Implementation of Primary Healthcare in Ilesa West Local Government in Nigeria

Oroleye Anthony Kayode[1] and Bisiriyu Abiodun Taleat[2]

[1] Obafemi Awolowo University, Ile-Ife, Nigeria.

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Abstract

The study examined the strategies employed for effective implementation of primary healthcare (PHC) components in Ilesa-West Local Government; assessed the benefit of the PHC delivery on the welfare of the local communities in the local government area; this is with a view to assessing the benefit associated with PHC on the health status of an individual.The research design is a survey which involves the collection of data relating to the study of PHC and its effects on Nigerians' health status in the Local Government.The study found that broad strategy adopted in the Local Government involved the grassroots participation of the community leaders through the committee systems in decision making at different levels and programmes implementation has benefited the people and being a source of sustainability of the PHC system. The findings showed that majority of the inhabitants attested to the availability of different components which include and not limited to antenatal and postnatal clinical services (67.4

Index terms— community, committee, system, implementation, wards, local government.

1 I. Introduction

ealth is the greatest and valuable asset humanity can possess. Health, which is defined as a state of complete physical, social and mental wellbeing and not merely the absence of diseases or infirmity, is considered synonymous to wealth. Hence the common adage, "Health is Wealth". The sound health value is hardly realized and appreciated until it is failing and completely lost. A huge sum of money is allocated to the health sector annually to meet the health challenges of the people at the grass root. Primary Healthcare (PHC) is at the core of the Nigerian health system and the key to providing basic health services to people with their full participation. However, the health indicators in Nigeria have remained below the country Millennium Development Goals (MDGs), which have recorded very low progress over the years.

As contained in the Federal Republic of Nigeria Constitution (1999), health is on the concurrent legislative list, by implication the three levels of government are vested with the responsibilities to promote health. The local governments are assigned the responsibility of primary health care services within their geographical areas. Its roles and responsibilities as regards health were spelt out in the fourth schedule of the 1999 Constitution of the Federal Republic of Nigeria. Before 1987, Nigeria was implementing basic health policy. Until this time, the focus on health delivery was on curative service (Ayo, 1994) and the attention of the government was skewed towards tertiary health care delivery through Teaching and Specialist Hospitals to almost a total neglect of preventive healthcare which was at this time gaining international recognition because of its cost-effectiveness. The deteriorating delivery system, especially in the developing countries, attracted the attention of the International Community in which the ensuing summit resulted to Alma-Ata Declaration in Russia in 1978, which according to WHO, primary healthcare means essentially healthcare 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. This declaration also emphasized the main social target of government on the attainment of health that will permit to live a socially and economically productive life.

PHC form an integral part of the Nigerian social and economic development. Thus becoming 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 contribute the first element of a continuing healthcare process. In sum, PHC is essentially aimed at promoting health, preventing diseases; curing diseases and rehabilitate people to live full normal lives after an illness or disability. Therefore, PHC shall provide general health services of preventive, promotive, curative and rehabilitative nature to the population as the entry point of the healthcare at this level is largely the responsibility of the Local Government with the support of State Ministries of Health and within the pivotal of national health policy. The Federal Government launched its Primary Health Care (PHC) plan which was described by Babangida administration as the cornerstone of health policy. The plan which intended to affect the entire national population had its main stated objectives thus: accelerated healthcare personnel development; ensure availability of essential drugs in all areas of the country; improved collection and monitoring of health data; and promotion of health awareness. Others included the widespread promotion of oral rehydration therapy for the treatment of diarrheal disease in infants and children; and implementation of an Expanded Program on Immunization (EPI) and development of a national family health program. The immunization focused on four major childhood diseases: measles and polio, pertussis, diphtheria, tetanus and tuberculosis. This was aimed at increasing dramatically the proportion of immunized children younger than two from about 20% to 50% initially and 90% at the end of 1990. Local Government in collaboration with the Ministry of Health is charged with the responsibility of implementing health care programs. Today, the power to provide preventive, restorative and rehabilitative healthcare services is vested in the local government through its primary health care system. Expanded Program on Immunization (EPI) was launched in May 1988 with the aim of increasing the number of children immunized against vaccine-preventable diseases.

PHC implementation was intended, according to Babangida administration to take place mainly through collaboration between the Ministry of Health and participating Local Government Councils which received direct grants from the Federal Government. The transfer of primary healthcare necessitated the establishment of Primary Health Care departments in all Local Government areas in Nigeria and also resulted in the establishment of National Primary Health Care Development Agency (NPHCDA), all in the quest to achieve the objectives of primary healthcare.

2 a) Statement of the Problem

Despite the introduction of PHC, WHO ranked Nigeria's health system the 187th position memberstates in the year 2000. The health indicators are indicative of poor health status. It is unfortunate that most of these strategies have not yielded the expected result. UNICEF **??**2002) reported that child mortality is caused by malaria, diarrhea and malnutrition. For the adult population, cases of malaria are on the increase. Also, there is a lack of access to safe water and waterborne diseases are widely spread. Similarly, the spread of HIV/AIDS could be associated with the large number of population that failed to submit for self-examination. Many of the Comprehensive Health Centre cannot admit patient overnight due to lack of facilities and personnel. The need to provide health for all since the year 2000 has remained a myriad that has generated a lot of controversy in the health sector in Nigeria. The health indicators are indicative of poor health status which made Obasanjo's administration to initiate a comprehensive health reform program aimed at expanding and strengthening primary healthcare system that is promotive, preventive, restorative and rehabilitative to every citizen of the country **??**FMH, 2004). For primary healthcare to achieve its main stated objectives it has to be adequately funded, effectively implemented and must have capable hands managing it on the field. Despite the fact that PHC was established principally to make healthcare delivery available, accessible, affordable, acceptable and adequate to the wellbeing of the people, the extant literature indicates that health status has continued to deteriorate as common preventable diseases have continued to take its toll on the people (WHO, 2007; AAFP, 2016). The effectiveness of the strategy and efficiency of the services of PHC in Nigerian has thus been under criticism largely because it has not shown significantly on the health status of inhabitants. Hence, the study.

3 b) Research Questions

In view of the above-stated problems, the study provided answers to the following questions.

4 d) Scope of the Study

This study will assess the performance of primary health delivery in the Ilesa West Local Government area. The work will be limited to the wards that make up the local government council.

5 II. Literature Review

Over the years, international attention has been drawn to the global issue of poor access to primary healthcare **??**ICPHC, 1978). The outcome of this attention has been the initiation of numerous efforts to change this condition and develop modern and effective healthcare systems focussed on preventing diseases, reducing disparity

in healthcare, improving access to healthcare, promoting active community participation in healthcare planning, and promoting overall health and wellbeing.

Beginning in the 1940s, individual health professionals and health organizations in Africa and around the world began engaging in projects and programmes that defined primary healthcare and worked to improve access for those without it. For instance, in the 1940s in rural South Africa, Sidney and Emily Kark began to promote the concept of primary healthcare, or community-based primary care, a comprehensive approach to care that took into account the 'socioeconomic and cultural determinants of health, identifying health needs and providing healthcare to the community' **??**Gofin & Gofin, 2005). The focus of this type of care was community participation, preventive care, and provision of services that are affordable and accessible to the people in need **??**Gofin & Gofin, 2005). Less than a decade later, in 1946, the Indian government set up the Bhore Committee to study and recommend ways of improving public access to health care. Among their recommendation was (a) integration of preventive and curative services at administrative levels. (b) three months of training in preventive and social medicine to prepare social physicians **??**WHO COL, 2008, p1). This innovative approach to public health access led the way for the formation of WHO in 1946.

World Health Organization was established by the United Nations to deal with global issues of health among member nations. WHO promoted the idea that good health is a fundamental human right and that population and states alike would benefit from state involvement in the promotion of good health **??**WHO, 1946). In its constitution, WHO defined health, not as the absence of diseases but more holistically "as a state of complete physical, mental and social wellbeing". Since its inception, the organization has provided guidelines, formulated health policies, encouraged intraagency collaborations, and presented declarations as a means of urging member nations and healthcare policies and programmes that are relevant to established needs, and to improve global access to health care as a means of improving healthcare and healthcare outcomes (WHO, 2008b). The appointment of a new Director-General for WHO in 1973 resulted in a new understanding of the roles of WHO and UNICEF in the provision of basic health care (Cueto, 2004). This understanding led to the production of a collaborative report, alternative approaches to meeting basic health needs in developing countries, identifying key factors in healthcare for a variety of countries including Bangladesh, China, Cuba, India, Niger, Nigeria, Tanzania, Venezuela and Yugoslavia (Cueto, 2004). The report suggested that, for such developing countries, "the principal causes of morbidity?are malnutrition, vector-borne diseases, gastrointestinal diseases, and respiratory diseases which are the result of poverty, squalor and ignorance" **??**Djukanovic & Mach, 1975). One of the notable efforts to advance improved public access to healthcare was the Declaration of Alma Ata, an outcome of the 1978 International Conference on Primary Health Care joint conference sponsored by WHO and UNICEF (Cueto, 2004). The purpose of the conference was to focus attention on Primary Health Care as a way of promoting global health and removing injustice in the distribution of health outcomes (Cueto, 2004).

The concept of PHC was formulated by the 134 countries that met at the Alma Ata Conference in Russia on 12th September 1978 organized under the auspices of the World Health Organization (WHO) and United Nations Children Educational Fund (UNICEF). In the Declaration of Alma Ata, members of the conference defined Primary Health Care as essential healthcare 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 selfdetermination **??**ICPHC, 1978). Primary Health Care has since then forms an integral part of the Nigerian social and economic development by becoming the first level of contact of the individual and community in the national health system, thus bringing health care as close as possible to where people live and work and contributes the first element of a continuing health care process (Akinsola, 1993). Similarly, the aims and objectives of primary healthcare as stated by **??**HO (1978) are: to make health services accessible and available to everyone wherever they live or work; to tackle health problems causing the highest mortality and morbidity at a reasonable cost affordable to the community; and to ensure that whatever the technology adopted for use, must be within the ability of community to use effectively and maintained.

In sum, PHC is essentially aimed at promoting health, preventing diseases, curing disease and rehabilitating individual to live full normal lives after illness or disability. In the 1999 Constitution of the Federal Republic of Nigeria, health is on the concurrent legislative list, by implication the three tiers of government are vested with the responsibilities to promote health. According to the constitution, Federal, State and Local Governments shall support in a coordinated manner, a three-tier system of health care in which Primary healthcare, secondary healthcare and tertiary healthcare become the responsibility of the Local, State and Federal Government respectively. Primary healthcare does not intend to function in isolation but in collaboration with referral and specialist services. These various services should be mutually supportive, and it should be noted that without good primary healthcare, the referral services would be overwhelmed by problems, which would have been dealt with efficiently at the primary level, on the other hand, primary health care requires the support of the referral services to cope with problems which are beyond the peripheral units. Therefore, PHC shall provide general health services of preventive, promotive, curative and rehabilitative nature to the population as the entry point of the health care system. It implies therefore that the provision of health care at this level is largely the responsibility of Local Governments with the support of State Ministries of Health and within the pivot of National Health Policy.

6 a) Components of Primary Health Care

There are ten components of Primary Health Care. They include: i. Education concerning prevailing health problems and the methods of preventing and controlling them. ii. Promotion of food supply and proper nutrition; iii. An adequate supply of safe water and basic sanitation; iv. Maternal and child health care including family planning; v. Immunization against the major infections and diseases; vi. Prevention and control of locally endemic diseases; vii. Appropriate treatment of common diseases and inquiries; viii. Provision of essential drugs; ix. Community mental healthcare; and x. Dental healthcare.

It is worthwhile to note that mental and dental healthcare is not presently available in primary healthcare in Nigeria due to the shortage of personnel and facilities. It is also pertinent to mention here that primary healthcare is founded on the principle of fundamental human to be enjoyed by the people, in all walks of life and in all communities. The fact is that health is more than just the delivery of medical services. Primary Health Care system attempts to address people "health needs" through an integrated approach utilizing other sectors such as agriculture, education, housing, social and medical services. The integrated approach is expected to encourage active horizontal relationships between people and their local services as opposed to the traditional vertical relationships. In addition, fundamental to the Primary Health Care System is the realization that the major killer diseases in rural communities in the third world are preventable, and that the majority of victims of these diseases are children under the age of five. Therefore, the PHC system encourages countries to shift their national health care strategy from urban to rural areas where childhood killer diseases are very rampant. To this effect community, health workers are being made use of as key factors in the delivery of Preventive Health Care.

The Primary Health Care system also gives recognition to local people with little or no formal education who could be trained to perform some basic health services. Hence, the traditional healers, traditional birth attendants or midwives are made use of in the villages. They perform basic functions such as: i. Delivery of high quality basic first aid ii. Recognition of signs and symptoms of more serious conditions iii. Delivery of babies under very hygienic conditions iv. Educating their fellow villagers in understanding the disease process in their community.

Complementarily, the PHC system employs the concept of village health committees usually composed of local residents chosen without regard to political affiliation, sex, age, or religion. These committees are expected to actively participate in planning, organizing and managing the Primary Health Care system in the villages.

7 b) Local Government

Local government as a tier of government or sub-governmental structure particularly in a federal arrangement is the lowest level of government in a federal structure coming after the State and Federal Government respectively. At this level, Local Government as a substantive tier of government wields the power to control its own affairs to enact laws and impose taxes within its jurisdiction. The 1976 constitution defines local government as the government of local level exercised through councils established by law to exercise specific powers within the defined areas. These powers should give the council substantial control over local affairs as well as the staff and institutional and financial powers to initiate and direct the provision of services and to determine and implement projects so as to complement the activities of the State and Federal Governments in their areas and to ensure through devolution of functions to these councils and through the active participation of the people and their traditional institutions, that local initiatives and respond to local (2004) "Referral System in Nigeria". The study investigated the referral system among the three levels of health care delivery. The results showed that only 7.1 per cent were referred to the tertiary hospital in Ilorin, the rest 92.9 per cent reported directly without referral which indicates that both the educated and non-educated bypass the primary healthcare centres to be the first contact of patients. The result of this is overcrowding of the tertiary health facilities with problems that can be managed at the lower levels. The study suggested that necessary steps should be taken to encourage the patients to utilize primary facilities need to be put in place and create disincentives for patients for bypassing this level.

It was stressed that adoption of the WHO's Essential Drug Programme (EDP) by Nigeria and developing countries will facilitate proper allocation of available funds on drugs that are required by many people available at affordable prices. This made Uzochukwu, Onwujekwe & Akpala (2002) analyze the effects of Bamako Initiatives (BI) on the availability of essential drugs in Primary Health Care (PHC) facilities in South East Nigeria during the period of structural adjustment as a result of persistence poor funding. The study concluded that BI had a positive impact on the availability of essential drugs and efforts to address the persistent problem of lack of essential drugs at non-BI healthcare facilities should be addressed. In the same vein, the study conducted by Sambo, Lewis & Sabitu (2008) which assessed essential drugs' availability and patient's perception on the situation of drug availability at some PHC facilities in Tafa Local Government Area of North Central Nigeria found that Bamako Initiative was not implemented by any of the PHC and Drug Revolving Fund systems was not in operation. To achieve health for all through primary health care, traditional medicine has been one of the ways through which health for all is discussed. Because of this Ajibade, Fatoba, Raheem and Odunga (2005) examined the uses of selected indigenous plants and their implication for primary healthcare. The study concluded that if healthcare must be available and avoidable, the use of indigenous plants must be explored and integrated into the healthcare delivery system.

In the study carried out by Adeyemo (2005), recent activities of Ife East Local Government healthcare delivery were highlighted. The study identified shortages of qualified personnel and finance, inadequate transportation,

inaccessibility to communities, lack of maintenance culture and political instability as the major problems facing local government primary healthcare delivery in the Ife East Local Government. Salako (1991) noted that as a result of underfunding of the health sector and procurement of unimportant expensive drugs which make securing healthcare facilities and the needed drugs in tropical African countries unattainable. Bassey Rman also in his study examined the relationship between healthcare expenditure and health status of the population. The result found a negative relationship between the two variables. The study concluded that in order to improve the health status of the population, the government needs to increase funding for health and fast track the implementation of the primary healthcare bill. The study made use of secondary data. **??**tting and Ekwu (1991) in their study investigated indicators of accessibility in Odukpani Local Government Area which focussed on mothers or heads of households in the study area. The indicators considered included distance from home to regular immunization site and acceptability of primary healthcare services

8 III. Methodology a) Research Design

The research design is a survey which involves the collection of data relating to the study of primary healthcare and its effects on Nigerians' health status in Ilesa West Local Government in Osun State

9 b) Study Area

The study was carried out among the health centres in the Ilesa West Local Government in Osun State. The centres were located in Oja Oba, Adeti Basic Health Center, Ikoti Maternity Centre, Iregun Basic Health Centre, Idominasi Basic Health Centre, Ilaje-Imadin Basic Health Centre, Ereja Basic Health Centre, Idasa Maternity Centre and Oromu Primary Health Centre.

10 c) Study Population

The Ilesa West Local Government of Osun State's population was estimated at 106,586 **??**NPC, 2006). The inhabitants are farmers, artisans, traders, students and the PHC officials of this local government area are expected to be the beneficiaries of Primary Health Centres located in their localities for the administration of primary health care. The study population consists of both youths and elderly; males and females who are above 18 years and have been living in the community for more than six months are considered eligible for sampling.

11 d) Sample Size and Sampling Techniques

For the purpose of this study, the local government area was designated into zone A, B and C. The streets in each zone were listed and randomly chosen for even spread. Within each zone, a systemic sampling procedure was used to select even numbered residential buildings. Using a purposive sampling technique, nursing mothers and elderly who must have had contacts with PHC and ready to cooperate with the study were given preference and selected to participate in the survey. Equal numbers of the questionnaire were distributed in each zone with the administration of a maximum of two questionnaire in a building as the case may be. A total of 150 respondents were sampled in the three residential zones. The researcher and the research assistant conducted interviews with willing nursing mothers and the elderly.

12 IV. Data Presentation, Analysis and Discussion

13 a) Socio-Demographic Characteristics of Respondents

The data solicited were subjected to analysis using descriptive statistical tools such as tables and percentages. This was done by rating in percentages the valued responses gathered from the respondents, which include strongly agrees, agree, undecided, disagree and strongly disagree. The higher the percentage for a statement, the higher agreement towards the statement used as the inference rule. 4.1, the analysis of samples collected shows that the data consisted of 60.4% female and 39.6% male. Also out of the total respondents, only 58.3% were between 20 and 29 years. Respondents in the age group of 30-39 years were 21.9% and another 11.5% fell within the age range of 41-49 years. This indicates that 8.3% of the respondents constituted the age range of 50 years and above which implies that the majority of the respondents are considerably matured, citizens. The marital status reveals that only 44.8% of the respondents claimed that they were presently single with 55.2% happily married. This by implication means that majority of the respondents who participated in this study were socially identified.

Educational background reveals that 25.3% of the respondents had no formal education, 20.0% had primary school certificate holders, 21.3% possess a secondary school leaving certificate, while 33.4% of the respondents were with tertiary institution certificate. This is advantageous to the study as the majority of respondents are educated enough to understand the questions raised and should able to supply reliable answers to them.

In terms of occupation, 26.0% of the respondents were farmers, exactly 11.3% were health workers, while 26.0% were traders, 12.7% were involved in teaching and 24.0% were artisans. These workgroups constituted the social class that is the beneficiary of primary health care in Ilesa West Local Government Council Area.

14 b) The Strategies Employed for Effective Implementation of Primary Healthcare Components

The interview guide was the instrument used to collect the information relating to the strategies adopted by the Local Government on the policy implementation of Primary Health Care in Ilesa West Local Government. The broad strategy adopted in the Ilesa West Local Government involved the grassroots participation of the community leaders (chairmen of communities, religious leaders and traditional leaders) through the committee systems in decision making and programme implementation which include and not limited to health education and grassroots' mobilization at the village, ward and local government level. The committees include:

The Village Health Committees: the composition includes community chairman, secretary, village head representative, religious leaders, and health workers. The functions include but not limited to the selection of individuals and traditional birth attendants for training as village health workers to provide integrated preventive, curative and midwifery services at the village or community level. The health services provided are under the supervision of the community health workers.

Ward Health Committees: the committee consists of the chairmen of all the village health committees. The functions are not quite different from the one above except that problems that could not be solved at the village level are brought to the ward under the umbrella of the Health Centre. The health services activities are under the supervision of the committee health workers.

Local Government Health Committee comprises one of the ward health committee chairmen to represent it on the management of the General Hospital. The policy plan is for the State Government to provide a General Hospital in every Local Government to serve as the apex of the local government health care system. Likewise, the problem that seems to defy solution is hereby referred to the tertiary hospital under the Federal Government.

The committee at each level midwife the need of the PHC on one hand and that of the community on the other and arrive on mutual decisions. The committee members, in particular, the chairmen, secretaries and other representatives of each committee become the source of advocacy for each PHC programme implementation in their localities. The immediate health challenges and infrastructural needs of the PHC and that of the communities are articulated through the committees at ward level through to the Local, State and Federal Government. This bottom-up policy implementation approach has not only been a source of benefit to the communities at large but has ensured PHC programme sustainability in an unfriendly environment in which local governments in Nigeria operate. The above Table 4.2 examined the various benefits of primary healthcare using different variables. The majority (68.4%) of the respondents attested to the availability of different components of primary health care in the Local Government area, while a few 40(26.3%) either disagree or strongly disagreed on its availability with 5.3% respondents remained indifferent. 101(67.4%) of the respondents either agreed or strongly agreed that PHC rendered ante-natal and post-natal services to the expectant mothers while 22.1% expressed a contrary opinion that the services are not on the ground.

15 c) Benefit of Primary Healthcare on Health Status

On creation of awareness through multimedia (television, radio, billboard etc.) 102(68.4%) either agreed or strongly agreed that there are enough publicities through different media with 22.1% respondents either disagreed or strongly disagreed that publicity in the respect of primary healthcare and its programme was inadequate; while 9.5% of the respondents were indifferent. On central location and accessibility of the primary health centres, 63.2% of the respondents were in affirmative while 21.0% expressed a contrary opinion with 15.8% that remained indifferent. Apart from sustaining the clean environment, portable water also promotes healthy living. 93(62.1%) of the respondents either agreed or strongly agreed that there is the availability of potable water in the community. However, a contrary view was expressed by 31.5% respondents while 6.3% remained indifferent. Notwithstanding, the entire Local Governments in Ijesaland do not enjoy portable water. The available water is those provided by "well and boreholes" by individuals.

Effective waste disposal sustains clean environment and panacea to the spread of diseases. Hence, 63.2% either agreed or strongly agreed that there is the availability of waste disposal facilities in the local government area. However, 30.5% of the respondents held a contrary opinion with 9(6.3%) that remained indifferent. The majority (73.7%) of the respondents either agreed or strongly agreed that there are provisions for the treatment of HIV/AIDS in the community, 19(21.0%) expressed contrary view and 5.3% remained undecided.

Similarly, on drugs prescription, 68.4% of the respondents attested to the fact that there are prescription and provision of drugs when available in the primary health centre while 25.2% responded negatively with 6.4% that remained indifferent. On the basic needs, 60.0% of respondents were of the opinion that primary healthcare is attentive to their basic needs with 27.4% expressing a contrary view while 12.6% remained indifferent.

16 d) Discussion of findings

The immediate health challenges and infrastructural needs of the PHC and that of the communities are articulated through various committees at ward level through to the Local, State and Federal Government. This bottom-up policy implementation approach has not only been a source of benefit to the communities at large but has ensured PHC programme sustainability in an unfriendly environment in which local governments in Nigeria operate On the benefit of Primary Healthcare on Health Status, majority of the respondents attested to the availability

of different components which include among others antenatal and postnatal clinical services (67.4%), There is provision for HIV/AIDS clinic (73.7%), awareness programs through mass media (68.4%), which enable the inhabitants to take proper sanitary measure against communicable and non communicable diseases as there are provisions of waste disposal facility 63.2%, and potable water (61.2%), in contrary, the community has not enjoy pipe borne water for decades. Also, primary health care is attentive to basic needs (60%) of the people through consultations and drug prescriptions (68.4%) even when the drugs are unavailable. This result confirmed with the discovery of Sambo et al. on drug revolving fund has been hampered by financial constraint in which Osun State Government was unable to pay full salary to the workers in the state. However, dental clinic and mental health clinics are not on the ground. Lastly, Primary healthcare centre is easily accessible to all and sundry (63.2%),

17 V. Conclusion

The aim of establishing Primary Health Care is to meet the health care needs of diverse populations. The effective provision of primary health service delivery is very important in achieving this objective. The study concluded that the implementation of PHC delivery through committee system at various levels established that there is a positive relationship between primary healthcare delivery system and the health status of Ilesa West Local Government communities as people have benefitted positively from health care services.

18 VI. Recommendations

It is evident that health care delivery services have benefitted the people in the Ilesa West Local Government area positively. However, they are still faced with a lot of constraints, which tend to hinder their effectiveness, and efficiency. Based on the outcome of the assessment of the Ilesa west local government health care delivery services, the following recommendations will be important in improving healthcare services at the centres: ? It is very critical and important to increase funds allocation to this local government so as to update material and human resources for more efficient and effective delivery of this programme and ensure that these funds are properly managed.

? Recruitment of new medical personnel into Health centres in order to have adequate personnel to handle the growing population of the rural dwellers. ? All the obsolete equipment should be replaced with modern and viable ones should be maintained properly. Also, their mode of record keeping should employ modern technologies and techniques. ? The committee system and bottom-up policy implementation approach should be strengthened for optimal performance. [1]

4

1: Socio-Demographic Characteristics of Respondents

S/N	Items	Frequency	Percentage
1	Gender		
	Male	59	39.6
	Female	91	60.4
	Total	150	100.0
2	Age		
	20-29	87	58.3
	30-39	33	21.9
	40-49	17	11.5
	50 and above	13	8.3
	Total	150	100.0
3	Marital Status		
	Single	67	44.8
	Married	83	55.2
	Divorced	-	-
	Total	150	100.0
4	Religion		
	Christianity	95	63.5
	Islamic	38	25.0
	African Tradition	16	10.4
	Others	1	1.0
	Total	150	100.0
5	Educational Background		
	No formal Education	38	25.3
	Primary Education	30	20.0
	Secondary Education	32	21.3
	Tertiary Education	50	33.4
	Total	150	100.0
6	Occupation		
	Farming	39	26.0
	Teaching	19	12.7
	Trading	39	26.0
	Health Worker	17	11.3
	Artisan	36	24.0
	Total	150	100.0

Source: fieldwork, March 2019.

Figure 1: Table 4 .

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Figure 2: Table 4 .

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S/No	Assertions	Frequency	Percentage	Cumulative percentage
1.	There are components of healthcare available in the community			
	Strongly agree	47	31.6	31.6
	Agree	55	36.8	68.4
	Undecided	8	5.3	73.7
	Disagree	21	13.7	87.4
	Strongly disagree	19	12.6	100.0
	Total	150	100.0	
2.	There are antenatal and postnatal clinical services in your community			
	Strongly agree	44	29.5	29.5
	Agree	57	37.9	67.4
	Undecided	16	10.5	77.9
	Disagree	22	14.7	92.6
	Strongly disagree	11	7.4	100.0
	Total	150	100.0	

[Note: Source: fieldwork, March 2019.]

Figure 3: Table 4 . 2 :

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6.	There is provision for a waste disposal facility in your local government area Strongly agree Agree Undecided	44 51 9	29.5 33.7 6.3	29.5 63.2 69.5
	Disagree Strongly disagree	22 24	14.7 15.8	84.2 100.0
	Total	150	100.0	
7.	There is provision for HIV/AIDS treatment in your local government			
	Strongly agree	50	33.7	33.7
	Agree	60	40.0	73.7
	Undecided	8	5.3	79.0
	Disagree	13	8.4	87.4
	Strongly disagree	19	12.6	100.0
	Total	150	100.0	
8.	There is a prescription of drugs in your primary healthcare			
	Strongly agree	47	31.6	31.6
	Disagree	55	36.8	68.4
	Undecided	10	6.3	74.7
	Disagree	16	10.5	85.2
	Strongly disagree	22	14.7	100.0
	Total	150	100.0	
9.	Primary health care is attentive to basic needs			
	Strongly agree	43	28.4	28.4
	Agree	47	31.6	60.0
	Undecided	19	12.6	72.6
	Disagree	14	9.5	82.1
	Strongly disagree	27	17.9	100.0
	Total	150	100.0	

[Note: Source: fieldwork, March 2019.]

Figure 4: Table 4 . 2 :

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