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HEALTHCARE DELIVERY AND PEOPLES' WELFARE: A CASE OF ILESA WEST LOCAL GOVERNMENT IN NIGERIA

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ABSTRACT

The study examined the impact of PHC delivery on the health status of the inhabitants of the local government area; and assessed various factors militating against the successful implementation of PHC programme in the LGA with a view to assessing the PHC services and delivery pattern in Ilesha West LGA. Primary data were gathered through the administration of the questionnaire. A multi-stage sampling procedure was employed for the study in which purposive sampling technique was used preferentially in the selection of nursing mother and elderly from 150 respondents of the total population 106,586 (NPC, 2006). The study found that the PHC primary healthcare service delivery has impacted more on health status as more people (78.7%) now embrace primary healthcare more than before, as the first place of call in seeking health consultations and medications (78.9%). The paucity of funding (80.7%) has affected the availability of drug and medical facilities (87.3%), upgrade of infrastructural facilities and equipment (86.0%) and constant change of democratic government (77.4%) has worsened effective PHC programmes implementation. The study concluded that the PHC delivery has impacted fairly on the health status of Ilesa West Local Government communities amidst myriad of challenges including newly introduced policies of State-LG Joint Account, Treasury Single Account (TSA), change of democratic governance and party manifestoes that further limit efficiency.

Keywords; *Welfare, Local Government, Healthcare, Community, Delivery*

1.0 Introduction

Health matters as people treasure living a long life that is devoid of possible physical and mental impairment. This made American Philosopher Emerson (1860, cited in Bloom, 2014) posited that "the first wealth is health". However, Development Economists have routinely justified that countries with higher incomes tend to have healthier populations which are seen as an outcome of the superior nutrition and easy access to better sanitation, safe water and

health care that higher income brings (Bloom, 2014). Health is the greatest and valuable asset humanity can possess. Health, which is defined as a state of complete physical, social and mental wellbeing and not merely the absence of diseases or infirmity, is considered synonymous to wealth. The sound health value is hardly realized and appreciated until it is failing and completely lost. Primary Healthcare (PHC) is at the core of the Nigerian health system and the key to providing basic health services to people with their full participation. However, the health indicators in Nigeria have remained below the country target and internationally set benchmarks including the Millennium Development Goals (MDGs), which have recorded very low progress over the years.

In the 1999 Constitution of the Federal Republic of Nigeria, health is on the concurrent legislative list which by implication means that the three levels of government are vested with the responsibilities to promote health. Accordingly, a three-tier system of health care in which Primary Health Care, Secondary Health Care and Tertiary Health Care become the sole responsibility of Local Governments, State Governments and Federal Government respectively. Each government is competent to legislate on health matters with policy directive coming from the Federal Government supersede State or Local Government legislation. The local governments are charged with the responsibility of primary healthcare services within their jurisdiction coverage. Its roles and responsibilities in this regards on health are as spelt out in the fourth schedule of the 1999 Constitution of the Federal Republic of Nigeria. Nigeria was implementing a basic health policy before 1987 in which health delivery was focussed as a curative service (Ayo, 1994) and the attention of the government was skewed towards tertiary health care delivery through Specialist and Teaching Hospitals in total neglect of preventive health care which is gaining international recognition because of its cost-effectiveness.

In the developing countries, the deteriorating health delivery system attracted the International Community and as a result, a summit of Heads of Governments of 134 nations including Nigeria was held in the Alma-Ata Conference in Russia in 1978, organized under the auspices of World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF), which informed the establishment of PHC with a

global mandate to protect and promote the health for all the people of the world through the resolution called Alma-Ata Declaration. Nigeria adopted PHC in 1988 with a similar mandate of providing health care services to the masses in particular rural dweller. Primary Health Care has eight elements which include safe water and sanitation, food and nutrition, prevention and control of endemic diseases, immunization, maternal and child health care, health education, provision of essential drugs and basic treatment of health problems.

According to WHO, primary healthcare means essentially healthcare 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. This declaration also emphasized the main social target of government on the attainment of health that will permit to live a socially and economically productive life. In order to improve the health care sector, many national and international initiatives such as the Safe Motherhood Initiative Kenya, 1987, World Summit for Children, 1990; International Conference on Population and Development (ICPD), 1994; United Nation Millennium Development Goals; National Safe Motherhood Conference Abuja, 1990; and Integrated Maternal, Newborn and Child Health Strategy, 2007 in that order have been hinged and become PHC responsibilities.

Over two decades ago, the health care delivery system in Nigeria left much to be desired as public commentators and scholars have lamented the deplorable and deteriorating conditions of the health sector services. Despite the fact that primary health care made some tangible impact in the first five years of the National Health Policy but had since suffered a setback. No wonder why Akinkugbe (1996) asserted that Nigerian hospitals have been reduced to mere consulting clinics where there are no drugs and dressing, water, electricity and equipment. In a similar vein, Omoleke (2005) asserted that in a randomly selected local government council area in the South Western Nigeria Health Zones, the investigation confirmed substantially the ineffectiveness of PHC policy implementation as indicated by the high incidence of diseases like guinea worm, cholera, typhoid fever and diarrhoea in the rural areas. As that is not enough, the sporadic outbreak of measles in major cities and rural settlement were occasioned and reported.

After about three decades of the establishment of the PHC delivery system in Nigeria, the available facilities seem to lack the capacities to accomplish its objectives which pose a threat in the nation's effort at achieving health for all in the ambit of primary health care. Hence this study.

1.1 Statement of the Problem

Despite the adoption and implementation of PHC in Nigeria, WHO ranked Nigeria's health system the 187th position member-states in the year 2000. The health indicators are indicative of poor health status. As a result of this, Obasanjo's administration saw the health indicators as a great challenge and initiated a health reform program in 2004 aimed at expanding and strengthening primary healthcare services throughout the country. Also, all tiers of governments in Nigeria have substantially increased spending on primary healthcare.

Notwithstanding, these efforts have not yielded the expected result. UNICEF (2002) reported that child mortality is caused by malaria, diarrhoea and malnutrition. For the adult population, cases of malaria are on the increase. Also, there is a lack of access to safe water and water-borne diseases are widely spread. Similarly, the spread of HIV/AIDS could be associated with the large number of population that failed to submit for self-examination. Many of the Comprehensive Health Centres are unable to admit patient overnight due to lack of facilities and personnel. The need to provide health for all could not be met and this has generated a lot of controversy in the health sector in Nigeria

The factors militating against the utilization of health services in rural areas include: availability, accessibility, acceptability, affordability, appropriateness and adequacy in the health care services and this has contributed adversely to the wellbeing of the people. Primary health care delivery is still largely faced with inadequate funding, lack of equipment and facilities, infrastructural decay and inadequate skilled medical personnel that have negative consequences on its effective implementation. Despite the substantial fund being pumped to healthcare delivery at the LGA, healthcare delivery is yet to be satisfactory and adequate.

In light of the aforementioned, this study is meant to analyze the performance of primary health care and the effects on the health status and welfare of residents of Ilesa West Local Government Council.

1.2 **Research Questions**

In view of the above-stated problems, the study provided answers to the following questions.

1. What are the impacts of primary healthcare delivery on the welfare of the local communities in Ilesa West Local Government?
2. What are the various factors militating against the successful implementation of primary healthcare programs at the local government level?

1.3 **Objectives of the Study**

The objectives of this study are to:

1. examine the impact of primary healthcare delivery on the health status of the inhabitants of the local government area; and
2. assess various factors militating against the successful implementation of primary healthcare programme in the local government area.

1.4 Scope of the Study

This study assessed the performance of primary health delivery in the Ilesa West Local Government area with focus on the health centres located in Adeti Basic Health Centre, Ikoti Maternity Centre, Oja-Oba Health Centre, Iregun Basic Health Centre, Idominasi Basic Health Centre, Ilaje-Imadin Basic Health Centre, Ereja Basic Health Centre, Idasa Maternity Centre and Oromu Primary Health Centre. The work was limited to the wards that make up the local government area.

2.0 Literature Review: Evolution of Primary Healthcare in Nigeria

Health is the greatest and valuable asset humanity can possess. Health, which is defined as a state of complete physical, social and mental wellbeing and not merely the absence of diseases or infirmity, is considered synonymous to wealth. Hence the common adage, "Health is Wealth". The sound health value is hardly realized and appreciated until it is failing and completely lost. A huge sum of money is allocated to the health sector annually to meet the health challenges of the people at the grassroots.

Primary Healthcare (PHC) is at the core of the Nigerian health system and the key to providing basic health services to people with their full participation. However, the health indicators in Nigeria have remained below the country target and internationally set benchmarks including the Millennium Development Goals (MDGs), which have recorded very low progress over the years.

Developments in the Primary Health Care in Nigeria evolved over the years through a series of policies succession and plans which had been introduced by the colonial and post-colonial administration in Nigeria. Since independence in 1960, Nigeria like other nations engaged in notable attempts to reform healthcare for its people. Though Oyewo (1991) asserted that maternal and child care of pre-colonial was primitive but when compared to the orthodox medical care, it serves the people with the precise efficiency which was proportional to their level of development. The first national development plan witnessed pocket of projects initiated as an initial attempt by the national government and healthcare system under the new Federal Republic of Nigeria (Scott-Emuakpor, 2010). The shortcoming associated with the first national development plan paved the way for the implementation of the second national development plan called the Post Independence Plan (Asuzu, 2004).

The plan focussed on the use of national planning to implement social change in all sector in the face of the level of destruction brought about by the civil war (Erundare, 1971). Shortly after, when efforts based on the second national development plan seemed inadequate to effect the expected changes, the third national development plan was developed for the years 1975-1980 (Attah, 1976; Scott-Emuakpor, 2010). This plan was described by Gowon administration as “A Monument to Progress” stated that development trends in the health sector have not been marked by any spectacular achievement during the past decades. Hence, the plan chose to emphasize primary health care through the development of the Basic Health Service Scheme (BHSS) (WHO, 2008a). Thus, primary health care service became a dream come true for the first time in Nigeria in 1975 when BHSS was incorporated as part of the Third national development plan with the objectives of increasing the proportion of the population receiving health care from 25 per cent to 60 per cent; correcting the imbalance in the location and distribution of health institutions and provisions of infrastructures for all

preventive health programmes such as control of communicable diseases, family health, environmental health, nutrition etc as well as establishment of a health care system well adapted to the local conditions and to the level of health technology (Sorungbe, 1989). Also during the period, concerted efforts were made to meet the World Health Organization standard of 1 doctor to 10,000 population ratio. In the same vein, the Federal and State health institutions and the training of middle-level personnel were not only put in place, but the BHSS and PHC which served as the centrepiece of health development in Nigeria were also established (Akande, 2002). Recognizing the importance of traditional birth attendants as a means of reducing reproduction-related deaths in 1979, the plan incorporated traditional birth attendants to the health care system (Ofili & Okojie, 2005). According to Scott-Emuakpor (2010), the third National Development Plan focussed more attention on improving the numerical strength of the existing facilities rather than evolving a clear healthcare policy.

As a result of weaknesses associated with the above plan, the fourth plan (1981-1985) emerged which addressed the issue of preventive health services for the first time. The plan paid attention to the inherent problems posed by the previous national development plans and focussed on the BHSS as a means of implementing preventive care (Scott-Emuakpor, 2010). It also made the BHSS its core of orientation in the health sector. As contained in the policy statement BHSS which provide for three levels of healthcare facilities in which Comprehensive Health Centre (CHC) is to serve communities that are more than 20,000 population, Primary Health Centre (PHC) for the population of 5,000-20,000 persons and Health Clinics (HC) to serve 2,000 to 5,000 people were established. Thus a CHC would have at least 1PHC in its catchment area (ideal 4) and a PHC would have at least 1HC in its catchment area. These institutions were to be built and operated by State and Local Governments.

The fifth National Development Plan witnessed adoption of the ideal model of Primary Health Care as contained in the declaration of the International Conference held in Alma-Ata, otherwise known as “Alma-Ata Declaration” which become core concept of the WHO’s goal of health for all (WHO, 2015) in which Bamako initiative philosophy “to strengthen primary health care and promote healthcare at the community and local levels were embraced

(Ogunbekun, Adeyi, Wouters & Morrow, 1996). This has helped to ensure access to affordable and sustainable primary health care services through the revitalization of health centres (Bellany, 1999) premised on national health policy's fundamental principle and philosophy of social justice and equity to achieve health for all Nigerians (FMH,1988). This led to explicit formulation and adoption of a national primary health care policy in 1988 (FMH, 2004).

2.1 Empirical Review of Primary Healthcare Delivery

Notwithstanding the adopted incremental policy model and pockets of national developmental plans, the state of service delivery in Nigeria's health sector has been criticized persistently for the past three decades (Reid, 2008; Ogundele, 2009; Orunaboka, 2012). Specifically, WHO (2015) stated that although Nigeria constituted less than 1% of the total World's population, she accounts for about 19% of the global maternal deaths, with a maternal mortality ratio of 814 per 100,000 live births. Also, access to good quality obstetric care is critical for reducing maternal mortality. National Population Commission (NPC) (2014) posited that utilization of maternal care in 2013 was low and only about 36% of births occurred in health facilities with 38% being assisted by skilled personnel in Nigeria.

The ideology of human capital development through the provision of sound and efficient health delivery system in Nigeria is conceived as the bedrocks for economic growth and development (NBS, 2009; George et al, 2013). As such, a nation that is blessed with a healthy population will optimize developmental initiative through efficient utilization of technological innovations and opportunities (Condon, 2006; Osahuohien, 2012). Hence, to enhance health delivery services in an efficient, effective and timely manner, adequate infrastructure and equipment are required by all health care system. Such infrastructure and equipment will define the quality of provided health services based on their relatively adjudged quantitative and qualitative features (Erinosho, 2006; Ademiluyi, 2009).

Personnel inadequacy is one of the major challenges confronting health care delivery in Nigeria (Omofonmwan, 2004). The present doctor to population ratio of 1: 12,300 and nurse to population ratio of 1 : 3360 are against the WHO (1961) recommendation of 1:10,000 and

1: 1500 respectively, substantiate the aforementioned problems (Akhayere, 2002) in urban area; while doctor to population and nurse to population stand at 1: 40,000 and 1: 20,000 respectively (Sule et al, 2008). Sule et al (2008) aptly concluded that community perception of poor quality and inadequacy of available services was responsible for the low patronage of PHC services. Many other studies have shown that other areas of discomfort in the use of PHC services include the attitude of staff, time spent at the hospital, cost of services, availability of doctors, drugs, equipment and laboratory facilities (Al-Doghither, Abdurhman & Saheed, 2000; Ofovwea and Ofili, 2005; Zaky, Kluhub & Galal, 2007). Likewise, low utilization found in south-western Nigeria was attributed to factors causing dissatisfaction with rendered services at these centres (Sule et al, 2008).

National Health Policy (NHP) was formulated in 1988 and revised in 2004 aimed at bringing about a comprehensive health care system hinged on primary health care that is productive, preventive, restorative and rehabilitative to every citizen of the country. Health system in Nigeria still contends with challenges which include and not limited to poor infrastructure in the public health facilities. As a result, Erinosho (2006) study concluded those physical fixed structures which include the buildings, electricity, and pipe borne water, good access roads, etc within the health care environments as well as advanced technology of the medical equipment meant specifically for hospital use must be made functional.

Likewise, health equipment plays a crucial role in health care delivery. Apart from the physical appearance of health equipment and infrastructure, its acceptability would be perceived from the point of functionality of the human resources, complementary technology, water supply system, electricity connectivity, functional road networks and e-readiness of the system and flexibility to adjust and be integrated with future changes as more complex technological innovation unfold, among others (WHO, 2007, 2010)

3. Methodology

The Ilesa West Local Government of Osun State's population estimated at 106,586 (NPC, 2006) was selected for the study constituted the study population. The inhabitants which comprise males and females, youths and elders are farmers, artisans, traders, students and the

PHC officials of this local government area are expected to be the beneficiaries of Primary Health Centres located in their localities for the administration of primary health care. The study sample size (150) considered only youths and elderly; males and females who are above 18 years and have been living in the community for more than six months are considered eligible for sampling. However, for the purpose of this study, the local government area was designated into zone A, B and C. The streets in each zone were listed and randomly chosen for even spread. Within each zone, a systemic sampling procedure was used to select even numbered residential buildings. Using a purposive sampling technique, nursing mothers and elderly who must have had contacts with PHC and ready to cooperate with the study were given preference and selected to participate in the survey. Equal numbers of the questionnaire were distributed in each zone with the administration of a maximum of two questionnaires in a building as the case may be. A total of 150 respondents were sampled in the three residential zones. For the purpose of this study, both primary and secondary sources of data were employed to obtain and gather information. The primary data involved the collection of first-hand information through the administration of the questionnaire to the respondents. The administrations of the questionnaire were done by the researcher and the research assistants with due permission and cooperation respondents. The questionnaires were structured with open-ended and close-ended questions. The close-ended questions were precise, containing the bio-data, socioeconomic status and probing statements about their perceptions on the impact of primary healthcare on health status and challenges that confront primary healthcare programme implementation in their locality. The respondents were visited by the researcher at the appointed time. The 150 copies of the questionnaire administered on the respondents were correctly filled, returned and used for analysis in the study. Thorough personal observations were made on physical appearance of environment and infrastructures in all health facilities visited in the area. Also, clarifications were sought on some grey areas as observed. Secondary Data involved collection and recording of data emanating from the secondary source such as magazines, journals, periodicals, relevant books and internet resources which were dully consulted on facts and figures relating to the primary healthcare administration

4.0 Results and Findings

The results of this study are presented as the healthcare delivery and people's welfare in Ilesa West Local Government and in particular of healthcare delivery on the health status and assessing various factors confronting the successful implementation of primary healthcare programme in the local government area. The data solicited were subjected to analysis using descriptive statistical tools such as tables and percentages. This was done by rating in percentages the valued responses gathered from the respondents, which include strongly agrees, agree, undecided, disagree and strongly disagree. The higher the percentage for a statement, the higher agreement towards the statement was used as the inference rule.

4.1 The impact of primary health care on the health status of Nigerians

Table 1 Impact of Primary Healthcare Delivery on the Health Status

s/n	Assertions	Frequency	Percentage
a.	**Primary healthcare is the first place of call when I need to visit the hospital**		
	Strongly agree	93	62.0
	Agree	25	16.7
	Undecided	9	6.0
	Disagree	19	12.7
	Strongly disagree	4	2.6
	Total	**150**	**100.0**
b.	**The health centres have adequate qualified medical personnel to manage health centres**		
	Strongly agree	46	30.7
	Agree	6	4.0
	Undecided	8	5.3
	Disagree	81	54.0
	Strongly disagree	9	6.0
	Total	**150**	**100.0**
c.	**The health education on the promotion of food, nutrition and dietary**		
	Strongly agree	55	36.7
	Agree	69	46.0
	Undecided	13	8.7
	Disagree	9	6.0
	Strongly disagree	4	2.6
	Total	**150**	**100.0**

d.	**Immunization vaccines are readily available in your health centre**		
	Strongly agree	55	36.7
	Agree	76	50.7
	Undecided	5	3.3
	Disagree	9	6.0
	Strongly disagree	5	3.3
	Total	**150**	**100.0**
e.	**The response of the health centre to the treatment of common ailment and injuries is encouraging**		
	Strongly agree	63	42.0
	Agree	63	42.0
	Undecided	9	6.0
	Disagree	9	6.0
	Strongly disagree	6	4.0
	Total	**150**	**100.0**

Source: Fieldwork March 2019

Table 1 Impact of Primary Healthcare Delivery on the Health Status (Contd)

f.	**There are family planning programmes for expectant mothers**		
	Strongly agree	57	38.0
	Agree	74	49.3
	Undecided	5	3.3
	Disagree	8	5.3
	Strongly disagree	6	4.1
	Total	**150**	**100.0**
g.	**The health personnel are empathetic in their relation to the patients**		
	Strongly agree	60	40.0
	Agree	66	44.0
	Undecided	13	8.7
	Disagree	6	4.0
	Strongly disagree	5	3.3
	Total	**150**	**100.0**
h.	**The health give immediate attention to first aid cases**		
	Strongly agree	73	48.7
	Disagree	51	34.0
	Undecided	17	11.3
	Disagree	6	4.0
	Strongly disagree	3	2.0
	Total	**150**	**100.0**
i.	**Primary health care serves the purpose for which it was created**		

	Strongly agree	58	38.7
	Agree	66	44.0
	Undecided	11	7.3
	Disagree	13	8.7
	Strongly disagree	2	1.3
	Total	**150**	**100.0**
j.	**Primary health care delivery is effective in Nigeria**		
	Strongly agree	77	51.3
	Agree	43	28.7
	Undecided	19	12.7
	Disagree	11	7.3
	Strongly disagree	-	-
	Total	**150**	**100.0**

Source: Fieldwork March 2019

The impact of primary healthcare on the health status of Nigerians was the subject of assessment in Ilesa West Local Government area as shown in Table 4.1. As the first place of call in seeking health consultations and medications, the majority (78.7%) either agreed or strongly agreed to this assertion as against the 15.3% respondents who objected to the proposition. While 6.0% were indifferent. This shows that more people now embrace primary health care when in need of medical consultations.

On the availability of qualified medical personnel, 60.0% of the respondents either disagreed or strongly disagreed that that primary healthcare centres do not have adequate and qualified medical staff. In contrary, 34.7% either agreed or strongly agreed that the centres have adequate and qualified staff with 5.3% were indifferent. The responses to the health education on nutrition showed that majority (83.1%) either agreed or strongly agreed that the primary health centres provide health talks on the need for balanced diets and the choice of foods as against the minority (8.4%) who held an opposing view. This means that health education is on the ground in the health centres in the community.

On the availability of vaccine and regular immunization administration on children and adults, the majority (87.4%) either agreed or strongly agreed that vaccines are available and regular immunization are routinely being undertaken. But fewer respondents (9.3%) were

opposed to the claim. It is clear from the respondents that vaccines immunization is routinely undertaken in the community. Similarly, the existence of family planning and antenatal programme for the expectant mothers was well received as the majority (87.3%) of the respondents favoured the assertion as against 9.3% of respondents that either disagreed or strongly disagreed while 3.3% of the respondents were indifferent. On the medical health personnel been empathic in their relationship with patients (84.0%) responded in affirmative that the personnel identify with and understand the feelings and difficulties of their patients which were objected to by minority (7.4%) with 8.4% remained indifferent. These above responses clearly show that medical personnel are very friendly and sympathetic to the plight of the patient.

On the treatment of the common ailment and injuries by the primary health centre, 84.2% of the respondents either strongly agreed or agreed that the primary healthcare centres efforts are encouraging. The assertion that was objected to by very few (9.5%) with 6.3% of the respondents remained indifferent. The positive responses that the centres are able to handle common ailment justifies one of the reasons while primary health centres were established. Also on the provision of immediate attention to first aid cases, the majority (82.7%) of the respondents answered in affirmative, and that referrals are provided in exceptional cases, the claim that was opposed by a minority (6.0%) with 11.3% remained indifferent. This implies that first aid cases that could be handled are managed otherwise referral is provided to the State Hospital.

For justification on the purpose for which primary health centre was established, the majority (82.7%) either strongly agreed or agreed that primary health centre performs efficiently while minority disapprove the claim with 7.4% respondents abstained. This potent to mean that primary health centre provides preventive health services in their community. On the effectiveness of primary health care delivery system, 80.0% consented positively as against minority (7.3%) respondents who objected to the claim while 12.7% remained indifferent. Overall primary health care delivery system could be said to be effective in Nigeria despite some constraints.

4.2 Challenges Faced by Implementation of Primary Health Care

Table 2 Challenges Faced by Implementation of Primary Health Care

s/n	Assertions	Frequency	Percentage
a.	**Inadequate medical personnel**		
	Strongly agree	78	52.0
	Agree	49	32.7
	Undecided	9	6.0
	Disagree	13	8.7
	Strongly disagree	1	0.6
	Total	**150**	**100.0**
b.	**Inadequate and irregular remuneration**		
	Strongly agree	76	50.6
	Agree	54	36.0
	Undecided	3	2.0
	Disagree	8	5.3
	Strongly disagree	9	6.0
	Total	**150**	**100.0**
c.	**Inadequate finance**		
	Strongly agree	52	34.7
	Agree	69	46.0
	Undecided	21	14.0
	Disagree	8	5.3
	Strongly disagree	-	-
	Total	**150**	**100.0**
d.	**Inadequate drugs and medical facilities**		
	Strongly agree	65	43.3
	Agree	66	44.0
	Undecided	9	6.0
	Disagree	8	5.3
	Strongly disagree	2	1.3
	Total	**150**	**100.0**
e	**Change of democratic government**		
	Strongly agree	58	38.7
	Agree	58	38.7
	Undecided	14	9.3
	Disagree	13	8.7
	Strongly disagree	7	4.6
	Total	**150**	**100.0**

Source: Fieldwork March 2019

Table 2 Challenges Faced by Implementation of Primary Health Care (Contd)

f	**Non-commitment of health personnel**		
	Strongly agree	44	29.3
	Agree	63	42.0
	Undecided	14	9.3
	Disagree	24	16.0
	Strongly disagree	5	3.4
	Total	**150**	**100.0**
g	**Lack of programmes awareness in the community**		
	Strongly agree	47	31.3
	Agree	58	38.7
	Undecided	16	10.7
	Disagree	27	18.0
	Strongly disagree	2	1.3
	Total	**150**	**100.0**
h	**Dilapidated building and infrastructure**		
	Strongly agree	74	49.3
	Disagree	55	36.7
	Undecided	8	5.3
	Disagree	11	7.3
	Strongly disagree	2	1.3
	Total	**150**	**100.0**

Source: Fieldwork March 2019

Primary healthcare delivery encounters different challenges notwithstanding its effective implementation. Table 4.2 shows that 84.7% of the respondents either strongly agreed or agreed that there is a shortage of medical staff as against the minority 9.3% who held contrary opinion while 6.0% were indifferent. Apart from the fact that the primary health centre patronizes unqualified staff; it has to contend with the shortage of personnel. Motivation promotes staff productivity. The majority (86.0%) of the respondents answered in the affirmation that they were faced with poor and irregular remuneration while 10.6% were of the contrary opinion. This confirmed the stand of Governor Aregbesola's administration that payment of full salary remained impossible. As shown in Table 4.2 that 29.3% of the respondents strongly agreed and 42.0% of the respondents agreed that health workers are not committed to their duty; 16.0% of the respondents disagreed and 3.4% strongly disagreed

while 9.3% remained indifferent. There is a need by the government to motivate in order to reactivate the dampened morale of staff.

The essence of a patient seeking consultation is aimed at providing a solution through medications. However, a large proportion (87.3%) of the respondents was of the view that drugs and medical facilities were in short supply. The government is hereby imploring to increase the budgetary allocation for the proper implementation of PHC

The constant change in government at all level simply means a change in political party manifestoes and programmes as well as leadership. The new government disposition to healthcare and welfare of the citizen might be at variance with the programmes met on ground. 77.4% of the respondents either strongly agreed or agreed that programme implementation differs from one government to the other as against minority (13.3%) who held an opposing view with 9.3% indifferent. This implies that change in governance and leadership at Local Government level, in particular, is a militating factor against effective primary healthcare delivery.

Information dissemination is essential for programme awareness and acceptability. The majority (70.0%) of the respondents were either strongly agreed or agreed that there is enough mass media public awareness concerning primary healthcare in the community. But 19.3% of the respondents were of contrary opinion while 10.7% were indifferent.
Dilapidated infrastructure and obsolete equipment constitute a clog on the wheel of progress as the majority (86.0%) either strongly agreed or agreed that there are decayed infrastructures and obsolete equipment which affect their performance. In contrast, a very few (8.6%) expressed a contrary view while 5.3% remained indifferent.

5.0 Discussion of findings

Impact of Primary Healthcare Delivery on the Health Status in which Primary healthcare was made the object of assessment as more people 118(78.7%) now embrace primary healthcare more than before as the first place of call when in need of medical attention. Not less than 90(60.0%) of the respondents claimed that the health centres were short staffed and those on

the ground were not all qualified to manage the health centre. The responses to the health education on nutrition shows that majority 124(83.1%) consented that the primary health centre provides health talks on the need for balanced diets and the choice of foods. On the availability of vaccine and regular immunization administration on children and adults, majority 131(87.4%) respondents agreed that vaccines are available and regular immunizations are routinely being undertaken. Similarly, the existence of family planning and antenatal programme for the expectant mothers was well received as the majority 131(87.3%) of the respondents were in favour of the assertion. The health personnel are empathetic in their relationship with the patients 126(84.0%). Equally the response of the health centre to the treatment of common ailment and injuries is encouraging (84%), as the health centre gives immediate attention to first aid cases 124(82.7%). As claimed by the respondents (80.0%) Primary health care is said to be effective in Nigeria as well as serving the purpose for which it was created (82.7%).

Apart from the fact that primary health centre patronizes unqualified staff; it has to contend with the shortage of personnel as confirmed by 127(84.7%) respondents which affirmed the position of Omofonmwan (2004) Akhayere (2002) and Sule et al (2008) that Nigeria health sector present doctor and nurse population ratio to patients is still far from being met. Motivation promotes staff productivity. Medical personnel were not motivated as poor and irregular remuneration 130(86.6%) were the order of the day which substantiated the position of the Governor Aregbesola's administration that payment of full salary remained unrealistic. This informed why health workers were not committed 107(71.3%) to their duty. This corroborated the position taken by Al-Doghither, Abdurhman & Saheed, (2000); Ofovwea and Ofili, (2005); Zaky, Kluhub & Galal, (2007) on the attitude of staff, time spent, and cost of service etc.

The essence of a patient seeking consultation is aimed at providing a solution through medications. However, a large proportion 131(87.3%) of the respondents was of the view that drugs and medical facilities were in short supply. The situation defiled solution as federal allocation to the Local Government Council was cornered by the State Government through the Joint Account that prevented the local government to have access and control over its

funds. Also, the Federal Government treasury single account is another bottleneck for the proper implementation of the Bamako Initiative. These confirmed the separate studies carried out by Uzochukwu et al (2002) who analyzed the effects of Bamako Initiatives (BI) on availability of essential drugs in Primary Health Care (PHC) facilities in South East Nigeria; and that on Tafa Local Government Area in North Central Nigeria by Sambo et al (2009) that none of the PHC implemented the Bamako Initiative while none operated the Drug Revolving Fund system. Governments should provide an enabling environment that will enhance the Bamako Initiative proper implementation.

The constant change in government at all level simply means a change in political party manifestoes and programmes as well as leadership. The new government disposition to healthcare and welfare of the citizen might be at variance with the programmes met on ground. 116(77.4%) of the respondents either strongly agreed or agreed that programme implementation differs from one government to the other. This implies that the change in governance and leadership at the Local Government level is a militating factor against effective primary healthcare delivery. In fact, Governor Aregbesola administration subjugated the thirty Local Government Councils in Osun State to a mere local administration outpost of the State Government.

Information dissemination is essential for programme awareness and acceptability. The majority 105(70.0%) confirmed enough mass media public awareness concerning primary healthcare in the community. However, the interview confirmed that committee representatives from each ward are the source of dissemination of PHC programmes in each locality. Lastly, dilapidated infrastructure and obsolete equipment constitute a clog on the wheel of progress in which majority 129(86.0%) consented that there are decayed infrastructures and obsolete equipment against the backdrop by Erinosho (2006) and Ademiluyi (2009) who emphasized that infrastructure and equipment will define the quality of provided health services based on their relatively adjudged quantitative and qualitative features.

Conclusion

Ilesa West Local Government area could be said to have benefitted from the government's health care delivery services. The aim of establishing Primary Health Care is to meet the health care needs of diverse populations. The introduction of Primary Health Care which has brought health care services closer to the people has impacted positively on local government communities. There is a positive relationship between primary healthcare delivery and the health status of the Ilesa West Local Government communities. The primary health care delivery has impacted fairly on the health status of Ilesa West Local Government communities amidst the myriad of challenges which are not limited to inadequate personnel, infrastructural and medical equipment deficit, lack of motivation but includes change of democratic governance and manifestoes and Treasury Single Account policy that further limit efficiency.

Recommendations

It is evident that the health care delivery services have impacted on the lives of the people in the Ilesa West Local Government area positively. However, they are still faced with a lot of constraints, which tend to hinder their effectiveness, and efficiency. Based on the outcome of the assessment of the Ilesa west local government health care delivery services, the following recommendations will be important in improving healthcare services at the centres:

- ❖ It is very critical and important to increase budgetary allocation to the health sector of the local government which will judiciously be used to update material and human resources for enhancement and efficient delivery of PHC programmes.
- ❖ Massive infrastructural upgrade not limited to the renovation of buildings but to include good access roads, pipe borne water, modern medical equipment and technology.
- ❖ Recruitment of new medical personnel into Health centres in order to have adequate personnel to handle the growing population of the rural dwellers.

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BHSS	Basic Health Service Scheme
CHC	Comprehensive Health Centre (CHC
EPI	Expanded Program on Immunization
FMH	Federal Ministry of Health
HC	Health Clinics
HIV	Human Immunodeficiency Virus
LG	Local government
LGA,	Local Government Area
MDG	Millennium Development Goals
NPC	National Population Commission
NPHCDA	National Primary Health Care Development Agency
PHC	Primary Health Care
TSA	Treachery Single Account
UNICEF	United Nations International Children's Emergence Fund
WHO	World Health Organization