



## Primary health centres are dying

By Abiose Adelaja

November 22, 2009 12:21AMT

 [print](#)  [email](#) 

Lonely amidst weeds, a primary health centre at Fotedo, a community of approximately 200 people in Ijebu East local government area of Ogun State has been under lock for two months. There has been neither human footprint nor footsteps for a while, so when Ade Balogun, the clinic's caretaker, who lives a yard away from the building, heard the footsteps of the reporter, he approached with a worried look.

“This clinic is closed, because of health workers strike in Ogun State,” Mr. Balogun said in the Ijebu dialect of the Yoruba language.

According to him, the health centre is the major centre serving about six neighbouring communities of some 20 small settlements, each of which have a population of about 150 to 200 people who walk between three and four kilometres to the next village to access the nearest healthcare.

Even before its closure, Mr. Balogun says, Fotedo Clinic was beginning to lose patients to a nearby private clinic because the government centres often lack staff and drugs.

“Thank God for a new private clinic at Terelu (the name of the settlement three kilometers away). That is what is helping us now; some women go there.” On getting to Terelu, the hospital ‘Emmanuel Health Clinic’, which opened in July 2009, was quite scanty. The resident doctor, Williams Ogunyemi, said people come for general ailments and few women for antenatal, and even fewer for delivery.

“Sometimes in a month we take three deliveries, sometimes two,” Mr. Ogunyemi said.

### **Expensive hospitals**

The few women interviewed at Fotedo and Terelu and Fowoseje, gave similar reasons.

“The hospitals charge too much money, so I have my children at home,” says a woman identified as Mama Nofiu. According to the village women, most of them register for antenatal at these hospitals, but at delivery time, they prefer to do it at home.

“The hospitals are too far from us, but the women who take deliveries are near us, all we do is just call on them and they come,” says 27 year old Morinfa Kazeem.

They say oftentimes, they have to wait 20 minutes to one hour for the next available means of transportation because of the remoteness of the area.

“We take deliveries here, but if the case is too complex, we refer them to Ijebu-Ode, and that is the challenge because the nearest hospital is very far from here, but God is helping us since we came in July, we have had only safe deliveries,” he says.

### **Ogun and Oyo are alike**

A similar experience holds at another remote area in the Akinyele local government area of Oyo State, south west Nigeria. When visited, a primary health centre at

Ikereku has only one health personnel on duty. Nevertheless, the clinic is supposed to serve four other sister communities of about 2,000 people.

Oluyemisi Adesina, the community health assistant at the centre, said after seven years in the village, she has noticed that most of the women are not willing to spend money on hospital. “The women don’t like to give birth here,” Ms. Adesina said. “They come to the clinic, but when the delivery time comes, they deliver at home. “We take, sometimes, two deliveries in a week and if it’s at night, we work with candles and lanterns at night; I am the only one here. There is no one to help me; sometimes, the gardener helps and sometimes, I send the relatives of patients on errand.” She says that this may be some of the reasons why they don’t like coming. But Samuel Agba, an evangelist at the village, who is popularly called Baba Victor who had one of his children delivered at home, says “most people here deliver at home. They just lock themselves up in the house and the next moment they are out with their babies. It is God that delivers women, not man.”

### **Who’s responsible?**

Adenike Grange, a paediatrician, identified two major problems of the primary health centres as inadequate physical infrastructure and dearth of human resource, “Physical infrastructure are inadequate and the community workers are not supervised to carry out their work effectively.”

“The problem of these centres is that it is no one’s responsibility,” says Adedamola Dada, the chairman of the Lagos State chapter of the Nigeria Medical Association.

“It is not well laid out in our constitution and this has led to the loss of faith in them,” Mr. Dada says.

He explains that health is on the concurrent list which means it can be tackled by any level of government, a reason for the abandonment of the health centres.

“Ideally, for it to be efficient, for there to be equity in service, it should be under the local government and supervised by the state; without a good and functional primary health centre, we cannot have a good maternal mortality rate.” The highlighted problems; poor referral system, lack of skilled birth attendants, carelessness of some women, are some of the issues contributing to Nigeria’s high maternal mortality rate of 800 per 100,000 women who deliver safely.

Tunde Oladunjoye, the chairman of Ijebu East local government, said while he is not satisfied with the health situation in his area, he is aware of the issues and will soon upgrade the centres.

“We have made some great strides but what led to this dilapidation of health centres was the years of military rule.” Mr. Oladunjoye says there are 10 health centres in the whole area, but in the 23 months he has spent in office, two well equipped centres have been built at Itele and Labule.

**Back**

*Dear reader.*

*While we value your feedback we have to moderate them, so your comments would appear in a maximum of one hour. Please feel free to return and read through again after another user may have replied to what you have said.*

*Please note that 234NEXT.com bears no responsibility for what readers post, and is not liable for any form of impersonation.*

## Reader Comments (1)

Posted by **Rufai** on Nov 23 2009

It is so unfortunate the conditions of Nigerians in rural areas. Hospitals to them are a luxury because no one cares about them. It's high time we got our priorities right. The right to health care is not the exclusive preserve of the super rich. Maybe we should start by banning all govt officials from overseas medical treatment maybe then they will see the plight of the masses. But this is nigeria, WHO CARES? Kpssh