An Assessment of the Functionality of a Community Health Committee in an Oil Bearing Community in South-South Nigeria.

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ABSTRACT

BACKGROUND

Primary health care has been identified as the most cost-effective way of realizing health for all, and the health-related millennium development goals; while community participation in the running of health services is recognized as the key to unlocking the potentials of primary health care. This study assessed the effectiveness of a community health committee (CHC) in an oil bearing community in Rivers State, south-south Nigeria.

METHOD

The study was carried out using a pre-intervention/ post-intervention study design. The CHC was constituted, and its performance assessed after six months, using five qualitative indicators: needs assessment, leadership, resource mobilization, management and organization that were previously established by Rifkin and coworkers. The data for the study were collected through document analysis, personal observations, and interviews.

RESULTS

Members of the CHC had an average age of 47.54 +/- 7.5 years, with at least secondary school education, and were mainly either self-employed or civil servants. The CHC was therefore found to be well constituted. The capacity of the committee for resource mobilization was graded as good, because it was able to make contacts for additional resources for the health center. The committee was however rated poor in the areas of needs assessment, leadership, and management. Most members of the committee did not understand their expected role in the committee. The committee was only able to implement 2 out of the 7 interventions identified during the community needs assessment; and was able to hold just 2 out of the 6 scheduled meetings, with only 6 (42.86%), out of the 14 members of the committee attending all the meetings. The poor performance was attributed to the committee's lack of control over the health center and its staff.

CONCLUSION

The constitution of a CHC does not guarantee the expected level of community participation. Effective leadership and full community control of health centers and their staff are therefore recommended.

KEYWORDS

Community participation; Primary health care; Community health committee.

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INTRODUCTION

Health is considered a fundamental human right1. This means that every human being, irrespective of his/her socio-economic status is entitled to a level of health that guarantees social and economic independence. Ensuring that the right to health is delivered to all persons is the responsibility of government[1], an obligation that has been reinforced by the millennium development goals[2].

Primary health care has since been identified as the most cost-effective way of realizing these worldwide goals[3]; a fact not lost in past and present Nigerian health policies[4]. However, more than 20 years after primary health care was first made the cornerstone of Nigeria's health care system, primary health care has remained largely unavailable in several parts of the country, or is of such poor standard that clients rarely utilize the services[5].

Concerns about the quality of services provided in the primary health care facilities have gain more prominence in recent years6. In the years following the Alma Ata declaration, access was equated with adequate provision of primary health care facilities, and priority was accordingly given to extending coverage. However, in recent years, increasing emphasis is being placed on quality care, as poor quality care continue to adversely affect the utilization of these facilities[5].

The poor quality care provided in the primary health care facilities has partly been blamed on lack of community participation, especially as the primary health care philosophy demands a paradigm shift in health care delivery. Primary health care sees health as a product of social determinants, and not necessarily the outcome of biomedical intervention[3]. Community participation has assumed a lot of meanings since the Alma Ata declaration, but the best subscribed definition remains that found in the Alma Ata declaration, that sees community participation as 'the process by which individuals and families assume responsibility for their own health and welfare, and for those of the community, and develop the capacity to contribute to their community's development[7]. A more operational definition offered by Zakus and Lysack8 defined community participation as a process whereby community members collectively assess their health needs and problems, and organize to develop strategies for implementing, maintaining and monitoring solutions to those problems.

The subsisting Nigerian national policy on health specifically recommends that 'each ward in every Local Government or area Council should establish a Ward Development Committee' that shall be responsible for the coordination of planning, budgeting, provision and monitoring of all primary health care services that affect residents of the Ward and other matters incidental thereto[4]. However, fears have been expressed that community management of health institutions are most effective in communities with history of common struggle, tradition of volunteerism, and in a politically supportive environment[9,10]. This study assessed the effectiveness of a community health committee, in an oil bearing community in Rivers State, south-south Nigeria. Oil bearing communities in Nigeria currently receive a 13% derivation from crude oil earnings, but have been in turmoil in recent years11. The study therefore sheds light on the performance of a Community Health Committee in a well resourced community, with disordered community structure.

METHODOLOGY

Study site: The study was carried out in Ogbogu, a semi-urban, oil-bearing community in the Ogba/ Egbema/ Ndoni Local Government Area (ONELGA) of Rivers State, with a projected population of about 10, 000 persons (projected with the 1991 national census), made up predominantly of subsistent farmers of Ogba ethnicity. The community has a good network of tarred internal roads, regular electricity supply, and piped-borne water; most of them provided and maintained by the either the oil companies operating in the

community, or government agencies like the Niger Delta Development Commission (NDDC).

The community and its health center were randomly selected for the study, from the list of functional health centers in Rivers State[12]. Health centers in Rivers State were classed as functional when they have a good complement of the relevant health staff, and have the facilities to regularly provide the minimum health care package. According to the 2008 records of the Primary Health Care department of Rivers State Ministry of Health, there were a total of 354 PHC facilities in the State, out of which only 170 (48%) were said to be functional 12.The Ogbogu health care center was one of the ten functional primary health care centers, out of the 22 in the Ogba/ Egbema/ Ndoni Local Government Area. It was built and equipped by the major oil company oil in the area, donated to the community, but managed by the local government council. However, service utilization was very poor, except for its immunization services, as only 408 out-patients were seen in the health center in 2008.

Study design

The study was carried out over a six month period, using a pre-intervention/ post-intervention design. The interventions include the constitution of the community health committee; community needs assessment, and the implementation of various interventions, according to the identified needs.

The community health committee was constituted using the guidelines provided by the National Primary Health Care Development Agency[4], with broad based, gender sensitive membership, drawn from all the sections of the community. The members of the committee were also trained on key aspects of their responsibilities, using the training module also developed by the agency[13]. The training provided include: the principles and components of primary health care, community needs assessment and action plan, the role of the committee in the implementation of the plan, the conduct of meetings; and the principles of good representation. Before the study, a semblance of the Community Health Committee existed as the health sub-committee of the community's Community Development Committee. This was a three-member committee saddled with the responsibility of liaising with the staff of the health center in mobilizing the community for the various NIDs associated with the polio eradication effort.

Data collection

Despite the importance of community participation in the full realization of the potentials of primary health care; it is noted to be difficult to evaluate, because of the tendency to use it as a rhetoric[14]. For this study, the set of process indicators originally used by Rifkin *et al*[15] was used in the assessment. Rifkin and his coworkers had employed five qualitative indicators that influence the process and degree of participation: needs assessment, leadership, resource mobilization, management and organization[15].

These indicators are increasingly being favoured by researchers throughout the world[16–18], especially because they are better than outcome indicators in capturing the dynamics and changes associated with community participation[19].

The community needs assessment was conducted by the authors, with the inputs and participation of members of the community health committee, and staff of the health center. This exercise led to emphasis on the establishment of a proper revolving fund scheme, with the input of the committee in the pricing of the services and products; the establishment of a two-way referral linkage with the nearby public secondary health care facilities, including telephone consultancy with relevant staff of the hospitals; a campaign to encourage members of the community to make use of the health center, amongst others. Members of the committee were expected to

work with the staff of the health center for the immediate implementation of these identified needs. They were also expected to continually bring feedbacks on the level of effectiveness of the interventions from their constituencies, during the committee's meetings.

The leadership provided by the committee was assessed by how well members of the committee understood their role in the committee, especially their attempt to ensure that the very poor in the community are able to assess the services provided in the health center.

The effort of the committee in helping the health center mobilize funds and other resources, and how the generated resources were used were also assessed during the study. These were carried out through a review of the decisions taken at the committee's meetings, the letters written soliciting for funds and other resources from individuals, government and the oil/gas companies operating in the community, and the documents related to the disbursement of the generated resources.

The management efforts of the committee were assessed using the number of scheduled meetings attended by each member of the committee; while the level of organization of the committee was assessed by how well members of the committee provide the expected two-way communication from the community structure they represent.

The data used for these assessments were extracted from the records of the community health committee, and those of the health center. Additional data were collected through personal observations that were assessed using a checklist, and from the key informant interviews of relevant stakeholders. The interviews were semi-structured, taped, transcribed, and then categorized under the five indicators. A five-point ranking scale was then used to assess each of the indicators, ranging from 'narrow' participation at one extreme (ranked 1), to wide participation at the other end (ranked 5), with three levels in between of restricted, fair and good (ranked 2, 3, and 4 respectively).

Ethical considerations: The approval to undertake the study was sought and obtained from the Ethical Review Committee of the University of Port Harcourt Teaching Hospital, Port Harcourt, as well as from the Primary Health Care department of the Rivers State Ministry of Health, and of the Ogba/Egbema/Ndoni Local Government Area. Informed consent was also sought from all the respondents; only those that gave their consent participated in the study.

RESULTS

The community health committee had 14 members drawn from the health workers of the health center that help reflect the views of the government, as well as members of the study community that were drawn from such community structures as the community development committee, youth association, women association, council of chiefs and elders and prominent opinion leaders in the community. The members had an average age of 47.54 +/- 7.5 years, with at least secondary school education, and were mainly either self-employed or civil servants. The degree of organization of the community health committee was found to be consistent with the recommendations of the National Primary Health Care Development Agency, and was therefore assessed as "good".

The leadership provided by members of the committee was graded as narrow, because most members of the committee did not understand their expected role in the committee. The pursuit of self interest dominated the activities of members of the committee. No attempt was made to ensure that the very poor are able to assess the services in the health center.

The committee was only able to implement two out of the seven interventions identified during the community needs assessment. The minutes of the committee's meetings also showed that no feedback was provided by

members of the committee on the implementation of the interventions. The needs assessment ranking of the community health committee was thus classified as limited.

The committee within the study period wrote letters to the oil and gas companies operating in the communities, requesting for additional resources for the health center. It was also able to get the local government health office to post Environmental Health Officers to the health center. No letter was written to individuals in the community for assistance, and the health center did not receive any donation from individuals during the study period. Although members of the committee did not expect to receive remuneration for their services, they however expect to be given priority consideration whenever contracts related to the health center are awarded. The capacity of the committee for resource mobilization was therefore graded as good.

The committee was only able to hold 2(33.33%), out of the 6 scheduled meetings, with only 6 (42.86%), out of the 14 members of the committee, attending all the meetings. The poor implementation of the priority interventions identified during the community needs assessment was attributed by some members of the committee to the fact that the committee lack the powers to force through its decisions. According to the member representing the youths of the community: "what is the need having the committee, when the health workers would insist on getting the permission of the local government before implementing any decision, even when the local government council in most times, are not interested?" But, the health workers felt the community members of the committee were too noisy, wanting to know everything that happen in the health center, especially financial matters, and even clinical issues. In view of these, the management ability of the committee was ranked as restricted.

DISCUSSION

The findings of this study showed that the constitution of a community health committee does not guarantee the desired level of community participation. This is consistent with the findings of studies carried out in other parts of the country20. The problem does not seem to lie in the composition of the committees. The membership of the committee in this study was constituted according to the guidelines given by the National Primary Health Care Development Agency, and was rated as having a good degree of organization, because of its links with organizations, within and outside the community. Several studies had demonstrated the importance of such linkages, in achieving good community participation[8,21].

However, it does appear that the poor performance of the community health committee is related to poor leadership, lack of social solidarity, and the fact that the committee did not have enough powers to achieve its mandate[20,22]. The leadership of the committee in this study was rated as "narrow", because it failed to provide the envisaged leadership in health matters. It also failed to reflect the views of those its represents, and did not work to protect the interest of the poor, as demanded by the Bamako Initiative[23]. While this can be said to reflect the general situation in the country[20]; the committee in addition did not achieve the objective of helping entrench democratic principles in Nigeria, set for it in the revised national policy on health[4]. This is sad, considering that good governance and stewardship alone have been identified as capable of achieving health for all, even with very meager resources[22].

The committee was also rated "narrow" in management, because it failed to attend to most of the priority interventions identified during the community needs assessment. Some members of the community health committee had attributed this poor performance to the fact that the committee did not have total control over the health center and its staff. This is also reflected in the results

of a State-wide study carried out in Lagos State and Kogi State where it was found that the local government councils took most of the decisions in the health centers, including the disciplining of staff, the setting of the charges for drugs and treatment, and even on how the revenues realized in the health center were to be spent[20]. This is against the directives of the revised national policy on health that gave the community/ward health committees the powers to coordinate the planning, budgeting, provision and monitoring of all primary health care services that affect residents of the community/ward[4]. It is also against the best practice all over the world that gives the community the full control of all the resources in the health center; including the human resources[17,24].

To do this would help give the necessary boost to primary health care in Nigeria. It would not only help mobilize more resources from members of the community, but would help for stale the growing truancy amongst the health workers. The study in Lagos and Kogi States also revealed that community participation in the evaluation of health workers is significantly associated with greater productivity per staff, in providing inpatient deliveries, immunizations, and outpatient consultation[20].

Interestingly, lack of resources was not the problem of the community health committee in this study, as is often the case in most developing countries. The committee had the potential to raise even much more than the resources required for a health center. The problem however was in the lack of transparent leadership needed to use the resources, for the benefit of all the members of the community. This problem has also been noted in other communities in Nigeria20, but appears to be more intense in oil-bearing communities that are awash with resources from the oil industry. The enormous oil wealth, and the "divide and rule" tactics adopted by the oil companies in dealing with the oil-bearing communities are said to have created an internecine fight for the oil resources, creating community leaders whose main interest in service is personal aggrandizement, and not the interest of the community11. This is a big problem considering the fact that volunteerism has long been identified as crucial to the success of community participation in health[10].

CONCLUSION

The constitution of a community health committee might not guarantee the expected level of community participation. Effective leadership, and granting the community health committee the powers to take full control of the facilities and human resources of the health center would go a long way in improving the effectiveness of the committee.

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