



## Involving Communities in Health Service Delivery: *A Case Study of Gwagwarwa LHC*

**L**ocated in Nasarawa Local Government Area (LGA) in Kano state, the Gwagwarwa Comprehensive Primary Health Care (PHC) facility is one of the 132 PHCs benefitting from PATHS2 support in Drug Revolving Fund (DRF). In line with one of the key operational guidelines for DRF, community involvement in the management of the PHC through its Local Health Committee (LHC) has yielded fruits.

Through the coordinated mobilization and advocacy activities of Gwagwarwa LHC, the health facility now boasts of an Accident and Emergency (A&E) clinic within the PHC, a three room Reproductive Health (RH) clinic, has been constructed, the Emergency and Obstetric Care unit now partitioned to hold more rooms, and a 5 KVA electricity generator to service the maternity and theatre rooms has been installed.

DRF is one of the methods for financing medicines proposed by the National Primary Health Care Development Agency (NPHCDA) to make sure drugs are always available at health facilities. After an initial capital investment, drug supplies are replenished with monies collected from the sales of drugs.

A major role of the LHC is to develop and closely supervise the implementation of the DRF as a way of ensuring that all members of the community have access to health services. Membership of the committee, which must not be less than 12 persons, is drawn from within the community with representation of various groups.

Building on the foundations laid by PATHS 1 in setting up the LHC, PATHS2 began the provision of technical support and advice to the

Gwagwarwa LHC since November 2008 in order to ensure the LHC achieves its objectives. This committee meets at least twice a month and more frequently when required, and participates fully in decision making as pertains to the management of the facility. A member of the LHC provides reason for the motivation of the members thus;

*"...we saw the need to do something for our people, our community and immediate environment. It is a pride to us to be selected. So despite the pressures of work and demands of family, we give our best..."*

Leveraging on strategic advocacy to the Nasarawa LGA chairman and philanthropists, the committee has also been able to procure an ambulance, a wheel chair and an overhead water tank for the facility.



Far left:  
The new theatre  
by the LHC

Left:  
Generator procured  
by FHC to ensure  
regular power  
supply

Furthermore, Gwagwarwa LHC has been able to develop an exchange agreement with Takai PHC, another community situated approximately 100km away, to exchange 'non-fast moving' drugs and consumables as a measure against expired drugs. This ensures drugs are moved to where they are most needed instead of allowing them to expire and be thrown away due to non-usage. Good things beget more good things.

The results of the active involvement of these community members in the management of the health facility through the LHC led GHAIN, a USAID funded project, to

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construct an incinerator for the use of the facility. GHAIN is also in the process of laying out pipes to connect pipe borne water to the facility.

Prior to PATHS2 support, the LHC had, through targeted advocacies, secured the services of 5 indigene doctors from the community who visit twice weekly to attend to patients. Through the doctors, a weekly service campaign about Hernia is conducted with the related surgery carried out beneficiary-free

As at December 2009, the Gwagwarwa PHC facility monthly record had an average of 3,532 for

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Out-Patients and 1,210 Antenatal Care (ANC) patients. By July 2010, just half way into the year, Out-Patients already record 2,509 and 1,148 for ANC indicating an increase in utilization of the facility.

Working tirelessly to improve health service delivery in their community, the achievements of the Gwagwarwa LHC show the significant changes that can occur when communities get involved in, or take a partisan interest in the health care delivery systems.

*Further reading  
DRF Operational Guidelines for PHC Facilities in Kano State (Mar. 2007)*

## ABOUT PATHS2

*The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.*

*Funded by UKaid, through the UK's Department of 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 in most need.*

*Apart from working at a Federal level, PATHS2 is working in the five States of Enugu, Jigawa, Kano, Kaduna and Lagos.*

*PATHS2 follows the successful PATHS1, which ran from 2002 to 2008, and was also funded by UKaid.*

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