Partnership for primary care

A project for improving primary health care in an underserved rural area of Osun State, Nigeria, involved the creation of a partnership between the local government, the community and a medical college. Joint administrative and technical committees were established, and community mobilization was fostered. The evidence so far indicates that partnership designs can accelerate the development of primary health care in an affordable manner.

In 1986 an initiative was announced in Nigeria whereby the country’s medical colleges and schools of health technology were encouraged to form partnerships with local governments in order to develop service, training and research in primary care. One such partnership was formed by Obafemi Awolowo University and Ife South Local Government in Osun State and became operational in 1993.

According to the 1991 census the predominantly rural area of 875 km² administered by this local government had a population of approximately 88,900. A majority of the men are farmers, while the women are mostly traders in agricultural produce and household goods. A comprehensive health centre is located at Ifetedo and there are about 30 dispensaries/maternity centres scattered over ten health districts, each of which has a health com-

mittee. There is also a primary care management committee for the whole area. The coordinator of the primary care programme for the area is responsible to the local government chairman through a supervisory counsellor for health. The 107 primary care workers in the health facilities are mostly auxiliaries.

Among the principal endemic diseases are malaria, diarrhoea, respiratory infections, schistosomiasis, onchocerciasis, filariasis and guinea-worm disease. Nearly all the villages lack piped water, the main sources of drinking water being polluted streams and shallow wells. Adults defecate mainly in the bush, children in or around their homes. Domestic refuse is commonly dumped at roadsides or behind houses.

The aims of the partnership are as follows:
- to establish and strengthen collaboration on education in primary care between the local government authority, the community and the university;
- to improve facilities for community-based education, research and service in primary care;
- to strengthen the local government’s primary care information system;

Professor Jinadu, who is Coordinator of the University-Community Partnership Initiatives, is with the Department of Nursing, Obafemi Awolowo University, Ile-Ife, Nigeria. Dr Davies-Adetugbo is a Lecturer in the Department of Community Health, Dr Ogunbodede is a Senior Lecturer in the Department of Preventive Oral and Dental Health, and Professor Adetugbo, who was formerly Provost, College of Health Sciences, is now with the Department of Haematology and Immunology, all at the same University.

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to strengthen collaboration between the university and the local government in health systems research.

**Workplans**

A draft workplan, formulated by the State Ministry of Health, the Local Government Health Department, the College of Health Sciences, and political leaders, was approved at a meeting with community representatives.

The following factors acted as constraints on the project:

- inadequacy of health sciences curricula for education oriented towards primary care;
- inadequate orientation of college and local government staff towards community-based education, service and research in primary care;
- poor infrastructural facilities.

Local workplans were devised with fairly similar strategies revolving around community participation and having the common goal of accelerating the development of primary care. Comparisons were difficult, however, because of differences in environments, backgrounds and perceptions.

**Community mobilization**

Communities were mobilized through a process involving:

- introduction of the project by credible contact persons working in primary care;
- identification of credible community leaders for participation in planning and implementation;
- creation of good channels of communication, and help for the communities in identifying and articulating their needs.

This led to a pattern of communication between: university and local government; local government and community; community and university. The partners were thus helped to become sensitized to community needs.

**Management and implementation committees**

A project management committee was responsible for planning, programming, budgeting, implementation and evaluation. Its members were the Provost of the College of Health Sciences, the Head of the Department of Community Health, the Director of Primary Health Care for Osun State, the local government’s Coordinator of Primary Health Care, the Female Community Leader for Ife South Local Government, and the university’s Coordinator of Primary Health Care.

A community health partnership committee, made up of representatives of the community, the university, other educational institutions, nongovernmental organizations, and the political and administrative arms of local government, was responsible for implementing, monitoring and evaluating primary care partnership services, mobilizing the community to utilize primary care facilities effectively, considering and soliciting support for essential research proposals, and performing any other functions necessary for health promotion and disease prevention.

**Capacity-building**

A health systems research workshop was held so that university staff could enhance
their capacities to formulate and implement studies in this field. A similar workshop was organized for local government staff in order to develop their understanding of research: seminars on health systems research were held and the participants joined faculty members in research projects.

Capacity-building activities also took place in relation to:

- primary care programme management;
- maternal and child health service provision;
- health education strategy at the primary care level;
- community dental and oral health.

A workshop on dental and oral health was attended by 156 people from local government primary care facilities and the community, including eight traditional chiefs. A recommendation emerged that a primary oral health programme should be developed. This required the training of at least two primary care workers and the provision of basic dental and oral health facilities in one or more health centres. The Department of Preventive Dentistry of the Faculty of Dentistry undertook to work with the local government on planning and implementation. A full-time course lasting three months on preventive dental and oral health was developed and low-cost facilities needed for the programme were identified.

**Education and training**

There was a clear need to provide facilities for community-based education of students and to strengthen primary care facilities. The college prepared two buses for taking students and staff to the project area. The local government rented students' accommodation and this was furnished with the help of partnership funds.

A community health laboratory was established at the only comprehensive health centre in the area. Equipment for simple microbiological examination of urine, faeces and blood was purchased, and an experienced medical laboratory technician was engaged by the local government. Unfortunately, the laboratory has not been adequately utilized by primary care personnel. A training workshop is therefore planned so that they can improve their understanding of the laboratory’s purpose.

Since 65%–70% of deliveries in the area are performed by traditional birth attendants, the introduction of a training programme for them was given high priority and one is now being provided through joint efforts of the local government and the university.

**Improvement of water supplies**

As there was a lack of potable water the partnership committee embarked on a pilot programme for improving the supply in three communities.

- At Egbejoda the wells were polluted because they were uncovered and had no water drawers. The community
contributed money and materials towards the construction of covers and drawers. Primary care workers and students conducted hygiene sessions involving demonstrations, discussions and dramatic presentations, with particular reference to hand-washing with soap and water after use of the toilet and before the preparation of food and the feeding of children, and to safe refuse disposal. A local drama group was used to deliver messages on the avoidance of aspects of personal and domestic hygiene behaviour which were identified as being associated with childhood diarrhoea.

- At Ominla, where there were two non-functioning wells, it was decided that the entire community should participate in the construction of a new well. The community has already dug the well and installed the rings and drawer, which were purchased with partnership funds. The next stages are the construction of overhead tanks or a reservoir and the piping of the water to the centre of the village.

- At Isoya, four non-functioning wells were found: two were badly sited and dry, one had a damaged pump that was replaced with a wheel-type drawer, and the fourth required renovation. The materials were purchased with partnership funds, while the work was done by the community.

**Partnership in the future**

A high degree of community participation was achieved during the planning and implementation of the project. The community was frequently the prime mover in the activities undertaken. Some 95% of primary care staff attended workshops and derived considerable benefit from them.

The community health partnership committee has become an essential feature of the linkage activities. The partnership system provides an inexpensive and efficient way of training local government staff, transferring capacities to them and empowering community members. However, university lecturers are generally more interested in research than in offering assistance to local government, while local government personnel may not be very enthusiastic about taking on additional responsibilities. The partnership is seen, by and large, as worthwhile for all involved, but it should be remembered that local government staff generally receive low remuneration and may therefore require incentives.

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