



CASE STUDY

Community Members Make Big Improvements to Infrastructure at Bogije Primary Health Centre

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Chairman of the WHC, Mr Muritala (left); Mrs Reginald Ekere and Hon. Taiwo Jegede, members of the support group representing the WHC standing in front of the bathrooms and toilets under construction

At the Bogije public primary health centre (PHC) in Iwerekun 2 Ward of Lagos State, the community-based Ward Health Committee (WHC) has helped erect a block of 11 bathrooms and toilets, bought a new pumping machine to get running water from an existing borehole, and cleaned the gutters around the PHC so that the water will be able to flow freely instead of accumulating in a stagnant pool as it had for months before. The refuse that had been dumped in the PHC's yard has been moved, and a wall is being built around the PHC to stop the community from using the place as a dumping ground.

The WHC and its support group, the WHCSG, were established and trained with the help of the DFID-funded PATHS2 programme in December 2011. The training helped members understand their roles and how they can help transform the health centre.

Under the Lagos State health law the WHC membership is limited to five, all of whom are appointed by the Chairman of the Local Government Authority (LGA). PATHS2 worked with the PHC board and heads of the community to select the support group of 10 members to help the WHC carry out its functions. The WHCSG members were identified as stakeholders with both influence in the community and interest in health matters.

The WHC and its support group, led by their Chairman, Mr. Morooph Muritala, have lived in the community for over five years and were familiar with the people who live there and the environment, but they had their work cut out for them. A look at the hospital records and health management information register showed that between January and December 2011, the monthly average outpatient attendance was 189, with the highest number being children aged 29 days to 11 months. Total ante-natal care (ANC) attendance averaged 28 visits a month. ANC visits for the year totalled 327—but during that period only

17 women gave birth at the facility. The problem was glaring. The PHC had plenty of patronage from the community. Women were going to the PHC for ANC, but not to deliver their babies.

Registered nurse Mrs. Odunsi Aboosedo has been working at the PHC since February 2011. She says that when it is time for the pregnant women to deliver their babies, they go to Bogije's sister PHC in Awoyaya, about three kilometres away. "They said we don't do 24-hour service, that when they start labour after 4p.m. we are not there, and that we don't have living quarters for the staff. We have one toilet, for staff only—no bathroom and toilet for patients, no lying-in ward, no beds."

Should a pregnant woman have to travel three kilometres or more to give birth when there is a PHC with qualified health workers almost next door? The WHC realised they needed the PHC expanded to include additional rooms that would be used as maternity wards; bathrooms and toilets; and quarters for staff to live in so they could begin 24-hour health care service.

To get the funds for all these improvements, the WHC and support group began by taxing themselves, raising N10,000 to start with. Then they called the homeowners association within the LGA, and other

people of means to help by contributing whatever they could for the improvements. Their efforts paid off, Mr. Muritala said: "The homeowners association decided to pay to hire builders to erect the block of 11 bathrooms and toilets within the PHC, and also agreed to build a fence around the PHC."

Meanwhile, the LGA was pleased with the community response and felt challenged to contribute. Since they didn't have the funds to handle the project, they asked for help from PATHS2 to renovate the PHC and expand it to include additional rooms according to the plan proposed by the WHC. PATHS2 included the PHC on the list of 20 health facilities being renovated through its service delivery improvement strategy, funded by UKaid.

Mrs. Biola Afolabi has been using the facility for five years and had her two children there. She says, "When I was pregnant and coming here for ANC I used to have to go home to ease myself. It will be good to have toilets for patients here, and 24-hour service." Although they said they sometimes feel like beggars, the WHC and the support group feel better when they look around the facility and see the foundations being laid for the new construction that will help the PHC provide services and keep the patients coming in.

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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.



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