

# A CASE STUDY OF POOR SERVICE DELIVERY: BODO PRIMARY HEALTHCARE CENTRE AND BODO GENERAL HOSPITAL, GOKANA LGA HEALTHCARE IN RIVERS STATE NIGERIA

Case Study by  
STAKEHOLDER DEMOCRACY NETWORK  
2013



fight  
CORRUPTION



**Facilitating Community  
Empowerment**

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## LIST OF ACRONYMS

<b>ACCHT</b>	<b>Assistant Chief Community Health Technician</b>
<b>CBPR</b>	<b>Community-Based Participatory Research</b>
<b>CDC</b>	<b>Community Development Committee</b>
<b>CHIT</b>	<b>Community Health in Training</b>
<b>CHC</b>	<b>Comprehensive Health Centre</b>
<b>CHEW</b>	<b>Community Health Extension Worker</b>
<b>CHT</b>	<b>Community Health Technician</b>
<b>CCHT</b>	<b>Chief Community Health Technician</b>
<b>DST</b>	<b>Dental Surgery Assistant</b>
<b>FAAC</b>	<b>Federal Accounts Allocation Committee</b>
<b>FGD</b>	<b>Focused Group Discussion</b>
<b>HA</b>	<b>Health Assistant</b>
<b>HC</b>	<b>Health Centre</b>
<b>HSE</b>	<b>Health Safety and Environmental Standards</b>
<b>KII</b>	<b>Key Informant Interview</b>
<b>LGA</b>	<b>Local Government Area</b>
<b>LGC</b>	<b>Local Government Council</b>
<b>MRO</b>	<b>Medical Record Officer</b>
<b>MRT</b>	<b>Medical Record Technician</b>
<b>NHIS</b>	<b>National Health Insurance Scheme</b>
<b>NPHCDA</b>	<b>Nigerian Primary Health Care Development Agency</b>
<b>PCHT</b>	<b>Principal Chief Health Technician</b>
<b>PHARM</b>	<b>Pharmacist</b>
<b>PHC</b>	<b>Primary Health Care</b>
<b>SCI</b>	<b>Science</b>
<b>SDN</b>	<b>Stakeholder Democracy Network</b>
<b>SHA</b>	<b>School Health Assistant</b>
<b>WHO</b>	<b>World Health Organization</b>

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## EXECUTIVE SUMMARY

**Nigeria is one of the most populous countries in Africa, with a diverse population made up of around 350 ethnic groups, speaking nearly 500 different languages. The Niger Delta region of the country is blessed with abundant natural resources such as oil and natural gas. Being Africa's largest oil producing country, crude oil is the most dominant factor in Nigeria's economy. Despite the vast amount of revenues generated by oil production, socio-economic inequality is a major problem affecting hundreds of communities in the country. The high levels of income inequality have an extremely negative effect on the health of any society. Nigeria's health care system has a federal character, which means that the federal, state and the local governments are all responsible for the provision of adequate healthcare services.**

The Niger Delta region comprises the area of the natural delta of the Niger River and the areas to the East and the West. The region consists of nine states and 185 local government areas. This report aims to document the state of service delivery in healthcare in Bodo Community of Gokana Local Government Area of Rivers State. It also records the impact of ineffective service delivery on people. The report also suggests alternative strategies for efficient service delivery.



## EXECUTIVE SUMMARY

**The budgetary allocations for the healthcare sector in Rivers State show a significant improvement from previous allocations, but the realities on the ground do not justify the vast amount of money spent on healthcare in 2012 alone. Evidence shows a striking deviation from the pronouncements of the government with regards to providing qualitative healthcare to citizens, when viewed against the population's development needs.**

Findings show that Bodo healthcare facilities lack manpower, basic infrastructure and adequate equipment. The facility cannot be referred to as a general hospital, even by lowest Nigerian standards. The Community Health Centre shares the complex with the General Hospital, occupying offices with leaking roofs and torn-out ceilings. In the Rivers State Government 2009-2013 budgets, no project allocations were made to these facilities, indicating complete neglect of the health facility. Interestingly, in the 2011 budget N7.5 billion and N2.5 Billion was allocated to The Rivers State Government house security vote, and to the House of Assembly respectively, with no clear account as to how the money was spent. Moreover, the allocation of over N1.997 billion in 2012 alone to the Gokana Local Government Council did not translate into visible changes in access to primary healthcare for Bodo citizens.



# INTRODUCTION

Effective service delivery is a vital component of any healthcare system, and is crucial to the achievement of the health-related Millennium Development Goals (MDG) as stipulated by the World Health Organisation (WHO). Service delivery is therefore fundamental in determining a population's health status, along with other factors such as social determinants of health. The organization and the focus of health services differs from one country to another, however, in any well-functioning healthcare system, the network of service delivery should have the following characteristics: comprehensive, accessible, continuous, people-focused, well coordinated, accountable and efficient<sup>2</sup>. This approach comprises the key elements of health service organization in which the primary contact level – usually in the context of a local healthcare system – acts as a driver for the healthcare service delivery system as a whole.

## INTRODUCTION

In every society, the state is the final arbiter of justice. Its policies must apply equally to all citizens regardless of gender, ethnicity and tribe even in civil conflict. Basic amenities must also be distributed fairly. One of the key drivers of conflict is inequitable distribution of resources, thus there must be satisfactory justification when one community acquires a better healthcare facility than another.

The communities of Nigeria suffer from extremely poor public healthcare services delivery. This poor performance of the healthcare sector is mainly attributed to weak governance, high levels of corruption, widespread poverty, extreme underdevelopment in infrastructure and environmental degradation associated with crude oil extraction.

Bodo community in Rivers State has experienced oil spills almost every year since 2005. Environmental and health related issues present serious challenges to its citizens. The amount of research carried out to assess the long-term effects of oil spills on the health of the people of Bodo is limited (see UNEP Report). However, the direct effects of these oil spills on the health of the residents are evident, even if undocumented.

Key facts presented by the WHO indicate that mortality rates are relatively higher in developing countries than in developed countries like the United Kingdom and other western states. According to the WHO, about 800 women die from pregnancy or childbirth related complications around the world every day. In 2010, 287,000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented.

In Nigeria, mortality rates are extremely high, especially for pregnant women and children (see WHO 2012 statistics), and the condition of healthcare facilities are in need of urgent attention by all stakeholders.

## INTRODUCTION

The purpose of this study is to provide evidence-based information on the causes of the failure in healthcare service delivery. The study identifies corruption and the lack of ownership of development projects by citizens as the key reason behind this malfunction. The study emphasises that basic needs of residents must be prioritised by stakeholders in order to improve the state of the healthcare system.

This paper solely focuses on healthcare service delivery in Bodo community. Although previous researches in Bodo focused on a broad range of services, including healthcare, these projects were not comprehensive. For example, Lewis and Paterson's (2009) study on the healthcare service delivery framework and governance analysed failings in service delivery from a patient's perspective, but did not clearly identify the individual impacts and several other reasons behind the failings. According to Lewis and Paterson, the "sound provider performance in turn, raises the level of health outputs (e.g. number of treated patients), and can contribute to improved outcomes (e.g. health status)".

The Citizens Report on State and Local Government Budgets in the Niger Delta (2008) published by Niger Delta Citizens and Budget Platform, focused on several failings in governance in the Niger Delta States. The implications of these reports are extremely important as they lay the foundation for further research and documentation. The researchers observed that a different approach was needed to document the failings, thus a specific study area to identify the gaps in service delivery was used.

In line with these reports, this paper evaluates individual stories that illustrate the direct impact of government failures to deliver on the electoral promises of providing quality healthcare services, as access to these services is part of the citizens' indisputable rights in Bodo and elsewhere. Different dimensions of each story were reviewed to identify the break between the service providers and the users of the services (in this case, the citizens).

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# BODO COMMUNITY PROFILE

**Bodo city (as it is called by the residents since 1963) is a community consisting of 35 villages that are situated along the shoreline of the Niger Delta coastal lowland in Gokana Local Government Area of Rivers State.**

## **BODO COMMUNITY PROFILE**

The majority of the estimated 65,000 people of Bodo are farmers and fishermen whose livelihood has constantly been affected by oil spills in the last decade. Bodo is bordered by the Gokana communities of Kpor, Mogho, and Gbe on the North, by Andoni speaking people of Rivers State on the East, by the community of the Okrika Ijaw Kingdom on the West, and it shares borders with Ibani (Ijaw) speaking people of Bonny Kingdom on the South. It also borders the Atlantic Ocean. The sea and the rivers played a significant part in the development of the community. Although fishing and farming still provides most of the employment, the people of Bodo now work in a wide range of professions such as trading, metal work or carpentry.

It is estimated that Bodo City occupies a landmass of approximately one hundred thousand hectares. The community is located within 56 kilometers from Port Harcourt, the capital of Rivers State, and is located between latitude 4°36'N and Longitude 7°21'E.

It took the survey team about 58 minutes' drive by car from Port Harcourt to Bodo and it is estimated that the distance from Bodo to Kpor, the headquarters of Gokana Local Government Area, is over 1 kilometre and would take about 10 minutes by car. The team was further informed by residents that it would take about 20 minutes by road to Bori, which is the nearest urban metropolis that is ancestral to the Ogoni People.

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# RESEARCH FOCUS: HEALTH SERVICE IN BODO COMMUNITY



## **RESEARCH FOCUS: HEALTH SERVICE IN BODO COMMUNITY**

Efficient public healthcare system is a key factor in reducing poverty and the occurrence of 'poverty traps'. It is also necessary for socio-economic growth and development. The global average for doctors per 10,000 populations is 13.9, while Nigeria stands at a paltry 4 to a population of 10,000 people. Also, the national average for births attended by a skilled healthcare professional in Nigeria stands at 34 percent. These statistics of the WHO (see appendix III) reveals the vast gap between reality and fulfilling the MDGs.

The socio-economic impacts of the exceptionally ineffective healthcare system in the Rivers State are serious, and severely affect the lives of the residents in the area. The research explores the state of the General Hospital and the Primary Health Centre in Bodo. It also analyses the main reasons behind the failure of healthcare service delivery in the area, while summarising the broader implications of an ineffective healthcare system on vulnerable communities.

Bodo, with a population of 65,000 inhabitants, does not have a general hospital with more than one doctor. This is far below the standard practice as evidenced by the global index and could lead to overwhelming workload for the doctor and other health care personnel in the hospital, which in recent years has become moribund and is failing to provide an adequate level of health care.

Participatory research and needs assessment exercises carried out in the community revealed that the provision of quality health care is the most pressing community need.

Unfortunately, Gokana Local Government and Rivers State Government have failed to address the health situation in Bodo community, which in many cases has led to deaths that could have been easily preventable. Improving the provision of health care via a well-functioning and well-funded health centre is the priority for members of the Bodo community.

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# ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

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## **ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY**

In Gokana Local Government Area there are only two general hospitals; one is in Bodo, while the other is in Terabo and both hospitals are in equally poor state. There are 20 other health centres and health posts. Members of the community travel as far as Bori and Port Harcourt at huge costs, in order to get better services in other hospitals. According to respondents, the journey to these hospitals takes between 30 minutes to an hour depending on the traffic. Respondents claim that the length of the drive is worrisome, especially in cases where the sick require urgent medical attention.

The Bodo General Hospital and the Primary Healthcare Centre are located within a single architectural structure and share the same infrastructure. The General Hospital occupies a larger part of the infrastructure leaving inadequate space for the Health Centre. On-site visit to the building revealed signs of dilapidation. Moreover, there is lack of basic conveniences such as electricity, running water, and standard quarters for doctors and nurses.

In assessing service delivery at the Bodo General Hospital and Bodo Primary Healthcare Centre (PHC) the following indices were used:

1. Basic amenities and infrastructure:
  - a. A regular water supply;
  - b. Waiting area for outpatients, separate from patient consultation rooms; and
  - c. Reliable electricity supply, routinely available during service hours, with a backup generator and available fuel.
2. Basic equipment and availability of medicine:
  - a. Drugs and medicine was a major indicator used in determining the quality of service delivery;
  - b. Paramedic services like ambulances;

## ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

- c. Immunisation facilities and mosquito nets; and
- d. Facilities for testing HIV, Malaria and Tuberculosis, among other diseases, were also employed here.

### 3. Human Resources:

- a. The number of medical personnel required for the functioning of an efficient medical facility, providing quality care, as measured against the stipulations of the WHO and Nigerian Health Insurance Scheme Standards, including:
  - a.i. doctors,
  - a.ii. pharmacists,
  - a.iii. nurses, and
  - a.iv. other crucial medical personnel.

All this has been measured by the stipulations of the WHO and the Nigerian Health Insurance Scheme standards.

## BODO GENERAL HOSPITAL

In the early 1960s the people of Bodo saw the need to have a hospital that would cater for their health needs. The community contributed money for a clinic. According to Chief Kogbara (the Chairman of Bodo Council of Chiefs), Kemte Giadom was the person who started the clinic, but the Catholic Church and Bishop Okoye decided that it would be better to have a hospital called Bodo Joint Hospital. The clinic was then upgraded to a hospital. The administration of Alfred Diette Spiff granted concession for the construction of two general hospitals with a 30 bed capacity each in Bodo and Terebom in 1980. Since then it was renamed Bodo General Hospital.

The General Hospital has never fully functioned since its construction and it is in desperate need of renovation. The health facility can not in any aspect be referred to as a general hospital if

## ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

compared with other general hospitals in Rivers State and Lagos. Over grown bushes behind the hospital, leaking roofs, dilapidated health workers' residences and a general disrepair characterize what the people of Bodo prefer to call a "health post".

## ASSESSMENT OF BODO GENERAL HOSPITAL

### Basic Amenities and Infrastructure

**Administrative Block:** The administrative block consists of a series of near empty offices with little furniture. Much of the existing furniture needs to be repaired or changed. Most of the workers, such as labourers, sit on benches and on the floor outside the blocks.

**Water:** The researchers discovered that there is no potable water supply to the health facility. The only standing water reservoir was still being rehabilitated by the NDDC as at the time of the study. No water was running in any of the taps. The Doctor said community residents and patients often resort to buying water for their use.

**Electricity:** There is an epileptic power supply from the community grid. Although there is a stand-by generator, it is only switched on when the Doctor is around and decides to do so, or when he wants to perform a surgery.

**Sanitation:** The sanitary conditions of the infrastructure can best be described as poor. This is due largely to the dilapidated buildings that need to be repaired. Patient wards are dusty and have broken window panes. An alarming example is the mortuary, which is a waiting disaster. According to an attendant at the mortuary, the establishment is over crowded with corpses, but people are still bringing in their dead.

## ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

Due to the sensitive nature of the photographs, the researchers have decided not to use any of the pictures taken. However, it was discovered that the hospital is prone to an epidemic, unless action is taken to address the overcrowded mortuary.

### **Basic Equipment, Drugs and Materials**

A Bodo Community Doctor argues the hospital lacks equipment such as x-ray machines and a blood bank (therefore cases of severe bleeding cannot be handled in Bodo and are referred to B.M.H. Port Harcourt). More beds are needed in both male and female wards. He also acknowledged that the hospital's ambulance is in undoubtedly poor condition. The vehicle is old and needs unwarranted maintenance. It is rarely used and only for the transportation of patients as there is no medical equipment in it.

Drugs are clearly in short supply as most of the patients said they have to pay for the few they get from the pharmacy located in the hospital. Michael Sanduba said he pays for the medication he gets from the Pharmacy. An employee of Bodo hospital claimed the hospital lacks essential drugs, and he refers cases, which are beyond his specification such as cancer, to a secondary health care unit.

Only 5 (5.5 percent) of the respondents said the health facility is very good, another 5 (5.5 percent) said it is good, 34 (37.7 percent) said the hospital is poor while 27 (30 percent) said it is very poor. This finding was affirmed by Jude Putonor (a youth in Bodo City) when he asserted that "they do not have a general hospital, what they have is a health post at best". (See Appendix 1. for the full list of infrastructure and equipment available at Bodo General Hospital)

The following paragraphs review of personal experiences of respondents in Bodo Community collected during the survey,

## ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

evaluation of key informant interviews and analysis of Focus Group Discussions.

Baridam is one of many patients who visit the hospital in order to get medical attention, only to be disappointed with the quality of the service they receive. Baridam said there are no drugs at the hospital, the doctor is not regularly present and nurses barely come to work because the doctor is not a good example.

*“I have been here waiting for the doctor since morning but no way” - when the researchers asked Baridam what was wrong with his health and this was his answer: “I have been having this pain in my stomach for about a week now and when I come to see the Doctor to get the pain diagnosed it has proved difficult because he is rarely here to treat us.”*

Health facilities and medical personnel are concentrated in cities, even though the health status of the populations of rural areas is affected more by the extractive industries. The quality of healthcare service delivery and the state of infrastructure is poor in rural areas in the Niger Delta.

This results in low quality care, high levels of corruption and the loss of motivation for the medical personnel available.

Mrs. Emilia Uragior’s husband Dominic’s condition quickly deteriorated due to the lack of a blood bank coupled with the unhelpful attitude of the health personnel. According to Emilia:

*My husband has been here since Friday, and the doctor refused to see him since then. It’s been 3 days since and he has not given him any medication. We were informed he needs blood transfusion. They have gone to buy it, they said they do not have a blood bank here in Bodo General Hospital,*

## ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

*so they have been to Kpor (over 2.5 kilometres away from Bodo) to get blood, still no luck. I have given them the ten thousand Naira (N10,000) for a pint and was informed they have gone to Bori and that is what we are waiting for...*

The state of healthcare services in the Niger Delta region forces the residents to pay for medical services even in public facilities. These out of pocket payments can have adverse effects on households, especially those with poor economic backgrounds. Inability to pay encourages residents to only visit hospitals when their condition is already critical, and are more likely to die of diseases that otherwise could be cured.

The cost of drugs and medical services also leads to the reduction of household incomes, children's involvement in menial jobs and leaving education. Impoverished families' inability to pay can also lead to the denial of treatment, incomplete or inadequate treatment, or treatment at the cost of social wellbeing. Such a system can intensify poverty and create poverty traps for many while reinforcing corrupt practices.

The Free Medical Care Programme (FMCP) was introduced in 2002 with the objectives of providing quality healthcare in state owned health facilities to the most vulnerable people in society. First it was aimed at children under the age of 6 and to the elderly aged 60 or above, but since it has been extended to include all ages and residents of Rivers State.

Rita Gbarage insisted that the residents in Bodo have not been benefiting from the Free Medical Care Programme. She argued that the conditions are too strict for one to be entitled to receive benefits, and even those who registered are often not given free medication. The data collected by the surveyor team also supports this position with 75 respondents (about 83%) claiming they pay for drugs at the hospital.



## ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

Only 11 respondents (12 percent) said they do not pay. 50 of the respondents (55 percent) interviewed said the drugs are expensive, while 23 (constituting 25 percent of the respondents) said the prices of the drugs sold at the General Hospital are moderate.

Michael Sanduba (a 65 year old metal trader) specifically requested to pay for his medication so that the medical personnel would attend to him promptly. He was scheduled for surgery and stayed in the hospital for 3 months. He spent over N40,000 during this period and was continuously coming for medical check-ups at the time the researcher team met him at the pharmacy. However, many families in Bodo community cannot afford such expenses.

### Human Resources

Government policy with regards to medical personnel is not implemented and realized. The interviewed respondents claim the hospital lacks manpower. Some even claim there is no doctor, but the research team was able to meet the Doctor on several occasions. However, the number of nurses and other health workers could not be verified due to the reluctance of the Doctor to give out such information. It was nevertheless evident that the health facility had only one Doctor. According to the doctor, Dr. Dick Tambari, patients with severe cases are referred to hospitals in Port Harcourt, as he does not have the capacity to take on such cases. He also claimed the hospital lacks trained medical personnel and needs more healthcare professionals. The inadequate staffing poses a huge challenge to services delivery. A community Doctor revealed to the research team that he works alone as the 'doctor on call' throughout the week. He has little motivation as his salary is not regular, but rather it is based on agreements with his employer.

## **ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY**

### **THE BODO PRIMARY HEALTHCARE CENTRE**

The Bodo Primary Healthcare Unit falls under the purview of the Gokana Local Government Council, and it is overseen by the State Primary Health Management Board, which was established by the Rotimi Amaechi government on November 24th 2010. The Board manages the funds provided by the National Primary Health Care Development Agency (NPHCDA) and other sources, for primary health care services.

Other sources of funding include the Federal, State and Local Government Councils or other donor agencies. As the Healthcare Centre derives its funds from several sources besides the local government, sufficient funding should be available for the maintenance of the facility and the improvement of service delivery.

### **ASSESSMENT OF BODO PRIMARY HEALTHCARE CENTRE**

#### **Basic Amenities and Infrastructure**

The health facility is housed in the same building as the Bodo General Hospital. The roof and ceiling need to be repaired. At the time of the research team's visit it was raining and the roof was leaking. The patients were crowded into a makeshift reception with hardly enough space for everyone. The sanitary conditions in the healthcare facility are poor. The leaking roof and broken windowpanes are prone to mosquitoes entering the building. The provision of electricity depends solely on the epileptic community grid.

#### **Basic Equipment, Drugs and Materials**

There is a general shortage of routine drugs for children. According to Jano Paul, the health supervisor, the shortage is caused by the lack of supply from the central authorities in the Hospital Management Board in Port Harcourt. Jacinta Kotte said that their own personal money had to be used to buy drugs like paracetamol

## ASSESSMENT OF HEALTH SERVICE IN BODO COMMUNITY

tablets (a brand of aspirin), which children need after taking immunisation. The small amount they have was provided by the Local Government Council Health Unit which is not adequate to cater for the number of children cared for in the facility.

### Human Resources

There is a shortage of trained staff in the healthcare facility. The person with the highest qualification is a healthcare technician. There is no nurse or doctor in the Bodo Healthcare Centre. The healthcare personnel have been described by community residents as punctual.

The average time spent on counselling patients is inadequate due to the high number of women and children the healthcare workers have to attend to. Jacinta Kotte, a local health worker, and her staff attend to an average of 30-50 women in a day. The healthcare technicians are legally restricted to diagnose patients; therefore cases are regularly referred to the Healthcare Centre in Terabom.

Health workers like Jacinta Kotte reveal that the Healthcare Centre does not have adequate space of its own; office space is shared with the General Hospital. Drugs supply had stopped coming from the Board shortly after the initial launch of the FMCP project. The routine drugs given to mothers and children after immunization are therefore not readily available. Consequently, the health workers must improvise and find a way to supply patients with the drugs needed. Drugs are bought from vendors and sold at moderate prices.

She also pointed out that the leaking roof and ceiling under which they administer medication is hazardous to the practice, and violates all HSE standards. Jano Paul also complained about the lack of funds in running the health facility. The Local Government is trying to meet the high demand for medical care, but the appropriate funds are just not there for the duties to be carried out.

A sick patient awaiting Dr.  
Dick's attention



Over crowded waiting  
reception at Bodo Healthcare  
Facility



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# HUMAN IMPACT OF POOR HEALTH SERVICE ON BODO COMMUNITY

## HUMAN IMPACT OF POOR HEALTH SERVICE ON BODO COMMUNITY

One of the major challenges the research team faced was to acquire individual stories and learn about personal experiences of the residents of Bodo. Mrs. Uragior's encounter with the Bodo General Hospital's poor service delivery shows a clear departure from the ideal healthcare system preached by the Rivers State Government. Having spent 3 days in the hospital without proper care for her ailing husband, the realities of the Bodo General Hospital became glaring to her as her husband was in danger and there was absolutely nothing she could do except to hope that the hospital would provide the medical attention needed. Mr. Dominic Uragior, a 47-year-old former Marine Assistant, lay unconscious in the male ward of the hospital. His illness could not be determined because the medical practitioner had not attended to him.

Mrs. Uragior informed the researchers that she was there to take care of her husband who was lying critically ill on the sick bed. She was in a state of despair as the ailment diagnosed was not revealed to her, although the Doctor said he needs blood transfusion. The woman said the painful part of the process was the Doctors refusal to officially admit her husband for three days.

*My husband refused to go back home since he cannot walk, he's crippled and he cannot afford the money for hiring a vehicle. And I am wondering why the doctor asked my husband to go home on that Friday when he was rushed here instead of admitting him. This is a government hospital, but we are suffering as a result of poor services from the doctor here...Pathetic enough, it's been 3 days since my husband is abandoned, without medication. When he was brought here by our neighbours he could talk but you can see for yourself that he cannot talk any longer because his condition*

A sick patient Mr. Dominic Uragior abandoned for 3 days without medication at Bodo General hospital





Leaking roof and broken ceiling  
at Bodo city Primary Health Care  
facility



## HUMAN IMPACT OF POOR HEALTH SERVICE ON BODO COMMUNITY

*is deteriorating each passing seconds rendering him weaker. For three good days now he has not eaten anything.*

The situation of the Bodo General Hospital was alarming. There was no blood bank and the ward was in semi darkness with broken window glasses and torn mattresses. Various organs of the government and the negligence of monitoring authorities were blamed for the lack of motivation and empathy by medical staff, as well as for the failed service delivery. Mrs. Uragior summarised her experience as follows:

*Due to lack of blood bank in Bodo General Hospital, they had to travel to Kpor(about 2.5 kilometres away from Bodo) but could not find it, but luckily they intensified their search to Bori where they were informed that a pint of blood cost 10,000(ten thousand naira). Initially the money was not available but later God made provision for the money. So later the blood was brought in and transfused to the patient. The next day a second pint was transfused. I also registered two of my children here for free medicals but when we come for treatment both the Doctor and Nurses are reluctant to attend to patients. This attitude has led many people to stop visiting the Bodo General Hospital. They often complain that after diagnoses, the Doctor prescribes drugs and then tells you to go get it outside the hospital. But if it's your lucky day they might just give you one of the prescribed drugs.*

At the time the research team left Bodo Mr. Uragior's condition has improved. However, Mrs. Uragior and her husband's experience presents clearly the effects of weak governance and corruption on healthcare service delivery, and the impact is has on the lives of community members. Bodo community also faces a series of problems including

## HUMAN IMPACT OF POOR HEALTH SERVICE ON BODO COMMUNITY

oil spills and environmental degradation, dangers which has exacerbated the healthcare situation of the community members. There is also a prevalence of preventable diseases in Bodo community mostly caused by the poor sanitary conditions.

**Unsafe water:** There is no adequate supply of potable water in the community. The main sources of water are privately owned wells and boreholes. Many households spend considerable amount of money on buying water, however, the poorest members of the community are resorting to taking water from the rivers. Many people use unsafe water polluted by oil which also contaminates fish and the vegetation. Raised concentrations of petroleum hydrocarbons in the air and polluted drinking water are causes of neurotoxicity and cancer. The short-term effects are also severe. “Dermal exposure can lead to skin redness, oedema, dermatitis, rashes and blisters; inhalation exposure can lead to red, watery and itchy eyes, coughing, throat irritation, shortness of breath, headache and confusion; and ingestion of hydrocarbons can lead to nausea and diarrhoea.” Medical personnel have advised the residents against eating fish caught from the rivers and streams. However, the research found that most of the patients coming to the medical facility have done so.

**Lack of Sanitation:** Another factor posing a worrisome danger to the community is the poor sanitary conditions. There are no proper refuse dumps or drainages in the entire community. This may lead to outbreaks of easily preventable diseases such as cholera and typhoid. 45 of the residents (50%) interviewed by the surveying team claimed they have had diseases such as typhoid, cholera, dysentery in the last two years. Hence there is urgent need for Bodo inhabitants to get good quality healthcare facilities and sufficient healthcare service delivery in the area.

# **ANALYSIS OF CAUSES OF POOR HEALTH SERVICE IN BODO COMMUNITY**

***Poor delivery of healthcare in Bodo is a result of corrupt practices that occur in the management of financial resources at the level of:***

***i) Budget creation (allocation of resources for the renovation of facilities, as well as for equipment and drugs and salaries of qualified medical personnel);***

***ii) Budget implementation (diversion of funds, distribution of medical supplies).***

## **ANALYSIS OF CAUSES OF POOR HEALTH SERVICE IN BODO COMMUNITY**

Government inability to consult the Bodo community and encourage community patronage, in addition to poor planning, show a disregard for community priority needs; despite deplorable state of health available to the community

These factors compound to negatively affect the performance of frontline service professionals; those medical staff at Bodo General Hospital and PHC, who must deal with the inadequacies of their work environment, unsupported by government structures of budget allocation, to ensure they are able to supply adequate treatment to the patients in their area.

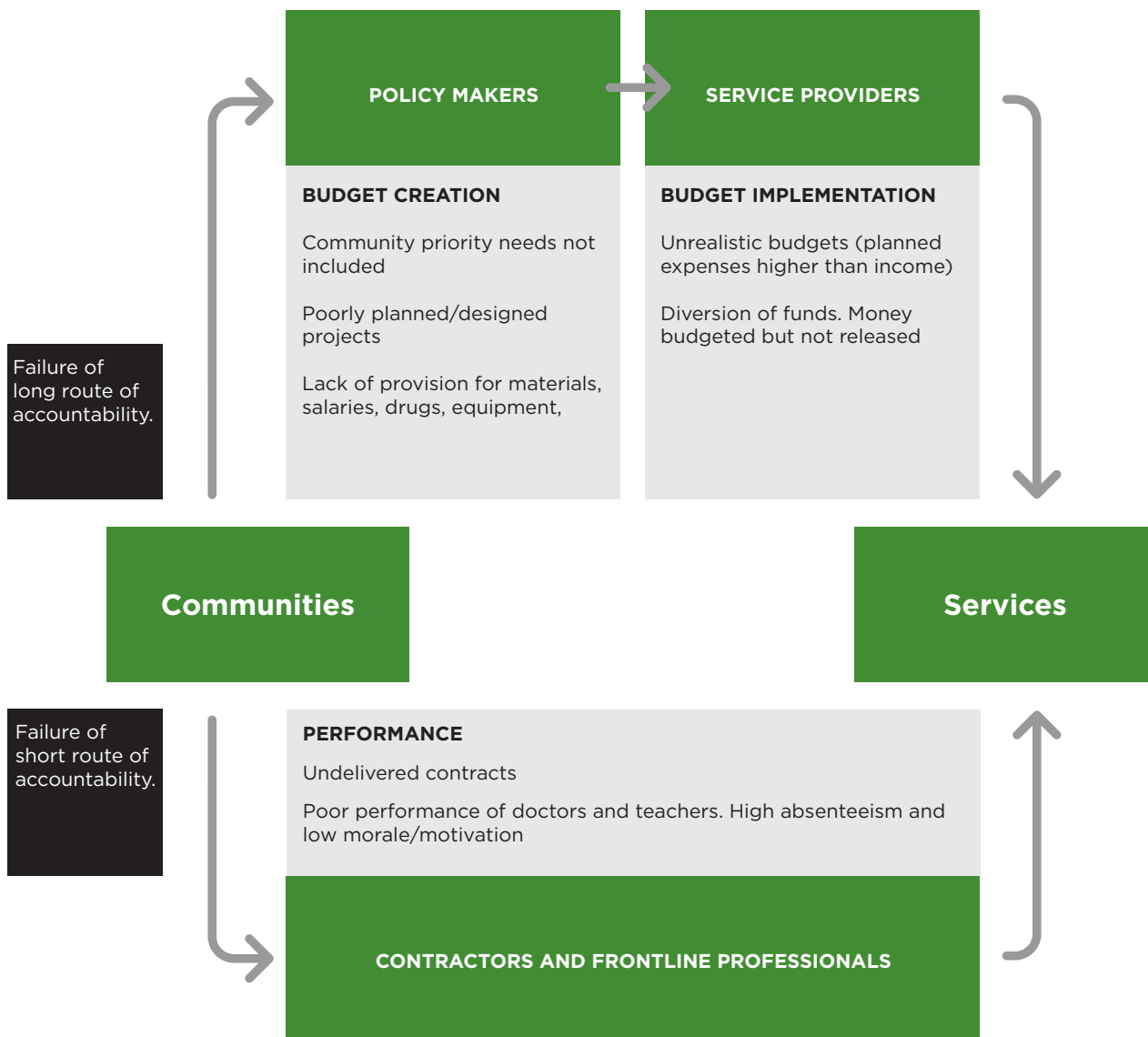
Findings from the community reveal a complex myriad of problems resulting from the above, such as a lack of sufficient and qualified staff, insufficient budgetary allocations for the health facilities, diversion of funds for medical equipment and supplies. This negatively affects the performance of frontline service professionals. The lack of community involvement in the process means that community needs are rarely taken into consideration during the budgetary processes. This allows government officials the possibility to divert funds and makes it impossible to track the budget implementation that would determine what amounts were allocated to the health sector and to what extent they were implemented.

Poor budgetary processes without community involvement and consideration for community needs are clearly demonstrated when analysing the budgets of Rivers State Government between 2010 and 2013, and the amount of money allocated to the health sector.

Rivers State government showed a promising outlook in its transformation under the leadership of Chibuike Rotimi Amaechi. Some of its policies were geared towards improving healthcare for its ever-increasing population; the 60-60-60 project, which aimed

## STATE OF EDUCATION SERVICE AS A VIOLATION OF BASIC HUMAN RIGHTS

**FIGURE 1: ROOT CAUSES OF POOR SERVICE DELIVERY**



## STATE OF EDUCATION SERVICE AS A VIOLATION OF BASIC HUMAN RIGHTS

at delivering 60 healthcare facilities to 60 communities in 60 days, was established. It is important to note that Bodo community did not benefit from the 60-60-60 project as claimed by the state government on their webpage, listing all the health centres and hospitals being affected by the project.<sup>1</sup>

One major phrase common to all the policy thrusts of the Rivers State government is **“the completing of on-going projects in critical sectors”**. Apart from this broad classification of critical sector on-going projects completion, healthcare was not mentioned in the government policy thrust document. This contradicts the government’s earlier stance of delivering 60 hospitals in 60 days to 60 communities as proclaimed by the Rivers State government.

The annual budget for Rivers State between 2010 and 2013 did not provide for any renovation of the Bodo General Hospital. The Rivers State government allocated N226,525,608,940.47 for 2012, while that of the LGA Gokana allocation was over N1.997 billion. However, according to the Rivers State Government (in its 2012 budget Presentation speech) the main focus of 2012 budget for health was on completing on-going projects. The Government also claimed it sustained and increased previous efforts to reduce the risk of malaria and HIV.

*We have started the renovation of major hospitals in the three Senatorial Zones to serve as referrals for the Model Health Centers... In 2012, we started full implementation of our Free Medical Programme for all persons residing in the State. ₦18 billion was earmarked N1.93billion has been spent as at November 2012.” - Governor Chibuike Rotimi Amaechi*

1. See: <http://riversstatemoh.gov.ng/60-60-60-project/>

As demonstrated by the poor conditions of the Bodo General Hospital and responses from community members, the promises made by the Governor have clearly not been realised.

## STATE OF EDUCATION SERVICE AS A VIOLATION OF BASIC HUMAN RIGHTS

**Table 0.1** Trend of Rivers State Health Budget 2010-2013

YEAR	2009	2010	2011	2012	2013
Total Budget (₦ billion)	-	429	415.1	427	490.32
Health (₦ billion)	-	18	16.8	21.49	10.23
Health Allocation as % of Total Budget		<b>4.2%</b>	<b>4.04%</b>	<b>5%</b>	<b>2.08%</b>

\*Source: Rivers State Government Budget extracts

The table above demonstrates the lack of a consistent pattern in the amount allocated to health between 2010 and 2012. There was a dramatic drop from 5% in 2012 to an appalling 2.08%. In 2010 the River State Government budgeted N18 billion for the health sub-sector, in 2011 there was a slight decrease with no apparent justification examining the figures presented in the following years.

It could be assumed that there was a decline of incomes from Federal allocation; however data does not support this assumption. On the contrary, the revenue increased with an excess of N2.5 billion monthly. According to the Governor:

*In the year 2011 our aggregate revenue forecast was N283 billion (Federation Revenue plus IGR). Figures from January to September 2011 show that out of the revenue forecast of N283 billion for the entire year we have actualized N235.27 billion, which represents 83.13% of the revenue budget for the entire year. This is indeed remarkable because our average expected monthly revenue collection was*



## STATE OF EDUCATION SERVICE AS A VIOLATION OF BASIC HUMAN RIGHTS

*N23.58Billion but in actual terms we realized on the average N26.14billion from January to September- an excess of N2.56Billion monthly.*

Table 3.1 (see Appendix 3.) shows a total of N16,850,000,000 (sixteen billion, eight hundred fifty million naira) was expended in 2011 alone. In 2012 another N21,257,950,000 (twenty one billion, two hundred and fifty seven million, nine hundred and fifty thousand naira) was expensed bringing the total amount of money spent to N38,107,950,000 (thirty eight billion, one Hundred and seven million, nine hundred and fifty thousand naira only). The structures on ground do not justify the huge amount spent on healthcare.

Also the sum of over 9 billion between 2011 and 2012 covered the Free Medical Care Programme in Rivers State; however, it has not translated into free healthcare for its citizens. Even the government noted that only a fraction of its residents have benefited. In the BMH only 18,000 beneficiaries were registered in a city with a population of over 541,000 according to the 2005 census figures.

Extracts of the FAAC allocation to Gokana LGA from January 2009 to May 2013 (with the exception of April 2009 figures) showed that the LGA has received a total of N7,633,724,934.36 (seven billion, six hundred and thirty three million, seven hundred twenty four thousand, nine and hundred thirty-four naira, thirty six kobo). The sharing formula for the funds in the local government council is still a subject of controversy as it is shrouded in secrecy. Even a fraction of this vast amount of money would complete developments in the health facilities if properly utilized. Poor prioritising on the various levels of government and a complete disregard for community priority needs has led to a total breakdown of the health system in Bodo community.

## **STATE OF EDUCATION SERVICE AS A VIOLATION OF BASIC HUMAN RIGHTS**

According to the Rivers State Government real progress has been recorded in rebuilding health infrastructure- this can only be true in Port Harcourt city. In 2011, provision of good health care facilities remained a top priority in their Administration. By the third quarter of 2011 the Rivers State Government had spent N5.499 billion (32 percent expenditure rate) on health out of a provision of N17.03 billion for the entire budget period. This is what the government calls progress in health care delivery.

NDDC contract in Bodo still  
under construction after 5  
years



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# **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

The right to health is included in several human rights treaties. Most notably, Article 12 of the International Covenant on Economic, Social and Cultural Rights established the “right to the highest attainable standard of physical and mental health”. The right to health includes healthcare but also the underlying determinants of health, such as safe drinking water, adequate sanitation, adequate supply of safe food, nutrition, housing, occupational health, environmental health and access to health related information. Another core component of the right has been identified, which the state must guarantee under all circumstances, regardless of its available resources: access to maternal and child healthcare including family planning, immunisation against the major infectious diseases, appropriate treatment of common diseases and injuries, essential drugs, adequate supply of safe water and basic sanitation and freedom from serious environmental health threats.

States need to ensure the availability and accessibility of health services and facilities to all persons without discrimination, as well as guaranteeing good quality services at all levels of the health sector, and that the quality of health services is not negatively affected by corruption. Corruption affecting the quality of health services and particularly the quality of medicines is a serious infringement not only of the right to health but also of the right to life.

According to the WHO, primary healthcare means essential healthcare based on practical, scientific, sound and socially acceptable methods and technology, made universally accessible to individuals and families while working through community participation and at a cost which the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

Primary healthcare forms an integral part of the Nigerian social and economic development. It is the first level of contact of the individual and community in the national health system, thus bringing healthcare as close as possible to where people live and work, and contributes the first element of the health care process.

Nigeria has an obligation under international law as well as under its own Constitution to progressively achieve the highest obtainable standard of health for its people. In section 17 subsection 3 (c) and (d) it states that:

The State shall direct its policy towards ensuring that:

(c) The health, safety and welfare of all persons in employment are safeguarded and not endangered or abused;

(d) There are adequate medical and health facilities for all persons:

Nigeria's Primary Healthcare policy has largely delegated some of these responsibilities to the country's local governments. However, when necessary, other tiers of government can contribute as provided in the National Health Policy of Nigeria. Therefore, the Primary Healthcare Centre in Bodo is the responsibility of the Gokana Local Government Council. Local government responsibilities include building and maintaining the physical infrastructure of primary health centres, payment of all staff salaries and stocking facilities with medicines and other necessary resources. The states are meant to provide the local governments with planning, logistical and financial assistance.

However, the local government has failed to ensure the facility caters to the basic healthcare of the people despite adequate budgetary allocations made by the local government over the years. This is a clear violation of Nigerian and international law.

## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

The right to health is included in several human rights treaties. Most notably, Article 12 of the ICESCR<sup>2</sup> established the “right to the highest attainable standard of physical and mental health”.. The right to health includes healthcare but also the underlying determinants of health; such as safe drinking water, adequate sanitation, adequate supply of safe food, nutrition, housing, occupational health, environmental health and access to health related information. Another core component of the right has been identified, which the state must guarantee under all circumstances, regardless of its available resources: access to maternal and child healthcare including family planning, immunisation against the major infectious diseases, appropriate treatment of common diseases and injuries, essential drugs, adequate supply of safe water and basic sanitation and freedom from serious environmental health threats.

The core elements of the right to health are set out in CESCR<sup>3</sup>, General Comment No.14. Health facilities, goods and services as well as programmes must be made available in sufficient quantity. States therefore need to ensure that the availability of health goods and facilities is not negatively affected by acts of corruption, which in the health sector can have mortal consequences.

Health facilities, goods and services must also be accessible to all persons without discrimination. Accessibility has several overlapping dimensions.

- i) **Non-discrimination:** health facilities, goods and services must be within appropriate physical reach of all people, including vulnerable or marginalised groups.<sup>4</sup> **Physical access:** health facilities, goods and services must be within safe physical reach of all sections of the population, including vulnerable and marginalised groups;

2. International Covenant on Economic, Social and Cultural Rights.

3. Committee on Economic, Social and Cultural Rights.

4. Health sector corruption can also lead to direct discrimination when healthcare providers and professionals treat patients differently, based on their income or their personal relationships with medical staff.

## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

- ii) Economic access (affordability): whether they are provided by public or private institutions, health facilities, goods and services must be affordably priced;
- iii) Access to information: patients and the public as a whole should have the right to seek, receive and impart information and ideas. States must take measures to ensure that patients are in a position to make informed choices and select appropriate providers at appropriate prices and standards of quality;
- iv) Acceptability: health facilities must respect medical ethics and should be culturally appropriate. Among other things, health facilities must be designed to respect confidentiality and improve the health status of those concerned. States should put in place guarantees that ensure that health professionals do not abuse their position of power and thereby disregard the “acceptability” of the services they provide;
- v) Quality: health facilities must be scientifically and medically of good quality. Corruption can affect the quality of medicines, for example, when regulators are bribed to carry out less rigorous checks or to approve medicines without adequate investigation, or when hospital administrators purchase cheaper, less effective (or even expired) drugs and embezzle the difference in cost.

States must ensure the quality of health service is guaranteed at all levels of the health sector and without the quality of health services being negatively affected by corruption. Corruption affecting the quality of health services and particularly the quality of medicines is a serious infringement not only of the right to health but also of the right to life.



## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

In May 2005, the World Health Assembly put focus on ensuring universal access and coverage of health services provision. In 2010, the World Health Assembly put further importance on the recognition of universal coverage and equity in health services provision leading the WHO to address the financing of health to ensure universal coverage.

WHO and UNICEF organised a 1987 meeting of African Ministers of Health to present and adopt a resolution calling for the improvement of PHC, which was to be referred to as the Bamako Initiative. According to WHO Primary Health Care (PHC) means essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost which the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. The Bamako Initiative is mandatory for signatory countries to set up structures to support PHC. As a signatory, Nigeria agreed to the obligation to fund and provide grants for PHC was the responsibility of governments and LGCs.

Access to quality health care service is a basic human right and has importantly been encapsulated in the constitution of the Federal Republic of Nigeria. Chapter 2 - Fundamental Objectives and Directive Principles of State Policy - of the 1999 Nigerian Constitution, Section 14(1) states the Federal Republic of Nigeria shall be a state based on the principles of democracy and social justice. Section 14(2) (b) declares the security and welfare of the people shall be the primary purpose of government. Section 17(3) (d) of the Nigerian 1999 Constitution provides that: **“The state shall direct its policy towards ensuring that there are adequate medical and health facilities for all persons”**. The National Primary Health Care Development Agency also stated the federal stance on health when it noted that:

## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

*The federal, state, local governments and private health sector of Nigeria hereby commit themselves and all the people to intensive action to attain the goal of health for all citizens, that is, a level of health that will permit them to lead socially and economically productive lives at the highest possible level.*

The national PHC Development Agency stated:

*The federal, state and local governments as well as the private health sector of Nigeria hereby commit themselves and all the people to intensive action to attain the goal of health for all citizens, that is, a level of health that will permit them to leave socially and economically productive lives at the highest possible level.<sup>5</sup>*

PHC forms an integral part of the Nigerian social and economic development. It is the first level contact of the individual and community with the national health system, thus bringing health care as close as possible to where people live and work, contributes the first element of a continuing health care process.

It is not out of place to say even the Federal Government through the aforementioned policy documents is duty-bound to provide health care to all Nigerian citizens.<sup>6</sup> Nigeria's Constitution, together with federal government policy, has largely delegated those responsibilities to the country's local governments, although, where necessary, the other tiers of government can come in as provided in the National Health Policy of Nigeria. Therefore, the Bodo General Hospital and Bodo PHC the responsibility of the Gokana Local Government Council. Local government responsibilities include building and maintaining the physical infrastructure of primary health centres, payment of all staff salaries and stocking facilities with medicines and other necessary

5. NPHCDA, 2004.

6. NPHCDA, 2004.

## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

supplies. The states are to provide support to local governments with planning, logistical and financial assistance.

All efforts should be aimed at guaranteeing the Right of Citizens to quality and affordable health care service. The goal of PHC<sup>7</sup> is to provide accessible health for all the world's community. Unfortunately this is yet to be achieved in Nigeria. Moreover, it seems to be an unrealistic goal for the foreseeable future, although PHC counters were established in both rural and urban areas in Nigeria with the intention of equity and easy access. Regrettably, the rural populations in Nigeria are seriously underserved when compared with their urban counterparts. The number of people in Nigeria unable to seek medical care due to a lack of money has increased significantly between 1986 and 1995 and has doubled in the last decade. One in three people hospitalised are paying out of pocket and are forced to borrow money or sell assets to cover expenses.

The Nigerian Constitution, international laws and conventions signed by the Nigerian government demonstrate clearly that the federal government has an obligation to provide quality, affordable and accessible health care to Nigeria citizens. The responsibility for PHC in Nigeria has been delegated to the LGCs with technical support from the state and federal government. The LGs have however failed to ensure the facility caters to the basic healthcare of the people despite budgetary allocations made by the LG over the years. The poor state of service delivery as a result of government neglect and poor funding is a clear violation of the Nigeria Constitution and the international laws and conventions on the Right of Citizens to quality accessible, affordable and efficient health care, violation of Nigerian and international law on the social security of citizens and of national and international commitments of the federal and local governments.<sup>8</sup>

## **CORRUPT PRACTICES IN THE HEALTH CARE IN BODO AS A VIOLATION OF BASIC HUMAN RIGHTS AND EXAMPLE OF UNFULFILLED OBLIGATIONS OF THE NIGERIAN STATE**

The Gokana local government has however failed to ensure the facility caters to the basic healthcare of the people despite budgetary allocations made by the local government over the years. This is a clear violation of Nigerian and International Law. Nigeria has an obligation under international law as well as under its own constitution to progressively achieve the highest obtainable standard of health for its people.

7. The National Strategic Health Development Plan (NSHDP) was developed during the 1999-2007 reforms to achieve the objectives of PHC and also in line with Millennium Development Goals 4 & 5. The 7 key thrusts of the reform are:

1. Improving the stewardship role of government.
2. Development of the health system and the its management.
3. Reduction of disease burden.
4. Improving the availability of health resources and their management.
5. Improving access to quality health services.
6. Improving consumer awareness and community involvement.
7. Promoting effective partnership, collaboration and co-ordination.

8. See Appendix 4.

Effects of the oil spill in Bodo



Empty beds at Bodo General  
Hospital



# RECOMMENDATIONS

## **RECOMMENDATIONS**

### **TO THE BODO COMMUNITY**

Community Buy-In: The relevance of community buy in must not be overlooked. One of the problems is the often-incorrect perception of community members on who should be responsible for the smooth running of Primary Healthcare. This has led to anger, disappointment and difficulties in understanding effective healthcare delivery systems.

### **TO THE BODO COMMUNITY**

Take ownership of the process of health care delivery within Bodo community and actively participate in:

- Participatory budgeting;
- Monitoring of budget implementation;
- Monitoring of performance of service providers;
- Management and maintenance of community projects.

In order to do this and lay the groundwork for successful healthcare in Bodo, it is essential that the community should come together to map out community needs and provide a well-articulated community development plan, using the structures of traditional institutions they already have in place. This will provide empowerment for both the community and a working document, ready for use by the government when planning government development projects.

Bodo community should continue to collaborate with civil society organisations, like SDN, in order to put pressure on the



## RECOMMENDATIONS

Gokana local government to include their needs in the annual budget and ensure the implementation of budgetary allocations.

It rests on the shoulders of community members to put pressure on their political leaders and ensure their needs are provided for. Therefore, community awareness of enabling legislation, such as the Freedom of Information Act, allows them to request copies of the budget, this information and knowledge empowers the Bodo community and educates Nigerian citizens on their rights.

### TO CIVIL SOCIETY ORGANISATIONS

**Citizen Training on Their Socio-Economic Rights:** Here citizens are encouraged to own development projects within their locality. When citizens are aware of their indisputable rights, they could be urged to monitor the projects in their communities and see it as their own. That way, they would do everything possible to prevent the failure of the project.

**Capacity Building:** CSOs must ensure that capacity building workshops are held periodically to train community members and legislators. These workshops should be aimed at increasing transparency and accountability at all levels of governance.

**Monthly Income and Expenditure Transparency Bill:** CSOs and other relevant stakeholders should push for the passing of a bill to make it compulsory for LGAs to report their monthly income and expenditure at an open interactive forum periodically.

## **RECOMMENDATIONS**

### **TO CIVIL SOCIETY ORGANISATIONS**

1. Raise awareness to Bodo community members of their basic socio-economic and political rights;
2. Support communities in community needs assessment and needs prioritisation;
3. Mobilise and support members of Bodo community to use the rights based approach to demand improved health care from the Gokana local government council in order to have their needs included in the 2014 LGA budget and ensure the implementation of budgetary allocations.

### **FOR THE LOCAL GOVERNMENT COUNCIL**

**Transparent Display of Income and Expenditure:** The Local Government Councils are the guiltiest ones with regards to transparent display of income and expenditure. Their budgets are shrouded in secrecy which gives room for 'manipulation and padding' of contract figures. The requests for the budgets of the Gokana Local Government Council were not granted by the Director of Budgets or the Council Chairman, who the research team could not manage to meet.

**Understanding Community Priority Needs:** This is a key component of the process of grassroots development. LGCs must recognise the must understand community priority needs through dialogue, for example town hall meetings with stakeholders so that projects will be community need specific.

## RECOMMENDATIONS

### TO THE GOKANA LOCAL GOVERNMENT

Take all necessary steps to ensure international legal requirements for providing primary health care are met. In order to improve upon meeting their legal obligations and work with the communities they represent, we suggest Gokana local government take these following actions:

1. Initiate a broad-based community consultation process, by involving community representatives and health personnel in participatory budgeting for their communities and patients so as to ensure community priority needs are met throughout the budgetary process. By encouraging community participation and assured input in this way to the Ogu-Bodo local government budgets, budget tracking and monitoring of the performance of service providers will be enhanced.
2. Increase annual allocation to the health sector with exact amounts assigned to specific health projects, providing adequate provision for equipment, medical supplies, qualified medical personnel and running costs, to ensure that provisions for health sector correspond to Bodo community needs and conform to international best practice in primary health care.
3. Increase the transparency in the execution of the budget planning process by publishing expenditure reports, ensuring the release of assigned budgets to the health sector and projects implemented. Information on publically funded projects, on the renovation and reconstruction of Bodo PHC and General Hospital for instance, keeps the community informed on:

## RECOMMENDATIONS

- the nature of projects,
- total project costs and their sources of funds,
- timetables for project completion, and the name
- and the address of the contractors carrying out the work.

These steps increase the ability of the community to scrutinise the Gokana local government's actions, which in turn enhances its legitimacy.

### TO THE RIVERS STATE GOVERNMENT

**Increased Government Funding:** This includes the implementation of budgeted figures in order to address imbalances in sectorial allocations for health. The government needs to act on its promises and fulfil its duties as articulated by the Nigerian constitution and international treaties. The identified needs of the Healthcare Centre should be seen as a genuine indictment on the government for failing to provide the basic services for its growing population.

**Implementation of Policies:** Too often the problem is not a lack of legislation but the political will to implement the policies in place. This in no way presumes the legislatures in place are adequate, rather, if a greater percentage of the legislations are abided by the service providers, there would be more development projects delivered to citizens. Moreover, citizens must engage in demanding their rights are supplied to them.

**Encouraging Participatory Budget Drafting and Implementation:** Self-determination could only begin if families and communities are given the opportunity to participate and engage in projects that directly affect their lives. The researchers recommend that communities should be involved at every stage of the identified projects.

## RECOMMENDATIONS

### TO THE RIVERS STATE GOVERNMENT

- Encourage and assist civil society participation in the state's oversight of Gokana local government;  
Support Gokana's local government in the planning and execution of its budget;
- Allow the Gokana local government area to take over the responsibility of primary health care delivery, as encapsulated in the 1987 Bamako Agreement;
- Increase the funding to the health sector, including primary health care allocations to specific projects and communities;  
Encourage the specific allocation and publication of funds; and lastly
- Promote the engagement, participation and collaboration with civil society organisations in ensuring an effective budget process within Rivers State and its 23 local government areas.

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**APPENDICES**  
**REFERENCES**  
**RESEARCH METHODOLOGY**

## APPENDICES

### Appendix 1.

**Table 1.1** List of Infrastructure available in Bodo General Hospital

S/No	Infrastructure	Comment
1	Offices	Sparsely furnished, no filing cabinets to store hospital records and data.
2	Pharmacy	Inadequate drugs for patients. Sells drugs to patients.
3	Laboratory	Poorly equipped laboratory.
4	Kitchen	Not in use/ dilapidated
5	Laundry	Not in use / dilapidated
6	X-ray laboratory	Not in use / dilapidated
7	Blood bank	Non-existent
8	Power generator	Powered only when the doctor is around. No reason given.
9	Out-patient Wards (Male & Female)	Poor lighting, dirty adjoining male wards with broken glasses in the windows. The female ward is better but still needs standard equipment for functionality.
10	Doctors' Residences	Standard 3-bedroom bungalow in need of repairs and furnishing.
11	Nurses & other Staff Residence	Inadequate. The available 8 blocks are in a state of disrepair and have been abandoned. Leaking roofs, broken doors and windows.
12	Potable Water	No potable water. The water project is still under construction.
13	Mortuary	A disaster waiting to happen with poor sanitary conditions. The mortician and his assistant face potential danger daily due to exposure. The mortuary is overcrowded with corpse strewn all over the floor and on top of each other.

## APPENDICES

**Table 1.2** Comparative Analysis of Health Workforce per 10,000 Population

Member State	Physicians/ Doctors	Nursing & Midwifery Personnel	Dentists	Pharmacists	Environment & Public Health Professionals	Community Health Workers
<b>NIGERIA</b>	4	16.1	0.2	1	0.3	1.4
<b>SOUTH AFRICA</b>	7.6	-	1.2	2.5	0.6	-
<b>U. S</b>	24.2	98.2	-	8.8	-	-
<b>GLOBAL AVERAGE</b>	13.9	29	2.6	4.4	-	-

\*Source: WHO, 2013.



## APPENDICES

### Appendix 2.

**Table 2.1** FAAC Allocation to Gokana LGA, January 2009 – May 2013.

YEAR	2009 (₦)	2010 (₦)	2011 (₦)	2012 (₦)	2013 (₦)	
Jan	113,520,09 1.35	105,503,94 9.16	113,953,13 0.43	181,631,5 16.51	186,962,4 98.50	
Feb	82,997,702. 25	253,596,91 1.45	115,330,04 5.68	161,248,8 99.35	154,287,6 29.32	
March	123,100,21 7.79	116,380,88 3.04	111,355,02 1.61	202,234,6 14.27	235,826,6 86.02	
April	115,833,38 3.97	83,902,401. 50	118,326,58 8.86	164,871,8 83.00	194,547,9 47.65	
May	85,566,023. 56	196,174,51 8.94	120,306,38 9.45	57,828,72 0.15	210,446,2 09.36	
June	115,591,28 0.95	111,059,81 8.87	155,164,77 4.30	155,272,8 69.97		
July	113,124,10 1.54	118,456,77 8.12	273,261,76 3.57	148,201,5 24.10		
Aug	173,824,99 2.43	217,865,70 7.57	158,386,62 9.05	192,884,3 11.89		
Sept	93,753,570. 27	121,792,36 9.33	166,325,31 0.02	150,099,8 81.61		
Oct	Unavailabl e	118,487,18 5.34	190,462,77 8.26	146,291,82 4.12		
Nov	98,384,783. 95	115,924,89 9.51	258,059,90 7.27	188,675,71 6.67		
Dec	102,189,95 4.15	148,908,86 8.11	161,833,22 0.78	247,961,58 7.01		
<b>TOTAL(N)</b>	<b>1,217,886, 102.21</b>	<b>1,708,054, 290.94</b>	<b>1,942,765, 559.28</b>	<b>1,997,203, 348.65</b>	<b>767,815, 633.28</b>	<b>7,633,724, 934.36</b>

\*Source: The Federal Ministry of Finance of Nigeria.

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**Table 2.2** FAAC 2012 Distribution to Gokana LGA Expressed As A Percentage Of Rivers State Allocation

Month	FAAC distribution to Rivers state	FAAC distribution to Gokana	Gokana FAAC expressed as a % of Rivers state's allocation
January	23,671,884,074.55	181,631,516.51	-
February	20,681,677,256.94	161,248,899.35	-
March	27,241,147,605.04	202,234,614.27	-
April	19,669,037,054.39	164,871,883.00	-
May	17,927,566,175.40	57,828,720.15	-
June	15,963,671,895.18	155,272,869.97	-
July	9,007,649,219.82	148,201,524.10	-
August	18,795,484,529.21	192,884,311.89	-
September	12,044,320,501.90	150,099,881.61	-
October	13,575,103,503.76	146,291,824.12	-
November	21,179,975,315.44	188,675,716.67	.
December	26,768,091,808.84	247,961,587.01	-
<b>Total</b>	<b>226,525,608,940.47</b>	<b>1,997,203,348.65</b>	<b>0.88%</b>

\*Source: Federal Ministry of Finance of Nigeria.

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### Appendix 3.

**Table 3.1** Sectorial Allocation for Health Capital Expenditure  
 Budget Summary 2012

SUB HEAD	TITLE OF PROJECT AND DETAILS OF THE EXPENDITURE	COST & PLAN ALLOCATION 2012-2015 (₦)	APPROPRIATION 2012 (₦)	APPROPRIATION 2011 (₦)
	<b>SOCIAL SECTOR</b>			
459	HEALTH	110,279,000,000	21,257,950,000	16,850,000,000
459-461/5	Social Sector Sub-Total	148,128,713,500	30,665,920,500	30,471,459,000
	Total Capital Budget	-	-	314.27
1	Total Budget	-	N427 billion	N415.1billion
2	Construction of primary healthcare centres	14,185,600,000	2,015,680,000	3,996,000,000
3	Free medical programme/ health strengthening	24,000,000,000	4,000,000,000	5,000,000,000
4	Expansion of Emergency Medical Services, Recruitment of Personnel & Training	480,000,000	344,000,000	100,000,000
5	General Maintenance, Security, Cleaning and Provision for diesel for 100 Primary Health facilities	-	-	1,420,000,000
6	Establishment of New Public Health Laboratory	-	-	20,000,000
7	Rivers State Public Health Laboratory	240,000,000	230,400,000	Unavailable

\*Source: Rivers State Budget, 2012.

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### Appendix 4.

#### STATE VIOLATIONS OF THE RIGHT TO HEALTH ASSOCIATED WITH CORRUPTION

##### Violations of the “obligation to respect”

The obligation to respect includes the duty of states to refrain from activities that harm health. States may be in violation of this level of obligations if they or their agents:

Misappropriate funds that have been allocated to the health sector;  
Accept bribes in exchange, for example, a construction permit for a health facility;

- Embezzle or steal money from the health budget;
- Trade in influence in the health sector;
- Abuse their function in relation to the health sector;
- Collude with an organisation that produces or sells counterfeit drugs;
- Divert drugs that are destined for their country back into the international drug market.

##### Violations of the “obligation to protect”

The obligation to protect requires states to protect people from health infringements by third parties (e.g. private companies and other organisations that provide healthcare goods and services). To this end, states should adopt legislation or policies ensuring

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equal access to healthcare and health related services provided by third parties. Marketing of medical equipment and medicines by third parties should be controlled. It should be ensured that medical practitioners and other health professionals meet appropriate standards in terms of education, skill and ethical conduct.

States are in violation of their obligations with respect to health if they or their agents fail institutionally to adopt legislation and other measures to:

- Protect individuals from health sector corruption (e.g. deceptive marketing or advertising by companies);
- Regulate and monitor the actors in the health sector (e.g. against manipulation of medical research);
- Provide redress for victims of health sector corruption.

### **Violations of the “obligation to fulfill”**

The obligation to fulfill requires states to adopt appropriate legislative, administrative, budgetary, judicial, promotional, and other measures towards full realisation of the right to health. States may violate the obligation to fulfill the right to health if they fail to adopt and implement strategies to tackle corruption in their health system.

### **OTHER ACTORS**

Violations of the “obligation to respect”

Actors in the health sector may violate their obligations if they:

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- Accept informal payments;
- Discriminate against patients on the basis of their health status, age or financial means;
- Let themselves be influenced by the pharmaceutical industry or as a pharmaceutical company, producer of medical equipment, improperly influence healthcare providers to select their drugs or medical equipment.

### **Violations of the “obligation to protect”**

Healthcare providers and other actors in the health sector may violate their obligations with regard to health if they fail to adopt regulations and do not take other measures to protect against:

- Illegal and inflated invoicing;
- Overpayment for goods and services;
- Unnecessary medical interventions that maximise fee revenue;
- Sale of public positions and requiring bribes for promotion;
- Diversion of budgets or user-fee revenue for personal advantage, or theft of medicines or medical supplies or equipment;
- Acceptance of informal payments by health personnel;
- Preferential treatment for well-connected individuals;
- Use of hospital equipment for private business;

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- Improper referrals of public hospital patients to private practices;
- Absenteeism of medical personnel while being paid.
- Violations of the “obligation to fulfill”

Healthcare providers and other actors in the health sector may violate the obligation to fulfill the right to health if they fail to adopt an anti-corruption strategy that addresses corruption in their hospital, health centre, pharmaceutical company or other health-related institution.

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## **RESEARCH METHODOLOGY**

The study was designed to investigate the failings in key areas of service delivery within selected communities in Rivers State for use as an advocacy tool. The study employed descriptive research design, which involves the investigation and collecting of data in order to test hypothesis and answer research questions in addition to the stratified sampling method. A considerable amount of library research was also carried out in order to facilitate the finding from the field. The data collated from the questionnaires were compared with the findings from the interviews and discussions conducted.

Interviews and Focused Group Discussions were conducted amongst different groups:

- Chiefs
- Community Development Committee
- Youth Groups
- Women's Groups
- Elders

## **SCOPE OF STUDY**

10 community members from Ogu were trained on budget tracking and monitoring. They were joined by the SDN team in the participatory documentation of the failings in service delivery in Ogu. The case study focused on the Government Secondary School in Ogu.

## **POPULATION AND SAMPLE SIZE**

The stratified sampling method was used to conduct this research. This method was employed due to problems of population size and accessibility of the members of the community. Therefore, in

## **RESEARCH METHODOLOGY**

some cases, sample groups were invited from the community that represented the different groups within the community; namely chiefs, community development committee (CDC) members, women, youth, the elders, students and other members of the community including civil servants, teachers, politicians and Local Government officials. This research is aimed to be both fair and proportionate in its representation in order to ensure the validity its findings.