

**PARADOX OF MEDICAL SERVICES AND LOCAL GOVERNMENT –
COMMUNITY PARTICIPATION IN THE PROVISION OF GOOD
PRIMARY HEALTH CARE IN NIGERIA: AN EXPLORATORY STUDY OF
ANAMBRA STATE LOCAL GOVERNMENT ADMINISTRATION
EXPERIENCE**

DR. ORIE, SYLVESTER, O, Ph.D, CNA, FCNA, FNIM, FCAI
Senior Lecturer, Department of Public Administration and Policy Studies
Tansian University, Umunya Campus.
MOBILE: 08035651742; 08032643916
Email: sylvesterorie728@gmail.com
Google Scholar: sylvester.okorie@tansianuniversity.edu.ng

Abstract

The prevailing poor health care challenges facing the Nigerian state brings to the fore the imperatives for strategic option in providing adequate medical services to the rural communities. The nature of the state and the public institutions through which legitimate power is exercised and enforced for the public good is germane to the study of public administration and public policy in any state (Smith, 2003). Therefore, the intricate webs of medical infrastructural decay in the health sector has remained alarming over the decades. This situation worsened during the Covid-19 and post Covid-19 pandemic era leading to the massive deaths of people in Nigeria and across the globe. The healthcare problems occasioned by the ineffectiveness of government co-operation and inter-sectional collaboration between the local government-community form the thrust of evaluating the paradox of medical services and Local Government-community participation in providing adequate primary health care in Anambra State. It is the objective of the study to make the primary healthcare delivery in the state more effective and efficient. The study adopts an efficiency theory framework as a foundation while methodologically using a descriptive and survey research design. The study relied heavily on the primary and secondary data which were analysed by the use of percentages, chi-square and descriptive statistics. It was revealed, that: the provision of medical equipment and drugs were affected by inadequate funding, inconsistent health policies, unqualified personnel, lack of incentives, lack of commitment by government and other stakeholders among others. It is recommended that the health sectors be adequately funded, appropriate medical tools should be put in place, qualified health personnel should be recruited, incentives schemes be provided while a strong commitment to implementation of all health policies should be consistently reviewed and strictly adhered to by the governments and other stakeholders for effective healthcare service delivery.

Keywords: Local Government-Community, Participation, Primary Health Care, Administration, Paradox, Medical Services.

INTRODUCTION

Onah (2018) noted that the task environment of the local government is the component communities under its jurisdiction. The need to effectuate and maximize the potentialities of the local governments demand the careful co-alignment of all the functional sub-systems and operating linkages within the task environment. Furthermore, Nebedum (2011) observed that the provision of welfare services at the grassroots provides a robust opportunity for possible co-alignment. This implies that citizen involvement or community participation, in the development process is not new in Nigeria. Infact, Nnadozie (2022) felt that it was the process through which the people lived and improved their lots before any contact was made with the colonial powers. There is sufficient examples of community involvement and actual execution of projects or services such as bridges, roads, markets, village motor bus stops, educational institutions, community health centres among others.

Regardless of the evident role of communities in the development of the local governments, the structural functional layout and linkages are short of conscious co-ordination. But there ought to exist a structural: linkage between the local governments and respective town or community unions, age grades and other similar organizations within each Local Government area since the major objectives of these unions are essentially geared towards improvement of the standard of living of their own towns and communities by providing them with modern amenities. This is probably why the Anambra State Blue print for Rural Development (2015) asserted that: Efforts will be made to spell out how best the resources of the community welfare organizations can be harnessed toward the objectives of developing their rural communities.

At present, virtually all the communities in the state's Local governments are witnessing the collapse of both the existing socio-economic infrastructure and non-existing ones in the state. Inspite of the change agenda programme of the federal and state governments, the intricate web of the infrastructural decay is heightening each day leading to high rate of mortality among the infants and the old people. Most health centres have remained ill-equipped with no drugs and new ones have not been put in place over the decades to carter forth basic health needs of the rural populace. This ugly development was more pronounced during the Covid-19 era which led to massive deaths of poor people across the country and the state in particular.

These flaws dictate that the critical gaps must be investigated in order to fill them. This will, however, provide a strong basis for local government-community participation in the provision of primary health care services to rural populace.

Statement of the Problem

Nigeria, with a population of about 140 million people, is the most populous country in Africa. The World Health Organization maintains that health is a status of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In a country where over 70% of the health problem is challenging, primary health care is the most challenging. This demands effective managing and implementation of the strategic plans set out to ensure good standard of health for all the citizens (Obi, 2006).

Good health, Onyebuchi (2020) affirms is a fundamental human right and the attainment of the highest possible level of health is a very important world-wide demand and its realization requires the action of several social and economic sectors. Unfortunately, the Nigerian Local Government System which is made up of 774 Local Government Councils, afore most social service sector has never performed creditably in the provision of adequate primary health care delivery services due to a number of inhibiting factors: Lack of essential drugs: A cursory look at data from the 1999, 2003, and 2020 National Demographic Survey (NDHS) reports showed in 1999, 2003/2020: that

Infant Mortality Rate (IMR) 75/100G Live births, 102/1000 live births; Under 5 Mortality Rate (U5mr) 4383/1000 live births, 201/1000 live births; Acute Respiratory Infection (ARI) 11.3% 31%;

Maternal Mortality Rate (MMR) 704/100,000 live births 800/100,000 live births;

Percentage completing Immunization 16.8% 12.9%;

Did not receive Diarrhea treatment 3.5% 19.8%,

Women without antenatal clinic provider 11.4 %36.9%; and Local Community as place of delivery 58.3% 66.4%, etc, probably exacerbated by covid-19 pandemic (Odusanya, 2019).

These figures indicate a deterioration on health indices between 1999, 2003 and 2020. This is as a result of the cumulative effect of the deteriorating social indicators as

shown in the Human Development Index (HDI). The essential drugs to treat the patients in various hospitals and health centres are lacking. Therefore, many Nigerians especially women and children and in particular the poor who die from avoidable health problems such as preventable infectious diseases, malnutrition and complications of pregnancy and childbirth leading to perpetually low life expectancy for rural dwellers.

Shortage of Funds: The Primary Health Care Services sector has been under-funded over the years in terms of provision of the necessary social infrastructures, plant and equipment for the keeping and preservation of drugs, vaccines, among others. The health service expenditure provision competes with some important social service sectors like education, housing, environment, transportation and security.

World Health Organisation (2000) in its global Health System performance appraisal ranked Nigeria a dismal 187th position among the 19 United Nations member states. A strong indication that adequate funds are not made available to the country's health sector, hence the high incidence of mortality.

Lack of adequate and qualified manpower: There has been shortage of professionally qualified Doctors, nurses, mid-wives, health workers, and administrators to handle cases of HIV/AIDS, Covid-19 pandemic, and other severe health problems that demand the attention of professionally qualified personnel in the local government areas. Opportunities 'hardly exist for the training and re-training of personnel for improvement of skills on sustainable basis.

Lack of Workers incentive or motivation in the workplace: Most of the available staff in the various health centres, health posts and other field staff who engage in the regular immunization exercise in the local areas are not motivated either in cash or kind for extra efforts made in discharge of duties. In our modern society, where human resource development is the key to effective organizational performance, this issue is neglected. Thus, staff performance in terms of effective delivery of services has remained at its lowest ebb. Often, most of these workers prefer to withdraw their services to private hospitals and clinics where they are better motivated in terms of higher pay packets. The major implication is that health offices lose experienced personnel and possibly recruit ill-qualified staff who may not be competent enough to handle complex health cases that require the attention of medical experts.

Sit-at-home order: This national directive of the sit-at-home by all the citizens and across the globe worsened the problem of receiving adequate medical attention because of there strict policy occasioned by covid-19 pandemic (Okunna, 2021).

Research Questions

The following three research questions will constitute the basic research problem of the study:

1. What primary health care delivery service shave Njikoka Local Government Council undertaken between 2016-2020 whether on-going, completed, or abandoned that may necessitate collaborative arrangements?
2. How were these service projects selected, funded and what are their relevance to the immediate needs of the rural people?
3. What are the obstacles to effective and efficient implementation of the medical service projects?

Objective of the Study

The broad objective of the study is to make the primary health care service delivery in Anambra State Local Government Areas more efficient and effective with particular focus on maternal, child health and immunization against infectious diseases through the status of medical services and local government-community participation in Njikoka Local Government of Anambra State.

The specific objectives of the research will seek to:

1. Determine some Primary Health Care Delivery Service projects (whether on-going, completed or abandoned) that the Local Government has provided to rural communities since 2016-2020;
2. Determine how these Health Service Care Delivery Service projects were selected, funded and their relevance to the immediate needs of the people; and
3. Determine the obstacles to effective and efficient implementation of the medical service projects.

Significance of the Study

Firstly, the research is timely and in accordance with national priority. The need for effective and efficient service delivery since the inception of Nigeria's democratic governance in May 1999 and the present federal government change agenda policy

has been an issue of national debate and concern. Onah (2018:15) asserts the inability of local governments to carry out their duties most of which border on the provision of essential services. Onah further observed that local governments in Nigeria are ill positioned to effectively take part in the transactions (between citizens and government) owing to leadership problems, insufficient fund, excessive meddling in the affairs and prerogatives of the local governments by higher level governments (state and federal).

Furthermore, the study is significant because the government-community participation contextual views are reflective of the inclinations of the various authors and the purpose that they want to achieve. Some define it from the point of view of the survival ability of organizations or institutions, others weigh politics against rationality, inputs versus the total system, the target audience of government-community participation, and the means against results improvement. Lucas (2016) defines community participation as a process by which individuals and family assume responsibility for their own health and those of the community and develop the capacity to contribute their own for the community development.

Secondly, the study is significant because it will expand the frontier of knowledge by identifying the obstacles which militate against effective and efficient health care service delivery in Nigeria.

Conceptualization of Issues

Government–community participation

Honadle (2014) aptly noted that there are several definitions of government–community participation in services provision that are found in literature. These definitions are reflective of the inclination of the various authors and the purpose that they want to achieve. Some define it from the point of view of the survival ability of organizations or institutions, others weigh politics against rationality, inputs versus the total system, the target audience of government–community participation and means against results improvement.

Lucas (2016) defines community participation as a process by which individuals and family assume responsibility for their own health and those of the community and develop the capacity to contribute their own and the community development. Participation can be in the area of identification of needs during Primary Health Care.

Odusanya (2019) noted that the definition and concept as adopted by the Alma Ata Declaration is given as:

“an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals, and families in the communities and through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”.

The World Health Organisation (WHO, 2000) on the other hand, describes the concept of health as a status of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The researcher believes that good health is a fundamental human right and the attainment of the highest possible level of health is a very important world-wide social service and its realization requires the action of several social and economic sectors and not just the health sector in isolation.

Theoretical Framework

Although there are extant competing theories in social sciences, management sciences and administration that can guide a study of this nature, the one which the researcher considers suitable in analysing and describing the problem under investigation is the efficiency services theory. According to Ezeani (2004) the proponents of this theory justified the existence of local government on the ground that it is an efficient agent for providing services which are local in character.

Mackenzie (2009) postulates that “Local Government exists to provide services and it must be judged... By its success in providing up to a standard measured by a national inspectorate”. It is argued that because of sheer closeness to an area, local government can provide certain services more efficiently than the central government. Sharpe (1970:168) was of the view that the efficient performance of these services is so compelling that if local government did not exist, ‘something else would have to be created in its place’. Thus, to this school, the argument that democratic and participatory roles are the core functions of the local governments is misleading. However, as Sharpe (1970:168) rightly noted:

Whereas the value of local government is a bulwark of liberty, or at least is a hand maiden of democracy, has been recognized, its role as an agency for providing services has evoked no comparable enthusiasm.

Empirical Review

Odusanya (2019) aptly noted that health is wealth. Nations are only as healthy as their citizens. Health, according to the World Health Organisation (W.H.O) is not only the absence of illness or infirmity but complete physical and mental well-being. Health is a basic human right. Article 25 of the Universal Declaration of Human rights states that every individual “has the right to a standard of living adequate for the health, and well-being of himself and of his family, including food, clothing, housing and medical care”. Lucas (2016) maintains that primary health care:

- Reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities;
- Addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services;
- Includes education concerning prevailing health problems and the methods of preventing and controlling them; and
- Involves, in addition to the health sector, all related sectors and aspects of national and community development. For example, Agriculture, education, housing, among. According to Alma Ata Declaration (1978), the International Conference on ‘Primary Health Care’ which took place in Alma Atama de the following declaration:
 - Health is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal;
 - The existing gross in equality in the health status of the people particularly ‘between developed and developing countries is politically, socially, and economically unacceptable’;
 - Economic and social development, based on a new international economic order is of basic importance to the fullest attainment of health for all;
 - The people have the right and duty to participate individually and collectively in the planning and implementation of their health care;
 - Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social welfare;
 - All government should formulate national policies, strategies and plans of action to launch and sustain primary health care;
 - All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people; and
 - An acceptable level of health for all the people of the world by the year 2030 can be attained through a further and better use of the world’s resources.

In pursuit of this right, nations and communities setup mechanisms of providing health care for their citizens and members. Nigeria set up its National Health policies in 1988, 2017 and 2023 which aim at achieving health for all Nigerians by the year 2030.

Primary health care was adopted as the strategy for achieving the goal of the policy in order to assess the impact of primary health care on the health status of the country.

According to the National Health Policy Survey Report (2017) on the Primary Health Care State of Health Services in Nigeria. The following problems were noticeable in the health services prior to the adoption of primary health care:

- Inadequate coverage: Coverage was very low and often below 35% with limited access for the rural communities and urban poor;
- Disproportionate high investment on curative services to the detriment of preventive services;
- Weak management resulting in waste and inefficiency;
- Minimal Community Participation;
- The lack of basic health statistics which is a major constraint at preliminary stages of planning, monitoring and evaluation of health services;
- Inadequate funding which acts as a constraint to effective performance; and
- Defective, poorly maintained infrastructure, equipment and logistic supports.

Therefore, these flaws demand that the critical gaps must be filled through the assessment, of the paradox of medical services and local government–community participation in the provision of primary health Care Services.

Present situation of primary health Care in Anambra State:

The State's Economic Empowerment and Development Strategy (SEEDS, 2006) posits that health care is the exclusive preserve of local governments.

Each local government area has numerous health institutions such as the health posts and centres.

Most of them are managed by Community Health Extension Workers (CHEWS) and trained nurses and mid-wives with oversight by the Local Government Area Primary Health Care Co-ordinators. They manage clinic: ailments, maternity care, family planning and referral. The final co-ordination of their activities is by the primary health Care Department of the State Ministry of Health. In Anambra State, immunization

against wild polio on the other hand, has reached a coverage of about 98%. Furthermore, health is the most important component of any State's socio-economic development as this does not only make for a better quality of life but fosters the creation and maintenance of wealth through the promotion of effective and productive labour force. In achieving the health policy objectives, there is the need to create the enabling environment through the establishment of a sustainable economic growth that would facilitate 'full participation of all stakeholders. Poverty is widespread and rising to the extent that it has ceased to be a mere rural phenomenon as the urban areas also record a high incidence (Udughan, 2020).

Basic Principles of Primary Health Care:

According to Okunna (2021) the advocacy on the effective Primary Health Care Service delivery state initiatives highlighted the following Basic Principles:

- Community participation;
- Intersectoral collaboration;
- Integration of health care programmes;
- Equity; and
- Self-reliance.

Community Participation

Community participation is a process by which individuals and family assume responsibility for their own health and those of the community and develop the capacity to contribute to community development. Participation can be in the area of identification of needs during implementation.

The community needs to participate as village, wards, districtor Local government level. Participation is easier at the ward or village level because the issue of heterogeneity is eliminated.

Advantages of Community Participation

- It addresses the felt health needs of the people;
- It ensures social responsibility among the community;
- It ensures sustainability;
- It ensures cost sharing;
- It ensures enhancement of knowledge; and
- It encourages inter sectoral collaboration.

Inter Sectoral Collaboration

This is the coordination of health activities with other sectors; such sectors include Education, Finance, Agriculture, Information, among others.

There should be a working relationship between these bodies and the Health Ministry of the federal/state and local governments.

Advantages of Inter sectoral Collaboration

- Overall human development;
- It ensures economic development; and
- It ensures affordability.

Integration of Health Services

This is defined as coordination of various primary health care components into a whole programme and made available at all times including referrals.

Advantages

- It ensures efficient use of all resources and removes areas of wastage;
- It ensures sustainability of programme;
- It ensures by pass phenomenon
- It reduces opportunity cost, and
- It guarantees clients confidentiality.

EQUITY

The health care resources available in a given community should not be in the hands of a few. And resources should be accessible and affordable to all. In addressing the Issue of equity in Nigeria, it is divided into three components:

Decentralization of health services into federal, state-local, government-ward levels;

The essential drug services and the national drug formulae making drugs available at all levels and at low cost; and

National Health Insurance Scheme-where people contribute to the health services of those who don't have or cannot afford.

SELF RELIANCE

This involves the use of technological methods and scientifically sound devices to maintain good health by communities. It can be in terms of human resources, money or materials. Human resources in Nigeria including medical officer of health, community health officer, nurses, midwives, community health extension workers, community health Aid, among others.

Advantages of Self Reliance

- Affordability;
- Sustainability;
- Acceptability; and
- Authenticity.

Components of Primary Health Care:

Gilles (2012) and Odusanya (2019) identifies nine (9) components or elements of primary health care, viz:

Immunization: An increasing number of infectious diseases can be prevented by vaccinations. For example, -measles, Meningitis, Pertusis, tuberculosis, yellow fever, among others.

Maternal and Childcare: Pregnant women and women of child bearing age (15-49 years) are the target group for special care. Children under 5 years of age are also vulnerable to childhood killer disease. Maternal and child health clinics are established in Nigeria to take care of these groups.

Essential drugs: The most vital drugs should be available and affordable at all levels of government.

Food and Nutrition: The family's food should be adequate, affordable and balanced in nutrients.

Education: The community should be informed of health problems and methods of prevention and control.

Illness and injury: Adequate provision of curative services for common ailments and injuries should be provided by communities through the various health centres.

Water and Sanitation: A safe water supply and clean disposal of wastes are vital for health.

Vector and reservoirs: Endemic infectious diseases can be regulated through the control or eradication of vectors and animal reservoir; and

Provision of Mental, Oral and Eye health

Problems of implementation of Primary Health care programme at Local Government Level:

According to Anambra State Road Map for Health Care Delivery System (2014), to achieve Primary Health Care in Nigeria, the nation was divided in towards of 10,000 people. This ward is the same as political ward that makes up districts and then, local government. However, problems experienced during the implementation of primary health Care in Nigeria include the following:

- Shortage of funds;
- Lack of materials, equipments and drugs;
- Shortage of suitably qualified personnel;
- Lack of commitment which can beat the individual or government level;
- Lack of appropriate incentive scheme;
- Lack of information and communications technology;
- Inadequate community participation;
- Inadequate inter sectoral collaboration;
- Rapid turnover of policy makers;
- Lack of manpower training and development;
- Inadequate utilization of services;
- In appropriate staff recruitment;
- Ill-defined responsibilities that is characterized within adequate job description; and
- Ill-defined authority.

Desired Primary Health Care Policy targets in Anambra State:

SEEDS (2006) states that the desired primary health care policy target of the state by the year 2015 highlighted the following:

- Basic Health Services should be affordable and cost effective for 90% of the population;
- Primary Health Care would be a corner stone of achieving affordable and cost effective health care for 90% of the population;
- Routine and special immunization coverage would reach 100%;
- Provision of 90% of essential drugs in all public primary referral facilities and all public secondary health care facilities;
- Provision of care during pregnancy, and child-birth, including access to emergency obstetric care for 90% of mothers;
- Reduce infant mortality rate from the current 71/1000 by 50%;
- Reduce under-5 mortality rate from the current 140/1000 by— 50%;
- Reduce maternal mortality rate from the current 704/1000 by 50%; and
- Increase routine immunization of children coverage from 42% to 60%.

Unfortunately, over 80% of these initiatives were not framework of government–community participation/cooperation and unattainable till date.

Amujiri (2022) noted that in order to achieve the desired primary health care policy, community mobilization or citizen participation is indispensable to the effective implementation and management of development projects. This view attracts widespread ‘consensus. What is needed is clear analysis of this concept to see which forms of participation benefits which groups or classes in the process (Lassen, 2008). It is important that since democracy is the most widely acclaimed form of government, there can be no democracy without community participation. Infact, the most widespread participation in communal affairs is an ideal worth pursuing by all the democratic systems. Although-there’ is a consensus view on the need for community co-operation in the development of primary healthcare projects, but identifying who participates and the manner of participation has been an enduring problem. Strange (2014) and Resner (2018) have re-affirmed this view by identifying three different areas of community participation/cooperation, namely:

- In the decision-making structure of the programme;
- In the advisory panel; and
- Through staff employment of the designated group whose cooperation is sought.

There is a structural link age between communities and governmental institutions in the execution of community primary healthcare projects. A framework for government-community participation includes:

Age Grades, Town Unions and other social groups.

In addition, traditional rulers, Leaders of Thought (LOTs) and non-government organizations like clubs, Churches, Committee of friends, Political activists, etc can constitute catalyst agents for Government-community co-operation in the management of community primary healthcare projects. An important role of such agents would be to bring the local government agents into greater awareness of the needs of the community and to mobilize the citizens for more effective Participation.

Forms/Levels of Government-Community Participation in Primary Health Care Projects: Citizen participation in these projects can be in different forms and at different levels. Lassen (2008) identifies these forms as follows:

- Participation in the decision-making on what the service or project should be;
- Participation in the implementation of a service or project;
- Participation in the evaluation of performance of service administrators or the quality of service;
- Participation in control over how the service or project is directed in the long run; and
- Participation in decision-making on what the services should be.

Lassen further re-affirmed that the major principle of community development, is that, the citizens or members of the community must identify their felt needs.

The community must identify the negative social condition which the project is expected to address. This is important because every community has various needs at any particular time. Hence a community that perceives its most pressing need as access road is likely to be lukewarm over building a school or hospital. On the other hand, drilling a borehole in a community that suffers from the acute shortage of portable water would generate a lot of enthusiasm and cooperation. Consequently, the community must be actively involved in this decision stage. The local government agent or community development officer must therefore establish channels of communication with town union, age grades, leaders of thought (LOTS) and other Community Based Organizations (CBOs). The agent should meet with the leaders of

these groups who would provide information as regards the pressing needs of the community and hence what the project should be. It is also pertinent to note that the community development officer, being an expert, should provide leadership at this selection stage. He has to guide the people by explaining the various ramifications of every project choice. Popular participation in decision making elicits local initiative in problem solving and ensures that enough resources are mobilized voluntarily.

The challenges of effective government–community participation and mobilization process. These include:

A Local Community Politics

In a community that is heterogeneous in character in terms of population, cooperation becomes intractable. The smaller units entertain fear of being dominated by the larger units and this creates an atmosphere of distrust.

Under this condition, Okunna (2021) posits that sectional interest now guides decisions about programme/project selection, amount of levies to be contributed by each section of the community and representation in community based committees also become highly politicized. The situation is further aggravated where the traditional ruler of the community is unpopular. He then becomes a divisive instrument in the community instead of one who brings cohesions. He also becomes ineffective as a catalyst for community mobilization. Similarly, insufficient fund arising from widespread poverty and biting economic conditions militates against effective government-community cooperation in programme implementation. Experience has shown that members of various communities are finding it increasingly difficult to pay levies imposed on them for the maintenance of existing community welfare services. For instance, occasionally, electricity transformers break down and/or total vandalization of transformers, and water pumping machines develop faults. These cost a lot of money which may not be readily available, hence the common sight of such facilities lying unrepaired for years;

Corruption is another obstacle to effective government-community participation in development projects or programmes. For instance, town Union or Community Development Committee Officials sometimes misappropriate funds meant for financing community welfare programmes. This act aggravates the problem of shortage of fund which has already been discussed and excessive demand of money by some government officials and representative of EEDC in the form of logistics to facilitate their assessment of the damaged transformers;

There is also the problem of inadequate communication between the local government and various communities. The local government authority has the important function of encouraging community cooperation through frequent communication with the various Community-based Organizations (CBOs) in its area of authority. Communication gap can make citizen sign or ant of the roles they are expected to play in the developmental process. Through regular communication and interaction with community representatives, local government officials will be in a position to discover and address the problems which the various communities experience in their developmental efforts;

Shortage of skilled manpower within the communities to assist in the maintenance of development projects services also militates against effective community participation. Maintenance of some of the community welfare facilities such as 'electricity, health centres and even pipe borne water require skills, which may not be readily available in rural communities;

Party politics has also created division within communities. This has militated against effective community 'mobilization. The political elites and fanatical party members always disagree among themselves over sharing of available few resources. Consequently, as part of politicking, they refuse to cooperate in any ventures spear headed by a person from the opposing party. Even where a political opponent is the head of the town union or Community Development Committee (CDC), they refuse to see anything good in what he does. In the same way, such party fanatics discourage unsuspecting citizens from supporting any community welfare programmes not organized by their party members. For instance, where citizens are levied for the hire of a bulldozer for road rehabilitation, they may dissuade them from paying dues by making them feel that the government had provided the service free of charge and that the organizers were merely extorting money from them, which they would embezzle.

Research Methodology

The study adopted a descriptive survey design. The research was designed to generate data through personal observation, interview and questionnaire administered on respondents randomly selected from the council's Staff and other stakeholders from a rural Local Government Council of Anambra State, named "Njikoka Local Government".

Population of the Study

Anambra state is densely populated and having 177 autonomous communities and twenty-one (21) Local Governments. The greater percentage of the population is mainly farmers, traders, and civil servants. Therefore, the researcher having recognized the diverse nature of the Local Governments and the general poor state of our economy which encumbers on his financial capability, in carrying out the research in all the Councils, decided to select Njikoka Local Government only for this study.

Sample and Sample Size Determination

The sample and sample size for the distribution and questionnaires were determined as follows: the total number of 550 employees were ascertained from the pay roll of Njikoka Local Government and records supplied by the community-based organizations. The respondents were specifically selected from the Management Committee, Councillors/Political actors, Health Care/Career staff drawn from Finance, Budget and Planning, Health, Agriculture, Work, Administration, Education and Social Welfare and Stakeholders comprising of the Traditional Rulers, Rural Women, President General of Town Union, Age grades, Youth leaders, Donor agencies, Local Government Health District, and Community Development Committees.

On Sampling, Yaro yammane formula (1967) was used which is concerned with the application of the normal approximation with a 90% confidence interval and a 10% allowance error to determine the sample size for the research. The formula is as follows:

$$N = \frac{N}{1+N(e)^2}$$

Where, n = Sample size

N = Population of 550

e = Error size or the margin of error, 0.1

I = Constant

Substituting Value for the formula as follows:

$$n = \frac{550}{1+550(0.1)^2}$$

$$n = \frac{550}{1+550(0.01)}$$

$$n = \frac{550}{1+5.5}$$

$$n = \frac{550}{6.5}$$

$$n = 84.61$$

$$n = 85 \text{ approximately}$$

Therefore, the Sample Size for the study is 85.

Methods of Data Collection

Data for the study were sourced through primary and secondary sources. The primary sources consisted of questionnaire, personal observation, interview while the secondary sources of data include; textbooks, journals, articles, magazines, newspapers, government publications and internet-based materials.

Validity and Reliability of Research Instrument

To ensure the content validity of the research instrument (questionnaire), the researcher compared the items raised in the questionnaire and the research questions of the study. Through this approach, it was ensured that the research instrument covered the variables investigated in the study. The research instrument was also subjected to professional scrutiny of the researcher's supervisor and other experts for the purpose of boosting its content validity.

Results and Discussion

Having analysed the data, the following research findings were made:

Majority of the respondents were the Primary Health Care and career staff who have the basic knowledge of rules and regulations of the organization. By this disposition, they were able to give insightful contributions that have actually enhanced the quality of the research output. The remaining others including management committees, councillors/political actors, traditional rulers, town union and Age grade presidents, Youth leaders, women leaders, etc could be regarded as the stakeholders;

Majority of the respondents do not possess the desired university educational qualifications which will equip them for better understanding of local government administration, the desired government primary health care policy targets, non-governmental, structural/administrative setup involvement in the collaborative arrangements for proper implementation of primary health care service delivery;

A good number of career Officers had 1-10 years cognate working experiences which are adequate for effective contribution to the proper management of primary health care services. Apparently, most of the health staff are not placed on the right schedule of work that is commensurate to their qualifications and experiences to motivate them for greater productivity;

Majority of the respondents confirmed that consensus, cooperation and collaboration between the Government and community, age grades, town unions and other social groups are vital for effective service delivery at Local Government Area while the minority interest representing 2(2.4%) had no idea at all.

Majority of the respondents viewed Government-community participation as indispensable for proper implementation and management of primary health care service projects while the minority had contrary opinion.

The 78(91.8%) majority of the respondents lack the knowledge of the supportive Government Primary Health Care Policy target of 2015 for the attainment of good health for all while others had either contrary opinion or no idea of the policy target at all.

Majority of the respondents indicated that the absence of incentive packages, shortage of funds and corruption are the main causes of ineffective primary health care service delivery while others had contrary opinion.

A statistical assessment of the fund allocations and physical programme performances over the 5-year periods indicated that the overall primary health care service delivery in Njikoka Local Government Area was very poor as reflected on table 4.5.1 and pictorial graphs in tables 4.5.2 as attached.

In terms of fund allocation, donor agencies like UNICEF, UNDP, World Bank, and other community-based organizations like Women groups, Youth Leaders, Town Union and Age Grades impacted more positively by financial donations while State

and Local Government did not make meaningful financial contributions to the implementation of PHC programme initiatives.

In terms of physical infrastructures, most of the basic infrastructures like office buildings, equipment and plant, mobile vehicles, essential drugs and capacity building (training and re-training of personnel) were not adequately funded by the local government. It is only the routine immunization exercise in the Local Government Area that has a pass mark in terms of regular implementation whenever it falls due.

Most Local Government Area primary health care services delivery projects were either in the process of being completed, on-going, or abandoned due to shortage of funds, lack of accountability and absence of synergy in order to ensure sustainability of primary health care delivery services. The Local Government is yet to make a meaningful impact on the lives of the citizens in the provision of the basic social and medical services in the primary health care sector. Moreso, effective supervision, monitoring and evaluation of the Primary Health Care Service Projects by the Government-Community Participation is yet to receive a boost to ensure efficiency and effectiveness in the delivery of Health Care Services.

Conclusion

A modest attempt has been made in examining Local Government-Community Participation in the implementation and proper management of Primary Health Care Services through collaborative arrangements between the Government and the various stakeholders. And since health is a fundamental human right and primary health care must be adequately provided for, the only sure way to achieve this is by laying the foundation for a virile, effective, efficient and sustainable primary health care delivery system. When this is done, Njikoka Local Government Area of Anambra State and the Local Government System of Anambra State in general will witness a remarkable and innovative progress in the development of Primary Health Care, focusing on the Local Government Areas, resulting in Nigeria being placed in the front rank of countries in the world that have advanced the process of equitably improving the health and quality of life of its people.

Recommendations

In the light of the efficiency theory framework and the analysis of research findings above, the following recommendations are made, viz:

The institutional framework involved in the Government-community participation like the career officers, political office-holders and other stakeholders should be encouraged to undertake private studies and/or government sponsorship in recognized universities in order to improve their knowledge and skills. Moreover, Local Government Service Commission, Ministry of Health, Ministry of Local Government and accredited Management Training Consultants should collaborate to organize workshops, seminars and conferences for the principal officers and stakeholders on relevant and contemporary issues on the implementation and proper management of primary health care delivery services;

Primary health care workers and other allied staff should be placed on the proper schedule of duties which are relevant to their area of specialization, training and experience. Also, human resource development should be given top priority by ensuring that health workers are regularly paid their salaries and appropriately motivated by payment of enhanced allowances, and attractive incentive packages to reduce incidence of withdrawals of personnel to patronize private quacks, hospitals and clinics especially during the Covid-19 and postcovid-19 era;

A public enlightenment campaign should be carried out through the various print and electronic media including the internet services to give wide publicity on the adoption of Government-Community Participation as an indispensable means of ensuring effective implementation and proper management of Primary Health Care Service delivery in the Local Government Area;

Adequate funds should be allocated to the Primary Health Care Sector in view of the importance of health. Since health is wealth, its advocated that 50% of the State and Local Government annual budgets should be allocated for the provision of primary health care delivery services. This is because maternal, child health, productive health and immunization against infectious diseases, for instance, are fundamental to quality of human life and their existence.

Research studies should be encouraged, by government in specific areas like essential drugs for the treatment of terminal diseases and disease with long treatment. Also the use of certain scanning machines to, detect diseases.

Effective Supervision, monitoring and evaluation of on-going service projects should be given proper attention by the government and the various stakeholders to ensure efficient performance in Primary Health Care Service Delivery.

Finally, the issue of corruption, low level of accountability and non-performance by the co-ordinators of the Primary Health Care (PHC) programme should be regularly supervised, monitored and evaluated by the Community Development Committee. Any cases of corruption involving financial impropriety should be properly reported, investigated and culprit be brought to book.

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