



CASE STUDY

Innovative Partnership Expands Health Care Access to Poor Households

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Udu expressing his appreciation to the Delta Crown matron in front of his home

Exhausted and confused, 28-year-old Udu Nwabara arrived at the Delta Crown hospital in Lagos with his wife, Onyinye, who had been in labour for several hours. Due to prolonged bleeding Onyinye was in shock. “After several hours without success, the traditional birth attendant asked us to try out elsewhere,” said Udu.

“When they arrived at the hospital, it was too late to save the baby and we barely saved Onyinye’s life,” said Delta Crown Medical Director Isaac Feledu.

Nigeria accounts for one of the highest child and maternal mortality rates in the world, with haemorrhage remaining the leading cause. In Africa, haemorrhage accounts for 34 percent of maternal deaths, according to the World Health Organisation (2005). Despite several campaigns promoting the importance of hospital deliveries, many households in Nigeria, especially in rural areas, still patronise unqualified traditional birth attendants who often adopt harmful practices that are life-threatening.

A yoghurt cart pusher, Udu cited financial constraints as the reason for seeking the services of a traditional birth attendant. His first two children were delivered at home. According to the 2008 Nigeria Demographic Health Survey, 56.4 percent of respondents highlighted the lack of money for treatment as the leading barrier to health care. “We saved money for delivery, but it was not enough,” said Udu.

To reduce health expenses and improve health care access for poor households, the UK aid-funded PATHS2 programme began partnering with five private health facilities in Lagos State in June 2012. The private facilities provide rebates to qualifying customers on maternal and child health services in return for equipment, capacity development and a drug revolving fund—and in some cases they provide these services for free. This partnership is important considering the large numbers of poor households who reside in remote neighbourhoods with inadequate public health centres.

“When we began the partnership, we had to reduce our tariffs by 50 percent. As a result, more women enrolled for antenatal care here,” said Dr Feledu. Health care

is usually more expensive in private compared with public health facilities, so clients either travel farther to public health centres or resort to traditional alternatives. Fortunately, “Residents have realised that services for women and children are now affordable and sometimes cheaper than in the public facilities,” said Dr Feledu.

A simple checklist helps to discover clients that cannot afford health care. This way, the health facility finds out which clients should receive free services or a rebate. “Everyone wants a free service even if they do not need it,” said Feledu. Meanwhile, 60 women have received rebates or free services in the most crucial time of need. “We thank PATHS2 for this initiative and hope they can expand it to other areas in Lagos State as well,” said Feledu.

“We will do better next time,” said Udu. “The hospital saved my wife’s life and I am thankful.”

For more information, please contact: Mike Egboh (m.egboh@paths2.org)

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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 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.

