

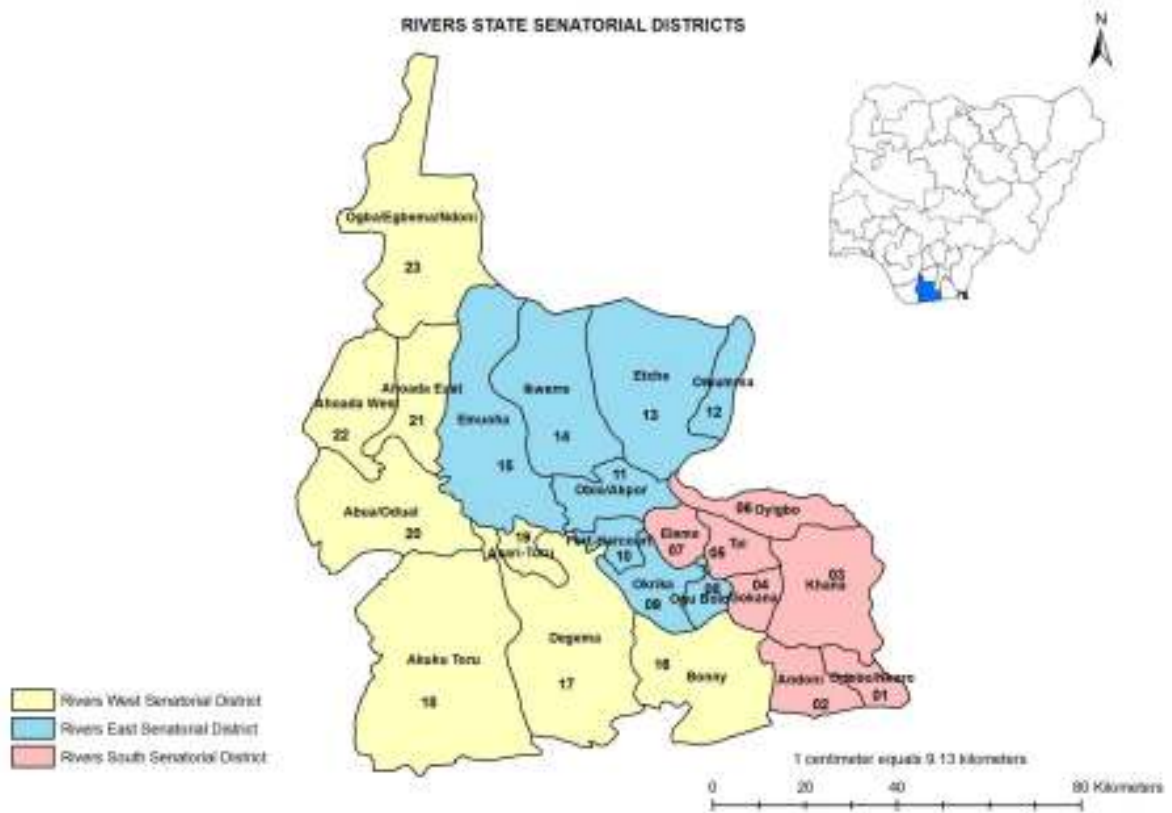
# **PATENT MEDICINE VENDORS (PMVs)-LISTING IN RIVERS STATE 2011**



***Malaria Control Booster Program, Rivers State  
Public Health Services and Solutions (PHSS)***

## **INSTRUCTIONS**

RIVERS STATE SENATORIAL DISTRICTS



## **INSTRUCTION: HEALTH FACILITY (HF) FORM**

One form should be used for each health facility. This form consists of 4 (four) pages in two sheets printed on both sides (front and back). There are four sections (A-D) in the form. Before the interview you must administer consent from to the respondent. Once consent given, you proceed.

### **Section A: Identification**

This section (questions 1-15) should be filled in before you commence the interview.

Section A contains the following questions:

1. Write 9 digit code of the health facility you are working from the LGA information booklet. LGA and ward code are two digit codes while facility has three digits. In the LGA information booklet you will see these codes. Write HF for health facility at the beginning of the code. Double check to make sure that you have written the HF code correctly.
2. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
3. Circle Senatorial District Code the health facility you are working belongs to.
4. LGA. Write the name of the LGA that the primary health facility you are working on is in.
5. Write two digit LGA Code from the LGA information booklet
6. Ward: Record the name of the ward that the Primary Health Facility is in.
7. Write two digit code of the ward you are in from the LGA information booklet.
8. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the primary health facility you are working on is in an urban or rural area.
9. Community Name. Record the name of the Community that the primary health facility you are working is located.
10. Health Facility Name. Record the name of the primary health facility
11. Circle type of health facility.
12. Write address of health facility (street name and street number if any)
13. Interviewer Name. Record your name.
14. Interviewer Code (3 digits). Record the 3-digit code that has been assigned to you.
15. Date dd/mm/yyyy. Record the date, so for example if it is January 5, 2011, record 05/01/2011.

## Section B: Interview

This section (questions 16-36) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is the person in charge of the primary health facility. If the in-charge is not available, his or her deputy, or whoever is currently responsible for the primary health facility, should answer the questions.

Section B contains has following questions:

16. Name of Respondent. Write legibly respondents name
17. Age of Respondent. Write age in years.
18. Gender of Respondent. Record 1 if the respondent is male and 2 if the respondent is female.
19. Respondent's position in health facility. Nine possible answers are provided on the form. If neither of these describes the respondent's position or role in the health facility, record 77 for Other (specify), and include the respondent's position in the space provided.
20. Respondent's e-mail. Record the respondent's e-mail address. If he/she does not have an e-mail address, record 99.
21. Respondent's mobile number. Record the respondent's mobile telephone number. Be sure to record all 11 digits. If the respondent does not have a mobile phone, record 99
22. Circle main source of power in the health facility
23. Circle main source of water. If none applicable circle others (77) and specify the source
24. Circle code for toilet type, if none applicable circle others (77) and specify the type.
25. Does HF have a working computer? Record 1 if the answer is yes, and 0 if the answer is no.
26. Which of these groups or organizations exist in the HF's area? Record the appropriate response code for each group that exists in the HF's catchment area. You can record more than one response code. If there are any other groups not specifically mentioned, record 77 for other (specify), and provide details in the space provided.
27. Is the HF located in a hard-to-reach area? Record 1 if yes, and 0 if no. If no, skip to question Q29.
28. What is the primary reason this area is difficult to access? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify), and note the reason in the space provided. If there are many reasons why the area is difficult to access, you should record the primary/main reason only.
29. What is the recommended treatment for malaria? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Others), and specify the response in the space provided. If the respondent does not know, record 88 for Don't Know.
30. How should the HF treat a case of complicated malaria? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 79 for Other (specify), and note the response in the space provided. If the respondent does not know, record 88 for Don't Know.
31. Does HF have ACTs available? Record 1 if yes, and 0 if no. If no, skip to question 33.
32. Brands of ACT available. Ask to see the brands of ACT which are available, and record the names of each brand. Record only those names which you see with your own eyes. If not shown any, record 00.

33. What is the primary method of malaria diagnosis at this HF? Record the appropriate response code from the answers provided. Record one response only. If the appropriate response code is not provided, record 77 for Other and specify the type of diagnosis used.
34. Does any community or mini-labs exist in PMVs area that provides diagnostic services? Record 1 if yes, and 0 if no. If yes, record details of location in the space provided. If no, skip to question 38.
35. What types of diagnosis are provided by the community or mini-labs? Record the appropriate response code from the answers provided. If the respondent's answer is not provided, record 77 for Other (specify), and note the answer given by the respondent. If the respondent does not know, record 88 for Don't Know.
36. Does PMV refer patients to these outlets? Record 1 for yes, and 0 for no.

**Section C**

37. Write names of all communities in the HF catchment area. If there are more than 15 communities, continue numbering and listing in the blank space on the left side of the page.
38. Record population of each community served by the health facility.
39. Record the number of CDDs currently serving each community. If the respondent does not know the exact number, probe for an approximate number. If the respondent cannot answer the question, record 99 for Don't Know.

**Section D.**

40. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the front entrance of the health facility. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.
41. GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the front entrance of the health facility, the same spot used to record longitudinal coordinates. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy.

**Remember there are 4 digits before decimal and 5 digits after decimal.**

42. Write Supervisor name legibly.
43. Write three digit supervisor code assigned to your team supervisor
44. Supervisor must review the entire form and sign to certify that the form is complete and accurate.

**Before leaving, thank the respondent for participating in the survey.**

## **INSTRUCTION: KINDRED FORM (K FORM)**

One form should be used for each community zone. This means that, for each community, a maximum of four copies of form 2 should be used (since the maximum number of zones in any community is four). Form 2 consists of one sheet two pages, front and back. Remember you have to read out consent form before start of interview.

### **Section A: Identification**

This section (questions 1-12) should be filled in before you commence the interview.

Section A contains the following questions:

1. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
2. Senatorial District: Circle the code as appropriate. The code is given in LGA information booklet
3. LGA. Write the name of the LGA that the community you are working.
4. LGA Code. Record the 2-digit code of the LGA.
5. Ward: Record the name of the ward that the Primary Health Facility is in.
6. Ward Code: Record 2 digit ward code from the LGA information booklet
7. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the primary health facility you are working on is in an urban or rural area.
8. Community/Village name: Write the name of the community/settlement you are in.
9. Zone. Circle the number to the right of the zone you are working in.
10. Interviewer Name. Record your name.
11. Interviewer Code (3 digits). Record the 3-digit code that has been assigned to you.
12. Date dd/mm/yyyy. Record the date, so for example if it is January 5, 2011, record 05/01/2011.

### **Section B: Interview**

This section (questions 13-21) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is a knowledgeable and senior member of the community.

Section B contains the following questions:

13. Name of Respondent: Write legibly full name of respondent
14. Age of Respondent: Write age in years
15. Gender of Respondent. Record 1 if the respondent is male and 2 if the respondent is female.
16. What is Respondent's position in community? Record the appropriate code from the answers provided. Record one response only. If the appropriate response code is not provided, record 77 for Other (specify), and note the respondent's position in the space provided.
17. Respondent's mobile number. Record the respondent's mobile telephone number. Be sure to record all 11 digits. If the respondent does not have a mobile phone, record 99 for Not Applicable.

**Note: Answer questions 18-21 for each kindred before moving to the next kindred.** So for the first Kindred, you will list this in the space under question 18, then ask question 19, then question 20, then question 21, and ONLY THEN will you ask for the name of the next Kindred.

18. Name of Kindred. Ask the respondent to name the kindreds within the community zone. After each name, ask questions 19, 20, and 21 about that kindred before asking for the next kindred name.
19. About how many people belong to this kindred? Record the response in the space provided. If the respondent is unable to provide an exact answer, probe for an approximate figure. If the respondent cannot answer, record 88 for Don't Know.
20. About how many households belong to this kindred? Record the response in the space provided. If the respondent is unable to provide an exact answer, probe for an approximate figure. If the respondent cannot answer, record 88 for Don't Know.
21. About how many CDDs are currently serving this kindred? Record the response in the space provided. If the respondent is unable to provide an exact answer, probe for an approximate figure. If the respondent cannot answer, record 88 for Don't Know.

#### **Section C: GPS Coordinates**

22. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the center of the community zone. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy.  
GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the center of the community zone, the same spot used to record longitudinal coordinates in item 22. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy. **Remember there are 4 digits before decimal and 5 digits after decimal.**
23. Supervisor Name: Write Supervisor's name
24. Supervisor Code: Write 3 digit code
25. Reviewed and signed by Supervisor: Reveiwed Signed by supervisor

**Before leaving, thank the respondent for participating in the survey.**

## **INSTRUCTION: M FORM**

This form is to sketch each community/settlement served by the health facility and divide into suitable zones for use in collecting kindred information in the community. The form has two parts: Identification and Community Map.

### **Section A: Identification**

This section (questions 1-11) should be filled in before you commence the interview. Section A contains the following questions:

1. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
2. Senatorial District: Circle Code as appropriate.
3. LGA. Write the name of the LGA that you are working on is in.
4. LGA Code. Record 2-digit code of the LGA.
5. Ward: Record the name of the ward that the community is in.
6. Ward Code: write two digit ward code from the LGA information booklet
7. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the lab you are working on is in an urban or rural area. .
8. Community Name. Record the name of the Community that the primary health facility you are working on is in.
9. Interviewer Name. Record your name.
10. Interviewer Code (2 digits). Record the 2-digit code that has been assigned to you.
11. Date dd/mm/yyyy. Record the date in dd/mm/yyyy format, so for example if it is January 5, 2011, record 05/01/2011.

### **B. Community Map**

Prior to starting the kindred listing in any community, this Map should be drawn in conjunction with the supervisor/coordinator and other interviewers working in this area.

In the space provided, the community area and any internal and external boundaries should be sketched with the help of community members. The most important man-made and natural landmarks (e.g. health facility, river/stream, church/mosque) should be clearly identified. These landmarks should then be used to divide the community into distinct zones which do not overlap. The maximum number of zones per community is four, and they should be labeled with capital letters, starting with the letter A. The team will use the map to complete the entire community/settlement in a systematic way starting from Zone A and finishing all zones.

12. Supervisor Name: Write Supervisor's name
13. Supervisor Code: Write 3 digit code
14. Reviewed and signed by Supervisor: Reveiwed Signed by supervisor

## **INSTRUCTION: LAB FORM**

One form should be used for each Community Laboratory. This form consists of two pages in one sheet, front and back. Make sure you read out the consent form and start the interview once the respondent gave consent.

### **Section A: Identification**

This section (questions 1-14) should be filled in before you commence the interview. Section A contains the following questions:

1. Write 9 digit lab code starting with LAB and three digit LGA code two digit ward code and two digit lab code.
2. State (circle code). Circle the 1-digit code to the right of the state you are working in.
3. Senatorial Districts: Circle code as appropriate.
4. LGA. Write the name of the LGA that the primary health facility you are working on is in.
5. LGA Code. From the Sample Control File, record the 2-digit code of the LGA.
6. Ward: Record the name of the ward that the lab is in.
7. Ward Code: write two digit ward code from the LGA information booklet
8. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the lab you are working on is in an urban or rural area. .
9. Community Name. Record the name of the Community that the primary health facility you are working on is in.
10. Laboratory name: Write the name of laboratory legibly
11. Address of Laboratory: Write street name and number if any
12. Interviewer Name. Record your name.
13. Interviewer Code (2 digits). Record the 2-digit code that has been assigned to you.
14. Date dd/mm/yyyy. Record the date in dd/mm/yyyy format, so for example if it is January 5, 2011, record 05/01/2011.

### **Section B: GPS Coordinates**

15. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the front entrance of the community laboratory. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.
16. GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the front entrance of the community laboratory, the same spot used to record longitudinal coordinates in item 14. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.

**Remember there are 4 digits before decimal and 5 digits after decimal.**

### Section C: Interview

This section (questions 16-28) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is the owner of the laboratory, or his or her deputy that is responsible for the laboratory at the time of interview.

Section C contains the following questions:

17. Name of Respondent. Write name of respondent legibly.
18. Age of Respondent: write age in years
19. Gender of Respondent, record 1 if the respondent is male and 2 if the respondent is female.
20. Is respondent the owner/in-charge of the laboratory? Record 1 if yes and 0 if no.
21. Respondent's role in community lab. Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify) and note the appropriate response in the space provided.
22. Respondent's mobile number. Record the respondent's mobile telephone number. Be sure to record all 11 digits. If the respondent does not have a mobile phone, record 99 for Not Applicable.
23. Respondent's e-mail. Record the respondent's e-mail address. If he/she does not have an e-mail address, record 99 for Not Applicable.
24. How many years has this lab existed in this location? Record the number of years the lab has been operating in the present location.
25. What types of tests are done in this lab? Record the appropriate response code from the answers provided. You can record more than one response. If the respondent's answer is not provided, record 77 for Other (specify), and note the answer given by the respondent. If the respondent does not know, record 88 for Don't Know.
26. Do you provide lab service for any Primary Health Facilities in this area? Record 1 for yes, and 0 for no.
27. Do you provide diagnosis for any PMVs in this area? Record 1 for yes, and 0 for no.
28. Are there any other community labs in this area that provide diagnostic services? Record 1 if yes, and 0 if no.
29. If yes, record details of the location of these labs (street name and number) in the space provided.
30. Write Supervisor name legibly.
31. Write three digit supervisor code assigned to your team supervisor
32. Supervisor must review the entire form and sign to certify that the form is complete and accurate.

**Before leaving, thank the respondent for participating in the survey.**

## **INSTRUCTION: PMV FORM**

One form should be used for each PMV. This form consists of one sheet, two pages (front and back). You must administer the consent form before the interview.

### **Section A: Identification**

This section (questions 1-19) should be filled in before you commence the interview. Section A contains the following questions:

1. Write 11 digit code of PMV. LGA and ward code are two digit codes while PMV has four digits. In the LGA information booklet you will see these codes. Write PMV at the beginning of the code. Double check to make sure that you have written the PMV code correctly.
2. State (circle code). Circle the 1-digit code to on the right side of the state you are working in.
3. Circle Senatorial District Code the health facility you are working belongs to.
4. LGA. Write the name of the LGA that the primary health facility you are working on is in.
5. Write two digit LGA Code from the LGA information booklet
6. Ward: Record the name of the ward that the Primary Health Facility is in.
7. Write two digit code of the ward you are in from the LGA information booklet.
8. Location (circle code): Circle the 1-digit code to the right of "Urban" or "Rural," to indicate that the primary health facility you are working on is in an urban or rural area.
9. Community Name. Record the name of the Community that the primary health facility you are working is located.
10. Write address of PMV (street name and number if any)
11. Write Nam of PMV
12. Write age of PMV in years
13. Circle 1 if the PMV is male and 2 if female
14. Write 11 digit phone number of PMV and 99 if the PMV does not have a phone.
15. Write legibly email address of PMV and 99 if he/she does not have any email address.
16. Ask if the shop is owned by PMV. If yes circle 1 and if not circle 2.
17. Interviewer Name. Record your name.
18. Interviewer Code (3 digits). Record the 3-digit code that has been assigned to you.
19. Date dd/mm/yyyy. Record the date, so for example if it is January 5, 2011, record 05/01/2011.

### **SECTION B. GPS COORDINATES OF PMV SHOP**

20. GPS Coordinates – Longitude North (hddd.ddddd). Using the GPS device, record the longitudinal coordinates of the front entrance of the health facility. Make sure you do this exactly as instructed during your training, and that you record the coordinates to the specified accuracy.
21. GPS Coordinates – Latitude East (hddd.ddddd). Using the GPS device, record the latitudinal coordinates of the front entrance of the health facility, the same spot used to record longitudinal coordinates. Make sure you do this exactly as instructed during your training and that you record the coordinates to the specified accuracy.

**Remember there are 4 digits before decimal and 5 digits after decimal.**

### Section C: Interview

This section (questions 22-36) should be filled in through asking the respondent the questions in the order they appear on the form. The respondent is the owner of the PMV shop, or his or her deputy that is responsible for the shop at the time of interview.

Section C contains the following questions:

22. Respondent's role in PMV shop. Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for other and note the appropriate response in the space provided.
23. How many years of experience does PMV have in this location? Record the number of years the PMV has been active in this shop.
24. How many total years of experience does PMV have? Record the number of years the shop owner has been active as a PMV, either in this shop or elsewhere.
25. What is the highest level of education completed by Respondent? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify) and note the appropriate response in the space provided.
26. Has PMV received any training as pharmacist? Circle 1 for yes and 0 for No.
27. Has PMV received any training on malaria case management? Circle 1 for yes and 0 for No.
28. Has PMV received any training from Society for Family Health in the past year? Record 1 if yes, and 0 if no.
29. What is the recommended treatment for malaria? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify), and note the respondent's answer in the space provided. If the respondent does not know the answer, record 88 for Don't Know.
30. How should a case of complicated malaria be treated? Record the appropriate response code from the answers provided. If the appropriate response is not provided, record 77 for Other (specify), and note the respondent's answer in the space provided. If the respondent does not know the answer, record 88 for Don't Know.
31. Does PMV have facility where drugs are stored? Record 1 for yes, and 0 for no. A facility is defined as an enclosure, separate from the main PMV shop room, which is protected from sun, heat, moisture, animals, and is otherwise suitable for the storage of drugs.
32. Brands of ACT available. Ask to see the brands of ACT which are available, and record the names of each brand. Record only those names which you see with your own eyes. If not available record 00.
33. Do any community or mini-labs exist in PMVs area that provide diagnostic services? Record 1 if yes, and 0 if no.
34. If yes to Q33 , record details of location in the space provided. If no, skip to question 36.
35. Does PMV refer patients to these outlets? Record 1 for yes, and 0 for no.
36. Is PMV registered or unregistered? If registered, ask to see certificate. Record 1 if PMV is registered and you see their certificate, 2 if PMV says they are registered but do not show you the certificate, 3 if PMV is unregistered, and 4 if PMV refuses to answer the question.
37. Write Supervisor name legibly.
38. Write three digit supervisor code assigned to your team supervisor
39. Supervisor must review the entire form and sign to certify that the form is complete and accurate.

**Before leaving, thank the respondent for participating in the survey.**

## SMS INSTRUCTION

At the end of the day please send sms to a designated phone number containing information about your work completed. The information is a summary statement of number of health facilities you have completed, number of Kindred you have interviewed, number of Labs completed and number of PMVs interviewed. Table below shows the content and characters of the sms.

| Sl.No. | Question                       | Answer | Character |
|--------|--------------------------------|--------|-----------|
| 1.     | KEY "RS"                       | RS     | 2         |
| 2.     | Space                          |        | 1         |
| 3.     | INTERVIEWER CODE               | 012    | 3         |
| 4.     | Dot                            | .      | 1         |
| 5.     | # of Health Facility Completed | H##    | 3         |
| 6.     | Dot                            | .      | 1         |
| 7.     | # of Kindred Completed         | K##    | 3         |
| 8.     | Dot                            | .      | 1         |
| 9.     | # of Lab Completed             | L##    | 3         |
| 10.    | Dot                            | .      | 1         |
| 11.    | # of PMV Completed             | P##    | 3         |
| 11     | Dot                            | .      | 1         |
| 12     | #of wards completed            | W##    | 3         |
| Total  |                                |        | 26        |

When entering sms, Start with RS (Rivers state) then space before entering IC(interviewer code) then dot for health facility information, dot for Kindred information, dot for Lab information and lastly dot before PMV information. Remember only after RS there is space and there is no dot at the end.

**SMS Format: RS IC.H##.K##.L##.P##.W##**

**RS 012.H10.K10.L05.P20.W##**



**MONITORING CHECK LIST FOR PMV LISTING IN RIVERS STATE**  
**RIVERS STATE MALARIA CONTROL BOOSTER PROGRAM**  
**Public Health Services and Solutions (PHSS)**

**LGA:**

**Ward:**

**COMMUNITY:**

**INT CODE:**

| S/N | Question  | Answer    | Code   |
|-----|---|-----------|--------|
| 1.  | Interviewer greeted respondent and explained about their visit                              | Yes<br>No | 1<br>0 |
| 2.  | Interviewer took informed consent from the respondent before the interview                  | Yes<br>No | 1<br>0 |
| 3.  | Interviewer used local words to explain questions where necessary                           | Yes<br>No | 1<br>0 |
| 4.  | Interviewer listen carefully before writing the answer                                      | Yes<br>No | 1<br>0 |
| 5.  | Interviewer write information against the respective column                                 | Yes<br>No | 1<br>0 |
| 6.  | Interviewer did not prompt unless indicated in the questionnaire                            | Yes<br>No | 1<br>0 |
| 7.  | Interviewer did not probe for answers unless indicated                                      | Yes<br>No | 1<br>0 |
| 8.  | Interviewer coded all responses where indicated   | Yes<br>No | 1<br>0 |
| 9.  | Interviewer skipped questions where indicated   | Yes<br>No | 1<br>0 |
| 10. | Interviewer took GPS data as per protocol   | Yes<br>No | 1<br>0 |
| 11. | The team created a map of the community for kindred information                             | Yes<br>No | 1<br>0 |
| 12. | Interviewer observed antimalarial drugs at the health facility/PMV shop                     | Yes<br>No | 1<br>0 |
| 13. | Interviewer checked PMV certificate   | Yes<br>No | 1<br>0 |
| 14. | Interviewer reviewed/cross checked all questionnaires before leaving the respondent's place | Yes<br>No | 1<br>0 |
| 15. | Interviewer thanked respondent for his/her time   | Yes<br>No | 1<br>0 |
| 16. | Supervisor reviewed and signed the set of questionnaire before leaving respondent's place   | Yes<br>No | 1<br>0 |

**Any other comments:**

**MONITOR'S NAME:**

**CODE:**

**SIGNATURE AND DATE:**

### SUMMARY STATISTICS OF RIVER STATE

| LGAs              | Senatorial District | No. of Wards | Public HFs | Total Population | #PMV (registered) | #Settlements |
|-------------------|---------------------|--------------|------------|------------------|-------------------|--------------|
| Eleme             | Rivers East         | 10           | 9          | 218,200          | 229               | 78           |
| Etche             | Rivers East         | 19           | 33         | 295,200          | 64                | 254          |
| Ikwerre           | Rivers East         | 13           | 13         | 222,875          | 90                | 105          |
| Obio/Akpor        | Rivers East         | 17           | 23         | 535,800          | 240               | 596          |
| Okrika            | Rivers East         | 12           | 16         | 295,325          | 0                 | 110          |
| Omumma            | Rivers East         | 10           | 12         | 114,734          | 20                | 86           |
| Port-Harcourt     | Rivers East         | 20           | 16         | 618,456          | 566               | 563          |
| Andoni            | Rivers South East   | 11           | 25         | 248,532          | 34                | 206          |
| Gokana            | Rivers South East   | 17           | 17         | 261,570          | 128               | 145          |
| Khana             | Rivers South East   | 19           | 25         | 336,267          | 11                | 139          |
| Ogu-Bolo          | Rivers South East   | 12           | 7          | 87,300           | 22                | 80           |
| Opobo/Nkoro       | Rivers South East   | 11           | 6          | 173,228          | 21                | 74           |
| Oyigbo            | Rivers South East   | 10           | 12         | 140,243          | 375               | 173          |
| Tai               | Rivers South East   | 10           | 15         | 134,495          | 89                | 98           |
| Abua-Odual        | Rivers West         | 13           | 25         | 323,100          | 65                | 47           |
| Ahoada-East       | Rivers West         | 13           | 17         | 189,413          | 35                | 85           |
| Ahoada-West       | Rivers West         | 12           | 23         | 285,116          | 131               | 67           |
| Akuku-Toru        | Rivers West         | 17           | 7          | 178,328          | 15                | 171          |
| Asari-Toru        | Rivers West         | 13           | 13         | 251,595          | 6                 | 186          |
| Bonny             | Rivers West         | 12           | 11         | 237,299          | 82                | 171          |
| Degema            | Rivers West         | 17           | 9          | 285,515          | 0                 | 84           |
| Emuoha            | Rivers West         | 14           | 16         | 199,711          | 224               | 107          |
| Ogba/Egbema/Ndoni | Rivers West         | 17           | 24         | 322,851          | 390               | 170          |
| <b>Total</b>      |                     | <b>319</b>   | <b>374</b> | <b>5,955,153</b> | <b>2837</b>       | <b>3795</b>  |