# SUPERVISION AND COMMUNITY HEALTH ADMINISTRATION OF THE IKWERRE LOCAL GOVERNMENT AREA OF RIVERS STATE, NIGERIA

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## Abstract
*This study evaluated supervision and community health administration in Ikwerre Local Government Area of Rivers State, Nigeria. Two objectives were set and two research questions transformed into hypotheses to guide the study. The descriptive research design was adopted for this study. The main instrument used for data collection was structured questionnaire. The simple random sampling technique was used to select the respondents. Data collected were analyzed using the mean standard deviation and the chi-square statistical tool and tested the null hypotheses at 0.05 level of significance. The result of the test of null hypotheses showed that there is a significant effect of inspection of health facilities in primary healthcare administration in the local government and that there is a significant effect of monitoring on primary healthcare administration in the local government. The study recommended that health supervision should be more proactive in their inspection of health facilities and records in the local government.*

***Keywords**: Supervision, Health administration, Inspection, Monitoring*

## Background
The importance of health in national development cannot be over-emphasized. Improving health status and raising life expectancy contribute to long term economic development, and the legitimacy of any national health system depends on how best it serves the interest of the people. Supervision is the process of monitoring activities to ensure that the desired levels of performance are met. It is expected to improve the functioning of the supervised person or team and consists of a variety of functions such as inspection, monitoring and evaluation. This research is centered on supervision and health administration

in Ikwerre Local Government Area of Rivers State Nigeria. In order to carry out this study, the researcher assumed that there was need to look at the various aspects of healthcare supervision such as inspection of facilities and health records, and monitoring of workers performance. It is against this background that this study is justified.

**Statement of the Problem**

**A look at the primary** health care system in Rivers State shows that the sector has been greatly challenged by a number of supervisory factors such as inadequate inspection of health facilities in rural communities, inadequate inspection of clinical staff performance and the lack of service data. Inadequate inspection of health facilities in rural communities may prevent the delivery of health services to the people at the grassroots as the health officers may do little or nothing without necessary facilities at their disposal. Also, another observed problem assumed by the researcher is the inadequate inspection of clinical staff performance, this has made it possible to have situations in which most health workers at the rural communities do not go to work on time and some close before the expected time of closure, while others sit in their offices feeling reluctant to render services to patients because they are not held accountable for their job performance at the rural level. The lack of adequate statistical data on the vulnerability of rural community members to certain ill health conditions has constitute another problem in that without adequate data there would not be adequate plans that will cater for the health needs of members of members of the rural communities.

Some trained and untrained health care workers do not know the modern concept of PHC practice. Community health programme requires coordination both intra-sectional and inter-sectorial coordination but this is often lacking in practice There is no community linkages in some ol' the services rendered by health care providers. The most underprivileged and neglected section of the rural community are the women and children, study has revealed that rural people especially fishermen use less of maternal and health care services as compare to the urban people. And so the problem of this study is the occurrence of death as a result of poor administration of primary healthcare service in the state. The statement of the problem therefore put in question form is: what is the role of supervision in community health administration in Rivers State.

**Objectives of the study**

The main objective of this study is to investigate supervision and community health administration in Rivers State using Ikwere Local Government as a case study.

**The study specifically seeks to:**

l. Examine the impact of inspection of health facilities and records on primary health care administration in Ikwere Local Government.
2. Examine the effect of monitoring by community Development Committee on Health Care administration.

**Research Questions**

To undertake this research, the researcher posed the following research questions:

What is the impact of inspection of health facilities and records on primary health care administration in Ikwere Local Government?

What is the effect of monitoring by community Development Committee on Rural Health Care administration?

**Research hypotheses**

The following hypotheses were formulated to guide the study:

1. There is no significant effect of inspection of health facilities and records on primary health care administration in Rivers State.
2. There is no significant effect of monitoring on primary health care administration in Rivers State.

## LITERATURE REVIEW

Concept of supervision in relation to community health administration

Supervision means "to over-see". It requires a superior monitoring and making sure subordinates accomplish tasks assigned them either by their superiors or by some other person who is of a high hierarchy than their superior. Supervision can be seen among the builders of the Egyptian pyramid and also among colonial masters who often appoint officers to ensure that their policies are carried out.

Supervision that is more focused on picking faults on the part of subordinates is a more traditional and crude form of supervision. In this traditional form of supervision, supervisors are seem standing next to their subordinates dishing out instructions and making sure that nothing goes wrong. But health workers are not usually used to working under the traditional form of supervision rather little guidance or mentoring is often needed to improve their performance.

According to Guidelines for Implementing Supportive Supervision (2003) health workers are frequently left undirected and their performance cannot be assessed until a supervisory visit, and motivation is also hard to sustain. Supervision in primary health care delivery is essential component of the primary health care system but in developing countries, supervision is absolutely lacking in the primary health care delivery process. Ehiri (2005) asserted that the lack of supervision was is responsible for the failure of primary health care delivery in Nigeria.

There have been a paradigm shift from the traditional and crude form of supervision to a new model of supportive supervision. Maximizing Access and Quality Initiative (MAQ) define this new model of supervision as "a process that promotes quality at all levels of the health system by strengthening relationships within the system, focusing on the identification and resolution of problems, and helping to optimize the allocation of resources-promoting high standards, teamwork, and better two way communication (World Health Organization. 1991).

The World Health Organization m 1991 began the re-writing of a training modules which laid a new guideline for supportive supervision and by 2001 there was a move away from the traditional form of supervision. But observation and data collected on supervisory visits shows there PHC centres have erratic operation and low usage by communities.

To ensure implementation goes as planned, supervision and monitoring are just the essential elements needed to do so. Supervision and monitoring ensure that problems are identified when they arose and allow for continuous feedback (Barker. 2007). Participators approach is required in the monitoring of primary health care activities in order to achieve the intervention's objectives. The information generated in supervision are used to implement and make necessary changes for greater effectiveness and efficiency of the PHC system. Monitoring

should be professional and not done only when an official of the government visit.

According to Green (2002) monitoring is essential and should come at the planning stage and through a health intervention. He suggests that monitoring is an important function perform by health planner during health program implementation and that it pervades all segment of the PHC intervention, and that monitoring bridge the gap between planning and implementation and that health planners, policy makers, health workers and individual beneficiaries are all responsible for monitoring.

**The health care system in Nigeria**

The Federal Ministry of Health in 2005 estimated that 23.040 health facilities. represenling85.8 percent of total health care facilities in Nigeria were PHC facilities. Out of the estimated facilities, private sector ownership were about 14 percent 60 percent of these facilities are located m the northern part of Nigeria which include health posts and dispensaries. 70 percent of health per capita expenditure in Nigeria were from private out-of-pocket spending.

The public health system is structure into primary health care, secondary health care and tertiary- health care. The role of these various health care are not clearly spelled out in the constitution but the National Health Policy has clearly delineated their responsibility, making the primary health care to be in charge of local government health care service, secondary health care in charge of stale government health care service and tertiary health care in charge of providing federal government health care service. The agency in charge of the development and provision of primary health care service in Nigeria is called the National Primary Health Care Development Agency (NPHCDA).

Nigeria's health care system performance is ranked 187th out of 191 by the World Health Organization member States; making it one of the deplorable state of health system in the world. Nigerian health system is overstretched with decaying physical facilities and obsolete equipment couple with understaff strength and lack of skilled professional. There is also lack of coordination and date which make planning ineffective and management weak The entire health system in Nigeria is weak and of low coverage to the entire population, for instance only 23 percent of the Nigerian population are covered by immunization, about 12 percent of under-five children sleep under insecticide

treated nets and less than 15 percent of both urban and rural children have proper anti-malaria treatment and less than 20 percent contraceptive use and only 39 percent of pregnant women have delivery under skilled birth attendants (Raphael. 2012). The situation is even worst in northern part of Nigeria.

**History of community/Primary health care in Nigeria**

The military government of President Babaginda instituted and launched the Primary Health Care Scheme in 1988 and with the collaboration of the other tiers of government. The scheme was designed to be people oriented and to develop local capacity and promote self-reliance among the people in term of health care services.

Williams (2011) citing Oyome (1991) traced historically Nigerian health sector back to the pre-colonial era; to the local birth attendants and midwifery whose methods were primitive compared to orthodox medical method. Mention is also made of the Nigeria First National Plan which span ten years period which put health under the concurrent list giving both the federal and State government joint responsibilities over health.

Gbenga (2013) accredited the British Arms' Medical Service with the development of Nigeria and other West African countries Public Health care Service. He traced how the British Army Medical Service offered medical service to local colonial civil servants and their relative and how various Christian missionaries established hospital and maternity centres in different parts of Nigeria.

The first national plan had deficiencies in providing appropriate health service mainly because it was developed and designed by foreigners. These deficiencies were corrected in part in the second national development plan which provides a comprehensive health policy that covered manpower training for the health sector, disease control, medical research and planning and management of health resources.

The third national development plan simplv improved on the second plan has increasing the population of Nigerians receiving health services from 25 percent to 60 percent. The following objectives were incorporated into the health care scheme of the third plan:

a) To establish adequate and effective health care facilities for the benefit of all Nigerians.

b) To improve preventive and curative care.
c) To establish centres for preventive health services, that is, disease control.
d) To establish a system of health care that is suitable and adaptable to local condition of Nigerians.

Gbenga (2003) citing Sani (1990: 3 - 4) said that the provision of orientation for health care professionals in the fourth national development plan was the core of the Basic Health Service Scheme (BHSS) but that the problem with BHSS was lack of coordination. The federal government was only interested in putting up physical structure like building teaching hospital hence about 71.8 percent of the budgetary allocation was devoted to establishing and funding teaching and specialist hospitals leaving a paltry proportion for other basic health care scheme and programmmes. Impetus was given to the primary health care scheme with the appointment of Prof Olukove Ransome Kuti by president Babaginda as the director of Primary Health Care Service in the federal ministry of Health, who was charged with formulating, developing and implementing the national primary; health care system in accordance with the WHO s international conference on primary health care.

**Monitoring and primary health care administration**

Inspection of healthcare facilities should be done regularly. Generally, survey of health care facilities should be able to pro\ ide data on health care infrastructure, equipment, medical supplies, and whether health care providers adhere to standard. The survey should ascertain whether there is adhere to quality. According to Turnock (2004) there is a United Nations Children's Fund (UNICEF) guidelines on immunization and standards for sale motherhood These should be ascertained if there is local compliance.

There is also a survey instrument developed by The United States Agency for International Development (USAID) called service prouder assessment which can help gather information on health care service characteristics which covers quality, infrastructure and levels of utilization and availability. The survey provides the vehicle to ascertain all types of health care service and facility ranging from hospitals to health posts, for both public and private organizations. According to McDonnell Wilson & Goodacre, (2006) data collected from such survey include hospital facility resources, interviews from providers, client-

provider observations etc. the aim of this is to inspect whether there is adequacy of health facility in Nigeria and also whether there is adequate supervision of the health facilities thereof.

According to Turnock (2004), the role of inspection is central in the effective delivery of health care services because it will be difficult to know the effectiveness of a healthcare system without inspecting the facilities that were available inside the context of the health care system. He noted that government agencies where responsible for maintaining standard through proper assessment of compliance of health facilities to self standards that especially in the United Kingdom there is a commission responsible for inspecting public hospitals in Bigland and Wales which is called the commission for health improvement.

Peters (2007) in his study on the role of health care supervision in health care administration in Kumatsi, found out that there was a significant relationship between inspection and healthcare delivery and concluded that inspection rote entails making sure that there is conformity with the minimal requirement for safety.

Cambell, Fitzpatrick & -Kinmouth (2000) explained that an effective form of hospital inspection is the standardized surveys which measure performance of hospitals against laid down standard at the federal or national level. Hospitals performance is the focus of health education which also consider patient comfort continuous care and patient empowerment. Patient empowerment here connotes letting patients know their basic rights. Some government and their agencies try to promote patient empowerment by publishing patient charters and making laws on patients' rights. In some countries, like the United Kingdom, there is provision or requirement that hospitals make systematic assessment of their patients perceptions about the services they received.

According to Chan (2008) a survey is unannounced when patients do not know prior to the visit that there will be a survey. Unannounced survey is more beneficial than the announced survey. According to Greenfield & Braithwaite (2009) unannounced survey is becoming popular even among reputable bodies.

According to Shaw (2003), there is a different between approach and content in the accreditation programmes and comparison is even difficult and mostly not appropriate. The direct impact of these accreditation programs on client outcome is inconclusive. There are some studies that indicate that accreditation strengthen team effectiveness and enhances communication (Beaumont. 2002).

## THEORETICAL FRAMEWORK

The theoretical frame work underlying this study was the path-goal theory of leader effectiveness and the classical organization theory. They shall be discussed in turns.

### Path-Goal theory of leader effectiveness

The path-goal theory was developed by Robert House (1971) as a leadership theory' to explain leader behaviour. The theory states that the behaviour of leaders are contingent to the satisfaction, motivation and performance of their followers. The revised version of-the theory adds that often leaders behaviour sometimes seek to compensate for the failings of their followers. The path-goal model can be classified as a transaction leadership theory.

The application of this to the supervision of community health administration was that when an administrator is clear in setting goals and expectations, the goals are more likely to be achieved than when goals and expectations were unclear. This is good for community health practitioners: it means that when they can present a goal that was most satisfying to health workers, it was more likely for the workers to have affective desire for achieving the goal. For a health supervisors, practicing good ethics in this regard means creating goals that were within reach for a team, and working together with members of a team when creating these goals. Larson and La Fasto in their (1989) book "Team Work" place a clear and elevating goai at the forefront of the necessary components for a successful community health team.

## METHODOLOGY

### Research design

This study used a descriptive research design which is oriented towards survey research and simply relies on primary source of data collection. According to Isangedighi, Joshua, Asim and Ekuri (2004) survey research allows us to objectively assess and describe the current conditions of things or phenomenon and gives us a picture of the present state of a situation or thing. It depends basically on questionnaires and interviews as means of data collection. The survey research allows the researcher to make inferences about the population under study by selecting and studying the sample of the study

**Population of the study**

The study's population are health workers in Ikwere Local Government Area of Rivers State numbering 1.500 registered health workers: 1,000 health supervisors and the entire community members who are at the recipients of health administration in Ikwere.

**Sampling technique**

The sampling technique that was used in this study was the multistage technique in which the stratified random sampling and simple random sampling techniques will be adopted. The sampling was done on the basis of the wards in Ikwerre local government areas of Rivers State. Percent of the entire health workers was used for the study while purposive sampling technique was used to select 150 community members from ten wards in the local government area.

**Sample for the study**

The sample will be made up of 450 respondents comprising community health workers, health supervisors and community members selected from 10 local governments wards in Ikwere. Table 3 1 shows a breakdown of the sample selected from each ward in the local government area.

| Ward | Sample |
|---|---|
| 1 | **45** |
| 2 | **45** |
| 3 | **45** |
| 4 | **45** |
| 5 | **45** |
| 6 | **45** |
| 7 | **45** |
| 8 | **45** |
| 9 | **45** |
| 10 | **45** |
| Total | **450** |

**Source: Researchers Field Work (2021)**

**Instrument for Data Collection**

The major instrument that was used for data collection was the questionnaire. The researcher designed the questionnaire to investigate supervision and community health administration in Ikwerre Local Government Area. The title of the questionnaire was Supervision and Community Health Administration in Ikwere local government Questionnaire (SCHAILGQ). The questionnaire was made up of two sections, section A and B. Section A consisted of personal data of the respondents while section B dealt on the items of information based on the hypotheses.

**Method of Data Collection**

The questionnaire was administered by the researcher to the respondents in their various community health centres and their offices. The questionnaires were collected after the respondents have filled them to avoid much loss of questionnaire, with this 400 out of 450 questionnaires administered were returned which is 90 percent return rate.

**Method of data analysis**

Data collected in the course of this study were fully analyzed using chi-square statistical analysis. The formula for chi-square statistical analysis is given as:

$$X^2 = \frac{\Sigma(Fo - Fe)^2}{Fe}$$

Where $X^2$ = chi-square value

Fo = observed frequency

Fe = expected frequency

The decision rule that was used to determine whether or not to accept the null hypothesis states that: the null hypothesis was rejected when the calculated X - value was greater than the critical $X^2$-value

**Descriptive analysis related to study objective**

The responses were dichotomized into ‘yes’ and 'no’. This analysis was conducted in the two major areas of healthcare supervision which include: inspection of healthcare facilities and records, monitoring by the community. The analysis was presented according to the intervention areas on the table below.

The analysis on Table 4.2 shows that 305 respondents representing 76.3percent held the view that inspection had taken, place in their health centre within the last one year while 95 representing 23.7percent disagreed with the statement that inspection had taken place in their health centre within the last one year. From the computation, calculated $X^2$ value of 70.9 is larger than the tabulated $X^2$ value of 5.99 at .05 level of significant with 2 degrees of freedom. This infers that inspection had taken place in their health centre within the last one year.

The analysis on Table 4.3 shows that 290 respondents representing 72.5percent held the view that primary healthcare officers had been carring out regular inspection of hospital bed for child delivery in their health centre while 110 representing 27.5 percent disagreed with the statement that primary health care officers have been carrying out regular inspection of hospital bed for child delivery in their health centre. From the computation, calculated $X^2$ value of 18.2 is larger than the tabulated $X^2$ value of 5.99 at .05 level of significant with 2 degrees of freedom. This infers that primary health care officers have been carrying out regular inspection of hospital bed for child delivery in their health centre.

The analysis on Table 4.4 shows that 280 respondents representing 70 percent opined that primary health care officers had been conducting regular inspection of health records in their health centre while 120 representing 30 percent disagreed with the statement that primary health care officers had been conducting regular inspection of health records in their health centre. From the computation, calculated $X^2$ value of 81.11 is larger than the tabulated $X^2$ value of 5.99 at .05 level of significant with 2 degrees of freedom This infers that primary health care officers had been conducting regular inspection of health records in their health centre.

The analysis on Table 4.5 shows that 270 respondents representing 67.5 percent held the view that primary healthcare officers were carrying out regular inspection of the environmental conditions of health centres while 130 representing percent disagreed with the statement that primary healthcare officers have been earning out regular inspection of the environmental conditions of health centres. From the computation, calculated $X^2$ value of 18 2 is larger than the tabulated $X^2$ value of 5.99 at .05 level of significant with 2 degrees of freedom. This infers that primary healthcare officers have been earning out regular inspection of the environmental conditions of health centres.

The analysis on Table 4.6 shows that 255 respondents representing 63.7percent asserted that communities were monitoring activities of health practitioners in the health centre while 145 representing 36.3 percent disagreed with the statement that communities were monitoring activities of health practitioners in the health centre. From the computation, calculated $X^2$ value of 54.48 is larger than the tabulated $X^2$ value of 5.99 at .05 level of significant with 2 degrees of freedom. This infers that the communities were monitoring activities of health practitioners in the health centres.

**TABLE 4.2**

Respondents opinion on whether inspection had taken place in their health centre within the last one year.

| **Respondents** | **Agree** | **Disagree** | **Total** | **Cal- $X^2$** | **Tab- $X^2$** |
|---|---|---|---|---|---|
| Health workers | **80 (114.4)** | **70 (35 6)** | **150** | **70.9** | **5.99** |
| Health supervisors | **85 (76.3)** | **(5 (23.7)** | **100** | | |
| Community members | **140 (114.4)** | **10 (35 6)** | **150** | | |
| Total | **305** | **95** | **400** | | |

**Level of significance = 0.05, df = 2.Cal-$X^2$ = 70.9, Tab-$X^2$ = 5.99**

**TABLE 4.3**

Respondents opinion on whether primary health care officers have been carring out regular inspection of hospital bed for child delivery in their health centre.

| **Respondents** | **Agree** | **Disagree** | **Total** | **Cal- $X^2$** | **Tab- X3** |
|---|---|---|---|---|---|
| Health workers | **120 (108.75)** | **30 (41.25)** | **150** | **18.2** | **5.99** |
| Health supervisors | **80 (76.3)** | **20(27.50)** | **100** | | |
| Community members | **90 (14.4)** | **60(41.25)** | **150** | | |
| Total | **290** | **110** | **400** | | |

**Level of significance = 0.05, df = 2.Cal-$X^2$ = 18.2, Tab-$X^2$ = 5.99**

**TABLE 4.4**

Respondents opinion on whether primary health care officers have been conducting regular inspection of health records in their health centre.

| **Respondents** | **Agree** | **Disagree** | **Total** | **Cal-$X^2$** | **Tab- X3** |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| Health workers | **145 (108.75)** | **5 (45)** | **150** | **81.11** | **5.99** |
| Health supervisors | **55 (76.3)** | **45 (30)** | **100** | | |
| Community members | **80 (14.4)** | **70(45)** | **150** | | |
| Total | **280** | **120** | **400** | | |

**Level of significance = 0.05, df = 2.Cal-$X^2$ = 81.11, Tab-$X^2$ = 5.99**

**TABLE 4.5**

| **Respondents** | **Agree** | **Disagree** | **Total** | **Cal- $X^2$** | **Tab- $X^2$** |
|---|---|---|---|---|---|
| **Health workers** | **80 (101.3)** | **70 (48.7)** | **150** | **73.3** | **5.99** |
| **Health supervisors** | **50 (67.5)** | **50 (32.5)** | **100** | | |
| **Community members** | **140(101.3)** | **10 (48.7)** | **150** | | |
| **Total** | **270** | **130** | **400** | | |

**Level of significance = 0.05, df = 2.Cal-$X^2$ = 73.3, Tab-$X^2$ = 5.99**

## TEST OF HYPOTHESES

### Hypothesis one

There is no significant effect of inspection of health facilities and records on primary health care administration in Ikwerre Local Government Area. 'The analysis of this hypothesis is presented in table 4.14. From the computation, calculated X2 value of 70.9 is larger than the tabulated $X^2$ value of 5.99 at .05 level of significant with 2 degrees of freedom. This infers that the null hypothesis is rejected while an alternative hypothesis is formulated which states: that there is a significant effect of inspection of health facilities and records on primary health care administration in Ikwerre Local Government Area.

### Hypothesis two

There is no significant effect of monitoring on primary health care administration in Ikwerre Local Government Area. The analysis of this hypothesis is presented in table 4.15. From the computation, calculated $X^2$ value of 54.48 is larger than the tabulated $X^2$ value of 5.99 at 0.05 level of significant with 2 degrees of freedom. This infers that the null hypothesis is rejected while an alternative hypothesis is formulated which states: that there is a significant effect of monitoring on primary health care administration in Ikwerre Local Government Area.

**Table 4.6**

$X^2$ analysis of the effect of inspection of health facilities and records on primary health care administration in Rivers Slate.

| Respondents | Agree | Disagree | Total | Cal- $X^2$ | Tab- $X^2$ |
|---|---|---|---|---|---|
| Health workers | 80 (114.4) | 70 (35.6) | 150 | 70.9 | 5. 99 |
| Health supervisors | 85 (76.3) | 15 (23.7) | 100 | | |
| Community | 140 | 10 (35.6) | 150 | | |
| Total | 305 | 95 | 400 | | |

**Level of significance = 0.05, df = 2, Cal-$X^2$ = 70.9, Tab-$X^2$ = 5.99**

**Table 4.7**

**$X^2$ analysis of the effect of monitoring on primary health care administration in Rivers State.**

| Respondents | Agree | Disagree | Total | Cal- $X^2$ | Tab- $X^2$ |
|---|---|---|---|---|---|
| Health workers | 75 (95.6) | 75 (54.4) | 150 | 54.48 | 5.99 |
| Health supervisors | 50 (63.7) | 50 (36.3) | 100 | | |
| Community members | 130(114.4) | 20 (54.4) | 150 | | |
| Total | 255 | 145 | 400 | | |

**Level of significance = 0.05, df = 2.Cal-$X^2$ = 54.48, Tab-$X^2$ = 5.99**

**Summary of findings**

The findings of this study is summarized as follows:

1. There is a significant effect of inspection of health facilities and records on primary health care administration in Ikwerre Local Government Area.
2. There is a significant effect of monitoring on primary health care administration in Ikwerre Local Government Area.

**Discussion of findings**

The findings of hypothesis one indicated there was a significant effect of inspection of health facilities and records on primary health care administration

in Ikwerre Local Government Area. Olukv's study indicates that lot of countries institute inspectorate units to monitor whether hospital comply with published licensing regulations. The inspectorate units monitor compliance to fire, hygiene, medical device, medicine and radiation and other safety standard in health facility, some countries extend their to include control of infection and blood transfusion standard compliance.

The finding is also in agreement with McDonnell. Wilson and Goodacre (2006) who explained that inspection of health care facilities and equipment will help lo reveal the low standard and low quality of primary health care facilities in Nigeria as lack of supervision or low level of supervision was found to be responsible for the low standard and low quality of primary health care delivery in Nigeria. The result of the study also corresponds with Peters (2007) who found out that there is a significant relationship between inspection and healthcare delivery

The result of hypothesis two revealed that there was a significant efiect of monitoring on primary- health care administration in Ikwerre Local Government Area. The result of this finding is in agreement with that of Ham (2012) who opined that health service render should be centered on the need of the community and that government should ensure community participation in the deliver/ of health care services. The study also agrees with Salmon (2003) who explained health service consumers have stake in ensuring that the appropriate health services are delivered with high level of quality and standard and that community should provide support to make primary health care system function well in their community. The result of the study is also in line with Baskind (2010) who opined that community participation should be taken into consideration when planning primary health care system delivery.

**Summary of the study**

The main objective of the research was to investigate supervision and community health administration in Nigeria using a case study of Ikwerre Local Government Area. To guide the study, two objectives, two research questions and two corresponding hypotheses were articulated and tested at 0.05 level of significance with 2 degree of freedom. The study adopted a survey design in studying the population comprising health workers, health supervisors and community members. Simple random and Purposive sampling technique were used in selecting 486 respondents comprising health workers, health supervisors and community members drawn from the population' The instrument for data collection was a structured questionnaire which was validated by three experts in social science faculty' of the

University of Calabar and two experts in test and measurement with a reliability coefficient of 0.95 obtained through test-re-test using Pearson Product Moment Correlation. Literature related to the variables under study was reviewed in relation to the hypothesis.

The data collected was analyzed using chi-square statistical tool to test the null hypothesis at 0.05 level of significance. The result revealed that all the hypotheses w ere significant. Base on the result of analysis it was concluded that:

1. There is a significant effect of inspection of health facilities and records on primary health care administration in Ikwerre Local Government Area.
2. There is a significant effect of monitoring on primary health care administration in Ikwerre Local Government Area.

## Conclusion

There are primary health care centres situated in all the local government areas in Nigeria with relatively uniform structure. But the problem is lack of community participation in the primary health care planning process which see individuals and households in the community making less use of the health services provided by the primary health centres. Some strategies have been adopted to galvanize the use of these primary' health care facilities by locals. Such strategies include community empowerment and capacity building done through orientation and mobilizing community collaboration and cooperation. These are believe to be capable of improving the utilization of PHC services by local communities. Management of PHC were also advised to ensure that quality of health care and service, delivery is improved. Primary health care service in Nigeria is critical to improving the physical health of individuals in communities and in realizing the general objectives of having a healthy Nigeria. So effort is required towards improving PHC and the easy way of achieving this is through proper supervision and prudent administration.

## Recommendations

Based on the findings of study, the following recommendations were made:

1. Health supervisors should be more proactive in their inspection of health facilities and records as this would improve the rural health administration in Rivers State.

2. Communities should intensify their efforts at monitoring to fulfill the desires of the 1978 Alma-Ata declaration which made community participation a signature in effective health administration at the community level.

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