Determinants of Ward Development Committee Functionality in Primary Health Care Facilities. A Case study of Akinyele Local Government Area, Oyo state

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Abstract

The significance of community participation in rural health service development is well established, with active involvement being crucial for the success of health programs. Ward Development Committees (WDCs), as outlined in the Ward Health System Operational Guidelines (2004), are expected to play a vital role in identifying and addressing health priorities at the community level. This study evaluates the functionality of WDCs within the primary health care (PHC) system in Akinyele Local Government Area (LGA) of Oyo State, Nigeria.

Using a descriptive survey research design of the ex-post facto type, the study employed purposive sampling to select 240 WDC members and 12 heads of health facilities across the 12 wards in Akinyele LGA. Structured questionnaires, alongside in-depth interviews with selected community members, were used for data collection. The analysis, conducted using descriptive statistics and linear regression at a significance level of P = 0.05, revealed key findings.

Among respondents, 50.4% were full residents of the area, while 48.8% were partial residents, with 0.8% being non-residents. The functionality of WDCs was significantly influenced by the identification of health and social needs ($F = 7.723$, $R = .660$, $R^2 = .436$), environmental factors ($F = 160.342$, $R = .758$, $R^2 = .575$), and personal factors ($F = 7.464$, $R = .858$, $R^2 = .737$).

The study concludes that active community participation and decision-making can improve WDC functionality and increase the utilization of health facilities. Continuous support and capacity building from local government health departments, state health ministries, and international partner agencies (such as WHO, DFID, and UNICEF) are essential in enhancing the effectiveness of WDCs in the PHC system.

Introduction

Background of the Study

Communities in Nigeria rarely participate actively in health care planning and decision-making, leading to various challenges within the health sector. Many health facilities are located inconveniently, some are abandoned, and others, though completed, remain non-functional. Even in cases where facilities are in use, they are sometimes mismanaged, resulting in low levels of utilization (Sulaiman, et al., 2024).

Nigeria's health care system operates on three levels: tertiary, secondary, and primary. Primary Health Care (PHC) is the closest to the people, and it is constitutionally the responsibility of local governments to collaborate with community members to ensure the delivery of PHC services. This collaboration is guided by the operational guidelines for PHC, as outlined in the Revised National Health Policy (2004). PHC remains a foundational philosophy and strategy for national health development.

The Alma Ata Declaration of 1978, which introduced PHC, was based on the democratic ideals of equity, self-reliance, and community empowerment. PHC aims to address health care needs at the grassroots level, focusing on preventive, promotive, and curative services that communities can afford and accept (Miano, 2016). Despite the significant potential of PHC, evidence points to poor access and low community participation in health care management, particularly through the involvement of Ward Development Committees (WDCs) (Azuh, 2017).

Primary Health Care is a conceptual model encompassing primary care, disease prevention, health promotion, and community development within a holistic framework. The fundamental principles of PHC include access, equity, appropriate technology, multi-sectoral collaboration, and community participation (OECD, 2010). However, Nigeria's overall health system performance has been rated poorly. In 2000, the country was ranked 187th out of 191 member states by the World Health Organization, with one key factor being the lack of community participation in health care, particularly at the local government level (World Health Report, 2000).

To address this, the Federal Government of Nigeria adopted the Ward Health System (WHS) as a strategy to revitalize PHC and ensure community participation. The WHS focuses on making wards the operational units for PHC implementation. Over 2,000 WDCs have been established or reactivated nationwide since 2001 (NPHCDA, 2014). The WDCs are designed to develop community capacity for owning and managing PHC services (Ojwang & Bwisa, 2014). However, the functionality of these committees remains a challenge due to various environmental and personal factors.

The Ward Health System was premised on a functional Model Health Centre, which is to serve as the focal point for the new PHC. The Model Health Centre was to be provided with appropriate number of health personnel, equipment and drugs, and linkage with network of other health facilities/post in the ward and the village health system; Managerial support was to be provided by the Ward Development Committees/Village Development Committees (Operational Training Manual and Guidelines for development of PHC system in Nigeria, 2004).
Roles and responsibilities of the Ward Development Committee as stated in the WHS operational guideline 2001 include the following;

- Mobilizes and motivates active community participation in health, and other health related programmes
- Identification of health and social needs of the Ward and planning solutions.
- Mobilization of resources (Financial and Material)
- Supervision, monitoring and evaluation of health activities in the Ward
- Liaison with Government, NGO and other partners in the implementation of health

programmes
- Supervision and support to TBA/VHW/CHEWs
- Support the establishment of health facilities and overseeing their functions at ward level *(Source: Operational Training Manual and Guidelines for the Development of Primary Health Care System in Nigeria, NPHCDA, 2004).*

The major roles and responsibilities which are not effectively implemented by the WDCs include the areas of mobilizes and motivate active community participation in health and other health related programmes, identification of health and social needs of the ward and plan for solutions, mobilization of resources (financial and material), supervision, monitoring and evaluation of projects, stimulate active involvement of prominent and other local people in planning, implementation and evaluation, oversee the functioning of the health facilities in the ward etc. (National Guidelines for Development of PHC System in Nigeria, 2012).

Statement of the Problem

The Alma Ata Declaration emphasizes the importance of full community participation in ensuring the success and sustainability of PHC services. In line with this, Nigeria has made efforts to institutionalize community participation through the formation of WDCs. These committees are expected to manage PHC systems, including infrastructure and programmes, in collaboration with health workers at various levels (villages, wards, and local government areas). Despite these efforts, certain factors continue to hinder the functionality of WDCs in Nigeria. Environmental factors, such as institutional support and political interference, and personal factors, such as gender, educational status, and health status, play significant roles in determining the effectiveness of WDCs in managing PHC systems. This study seeks to appraise these factors to better understand the functionality of WDCs in Akinyele Local Government Area (LGA), Oyo State.

Objectives of the Study

The primary objective of this study is to examine the functionality of Ward Development Committees in the Primary Health Care system in Akinyele LGA, Oyo State. The specific objectives are to:

1. Ascertain the extent to which environmental factors, namely, institutional support and political interference determine the functionality of WDCs in the PHC system in Akinyele LGA.
2. Examine the extent to which personal factors such as gender, educational status, marital status, employment status, and residence in the community affect the functionality of WDCs in Akinyele LGA.

Research Hypotheses

The study is anchored on the following null hypotheses:

1. Environmental factors, such as institutional support and political interference, do not significantly influence the functionality of Ward Development Committees in the Primary Health Care system in Akinyele LGA.
2. Personal factors, such as gender, health status, and residence in the community, do not significantly influence the functionality of Ward Development Committees in the Primary Health Care system in Akinyele LGA.

Methodology

The study is a non-experimental research design. The study adopted the descriptive survey research design. This type of design is usually adopted where the researcher does not aim at manipulating the variables of the study. It enabled the researcher to make proper investigation for description, drawing inferences and making generalization while determining how the independent variables influence the dependent variables. The population of this study comprised of two hundred and forty (240) ward development committees (WDC) members, twelve (12) officers in Charges (OICs) of health facilities and sixty (60) community members from all the 12 wards in Akinyele LGA. Multi-stage sampling procedure was adopted in the study. The stage started with purposive selection of Akinyele LGA in Oyo State base notable factors that undermine the functionality of WDCs in the area. Thereafter, purposive sampling was used to select all 12 wards in the study area, lastly, sample random sampling technique was used to select twenty (20) WDCs members per ward resulting to a sub-total of two-hundred and forty (240) WDCs and twelve (12) heads of apex health facilities from the twelve wards, and 252 respondents were used for this study. Data were collected quantitatively and qualitatively. While in-depth interviews were conducted for five (5) community members from each of the ward, totaling sixty (60) community members. Three instrument was used to gather data for the study, this comprised Environmental Factors Scale (EFS), Personal Factors Scale (PFS), and Knowledge of Community Members on Community Participation Scale (KCMCPS). It was constructed using the four-point liker-rating scale with responses varying from Strongly Agree (SA)=4, Agree (A)=3, Disagree (D)=2, and Strongly Disagree (SD)=1. The validity of the instrument was ascertained by experts' critique. The reliability was determined through a pilot that lasted 3 days. The result of the reliability revealed that (EFS, r = 0.76), (PFS, r = 0.71), and (KCMCPS, = 0.84). This implies that variables are consistent in measuring the construct they intend to measure. Data were analysed with SPSS. Questionnaire and In-depth interview were method for data collection. Data were analysed using descriptive statistics, Pearson Product Moment Correlation and Multiple Regression analysis.

Result and Discussion

Ho1: Environmental factors as institutional support and political interference do not significantly influence functionality of WDC members in PHC system in Akinyele LGA

A. The Result obtained from Ward Development Committees in PHC

Table 2a: The composite effect of environmental factors (institutional support and political interference) on functionality of WDCs

$R = .758^a$ $R^2 = .575$ Adjusted $R^2 = .571$ Std. Error of the Estimate = 0.816					
ANOVA					
Sources of Variation	**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Regression	213.620	2	106.810	160.342	$.000^a$
Residual	157.875	237	.666		
Total	371.496	239			

Significant at 0.05 level

Table 2b: The relative influence of environmental factors (institutional support and political interference) on functionality of WDCs

	Unstandardized Coefficients		**Standardized Coefficients**		
Variables	**B**	**Std. Error**	**Beta**	**t**	**Sig.**
(Constant)	14.244	.459		31.012	.000
Political interference	.821	.062	.660	13.251	.000
Institutional support	-.821	.048	-.858	-17.222	.000

a. Dependent Variable: WDC Functionality

Table 2a shows that the effect of WDC's environmental factors (institutional support and political interference) on functionality of its members is significant ($F = 160.342$, $R = .758$, $R^2 = .575$ and Adjusted $R^2 = .571$; $p < .05$. This means that 58% of the variance in functionality of WDCs was predicted by the predictor variables (institutional support and political interference). As a result, the WDC members' environmental factors to a larger extent, determines the level of functionality of WDCs. Table 2b reveals the relative influence of the WDC members' environmental factors on functionality of WDCs. It was revealed that political interference ($\beta = .660$, $p < .05$) and institutional support ($\beta = -.858$, $p < .05$) were statistically significant. Table 2b further reveals that dependent variable (functionality of WDC) is positively influenced by political interference $t(13.251) = 14.244 + .821$, $p < .05$, and negatively influenced by the institutional support $t(-17.22) = 14.244 - .821$, $p < .05$. This means that, as political interference increases, the extent of functionality of WDCs also increases; while increase in institutional support decreases the extent of functionality of WDCs.

B. The Result obtained from Officers in Charge (OIC) of Ward Health Facility

Table 2c: The composite effect of environmental factors (institutional support and political interference) on functionality of WDCs

R = .762[a]
R^2 = .580
Adjusted R^2 = .487
Std. Error of the Estimate = 1.537

ANOVA

Sources of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Regression	29.408	2	14.704	6.225	.020[a]
Residual	21.258	9	2.362		
Total	50.667	11			

Significant at 0.05 level

Table 2d: The relative influence of environmental factors (institutional support and political interference) on functionality of WDCs

Variables	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	15.482	5.484		2.823	.020
Political interference	.751	.809	.228	.928	.378
Institutional support	-.841	.245	-.843	-3.436	.007

a. Dependent Variable: WDC Functionality

Table 2c shows that the effect of WDC's environmental factors (institutional support and political interference) on functionality of its members is significant (F = 6.225, R = .762, R^2 = .580 and Adjusted R^2 = .487; $p < .05$. This means that 58% of the variance in functionality of WDCs was predicted by the predictor variables (institutional support and political interference). As a result, the WDC members' environmental factors to a larger extent, determines the level of functionality of WDCs. Table 2d reveals the relative influence of the WDC members' environmental factors on functionality of WDCs. It was revealed by the OIC that political interference ($\beta = .228$, $p > .05$) was not statistically significant while institutional support ($\beta = -.843$, $p < .05$) was statistically significant. The table further reveals that dependent variable (functionality of WDC) is positively influenced by political interference $t(.928) = 15.482 + .751$, $p > .05$, and negatively influenced by the institutional support $t(-3.436) = 15.482 - .841$, $p < .05$. This means that although to OIC, political interference is insignificant in predicting the extent of functionality of WDCs, increase in institutional support decreases the extent.

Discussion of the findings

The result shown in table 4a, 4b, 4c and 4d reveals that, as a result, the WDC members' environmental factors to a larger extent, determines the level of functionality of WDCs and Table 4b reveals the relative influence of the WDC members' environmental factors on functionality of WDCs, as political interference increases, the extent of functionality of WDCs also increases; while increase in institutional support decreases the extent of functionality of WDCs. The finding is in-line with Vukic & Keddy, (2002) which says PHC embodies a spirit of self-reliance and self-determination; it is driven by and implies community empowerment and building community capacity and resilience: the negative influenced of political interference was further collaborated by Adnan et al. (1992), a key notion advocated in this context was that the communities need to "feel a sense of ownership," or "gain a sense of commitment" to the project rather than being alienated and kept at a distance. Farazi (1997) reported that one of the main reasons for the failure of the World Bank- sponsored embankment project in Bangladesh was that almost none of the parties (local people, contractors, engineers etc) involved in the project, or affected by the project, took any responsibility for its effective implementation. The following comments were expressed during the interview with community members from the 12 wards on environmental factors include:

Politicians cannot dictate to us on the selection of the committee members or the executives on the committee or any other issue, if they do, the committee will not be able to have the people support and thereby may not function. The community people have the right to run the committee the way they want. Majority of the WDCs are not functional because the politicians have hijacked the process of selection and many of them are not known in the community. Institutional support like monthly allowance or salary will make the committee better functional. Community do not need salary to the work but training will improve committee functionality. Regular capacity building and transport allowance for the WDCs will make them functional. Government should emphasize on non-interference of politicians in the selection/composition of the WDCs at the community level, so as to make the committee functional.

H2: There is no significant influence of WDCs members' personal factors such as gender, educational status, marital status, employment status, health status and residence in the community, on functionality of WDC in PHC system in Akinyele LGA

A. <u>The Result obtained from Ward Development Committees in PHC</u>

Table 3a: The composite effect of personal factors (gender, health status and residence in the community) on functionality of WDCs

R = .609[a] R^2 = .370 Adjusted R^2 = .362 Std. Error of the Estimate = 2.779					
ANOVA					
Sources of Variation	**Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**

Regression	1071.999	3	357.333	46.269	.000[a]
Residual	1822.601	236	7.723		
Total	2894.600	239			

Significant at 0.05 level

Table 3b: The relative influence of personal factors (gender, health status and residence in the community) on functionality of WDCs

Variables	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	38.304	2.136		17.934	.000
Gender factor	-.909	.168	-.297	-5.418	.000
Health status factor	-.862	.156	-.306	-5.524	.000
Community residence factor	-1.027	.242	-.237	-4.241	.000

a. Dependent Variable: WDC Functionality

Table 3a shows that the effect of WDCs' personal factors (gender, health status and residence in the community) on functionality of its members is significant ($F = 46.269$, $R = .609$, $R^2 = .370$ and Adjusted $R^2 = .362$; $p < .05$. This means that 37% of the variance in non-functionality of WDCs was accounted for by the predictor variable. As a result, the WDC members' personal factors to a larger extent, determines the level of functionality of WDCs. Table 3b reveals the relative influence of the WDCs' personal factors (gender, health status and residence in the community) on functionality of WDCs. It was revealed that the WDC members' gender ($\beta = -.297$, $p < .05$), health status ($\beta = -.306$, $p < .05$) and residence in the community ($\beta = -.242$, $p < .05$) were statistically significant. The table further reveals that dependent variable (non-functionality of WDC) is negatively influenced by WDCs' gender, health status and residence in the community: $t(-5.418) = 38.304 - .909$, $p < .05$; $t(-5.524) = 38.304 - .862$, $p < .05$ and $t(-4.241) = 38.304 - 1.027$, $p < .05$. This means that increase in the WDCs' personal factors (gender, health status and residence in the community) tend to decrease the extent of functionality of WDCs, although residence in the community had greatest influence (increase).

B. <u>The Result obtained from Officers in Charge (OIC) of Ward Health Facility</u>

Table 3c: The composite effect of personal factors (gender, health status and residence in the community) on functionality of WDCs

$R = .858^a$
$R^2 = .737$
Adjusted $R^2 = .638$
Std. Error of the Estimate = 1.865

ANOVA

Sources of Variation	Sum of Squares	Df	Mean Square	F	Sig.

Regression	77.853	3	25.951	7.464	.010[a]
Residual	27.813	8	3.477		
Total	105.667	11			

Significant at 0.05 level

Table 3d: The relative influence of personal factors (gender, health status and residence in the community) on functionality of WDCs

	Unstandardized Coefficients		Standardized Coefficients		
Variables	**B**	**Std. Error**	**Beta**	**t**	**Sig.**
(Constant)	41.099	5.999		6.851	.000
Gender factor	.736	.571	.294	1.288	.234
Health status factor	-.940	.383	-.450	-2.453	.040
Community residence factor	-2.867	.798	-.821	-3.593	.007

a. Dependent Variable: WDC Functionality

Table 3c shows that the effect of WDCs' personal factors (gender, health status and residence in the community) on functionality of its members is significant ($F = 7.464$, $R = .858$, $R^2 = .737$ and Adjusted $R^2 = .638$; $p < .05$. This means that 74% of the variance in non-functionality of WDCs was accounted for by the predictor variable. As a result, the WDC members' personal factors to a larger extent, determines the level of non-functionality of WDCs. Table 3d reveals the relative influence of the WDCs' personal factors (gender, health status and residence in the community) on functionality of WDCs. It was revealed that the WDC members' gender ($\beta = .294$, $p > .05$) was not statistically significant, while health status ($\beta = -.450$, $p < .05$) and residence in the community ($\beta = -.821$, $p < .05$) were statistically significant. The table reveals also that dependent variable (functionality of WDC) is positively influenced by the WDCs' gender $t(1.288) = 41.099 + .736$, $p > .05$; and negatively influenced by health status and residence in the community $t(-2.453) = 41.099 - .940$, $p < .05$ and $t(-3.593) = 41.099 - 2.867$, $p < .05$. This means that although to OIC, gender factor is insignificant in predicting the extent of non-functionality of WDCs, health status and residence in the community tend to decrease the extent, as residence in the community had greatest influence on the WDC functionality.

Discussion of the findings

The result from table 3a, 3b, 3c and 3d shows that increase in the WDCs' personal factors (gender, health status and residence in the community) tend to increase the extent of functionality of WDCs, although residence in the community had greatest influence (decrease in non functionality of WDCs). The findings on the residence in the community agreed with *NPHCDA: Introduction to Ward Health System (2006)* That Ward Development Committees (WDCs) is Community-Based

support groups that are formed by the community with the help of the health workers to identify leaders in the communities who are concerned about their community. Significantly on gender issue the national guidelines for development of Primary health care system in Nigeria, fourth revised edition (2012) recommended at least 20% of membership shall be women and they should be given effective post to take care of the gender in-balanced. This study confirms McArthur et al (1996) identified that to ensure quality participation it is the responsibility of those facilitating the participation to ensure that community capacity is present to support it. For example Chanan (2000) suggests that within a community, members will choose to or otherwise become involved at different levels in an activity project or programme and that the numbers of involved people will decrease as the levels increase thus creating a pyramid.

Conclusion

The study examined the determinants of Ward Development Committees (WDCs) in primary health care facilities management in Akinyele LGA, Oyo State, Nigeria. The findings revealed that both environmental and personal factors play a significant role in determining the extent of WDC functionality. The study concludes that addressing both environmental and personal factors is essential to improving the effectiveness of WDCs in managing primary health care facilities in Southwest Nigeria. To ensure the functionality of WDCs, there is a need to minimize Political interference in the selection of the WDC members, provision of institutional support through training, and consider personal attributes such as residence, health status, and education when selecting committee members.

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