

## **ADMINISTRATION OF PRIMARY HEALTHCARE SERVICES IN KADUNA STATE: THE ROLE OF KADUNA STATE PRIMARY HEALTHCARE BOARD**

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### **Abstract**

Primary health care is an essential component of human development, which focuses on the economic, social and political aspects of human life. For years, primary healthcare services have been characterised by fragmentation, poor service delivery, and inadequacy in staffing. The state primary healthcare boards were established to unify Primary healthcare under one authority and strengthen the national health state. This study seeks to examine the role of the Kaduna State Primary Health Care Board in the administration of primary healthcare services. Data was generated from primary sources of interviews, while secondary data was generated from journal publications, book chapters, and governmental/nongovernmental publications. The study adopted a mixed method, and data gathered through interviews were transcribed and coded into ATLAS.ti qualitative and scientific software and content analysed thematically for results. The study revealed that the State primary healthcare board plays a critical role in the administration of primary healthcare services in Kaduna state. Security challenges significantly affect Primary healthcare service delivery, especially in rural areas. It, therefore, concludes that the State primary healthcare board is an essential machinery in Primary healthcare service delivery and recommends that its role be further solidified to enhance its ability to provide and guarantee the safety of health workers, especially those in rural areas.

Keywords: PHC, PHC Service delivery, SPHCB, Administration.

### **1 Introduction**

For years, fragmented efforts characterised Nigeria's approach to healthcare delivery. The North, West, and East each had its own health policy. In the early 1970s, the federal government launched the Basic Health Services Scheme to actualise its growing concern for the welfare and healthy development of the nation's rural communities.

Between 1986 and 1992, astounding progress was recorded in the advancement of Primary Health Care, resulting in Nigeria being placed at the forefront of countries in the world that have pushed the process of equitably improving the health and quality of life of its people through primary health care. In order to capitalise on these achievements and sustain Federal assistance to the LGAs, the National Primary Health Care Development Agency was

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Established following the recommendation of a high-level WHO review team through Decree 29 of 1992 (Aigbiremolen et al., 2014). In 2011, the federal government of Nigeria adopted a reform agenda tagged Primary Health Care Under One Roof (PHCUOR). This reform is aimed at reversing fragmentation in primary health care delivery at the grassroots level by centralising PHC management, human resources, financing, and operational responsibilities under one State level body: the State Primary Health Care Board (SPHCB). The 56th National Council on Health (NCH) adopted PHCUOR as a national policy for implementation by States and the Federal Capital Territory (FCT). Further to the adoption, the 58th NCH in 2013 approved the PHCUOR Implementation Guidelines, which detail the institutional framework for PHCUOR (NPHCDA, 2019). Administration and ownership form the bedrock for the actualisation of this reform.

The SPHCB Kaduna state was established in 2010 and the law establishing it was passed in 2015. The board is responsible for organising, providing, and managing the Primary Health Care System in Kaduna State. The Board delivers its mandate through 3 Zonal Offices, 23 Local Government Health Authority Offices, and 1,068 Primary Health Care Facilities. The primary aim of the board is to manage the required resources of the Board, including Human, Material, Financial, and other intangible resources. This can be achieved by developing a robust performance management system for program monitoring and evaluation as well as staff performance assessments.

Notwithstanding this administrative institutional framework of the board to ensure optimal performance in PHC service delivery, only 17 LGAs score above the midpoint (50%). It is deeply concerning that none of the local governments met the 80% target. Kaduna North scored 59%, Kajuru, 61%, Zaria 42% and Kudan 51%. Kagarko scored 45%, while Kachia was ranked 55%. As regards health outcomes, the state has 23% supervised birth attendance and 54% ANC 4+ visits, 82/1000 Under-five mortality rate, and 47% Under-five stunting (MICS, 2016, NDHS 2018). Only 20% of women give birth in PHCs despite renovation and upgrading of over 237 PHCs across the state. It was ranked 92% in terms of ownership and governance of the PHCs in the state.

Against this backdrop, the paper seeks to assess the administration of primary health care in Kaduna State. The primary objective of the paper is to examine the role of the Kaduna State Primary Healthcare Board in the administration of primary healthcare services in the state. What are the challenges encountered? This paper will address these concerns.

The study is divided into five components. The introduction is the first section. The second part contains conceptual explanations, empirical review, and theoretical framework, while the third section provides insight into the research methodology. The fourth component of the study contains analyses of data generated on the administration of primary healthcare in Kaduna State. The conclusion and recommendations are included in the fifth section

## **2. Conceptual Clarification, Empirical Review and Theoretical Framework**

### **2.1 Administration**

This refers to the process of overseeing and coordinating the affairs of a business or organisation. It involves an array of activities centred around organizing, coordinating, and

controlling the processes of an organisation. Simon (1950), in his classic work, defined Administration simply as “when two men cooperate in rolling a stone that neither could move alone, the rudiments of administration have appeared.” In essence, administration entails the manipulation of both human and material resources with the aim of achieving stipulated organisational objectives.

## **2.2 Primary Healthcare**

Primary health care is an essential component of human development, focusing on the economic, social, and political aspects. WHO has developed a cohesive definition based on these three components to cover the process of meeting people’s health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care. It is a means of strategically prioritising key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services. Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health, as echoed in Article 25 of the Universal Declaration of Human Rights (Abimbola, 2020).

## **2.3. Overview of Primary Health Care in Nigeria**

Nigeria operates a federal system of government with a national government and sub-national state and local governments. Congruously, Nigeria operates a three-tier system of health care delivery in which the federal government is responsible for the provision of health services through the tertiary and teaching hospitals, the state governments provide the same through secondary hospitals, while the local governments deliver health services through the primary health care centres (PHCs).

In 1978, Primary Healthcare (PHC) was declared the cornerstone of healthcare delivery around the world by the World Health Organisation. Forty years later, in October 2018, this commitment to PHC was reaffirmed in the Declaration of Astana. Through this declaration, PHC was further articulated as a keystone for achieving Universal Health Coverage (UHC) and the United Nation’s (UN) Sustainable Development Goals (SDG) (Abadía-Barrero & Bugbee, 2019). Fifteen years after Nigeria gained independence, the National Basic Health Services Scheme (NBHSS) was created, where primary health care served as the basis for the whole idea. The National Primary Health Care Development Agency (NPHCDA) was later created in 1992 to guide and sustain the implementation of Primary Health Care through Federal assistance to States and Local Governments in the provision of essential health care, particularly at the grassroots where the majority of Nigerian lives. The Agency is to support the States and Local Governments in developing a sustainable system of PHC services that are accessible, affordable, acceptable, and of good quality through the participation of individuals, families, and communities in partnership with government and non-governmental organisations (NPHCDA, 2019).

Following the adoption of the recommendations of the primary health care under one roof policy in 2011 to tackle the issue of extremely poor PHC service delivery and its poor coverage of promotive, preventive, and curative primary health care interventions (Alonge, 2020), state primary healthcare boards/agencies were established. Despite this, secondary and tertiary health institutions are still burdened with providing PHC services.

### **2.3.1 Primary Healthcare Services**

According to the Alma-Ata declaration, the components of Primary healthcare are the services provided at the PHCs. They include;

- i. Adequate supply of safe drinking water and basic sanitation: supply of water and sanitation are closely interwoven. This is because inadequacy in the supply of water can negatively impact sanitation. As a result, water related diseases are the most common causes of illness and death among the poor and children of developing countries. According to the World Health Organization, 1.6 million deaths of children per year can be attributed to unsafe water, poor sanitation, and lack of hygiene (WHO, 2012).
- ii. Health Education: Good health is fundamentally and intrinsically important to live a worthwhile human life. The role of health education is to convince the community and individuals of the importance of health and services rendered by the PHC. One of the best ways to achieve effective PHC is to ensure that the educating role becomes spread out and that the end effect will be equally widespread throughout the population (Fasoranti, 2015).
- iii. Promotion of safe food supply and proper nutrition: A balanced diet is highly necessary to live a healthy life. Sufficient supply of food and management of proper nutrition is necessary to get a balanced diet. Various health related problems emerge along with malnutrition. Therefore, proper supply of food and management of nutrition is one of the important aspects of PHC.
- iv. Maternal and Child health, including family planning: Priority has been given to the service, training, and research aspects of maternal and child health, including family planning. These activities are being supported by WHO in collaboration with other United Nations agencies, such as UNFPA and UNICEF as well as multilateral and bilateral organisations.
- v. Immunization against major infectious diseases
- vi. Provision of essential drugs
- vii. Availability and Distribution of Medicine
- viii. Treatment of Communicable Diseases: This is an important service of primary health care as it ensures proper and timely treatment of communicable diseases in the community, especially at the grassroot level.
- ix. Oral Health
- x. Mental Health (NPHCDA, 2012)

### **2.3.2 Role of SPHCB on Primary Health Care in Kaduna**

In pursuance of Sustainable Development Goal 3 and Universal Health Coverage, primary health care Under One Roof (PHCUOR) was introduced by the Federal Ministry of Health of Nigeria through the National Primary Health Care Development Agency (NPHCDA) in 2010 as a policy (Kress, 2016). This policy is a new paradigm by the NPHCDA aimed at achieving the integration of all PHC services under one authority, thereby reducing fragmentation in the management and delivery of PHC services.

According to the policy, the role of the SPHCB is to strengthen the national health system. By this new arrangement, health resources for the implementation of PHC activities across the

states are repositioned from ministries, departments, and agencies where they had been previously domiciled, such as Local Government Service Commission, State Ministries of Health and Ministry of Local Government Affairs to the state primary healthcare boards/agencies.

In Kaduna state, the act establishing the board was passed into law in 2015. It is responsible for organising, providing, and managing the Primary Health Care System. The Board delivers its mandate through 3 Zonal Offices, 23 Local Government Health Authority Offices, and 1,068 Primary Health Care Facilities. The board plays the role of formulating Primary Healthcare policy and plan, and supervising primary healthcare facilities to ensure implementation and compliance. It also manages human, material, and other intangible resources to enhance effectiveness and efficiency. The board also develops a robust performance management system for the purposes of monitoring PHC service delivery as well as staff performance assessments (KSPHCB, 2021). Finally, it coordinates the activities of all relevant partners and stakeholders to improve PHC service delivery.

### **2.3.3 Challenges of Primary Healthcare service delivery in Kaduna State**

The minimum standard states that there should be nineteen medical staff and five non-medical staff. In Kaduna state, urban PHC meets this requirement but those of the rural PHC are lagging. There are differences in staffing patterns by state suggesting that the overall distribution of staff among facilities should be better managed with clinical and non-clinical staffing guidelines for each facility level delineated in the national MSP better enforced and accompanied with the necessary financial resources. Despite that PHC centres were established in both rural and urban areas in Nigeria with the intention of equity and easy access, the rural populations in Nigeria according to Abdulraheem (2012), are seriously underserved when compared with their urban counterparts. This poses a serious challenge to the implementation of PHC service delivery in the state. Abimbola (2021) revealed using a non-parametric method of Chi-square that the South-West zone demonstrated high patronage as reflected in the availability of health workers and modernisation of some Primary Health Care centres, while the South-South zone had low patronage of the Primary Health Care system, which lack of security for the health workers and non-availability of equipment is paramount. The study further asserted that the Nigerian health sector has been experiencing low qualitative facilities and services at all levels basically due to poor management of the health policies and poor budgetary allocation, especially for the primary health care program. The absence of a fully developed and functional primary health care system continues to constitute a development challenge in Nigeria. The situation threatens the achievement of health-related Sustainable Development Goals (SDGs) as well as other health objectives (Alonge, 2020). This, in part, forms the reason for the establishment of SPHCB to unify PHC service delivery in the states across Nigeria.

Security challenges have been on the rise in the state. Cases of health workers being kidnapped in the health centres have significantly hindered smooth PHC service delivery. Also, theft of medical equipment is recorded, thus, affecting PHC service delivery. Abdullahi (2020), using exploratory research methods, found that the government is the most active agent in the fight against insecurity in Kaduna state. Insecurity hampers sustainable development, of which

universal health, which is rooted in primary health, is critical. Egbue & Uuche (2014) revealed that security challenges infringe on the citizen's right to access acceptable and affordable health services at fully equipped, well-staffed, and functional public health institutions sited in close proximity. Using in-depth and key informant interview guides to serve as qualitative research instruments for data collection, Micheal & Alonge 2021 submitted that despite the State supportively establishing the SPHCDA with a functional board to provide the needed support for the implementation of the National Health Policy in all matters patterning to PHC in Ekiti State, the PHCs, however, experience inadequacies in terms of funding, staffing, and infrastructural facilities.

#### **2.4 Theoretical Framework**

The theory adopted for this discourse is the bureaucratic management theory by Max Weber. He was a German sociologist who developed the principles of bureaucracy to help his country (Germany) manage its growing industrial enterprises at a time when it was striving to become a world power (Ashiru, 2001). Weber thought bureaucratic organisation to be the most rational means of carrying out imperative control over human beings. Although he recognises the importance of personal (Charismatic) leadership, he concluded that bureaucratic leadership was indispensable for the mass administration required in a modern society (Albers, 1973). He, for instance, was unequivocal when he asserted that bureaucratic organisation is superior both in intensive efficiency and the scope of its operations, and is formally capable of application to all kinds of administrative tasks. For the needs of mass administration today, it is completely indispensable. Weber, thus, advocated five basic principles upon which the bureaucratic system of administration is based. These principles will be seen and discussed as follows:

- i. . In a bureaucracy, formal authority is derived from positions held in an organisation. Authority is the power to hold people accountable for their actions and to make decisions concerning the use of organisational resources. Authority empowers the superiors to direct and control their subordinates' behaviours to achieve organisational goals. In a bureaucratic system of administration, a manager compels obedience not by personal qualities she/he possesses but because of the position she/he occupies, which is associated with a certain level of authority and responsibility.
- ii. That in bureaucracy, people should occupy positions based on performance and merit. However, not based on cheap social advantage or personal contacts.
- iii. The extent of each position's formal authority and task responsibilities and its relationship to other positions in an organisation should be clearly specified.
- iv. A hierarchical arrangement of positions in an organisation so that employers will know whom to report to and who reports to them. Managers must create an organisational hierarchy of authority that makes it clear who reports to whom and to whom managers should go if a conflict arises. This principle is especially useful in the armed forces.
- v. A well-defined system of rules, standards, operating procedures, and norms must be created so that behaviours can be effectively controlled in an organisation.

In relation to the discourse, the SPHCB has been empowered by law to coordinate and administer PHC service delivery in the state. They have the formal authority to make decisions concerning PHC service delivery, coordinate resources, and hold individuals accountable for actions and inactions. The board ensures performance and merit are criteria in the employment

and posting of health workers to PHCs across the state. The role of the board is clearly spelt as well as those of health workers in the PHCs. The board also has in place integrated supportive supervision and detailed performance assessment templates for both staff and PHC services.

### 3 Research Methodology

The study adopted the critical-realist paradigm, which is concerned primarily with gaining a better understanding of social reality (O'Mahoney & Vincent, 2014). It allows for a mixed-method approach, which involves collecting and analysing both qualitative and quantitative data, which allows for a more comprehensive understanding of the research topic.

The convergent parallel mixed method entails collecting qualitative and quantitative data alongside each other, then individually analysing them, and merging the results before concluding.

#### Sampling size and technique

This study adopts the non-probability sampling technique, and purposive sampling was used to select a sample size and conduct interviews on the premise of expertise and knowledge about the subject matter. The questions featured in the interview guides include the administration of PHCs, the role of SPHCB in the administration of PHCs, and the challenges encountered. The instrument was designed to capture key elements of PHC assessment as stipulated in the Minimum Standards for Primary Health Care in Nigeria and the Ward Minimum Health Care Package.

#### Data Collection and Analysis

Fifteen in-depth and five key informant interviews were utilised. The in-depth interviews were conducted among the staff of PHC centres and patients who visited the PHC facilities. The key informant interviews were conducted among the staff of the SPHCB and LGHA team. The table below demonstrates the distribution of interviews and codes for the respondents.

**Table 1 Distribution of Interview and the Codes for the Respondents**

S/N	Category	Identification code	Total
1.	KSPHCB	KI1 KI2	2
2.	LGHA team	KI3 KI4 KI5	3
3	PHC Zakari Isa	K6 K7 K8 K9 K10	5
4	PHC Hayin baki	K11 K12 K13 K14 K15	5
	Total		15

Source: Research survey, 2023.

Data gathered through interviews were transcribed and coded into ATLAS. ti Qualitative and Scientific Software, and content-analysed thematically for results

#### 4. Data Analysis and Discussion of Findings

**Administration of PHC services:** The respondents in the study agreed that Kaduna State has at least one PHC per ward. The PHC under one roof (PHCOUR) policy is largely successful in the state. A key stakeholder revealed that:

*“This proclamation in 2016 by the state government on moving all PHC functions to the board has greatly improved the PHC system governance and delivery of primary healthcare services in Kaduna state” (K11/SPHCB)*

A functional PHC Centre is best positioned to fast-track the attainment of access to a minimum service package that could ensure Universal Health Coverage (UHC).

According to the respondent:

*“The PHCs in the state are now under the control of the SPHCB. The state government has made concerted efforts to ensure complete ownership of the PHCs. We have successfully pooled over 5000 health workers from the local government into the board. We are making progress and hope to sustain the achievements recorded so far.” (K11/SPHCB).*

To further affirm this statement, the state scored 92% in the last NPHCDA scorecard on PHC service delivery. Kaduna State was among the first states to fully take charge of the administration of PHCs (NPHCDA, 2019).

The respondents on the operations of PHCs in Kaduna state provided further insights. It was revealed that the operational functioning of PHC centres in the state is administered comprehensively to ensure that everyone has access to basic healthcare services regardless of social and economic stratification. It was also revealed that maternal and child healthcare services are very robust, and as such, antenatal services are free in the state.

*“The Board is very effective in the administration of PHCs in the state. However, there is a need to improve the labour rooms to accommodate complications during deliveries. An ambulance should be available and a standby driver to commute in cases of emergencies” (K11/PHC Hayin Baki).*

Only three PHCs in the state offer 24-hour services (Abdul, 2019), and only 28% of deliveries are supervised by skilled health workers in the state. Respondents also highlighted that supervision of PHC services is carried out regularly. A respondent also stated that;

*“Weekly and monthly supervisory visits conducted by LGHA team (weekly) and Zonal/state teams (monthly); this was initially conducted for routine immunisation but is currently conducted as an integrated program approach. This will enable weekly checks and monthly checks of the program for both performance and quality” (K13/LGHA Team)*

The majority of the programs under the State PHC are supported by donors and partners like UNICEF, WHO, and the MDGs. These partners also improved the delivery of PHC services by sponsoring health programs that enabled indigent individuals to access some healthcare services for free (Abimbola, 2021). Consistently, the budget line allocated to PHC services has captured significant allocations to supplying essential MCH drugs, immunisation and other

medicines. The state has, over the years, ensured that the 15% threshold agreed upon in the 2001 Abuja declaration on healthcare has been met. (DRPC, 2021). A respondent stated that;

*“Primary health care is critical in the actualisation of health for all. The Kaduna state government is trying in comparison to other states” (K10/PHC Zakari Isa)*

Interview reports revealed that supervisors integrate supervision of the programs at health facilities to improve collaboration and knowledge sharing across programs. Integrated supervision allows for a clearer, more holistic picture in assessing and administering primary healthcare services.

**Role of SPHCB in PHC service delivery:** Kidd et al. (2015) opined that the successful implementation of PHC may not be an easy task; it is, however, the best route to achieving UHC and SDGs. The role of SPHCB is critical in an efficient health system, and as Murphy 2022 rightly stated, strengthening leadership and management is essential in building an effective and efficient health system. A respondent stated that:

*“Prior to the establishment of the board, primary healthcare service delivery in the state was fragmented and characterised by inefficiency, poor service delivery, dilapidated facilities, and inadequacy in essential drugs supply. As a matter of fact, the quality of care was low. The role of the board is to ensure that there is proper coordination and administration of primary health care services. The board also ensures that the facilities are in good condition and there are skilled health workers in them”. (K12/KSPHCB)*

Fragmentation has been stated to be the greatest challenge in PHC service delivery (HP1, 2014) as it affects the utilisation and PHC health indices. This challenge is mostly felt in rural areas where the disparity between the rich and the poor is wide (WHO, 2018). As a result of this, the board is mandated to ensure that PHC service delivery is advanced in a detailed and comprehensive way to achieve universal healthcare coverage for all. A respondent stated that:

*“Funding is critical in realising the mandate of the board. The board has a dedicated budget line with signatories drawn from its management. The board has also carried out renovations and purchases of equipment for the PHCs in the state. Funds are allocated to routine immunisation, family planning, and other critical areas in maternal and child health. The board has shown commitment in performing its role of ensuring that funds are available to enhance PHC service delivery” (K14/LGHA).*

The board also plays the role of managing human resources and developing a robust performance management system for program monitoring and evaluation, as well as staff performance assessments (KSPHCB, 2021). The board has successfully pooled PHC staff from the local government and has gone on to recruit more qualified health workers to the PHCs. A respondent stated that:

*“The PHC staff are now under the management of the board. Performance assessments are carried out to measure productivity” (K13/PHC Hayin Baki).*

Another respondent also stated that:

*“The board conducts supervision of the PHC facilities and services regularly. The SPHCB supervision team, in conjunction with the NPHCDA and other key stakeholders in the health sector, comes around to keep track of the quality of services being provided. They also provide technical support, refresher training and workshops, and collection of data needed for a robust and effective healthcare system” (K12/KSPHCB)*

In addition, supervision has been reported as one of the non-financial motivators of health workers, and its absence can lead to poor job satisfaction, which translates to poor service delivery in the PHCs (Chirdan et al., 2008).

**Challenges:** Despite the recruitment of health workers, the PHCs in Kaduna state still lack qualified health workers. It was also revealed that more than 237 Primary Health Centres (PHCs) are short-staffed with no qualified nurse to attend to the patients. Ninety per cent of those working in PHC centers in Kaduna South are volunteers (Alabi, 2019) despite the pooling of over 5,000 PHC health workers by the KSPHCB. In the words of the interviewee;

*“Most times, deliveries occur in the night with no qualified health worker on the ground. Majority of the staff are volunteers and community health extension workers” (K13/PHC Hayin Baki)*

A key stakeholder of the SPHCB observed that:

*“The issue of kidnapping and banditry has greatly affected PHC service delivery. We have seen cases of health workers being kidnapped and sometimes killed. Most of the PHC staff prefer to remain in the urban PHCs for fear of attacks” (K15/LGHA team)*

Interview reports support the assertion that PHC facilities in the state are renovated periodically. The Zakari isa PHC (Kaduna North) is in good condition and was recently renovated, and office furniture was provided to the various offices. Same applies to Dutsen Gaya PHC(Kajuru), PHC Kakeyi (Zaria), PHC Dutsen Abba (Zaria LG) PHC Kudiri (Kagarko LG), PHC Nasarawa (Kudan LG), PHC Angwan Bawa. An interviewee stated that:

*“The board is trying, but there is a lack of good maintenance culture in PHC facilities. The boreholes were fixed, but it does not flow into the toilets. This makes convenience inconvenient” (K14/PHC Hayin Baki).*

## Major Findings

Based on the literature reviewed above, as well as the data presented and analyzed, the following are the major findings.

- i. The state primary healthcare board (SPHCB) completely owns PHC, as stipulated by the primary healthcare under one roof (PHCOUR) policy.
- ii. The SPHCB plays a critical role in the areas of funding, human resources and infrastructural provision.
- iii. Security challenges significantly affect the PHC service delivery, especially in rural areas.
- iv. Poor maintenance culture of PHCs affects PHC service delivery.

## 5 Conclusion and Recommendations

Primary Health Care is an essential aspect of socio-economic development. It is the first level of contact individuals and communities have with the National Health System, thus bringing health care closer to the people. Due to its preventive and curative outlook, it helps in reducing the morbidity and mortality rates at the local level. The primary health care centers assist in educating and sensitizing the local people on a series of efforts they could put in place to promote health and prevent killer diseases. Furthermore, a functional PHC Centre is best positioned to fast-track the attainment of access to a minimum service package that could ensure Universal Health Coverage (UHC). To achieve this, the board plays a vital role in the administration of the entire PHC framework to enhance efficiency and uniformity in PHC service delivery across all PHCs in the state.

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