COMMUNITY PARTICIPATION AND CHALLENGES OF PRIMARY HEALTHCARE SERVICE DELIVERY IN RURAL AREAS OF EBONYI STATE, NIGERIA

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Abstract

Healthcare delivery in Nigeria is poor despite efforts made by the government and the relevant stakeholders in the health sector. The worst is the primary healthcare service delivery. Studies have shown that many of Nigeria's vulnerable populations depend on primary health care. Unfortunately, primary healthcare in Nigeria and Ebonyi State, in particular, is far from meeting the citizenry's expectations. Primary healthcare in Ebonyi State is characterized by an inadequate supply of healthcare facilities, healthcare consumables and personnel, leading to the overall poor healthcare service delivery, which has resulted in the patronage of quacks with its attendant consequences on the health of the people, hence the need the for community participation as a means of complementing government's efforts in healthcare provisions, especially in the rural areas. The study explored the inherent benefits of community participation towards efficient primary healthcare delivery in Ebonyi State. The study adopted the Participation and Democratic Theory propounded by Pateman (1970) as theoretical framework. Secondary sources of data were employed based on documentary evidence. These include journals, magazines, workshops/seminars, bulletins, periodicals, and e-library materials. The content analytical technique was employed to analyze and synthesize the materials generated for the study. The study observed that community participation provides the opportunity to tap into the rich potentials of community members in providing healthcare needs for the people. This process requires community mobilization, and divergent and robust ideas could be tapped to initiate the desired changes and transformation in the community. The paper also identified the challenges of community participation: communication barriers, literacy level, poor enlightenment, and lack of capacity to participate in development initiatives. Based on the above, the paper recommended that the state government should prioritize its interest in equipping the community health centres to match its taste of service on the rural dwellers through efficient and effective funding; adequate rural, rugged health workers should be recruited and trained to engage in operation free health for all in the communities; among others.

Keywords: Health Care, Primary Health, Community Participation, Participatory Theory, and Felt Needs

Introduction

Community participation in ensuring primary health service delivery entails a process whereby individual persons, family members, and residents living in the localities take responsibility for providing health services for themselves to improve their health status. Adeola (2015) sees the principle of primary healthcare as a way in which community members are organized, sensitized, and mobilized to participate in health programmes that affect their health and existence. She further contends that Community participation in primary health service delivery is a contributory effort of the community members to fulfil a given task, which has been broadened or narrowed from one situation to another or from a community to another. Participation entails that the community make input to the government or other relevant development agency's efforts to develop the grassroots.

Historically, primary healthcare service delivery could be traced to Nigeria's early 60s and 70s when the National Primary Health Management Board was established. The creation of the Primary Health Board was to cater for rural healthcare and to ensure control of communicable diseases (TB, STI/HIV/AIDS), child survival, maternal and newborn care, nutrition, non-communicable disease prevention, and health education and community mobilization considered prevalent at the hinterland. On this note, the World Health Organization sees PHC as better health for all. Adewumi & Akinyele (2018) posit that the setting up Health Management Boards (HMBs) for Federal Government and State government-controlled health institutions in the 1970s arose partly from the need to rescue primary healthcare delivery from the claws of civil service bureaucracy. The 1988 health policy reviewed in 1996 served as a blueprint of what we see today as Nigeria's health system. The revised National Health Policy 2004 designed primary healthcare based on practical, social, and technological made – easy, generally acceptable to individuals and families in the communities through their involvement, and affordable.

A large percentage of Nigeria's vulnerable population depends on primary healthcare. Of the 30,000 Primary Healthcare Centers (PHCs) present in communities across Nigeria, including Ebonyi State, 80 per cent cannot provide essential healthcare services. When essential healthcare services are beyond the reach of vulnerable populations, the country's entire healthcare system is in jeopardy (COVID-19 Transparency & Accountability in Africa, 2022).

Primary healthcare delivery across the 144 communities in Ebonyi State has not been satisfactory. Most of the health centres have become moribund due to an inadequate supply of modern healthcare facilities, making community participation imperative. Community participation ensures sustainability, self-reliance, surmounting cultural challenges to health service delivery, good community communication, and community labour and finance. The Federal Ministry of Health (2016) pointed out that the objectives of community participation in health service delivery must include identifying areas of need for collaboration and partnerships among actors in the health system. This entails promoting partnerships to support capacity building, innovation and sustainability in health financing, provisioning, utilization, quality assurance and improvement in order to ensure that formal, systematic and innovative mechanisms are developed and used, involve all public and non-state actors in the development

and sustenance of the primary health sector, thus promoting both inter and intra-sectoral collaboration in the primary health sector. This validates the mission of the Federal Ministry of Health (2016), which states that the mission of health service delivery is to provide and ensure access to, and use of high-quality and equitable healthcare services, especially at the primary healthcare level, by all Nigerians. Based on the above backdrop, this study became imperative to explore the possibility of community participation options towards improving primary healthcare delivery across communities in Ebonyi State.

Statement of the Problem

Effective primary healthcare service delivery entails the availability of well-equipped health facilities in the localities and neighbourhoods aimed at improving the healthcare needs of the people. Primary healthcare delivery is expected to reduce child and maternal mortality in the study area. However, this is seemingly not the case, as studies have suggested. Healthcare Financing (2020), a report by USAID on the current health status in Ebonyi State, cited in Nwakamma, Iloanya & Taiwo (2024), revealed that indices of improved healthcare standards are poor relative to estimates from lower-middle-income countries (LMCCs) in Sub-Saharan Africa. Coupled with the above is food insecurity, which still constitutes a central problem for people experiencing poverty in the study area. Cases of water-borne diseases, such as cholera and diarrhea, frequently occur in the study area.

Available health centres across the communities lack the necessary facilities such as roads, pipe-borne water, electricity, communication gadgets, and diagnosing machines capable of addressing rural communities' primary healthcare services. Also, socio-cultural beliefs and communication barriers impede the effective delivery of health services. Language barriers between a patient and healthcare professionals deter adequate understanding of the case-histories of patients, diagnosis, drug prescription and treatment, and adherence to treatment instructions (Ndukauba, Nduka & Ohuoba, 2021). Chukwunweike, Adigwe & Ogaji (2018) observed that non-adoption of modern information technology methods in primary health care, poor maintenance cultures, poor governance of primary healthcare systems, under-utilization of health personnel skills, poor staff motivation and unhealthy rivalry between various categories of health workers" is an issue. Despite these primary healthcare challenges in Ebonyi State, the government seems not to have done enough. This calls for community participation to improve primary healthcare delivery in the study area.

Community Participation

Mwankupili and Msilu (2020) conceived community participation as a series of stages through which beneficiaries develop the managerial and organizational capacity to increase control over the decisions that affect their lives. It is a mechanism to empower and enhance advancement at improving the lives of poor people in rural areas. Omowunmi & Oluwaseun (2017) contend that community participation in primary health delivery is" the process by which individuals and

families assume responsibility for the health and welfare of both themselves and the community, thereby developing the capacity to contribute to the growth of their community". It is generally conceived to be a joint involvement of grassroots people, both men and women, in a strategic plan to achieve their needs assessments in their enclave.

It was on this premise that Omowunmi & Oluwaseun (2017) posit that "community's contribution of Indigenous resources and integration of primary healthcare services with the pre-existing community structures favoured community participation in the delivery of primary health care, thus corroborating with several literature that described that the resources of community health committees are significant factors in community participation for health". Community participation is predicated on the management concept of problem identification, planning, implementation, and evaluation of community resources to determine delegation and responsibility for community agents, focal persons, or groups. This is because community participation in primary healthcare delivery is an institutionalized effort of either the Town Union Development Committee (TUDC) or the Village Development Committee (VDC). This committee mobilizes community resources on the mandate and terms of reference of all community members, who expect feedback on the termination of the healthcare service project. For a community to achieve viable primary healthcare services, the health plan must be based on accessibility, affordability, continuity and quality of services. This depends significantly on the political and economic realities of the state or country. Community participation can muster the courage and spirit of self-independence among the community members, thus spurring them into action organizing, planning, implementing and executing the primary healthcare project or programmes in their community.

Federal Ministry of Health (2016) contends that the referral approach could be employed to widen the scope of care to the rural dwellers where there are the poorest and the most marginalized peoples or areas. There is a framework for developing and engaging with community structures, such as the Ward Development Committees, the Village Development Committees, and the Health Facility Committees. These committees are responsible for demand-creation, monitoring of health services, community mobilization, and participation in programme implementation, among other functions. However, they are often not empowered and are, therefore, unable to carry out their mandate within the community effectively. Despite these structures, communities are not adequately involved in designing and planning health interventions. They are often not able to hold government and service providers accountable.

Primary Healthcare Service Delivery

The World Health Organization (WHO) in Mayeden (2016) refers primary healthcare service delivery as "the provision of 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 participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination". In the world today, due to decentralization and democratization trends

in the society, primary healthcare has become the hub of community participation at the grass-roots. Gofin & Olise in Akinseye (2020) opine that" Primary Healthcare (PHC) is a grass root approach meant to address the main health problems in the community, by providing, preventive, curative and rehabilitative services". Federal Ministry of Health (2016) contends that a good primary healthcare service delivery must stand the taste of achieving the following objectives which include to: provide a minimum primary healthcare service package for the people at all levels; strengthen governance and accountability of service delivery units to improve the management of health facilities; enhance demand-creation for healthcare services and health system responsiveness to client needs , strengthen referral systems; ensure the provision of adequate and safe blood for appropriate treatment of patients at all times; strengthen traditional medicines/care as a component of the national health system and improve partnership with traditional medicine practitioners in healthcare delivery; ensure timely, accessible, affordable, and reliable laboratory and radiological investigations for enhancing accurate diagnosis, and to improve the quality of health services and ensure patient safety at all levels of the health system. Akinseye (2020) "Primary healthcare is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health, as echoed in Article 25 of the universal Declaration of Human rights thus: Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing and medical care and necessary social services."

Components of primary healthcare include the supply of drinkable water, thrilling health education, provision of nutritional food, and good maternal and child health care, including family planning. These components work effectively if the PHC possesses features like accessible and essential health service, acceptable for families and the community, community participatory approach, and involvement of the community, state, and federal government in capital-intensive funding. The broad policy directives of primary healthcare service delivery in Ebonyi State is to strengthen primary healthcare management through a unified governance system at the state and local government areas by promoting equitable distribution and access to primary healthcare services through the rural healthcare system and promoting community participation in the planning, management, monitoring and evaluation of the rural primary healthcare approach through the committee system (village, ward, development committees).

Theoretical Framework

The study adopted the Participation and Democratic Theory propounded by Pateman (1970) as the theoretical framework. The participatory democratic theory hinges on the assumption that the participation of the beneficiaries in whatever programme or project is meant to better their lots is paramount to its accomplishment. The participatory theory holds that for any effort on development to yield fruit, be it the provision of infrastructure facilities, or healthcare delivery, those who are to bear the consequences of the action must be actively involved in such activities leading to their welfare. The participatory theory seeks to engage local populations in decision-making and development projects. It is based on the assumption that when people participate,

especially in making decisions regarding their welfare, they show more commitment and feel a sense of belonging. The participatory theory is against the directive approach, which has failed to be reliable for rural and community development. Participatory theory emphasizes the need for people to get involved in decisions affecting their lives to identify their felt needs. Therefore, decisions relating to the empowerment of the people must be a collective decision of the people by the people and for the people, and this is the import of democracy. This, therefore, draws from the popular conception of democracy as "government of the people, for the people and by the people." Public participation ensures that people have a direct voice in public decisions and participate in programmes designed for their well-being.

One could deduce from the above that for effective community participation in the provision of primary healthcare service, individuals, groups and the government need to have diluted self-control, set goals, and have a feedback mechanism, instruction order, reward and as well social support system capable of stimulating the beneficiaries to have a rethink towards the utilization of the programme. This will never happen without changes in the social cognitive axiom, and such changes must reflect at the community level, individuals, and the work organization itself to establish a cooperative understanding capable of thriving primary healthcare service delivery to success. Community participation in any developmental stride must consider the people's view, which needs assessment (ascertain their needs and quality of life), documentary evidence indicating the kind of health challenges of their priority interest, and identifying the process of initiating and sustaining changes in those areas of their need. It will shape policies, resources, and intriguing factors capable of hampering or boasting about effectively implementing the primary healthcare service programme in communities. The failure to achieve effective primary healthcare service delivery in Ebonyi rural communities bothers poor community participation in supplementing government and critical stakeholders' commitments to improving the healthcare needs of the people and the overall standard of living of the people in the study area. Based on the above, the theory was considered relevant for the study.

Methodology

To achieve the above-stated objective, the researchers adopted the content analytical method. Secondary sources of data were employed since the information required is based on documentary evidence. These include journals, magazines, workshops/seminars, bulletins, periodicals, and e-library materials, etc. The information gathered from the sources was used by the researchers to achieve the stated objectives.

Models of Community Participation

Numerous models and stages of community participation in policy and programme design and implementation exist. For instance, Norad (2013), cited in Keneth and Mathew (2023), presents seven stages of participation, including:

Manipulative Participation: Pretence, with nominated representatives having no legitimacy or power;

Passive Participation: Unilateral announcements without listening to people's responses;

Participation by Consultation: External agents define problems and information gathering

Processes and so control analysis;

Participation for Material Incentives: People participate by contributing resources (labour) in return for material incentives;

Functional Participation: External agencies encourage participation to meet predetermined objectives.

Interactive Participation: People participate (as a right) in joint analysis, development of action plans and formation or strengthening of local institutions.

Self-mobilization: People take initiatives independently of external institutions to change systems.

Apart from the above, other models include: (a) Co-opted mode: in this case, people are handpicked to participate but do not have input-making power; (b) Co-operating mode: There is a delegation of authorities with incentives where the government designs and directs the process and practice of achieving the project; (c) Consultative mode: the government invites the rural community to present data analysis and champion the action; (d) Collaboration mode: In this mode, the government works with the community to determine their priority, but the government is responsible for directing the process; (e) Co-learning mode, the government and community share knowledge together to facilitate understanding that will form an action plan; (f) Collective action mode, the community sets up an agenda and mobilizes to execute it by utilizing the government not as a facilitator but as required by the rural people. Community participation in primary healthcare service delivery entails community inputs in health-related issues by fulfilling specific responsibilities that have been broadened or narrowed from one situation to another or from one society to another. Adeola (2015) corroborated with the above that "community participation in the health sector means that communities take responsibility for their health through: adoption of behaviour to prevent and treat diseases, effective participation in disease control activities, and contribution to the design, implementation and monitoring of health programmes, provision of resources for health".

Rationale for Community Participation in the Delivery of Primary Healthcare Programmes

The rationale for community participation encompasses the need, duty, and right of people to be involved in their affairs, the inconsequential of the primary health system to provide services to the populace on the grass root, effecting social changes in the rural areas, the anticipation of yielded value in the primary health system, and inability of the primary healthcare policy framework to address community health challenges. These factors determine the kinds of community participation that could apply. Community participation advocates the need for

people to improve their condition using local initiatives and resources or programmes designed by the government or other stakeholders. The interest in community participatory initiatives in recent times was informed by the fact that governments at all levels, especially in developing countries, including Nigeria, have failed to address the plethora of development problems facing the rural areas; hence, communities have resorted to all manners of self-help including primary healthcare in order to improve their living conditions. Community participatory initiatives seek to complement the efforts of the government and other relevant stakeholders in developing communities. As a process that requires community mobilization, divergent and robust ideas could be tapped to initiate the desired changes and transformation in the community. This allows for community participation. Community participation is a process of tapping into the rich potentials of the community members in the quest for their development. This approach could be fully deployed to improve the healthcare in the study area. Usman, Depaali and Kabiru (2018) observed that local and organized efforts have become necessary for the communities in order to enhance the realization of community development goals, especially where government patronage was not easy to get all the time, whereas organized development efforts through community development programme have become popular today. Amujiri (2009) in Kenneth and Mathew (2023) argued that community participation is important in programme implementation because of the following:

- It helps to define community needs and priorities much more accurately;
- It reduces cost by mobilizing unused local, human and material resources;
- It helps people to appreciate, understand and sympathize with government policies and actions;
- It contributes to political stability;
- It speeds up the process of social change among the people;
- It results in better decisions compared with those determined solely by professionals and administrative bureaucracies, and,
- It is a useful learning experience that provides many of the motivating forces needed to execute such projects.

Alluding to the above, Ochepo (2016) found that community-driven development (CDD) is a method that enables projects to be built around the people's felt needs through the citizens' mobilization of both human and material resources within themselves. In Ebonyi State, citizen participation could be a catalyst for bringing about the desired change in primary healthcare delivery. Acha (2020) revealed that community self-help activities significantly reduced poverty and created jobs in rural development.

Challenges of Community Participation in Primary Healthcare Service Delivery in Ebonyi State

The primary goal of Nigeria's health policy is to strengthen and sustain active community participation and ownership in health planning, implementation, monitoring, and evaluation of service output. The policy further aimed at covering a specific spectrum in unveiling the cost benefits and cost-effectiveness of primary health service delivery through community participation in the following ways:

i. Support systems for effective community health promotion.

ii. Encourage the functionality of the community health systems, such as ward development committees, village development committees, health facility management committees, etc., across Nigeria.

iii. Organize community dialogue using the information, education and communication (IEC) methodology, especially in rural areas where local dialects are the only communication languages.

iv. Establish mechanisms for ensuring community participation in decision-making on health programme issues affecting them at all levels (Federal Ministry of Health, 2016). Where the above failed, there is a tendency for the community to rise to their challenges at addressing such policy gaps by fending for themselves no matter how scratchy it might be. This is because of the zest or community drive to resolve issues of their concern in order to provide certain services to their people or area.

Primary healthcare service delivery in Ebonyi State and other states in Nigeria is far below expectations. This manifests in various outbreaks of preventable diseases such as cholera, malaria, and typhoid fever, among others, which result in poor hygiene and unhealthy environments in which people live. Primary healthcare is supposed to play key roles in child immunization and general immunization against infectious diseases, education concerning prevailing health problems and methods of preventing and controlling them, promotion of food supply and proper nutrition. These goals are far from being met, leaving the people to seek medical care from non-professionals and quacks with its attendant consequences. In most rural communities, poor primary healthcare delivery has been identified as the leading cause of preventable deaths.

The *Daily Trust* (2022) reported that Ebonyi state records the highest maternal - mortality rate in six months due to poor medical facilities in the few healthcare centres in the 144 autonomous communities in the state. The programme manager of Ebonyi State Emergency Maternal & Children Intervention Center for the US Agency of International Development Integrated Health Programme (USAID-IHP), Augustine Otu, conveyed this on 21st June 2022 in a one-day workshop training programme for primary healthcare workers in Ebonyi state. The programme was held in conjunction with partners to prepare health workers ahead of the Mother-NewBorn Child Health Week (MNCHW) drawn from all rural healthcare centres in Ebonyi State.

Hussaini (2023) examined the nature of community participation in rural development at the grassroots in Nigeria and found that the bottom approach, political deprivation, lack of enlightenment and awareness campaigns and lack of proper educational empowerment constitute the major challenges of community participation in rural development. It concluded that participation in rural development is not within the goals of government development plans. Tshepiso and Takalani (2020) added that some of the challenges of community participation include elitism, factions, greed and corruption, leadership conflict, language and lack of capacity to participate in development initiatives, lack of government support, and lack of funding.

Conclusion/Recommendations

The importance of Primary healthcare service delivery as the first contact call for addressing the healthcare needs of the people cannot be overemphasized. In Ebonyi State, inadequate supply of healthcare facilities, healthcare personnel and healthcare consumables constitute the challenge to effectively delivering primary healthcare services. This, therefore, calls for a synergy between the government and the community members, hence the need for community participation in healthcare delivery. Community participation in programme design and implementation emphasizes the need for people to get involved in decisions affecting their lives to identify their felt needs. Despite efforts made so far to get people involved in order to complement the government's efforts towards an efficient primary healthcare system, primary healthcare has failed to meet the expectations of the people in the study area. Community participation is hindered by communication barriers, literacy level, poor enlightenment, lack of capacity to participate in development initiatives, etc. Based on the above, the paper recommended that the state government should prioritize its interest in equipping the community health centres to match its taste of service on the rural dwellers through efficient and effective funding; adequate rural, rugged health workers should be recruited and trained to engage in operation free health for all in the communities; attention should be paid to rural road network through joint State-Local Government intervention scheme for easy assessment of the community health centres; the communities should appoint leaders devoid of questionable characters to represent them in their participation in primary healthcare service projects having provided these primary health centres with the necessary health facilities needed, the worker should be paid their salaries as at when due as this will serve as motivation for job performance.

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