

# **S**TRATEGIES IN PRIMARY HEALTH CARE: TOOLS IN ACHIEVING POSITIVE RESULT IN HEALTH CARE DELIVERY

**AMADAOWE FORSMAN**

*Department of Primary Health Care Tutors, Kaduna Polytechnic, Faculty of College of Vocational and Technical Education*

## **ABSTRACT**

**T**he Alma Ata declaration on Primary Health Care (PHC) which was made in 1978 is meant to address the main health problems in communities by providing promotive, preventive, curative and rehabilitative services. Nigeria was among the 138 signatories to this 'iivaluahle idea. Subsequently several re-organization of the Nigeria Health structure to align with the new visitation was made. The implementation of PHC, primarily through services provided at the primary health centres, vary based on the type of PHC facility in Nigeria,. several other PHC services with the health precinct include community mobilization services, services integration and selected PHC programmes under the auspices of international collaborators. This review therefore looks

## **Introduction:**

In this article I want to explore the contribution that Primary health care can make to address the social determinant of health in the context of a changing society. The concept of primary health care, endorsed by the world health organization in the Alma Ata declaration in 1978 has been implemented in every different way all over the world, we look at the main features of primary health care what are the conditions that enable the introduction of primary health care. What is the evidence of primary health system to enhance the

*at the primary health care strategies as inevitable tools in achieving Healthcare service in Nigeria.*

**Keywords:** *Strategies, primary health care tools, positive result, care and delivery.*

---

Effect or impact primary health care on health care delivery as conceptualized by the Ama-Ata declaration of 1978 is a grass-root approach towards universal and equitable health care for all (World Health Organisation-United Nations Children Fund WHO-UNICEF. 1978). The strategy is meant to address the main health problems in the community providing promotive, preventive curative and rehabilitative services (Olise, 2007). It is the first level of contact of individuals, families and communities with the national health system. bringing health care as close as possible to where people live and work, and constitute the first element of the continuing health care process (Ohiome, 2007). A primary health center was described by Maurice king as a unit which provides a family with all the health services, other than those which can only be provided in a hospital (Federal Ministry of Health Nigeria. (FMOHN), 2004: Raids, 2008). It fundamentally takes services outside its own precinct to the homes of people within its jurisdiction. In Nigeria essentially, three types of primary health centers are recognized within the health system. These include: The Comprehensive Health Centers (CHC); the primary Health Centers (PHC) and the Basic Health Center (BHC) (Ohiome, 2007). PHC is the latest expression of a belief that can be traced to the 19<sup>th</sup> century pathologist. Rudoft Virchow and Alenoghena 2004) states that the solution to major human disease problems resided not only in the best science available. But also in brave political proposal for social justice and improvements in the life of the poor (McNeely, 2007). Nigeria is one of the dignitaries to the Alma-Ata declaration of PHC in 1978. But is interesting to note that prior to the 1978 Alma-Ata declaration, the country had set the ball rolling with the implementation of the Basic health services scheme (1975-1980), which was Nigeria's first serious attempts at the

implementation of PHC. This scheme concentrated on the provision of health facilities, training of health workers and paying little attention to community participation intersectoral cooperation to community participation, intersectoral cooperation or use of local technology (Obinnu, 2007). In 1988, the National health policy of Nigeria was launched and is seen as a collective will of the government and people of Nigeria. In 1992, PHC implementation started with the commencement of PHC programs in the developing world to have systematically decentralized the delivery of basic health services through local government administration (Obionu, 2007, Cucto, 2005) in order to ensure the sustainability of PHC in Nigeria, the federal government by decree number 29 of 1992, set up the National Primary Health Care Development Agency. This body was charged with the responsibility to mobilize support nationally and internationally for PHC programs implementation (FMOHN, 2004. Raids, 2008: Magawa, 2012).

### **Strategies for Implementation**

The implementation of PHC is achieved through services carried out at the primary health centers and home visits. These services are specifically related to the component of PHC which include education concerning prevailing health problems and methods of preventing and controlling them, promotion of food supply and proper nutrition and adequate supply of safe water and basic sanitation, maternal and child health care including family planning, immunization against the major infectious diseases, preventing and control of locally endemic and epidemic diseases, appropriate treatment of common diseases and injuries and provision of essential drugs (WHO-UNICEF, 1978). These services are carried out primarily at the primary health care facilities. As it is in other parts of the world, Nigeria has its own peculiarities characterizing the health care system. These peculiarities are related to her cultural, religious and sociopolitical diversities. Thus strategies to implement primary health care must be evolved to meet the challenges associated with these diversities. These strategies include community mobilization and advocacy, service

integration, health research, capacity building and international and non-governmental collaborations.

### **Community Mobilization and Advocacy**

Community mobilization is the process of arousing the interest of the people and encouraging them to participate actively in finding solutions to their problems ( Olise, 2017). It is the gateway to providing effective health care services to individuals, families and groups within the communities concerned. Community mobilization engenders community participation and community ownership and ultimately guarantees sustainability of health programs (Magawa, 2012). In addition, it enhances resource mobilization and usage is particularly crucial in resource-poor setting for the implementation of primary health care. Important aspects of community mobilization include community entry, community dialogue, and advocacy, in community entry, important stakeholders are engaged to obtain necessary permission for health programmes and services, while community dialogue provides opportunity for community members to channel their inputs into the planning. implementation and evaluation processes. Advocacy means providing active verbal support for primary health care by making information available to those who are in a position to act on them. In practical terms, advocacy to primary health care involves community and opinion leaders, political leaders, policy makers and other important stakeholders. Beyond verbal support. ordinary community members want to see their leaders patronize and utilize primary health care services. They also want to see health workers including doctors. utilizing PHC facilities for their health needs and that of their families. Community mobilization helps to galvanize support for the development and deployment of primary health care services.

### **Service Integration**

Service integration in primary health care has been described as the process of including either the elements of one service or an entire service into the regular functioning of another service (NPHCDA, 2012). It implies

providing two more primary health care services on the same platform by the same team and often simultaneously. This strategy enhances efficiency, prevents duplicity and waste of resources, and improves availability and accessibility of a wide range of health care services, service integration is the principle that underlines the integrated maternal newborn and child health week (MNCHW) and the immunization plus days (IPDS), (Federal Government of Nigeria, FGN, 2007).

Health research provided a means of systematically identifying health-related problems and their determinants so as to evolve ways to solve them. It entails identifying community health needs and their areas of strength and weakness in order to appropriately and deeply utilize available resources. Efforts have been initiated globally to emphasize the importance of evidence-based programming through the application of research findings in policy-making processes (Uneke et al 2010). Nigerians' national strategic health development plan (NSHDP 2010-2015) identified research for health as a priority area aiming to utilize research for informed policy-making and programming, as well as to improve health and achieve nationally/international health-related development goals and contribute to the global knowledge platform. According to the NSHDP, the government of Nigeria at all levels is expected to invest 1% of her health expenditure (about #6.77bn) on health research annually (FMOH, 2010). However, a quick review of Nigeria's federal budget on PHC research as a proportion of PHC budgets over the past three years (2011-2014), in the same vein, the annual budget for most states does not have provision for health research. The implication is that PHC strategic and operational planning has been speculative rather than evidence-based. Therefore, investment in health research is an important and yet neglected strategy for implementing primary health care in Nigeria.

### **Capacity Building and Mechanism**

The five foundation elements critical to delivering quality health care services are health care workers, health care facilities, medicine devices and other technologies, information systems and financing to ensure that

quality in built into foundation. Manpower development is crucial to quality health care delivery. It is required to be a continuous process in order to effectively deal with the constantly evolving health care workers and manages needs to be trained and retrained on regular basis through workshops, seminars, special courses and in some cases, in higher degrees. The essence is to maintain a vibrant workforce. Health care workers offering PHC services are no second-class practitioners, and thus must receive government's attention in the area of capacity building.

### **Non-Governmental and International Collaboration**

The burden of providing health care services to the people at the grassroots need not to be borne by the government alone. The role of non-governmental organization (NGOs) has been recognized in promoting primary health as noted by the World Federation of Public Health Association (WFPHA, 1978) and continues to be advocated to fill up important gaps (Health system Trusts, 2013). NGOs and international partners are relevant in supporting PHC programmes with funding, capacity building, operational research and technical assistance. Prominent NGOs and international partners currently supporting PHC services in Nigeria include the society for family Health, United Nations Children Fund (UNICEF), Achieving Health Nigeria Initiative (AHNI), and pathfinder's international among others. These organizations should be encouraged to do more in enhancing primary health care.

### **Constraints to Primary Health Care Implementation in Nigeria**

Though PHC centres were established in both the rural and urban areas in Nigeria with the intention of equity and easy access, regrettably, the rural populations in Nigeria are seriously underserved when compared with their urban counterparts (Abdulraheem et al 2012). This singular observation points to the shortcomings being experienced in the process of implementing primary health care system in Nigeria. These constraints will be discussed along the planes of governmental/system factors.

People/client factors and other factors that are not far between. The governmental factors include lack of political will, inadequate funding/misappropriation funds, inadequate inter-sectoral collaboration, and conflicts between local and state governments.

The people/clients factors include community perceptions of poor quality and inadequacy of available services in P1-IC centers, under/low utilization of PHC services and poor community participation. Other factors include lack of motivation in the workplace including poor remuneration, unhealthy rivalry between various categories of health workers, non-involvement in private health sector in the planning and implementation of PHC, and poor management of information system, heavy dependence on initiatives funded by foreign donors like UNICEF and USAID. Mismanagement of resources such as project vehicles, generators and other equipment to the detriments of planned programmes, such issues as pilfering of drugs and poor maintenance of equipment as indicated by Wunsch et al (1996).

### **Primary Health care and service**

This will include health education, the promotion of proper nutrition, the provision of safe water and basic sanitation, the provision of maternal and child health-services including family planning, immunization against major infection disease the prevention and control of local endemic.

### **Recommendation**

In Nigeria environment, as it is in many developing countries in Africa. The implementation of primary health care is still faced with many challenges. The following points may be useful in overcoming some of these identified constraints:

1. Government at all levels in Nigeria should be charged to re-orient prospective political office holders on the importance of the health of her citizens, especially pregnant women and children under the age of five years and the current classification of countries based on its health indices.
2. The federal and state government should put more effort in ensuring that all the foreign donors and UN agencies provides logistics support for the operationalization and implementation of

comprehensive PHC as against the selective PHC concept with its attendant drawback.

3. Health education should be carried out at all levels for proper understanding of the real meaning of primary health care and the usefulness of community participation in its implementation.
4. The legislative arm of government should ensure that the right bills for example, the national health bill which empowers the health personnel at primary health care facilities, is passed into law and fully implemented.
5. Provide technical assistance and knowledge management for improvement
6. All citizens should be empowered to actively engage in care to optimize their health status.
7. Government should have a national quality policy and strategy.
8. There should be partnership between health providers and health users that drive quality care.
9. They should be finance quality improvement research.
10. Culture system and practice should be promoted that will reduce harm to patients.

## References

- Abdulraheem, IS., Olapipo, AR. and Omodu, M.O. (2012). Primary health care services in Nigeria: Critical issues and strategies for enhancing the use by the rural communities. *J. Pub. Health Epidem*, 4 (1), 5-13
- Abimbola. S. (2005). How to improve the quality of primary health care in Nigeria. Retrieved from: <http://nigeriastalk.org/2012/05/11>.
- Adeyemo, D.O. (2005). Local government and health care delivery in Nigeria. *J. HUMECOL*, 18(2); 149-60
- Cueto, M. (2005). The promise of primary health care. *Bull World Health Organ*; 83(5); 321-400
- Federal Government of Nigeria (2007). Reaching every ward (REW) field guide. NPO, Abuja
- Federal Ministry of Health Nigeria (2004). Revised national health policy. Abuja
- Health Reform Foundation of Nigeria (2009). Primary health care in Nigeria, 30 years after Alina-Ata, Abuja, Magawa, R. (2012). Primary health care implementation: a brief review. Retrieved from [www.consultancyafrica.com/index](http://www.consultancyafrica.com/index).
- Ohionu, C.N. (2007). Primary health care for developing countries (2<sup>nd</sup> ed.) Enugu: Delta Publications.
- Olise, P. (2007). Primary health care for sustainable development. Ahula: Ozege Publications. 2