

THE IMPACT OF PRIMARY HEALTH CARE IN BENIN CITY, EDO STATE.

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CERTIFICATION

We hereby certify that this project work was carried out by Roselyn Osamagbe Ekhator in the Department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin, Benin City and the study is adequate both in quality and scope in partial fulfillment of the requirements for the award of Bachelor of Science (B.Sc) Degree.

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DEDICATION

This project is dedicated to Almighty God, my Father, who has been my hope and strength. My Parents, Engr. and Mrs. Ekhaton, an endless source of encouragement that taught me that even the largest task can be accomplished if it is done one step at a time. It is also dedicated to the entire Ekhaton family. May God's blessings be abundant in their lives.

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ABSTRACT

This study examined primary healthcare system and its impact on individuals lives in the various communities in Benin City. To achieve the objectives of this study, one hundred questionnaires was distributed by the researcher to community members and was successfully collected and used for data analysis and presentation.

At the end of the analysis, the study revealed that majority of community members are aware of primary healthcare system but are not satisfied with the services they received as they received poor quality services. In line with these findings, it is recommended that both the government and non-governmental organizations should endeavor to provide good primary healthcare facilities, train and educate healthcare professionals and create more awareness or organize campaigns about the importance of primary healthcare centers.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Primary Health Care (PHC) is an essential component of the healthcare system, providing basic health services to individuals, families, and communities at the grassroots level. PHC is based on the principles of equity, accessibility, affordability, and community participation (WHO, 1978). It encompasses a broad range of preventive, promotive, curative, and rehabilitative services that are delivered through a network of health facilities, including community clinics, health centers, and hospitals.

In Nigeria, PHC was established in the 1980s as part of a national strategy to improve the health status of the population and reduce the burden of diseases. The Nigerian government recognized the importance of PHC in meeting the health needs of the population, particularly in rural and underserved areas (National Primary Health Care Development Agency, NPHCDA, 2018). However, despite the government's efforts to promote PHC, the system has faced several challenges, including inadequate funding, poor infrastructure, inadequate human resources, and low utilization of services (Ogunnowo et al., 2020). As a result, the PHC system in Nigeria has not been able to achieve its full potential in improving the health status of the population.

The state of Edo in Nigeria is home to over 3.2 million people, with Benin City as its capital. Like other parts of Nigeria, Edo State has a high burden of communicable and non-communicable diseases, including malaria, HIV/AIDS, tuberculosis, and hypertension

(National Population Commission, NPC, 2006). The state has a PHC system that is responsible for providing basic health services to the population. The PHC system in Edo State is structured into three tiers: primary, secondary, and tertiary levels of care. The primary level of care is responsible for providing basic health services, while the secondary and tertiary levels of care provide specialized services (Omorogbe et al., 2019). Despite the government's investment in PHC in Edo State, there is limited information on the impact of the PHC system on the health status of the population in the state.

The need to assess the impact of PHC on the health status of the population in Benin City, Edo State, cannot be overemphasized. There is a need to evaluate the current status of the PHC system in the city and identify the factors that influence the utilization of PHC services. This study seeks to address these gaps in knowledge by assessing the impact of PHC on the health status of the population in Benin City, Edo State.

The study will also identify the factors that influence the utilization of PHC services in the city. Understanding the factors that influence the utilization of PHC services is crucial to improving the uptake of services and ensuring that the PHC system is effective in meeting the health needs of the population. The study will provide evidence to guide policymakers and stakeholders in the health sector in making evidence-based decisions to improve the PHC system in Benin City and other parts of Nigeria.

PHC is critical to achieving universal health coverage and improving the health status of the population. In Nigeria, the PHC system has faced several challenges, including inadequate funding, poor infrastructure, inadequate human resources, and low utilization of services. This study seeks to assess the impact of PHC on the health status of the population in Benin City, Edo State, and identify the factors that influence the utilization of PHC

services. The study will provide evidence to guide policymakers and stakeholders in the health sector in making evidence-based decisions to improve the PHC system in Benin City and other parts of Nigeria.

1.2 Statement of the Problem

The health status of Nigerians remains poor, despite efforts to improve the healthcare system. The PHC system in Nigeria faces several challenges, including inadequate funding, inadequate healthcare infrastructure, and poor health-seeking behavior (Ezeigwe et al., 2021). Benin City has a high burden of communicable and non-communicable diseases, and the impact of PHC on the health status of the population in the city has not been adequately evaluated. Therefore, there is a need to assess the impact of PHC on the health status of the population in Benin City, Edo State.

1.3 Research Questions

The following are the research questions to be answered in the study:

- i. What is the current status of the PHC system in Benin City, Edo State?
- ii. What is the impact of PHC on the health status of the population in Benin City?
- iii. What are the factors that influence the utilization of PHC services in Benin City?

1.4 Objectives of the Study

The main objective of this study was to assess the impact of PHC on the health status of the population in Benin City, Edo State. The specific objectives were to:

- i. Evaluate the current status of the PHC system in Benin City, Edo State.
- ii. Assess the impact of PHC on the health status of the population in Benin City.

- iii. Identify the factors that influence the utilization of PHC services in Benin City.

1.5 Significance of the Study

This study is significant in several ways. Firstly, it provided information on the current status of the PHC system in Benin City, Edo State, which help policymakers and stakeholders in the health sector to identify gaps and make evidence-based decisions to improve the system. Secondly, the study would provide information on the health status of the population in Benin City, which would help to guide public health interventions and policies aimed at improving the health outcomes of the population. Thirdly, the study would assess the impact of PHC on the health status of the population in Benin City, which would provide evidence to support the scaling up of PHC services in the city and other parts of Nigeria. Finally, the study would identify the factors that influence the utilization of PHC services in Benin City, which would help to guide efforts aimed at improving health-seeking behavior and increasing access to PHC services.

1.6 Scope of the Study

This study focused on Benin City, the capital of Edo State in Nigeria. The study assessed the impact of PHC on the health status of the population in the city, with a focus on the provision of preventive, promotive, curative, and rehabilitative services. The study also evaluated the current status of the PHC system in the city and identify the factors that influence the utilization of PHC services.

1.7 Operational Definition of Terms

- i. **Primary Health Care (PHC):** Primary Health Care is an essential component of the healthcare system, providing basic health services to individuals, families,

and communities at the grassroots level. PHC is based on the principles of equity, accessibility, affordability, and community participation.

- ii. **Health Status:** Health status refers to the level of health of an individual or population, as measured by various indicators such as morbidity, mortality, and disability.
- iii. **Utilization:** Utilization refers to the extent to which individuals and populations use health services.

CHAPTER TWO

LITERATURE REVIEW

This chapter deals with the review of related literature to this research work. The contents of this chapter are organized into the following subheadings:

- Primary Health Care System in Nigeria
- Present State of Primary Health care in Nigeria
- Primary Health Care Financing
- Public Spending on Health Related Sectors
- Impact of Foreign Donations of Primary Health Care
- Remedies for Enhancing Primary Healthcare Services
- Summary of Literature Review

2.1 Primary HealthCare System in Nigeria

The National Health Act 2014 is the basic national health policy on PHC and is central to providing health for all (Federal Ministry of Health, FMOH, 2014). It stipulates the creation of a basic health care provision fund (not less than 1% of federal government consolidated revenue fund). Fifty per cent of this fund will be disbursed by a National Health Insurance Scheme (NHIS) to provide a basic minimum package of health services to citizens. It requires that the remaining 50% will be used to provide essential drugs, vaccines and consumables, and infrastructure; develop human resources; and ensure emergency medical treatment at the PHC level (FMOH, 2014). Primary health care service delivery is extremely poor in Nigeria. Nigeria's health system remains among the worst-performing globally (Ananaba, 2018). Coverage of promotive, preventive, and primary health care interventions is low. The universal health service coverage index – defined as the average

coverage of tracer interventions for essential universal health coverage is a dismal 39% (Hafez, 2018). As a result, Nigeria significantly underperforms on key health outcomes—maternal mortality rate is 243 per 100,000, Proportion of births attended by skilled health personnel is 58.6%, Under Five Mortality Rate (U5MR) is 89 per 1000 births, and Neonatal mortality rate is 37 per 1000 (NDHS, 2018). These indices are unsatisfactory and have far reaching implications on health and wellbeing in Nigeria. Nigeria has a significant stock of human resources for health (HRH), but like the 57 other HRH crisis countries, the healthcare personnel-to-population ratio of 1.95 per 1,000 is too low to effectively deliver essential health services (WHO, 2020a). Also, Nigeria has repeatedly and significantly fallen short of the Abuja Declaration where it committed to devoting at least 15% of annual budgets towards improving its health sector (WHO, 2011). In 2016, government health spending was 0.6 percent as a share of GDP or just \$US11 per capita. Funding for primary health care is especially affected as the bulk of spending occurs at the central level and is focused on tertiary and secondary hospitals.

For a primary health care system to be functional, preventive and curative, services are as germane as accessibility and closeness to the poor. A functional primary health care system should emphasize the provision of preventive and curative ambulatory services by frontline health workers in close proximity to where the poor live; disease-oriented interventions in the service of local (and national) public health goals; community-oriented interventions to tap intersectoral inputs that impact health (improved sanitation, safe drinking water); and health promotion (Shaw et al., 2015). A functional primary health care system must, among other things, provide treatment for common diseases and injuries, provide essential drugs, render basic and essential services and commodities for women,

mothers and children, engage in the prevention, detection and treatment of HIV/AIDs, TB and Malaria, and perform basic and essential surgical care, especially 'first-line' surgical care pertaining to burns, wounds, and fracture management, as well as to deal with complications during birth, promote public health measures, preventive health care, promotion and education about healthy behaviors and practices, warning signs of illness, good nutrition, and the importance of immunization (WHO, 2008; Shaw et al., 2015). Present realities indicate that Nigeria is a distance away from providing universal health coverage and efficient primary healthcare. The absence of a fully developed and functional primary health care system continues to constitute a development challenge in Nigeria. The situation threatens the achievement of health-related Sustainable Development Goals (SDGs) as well as other health objectives. Efforts by successive governments towards the realization of a functional primary health care system have often been beset by diminutive efforts at accountability, data gathering, openness and sustainability. Other limiting factors include limited institutional capacity, corruption, unstable economic, and political context and poor financing (Adinma and Adinma, 2010). The body of research on the effects of the above-mentioned factors on the development of the primary health care system in Nigeria is copious (World Bank, 2010; Aid, 2015; WHO, 2017; Gyuse et al., 2018). Admittedly, Nigeria has not been capable of enabling the attainment of desired health outcomes. One of the major challenges facing the health sector in the country, is the weakness of the country's primary health care system. One of the major interventions to address these deficiencies in Nigeria is foreign donations. Foreign donations include financial assistance given to developing countries to support socioeconomic and health development. Yet, the effects of foreign donations are not easily discernible. Olakunde (2012) reported that between 1999

and 2007, foreign donations to Nigeria increased from US\$ 2.335 and US\$4.674 per capita (UNDP, 2011). By comparison, the average foreign donation in Sub-Saharan Africa (SSA) was US\$28 per capita. The share of foreign donations in primary healthcare care financing in Nigeria has been on the increase. Foreign donations were estimated as N27.87 billion (4% of Total Health Expenditure) in 2003. This increased by 29% to N36.04 billion (4.6% of Total Health Expenditure) in 2004 and by just 1% to N36.30 billion (4% of Total Health Expenditure) in 2005 (Soyibo et al., 2009). Yet, the outcomes are not commensurate with the inputs (Gyuse et al., 2018).

2.2. Present State of Primary Healthcare in Nigeria

Globally, and as in Nigeria, achieving universal health coverage as conceived under the Sustainable Development Goals (SDGs) involves taking health service delivery to all parts of the globe where people can be found. This also is the vision of World Health Organization for achieving all health-related SDGs (WHO, 2018). Nigeria has a large proportion of its population living in rural areas where access to basic health care system is crucial. The geographic configuration of many of the rural settlements and villages make access to these villages and settlements a challenge. Poverty, distance, bad road networks, and high cost of travel may limit the desire to seek medical services in urban or more developed areas by settlers in hard-to-reach villages. Hence, reaching people in hard-to-reach areas requires the establishment of a health care system that caters to the needs of a relatively small population and which delivers essential preventive and curative medical services to the communities served at an affordable and sustainable cost. To this end, primary health care is widely recognized as the most cost-effective way to reach the goal of universal health coverage and address comprehensive health needs close to people's homes

and communities (WHO, 2019). Primary healthcare in Nigeria is grossly inefficient and inadequate to provide quality health services for Nigeria's teeming population. Of the 30,000 primary health care centres across the country, only a measly 20% are functional (Uzochukwu et al., 2015). Demographic indicators highlight the need for a developed, functional and far reaching primary health care System. Extreme poverty and illiteracy rates are high. In 2018, Nigeria attained the unenviable designation of "poverty capital of the year", with 86.9 million Nigerians living in extreme poverty (Quartz, 2018). That represents close to 50% of its entire population. If the current trajectory is unchanged, an estimated 110 million will be living in extreme poverty in Nigeria by the year 2030 (Kharas et al., 2019). The widespread poverty and high level of illiteracy in Nigeria affects their access to quality and healthy nutrition, thereby leaving them susceptible to diseases. Access to basic amenities such as portable water and electricity is low in poor and rural communities while sanitation is poor and open defecation is prevalent. The high and growing rate of extreme poverty coupled with a high level of illiteracy in Nigeria makes the case for an efficient and sustainable primary Health Care System even more urgent. It is projected that developing a functional and sustainable primary health care system in low- and middle-income countries, such as Nigeria, would save at least 60 million lives and increase average life expectancy by 3.7 years by 2030 (WHO, 2019). Nigeria currently has some of the worst health outcomes in the world, due in part to the poor state of primary health care services, which are characterized by a lack of coverage (especially in rural areas), inadequate health facilities and high user fees (Uzochukwu et al., 2015). Also, across PHCs, health workers are untrained and trained workers lack a thorough grasp of the modern concept of PHC (Abdulraheem et al., 2012). The absence of a fully functional primary health care system has

resulted in a large number of people seeking medical services, that should be offered by the primary health care system. Nigeria needs a functional primary health care system in order to forestall the collapse of the already overburdened secondary and tertiary health facilities in the country. The additional burden placed on secondary and tertiary health institutions in Nigeria amplifiers fundamental challenges towards service delivery and stretches beyond limits the merger resources of these underfunded institutions. Hence, failure to develop a functional and sustainable primary health care system in Nigeria portends the collapse of already weak public health system in Nigeria.

Another reality of primary healthcare in Nigeria is that there is a shortage of skilled healthcare personnel in the primary healthcare system. This deficiency is obvious in shortage of various cadres of health personnel and the inability of the primary health care system to meet up the minimum standards of cadre mix as stipulated by the Federal Ministry of health.

Each year, Nigeria loses thousands of children to preventable diseases such as Pneumonia. Nigeria has the highest number of child deaths as a result of Pneumonia. This is even as the disease can be prevented with vaccines, and easily treated with low-cost antibiotics that should be available in primary health centers (UNICEF, 2020). Other health problems such as malaria continue to ravage with an estimated 100 million cases and over 300,000 deaths per year in Nigeria. Malaria contributes to an estimated 11% of maternal mortality. Other common sicknesses that claim lives of Nigerians each year include HIV/AIDS, diaorrhea, cholera, typhoid fever, dengue fever, yellow fever, rabies, and meningococcal meningitis. Many of these diseases can be prevented and managed at the primary health care unit. A

functional and sustainable primary health care system is therefore germane in the reduction of child and maternal mortality and deaths from preventable and common diseases.

2.3. Primary Health Care Financing

The National Health Act was signed into law in the year 2014. A key component of the National Health Act is the establishment of the Basic Health Care Provision Fund (BHCPF), which aims to extend Primary Health Care (PHC) to all Nigerians by substantially increasing the level of financial resources to PHC services (Uzochukwu et al., 2015). The National Health Act aims at providing primary health care facilities much needed operational budgets to improve their overall capacity to provide basic services as primary health centers have historically received little to no operating budget and frequently lack basic amenities, equipment, and drugs to be able to deliver quality services (World Bank, 2018). Under the National Health Act, the BHCPF Funding of the BHCPF would be derived from contributions including: an annual grant from the Federal Government of Nigeria of not less than one per cent (1%) of its Consolidated Revenue Fund (CRF), grants by international donor partners and funds from any other source (FGN, 2016). Other sources of funding include funds from grants received from local or international donors and innovative taxes, while requiring a 25% counterpart funding of PHC projects by States and Local governments as a prerequisite for accessing funds from BHCPF (Uzochukwu et al., 2015). It also provides for how funds committed to the BHCPF would be disbursed: Half of the Fund will be used to provide a basic package of services in PHC facilities through the

National Health Insurance Scheme (NHIS); 45% will be disbursed by the National Primary Health Care Development Agency (NPHCDA) for essential drugs, maintaining PHC facilities, equipment and transportation, and strengthening human resource capacity and the final 5% will be used by the Federal Ministry of Health (FMOH) to respond to health emergencies and epidemics. (Uzochukwu et al., 2015; Downie, 2017). In addition, as a statutory transfer, the BHCPF ensures that funding for PHCs would be safeguarded guaranteeing that any unused funds that arise because of low demand, poor uptake, delays in the release of funds or in the receipt of claims from providers will be rolled-over to next year's fund (World Bank, 2018).

A breakdown of the percentages allocated to NHIS, NPHCDA and the FMOH show that the intent of the BHCPH is to accelerate the improvement of the health of Nigerians. In this regard, part of the funds managed by NHIS (50% of BHCPF) was for the provision of the Basic Minimum Package of Health Services (BMPHS) for Nigeria which shall consist of six (6) interventions; four (4) for Maternal Health, one (1) for Cardiovascular Disease and urinalysis test. Access to BMPHS would be free for all Nigerians. The 45% managed by NPHCDA is broken down into 20% for essential drugs, vaccines & consumables in PHCs, 15% to Provision and Maintenance of Facilities, including equipment and transportation in PHCs and 10% to the development of human resources at the PHCs (FGN 2016). Implementation of allocation of the BHCPF was to begin in rural areas in order to reach the poorest of the poor with essential medical services thus providing greater financial protection to the poorest and sickest households (Hafez, 2018). One major challenge encountered in the implementation of the National Health Act (NHA) has been a lack of funding. The BHCPF has not been funded (Hafez, 2018). Funding for BHCPF, a major

component of NHA, was not part of the 2015, 2016 budget of the Federal Government of Nigeria (Downie, 2017). There is also the lack of detailed data on health spending and resource flows, including the cost and use of health services, needed in planning and advocating for investment into the health sector (World Bank, 2018).

2.4. Public Spending on Health Related Sectors

Nigeria is ranked as a low middle-income economy and its spending on the health sector has not met the 15% stated in the Abuja Declaration by the African Union in 2001 (Downie, 2017). In 2016, Nigeria's annual budget stood at 6.06 trillion naira, with N257 Billion or about 4.13% of the overall budget going to the Health sector (Downie, 2017). In 2018, Nigeria budgeted N340.46bn for health, which was 3.96 per cent of the total estimates for the year (BudgIT, 2019). In 2020, the budget for health stood at N427.3bn or about 4.5 per cent the total yearly estimate (BudgIT, 2020). Out of pocket expenditures account for 75.2 percent of total health expenditure and 25 percent of households spend more than 10 percent of their household consumption on health (Hafez, 2018).

2.5. Impact of Foreign Donations of Primary Health Care

Foreign funds in the form of donations and grants have proved very useful in improving health care outcomes in Nigeria. In fact, the health sector in Nigeria receives the attention of many international donor agencies and governments and is sustained by foreign funds (Downie, 2017). Many interventions supported by foreign donors facilitate the treatment and management of diseases such as Malaria, Tuberculosis (TB) and HIV/AIDS.

Such interventions, running into millions of dollars have provided testing kits, drugs, management training for health workers and policy development. Nigeria's return to democratic civilian rule in 1999 ushered in new partnerships and commitments to growth and development in all aspects of the socioeconomic life of its citizens.

Foreign donations towards improving health outcomes through improvements in the primary health care systems in Nigeria has progressively increased since 2010. Despite this, health outcomes are still unsatisfactory. Maternal mortality is one of the highest in the world at 576 deaths per 100,000 live births; one in eight children die before reaching their fifth birthday; and 25 percent of households spend more than 10 percent of their household consumption on health. Health personnel are grossly inadequate to provide decent primary healthcare. It is common knowledge that most PHCs in Nigeria function with a cadre mix that is far below the minimum mix for standard care. Poor staffing of the primary health care centres is largely blamed on poor funding. Most governments at the local level do not give attention to the staffing of the PHCs facilities and where staff are employed, they are poorly paid, or their salaries are not paid for many months. Such a situation reduces the number of competent persons that would seek employment in the primary health care system rather than private practice or clinics.

2.6. Remedies for Enhancing Primary Healthcare Services

2.6.1. Community Participation

The National Health Policy in Nigeria emphasizes active community engagement in the provision of PHC services in the spirit of the Bamako Initiative of 1987, when Health Ministers from various African nations adopted resolutions for promoting sustainable

primary health care through community participation in financing, maintenance, and monitoring of services. Community participation was institutionalized in Nigeria through the creation of District Development Committee (DDC) and the Village Development Committee (VDC) (World Bank, 2003). There is a large and growing body of evidence (Mike, 2010) that certain types of service delivery are enhanced with the active participation of the communities they serve. As end-users of the services, communities have a stake in ensuring that services are well-provided, and are also well-positioned to monitor the quality of services. With the benefit of local information, they can assess the specific obstacles facing facilities in providing services and they can seek to ensure that facilities have the necessary infrastructure, supplies and staff motivation to provide the services they are supposed to provide. Some of this can be done through volunteer efforts, such as donations for buying supplies, but most of the benefits of community participation can only be harnessed if there are specific mechanisms in place to enable them to do so.

2.6.2. Awareness Creation

There is a need for a national approach to health education/promotion/behavior change. Currently, the unit within the PHC responsible for health promotion needs to be supported and strengthened to discharge her responsibilities effectively. Community-based activities should support increased family participation in their own health care. This should include educating them on what services they should expect from PHC, as well as activities/messages on promotion of healthy lifestyles and prevention and early treatment of common illnesses. Traditional media, such as folk songs and drama shows, are very useful in educating illiterate people, especially rural women, who need a rigorous campaign to utilize effectively the maternal and child health services provided at the PHC centers. Health

information should be available to the public in the communication media they know and use regularly (World Health Organization, 1991). Adequate knowledge and desirable attitudes about health are necessarily accompanied by appropriate practices.

2.6.3. Collaboration with other Agencies

Educational institutions play an important role in the health status of the community, especially in the field of prevention. Teachers can help in the early detection of ill health in students. Students are used as messengers of health to the community. Literacy programmes have been shown to have a great impact on equity-oriented development in rural areas (World Health Organization, 1991). The educational status of the mother plays a pivotal role in the health of the family. As maternal education among rural and nomadic groups is relatively lacking, adult educational programmes would be of great help. The mass media can contribute effectively to the dissemination of health messages to the population at large. The health sector must play a leading role in health supportive public policies. Health activities should be undertaken concurrently with such measures as the improvement of nutrition, particularly that of children and mothers.

2.7. Summary of Literature Review

Primary health care in Nigeria is currently inefficient and is incapable of achieving health related sustainable development goals. Given the low level of government funding of health sector, particularly the PHC system over the years, foreign donations have been increasing and have become essential for the development of a functional and sustainable primary health care in Nigeria. This challenge becomes more urgent against the background of projected declines in foreign donations towards improving healthcare because of a

number of socioeconomic factors. Foreign donations have created two major spillover issues: weakening of commitment to domestic funding and neglect of health system strengthening. Foreign donations cannot be a replacement for increased domestic spending on public health. Increased domestic funding must be made a prerequisite for foreign funds. Increase in domestic funding for health along with the strengthening of the health system in Nigeria will ensure that when donor funds are no longer available, Nigeria's primary health care system would be ready, and able to deliver quality health care to Nigerians

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Research Design

The purpose of this research is to study the impact of primary healthcare in Benin city, Edo State. A survey was used, making use of quantitative method which is structured questionnaire comprising of both open and close ended. This method helped to get detailed information of how the community members are being impacted either positively or negatively by PHC.

3.2. Area of the Study

The research was be conducted in Benin City, Edo State, Nigeria. As the capital of capital of Edo state, it offers an ideal setting to investigate the impact of PHC due to its diverse population and varied healthcare infrastructures. The city mix of urban and rural areas provides an opportunity to explore the impact, challenges and successes of PHC implementation in different context.

3.3. Population of the Study

The population of this research comprises of community members, residents of different communities in Benin City who have accessed or have the potential to access PHC services. There are 502, 700 inhabitants in Egor Local Government Area. This composed the study population.

3.4. Sample Size

The sample size of this research is a community in Egor Local Government Area and a number of 100 respondents were administered a questionnaire.

3.5. Sampling and Sampling Technique

A stratified random sampling approach was employed to select participants within different communities in Benin City. The city was divided into strata based on geographical regions and socio-economic characteristics. Random sampling was conducted within each stratum to ensure a representative sample.

3.6. Instrument for Data Collection

A structured questionnaire was designed to collect quantitative data from community members. The questionnaire assessed healthcare access, disease management, impact and community health perceptions related to PHC services in Benin City.

3.7. Validity of Research Instrument

The research instrument which was the questionnaire, was developed based on a thorough review of existing literature and consultation with the supervisor of the researcher. To ensure content validity, the instruments was reviewed and validated by a panel of research experts.

3.8. Reliability of Research Instrument

To assess the reliability of the research instruments, a pilot study was conducted on a small sample of respondents. The pilot study assessed the clarity of questions and the consistency of responses. Any necessary modifications to the instruments was made based on the pilot study's findings.

3.9. Method of Data Analysis

The data collected through the structured questionnaires were entered into a statistical software program for analysis. Descriptive statistics, such as frequencies and percentages, were used to summarize quantitative data.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

SECTION A: Demographics of Respondents

4.1 Data Analysis

Table 4.1: Age Distribution of Respondents

Age	Frequency	Percentage
18-25	5	5%
26-35	12	12%
36-45	20	20%
46-55	37	37%
55 and above	26	26%
Total	100	100%

Source: Field Work, 2023

The table above shows the age distribution of respondents who took part in this research. 5% were between 18-25 years, 12% were between 26-35 years, 20% were between 36-45 years, 37% were between 46-55 years and 26% were of 56 years and above of age.

Table 4.2: Sex Distribution of Respondents

Gender	Frequency	Percentage
Female	68	68%
Male	32	32%
Total	100	100%

Source: Field work, 2023

Table 4.2 above shows the sex distribution of respondents, of which we took notice or observed that 68% of the respondents were female and 32% were male.

Table 4.3: Distribution of Respondents by Occupation

Occupation	Frequency	Percentage
Employed	78	78%
Unemployed	7	7%
Students	5	5%
Retired	10	10%
Total	100	100%

Source: Field Work, 2023

Table 4.3 above show the occupational distribution of the respondents. 78% of the respondents were employed of which 47% were self-employed and the remaining 31% work either White collar jobs or Blue collar jobs. 7% were unemployed, 5% were students and the remaining 10% were retired.

Table 4.4: Distribution of Respondents by Educational Background

Educational Background	Frequency	Percentage
Primary Education and Below	20	20%
Secondary Education	30	30%
Diploma/ Certificate	20	20%
Bachelor's Degree	30	30%
Master's Degree	-	-
Doctorate Degree	-	-
Total	100	100%

Source: Field Work, 2023

Table 4.4 above describe the educational background of the respondents of which 20% had a primary education, 30% had a secondary education, 20% had technical education and 30% had a bachelor’s degree. None had master’s degree or doctorate degree.

SECTION B: Awareness of Primary Healthcare

Table 4.5: Primary Healthcare Facilities Awareness

Options	Frequency	Percentage
Yes	90	90%
No	10	10%
Total	100	100%

Source: Field Work, 2023

Table 4.5 shows that 90% of the respondents are aware of primary healthcare facilities in Benin-City, of which 62% got to be aware by the local community outreach programs held by the primary healthcare centres while 18% got the awareness through friends and families about primary healthcare centres and 10% got the awareness through primary healthcare workers. The remaining 10% denied knowing about primary healthcare and their centres in Benin-City.

Table 4.6: Information about Primary Healthcare Services

Scale	Frequency	Percentage
Not informed	20	20%
Slightly informed	10	10%
Averagely informed	30	30%
Well informed	40	40%
Total	100	100%

Source: Field Work, 2023

From table 4.6 above, 20% of the respondents affirmed that they were not informed at all about healthcare services. 10% claimed they were slightly informed, 30% were averagely informed and 40% were well informed about the services provided by primary healthcare centres.

SECTION C: Utilization of Primary Healthcare Services

Table 4.7: Usage of Primary Healthcare Services

Options	Frequency	Percentage
Yes	80%	80%
No	20%	20%
Total	100%	100%

Source: Field Work, 2023.

From table 4.7 above, it is evident that 80% of the respondents have made use of the primary healthcare centres in Benin-City while 20% denied using ever using the Healthcare service. Out of the 80% that has used the healthcare service, 30% regularly visit the facilities while 40% occasionally visit the facilities and 10% of them rarely visit centres.

Table 4.8: Reasons for using Primary Healthcare Services

Reasons for using Primary Healthcare Services	Frequency	Percentage
Routine Check-up and screening	21	21%
Treatment of Minor illness or injuries	18	18%
Managing Chronic health conditions	15	15%
Immunization and Vaccination	8	8%
Maternal and Child health Service	10	10%
Family planning and reproductive health	8	8%
Oblivious of the efficiency of primary healthcare services	20	20%
Total	100	100%

Source: Field Work, 2023.

In table 4.8 it was realized that 21% of the respondents who happen to be between the age of 46 and above use primary facilities and centres for their routine checkup and screenings

while 18% use it for minor illness or injuries. 15% make use of the facilities for managing their chronic health conditions. 8% of the correspondents who have children less than 5 years old go to the facilities and make use of the facilities for immunization and vaccination of their children while 10% make use of the facilities for maternal and child health services. 8% use the facilities and services for family planning and reproductive health. The remaining 20% who claim to have never use a primary healthcare services affirmed that it is due to lack of awareness of the service provided, used to local medications and treatments, information and rumors about the poor quality of care and long waiting hours and also lack of trust in the healthcare professionals that work in the centre

Table 4.9: Service Satisfaction

Scale	Frequency	Percentage
1. Very dissatisfied	-	-
2. Dissatisfied	-	-
3. Slightly dissatisfied	70	70%
4. Satisfied	10	10%
5. Very satisfied	-	-
6. Not attended	20	20%
Total	100	100%

Source: Field Work, 2023.

Table 4.9 shows that 70% of the respondents of this study are slightly satisfied with the services provided by the primary healthcare system in Benin-City, while 10% are satisfied with the services provided. 20% of the respondents claimed not to have attended a primary healthcare centre before.

SECTION D: Impact of Primary Healthcare on Health Outcomes.

Table 4.10: Response on the contribution of Primary Healthcare to the overall health status of individuals in Benin-City

Contributions	Frequency	Percentage	Source: Field Work, 2023. From table 4.10
Improved access to preventive care and screening	8	8%	
Timely treatment of illness and injuries	16	16%	
Better management of chronic health conditions	9	9%	
Increased awareness of health and wellness	25	25%	
Enhanced maternal and child care outcome	11	11%	
Effective family planning and reproductive health service	11	11%	
Not sure	20	20%	
Total	100	100%	

above, 8% of the respondents’ response was about improved access to preventive care and screenings, 16% opined that timely treatment of illness and injuries are the contribution of primary healthcare. 9% agreed that better management of chronic health conditions, 25% also affirmed that primary healthcare have increased awareness of health and wellness of individuals in Benin-City. 11% of the respondents who are new mothers and have little children are of the opinion that primary healthcare has enhanced maternal and child health. 11% also confirmed that family planning has been effective so as reproductive health services while 20% are not sure about the services because they have not utilized the services and facilities provided by primary healthcare.

Table 4.11: Response on specific health improvement of individual lives due to utilizing primary healthcare services.

Response	Frequency	Percentage
Improved control of chronic conditions	24	24%
Reduced frequency and severity of illness	6	6%
Better overall physical health and wellbeing	27	27%
Improved mental health and emotional wellbeing	2	2%
Enhanced maternal and child health outcome	10	10%
Positive impact on family planning decision	11	11%
No response	20	20%
Total	100	100%

Source: Field Work, 2023.

Table 4.11 describe the response on the health improvement of individuals due to utilizing the primary healthcare services. 24% of the respondents confirmed that there have been improvement and control mechanism of chronic conditions in the lives of aged individuals, 6% affirmed that there have been reduced frequency severity of illness in the community. 27% confirmed that there have been better overall physical health and wellbeing among individuals. 2% agreed about the improved mental health and emotional wellbeing. 10% enhanced maternal and child health outcome. 11% were positive about the impact of family planning decision and the remaining 20% were not able to give any response because they have not visited any primary healthcare service before and have not seen any improvement in the life of the people using the primary healthcare facilities.

SECTION E: Recommendation for Improvement

Table 4.12: Response on the improvement to effectiveness and accessibility of primary healthcare services in Benin-City.

Response	Frequency	Percentage
Increase the number of primary healthcare facilities in underserved areas	8	8%
Improve healthcare infrastructure and facilities	10	10%
Enhance training and support for healthcare professionals	20	20%
Reduce the cost of healthcare services	1	1%
Implement community-based healthcare outreach programs	11	11%
Raise awareness about importance of primary healthcare services	16	16%
Strengthen health education and preventive care initiatives	10	10%
Improve the efficiency of healthcare services delivery	24	24%
Total	100	100%

Source: Field Work, 2023.

Table 4.12 shows that 8% of the respondents suggested that there should be increase in the number of primary healthcare facilities in underserved areas, 10% opined that there should be improvement in healthcare infrastructures and facilities. 20% said there should be enhanced training and support for healthcare professionals. 1% is of the opinion that if the cost of healthcare services is reduced, it will improve the effectiveness and accessibility of primary healthcare in Benin-City. 11% suggested that community based healthcare outreach programs should be implemented. 16% suggested that awareness about the importance of primary healthcare should be created. 10% opined that health education should be strengthened and preventive care initiatives should be created while 24% suggested that the efficiency of healthcare services delivery should be improved to enhanced effectiveness and accessibility of primary healthcare service in Benin-City.

Response	Frequency	Percentage
Offer incentives or subsidizes for healthcare services	3	3%
Conduct health awareness campaign and educational programs	21	21%
Provides free low cost health screening s and checkups	22	22%
Establish mobile healthcare units to reach remote areas	5	5%
Improve transportation to facilitate access to healthcare facilities	8	8%
Collaboration between community leaders and organizations	19	19%
Strengthen the referral system between primary and specialized healthcare services	11	11%
Introduce telemedicine and digital health solutions to improve accessibility	11	11%
Total	100	100%

Source: Field Work, 2023.

In table 4.13 above, the respondents gave their responses on what government and other organizations can and should do to encourage more people to use the primary healthcare facilities and their services in Benin-City of which 3% suggested that there be incentives and healthcare services should be at a subsidized rate. 21% implied that educational programs and health awareness campaigns should be conducted in various communities. 22% recommended that free or low cost healthcare screenings and checkups should be provided in various communities. 5% established the fact that mobile healthcare unit should be provided to reach remote areas. 8% alluded that government should include improve public transportation to facilitate access to healthcare facilities. 19% proposed that the community leaders and organizations should collaborate to promote healthcare system. 11% opined that

the referral system between primary and specialized healthcare system should be strengthened and the remaining 11% suggested that telemedicine and digital health solutions should be introduced to improve accessibility to primary healthcare facilities.

4.2. Discussion on Findings

This study inspected primary healthcare and its impact on individual lives in Benin City. The findings on this study demonstrated how people's health have been impacted by primary healthcare system. The specific objectives were to evaluate the current status of the primary healthcare system, investigate and assess the impact of primary healthcare on the health status of the population and as well as identify the factors that influences the utilization of primary healthcare services in Benin-city.

The empirical findings of this study shows that majority of the people are aware of primary healthcare services in Benin-City and are utilizing the facilities and services but are not fully satisfied with the quality of the services being provided. Some complain of the insufficient amount of professional health workers (nurses, midwives and doctors) in these facilities and this makes them spend hours waiting to see the available health professionals. This is in line with WHO (2020) who opined that healthcare personnel-in-population ratio of 1.95 per 1000 is too low to effectively deliver essential health services. Others express their opinion about the lack of trust they have in healthcare professionals, they believed that using local methods or visiting medicine men and herbalists works faster while others are of the opinion that the quality of care is very poor as they don't have necessary equipment for emergencies.

It is evident to a great extent that some of the facilities are situated in places that are far away from the rural areas and there is bad road network with high cost of transportation and the poor can't access it. These findings are in line with WHO (2019) who opined that poverty, distance, bad road network and high cost of travelling may limit the desire to seek medical services in urban or more developed areas by settlers in hard-to-reach villages. Also these findings exposed the fact that some people are not aware of the primary healthcare services and their facilities, talk less of utilizing it.

These findings revealed that despite the problems surrounding the primary healthcare services in Benin-city, it has actually impacted the lives of individuals in various communities. In the aspect of managing chronic health conditions of aged community members, increased awareness of individual health and wellness, maternal and child healthcare, family planning and reproductive health, timely treatments of illness and injuries and overall physical, mental and emotional wellbeing. Therefore, primary healthcare services have impacted in the little way it can.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

The chapter deals with the conclusion drawn from the data analysis, the summary of the study and the various recommendations based on findings made.

5.1 Summary of the Study

A general overview of the impact of primary healthcare system in Benin city, Edo State, was been observed as three research questions were raised to guide this study; these were

1. What is the current status of the primary healthcare system in Benin City, Edo State?
2. What is the impact of Primary Health care on the health status of the population in the Benin City?
3. What are the factors that influence the utilization of primary healthcare services in Benin city?

5.2 Summary of the Finding

1. It was discovered that a large number of people are aware of the primary healthcare services and facilities in Benin city.
2. Majority of people utilize these primary healthcare services and facilities for different reasons and only a few expressed their distrust about the services and facilities.
3. It was also discovered that even though a large number of people use the facilities and services, they still are not satisfied with the quality of this facilities and services provided.
4. The primary healthcare system have also impacted in the lives of the community members despite the poor quality of care by increasing awareness of individuals health and awareness a managing of chronic health conditions of age community members.

5.3 Conclusion

This research work having assessed the impact, the primary healthcare system have all the people based in Benin City. Based on the findings, the researcher wishes to conclude that from the healthcare system needs to do more in providing good quality of care to satisfy and motivate the community members to utilize these facilities and services more. Also the professional healthcare workers need to undergo series of training so as to enable the community members build their trust in them.

5.4 Recommendations

In the light of this study, the researcher wishes to recommend the following

1. The government and other organizations need to increase the number of primary healthcare facilities in underserved areas.
2. Raise awareness about the importance of primary healthcare system.
3. Improve the efficiency of healthcare services delivery.
4. Offer incentives or subsidized for healthcare services
5. Conduct health awareness campaign and educational programs
6. Improve public transportation to facility to facilitate access to healthcare facilities for same.
7. Collaborate with community leaders and organizations to promote primary healthcare system.
8. Strengthen the referral system between primary and specialized healthcare services.
9. Introduce telemedicine and digital health solutions to improve accessibility.

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APPENDIX
UNIVERSITY OF BENIN
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QUESTIONNAIRE

INTRODUCTION

Thank you for participating in this research project on the impact of primary healthcare in Benin City. Your insights and experiences are valuable in understanding the effectiveness and significance of primary healthcare services in the region. Please answer the following questions honestly and to the best of your knowledge. Your responses will remain confidential and will be used solely for research purposes.

SECTION A: DEMOGRAPHICS

- Age:
 - 18-25 ()
 - 26-35 ()
 - 36-45 ()
 - 46-55 ()
 - 56 and above ()
- Gender:
 - Male ()
 - Female ()
- Occupation:
 - Employed ()
 - Unemployed ()
 - Student ()
 - Retired ()
- Educational Background:
 - Primary education or below ()
 - Secondary education ()
 - Diploma/Certificate ()
 - Bachelor's degree ()
 - Master's degree ()
 - Doctorate degree ()

Section B: Awareness of Primary Healthcare

1. Are you aware of primary healthcare facilities in Benin City?
 - a. Yes ()
 - b. No ()
2. If yes, how did you become aware of primary healthcare facilities in the city? (Select all that apply)
 - a. Through family or friends ()
 - b. Advertisement ()
 - c. Local community outreach programs ()
 - d. Healthcare professionals ()
 - e. Other (please specify) _____
3. On a scale of 1 to 5, how well-informed are you about the services provided by primary healthcare facilities in Benin City?
 - a. 1 (Not informed at all) ()
 - b. 2 ()
 - c. 3 ()
 - d. 4 ()
 - e. 5 (Very well-informed) ()

Section C: Utilization of Primary Healthcare Services

- iv. Have you ever used primary healthcare services in Benin City?
 - a. Yes ()
 - b. No ()
- v. If yes, how often do you visit a primary healthcare facility?
 - a. Regularly (at least once a month) ()
 - b. Occasionally (every few months) ()
 - c. Rarely (once or twice a year) ()
- vi. What are the primary reasons you use primary healthcare services? (Select all that apply)
 - a. Routine check-ups and screenings ()
 - b. Treatment of minor illnesses or injuries ()
 - c. Managing chronic health conditions ()
 - d. Immunizations and vaccinations ()
 - e. Maternal and child health services ()
 - f. Family planning and reproductive health ()
 - g. Other (please specify) _____
- vii. On a scale of 1 to 5, how satisfied are you with the quality of services provided at primary healthcare facilities in Benin City?
 - a. 1 (Very dissatisfied) ()
 - b. 2 ()
 - c. 3 ()

- d. 4 ()
- e. 5 (Very satisfied) ()

Section D: Impact of Primary Healthcare on Health Outcomes

In your opinion, how has primary healthcare contributed to improving the overall health status of individuals in Benin City?

- a. Improved access to preventive care and screenings ()
- b. Timely treatment of illnesses and injuries ()
- c. Better management of chronic health conditions ()
- d. Increased awareness of health and wellness ()
- e. Enhanced maternal and child health outcomes ()
- f. Effective family planning and reproductive health services ()
- g. Other (please specify)_____

Have you noticed any specific health improvements in your life or the lives of others due to utilizing primary healthcare services? If yes, please describe.

- a. Improved control of chronic conditions (e.g., diabetes, hypertension) ()
- b. Reduced frequency and severity of illnesses ()
- c. Better overall physical health and well-being ()
- d. Improved mental health and emotional well-being ()
- e. Enhanced maternal and child health outcomes (if applicable) ()
- f. Positive impact on family planning decisions (if applicable) ()
- g. Other (please specify)

Section E: Recommendations for Improvement

What improvements do you suggest to enhance the effectiveness and accessibility of primary healthcare services in Benin City?

- a. Increase the number of primary healthcare facilities in underserved areas ()
- b. Improve healthcare infrastructure and facilities ()
- c. Enhance training and support for healthcare professionals ()
- d. Reduce the cost of healthcare services ()
- e. Implement community-based healthcare outreach programs ()
- f. Raise awareness about the importance of primary healthcare ()
- g. Strengthen health education and preventive care initiatives ()
- h. Improve the efficiency of healthcare service delivery ()
- i. Other (please specify)_____

How can the government or other organizations encourage more people to utilize primary healthcare facilities?

- a. Offer incentives or subsidies for healthcare services ()
- b. Conduct health awareness campaigns and educational programs ()
- c. Provide free or low-cost health screenings and check-ups ()
- d. Establish mobile healthcare units to reach remote areas ()
- e. Improve public transportation to facilitate access to healthcare facilities ()
- f. Collaborate with community leaders and organizations to promote primary healthcare ()
- g. Strengthen the referral system between primary and specialized healthcare services ()
- h. Introduce telemedicine and digital health solutions to improve accessibility ()
- i. Other (please specify) _____