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A case study of primary healthcare delivery in Isu Local Government Area, Imo State by Chimezie, R. O. is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License
TOPIC
A Case Study of Primary Healthcare Delivery in Isu Local Government Area, Imo State

Delivered by
Dr. Raymond O. Chimezie, Ph.D., FRSPH
U.S. Fulbright Scholar
Department of Public Health
Federal University of Technology, Owerri
Abstract

• Access to primary healthcare services in Nigeria is limited, especially in rural areas despite international efforts. Using Penchansky and Thomas Health Access Model as a framework, this case study explored the perceptions of residents and healthcare providers in Isu regarding access to primary healthcare services.

• Key findings included that:
  • (a) healthcare is focused on maternal and child health;
  • (b) ineffective healthcare due to insufficient funding, poor leadership and system infrastructure;
  • (c) residents lack of confidence in services;
  • (d) residents use of traditional healers, and
  • (e) residents interest to participate in decision-making process etc.
The Problem

• Limited access to healthcare for rural residents in Nigeria cause them to suffer needlessly and die from preventable causes, and
• Primary healthcare services are not designed to respond to expressed community health needs.
Purpose of the Study

The purposes of this study were:

• To explore the perceptions of rural community residents and healthcare providers regarding residents’ access to primary healthcare services in Isu

• To engage in community-based research to demonstrate its potential to promote residents access to healthcare services
• Health is a fundamental human right (WHO, 2003; ICPHC, 1978)

• African countries bear a greater burden of disease and deaths from preventable and terminal causes when compared to other countries. (World Bank, 2011).

• African countries suffer from a double-burden of disease: communicable and non-communicable

• Access to healthcare is reported to be inadequate in Nigeria (African Development Bank, 2002).

• 19 of 20 countries with highest mortality and morbidity ratios worldwide are from Africa (World Bank, 2011)
Issues in Healthcare  2

• Communities without access to healthcare experience high mortality and morbidity rates from preventable causes (Irwin et al., 2006).

• 72% of all deaths in Africa are communicable: HIV/AIDS, malaria, TB, childbirth complications (WHO, 2006).

• Africa is underdeveloped so is the health system

• Nigeria is unable to provide access to primary healthcare for its growing population, especially in rural areas (African Development Bank, 2002).
Penchansky and Thomas’s (1981) Theory of Access

**Definition:** Access to healthcare refers to the compatibility between a person and the healthcare system available to him or her and is measured by factors that assess patients satisfaction or prevent them from using the healthcare services (Penchansky & Thomas, 1981).

**Five Dimension of Access:**
Availability, Accessibility, Accommodation, Affordability, and Acceptability (Penchansky & Thomas, 1981).

Five Dimensions of Access

• **Availability**: relationship between the supply and demand of available health services (health facilities, personnel, types of services, drugs, etc.

• **Accessibility**: Distance to health facility

• **Accommodation**: How the health system responds to people’s cultural, social, & personal preferences

• **Affordability**: Ability of patients to pay for health care without unnecessary hardship.

• **ACCEPTABILITY**: Patient-provider communication, cultural and ethnic factors, sex, gender etc.
Methodology

- Focus group and personal interviews
- Questions focused: perceptions regarding access to healthcare services, community involvement in healthcare planning and policy.
- 27 participants were interviewed:
  - 3 healthcare administrators & providers
  - 6 nurses/midwives, 6 traditional medical healers
  - 12 residents (6 males and 6 females)

- Data Analysis: Colaizzi's (1973; 1978), 7 steps method
Summary of Findings 1

• The PHC system focused on maternal health and child healthcare.

• The PHC system has many challenges: shortage of doctors, drugs, and supplies; lack of basic equipment and maintenance; and inadequate funding.

• Traditional healing and medicine as part of their healthcare system, yet neglected

• Community input necessary to improve access and performance.
Summary of Findings 2

- Patients prefer doctors/qualified clinicians to provide services
- Community health education was important for health services awareness, acceptance, availability etc.
- Local Health professionals not involved in health policy and budgetary decisions
- Low staff morale (poor pay, no PD, leadership, environment) affected output and patient relations
Recommendations 1

• Policy to advance role of nurses in PHC to reduce doctor shortage
• Fed. Govt. should map out budget for PHC and entrusted to a trust fund to disburse to each LGA
• Medical doctors to supervise nurses and midwives and to handle serious and life-threatening cases.
• Integrate recognized TMP into PHC delivery
• Restructure local health leadership to include local stakeholders
Recommendations 2

• Community involvement in PHC policy and program implementations
• Provide subsidized/free care to eligible residents, including infants and children.
• Maintain facility and equip all the healthcare centers
• Mandatory and funded health education programs
Conclusion

- The concept of Primary healthcare was not clear to most practitioners
- Local government was not seriously concerned with providing a need-based healthcare
- Current PHC services not aligned to community needs
- Without primary care doctors and well-equipped facilities, phc will continue to be ineffective.
Social Change Implications

Addressing the challenges to residents' access to healthcare will help:

- improve community participation in healthcare decision-making processes and in the implementation of effective healthcare services
- Empower communities and increase use services
- develop a ground-up model of a primary healthcare system that satisfies the expressed needs of the people of rural Isu.
Thank You!!!