

The State of Primary Health Care Facilities in Nigeria: A review of the Plateau State Position

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ABSTRACT: *Adequate Healthcare facilities have been identified as a major aspect of efficient service delivery and development in the health system of any developed country, its role in the overall health system cannot be over emphasized. Through a desk review, this paper laid emphasis on the state PHC facilities in Plateau State Nigeria following the provision of the National Primary Health Care Development Agency (NPHCDA) on the Minimum Standards for Primary Health Care in Nigeria. The study reviewed the ease of accessing PHC facilities and the state of the infrastructural facilities. Findings showed that there are challenges with access roads to the PHCs, basic healthcare facilities and the likes. It also indicated that the available healthcare facilities are grossly inadequate and their distribution depicts serious inequality. The study concluded that there is an urgent need for serious intervention on the part of the government in the provision of healthcare facilities through a new national policy framework, such as the introduction of autonomous primary healthcare boards in Nigeria.*

KEYWORDS: primary health care, healthcare facilities, national primary health care development agency, minimum standards primary health care, Plateau state.

INTRODUCTION

With a population of over 170 million, Nigeria is one of the most populous nations in the world but weak in health-care standards. Despite extensive investments, the country still has insufficient

Publication of the European Centre for Research Training and Development -UK healthcare delivery infrastructures and poor quality healthcare services. These are reflected in its health-care quality ranking of 187 of 200 countries and listing among countries with some of the worst health indicators in the world (Okoli, Eze-Ajoku, Oludipe, Spieker, Ekezie, and Ohiri, 2016). Effective delivery of healthcare services requires availability of adequate infrastructural facilities to accommodate medical equipment, drugs, patients, health information seekers and medical personnel. Among the tenets of Universal Health Coverage (UHC) in the post-2015 development agendas, healthcare facilities at all levels of administering services was reemphasized on the distributional equity and efficiency in healthcare service delivery (Norheim of Ethical perspective, 2015). Globally, UHC is embraced as a pertinent aspect of meaningful economic development. In Achieving UHC, the state of healthcare facilities is an integral part of the support needed in global health development agendas. Although services can be provided under a wide-range of conditions, assessing service readiness of healthcare facilities will broaden the understanding of the ability to carry out services in a conducive manner. In primary healthcare Centres therefore, there are certain standards that promote quality services, such as adequate infrastructural spaces for every department. In such infrastructure, there should be provision for security of equipment, records, a clean and healthy environment, roofs should not leak, walls should not be broken, windows should close securely, and there should be locks for the main building and individual rooms -if applicable- (Measure Evaluation, 2014). Generally, the building (infrastructural facilities) are not supposed to be in deplorable conditions if they are to function in a supportive environment in other to optimally dispense quality services.

In as much as healthcare service demands cannot be overemphasized, the state of PHC facilities' (building infrastructures) remains a serious matter in healthcare system given that the relevance of readily available and quality healthcare services for responding to emergencies, admittance into the PHCs, consultation of health professionals, health literacy, drugs storage and dispensation etc. are indelible in quality healthcare services. In some developing countries like Nigeria, with respect to readiness of various healthcare facilities in providing efficient service delivery, Eboreime, Abimbola and Bozzani (2015) submitted that there are some gaps in healthcare facilities across Nigerian geopolitical zones. These disparities have been reported as the major supply-side factor affecting utilization of healthcare services. Specifically, Obi, Abe and Okojie (2013) concluded that privately owned health facilities have better service readiness than public facilities. To substantiate these positions, Oyekale (2017), opined that differences exist between quality of healthcare services provided by private and public service providers, while some regional differences also exist. He added that in some instances, Nigeria's health care system has been found to operate below standards in terms of the availability of necessary infrastructure.

According to Measure evaluation technical report (2014), an enabling working environment is critical for effective and efficient delivery of quality service to the clients and patients by the health workers. The enabling environment should include the physical infrastructure and other basic requirements for delivering quality services. In a study carried out by Measure evaluation (2014) on the assessment of facility infrastructure to support quality services in 18 states of Nigeria, 38% of the facilities were found to have leaks or damaged roofs and/or ceilings. More than 50% of the

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PHC assessed in nine of the 18 states were found to have leaks or damaged roofs and/or ceilings. 26% of the facilities had damaged walls. 30% of the facilities in the states had damaged or unfinished floors. 58% of the facilities had one area of the building infrastructure that is defective or damaged. Parts of the building infrastructure assessed were roof and ceiling, walls, floors, and windows. Overall, the building infrastructure to support quality services in 11 states out of 18 could be described as dilapidated. In this assessment, 33% of the facilities had either electricity or a generator during the assessment. 15% of the facilities had some external communication system, and 4% of the facilities had a computer and email access. There were no computers and email access in the assessed facilities in 11 states. 18% of the facilities reported they have an emergency transportation system. 69% of the PHCs had a source of clean water on facility grounds (the presence of clean water on facility grounds varied across the states). 82% percent of the facilities were found to have a toilet for the clients and 50% of the facilities in the assessment have a toilet for the patients. 42% of the facilities were found to have a good building infrastructure during the assessment. 76% of facilities were found to have a site where visual and auditory privacy was possible for consultations in the outpatient service area. Less than half of the facilities assessed in some of the states were found to have a private consultation room for outpatient services e.g Rivers (40%) and Akwa-Ibom (31%). This proves that in Nigeria, there is a challenge of quality infrastructural facilities for PHCs due poor funding of the health sector and mismanagement of the available scarce resources in terms of over bloated budget in expectation of quality infrastructural delivery versus less quality or no infrastructural delivery. As a result, the state of service delivery in Nigeria's health sector has come under enormous persistent criticisms, often characterized by poor infrastructural deficit in healthcare service delivery thereby affecting coverage and quality of healthcare services rendered. However, Abubakar (2022) is of the opinion that the 2019–2022 report indicates that the State of Primary healthcare Service Delivery in Nigeria it is not all doom. While some states are in an extremely dire situation, others have slightly different stories to tell. This paper reviewed the service readiness of Primary Health Care (PHC) facilities in Plateau State with focus on the availability of some essential infrastructural facilities needed to carry out effective healthcare services to the people.

The objectives of the paper are to:

- Identify the considered issues that determine the level of accessibility to PHC facilities in Plateau State.
- Accentuate the results on the aspect of the reviewed study that pertains PHC facilities in plateau State
- Proffer alternative approaches to improve on the weaknesses and strengths of PHCs in Plateau State and Nigeria at large.

METHODOLOGY

A desk review technique was carried out on an already generated data titled the “Baseline survey (BS) on the disease burden, universal health coverage, health-seeking behavior, knowledge attitude and perception of Plateau Residents on Social Health Insurance Submitted to Plateau State

Publication of the European Centre for Research Training and Development -UK Contributory Healthcare Management Agency PLASHEMA, November 2021". The reviewed study adopted a mixed method design; an admixture of quantitative and qualitative research approaches. Additional data generated from relevant literatures that are of interest to the research. Thus, data sources were mainly secondary sources.

Minimum Standards for Primary Health Care in Nigeria

In Nigeria, human capital development through provision of sound and efficient health delivery system is conceived as the bedrocks for economic growth and development (Oyekale, 2017). In tandem with the 3-tier system of Government operated by the Federal Republic of Nigeria, the Nigerian health system operates PHC at the Local Government Level, secondary health care at State level and tertiary health care at Federal level. PHC is identified as the focus for delivering effective, efficient, quality, accessible and affordable health services to a wider proportion of the population. The National Primary Health Care Development Agency (NPHCDA) is responsible for providing support for the implementation of all matters relating to primary health care (PHC) in Nigeria. As a result, the Minimum Standards for Primary Health Care in Nigeria document was developed by National Primary Health Care Development Agency (NPHCDA) through a collaborative process involving all major stakeholders in health; Agencies and individuals from the Federal Ministry of Health, academia and public health experts, development partners, including the UN agencies – WHO, UNICEF, UNFPA, the World Bank, PATHS2, FHI and other organizations (NPHCDA, 2007). The need to define and declare a set of Minimum Standards in the areas of health infrastructure for primary health institutions in Nigeria informed the development of Minimum Standards for Primary Health Care (PHCs) in Nigeria. The overall goal is to uniformly define the various levels of fixed health facilities and the Minimum Standards for PHC structures, systems, staffing, equipment and PHC service delivery at Local Government Level in order to improve access and quality of services for Nigeria. The core purpose is to serve as a guide for the continuous development of PHC in terms of infrastructure, human resource availability and service provision. PHCs Health standards in this context means the tools which are designed as a platform to strive towards achievement of the highest quality of care possible within the resources available (NPHCDA, 2007). The NPHCDA document further defined and segmented a set of Minimum Standards in into 3 areas. These areas are: Health infrastructure, Human resources for health and Service provision. This study focused on the aspect of health infrastructure.

PHC Infrastructure: Facilities; Types of Health Facilities

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Health Facility Old Nomenclature	Health facility New Nomenclature	Levels of management	Expected numbers
Teaching/Tertiary hospitals	Teaching/Tertiary hospitals	Federal government	1 per State Therefore in 36 States + FCT, 37
General hospitals	General hospitals	State government	1 per LGA, Therefore a minimum of 774 will be expected
Comprehensive Health Centre, Model PHC Center	Primary health centres	Local government	1 per ward With an average of 10 wards per LGA, a total of 7,740 will be expected
Maternity Centre, Basic Health Centre	Primary Health Clinics	Local government and ward development committee (WDC)	1 per group of villages/ neighbourhoods with about 2,000 – 5000 persons
Dispensary	Health Posts	Village Development Committee (VDC)/ Community Development Committee (CDC)	1 per village or neighbourhood of about 500 persons As many as the number of villages

Source: National Primary Health Care Development Agency (NPHCDA, 2007)

In Nigeria, health facilities are mostly static and less mobile in terms of structure. In the static structure, different types of health services are provided by various categories of health workers. Based on the table above, these health facilities are in different groups and called different names depending on the structure (building), staffing, equipment, services rendered and by ownership (NPHCDA, 2007). However based on the Ward Health System, the three recognized facility types are; Health Post, Primary Health Clinic and Primary Health Care Centres (NPHCDA, 2007). From the above table, it is glaring that there is an appropriate standard in terms infrastructure; physical building, space for each of them. The state of PHC facilities in Nigeria is complex and mixed, many healthcare facilities in Nigeria lack adequate infrastructure and modern equipment with other significant challenges alongside pockets of progress. Rural areas often suffer most from the shortage of healthcare facilities, leading to limited access to medical services. Based on investigations by leadership.ng, there is gross limited functionality; the report revealed that there are 34,076 PHCs in Nigeria, accounting for 85.3 percent of total hospitals and clinics in the country. Of this number, it is estimated that only 20 per cent are functional. Most of the PHCs lack the capacity to provide essential healthcare services, many suffer from dilapidated infrastructure; poor condition of infrastructure as many of the PHCs buildings are in poor condition, lacking basic amenities like electricity, running water, and proper sanitation (Ibeh, 2023). Efforts have been made by the Nigerian government and various organizations to address these challenges, but progress may vary across regions

PHC Facilities in Plateau State

In Plateau state, access to quality health services is one of the basic needs the people expect from the government and they define its success rate in terms of the ability of the people to receive appropriate, affordable and quality healthcare services in an adequate medical facility when

Publication of the European Centre for Research Training and Development -UK needed, especially in the rural areas. This is because in a vast country such as Nigeria, rural areas are more prone to the construction of earth or gravel roads/grading of the roads with tractors used for road construction. This is the first aspect of the success rate in accessing PHC since the PHC facilities are usually sparsely distributed, mostly with poor construction of roads networks which always hampers better accessibility. While the road development programs are taken up in the city Centres of the various local government areas (LGAs), the impact on the accessibility to PHC facilities is rarely felt positively.

A total of 325 PHCs were assessed under the Baseline Survey (BS) report in the 17 LGAs of Plateau State. This study reviewed the specific findings on the state the PHC facilities to determine their readiness to provide basic healthcare services. On the availability of PHCs, there seem to be a skewed distribution of facilities in the state with most secondary and tertiary facilities located within the urban parts of the State. The rural areas with PHC facilities reported of the problem of bad road network and how it has hampered their ability to access the PHCs. Those without PHCs close to them complained of bad states of the roads and the terrain which leads to the hospital since their communities have no health facilities and have to access PHC. On the challenges of Health Facilities, the review revealed that the general condition of most of the facilities was also an issue of concern. There were complains of inadequate space for carrying out different health services, partly resulting to long waiting hours among other issues like inadequate skilled manpower in the hospitals, high cost of health services and lack of drugs. The review affirms that Healthcare facility exists in almost all the communities (wards) in the State. At that, the infrastructure and automatically the manpower are not adequate. Below are graphic representative charts to visually display and clarify the numerical data of the qualitative structures of the state of PHC facilities in 17 LGAs of Plateau state:

Most of the facilities accessed provide basic healthcare general services but in terms of adequate facilities specifically needed for certain aspects of the general services, they are limited. For instance, only 44% of the facilities have waiting room in all of the 325 assessed. 82% have proper storage for drugs, only 16% of the facilities have proper means of medical waste disposal, 9% of the facilities with all three means of waste disposal as shown below:

Only 9% of facilities have all three waste disposal means available

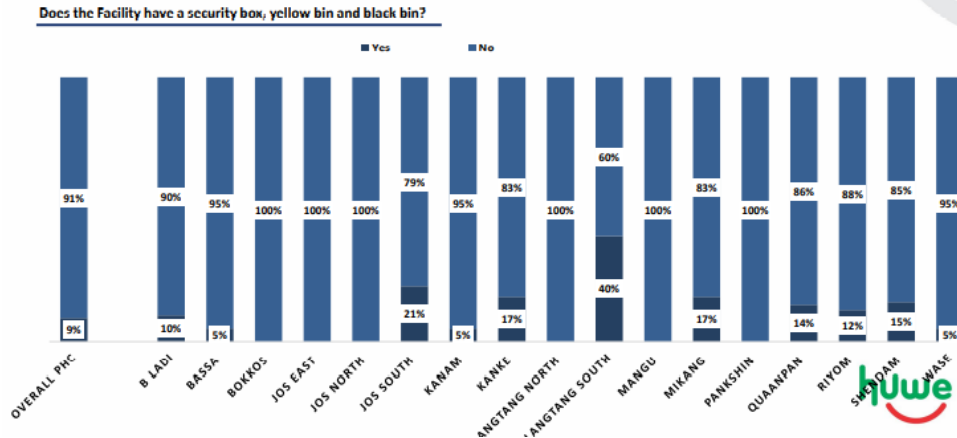


Table 1: Facilities Capacity for waste Disposal

48% of assessed facilities store vaccines at the facility

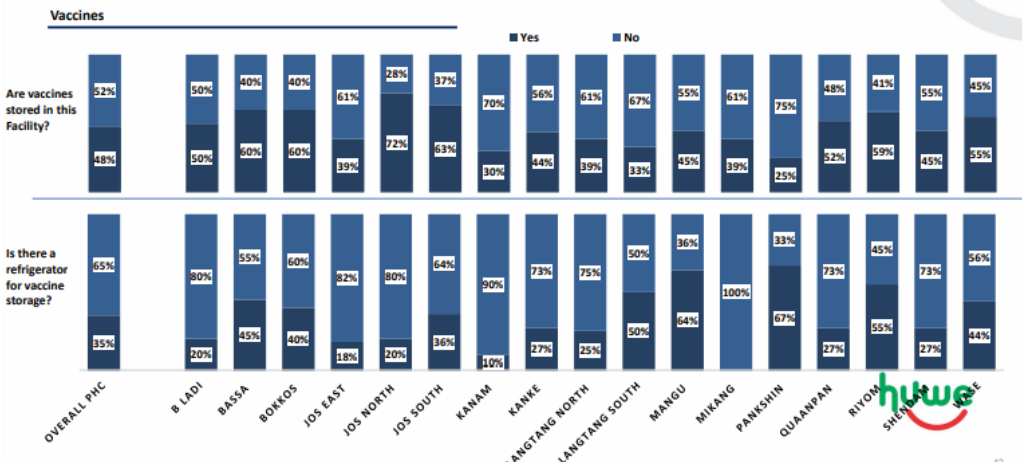
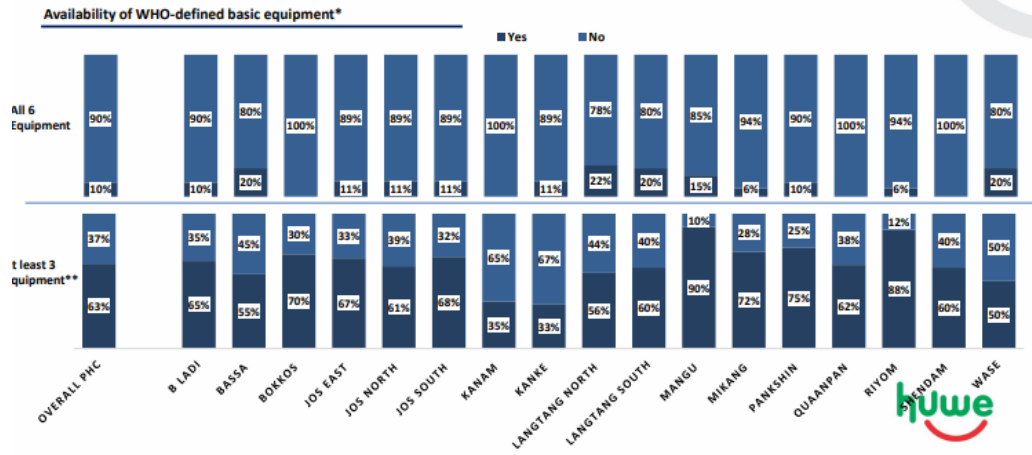


Table 2: Facilities Capacity to Store Vaccines

The above chart directly shows the percentage of facilities to store vaccine. However, it indirectly shows that only 48% of the PHCs have the power (energy) capacity to store vaccines since that is a major player in vaccine storage. It invariably shows that the problem of electricity persists and the capacity to provide the needed equipment to augment it is limited in most of the PHC facilities.

Facilities with WHO-defined basic equipment

10% of facilities have all 6 WHO-defined basic equipment while 63% have at least 3



*Based on WHO definition, basic equipment consist of: Adult scale, Child scale, Thermometer, Stethoscope, Sphygmomanometer and Angle Poised lamp

Table 3: Facilities with World Health Organisation (WHO) Equipment standard

The above chart directly shows the percentage of facilities with WHO Equipment standard. However, the review also points to the fact that it is intertwined with the problem of inadequate space for better provision of healthcare services as observed by the people because equipment needed can only be available where the provisions are made for them. In this specific aspect, only 10% of the facilities met the WHO criteria.

Review Deductions

Based on the present study the following conclusions have been drawn:

- Inadequate/lack of infrastructure have serious impact on the well-being of the rural populace:
- The lack of adequate PHC infrastructures in rural settlements has led to the decline in service efficiency. PHCs in rural areas are supposed to have adequate healthcare facilities because they are usually distant from urban settlements where the populace have several options for healthcare services, but integral challenges like lack of infrastructures such as poor roads. Poor water, electricity and inadequate health care facilities are mostly the norm for them.
- The construction of roads to PHCs to ease approachability to medical facilities is pertinent. The reviewers are of the opinion that the target population of these PHCs will be spurred to reeling out better impact of accessing PHCs facilities for needed services.
- Based on the Ward Health System, All the three recognized facility types in this study namely Health Post, Primary Health Clinic and Primary Health Care Centres all need WHO standard facilities to operate effectively.
- Secondary and tertiary facilities should be established more in rural areas to ease the stress of distant movements to seek or get improved or advance healthcare issues.

Contextual Relevance of Study

- The PHC is the most important and consequential level of primary healthcare in Nigeria, yet it is mostly left to the practically weakest level of government in Nigeria that is supposed to be the strength of all the levels of government. An intentional approach needs to be on the table in other to buttress the imperative place of effective healthcare system, beginning with improved healthcare facilities in PHCs. There is the need to improve on relevant laws that the PHCs operate under. While adequate funding is imperative, the available resources should be tenaciously utilized with maximum forms of scrutiny on the processes of expenditure.
- The review also showed that due to resource constraints, PHC facilities cannot be stimulated to improve or sustain improvements without external support and evaluation by Non-governmental and international bodies.
- Power of advocacy: Advocacy plays a pertinent role in every aspect of PHC affairs. Advocacy to Non-governmental organizations, governmental agencies, religious and traditional leaders in improving the PHC facilities and services such as Physical buildings, antenatal and post-natal services, skilled birth attendance and child immunization, especial in rural area PHCs.
- Unless all of the above efforts are supported by a national policy framework, such as the introduction of autonomous primary healthcare boards, states/individual strides may proffer solutions based on their respective capacities from time to time (when in office), but without an intentional framework, devoid of administrative bottle necks, it may only amount to individual excellence without comprehensive improvement.

REFERENCE

- Abubakar, B. (2022). The State of States on Primary Healthcare Delivery in Nigeria. Nigeria Health Watch. Retrieved from <https://articles.nigeriahealthwatch.com/the-state-of-states-on-primary-healthcare-delivery-in-nigeria/>
- Eboreime, E., Abimbola, S. and Bozzani, F. (2015). Access to routine immunization: a comparative analysis of supply-side disparities between northern and southern Nigeria. *Plus One*, 10(12), e0144876.
- Ibeh, R. (2023). Only 25% Of Nigeria's Primary Healthcare Centres Functioning – Investigation. Retrieved from <https://leadership.ng/only-25-of-nigerias-primary-healthcare-centres-functioning-investigation/#:~:text=The%20report%20revealed%20that%20there,20%20per%20cent%20are%20functional>
- National HIV/AIDS Division, Federal Ministry of Health (FMOH) [Nigeria] and MEASURE Evaluation (2014). Assessment of Primary Health Care Facilities for Decentralization of HIV/AIDS Services in Nigeria. Federal Ministry of Health, Abuja, Nigeria.
- National Primary Health Care Development Agency (2007). Minimum standards for primary health care in Nigeria. Department of Planning, Research and Statistics.

Publication of the European Centre for Research Training and Development -UK

- Norheim of Ethical perspective (2015). Five unacceptable trade-offs on the path to universal health coverage. *Int J Health Policy Manag*, 4(11), 711.
- Obi A.I, Abe, E., Okojie, O.H. (2013). Assessment of essential obstetric care services in health care facilities in Benin city, Edo state. *IOSR J Dent Med Sci*,10(6), 33–39
- Okoli, U., Eze-Ajoku E., Oludipe, M., Spieker, N., Ekezie, W., & Ohiri, K. (2016). Improving Quality of Care in Primary Health-Care Facilities in Rural Nigeria: Successes and Challenges. *Health Services Research and Managerial Epidemiology*. 1(6). DOI: 10.1177/2333392816662581
- Oyekale A. S. (2017). Assessment of primary health care facilities' service readiness in Nigeria. *BMC Health Services Research*, 17, 172. Doi 10.1186/s12913-017-2112-8
- Plateau State Contributory Healthcare Management Agency (2021). Baseline survey on the disease burden, universal health coverage, health seeking behavior, knowledge attitude and perception of Plateau Residents on Social Health Insurance (Unpublished).