

A HISTORY OF OGORI GENERAL HOSPITAL, 1983-2014

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ABSTRACT

Healthcare delivery services constitute a major factor in the development of any community. The Ogori General Hospital is a pioneer and still is the secondary health-care center in Ogori-Magongo Local Government area. This work reveals trends in the establishment of the hospital, its impacts on Nigeria and Ogori in particular, and its challenges so far as in other secondary health-care centers in Nigeria. The problems of health services administration in Nigeria could be divided into internal and external problems for a better understanding. The internal problems range from inadequate manpower to the lackadaisical and corrupt attitude of the staff, while external problems include power failure, water shortage, poor transportation, insecurity of lives and properties, government's nonchalant attitudes to the needs and maintenance of the hospital, among others.¹ The work advocates for a more vibrant commitment by both the Ogori people and the government towards the maintenance of the hospital.

INTRODUCTION

The word Ogori means "bright future" and the town of Ogori has indeed always had a bright future from the very day it was founded. Ogori is a medium sized town in the Ogori/Magongo local government area of the Central Senatorial District of Kogi State, Federal Republic of Nigeria. It is located at the extreme south-western portion of Kogi State, some few kilometers away from the common boundary with Edo State sited at an altitude of 372-428 meters above sea level. It occupies roughly the intersection of longitude 6 7"E and latitude 7 30"N of the Greenwich Meridian.¹ To S.A Rowland, the main town of the Ogori is situated approximately on longitude 6 13"E and 7 27"N on the map of Nigeria and with its growth in recent years, it is less than four kilometers from the boundary of Kogi and Edo state.² The Ogori town is surrounded on all but its south-western side by hills which rise a further 32-196 meters above sea level. Thus, there is the Agada hill to the North and Northwest, Omoneyen to the East.³ Between these hills are three non-equidistant open valleys which provide natural exit and entry access in the central valley which the town of Ogori occupies.⁴

At present, the community is made up of three main quarters and clans. They are: Eni, Okesi, and Oshobane. The Eni clan is inhabited chiefly by members of Eni-dede clan while Okesi's inhabitants are mainly Adubane and Okibo clans. Oshobane on the other hand is inhabited chiefly by the Oshobane clan. Each of these clans has sub units which all together forms the Ogori community.⁵ According to the Oxford Advanced Learners Dictionary, "Hospital is a large building where people who are ill or injured are given medical treatment and care".⁶ In any human society, hospitals which basic objective is healthcare delivery, is very important. Good health determines the level of productivity of the people in agriculture, industrial production, and social harmony, among others. It is often said that good health is better than money. The demand for healthcare services will depend on the individual's and society's demand for health and on the perception of the link between healthcare and health.⁷ The demand of the Ogori people for a health care center was as a result of their inestimable value for sound health and the stress of traveling to neighboring Ebira land and other communities

such as Lokoja and Egbe for healthcare services.⁸ The road leading to Ebira land at that time was not in good shape and sometimes pregnant women delivered their babies on the way to the hospital.⁹ Also, not everybody could travel long distance in order to access basic healthcare and as a result, some people died of ailments that could easily have been taken care of in the hospital.¹⁰ In the long run, the Ogori community got a secondary healthcare center, Ogori General Hospital. The Ogori General Hospital is a secondary healthcare center that is located in Ayeromi quarters of Ogori land. Since its commissioning in 1983, it has led to improved state of health of the Ogori people and that of other communities such as Magongo in Kogi state, Ososo and Ekpe in Edo state.¹¹ In the light of the above, it is imperative to look at the impact of the General Hospital on the Ogori people and the neighbouring communities. From 1983 to 2014, the hospital has made tremendous impact on the people in terms of the provision of healthcare services, provision of employment, social harmony among others. However, the hospital within this period has faced numerous challenges which tend to impede some of its activities.

FACTORS THAT LED TO THE ESTABLISHMENT OF THE HOSPITAL

The demand for health care services will depend on the individual's and society's demand for health and the perception of the link between health care and health.¹² In this respect, numerous factors prompted the Ogori people to demand for the Ogori General Hospital through which they could get health care services. Some of these factors will be discussed in the proceeding paragraphs. To start with, poor health in an individual imposes costs on the individual in terms of reduced ability to enjoy life, to earn a living or work effectively, but, improved health on the other hand allows the individual to lead a more fulfilling life.¹³ Therefore, for the Ogori people to be able to enjoy improved health, they need a health care center where their poor state of health might be reduced to the barest minimum. Also, there was high mortality in the community.

In the words of Dr. Animasaun, the Ogori people suffered so much, they go to Kuroko in Ebira land (the closest most reliable health center to them) to seek for health care services.¹⁴ This however continued for sometimes before some radical Ogorians thought it wise to make all necessary efforts to have a health care delivery center in the community so as to salvage the people from the ugly situation. Further, Ogori community was and still is a hub of intellectuals who will not want their colleagues to hear of their community as one with lots of intellectuals and prominent people without a dignified health care delivery center.¹⁵ This also propelled them to make all necessary efforts which include organizing a committee which latter metamorphosed into the Ogori Descendant Union to see to the establishment of a formidable health care Center in the community.¹⁶

EARLY HISTORY AND ESTABLISHMENT OF THE HOSPITAL

In the mid-1960s, the Ogori people inaugurated a committee called the Ogori Development Association (ODA) with S.A Mosugu as the chairman and E. S Osiako as the secretary. The committee grew into a large association and began working for the progress of the community.¹⁷ The Chairman of the committee in a meeting requested the members to suggest the immediate needs of the Ogori people. After several suggestions and deliberations, a medical center and a secondary school were agreed upon by the committee. The secretary was therefore mandated to put up an application for a medical center (cottage hospital) which was forwarded through late Theophilous Omolaye who was the Health Officer in charge of the Ebira Division of Health Department under Kwara State to the Medical Officer in charge

of the Ministry of Health, Ilorin. In response, the Ministry asked the officials of the Ogori Development Association to get a large expanse of land that will be suitable for a healthcare center if they actually want a cottage hospital.¹⁸ After several hick-ups, the cottage hospital was approved and the Ogorians decided to involve Magongo (a neighbouring community with same tradition of origin and culture), but they declined stating that, a cottage hospital is not in their list of immediate needs. The Ogorians decided to contribute money which they used in building the cottage hospital.¹⁹ It should be noted that, the building was under construction till about 1975 when chief Dame Dr Mercy Obayan (who is an Igbo woman but married to Ven. Dr. F. O. B Obayan who is an Ogori man), was the head 'Health Planning Kwara state'. In her wisdom, she slotted in the takeover of voluntary agencies by the government in the third national plan. This was approved and when it came to its implementation, the government took over Jebba Medical Center, Koton-karfi Hospital, the Catholic Hospital in Okunland, and the Ogori Cottage Hospital.²⁰

When the team arrived Ogori, they discovered that the hospital was still in progress and the team stated that there is no cottage hospital to be taken over by the government. She however pointed to the one under construction and insisted that if it is not taken over, none should be taken over. They gave her another reason that there is no room for expansion there. On this note, she met late Pa Jegede and Pa Abisoye who took her to the present place where the hospital is located. When General George Ine (the military governor of Kwara state at the time) came to Ogori, she wrote a memo for the takeover of the hospital which was approved by the General and the name changed to Ogori General Hospital. The government on this note, approved four hundred and seventy five million (475,000,000,00) naira for the building of the hospital.²¹ It should be noted that, the saving grace was that Dr. Mrs. Obayan became the executive secretary of the newly established management board and that put her in a strategic position to be able to get the hospital project commenced and finished.²²

The contract was first awarded to Ojeba and Sons limited who handled it carelessly and made the company lose the contract to Babu Soro (an indigene of Ogori) who took it up to completion.²³ The 80 bed General Hospital became officially opened by the then governor of Kwara state Alhaji Adamu Attah on the 7th of February 1983.²⁴ Nevertheless, this development prompted the Ogori Descendants Union to give out the building at the old site as a temporary campus for Community Comprehensive High School Ogori in September 1979 pending the completion of its permanent site on the Ogori-Ososo road. The building was later taken over when the community wanted a Community Bank until the site became Customary Court center to its present use as the site for National Open University (NOUN) Ogori study center.²⁵ See plate 3.01



Plate 3.01: NOUN Ogori study center

DEPARTMENTS AND UNITS OF THE HOSPITAL

As a way of making the Ogori General Hospital meet all the needs of the community it was to serve, it is divided into various departments and units which will be briefly discussed below:

The Medical department or the Medical officer's office: This department is headed by the medical officer who is also the chief executive of the hospital. The medical officer is the linkage between the hospital and the government. He is also the accounting officer of the hospital and is answerable to the Chief Medical Director at the hospital management board in the state capital.²⁶ **The Nursing department:** This department is headed by the chief nursing officer. This department has the following sections or units under it and they are: the male surgical and medical wards, the female surgical and medical ward, and the maternity ward where antenatal and delivery takes place.²⁷ **The Theater department:** This is where operations are carried out such as hernia, appendisectomy, c/s etc. Some operations are major while some are termed minor here.²⁸

The Administrative department: This department helps the Medical Officer in charge in carrying out the hospitals decisions and directives. It is a department where all the administrative functions are carried out. It is also a department where all the hospital documents are kept for safety. This department has the following units under it and they are: the account section where financial transactions are carried out and are headed by a supervisor, the plant office is the unit which provides power to the entire hospital. Staffs of this unit are called plant operators, including electricians who are charged with the responsibility of clearing electrical faults. The store office is another unit under this department, it is charged with the responsibility of receiving hospital needs such as equipment, instruments, stationary among others from the state medical store to all areas needing such items.²⁹ **The Pharmacy department:** This department is headed by a Pharmacist and has other staffs under him/her such as pharmacy technician, assistant, and attendants. This department deals with the dispensation of drugs prescribed by doctors for patients. Drugs are sourced or gotten from the state medical store with price list.³⁰

Laboratory department: This department is headed by a laboratory scientist with other assistants such as laboratory technicians, assistants, and attendants. For proper management of patients, it is imperative that investigations to be carried out by the laboratory personnel on patient's health are ordered by a doctor. This investigation is of various kinds depending on the type of sickness presented.³¹ **The Medical Records department:** This department is headed by a medical records officer with assistants. The department keeps the statistics and data of patients.³² **The X-ray department:** This department is headed by a radiographer or any other trained radiography personal such as radiography technician. The radiographer has under him/her the following personnel and they are: radiography technicians, assistants, and attendants. X-ray results bring out the internal problems of patients involved and this makes it easier for doctors to know how to manage patients' problems.³³ **The Hospital Management team:** The day to day running of the hospital is carried out by this body. The team is headed by the medical officer in charge who is also the accounting officer and chief executive officer of the hospital.³⁴

FACILITIES OF THE HOSPITAL

Just as the General Hospital has various units and departments as a way of making it meet all the needs of the community, it also has different facilities that help it meet the needs of the community. Some of these facilities are highlighted below.

An X-ray machine: The machine is a Hungarian product given to the hospital by Kwara state government when the community was under it. See plate 3.02



Plate 3.02: X-ray machine

A Pharmacy: The hospital has one pharmacy building linked to the other buildings so as to give room for quicker accessibility to drugs by patients. See plate 3.03



Plate 3.03: Pharmacy block

A store: The hospital also has a store where items, equipment, etc. are kept for use of the hospital. This building is however close to but separate from the ten blocked one. See plate 3.04



Plate 3.04: Store office

Doctors' quarters: These are located very close to the hospital so as to aid the doctor's fast movement into the hospital in case of emergency and some other issues. See plate 3.05



Plate 3.05: Doctors' quarters

Staff quarter: This building is located at the back of the hospital and meant for staff of the hospital who may be called upon for emergency cases. See plate 3.06



Plate 3.06: Staff quarters

A Pharmacist quarter: This building is also located close to the hospital to give room for easy dispensation of the pharmacist duties. Also, new staff need not go look for an apartment to rent. See plate 3.07



Plate 3.07: CNO quarters

A Theater building: This building is among the 10 buildings linked by corridors. It has the equipment, needed to carry out various operations. See plate 3.08



Plate 3.08: Theater hall

A Maternity: This is also among the 10 buildings linked by corridors. It is a place where child delivery, antenatal care, etc take place. See plate 3.09



Plate 3.09: Maternity hall

A Mortuary: This is located at the down part of the hospital and it is a place where corpses are kept to prevent them from decomposition before burial. See plate 3.10



Plate 3.10: Mortuary building

A Generator House: This building houses the generator that supplies light to the hospital in times of power outage. It is located at the down-right part of the hospital. It is also called the plant section. See plate 3.11



Plate 3.11: Generator House

A kitchen: This is where necessary cooking is done. See plate 3.12



Plate 3.12: The Kitchen

A General Out-patient unit: The general out-patients unit is a place where patients of the hospital who only came for minor cases and would not be admitted are attended to. See plate 3.13



Plate 3.13: General Out-patient hall

A number of nurses' bays in wards: These are rooms where nurses can go to rest or wait for patient's call. See plate 3.14



Plate 3.14: Nurses room

An ambulance: The hospital at present has an ambulance which aids it in her speedy delivery of health care services. See plate 3.15



Plate 3.15: The Ambulance

Sources: Ogori General Hospital.³⁵

Water Tanks: The hospital also has water tanks in order to aid her smooth delivery of health care services. See plate 3.16



Plate 3.16: A Water Tank

IMPACTS OF THE HOSPITAL

The Ogori General Hospital has tremendously impacted Nigeria and the Ogori community in particular. These impacts can be seen in the area of healthcare services, community prestige, and provision of job, among others. Below is an explanation on the aforementioned impacts.

HEALTHCARE SERVICES

Healthcare services started right from the early settlement in Ogori land, but it took a new dimension right from the establishment of the Ogori General hospital.³⁶ Wealth is measured not in terms of materials acquired alone, but, also in terms of health. This shows that the level of healthy living in any society goes a long way in determining her development. The hospital has made tremendous impact on the people and community it served. There is hardly any community around Ogori land that has not benefited from the services rendered by the hospital such as medical surgery, antenatal, postnatal care, family planning, immunization etc.³⁷ In an interview with His Royal Highness S. K Obajulu (a retired Chief Nursing Officer from the Ogori General Hospital), he notes that the most prevalent sickness brought to the hospital, is fever related illnesses.³⁸ Nonetheless, the hospital since its commissioning in 1983, has been able to admit and discharge thousands of persons of which evidence will be given shortly. However, all efforts to get the number of patients that were admitted and discharged from the year 1983 to the year 2000 proved abortive. It should however be noted that, this period experienced its greatest influx of patients because at the time, medical services were free until 1991 when Kogi state was created and even at this period, patients pay only ten naira to get drugs up till around year 2000.³⁹ Another reason for this was the fact that, most neighbouring communities like Magongo, Ekpe, Ososo, etc had to travel to Ogori for better health care services.⁴⁰ Nevertheless, below is a breakdown of number of patients that were admitted into the hospital from 2001 to 2014:

2001	1916
2002	2099
2003	2313
2004	5863
2005	2017
2006	2360
2007	5987
2008	5404
2009	1914
2010	1568
2011	1317
2012	7800
2013	2024
2014	1468 ⁴¹

For effective healthcare delivery services, trained medical doctors were engaged in the hospital as chief medical officers and medical officers. The names include in chronological order:

- A. Dr. E. O Ogunmola
- B. Dr. G. A Rahaman
- C. Dr. S. O Oyerinde
- D. Dr. S. G Martins
- E. Dr. Mrs. Martins
- F. Dr. Faboya (NYSC Doctor)
- G. Dr. S. BIdowu.
- H. Dr. K Yusuf
- I. Dr. O Olayemi

- J. Dr. F. K Ekundayo
 - K. Dr. C. I. Bisallah (NYSC Doctor)
 - L. Dr. A. M Izunya
 - M. Dr. S. A. Adewuyi (NYSC Doctor)
 - N. Dr. Joseph Ikwulono
 - O. Dr. AgostleClaudious
 - P. Dr. Emmanuel Onofa
 - Q. Dr. D Aimila
 - R. Dr. Ayo Olayemi
 - S. Dr. A. T. Muhammed
 - T. Dr. Emmanuel Abanida
 - U. Dr. N. A. Attah
 - V. Dr. Ayantola O. I
 - W. Dr. Onubedo
 - X. Dr. Nasiru (NYSC Doctor)
 - Y. Dr. A. A. Sule
 - Z. Dr. Obafemi Adams (the present Chief Medical Officer in charge)
- Others are:
- A. Dr. Folorunsho R. A.
 - B. Dr. Nathaniel Attah.
 - C. Dr. OlugbengaOlorungbogo.
 - D. Dr. Omokanye O. M.
 - E. Dr. Musa G. J.
 - F. Dr. Olayemi J. A.
 - G. Dr. Ayantola.
 - H. Dr. Udodigbo B. C.
 - I. Dr. Abubakar K.
 - J. Dr. Ojugo R. E (NYSC Doctor).
 - K. Dr. Onyebuchi (NYSC Doctor).
 - L. Dr. Olatunji M. B (NYSC Doctor).⁴²

From the discussion so far, one can claim that from 1983 to 2014, the hospital provided effective healthcare services for not only Ogori people, but people of neighbouring communities. Also, the stress of going outside Ogori for medical services reduced to its barest minimum.

COMMUNITY PRESTIGE

Apart from the fact that, the hospital has led to improved living standard of the people, it has also boosted the ego of the people. The Ogori community through the aid of the hospital has been listed as one of the few rural communities in Nigeria that has a secondary healthcare center. Also, it has helped in fostering inter-group relations between the Ogori community and her neighbours like Magongo, Ososo, Makeke, Akoko-Edo etc, who came to the community to seek healthcare services.

PROVISION OF JOB

Prior to the establishment of the hospital, most Ogori people who were unable to attain the level of education that could qualify them to work as medical personnel, were wallowing in poverty doing menial jobs that might earn them very little just to have their stomach filled.⁴³

The hospital played a great role in employing some of these persons as labourers, attendants, drivers, etc. And those who had qualifications that could earn them viable positions in the hospital were employed as doctors, nurses, pharmacists, etc.⁴⁴ It should be noted that, the hospital did not only provide jobs for the indigenes of Ogori but also non-indigene of the community. Since its commissioning, the hospital has been able to employ three hundred and ninety two (392) people directly and thousands of people indirectly.⁴⁵ It is noteworthy to state that, some workers were not trained as medical doctors or nurses, but full time accountants. Such people were basically, employed to see to income and expenditures of the hospital. It is therefore not surprising to see many graduates that studied accounting, banking and finance, among others, becoming hospital workers.⁴⁶ In short, since the emergence of the hospital, one would notice that divergent opportunities had always been available for the jobless ones and even people with unsatisfied jobs.

CHALLENGES OF THE HOSPITAL

The hospital not minding its tremendous impact on the people it served, has been bedeviled with numerous challenges since its inception. This section is however aimed at opening up or bringing forth some of the initial and current challenges of the hospital.

INITIAL CHALLENGES

At the opening of the hospital, there was shortage of staff. In fact, this led high chief E. S Osiako who was a teacher then to add the administrative function of the hospital to his work before the hospital finally got an administrator.⁴⁷ Many of the hospital personnel were not recruited immediately, that is, there was no ready staff at the opening of the hospital.⁴⁸ Also, not until the 1990s when Hon. Mrs Omolara Obayemi became Commissioner of Health, Kogi State, the hospital was operating without an ambulance. This was a great challenge because any standard hospital setting needs at least an ambulance to convey patients in and out of the hospital.⁴⁹ Another challenge faced by the hospital is the inadequate level of record keeping which has affected the hospital till today. In fact, in getting records of the in and out patients of the hospital since its commissioning in 1983 to 2014, only those from 2001 to 2014 were available. Further, a standard secondary healthcare center should be fenced to avoid intruders and thieves. Unfortunately, fencing of the hospital was not among the budget for the construction of the hospital and this gave room for people to encroach into the hospital's land.⁵⁰

CURRENT CHALLENGES OF THE HOSPITAL

It should be noted that, most of its initial problems still persist today and after an examination of some of its current challenges which are intertwined, one can conclude that, the hospital was better off in its early years than currently. To start with, the hospital is faced with the great challenge of staff shortage. It is disheartening to state that, in an eighty bedded hospital, only about thirty (30) staff are currently working in it. In fact, the female and surgical wards have been closed down leading to the hospital using the male and surgical wards for both sexes. That is, the female now occupy the male surgical ward to be used as female and surgical ward and the males now occupy the male ward to be used as both male and surgical ward.⁵¹ Another problem is inadequate funding by the government. The hospital has been ill funded by the government in recent years. In the words of Mrs. Olubo Oluwafunke Grace (Chief Nursing Officer (CNO) in of charge male and female wards) "the hospital equipment are old and the government is not in any way helping matters, some things are by self-help and help from the community members who show concern for the wellbeing of the

hospital".⁵² This simply means that, the government could not make provision for running cost. Apart from the above, the hospital is in a dilapidating state. Most equipment are obsolete. The walls of some parts of the hospital are licking.⁵³ The roof of the buildings that house the Chief Nursing Officer in charge and the Pharmacist are in a deplorable state. The store office is in a mess with termites almost everywhere. See plate 4.01



Plate 4.01: Pharmacist residence

Further, at present, the hospital lacks labourers, cleaners, dry-cleaners, security personnel, and a formidable fence which will help in keeping the hospital in good shape. As a result of this, people are encroaching into the hospital's land and putting up structures. The hospital's environment goes bushy most of the times and thereby giving room for serpents to become friends with the hospital's environment. The kitchen is no longer in use and the laundry has been locked up some sometimes. Sheep parade the hospital and even uses it as a relaxation center. See plate 4.02



Plate 4.02: Hospital walkway

Furthermore, it is a truism that the hospital is in shambles. This is an unadulterated reality that Ogorians have to contend within addition to the other litany of inconveniences. Despite having some professionals coming to work in the hospital, the wealthy ones of Ogori instead of patronizing the hospital and plan to see how it can grow better, prefer going to private hospital's or even flying out for services that can be provided them in the hospital if it is in good shape.⁵⁴ The mortuary is also nothing to write home about. These has however, left the hospital in substandard shape as the government provides facilities to hospitals according to the number of patients patronizing it so as to avoid wastage.⁵⁵ See plate 4.03



Plate 4.03: The unpleasant state of the mortuary

Added to the above, is the unwillingness of many medical practitioners especially the Ogorians to come and work in the hospital. A lot of them, prefers to forfeit their one month salary so as to be able to work their transfer back to where they were posted from or to somewhere they want to work.⁵⁶ In addition, the hospital currently faces the challenge of very low turnout of patients. The fact is that, a day cannot pass without an individual giving birth in the community but, a look at the maternity ward clearly shows that, the hospital is currently neglected to an extent thereby resulting to very low patients' turn out. See plate 4.04



Plate 4.04: Empty maternity hall

Likewise, some of the hospital workers have non-chalet attitude towards their work. Rather than attending to patients, they do personal things and this invariably makes people to go away to other hospitals in which they might even spend more.⁵⁷ More so, there is inadequate water supply to the hospital as the bore holes dug for the hospital no more functions. This has also contributed to the low output of the hospital as water is needed for many things.⁵⁸ Also, the inadequacies of the government to make provision for running cost of the hospital and payment of salaries, has made the hospital go on strike on several occasions. In fact, the hospital was on strike almost throughout 2014. This has however impeded the hospital's activities and resulted in people losing hope in government hospitals.⁵⁹ Another challenge the hospital is currently facing is that of too long stay of staffs on duty. This is as a result of the shortage of staffs of the hospital. In fact, some personnel such as the personnel in the records unit of the hospital cannot go on leave and as a result, fatigue sets in and their output reduces.⁶⁰

Similarly, many medical personnel had being petitioned by some individuals and this resulted into the transfer of these medical personnel without replacement.⁶¹ In an interview with a woman who begged to be anonymous, it was revealed that a very hardworking medical doctor in the hospital was petitioned for political reason rather than inefficiency that he was accused of and had to live the hospital to his hometown where he was warmly received and continued working as a government doctor. This in turn has contributed greatly to the challenge of inadequate manpower in the hospital. However, the hospital staffs have been doing their utmost best, but, they sometimes attends to patients with disdain which has resulted in some patients acting rude to the medical personnel.⁶² Sometimes friends and families of such patients reacts by breaking doors in the hospital. In an interview with a patient who begged to be anonymous, he noted that, one of his friends broke a door in the hospital in reaction to the ill words meted out on them by a nurse on duty.

CONCLUSION

There is no doubt that the Ogori General Hospital has tremendous impact on the people of Nigeria and Ogori in particular. Thanks to the people who worked tirelessly so see that the dream of Ogori having a secondary healthcare center came to realization. However, the hospital is presently in shamble with very few staff and continuous infrastructural decay which seem to fall on the deaf ears of the government. There is great need for the people who have benefited directly or indirectly from the hospital to see this as a challenge and work towards its betterment.

RECOMMENDATIONS

It is a truism that the hospital since its inception has greatly impacted the people socio-economically and otherwise. However, the hospital is currently faced with enormous challenges that tend to impede its activities. In this regard, some measures in which the hospital can curb these challenges will be given in the proceeding paragraphs: To start with, the country needs to engage in sincere self-appraisal and tell itself the home truth. There is urgent need to put round pegs in round holes. The performance of late Professor Dora Akunyili at the National Agency for Food and Drug Administration and Control (NAFDAC) is an incontrovertible proof of the principle of putting a round peg in a round hole. Only by so doing can this country and Kogi state in particular move forward and by that way the health sector will bounce back to good health.⁶³ Further, there is the need for the staff of the hospital to improve on their management skills. This can be done through reading books on how to be

better managers, attending seminars and trainings on how best to practice their profession, among others. With this in place, staffs would find it easy to have harmonious relationship with patients which will in turn better the health of the patients. Furthermore, the government in partnership with the citizenry must rise up to the current challenges facing the health sector.⁶⁴ Both the government of Kogi state and the citizens of Ogori have been doing their best. In short, some citizens have been visiting the hospital and supporting it in their little way. However, there is the need for a more vibrant commitment to the hospital as only through this will the hospital be revived to an enviable status. At present, most of its equipments are obsolete with little or no replacement. In addition, the issue of insecurity has become the order of the day at the hospital. The community leadership should try its utmost best to see that a formidable fence is put up to guide the hospital from encroachment by thieves and some individuals who had started carving out portions of the hospital land for themselves. At present, the hospital has no guards and on this note, thieves find it easy to steal from the hospital. The community leadership should encourage some of the community vigilante to serve as guards in the hospital.

Apart from the above, the government should be encouraged to employ more staffs so as to enable efficiency. Right from inception, the hospital has an X-ray machine that has been serving as a toy kept in a room of the hospital because there is no qualified radiographer or radiography technician to operate the machine. Further, the hospital environment has become a resting place for sheep and their dung are littered everywhere only for some patriotic Ogori indigenes to go and sweep them because of the hospital's lack of cleaners. In an interview with Dr. Animasaun Stephen, he noted that, the unhealthy look of the hospital indirectly affects the quick recovery of patients.⁶⁵ However, at present the Ogori General Hospital has only one medical doctor who is expected to shoulder all the medical cases that goes beyond the power of the nurses. But, according to Medical and Dental Council of Nigeria, there should be a minimum of three doctors who are to provide medical, surgical, pediatric care in any general hospital.⁶⁶ On this note, the Ogori people and other concerned people should persuade the government to employ more hands in the medical doctors unit to enable efficiency. On a final note, the hospital is not only for the government or the community leadership but for all. Therefore the people should strive so see that the hospital is in a better shape. This can be done by encouraging supporters (organizations and individuals) of such projects to come to the aid of the hospital. Also, the staffs that are being posted to the hospital especially some Ogori medical practitioners who prefer to serve outside their community, should be encouraged to stay and serve humanity in the hospital.

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