



REPORT OF ASSESSMENT AND MAPPING OF PUBLIC PRIVATE PARTNERSHIP ORGANISATIONS IN JIGAWA STATE

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OUTPUT 2

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ABBREVIATIONS

PPP	Public Private Partnership
PPO	Public Private Organisation
PSO	Private Sector Organisation
LGA	Local Government Area
MDG	Millennium Development Goal
DFID	Department For International Development
PATHS2	Partnership for Transforming Health System 2
GHSB	Gunduma Health System Board
GHSC	Gunduma Health System Council
NURTW	National Union of Road Transport Workers
CSO	Civil Society Organisation
CBO	Community Base Organisation
NGO	Non Governmental Organisation
PMV	Patent Medicine Vendors
TBA	Traditional Birth Attendants
NMA	Nigerian Medical Association
NANNM	National Association of Nigerian Nurses & Midwives

SECTION 1: EXECUTIVE SUMMARY

The purpose of this work is to assess and map private sector organisations in Jigawa state with a view to improve the planning, financing and delivery of sustainable and replicable pro-poor services for common health problems in the state and to determine the level of capacity private organisations have, the support needed and how best can the private organisations argument the effort of government in service delivery towards health related matters.

Questionnaire was used to collect data for this report. The findings indicated that PPP is a new concept to most of the organisation visited, though some organizations conduct PPP services voluntarily by maintaining adequate sanitation at facilities, helping those in dire need and conveying pregnant mothers to hospital even when their husbands are away. Moreover most of them are keen to participate in PPP activity in relation to health as it affected them and there is a concentration of PPP in urban than in rural settlement.

SECTION 2: INTRODUCTION

2.1 Background to the study

Jigawa state being economically disadvantaged state failed to deliver quality health service and by implication is yet to optimise the use of her resources in health related matters to achieve the delivery of sustainable, equitable and accessible health service for its teeming population. The reason is not far fetched from poor leadership, poor coordination of efforts, inability to institutionalise maintenance culture for health facilities infrastructure and equipment, poor management of human and material resources and poor utilisation of the private sectors of the economy.

The weaknesses of the health delivery system are caused in part by poorly developed management and accountability systems, inappropriate packaging and delivery of services, exclusion of client and community perspectives in the design and delivery of services and a general lack of adequate skilled human resource for health. Communities in general have poor perception of the quality of care in public facilities and readily resort to patronage of alternative health practitioners and quacks especially by the poor.

It is against this background that PATHS2, a six years programme funded by DFID with the overall goal of assisting Nigeria to use her own resources effectively and efficiently to achieve the millennium development goals 4, 5 and 6 came into champion the process of PPP which has been extended to embrace new and innovative ways of working with the private sector to improve the delivery of infrastructure and auxiliary services to the community. A benefit of PPP is the establishment of agreed maintenance and service standards. This provide the opportunity for major public asset to be maintained and preserved to a standard which is higher than has been traditionally possible by the public sector which in the long term serves as refurbishment cost that make our public building more attractive and safer place to visit, to work and to do business.

As part of the assignment is to conduct an assessment of the private organisation in the 27 LGAs of Jigawa State with a view to develop a comprehensive situational analysis of PPP in the State in terms of their number, mix, distribution/location and Status.

This document describes the methodology for, and presents pertinent findings from the assessment/mapping.

2.2 Objectives

The objectives of the assessment are to:

- Have an in-depth documentation of all private organisations in Jigawa State which will be used to guide and direct interventions, investments and decision making in the planning, management and development of PPP activities throughout the state.
- Develop a comprehensive situational analysis of PPP in the State in terms of their number, mix, distribution/location and status.
- Evaluate the capacity of Institutions to be engage in the PPP activities
- Take inventory of private sector facilities and organisation through the 27 LGAs of the State.
- To document past PPP activities in the state.

2.3 Methodology

The data for this report are generated from the 27 LGAs in the state representing nine (9) Gunduma. The research instrument is self administered questionnaires, arranged in the following sections:

- Profile of respondent
- Services carried out by respondent
- Activity carried out
- Support required/needed

All the completed questionnaires were returned. However we cannot administer the questionnaire in Gwiwa LGA because the chairman insisted that a letter must be sent from State Ministry for Local Government before the questionnaire can be administered. To ensure quality control, each questionnaire was verified and cross checked before accepting it.

We however, expected that information from the private sector organisations will provide the context upon which the situational analysis of PPP can be known which will be used to guide and direct intervention and investment in PPP.

2.4 Structure of Report

The report is structured into 8 sections. Section 1 contains executive summary of the report. Section 2 contains introduction which is sub-divided into 4 sub headings namely: Background to the study, Objectives, Methodology and Structure of the report. Section 3 contains main findings while section 4 contains lesson learnt. Section 5 recommendations, Section 6 contains emerging issues while contains. Section 7 contains conclusion and next steps and section 8 contains the annexes.

SECTION 3: MAIN FINDINGS

3.1 Introduction

The findings are presented in four sections which encompass:

1. Profile: This consists of Registration status, Spread, Affiliation and Regulation of PPP in Jigawa State.
2. Services: This deals with type of services rendered by the public private organisations in relation to security, maintenance and social services in the State.
3. Activity: This section captures the concept of PPP, previous PPP participation and willingness to participate in PPP activity again.
4. Support: The last section covers previous support obtained, level of capacity and types of support needed.

3.2 Section One: Profile

From the responses received majority of the organisation are registered with either National or Local agencies. From the table below, the number of private organisation varied from one Gunduma to another with higher concentration of number of private sector organisation in Dutse Gunduma which house the state capital and the lowest number of private sector organisation in K/Hausa Gunduma. The response shows that out of the 164 respondent, 151(92.0%) have been registered with relevant organizations/body. This indicates that most of the private organizations in Jigawa are registered with government. However State Ministry of Health (SMOH) does not have registration data of PSOs operating in the state.

Table: 1 Private Sector Organisations Registration Status

S/N	Gunduma	No. of PSO	REGISTERED	
			Yes	No
1.	B/Kudu	14	14	0
2.	Jahun	11	09	2
3.	Dutse	47	43	4
4.	Hadejia	21	18	3
5.	Birniwa	14	13	1
6.	K/Hausa	09	09	0
7.	Ringim	16	14	2
8.	Gumel	18	18	0
9.	Kazaure	14	13	1
TOTAL		164	151 (92.0%)	13 (8.0%)

Table: 2 Spread and Affiliation

S/N	Gunduma	Spread in %	Affiliation	
			National Agencies	Local Agencies
1.	B/Kudu	60	4	10
2.	Jahun	40	1	10
3.	Dutse	82	7	36
4.	Hadejia	63	2	19
5.	Birniwa	38	0	14
6.	K/Hausa	44	0	9
7.	Ringim	49	2	14
8.	Gumel	56	3	15
9.	Kazaure	52	1	13
TOTAL			20 (12.5%)	140 (87.5%)

From **Table 2** above, the percentage of organisation spread is higher in Dutse, Hadejia and Birnin-Kudu Gunduma with 82%, 63% and 60% respectively, while Birniwa and Kafin-Hausa Gunduma with 38% and 40% has the lowest spread in the state. The responses (140 or 87.5%) shows that most of the organisation are affiliated to local agencies

Table:3 Responses on Regulations

S/N	Gunduma	Regulation	
		Self	Government
1.	B/Kudu	10	4
2.	Jahun	10	1
3.	Dutse	41	6
4.	Hadejia	18	3
5.	Birniwa	13	1
6.	K/Hausa	9	0
7.	Ringim	14	2
8.	Gumel	16	2
9.	Kazaure	13	1
TOTAL		144 (87.8%)	20 (12.2%)

Table 3 above, is on responses of regulations, as can be seen most of the organisations have mechanism for self regulation because most of the organisation are community based organisation which does not conform to national standard, while few organisation have mechanism for regulation by government because it involve either licensing accreditation or professional registration which have strict compliance to establish norms and values.

Table 4: Number of profit and not for profit organisations

S/n.	Types of Organisation	Number
1.	Profit	13
2.	Not for profit	151
	Total	164

As seen from **table 4** above, the profit and not for profit organisation operating in Jigawa state are 13 to 151 respectively. Also the profit organisations are mainly banks, which are established solely for the purpose of generating profit and not for profit organisations are cartel established to cater for welfare of members and the community at large. There is generally low level of non for profit organisations operating in the state because of the nature of the state being economically disadvantaged state

Section Two: Services

Table 5 below described the responses on the type of services each organisation is rendering, which is categorise into 3 broad categories thus, Security, Maintenance and Health/Social services. The responses indicated that majority of the organisation engaged in maintenance services at the expense of health/social and security services

Table 5: Responses on Service

S/N	Gunduma	Services		
		Security	Maintenance	Health and Social Services
1.	B/Kudu	2	9	3
2.	Jahun	1	8	2
3.	Dutse	8	20	19
4.	Hadejia	4	11	6
5.	Birniwa	1	11	2
6.	K/Hausa	0	7	2
7.	Ringim	2	11	3
8.	Gumel	2	12	4
9.	Kazaure	1	8	5
TOTAL		21	97	46

Section 3: Activities

Being a new concept, PPP is not known to most of the organisation captured and as a result of that their participation in PPP activities is minimal. From **Table 6** below only few organisation in Dutse, B/Kudu and Gumel Gunduma are conversant with PPP and even this knowledge arise from electronic or print media. As a result of the organisation not acquainted with PPP concept, the participation is

limited or none. The responses shows that only 2 organisation from Dutse Gunduma ever participated in PPP activities.

Table 6: Responses on Concepts and Participation

S/N	Gunduma	Knows About Concept of PPP		Participation	
		Yes	No	Yes	No
1.	B/Kudu	1	13	0	14
2.	Jahun	0	11	0	11
3.	Dutse	7	40	4	43
4.	Hadejia	0	21	0	21
5.	Birniwa	0	14	0	14
6.	K/Hausa	0	09	0	09
7.	Ringim	0	16	0	16
8.	Gumel	1	17	0	18
9.	Kazaure	0	14	0	14
		9	155	4	160

Table 7: Responses on willing to participate

S/N	Gunduma	Responses	
		Yes	No
1.	B/Kudu	13	1
2.	Jahun	9	2
3.	Dutse	45	2
4.	Hadejia	20	1
5.	Birniwa	14	0
6.	K/Hausa	8	1
7.	Ringim	14	2
8.	Gumel	17	1
9.	Kazaure	14	0
TOTAL		154	10

As can be seen from **Table 7** above, Majority of the responses are willing to participate in PPP activity. Most of the participation involves social mobilisation, advocacy, enlightenment, environmental sanitation. While the organisations that are not willing to participate are limited in number and this has a direct bearing on their inability to comprehend the concept of PPP.

Section 4: Support

Table 8: Responses on Previous Support

S/N	Gunduma	Source of Support			
		Individual	Government	Donors Agencies	None
1.	B/Kudu	2	8	1	3
2.	Jahun	3	4	4	2
3.	Dutse	1	27	13	6
4.	Hadejia	1	13	3	4
5.	Birniwa	2	8	3	1
6.	K/Hausa	3	3	2	1
7.	Ringim	1	9	4	2
8.	Gumel	1	8	6	3

9.	Kazaure	3	6	3	2
TOTAL		17	86	37	24

The **table 8** above shows the sources of support to the public private organisations from individual, government and donor agencies. Majority of the support stems from government while little support emanates from individual and few organisations indicated zero support from any source.

Table: 9 Capacity

S/N	Gunduma	% of Available Capacity
1.	B/Kudu	64
2.	Jahun	42
3.	Dutse	84
4.	Hadejia	62
5.	Birniwa	39
6.	K/Hausa	46
7.	Ringim	49
8.	Gumel	56
9.	Kazaure	47

The level of organisational Capacity to support PPP activities is determined by:

- a. Experience
- b. Affiliation
- c. Regulation
- d. Manpower

As can be seen from **table 9** above, the public private organisation in Dutse, B/Kudu, and Hadejia Gunduma with 84%, 64% and 62% respectively have higher capacity to support PPP activities in the state than Birniwa, Jahun and K/Hausa Gunduma with 39%, 42% and 46% respectively. Also the chart below presents the level of capacity per Gunduma.

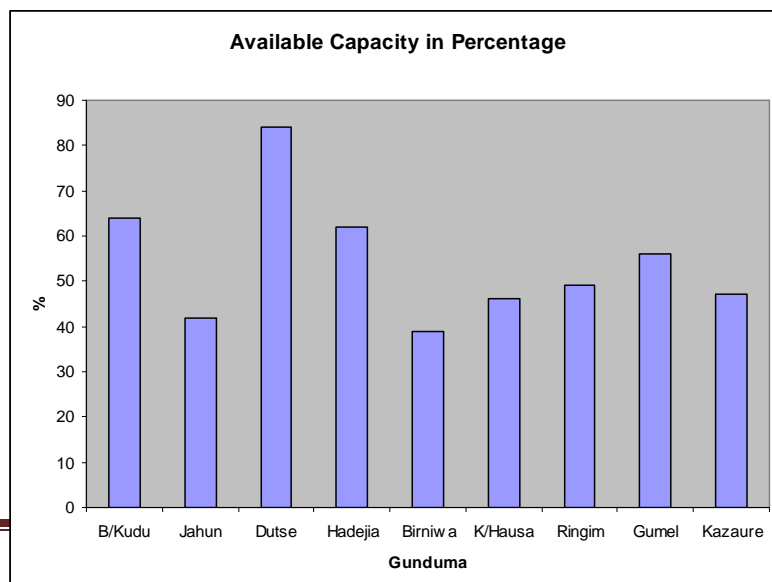
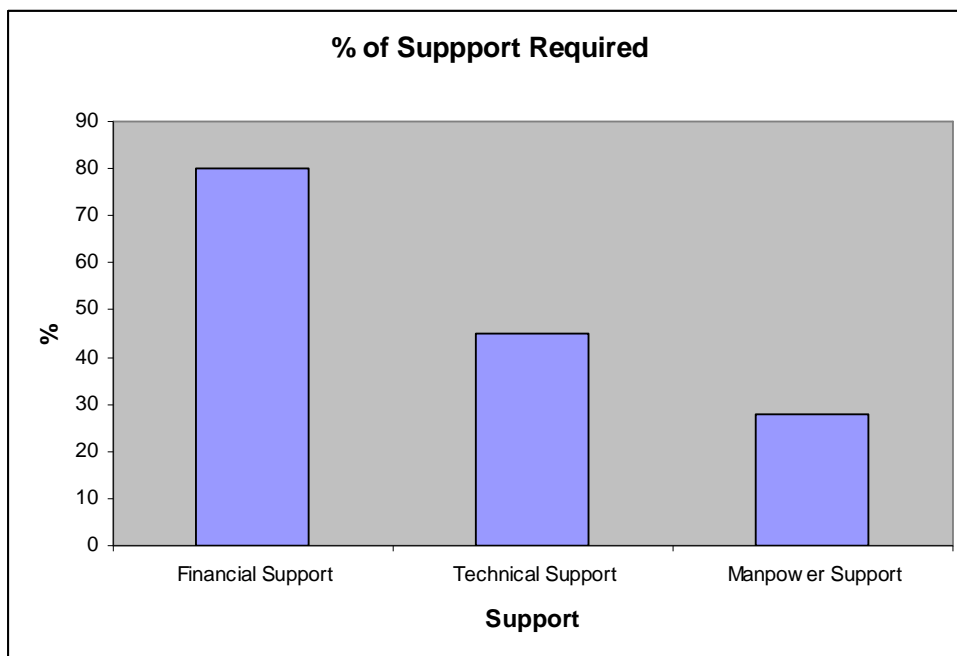


Table 10: Responses on Support Needed

S/N	Support	% of Support Required
1.	Financial Support	80
2.	Technical Support	45
3.	Manpower Support	28

Table 10 above described the percentage of support needed to argument PPP activity in the state. The responses shows that, 80% of the respondents are in need of financial support, 45% are in need of technical support while 28% need manpower support. Also the chart below displays % of support required.



SECTION 4: LESSONS LEARNT

- There was a high level commitment of some private organisation in supporting PPP activities in the State.
- The public sectors are willing to contribute towards the actualisation of PPP activities in the State.
- Majority of the support of PPP activities emanate from government.

Some LGA doesn't understand the concept of PPP which led to refusal of administering research tool.

SECTION 5: RECOMMENDATIONS

- There is the need to organise an orientation workshop to private sector organisations operating in the state to sensitize them on the concept of PPP. This can provide the opportunity for them to understand fully the operation of PPP and how can the capacities of different players be utilised to create an enabling environment and synergy that allows them to contribute more to the good of the general public.
- Pay strong advocacy to profit organisations to commit them sign MoU with a view to establish relationships that entails service delivery in health provisioning.
- That there is need to form a PPP steering committee that can spearhead PPP activities and the need for action.
- That there is need for SMOH to established the registration desk office can monitor and coordinate PSOs that are willing to engage in PPP.-
- NURTW be made a principle component of the committee and effort should be made for an increase role for private sector in health care service delivery.
- Appropriate policy guideline is required for the formation of partnerships and such guideline be based on consultative process and method.
- All formal partnerships shall be based on written agreements specifying the purpose, duration and exit arrangement with clear indication as to enforceable rights and obligations of all stakeholders.
- There is ought to be constant interaction on health issues by all stakeholders in the private and public sector and by doing that, private sector organisations may have the opportunity to contribute towards the planning and implementation of Health services.

SECTION 6: EMERGING ISSUES

- It was observed that, PPP activities are currently taking place in Jigawa state but the activities are not articulated neither documented.
- Also the state government is not wary of the activities carried out by individuals and organizations in health and health related issues.
- That the weakness of health delivery system is caused partly by poor management and non involvement of private sector organisation.

SECTION 7: CONCLUSIONS AND NEXT STEPS

7.1 CONCLUSIONS

The findings from this assessment present a positive picture of PPP status for profit and not for profit organisations operating in the state as there are lots of willing private sector partners for the SMoH to partner with and PATHS2 should step up its support in that direction which should serve as a guide for an effective partnerships among different players in such a way that health care can be served efficiently, effectively and equitably by understanding the operation of different players, their strength and weaknesses and based on such, establish new relationship that will entail the act of learning, compromise, understanding and shared responsibilities.

7.2 NEXT STEPS

- Pay strong Advocacy to religious/traditional leaders, policy makers at State level to garner their support and cooperation.
- Orientation workshops to be organize to all the Stakeholders so as to be enlightened on PPP activities with a view to developing MoU.
- Organized resource mobilization workshop.
- Collaborate with potential CSOs on the way forward for PPP activities in the state.
- State Ministry of Health to provide framework with a view to coordinate organizations activities that has linkage with PPP
- Partnership with mass media and Private Agencies in Radio and TV.
- Further skill and capacity building for Stakeholder for the sustainability of the programme.

SECTION 8: ANNEXES

ANNEX 1: Terms of Reference

- Develop a comprehensive situational analysis of PPP in the State in terms of their number, mix, distribution/location and status.
- Evaluate the capacity of Institutions to be engage in the PPP activities
- Present the outcomes in a workshop to seek consensus and feedback from stakeholders.
- Take inventory of private sector facilities and organisation through the 27 LGAs of the State.

- **ANNEX 2: SAMPLE QUESTIONNAIRE**

Consent form

Good morning/afternoon. My name is I am working on a baseline assessment on Public Private Partnership organisations Jigawa State, Nigeria a PATHS2 supported activities on Health. The project is a DFID funded project aimed at strengthening the health systems in Nigeria for the achievement of the health related MDGs. Findings from this assessment will be used to have an in-depth records of all private organisations in Jigawa state which will be used to guide and direct interventions, investments and decision making in the Planning, management and development of PPP activities throughout the state. You have been selected at random among your colleagues to participate in this study. This will not take too much of your time (about 15.20minutes). I would like to ask you some questions about issues related to PPP in relation to health. I will like to assure you that everything you say will be kept confidential and your identity will not be revealed to anyone. Your views are very important and your honest participation will greatly assist in meeting the goals of this study.

At this point, do you have any questions about the study? Also, in case you have additional questions about the study after we leave this area, you can contact Adamu Babale on 08036525706. I am also going to leave a copy of this consent form with you.

Please May I begin the interview now?

PPP Mapping/Assessment Tool

This tool has been developed to help identify strengths, opportunities, weaknesses and threats/constraints to PPP as it relate to health in Jigawa State.

Individual criteria have been identified that are considered as key elements towards an effective approach to PPP. These criteria have been grouped into four organizational or functional categories. The criteria include:

1. Profile
2. Services
3. Activity
4. Support

Kindly fill the appropriate space in the category outlined below.

Demographic information:

Interviewer #: _____

Interview Date: ____/____/____ DD/MM/YYYY

Start time for interview: _____

LGA: _____

Town: _____

Type of location:

- 1) Urban
- 2) Rural

Name of Organization/Institution: _____

Sex:

- 1) Male
- 2) Female

Section A: Social, Economic and Demographic information

1. What is your age? (Age in Completed years) _____
i.) 25.29 years

- i. 30.34 years
- ii. 35.39 years
- iii. 40.44 years
- iv. 45.49 years
- v. 50.54 years
- vi. 55.60 years

2. What is your educational level? (Record highest level completed) _____
i.) Primary
ii.) Secondary
iii.) Graduate (Bachelors, HND)
iv.) Post graduate
v.) Other (specify) _____

Professional information

3. What is your years of working experience? _____

4. What is your current position/title? _____

5. How long have you been working in this capacity? (Record complete years) _____

6. Do you have any training in the following areas?

	Yes	No
Management	1	2
Organization development	1	2
Policy analysis, and formulation	1	2

A. Profile

This category covers the following aspects:

- Name of organisation
- Location of organisation
- Establishment
- Registration
- Spread in the State
- Affiliation
- Regulation

7) What is the name of your organization

.....
.....

8) Where is the organization located

.....
.....

9) State the year of your organisation established.....

10) Is the organization registered?

- a) YES b) No

11) If YES, when is the organisation registered?

.....
.....

12) Where did you register your organisation?

- a) State Government
- b) Local Government
- c) Corporate Affairs Commission (CAC)
- d) Others (Specify

13) Does your organisation have a constitution?

- a) YES
- b) NO

14) Does your membership spread across the state?

- a) YES
- b) NO

15) How many paid staff does your organisation have?

.....

16) How many registered members does your organisation have?.....

.....

17) State the categories of your members.....

.....

18) Is your organisation affiliated to: a) International Agencies b) National Agencies c) Local Agencies

19) What benefit does your organisation gain from the affiliation above

.....

20) Does your organisation have self regulation mechanism?

- a) YES
- b) No

21) Does your organisation have mechanism for regulation by government?

- a) YES
- b) No

22) If YES, Does the regulation involve.

- a) Licensing
- b) Accreditation
- c) Registration

23) Who supervise the activities of your organisation?

.....

B. Services

This category covers the following aspects:

- Types of services
- Volunteerism

24) What are the types of services does your organisation renders?

.....

25) Does your organisation ever help others voluntarily?

- a) YES
- b) NO

26) If YES, state the nature of the help rendered

.....
.....

C. Activity

This category covers the following aspects:

- Concept of PPP
- PPP Participation
- Roles

27) Have you ever heard of PPP?

- a) YES b) NO

28) How do you know it?

.....
.....

29) What is Public Private Partnership?

.....
.....

30) Have you ever participated in any PPP activity?

- a) YES b) NO

31) If YES what role did your organisation play in those activities?

.....
.....

32) What kind of activity did your organisation perform in relation to PPP?

.....
.....

33) Is your organisation willing to participate in PPP activity again?

- a) YES b) NO

34) If YES state the activity/activities your organisation willing to participate in PPP

.....
.....

D. Support

This category covers the following aspects:

- Grant
- Capacity
- Activities
- Benefits
- Suggestions

35) Did your organisation receive any support ?

- a) YES
- b) NO

36) If YES which organisation supported you?

.....
.....

37) Does your organisation have the capacity to support PPP

- a) YES
- b) NO

38) If YES list the capacity of your organisation

.....
.....

39) What activities are you willing/ready to support?

.....
.....

40) Does your organisation need any support?

- a) YES
- b) NO

41) If YES state the nature of support your organisation need

.....
.....

42) What advantages or benefits your organisation is expected to gain through PPP

.....
.....

43) Do you have any information/suggestion you wish to give for the success of PPP in Jigawa State.

.....
.....

Interviewers Comments

ANNEX 3: PPP PROFILE IN JIGAWA STATE

GUNDUMA		NAME OF ORGANISATION	LOCATION	REGISTERED	PROFIT(Y)/NOT FOR PROFIT(N)
BIRNIN-KUDU	1.	NULGE (BUJI LGA)	Buji LGS, Gantsa	1996	N
BIRNIN-KUDU	2.	NURTW (BUJI LGA)	Gantsa, Buji LGA	2008	N
BIRNIN-KUDU	3.	Gantsa District Edu & Skill Acquisition	Gantsa, Buji LGA	2007	N
BIRNIN-KUDU	4.	Basirka Zumunta Self Help Group	Basirka District Gwaram LGA	1985	N
BIRNIN-KUDU	5.	Gwaram Young Farmers Ass.	T/Gwaram LGA	2008	N
BIRNIN-KUDU	6.	NULGE (B/Kudu LGA)	B/Kudu LGS.		N
BIRNIN-KUDU	7.	Zumunta Soc. Club (S/Gwaram	S/Gwaram	1988	N
BIRNIN-KUDU	8.	NURTW (B/Kudu LGA)	B/Kudu LGA	1985	N
BIRNIN-KUDU	9.	NEPWHAN (B/Kudu)	Dutse Jigawa State	2009	N
BIRNIN-KUDU	10.	Community Health Awareness Forum (S/Gwaram)	S/Gwaram	2007	N
BIRNIN-KUDU	11.	Medical and Health Workers Union (B/Kudu Branch)	Gunduma Health System Council B/Kudu LG.	1990	N
BIRNIN-KUDU	12.	NATA (B/KUDU)	B/Kudu LGA	2000	N
BIRNIN-KUDU	13.	Kungiyar yan Achaba	Yakubu Rd. B/Kudu	1980	N
BIRNIN-KUDU	14.	NUT (B/Kudu)	B/Kudu		N
JAHUN	15.	Indanduna Development Association	Indanduna Jahun	1998	N
JAHUN	16.	Dangyatun Development Association	Miga LGA	2001	N
JAHUN	17.	Nigerian Association of Patent Proprietary Medicine Dealers	Women Centre, Miga LGA	1998	N
JAHUN	18.	Karofi Youth Development Ass.	K/Karofi Jahun LGA	2009	N
JAHUN	19.	Jahun Youth Consultative Forum	Jahun Town	2000	N
JAHUN	20.	Gwari Development Association	Miga LGA	1993	N
JAHUN	21.	Medical and health Workers Union (Jahun Branch)	Jahun Town	2000	N
JAHUN	22.	Vigilant Group Aujara	K/Fada Aujara	2001	N
JAHUN	23.	Harbo Development Association	Harbo Jahun	1990	N
JAHUN	24.	Miga Development Association	Miga Town	1990	N
JAHUN	25.	Dangyatun Self help group	Dangyatun Town	1990	N
DUTSE	26.	Foundation for Social Development of	Hakimi Street Dutse	2009	N

		Destitute (Dutse)			
DUTSE	27.	NURTW(Kiyawa LGA) Branch	Kiyawa Motor Park	1987	N
DUTSE	28.	Medical & Health Workers Union (Kiyawa LGA)	Kiyawa LGS	1974	N
DUTSE	29.	NULGE (Kiyawa LGA) Branch	Kiyawa LGS	1976	N
DUTSE	30.	NLC Jigawa State Council	Bye Pass Dutse	1991	
DUTSE	31.	Gadawur Youth Forum	Aminu Kano Way Dutse	2006	N
DUTSE	32.	NULGE (Dutse LGA) Branch	Bye Pass Dutse	1978	N
DUTSE	33.	Nigerian Red Cross Society (Jigawa Sate Branch)	Off Yalawa Shopping Complex Dutse.	1992	N
DUTSE	34.	National Union of Traditional herbal Practioner	Dutse Central Market	1992	N
DUTSE	35.	Nigerian Civil Service Union (Jigawa State Branch)	Bye Pass Dutse	1912	
DUTSE	36.	NUT (Dutse LGA Branch)	Dutse	1932	N
DUTSE	37.	Jigawa State Vigilant Group	Dutse	1999	N
DUTSE	38.	Medical & Health Workers Union (Dutse LGA) Branch	Nuhu M. Sunusi Rd. Dutse	1978	N
DUTSE	39.	First Bank of Nigeria Plc	Sani Abacha Way Dutse	1894	Y
DUTSE	40.	Union Bank Plc	Sani Abacha Way Dutse	1917	Y
DUTSE	41.	Guarantee Trust Bank Plc	Sani Abacha Way Dutse	1990	Y
DUTSE	42.	Unity Bank Plc	Sani Abacha Way Dutse	2006	Y
DUTSE	43.	Fin Bank Plc	Sani Abacha Way Dutse		Y
DUTSE	44.	Incontinental Bank Plc	Sani Abacha Way Dutse	1990	Y
DUTSE	45.	Skye Bank Plc.	Sani Abacha Way Dutse	2005	Y
DUTSE	46.	Zenith Bank Plc.	Sani Abacha Way Dutse	1990	Y
DUTSE	47.	Oceanic Bank Plc	Sani Abacha Way Dutse		Y
DUTSE	48.	Afri Bank Plc.	Sani Abacha Way Dutse	2007	Y
DUTSE	49.	United Bank for Africa Plc.	Sani Abacha Way Dutse		Y
DUTSE	50.	Nigerian Association of Patent Proprietary Medicine Dealers	Opp Gen Hospital Dutse	1991	N
DUTSE	51.	AUPCTRE Jigawa State	Along NYSC Sect. Dutse	1992	N
DUTSE	52.	Popular Theatre & Health Education Association (POTHE)	Abdullahi Maikano Way Dutse	2004	N
DUTSE	53.	Coalition for Better Health	C/O POTHE Office, Dutse	2009	N

DUTSE	54.	Bank PHB	Sani Abacha Way Dutse	1985	Y
DUTSE	55.	Jigawa Savings & Loan Ltd. Dutse	Fed. Sect. Dutse.	2000	Y
DUTSE	56.	Bicalip Development Association Yadi	Abattoir Rd, Dutse	2002	N
DUTSE	57.	Madobi development Association (MADA)	Madobi Town Dutse LGA	2000	N
DUTSE	58.	Takur-Site Development Association	Takur Site, Dutse LGA	2005	N
DUTSE	59.	Dutse Central Working Committee	Along Central Mosque, Dutse	1995	N
DUTSE	60.	Auyakawa Development Association	Auyakawa town, Dutse LGA	1999	N
DUTSE	61.	Kudai Development Association	Kudai town, Dutse	1995	N
DUTSE	62.	Katuka Self help group	Katuka town, Kiyawa LGA	1989	N
DUTSE	63.	Andaza Self help group	Anadaza town, Kiyawa	1989	N
DUTSE	64.	Kiyawa Development Association	Near NPI office, Kiyawa	1985	N
DUTSE	65.	Dan-Gusan Self Help Group	Jahun Rd, Kiyawa LGA	2000	N
DUTSE	66.	Katanga Development Association	Katanga market, Kiyawa LGA	1989	N
DUTSE	67.	Gurduba Devt. Association	Gurduba, Kiyawa LGA	1990	N
DUTSE	68.	Shuwarin Development Association	Shuwarin Town, Kiyawa LGA	1990	N
DUTSE	69.	National Association of Nigerian Nurses & Midwives	No. 2 Kiyawa Rd, Opp Dutse Gen. Hospital, Dutse	1978	N
DUTSE	70.	Dutse Traditional Birth Attendants	Rasheed Shekoni Specialist Hospital Dutse	1992	N
DUTSE	71.	Patent Medicines Association	Opp Gen. Hospital, Dutse	1995	N
DUTSE	72.	Danfodio Islamic Health Centre	Dutse Jigawa State	1995	N
HADEJIA	73.	Dakido Self Help Group	M/Madori LGA	1985	N
HADEJIA	74.	Arki Self Group	M/Madori LGA	1983	N
HADEJIA	75.	NURTW (Hadejia LGA) Branch	Along Kano Rd. Hadejia LGA	1980	N
HADEJIA	76.	Society for Community Health Awareness & Mobilisation (SOCHAM)	Along Guru Rd. Hadejia LGA	1997	N
HADEJIA	77.	Central Working Committee	M/Madori LGA	1985	N
HADEJIA	78.	Dunari Voluntarily Health Promoter	M/Madori LGA	2005	N
HADEJIA	79.	Kaugama Youth Forum	Kaugama LGA		N
HADEJIA	80.	Kaugama Devt. Association (KADA)	Behind Market, Kaugama	1990	N
HADEJIA	81.	Ward Development Committee Ass.	M/Madori LGA	2008	N
HADEJIA	82.	Hadeji Vigilant Group	Motor pack, Hadejia LGA	2002	N
HADEJIA	83.	Gandun-Sarki Community Ass.	Nguru Rd, M/Madori LGA	2001	N
HADEJIA	84.	Gidan Shinkafa SHG	Balango Rd, Hadejia LGA	1990	N
HADEJIA	85.	Jabo Self Help Group	Jabo Village, hadejia LGA	2000	N

HADEJIA	86.	Yalleman Development Ass.	Yalleman Town, Kaugama LGA	2000	N
HADEJIA	87.	Yalleman Orphans Child Care Initiative Association	Yalleman Town, Kaugama LGA	2000	N
HADEJIA	88.	Hadejia Foundation Association	Naguru Rd, Hadejia Town	1983	N
HADEJIA	89.	MHWUN Hadejia	Gen. Hosp. Hadejia LGA	1990	N
HADEJIA	90.	NURTW (M/Madori Branch)	Motor Pack M/Madori	1985	N
HADEJIA	91.	NUT Hadejia Branch	Hadejia Town		N
HADEJIA	92.	Diginsa Devt. Association	Diginsa Hadeji LGA	1996	N
HADEJIA	93.	Tarabo SHG	Tarabo Hadejia LGA	1997	N
BIRNIWA	94.	Guri Gabas Farmers grup	Guri LGA	2005	N
BIRNIWA	95.	NURTW (Gari LGA) Branch	Guri LGA		N
BIRNIWA	96.	Kadara District Development Ass.	Guri LGA	2004	N
BIRNIWA	97.	Guri Development Association	Guri LGA	2002	N
BIRNIWA	98.	Haushin Dole SHG	Birniwa LGA	2005	N
BIRNIWA	99.	Himma Self Help Group	Birniwa LGA	1989	N
BIRNIWA	100.	NURTW (Birniwa LGA)	Motor Park, Birniwa LGA	1989	N
BIRNIWA	101.	Kufsa Development Association	Birniwa LGA	2008	N
BIRNIWA	102.	Marketers Association (K/Kasamma)	K/Kasamma Market	2006	N
BIRNIWA	103.	Turabu Youth Development Ass.	K/Kasamma LGA		N
BIRNIWA	104.	Gabta Self Help Group	K/Kasamma LGA	2000	N
BIRNIWA	105.	Diginsa Food Security	Birniwa LGA	2005	N
BIRNIWA	106.	G/Mallam-Jibo Youth SHG	Birniwa LGA	1996	N
BIRNIWA	107.	Individual	Guri LGA	-	-
K/HAUSA	108.	Sarawa Profressive Association (SAPA)	Sarawa, K/Hausa LGA		N
K/HAUSA	109.	Ayama Devt. Cycle	10km Eastern of Auyo	2004	N
K/HAUSA	110.	Gatafa Self Helh Group	East of Auyo LG	2000	N
K/HAUSA	111.	Unik Self Help Group	East of Auyo LG	1999	N
K/HAUSA	112.	Auyo Consultative Forum (ACF)	Auyo LGA.	1995	N
K/HAUSA	113.	Individual	K/Hausa LGA	-	-
K/HAUSA	114.	K/Hausa Devt. Ass.	K/Hausa Town	1989	N
K/HAUSA	115.	Bulangu Devt. Association	Bulangu Town, K/Hausa LGA	2000	N
K/HAUSA	116.	Sarawa Consulatative Forum	Sarawa, K/Hausa LGA	2000	N
RINGIM	117.	Garki Zumunta Farmers Cooperative	Garki Town	2009	N
RINGIM	118.	NURTW (Garki LGA) Branch	Garki Town	1987	N

RINGIM	119.	Medical & Health Workers Union (Taura LGA)	Taura LGS	1991	N
RINGIM	120.	NULGE (Taura LGA)	Taura LGS	1991	N
RINGIM	121.	NUT (Garki LGA)	Garki LGEA	1991	N
RINGIM	122.	Garki Youth Movement	Garki Town	2006	N
RINGIM	123.	NULGE (Garki LGA)	Garki LGS	1991	N
RINGIM	124.	NULGE (Ringim LGA)	Ringim Town	1976	N
RINGIM	125.	NURTW (Ringim LGA) Branch	Ringim Motor Park	1972	N
RINGIM	126.	NUT (Ringim LGA) Branch	Ringim LG	1989	N
RINGIM	127.	Kamala Comm. Health Development Initiatives (KAHDEV) Ringim	Ringim Town	2005	N
RINGIM	128.	NULGE (Babura LGA)	Babura	1989	N
RINGIM	129.	NURTW (Babura LGA) Branch	Babura Motor Park	1978	N
RINGIM	130.	Okada Riders Association (Babura)	Babura	1980	N
RINGIM	131.	Babura Ward Health Development Committee	Babura LGA	2005	N
RINGIM	132.	NUT (Babura LGA) Branch	Babura LGEA	1989	N
GUMEL	133.	Gagarawa Community Health Awareness & Development (GACHAHAD)	Gagarawa	2000	N
GUMEL	134.	MUWAHID	M/Gatari LGA	2008	N
GUMEL	135.	Kore Balatu Development Association (Gagarawa LGA)	Kore Balatu Village Gagarawa LGA	2000	N
GUMEL	136.	Gumel Youth Movement (GYM)	Gumel	1981	N
GUMEL	137.	Farmers Co-operative Society	Gagarawa LGA	1965	N
GUMEL	138.	Poultry Association of Nigeria (PAN)	Gagarawa LGA	2000	N
GUMEL	139.	Coordinating Committee SHG	Gumel	1983	N
GUMEL	140.	Youth Council (Gumel LG Chapter)	Gumel		N
GUMEL	141.	Movement for Greater S/Tankarkar	Sule-Tankarkar LGA	2001	N
GUMEL	142.	YOUTH Council (S/Tankarkar LG Chapter)	Sule-Tankarkar LGA	1990	N
GUMEL	143.	Jagora Youth Development Association Galadi	M/Gatari LGA	2007	N
GUMEL	144.	M/Gatari Youth Mobilisation Forum	M/Gatari LGA	2005	N
GUMEL	145.	Photo Group	B/Kasuwa, S/Tankarkar LGA	2007	N
GUMEL	146.	Hamdala Micro Finance Loan Society	Sule-Tankarkar LGA	2007	N
GUMEL	147.	Enterprises Devt. Cooperative Society	B/Kanti Maigatari LGA	2009	N

		LTD.			
GUMEL	148.	GYM Gumel	Along M/Gatari Road, Gumel LGA	1998	N
GUMEL	149.	NURTW (Gume LGA Branch)	Motor Park, Gumel LGA	1989	N
GUMEL	150.	Maigatari Development Association	Maigatari Town	1985	N
KAZAURE	151.	Mai Barewa SHG	Cikin Garin Yakwashi LGA	1982	N
KAZAURE	152.	Roni Community Devt. Ass.	T/Wada, Roni LGA	2001	N
KAZAURE	153.	Famfam mamu Devt. Ass (Roni)	U/Abuja, Roni LGA	2008	N
KAZAURE	154.	Association of Caps Sellers	Kazaure LGA	2006	N
KAZAURE	155.	Zumunta Soc. Club (Gada Kazaure)	Gada, Kazaure LGA	2010	N
KAZAURE	156.	MSR Self Help Group	Near Office, Roni LGA	2006	N
KAZAURE	157.	Tudun Jigawa Self Help Group	Kanti, Kazaure LGA	1994	N
KAZAURE	158.	K/Kudu Devt. Ass. (Roni)	K/Kudu Roni LGA	2006	N
KAZAURE	159.	Balle Comm. Dev. Ass. (Roni)	Balle, Roni LGA.	2008	N
KAZAURE	160.	Roni Multi-purpose Cooperative Society	Makauraci, Roni LGA	2009	N
KAZAURE	161.	Dutsen Taura SHG	Dutsen Taura Qtrs, Kazaure LGA	2005	N
KAZAURE	162.	Zaman Lafiya Association Kanti kazaure	GVO Kanti, Kazaure LGA		N
KAZAURE	163.	Yankwashi Comm, Devt. Ass.	Yankwashi LGA	2005	N
KAZAURE	164.	Kanti Development Ass. Kazaure	Kanti, Kazaure LGA	2002	N