

AN ASSESSMENT OF PRIMARY HEALTH CARE IN KOSOFE LOCAL GOVERNMENT AREA OF LAGOS STATE

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ABSTRACT

The study set out to assess Primary Health Care in Kosofe Local Government Area of Lagos State : It identified the roles played by Kosofe Local Government in the management of PHC in the area: determined the effects of PHC programmes on the lives of the people and communities in the Local Government Area.: and also, examined the problems militating against successful management of the programme.

Primary data were collected through the use of questionnaire and interview method. Sixty (60) copies questionnaire were administered on both health service providers and health care beneficiaries in the Local Government in order of twenty (20) for the health care providers and forty (40) for the health care beneficiaries .Nineteen(19) respondents were also interviewed: six (6) health care providers-The Community Health Officer (CHO), two (2) Nurses, 1 Health Educator, Health Attendants and a Community Health Extension Workers (CHEW);thirteen (13) from the health care beneficiaries -4 Pregnant Women,4 Nursing Mothers,3 Students and 2 Market Women. Secondary data were sourced from relevant textbooks, internet and journals. The data were analyzed using frequency distribution, tables and simple percentages.

The findings of the study show that Primary Health Care is the major service provided by the Local Government as indicated in the analysis where 65% of the respondents strongly agreed to,86% of respondents also agreed that PHC's services have effects over their lives positively,58% of the respondents claimed that poor funding is a major problem of PHC etc.

The study concluded that Primary Health Care (PHC) delivery in Kosofe L.G.A is not yet satisfactory.

INTRODUCTION

1.1 BACKGROUND TO STUDY

The sustainability and viability of a country's economic and social growth depend largely on vibrant healthcare sector of that nation. No country can maintain a steady economic growth in the absence of an adequate healthcare system. Healthcare issues have been an enigma in the life

of Nigeria, solving the puzzle requires an aggressive approach from the federal, state, and local government. The continued stagnating healthcare system in Nigeria is of great social and economic consequence. Access to quality healthcare is either limited in Nigeria or non-existent with staggering financial burden to families and the nation. While the prevalence of fake drugs and substandard products are compounding the problems, the AIDS epidemic and unhealthy lifestyles of many individuals are making the matter worse (Orabuchi, 2005).

The World Health Organization's definition of health is not merely the absence of disease but the attainment of a state of physical, mental, emotional and social well being. Health is therefore synonymous to wealth. Health administration did not receive deserved attention in Nigeria until 1999 when there was constitutional provision that placed health on concurrent list. The power to provide preventive, restorative and rehabilitative health care services is vested on the Local Government through its primary health care system.

It is increasingly acknowledged that there are weak links in the chain from public spending to actual outcomes in making basic services available to poor people. Simply increasing budget allocations to essential services such as health and education are not enough to ensure that quality services are indeed delivered. Even when resources are appropriately allocated they may not reach their intended destinations because of organizational and incentive problems in public agencies. Even when resources reach the health clinic or the primary school, the actual service providers may have weak incentives or capacities to deliver effectively (Das Gupta et. al., 2003)

Traditionally, health was taken care of by 'medicine-men'. These medicine-men were trained to know the different herbs and roots, how to prepare them, which ailments they cured, how to administer them, etc. Of course, with the incoming of modern medicine, Nigeria does have many 'modern' hospitals and clinics. Nowadays, doctors and nurses rely more on curing and preventing of diseases, rather than the 'medicine-men'. However, in Nigeria, as in other parts of the world, people are realizing that sometimes herbal remedies can be just as effective as modern medicine, and they don't usually have the long-term side effects that other medications can have. And they have been proven to work in certain situations. Sometimes a combination of herbal and modern medicine is what is needed, and both should be evaluated for the treatment of ailments (Kazakova, 2004).

In August 1987, the federal government launched its Primary Health Care plan (PHC), which President Ibrahim Babaginda announced as the cornerstone of health policy, intended to affect the entire national population. The main objectives of the health care plan included-accelerated Health care personnel development, improved collection and monitoring of health data; ensured availability of essential drugs in all areas of the country; implementation of an expanded programme on immunization; improved nutrition throughout the country; promotion of health awareness; development of a national family health programme; and widespread promotion of Oral Rehydration Therapy (ORT) for treatment of diarrhoeaL disease in infants and children.

The implementation of these programmes was intended to take place mainly through collaboration between the Ministry of Health and participating Local Government Councils which received direct grants from the Federal Government (Dare, 2000).

It is widely believed that States and Local Government Authorities are assigned primary responsibility for the delivery of basic public services. However, they are not adequately equipped with revenue resources to fulfill this obligation because the federal government retains bulk of government revenues. Recently, there have been several government initiatives to strengthen these institutions of community participation to improve health services (Ransome Kuti 1991).

1.2 STATEMENT OF PROBLEM

There is a general belief that the Nigerian Health Care delivery system is generally poor and the overall health system is still struggling to rank well among the member states of World Health Organization (WHO). The government of Nigeria at all levels has been making several efforts to improve Health Care services delivery in the country. This peradventure accounted for the non-attainment of Health for all in the year 2000.

Yearly budgetary allocations are given and health care services delivery has been decentralized to states and Local Governments in the Federation. At the Local Government level, (Kosofe Local Government inclusive) Health Care Delivery System is still generally poor and struggling. Despite the recognition health has received and the substantial fund pumped to Health Care Delivery at the Local Government Area, Health Care Delivery is yet to be satisfactory and adequate.

To this end, it is imperative to examine the management and evaluate the performance of Primary Health Care System in Kosofe Local Government. It is believed that through this study, comparative lessons can be drawn by researchers and health practitioners.

1.3 OBJECTIVES OF THE STUDY

The objectives of the study are to

- i) Identify the roles played by Kosofe Local Government in the management of PHC in the area;
- ii) Determine the effects of PHC programme on the lives of the people and communities in the Local Government Area; and
- iii) Identify possible problems militating against successful management of the programme.

1.4 RESEARCH QUESTIONS

This study addresses the following research questions.

- (i) What are the roles played by the Kosofe local government in the management of PHC?
- (ii) What are the effects of PHC services on the lives of members of the communities in the local government?
- (iii) What are the problems militating against successful management of the PHC?

1.5 SIGNIFICANCE OF THE STUDY

The study will serve as an eye-opener to the PHC stakeholders in the local government. Also, it is expected to serve as a reference material to researchers and scholars in the management and administration of Primary Health Care Delivery System.

The study will further provide necessary information on how to remove the constraints facing effective delivery of PHC in the Local Government. It would also serve as a springboard for further research in PHC management.

1.6 SCOPE OF THE STUDY

This study covers the assessment of primary health care in the three primary health centres in Kosofe Local Government Area of Lagos State. It takes into cognizance the impact of the Primary Health Centre in the local government area and also identify problems militating against the successful management of the centres in the local government.

1.7 LIMITATION OF STUDY

On the 27th of November, the birth of the entity called Kosofe Local Government was announced with four other new Local Governments in Lagos State. Although first created in 1980, abolished in 1984, Kosofe Local Government was recreated along with other new councils all over the nation in line with the Federal Government's policy of bringing the government closer to the people as a result of the yearnings and aspirations of inhabitants.

There is no need doubting the fact that the birth of Kosofe is a step towards an improved welfare package for the citizens of the area. It is also a means of fostering unity among the indigenous and the residents of the area. Kosofe is located at the Northern part of Lagos State. It is bounded by 3 other local governments namely: Ikeja, Ikorodu and Somolu. It also shares a boundary with Ogun State. Its jurisdiction comprises of ten wards and encompasses an area of about 178.85sq.km. Its headquarters is at Ogudu road and area offices at Ikosi Road,

Alapere-Agboyi Road, Ketu Alapere, Ogudu Area Office, Ogudu GRA, and Oworonsoki Area Office, Oworonsoki, Lagos State.

The indigenous dwellers of Kosofe Local Government Area were mainly the Aworis whose major occupation then were mat weaving, farming and fishing. However, due to its location as the gateway to the state and the hospitality of the indigenouss, Kosofe houses people from the Northern and Eastern parts of the country who engage in commercial activities in the various markets such as Mile 12 and Ketu Markets. Another emergent class of dwellers in Kosofe are top civil servants and officials who live in Government Residential Areas of Magodo and Ogudu.

Despite the diversity of its dwellers, the Local Government is very peaceful and the relationship between the different groups is very cordial. This gives a favourable background for the development of the area.

1.8 DEFINITION OF TERMS

Health: State of complete physical, mental and social well being not merely the absence of any disease or infirmity.

Primary Health Care - is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their participation and at a cost which the country can afford to maintain at every stage of their development in the spirit of self-reliance and self determination. Assessment- Is deciding the amount or value in order to attain or achieve stated goals.

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