



## CASE STUDY

# Doctors' presence turns Gwiwa PHC into local hub of health care

Jigawa • August 2013



Mrs Nwobodo conducting routine checks on a newborn delivered at the revamped Ozalla PHC

Hajiya Rabi Alhaji Rabe has just had a live birth that reconfirms that delivery in a health facility is better. The 40-year-old has been pregnant 12 times, but has only four children. Although her first delivery was at Ringim General Hospital, Jigawa State, the next four attempts at childbirth were at home; each child born at home died during delivery or soon afterwards. The next three pregnancies aborted, and during the

next four, she received antenatal care (ANC) and had facility delivery. All but one of these later babies are alive.

Hajiya Rabi has been using Gwiwa Model Primary Health Centre long enough to notice recent changes. She received ANC at the facility during her previous pregnancy, and returned in 2012 to see a transformation. She says, "This hospital has been helpful to mothers and children, particularly since these people started supporting it." By "these people" she means PATHS2.

With UK aid from the Department for International Development, PATHS2 renovated the facility, and continues to provide support that has improved service delivery.

According to Mallam Isa Rabo Tela, Officer-in-Charge of the centre since September 2012, PATHS2 renovated the clinic after it was destroyed by a windstorm. The roof and ceiling were replaced, the floor repaired, walls repainted, and the entire building rewired. An inverter was installed to complement other sources of power.

In March 2012, PATHS2 deployed a doctor to the facility who has since received advanced life-saving skills training along with the midwives. Members of the health centre workforce have received training in focused antenatal care, Health Management

Information Systems, drug revolving fund management, and family planning.

With Integrated Supportive Supervision to help harness all the resources available to the facility—including another doctor from the National Youth Service Corps (NYSC), deployed in November 2012—it is not only the patients who think there is substantial improvement. “We used to refer patients with eclampsia, but now—since our midwives were trained in advanced life-saving skills and focused antenatal care—we handle such cases ourselves,” says Mallam Tela.

Hajiya Rabi is an eclampsia case of the facility. Her penultimate pregnancy was accompanied by fitting, a manifestation of eclampsia, according to facility records, says Dr Abdulsalam Usman, the NYSC doctor. A preliminary diagnosis of pre-eclampsia was confirmed by her high blood pressure during ANC. This time, she arrived in labour with headache, abdominal pain, and a blood pressure of 220/120. The doctors determined that she and the foetus were in danger because of her history of eclampsia. The baby could die or get brain damage from asphyxiation. However, she was managed and delivered successfully after artificial rupture of her membrane to speed up the delivery process.

Hajiya Lantana Lawan, another client, delayed at

home during labour nine months ago and was brought in unconscious and bleeding. The 30-year-old petty trader and mother of eight received a blood transfusion, and was successfully revived and delivered of daughter Fatima, whom she brought for immunisation.

“Su na da likitoci a Gwiwa (They have doctors at Gwiwa)” is spreading like wildfire throughout the area and communities up to 40 – 50 kilometres away in adjoining states. “Attendance was very low when I first arrived. Everywhere was dusty, and there were very few patients,” says Dr Henry Oginni, the Medical Officer recruited by PATHS2 in March 2012. “At that time and before, outpatient attendance was not more than 15 – 20 per day—but then it rose astronomically when people heard that a doctor had arrived, and eventually I began to see up to 60 – 70 people per day.”

That was the situation until Dr Usman arrived in November 2012, and they could share the workload. “I saw 40 – 50 patients per day initially, but it has kept increasing; now I see up to 70 patients on some days,” Dr. Usman says.

Underlying the influx is that the facility health committee has been very active, doing community mobilisation that is bringing people to the facility. “Before now, people were not mobilised to come for ANC and delivery, but now they are.

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Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.

