

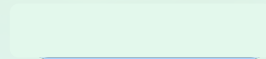
# **ROTDOW Quarterly Presentation Report – GF/NACA/RSSH/CI9RM Implementation**

**AT**

**Basic Health Centre, Bolorunduro Community, Isarun Erigi  
Ward, Ifedore LGA**

**Jul - Sept, 2025**

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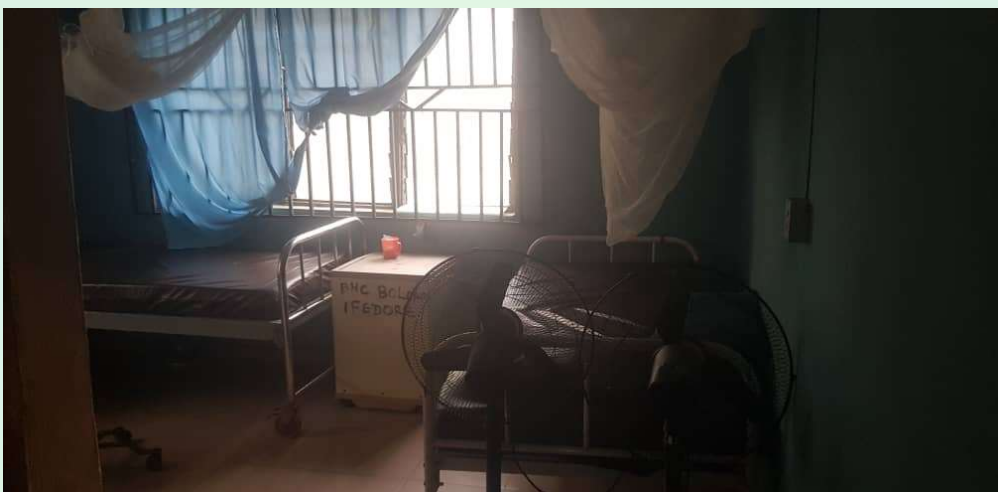


# Bolorunduro Community



- **Bolorunduro is a semi-urban community in Ifedore Local Government Area, Ondo State**
- **The community is largely made up of farmers (Cocoa, cassava, yam, maize, and trees), petty traders and artisans with pockets of civil servants**
- **Government structures in the community are basically a Primary school and a Basic Health centre with 24/7 service**
- **It is a closely-knit community surrounded Various neighbouring Abas using services in the community**

# Key Identified Issues from facility KII, FGD, CEI, Baseline tools



- Leaking Roof at the Pharmacy
- Need for additional rooms for patients
- Low Patronage
- No Gardner
- Need for ITN
- Need for unaware monitoring of staff at the facility

# Client Exit Interview (CEI)

## Captured Group:

**Malaria Clients**

## Findings:

- **High awareness/prevention of malaria, Tuberculosis, HIV/AIDS and COVID-19.**
- **Clients demanded for Insecticide Treated Nets**
- **Clients were satisfied with the service rendered and were timely attended to.**



# Key Informant Interview (KII) with Officer-in-Charge (OIC) and 2IC

## Key Concerns :

- Leaking roof at Pharmacy
- No Gardner
- Need for additional rooms for patients
- They have all the testing kits for malaria and HIV and sample collection for TB but no lab technician, they do it themselves.



# Entry and Exit Focus Group Discussion (FDG)

## Participants:

Key Stakeholders

## Summary:

- Issues were identified.
- Need for community ownership was emphasized
- The youth took the responsibility of taking care of the facility solving the No Gardner issue.
- Another community stakeholder made commitment to supply the chemicals that will be used in spraying the surroundings
- Feedbacks and commitment made from community engagement was shared.



# Advocacies

## Objective:

**Present facility concerns and solicit support.**

## Summary:

- Engaged several stakeholders from Religious to community leaders to the PHC Coordinator to big Merchants In the community.
- Advocacy to the PHC Coordinator gave a clearer view on the peculiarity of BHC Bolorunduro. (its funding and drug issues)
- Advocacy to the Youth Leader and Community secretary has spurred into action, motivating and mobilizing other followers to respond to the community needs.



# Advocacies Continues

- **Advocacy to Mr. Omilani Timothy a Big Cocoa Merchant in the community. He made a pledge of 50 blocks and 2 bags of cement towards the extension of the health facility building.**
- **Advocacy to another Big Cocoa Merchant, Mr Arije Adebayo. He also promised to make his own contribution and reinforced the sense of shared responsibility.**

## Next Step:

- **Close follow up and monitoring for the fulfilment of promises and commitment made.**



# **GBV Outreach at CAC Bolorunduro**

## **Participants:**

**Male : 87**

**Female : 128**

**Total: 215**

## **Feedbacks:**

**Participants showed high interest**

**Participants requested for repeated sensitization and how to report cases which the case manager responded to.**



# Implementation Challenges

- **Weather constrain**
- **Communication Barriers:**  
**Difficulty scheduling appointments and follow-ups with key stakeholders due to network issues**

# Recommendations & Follow-Up Actions



**Close monitoring of commitment and promises made.**

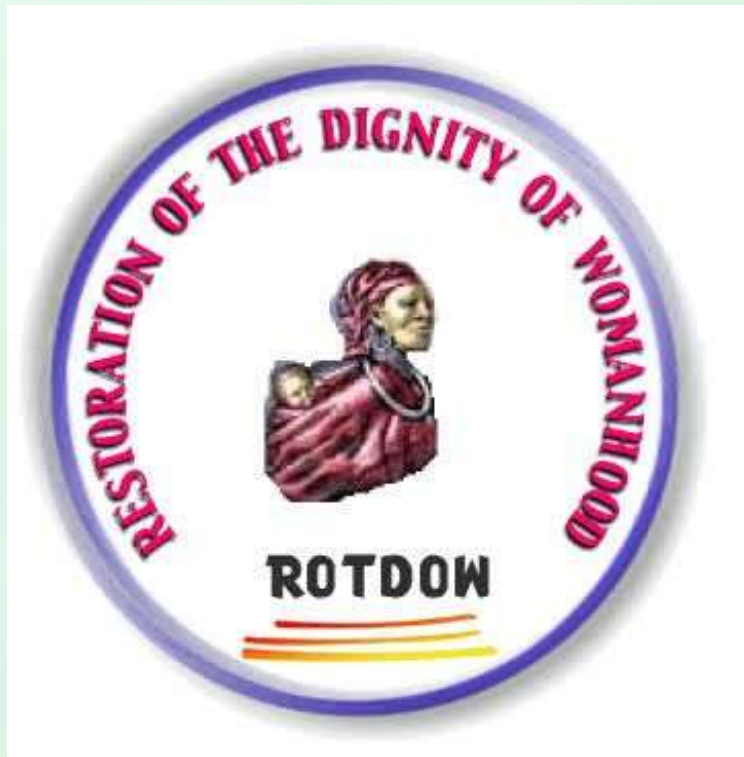


**Escalate Infrastructure needs even as the community will be making their own effort.:**

# Success Story

- **The Youth has taken up the responsibility of Gardner and has also gathered some sands for the extension.**
- **Mr Omilani pledge of 50 blocks and two bags of cement**
- **Mr Arije Bayo pledge to make his own contribution**
- **The Ownership Mindset gradually setting in, The case study of Mr Attah the Bike man.**





THANK YOU  
FOR LISTENING