IMPLEMENTATION OF PRIMARY HEALTH CARE SERVICE IN AKWA IBOM STATE, NIGERIA: AN APPRAISAL

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Abstract- Primary health care recognises that health care is not a short-lived intervention, but an ongoing process of improving people’s lives and alleviating the underlying socioeconomic conditions that contribute to poor health. The principles link health and development, advocating political intervention rather than passive acceptance of economic conditions. This therefore, necessitated Akwa Ibom State health policy of supporting healthy living for sound body and mind as well as combating of diseases through the operation of an accessible, affordable, efficient, and integrated health care delivery system based on primary health care services. This work therefore appraised government effort in implementing its primary health care delivery system for a healthy living. The study adopted a historical as well as descriptive approach in data collection. The study therefore revealed that the government has made appreciable effort in building and renovating of health centres across the state. Also, government programme of free medical care to children and pregnant women has helped to reduced infant and maternal death in the state. Despite these, the study further revealed that the implementation of PHC in the state has been overwhelmed by many challenges such as inadequate funding, lack of capacity by implementing agency which is local government. Above all, lack of political will occasioned by bad governance. Based on this, the study recommended that the state government should be more committed to the programme by allocating more funds in its annual budget to enhance effective implementation considering its strategic importance. Also, the state government should be committed to ensuring good governance with proper accountability and transparency.

Index Terms- Primary health care, Implementation, Akwa Ibom State, Nigeria

I. INTRODUCTION

In Nigeria, there are three tiers of government. These are federal, state and local governments. Each has very important roles to play in the organization of health services in Nigeria. Today, the most significant development in the re-organization of health services in Nigeria is the expanded role of local governments as regard Primary Health Care Services. They are now directly responsible for organizing and rendering primary health care services to the community through the administration of primary health care centres within the local government areas.

For easy administration, each of the local government area has a department of Primary Health Care. The political head of the unit is the Supervisory Counsellor for Health, who is responsible to the chairman of local government. Each local government is expected to employ a medical officer of health as the head of the health team. Other members of the team are: Community Health Officers, Midwives, Nurses, Community Health Extension Workers etc. in any Local Government Area where there is no Doctor, the Primary Health care Department is headed by an experienced Community Health Officer. The team manage all the Health Centres within the Local Government Area. These Primary Health Centres include Health Posts, Primary and Comprehensive Health Centres within the Local Government Area. They provide various services such as, Health Education, Pre and Post-natal Care, Treatment of minor ailments environmental sanitation, immunization, Reproductive Health Care Services etc. (Ajayi – Tope, 2004).

II. CONCEPTUALIZING PRIMARY HEALTH CARE AND IMPLEMENTATION

According to the Alma-Ata declaration of 1978, Primary Health Care (PHC) was defined 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 through their full participation and at a cost that the community and the country can afford to maintain at
every stage of their development in the spirit of self-determination. As it was conceived, PHC is the first level of contact of individuals and families with the country’s health system. It is based on the principles of intersectoral collaboration, appropriate technology, community participation and equitable distribution. Components approach at the Alma-Ata conference included health education, adequate supply of good water and sanitation, adequate food supply and nutrition, immunization against preventable diseases, control of locally endemic diseases, mental and child health including family planning and provision of essential drugs (WHO 1978 and Obionu 2007).

Advanced Oxford Dictionary defined primary health care as a medical treatment that we received first when we are ill or sick. In other word PHC is an approach to health beyond the traditional health care system and also it is universally accessible to individuals and families in the community. It is also known as emergency health care. Primary health care recognizes that health care is not a short-lived interaction, but an ongoing process of improving people’s lives and alleviating the underlying socioeconomic conditions that contribute to poor health. The principles link health and development, advocating political intervention, rather than passive acceptance of economic conditions, (Cueto, 2004, Litsios, 2002 and WHO 1978). From the above, we could deduce that the concept of “Primary Health Care” cam into being based on the realization that conventional curative health services have failed to meet the health needs of the majority of the people particularly rural poor in developing countries.

On the other hand, implementation refers to the process of converting human and material inputs, including information, finance, technical knowledge, human demand and support, etc. into outputs in the form of goods and services (George and Klaus 1979). Ikelegbe (2006) sees implementation as the committal of funds, the establishment of structures and methods, the hiring of personnel, the administering or executing of activities, and the securing of policy goods, services and other intended outcome. It is also noted that since the executive dominate the decision-making process, it is always at the stage of implementation that some interested groups and individuals become aware of the existence of a new policy and thus begin to push for either the modifications where consultations at the policy formation was hasty and inadequate.

Generally, it is obvious that implementation is the process of translating policy mandate into action, prescriptions into results and goals into reality. It is the linkage between a formulated policy objectives and a concrete and tangible executed policy. It is therefore the major explanation for the failures or success of public policies. The truth remains that, the difficulties of administration rather than the nature of the policy, programmes or projects have been the main problem with public policy, (Ikelegbe, 2006). Since implementation is the process of giving effect to policy so that the objectives of the policy can be achieved, this study was therefore initiated to apprise the success of otherwise of Bamoko initiative of 1978 (PHC) in Akwa Ibom State.

III. THE STUDY AREA

Akwa Ibom State is one of the 36 states in Nigeria Federation. It has an estimated current population of 3.9million. Created on 23rd September, 1987, it is the tenth largest state in the country with 31 local government areas. Akwa Ibom State covers a total area of 7,246.499 square kilometres and therefore has a population density of about 475 per square kilometre. The state is situated at the south-eastern corner of Nigeria. It is one of the few states in Nigeria with sea coast as boarder (in the south). It is bounded in the North by Abia State, in the West by Rivers State and in East by Cross River State, (Ekpo and Umoh, 2005 and Ibok and Daniel 2013).

Akwa Ibom State is host to numerous oil fields and oil installations and by these benefits from the constitutional provision that allocate 13% of petroleum revenues to state where the resources is extracted. Despite this abundance Akwa Ibom State fares badly in terms of human capital especially in health care. With a fast growing population, and scarcely enough health facilities occasioned by weak government institutions and policy commitments, majority of citizens in the state have essentially remain within the ambit of superstition and ignorance, (www. citizensbudget.org)

IV. PRIMARY HEALTH CARE AND IMPLEMENTATION EFFORTS IN AKWA IBOM STATE

The nature and style of the Akwa Ibom people in their response to contemporary challenges of development, most importantly health care services is that of perseverance, participation by all segments of the society and consistency of action. This is evidence by past and present vision of the state which is to transform Akwa Ibom State into a prosperous, highly educated, technology-driven, ethnically harmonious, caring and pace-setting state in Nigeria, with strategic policies and programmes to accomplish it. One of such policies is the development of a sound health policy to ensure a healthy living. Without good health which is synonymous with development, the dreams and aspiration of the state cannot be achieved, (Ibok and Daniel, 2003).

To ensure a healthy living and in line with the national policy on health as well as local imperatives, the health care system in Akwa Ibom State is based on primary health care that is preventive, restorative, and rehabilitative, with particular attention to high risk groups such as children, young mothers, the handicapped and the elderly. The policy also seeks to support healthy living for sound bodies and minds as well as combating of diseases through the operation of an accessible, affordable, efficient, and integrated health care delivery system that is structured around a two pronged integrated primary health care services and secondary care strategies administered through health institution by skilled care providers, (Ekpo and Umoh, 2007 and Udoh, 2013).
In the past few years, Akwa Ibom State government especially the present government has given health a priority attention by investing enormous financial resources to revamp and resuscitate the sector in order to make health care delivery not only accessible and affordable for every Akwa Ibom person, but also to ensure that nobody dies from a preventable disease. The following represent government efforts toward that direction.

- Provision of free medical treatment to women, children and the aged in the state
- Provision of anti-natal kits to over 1,000 pregnant widows across the state
- Provision of free medical attention to 1000 women on cervical cancer, breast cancer, diabetes, and free talks on women and security consciousness
- Activation and expansion of eight anti-retroviral centres, 15 prevention of mother to child transmission (PMTCT) centres, and 37 HIV counselling and testing centres, all rendering free services
- Construction of new Primary Health Care centres in the three Senatorial Districts of the State.
- Renovation of old and dilapidated Primary Health Care centres across the state.
- High immunization converge to eradicate polio and all other childhood killer diseases.
- Provision of counterpart funding for all health programmes by donor organizations like UNICEF, UNFPA, Operation Roll Back Malaria, HIV/AIDs World Bank Assisted Programme
- Provision of mosquito nets across the state especially to pregnant women and children free of charge.
- Training of health workers.
- Sensitization program on how to maintain a healthy living.
- Provision of ambulances to health centres across the State.
- Construction of Cottage Hospital in Essien Udum, Ibeno, Ukanafun, Eastern Obolo and Ika Local Governments in the State etc. (www.thediasporanstaronline.com).

However, despite the aforementioned efforts by the state government in implementing primary health care service in the state, it is obvious that the Health sector especially the PHC is faced with some challenges which deserves our attention.

V. WEAKNESSES OF PHC IMPLEMENTATIONS

Currently, the major challenges faced by the health care systems in the state are:

- Weak managerial capabilities at the primary levels of care.
- Lack of proper coordination and regulation.
- Inequitable and insufficient resource allocation, with limited resources for promotional and preventive activities and programmes. For example, budgetary allocation of capital profile from the Health care in 2010 was N11.1 billion, while allocation for 2011 dropped to N9.4 billion with a decrease of N1.7 billion nominally. This shows lack of commitment and government insensitive to the important of the sector which should be given highest financial attention to ensure a healthy living.
- Ineffective referral system.
- Inappropriate human resources planning with imbalances between the number of health professionals in different categories and inequitable geographical distribution. For example, there are more health facilities/personnel in the urban centres than the rural areas. To put the record right, in the rural areas, we have shortage of physicians, nurses and trained health personnel.
- Unsatisfactory working condition of health workers.
- Limited community participation and involvement.
- Limited inter-sectoral collaboration for health service development.
- Weakness of health information system especially at the rural areas.
- Lack of research, development and coordination between PHC and specialised hospital care.
- Inadequate governance and accountability at all levels of the health system.
- Lack of proper monitoring and evaluation.
- Non availability of essential drugs. This is serious because without drugs, a health service has no substance and no credibility.
- Deep rooted tradition and customs, including religious/health beliefs and practices which increases the patronage of the services of traditional healers such as herbal healers, traditional birth attendants, bone setters, Koranic healers and incantators, thereby leaving majority of the people in ignorance, fears and in chains of slavery to social and health freedom (Akwa Ibom State Health News, 2008).

The aforementioned weaknesses tend to overwhelmed government efforts in ensuring a healthy citizenry via primary health care services in the State. The available facts as presented call to question the sincerity of government in implementing PHC in the
State. It is therefore glaring that the health care system in the state is in a deplorable or prostrate state, which required urgent and committed attention by the government.

VI. CONCLUSION

Health has a far reaching contribution to human development as well as human productivity. Health care is seen not only as a goal of development but as the right of individual and the means to achieve the related goals and aspiration as well as higher labour productivity. Health investment in Akwa Ibom State focused on ten major policy areas: health infrastructural development, manpower development and financing, provision of drugs and equipment, HIV/AIDS prevention and control, Roll Back Malaria, aggressive immunization campaign for infant and mothers, integrated maternal for new born and child health, free medical treatment for pregnant women, children and the elderly, improved staff welfare scheme and effective service delivery.

However, the implementation of the above major policy areas has failed to address the health challenges among millions of Akwa Ibom people especially the rural poor. This is made worst by poor political will by the government, gross underfunding and lack of capacity at the Local Government level, which is the main implementing body of Primary Health Care (PHC). The prevailing state of health has not only reduced life expectancy among Akwa Ibom people, but also thwart their earnest effort in contributing their appreciable quota toward state aspiration and by extension national development.

VII. RECOMMENDATIONS

Despite government efforts in re-positioning and strengthening primary health care in line with Alma-Ata Declaration, the observed weaknesses are overwhelming. In order to achieve a healthy citizenry in the state, we therefore provide the following recommendations:

1. The state government should allocate more funds in its annual budget for health care considering its strategic importance.
2. The government should embark on training and retraining of health professionals like Doctors, Nurses, technologist etc and distribute them evenly between urban and rural areas.
3. Government should support public awareness programme on healthy living. This should be extended to the rural areas for the benefit of the rural poor.
4. Health workers should be properly remunerated.
5. Government should ensure that there is adequate stock of essential drugs and support services.
6. Government should ensure proper linkage between levels of care - referral system.
7. Government should put in place monitoring and evaluation unit to ensure effective implementation of PHC especially to ensure adequate record keeping and data management.
8. Above all, the state government should be committed to the course of good governance with proper accountability and transparency otherwise whatever efforts geared toward PHC implementation will continue to be a mileage.

REFERENCES