Analysis of Rural-Based Strategies in the Implementation of Primary Healthcare in Ovia Communities, Edo state

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Abstract
The study analyzed rural based strategies in the implementation of primary health care in Ovia communities, Edo state. A descriptive research design of the survey type was used for the study. The target population of the study comprised 1024 primary health care stakeholders in Edo state. Multi-stage sampling technique was used to select 180 respondents for the study. A researcher-designed questionnaire called Rural Based Strategies in the Implementation of Primary Health Care (RBSIPHC) was validated by three experts while the reliability of the instrument was determined by test re-test method with a correlation coefficient of 0.83. Frequency counts and percentages were used to analyze the demographic data, while inferential statistic of chi-square was used to test the null hypotheses at 0.05 significance. The findings of the study were that: intersectoral collaboration involving village health committees and ward health committees significantly influenced the implementation of PHC; (x^2_c = 129.72 >x^2_t=16.92); community mobilization strategy such as bringing communities members together raises the spirit of ownership of PHC facilities significantly influenced the implementation of PHC; (x^2_c = 138.44 >x^2_t=16.92) and community feedback mechanism strategy addresseses the problems that can arise during planning and implementation of PHC programmes (x^2_c = 133.17 >x^2_t=16.92) The study concluded that intersectoral collaboration, community mobilization strategy and community feedback mechanism are effective and efficient strategies for improved implementation of PHC programmes in Ovia communities, Edo state. The study recommended among others that National Primary Health Care Development Agency (NPHCDA) and State Primary Health Care Development Agency (SPHCDA) should strengthen partnership with international health organizations such as WHO, UNICEF, GAVI, and UNDP.

Keywords: Primary Healthcare, Rural-Based Strategies, Community Health, Health Promotion

Introduction

The provision of health services that is accessible, culturally acceptable and affordable to all in the community can be achieved through Primary Health Care (PHC). The World Health Organization (WHO) (2002) describes primary care as essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community by means acceptable to them and at a cost that the community and the country can afford to maintain at every stage of their development in a spirit of self-reliance and self-determination. It is the first level of contact for individuals, the family, and the community with the national health system, bringing health care as close as possible to where people live and work, and this constitutes the first element of a continuing healthcare process. Primary Health Care is the essential health service provided at the grassroot level that is accessible, culturally accepted, technologically driven with maximum coverage level to ensure health for all that is equally affordable at every stage of the community development (Starfield, Shi & Macinko, 2015). Despite this central role, PHC services are still inefficient and still lack full coverage in relation to accessibility, affordability and acceptability and presently lacking the needed technologies to promote efficiency and coverage in Nigeria (Oyibocha, et al, 2014). This ascertained challenges are obviously from literatures affecting the implementation of primary health care and possibly unfocused and poor result oriented strategies used over the years to curtail the challenges.

Primary Health Care as part of Nigerian health care system is not devoid of challenges related to accessibility, cultural acceptability and responsiveness within adequate financing details, planning and management (National Primary Health Care Development Agency, NPHCDA, 2015). The challenges facing primary health care services have raised death rate, infant mortality rate, maternal mortality rate, child mortality rate, and increased prevalent rate of chronic diseases such as diabetes mellitus, stroke, hypertension and also lower life expectancy of the people in Nigeria (Efe, 2013). These challenges need to be averted through effective and people oriented strategies to ensure effective and efficient implementation of primary health care.

The major health indicators of any country as set by WHO include neonatal mortality rate, post-natal mortality rate, infant mortality rate, maternal mortality rate and coverage level of immunization (Adeniji, Oladipo & Soyibo, 2013). It is dissatisfying that Nigeria in general and Edo state specifically still records high in these health indicators. This is as a result of recurring community-based challenges facing the implementation of PHC services in Nigeria (Alagbonsi, Afolabi, Bamidele & Aliyu, 2013). These challenges include from the poor political will of government to implement the guidelines and standard set up by WHO in rendering health services at the grass root level and lack of drugs to dispense to sick individuals. It is sometimes difficult to access the clinic due to bad road network; poor community participation, underfunding of community health programmes, corruption, poor commitment of health workers equally affects the implementation of PHC. Folashade (2010) reported in a study carried out in Ondo state, Nigeria that the level of supervisory activities is low; hence, the ad-hoc staff often times do not carry out what is expected of them in the field during immunization as cultural beliefs conflict with the acceptance and utilization of PHC services.

Primary health care being a community activity and programme, requires strategies or initiatives that are community based and collaborative in nature with interest towards community mobilization, intersectoral partnership and periodic health communication network (Adeyemo,

2015). It is reported that many developing countries like Nigeria could not attain the global health for all by the year 2000 because initiatives were not community based; rather they are sociopolitical in nature such as the National Health Insurance Scheme (NHIS).Current interest in the revitalization of Primary Health Care makes it more acceptable, effective and efficient utilizing advocacy for strong community mobilization and regular evaluation of the programmes of PHC (Baum, 2007).

The debate about PHC strategies has intensified over decades and measures to strengthen primary health care are integral part of the reorganization and implementation of PHC in Nigeria. FMOH (2009); Abimbola (2012) explained that strategies for improved implementation of PHC in Nigeria should have six directions: Work with the local communities; identify and remove health inequalities; offer access to comprehensive health services to improve, maintain and restore people's health; coordinate health care across service areas; develop primary health care workforce; and continuously improve quality using good and reliable information.

Intersectoral collaboration strategy is an approach of bringing together stakeholders of health within and outside the country to intensify efforts towards providing health services and improved implementation of primary health care (Heska, McPhee & Wollbaum, 2011). It could include health professional groups, international health agencies, communities, ministries in the state government and financial donors (Adeleye & Ofili, 2010). Asuzu (2004) and Adeyemo (2015) reported that partnership with private sectors, NGOs, communities and development partners as well as other social and economic sector is essential to deliver PHC that can meet the needs of the population on a sustainable basis. Community mobilization approach support implementation of PHC by empowering community members and groups such as ward health committees, women group health committees to take action to facilitate necessary change towards accessibility, acceptability and efficiency of primary health care. The implementation of primary health care requires community based strategy of collaborating with community members to plan, implement and evaluate primary health care programmes. It was stated by Abosede and Sholeye (2014) that engaging diverse health organizations, community leaders and community members will raise spirit of ownership and promote participation in the need assessment, shared decision making to support and improve on sense of commitment and ownership of the vision and plan of PHC.

The performance of primary health care cannot be left to chance. Feedback mechanism strategy using agreed indicators helps to determine the relevance, utilization, achievement, effectiveness and efficiency of PHC programmes and policies. Feedback mechanism strategy is a form of monitoring and evaluation procedures and McDonnell, Wilson and Goodacre (2016) expressed that effective feedback mechanism through effective monitoring and evaluation procedures improves achievements and implementation of PHC goals and objectives. Adindu (2017) listed the following as merits of feedback mechanism in PHC; selecting health needs from the people's perspectives, mobilizing local resources for PHC, enhancing commitment to achieving collective objectives, enhancing transparency, accountability, efficiency and success of primary health care, enhancing accuracy and reliability of information and building capacity for PHC programmes sustainability. Finally, the poor health status of the people of Edo state could be as a result of poor, inefficient strategies that affect the effective implementation of PHC, It is against this background the researcher wants to analyze rural based strategies in the implementation of primary health care in Ovia communities, Edo state.

Health programmes, health policies and activities have been carried out to ensure effective health services delivery in order to raise the standard of living of the people, reduce mortality rate from preventable diseases and increase life expectancy of the people in Nigeria and Edo state specifically. However, the observations from the researcher's in some selected PHC centres in Edo state and the national health statistics provide high estimates of infant mortality rate, maternal mortality rate, high still-birth rate, malnutrition, prevalence of childhood diseases like poliomyelitis, measles, tetanus and diphtheria especially in rural areas of Edo state. In many of the South-South states like Edo, Delta, Bayelsa and Cross Rivers, reports of inadequate number of trained health providers, health inequality, insufficient funding, superstitious belief, lack of community participation, inadequate facilities and poor coordination have been reported over the years and interventions have been directed to these enlisted challenges (Donbraye, Adewumi, Odaibo, Bakarey, & Opaleye, 2011).

Also, the neglect of community approaches to improve implementation of PHC in the Edo state is worthy of concern as strategy such as improved financing has not significantly improved the implementation of PHC in South-South states (Omoruan, Bamidele and Phillips 2009). Again, there is lack of utilization of community based strategies that are needed to improve the implementation of primary health care in order to meet the objectives of primary health care services to the people in communities. It is against this background that the researcher assessed the rural-based strategies in the implementation of primary health care in Edo state.

Research Hypotheses

The following research hypotheses formulated were tested for the study;

1. Intersectoral collaboration in the community will not significantly influence the implementation of primary health care in Ovia communities, Edo state.
2. Community mobilization strategy will not significantly influence the implementation of primary health care Ovia communities, Edo state.
3. Community feedback mechanism will not significantly influence the implementation of of primary health care Ovia communities, Edo state.

Methodology

The study employed the descriptive research design of survey method. It is called descriptive research design because the information about the independent and dependent variables that are gathered represent the current trend at a particular point in time (Wilford, 2015). The population of the study comprised all PHC providers in Edo state. The target population for this study includes State PHC staff, Local Government PHC staff, Ward PHC staff and other PHC service providers in Edo state which totaled 1024 (Edo state Ministry of Health, 2015). The sample for the study was 180. This was done for manageability and effective representative. The multi-stage sampling technique was used for the sampling approach. In the first stage, cluster sampling technique was used to select three (3) senatorial districts; Edo north, Edo south and Edo central. Secondly, in each of the senatorial district, three (3) LGAs were selected using simple random sampling technique. Finally, the researchers then purposively selected 20 PHC stakeholders from the PHC centers in each of the LGAs selected. Therefore, 20 PHC stakeholders selected from the 9 LGAs totaled 180. The questionnaire (RBSIPHC) consisted of two sections: Sections A and B. Section A elicited information on the socio-demographic data like age, gender, occupation and

marital status among others. Section B consisted of questions that obtained information about the variables formulated in the hypotheses. The questionnaire was a closed-ended of four-options Likert rating scale where the respondents were asked to tick [√] one out of the four options of; strongly Agree(SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The questionnaire was content validated by three experts in public health and health education. Their average validity index were high, which is 72 percent valid. In order to ascertain the reliability of the instrument, the researcher used the test re-test method of reliability. The questionnaires were pilot tested among 18 PHC stakeholders. The questionnaires were re-administered after two weeks interval. The data collected from the two administrations were subjected to the statistic of Pearson Product Moment Correlation (PPMC) and a reliability coefficient of 0.83r was obtained. The instrument was administered by the researcher with the aid of three trained research assistants who were indigenes of the sampled areas. The inferential statistic of Chi-square was used to test the null hypotheses formulated at 0.05alpha level of significance.

Results

Hypothesis 1

Intersectoral collaboration in the community will not significantly influence the implementation of primary health care in Ovia communities, Edo state.

Table 1: Chi-square analysis showing stakeholders responses on intersectoral collaboration strategy and implementation of PHC programmes in Ovia communities, Edo state Nigeria

S/N	Items	SA	A	D	SD	Row Tot	df	Cal x^2	Crit value	Decision
1.	Working with organizations outside Nigeria can promote better PHC.	115(64%)	61(34%)	2(1%)	2(1%)	180				
2.	Partnership with other ministries in Nigeria will enhance better PHC.	115(64%)	58(32%)	4(2%)	3(2%)	180				
3.	Partnership with NGOs will enhance communities members' acceptance on PHC.	115(64%)	63(35%)	1(1%)	1(1%)	180	9	129.72	16.92	Ho Rejected
4.	Bringing other PHC stakeholders will enhance supervision of PHC programmes.	110(61%)	54(30%)	8(4%)	8(4%)	180				
	Column Total	**455(63%)**	**236(33%)**	15(2%)	14(2%)	720				

Pr=0.05

The table 1 above presented the chi-square analysis of the formulated hypothesis above. The table revealed that the calculated chi-square value of 129.72 was greater than the critical value of 16.92 with degree if freedom 9, at 0.05 level of significance. Therefore, the formulated null hypothesis was rejected. This implied that intersectoral collaboration strategy significantly influenced the implementation of PHC programmes in Ovia communities, Edo state.

Hypothesis 2

Community mobilization strategy will not significantly influence the implementation of primary health care in Ovia communities, Edo state.

Table 2: Chi-square analysis showing stakeholders' responses on community mobilization strategy and implementation of PHC programmes in Ovia communities, Edo state.

S/N	Items	SA	A	D	SD	Row Tot	df	Cal x^2	Crit value	Decision
1.	Community mobilization increases the utilization of PHC services	120(45.8%)	50(27.7%)	10(5.5%)	10(5.5%)	180				Ho Rejected
2.	Bringing communities members together raises the spirit of ownership of PHC facilities.	112(62.2%)	60(33.3%)	4(2.2%)	4(2.2%)	180				
3.	Community mobilization strategy raises stakeholders' consciousness of their roles and responsibilities towards PHC implementation.	100(55.6%)	50(27.8%)	15(8.3%)	15(8.3%)	180	9	138.44	16.92	
4.	Community mobilization strategy empower communities to mobilize resources for PHC implementation.	80(44.4%)	82(45.6%)	10(5.6%)	8(4.4%)	180				

Pr=0.05

The table 3 above presented the chi-square analysis of the formulated hypothesis above. The table revealed that the calculated chi-square value of 138.44 was greater than the critical value of 16.92 with degree if freedom 9, at 0.05 level of significance. Therefore, the formulated null hypothesis was rejected. This implied that community mobilization strategy significantly influenced the implementation of PHC programmes in Edo state.

Hypothesis 3: Community feedback mechanism will not significantly influence the implementation of primary health care Ovia communities, Edo state.

Table 3: Chi-square analysis showing stakeholders' responses on community mobilization strategy and implementation of PHC programmes in Ovia communities, Edo state.

S/N	Items	SA	A	D	SD	Row Total	df	Cal x^2	Critical value	Decision
1.	Feedback mechanism strategy promotes community participation in PHC.	110(61%)	54(30%)	8(4%)	8(4%)	180				
2.	Feedback mechanism strategy ensure PHC stakeholders are committed to the objectives of PHC.	112(68%)	58(32%)	5(3%)	5(3%)	180				
3.	Feedback mechanism strategy addresses the problems that can arise during planning and implementation of PHC.	136(76%)	40(22%)	2(1%)	2(1%)	180	9	133.17	16.92	Ho Rejected
4.	Feedback mechanism strategy help PHC stakeholders to achieve the objectives of PHC.	110(61%)	50(28%)	12(7%)	8(4%)	180				
	Column Total	**1789**	**1614**	**225**	**208**	**5754**				

Pr=0.05

The table 3 above presented the chi-square analysis of the formulated hypothesis above. The table revealed that the calculated chi-square value of 133.17 was greater than the critical value of 16.92 with degree if freedom 9, at 0.05 level of significance. Therefore, the formulated null hypothesis was rejected. This implied that community feedback mechanism significantly influenced the implementation of PHC programmes in Ovia communities, Edo state.

Discussion of Findings

The findings of the study revealed that the result of hypothesis 1 revealed that intersectoral collaboration strategy significantly influenced the implementation of primary health services programmes in Ovia communities, Edo state. The PHC stakeholders agreed that partnership with other ministries other than ministry of health can promote better PHC. They further agreed that collaboration with non-governmental organizations such as WHO, UNICEF, UNDP, GAVI and UNEP can promote the effectiveness and efficiency of PHC implementation. The finding above corroborated with that of Asuzu (2004) which reported that partnership with private sectors, NGOs, communities, other related ministries and developmental partners was essential to delivered PHC services that can meet the health needs of the people in communities. In fact, NPHCDA (2012) reported that intersectoral collaboration strategy intensified commitment on part of government and PHC service providers, promote funding and help to realize the objectives of PHC. In a similar vein, Adeleye & Ofili (2010) affirmed that for a holistic approach to sustainable implementation of PHC, intersectoral collaboration strategy was important and must be adopted as a valuable key principle to achieved effective and efficient implementation of PHC in communities.

The study also revealed that community mobilization strategy significantly influenced the effective implementation of primary health services programmes in Ovia communities, Edo state. The PHC stakeholders agreed that community mobilization strategy increased the utilization of PHC, raised the spirit of ownership among community members and help to mobilized resources for the implementation of PHC. The finding above corroborated with the finding of Abosede and Sholeye (2014) that through community mobilization strategy, diverse health organizations, community leaders and community members engaged in the planning and management of PHC, raised spirit of ownership and promote participation in the identification and assessment of the health needs of the communities. Also, Adeyemo (2005); and Efe (2013) reported that community mobilization strategy improved stakeholders' participation, improved resources mobilization, allowed for flow of information, ensured effective health needs identification and improved the health and quality of life of the people in the communities through the effective implementation of PHC in communities.

The study revealed that community feedback mechanism significantly influenced the implementation of primary health services programmes in Ovia communities, Edo state. The PHC service providers indicated that community feedback mechanism ensures PHC stakeholders are committed to the objectives of PHC, addressed the problems that arise during the planning and implementation of PHC and provided better communication links between health care providers and community members. The finding corroborated with the finding of Adindu (2007) that community feedback mechanism ensured improved PHC stakeholders' commitment, addressed problems during the planning and management of PHC programmes, provided for accountability and efficiency of health services.

Conclusion

Based on the findings of the study, it was concluded that; Intersectoral collaboration strategy influenced the implementation of primary health care programmes in Ovia communities, Edo state; community mobilization strategy influenced the implementation of primary health care programmes in Ovia communities, Edo state, as bringing together diverse health organization, community leaders and community members engaged all in promoting community participation and health needs assessment of the communities; and community feedback mechanism influenced the implementation of primary health care in Ovia communities, Edo state as it improves primary health care stakeholders' commitment, address problems that could arise during planning and management of primary health care implementation, close communication gap and help to evaluate the achievements of the goals and objectives of primary health care implementation.

Recommendations

Based on the findings and conclusion drawn from the study, the following recommendations were made;

1. National Primary Health Care Development Agency (NPHCDA) and State Primary Health Care Development Agency (SPHCDA) should strengthen partnership with international health organizations such as WHO, UNICEF, GAVI, UNDP and boost confidence and trust of these international organizations. State government should incorporate related ministries such as ministries of information, education, finance and environment.

2. State Primary Health Care Development Agency (SPHCDA) should fast track the development of functional village health committees that will ensure community participation and other health outreaches to promote PHC implementation.
3. The National Primary Health Care Development Agency (NPHCDA) and State Primacy Health Care Development Agency (SPHCDA) should provide discussion platform such as forum, seminars, conferences and symposia in communities to provide for easy communication among PHC stakeholders. Mobile lines and internet media can be opened by the agencies to provide feedback mechanism.

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