

**PERSONAL COMMUNITY DEVELOPMENT SERVICE**

**PROJECT TITLE:**

**ESTABLISHMENT OF A PRIMARY HEALTH CENTRE  
AT**

**NONGOV COMMUNITY,  
BURUKU LOCAL GOVERNMENT AREA,  
BENUE STATE, NIGERIA**

**A PROPOSAL\***

**BY**

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**BN/11B/1186**

**NATIONAL YOUTH SERVICE CORPS,**

**MAKURDI, BENUE STATE**

**PROJECT TITLE: Establishment of a primary health centre at Nongov community, Buruku L.G.A., Benue State**

**INRODUCTION:**

<sup>1</sup>Primary Health Care is “an essential health care; based on practical, scientifically sound, and socially acceptable method and technology; universally accessible to all in the community through their full participation; at an affordable cost; and geared toward self-reliance and self-determination (WHO & UNICEF, 1978). Primary health care shifts the emphasis of health care to the people themselves and their needs, reinforcing and strengthening their own capacity to shape their lives. Hospitals and primary health centres then become only one aspect of the system in which health care is provided. As a philosophy, primary health care is based on the overlap of mutuality, social justice and equality. As a strategy, primary health care focuses on individual and community strengths (assets) and opportunities for change (needs); maximizes the involvement of the community; includes all relevant sectors but avoids duplication of services; and uses only health technologies that are accessible, acceptable, affordable and appropriate. Primary health care needs to be delivered close to the people; thus, should rely on maximum use of both lay and professional health care practitioners and includes the following eight essential components:

1. Education for the identification and prevention / control of prevailing health challenges
2. Proper food supplies and nutrition; adequate supply of safe water and basic sanitation
3. Maternal and child care, including family planning
4. Immunization against the major infectious diseases
5. Prevention and control of locally endemic diseases
6. Appropriate treatment of common diseases using appropriate technology
7. Promotion of mental, emotional and spiritual health
8. Provision of essential drugs (WHO & UNICEF, 1978).

The greatest difference between primary care and primary health care is that primary health care is fully participatory and as such involved the community in all aspects of health and its subsequent action (Anderson & MacFarlane, 2000; Wass, 2000; WHO 1999). Through integration of the concepts of empowerment, community-action and transformative learning, we will be able to learn how best to transform our present sick-cure medical system of primary care into a model of primary health care which reflects values and works with the community on opportunities for change (Ramsden et al, 2003).

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<sup>1</sup> Definition of Primary Health Care, <http://www.medicine.usask.ca/research/health-research-groups/primary-health-care-research-group-1/definition-of-primary-health-care/index.html>

## **PROJECT GOALS & OBJECTIVES:**

In the short term, the following goals are being targeted:

1. Create awareness about healthy living and hygienic practices, and provide medical/health supplies for the people of Nongov Village, in Buruku L.G.A., Benue State
2. Mobilise community and external support to build a 10-room primary health centre in Nongov Community, Buruku L.G.A., Benue State
3. Equip the primary health centre with relevant furniture, health education aids, and laboratory items/kits
4. Train ten (10) local community health workers to support specialist/medical staff in administering basic health education and treatment, preventing and controlling locally endemic diseases, and treatment of common diseases using appropriate technology
5. Facilitate two community dialogue and value reorientation sessions with the Nongov Community people on the MDGs and sustainability of the health centre
6. Constitute a hospital management board which would comprise some of the respected and trusted youth leaders of the community, the resident medical doctor, a local government health official, as well as a state ministry of health official who would ensure proper management and maintenance of the health centre

In view of middle to long term projections for sustainability of the project, the following objective would also be considered:

1. Establish a community trust fund which would be used to obtain funds from private donors, government and international agencies for sustainable development in the community
2. Facilitate an insurance scheme to enable community members, who are largely farmers, to be fully involved in committing financially to the growth and sustainability of the primary health programme/project
3. Provide an ambulance for emergency transfer of patients with major health challenges to the nearest specialist hospital for proper care/treatment/surgery

## **PROJECT BENEFICIARIES:**

The primary beneficiaries of this project are the residents of Nongov Community in Buruku Local Government Area of Benue State.

## **BRIEF DESCRIPTION OF THE NONGOV COMMUNITY:**

Nongov is an interior community in Buruku L.G.A, which is located at least 150km from Makurdi, the state capital. Located at least 6 kilometres from the main road and under the Mbaade Local Council Ward, the Nongov kindred comprise approximately 10,000 adults and children. The nearest primary health centre is in Tofi, nine (9) kilometres away from Nongov, whilst the nearest health post at Mbatera, which is now dilapidated, was built in 1991 and is over three kilometres away from the village. Grossly understaffed (it has not more than three experienced staff on duty), bereft of required drugs and other medication, and located across a river, the old health centre is not easily accessible by the villagers. It is also worthy of note that there is no electrification in the community, hence the need for the proposed health centre to be powered by a power-generating set, pending when the community becomes electrified. The major occupation of the people is farming.

## **WHY CARRY OUT THIS PROJECT IN NONGOV?**

1. The World Health Organisation states that the nearest health centre to a community should not be located more than three (3) kilometres away. This condition is not being met in Nongov Village.
2. Nongov Village is not easily accessible by vehicles as some parts of the uneven road are ridden with gullies and small rocks which can easily damage vehicles plying the route; these make it difficult for the movement of people, especially during the rainy season.
3. The capacity of the nearest health post is grossly inadequate in responding to the basic health needs of the people of Nongov, considering the population of over 10,000 people.
4. Women in Nongov, including the wives of the chiefs, still give birth on banana leaves, a rather unhealthy practice that endangers the lives of women and their would-be offspring. (It is culturally acceptable for the women to give birth in hospitals.)
5. Malaria, Hepatitis, acute dysentery, ringworm, Sexually Transmitted Diseases, and HIV/AIDS are some of the most common health conditions in the locality. This calls for urgent attention.

## **BENEFITS OF PROJECT TO THE HOST COMMUNITY:**

Here are some of the potential benefits of carrying out the project:

1. Marked improvement in healthy practices and easy access to affordable health care by the people of Nongov Village
2. Value-reorientation of the people towards wholesome living through advocacy, trainings and sensitization
3. Reduction of child mortality
4. Improved maternal health
5. Control of HIV/AIDS, malaria and other related diseases
6. Development of a global partnership for development
7. Employment of the local labour force in most of the construction projects/tasks, thereby creating short-term employment for the community people
8. Community involvement and ownership of the project: the people would develop a sense of commitment and ownership in the achievement of the millennium development goals in their locality
9. Further development: it is also hoped that this project would bring more government attention to the host community, and this could attract more potential partners and volunteers for further socio-economic development work in the community

## **PROJECT PARTNERS:**

Talks are in progress with the following parties to supporting the project, even beyond completion of this first phase – i.e., the establishment.

- The Nongov Community & the Buruku Local Government Area authorities will help in
  - Mobilisation of the indigenes and residents for community-wide health awareness and sensitization outreach, as well as dialogues with the community's elders and youth leaders in establishing the primary health centre
  - Maintenance of the centre and accommodation of its staff, both from NYSC and the Ministry of Health
- The Benue State Ministry of Health will support in
  - Equipping the primary health centre with necessary medical equipment and drugs
  - Staffing the centre with a medical doctor (who would manage the centre), a trained nurse, and a pharmacist
  - Transporting and assigning two of its staff (the head of births and an health educator) for health awareness and sensitization programme in the community
- National Youth Service Corps, Benue State
  - Posting of Youth Corps members: a doctor, a pharmacist, a nurse and peer educator trainers on completion of the project, for sustainability and effective service provision in the community
- Planned Parenthood Federation of Nigeria, Makurdi, Benue
  - Donation of HIV/AIDS and Hepatitis test kits
  - Provision of malaria and related drugs at very affordable rate to the centre on completion, equipping and staffing of the centre
- Individual and corporate project sponsors
  - Donation towards building and furnishing the primary health centre building
  - Awareness creation and support in fund raising drives for the project

## FINANCIAL IMPLICATIONS:

### OVERALL BUDGET SUMMARY

S/N	ITEM	COST
1	Bricklaying, Foundation and Building	769,500
2	Mechanical & Plumbing	198,850
3	Electrical Installations	237,450
4	Roofing, frames, doors, and windows	1,498,000
5	Capacity building for local health workers	60,000
6	Hospital Equipment	985,100
7	Painting	215,000
8	Transportation	20,000
9	Sensitization materials and printing	50,000
10	Community dialogue	20,000
	<b>GRAND TOTAL</b>	<b>3,855,050</b>

### SOURCES OF FUNDS FOR PROJECT

This project will be funded through donations and support by members of the community, the Ministry of Health, Makurdi, the Ministry of Commerce and Industries, Makurdi, well-meaning individuals and corporate sponsors who share the ideals of this initiative.

### DURATION OF PROJECT:

The Project (short term goals) is expected to span a period of five months), from **Monday, March 5th, 2012** (consultations and proposal submission) to **Monday, July 30th, 2012** (submission of comprehensive final report).

## PROJECT TIMELINE:

- Research, consultations and advocacy visits [February 27 – March 20, 2012]
- Drafting of building plan [March 5 – 6, 2012]
- Submission of proposal and mobilization of funds [March 7 – May 30, 2012]
- Bricklaying [May 15 – May 25, 2012]
- Laying of foundation [May 17, 2012]
- Building [May 18 – 26, 2012]
- Fixing of roof, doors and windows [May 26 – June 5, 2012]
- Community-wide health awareness programme [May 28, 2012]
- Plumbing & mechanical work [June 5 – 8, 2012]
- Electrical work [June 7 – 10, 2012]
- Plastering of Walls [June 7 – 12, 2012]
- Painting and finishing [June 10 – June 12, 2012]
- Equipment of the centre [June 10 – 17, 2012]
- Training and capacity building of local health workers/educators [June 18 – 22, 2012]
- Commissioning of project & presentation of trained health workers [June 26, 2012]
- Posting of government staff and Youth Corps members [July 1 – 27, 2012]
- Submission of comprehensive project report [July 27, 2012]

## CONCLUSION

I am convinced beyond any trace of doubt that the goals for this project are achievable within the time frame, as long as all the required resources are obtained as at when due. I look forward to a favourable response from you and your organisation.

Yours sincerely,

**AWOMODU O.A.**

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**APPENDIX:****BREAK-DOWN OF BUDGET FOR PRIMARY HEALTH CENTRE PROJECT**

<b>S/N</b>	<b>ITEM</b>	<b>QUANTITY</b>	<b>UNIT COST</b>	<b>TOTAL COST</b>
<b>BRICKLAYING, FOUNDATION &amp; BUILDING</b>				
1	9-inch cement blocks	1,800	120	216,000
2	6-inch cement blocks	3,200	90	288,000
3	Gravel	2 trips	14,000	28,000
4	Sharp sand	5 trips	4,500	22,500
5	Plaster sand	2 trips	5,000	10,000
6	Bags of cement for plastering	20	2,000	40,000
7	Generator for pumping borehole water	1	45,000	45,000
8	Labour cost	4	2,000 x 15 days	120,000
			<b>SUB-TOTAL</b>	<b>769,500</b>
<b>MECHANICAL/PLUMBING</b>				
1	Washhand basin	6	3,000	18,000
2	Water closet	4	7,000	28,000
3	Floor drain	7	800	5,600
6	Overhead tank (2,500 litres)	1	45,000	45,000
7	1/2 inch pipe	6	350	1,950
8	1 1/2 inch pipe	10	300	3,000
9	1 1/2 inch adjustable pan connector	5	300	1,500
10	Elbow taps	5	700	3,500
11	Flexible connector	7	200	1,400
12	3/4 inch pipe	4	600	2,400
13	3/4 inch stop cork	7	400	2,800
14	3/4 elbow	20	30	600
15	3/4 Tee	10	30	300
16	3/4 adapter	20	30	600
17	1 1/2 inch elbow	40	30	1,200
18	1/2 inch adapter	20	30	600
19	1/2 inch tee	10	30	300
20	Elbow gum	4	600	2,400
21	1/2 inch stop cork	10	400	4,000
22	1 inch pipe	12	700	8,400
23	1 inch elbow	10	50	500
24	1 inch Tee	10	50	500
25	1 inch adapter	10	50	500
26	1 inch ball valve	2	400	800
27	1 1/2 inch pipe	15	600	9,000
28	4 inch elbow	4	100	400
29	Balloon wire	2	100	200
30	4 inch Pan connector	2	700	1,400

31	Silicon gum	2	700	1,400
32	1 1/2 inch elbow	10	40	400
33	1 1/2 inch Tee and plug	10	40	400
34	GI pipe (full length)	1	1,800	1,800
35	Labour cost			50,000
			<b>SUB-TOTAL</b>	198,850

### **ELECTRICAL**

1	PVC Pipe 3/4 in	40	120	4,800
2	PVC Pipe 1 inch	4	200	800
3	Control Switch (8-way)	1	4,500	4,500
4	Knock-out box	30	50	1,500
5	Male Bush	1	1,200	1,200
6	U Box	20	50	1,000
7	1.5mm cable NIG single	5 coils	3,600	18,000
8	2.5mm cable NIG single	8 coils	5,700	45,600
9	4mm cable NIG single	10 yards	950	9,500
10	Flexible wire	10 yards	20	200
11	1-gang switch	10	150	1,500
12	2-gang switch	10	180	1,800
13	3-gang switch	5	200	1,000
14	Lampholder	30	150	4,500
15	Socket (13 Amps)	30	150	4,500
16	Ceiling fans (SMC)	15	4,000	60,000
17	Earth rod (4ft)	1	700	700
18	Screw nail (B.A)	45	300	13,500
19	Meter Board	1	150	150
20	Concrete Nail (3-inch)	2	100	100
21	Cellotape	2	100	200
22	Cut-out fuse	2	450	900
23	Change-over switch	1	1,500	1,500
24	Labour cost			60,000
			<b>SUB-TOTAL</b>	237,450

### **HOSPITAL EQUIPMENT**

1	Delivery bed	1	120,000	120,000
2	Examination Couch	2	35,000	70,000
3	Refrigerator	1	50,000	50,000
4	First aid box	1	5,000	5,000
5	Hospital beds for wards	3	25,000	75,000
6	Plastic chairs	20	1,200	24,000
7	Delivery kit	1	30,000	30,000
8	BP Apparatus	1	15,000	15,000
9	Stethoscope	1	5,000	5,000

10	Intravenous Drip Stand	1	5,000	5,000
11	Dividing screen	2	25,000	50,000
12	Digital thermometer	2	500	1,000
13	Face Mask	3	500	1,500
14	Bathroom weighing scale	2	1,200	2,400
15	Infant weighing scale	1	10,000	10,000
16	Oxygen Cylinder (complete with mask, gauge, etc.)	1	50,000	50,000
17	Marking torch	4 yards	300	1,200
18	Wheel chair	2	35,000	70,000
19	Movable Stretcher	1	100,000	100,000
20	Artery Forceps	3		4,000
21	Kidney dish	2	2,000	4,000
22	Garlic pot	2	1,000	2,000
23	Sterilising Drum	1	35,000	35,000
24	Power Generator (5kVA)	1	120,000	120,000
25	Storage Cardboard	1	85,000	85,000
26	Drugs			50,000
			<b>SUB-TOTAL</b>	<b>985100</b>

### **CARPENTRY - Roofing, Doors, Windows**

#### SECTION A - ROOF

1	2"x4"x18' overlength	80	750	60,000
2	2"x4"x12' rafters	250	350	87,500
3	2"x3"x12' polines	300	200	6,000
4	Barbed wire roll	1	5,000	5,000
5	Bags of 4" nails	2	3,000	6,000
6	Bags of 3" nails	2	3,000	6,000
		24		
7	Zinc Roofing Sheets	bundles	12,000	288,000
8	Gallons of solignum	3	3,000	9,000
9	Labour cost			220,000

#### SECTION B - CEILING

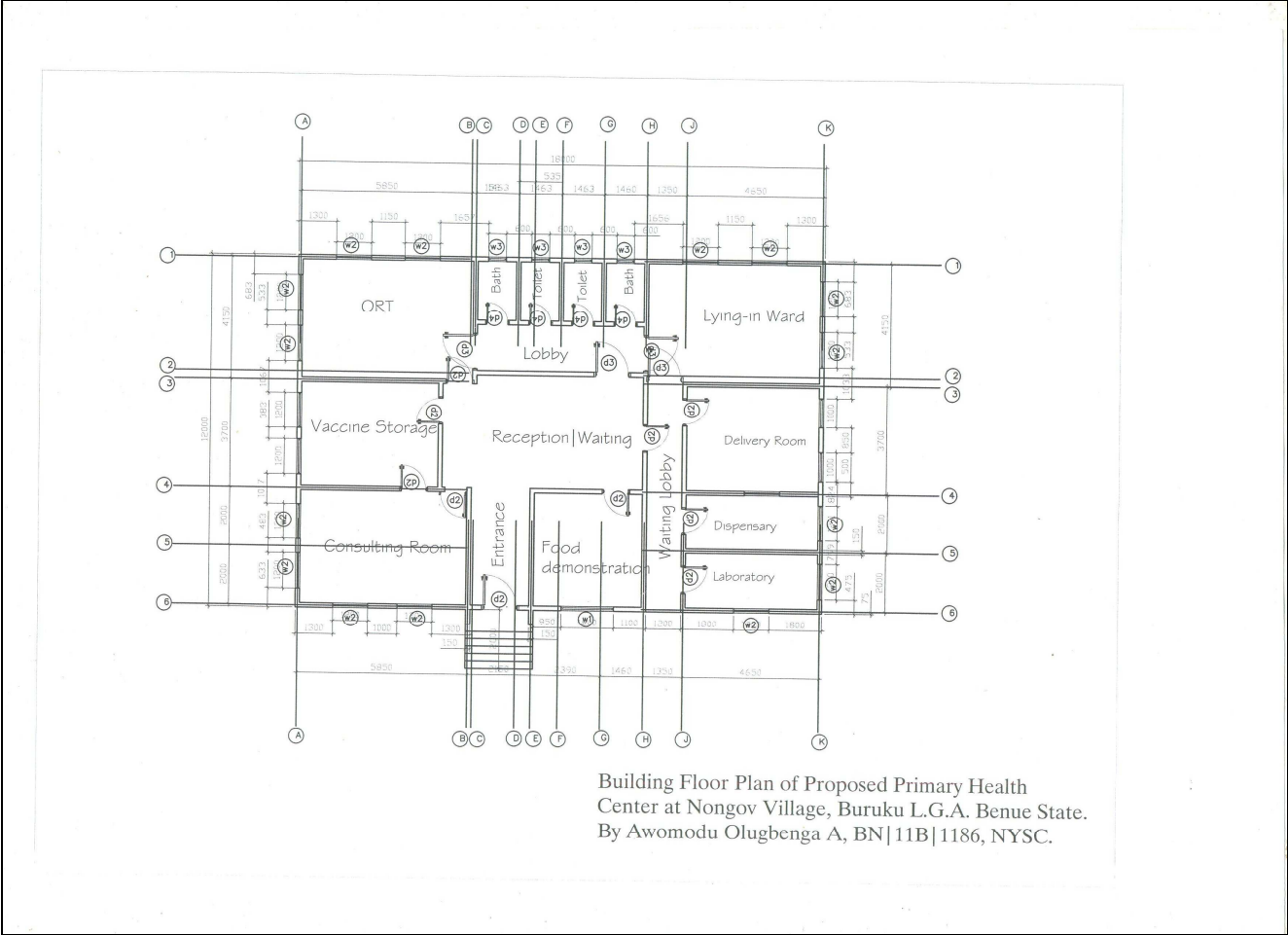
9	Ceiling joists	400	200	80,000
10	Slits of brazil ceiling	100	1,400	140,000
11	Bundles of battens	20	4,500	90,000
12	Bags of 3" nails	2	3,000	6,000
13	Labour cost	18 rooms	5,000	90,000

#### SECTION C - Doors, Windows & Frames

14	Big doors/frames	9	9,000	81,000
15	Double windows	21	8,500	178,500
16	Small doors/frames	6	7,500	45,000
17	Labour cost			100,000
			<b>SUB-TOTAL</b>	<b>1,498,000</b>

**PAINTING**

1	20-litre buckets of emulsion paint	50	3,000	150,000
2	Gallons of oil paint	6	2,500	15,000
3	Labour cost		50,000	50,000
			<b>SUB-TOTAL</b>	<b>215,000</b>



Building Floor Plan of Proposed Primary Health Center at Nongov Village, Buruku L.G.A. Benue State. By Awomodu Olugbenga A, BN|11B|1186, NYSC.

Figure 1 The Building Floor Plan



Approach View

Figure 2 The Front View