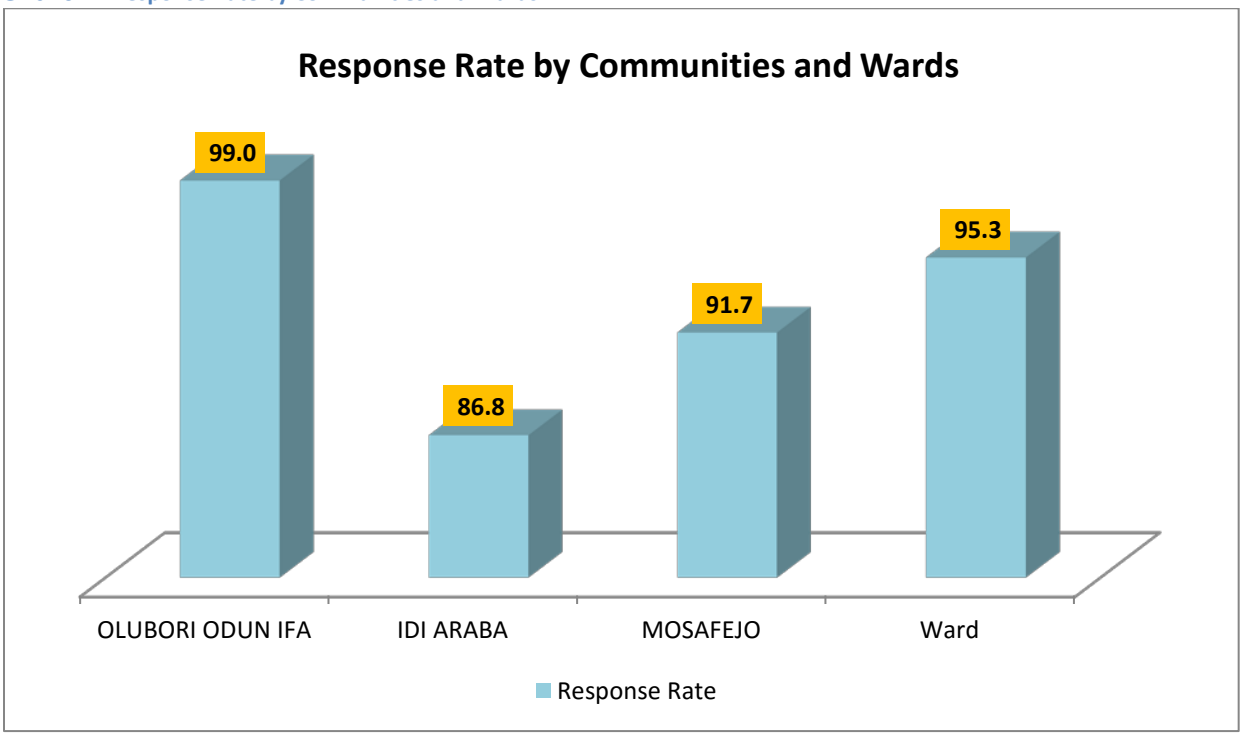
First stage comprised listing of streets and houses in each of the three (3) communities.

Second Stage involved listing of households with women of child bearing age (15-49) that are pregnant or currently lactating with under 5 children in the in the selected houses within each community.

Third Stage: Interview of selected household with women of child bearing age (15-49) that are pregnant or lactating with under 5 children. Women, neither pregnant nor lactating, but having under 5 children were also interviewed.

Listing of houses and households across the three (3) slum communities commenced simultaneously as planned and lasted for 8 working days. At the end of the exercise, a total of **3,088** households were listed out of which **2,943** households were eventually interviewed. Thus, giving an overall response rate of 95.3%.

Chart 2: Response Rate by Communities and Wards



TRAINING

The Lagos Bureau of Statistics (LBS) Technical Team was involved in recruiting field staff that had the requisite skill and experience to work as enumerators and supervisors. After the screening of the candidates, selections were made on the basis of mock test.

A Two (2) day training was held at Ostra Hotel on the 30th November and 1st December, 2015 to introduce the recruited Field Officers to the project objectives, scope, and coverage. The training also centered on the data collection ethics, the listing template, the questionnaires, the coding

sheets as well as other survey instruments. The training was conducted according to LBS training procedures which included class presentation, class exercise and lectures on how to complete the questionnaire and field practice (Enumerators and Supervisors manuals).

Cross-section of field workers being addressed by one of the officials of LBS.

Director, Lagos Bureau of statistics (LBS), addressing the Participants at the training workshop

FIELD WORK

The field work commenced on 2nd December, 2015 and ended on the 11th December, 2015. A total of 60 Enumerators and 12 Supervisors were on the field. The field coordination were anchored by the Staff of Lagos Bureau of Statistics (LBS).

The following pictures showed the initial consultations with the Baales and leaders of the three communities (Olubori/ OdunIfa, Idiaraba and Mosafejo):

LBS Officials with Baale of Idi-Araba

LBS Officials with Baale of Mosafejo

Some of the LBS Officials with Baale and chiefs of Olubori-Odun-Ifa Community

DATA PROCESSING, ANALYSIS AND REPORT WRITING

The process of data entry began few days after the commencement of the field work and lasted for two weeks. Completed questionnaires from the field were edited by the supervisors and LBS checkers before being dispatched for data processing. The data were then edited and entered by data processing personnel specially trained for this task. The data analysis was done using QPMR and SPSS software. The report was exclusively written by the Staff of Lagos Bureau of Statistics (LBS).

DEMOGRAPHY

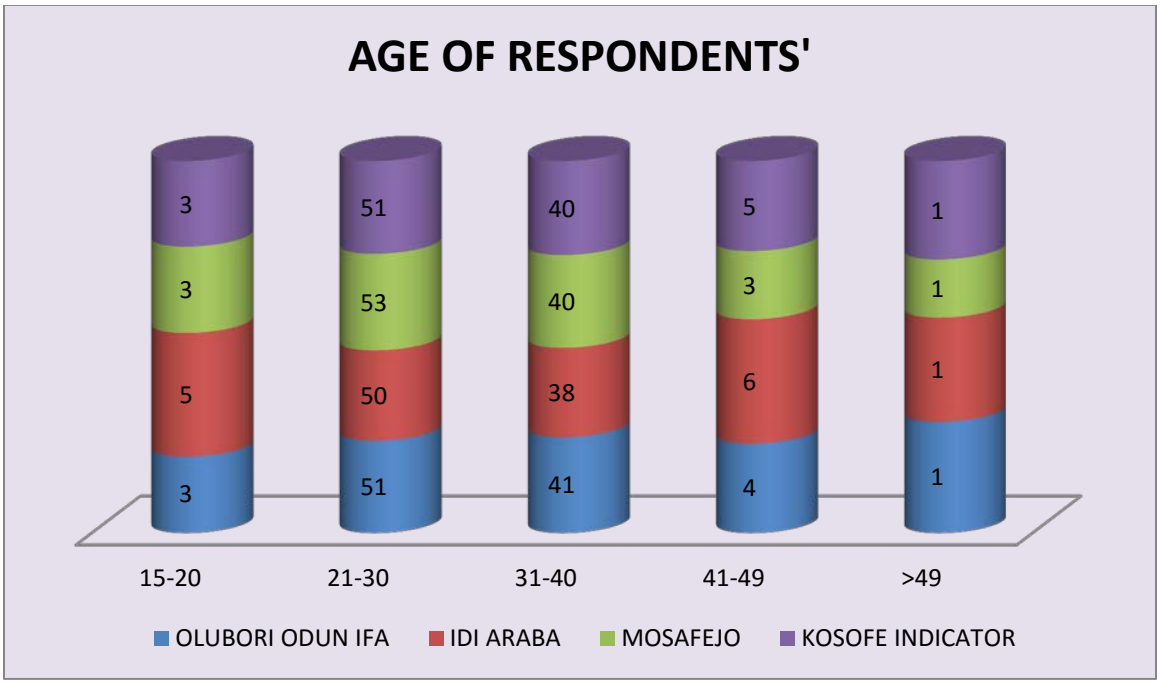
In accordance with standard household survey, Age and Gender classification are very paramount to the characteristics of the inhabitants of any geographical entity. Accordingly, age distribution of the respondents in the slums communities were captured.

AGE OF RESPONDENTS

Age composition remain one of the reliable indicators to determine the quality of human resources available in a geographical area of interest over a period of time. It is used mostly in the computation of population pyramids, calculation of dependency ratio and estimation of demographic trends of a population. The survey revealed more than half of the respondents, 51% were aged 21-30years, those in age group 31-40 years accounted for 40%. Respondents in age category 15-20 years and above 40 years constituted 3% and 6% respectively.

However, at the community level, respondents of aged 21-30 years was more pronounced at Mosafejo (53%) and this was closely followed by Olubori odun Ifa (51%) and Idi-Araba 50% . For ages 31-40 years, Olubori Odun Ifa recorded 41% while Mosafejo and Idi-Araba recorded 40% and 38% of respectively.

Chart 3: AGE OF RESPONDENT'S

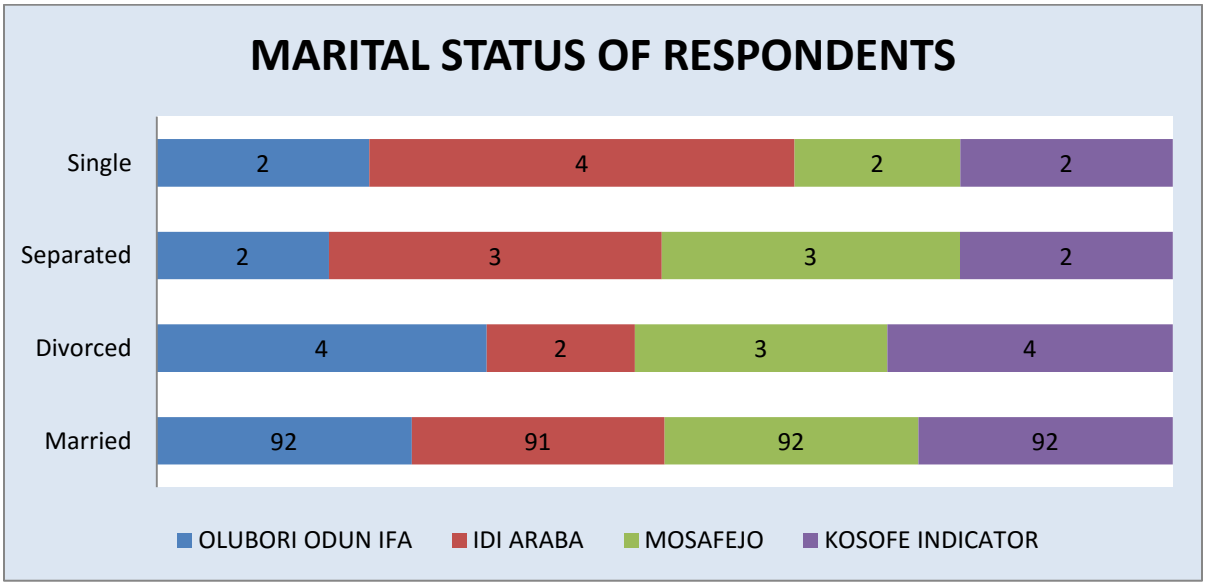


MARITAL STATUS OF RESPONDENTS

Marital status also serves as a demographic indicator measuring the co-habitation arrangement of the inhabitant of the community in accordance with culture and tradition. It also reflects to some extent, the social interaction amongst diverse people of different ages, creeds and customs. The analysis revealed that 92% of the respondents are married, 4% divorced while 2% each are separated and single.

Community disaggregation showed that, Olubori Odun-Ifa and Mosafejo had 92% each of respondents that are married, while at Idi-Araba, 91% of respondents are married.

Chart 4: MARITAL STATUS OF RESPONDENTS



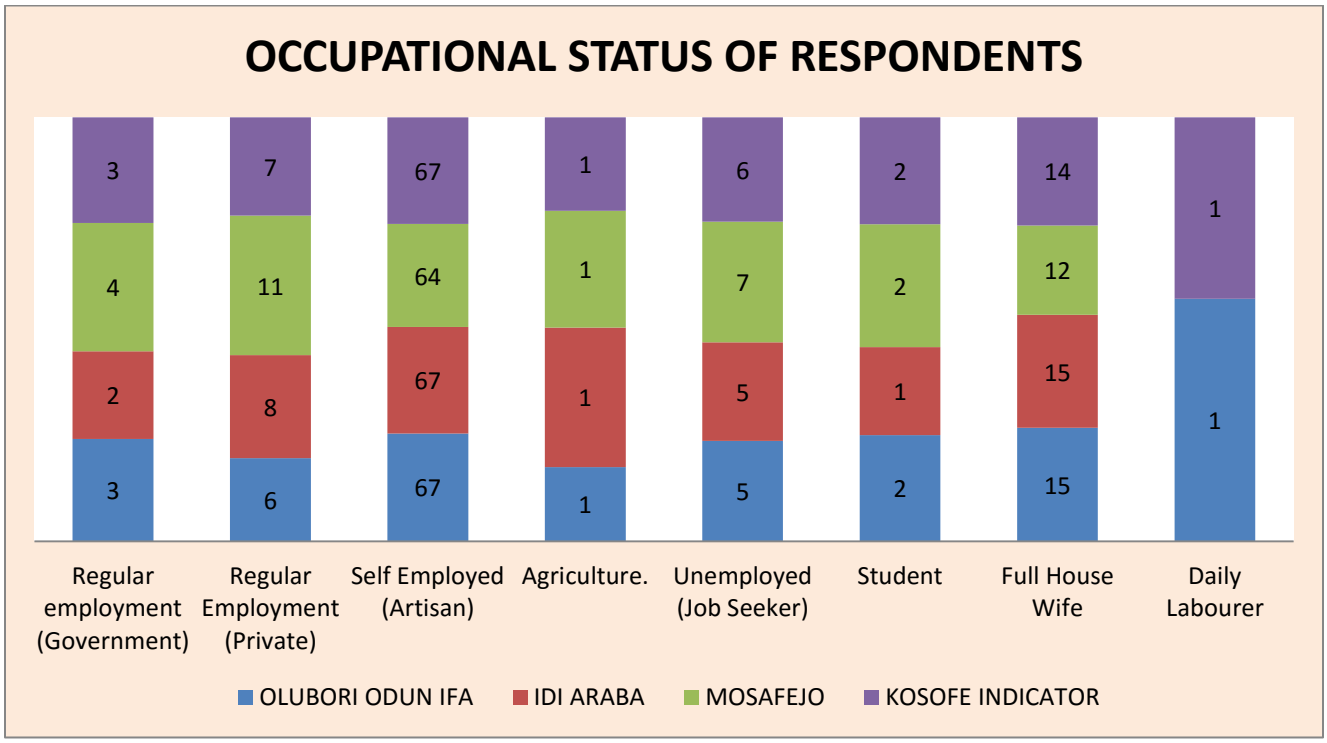
OCCUPATIONAL STATUS OF RESPONDENTS

Occupational status remains one of the key indicators guiding the quality and quantity of labour force available to an economy. The ward level result show that 67% of respondents are self employed (Artisans), 14% are full time housewives, (7%), 3% are regular employees in the private and public sectors respectively. The analysis further revealed that 6% of the respondents are job seekers while 1% each of the respondents are labourers and farmers (Agriculture).

The communities' indicators revealed that Olubori Odun-Ifa and Idi-Araba had 67% each of respondents that are artisans while Mosafejo have 64% of the respondents that are Artisans. The Regular Employed (Private) indicator revealed that Mosafejo had the highest percentage (11%) while Idi-Araba and Olubori Odun Ifa had 8% and 6% of the

respondents that are in the private sector. Regular Employee (Government) respondents revealed that Mosafejo has 4%, Olubori Odun Ifa 3% and Idi-Araba (2%).

Chart 5: OCCUPATIONAL STATUS OF RESPONDENTS

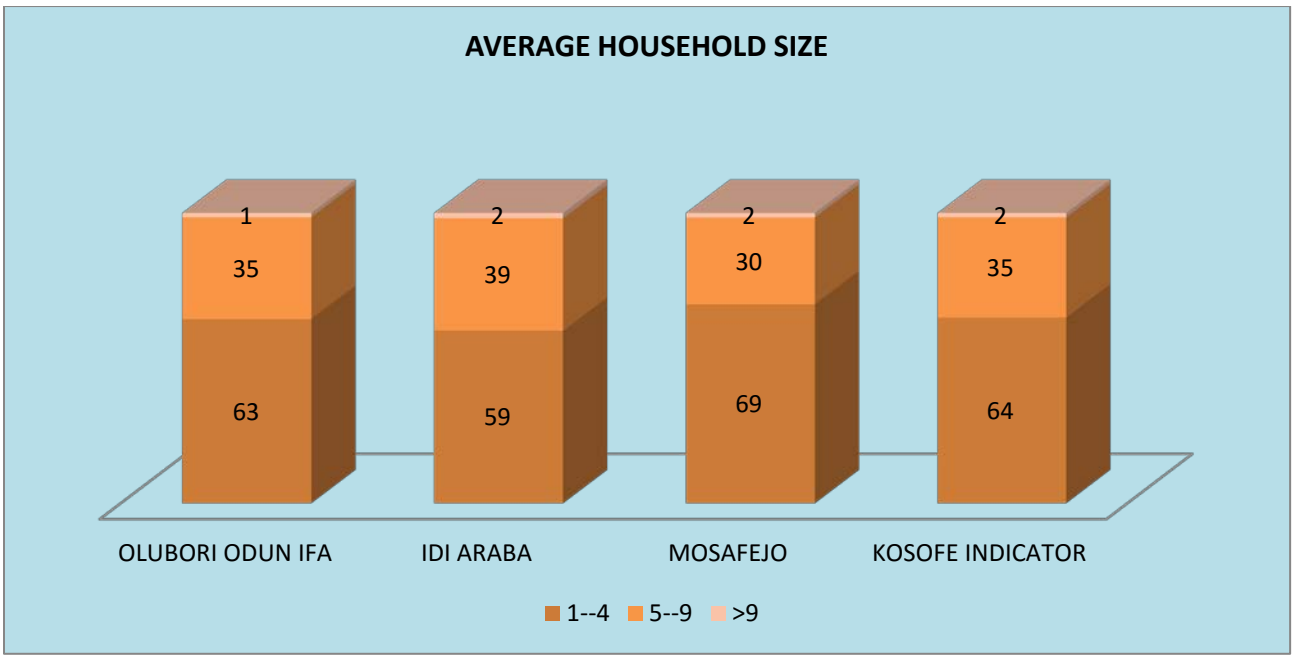


AVERAGE HOUSEHOLD SIZE

Average Household size is a powerful demographic indicator. It reflects the number of people living together and eating from the same pot. It is also a pointer to the living standard of the people and by extension the community. The analysis showed that 64% of the respondents has an average household size of three (3) members. 35% of the respondents recorded average household size of 7 members while those with more than nine (9) members accounted for 1%.

At the communities level, Mosafejo has the highest percentage of respondents (69%) with average household size of three (3) members, Olubori Odun-Ifa (63%) and Idi-Araba (59%).

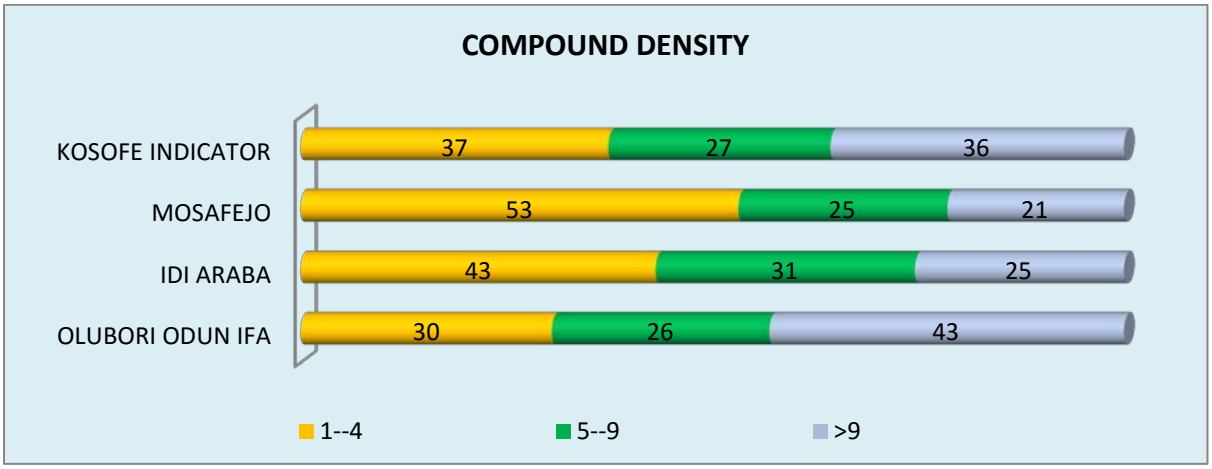
Chart 6: AVERAGE HOUSEHOLD SIZE



COMPOUND DENSITY

The average number of people that live in a housing unit reflects the population density of the community concerned. The survey result show that 37% of the respondents live in a housing unit with an average of three (3) people, 36% and 27% of the respondents reside in the buildings with an average of seven (7) people and more than nine (9) people. However, at the community level, buildings with an average of seven (7) people living in the compound is more prominent at Idi-Araba (31%). This is closely followed by Olubori Odun Ifa with 26% while Mosafejo has 25% of respondents living in an housing unit with an average of seven (7) people.

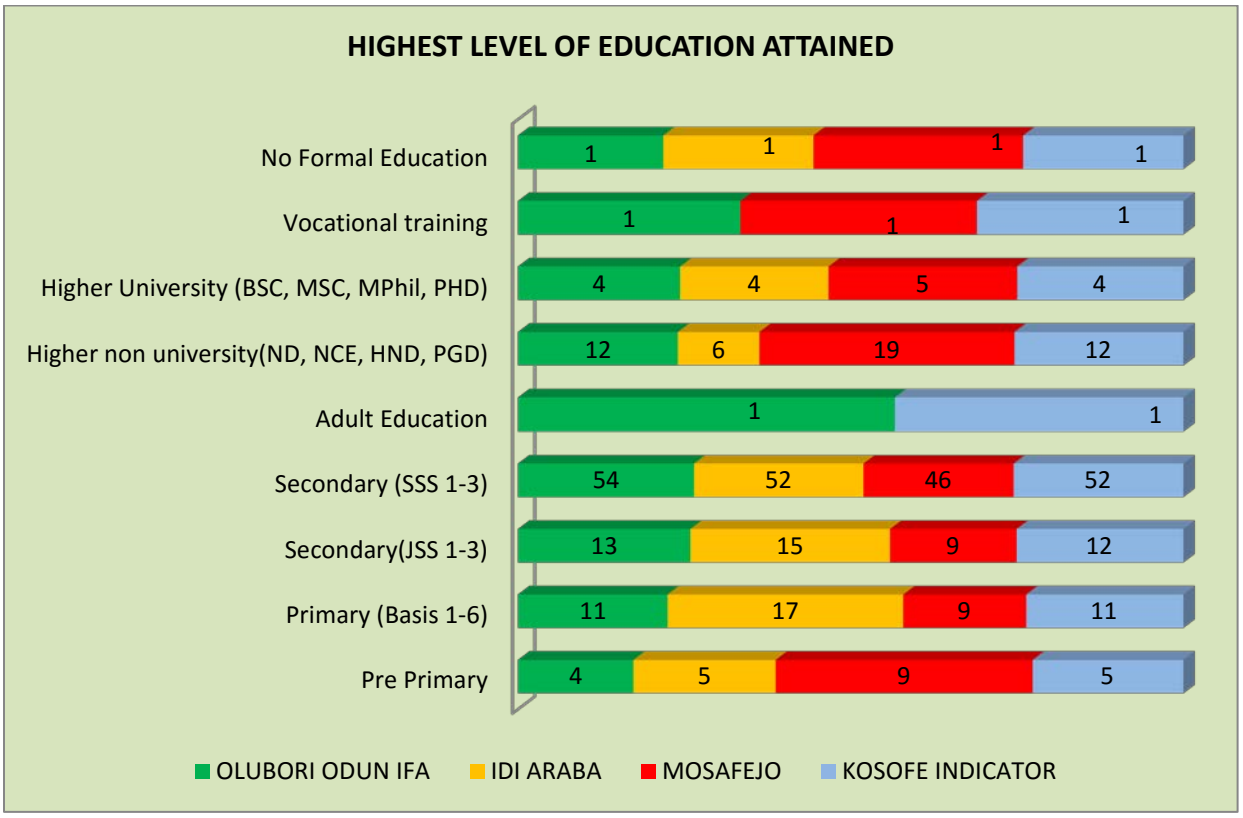
Chart 7: COMPOUND DENSITY



HIGHEST LEVEL OF EDUCATION ATTAINED

Education is knowledge acquired through learning and it plays a greater role in human development. It has an impact on an individual's ability to participate in society socially and economically as well as to understand important public issues. It is the foundation upon which skill needed in labour market is built as well as the determinant of the potential level of the workforce and the wealth of a nation. The better educated the citizens of a nation are, the more technologically advanced the economy of the nation. The analysis revealed that 64% of households interviewed had secondary school certificate. 11% possessed primary 6 certificates while 12% have higher non university and 4% had higher university.

Chart 8: HIGHEST LEVEL OF EDUCATION ATTAINED



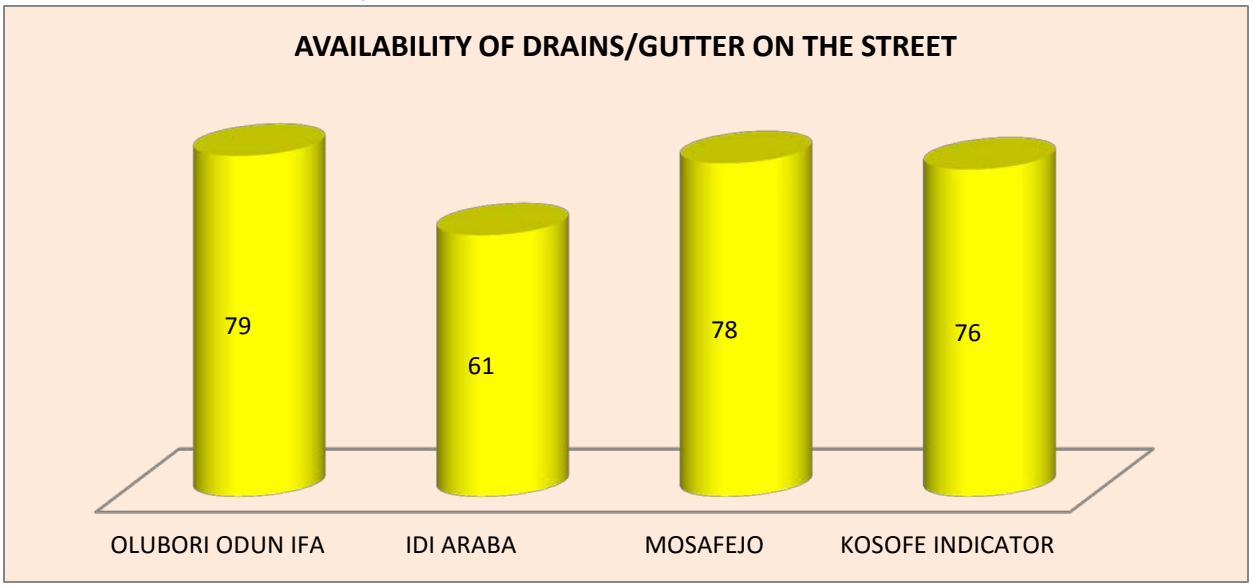
ENVIRONMENT

DRAINAGE SERVICE

AVAILABILITY OF DRAINS/ GUTTERS ON THE STREET

Drainage is the natural or artificial removal of surface and below the surface water from an area in order to prevent flooding. Flooding is a critical issue that should be prevented in order to curb the problem of collapse of buildings, roads, bridges and enhance neat and flood-free environment. To achieve these, adequate drainage facilities must be put in place .The analysis revealed that 76% of the survey area have drains and gutters as posited by the respondents. This result is reflected at Olubori Odun Ifa (79%), Mosafejo (78%) and Idi-Araba 61%.

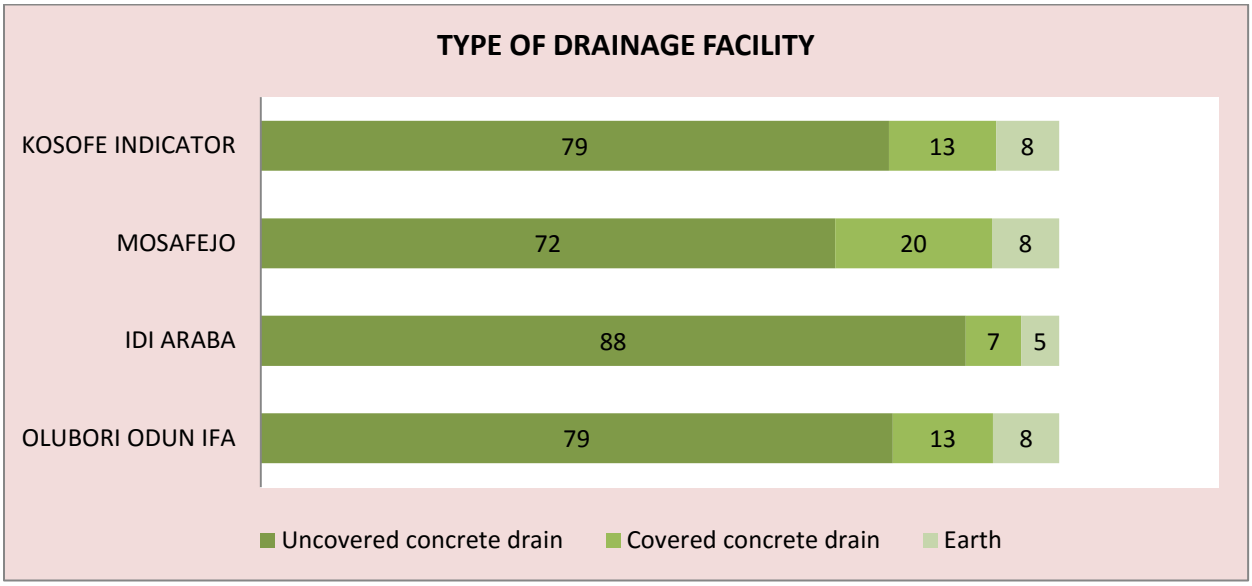
Chart 9: AVAILABILITY OF DRAINS/GUTTER ON THE STREET



TYPE OF DRAINAGE FACILITY

Drainage system in the community must be well kept and covered always to allow free flow of water and prevent water borne diseases. The type of drainage system available in the communities show that 79% are uncovered as asserted by respondents while 13% and 8% of drains are covered concrete and earth. Idi-Araba has more uncovered concrete drains with 88% while Olubori Odun Ifa and Mosafejo have 79% and 72% uncovered concrete drains as indicated by the respondents.

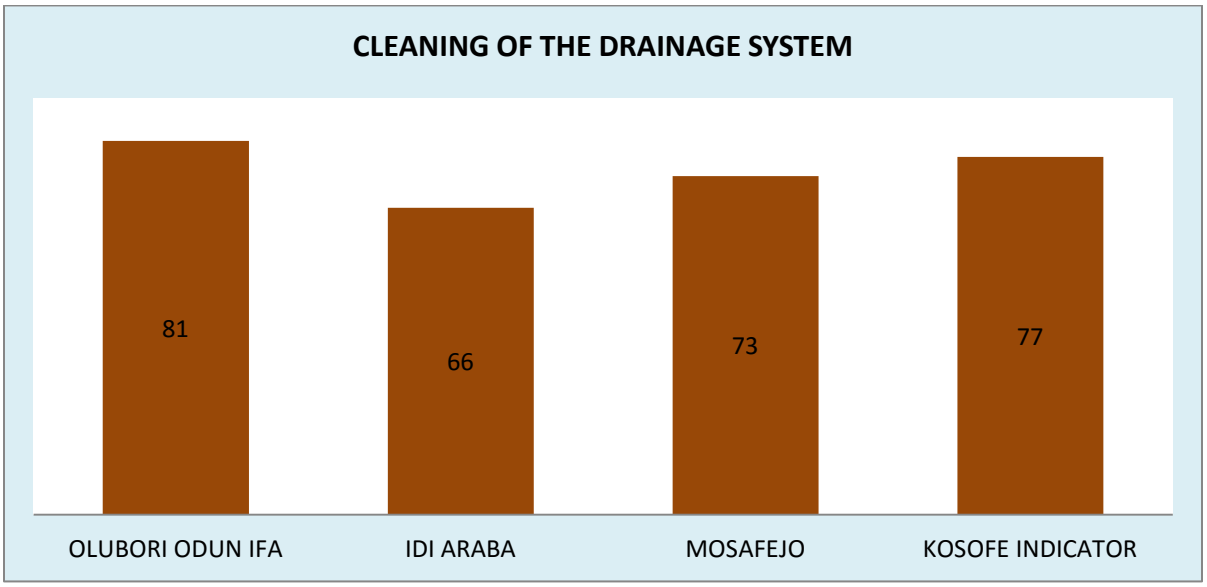
Chart 10: AVAILABILITY OF DRAINS/GUTTER ON THE STREET



CLEANING OF THE DRAINAGE SYSTEM

Cleaning the drains system will allow for free flow of water which will make the environment clean as well as prevent malaria. To make the environment clean, the Lagos State Government introduced monthly sanitation exercise to compel the populace to clean their environment. The result of the analysis shows that 77% of the sampled household members have their drainage clean. Olubori Odun Ifa takes the lead with 81% of respondents asserting this while 73% and 66% of respondents from Mosafejo and Idi-Araba supported this claim.

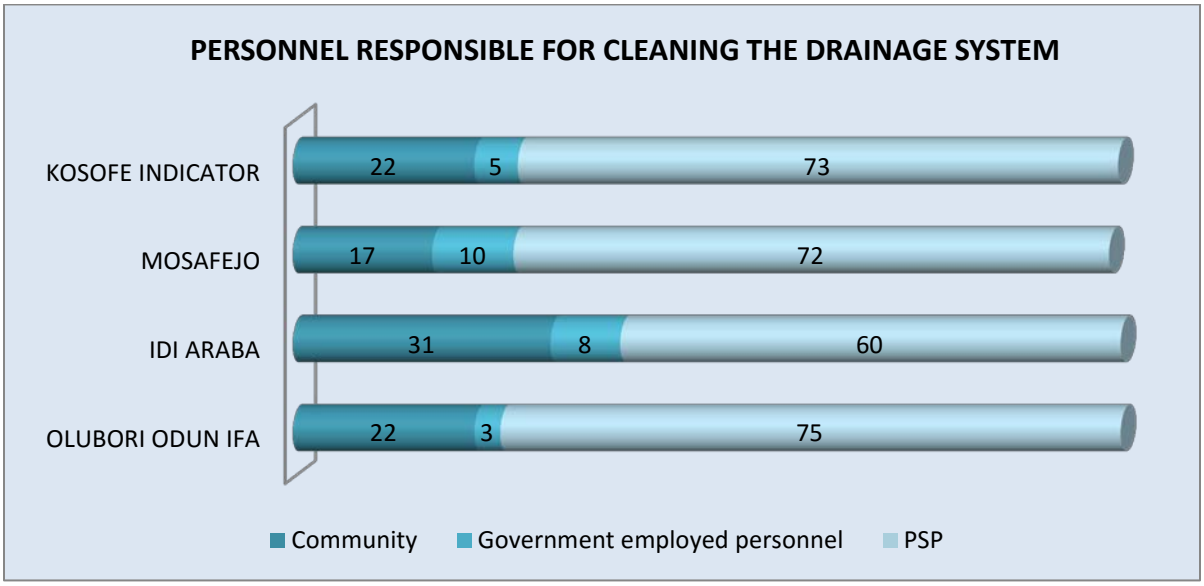
Chart 11: CLEANING OF THE DRAINAGE SYSTEM



PERSONNEL RESPONSIBLE FOR CLEANING THE DRAINAGE SYSTEM

Adequate provision is needed for cleaning of the drainage as this will allow for continuity and as such an entity must be held responsible for this. The cleaning of the drainage always go a long way in terms of promoting healthy living. The study examined those that are responsible for cleaning the drainage/gutters in their area and the result shows that 73% of the cleaning is being done by Private Sector Participation (PSP) as claimed by the respondents while 22% and 5% of the sampled household members asserted that the cleaning is done by the community and government employed personnel.

Chart 12: PERSONNEL RESPONSIBLE FOR CLEANING THE DRAINAGE SYSTEM

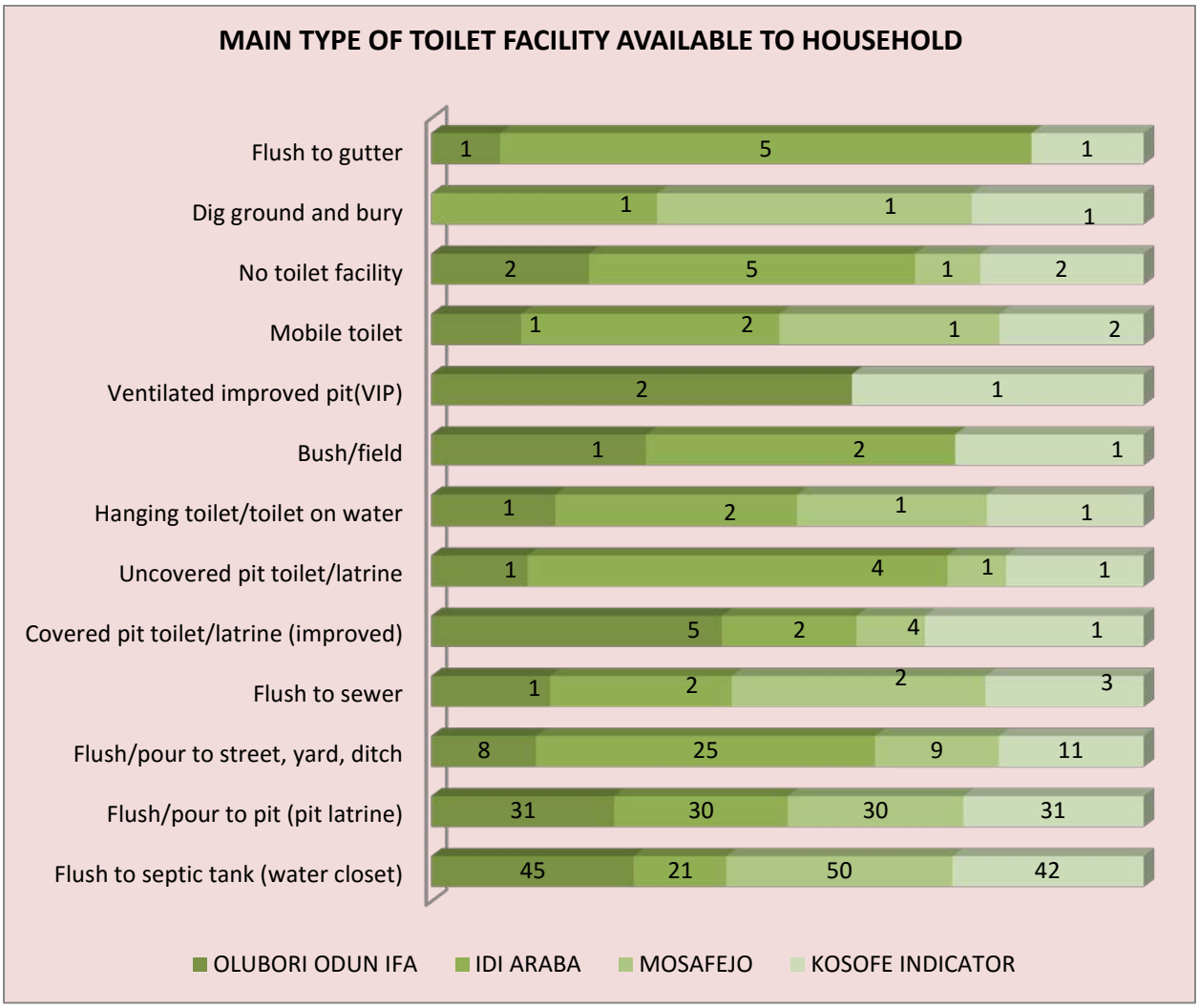


TOILET

MAIN TYPE OF TOILET FACILITY AVAILABLE TO HOUSEHOLD

The toilet is a means of disposing human waste (excrete and urine) in the body system. It helps in providing comfort to the body and make the body light and free from some toxins. The proper disposal of excreta makes for a healthy environment. The result revealed that 42% of sampled households said they flush to septic tank while 31% claimed they flush to pit. Also, 11% asserted that they flush /pour to street, yard and ditch, 2% flush to sewer.

Chart 13: MAIN TYPE OF TOILET FACILITY AVAILABLE TO HOUSEHOLD

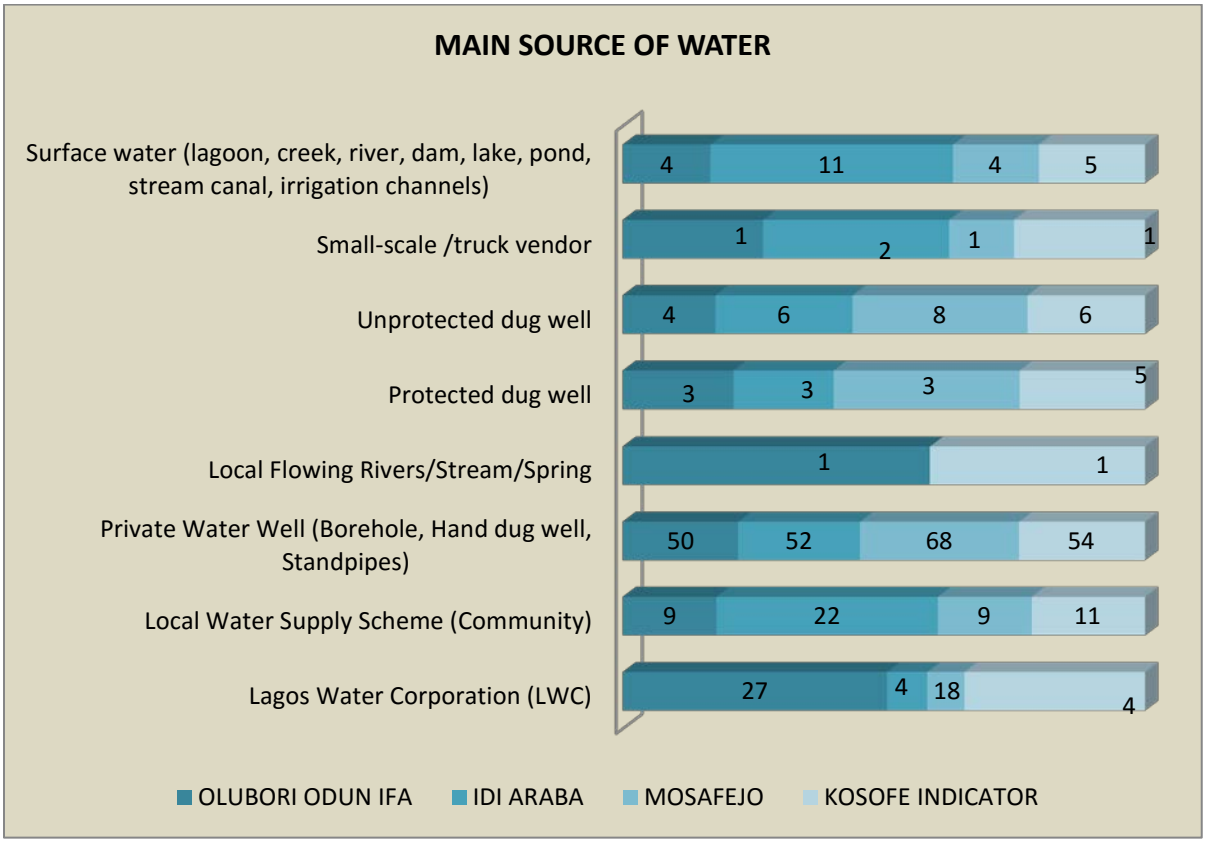


WATER

MAIN SOURCE OF WATER

Water is life. Good potable water will allow for good quality health. The nature of water consumed will determine how healthy the person is and this will transform to a healthy society. The source of water determines the quality of the water and how consumable the water is. The survey result shows that 54% of the sampled households said their main source of water supply was borehole. Other sources of water supply included public piped water supply, Lagos Water Corporation (18%), Local Water Supply Scheme (11%), unprotected dug well (6%), and Small Scale (water) Vendors (1%). At the community level, the usage of borehole was more pronounced in Mosafejo (68%), while Idi-Araba has 52% and Olubori Odun Ifa 50%.

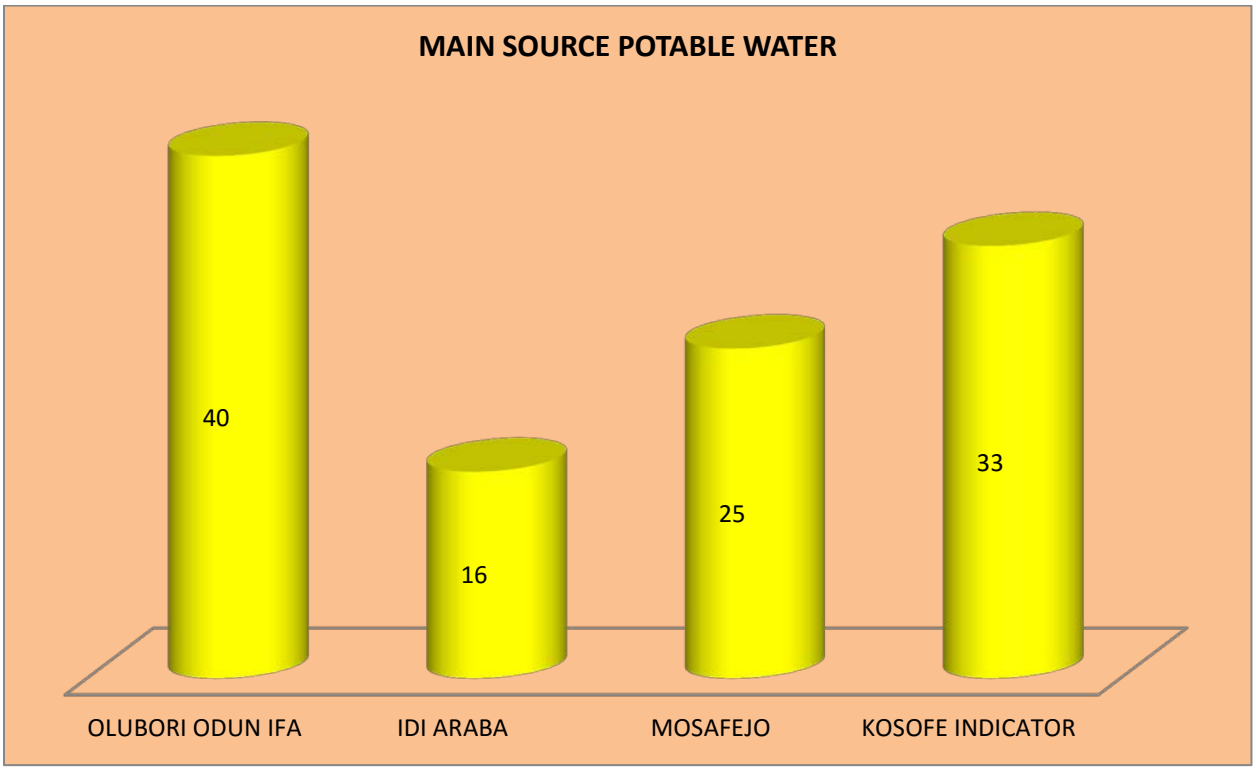
Chart 14: MAIN SOURCE OF WATER



MAIN SOURCE OF POTABLE WATER

One of the ways to guide against water borne diseases is to drink safe water. The analysis shows that 33% of the respondents claimed that water from main source is potable. However, at the community level Olubori Odun Ifa recorded the highest percentage (40%) of respondents that asserted that the water from main source is not drinkable while Mosafejo and Idi-Araba recorded 25% and 16% respectively.

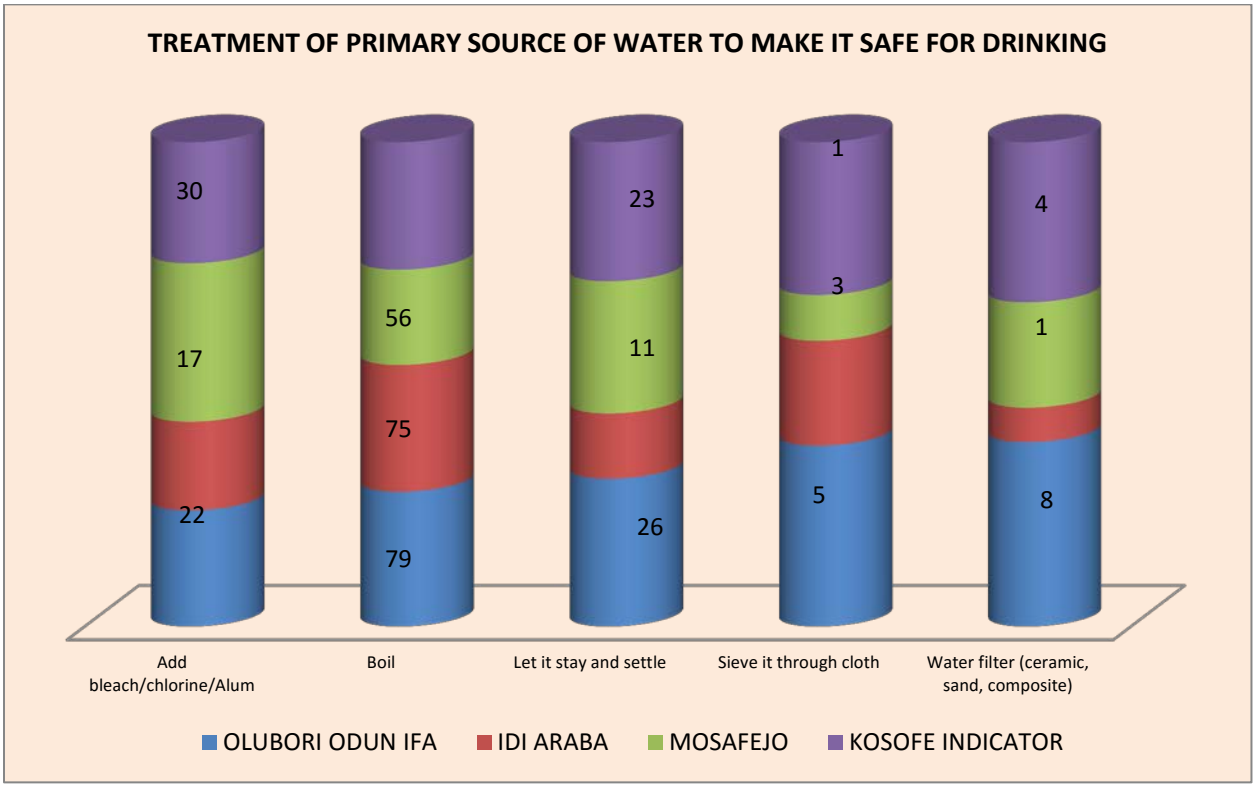
Chart 15: MAIN SOURCE POTABLE WATER



TREATMENT OF PRIMARY SOURCE OF WATER TO MAKE IT SAFE FOR DRINKING

There is need to treat water to make it safe for drinking so as prevent diseases. The survey sought to know the various methods being applied by the respondents in making their primary source of water safe for drinking. The result obtained revealed that 75% of the respondents said they boil their water to make it safe for drinking while 24%, 23% ,7% and 4% of the sampled household members indicated that they let it stay and settle, add bleach ,use water filter and sieve it through cloth respectively. At the community divide, boiling method was more noticeable in Olubori Odun Ifa (79%), Idi-Araba (75%) and Mosafejo (56%).

Chart 16: TREATMENT OF PRIMARY SOURCE OF WATER TO MAKE IT SAFE FOR DRINKING

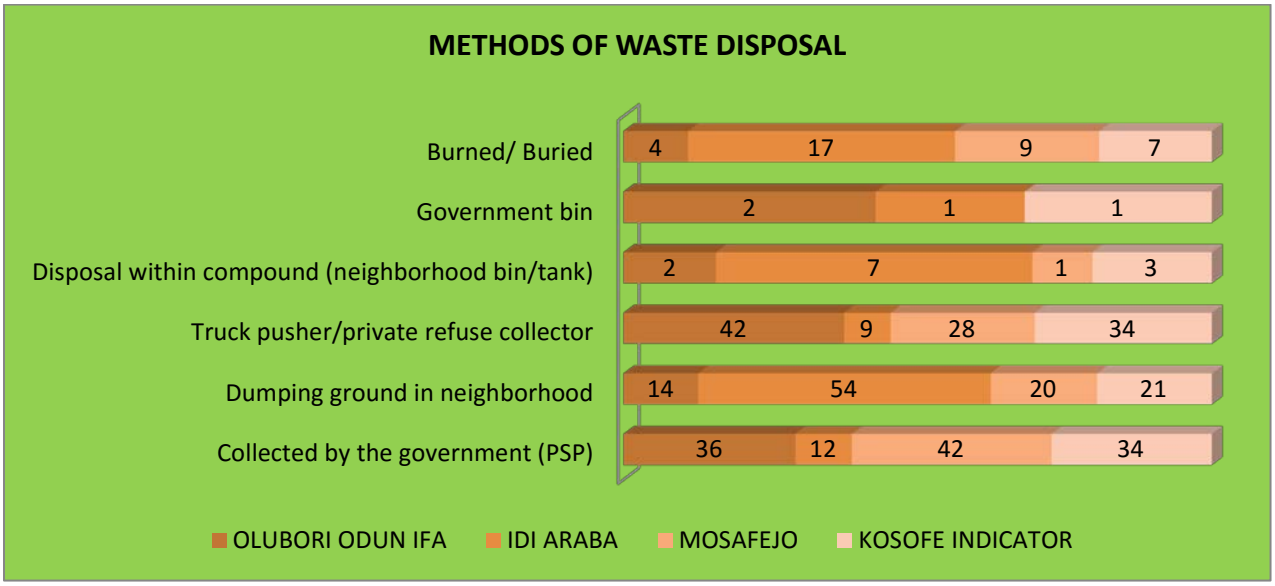


WASTE DISPOSAL

METHODS OF WASTE DISPOSAL

Waste disposal is the process of getting rid of unwanted materials or substances. This enable residents living in the area to be free from germs and diseases thus making them healthy. The study sought to know the mode of waste disposal by the household members interviewed and the result show that 34% each of the respondents disposed their waste through Government (PSP) and the truck pushers. The analysis further revealed that 21%, 13% and 7% of the respondents said they dispose their waste through dumping ground in the neighbourhood, within the compound and burned/buried respectively. At the community divide dumping of waste in the neighbourhood is more prominent in Idi-Araba (54%), Mosafejo (20%) and Olubori Odun Ifa (14%).

Chart 17: METHODS OF WASTE DISPOSAL

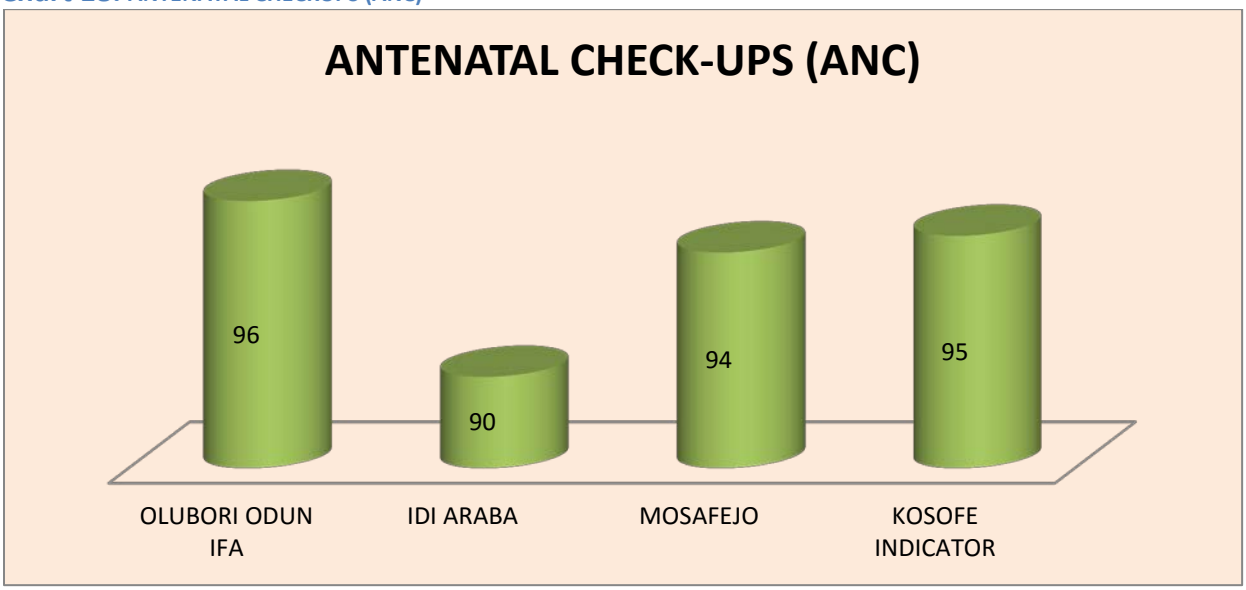


HEALTH

ANTENATAL CHECK-UPS

The purpose of ANC is to care for pregnant mothers and to have all births attended to by trained health workers. It also serves as a means of identification of high risk pregnancies so as to provide special care for the mother and the unborn child. To protect the health of the mother and the child, the expectant mothers are expected to go for medical checkup to determine the health status of the mother and the child. The purpose for this is for the prevention of maternal mortality. The analysis revealed that 95% of expectant mothers went for antenatal check-up. Olubori Odun Ifa recorded the highest percentage (96%) of expectant mothers that go for antenatal check-ups when pregnant while Mosafejo and Idi-Araba recorded 94% and 90% of expectant mothers that go for antenatal check-ups when pregnant.

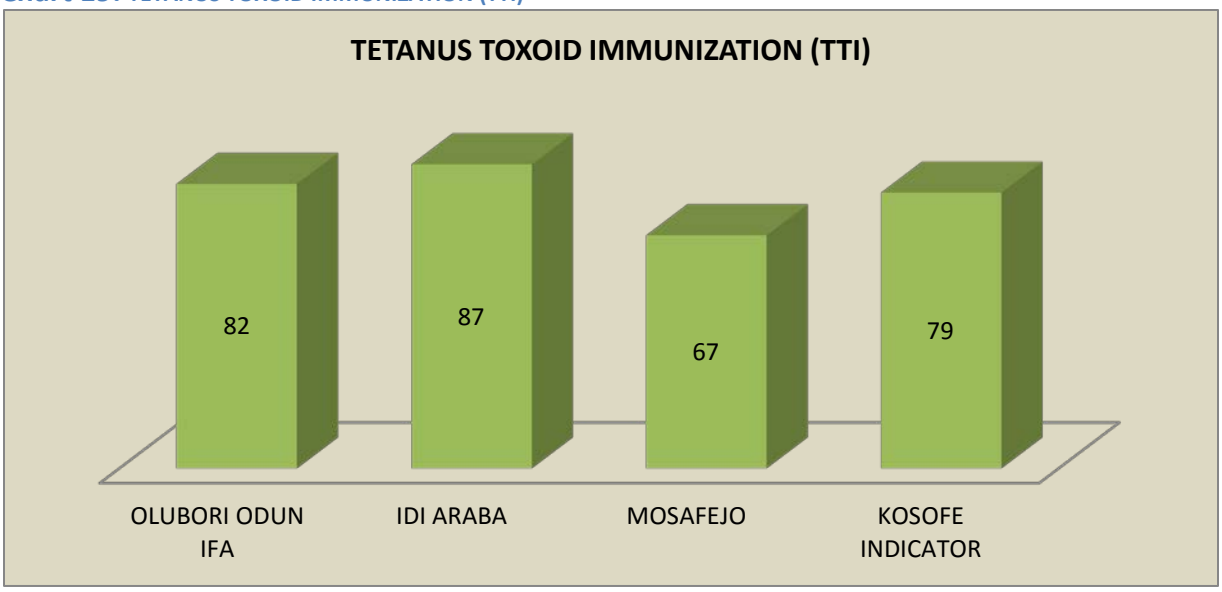
Chart 18: ANTENATAL CHECKUPS (ANC)



TETANUS TOXOID IMMUNIZATION (TTI)

Immunization is the process of protecting a person from a specific disease. The uptake of Tetanus Toxoid Immunization (TTI) by expectant mothers was also investigated and the survey result revealed that TTI vaccines were received by 79% of the expectant mothers. The vaccination of expectant mothers was more noticeable in Idi-Araba (87%) while Olubori Odun Ifa and Mosafejo recorded 82% and 67% vaccination by expectant mothers.

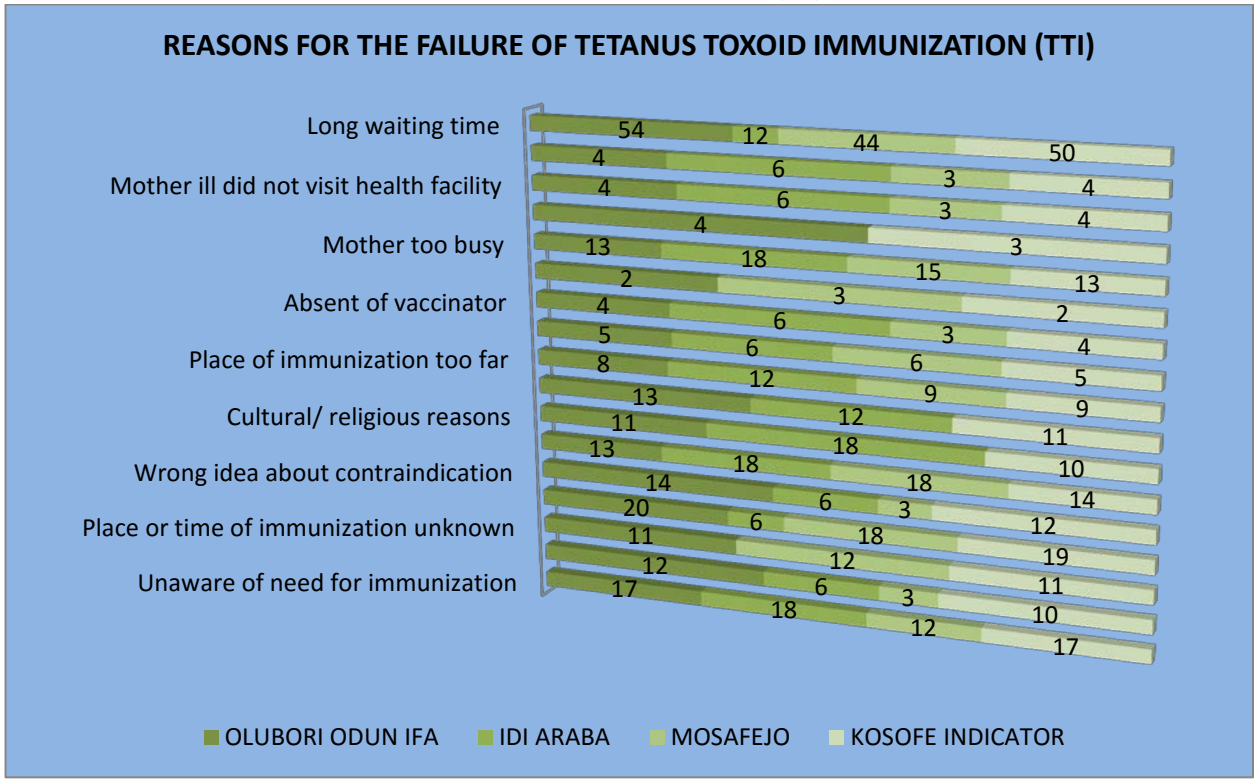
Chart 19: TETANUS TOXOID IMMUNIZATION (TTI)



REASONS FOR THE FAILURE OF TETANUS TOXOID IMMUNIZATION (TTI)

In spite of the importance of Tetanus Toxoid Immunization TTI expectant mothers are still reluctant in taking it for one reason or the other. The views of expectant mothers were sought on the failure of TTI. The result revealed that long waiting time has the highest percentage(50%) of failure which is closely followed by fear of side reaction with 19% . The study further shows that unaware of the need of immunization(17%), postponement till another time (14%), mother too busy (13%), wrong idea about contraindication (12%) rumour (11%) ,culture/religious(10%) and place of immunization too far(9%) are some of the adduced reasons given for the failure of Tetanus Toxoid Immunization(TTI). At the community level, long waiting time as one of the reasons for the failure of TTI was more prominent in Olubori Odun Ifa (54%) while in the other two communities Mosafejo was (44%) and Idi-Araba (12%).

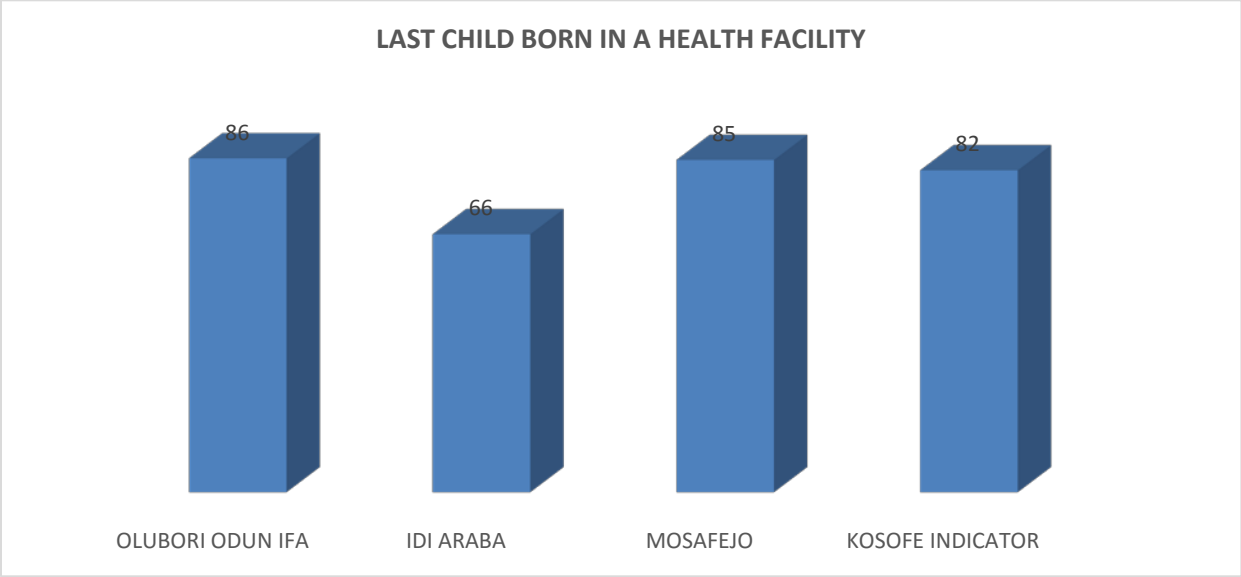
Chart 20: REASONS FOR THE FAILURE OF TETANUS TOXOID IMMUNIZATION (TTI)



LAST CHILD BORN IN A HEALTH FACILITY

One of the major determinants of improved health care delivery is the increased patronage of health facilities by pregnant women for antenatal health care and child delivery. The survey showed high health facility patronage when the last child were born in Olubori/ Odun Ifa and Mosafejo community with 86% and 85% patronage while 66% of Idi Araba community used the health facility for their last child delivery. Kosofe Indicator indicates 82% patronized the health facility while 18% did not.

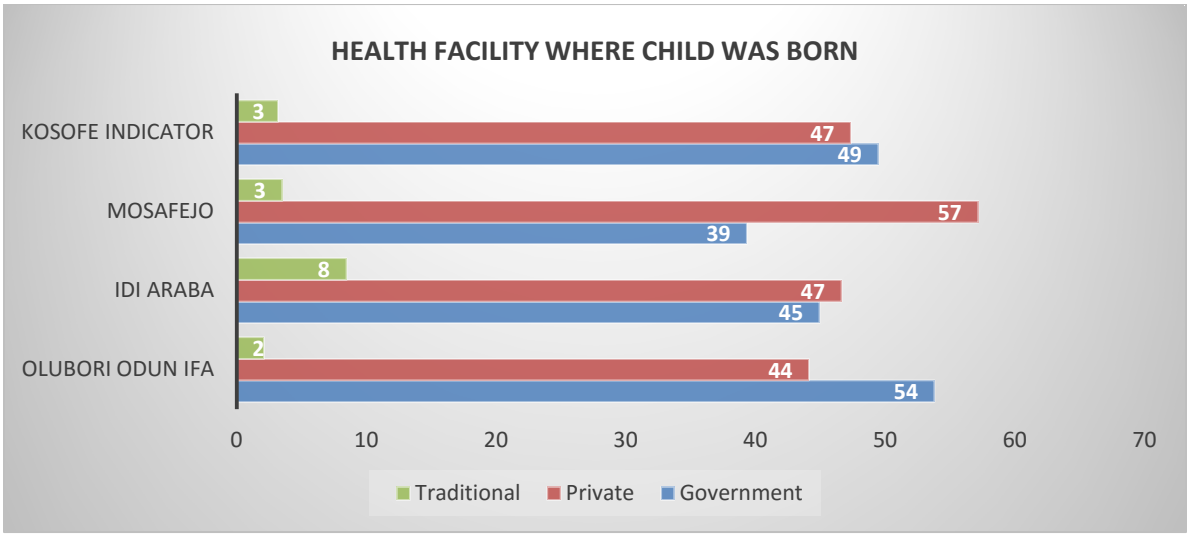
Chart 21: LAST CHILD BORN IN A HEALTH FACILITY



HEALTH FACILITY WHERE CHILD WAS BORN

The types of hospital patronized by household members when a fall or slip occurred was investigated. The survey revealed that traditional medical/ herbal home is seldom used in three communities with Kosofe indicator showing 3% for Traditional Home Patronage and Private Hospital patronage records 47% while the Government hospital had 49%.
Mosafejo had the highest indication for Private hospital patronage with 57% followed by Idi Araba with 47% and Olubori/ OdunIfa 44%. The government hospital is more patronized by Olubori/ OdunIfa community with 54% followed by Idi Araba with 45% and Mosafejo with 39%. The traditional medical home patronage proportion is highest in Idi Araba (8%), Mosafejo (3%) and Olubori/ OdunIfa (2%).

Chart 22: HEALTH FACILITY WHERE CHILD WAS BORN

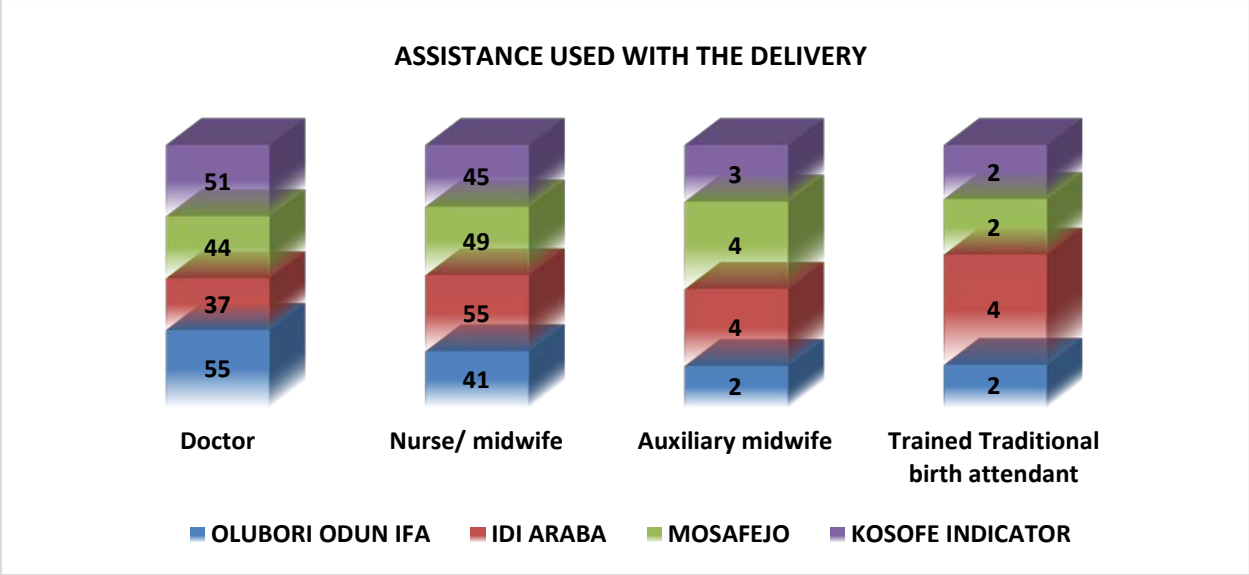


ASSISTANT USED WITH THE DELIVERY

The quality of care received during child birth often depends on the expertise of personnel that attended to the pregnant woman during child birth. The survey investigated person(s) that assisted the expectant mothers during their last child birth.

The proportion of Assistance used with delivery.
The Kosofe Indicator showed that 51% are assisted by Doctor with delivery, 45% were assisted by Nurse/ Midwife, 3% by Auxiliary Midwife and 2% by Trained Traditional Birth Attendant. However, Doctor-assisted delivery in Olubori/ OdunIfa was 55%, Idi Araba had 37% and Mosafejo had 44%. Nurse/ Midwife assisted delivery in Olubori/ OdunIfa was 41%, Idi Araba, 55% and Mosafejo, 45%.

Chart 23: ASSISTANCE USED WITH THE DELIVERY

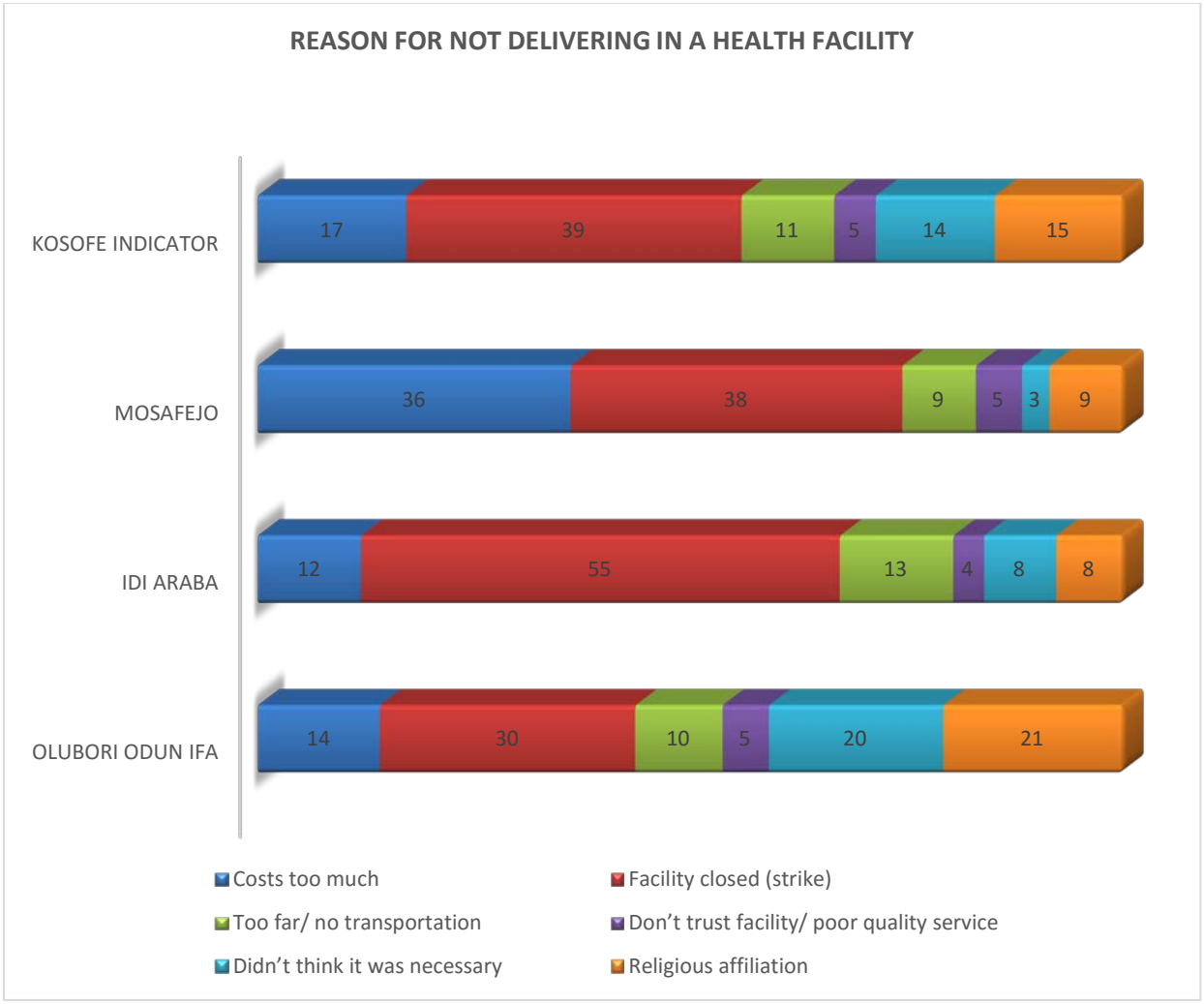


REASON FOR NOT DELIVERING IN A HEALTH FACILITY

The survey also explored various reasons given for non-patronage of health facilities as place of delivery by the female household members. Kosofe Indicator showed that Closed Facility accounted for the highest reasons for non-patronage of health facility with 39%. This was followed by high cost with 17%. Religious Affiliation (ie. Belief) accounted for 15%, those that thought it was not necessary recorded 14% and those that do not trust the facility or believed that they will receive poor services from the available facilities recorded the least with 5%.

Closed facilities accounted for the major reasons given for non-patronage of available health facilities in the three communities with Idi Araba having 55%, Olubori/ OdunIfa recording 30% and Mosafejo with 38%. High Cost is another factor for non-patronage with Mosafejo recording 36%, Olubori/ OdunIfa (14%) and Idi Araba (12%).

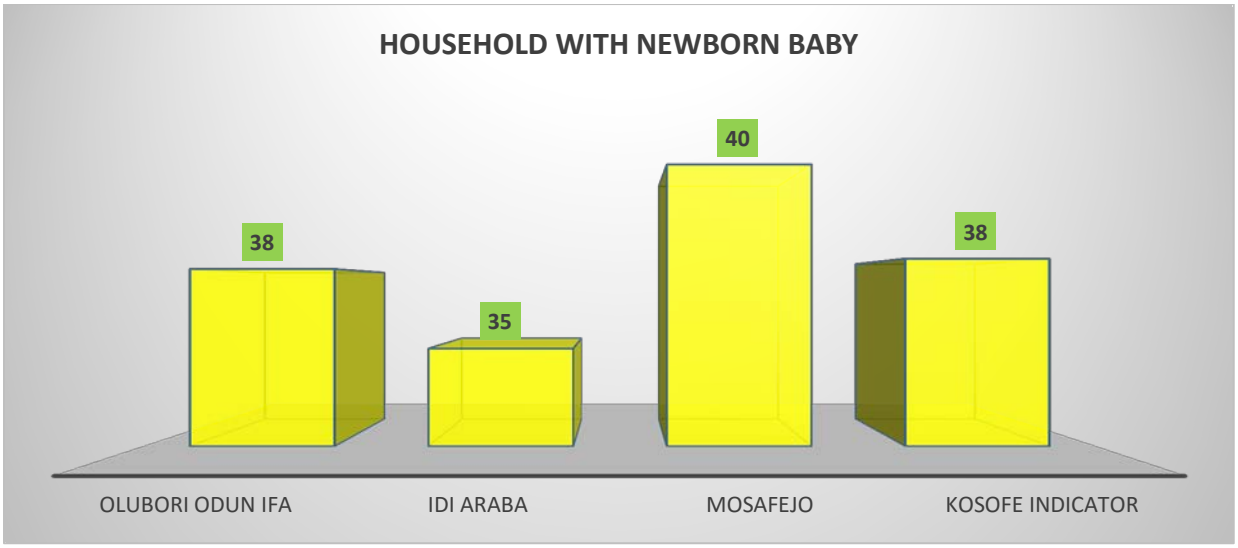
Chart 24: REASON FOR NOT DELIVERING IN A HEALTH FACILITY



HOUSEHOLD WITH NEWBORN BABY

The survey examined women that currently had babies. It was discovered that 38% of the respondents currently had babies in the Kosofe area indicating 35% for Idi Araba, 38% for Olubori/ OdunIfa and 40% for Mosafejo.

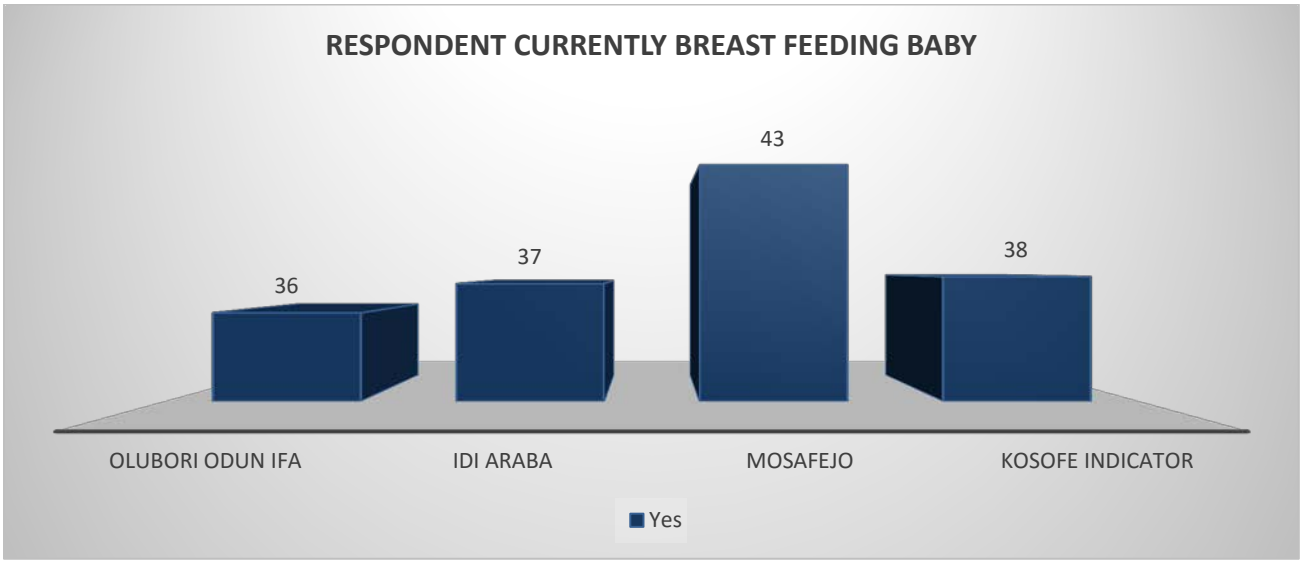
Chart 25: HOUSEHOLD WITH NEWBORN BABY



RESPONDENT CURRENTLY BREAST FEEDING BABY

The respondents that are currently breastfeeding were also sought after. It was recorded that 38% were currently breastfeeding as recorded by the Kosofe Indicator and across the communities we have 36% breastfeeding in Olubori/ OdunIfa, 37% in Idi Araba and 43% in Mosafejo community.

Chart 26: RESPONDENT CURRENTLY BREAST FEEDING BABY

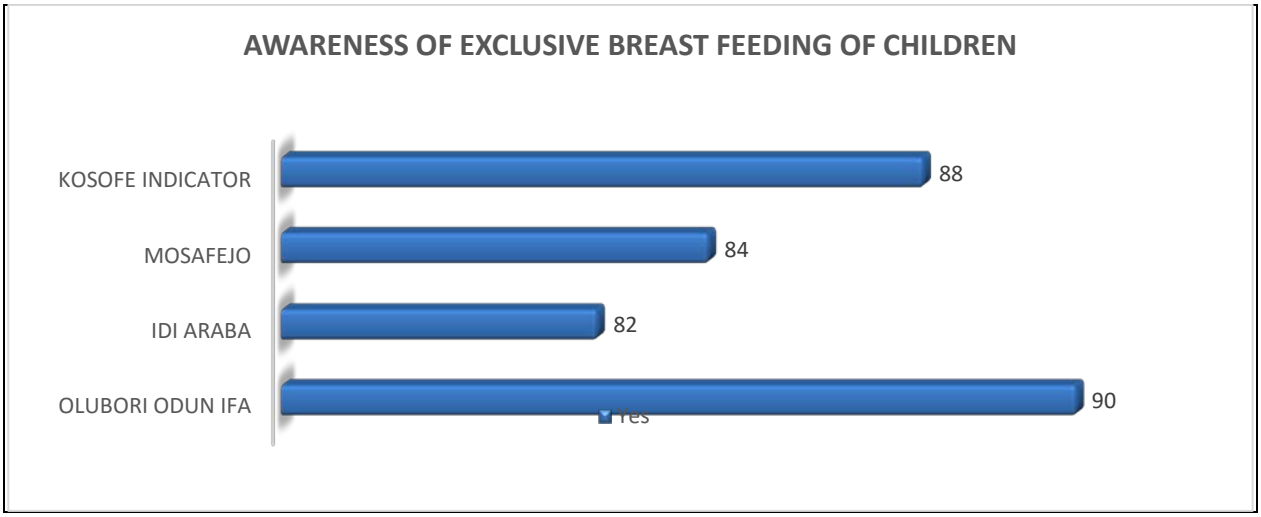


AWARENESS OF EXCLUSIVE BREAST FEEDING OF CHILDREN

Exclusive breast feeding of a child for the first six months is medically recommended for the growth and development of the baby physically and mentally. The survey sought to know the proportion of respondents that are aware of the exclusive breastfeeding initiative.

The study revealed that 88% are aware of the need for exclusive breastfeeding while 12% claimed unawareness. Across communities, it was revealed that 90% of respondents in Olubori/ OdunIfa, 84% in Mosafejo and 82% in Idi Araba are aware of exclusive breastfeeding programme.

Chart 27: AWARENESS OF EXCLUSIVE BREAST FEEDING OF CHILDREN



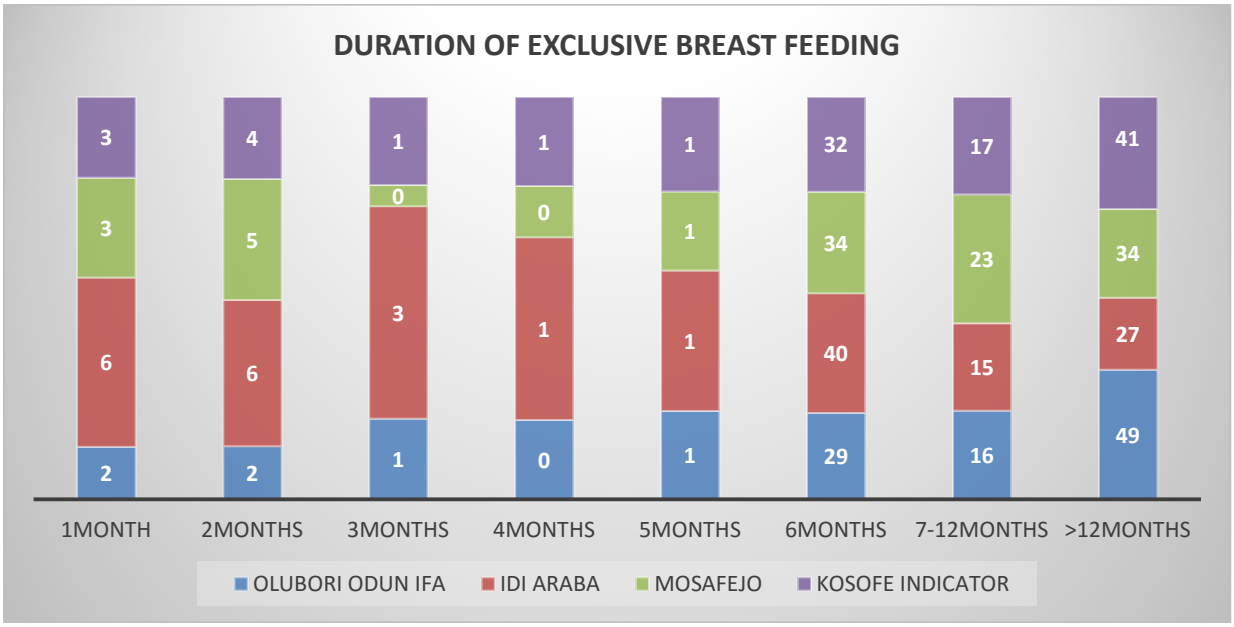
DURATION OF EXCLUSIVE BREAST FEEDING

Global health policy recommends exclusive breastfeeding for six months as the optimal way of feeding infants, followed by a combination of continued breastfeeding and safe, appropriate and adequate feeding with other foods up to 2 years of age or beyond. It has been established that breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for quick recovery during illness. This survey established that, exclusive breastfeeding for more than 6 months is practiced in these communities with more than 12 months recording 41%, 6 months recording 32% and 7-12 months recording 17% and lesser months together having the remaining 10%.

Olubori/ OdunIfa recorded 49% for more than 12months, 29% for 6 months and 16% for between 7 and 12 months. Mosafejo recorded 34% each for 6 months and more than 12

months category and 23% for 7 – 12 months. Idi Araba had 40% for 6 months, 27% for more than 12 months and 15% for 7 – 12 months.

Chart 28: DURATION OF EXCLUSIVE BREAST FEEDING

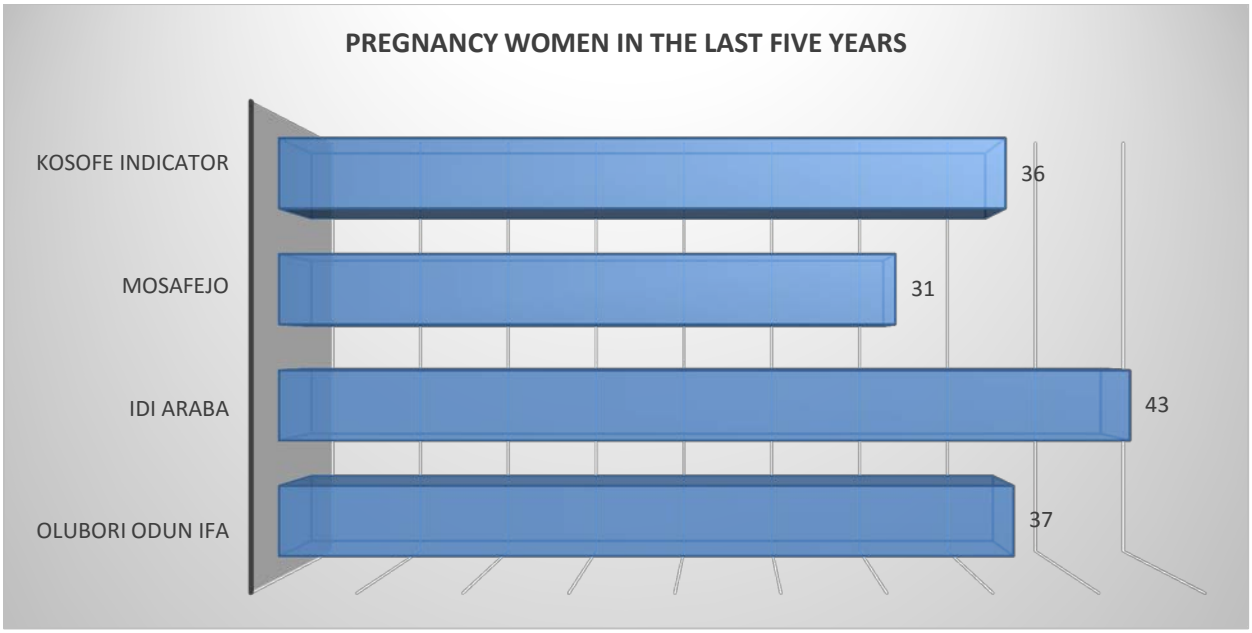


PREGNANCY IN THE LAST FIVE YEARS

The survey enquire about the women that were pregnant in the last five years. It was recorded that 36% of respondents were affirmative while 64% responded otherwise.

Mosafejo recorded 31% of women that were pregnant in the last five years, Olubori/ OdunIfa recorded 37% and Idi Araba had 43%.

Chart 29: PREGNANCY WOMEN IN THE LAST FIVE YEARS

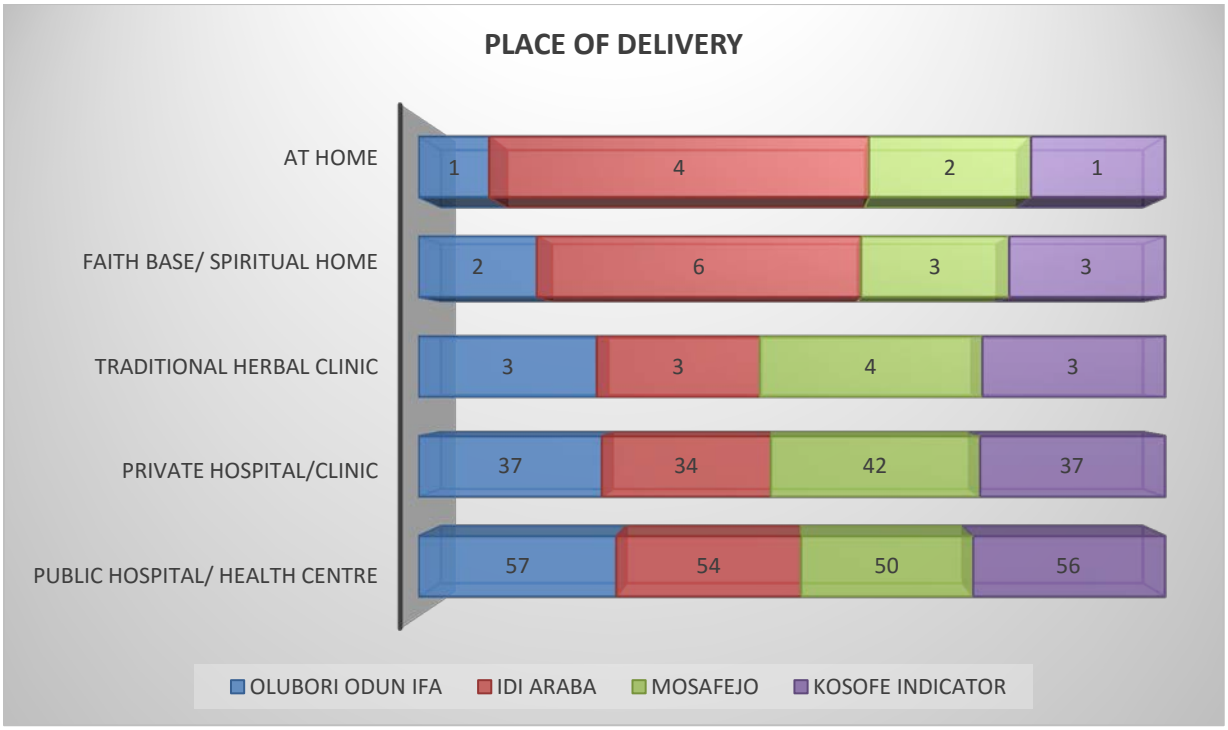


PLACE OF DELIVERY

Health seeking behaviour differs from household to household. People therefore determine where they seek health care. This can be at Public health care facilities, private physicians or with traditional and faith based healers. It was therefore important that places where households usually seek health care services be objectively determined.

Awareness is quite rife among the residents of these communities with 56% and 37% patronizing Public Hospital/ Health Centre and Private Hospital/ Clinic respectively i.e. 93% combined. Only 7% patronise other options which include: Traditional Herbal Clinic, Faith-based/ Spiritual Homes and delivery at Home recorded 3%, 3% and 1% respectively for Olubori, IdiAraba and Mosafejo.

Chart 30: PLACE OF DELIVERY

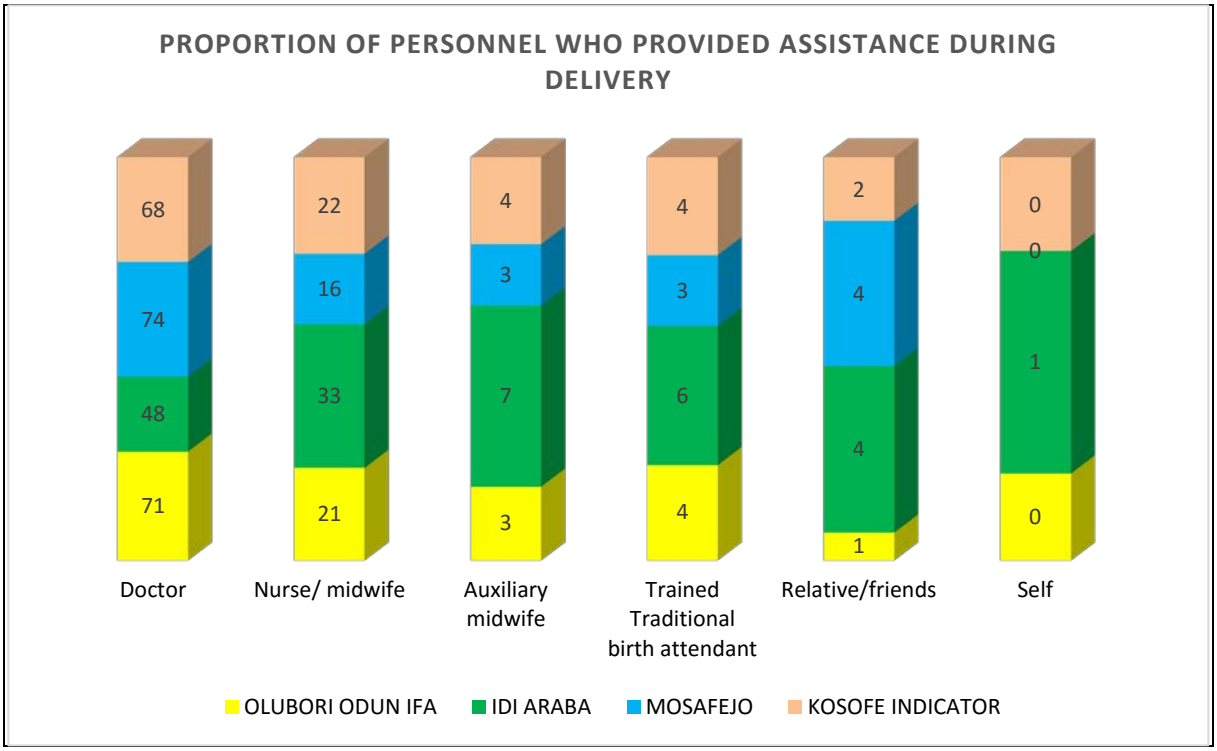


PROPORTION OF PERSONNEL WHO PROVIDED ASSISTANCE DURING DELIVERY

The quality of care received during child birth often depend on the expertise of personnel that attended to the pregnant woman during child birthas well as mother's level of education and wealth status which may also affect the likelihood of her seeking assistance during delivery from a skilled provider. Thus, the survey investigated person(s) that assisted the respondents during the delivery of their child.

It was recorded that 68% were assisted by Doctors, 22% were assisted by Nurse/ Midwife, 4% were assisted by Auxiliary Midwife, Trained Traditional birth attendant, Relative/ Friends. Delivery by Self recorded 4%, 2% and fraction of 1 percent respectively.

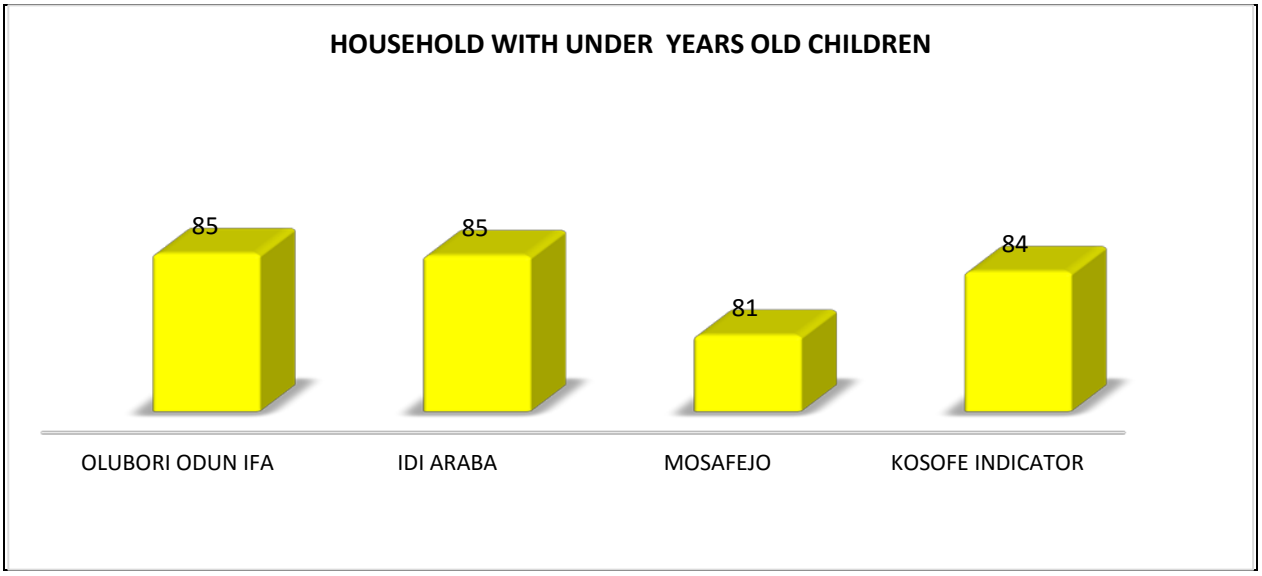
Chart 31: PROPORTION OF PERSONNEL WHO PROVIDED ASSISTANCE DURING DELIVERY



HOUSEHOLD WITH UNDER 5 YEAR OLD CHILDREN

Investigation into community's children under 5 is quite imperative and necessary. History has it that children are vulnerable to most early childhood killer diseases thus the need to know their proportion in the communities with a view to fortifying them with the necessary health care support to overcome such risk. The survey showed that 84% has Under 5 Children. Across the communities, it was revealed that Olubori/ OdunIfa and Idi Araba each had 85% Under 5 Children while Mosafejo has 81%.

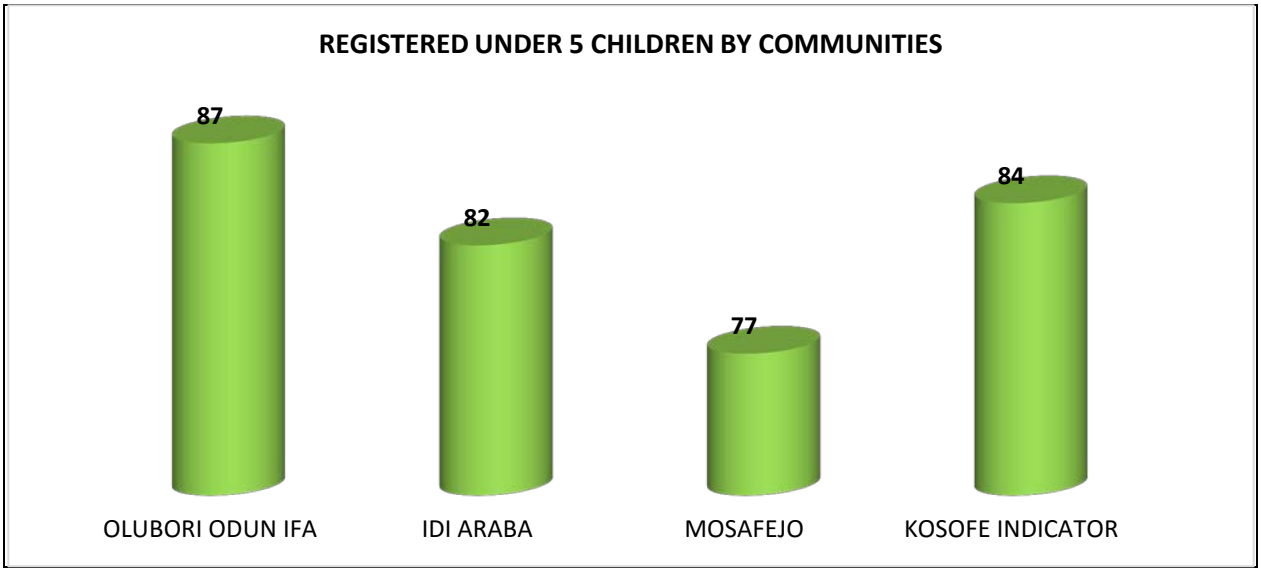
Chart 32: HOUSEHOLD WITH UNDER 5 YEAR OLD CHILDREN



REGISTERED UNDER 5 CHILDREN BY COMMUNITIES

Data on registration of birth represents the starting point for the recognition and protection of every child's fundamental right to identity and existence in accordance with Article 7 of the Convention on the Rights of the Child which stipulates that every child has the right to be registered at birth without discrimination. It also remains one of the potent vital statistics in demographic studies. According to UNICEF "it refers to the permanent and official recording of a child's existence by some administrative levels of the State that is normally coordinated by a particular branch of the government". The survey revealed that 84% of the children from the studied ward has evidence of birth registration. However, community's disaggregation showed that Olubori-OdunIfa had 87% of children under 5 years registered, Idi Araba – 82% and Mosafejo 77%.

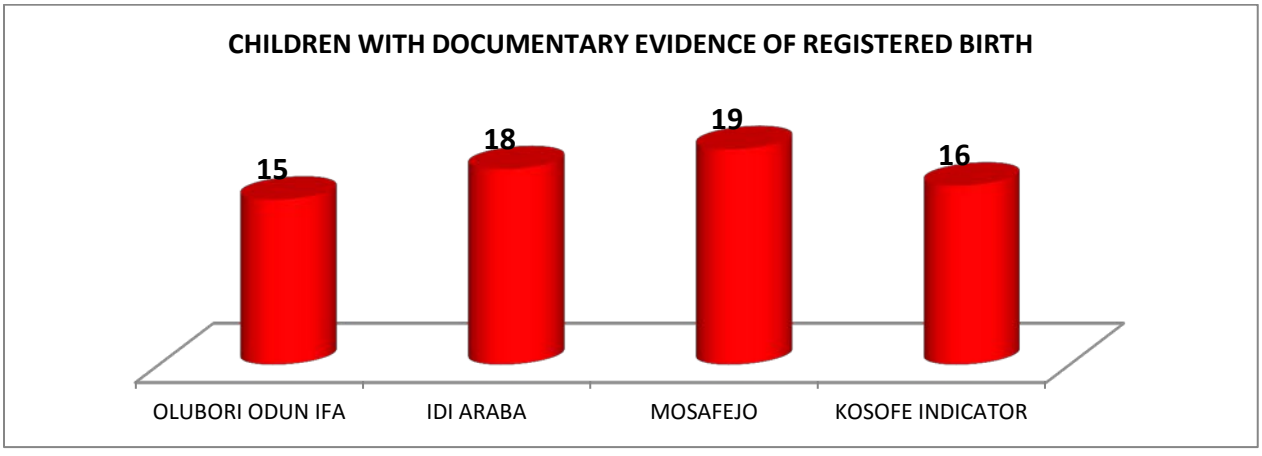
Chart 33: REGISTERED UNDER 5 CHILDREN BY COMMUNITIES



CHILDREN WITH DOCUMENTARY EVIDENCE OF REGISTERED BIRTH

The National Population Commission is the body saddled with the responsibility of registering births and deaths. Documented evidence of registered birth will enable a State to have the statistics of births on annual basis, which could be used in planning and decision making. The evidence of documented registered births among the three sampled communities revealed that only 16% of the sampled households had evidence of birth registration. However community level analysis on awareness of birth registration among the households showed that Olubori Odun-Ifa recorded 15%, Idi Araba had 18% and Mosafejo 19%. Thus, confirming the need to step-up awareness of birth registration in these communities.

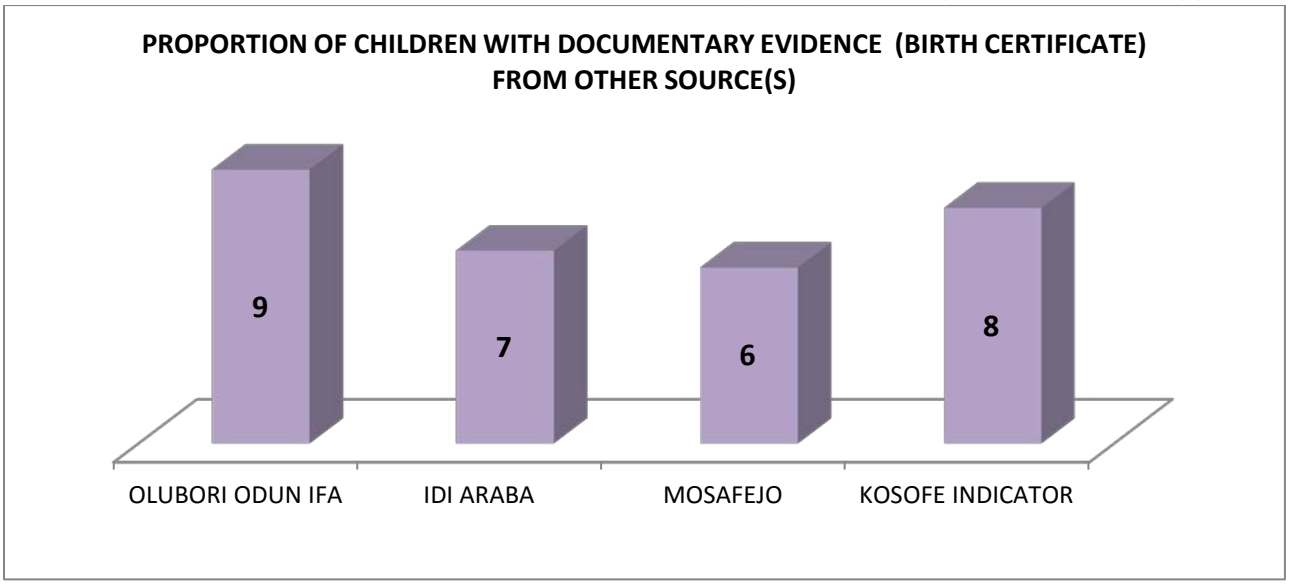
Chart 34: CHILDREN WITH DOCUMENTARY EVIDENCE OF REGISTERED BIRTH



CHILDREN WITH DOCUMENTARY EVIDENCE (BIRTH CERTIFICATE) FROM OTHER SOURCE(S)

Births are often registered in other places especially where delivery takes place such as Missionary Hospitals, Traditional Birth Homes, Churches and Mosques. At the Ward level, the study show that only (8%) of the sampled Households have their children's births registered from other sources. Similar trends were also noticed across the three studied communities with Olubori Odun Ifa (9%), Idi Araba (7%) and Mosafejo (6%).

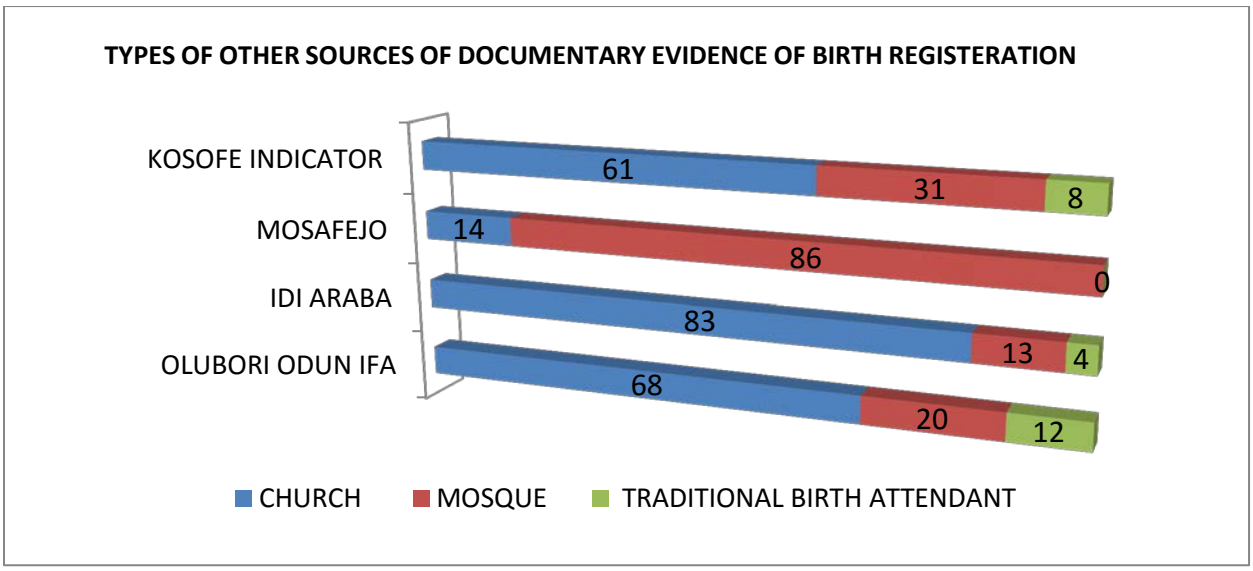
Chart 35: PROPORTION OF CHILDREN WITH DOCUMENTARY EVIDENCE (BIRTH CERTIFICATE) FROM OTHER SOURCE(S)



OTHER SOURCES OF DOCUMENTARY EVIDENCE OF REGISTERED BIRTH

Further analysis of other sources of birth registration reveal that 61% of such registration were from Churches, 31% from Mosque while the remaining 8% were attributed to Traditional Birth Attendants (TBAs). On the other hand, community analysis showed that Mosafejo recorded (86%) registered births in Mosques, (13%) in Idi Araba and (20%) in Olubori Odunfa. However, Traditional Birth Attendants (TBAs) have no record of birth in Mosafejo as against (4%) in Idi Araba and (12%) in Olubori Odun Ifa. It is recommended that registration of child birth should be with National Population Commission (NPopC) irrespective other sources. Creation of awareness of child birth registration with NPopC needs to be intensified in these communities.

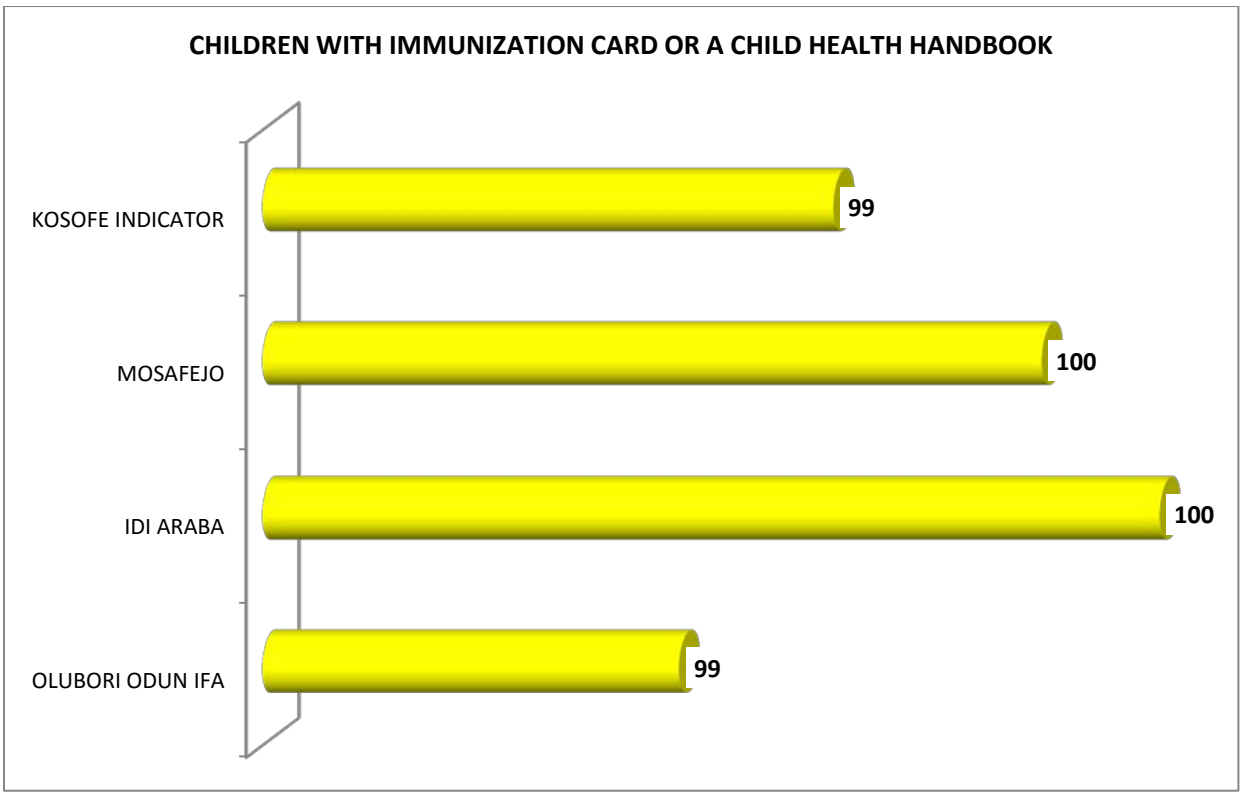
Chart 36: TYPES OF OTHER SOURCES OF DOCUMENTARY EVIDENCE OF BIRTH REGISTERATION



CHILDREN WITH IMMUNIZATION CARD OR A CHILD HEALTH HANDBOOK

Immunization card usually contain records of all immunizations given to a child from birth in order to fortify the child against such childhood diseases as Measles, Polio, DPT, BCG, amongst others. In the studied wards, nearly all the children have either immunization card or a child health handbook (99%,). Community level analysis also revealed similar trends: Mosafejo and Idi Araba, 100% each while Olubori Odun-Ifa recorded 99%.

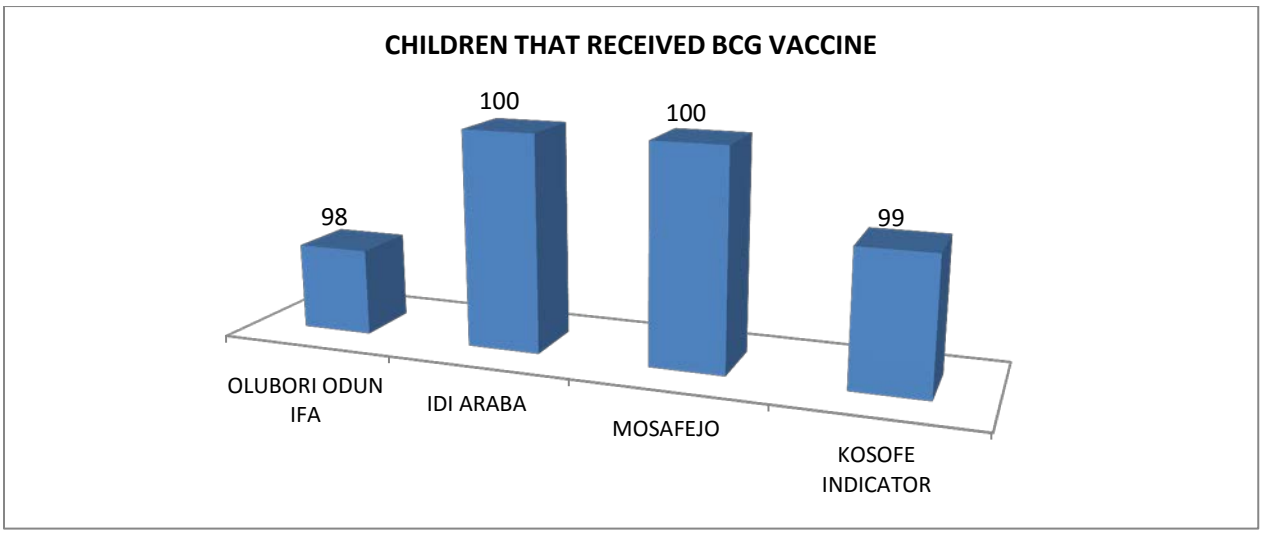
Chart 37: CHILDREN WITH IMMUNIZATION CARD OR A CHILD HEALTH HANDBOOK



CHILDREN THAT RECEIVED BCG VACCINE

Bacillus Calmette-Guerin (BCG) is a vaccine primarily administered to prevent tuberculosis. The vaccine is given to new born baby in the arm and it usually causes scar. The result of the studied ward revealed that 99% of the children received BCG Vaccine in the Ward. Similar trends were exhibited across the three slum communities- Olubori Odun-Ifa 98% while Idi Araba and Mosafejo had 100% each.

Chart 38: CHILDREN THAT RECEIVED BCG VACCINE

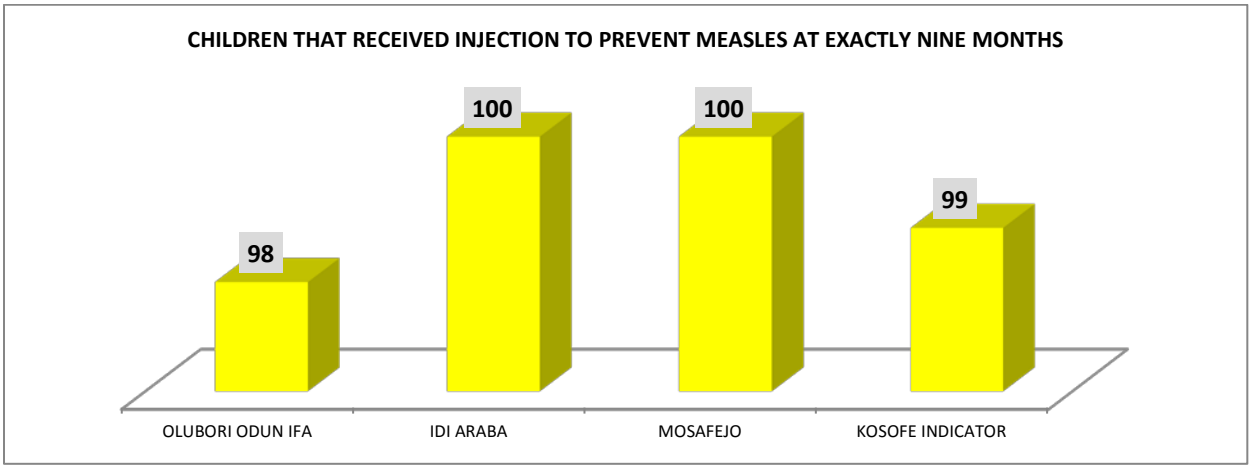


CHILDREN THAT RECEIVED MEASLES VACCINATION (at 9 Months)

Measles is an infectious diseases that is passed from an infected person to an uninfected person through droplets of saliva/respiratory secretions, when an infected person coughs or sneezes. This can also be spread when children share toys and other objects which have been put in the mouth. The probability of the spread increases when children spend prolonged time in settings like day care or crèches.

The vaccine is given to babies at nine (9) months and repeated at 18 months. Significant record was shown across the three sampled areas with Olubori Odun Ifa having 98%, Idi Araba and Mosafejo recorded (100%) each of children that received vaccine to prevent measles at exactly nine months.

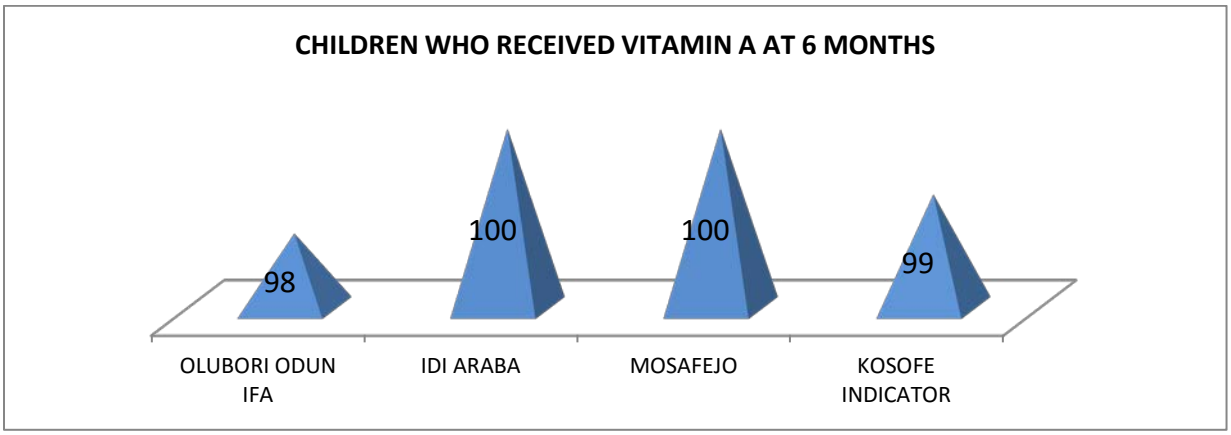
Chart 39: CHILDREN THAT RECEIVED INJECTION TO PREVENT MEASLES AT EXACTLY NINE MONTHS



CHILDREN THAT RECEIVED VITAMIN A AT 6 MONTHS

Vitamins are essential to the body. Vitamin A helps a child to keep healthy vision, good teeth formation and build healthy immune system. It is mandatory for every child to get first and second doses of Vitamin A at interval of 6 months. The study sought to know the children that received Vitamin A at six (6) months after birth across the sampled areas in Kosofe Local Council Development Area. The indicator revealed that (99%) of the children received Vitamin A at six(6) months , (100%) each in Mosafejo, and Idi Araba while Olubori Odun Ifa has the least record (98%) among the communities.

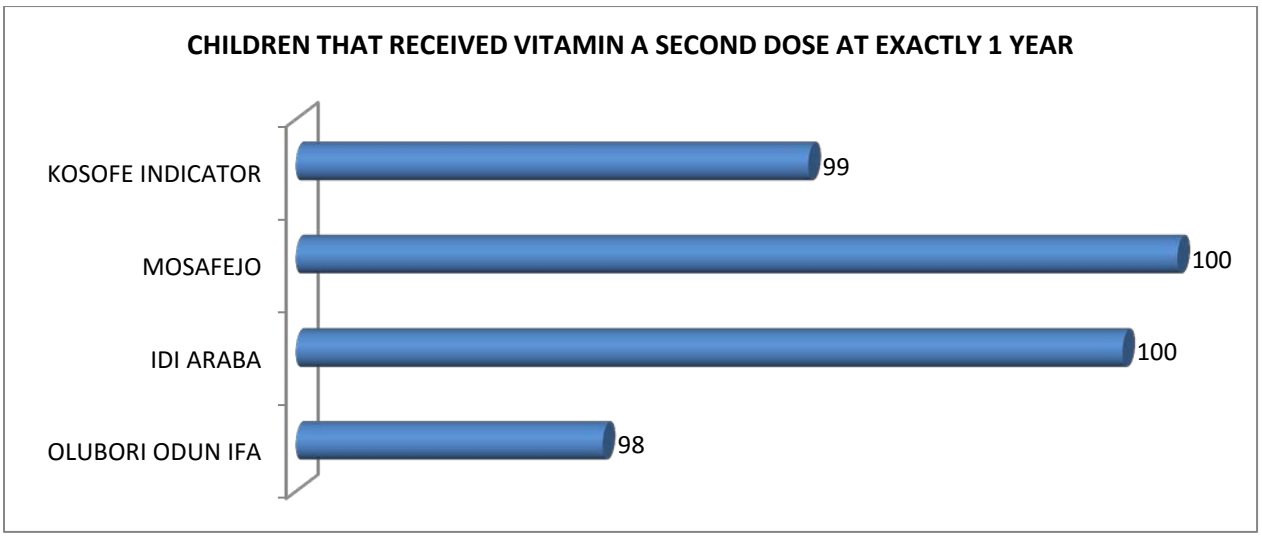
Chart 40: CHILDREN WHO RECEIVED VITAMIN A AT 6 MONTHS



CHILDREN THAT RECEIVED VITAMIN A SECOND DOSE AT EXACTLY 1 YEAR

The second dose of Vitamin A is essential for every child at one year old. The vaccine is usually administered through the mouth to ensure complete ingestion of Vitamin A for every child. Predominant intake of Vitamin A second dose at exactly one (1) year accounted for (99%) in the sampled areas of Kosofe LCDA. The result of the study Ward reveal that 99% of the children were given Vitamin A. Similar trends were exhibited across the three slum communities; Olubori Odun-Ifa 98% while Idi Araba and Mosafejo had 100% each.

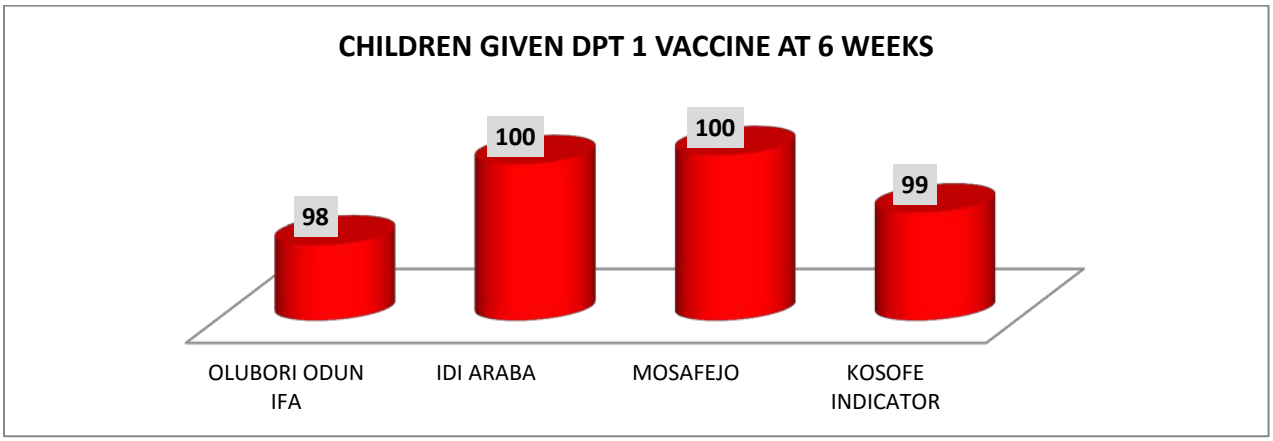
Chart 41: CHILDREN THAT RECEIVED VITAMIN A SECOND DOSE AT EXACTLY 1 YEAR



CHILDREN GIVEN DPT 1 VACCINE AT 6 WEEKS

DPT is the vaccine administered to prevent three (3) infectious diseases namely Diphtheria, Pertussis (Whooping Cough) And Tetanus. The vaccine is usually administered in three doses with an interval of four weeks. The Ward level result revealed that 99% of the children received DPT1 Vaccine across the Ward. Similar trends were exhibited across the three slum communities; Olubori Odun-Ifa 98% while Idi Araba and Mosafejo had 100% each.

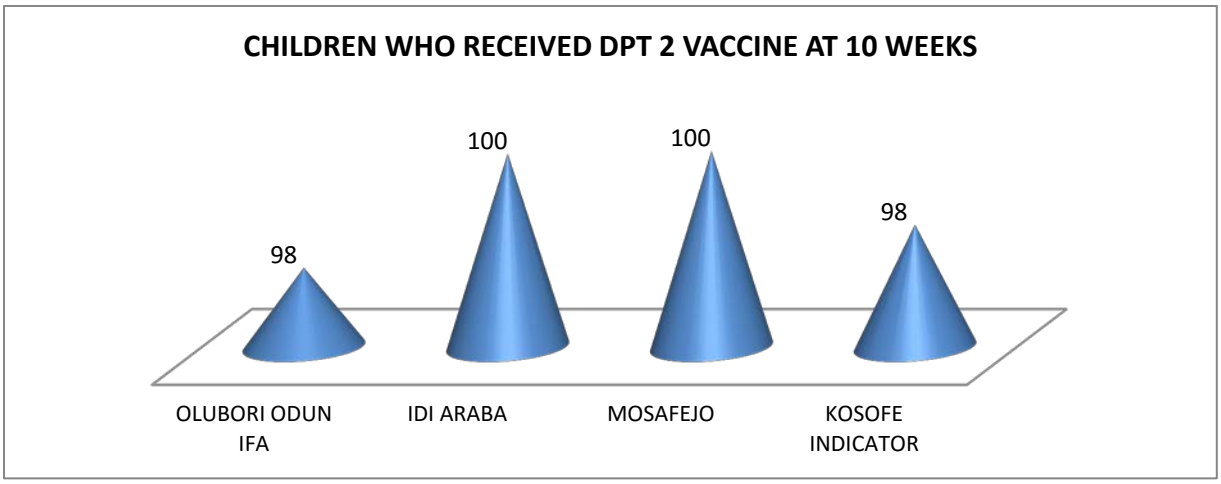
Chart 42: CHILDREN GIVEN DPT 1 VACCINE AT 6 WEEKS



CHILDREN THAT RECEIVED DPT 2 VACCINE AT 10 WEEKS

Further analysis of children that received second dose of DPT at ten (10) weeks from birth across Mosafejo-Olubori Ward in Kosofe LGA were carried out. The ward level analysis reveal that 98% of the children received DPT 2(at 10 weeks) while similar trends were exhibited across the three slum communities; Olubori Odun-Ifa 98% while Idi Araba and Mosafejo had 100% each.

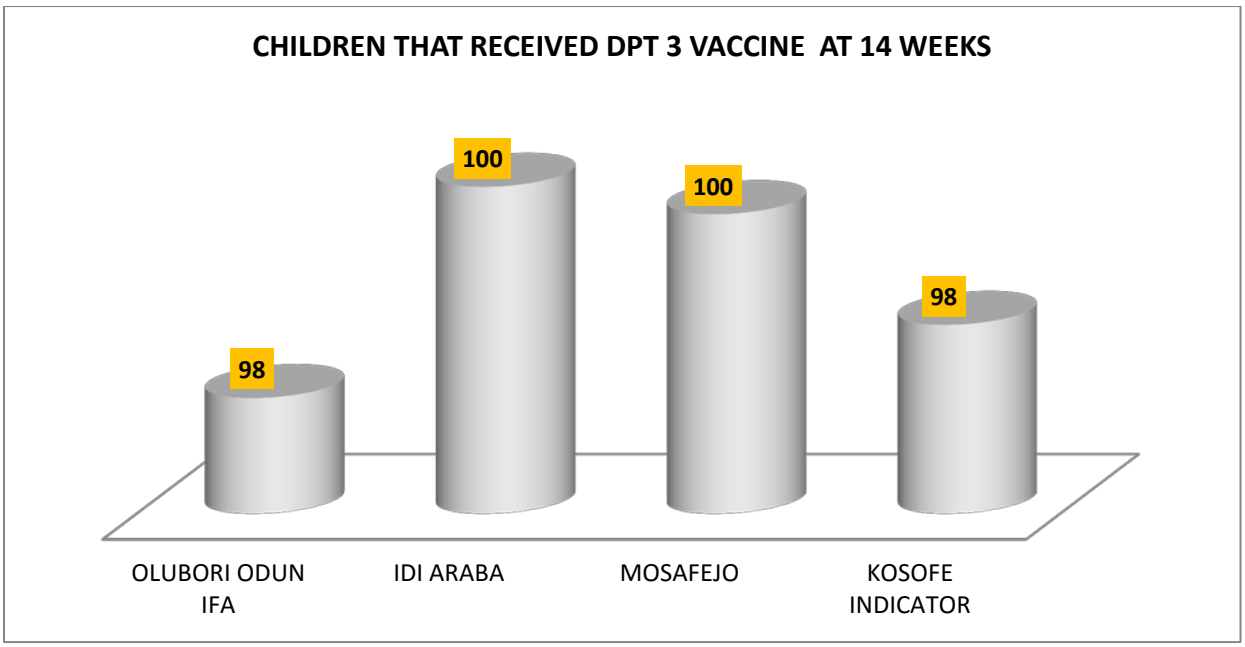
Chart 43: CHILDREN WHO RECEIVED DPT 2 VACCINE AT 10 WEEKS



CHILDREN THAT RECEIVED DPT 3 VACCINEAT 14 WEEKS

DPT 3 is usually administered as third dose to children at 14 weeks after birth. In the studied Ward of Kosofe LCDA, (98%) of the under five children received DPT 3 vaccine at 14 weeks. Similar trends were exhibited across the three slum communities; Olubori Odun-Ifa 98% while Idi Araba and Mosafejo had 100% each of their under 5 years children who received DPT 3 at fourteen (14) weeks.

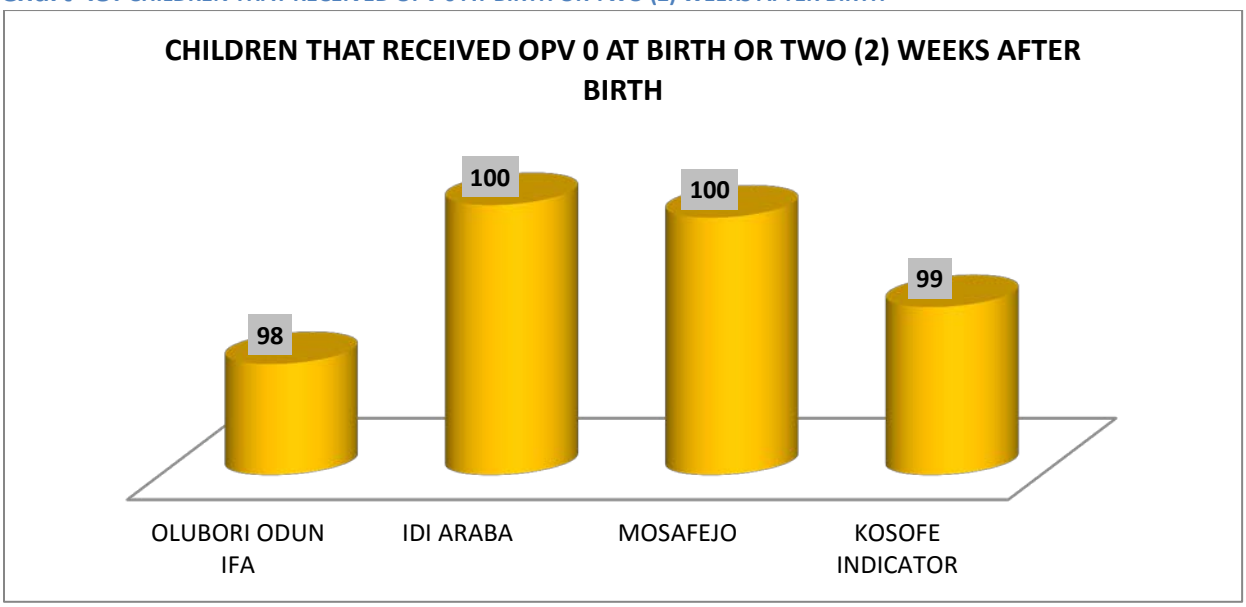
Chart 44: CHILDREN THAT RECEIVED DPT 3 VACCINE AT 14 WEEKS



CHILDREN THAT RECEIVED OPV 0 AT BIRTH OR TWO (2) WEEKS AFTER BIRTH

Oral Polio vaccine (OPV) or Trivalent Oral Polio Vaccine produces antibodies in the blood that prevent Polio paralysis; It is usually administered in three (3) doses starting from six (6) weeks after birth with an interval of four (4) weeks. The study sought to know children that received OPV 0 at birth or up till two weeks after birth. The indicator shows that (99%) of the sampled children received OPV 0 at birth. At Olubori Odunfa community, (98%) were immunized against Polio while children 100% each were reportedly immunized in Idi Araba and Mosafejo respectively.

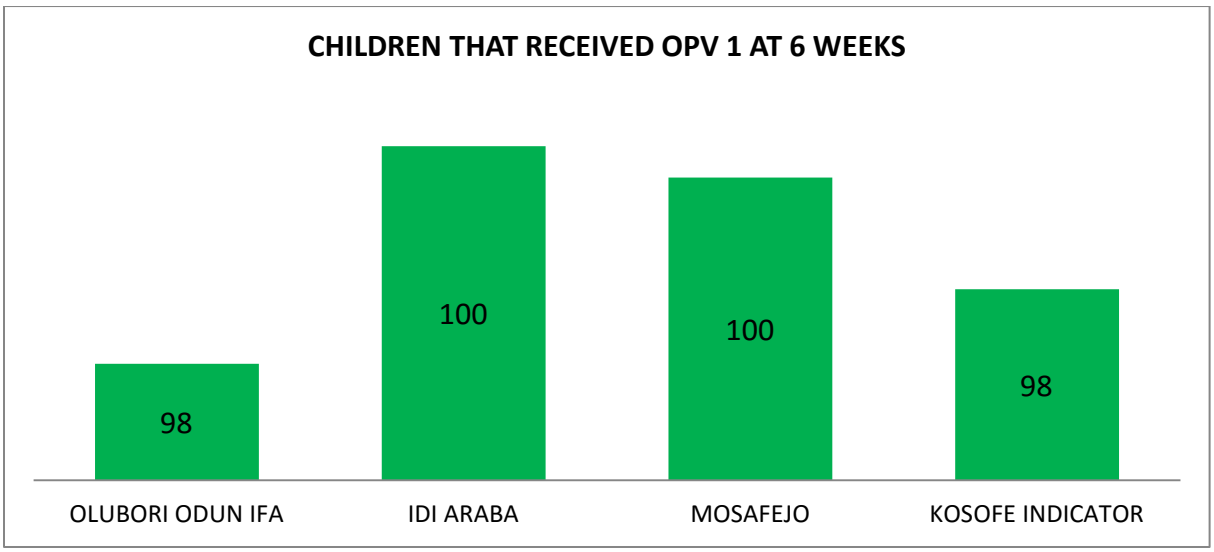
Chart 45: CHILDREN THAT RECEIVED OPV 0 AT BIRTH OR TWO (2) WEEKS AFTER BIRTH



CHILDREN THAT RECEIVED OPV 1 AT 6 WEEKS

Oral Polio Vaccine (OPV) 1 consist of mixture of live attenuated polio virus strains of each of the three serotypes selected by the ability to mimic the immune response following infections with wild polioviruses but with a significant reduced incidence of spreading to the central nervous system. The second dose is usually administered to children at six (6) weeks after birth. Children that received OPV 1 at six (6) weeks in Mosafejo-Olubori Ward area in Kosofe LGA accounted for 98%. Community level disaggregation revealed that in Olubori Odunfa community,(98%) of the children received OPV 1 while those in Idi Araba and Mosafejo has a record of (100%) each.

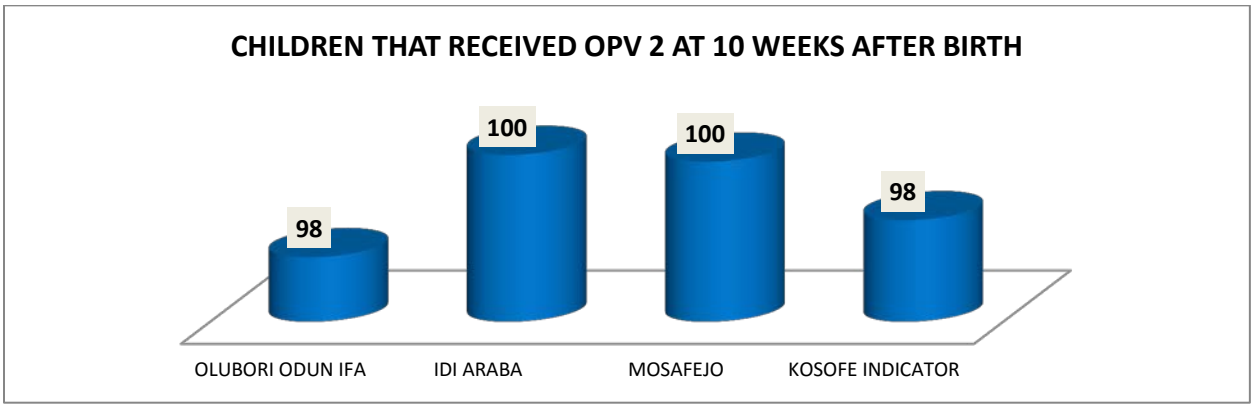
Chart 46: CHILDREN THAT RECEIVED OPV 1 AT 6 WEEKS



CHILDREN THAT RECEIVED OPV 2 AT 10 WEEKS AFTER BIRTH

The third dose of OPV is usually taken at 10 weeks after birth. The survey indicated that (98%) of children in the enumerated areas received OPV 2 at 10 weeks. The empirical analysis across the sampled communities further show that Olubori Odun Ifa recorded (98%) whereas Idi Araba and Mosafejo children recorded (100%) each for children that received OPV2 at 10 weeks.

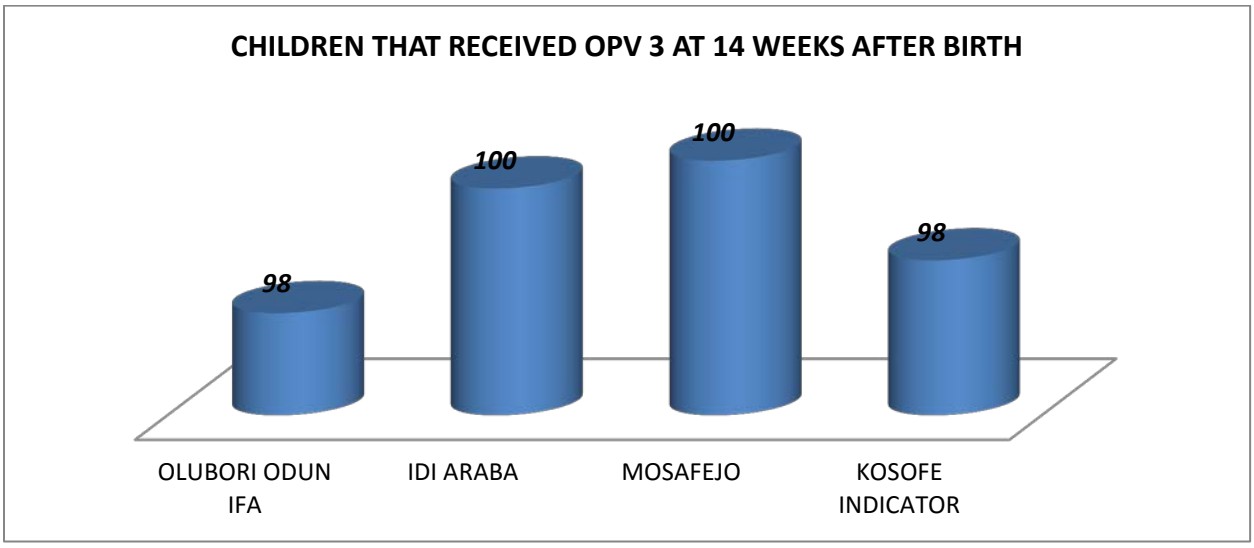
Chart 47: CHILDREN THAT RECEIVED OPV 2 AT 10 WEEKS AFTER BIRTH



CHILDREN THAT RECEIVED OPV 3 AT 14 WEEKS AFTER BIRTH

The fourth dose OPV 3 is usually administered at 14 weeks. The empirical analysis across the sampled communities further showed that Olubori Odun Ifa recorded (98%) whereas Idi Araba and Mosafejo children recorded (100%).

Chart 48: CHILDREN THAT RECEIVED OPV 3 AT 14 WEEKS AFTER BIRTH

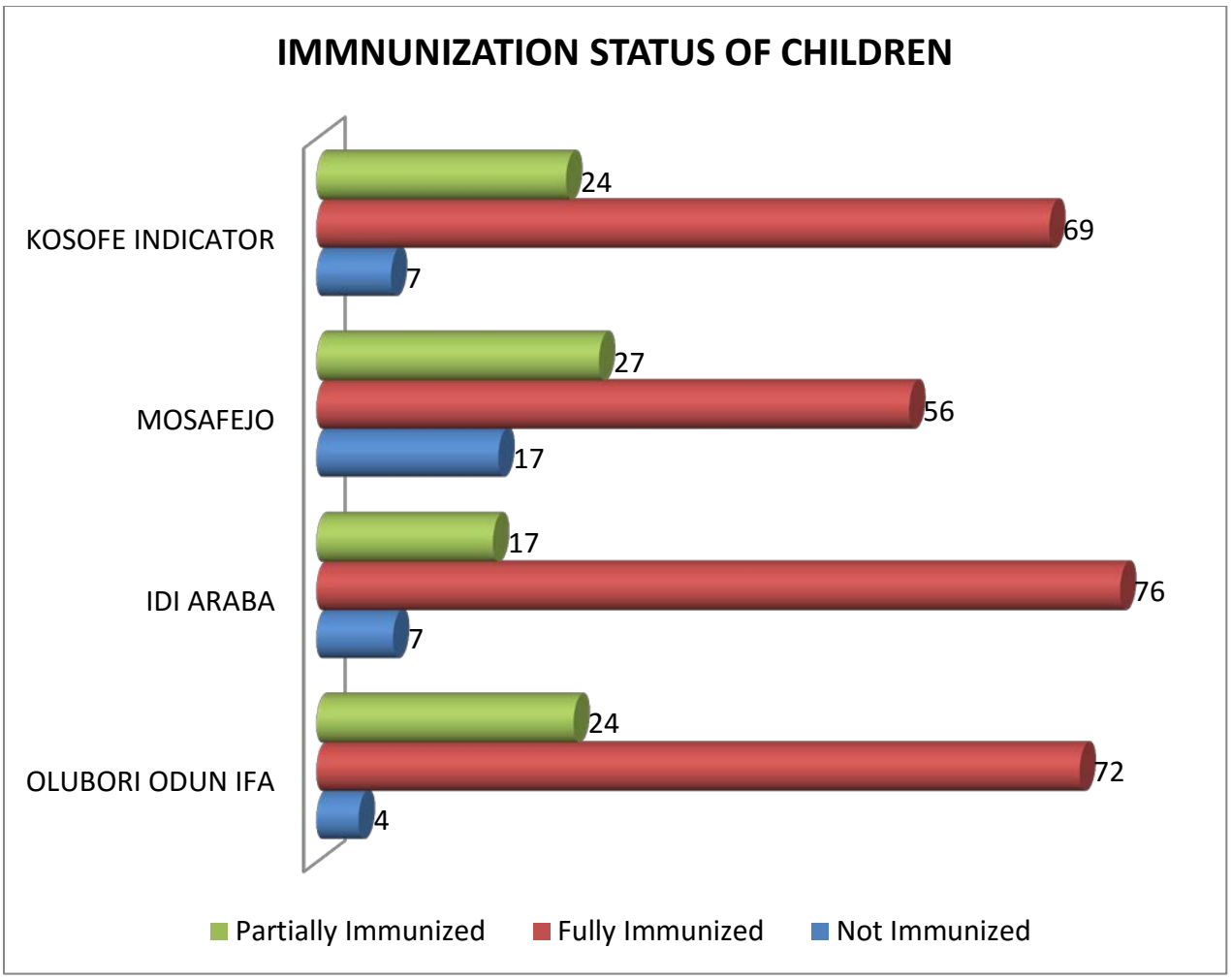


IMMNUNIZATION STATUS OF CHILDREN

Immunization is a cost-effective intervention which prevents suffering, disability and death. Its benefits are universal and include improvements in health, life expectancy and positive social and economic impact at the global, national and community levels. The Ward level immunization status of the children in the selected households showed that (69%) were fully immunized, (24%) partially immunized and (7%) not immunized.

Community level analysis also reveal that Idi Araba had the highest record of fully immunized children indicating (76%), followed by Olubori Odun Ifa with (72%) and (56%) recorded by Mosafejo community.

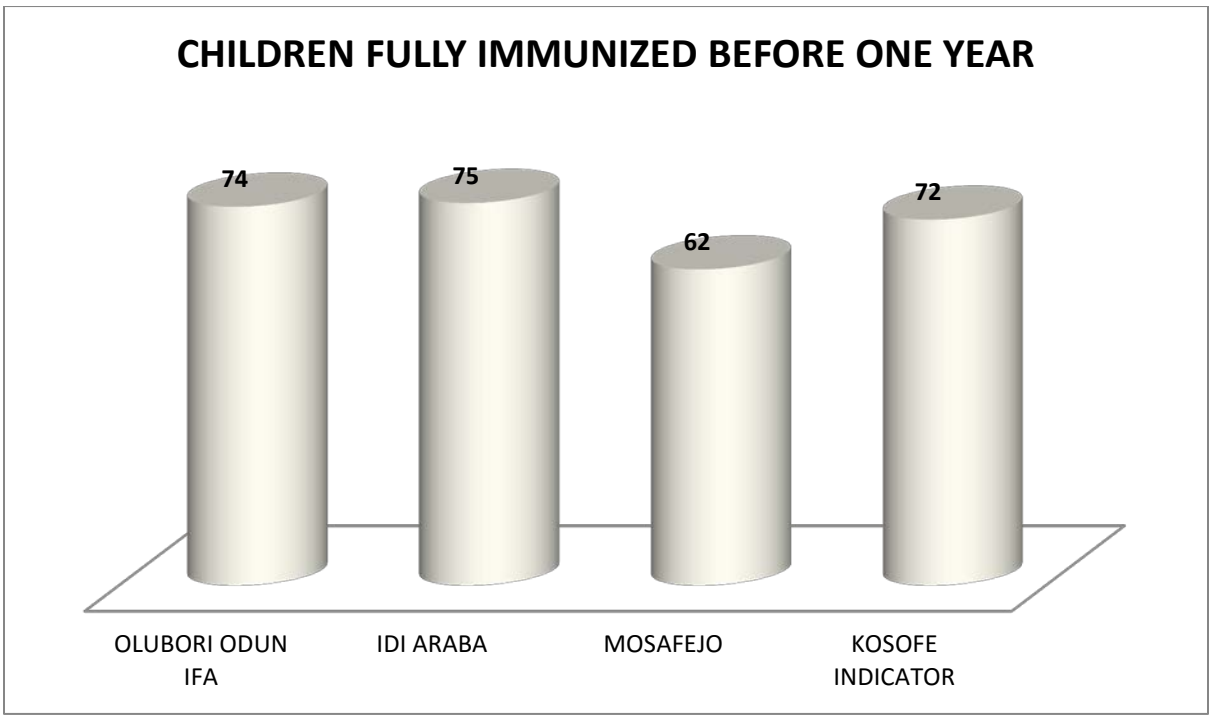
Chart 49: IMMNUNIZATION STATUS OF CHILDREN



CHILDREN FULLY IMMUNIZED BEFORE ONE YEAR

The proportion of the children that were fully immunized before attaining one year was 72%. Idi Araba recorded the highest percentage of children that were fully immunized before one year with a record of 75% followed by Olubori Odun Ifa with 74% and Mosafejo has the least record of children that were fully immunized before one year with 62%.

Chart 50: CHILDREN FULLY IMMUNIZED BEFORE ONE YEAR



REASONS FOR CHILDREN NOT FULLY IMMUNIZED BEFORE ONE YEAR

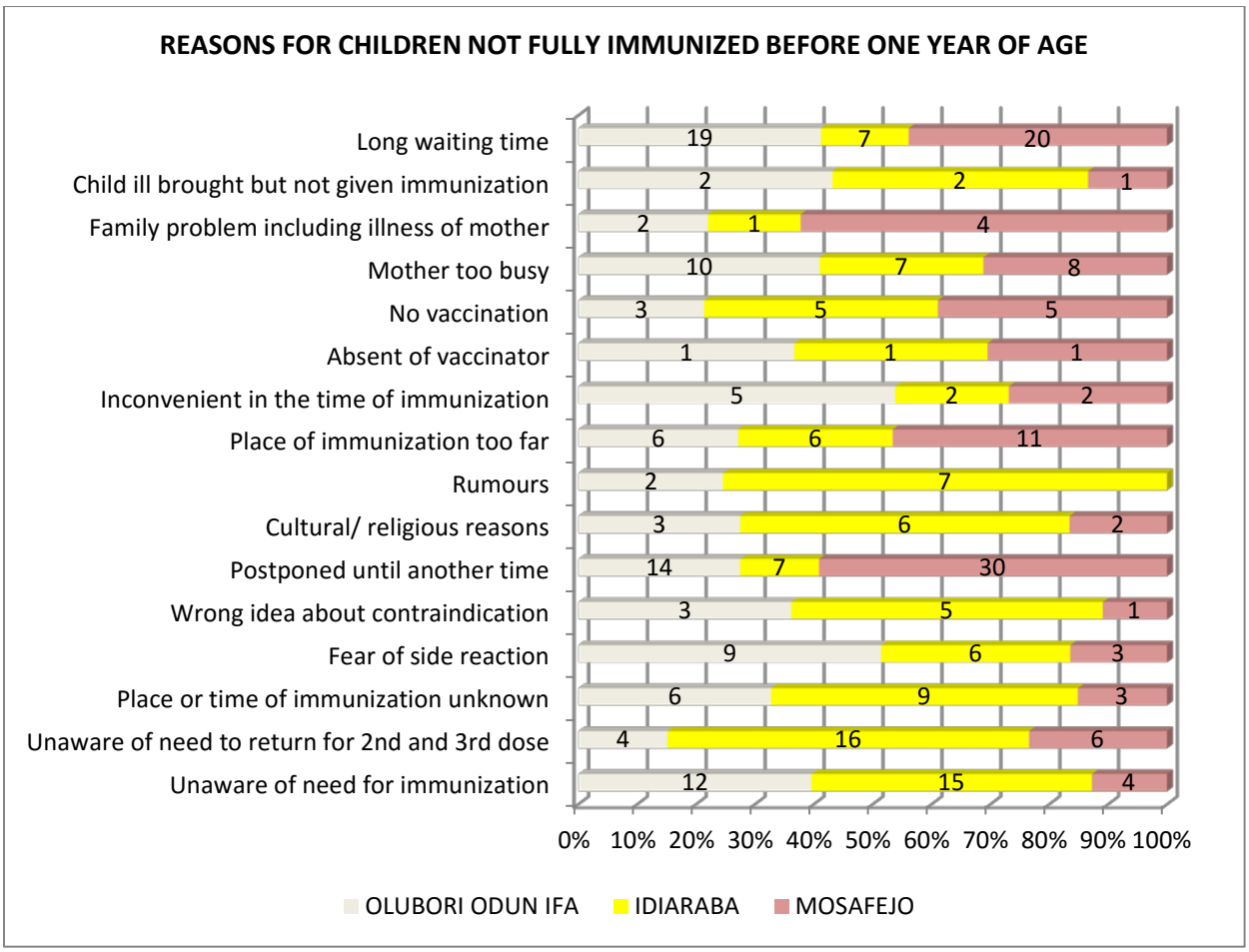
The baseline assessment investigated the various reasons why children were not fully immunized before age (one year of age). The result showed that 18% of the respondents attributed it to long waiting time at the health facilities, 17% claimed that it was as a result of postponement until another time, 10% were unaware of need for immunization, 9% of the mother were 'too busy', 8% claimed that place of immunization was too far, 7% attributed non immunization of their children to the fear of side reaction, 6% each were ignorant of the need to return for second and third doses. 5% alleged that the reason was due to lack of knowledge of place or time of immunization, 4% each indicated that the time was not convenient and absence of vaccination (no vaccination) respectively. Also 3% said that it was as a result of wrong idea about contraindication and cultural/religious reasons respectively. However, 2% claimed that it was due to rumours, family problems including illness of mother respectively while 1% said it was due to absence of vaccinator and child ill-brought but not given immunization respectively.

At the community level, the result reveal that household members in Mosafejo (30%), Olubori Odun Ifa (14%) and Idi Araba (7%) indicated that it was due to the postponement. Also, respondents in Mosafejo (20%), Olubori Odun Ifa (19%), and Idi Araba (7%) declared that the reason was due to long waiting time. However, respondents in Idi Araba (15%), Olubori Odun Ifa (12%), and Mosafejo (4%) claimed that the reason was due to

their being unaware of the need of immunization. Nonetheless, households in Idi Araba (16%), Mosafejo (6%) and Olubori Odun Ifa (4%) claimed that it was as a result of unaware of the need to return for second and third doses.

On the other hand, respondents in Mosafejo (11%), Olubori Odun Ifa (6%) and Idi Araba (6%) claimed that the reason was due to distance of place of immunization. Similarly, respondents in Olubori Odun Ifa (10%), Mosafejo(8%) and Idi Araba (7%) attributed the reason to the mother being too busy. Moreover, respondents in Idi Araba (9%), Olubori Odun Ifa (6%) and Mosafejo (3%) said that it was due to the place or time of immunization being unknown. Also, households in Olubori Odun Ifa (9%), Idi Araba (6%) and Mosafejo(3%) attributed the reason to fear of side reaction. In the same vein, respondents in Idi Araba (6%), Olubori Odun Ifa (3%) and Mosafejo (2%) asserted it was due to cultural/religious reasons. Respondents in Idi Araba (5%), Mosafejo(5%) and Olubori Odun Ifa (3%) claimed that it was due to unavailability of vaccines. Furthermore, respondents in Olubori Odun Ifa (5%), Idi Araba (2%) and Mosafejo (2%) believed that the reason was due to the time of immunization not being convenient. Nonetheless, households in Idi Araba (5%), Olubori Odun Ifa (3%) Mosafejo (1%) asserted that it was due to contradictory perception about immunization while respondents in Idi Araba (7%) and Olubori Odun Ifa (2%) indicated that the reason is due to rumours while Mosafejo(0%) was not in support of such claim. Correspondingly, households in Mosafejo (4%), Olubori Odun Ifa (2%) and Idi Araba (1%) affirmed that the reason was as a result of family problems including illness of mother, whereas household members in Olubori Odun Ifa (2%), Idi Araba (2%) and Mosafejo(1%) declared that the reason for not being immunized was due to their child being ill when they were taken to the clinic. In the same way, 1% of the respondents in each of Olubori Odun Ifa, Idi Araba and Mosafejo alleged that it was due to absent of Vaccinator

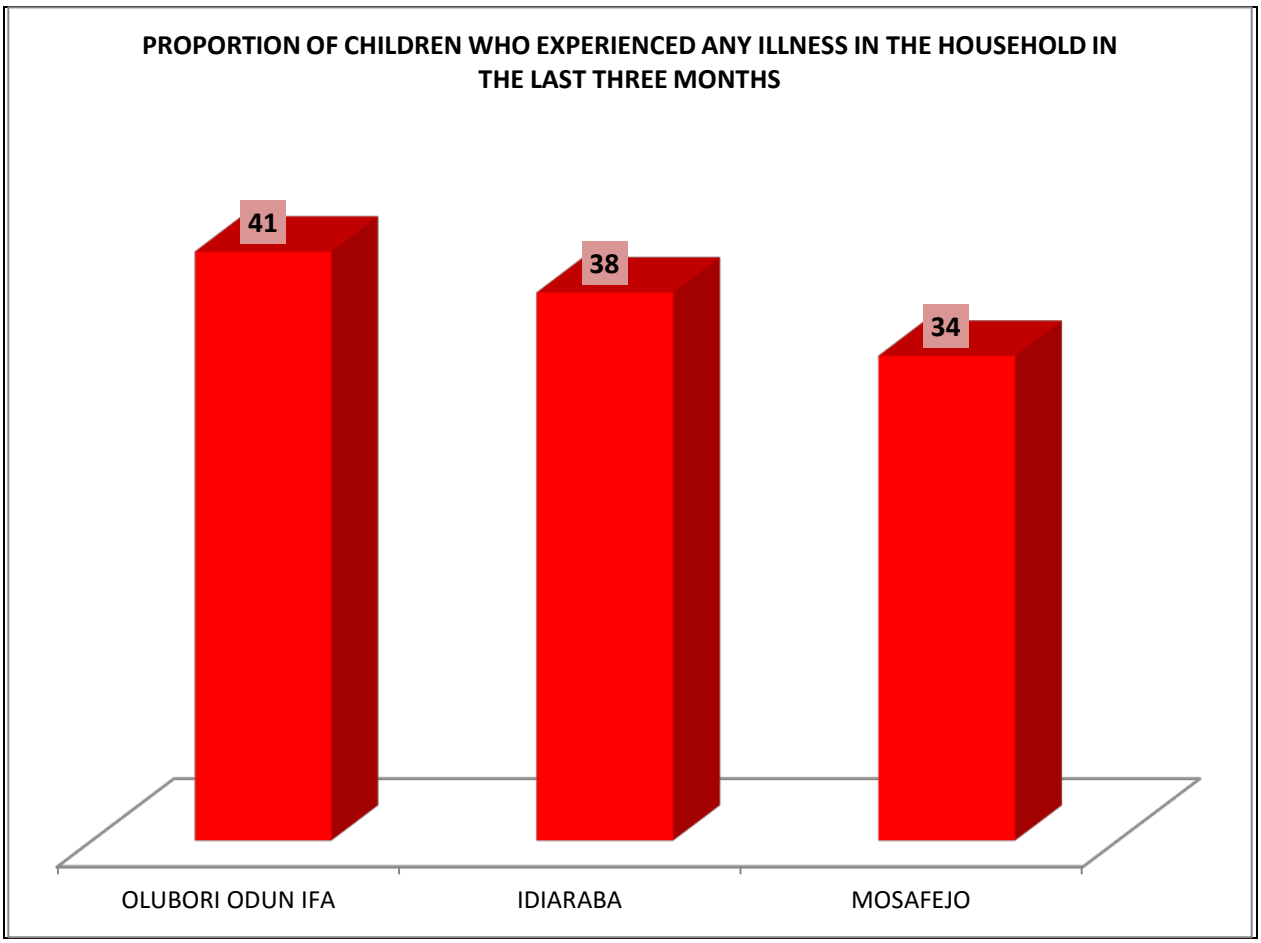
Chart 51: REASONS FOR CHILDREN NOT FULLY IMMUNIZED BEFORE ONE YEAR OF AGE



CHILDREN WHO EXPERIENCED ANY ILLNESS IN THE HOUSEHOLD IN THE LAST THREE MONTHS

The Survey also examined the morbidity status of the children in Olubori Odun Ifa, Idi Araba and Mosafejo communities with regards to illness in the last three months. The analysis revealed that 41% of the respondents affirmed that their children had experienced some illness in the last three months in Olubori-Odun -Ifa community, 38% of them in Idi-Araba and 34% in Mosafejo communities respectively. This implied that one (1) out of every three (3) children in Mosafejo-Olubori Ward experienced one form of illness or the other in the last three months.

Chart 52: PROPORTION OF CHILDREN WHO EXPERIENCED ANY ILLNESS IN THE HOUSEHOLD IN THE LAST THREE MONTHS



NATURE OF ILLNESS EXPERIENCED BY CHILDREN IN THE LAST THREE MONTHS

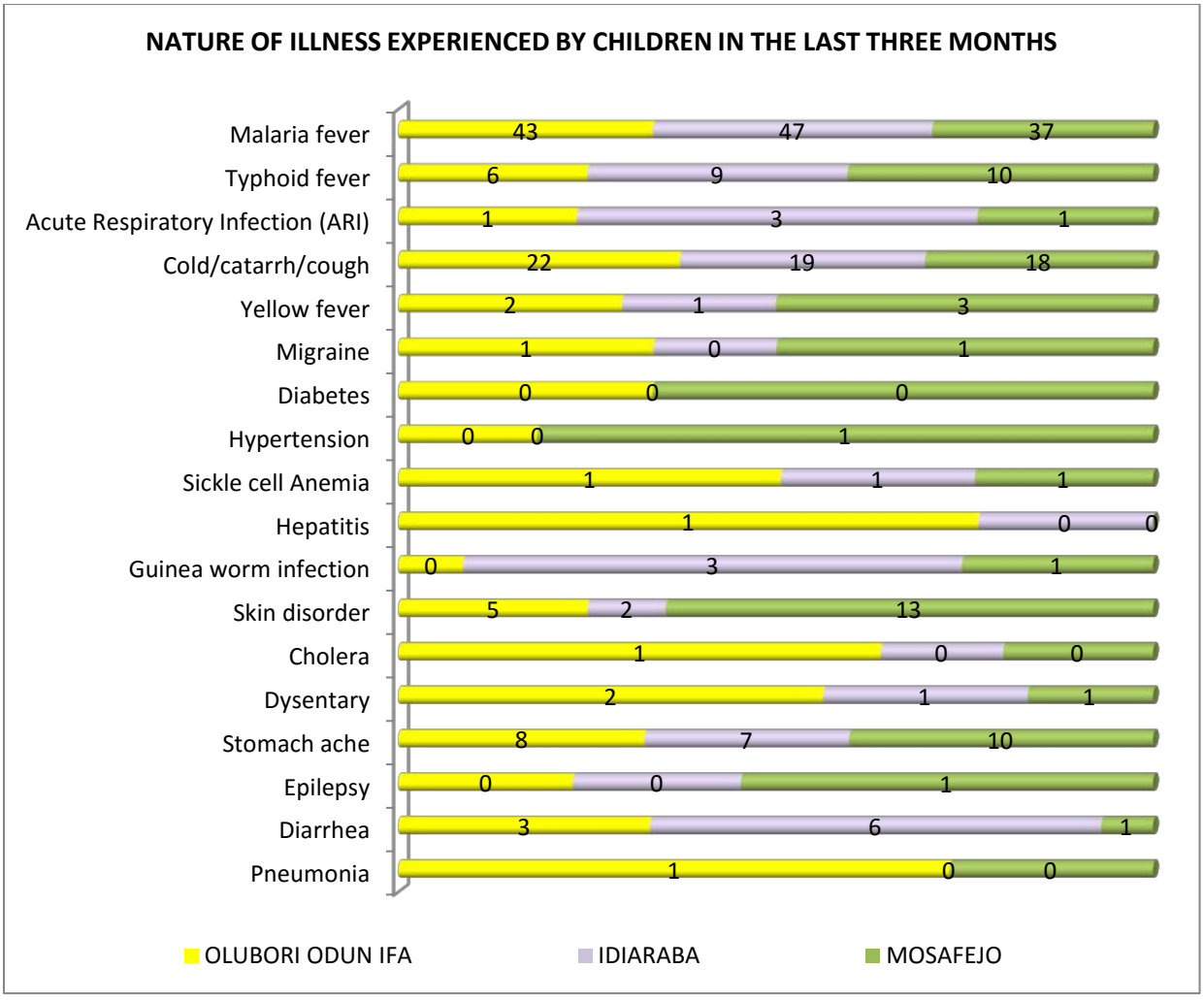
The survey also tried to determine the nature of illness experienced by children in the preceding three months. In the Survey, the result showed that 42% had malaria fever, 21% had cold/catarrh/cough, 8% suffered from stomach ache, 7% each suffered from Typhoid Fever and skin disorder respectively. 3% had diarrhea, 2% each had Yellow Fever and Dysentry respectively, 1% each had acute respiratory infection (ARI), Migraine, Sickle c

Cell Anemia, Hepatitis, Guinea Worm infection and Cholera respectively. No child had Diabetes, Hypertension, Epilepsy and Pneumonia.

Disaggregation across the community disclosed that respondents in Idi Araba (47%), Olubori Odun Ifa (43%) and Mosafejo (37%) affirmed that their children had Malaria Fever in three months preceding the Survey. Moreover, respondents in Olubori Odun Ifa (22%), Idi Araba (19%) and Mosafejo (18%) stated that their children suffered from cold/cough/catarrh within this period. However, respondents in Mosafejo (10%) , Idi Araba

(9%) and Olubori Odun Ifa (6%) claimed that their children experienced typhoid fever in the three months preceding the Study. Furthermore, households in Mosafejo (10%), Olubori Odun Ifa (8%) and Idi Araba (7%) declared that their children had Stomach Ache. Similarly, respondents in Mosafejo (13%), Olubori Odun Ifa (5%) and Idi Araba (2%) asserted that their wards experienced skin disorder while respondents in Idi Araba (6%), Olubori Odun Ifa (3%) and Mosafejo (1%) alleged that their children had Diarrhea . Nonetheless, respondents in Mosafejo (3%), Olubori Odun Ifa (2%) and Idi Araba (1%) said that their children experienced yellow fever. Also, respondents in Idi Araba (3%), Olubori Odun Ifa (1%) and Mosafejo (1%) recorded low proportion of incidence of Acute Respiratory Infection. Similarly, respondents in Idi Araba (3%) and Mosafejo (1%) recorded low percentage of incidence of Guinea Worm infection whereas households in Olubori Odun Ifa (2%), Idi Araba (1%) and Mosafejo (1%) recorded low proportion of incidence of Dysentery .

Chart 53: NATURE OF ILLNESS EXPERIENCED BY CHILDREN IN THE LAST THREE MONTHS



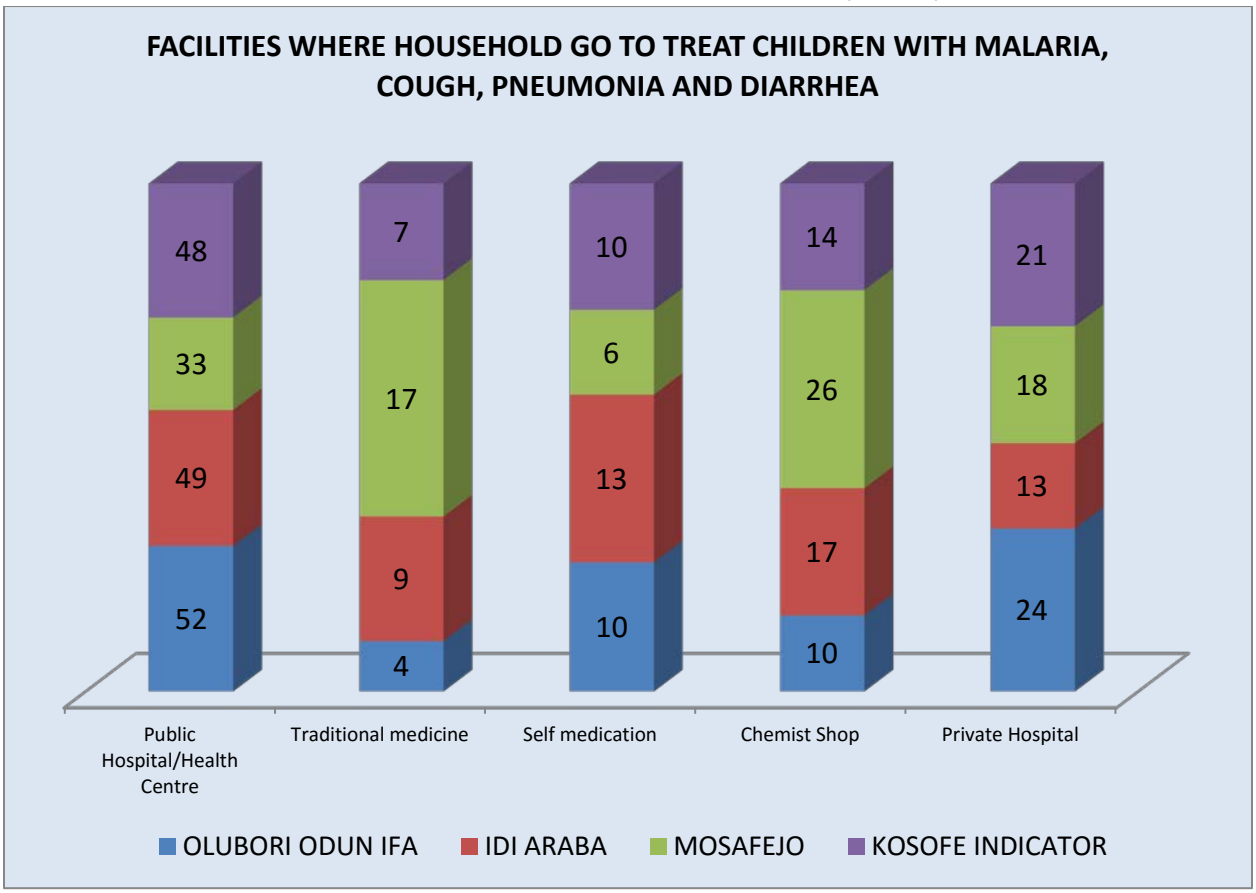
FACILITIES WHERE HOUSEHOLDS GO TO TREAT CHILDREN WITH MALARIA, COUGH, PNEUMONIA AND DIARRHEA

In the treatment of any disease medical practitioners should be consulted. Some people have formed the habit of practising self medication when any disease or illness is suspected. In this survey, the residents in Olubori Odun Ifa, Idi Araba and Mosafejo communities in Kosofe Local Government Area were asked where they sought treatment for their children when they have malaria, cough, pneumonia and diarrhea.

The result disclosed that almost half (48%) of the sampled households in the Area reportedly sought of these diseases in a Public Hospital /Health Centre. 21% sought treatment from Private Hospital, 14% visited Chemist Shop, 10% sought treatment through self medication while 7% obtained treatment through Traditional Medicine for their children.

Looking at the survey result from community level, household members in Olubori Odun Ifa (52%), Idi Araba (49%) and and Mosafejo (33%) sought treatment from Public Hospital/Health Centre. Similarly, respondents in Olubori Odun Ifa (24%), Mosafejo (18%) and Idi Araba (13%) claimed that they sought treatment from Private Hospital. More so, 26%, 17% and 10% sampled households in Mosafejo, Idi Araba and Olubori Odun Ifa respectively visited Chemist Shop for treatment. However, 17%, 9% and 4% of the respondents in Mosafejo, Idi Araba and Olubori Odun Ifa respectively sought treatment through Traditional Medicine. Nonetheless, 13%, 10% and 6% of the sampled household members in Idi Araba, Olubori Odun Ifa and Mosafejo respectively sought treatment through Self Medication.

Chart 54: FACILITIES WHERE HOUSEHOLD GO TO TREAT CHILDREN WITH MALARIA, COUGH, PNEUMONIA AND DIARRHEA



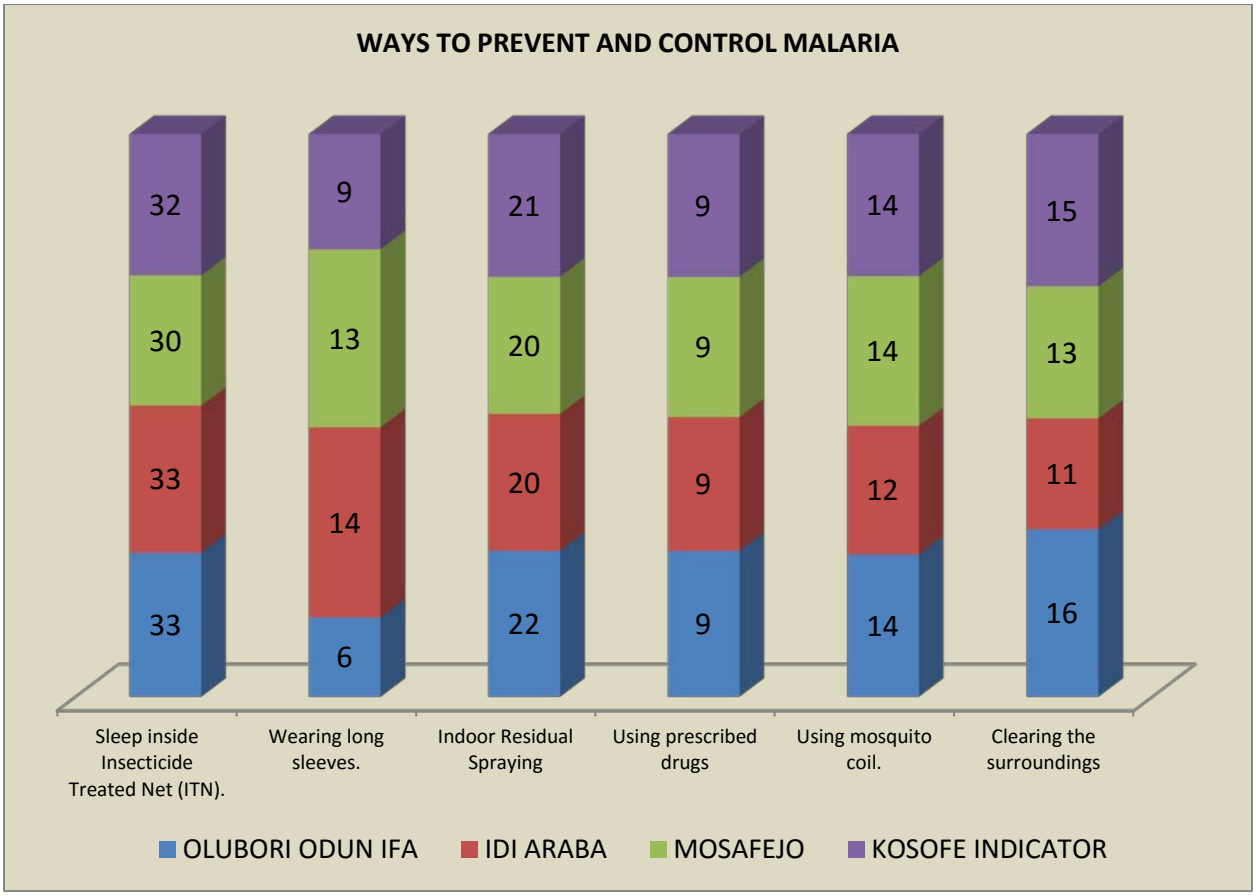
WAYS TO PREVENT AND CONTROL MALARIA

Malaria is a serious disease that causes high fever and chills. A person can contract it from the bite of an infected mosquito. In very rare cases, people can contract malaria if they come into contact with infected blood. A developing fetus may get the disease from its mother.

The baseline assessment survey therefore attempted to determine whether the residents of Olubori Odun Ifa, Idi Araba and Mosafejo communities in Kosofe Local Government Area have knowledge of how to prevent and control malaria. At the Local Government level, the findings revealed that 32% of the sampled household members affirmed that malaria can be prevented and controlled by sleeping in Insecticide Treated Net (ITN), 21% indicated that the disease can be prevented and controlled through Indoor Residual Spraying , 15% believed that the disease can be prevented and controlled by clearing the surroundings, 14% affirmed that it can be prevented and controlled by using mosquito coil while 9% each declared that malaria can be prevented and controlled by using prescribed drugs and wearing long sleeved dresses respectively.

At the community level, respondents in Olubori Odun Ifa (33%), Idi Araba (33%) and Mosafejo (30%) recorded higher percentage of sleeping in Insecticide Treated Net as a method of preventing and controlling malaria. However, household members in Olubori Odun Ifa (22%), Idi Araba (20%) and Mosafejo (20%) claimed that they were aware of the prevention of malaria through Indoor Residual Spraying. Similarly, respondents in Olubori Odun Ifa (16%), Mosafejo (13%) and Idi Araba (11%) affirmed that malaria can be prevented by clearing the surroundings. Moreover, households in Olubori Odun Ifa (14%), Mosafejo (14%) and Idi Araba (12%) affirmed that malaria can be prevented and controlled by using mosquito coil. Nonetheless, respondents in Idi Araba (14%), Mosafejo (13%) and Olubori Odun Ifa (6%) believed that the disease can be prevented and controlled by wearing long sleeved dresses.

Chart 55: WAYS TO PREVENT AND CONTROL MALARIA



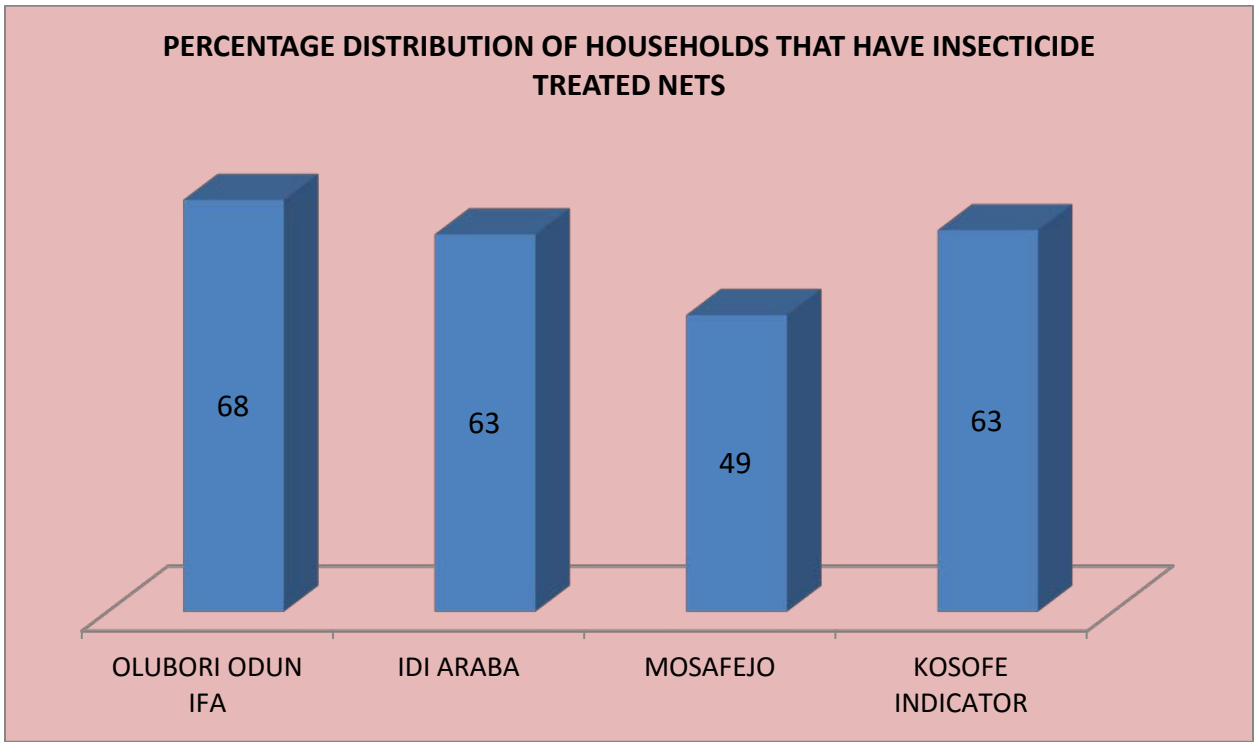
HOUSEHOLDS THAT HAVE INSECTICIDE TREATED NETS

One of the ways to prevent and control malaria is the use of Insecticide Treated Net. The Government and Non-Governmental Organizations have intensified efforts to prevent and control malaria in the State through distribution of Insecticide Treated Nets to the citizenry.

This survey attempted to verify whether the residents of Olubori Odun Ifa, Idi Araba and Mosafejo communities in Kosofe Local Government Area have any Insecticide Treated Net.

The Ward analysis revealed that 63% of the sampled households reportedly have Insecticide Treated Nets. Further analysis on community basis showed that households in Olubori Odun Ifa (68%) recorded the highest percentage of the respondents who have or possessed Insecticide Treated Nets followed by Idi Araba residents which account for 63% while Mosafejo (49%) residents recorded the lowest percentage of the households who claimed to have Insecticide Treated Nets.

Chart 56: PERCENTAGE DISTRIBUTION OF HOUSEHOLDS WHO HAVE INSECTICIDE TREATED NETS



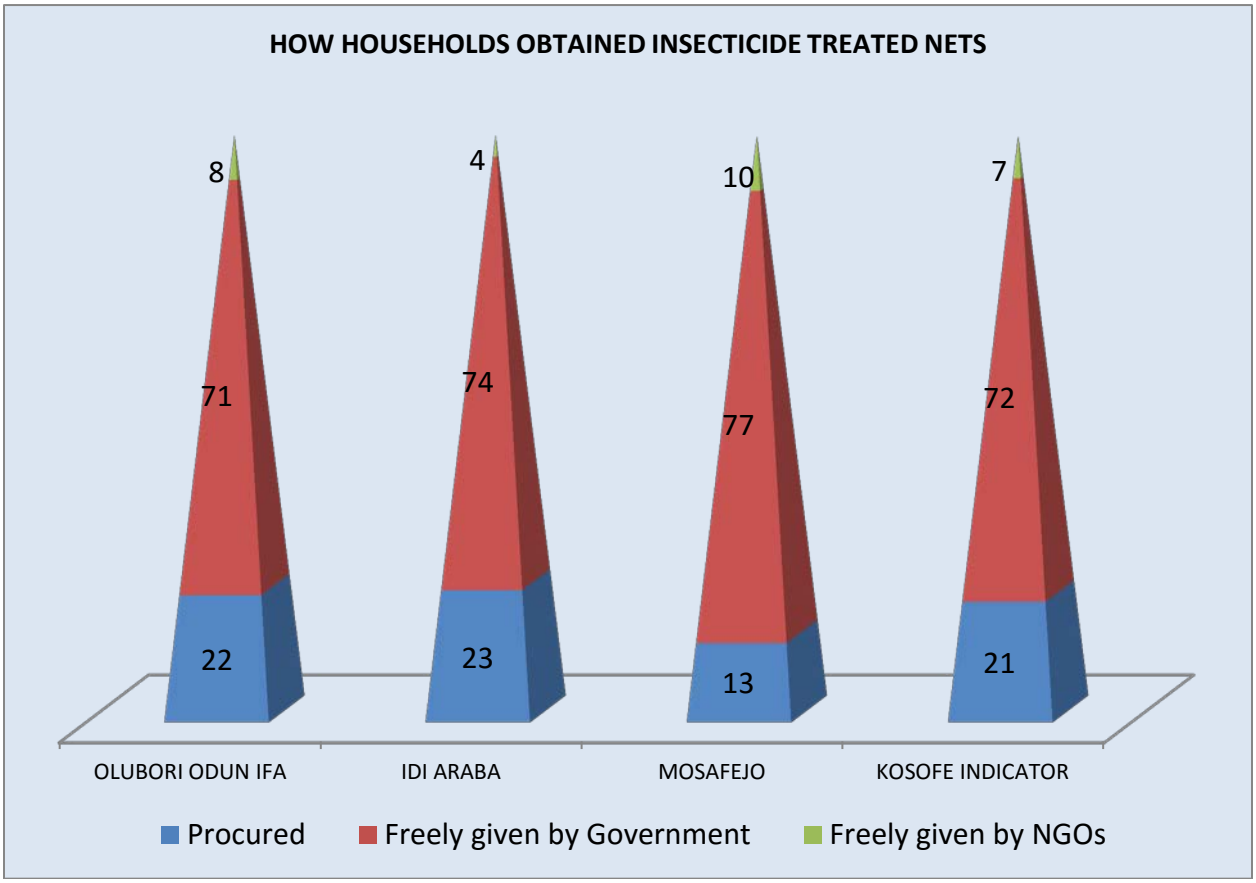
HOW HOUSEHOLDS OBTAINED INSECTICIDE TREATED NETS

The survey also tried to find out the source of the Insecticide Treated Nets (ITN) possessed by the residents of Olubori Odun Ifa, Idi Araba and Mosafejo communities. The finding of this Survey across this area revealed a large percentage (72%) of the households who use Insecticide Treated Net declared that the nets were given free by Government, 21% disclosed that the Insecticide Treated Nets were procured while 7% affirmed that the nets were given free by NGOs.

At the community level, a greater percentage of respondents in Mosafejo (77%), Idi Araba (74%) and Olubori Odun Ifa (71%) strongly affirmed that the nets were given free by Government. Similarly, 23%, 22% and 13% of households in Idi Araba, Olubori Odun Ifa

and Mosafejo respectively disclosed that the nets were procured. However, 10%, 8% and 4% of respondents in Mosafejo, Olubori Odun Ifa and Idi Araba respectively stated that the nets were given free by NGOs.

Chart 57: HOW HOUSEHOLDS OBTAINED INSECTICIDE TREATED NETS



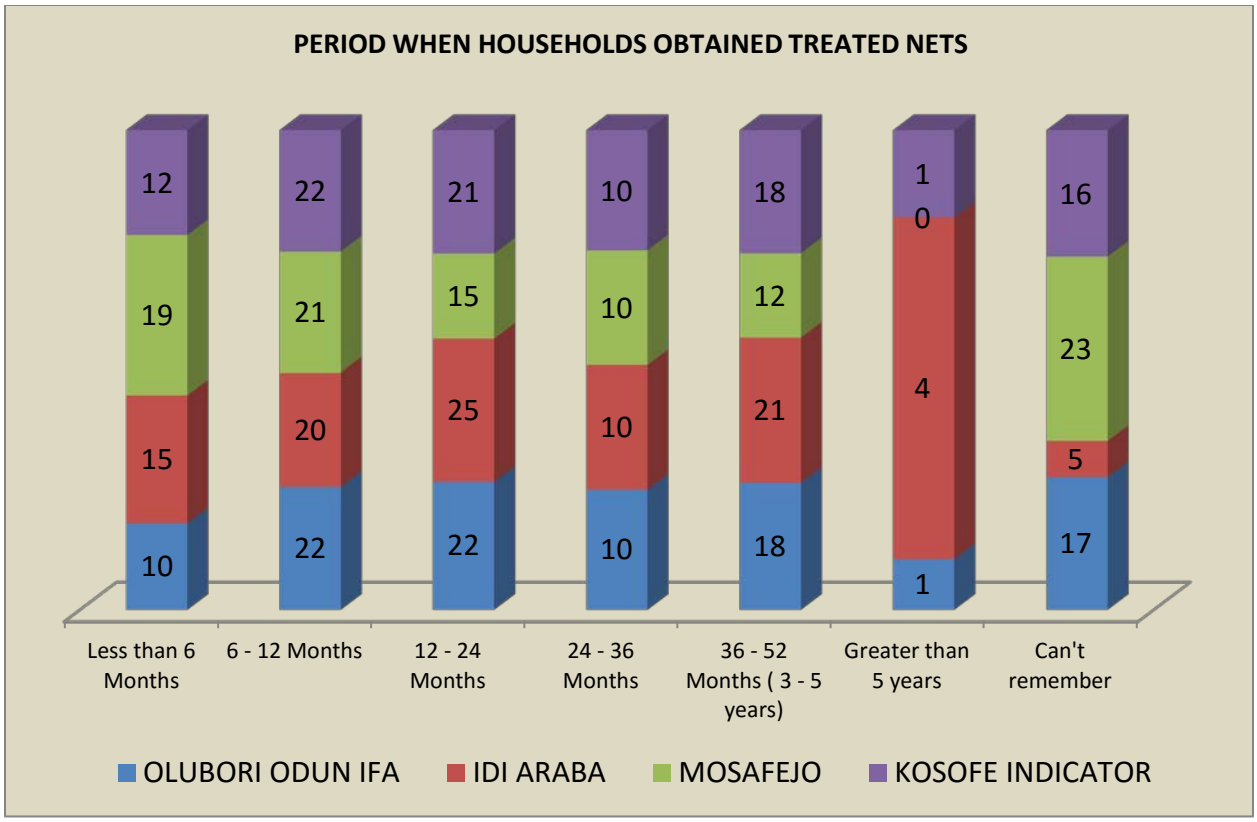
PERIOD WHEN HOUSEHOLDS OBTAINED TREATED NETS

The survey further investigated how long the dwellers of Olubori Odun Ifa, Idi Araba and Mosafejo communities in Kosofe Local Government Area had procured the nets being used. The result showed that 22% had obtained the nets 6 – 12 months earlier, 21% claimed that the nets were obtained 12 – 24 months earlier, 18% affirmed that they got the nets 36 - 52 months (3 - 5 years) before the Survey, 16% alleged that they could not remember the period, 12% got the net less than 6 months before the Survey while 1% and 10% declared that the nets being used were procured over 5 years earlier and between 24 – 36 months before the Survey respectively.

Further analysis across the communities disclosed that 25%, 22% and 15% of respondents in Idi Araba, Olubori Odun Ifa and Mosafejo respectively got their nets 12 – 24 months before the Study. Nonetheless, 22%, 21% and 20% of sampled household members in

Olubori Odun Ifa, Mosafejo and Idi Araba respectively indicated that the nets were obtained 6 – 12 months earlier. Similarly, 23%, 17% and 5% of respondents in Mosafejo, Olubori Odun Ifa and Idi Araba respectively alleged that they could not remember the period the nets were procured. Moreover, 21%, 18% and 12% of respondents in Idi Araba, Olubori Odun Ifa and Mosafejo respectively obtained the nets 36 – 52 months (3- 5 years) before the Study whereas 19%, 15% and 10% of household members in *Mosafejo,* Idi Araba *and* Odun Ifa respectively stated that the nets were obtained less than 6 months before the Study. More so, 10% each of the respondents in Olubori Odun Ifa, Idi Araba and Mosafejo respectively claimed to have acquired the nets 24 – 36 months before the Study. On the other hand 4% and 1% of respondents in Idi Araba and Olubori Odun Ifa got the nets over 5 years earlier whereas respondents in Mosafejo were to the contrary.

Chart 58: PERIOD WHEN HOUSEHOLD OBTAINED TREATED NETS



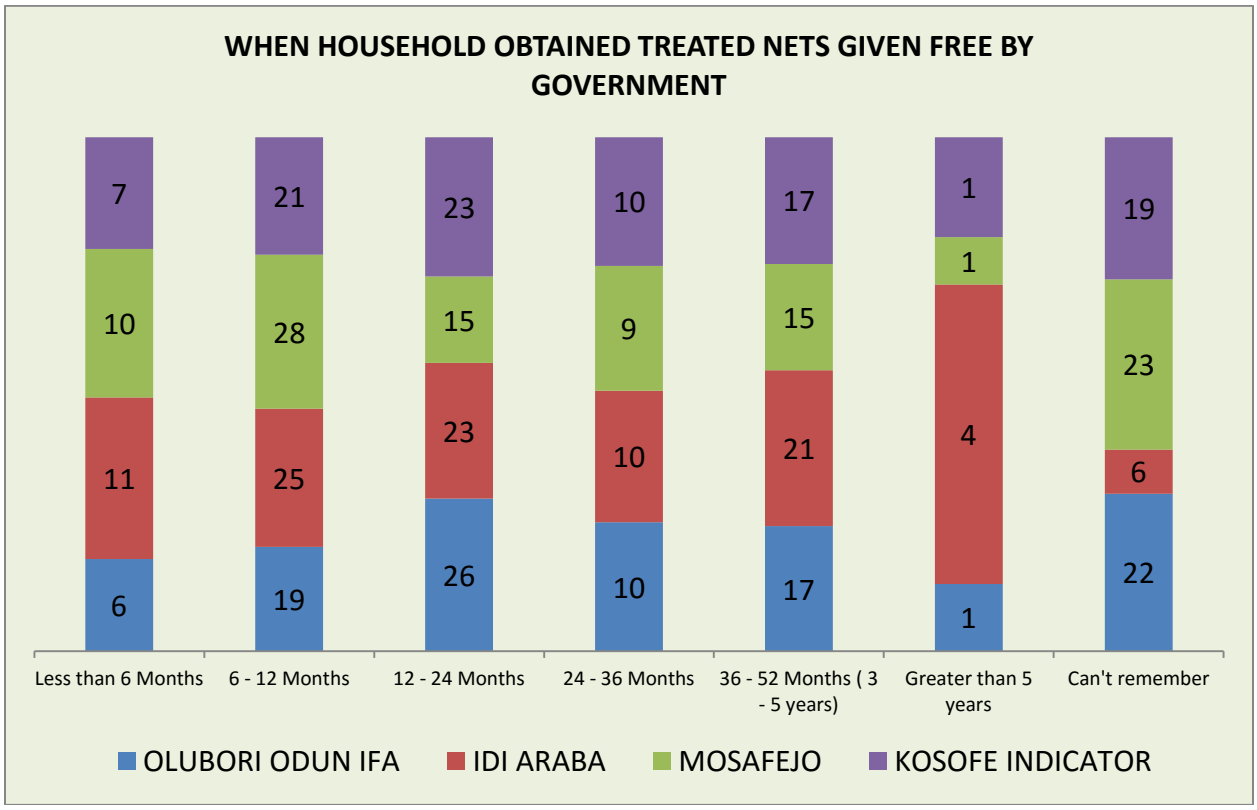
PERIOD WHEN HOUSEHOLD OBTAINED TREATED NETS GIVEN FREE BY GOVERNMENT

The survey also further determined how long the residents of the communities had obtained the Insecticide Treated Nets given free by Government. The result across the communities disclosed that 23% had obtained the nets 12 – 24 months before the Study, 21% claimed that the nets were obtained 6 – 12 months earlier, 19% alleged that they could not remember when they obtained treated nets, 17% affirmed that the nets were obtained 36 – 52 months (3 – 5 years) ago, 10% got theirs 24 – 36 months before the

Study while 1% and 7% declared that the nets being used were obtained over 5 years and less than 6 months earlier respectively.

Further analysis across the communities disclosed that 28%, 25% and 19% of respondents in Mosafejo, Idi Araba and Olubori Odun Ifa respectively got their nets 6 – 12 months before the Study. Nonetheless, 26%, 23% and 15% of sampled household members in Olubori Odun Ifa, Idi Araba and Mosafejo respectively indicated that the nets were obtained 12 – 24 months before the Study. Similarly, 23%, 22% and 6% of respondents in Mosafejo, Olubori Odun Ifa and Idi Araba respectively alleged that they could not remember the period the nets were obtained. 21%, 17% and 15% of respondents in Idi Araba, Olubori Odun Ifa and Mosafejo respectively obtained the nets 36 – 52 months (3- 5 years) before the Study whereas 11%, 10% and 6% of household members in Idi Araba*, Mosafejo, and* Odun Ifa respectively stated that the nets were possessed less than 6 months before the Study. More so, 10%, 10% and 9% of respondents in Olubori Odun Ifa, Idi Araba and Mosafejo respectively claimed to have acquired the nets 24 – 36 months earlier. On the other hand 4% of respondents in Idi Araba got the nets over 5 years before the Study whereas 1% of respondents in Olubori Odun Ifa and Mosafejo obtained their nets also over 5 years ago.

Chart 59: WHEN HOUSEHOLD OBTAINED TREATED NETS GIVEN FREE BY GOVERNMENT

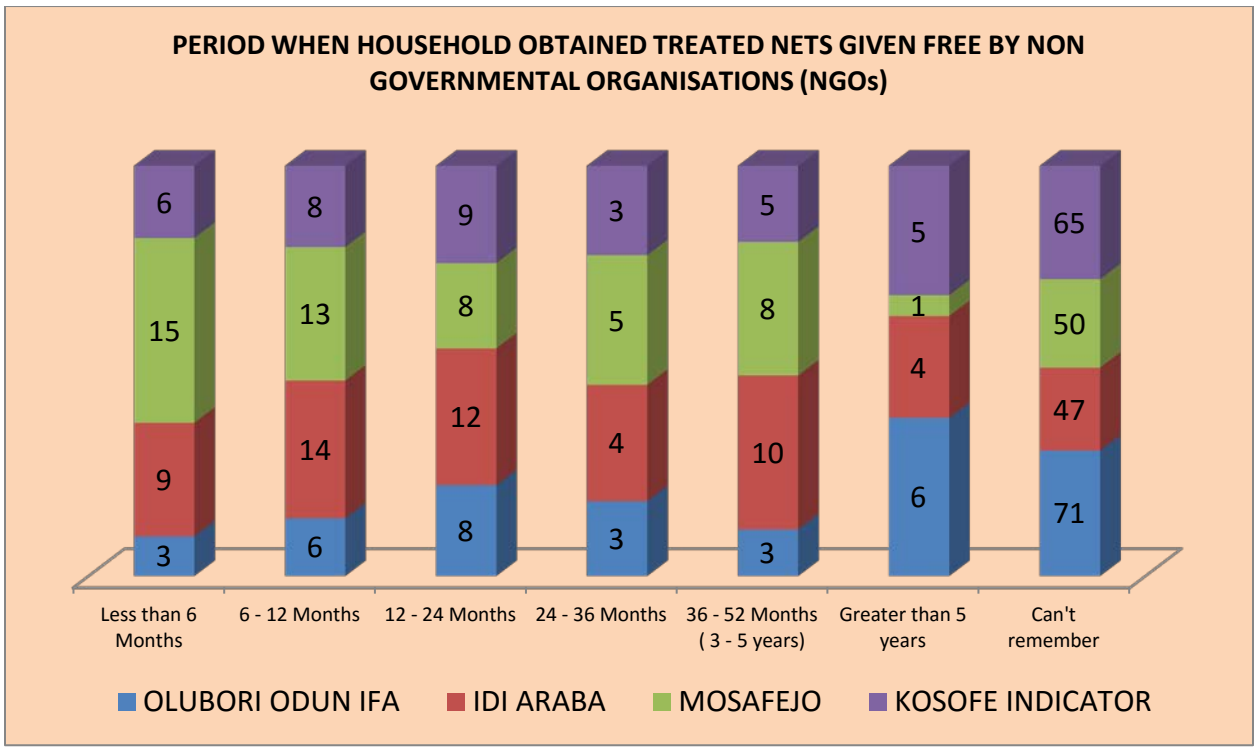


PERIOD WHEN HOUSEHOLD OBTAINED TREATED NETS GIVEN FREE BY NON GOVERNMENTAL ORGANISATIONS (NGOs)

The survey was also designed to find out how long the inhabitants of the communities had obtained the Insecticide Treated Nets given free by Non Governmental Organizations (NGOs). The result across Kosofe Local Government Area revealed that 65% declared that they could not remember the period the net was given, 9% claimed that the nets were obtained 12 – 24 months before the Study, 8% affirmed that they received the net 6 – 12 months before the Study, 6% disclosed that the nets were obtained less than 6 months before the Study, 5% got the net 36 – 52 months (3 – 5 years) and over 5 years before the Study respectively while 3% declared that the nets being used were received 24 - 36 months before the Study.

Breaking down the findings to community level, it was discovered that 71%, 50% and 47% of respondents in Olubori Odun Ifa, Mosafejo and Idi Araba respectively could not remember when the nets were obtained. However, 15%, 9% and 3% of sampled household members in Mosafejo, Idi Araba and respectively affirmed that the nets were obtained less than 6 months before the Study. Nonetheless, 14%, 13% and 6% of respondents in Mosafejo, Idi Araba and Odun Ifa respectively indicated that they received the net 6 – 12 months before the Study. Similarly, 12%, 8% and 8% of respondents in Idi Araba, Olubori Odun Ifa and Mosafejo respectively obtained the nets 12 – 24 months before the Survey. Moreover, 10%, 8% and 3% of household members in Idi Araba*, Mosafejo, and* Odun Ifa respectively claimed that the nets were obtained 36 – 52 months (3 –5 years) earlier. On the other hand, 6%, 4% and 1% of respondents in Olubori Odun Ifa, Idi Araba and Mosafejo respectively declared to have acquired the nets over 5 years ago whereas 5%, 4% and 3% of respondents in Mosafejo, Idi Araba and Olubori Odun Ifa got the nets 24 – 36 months before the Survey.

Chart 60: PERIOD WHEN HOUSEHOLD OBTAINED TREATED NETS GIVEN FREE BY NON GOVERNMENTAL ORGANISATIONS

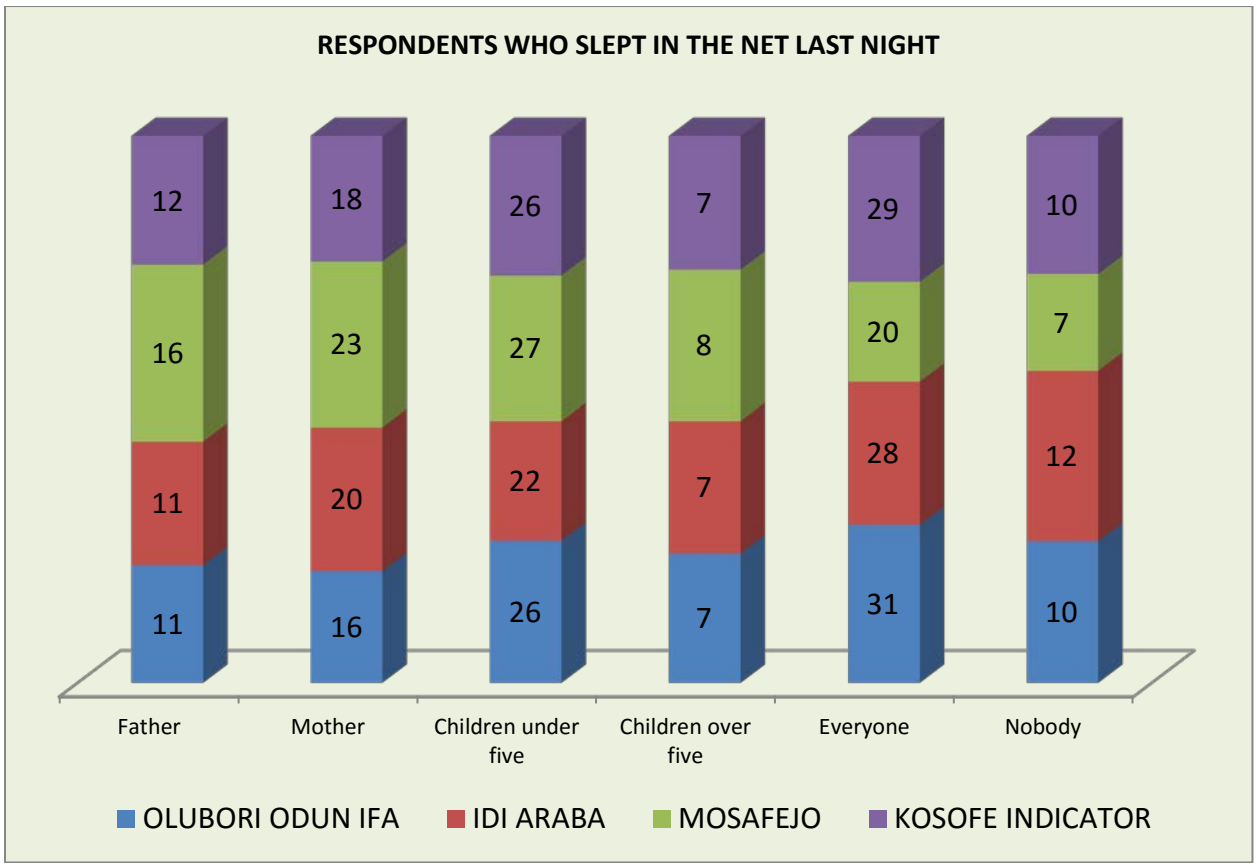


RESPONDENTS WHO SLEPT IN THE NET LAST NIGHT

The analysis revealed across these communities those who slept in the Insecticide Treated Net last night that 29% of the sampled household members indicated that it was everybody that slept in the net, 26% affirmed that it was children under five years, 12% and 18% claimed that it was parents respectively, 10% affirmed that no one slept in the net last night while 7% declared that it was children over five years.

At the community level, it was revealed that respondents in Olubori Odun Ifa (31%), Idi Araba (28%) and Mosafejo (20%) affirmed that everybody slept in the net. Also, sampled household members in Mosafejo (27%), Odun Ifa (26%) and Idi Araba (22%) indicated that only under five years children slept in the net while respondents in Mosafejo (23%), Idi Araba (20%) and Odun Ifa (16%) reported that only the mother slept in the net. Similarly, households in Mosafejo (16%), Olubori Odun Ifa (11%) and Idi Araba (11%) declared that only the father slept in the net whereas respondents in Idi Araba (12%), Olubori Odun Ifa (10%) and Mosafejo (7%) claimed that none slept in the net. Furthermore, household members in Mosafejo (8%), Olubori Odun Ifa (7%) and Idi Araba (7%) reportedly indicated that only over five years children slept in the net the preceding night.

Chart 61: RESPONDENTS WHO SLEPT IN THE NET LAST NIGHT



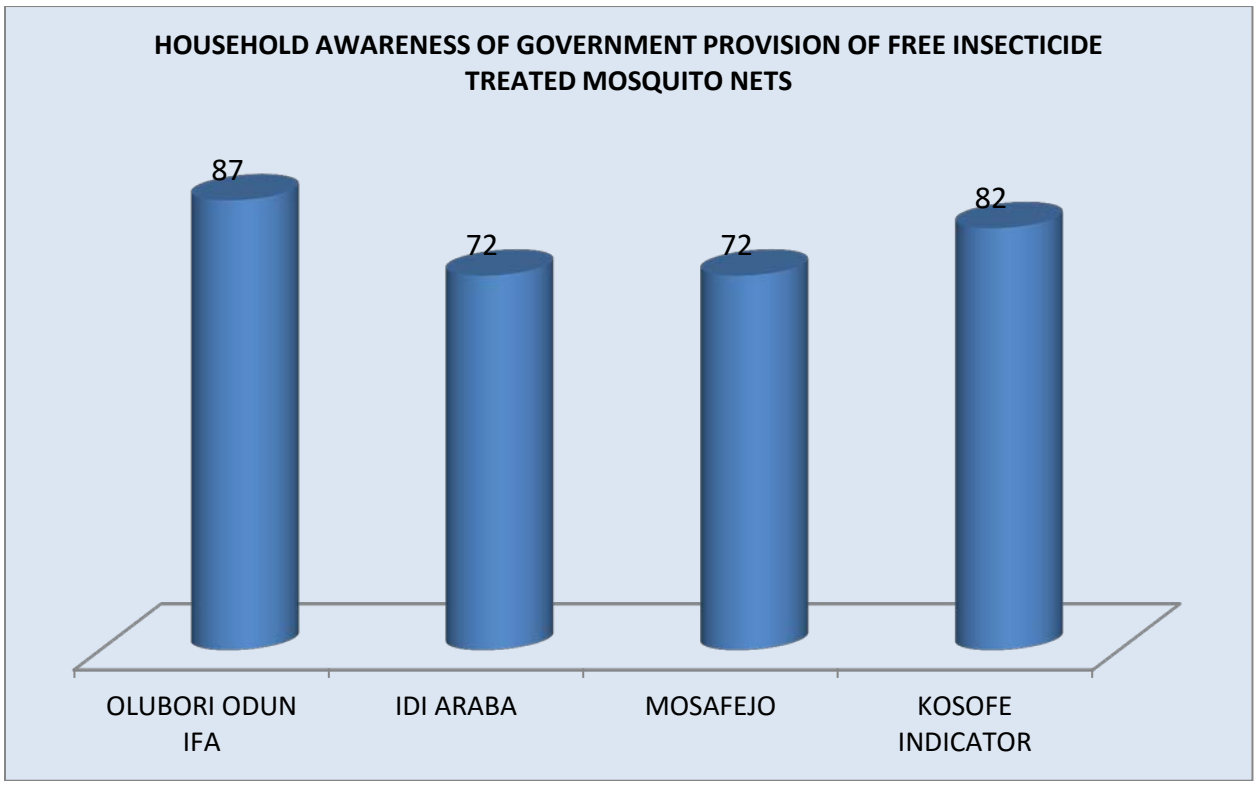
HOUSEHOLD AWARENESS OF GOVERNMENT PROVISION OF FREE INSECTICIDE TREATED MOSQUITO NETS

In the attempt of the Lagos State Government to combat malaria as stated in goal six of the Millennium Development Goals (MDG), Insecticide Treated Mosquito Nets were provided and distributed free to the residents of the State. This survey also sought to investigate whether the dwellers of Olubori Odun Ifa, Idi Araba and Mosafejo communities in Kosofe Local Government Area were aware of Government free provision of Insecticide Treated Mosquito Nets.

The finding of the survey across Kosofe LG revealed that majority (82%) of the sampled household members affirmed that they were aware of Government's provision of free Insecticide Treated Mosquito Nets while only 18% alleged that they were not aware.

At the community level, respondents in Olubori Odun Ifa (87%), Idi Araba (72%) and Mosafejo (72%) strongly affirmed that they were aware of Government provision of free Insecticide Treated Mosquito Nets.

Chart 62: HOUSEHOLD AWARENESS OF GOVERNMENT PROVISION OF FEEE INSECTICIDE TREATED MOSQUITO NETS

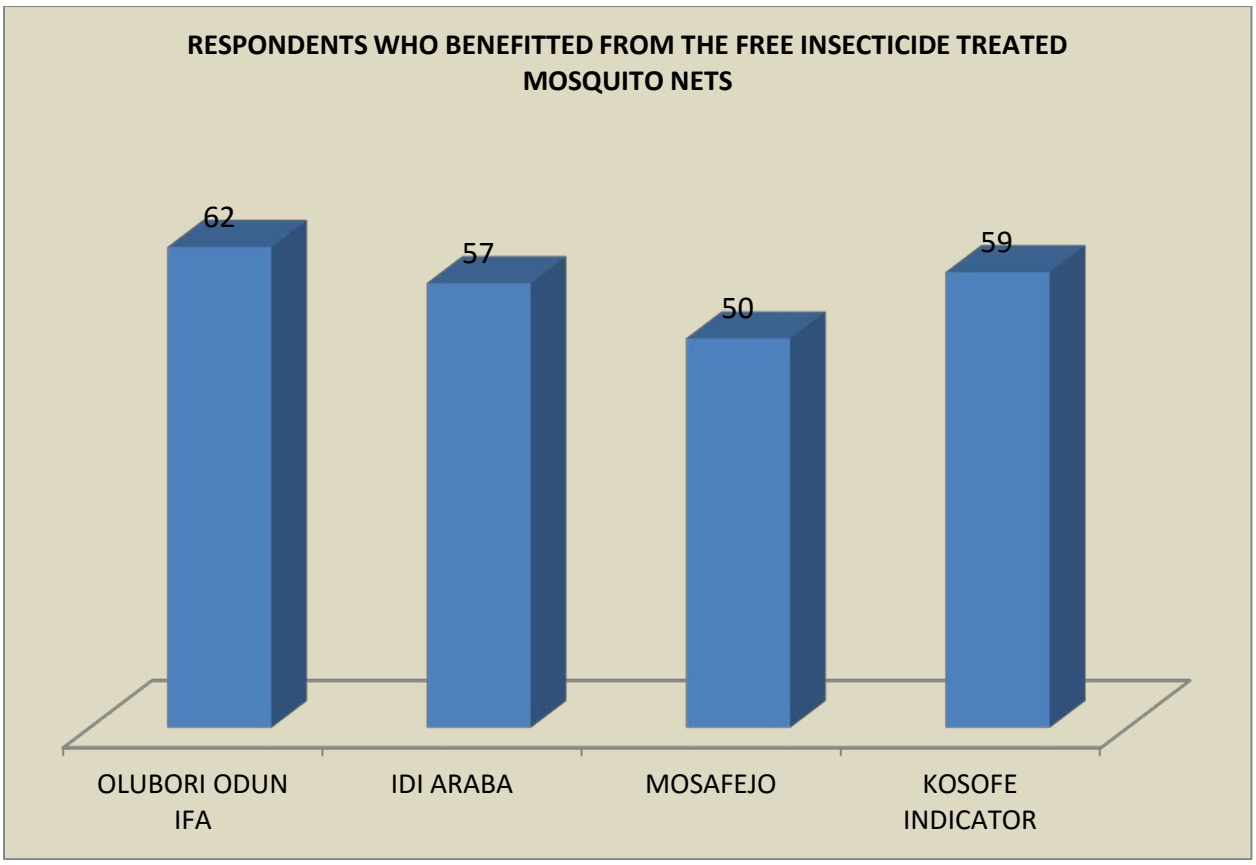


RESPONDENTS WHO BENEFITTED FROM THE FREE INSECTICIDE TREATED MOSQUITO NETS

The survey further determined whether the residents of these communities benefited from the free Insecticide Treated Mosquito Nets. Across Kosofe Local Government Area. The result showed that only 59% of the household members claimed that they had benefitted from the free Insecticide Treated Mosquito Nets while the remaining 41% were to the contrary.

Disaggregating the results to the community level, respondents in Olubori Odun Ifa (62%), Idi Araba (57%) and Mosafejo (50%) affirmed that they had benefitted from the free Insecticide Treated Mosquito Nets.

Chart 63: RESPONDENTS WHO BENEFITTED FROM THE FREE INSECTICIDE TREATED MOSQUITO NETS



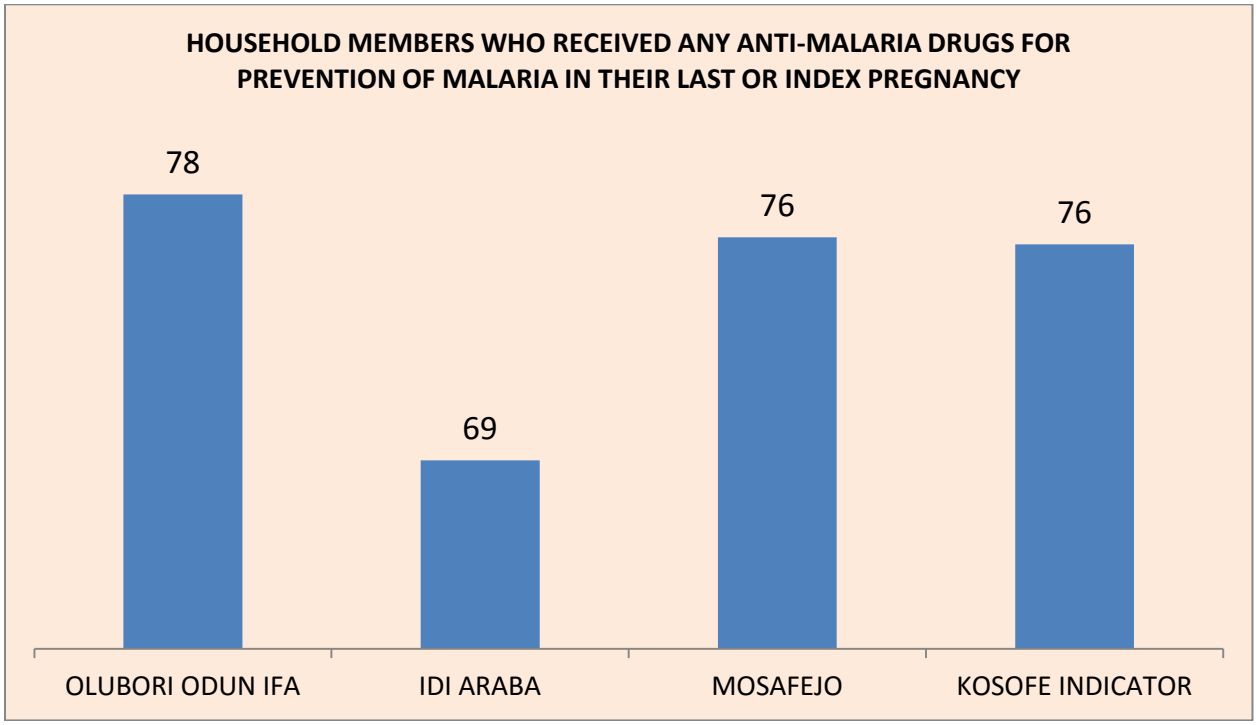
HOUSEHOLD MEMBERS WHO RECEIVED ANTI-MALARIA DRUGS FOR PREVENTION OF MALARIA IN THEIR LAST OR INDEX PREGNANCY

Anti-malaria medication is used both to treat and prevent malaria. The type and duration of drug(s) depend on the type of malaria, its severity and if the patient is pregnant. The pregnant woman is expected to receive Sulphadoxine Pyrimethamine (SPs) to prevent malaria during pregnancy.

The survey analysis revealed that majority (76%) of the sampled household members across these three communities in Kosofe Local Government Area declared that they received Anti-Malaria drugs for prevention of Malaria in their last or index pregnancy while a smaller proportion (24%) disclosed that they did not receive any Anti-malaria drugs in their last or index pregnancy.

Disaggregation of the results (according to the community) showed that households in Olubori Odun Ifa (78%), Mosafejo (76%) and Idi Araba (69%) strongly affirmed that they received Anti-Malaria drugs in their last or index pregnancy.

Chart 64: HOUSEHOLD MEMBERS WHO RECEIVED ANTI-MALARIA DRUGS FOR PREVENTION IN THEIR LAST OR INDEX PREGNANCY

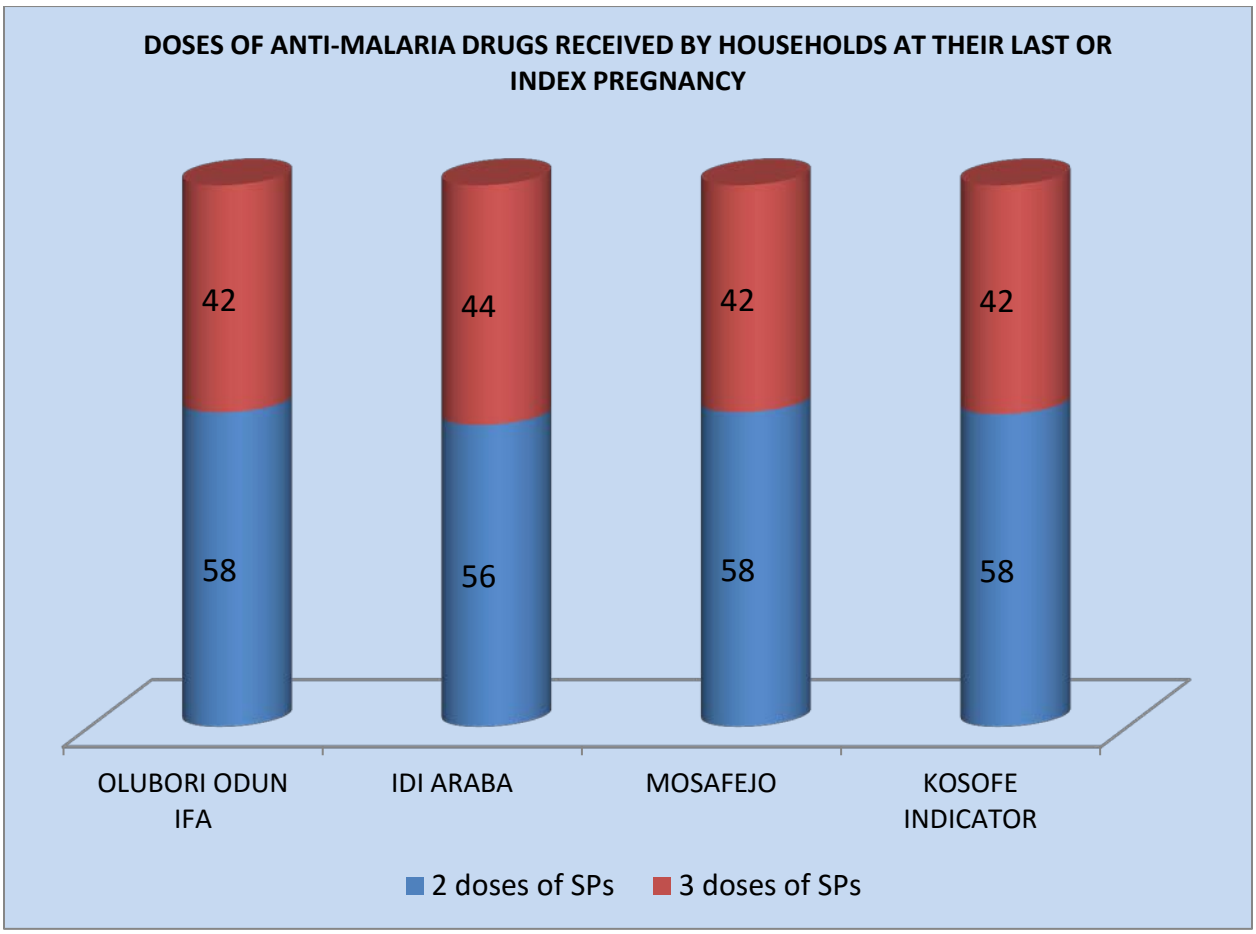


DOSES OF ANTI-MALARIA DRUGS RECEIVED BY HOUSEHOLDS AT THEIR LAST OR INDEX PREGNANCY

For the prevention of malaria during pregnancy, a required number of doses of anti-malaria drugs such as Sulphadoxine Pyrimethamine (SPs) must be received by pregnant women. Therefore, further analysis of the survey across Kosofe Local Government Area showed that 58% of the sampled household members in these communities received two (2) doses of SPs in their last or index pregnancy while 42% claimed to have received 3 doses of SPs.

Looking at the results of the survey at the community level, more than half of the respondents in Olubori Odun Ifa (58%), Mosafejo (58%) and Idi Araba (56%) declared that 2 doses of SPs was received at their last or index pregnancy whereas a small proportion of respondents in Idi Araba (44%), Olubori Odun Ifa (42%) and Mosafejo (42%) stated that 3 doses of SPs were received.

Chart 65: DOSES OF ANTI-MALARIA DRUGS RECEIVED BY HOUSEHOLDS AT THEIR LAST OR INDEX PREGNANCY

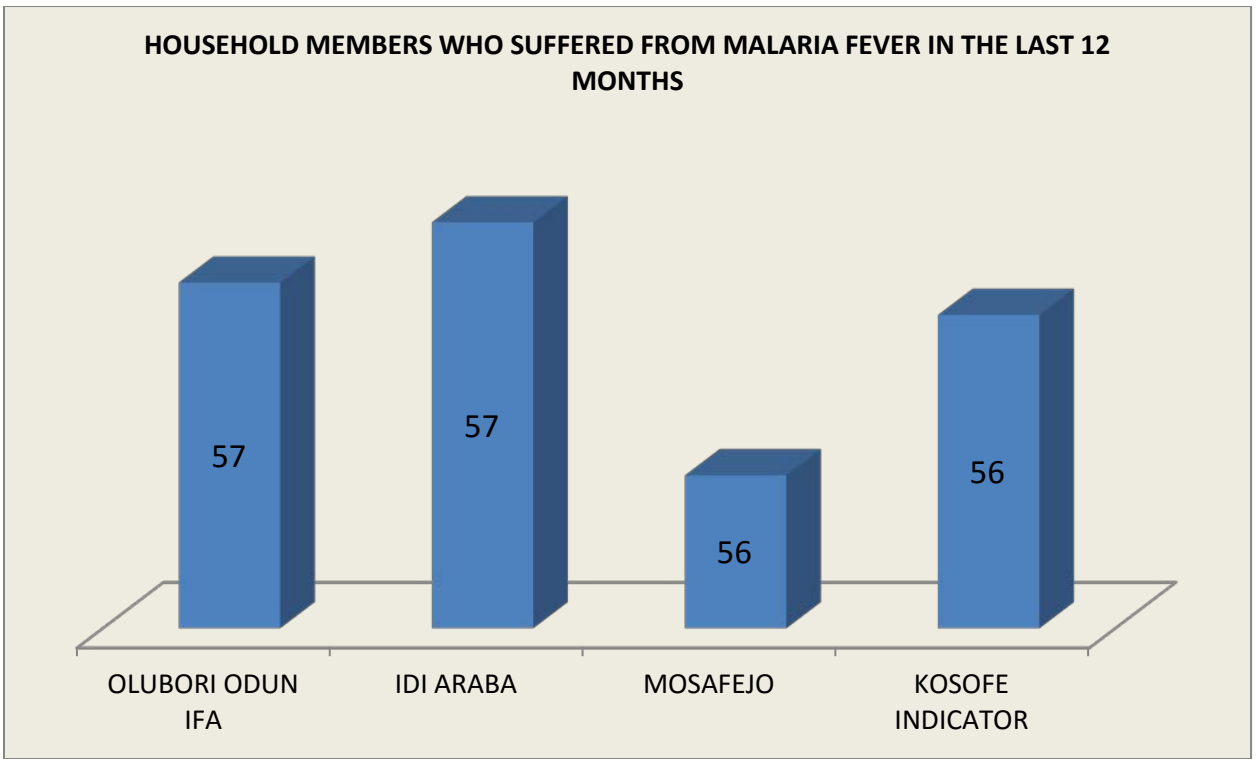


HOUSEHOLD MEMBERS WHO SUFFERED FROM MALARIA FEVER IN THE LAST 12 MONTHS

The survey also tried to find out the household members who had malaria fever in Olubori Odun Ifa, Idi Araba and Mosafejo communities in Kosofe Local Government Area in the preceding 12 months. The findings showed that only 56% of the sampled households across the Local Government had Malaria fever while the remaining 44% alleged that no member of their households had Malaria fever in the preceding 12 months.

The breakdown at community level revealed that more than half of the sampled household members in Olubori Odun Ifa (57%), Idi Araba (57%) and Mosafejo (56%) declared that members of their household had malaria fever in the preceding 12 months.

Chart 66: HOUSEHOLD MEMBERS WHO SUFFERED FROM MALARIA FEVER IN THE LAST 12 MONTHS

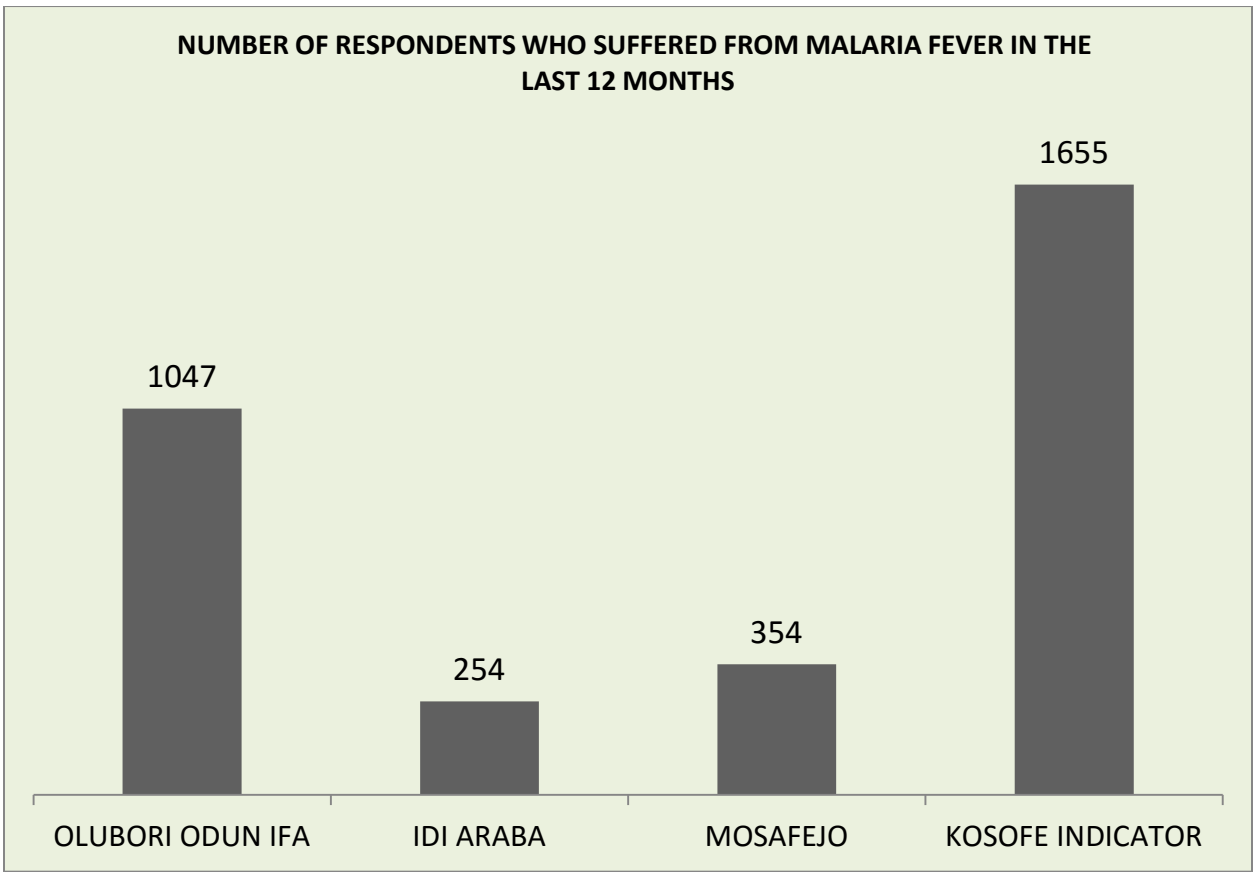


NUMBER OF RESPONDENTS WHO SUFFERED FROM MALARIA FEVER IN THE LAST 12 MONTHS

The survey also tried to determine the number of household members who had Malaria fever in the three communities. The results showed a total of 1,655 household members in the studied Ward who reportedly had malaria fever in the preceding 12 months.

At the community level, the households in Olubori Odun Ifa recorded the highest with 1,047 Malaria fever cases, followed by households in Mosafejo which accounted for 354 malaria cases while Idi Araba community recorded 254 cases of household members who had malaria fever.

Chart 67: NUMBER OF RESPONDENTS WHO SUFFERED FROM MALARIA FEVER IN THE LAST 12 MONTHS



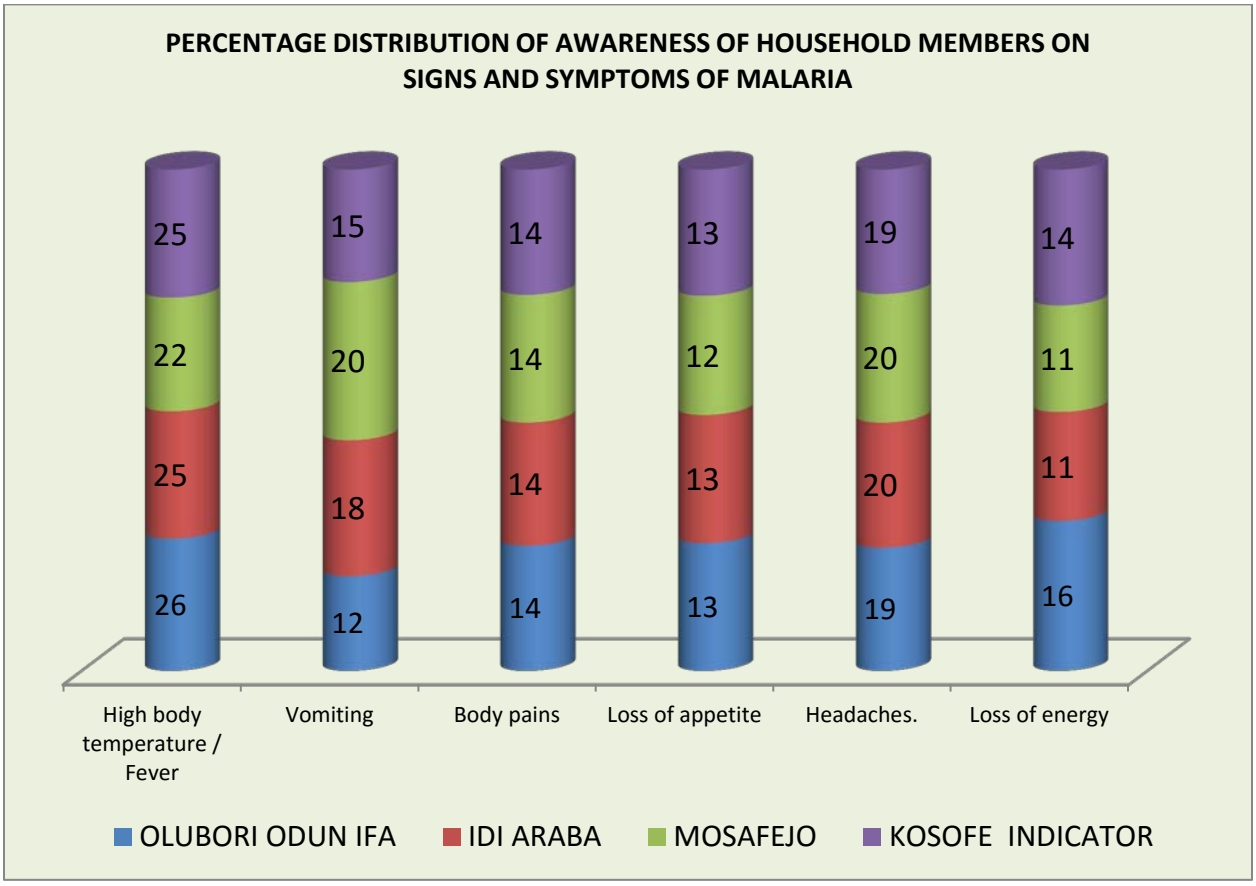
SIGNS AND SYMPTOMS OF MALARIA

The survey also tried to investigate the household members' awareness or knowledge of various signs and symptoms of malaria fever. The Ward level result showed that 25% of the household members knew that high body temperature/fever is a symptom of malaria, 19% were aware that headache is a symptom of malaria, 15% knew that vomiting is symptom. Similarly, 14% each claimed that body pains and loss of energy are symptoms of malaria respectively while 13% of the respondents are aware that loss of appetite is a symptom of the disease.

At the community level, respondents in Olubori Odun Ifa (26%), Idi Araba (25%) and Mosafejo (22%) indicated **high body temperate/fever** as a symptom of malaria. In addition, household members in Idi Araba (20%) and Mosafejo (20%) and Olubori Odun Ifa (19%) signified **headache** as a symptom of malaria. However, 20%, 18% and 12% of the households in Mosafejo, Idi Araba and Olubori Odun Ifa respectively stated that **vomiting** is a symptom of malaria respectively. On the other hand, 16%, 11% and 11% respondents in Olubori Odun Ifa, Idi Araba and Mosafejo respectively declared that **loss of energy** is a symptom. Similarly, 14% of respondents each in Olubori Odun Ifa, Idi Araba *and Mosafejo* acknowledged that **body pains** is a symptom of malaria while 13%, 13% 12% of the

household members in Olubori Odun Ifa, Idi Araba and Mosafejo signified that **loss of appetite** is a symptom of malaria.

Chart 68: PERCENTAGE DISTRIBUTION OF AWARENESS OF HOUSEHOLD MEMBERS ON SIGNS AND SYMPTOMS OF MALARIA



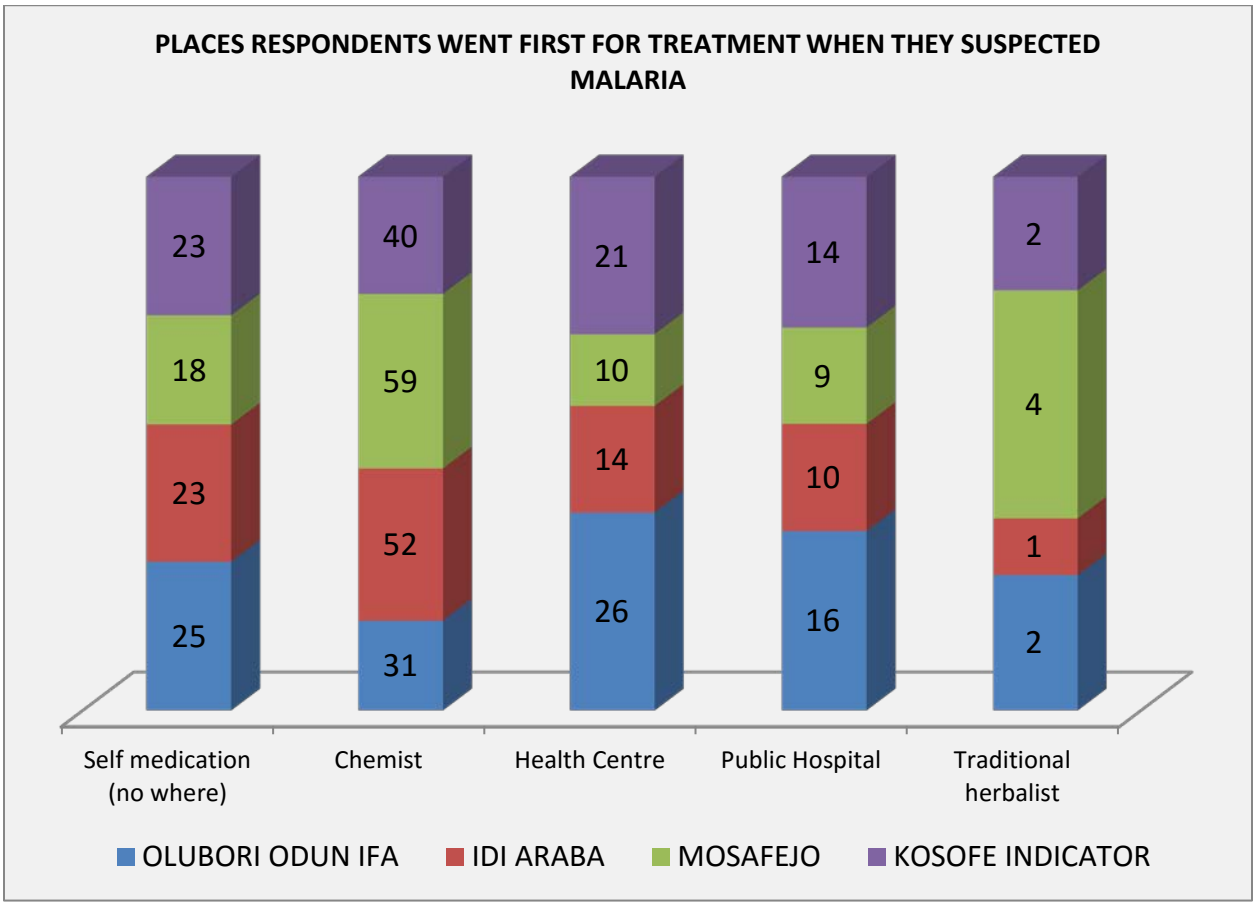
PLACE WHERE RESPONDENTS WENT FIRST FOR TREATMENT WHEN THEY SUSPECTED MALARIA

Medical practitioners should be consulted for the treatment of malaria fever. Some people have formed the habit of applying self medication when they suspected malaria. In this survey, household members in Olubori Odun Ifa, Idi Araba and Mosafejo communities in Kosofe Local Government were asked where they first sought treatment when they suspected malaria fever.

The finding of this survey at the Local Government level revealed that 40% of the sampled respondents in these communities sought treatment of malaria at the Chemist, 23% sought treatment through Self Medication (No where), 21% sought treatment at a Health Centre, only 14% sought treatment at Public Hospital while 2% visited Traditional herbalists to obtain treatment for suspected malaria.

At the community level, 59%, 52% and 31% of the household members in Mosafejo, Idi Araba and Olubori Odun Ifa respectively sought treatment at the Chemist whereas 25%, 23% and 18% of the respondents in Olubori Odun Ifa, Idi Araba and Mosafejo respectively sought treatment of malaria through Self Medication. On the other hand, 26%, 14% and 10% of these respondents in Olubori Odun Ifa, Idi Araba and Mosafejo respectively visited Health Centre for the treatment of malaria whereas 16%, 10% and 9% of the sampled households in Olubori Odun Ifa, Idi Araba and Mosafejo respectively sought treatment at Public Hospitals. Moreover, 4%, 2% and 1% of respondents in Mosafejo, Olubori Odun Ifa and Idi Araba respectively visited Traditional herbalist for treatment of malaria.

Chart 69: PLACES WHERE RESPONDENTS WENT FIRST FOR TREATMENT WHEN THEY SUSPECTED MALARIA



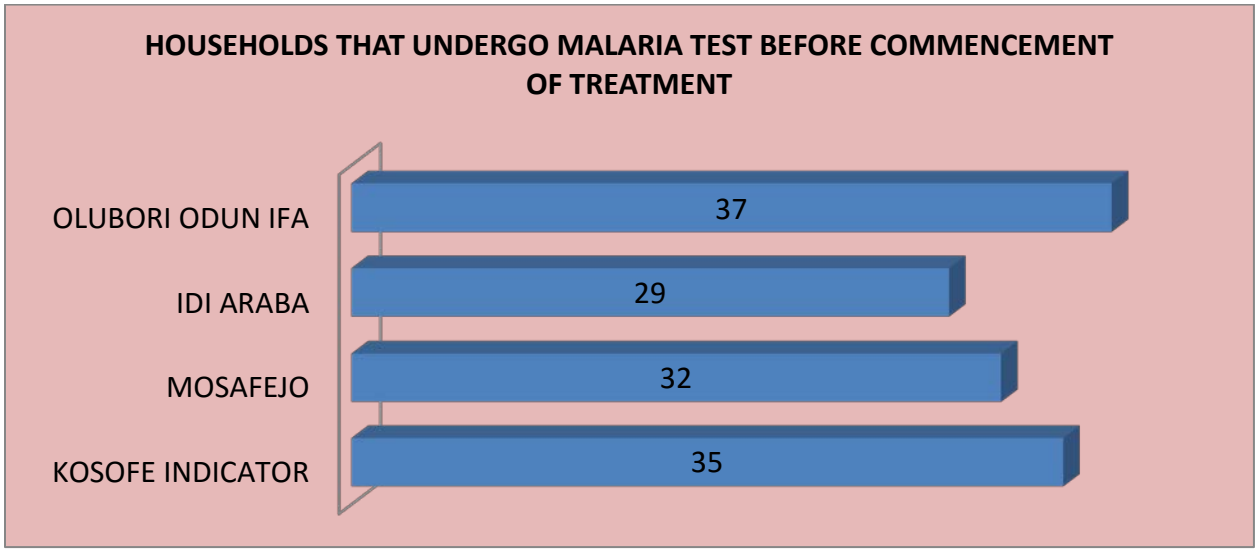
HOUSEHOLDS THAT UNDERGO MALARIA TEST BEFORE COMMENCEMENT OF TREATMENT

In order to ensure an effective treatment of malaria, it is expected that a series of test be undertaken before the treatment and this will enable the doctor to quickly prescribe the right treatment and medicine.

The Ward level analysis revealed that 35% of the sampled respondents, irrespective of their communities, carried out (blood) test before the treatment of Malaria. Households in

Olubori Odun Ifa community with 37% recorded the highest, followed by Mosafejo 32% and Idi Araba 29%.

Chart 70: HOUSEHOLDS THAT UNDERGO MALARIA TEST BEFORE COMMENCEMENT OF TREATMENT



TYPES OF DRUGS USED FOR TREATMENT OF MALARIA FOR ADULT

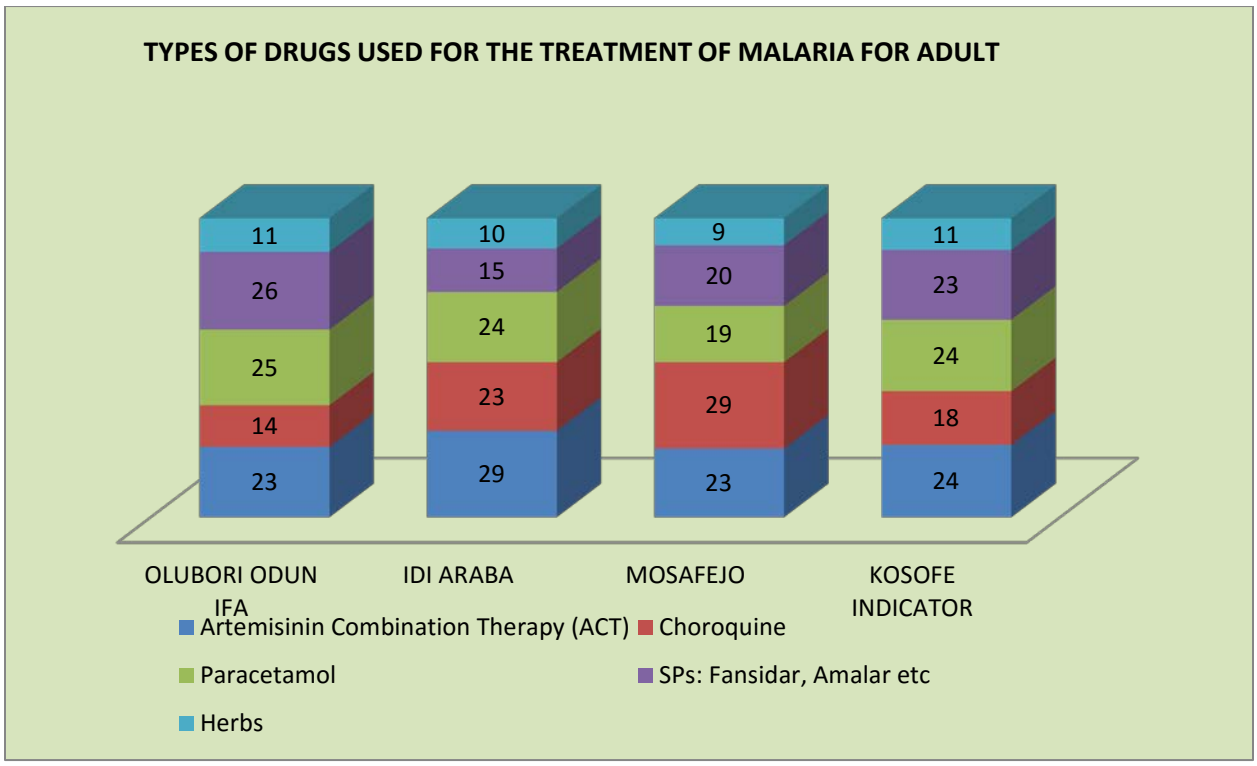
Drugs are always prescribed for adults in treating malaria parasite. Most of these drugs that are used by adult vary greatly in usage in accordance with their body systems and reactions. The types of drugs that are commonly used by adult in the treatment of malaria are as follows: Artemisinin Combination Therapy (24%), Paracetamol (24%),SPs: Fansidar; Amalar (23%), Chloroquine (18%),and Herbs (11%).

The analysis revealed that Mosafejo community (29%) had the highest proportion of respondents that use Artemisinin Combination Therapy for the treatment of malaria, followed by Olubori-Odunifa and Idi Araba each having 23%.

The community that uses more of SPs is Olubori/ OdunIfa with 26% while Mosafejo and Idi Araba had 20% and 18% respectively.

Chloroquine is mostly used in Mosafejo (29%) and Paracetamol in Olubori/ OdunIfa (25%).

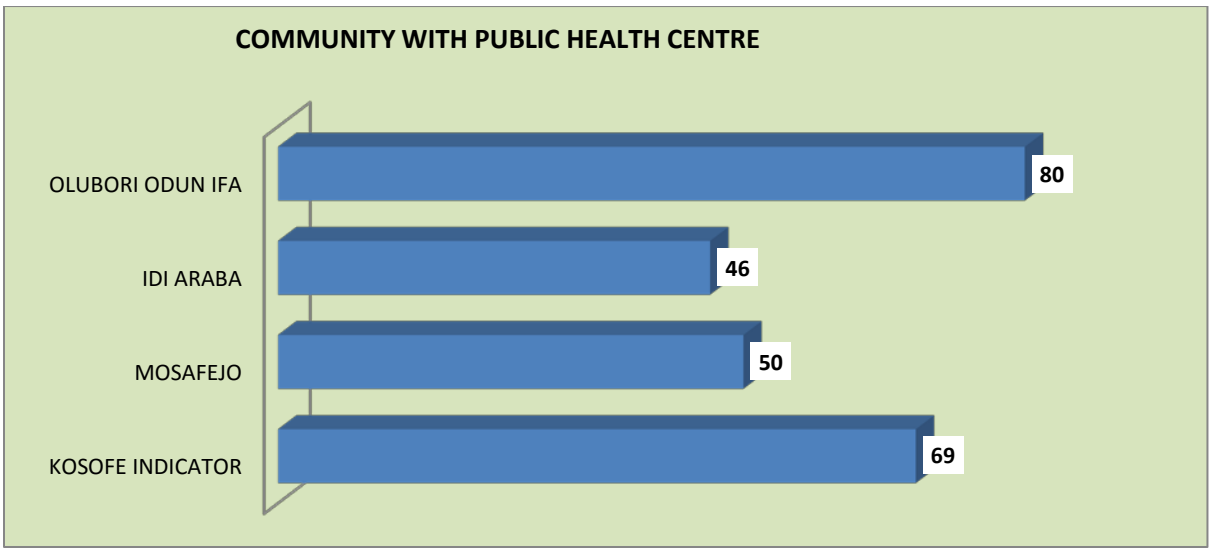
Chart 71: TYPES OF DRUGS USED FOR THE TREATMENT OF MALARIA FOR ADULT



COMMUNITY WITH PUBLIC HEALTH CENTRE

One of the basic facilities that must be established in the community for the development of a sustainable health care system is an efficient Public Hospital/Health Centre. The Ward level analysis revealed that 69% of the respondents confirmed the availability of Public Hospital/ Primary Health Centre within the studied Ward. However, community level disaggregation showed that Olubori Odun Ifa(80%) recorded the highest proportion of respondents who confirmed the existence of health facilities within the community, followed by Idi Araba(54%) and Mosafejo(50%).

Chart 72: COMMUNITY WITH PUBLIC HEALTH CENTRE

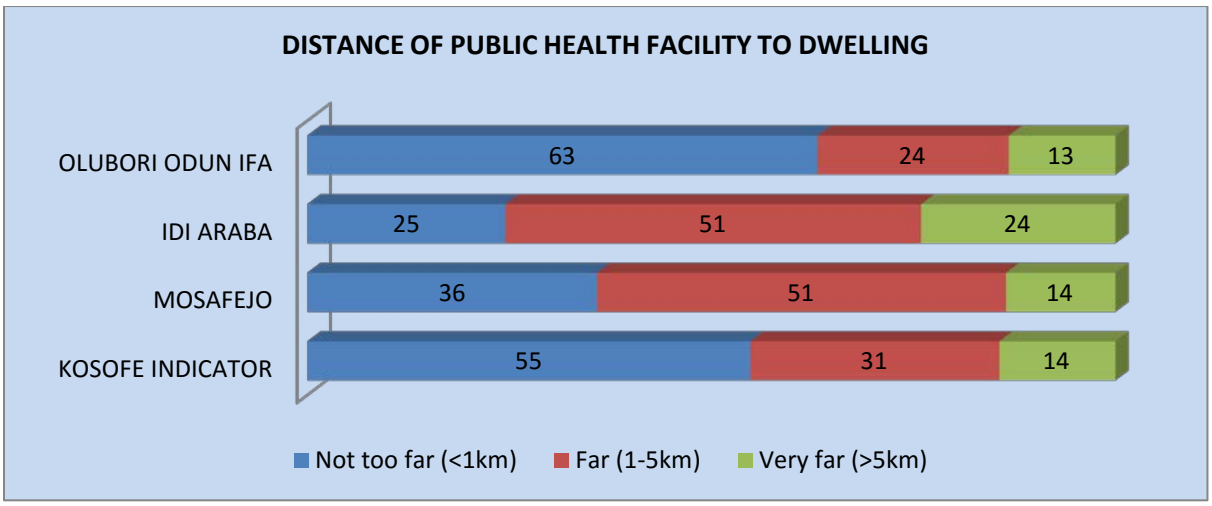


DISTANCE OF PUBLIC HEALTH FACILITY TO DWELLING

One of the objectives of the authority in the local government is to ensure nearness of health facilities to the people for easy access. Location of health Centre within 5km radius or walking distance especially in hard-to-reach areas in order to reduce disparity in access between the LGAs. The distance an individual has to travel to access health care services usually has a bearing on one's preference of the type of health care source utilized. The survey result showed that 55% of the respondent confirmed a distance of less than 1 km to their place of health facility, 31% of them covered a distance of 1-5 km while the remaining 14% will cover more than 5km before reaching the Public Health Facility.

Community level analysis showed that 63% of respondents in Olubori Odun Ifa, 36% in Mosafejo(36%) and 25% in Idi Araba communities reportedly covered a distance less than 1 km to reach their health facilities. On the contrary, those who go too far a distance of more than 5 km before accessing public Health Facility were noticeable in Idi Araba(24%) and Mosafejo(14%).

Chart 73: DISTANCE OF PUBLIC HEALTH FACILITY TO DWELLING

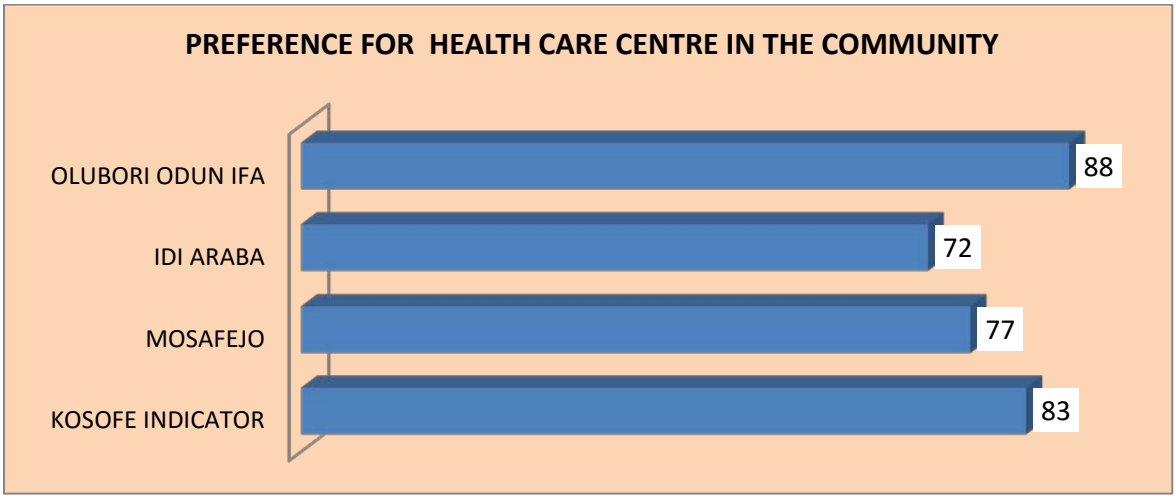


PREFERENCE FOR HEALTH CARE CENTRE IN THE COMMUNITY

Ensuring availability of health facilities within communities should be an essential strategy used by government at bringing health care closer to the masses. The responses sought from the people on whether having quick access to health care in the community will make a difference and improve their health condition showed that most of the populace(83%) responded to the fact that an established health center in their community will make significant difference in the kind of health care they received.

The preference for whether the location of health center in the community will bring the desire benefits to the people was greatly revealed in the following Communities: Olubori Odun Ifa(88%),Mosafejo(77%) and Idi Araba(72%).

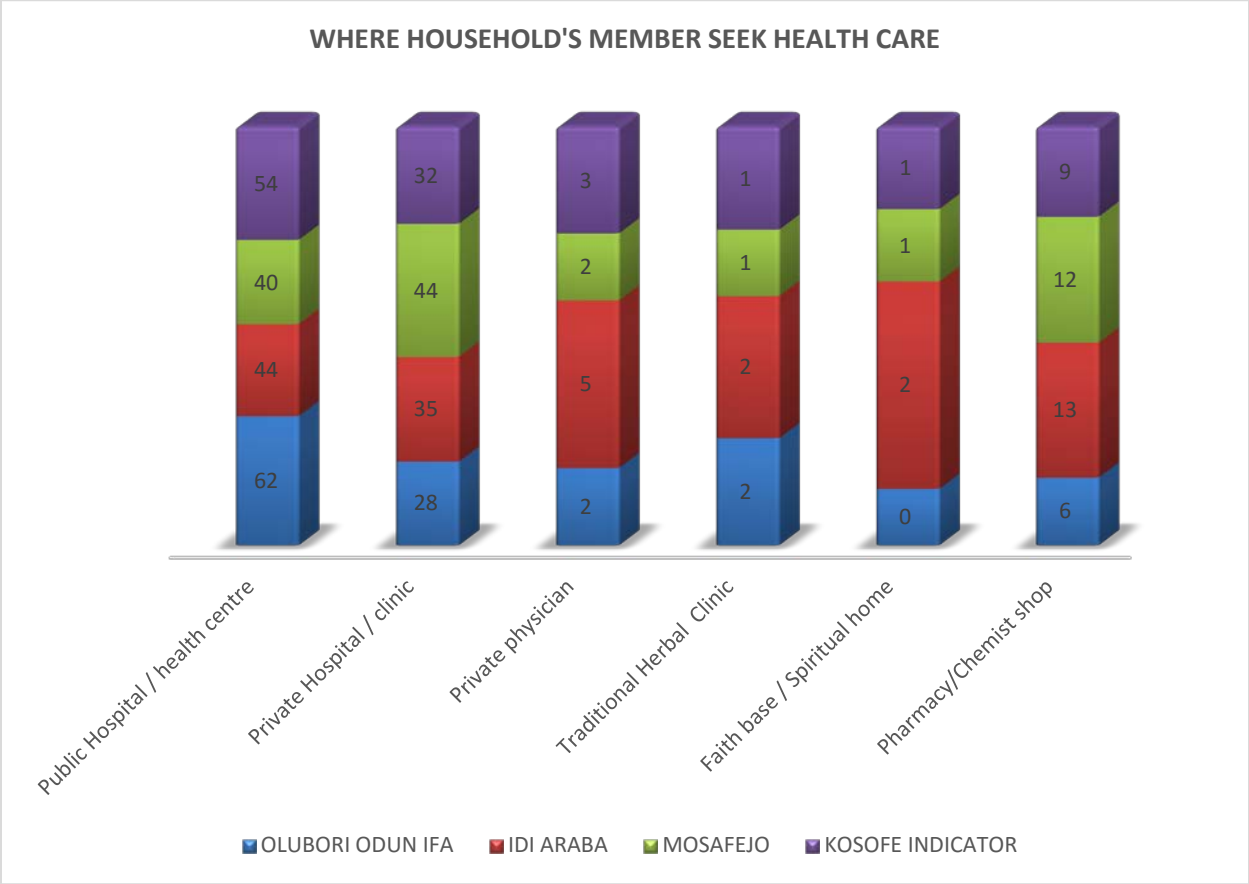
Chart 74: PREFERENCE FOR HEALTH CARE CENTRE IN THE COMMUNITY



WHERE HOUSEHOLD'S MEMBER SEEK HEALTH CARE

As revealed by the survey, 54% patronized Public Hospital/ Health Centre, 32% use Private Hospital/ Clinic and 3% seek health care with Private Physician. The remaining 11% seek health care from unorthodox sources such as 1% each from Traditional Herbal Clinic and Faith based/ Spiritual Homes while 9% use Pharmacy/ Chemist shop. The study further showed that inhabitants of Olubori Odun-Ifa Community Ward had a good health seeking behavior as attested to by 92% of the respondent, going by the result obtained from Public Hospital, Private Hospital and Private Physician. This is followed by Mosafejo with 86% and Idi-Araba 84%.

Chart 75: WHERE HOUSEHOLD'S MEMBER SEEK HEALTH CARE

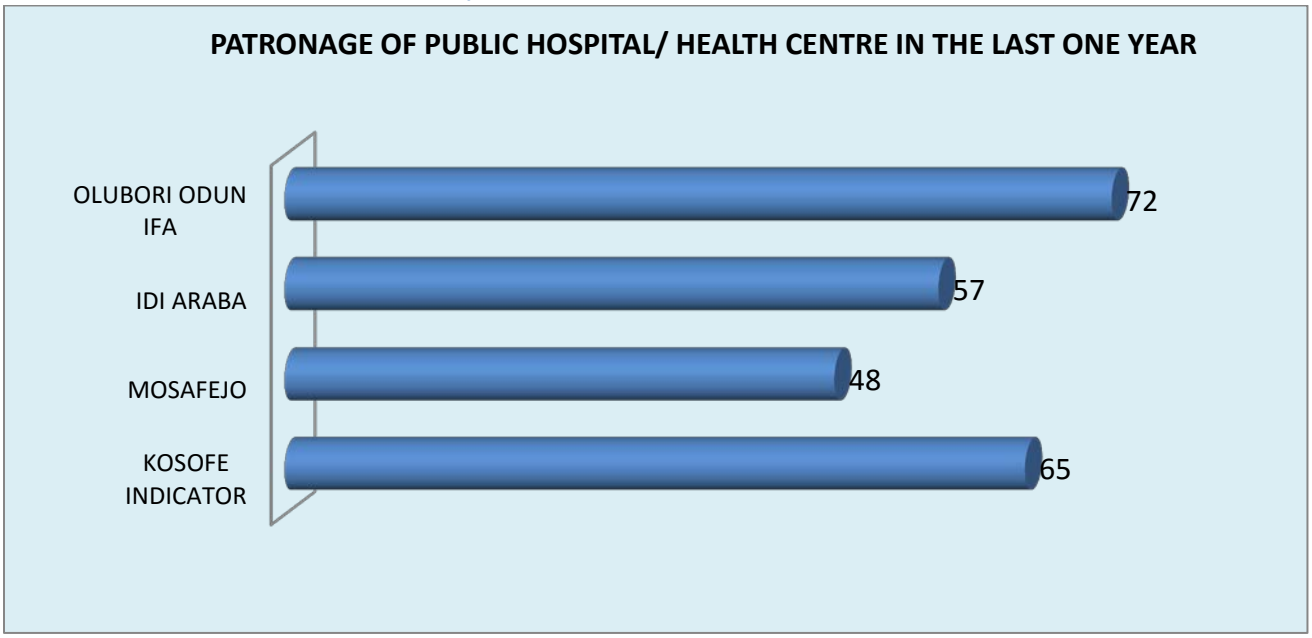


PATRONAGE OF PUBLIC HOSPITAL/ HEALTH CENTRE IN THE LAST ONE YEAR

The number of patronage of Public Hospital/Health Center by the people in the community is an indication of the level of awareness and importance attached to the growth and maintenance of good health care. The study showed that 65% of the people in Kosofe patronised Public Hospital/Health Center in the last 1 year.

Community level analysis revealed that Olubori Odun Ifa recorded highest proportion of people that patronized Public Hospitals (72%), followed by Idi Araba (57%) and Mosafejo(48%).

Chart 76: PATRONAGE OF PUBLIC HOSPITAL/ HEALTH CENTRE IN THE LAST ONE YEAR

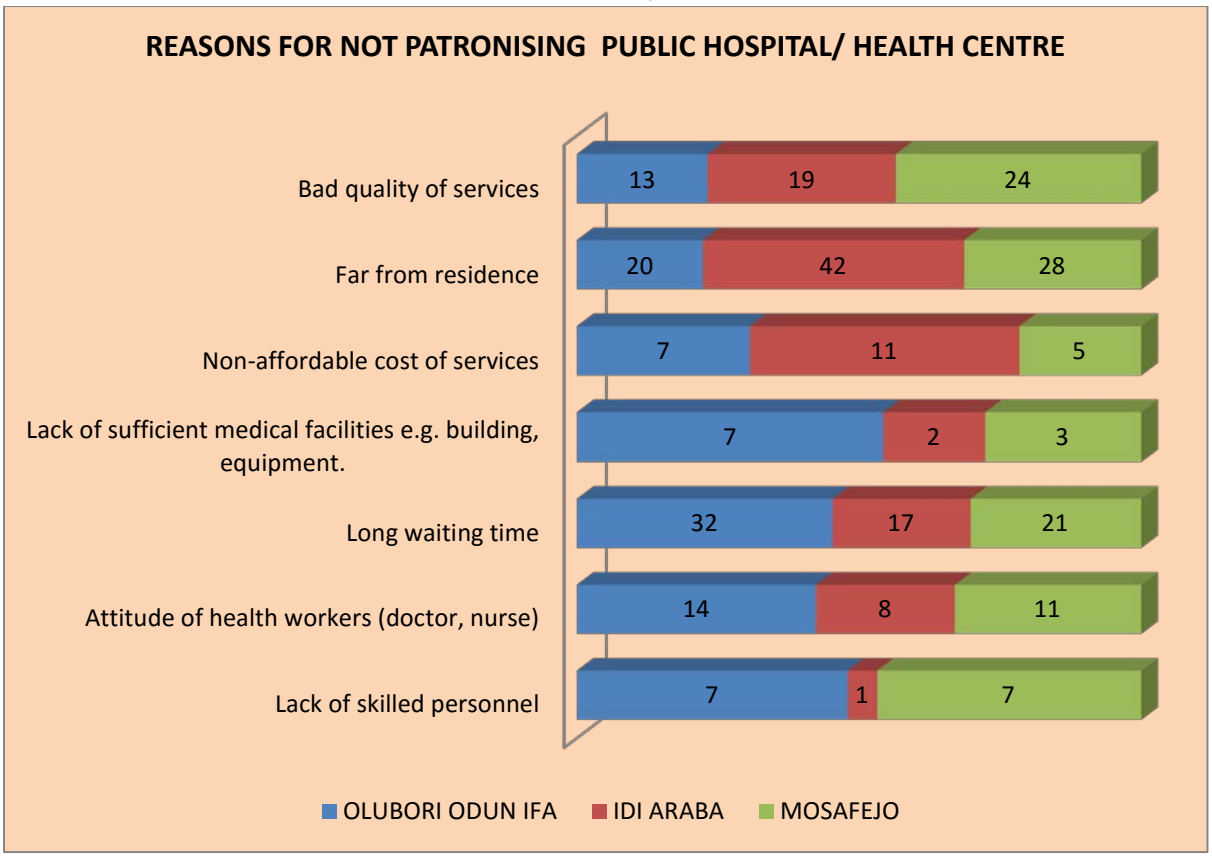


REASONS FOR NOT PATRONISING PUBLIC HOSPITAL/ HEALTH CENTRE

Various reasons were adduced by the household members for non patronage of Public Hospital/Health Centre in the last 1 year. Household from Olubori-Odunfa indicated Long waiting time (32%), Distance from residence (20%),Attitude of health workers (14%),Bad quality of services (13%),Non- affordable cost of services (7%), lack of sufficient medical facilities (7%) and lack of skilled personnel (7%) as the reason for non patronage of public Hospitals.

However, respondents from Idi Araba attributed it majorly to Distance from residence (42%), Bad quality service and Long waiting time as attested to by 19% and 17% of the respondents. Similar trends were revealed by Mosafejo household members who indicated Distance from residence (28%), Bad quality service and Long waiting time as attested to by 24% and 21% of the respondents.

Chart 77: REASONS FOR NOT PATRONISING PUBLIC HOSPITAL/ HEALTH CENTRE

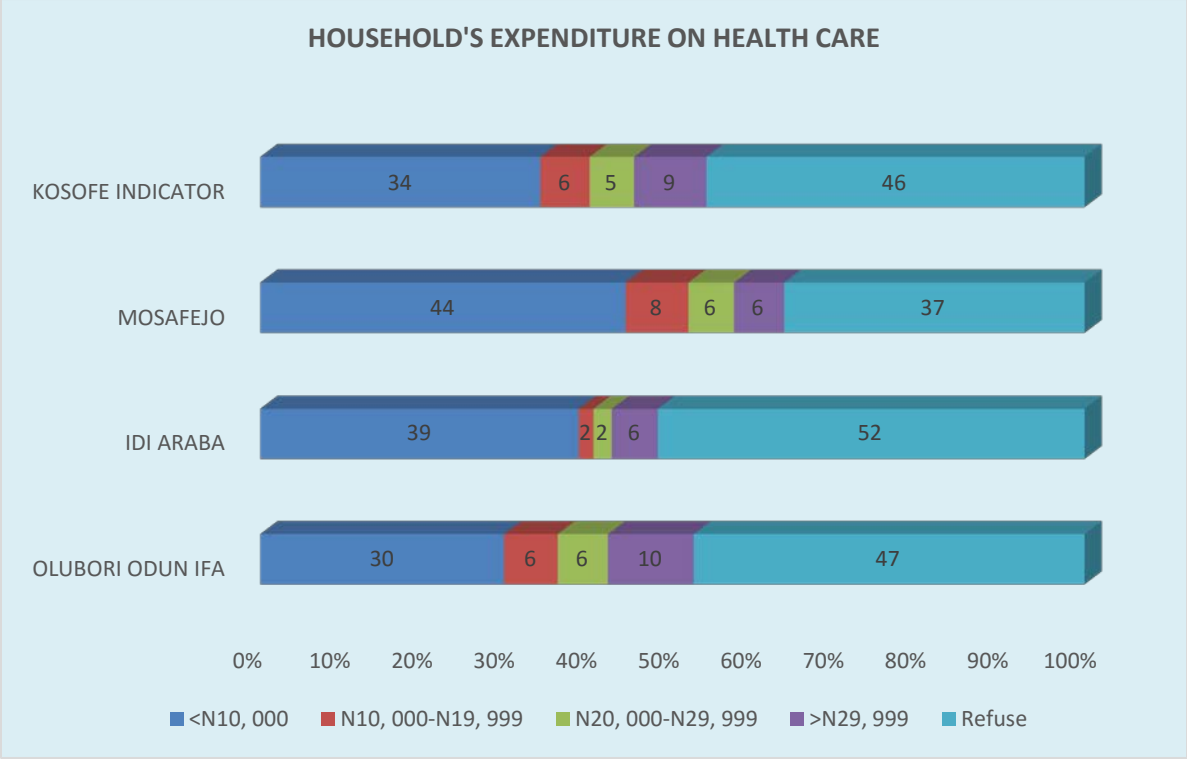


HOUSEHOLD'S EXPENDITURE ON HEALTH CARE

The measure of health care expenditure at level of household includes the travel and consultation costs and drugs. The percentage of total household expenditures used for health care services increases with the level of household income.

The result of the study revealed that most of respondents (46%) refuse to indicate their expenditure on health care perhaps for the fear of tax related matters. However, 34% spend less than ₦10,000; 6% between ₦10,000 and ₦19,99; 5% between ₦20,000 and ₦29,999 while those that spend more than ₦29,999 recorded 9%

Chart 78: HOUSEHOLD'S EXPENDITURE ON HEALTH CARE

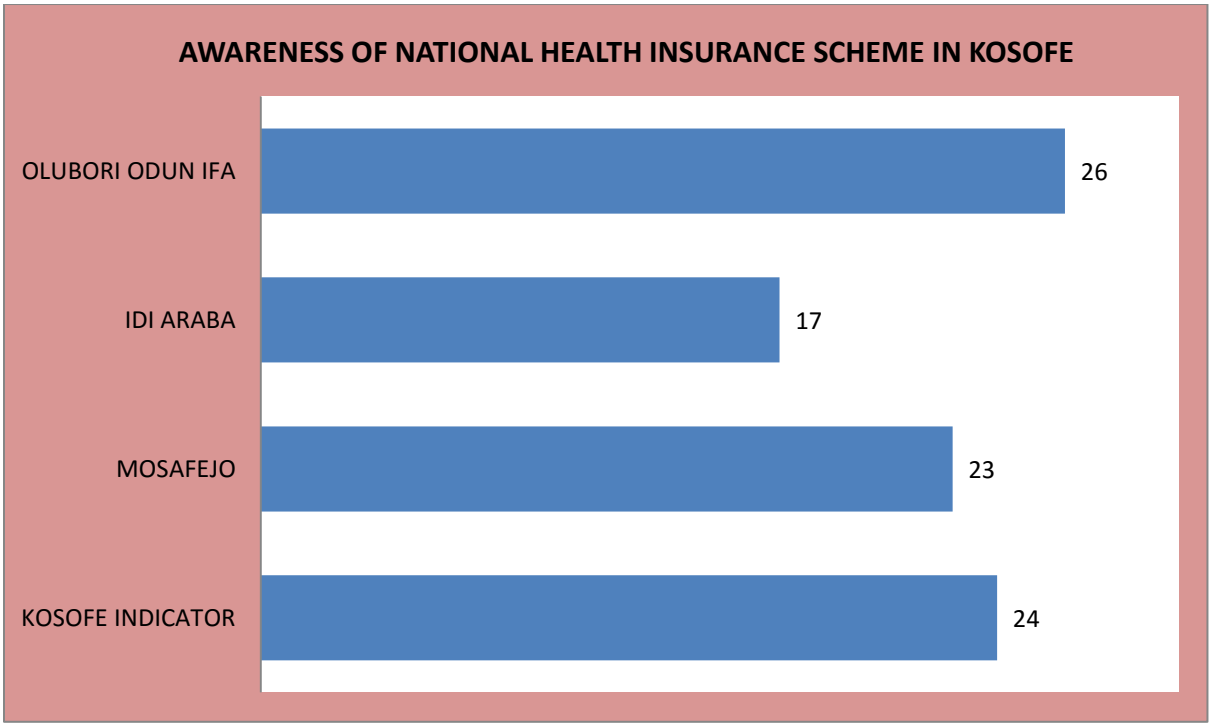


AWARENESS OF NATIONAL HEALTH INSURANCE SCHEME IN KOSOFE

For equitable access to health care in Nigeria, the government has introduced the National Health Insurance Scheme (NHIS) as an alternative source of funding for a rapidly extending and increasingly costly health care system. This study assessed the level of awareness of NHIS by health care consumers in the slum communities and it was found out that the level of awareness was very low. Only 24% of the respondents irrespective of their communities indicated awareness of NHIS Scheme.

Community specific indicators also revealed that respondents from Olubori Odun Ifa(26%), followed by Mosafejo(23%) and Idi Araba(17%) claimed to be aware of such Scheme.

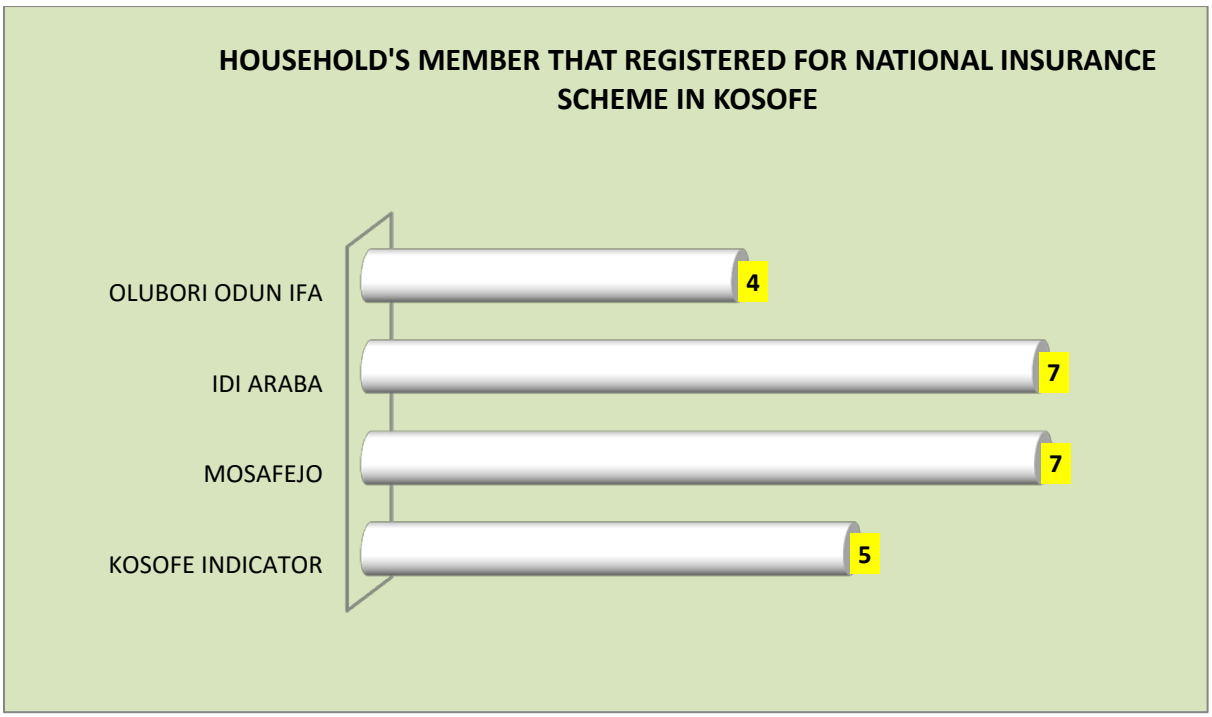
Chart 79: AWARENESS OF NATIONAL HEALTH INSURANCE SCHEME IN KOSOFE



HOUSEHOLD'S MEMBER THAT REGISTERED FOR NATIONAL INSURANCE SCHEME IN KOSOFE

The study confirmed that 5% of those who were aware of the National Health Insurance Scheme in Kosofe actually registered for the scheme. The two communities: Idi Araba (7%) and Mosafejo (7%) top those who registered for the NIHS while 4% of respondents from Olubori-OdunIfa reported same.

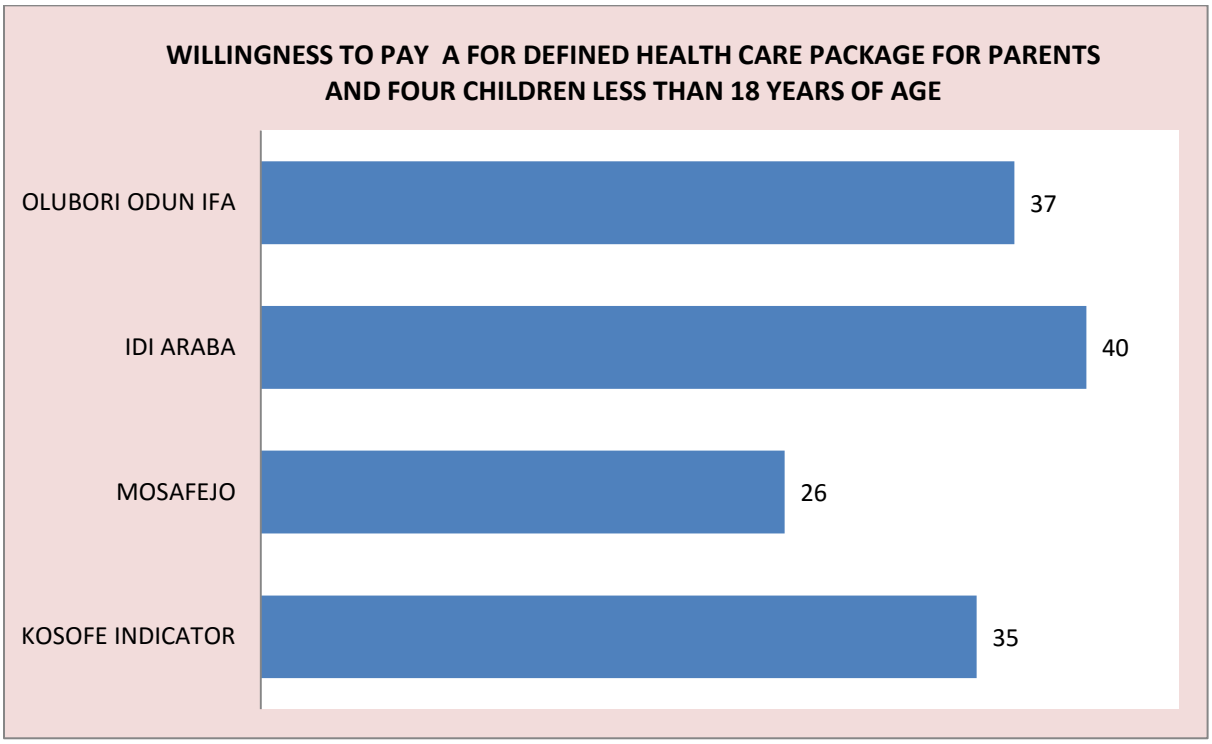
Chart 80: HOUSEHOLD'S MEMBER THAT REGISTERED FOR NATIONAL INSURANCE SCHEME IN KOSOFE



WILLINGNESS TO PRE-PAY A DEFINED HEALTH CARE PACKAGE FOR PARENTS AND FOUR CHILDREN LESS THAN 18 YEARS OF AGE

A Prepaid health care package for parents and four children less than 18 years of age is a health care strategy for the pulling of household resources together which allow participant to have easy access to maximum health care in the Hospital. The result showed that 35% of the respondents across the studied slums are willing to pay for the define packages. Most of them were from Idi Araba (40%), Olubori odun Ifa (37%) and Mosafejo (26%).

Chart 81: WILLINGNESS TO PAY FOR A DEFINED HEALTH CARE PACKAGE FOR PARENTS AND FOUR CHILDREN LESS THAN 18 YEARS OF AGE

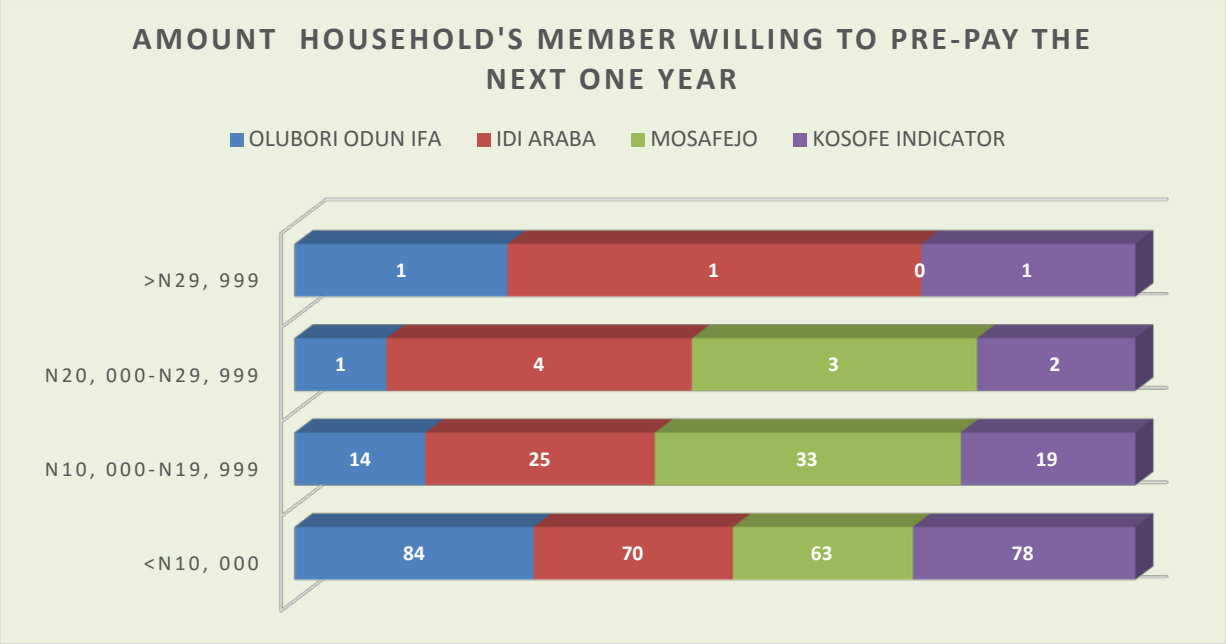


AMOUNT HOUSEHOLD'S MEMBER WILLING TO PAY FOR HEALTHCARE PACKAGE IN THE NEXT ONE YEAR

The study further examined the responses of household's member who were willing to pay for a defined health care package for the next one year and the results showed that 78% of respondents are willing to pay less than ₦10,000 while 19% willing to pay between ₦10,000 and ₦19,999.

More respondents are willing to pay less than ₦10,000 in Olubori /Odun Ifa with 84% followed by 70% in Idi Araba and 63% in Mosafejo. In actual fact , less than 1 % are willing to more than ₦29,999 in Mosafejo community and others has just above 1%.

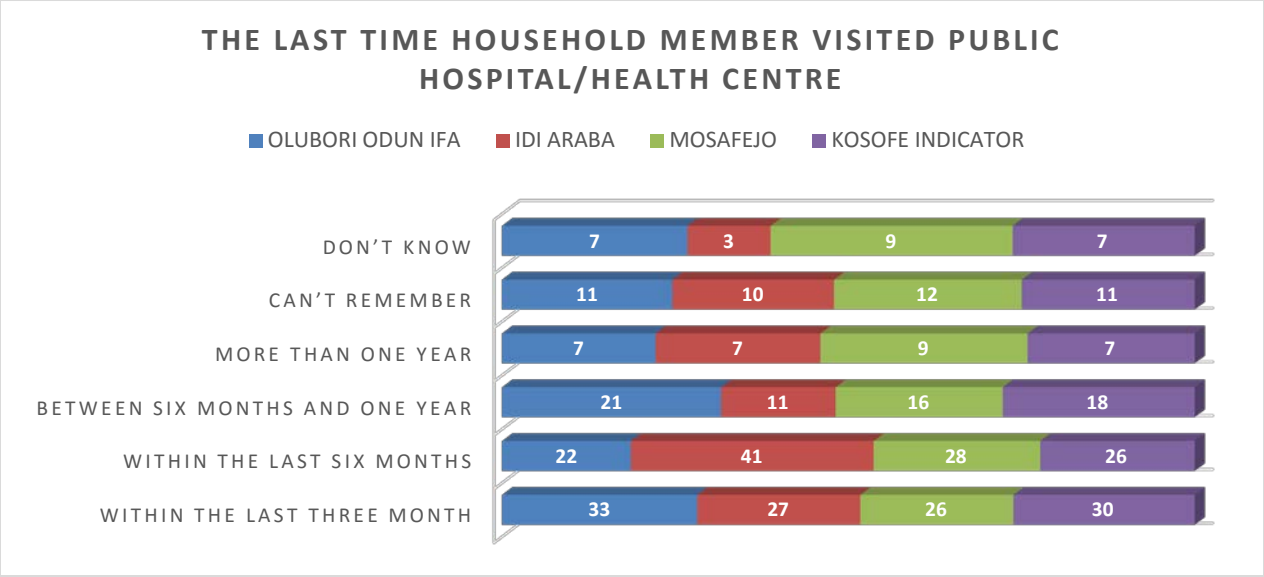
Chart 82: AMOUNT HOUSEHOLD'S MEMBER WILLING TO PRE-PAY THE NEXT ONE YEAR



THE LAST TIME HOUSEHOLD MEMBER VISITED PUBLIC HOSPITAL/ HEALTH CENTRE

The results of the study on the last time member of household visited Public Hospital/Health Centre in less than 1 year is high across the community of interest with 74%. 'Can't Remember' and 'Don't know' accounts for 18% and More than 1 year recorded 7%.

Chart 83: THE LAST TIME HOUSEHOLD MEMBER VISITED PUBLIC HOSPITAL/HEALTH CENTRE

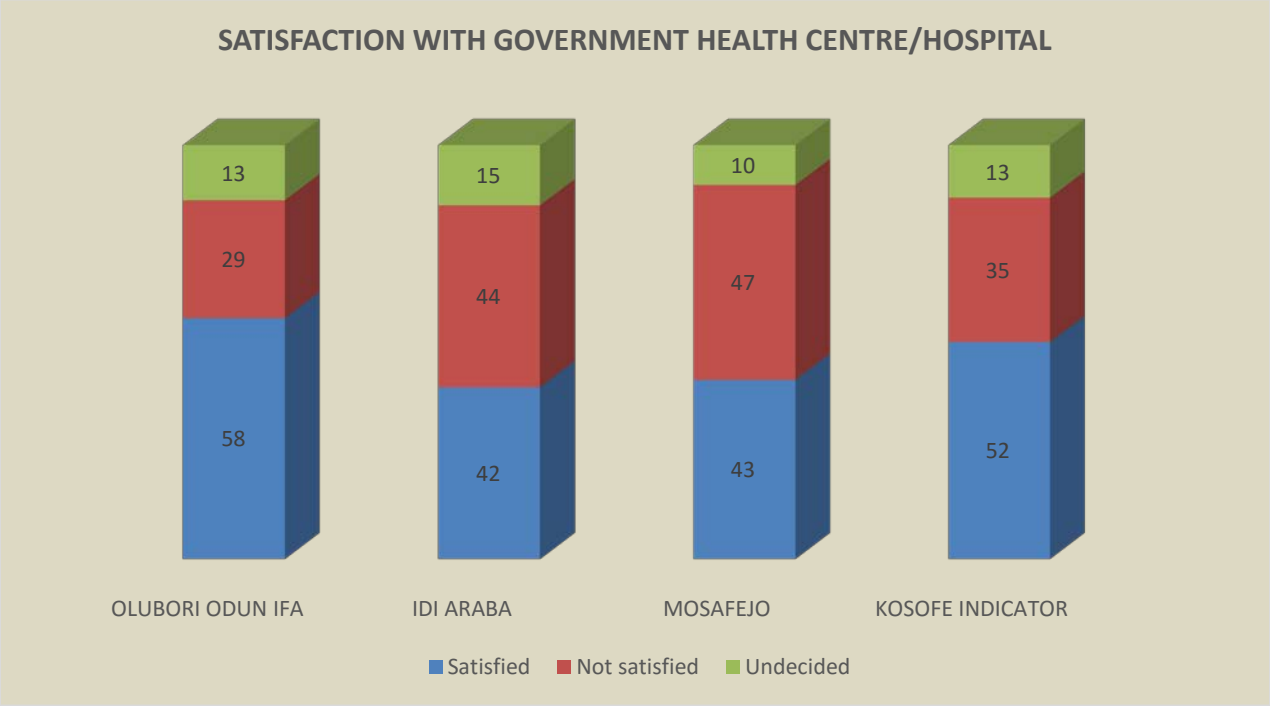


SATISFACTION WITH GOVERNMENT HEALTH CENTRE/HOSPITAL

The Satisfaction of the people with overall services provided in Government Health Centre/ Hospital and general performance are paramount to improved well being of the citizenry.

About 52% were satisfied with Government Health Centre/ Hospital, 35% are Not Satisfied and 13% Undecided. In Olubori Odun Ifa, 58% were Satisfied, Mosafejo had 47% Satisfied while Idi Araba had 44%.

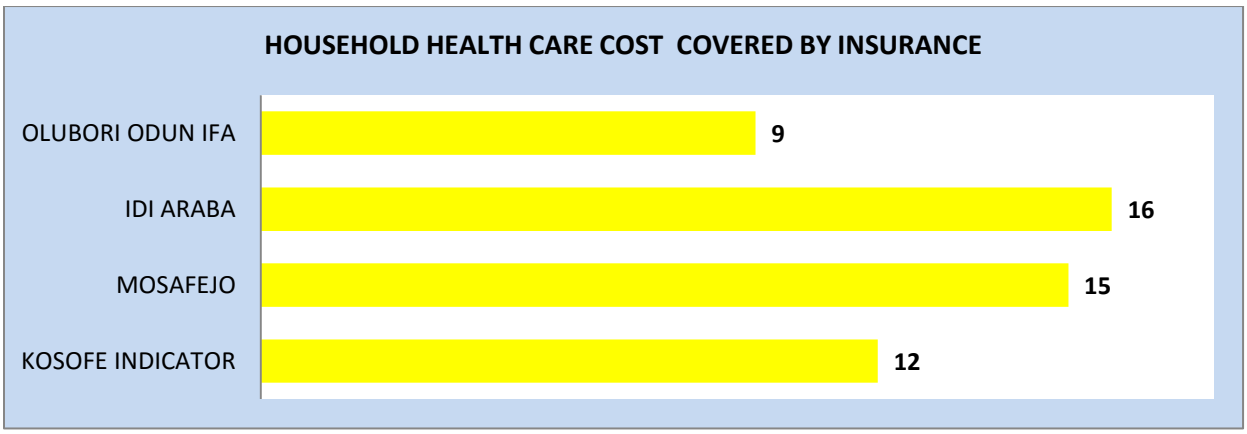
Chart 84: SATISFACTION WITH GOVERNMENT HEALTH CENTRE/HOSPITAL



HOUSEHOLD HEALTH CARE COST COVERED BY INSURANCE

The study revealed that 12% of the people in Kosofe confirmed their health care cost being covered by Insurance Scheme. The community level analysis revealed that Idi Araba(16%),Mosafejo(15%) and Olubori Odun Ifa(9%) respondents confirmed such venture.

Chart 85: HOUSEHOLD HEALTH CARE COST COVERED BY INSURANCE



REASON(S) FOR CHOICE OF "PUBLIC HOSPITAL/ HEALTH CENTRE"

Several reasons were given for the choice of Public Hospital as health seeking outlet. This ranged from 2 “Quality of services” as supported by 23% of respondents, 12% gave reason as “Closeness to residence”, 17% chose “Affordable cost of services”, 12% chose “Sufficient medical facilities.”, 8% chose “low waiting time”, 17% chose “Availability of skilled personnel” and 11% chose “Attitude of health workers”

Olubori Odun Ifa (23%) and Idi Araba (26%) have percentages higher than Kosofe Indicator of 23% for respondents that gave reason for choice of Public hospital / health centre as “Quality of services” while Mosafejo has percentage lower at 22%.

Mosafejo (14%) has percentage higher than Kosofe Indicator of 12% for respondents that gave reason for choice of Public hospital / health centre as “Closeness to residence”, Olubori Odun Ifa equals with 12% while Idi Araba has percentage lower at 10%.

Idi Araba (21%) has percentage higher than Kosofe Indicator of 17% for respondents that gave reason for choice of Public hospital / health centre as “Affordable cost of services” while Olubori Odun Ifa (16%) and Mosafejo (15%) have percentages lower.

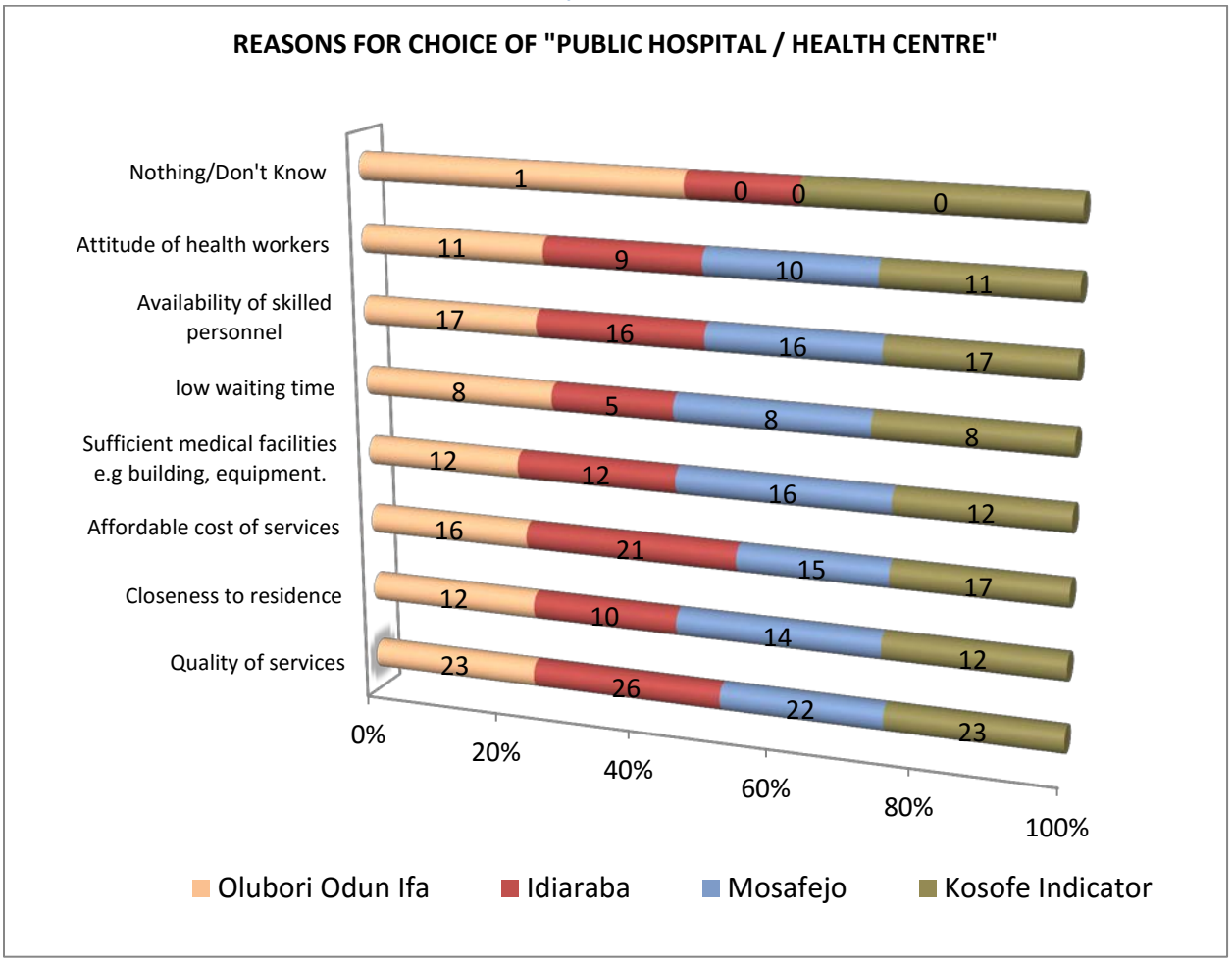
Mosafejo has 16% for respondents that gave reason for choice of Public hospital / health centre as “Sufficient medical facilities e.g. building, equipment” which is higher than Kosofe Indicator of 12% while Olubori Odun Ifa and Idi Araba have 12% respectively.

Kosofe Indicator for respondents that gave reason for choice of Public hospital / health centre as “low waiting time” is 8% likewise Olubori Odun Ifa and Mosafejo while Idi Araba records 5%.

Olubori Odun Ifa has 17% for respondents that gave reason for choice of Public hospital / health centre as “Availability of skilled personnel” likewise Kosofe Indicator while Idi Araba and Mosafejo records 16% respectively.

Kosofe Indicator for respondents that gave reason for choice of Public hospital / health centre as “Attitude of health workers” is 11% likewise Kosofe Indicator while Idi Araba (9%) and Mosafejo (10%) have percentages lower.

Chart 86: REASONS FOR CHOICE OF "PUBLIC HOSPITAL / HEALTH CENTRE"



REASON(S) FOR CHOICE OF "PRIVATE HOSPITAL/ CLINIC"

The survey showed that 21% of respondents gave reason for choice of "Private hospital/clinic" as “Quality of services”, 19% chose “Closeness to residence”, 10% chose “Affordable cost of services”, 12% chose “Sufficient medical facilities e.g. building, equipment.”, 13% chose “low waiting time” another 13% gave reason(s) for choice of "Private hospital/clinic" as “Availability of skilled personnel” and 11% chose “Attitude of health workers”

Olubori Odun Ifa and Mosafejo have same percentages with Kosofe Indicator of 21% each for respondents that gave reason for choice of Private hospital/clinic as “Quality of services” while Idi Araba has percentage lower at 20%.

Idi Araba (33%) and Mosafejo (20%) have percentages higher than Kosofe Indicator of 19% for respondents that gave reason for choice of Private hospital/clinic as “Closeness to residence” while Olubori Odun Ifa is low at 16%.

Olubori Odun Ifa and Mosafejo have same percentages with Kosofe Indicator of 10% each for respondents that gave reason for choice of Private hospital/clinic as “Affordable cost of services” while Idi Araba has percentage lower at 9%.

Olubori Odun Ifa has 13% high, Idi Araba 8% low for respondents that gave reason for choice of "Private hospital/clinic" as “Sufficient medical facilities” while Kosofe Indicator has 12% likewise Mosafejo.

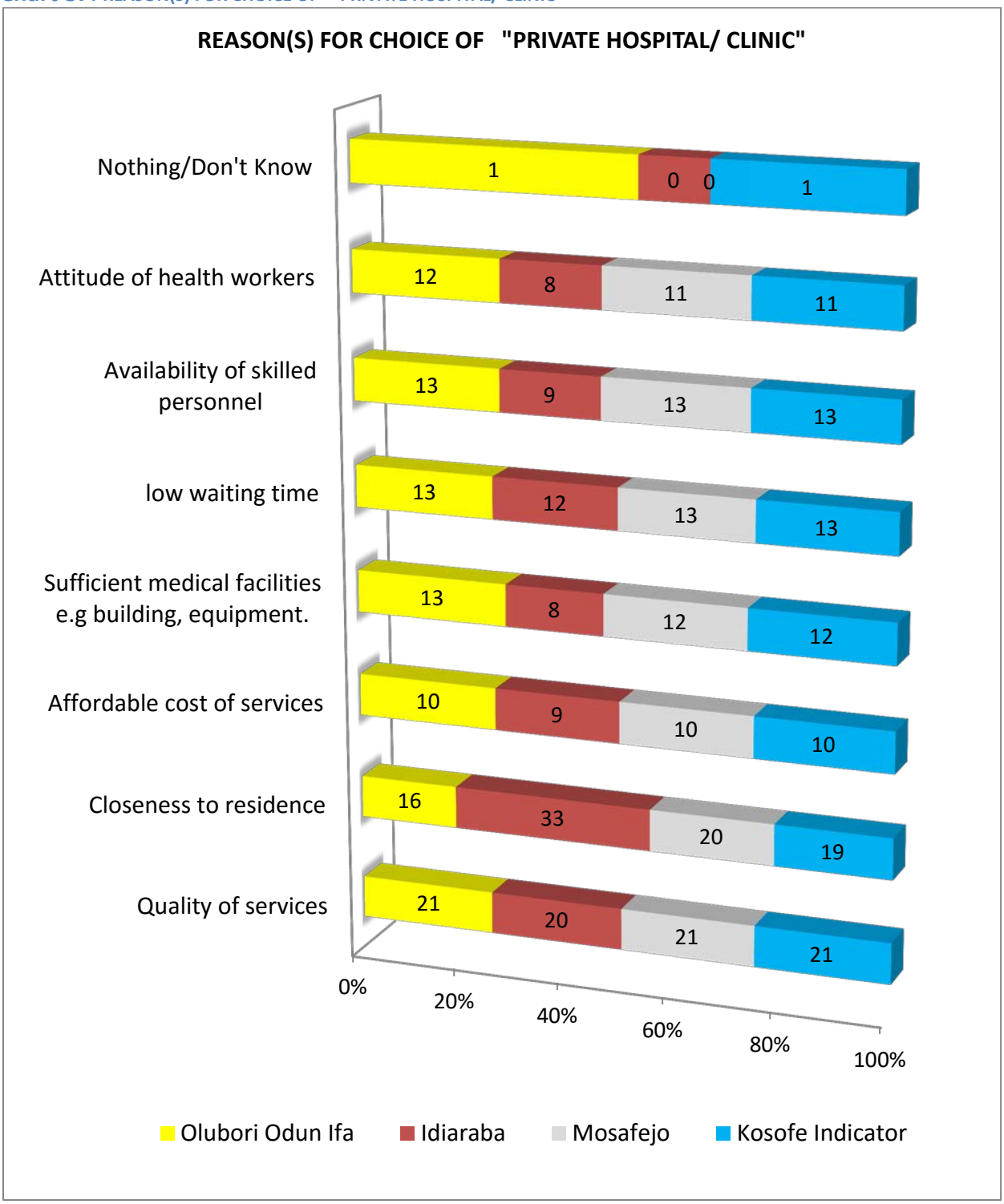
Olubori Odun Ifa and Mosafejo have same percentages with Kosofe Indicator of 13% each for respondents that gave reason for choice of Private hospital/clinic as “low waiting time” while Idi Araba has percentage lower at 12%.

Olubori Odun Ifa and Mosafejo have same percentages with Kosofe Indicator of 13% each for respondents that gave reason for choice of Private hospital/clinic as “Availability of skilled personnel” while Idi Araba has percentage lower at 9%.

Olubori Odun Ifa has 12% high, Idi Araba 8% low for respondents that gave reason for choice of "Private hospital/clinic" as “Attitude of health workers” while Kosofe Indicator has

11% likewise Mosafejo. Olubori Odun Ifa and Kosofe Indicator have 1% each for respondents that gave reason for choice of "Private hospital/clinic" as “Nothing/ Don’t Know”

Chart 87: REASON(S) FOR CHOICE OF "PRIVATE HOSPITAL/ CLINIC"



REASON(S) FOR CHOICE OF "PRIVATE PHYSICIAN"

The survey showed that 23% of respondents gave reason for choice of "Private physician" as “Quality of services”, 12% as “Closeness to residence”, 17% as “Affordable cost of services” 12% as “Sufficient medical facilities” 8% as “low waiting time”, 17% as “Availability of skilled personnel” and 11% as “Attitude of health workers” .

Olubori Odun Ifa and Kosofe Indicator have same percentages of 23% each for respondents that gave reason for choice of “Private physician” as “Quality of services” while Mosafejo has 22% low and Idi Araba has 26% high. Idi Araba (10%) low, Mosafejo (14%) high for respondents that gave reason for choice of “Private physician” as “Closeness to residence” while Olubori Odun Ifa and Kosofe Indicator have same percentages at 12% each.

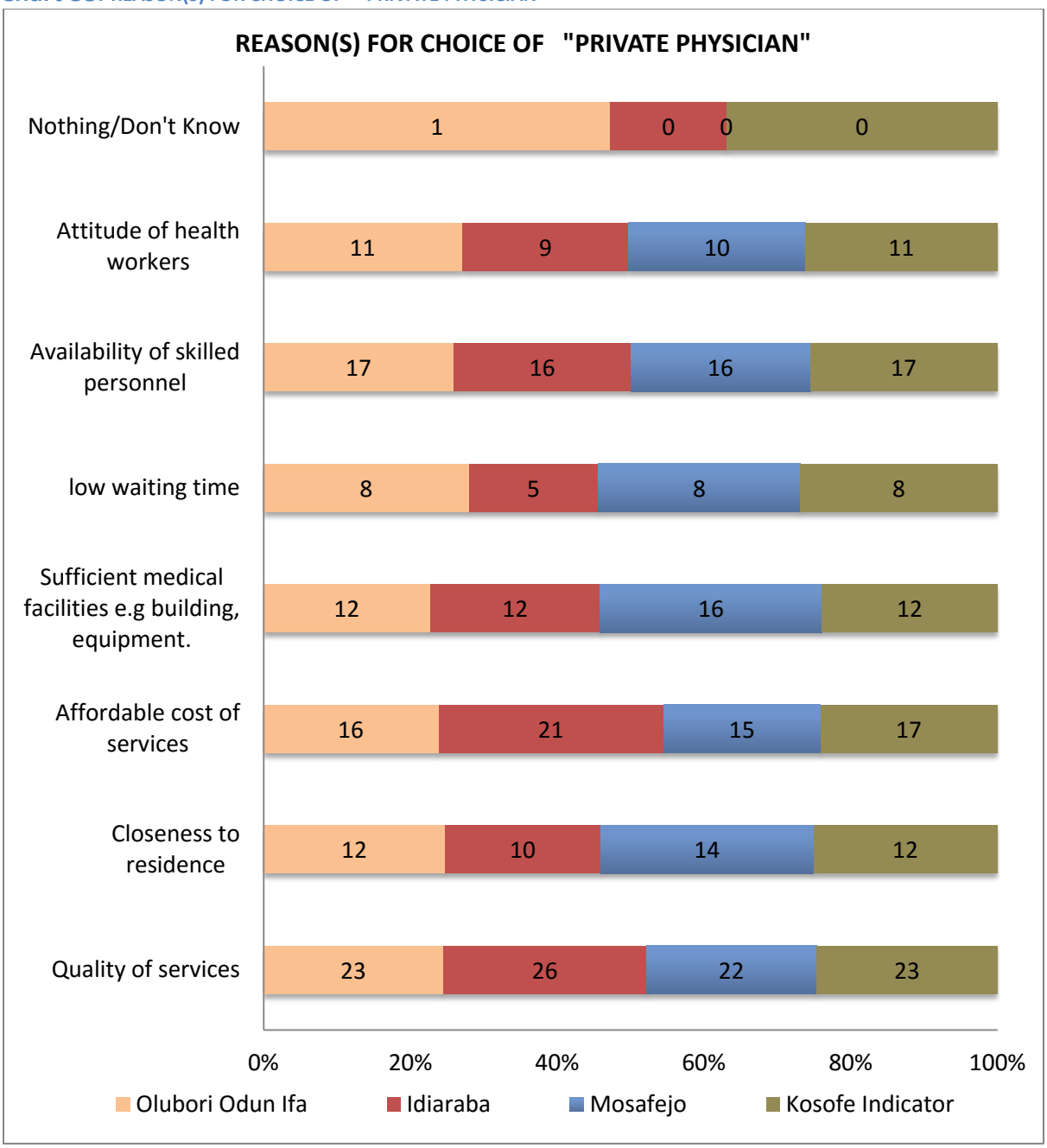
Idi Araba has 21% for respondents that gave reason for choice of “Private physician” as “Affordable cost of services” which is higher than Kosofe Indicator of 17%, Olubori Odun Ifa (16%) and Mosafejo (15%).Mosafejo has 16% high while Olubori Odun Ifa, Idi Araba and Kosofe Indicator have 12% lows each for respondents that gave reason for choice of “Private physician” as “Sufficient medical facilities”

Olubori Odun Ifa, Mosafejo and Kosofe Indicator have same percentages of 8% each for respondents that gave reason for choice of “Private physician” as “low waiting time” while Idi Araba has a percentage low of 5%.

Olubori Odun Ifa and Kosofe Indicator have same percentages of 17% each for respondents that gave reason for choice of “Private physician” as “Availability of skilled personnel” while Idi Araba and Mosafejo have percentage low at 16% each. Olubori Odun Ifa and Kosofe Indicator have same percentages of 11% each for respondents that gave reason for choice of “Private physician” as “Attitude of health workers” while Mosafejo has 10% and Idi Araba has 9% low.

Olubori Odun Ifa is at 1% low for respondents that gave reason for choice of “Private physician” as “Nothing/ Don’t Know”

Chart 88: REASON(S) FOR CHOICE OF "PRIVATE PHYSICIAN"



REASON(S) FOR CHOICE OF "TRADITIONAL HERBAL CLINIC"

18% of respondents gave reason(s) for choice of "Traditional herbal clinic " as “Quality of services”, 19% as “Closeness to residence”, 18% chose “Affordable cost of services”, 7% chose “Sufficient medical facilities”, 16% chose “low waiting time”, 11% chose “Availability of skilled personnel”, 8% chose “Attitude of health workers” and 3% chose “Nothing/ Don’t Know”.

Mosafejo has 20% and Olubori Odun Ifa has 19%high for respondents that gave reason for choice of “Traditional herbal clinic” as “Quality of services” while Idi Araba has 15% low than Kosofe Indicator of 18%.Idi Araba has 30% and Mosafejo has 20% for respondents that gave reason for choice of “Traditional herbal clinic” as “Closeness to residence” while Olubori Odun Ifa has 15% low than Kosofe Indicator of 19%.

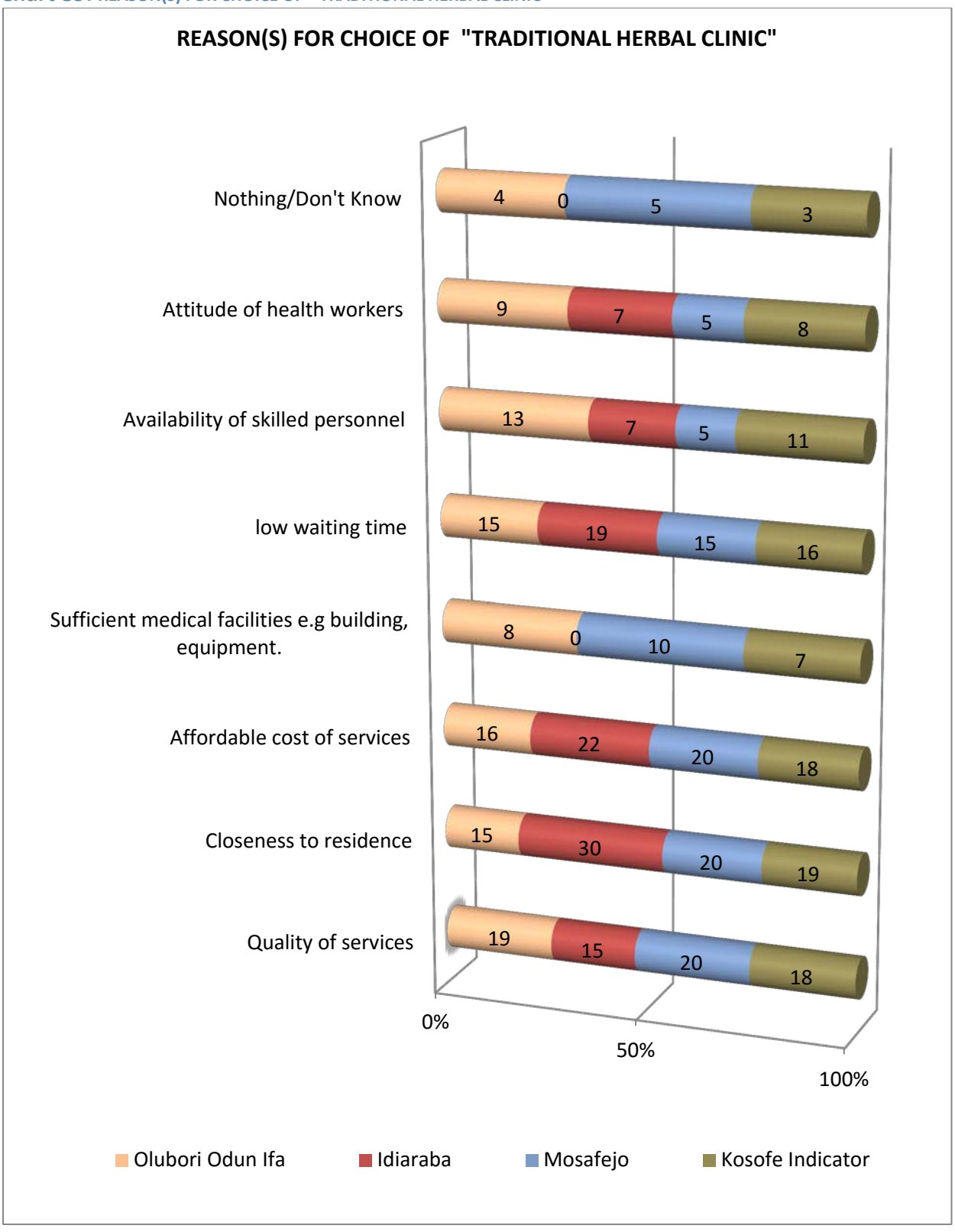
Idi Araba has 22%, Mosafejo has 20% for respondents that gave reason for choice of “Traditional herbal clinic” as “Affordable cost of services” which is higher than Kosofe Indicator of 18% while Olubori Odun Ifa is 16% low. Mosafejo (10%), Olubori Odun Ifa (8%) and Idi Araba (0%) though Kosofe Indicator is at 7% for respondents that gave reason for choice of “Traditional herbal clinic” as “Sufficient medical facilities”

Idi Araba has a percentage high of 19% even as Olubori Odun Ifa and Mosafejo have 15% each for respondents that gave reason for choice of “Traditional herbal clinic” as “low waiting time”, Kosofe Indicator for same is at 16%.

Olubori Odun Ifa (13%) high, Idi Araba (7%) and Mosafejo (5%) low for respondents that gave reason for choice of “Traditional herbal clinic ” as “Availability of skilled personnel” whereas Kosofe Indicator for same is at 11%. Olubori Odun Ifa (9%), Idi Araba (7%) and Mosafejo (5%) for respondents that gave reason for choice of “Traditional herbal clinic ” as “Attitude of health workers” as against Kosofe Indicator of 8% for same.

Mosafejo (5%), Olubori Odun Ifa (4%) and Idi Araba (0%) for respondents that gave reason for choice of “Traditional herbal clinic” as “Nothing/ Don’t Know” as against 3% for Kosofe Indicator.

Chart 89: REASON(S) FOR CHOICE OF "TRADITIONAL HERBAL CLINIC"



REASON(S) FOR CHOICE OF "FAITH BASED/ SPIRITUAL HOME"

The survey showed that 21% of respondents gave reason for choice of "Faith base/Spiritual home" as “Quality of services”, 17% as “Closeness to residence”, 13% as “Affordable cost of services” 10% as “Sufficient medical facilities” 12% as “low waiting time”, 12% as “Availability of skilled personnel”, 12% as “Attitude of health workers” and 4% as “Nothing/ Don’t Know”.

Idi Araba has36% high than Kosofe Indicator of 21% for respondents that gave reason for choice of “Faith base/Spiritual home” as “Quality of services” even as Olubori Odun Ifa has 19% and Mosafejo 14% low. Olubori Odun Ifa (19%), Idi Araba (18%) and Mosafejo (14%) for respondents that gave reason for choice of “Faith base/Spiritual home” as “Closeness to residence” while Kosofe Indicator is 17% for same.

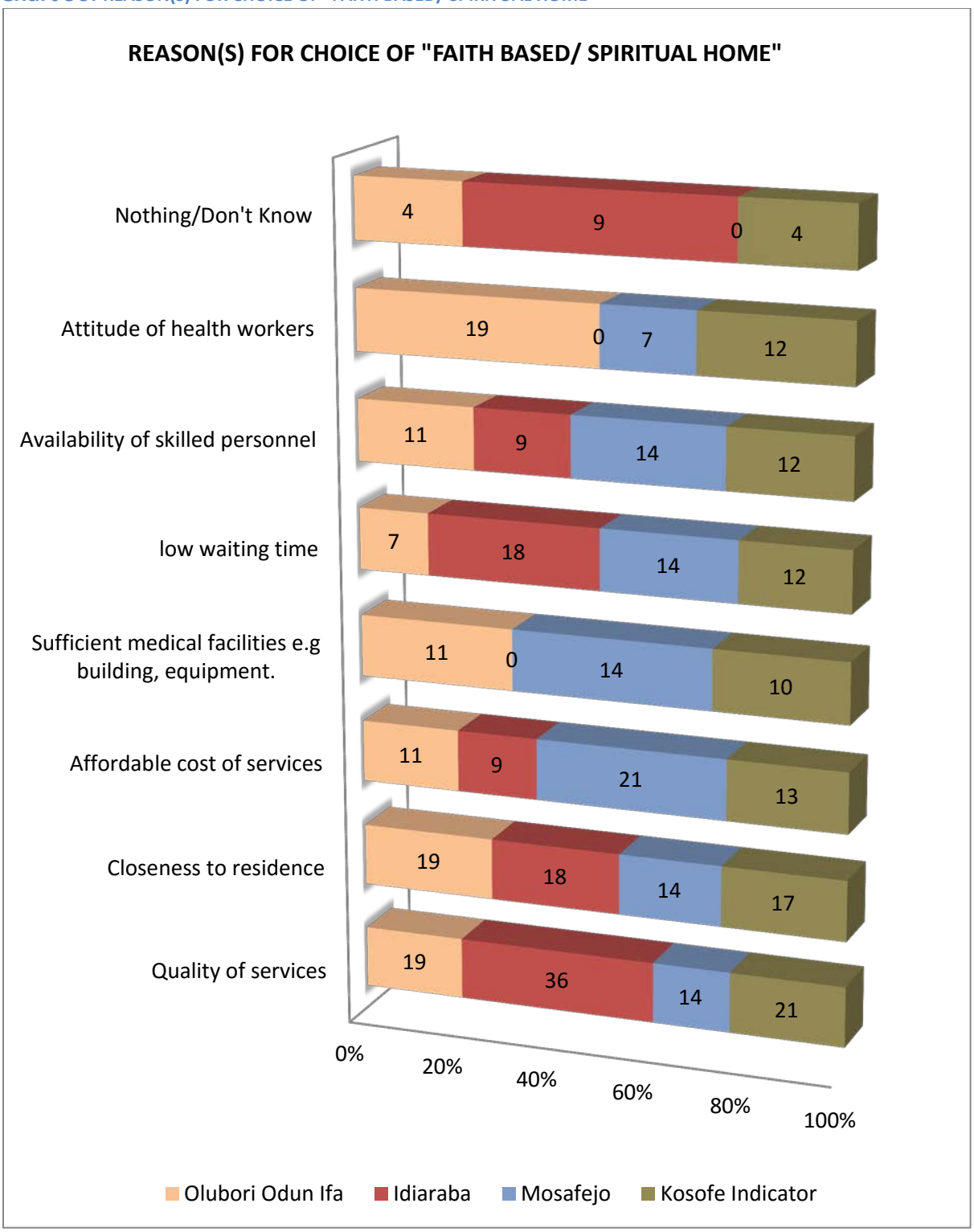
Mosafejo has 21% for respondents that gave reason for choice of “Faith base/Spiritual home” as “Affordable cost of services” which is higher than Kosofe Indicator of 13%, Olubori Odun Ifa (11%) and Idi Araba (9%).Mosafejo has 14% for respondents that gave reason for choice of “Faith base/Spiritual home” as “Sufficient medical facilities” which is higher than Olubori Odun Ifa (11%), Kosofe Indicator (10%) and Idi Araba (0%).

Idi Araba (18%) and Mosafejo (14%) have high percentages than Kosofe Indicator of 12% for respondents that gave reason for choice of “Faith base/Spiritual home” as “low waiting time” while Olubori Odun Ifa has 7% low.

Mosafejo has 14%, Olubori Odun Ifa (11%) and Idi Araba (9%) for respondents that gave reason for choice of “Faith base/Spiritual home” as “Availability of skilled personnel” while Kosofe Indicator is 12%.Olubori Odun Ifa has 19%, Mosafejo (7%) and Idi Araba (0%) for respondents that gave reason for choice of “Faith base/Spiritual home” as “Attitude of health workers” whereas Kosofe Indicator is 12%.

Idi Araba (9%) and Mosafejo (0%) for respondents that gave reason for choice of “Faith base/Spiritual home” as “Nothing/ Don’t know” though Olubori Odun Ifa and Kosofe Indicator have 4% each.

Chart 90: REASON(S) FOR CHOICE OF "FAITH BASED/ SPIRITUAL HOME"



REASON(S) FOR CHOICE OF "PHARMACY/ CHEMIST SHOP"

19% of respondents gave reason(s) for choice of "Pharmacy/chemist shop" as “Quality of services”, 16% gave reason(s) as “Closeness to residence”, 18% as “Affordable cost of services”, 10% as “Sufficient medical facilities e.g. building, equipment.”, 12% as “low waiting time”, 11% as “Availability of skilled personnel”, 12% as “Attitude of health workers” and 2% as “Nothing/ Don’t Know”.

Mosafejo (21%) and Idi Araba (20%) have percentages higher than Kosofe Indicator of 19% for respondents that gave reason for choice of Pharmacy/chemist shop as “Quality of services” while Olubori Odun Ifa has percentage low at 17%.Idi Araba has a high of 23% even as Mosafejo and Kosofe Indicator have 16% each for respondents that gave reason for choice of Pharmacy/chemist shop as “Closeness to residence”. Olubori Odun Ifa is 15%.

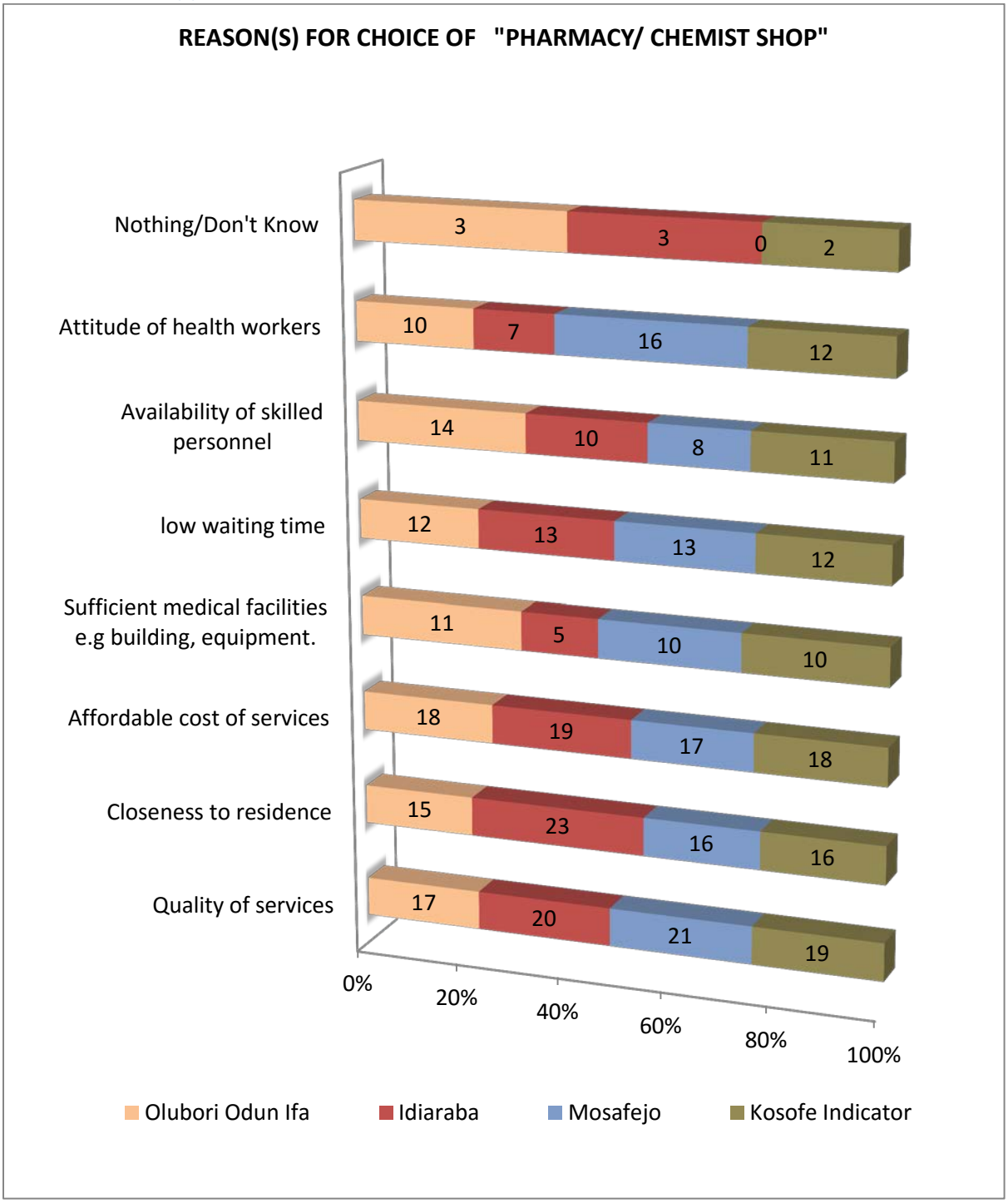
Olubori Odun Ifa and Kosofe Indicator have 18% each for respondents that gave reason for choice of Pharmacy/chemist shop as “Affordable cost of services” whereas Idi Araba has percentage 1 9% high and Mosafejo 17% low. Olubori Odun Ifa has 11% high, Idi Araba 5% low for respondents that gave reason for choice of "Pharmacy/chemist shop" as “Sufficient medical facilities” while Kosofe Indicator has 10% likewise Mosafejo.

Idi Araba and Mosafejo have percentages of 13% each for respondents that gave reason for choice of Pharmacy/chemist shop as “low waiting time” whereas Olubori Odun Ifa and Kosofe Indicator have percentages at 12% each.

Olubori Odun Ifa (14%), Idi Araba (10%) and Mosafejo (8%) for respondents that gave reason for choice of Pharmacy/chemist shop as “Availability of skilled personnel” whilst Kosofe Indicator is at 11%.Mosafejo (16%), Olubori Odun Ifa (10%) and Idi Araba (7%) for respondents that gave reason for choice of "Pharmacy/chemist shop" as “Attitude of health workers” as Kosofe Indicator is at 12%.

Olubori Odun Ifa (3%), Idi Araba (3%) and Mosafejo (0%) for respondents that gave reason for choice of "Pharmacy/chemist shop" as “Nothing/ Don’t know” while Kosofe Indicator is at 2%.

Chart 91: REASON(S) FOR CHOICE OF "PHARMACY/ CHEMIST SHOP"



GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "PROVISION OF DRUGS"

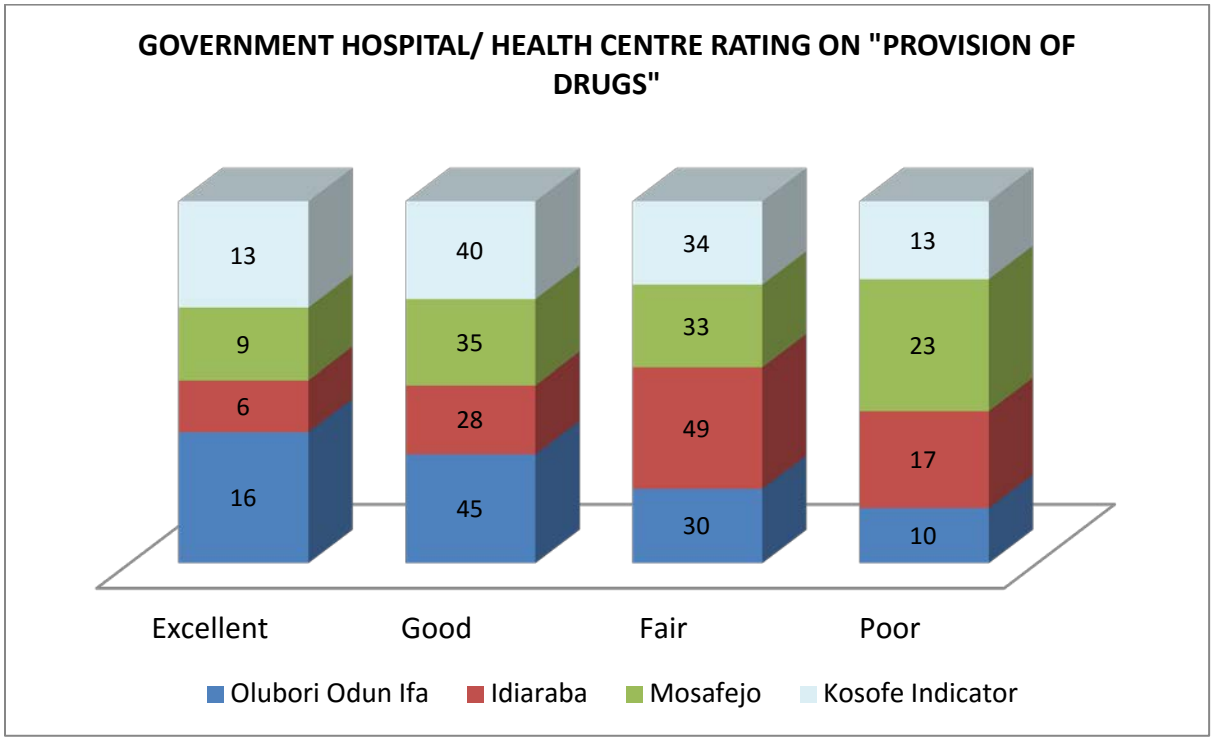
The survey showed that 13% of respondents rate Government Hospital/ Health Centre on "Provision of drugs" as*Excellent*, 40% rates it as *Good,* 34% rates it as *Fair* and 13% rates it as *Poor.*On the "Provision of drugs" as rated *Excellent* by respondents concerning Government Hospital/ Health Centre, Olubori Odun Ifa is at 16%, Mosafejo at 9% and Idi Araba at 6% while Kosofe Indicator is at 13%.

Respondents rating as *Good* the "Provision of drugs" positions Olubori Odun Ifa at 45%, Mosafejo at 35% and Idi Araba at 28% while Kosofe Indicator is at 40%.

Respondents rating as *Fair* the "Provision of drugs" sets Idi Araba at 49%, Mosafejo at 33% and Olubori Odun Ifa at 30% while Kosofe Indicator is at 34%.

Respondents rating as *Poor* the "Provision of drugs" puts Mosafejo at 23%, Idi Araba at 17% and Olubori Odun Ifa at 10% while Kosofe Indicator is at 13%.

Chart 92: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "PROVISION OF DRUGS"



GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "MEDICAL EQUIPMENT"

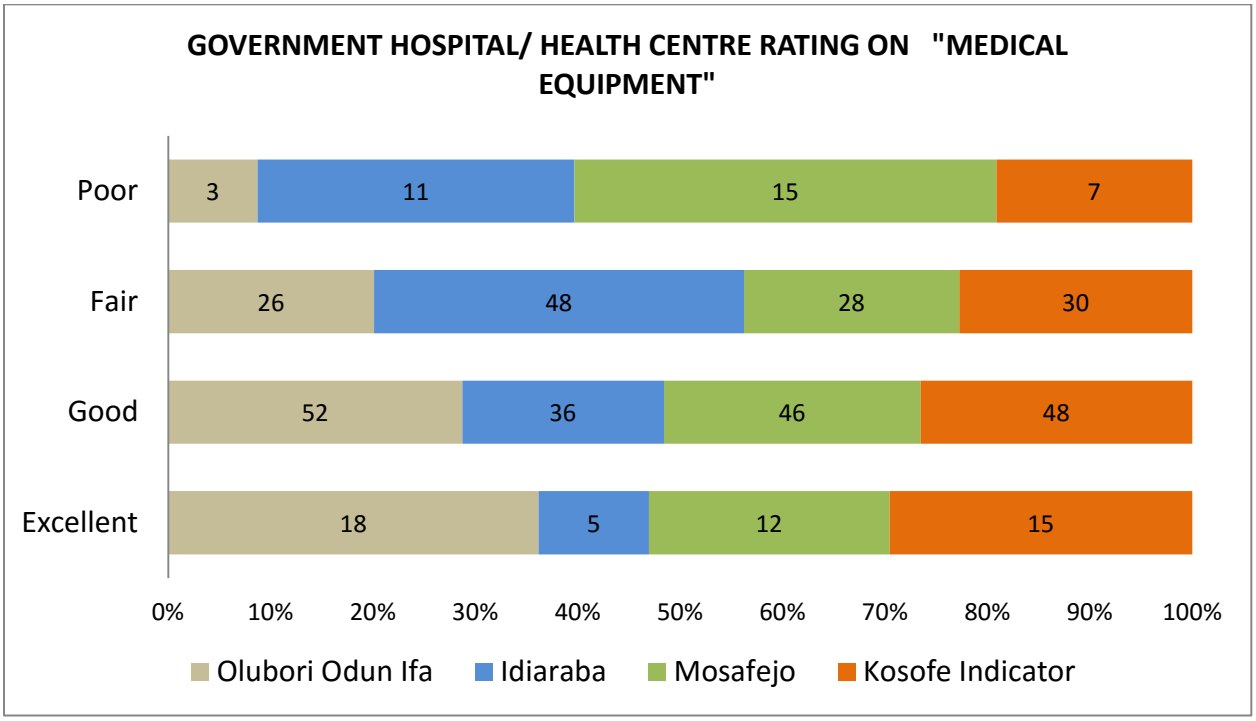
The survey showed that 15% of respondents rate Government Hospital/ Health Centre on "Medical Equipment" as***Excellent***, 48% rates it as ***Good,*** 30% rates it as ***Fair*** and 7% rates it as ***Poor.***On the "Medical Equipment" as rated ***Excellent*** by respondents concerning Government Hospital/ Health Centre, Olubori Odun Ifa is at 18%, Mosafejo at 12% and Idi Araba at 5% while Kosofe Indicator is at 15%.

Respondents rating as ***Good*** the "Medical Equipment" positions Olubori Odun Ifa at 52%, Mosafejo at 46% and Idi Araba at 36% while Kosofe Indicator is at 48%.

Respondents rating as ***Fair*** the "Medical Equipment" sets Idi Araba at 48%, Mosafejo at 28% and Olubori Odun Ifa at 26% while Kosofe Indicator is at 30%.

Respondents rating as ***Poor*** the "Medical Equipment" puts Mosafejo at 15%, Idi Araba at 11% and Olubori Odun Ifa at 3% while Kosofe Indicator is at 7%.

Chart 93: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "MEDICAL EQUIPMENT"



GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "QUALITY OF MEDICAL PERSONNEL"

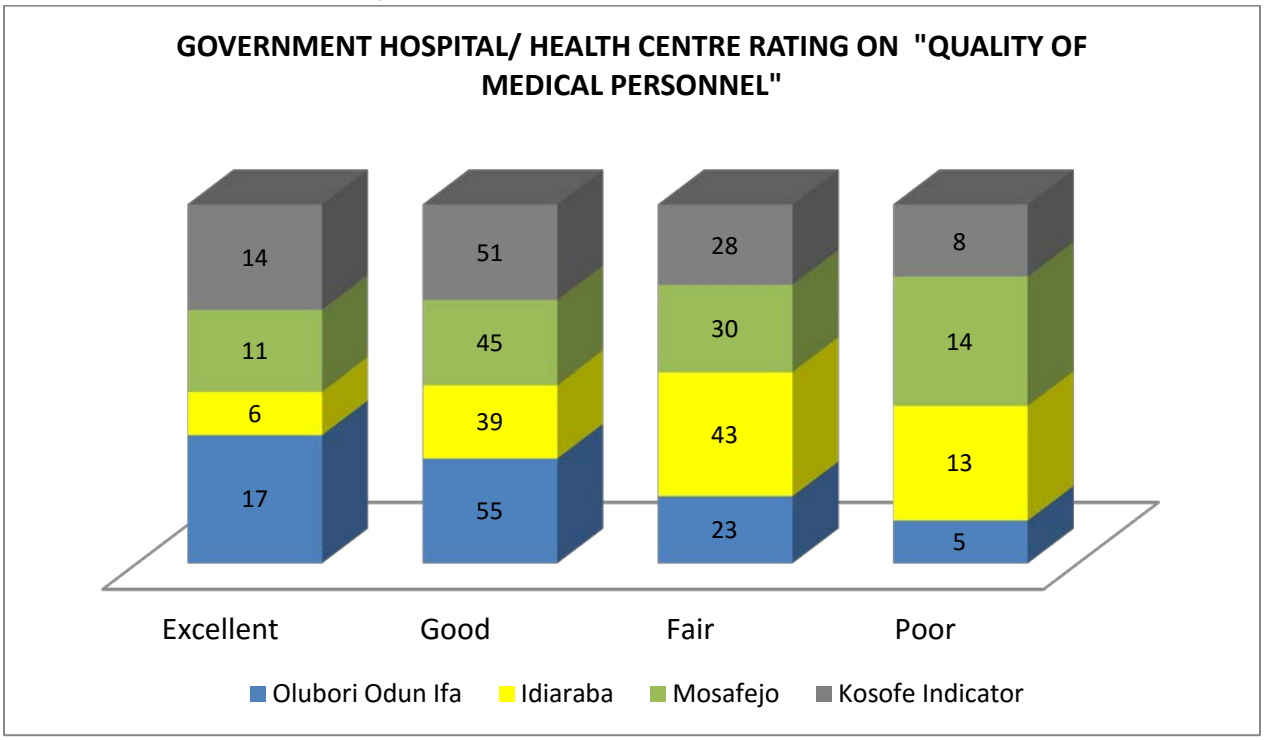
The survey showed that 14% of respondents rate Government Hospital/ Health Centre on "Quality of Medical Personnel" as***Excellent***, 51% rates it as ***Good,*** 28% rates it as ***Fair*** and 8% rates it as ***Poor.***On the "Quality of Medical Personnel" as rated ***Excellent*** by respondents concerning Government Hospital/ Health Centre, Olubori Odun Ifa is at 17%, Mosafejo at 11% and Idi Araba at 6% while Kosofe Indicator is at 15%.

Respondents rating as ***Good*** the "Quality of Medical Personnel" positions Olubori Odun Ifa at 55%, Mosafejo at 45% and Idi Araba at 39% while Kosofe Indicator is at 51%.

Respondents rating as ***Fair*** the "Quality of Medical Personnel" sets Idi Araba at 43%, Mosafejo at 30% and Olubori Odun Ifa at 23% while Kosofe Indicator is at 28%.

Respondents rating as ***Poor*** the "Quality of Medical Personnel" puts Mosafejo at 14%, Idi Araba at 13% and Olubori Odun Ifa at 5% while Kosofe Indicator is at 8%.

Chart 94: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "QUALITY OF MEDICAL PERSONNEL"



GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "WAITING TIME"

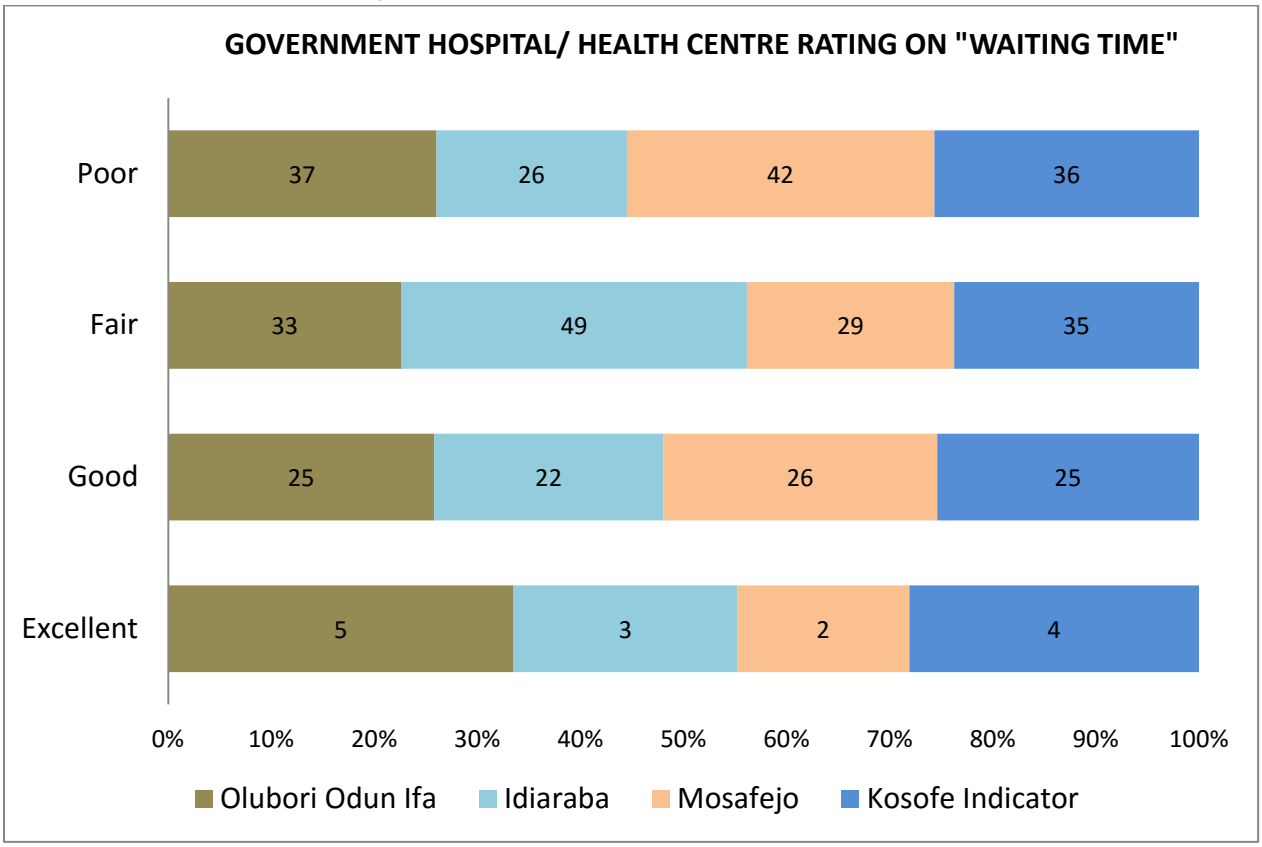
The survey showed that 4% of respondents rate Government Hospital/ Health Centre on "Waiting Time" as***Excellent***, 25% rates it as ***Good,*** 35% rates it as ***Fair*** and 36% rates it as ***Poor.*** On the "Waiting Time" as rated ***Excellent*** by respondents concerning Government Hospital/ Health Centre, Olubori Odun Ifa is at 5%, Idi Araba at 3% and Mosafejo at 2% while Kosofe Indicator is at 4%.

Respondents rating as ***Good*** the "Waiting Time" positions Mosafejo at 26%, Olubori Odun Ifa at 25% and Idi Araba at 22% while Kosofe Indicator is at 25%.

Respondents rating as ***Fair*** the "Waiting Time" sets Idi Araba at 49%,Olubori Odun Ifa at 33% and Mosafejo at 29% while Kosofe Indicator is at 35%.

Respondents rating as ***Poor*** the "Waiting Time" puts Mosafejo at 42%,Olubori Odun Ifa at 37% and Idi Araba at 26% while Kosofe Indicator is at 36%.

Chart 95: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "WAITING TIME"



GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "INFRASTRUCTURE (BUILDING, WATER, ELECTRICITY ETC.)"

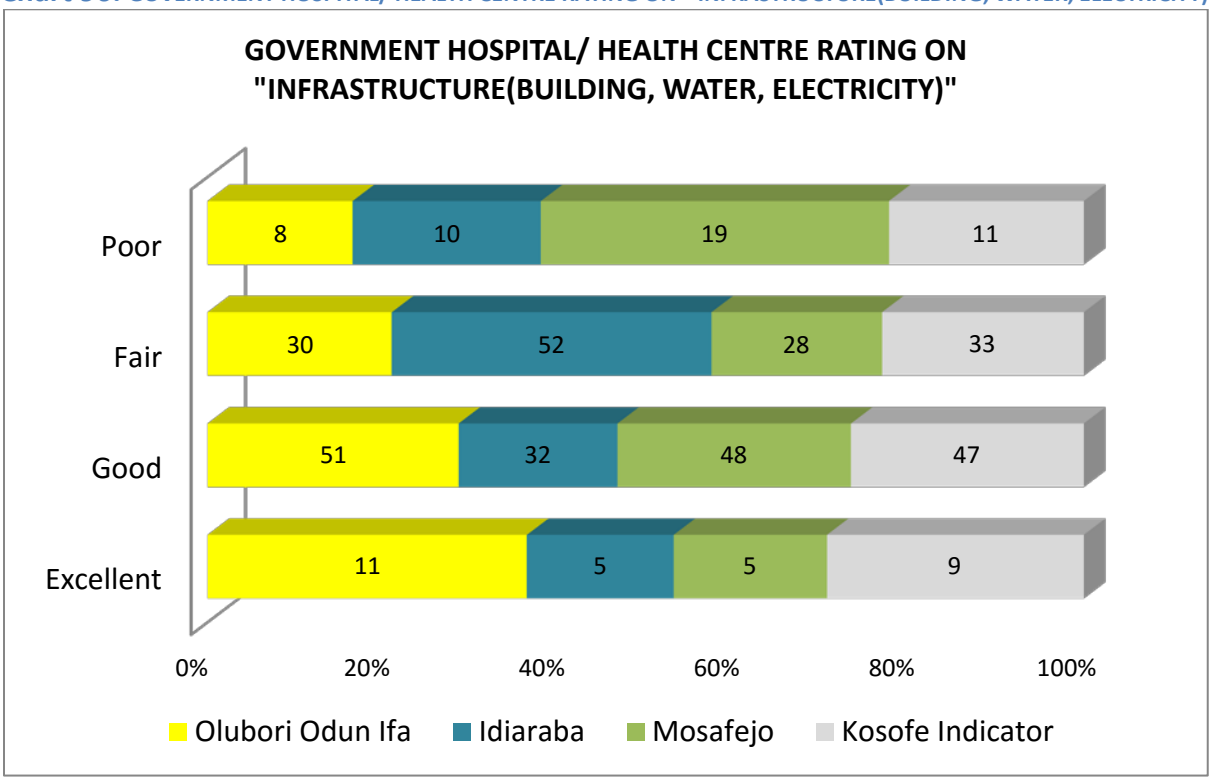
The survey showed that 9% of respondents rate Government Hospital/ Health Centre on "Infrastructure (Building, Water, Electricity etc.)" as***Excellent***, 47% rates it as ***Good,*** 33% rates it as ***Fair*** and 11% rates it as ***Poor.***On the "Infrastructure (Building, Water, Electricity etc.)" as rated ***Excellent*** by respondents concerning Government Hospital/ Health Centre, Olubori Odun Ifa is at 11%, Idi Araba at 5% and Mosafejo also at 5% while Kosofe Indicator is at 9%.

Respondents rating as ***Good*** the "Infrastructure (Building, Water, Electricity etc.)" positions Olubori Odun Ifa at 51%, Mosafejo at 48% and Idi Araba at 32% while Kosofe Indicator is at 47%.

Respondents rating as ***Fair*** the "Infrastructure (Building, Water, Electricity etc.)" sets Idi Araba at 52%,Olubori Odun Ifa at 30% and Mosafejo at 28% while Kosofe Indicator is at 33%.

Respondents rating as ***Poor*** the "Infrastructure (Building, Water, Electricity etc.)" puts Mosafejo at 19%,Idi Araba at 10% and Olubori Odun Ifa at 8% while Kosofe Indicator is at 11%.

Chart 96: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "INFRASTRUCTURE(BUILDING, WATER, ELECTRICITY)"



GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "ATTITUDE OF MEDICAL PERSONNEL TOWARDS PATIENTS"

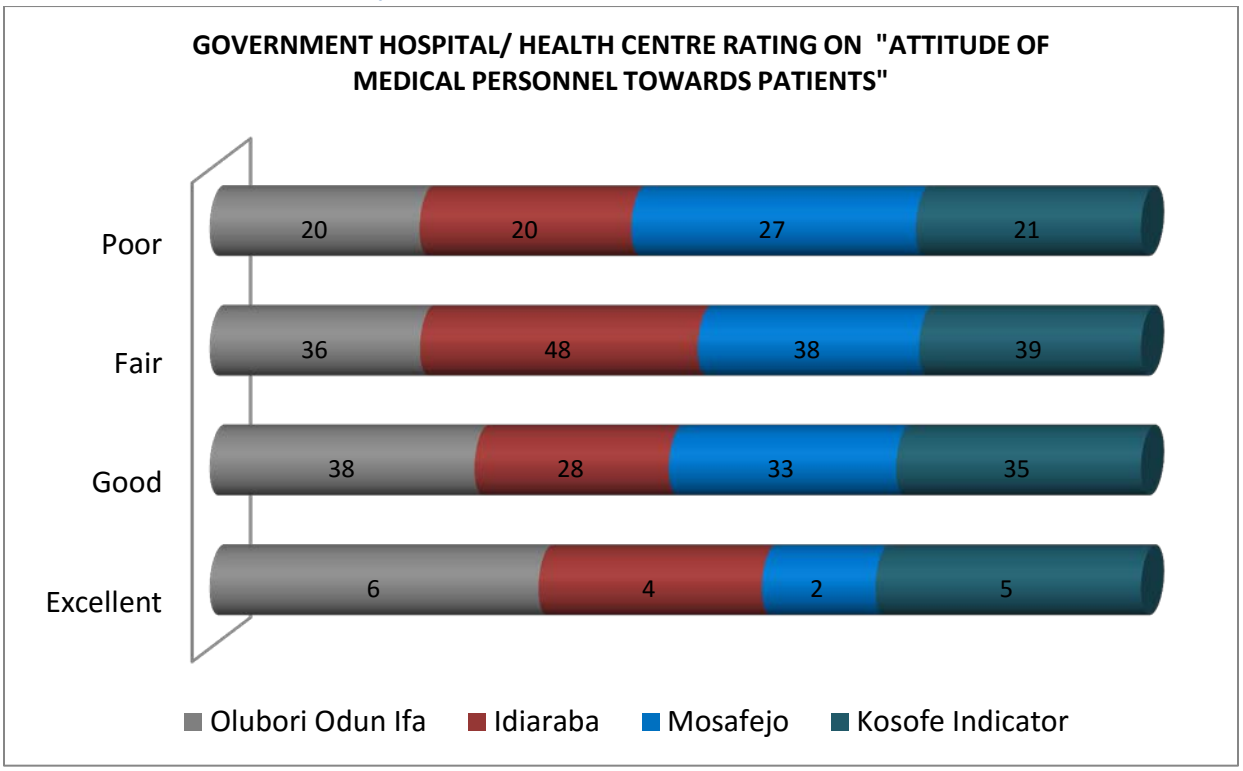
The survey showed that 5% of respondents rate Government Hospital/ Health Centre on "Attitude of Medical Personnel towards Patients" as***Excellent***, 35% rates it as ***Good,*** 39% rates it as ***Fair*** and 21% rates it as ***Poor.***On the "Attitude of Medical Personnel towards Patients" as rated ***Excellent*** by respondents concerning Government Hospital/ Health Centre, Olubori Odun Ifa is at 6%, Idi Araba at 4% and Mosafejo at 2% while Kosofe Indicator is at 5%.

Respondents rating as ***Good*** the "Attitude of Medical Personnel towards Patients" positions Olubori Odun Ifa at 38%, Mosafejo at 33% and Idi Araba at 28% though Kosofe Indicator is at 35%.

Respondents rating as ***Fair*** the "Attitude of Medical Personnel towards Patients" sets Idi Araba at 48%,Mosafejo at 39% and Olubori Odun Ifa at 36% even as Kosofe Indicator is at 39%.

Respondents rating as ***Poor*** the "Attitude of Medical Personnel towards Patients" puts Mosafejo at 27%,Idi Araba at 20% and Olubori Odun Ifa also at 20% whereas Kosofe Indicator is at 21%.

Chart 97: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "ATTITUDE OF MEDICAL PERSONNEL TOWARDS PATIENTS"



GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "COST OF DRUGS/ MEDICAL TEST"

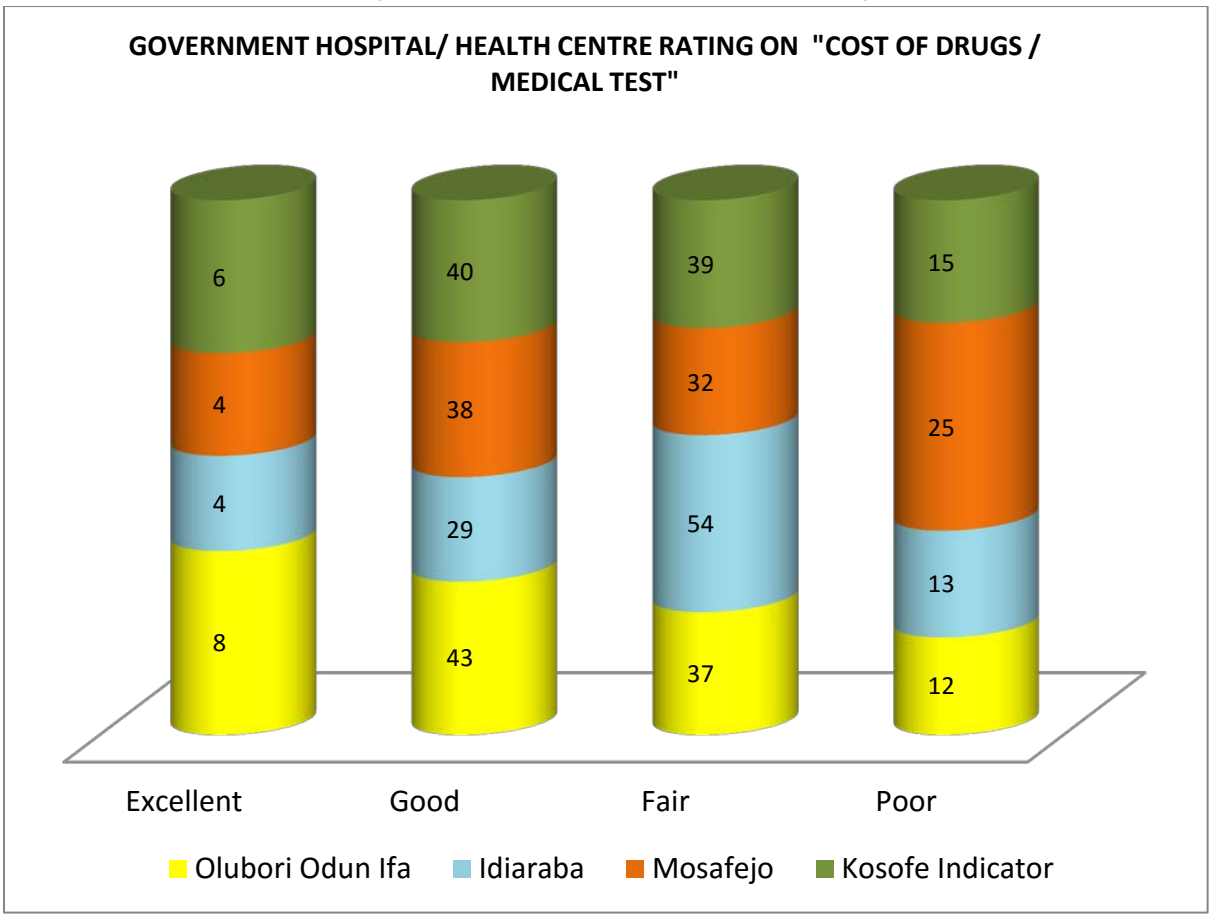
The survey showed that 6% of respondents rate Government Hospital/ Health Centre on "Cost of Drugs/ Medical Test" as***Excellent***, 40% rates it as ***Good,*** 39% rates it as ***Fair*** and 15% rates it as ***Poor.***On the "Cost of Drugs/ Medical Test" as rated ***Excellent*** by respondents as regards Government Hospital/ Health Centre, Olubori Odun Ifa is at 8%, Idi Araba at 4% and Mosafejo also at 4% while Kosofe Indicator is at 6%.

Respondents rating as ***Good*** the "Cost of Drugs/ Medical Test" positions Olubori Odun Ifa at 43%, Mosafejo at 38% and Idi Araba at 29% though Kosofe Indicator is at 40%.

Respondents rating as ***Fair*** the "Cost of Drugs/ Medical Test" sets Idi Araba at 54%,Olubori Odun Ifa at 37 and Mosafejo at 32% even as Kosofe Indicator is at 39%.

Respondents rating as ***Poor*** the "Cost of Drugs/ Medical Test" puts Mosafejo at 25%,Idi Araba at 13% and Olubori Odun Ifa at 12% whereas Kosofe Indicator is at 15%.

Chart 98: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "COST OF DRUGS / MEDICAL TEST"



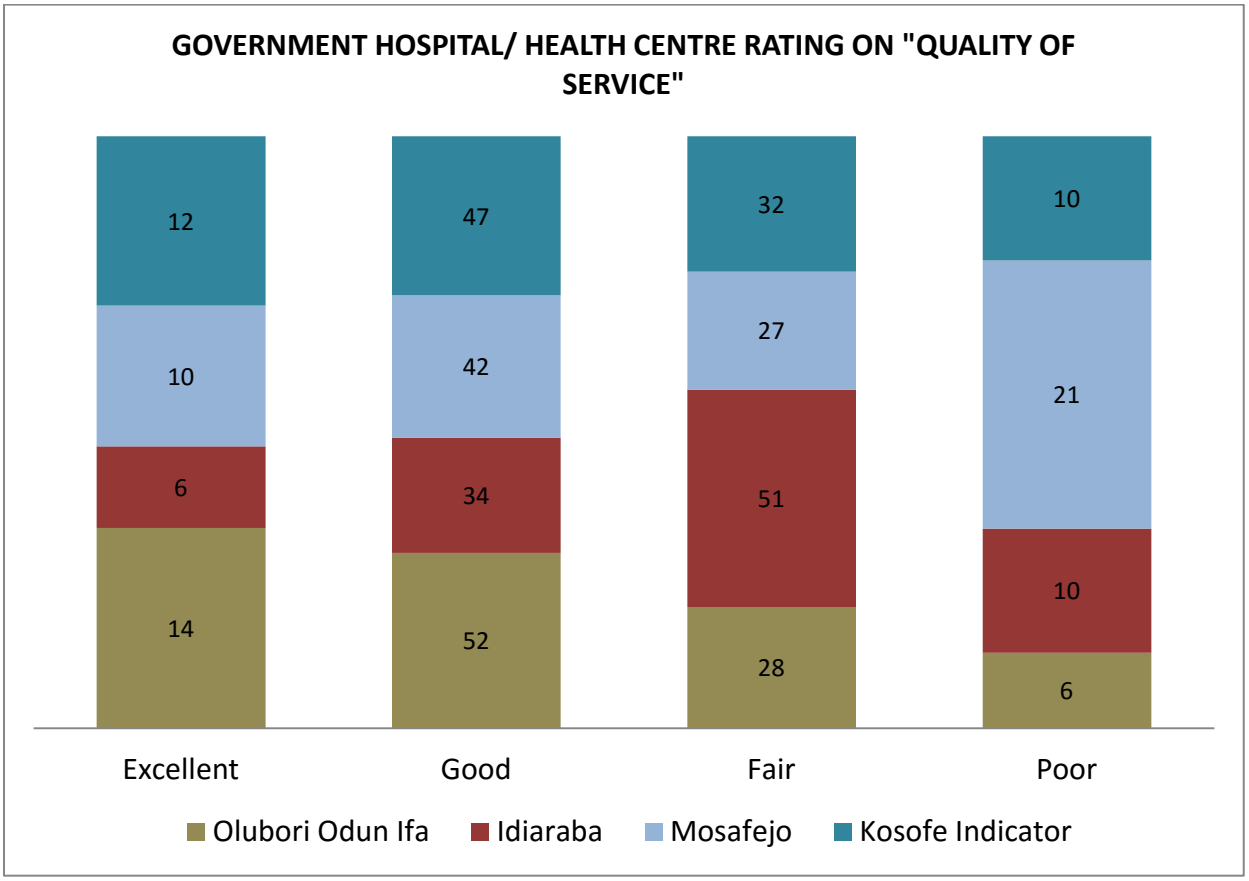
GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "QUALITY OF SERVICE"

The survey showed that 12% of respondents rate Government Hospital/ Health Centre on "Quality of Service" as***Excellent***, 47% rates it as ***Good,*** 32% rates it as ***Fair*** and 10% rates it as ***Poor.***On the "Quality of Service" as rated ***Excellent*** by respondents as regards Government Hospital/ Health Centre, Olubori Odun Ifa is at 14%,Mosafejo at 10% and Idi Araba at 6% while Kosofe Indicator is at 12%.

Respondents rating as ***Good*** the "Quality of Service" positions Olubori Odun Ifa at 52%, Mosafejo at 42% and Idi Araba at 34% though Kosofe Indicator is at 47%. Respondents rating as ***Fair*** the "Quality of Service" sets Idi Araba at 51%,Olubori Odun Ifa at 28% and Mosafejo at 27% even as Kosofe Indicator is at 32%.

Respondents rating as ***Poor*** the "Quality of Service" puts Mosafejo at 21%,Idi Araba at 10% and Olubori Odun Ifa at 6% whereas Kosofe Indicator is at 10%.

Chart 99: GOVERNMENT HOSPITAL/ HEALTH CENTRE RATING ON "QUALITY OF SERVICE"



PROBLEMS FACED IN THE MOST RECENT VISIT TO GOVERNMENT HEALTH FACILITY

The survey showed the problems faced by respondents in the most recent visit to Government health facility as "Unhealthy facilities" with 8%, "Insufficient medical facilities" at 12%, "Unfriendly attitude of medical personnel" at 23%, "Insufficient number of doctors and nurses" at 8%, "Long waiting time " at 32%, "Unaffordable service fees" at 6% and "No drugs/ medicines " at 12%.

On the "Unhealthy facilities" as a problem faced by respondents in the most recent visit to Government health facility, Mosafejo is at 15%,Idi Araba at 8% and Olubori Odun Ifa at 6% while Kosofe Indicator is at 8%.

Regarding "Insufficient medical facilities", the survey positions Idi Araba at 25%, Mosafejo at 16% and Olubori Odun Ifa at 9% though Kosofe Indicator is at 12%.

Regarding “Unfriendly attitude of medical personnel” the survey sets Idi Araba at 26%, Olubori Odun Ifa at 22% and Mosafejo also at 22% even as Kosofe Indicator is at 23%.

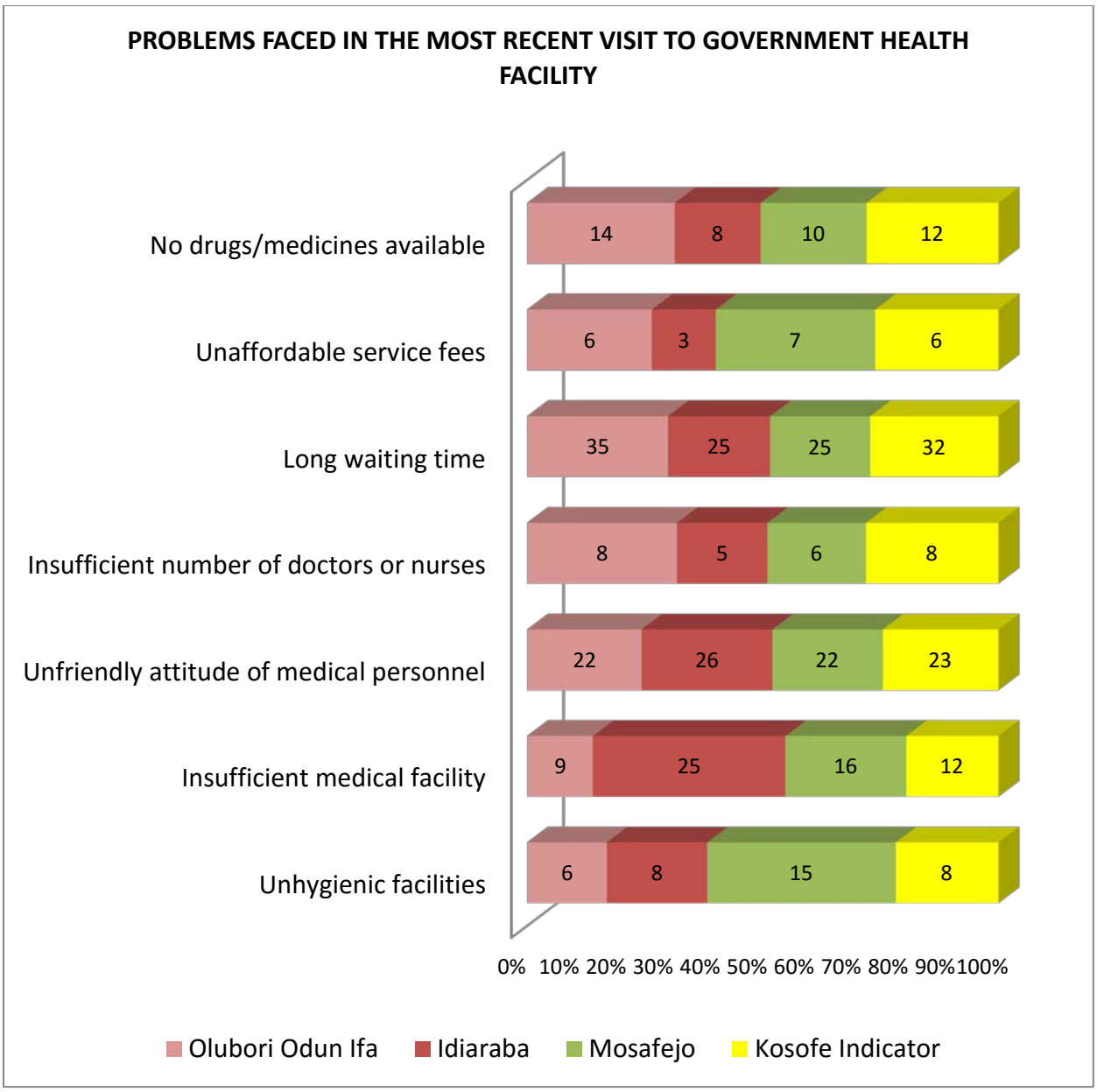
As regards “Insufficient number of doctors and nurses” the survey puts Olubori Odun Ifa at 8%, Mosafejo at 6% and Idi Araba at 5% whereas Kosofe Indicator is at 8%.

Regarding “Long waiting time” the survey sets Olubori Odun Ifa at 35%,Idi Araba at 25% and Mosafejo also at 25% even as Kosofe Indicator is at 32%.

Regarding "Unaffordable service fees” as a problem faced by respondents in the most recent visit to Government health facility, Mosafejo is at 7%,Olubori Odun Ifa at 6% and Idi Araba at 3% while Kosofe Indicator is at 6%.

Regarding “No drugs/ medicines” the survey sets Olubori Odun Ifa at 14%,Mosafejo at 10% and Idi Araba at 8% even as Kosofe Indicator is at 12%.

Chart 100: PROBLEMS FACED IN THE MOST RECENT VISIT TO GOVERNMENT HEALTH FACILITY



RATING OF QUALITY OF HEALTH CARE SERVICES AT GOVERNMENT HOSPITALS OR CLINICS

The survey showed that 31% of respondents rate the quality of health care services at Government hospitals or clinic as "Improved Significantly", 45% rates it as "Improved Fairly", 19% rates it as "Stayed the same", 3% rates it as "Deteriorated Fairly" and 1% rates it as "Deteriorated Significantly"

Respondents rating the quality of health care services at Government hospitals or clinic as "Improved Significantly" positions Mosafejo at 34%, Olubori Odun Ifa at 33% and Idi Araba at 19% though Kosofe Indicator is at 31%.

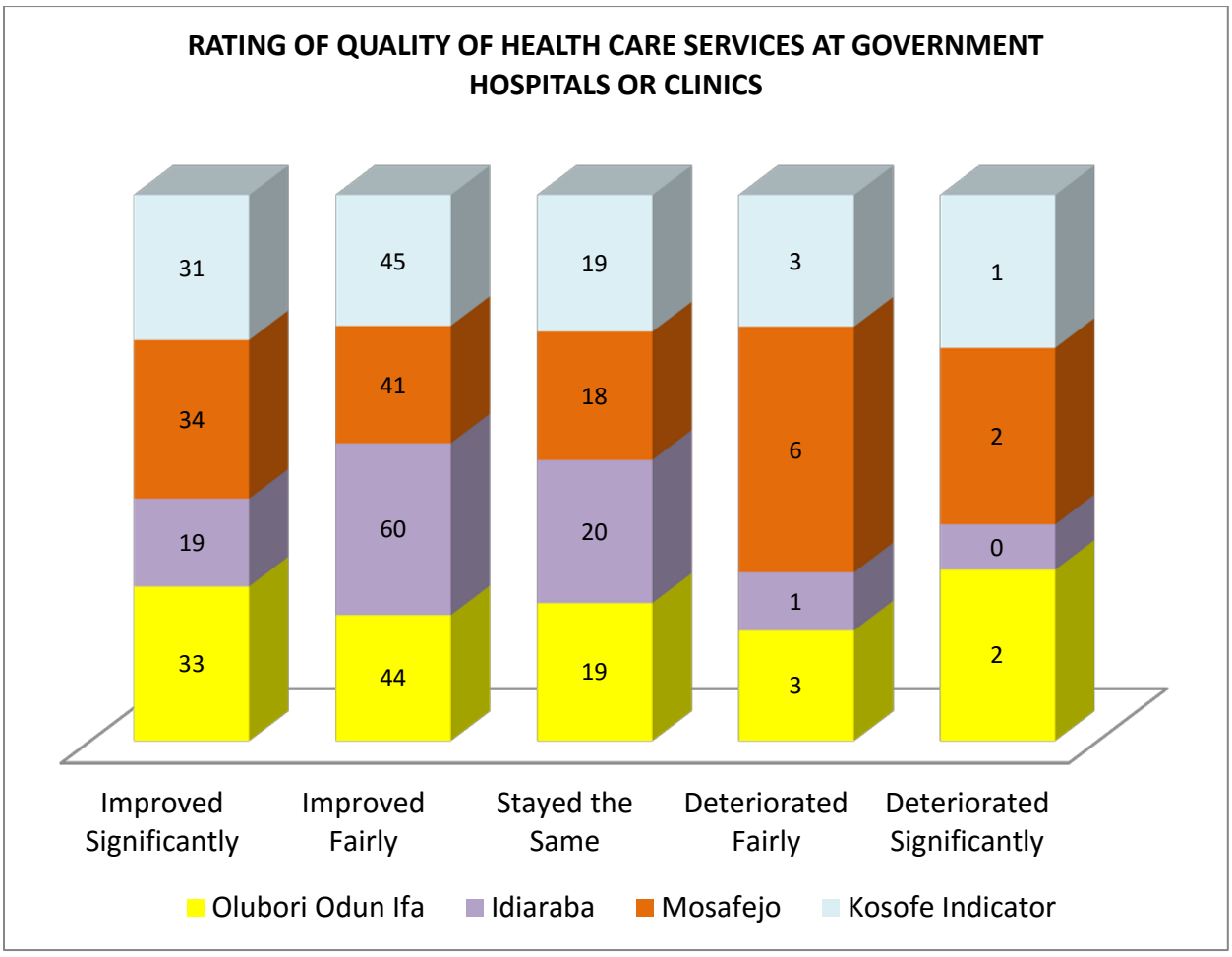
Respondents rating the quality as "Improved Fairly" sets Idi Araba at 60%,Olubori Odun Ifa at 44% and Mosafejo at 41% even as Kosofe Indicator is at 45%.

Respondents rating quality as "Stayed the same" puts Idi Araba at 20%,Olubori Odun Ifa at 19% and Mosafejo at 18% whereas Kosofe Indicator is at 19%.

Regarding respondents rating as "Deteriorated Fairly", the survey positions Mosafejo at 6%, Olubori Odun Ifa at 3% and Idi Araba at 1% though Kosofe Indicator is at 3%.

As regards "Deteriorated Significantly" the survey puts Olubori Odun Ifa and Mosafejo at 2% each even as Idi Araba is at 0% whereas Kosofe Indicator is at 1%.

Chart 101: RATING OF QUALITY OF HEALTH CARE SERVICES AT GOVERNMENT HOSPITALS OR CLINICS



SUMMARY OF INDICATORS

Table 2: SHOWING SUMMARY OF INDICATORS

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
DEMOGRAPHY	AGE OF RESPONDENTS	15--20	3	5	3
		21--30	51	50	53
		31--40	41	38	40
		41--49	4	6	3
		>49	1	1	1
	MARITAL STATUS OF RESPONDENTS	Married	92	91	92
		Divorced	4	2	3
		Separated	2	3	3
		Single	2	4	2
	OCCUPATIONAL STATUS OF RESPONDENTS	Regular employment (Government)	3	2	4
		Regular Employment (Private)	6	8	11
		Self Employed (Artisan)	67	67	64
		Agriculture	1	1	1
		Unemployed (Job Seeker)	5	5	7
		Student	2	1	2
		Full House Wife	15	16	11
		Daily Labourer	1		
	AVERAGE HOUSEHOLD SIZE	1--4	63	59	69
		5--9	35	39	30
		>9	2	2	1
	COMPOUND DENSITY	1--4	30	43	53
		5--9	26	31	25
		>9	44	26	22
	HIGHEST LEVEL OF EDUCATION ATTAINED	Pre Primary	4	5	9
		Primary (Basis 1-6)	11	17	9
		Secondary(JSS 1-3)	13	15	9
		Secondary (SSS 1-3)	53	52	47
		Adult Education	1		

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Higher non university(ND, NCE, HND, PGD)	12	6	19
		Higher University (BSC, MSC, MPhil, PHD)	4	4	5
		Vocational training	1		1
		No Formal Education	1	1	1
ENVIRONMENT	AVAILABILITY OF DRAINS/GUTTERS ON THE STREET	Yes	79	61	78
	TYPE OF DRAINAGE FACILITY	Uncovered concrete drain	79	88	72
		Covered concrete drain	13	7	20
		Earth	8	5	8
	CLEANING OF THE DRAINAGE SYSTEM	Yes	81	66	73
	RESPONSIBLE FOR CLEANING THE DRAINAGE SYSTEM	Community	22	31	17
		Government employed personnel	3	8	10
		PSP	75	61	73
	MAIN TYPE OF TOILET FACILITY AVAILABLE TO HOUSEHOLD	Flush to septic tank (water closet)	45	21	50
		Flush/pour to pit (pit latrine)	31	30	30
		Flush/pour to street, yard, ditch	8	25	9
		Flush to sewer	1	2	3
		Covered pit toilet/latrine (improved)	5	2	1
		Uncovered pit toilet/latrine	1	4	1
		Hanging toilet/toilet on water	1	2	1
		Bush/field	1	2	
		Ventilated improved pit(VIP)	2		
		Mobile toilet	1	2	2
		No toilet facility	2	5	1
		Dig ground and bury	1	1	
		Flush to gutter	1	5	
	MAIN SOURCE OF WATER	Lagos Water Corporation (LWC)	27	4	4

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Local Water Supply Scheme (Community)	9	22	9
		Private Water Well (Borehole, Hand dug well, Standpipes	50	52	68
		Local Flowing Rivers/Stream/ Spring	1		
		Protected dug well	3	3	5
		Unprotected dug well	4	6	8
		Small-scale /truck vendor)	1	2	1
		Surface water (lagoon, creek, river, dam, lake, pond, stream canal, irrigation channels	4	11	4
	IS WATER FROM MAIN SOURCE DRINKABLE	Yes	40	16	25
	TREATMENT OF PRIMARY SOURCE OF WATER TO MAKE IT SAFE FOR DRINKING	Add bleach/chlorine/Alum	22	17	30
		Boil	79	75	56
		Let it stay and settle	26	11	23
		Sieve it through cloth	5	3	1
		Water filter (ceramic, sand, composite)	8	1	4
	METHODS OF WASTE DISPOSAL	Collected by the government (PSP)	36	12	42
		Dumping ground in neighborhood	14	54	20
		Truck pusher/private refuse collector	42	9	28
		Disposal within compound (neighborhood bin/tank)	2	7	1
		Government bin	2	1	
		Burned/ Buried	4	17	9
ANTE-NATAL CARE/DELIVERY	ANTENATAL CKECKUPS	Yes	96	90	94
	TETANUS TOXOID IMMUNIZATION (TTI)	Yes	82	87	67
	REASONS FOR THE FAILURE OF TETANUS TOXOID	Unaware of need for immunization	17	18	12
		Unaware of need to return for the doses	12	6	3

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	IMMUNIZATION (TTI)	Place or time of immunization unknown	11		12
		Fear of side reaction	20	6	18
		Wrong idea about contraindication	14	6	3
		Postponed until another time	13	18	18
		Cultural/ religious reasons	11	18	
		Rumours	13	12	
		Place of immunization too far	8	12	9
		Inconvenient in the time of immunization	5	6	6
	REASONS FOR THE FAILURE OF TETANUS TOXOID IMMUNIZATION (TTI)	Absent of vaccinator	4	6	3
		No vaccination	2		3
		Mother too busy	13	18	15
		Family problem including illness of mother	4		
		Mother ill did not visit health facility	4	6	3
		Mother visited health facility but not given Immunization	4	6	3
		Long waiting time	54	12	44
	Type of Health Facility where Child was Born	Government	54	45	39
		Private	44	47	57
		Traditional	2	8	3
	Assistant used with the delivery	Doctor	55	37	44
		Nurse/ midwife	41	55	49
		Auxiliary midwife	2	4	4
		Trained Traditional birth attendant	2	4	2
	Reason for not delivering in a Health Facility	Costs too much	14	12	36
		Facility closed (strike)	30	55	38
		Too far/ no transportation	10	13	9
		Don't trust facility/ poor quality service	5	4	5
		Didn't think it was necessary	20	8	3

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Religious affiliation	21	8	9
	Currently having New Born Baby	YES	38	35	40
	Currently Breast Feeding Baby	YES	36	37	43
	Awareness of Exclusive Breast Feeding of Children	YES	90	82	84
	Lenght of Exclusively Breast Feedin	1 -5months	6	17	10
		6months	29	40	34
		7-12months	16	15	23
		>12months	49	27	34
	Pregnant Women in the Last Five Years	YES	37	43	31
	Place of Delivery	Public Hospital/ health centre	57	54	50
		Private hospital/clinic	37	34	42
		Traditional Herbal clinic	3	3	4
		Faith base/ spiritual home	2	6	3
		At home	1	4	2
	Assistant During Delivery	Doctor	71	48	74
		Nurse/ midwife	21	33	16
		Auxiliary midwife	3	7	3
		Trained Traditional birth attendant	4	6	3
		Relative/ friends	1	4	4
		Self		1	
CHILDREN UNDER 5	Household Having Children Under 5	YES	85	85	81
	Under 5 Children that were Registered after Birth	YES	87	82	77
	Documentary Evbidence of Under 5 Children that were Registered after	YES	87	75	89

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	Birth				
	Children With Documentary Evidence Of Registered Birth Certificate	YES	15	18	19
	Documentary Evidence From Other Source	YES	9	7	6
	Other Sources Of Documentary Evidence Of Registered Birth	Church	68	83	14
		Mosque	20	13	86
		Traditional Birth Attendant	12	4	0
	Children That Have Immunization Card Or Achild Health Handbook	YES	99	100	100
	Children That Received Bcg That Causes Scar In The Arm	YES	98	100	100
	Children That Received Injection To Prevent Measles At Exactly Nine Months	YES	98	100	100
	Children Who Received Vitamin A At 6 Months	YES	98	100	100
	Children That Received Vitamin A Second Dose At Exactly 1 Year	YES	98	100	100
	Children That Received DPT 1 At 6 Weeks	YES	98	100	100
	Children Who Received DPT 2 At 10 Weeks	YES	98	100	100
	Children That Received DPT 3 At 14 Weeks	YES	98	100	100
	Children That Received OPV 0 At Birth Or Till	YES	98	100	100

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	Two Weeks				
	Children That Received OPV 1 At 6 Weeks	YES	98	100	100
	Children That Received OPV 2 At 10 Weeks Of Birth	YES	98	100	100
	Children That Received OPV 3 At 14 Weeks After Birth	YES	98	100	100
	Immnunization Status Of Children	NOT FULLY IMMUNISED	4	7	17
		PARTIALLY IMMUNISED	72	76	56
		NOT IMMUNISED	24	17	27
	Children Fully Immunized Before One Year	YES	74	75	62
	Reasons for children not fully immunized before one year of age	Unaware of need for immunization	12	15	4
		Unaware of need to return for 2nd and 3rd dose	4	16	6
		Place or time of immunization unknown	6	9	3
		Fear of side reaction	9	6	3
		Wrong idea about contraindication	3	5	1
		Postponed until another time	14	7	30
		Cultural/ religious reasons	3	6	2
		Rumours	2	7	
		Place of immunization too far	6	6	11
		Inconvenient in the time of immunization	5	2	2
		Absent of vaccinator	1	1	1
		No vaccination	3	5	5
		Mother too busy	10	7	8
		Family problem including illness of mother	2	1	4
		Child ill brought but not given immunization	2	2	1

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Long waiting time	19	7	20
	Experience of any illness by children in the last three months	Yes	41	38	34
		No	57	59	65
		Can't remember	1	1	1
		Don't know	1	2	0
	Nature of illness experienced by cChildren	Malaria fever	43	47	37
		Typhoid fever	6	9	10
		Acute Respiratory Infection (ARI)	1	3	1
		Cold/catarrh/ cough	22	19	18
		Yellow fever	2	1	3
		Migraine	1	0	1
		Diabetes	0	0	0
		Hypertension	0	0	1
		Sickle cell Anemia	1	1	1
		Hepatitis	1	0	0
		Guinea worm infection	0	3	1
		Skin disorder	5	2	13
		Cholera	1	0	0
		Dysentary	2	1	1
		Stomach ache	8	7	10
		Epilepsy	0	0	1
		Diarrhea	3	6	1
		Pneumonia	1	0	0
	Where Household went to treat Chilren that had Malria, Cough, Pneumonia and diarrhea	Self medication	10	13	6
		Chemist Shop	10	17	26
		Private Hospital	24	13	18
	Ways to Prevent and Control Malaria	Sleep in Insecticide Treated Net (ITN).	33	33	30
		Wearing long sleeves.	6	14	13

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Indoor Residual Spraying	22	20	20
		Using prescribed drugs	9	9	9
		Using mosquito coil.	14	12	14
		Clearing the surroundings	16	11	13
	Households who have Insecticide Treated Net	Yes	68	63	49
	How Households got or obtained Insecticide Treated Net	Procured	22	23	13
		Freely given by Government	71	74	77
		Freely given by NGOs	8	4	10
	Period when Household procured Insecticide Treated Net	Less than 6 Months	10	15	19
		6 - 12 Months	22	20	21
		12 - 24 Months	22	25	15
		24 - 36 Months	10	10	10
		36 - 52 Months (3 - 5 years)	18	21	12
		Greater than 5 years	1	4	0
		Can't remember	17	5	23
	Period when Household obtained Insecticide Treated Net Given Freely by Government	Less than 6 Months	6	11	10
		6 - 12 Months	19	25	28
		12 - 24 Months	26	23	15
		24 - 36 Months	10	10	9
		36 - 52 Months (3 - 5 years)	17	21	15
		Greater than 5 years	1	4	1
		Can't remember	22	6	23
	Period when Household obtained Insecticide Treated Net Given Freely by NGOs	Less than 6 Months	3	9	15
		6 - 12 Months	6	14	13
		12 - 24 Months	8	12	8
		24 - 36 Months	3	4	5
		36 - 52 Months (3 - 5 years)	3	10	8
		Greater than 5 years	6	4	1

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Can't remember	71	47	50
	Household who slept in Insecticide Treated Net	Father	11	11	16
		Mother	16	20	23
		Children under five	26	22	27
		Children over five	7	7	8
		Everyone	31	28	20
		Nobody	10	12	7
	Household Awareness of Government Freely Provision of Insecticide Treated Nets	Yes	87	72	72
	Household members who benefitted from the Free Insecticide Treated Mosquito Net	Yes	62	57	50
	Househild members who received Anti-Malaria Drugs for Prevetion of Malaria at the Last or Index Pregnancy	Yes	78	69	76
	Doses of Anti-Malaria received	2 doses of SPs	58	56	58
		3 doses of SPs	42	44	42
	Household Members who Suffered from Malaria in the Last 12 months	Yes	57	57	56
	Number of Household Members who Suffered from Malaria in the Last 12 months	Yes	1047	254	354
	Signs and	High body temperature / Fever	26	25	22

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	Symptoms of Malaria of Malaria	Vomiting	12	18	20
		Body pains	14	14	14
		Loss of appetite	13	13	12
		Headaches.	19	20	20
		Loss of energy	16	11	11
	Place where Household Members went First for Treatment of Malaria	Self medication (no where)	25	23	18
		Chemist	31	52	59
		Health Centre	26	14	10
		Public Hospital	16	10	9
		Traditional herbalist	2	1	4
	Household who undergo test before commencement of treatment	YES	37	29	32
	Types of drug used for the treatment of Malaria for adult	Artemisinin Combination Therapy (ACT)	23	29	23
		Choroquine	14	23	29
		Paracetamol	25	24	19
		SPs: Fansidar, Amalar etc	26	15	20
		Herbs	11	10	9
	Types of drug used for the treatment of Malaria for children	Artemisinin Combination Therapy (ACT)	18	21	25
		Choroquine	20	34	30
		Paracetamol	35	29	23
		SPs: Fansidar, Amalar etc	15	7	14
		Herbs	12	9	8
	Community with Public Health Centre	YES	80	46	50
	Distance of Public health facility to dwelling	Not too far (<1km)	63	25	36
		Far (1-5km)	24	51	51
		Very far (>5km)	13	24	14
	Preference for Health Care	YES	88	72	77

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	Centre in the Community				
	Where household's member seek for health care	Public Hospital / health centre	62	44	40
		Private Hospital / clinic	28	35	44
		Private physician	2	5	2
		Traditional Herbal Clinic	2	2	1
		Faith base / Spiritual home	0	2	1
		Pharmacy/ Chemist shop	6	13	12
	Patronage of Public Hospital/Health Centre in the last one year	YES	41	32	27
	Reasons for not patronising Public Hospital/ Health Centre	Bad quality of services	13	19	24
		Far from residence	20	42	28
		Non-affordable cost of services	7	11	5
		Lack of sufficient medical facilities e.g. building, equipment.	7	2	3
		Long waiting time	32	17	21
		Attitude of health workers (doctor, nurse)	14	8	11
		Lack of skilled personnel	7	1	7
	Household's Expenditure on Health Care	<N10, 000	30	39	44
		N10, 000-N19, 999	6	2	8
		N20, 000-N29, 999	6	2	6
		>N29, 999	10	6	6
		Refuse	47	52	37
	Awareness of National Insurance Scheme in Kosofe	YES	39	26	35
	Household's member that registered for	YES	4	7	7

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	National Insurance Scheme in kosofe				
	Willingness to pre-pay a defined health care package for parents and four children less than 18 years of age	YES	37	40	26
	Amount Household's member willing to pre-pay the next one year	<N10, 000	84	70	63
		N10, 000-N19, 999	14	25	33
		N20, 000-N29, 999	1	4	3
		>N29, 999	1	1	0
	Household Health Care cost covered by Insurance	YES	9	16	15
	Last time Household member visited Public Hospital/health centre	Within the last three month	33	27	26
		Within the last six months	22	41	28
		Between six months and one year	21	11	16
		More than one year	7	7	9
		Can't remember	11	10	12
		Don't know	7	3	9
	Satisfaction with Government Health Centre/Hospital	Satisfied	58	42	43
		Not satisfied	29	44	47
		Undecided	13	15	10
	Reason(s) for choice? "Public hospital / health centre"	Quality of services	23	26	22
		Closeness to residence	12	10	14
		Affordable cost of services	16	21	15
		Sufficient medical facilities e.g building, equipment.	12	12	16
		low waiting time	8	5	8

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Availability of skilled personnel	17	16	16
		Attitude of health workers	11	9	10
		Nothing/Don't Know	1	0	0
	Reason(s) for choice? "Private hospital/clinic"	Quality of services	21	20	21
		Closeness to residence	16	33	20
		Affordable cost of services	10	9	10
		Sufficient medical facilities e.g building, equipment.	13	8	12
		low waiting time	13	12	13
		Availability of skilled personnel	13	9	13
		Attitude of health workers	12	8	11
		Nothing/Don't Know	1	0	0
	Reason(s) for choice? "Private physician"	Quality of services	23	26	22
		Closeness to residence	12	10	14
		Affordable cost of services	16	21	15
		Sufficient medical facilities e.g building, equipment.	12	12	16
		low waiting time	8	5	8
		Availability of skilled personnel	17	16	16
		Attitude of health workers	11	9	10
		Nothing/Don't Know	1	0	0
	Reason(s) for choice? "Traditional herbal clinic"	Quality of services	19	15	20
		Closeness to residence	15	30	20
		Affordable cost of services	16	22	20
		Sufficient medical facilities e.g building, equipment.	8	0	10
		low waiting time	15	19	15
		Availability of skilled personnel	13	7	5
		Attitude of health workers	9	7	5
		Nothing/Don't Know	4	0	5
	Reason(s) for	Quality of services	19	36	14

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	choice? "Faith base/Spiritual home"	Closeness to residence	19	18	14
		Affordable cost of services	11	9	21
		Sufficient medical facilities e.g building, equipment.	11	0	14
		low waiting time	7	18	14
		Availability of skilled personnel	11	9	14
		Attitude of health workers	19	0	7
		Nothing/Don't Know	4	9	0
	Reason(s) for choice? "Pharmacy/chemist shop"	Quality of services	17	20	21
		Closeness to residence	15	23	16
		Affordable cost of services	18	19	17
		Sufficient medical facilities e.g building, equipment.	11	5	10
		low waiting time	12	13	13
		Availability of skilled personnel	14	10	8
		Attitude of health workers	10	7	16
		Nothing/Don't Know	3	3	0
	Government Hospital/ health centre Rating on "Provision of drugs"	Excellent	16	6	9
		Good	45	28	35
		Fair	30	49	33
		Poor	10	17	23
	Government Hospital/ health centre Rating on "Medical equipment"	Excellent	18	5	12
		Good	52	36	46
		Fair	26	48	28
		Poor	3	11	15
	Government Hospital/ health centre Rating on "Quality of Medical Personnel"	Excellent	17	6	11
		Good	55	39	45
		Fair	23	43	30
		Poor	5	13	14
	Government Hospital/ health centre Rating on	Excellent	5	3	2
		Good	25	22	26

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
	"Waiting time"	Fair	33	49	29
		Poor	37	26	42
	Government Hospital/ health centre Rating on "Infrastructure(Building, water, electricity)"	Excellent	11	5	5
		Good	51	32	48
		Fair	30	52	28
		Poor	8	10	19
	Government Hospital/ health centre Rating on "Attitude of Medical Personnel towards patients"	Excellent	6	4	2
		Good	38	28	33
		Fair	36	48	38
		Poor	20	20	27
	Government Hospital/ health centre Rating on "Cost of Drugs / medical test"	Excellent	8	4	4
		Good	43	29	38
		Fair	37	54	32
		Poor	12	13	25
	Government Hospital/ health centre Rating on "Quality of service"	Excellent	14	6	10
		Good	52	34	42
		Fair	28	51	27
		Poor	6	10	21
	Problems faced in the most recent visit to Government health facility	Unhygienic facilities	6	8	15
		Insufficient medical facility	9	25	16
		Unfriendly attitude of medical personnel	22	26	22
		Insufficient number of doctors or nurses	8	5	6
		Long waiting time	35	25	25
		Unaffordable service fees	6	3	7
		No drugs/medicines available	14	8	10
	Rating of quality of health care services at government hospitals or clinics	Improved Significantly	33	19	34
		Improved Fairly	44	60	41
		Stayed the Same	19	20	18

SECTOR	INDICATORS	SUB GROUP	OLUBORI ODUN IFA	IDI ARABA	MOSAFEJO
		Deteriorated Fairly	3	1	6
		Deteriorated Significantly	2	0	2