Report of Practicum in Community Health Nursing on Evaluation of Strategies and Programmes to achieve the Health Policy Targets in Akure South Local Government Ondo State

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INTRODUCTION

Health service is of importance to development of any polity. Issues concerning it become a matter of policy of state for goal attainment to be possible. As a policy matter, Nigerian health care today is premised on the bases of Primary Health Care (PHC) which is the policy direction of the country (Osemwenkha 2009). Primary Health care is the cornerstone of Nigeria's National Health policy. The centrality of effective health system and the attainment of improved health status for Nigeria's is affirmed in the policy (John, 2000; FMOH, 2004)

Health care delivery plays a paramount role in the determination of one's living standard. For sustainable development, every citizen must be empowered to have basic health. Primary health care was initiated, adopted and implemented for the purpose of bringing health care closer to the people. It called for a coordinated participatory delivery that should bring about self reliance and self-determination in health and had therefore become an integral part of the National health policy of Nigeria as contained in 1988 National health policy of the country. This policy was revised in 2004 incorporating the health targets of the Millennium Development Goals as its main health policy targets and the goals are expected to be achieved by 2015. Primary health care is the model of care to achieve the goal of National health policy. It is the platform on which the health care activities are complemented.

Focus on primary health are activities in the health care centres will reveal the strategies and programmes in places to achieve the goals of the revised National health policy. The report of the evaluation of strategies and programmes in Akure South Local Government to achieve the goals of national health policy will be presented in this paper.

OBJECTIVES

1. To identify the different health programmes in Akure south LGA.
2. To identify health projects in Akure south LGA.
3. To identify the PHC management infrastructures in Akure South local government.
4. To identify the prevailing health problems in Akure south LGA.

5. To examine the implementation strategies of PHC programmes in Akure south LGA.
6. To identify the level of utilization of health care facilities in Akure south LGA.
7. To identify a researchable topic/problem in Akure south LGA.

HEALTH POLICY TARGETS OF THE REVISED NATIONAL HEALTH POLICY OF THE FEDERAL MINISTRY OF HEALTH NIGERIA

1. Reduce by two-thirds between 1990 and 2015 the under five mortality rate.
2. Reduce by three-quarters between 1990 and 2015 the maternal mortality rate.
3. To have halted by 2015, and begin to reverse the spread of HIV/AIDS.
4. To have halted by 2015, and begin to reverse the incidence of malaria and other major diseases.

Management process and Infrastructural facilities for Primary Health Cares

Management Process

Management of PHC is put in the hands of the communities and LGA through the development of committee whose members are from catchments areas of PHC facilities (NPHCDA 2004). The guidelines and training manual for development of PHC system in Nigeria stressed that community participation/involvement can be effected through the establishment of management committees at various levels (Ogundeji, 2002). These levels are village/neigbourhood, districts, wards, state, zonal and federal. The composition terms of reference and operational guidelines of these committees have been clearly spelt out in the guidelines and training manual for development of PHC system in Nigeria.

Minimum health and equipment package

In Nigeria, a ward minimum health package or service that address health and health related problems that result in a substaintail health gains at low cost has been worked out. These include

1. Control of communicable disease (malaria, STD/TB/HIV/AIDS)
2. Child survival (includes integrated management of childhood illnesses and basic immunization, nutrition and growth monitoring)

3. Safe motherhood
4. Health Education and community mobilization

To deliver these services also requires a minimum package of essential equipment and materials (NPHCDA, 2004, Asuzu and Ogundeji, 2008).

PHC Facilities

Health facilities are static or mobile structures where different types of health services are expected to be provided by various categories of health workers. These health services are in different groups and called different names depending on the structure (building), staffing, equipment, services rendered and by ownership. Such facilities include tertiary/ specialist hospitals, general hospitals district hospitals, comprehensive health centres, primary health centres and health posts. These facilities could be owned by government (public) or the private including religious bodies.

Characteristics (structure, staffing, equipment, service & ownership) of facilities in Local Government

S/No	Types of health facilities	Structures	Staffing	Equipment	Services	ownership
1	District hospital/ comprehensive health centre	Building consisting of the following facilities - casualty room - OPD - Consulting - Records - Theatre - Pharmacy with pharmacy stores - Laboratory - X-ray - Wards for different sexes, conditions, ages - General office	-Doctors -Nurses -midwives -radiographer -laboratory scientist -dentist Medical record officers Support staff	Adequate equipment for - comprehensive health services - emergency services - laboratory - surgery - deliveries	-comprehensive -health care including: -admission -2-way referral -laboratory investigation -x-ray - treatment of diseases Maternity deliveries -surgical care	State government
2	Primary health centre	Building consisting of about 8 rooms for	-CHO - public health	Basic equipment for:	All PHC services -laboratory work -data generation	Local government

		-PHC services - laboratory work - records - pharmacy store	nurses - nurses - midwives - CHEWS -laboratory technologist -record office -health attendants - support staff e.g Gardeners, security, officers	- PHC services - Laboratory work - Data collection and analysis - Transportati on facilities	and analysis -admission of patients and referred services -referral	(LGA)
3.	Health clinic	3-4 rooms for - waiting - dressing -injection/ treatment -staff - records - normal delivery - admission	- staff nurse midwives -CHEWs -record offices -health attendants - support staff on supervision	Adequate Equipment For PHC services particularly MCH/ FP	-PHC services particularly MCH/FP - Referral	LGA/ DDC
4.	Health post	One or two simple wooden room(s)	-CHEW - TBAs -VHWs	-Table -chair/ bench -cupboard	Treatment of minor ailment - health education	VDC

Source: Ogundeji M.O. (2002) Background and status of ph activities by Y 2000 in Nigeria.

Every management level is expected to have a health facility corresponding to the types of health services expected (according to National Health Policy, 2004) to be performed.

For primary health centres, expected numbers are 1 per ward with average of 10 wards per L.G.A. each ward must have a managerial infrastructure. It is expected that the health care industry will deliver a minimum package of quality health care to improve the health status of the people (John 2009)

Support System for Implementation of PHC

The support for PHC implementation are:

Supply of logistics, Information, Financial support, Administrative support, Political Support

JUSTIFICATION

The importance of community leadership in the implementation of programmes cannot overemphasized as they are closer to the people. They can contribute immensely to the achievement of goals. Any break in the line of authority in a community can make programmes to fail. Hence the understanding of the traditional political and administrative leadership in any local government will assist in PHC activities in the area.

The community leaders play a role in the mobilization of community resources both human and material. They also ensure full participation of their people, they are therefore involved in all areas of the evaluation study in Akure South Local Government.

INDICATORS OF MEASUREMENT OF ACHIEVEMENT

1. provision of integrated service
2. establishment of policy on implementation of PHC
3. facility utilization
4. no of hospital deliveries
5. PHC financing
6. training and capacity building of PHC staff.
7. availability of health care centres per ward
8. support system for implementation
9. no of wards with active ward community development committees
10. involvement and active participation of communities/wards in PHC services, resource mobilization and ownership.
11. immunization coverage
12. provision of water and boreholes in the community

ETHICAL CONSIDERATION

Permission was taken from the supervisory counselor for health and PHC coordinator before embarking on the study informed consent was also taken from the participants before embarking on the study.

DEFINITION OF TERMS

- Primary health care: this is defined as “essential health care” made universally accessible to every individual and family in a community through means acceptable to them and with full participation. It is based on scientifically sound methods and should be financially affordable for the community and country. Primary health care constitute the first level of contact with the national health system by providing services at locations convenient to the recipients.
- **Political ward**: It is the smallest geo-political area where a councilor is elected to represent his/her people at the LGA council.
- **Ward Development Committee(WDC)** : this is the social organ made up of elected/appointed community members who initiate/effect developmental activities(including health programmers) on behalf of the whole of the people of that political ward.
- **Village Development Committee (VDC)**: This is a social organ of elected/ appointed village/neighborhood members who initiate/effect development activated (including health programmers) on behalf of other members of the village/neighborhood. Generally, the term village is used for rural communities while neighborhood or community is used for urban communities.
- **Indicators**: This is a variable that can be measured. Indicators are used as bench marks or proxy measures to assess the extend to which short and long term objectives have been meet. Indicators can measure the quantity, duration

and efficiency of program activities. Outcome indicators measure the impact of a program on the population.

BRIEF HISTORY OF AKURE SOUTH LOCAL GOVERNMENT

Akure south local government was carved from the defunct Akure Local, Government on 1st October, 1996. Akure is both the capital of Ondo state as well as the headquarters of Akure south Local Government. The Local Government is surrounded by Ifedore, Idanre, Owo and Akure North Local Governments. It has an area of above 2.30sq km.

It is situated 205 kilometres East of Ibadan capital of Oyo state, 346 kilometres North East of Lagos state commercial capital of Federal Republic of Nigeria. The Local Government has a population of 283,300 according to the 1991 National Population census.

The major towns in Akure South Local Government Area are Akure and Oda, other villages are Aponmu, Aule, Olokuta, Iwoye, Ipinsa, Ijoka, Ilegun, Emiloro, Isagba etc.

There are many hotels in Akure LGA. They include Owena motels, Royal Bird hotels, Solton hotel, Ade super hotel, Rainbow motel, Victoria castle, Flagship hotel and others. There are many primary and secondary schools in Akure south LGA. Federal University of Technology and Agriculture is located in the Local Government.

The people engage in agriculture, civil service, trading. Motor parks are located at many areas in the LGA. Inter state motor parks are located at Okeijebu, Ilesha garage, road block, FUTA. There is availability of vehicles for transportation of people and goods. Akure south LGA operates a mass transit service.

ENTRY TO AKURE SOUTH LOCAL GOVERNMENT

This was done through the primary health care coordinator and the Deputy primary health care coordinator who introduced me to the chairman of the Akure south LGA, the Director of Local Government Administration and the supervisory counselor for health. I met with the key technical officers and the community leaders. A working relationship was established with them and they were made to realize that my assignment in the community was evaluate the LGA's strategies and projects for achieving the health targets of the National health policy and to note the impact of the PHC activities on the life of the people in the community.

METHOD OF DATA COLLECTION

- Indepth Interview
- Consultation and dialogue
- Survey
- Examination of records
- Participant observation
- Check list

AKURE SOUTH LOCAL GOVERNMENT WARDS AND HEALTH CENTRES

Ward 1: Ward 1 comprises of Aponmu, Health centres, Iwoye, nd Itaoniyan health centres

Ward 2: It consists of Arakale health centre

Ward 3: Okeogba and Aule health centre

Ward 4: Oke-ijebu/Obanla health centre (oke-ijebu motor park)

Ward 5: Esure and Igisogba health centres

Ward 6: Oda and Araromi Aje health centres

Ward 7: Odopetu health centre at state specialist hospital Akure managed by state government.

Ward 8: Oke-Aro, Gaga and Danjuma health centres

Ward 9: Iloro and Abusoro helath centres

Ward 10: Isolo and Shagari health centres

Ward 11: Adegbola and Ipinsa health centres.

Each health facility had ward development committee but not all are functioning. Shagari, Esure, Isolo, Adegbola, Gaga, Abusoro and Obanla were functioning. Fifteen health care centres had been given full accreditation by the state.

POLITICAL SETTING OF LOCAL GOVERNMENT AREA

For political activities, each local government is divided into political wards. Each local government has communities/villages average or an average of 10 political wards. A councilor is elected into local government council from each of the political wards (Ogundeji, 2002). It is reasoned that every councilor who wins election into the council should be accountable especially on health matters, to those that elected him/her. Such councilor should ensure that a functional ward (District) development unit is established. Such units should form committees. WHO review team also agreed with the reasoning and believes that community mobilization would greatly be assisted if the boundaries of the heatlh districts are the same as the electoral ward (20-30,000 people) which elected a councilor to the LGA (Ogundeji, 2002).

GENERAL ADMINISTRATION IN AKURE SOUTH LOCAL GOVERNMENT

The leadership of the local government is under the control of Executive Chairman. The chairman is assited by a vice chairman, secretary and supervisory councilors. The councilors are the legislative arm of the local government. This arm of the government is headed by the Leader of the house.

The administrative head is the Director of Personnel Management. The customary courts form the judicial arm of the local government. This arm is being run by the personnel management department. The local government has zonal offices for the collection of revenue.

EXECUTIVE MEMBERS OF AKURE SOUTH LGA

These are the Executive Chairman; vice chairman, secretary, supervisory councilor for health, supervisory councilor for community development and women affairs,

supervisory councilor for information. Each ward has got a councilor to represent it at the local government.

ADMINISTRATIVE COUNCIL OF AKURE SOUTH LOCAL GOVERNMENT AREA

The Chairman, Director of Local government administration, treasurer, head of personnel management, primary health care coordinator, head of department agriculture, head of department works, head of department community development, internal auditor, and head of information unit.

KINGS IN AKURE SOUTH LOCAL GOVERNMENT

1. His Royal Majesty (HRM) Oba Adeboyegun Oluwadare Adepoju – Adesina (Osupa III) Deji of Akure kingdom.
   He is a paramount ruler and Grade I oba.
2. HRM Oba Bamidele Akosile, Olojoda of Odaland.
   He is a Grade 4 oba.
3. HRM Oba Kayode Oluwatuyi J.P, Osolo of Isolo. He is a Grade 4 oba.
4. HRM Oba Olu Ojo, Iralepo of Isinkanland.
   He is a Grade 4 oba.
   HRM Oba Omoniyi Olufunmilayo, Akapinsa of Ipinsaland. He is a Grade 4 oba.

The Deji is a life oba while the others are rotational after 2 years. Deji takes one of them to meetings in rotation.

All quarters in the local government have chiefs and out of the quarters come out wards. There are many chiefs in the LGA. About 22 chiefs are important.

IMPORTANT CHIEFS IN AKURE SOUTH LGA

1. Chief Lisa of Lisa. Chief Lisa is the head of the chiefs.
2. Chief Obanla of Obanla

3. Chief Odopetu of Odopetu
4. Chief Ojomu of Ojomu
5. Chief Oshodi of Oshodi
6. Chief Osolo of Isolo
7. Chief Asamo of Idiagba
8. Chief Sao of Irowo
9. Chief Ajana of Igan
10. Chief Ojumu of Oritagun/Igbehin
11. Chief Ejemikin of Ijemikin
12. Chief Ata of Owo
13. Chief Elemo of Ilemo
14. Chief Ohunorun of Okegan
15. Chief Oyegbata of Gbogi
16. Chief Arijoodi of Imuagun
17. Chief Owokuajo of Odokoyi
18. Chief Sasere of Eruoba
19. Chief Elejoka of Odojoka
20. Chief Osogbon of Araromi
21. Chief Oshokoti of Ereketa

AKURE COUNCIL OF CHIEFS

1. Ihare group: This is the head and is headed by chief Lisa. Anybody here is pure executive. They do not go to war. They are pure king makers.
2. Ikomo group: This is headed by Sao. These group are called military, they are warriors in those days.
3. Ejua group: This is headed by Asamo. They are the dividers who share things among the other chiefs. Anything called rituals is done by Asamo.
4. Ogbe group: This is headed by Ajana. It is subordinate to Sao. They follow Sao whenever they go to war.

Before the advent of the white people, Akure was well organized. The Deji was very powerful and is still very powerful.

STRUCTURE AND FUNCTIONS OF LOCAL GOVERNMENT AREAS (LGAs)

The local government is the 3rd tier of government at a local level which operates through representative councils and established by law to exercise specific powers within a defined area.

The main functions and sectors include the following:

i. **Economic:** This involves the provision of transportation, agriculture, industry, commerce and finance.

ii. **Social Service:** This involves the provision of education, health, social welfare, sports etc.

iii. **Environmental development:** This is the provision/maintenance of town planning, water, drainage, housing, cooperatives and community development.

iv. **General administration:** this is the supply/maintenance of office building, equipment etc.

The local government function could be of 2 broad types which are exclusive and concurrent functions (Ogundeji 2002). The exclusive functions of LGAs include provision of market and motor parks; community and local recreation centres; supervision and regulation of laundries, bakery houses; collection of property and other rates; and licensing, regulation and control of the sale of liquor.

The concurrent or permissive functions are those functions, which federal state, LGAs or other organization may perform like provision of heath services, health clinics, maternity centres, primary and adult education.

VISIT TO AKURE SOUTH LOCAL GOVERNMENT SECRETARIAT HEADQUARTERS

Several visits were paid to the primary health care coordinator and key officers of the department to obtain information about the heath programmes in the LGA. The PHC coordinator said that the structure of the LGA is almost similar to that of other LGAs in the state.

There are 7 department in the local government and PHC department is one of the department. In the PHC department there are 7 units.

UNITS OF PRIMARY HEALTH CARE DEPARTMENT

1. Maternal and child health/family planning
2. Immunization
3. Environmental health/water and sanitation
4. Monitoring and evaluation
5. Nutrition and growth monitoring
6. Essential drugs
7. Health education

STAFF: There are 2 doctors (specialist in community medicine and obstetrics who is the PHC coordinator, and a youth corper), nurses, environment health officers, community health officers, community extension workers (CHEW). They have assistants and health attendants and laboratory technicians. Junior CHEW is being faced out and they now have CHOs and CHEWs. Maternal and child health unit is headed by a Chief Matron, immunization unit is headed by environmental heath officer, essential drugs is headed by a chief pharmacy technician while the monitoring and evaluation unit is headed by most Senior Community Health Officer (CHO). Other programmes and project are being headed by various health officers.

Maternal and child health services /family planning

Antenatal care, delivery and post natal services are given at in this unit. Other services are also rendered here such as treatment of minor ailments and the services rendered are integrated. These services are rendered at the primary health care centres spread over the local government. Akure south local government has functioning care centes spread across 11 wards in the LGA. Out of these health centres only 15 had been given full accreditation. Aule, Okeogba, Abusoro and Obanla were not accredited. Akure south LGA follow the state policy on accreditation of health centres (see appendices C and D). All the health centres carry out infant welfare service, antenatal care, delivery, post natal, family planning, health education and other PHC services. Arakale health centre is a

referral centre for other health care centres in the LGA. It has a lot of facilities and resources and a doctor is always available. The doctor also pays scheduled visits to other health centres. Many of the health care centres run 24hours services. There is a Nutrionist at the LGA secretariat who go round to review the activities of their representatives at the wards.

Environmental/Water and Sanitation (WATSAN)

This unit is headed by the environmental health officer. The unit is responsible for providing water and sinking of bore holes in the local government.

Essential drugs unit: It is headed by a pharmacy technician. The head of this unit isn conjunction with the MCH unit after discussing with the heads of other units determine the number of drugs needed.

DRF/Bamako initiative was being practiced before. This is no longer common as drugs are provided free for the pregnant women and children under 5 years in line with the free health programme of state government. Drugs are supplied free by state government.

Impact of TBAs in delivers

Although TBAs should be removed from the mainstream of delivery due to their negative effect in reducing maternal and infant mortality, it is not possible as they are present within the community, they are close to the people and share the same culture and understand each other. They are trained and used in health promotion. They treat and refer cases to health centres and hospitals. They were trained in 2007 in order to reduced their excesses. They were encouraged to refer cases on time to avoid complication and death. The TBAs are not allowed to take certain deliveries such as primipara, breech, twins (multiple deliveries), delivery of women with previous 4 deliveries (multipara). They should refer them to the health care centres and state Specialist Hospital Akure.

They have association whereby their key officers and health care workers monitor their activities to avoid complication. There is a focal officer for Traditional birth attendants and traditional healers in the local government area.

Referral system

Akure South LGA had no functioning ambulance. The PHC coordinator said that there was no problem with referral as there is good transportation network in the local government. Also the GSM and telephoning system assisted greatly as peopled are called for assistance anytime the need arises.

Monitoring and evaluation unit: this is headed by the most senior community health Officer/CHEW. They work with HSDP and PRS who train the team. The people working in this unit are trained as they have different forms which change from time to time.

Immunization

There is an immunization officer in the LGA based at Arakale health centre.

Immunization coverage has improved from 20% in 2003 (DPT) 3 as indicator to 65% in 2006 and 80% in 2009.

PROJECTS IN AKURE SOUTH LOCAL GOVERNMENT

1. Malaria project
2. Onchocerciasis
3. Schistosomiasis
4. HIV/AIDs
5. WATSAN
6. NHIS

NATIONAL HEALTH INSURANCE SCHEME (NHIS)

This will soon commence in Akure south LGA. Capitation will be given to health centres. It is a form of free health insurance programme for pregnant women and mothers and underfine children. State government had already paid its counterpart fund and Federal government had added its own part. Already the health maintenance organizations (HMOs) had been paid and the HMOs in turn had paid to the heath care facilities who will use the money to buy their drugs. The NHIS It is likely to take off in may.

Two LGAs from each of the three senatorial districts in Ondo state will benefit from the NHIS. The chosen LGAs are Akure south, Ondo west, Owo, Akoko South East, Ile-oluji Okeigbo and Irele.

COMMONEST DISEASES IN AKURE SOUTH LGA

1. Malaria
2. Upper respiratory tract infection
3. Diarrhoea (common in children)
4. RTA and injuris (about 15 per month)
5. Enteric fever (children and adult)
6. Candidiasis (women)
7. Hypertension (adults)
8. Urinary tract infections and pyelonephritis
9. Skin infections (adult and children)

STRATEGIES AND PROGRAMMES IN PLACE TO ACHIEVE THE GOALS OF NATIONAL HEALTH POLICY

This is creating awareness and reducing death toll in the communities/wards. Health care centres were created in the wards to bring health services closer to the people. Communities were encouraged to form ward development communities in order to engage in ward health system. All the different PHC services were incorporated into the health care delivery system in the LGA. Different projects were embarked upon and focal officers were made to man the projects for easy execution and accountability.

In the past people arrived late to the health centres for treatment and majority had taken concoctions and herbs before coming which affected the course of treatment. Nowadays they are wiser and they do not take drugs before coming. They come early for treatment there is better treatment outcome. Death and morbidity has reduced in pregnant women and children.

THE PRIMARY HEALTH CARE COMMITTEES

These committees are in place. The PHC management committee at LGA level is supposed to hold meeting quarterly. However, the meeting is not regular. The chairman of Akure south LGA is the chairman of this committee. Two representatives from each ward are represented in the committee which include the head of the health care facility and a representative of the ward (community). Problem of each ward concerning the health of the people and their needs are discussed at the committee's meetings.

Social mobilization committee

This committee has representative from wider segment of the local government. The committee is a mobilization committee which mobilizes the populace for programmes. They create awareness in the community for the success of programmes. Their meeting is usually held before local immunization or national immunization day (NID) programme. This meeting was held on Wednesday 3rd March 2010 prior to the immunization which took place between 6th and 9th March (house to house immunization).

Community is involved in the house to house immunization. The people are trained before the immunization. Community leaders will help to mobilize the community to come out for the exercise. Only the health workers are involved in the routine immunization which takes places at health centres and fixed health posts. The chairman was represented by the supervisory councilor for health at the SMC meeting.

WARD DEVELOPMENT COMMITTEE

Only 7 wards are active in all the 11 wards. There are ward development committed in all the wards. They have chairman, treasurers and secretaries. These officers assist in mobilising their communities and create awareness of programmes.

The activities of the ward development committee in Gaga ward is of note. This committee was formed in 2007. The community provided a temporary accommodation which they use as health centre. The pay N60,000 yearly for accommodation. Finish the flat with tables, chairs. The local government provided the staff and equip the centre for them. The community employed watchman to watch the place day and night.

Gaga ward development committee has been able to reduce maternal and infant mortality in their community. The residents now have a health centre to use instead of going to quacks or travel a long distance to receive health care. The community has donated a land to build their permanent site. The chairman had written letter to the local government for assistance.

Isolo ward development committee was noteworthy. The chairman was so active and his achievements were recognized by government to the extent that he was nominated into a committee at the LGA. The committee had contributed to the reduction of maternal and infant mortality in their communities and contributed to establishment of health centres in their communities and various wards. They had also contributed to the reduction and control of infection in the local government area.

VISIT TO THE HEALTH CARE CENTRES AND WARDS

There were 11 wards in Akure South LGA and 20 health care centres. Four health centres from four wards were chosen from the list of health centres by ballot. Arakale health centre (Ward 2), Isolo health centre (ward 10), Gaga health centre (ward 8), and Obanla Oke-ijebu health centre (ward 4) were visited.

Arakale, Isolo and Gaga health centres had been accredited while Obanla/Oke-ijebu health centre is yet to be accredited. Integrated PHC services were rendered in the health centers. Isolo health centre is being managed by both local government and state government. The state government provided some staff from the hospital management board and free drugs. Arakale and Isolo health centres provide 24 hours service while Gaga and Obanla health centres provide day service.

Any pregnant woman that comes to the centres is able to obtain all health care services available at a time on a visit. Family planning, child welfare, maternal and child health, nutrition education, dental education, and mental health which is incorporated into health education. Those that are observed to be stressed are referred to appropriate quarters. Situations that cannot be handled are referred to the hospital. For example,

patient in a very bad state with complication after taking self medication and alternate care before coming to the centre.

Nutrition education and training/food demonstration are given. Growth monitoring of children is also done. Ferrous is supplied by the UNICEF for the mothers to produce total removal of anaemia from mothers and infants. It reduces anaemia in pregnancy thereby reducing neonatal, child and maternal mortality. Vitamin A (2000 i.u), is given to the nursing mothers 2 weeks after birth so that the child can suck it from the breast.

Arakale health centre is the referral centre for other health centres in Akure south. The staff relationship in the centre is good. Integrated management of childhood illnesses (IMCI) is being practiced in the health centres.

Average monthly delivery in Arakale health centre for 6 years is: 47 for 2005; 48 for 2006; 45 for 2007; 50 for 2008; 77 for 2009; and 81 for 2010. This figure reveals an increase in facility utilization and upsurge of patients to the health centre.

Staff strength is 7 CNOs, 2 ACNOs, 2NOII, 5CCHT (senior), 3PCHT (senior), 2 JCHEWs, 10 Health Attendants.

Isolo health centre's delivery records could not be examined from 2005 to 2008 as they have been taken to the ministry of health for the use of a panel. However, the one examined showed an average of 12 deliveries per month for 2009 and 11 for 2010. reports reveal an increase in facility utilization by the community and no death was recorded. Laboratory service are offered in the health centre.

Tuberculosis and Leprosy (TBL) Programme

The TBL programme for the LGA is located at Isolo heath centre. Activities include treatment of clients with T.B., outreach programmes, they provide private and public management, health talk in secondary schools and primary schools, creation of awareness on T.B and HIV/AIDs in the community, celebration of Tuberculosis day every 24th of March every year, provide training for staff of private hospitals such as Don Bosco, first mercy hospital, Jobateth hospital.

They give awareness talk in motor parks, organizations and companies, NYSC. Treatment of TB patients is free and there is also free testing. There is a TBL Advocacy

committee with members from all segments of the local government area. Drug centres are in Adegbola, Oke Aro, Shagari and FUTA. Health education is given to patients from these areas. Their drugs are taken to the areas for distribution.

Akure South LGA and Akure North LGA had been chosen by Society for Family Health as pilot programmes for their advocacy and awareness programme in the community. They go out every week to create awareness on T.B and HIV/AIDs. State hospital is the referral centre for patients.

Finance for TBL programme is provided by state government and local government. Three hundred thousand naira is supposed to be given every year with N120,000.00 as counterpart fund from state government and local government is expected to produce the remaining N180,000.00. Counterpart fund of N120,000.00 was given by the state in 2006 and 2007. Local government did not give its own share.

ACTIVITIES OF NON GOVERNMENTAL ORGANIZATION

UNICEF assists in immunization through the Ministry of Health (cash donation). GAVI also assists in immunization. Rotary club built a building at Arakale health centre. Society for family health assists in creating awareness on tuberculosis and HIV/AIDs. They also assist in the celebration of the world health TB days. Kids and also assist in awareness creation and celebration of world tuberculosis days.

Advantages of the Ward Development Committee

These were attested to by the health facility officers and the ward development chairman and PHC Coordinator during the in depth interview. Also these achievements made Chief Olu Ijapo Community to start the process of establishing a health care centre in his community.

1. There is marked reduction in death of pregnant woman and children.
2. There was reduction in circumcision through TBAs and herbalists leading to increase in circumcision done at the health centre.
3. There is increase in booking.
4. There is increase in facility delivery.

5. Serious cases and emergencies were referred to hospital as the TBAs no longer allows cases to get to that level before referring them to health facility.
6. There is increase in the referred cases.

DISCUSSION

There is provision of integrated services in the health care centres and integrated management of childhood diseases is practiced in the management of children. The local government operates the state policy on accreditation of health centres which is used in accrediting the health centres. Hence it assists in providing necessary equipments and resources needed in providing quality one.

There is training and capacity building of all categories of health workers. The PHC coordinator says that the workers are trained from time to time in other to improve their expertise. Recently an advertisement was placed for recruitment of nurses to the local government which is an improvement from their previous performance when nurses were not employed. This ensures availability of relevant human resources especially in antenatal services and delivery which will help in reducing maternal and infant mortality. There is increased hospital delivery from 47 per month in 2005 to 81 per month in 2010. There is increased hospital utilization which has led to increased booking and hospital delivery. Patronage of alternate care is reducing in the community.

Immunization coverage has increased to 80% in 2009 from its drop to 30% in recent years. All the programmes on immunization and health education and awareness creation had assisted in increasing the number of children immunized. Awareness programmes on disease prevention and control had assisted in bringing people with TB to the heath centre for treatment as they are now aware that it is curable. More people are coming for HIV screening and there is less stigmatization and astracism in the local government.

There are ward development committees in the local government. Seven (64%) out of the eleven (11) wards are active which brings these communities closer to the headquarters. They participate in PHC activities, resource control and ownership of

programme in their community. They are members of mobilization committee and PHC committee at the LGA.

There is at least one health centre per ward with some having more than one. The ward minimum package in Nigeria which includes all health and health related problems that result in a substantial health gain at low cost are being practiced in the health centres. There is control of communicable diseases (Malaria, STD/TB/HIV/AIDs); child survival (includes integrated management of childhood illness (IMCC) and basic immunization; safe motherhood; and health education and community mobilization.

There is frequent meetings of social mobilization committee which are usually held before implementing any programme in the community. There is support system of logistics, information, financial support, administrative support and political will. Also, the free health care for pregnant women and children is in progress. There is counterpart funds in some areas for the control of communicable diseases. Vehicles and motorcycles are provided for use. The newly introduced NHIS which will provide free medical care to women and children is an example of financial support and political will.

The presence of health management information unit in the health centres with staff ensures free flow of information from the wards/communities to be LGA headquarters from where it goes to the state.

There was good human relations among the staff in the health care centres which enabled them to implement programmes and projects without any problem. The PHC coordinator is very hard working and always available 24 hours of the day.

CONCLUSION

The strategies and programmes at Akure North Local Government that were put in place to achieve the goals of the National health policy are in order and on course. They have impacted positively on the lives of the community and improve their quality of life as there is reduction in disease burden in the community. The programmes were physically executed and at the targeted dates. The funds for the programme were used for specific programmes. The various strategies programmes and projects were relevant to the problem situations in the community; the implementation is in progress and on course. The outcome

of the programmes are seen in the number of hospital deliveries, no of children immunized and provision of water and boreholes sunk by WATSAN in the local government.

It is hoped that by the turn of 2015, the effectiveness and impact of the various programmes will be seen when the goals of the National health policy and the millennium development goals are expected to have been achieved.

SUGGESTIONS AND RECOMMENDATIONS

1. Efforts should be made to fulfill the accreditation requirements for the unaccredited health care centres.
2. The ward development committees that are not active should be encouraged to participate in activities, resource mobilization and ownership programmes.
3. The wards that are active should be acknowledged and recognized by Akure south local government. Government should approve their requests and assist them where necessary. Those that have donated land for the construction of health centres should be assisted in building a permanent infrastructure for their health centres.
4. Government should provide the funds for TBL activities in the LGA. These funds are to be jointly provided by state and local governments (state 120,000.00 and local government N180.000.00 yearly).
5. Akure south LGA should institute the ward health system with full participation and ownership as entrenched in the system.
6. Health centres should be provided in communities that have none such as Ijapo community where the land owners are eager to donate an accommodation for heath care services.
7. More technical officers should be employed to the health centres especially nurses and midwives.
8. Capacity strengthening of PHC staff in areas of identified deficiency.

RESEARCHABLE TOPICS

1. Effect of outreach services on the reduction of maternal and infant mortality in Akure south LGA.
2. Influence of adolescent eduation on the prevention and control of communicable diseases.

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APPENDIX

WORK PLAN FOR PRACTICUM IN COMMUNITY HEALTH NURSING

	Program	Objectives	Activities	Responsible officers	Finding	Time frame
1.	Evaluation of strategies and programmes to achieve the goals of the revised national health policy in Akure south local government of Ondo state.	To enter Akure south LGA/ community within the first week of	i. Meeting the PHC coordinator and deputy PHC coordinator ii. Meeting the chairman Local Government and supervisory counselor for health. iii. Meeting the community leaders and key informants	Self	Self	1 week Feb 15-22, 2010
2.		To establish a working relationship with the technical officers, community leaders and ward development committee	Explain the purpose of the program and let them know that it is to assess the health activities and help where necessary. Let them know that the work will be done with their full participation	Self, and PHC coordinator and community leader	Self	
3.		Interview the PHC	i. Booking appointment for	Self	Self	1 week

		coordinator, programme officers, and supervisory councilor for health an the LGA and the version activities in the	interview with PHC coordinator programme officers and supervisory councilor for health ii. Having an indepth interview with the PHC coordinator, programme officers and supervisory counselor for health.			Feb 23-March 2, 2010.
4.		To visit the health care centres/wards in Akure south LGA.	i. Tours the health centres and wards in Akure south LGA. ii. Examining the different programmes to ascertain the level of PHC activities in the health centres. iii. examining the records in the health centres iv. Attending any meeting if any. v. Paying visit to the chairman	Self and deputy PHC coordinator and CNO in each of health centres	Self	2 weeks. March 2-14, 2010

			of the ward development committee and other community leaders. vi. Discussion with community leaders and examining their books/ records. vii. Assessing projects			

		To collate and review the findings with the PHC coordinator and CNO of health facilities.	i. Put all the finding together and review with the PHC coordinator. ii. Cross check facts with relevant focal officers.	Self, PHC coordinator and CNO	Self	1 week March 14-21, 2010
		To terminate the relationship and write report	i. remind the PHC coordinator, and chairman and CNO of the time drama of the assignment. ii. Thank them for their cooperation and the opportunity to work with them iii. Writing of report. Making suggestions and recommendations to the authority of the LGA.	Self	Self	1week. March 22-27