ASSESSMENT REPORT OF SIX PRIMARY HEALTH CARE CENTRES AND CLINICS IN BENUE STATE

DATE: 22ND – 26TH OF AUGUST, 2016

INTRODUCTION

This report document reviews the steps undertaken by the the public and private centre (PPDC) representative/Monitor to develop the monitoring and Inspection action plan at the primary health centers/clinics in Kaaba Compound Yandev Mbaluka, Tse vanger mbakume shough yonov Gwer East, Adawa Mbaiase Ullam Gwer East, Otoli Awume Ohimini,Edikwu-Icho Apa, Agbaha Otukpa in Ogbadibo L.G. As of Benue state within the specified period of 22nd to 26th of August 2016, the interaction with the community members and staff of the Health Care Facilities and Some challenges encountered by the different facilities under monitor .It is based on the survey conducted by the Monitor.

PURPOSE

The objective of this report is to produce detailed information concerning the health centers and update on the experience and observations for each facility under the mentioned Local Government areas of Benue state.

BENUE AND THE EXPERIENCE SO FAR…. 

Benue state is a state in the Mid –Belt region of Nigeria Predominantly inhabited by the Tiv and Idoma speaking people respectively. They are largely populated by
Christians with few Muslims. Their main source of living is Agriculture. The Monitoring activities commenced on 22nd of August with a visit to Kaaba Compound Yandev Mbaluka. The monitor made sure she penetrated every community with someone that knows the terrain and speaks the language, a motorcyclist precisely. In fact, she was seriously warned in Edikwu-Icho Apa not to take pictures to avoid being lynched due to their poor level of exposure. Every community warmly welcomed the monitor and disclosed all their experiences regarding their facilities; she was beaten by a heavy downpour in the course of the monitoring and also crossed a stream in order to arrive at Edikwu-Icho Apa and Kaaba Compound Yandev Mbaluka where they have no accessible routes. It was an awesome and unforgettable experience.

Pix 1: Showing the Monitor crossing a Stream    Pix 2: Showing the road leading to
Furthermore, the H.O.D at the Otukpa LGA secretariat who was not on seat was contacted on phone number (07037161612) and it was confirmed that the PHC in question was at Agbaha Otukpa. Before the proceed to the secretariat, a PHC in Ipari Otukpa was visited to make enquirers concerning the new Facility to be inspected; Also at Edikwu-Icho Apa, The CHEW staff by name Rose Otache, in the old Clinic where the only new uncompleted facility was observed was happy to give out her phone no (07034783295) and wished that a bridge will be constructed for easier conveyance of people to the clinic. The monitor had a long discussion at Tse vanger mbakume shough yonov Gwer East with a few teenage villagers who poured out their mind concerning the well-being of their community. Infact, they were really accommodating while processing their cassava tubers.
Pix showing an interactive session with some teenage members of Tse vanger mbakume shough yonov Gwer East.

Adawa Mbaiase Ullam Gwer East has the only commissioned and operational Facility with staff at work. Edikwu-Icho Apa has an uncompleted and abandoned project while Kaaba Compound Yandev Mbaluka, Tse vanger mbakume shough yonov Gwer East, Otoli Awume Ohimini, Edikwu-Icho Apa, Agbaha Otukpa in Ogbadibo LGAs has a completed but yet to be commissioned projects.
OBSERVATIONS AT THE VARIOUS HEALTH CENTRES

Having conducted the survey and assessment, All the LGAs given by PPDC were assessed which is a sum total of six LGAs and the names of the communities mentioned above are the correct supposed names gotten from the field/communities of the projects linked to the data on Budeshi (most names given to the monitor by PPDC via Samuel Offia were wrongly spelt and some were incomplete); interviews were conducted with video coverage’s, pictures and the panorama goggle street view of the facilities also taken. All the new Facilities were Type 3(Primary Health Care Centre (Ward Health Centre) except for in Otoli Awume Ohimini that is type 2 .The Budeshi app could not upload Pictures; All pictures and videos were done off line.

In summary, All the Facilities had no signpost except for the one in Otoli Awume Ohimini. Most information was displayed on the frontal walls of the facilities. All the communities had two health centers (an old functional ones and new one yet to be completed or completed waiting to be commissioned). Kaaba Compound Yandev Mbaluka community is just having the primary health centers/clinics for the first time. Some communities disclosed the contractors’ names, the date of commencement and end of the constructed PHCs and some didn’t know

SYNOPSIS OF THE ACTIVITIES, OBSERVATIONS AND CHALLENGES

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<th>S/N</th>
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<th>OBSERVATIONS AND CHALLENGES FACED BY THE FACILITIES</th>
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<td>Location and Details</td>
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| 1 | **Kaaba Compound**  
Yandev  
Mbaluka in Gboko LGA  
| A fully completed Facility constructed between January 2015 – July 2016 was seen but it wasn’t operational because it has not being commissioned. There has been non-existence of an old PHC. The facility was grassy, locked and no good accessible road (a gully filled with water was seen on the path. The contractor’s name is not known. There was no sign post.  
| 2 | **Edikwu-Icho Apa with Headquarters in Ugbokpo LGA**  
| It is a scantily populated community with idoma speaking people. Two facilities, the old one was painted blue with its construction completed in 2013 (MDGs-CGS project) and a new one uncompleted, the abandoned project started in 2015 and stopped in May 2016 with no sign post. The chew staff claimed that the old one had no staff accommodation and it’s a state project while the new one which is a federal project from the national primary health care development agency (NPHCDA). The old completed one lacked good communication network, good water source (they had to fetch from the stream), no accessible road (I had to cross a stream without bridge for cars and motorbike to be able to navigate to the facility). The contractors name is not known.  
| 3 | **Otoli Awume Ohimini L.G.A**  
| Ohimini was quite a long distant community in Idoma land. Two facilities were seen, a very old one and a new one that is locked awaiting  

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<td>4</td>
<td>Agbaha Otukpa in Ogbadibo L.G.A</td>
<td>It is a district in ogbadigbo L.G.A. It was difficult to navigate its PHC because the community name was not properly given to the monitor. The monitor first paid a visit to a facility in Apari-Otukpa and the Local Government Secretariat where the correct information concerning the newly constructed PHC was given. It was confirmed from HOD who was called on telephone that the PHC’s location in question is in Agbaha-Otukpa in Ogbadibo L.G.A. This facility was in a completed stage but not functional. The contractor’s name was not seen. The PHC in Apari complained of lack of staff, equipment, drugs, ward, and staff quarters.</td>
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<td>5</td>
<td>Adawa Mbaiase Ullam Gwer East</td>
<td>This is the only functional new PHC, known as a comprehensive PHC, it has no sign post but some information were written on the frontal wall of the building. They complained a lot</td>
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about shortage of staff and their accommodation. There was no power supply (the generator set used was borrowed from a community member pending the time they purchase theirs). It is a type3 PHC built in 2015 and concluded in 2016. No available working vehicle (Ambulance), good source of water (water is gotten from a primary school close by) was seen, this is a Tiv community.

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<th>6</th>
<th>Tse vanger mbakume shough yonov Gwer East</th>
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<td>This is also a Tiv community with two clinics. After a long interaction with community members who were seen processing cassava tubers; it was observed that the new facility was constructed within 3 months in 2015 but it’s not yet operational since it hasn’t been commissioned and was under lock with the presence of weeds and grasses. Power supply, accessible road, means of transportation and communication is of high importance to this community. No staff was spotted in the old clinic due to heavy rainfall. The contractors name was not given. There was absence of visible sign post.</td>
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**CONCLUSION**

All the pictures, panorama Google Street views and videos of interviews of these facilities, staff/patients will be submitted to PPDC.
RECOMMENDATION
It was observed that some places were not well located in the right directions; this posed a great problem in trying to locate the facilities, for example, Otukpa community name wasn’t given to the monitor by Samuel Offia. PPDC should endeavour to place each facility in the right location to enable easier and effective monitoring.