

Administration of Primary Health Care Programme in Local Government in Nigeria: A Case Study of Ibadan South West Local Government

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ABSTRACT

Globally, primary health care is regarded as a major contributing factor underlying people's health. In fact, the World Health Organization has declared that the ultimate goal of primary health care is "better health for all". International research has shown that countries with strong primary health services are recording lower rates of hospitalization, lower mortality and morbidity rates, and better health outcomes generally. A comprehensive system of primary health care helps communities and individuals take greater responsibility for their health outcomes. Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage. However, the primary health care scheme is faced with a lot of challenges in most of its centres all over Nigeria. Therefore, this study investigated the administration of the Primary Health Care programme using the Primary Health Care Centre at Ibadan South West Local Government Area of Oyo state as the case study with specific objectives of: examining the administration of the primary health care system in Nigeria; assessing the degree of community involvement in the delivery of medical services by primary health care system; and analyzing the challenges of primary health care and likely solutions to the primary health service delivery in the local government areas.

Keywords: Administration, Primary, Health care, Local Government

INTRODUCTION

The Primary Health Centre is the basic structural and functional unit of the public health services in developing

countries. The Primary Health Care (PHC) is the most efficient and effective way to achieve health for all because it is about how best to provide health care and services to everyone. Primary Health Care forms an integral part of the country's health system. While the main focus of PHC is the health of individuals, families and communities at large, PHC is equally concerned with addressing the overall social and economic development of communities, thereby targeting the social determinants of health. Primary health care embodies a spirit of self-reliance and self-determination. (Vukic and Keddy, 2002).

The principles of PHC were first outlined in the Declaration of Alma-Ata in 1978 by the member nations of the World Health Organization (WHO), to provide accessible and affordable primary health care to people. That was a seminal milestone in global health. Forty years later, global leaders ratified the Declaration at the Global Conference on Primary Health Care which took place in Astana, Kazakhstan in October 2018.

According to the World Health Organization, PHC addresses the majority of a person's health needs throughout his/her lifetime. These include physical, mental and social well-being, and it is people-centered rather than disease-centered. Primary health care is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care.

A PHC approach comprises three basic components which are: meeting people's

health needs throughout their lifetime; addressing the broader determinants of health through multi-sectoral policies and actions; and empowering individuals, families and communities to take charge of their own health. By providing care in communities as well as through the communities, PHC addresses not only individual and family health needs, but also the broader issues of public health needs of defined populations.

The Alma-Ata Declaration has been successfully implemented by countries such as Thailand, Cuba, China and Mexico. Part of the Declaration is that “health is a fundamental human right to be enjoyed by the people, in all works of life, therefore government should be responsible for the health needs of the people”. Since health is more than just the delivery of medical services, PHC attempts to address people’s health needs through an integral approach utilizing other sectors such as Agriculture, Housing, Social and Medical services. That is the reason the Alma-Ata Declaration encourages partnership and cooperation with other related sectors of the economy in the development and implementation of the Primary Health Care.

However, health is rarely seen as a fundamental human right by the policy makers in Nigeria considering the shortcomings in the viability and effective functioning of the PHC programme in the country. Presently, most of the PHC facilities in Nigeria lack the capacity to provide essential health care services, in addition to having issues such as poor staffing, inadequate equipment, poor distribution of health workers, poor quality of health care services, poor condition of infrastructure, and lack of essential drug supply. Related sectors are also battling series of challenges thereby yet to deliver on their responsibilities to the people.

In part, problems with the implementation of PHC in Nigeria are related to the hand over in 1980s to the local government administration, which is the weakest level of government. The impact of

local government administration on the people in Nigeria still remains a subject of intense debate and argument.

LITERATURE REVIEW

Conceptual Review of Literature

The concept of the administration of Primary Health Care programmes looks broadly at the ways of administering health services to the communities by providing promotive, preventive, curative and rehabilitative services. Central to this are three basic concepts eminent to this work viz: Administrative, Health care and Primary health care programmes.

Concept of Administration

Administration refers to the process or activity of running a business, organization, etc. It is also the range of activities connected with organizing and supervising the way an organization or institution functions. Simon (1950) in his classic work defined *Administration* simply as “when two men cooperate to roll a stone that neither could move alone, the rudiments of administration have appeared”. In short, Administration is all about people interacting with other people to accomplish tasks. That is to say, Administration is the process involving human beings jointly engaged in working towards common goals.

Therefore, administration in health care is the practice of managing, leading, overseeing and administering the operation of dynamic complex health care entities including hospitals, long term care facilities, health care system, nursing homes, pharmacies and health insurance providers.

Health Care

The word “Health” refers to a state of complete emotional and physical well-being. Health care exists to help people maintain this optimal state of health and as a resource for living a full life. The World Health Organization defined *Health* with a phrase that is still used today as: “Health is a state of complete physical mental and social well-being and not merely the

absence of diseases or infirmity". In 1986, the WHO further clarified that health is: "A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources as well as physical capacity". This means that health is a resource to support an individual's function in the society.

More recently, researchers have defined health as "the ability of a body to adapt to a new threat and infirmity". They base this on the idea that modern science has dramatically increased human awareness of diseases and how they work in the last few decades.

Health care is the maintenance or improvement of health via the prevention, diagnosis and treatment of disease, illness, injury and other physical and mental impairment in people. Health care is delivered by health professionals in allied health fields. Access to health care varies across countries, communities and individuals, largely influenced by social and economic conditions as well as health policies.

Providing health care services means the timely use of personal health services to achieve the best possible health outcome. Health care systems are organizations established to meet the health needs of targeted populations according to the World Health Organization (WHO) standards. A well-functioning health care requires a financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, and well-maintained health facilities to deliver quality medicines and technologies.

Primary Health Care Programme

Primary Health Care (PHC) is a grass root approach meant to address the main health problems in the community, by providing, preventive, curative and rehabilitative services (Gofin, 2005 & Olise, 2012). As defined in the Alma-Ata Declaration, Primary Health Care is the "essential care based on practical,

scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination" (WHO, 2012).

Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health, as echoed in Article 25 of the universal Declaration of Human rights thus: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing and medical care and necessary social services".

The concept of Primary Health Care has been repeatedly reinterpreted and redefined. In some contexts, it has referred to the provision of ambulatory or first-level of personal health care services. In other contexts, primary health care has been understood as a set of priority health interventions for low-income populations (also called selective primary health care). Others have understood primary health care as an essential component of human development, focusing on the economic, social and political aspects.

WHO has developed a cohesive definition based on these three components below:

- Meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative and palliative care throughout the life course strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services;
- Systematically addressing the broader determinants of health (including social, economic, environmental as well as people's characteristics and behaviours) through evidence informed public

policies and action across all sectors; and

- Empowering individuals, families and communities to optimize their health as advocates for policies that promote and protect health and well-being, as co-developers of health and social services and as self cares and care-givers to others.

Characteristics of Primary Health Care

Primary Health Care (PHC) is the backbone of a health system, the quality of PHC initiatives has been recognized as fundamental to improving health outcome. Therefore, there are some eminent characteristics of the concept of Primary Health Care. These are:

- i. Easily available and most essential health services: The services delivered within the primary health care should meet the primary needs of the people. These do not include sophisticated and specialized services. In fact, the health services which can be easily delivered to every individual come under primary health care.
- ii. Acceptable for the family and community: The services provided in PHC should be easily acceptable to every individual and community.
- iii. Wholesome community participation: In this system, communities are encouraged to take the initiative in identifying their own health and social problems.
- iv. Community and nation can bear the expenses: PHC services are based on local technology and can be easily managed by the local people and community. Primary health care is cheaper and affordable to the people of community.

Components of Primary Health Care

The facilities and services of PHC vary in various countries and communities. However, the basic concept of PHC is the same. According to the Alma-Ata

Conference, the components of primary health care are:

- i. **Adequate supply of safe drinking water and basic sanitation:** There is a close relationship between supply of water and sanitation. If there is no supply of water, the sanitation condition will automatically be affected. Water related diseases are most common causes of illness and death among the poor of developing countries. According to the World Health Organization, 1.6million deaths of children per year can be attributed to unsafe water, poor sanitation, and lack of hygiene.
- ii. **Health Education:** Good health is fundamentally and intrinsically important to live a worthwhile human life. Health education communicates with the facts that help to promote the ways of healthy living and to solve basic health problems. There are no standard health education programmes which are applicable everywhere; they must be developed locally with the communities concerned so that health technologies proposed will be appropriate, applicable, and compatible with their socio-cultural situation and their resources.
- iii. **Promotion of safe food supply and proper nutrition:** A balanced diet is highly necessary to live a healthy life. Sufficient supply of food and management of proper nutrition is necessary to get a balanced diet. Various health related problems emerge along with malnutrition. Therefore, proper supply of food and management of nutrition is one of the important aspects of PHC.
- iv. **Maternal and Child health, including family planning:** Priority has been given to the service, training and research aspects of maternal and child health, including family planning. These activities are being supported by WHO in

collaboration with other United Nations agencies such as UNFPA and UNICEF as well as multilateral and bilateral organizations.

- v. **Immunization against major infectious diseases:** Immunization is a widely accepted level of protection against a large number of communicable diseases. People of developing countries, due to lack of proper knowledge of health, poor economic status and sophisticated curative health services, are not in a position to afford the expenses of treatment. Therefore, immunization is the only major preventive measure against such communicable diseases.
- vi. **Provision of essential drugs:** In the area of essential drugs, economic strategies have become an important component which merits serious consideration and inclusion in national drug policies. The member countries of WHO are strengthening primary health care in the context of The Goal of Health for All. One of the eight elements of primary health care, as identified at Alma-Ata is the provision of essential drugs.
- vii. **Availability and Distribution of Medicine:** One of the major intentions of the primary health care is to distribute and make the most common medicines available to the areas so as to control primary illness.
- viii. **Treatment of Communicable Diseases:** In the absence of proper and timely treatment on communicable diseases, various rural people have died prematurely. So, in order to control death due to communicable diseases, the primary health care organizes training programmes for local people helping in the treatment of these diseases at the local level.

Strategies for the Implementation of Primary Health Care in Nigeria

The implementation of PHC is primarily through services carried out at the

primary health centres and home visits. These services are specifically related to the components of PHC previously discussed. The great idea of grassroots health care delivery as encapsulated in the principles of primary health care requires the strong commitment of all stakeholders to make it work. Stakeholders are those persons or groups that have vested interest in the delivery of primary health care services and in health care decisions (AHRQ, 2014). The key primary health care stakeholders include the people, the government and the health care workers.

As it is in other parts of the world, Nigeria has her own peculiarities characterizing the health care system. These peculiarities are related to her cultural, religious and socio-political diversities. Thus, strategies to implement primary health care must be evolved to meet the challenges associated with these diversities. These strategies include community mobilization and advocacy, service integration, health research, capacity building, and international and non-governmental collaborations.

Community mobilization is the process of arousing the interest of the people and encouraging them to participate actively in finding solutions to their problems (Olise, 2007). It is the gateway to providing effective health care services to individuals, families and groups within the community concerned. Community mobilization engenders community participation and community ownership and ultimately guarantees sustainability of health programmes (Magawa, 2012). In addition, it enhances resource mobilization, cost minimization and appropriate utilization of health services.

Constraints to Primary Health Care Implementation In Nigeria

Though PHC centres were established in both rural and urban areas in Nigeria with the intention of equity and easy access. Regrettably, the rural populations in Nigeria are seriously underserved when

compared with their urban counterparts (Abdulraheem, Oladipo, and Amodu, 2012). This singular observation points to the shortcomings being experienced in the process of implementing primary health care system in Nigeria. These constraints are governmental factors, people factors, and other factors not far between.

The governmental factors include: lack of political will, inadequate funding, and misappropriation of funds, inadequate inter-sectoral collaboration, and conflicts between local and state governments. The people factors include: community perceptions of poor quality and inadequacy of available services in the PHC centers, under-utilization of PHC services, and poor community participation. Other factors include: lack of motivation in the workplace including poor remuneration, unhealthy rivalry among various categories of health workers, non-involvement of private health sector in the planning and implementation of PHC, poor management of information system, and heavy dependence on initiatives funded by foreign donors like UNICEF and USAID.

Historical Review of Primary Health Care in Nigeria

Health services delivery in Nigeria had its historical antecedents. It evolved through a series of developments including a succession of policies and plans which had been introduced by previous administrations. "Previous administrations" here refers to the unorganized regimes of the colonial and post-colonial administrations in Nigeria. Oyewo (1991) traced the historical epoch of Nigerian health sector beyond the organized colonial period and asserted that maternal and child care of pre-colonial period though primitive compared to the orthodox medical care, served the people with precise efficiency which was proportional to their level of development. Oyewo further identified the beginning of a meaningful health service policy with the first 10-year national plan (1946-1956) wherein health was put on the

concurrent legislature list with both federal and regional governments exercising defined powers within their areas of direct administrative control.

When the country gained its independence in 1960, health care was not among the first things government officials thought about. They focused more on the medicine that cured rather than preventing illnesses. However, 15 years later, National Basic Health Services Scheme (NBHSS) was created, where primary health care served as the basis for the whole idea. It was meant to provide medical training and health care facilities, although it neglected the use of new technology and community cooperation. This led to the inability to sustain the scheme at the close of the third national development plan period.

The National Primary Health Care was launched by the military administration of President Babangida with the appointment of late Prof. Olukoye Ransome Kuti between 1986 and 1992 (Kuti, Sorungbe, Oyegbite, and Bamisaiye, 1991). This brought about the encouragement of Primary Health Care Directorate in the Federal Ministry of Health charged with the responsibility for formulating, developing and implementing the National Primary Health Care system in line with the recommendation of the 1988 international conference on primary health care. This period was characterized by the development of model primary health care centres in fifty two pilot local government areas, all of which were implementing all the eight components of primary health care. The scheme was to be collaborative efforts of the three tiers of government, which should be more adapted to Nigeria's socio-economic and cultural context. It was meant to be people-oriented with the aim of developing local capabilities, initiatives, and promoting self-reliance thereby paving way for the realization of sustainable improvement in the health of the people.

Historical Review of Primary Health Care in Ibadan South West Local Government

The Health Care section is an important arm of Ibadan South West Local Government. The Primary Health Care Centre was primarily set up for the welfare of the entire people of Molete area of Ibadan South West Local Government and those that were employed to serve them. The main essence was to attend to the health needs of the people within its catchment area. It was initially located at Ring Road before relocating to the permanent site at Aleshinloye area, Ibadan South West Local Government. Services at the health care centre are essentially free to some extent to all citizens of Oyo State, especially to the people within Ibadan South West Local Government. The health care centre is essentially the first point of call for any person that falls sick or regarding any issue of urgent attention.

Apart from routine medical treatment, other services that are available to the citizens and staff include: counselling, treatment of sicknesses and some diseases, wound dressing, family planning services, immunization for pregnant women and children up to five years, ante-natal services, laboratory and X-ray services, aged people and ambulance services. There are qualified medical personnel to administer the aforementioned services. These personnel include: the Senior Medical Matron and team of competent Nurses who are trained in all aspects of nursing, Pharmacist and Health Record Officer.

Empirical Review of Primary Health Care

Akinsola (1993) analyzed Primary Health Care from an integral point of the Nigerian social and economic development. According to him, it is the first level contact of individuals and communities in the National Health System, thus bringing health care as close as possible to where people live and work. According to the WHO (2012) which was analyzed in the

Alma-Ata Declaration, Primary Health Care is the “essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full anticipation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”.

Also, in the study of Omoleke (2005), in the management of the primary health care services using both primary and secondary data, it was found out that the primary health care programme was grossly underfunded and this manifested in the low performances of the PHC facilities. In the same vein, Olise (2007) examined that in poorer nations, funding of health activities is largely from budgetary allocation by the respective levels of government. High personnel cost (70%-80%) of the health budget at the grassroots (Local Government Areas) level goes for settling personal issues. Quite often, the workforce is over blotted and many workers can be seen idling away for 70% of the time in their places of work.

MATERIALS & METHODS

Theoretical Framework of Primary Health Care

This study adopts “system theory” as a theoretical guide. System theory approach finds its brilliant manifestation in the works of Cutlip, Center and Broom (2006). This is a multi-disciplinary approach to the analysis of events. It presumes the existence of other components which make it a whole and which are also in constant interaction and interdependence. A system theory is a conceptual framework and methodology for understanding the operation of a system where there are two or several factors that are essentially components of the whole.

Going by this theory, it could be established that prior to the Alma-Ata Declaration in 1978, there were other health care systems though not readily available at the grassroots level. However, this study is

concerned with the Primary Health Care programme specifically to:

- i. make health services accessible and available to everyone wherever they live or work
- ii. tackle the health problems causing the highest mortality and morbidity at a cost that the community can afford
- iii. ensure that whatever technology is used, it must be within the ability of the community to maintain and use effectively
- iv. ensure that in implementing health programme, the community must be fully involved and also participate in planning in the spirit of self-reliance.

Empirical Investigation of the Primary Health Care Centre: The Case Study

Research Design

This study employed *descriptive survey design* for the research methodology, which deals with the method, strategies, and techniques used during the cause of data collection and analyses. The use of questionnaire constituted the source of the primary data while the review of various literature works served as the secondary data source.

Population

The population for the study covered the health users within the Ibadan South West Local Government Primary Health Care Centre and a total number of 86 staff members of the health centre comprising:

S/N	Staff of Ibadan South West L.G.A. PHC	No. of Staff
1	Doctor	01
2	Nurses	18
3	CHO	21
4	CHEW	31
5	Medical Records Officers	04
6	Medical Laboratory Technologists	02
7	Medical Laboratory Scientist	01
8	Pharmacy Technologist	01
9	Health Assistants	07
	Total	86

Source: Field work 2019.

Sample and Sampling Techniques

Stratified sampling technique was used for this research. The sample of the health staff

selected was based on their years in service and their expertise in public health while the choice of sample of health users was based on their availability at the selected health centres.

Statistical Tools Applied in Data Analysis

Simple percentage was used to calculate the number of respondents in this study.

Research Instrument

The research instrument used in this study is the Questionnaire. Copies of the questionnaire were distributed to selected respondents to solicit their responses regarding the research study. The Questionnaire was made up of two sections. Section "A" elicited response as regards the biographical data of the respondents, while section "B" consisted of questions that elicited responses from the respondents with response options "Strongly Agreed", "Agreed", "Strongly Disagreed", and "Disagreed".

A total number of 147 questionnaires were distributed to both the health staff and some health users in Ibadan South West Local Government. However, 11 of the respondents eventually declined while the 136 questionnaires retrieved were used for the survey analyses.

RESULT AND ANALYSES OF THE SURVEY

The retrieved questionnaires were analyzed and the outcome is as outlined below:

- 55.6% of the respondents strongly agreed that the administration of primary health care is effective at the local level; 28.9% agreed; 11.1% strongly disagreed; 4.4% disagreed.
- 53.3% of the respondents strongly agreed that primary health care system has important roles to play in the development of local communities while 46.7% of the respondents agreed.
- 71.1% of the respondents strongly agreed that provision of health care is the responsibility of the federal, state

and local governments while 28.9% agreed.

- 68.8% of the respondents strongly agreed that effective administration of the PHC will improve the primary health care system in Nigeria; 28.9% of them agreed while 2.2% of them disagreed.
- 44.4% of the respondents strongly agreed that the primary health care system at the community is easily accessible to the people at the local level; 46.7% of the respondents agreed; 4.4% strongly disagreed; 4.4% disagreed.
- 57.8% of the respondents strongly agreed that the primary health care system is a grassroots approach meant to address the main health problems in the community while 42.2% of them agreed.
- 46.7% of the respondents strongly agreed that the activities of primary health care improve the standard of living of the rural people; 44.4% of them agreed; 2.2% strongly disagreed; 6.7% disagreed.
- 35.6% of the respondents strongly agreed that the administration of primary health care can be effective through citizen participation; 53.3% of them agreed; 2.2% strongly disagreed; 8.9% of them disagreed.
- 51.1% of the respondents strongly agreed that the primary health care centres help in reducing the morbidity and mortality rates at the local level; 42.2% of them agreed while 6.7% of them disagreed.
- However, just 28.9% of the respondents strongly agreed that the local government is only empowered to provide primary health care for people.
- Finally, 44.4% of the respondents strongly agreed that poor leadership and political instability have been the basis for insufficient implementation of primary health care delivery services; 44.4% of them agreed; 4.4% of them strongly disagreed; 6.7% of them disagreed.

CONCLUSION

It has been realized that the primary health care system helps in reducing the morbidity and mortality rates at the local level. The primary health care centres assist in educating and sensitizing the local people on series of efforts they could put in place to promote health and prevent killer diseases.

However, it was detected that the administration of the primary health care centres is being faced with certain challenges which impede the viability and functionality of their medical service delivery to the rural dwellers. These include insufficient number of medical personnel, poor transportation of personnel to perform their tasks, inadequate finance, low level of community involvement in primary health care services, among others.

Therefore, governments should redirect resources for health care from curative services to preventive services in order to improve the primary health care infrastructures, encourage the migration of health workers from urban areas to rural areas and provide acceptable level of health care services for all, thereby reducing the gross inequality in health status of the people. Political actors and policy makers should also strive to guarantee the right to health of all citizens by signing and implementing the necessary legislation.

Recommendations

The following are some of the ways through which the primary health care programme can be improved in order to enhance efficiency in its administration:

- Building a strong society that will promote and monitor the local, state and federal governments on the provision of primary health care services.
- Having a good local government feedback and communication that ensure that the people at the grassroots are aware of government decisions, policies and programmes.
- There is need for maintenance of minimum health standard, improved housing condition, water, environment,

sanitation and food supply for the sustenance of good health condition.

- There is need for the local government as well as other tiers of government to increase the allocation of the health sector.
- Priority should be given to the improved living condition of the people beyond the present level so as to enhance healthy living.
- Adequate supervision, monitoring and evaluation programmes should be pursued with rigor and required manpower provided.

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