



Capacity Development, a Tool for Promoting Efficient Primary Health Care Services Delivery in Obudu Local Government Area, Cross River State, Nigeria

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Authors' contributions

This work was carried out in collaboration among all authors mentioned above. Authors EMU and JAA designed the study, performed the statistical analysis, wrote the protocol, Authors GAO-E and BJN wrote the first draft of the manuscript and managed the analyses of the study. Author IAB managed the literature searches. All authors read and approved the final manuscript.

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ABSTRACT

This study is intended to investigate the role of Capacity development in promoting efficient primary health care services delivery in Obudu Local Government Area, Cross River State, Nigeria. To achieve the purpose of this study, the researchers set out basic structures for the study and three research objectives were identified and three research questions were framed which resulted in three hypothesis. A well designed questionnaire was prepared, one hundred and thirty (130) copies printed and distributed to Primary Health Care workers in the Local Government for completion. One hundred and twenty (120) copies (of the questionnaire) were returned, representing 92% success, while ten (10) copies were destroyed for want of information and poor

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completion. The one hundred and twenty (120) copies were used for analysis. The data were extracted from the questionnaire and arranged in tables to ease analysis. The result revealed that; capacity development will result in the development of sustainable skills among Primary health care workers in Obudu Local Government Area, Cross River State; capacity development can bring about efficient health services delivery at the Primary health care level and serve as a means of motivating Primary health care workers in Obudu Local Government Area, Cross River State. The study recommended that; Capacity development should be promoted to sustain skills among Primary health care workers, Primary health care workers should be encourage to attend professional development seminars and incentives should be provided to motivate them to attend workshops and certificates issued from such workshops should be used as bases for promotion. It is hope that this will bring about tremendous changes in services delivery at the Primary Health Care level in the Local Government.

Keywords: Capacity development; tool; promoting; efficient health care services delivery.

1. INTRODUCTION

Capacity development has its roots in a range of disciplines which in the 1970s flew the flag for empowerment in such areas like, community development, international aid and development, public health and education [1]. Although these traditions are somewhat inter-related and have, to varying degrees, been concerned with developing healthy communities, it is perhaps not surprising that capacity development as a term has been conceptualized in a diverse range of ways and is associated with a plethora of meanings [2].

According to the National Human Resources for [3] the overall aim of capacity development in health sector is to ensure that adequate numbers of skilled and well-motivated health workforce are available and equitably distributed to provide quality health services. It includes both immediate actions and longer-term processes for achieving six key strategic Human Resources for Health policy objectives, namely:

1. Provide a framework for objective analysis, implementation and monitoring of measures aimed at addressing the Human Resources for Health crisis in the country.
2. Rationalise and align supply of health workforce to the priorities of the health sector.
3. Apply best practices of human resource for health management and development that promote equitable distribution and retention of the right quality and quantity of health human resource to ensure universal access to quality health services.
4. Institutionalise performance incentives and management systems that recognize hard

work and service in deprived and unpopular locations.

5. Foster collaboration among public sector, non-governmental providers of health services and other Human Resources for Health stakeholders.
6. Strengthen the institutional framework for human resources management practices in the health sector.

[4] World Health Organization (2006) defines capacity development for health as the available number of persons who promote and preserve health as well as those who diagnose and treat diseases. These include health management and support personnel who assist to make the health system function but who do not provide health services directly. Capacity development is often viewed as the 'invisible work' of health promotion as it is the 'behind the scenes' efforts by practitioners that increases the likelihood that effective health promotion programmes will be sustained. It is an approach to 'the development of sustainable skills, structures, resources and commitment to improvement in health and other sectors to prolong and multiply health gains.

[5] define capacity development as the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time. It is about supporting growth – within individuals, groups and across societies at large. It can be viewed from three distinct but related perspectives:

1. Individual: the skills and knowledge vested in individuals, communities and groups.
2. Organizational: the internal policies, systems and strategies that enable an organization to operate and to achieve its goals.

3. Enabling environment: the wider society within which individuals and organizations function.

However, capacity development in primary health care will focus on different factors that play important role in organizational setup to ensure effective provision of health services at the primary health care level. Individuals can adequately develop themselves and this can be achieved through various National and State institutions and agencies responsible for human resource development. This study therefore seek to investigate capacity development, a tool for efficient primary health care services delivery in Obudu local government area, Cross River State, Nigeria.

1.1 Statement of the Problem

The workforce of any organization determines its outputs and outcomes, which in turn drives the systems performance. The major challenge in Nigeria health sector particularly at the Primary health care level is how to ensure availability and retention of adequate and competent human resources to provide health care in areas where their services are needed. This challenge is further complicated by many disease burden such as global changes in health trends, shifts in health needs and demands, declining resources and changes in global economic, affected by the Pandemic disease (Covid-19).

Health personnel are the drivers of the health system. Health personnel are necessary to improve health outcomes, guide identification of health problems and population needs, inform planning and design of health interventions to address public health problems, guide decision making during allocation of scarce resources, and provide opportunity for monitoring and evaluating progress towards achievement of health goals. Most Health professionals do not see capacity development as a means of improving on their services which will in turn have positive effect on the services rendered at the health facility to patients. They believe in the knowledge acquired during their initial training at the entry point into the system. Thus, effort to influence them to attain workshops or further studies which are not back by financial gains becomes a problem as the willingness of the professionals to imbibe the culture of development is not considered. Once they have secured a job, re-training becomes secondary, as their effort will now be geared towards consolidating their job.

1.2 Objective of the Study

The objectives of this study is to investigate;

1. Whether capacity development will result in sustainable skills among Primary health care workers in Obudu Local Government Area, Cross River State.
2. To find out whether capacity development is a means of improving efficient health services delivery among Primary health care workers in Obudu Local Government Area, Cross River State.
3. To confirm if capacity development is a means of motivating Primary health care workers in Obudu Local Government Area, Cross River State.

1.3 Research Questions

The following research questions were framed for the purpose of the study.

1. Does capacity development results in sustainable skills among Primary health care workers in Obudu Local Government Area, Cross River State?
2. Does capacity development serve as a means of improving efficient health services delivery in Primary health care in Obudu Local Government Area, Cross River State?
3. Does capacity development serve as a means of motivating Primary health care workers in Obudu Local Government Area, Cross River State?

1.4 Research Hypothesis

1. Capacity development does not results in sustainable skills among Primary health care workers in Obudu Local Government Area, Cross River State.
2. Capacity development cannot serve as a means of improving efficient health services delivery in Primary health care in Obudu Local Government Area, Cross River State.
3. Capacity development cannot serve as a means of motivating Primary health care workers in Obudu Local Government Area, Cross River State.

1.5 Conceptual Framework

Capacity development is a concept which is based on enabling—individuals, organizations, systems—for positive changes, strengthening their capacities to perform effectively in solving

problems. This concept is associated with the definition of health promotion in the Ottawa Charter, which integrates values associated with participation, knowledge exchange, ownership, equity, and sustainability [6]. It goes from individual to organizational, community, national, and international levels. It is understood by different approaches, mainly concerning the interventions that can be invested in providing material aid or training skills. The main debates centre on whether some of the interventions are caring about strengthening the system or whether they are more systemic and sustainable dealing with building local and national infrastructures. Capacity development rests on the notion that change is the norm, because capacity depends on the ability to adapt to change [7].

[8] Opined that capacity development goes beyond simple training or providing technical assistance, but a foundational strategy outlined in the Ottawa Charter for Health Promotion. Capacity development from the health approach can also be seen as ‘the development of sustainable skills, structures, resources and commitment to health improvement and other sectors to prolong and multiply health gains. [6] saw capacity development, as conceptual approach to development that focuses on understanding the obstacles that inhibit people, governments, international organizations and nongovernmental organizations from realizing their development goals while enhancing the abilities that will allow them to achieve measurable and sustainable results.

[9] Observed that, capacity development is based on the development of sustainable skills, resources, and structures. The capacity of a program is sustained when its effects are multiplied through the work of a network of organizations. It can be seen as both a determinant of sustainability and an outcome of it, which has additional domains relevant to sustainability and endure over time, multi-level focus, and improved health/concrete outcomes. [10] also opined that Capacity development is a perspective that ‘promote development of sustainable skills, structures, resources and commitment to improvement in health and other sectors to prolong and multiply health gains. A focus on capacity development will increase the likelihood that other people and organisations within health and other sectors will also be able to promote health. This will multiply health gains many times over. Highly skilled physicians,

nurses, administrators, and ancillary staff are critical to producing high-quality outcomes and effective quality improvement hence institutional growth [11].

2. METHODOLOGY

2.1 Study Design

This study adopted survey design in the course of the investigation. Survey design was chosen based on the fact that, the study is intended to gather information about the relationship that exist between the variables and the research problems under investigation. The population of the study was all practicing primary health care professionals/ workers in Obudu Local Government Area, Cross River State, Nigeria who were available as at the time the study was conducted. The health workers includes; Community Health workers (CHEWs and JCHEWS), Pharmacy Technicians, Health Information Managers, Medical Laboratory Assistants, Radiographers among others. Data from Monitoring and Evaluation unit in Obudu revealed that the Local Government has ten (10) health wards with about 260 health workers. The researchers decided to used one hundred and twenty (120) subjects for the study.

Table 1. Names of wards in obudu local Government

S/N	Name of the Wards
1	Obudu urban 1
2	Obudu urban 2
3	Alege / Ubang
4	Angiaba/ Begiaka
5	Begianding
6	Ipong
7	Ukpe
8	Utugwang central
9	Utugwang North
10	Utugwang South

Source: monitoring and evaluation unit, Obudu

Purposive Sampling technique was adopted for the selection of the health facilities and subjects. Pieces of papers bearing “YES” and “NO” were folded and place in a container and representatives from the various health facilities in each of the health Wards were directed to pick. Health facilities whose representatives picked “YES” were used for the study, while those who picked “NO” could not be used. The same

procedure was adopted in the selection of subjects for the study.

Table 2. Actual sampling

S/N	Name of the Wards
1	Obudu urban 1 X
2	Obudu urban 2
3	Alege / Ubang X
4	Angiaba/ Begiaka
5	Begiinding X
6	Ipong X
7	Ukpe
8	Utugwang central X
9	Utugwang North X
10	Utugwang South

Source: questionnaire

Table 3, above shows the respondents that were drawn from the sampled wards. Obudu urban 1 has five health facilities (Comprehensive health centre, inclusive), is located in the urban, with more manpower than other health facilities, forty - five (45) respondents was drawn; Alege/Obang ward has two (2) health facilities, located in the rural area and with scanty settlement, fifteen (15) respondents was drawn; Begiinding and Ipong wards have 4 health facilities each, with more population than Alege/ Obang was allocated 20 respondents each; Utugwang Central ward and Utugwang North with 3 health facilities each; has 15 respondents each. The discrepancy in sampling and allocation of respondents to the health facilities was based on the available staff in each health facility which could not permit uniformity. The total number of subjects used for the study was one hundred and thirty (130) health workers selected from the twenty one health facilities in the study area.

The instrument used for the selection of the subjects for the study was a questionnaire titled, "Capacity development: A tool for promoting efficient primary health care services delivery in Obudu Local Government Area, Cross River State, Nigeria". A well designed questionnaire was prepared for the study with 21 items questions. The questionnaire was divided into two sections: Section A consists of questions which seek to investigate the demographic data of the respondents, while section B, consists of questionnaire items on the subject matter of the study. Before the questionnaire were distributed to the subjects, the researchers held a meeting with the subjects to discussed the purpose of the study and explain some of the questions that they (subjects) did not understand. The essence

of this meeting was to prevent wastage and poorly completion of questions. One hundred and thirty (130) copies of the questionnaire were distributed to the subjects for completion. One hundred and twenty (120) copies of the questionnaire were collected back, while 10 copies were destroyed for want of information and poor completion (of the questionnaire), representing 92% returning success rate. The items of the questionnaire were validated by the researchers to ensure that items covers the area of the study and are accurate. The test-retest method was used in ensuring the reliability of the instrument. This was achieve by administering the instrument to twenty (20) subjects in some of the health centres that were not engaged in the study. The questionnaire were retrieved, coded and scored. The two sets of the instrument were subjected to Correlation coefficient analysis to determine the test – retest reliability estimate of the scale. This was done prior to the actual research work. The result was 0.87 (high relationship).

3. RESULTS

3.1 Null Hypothesis One

H₀: Capacity development cannot results in sustainable skills among Primary health care workers in Obudu Local Government Area, Cross River State, Nigeria.

H₁: Capacity development can results in sustainable skills among Primary health care workers in Obudu Local Government Area, Cross River State, Nigeria.

Decision rule: Since the calculated value 8 is higher than the table value 3.84, H₀ is therefore rejected and H₁ accepted. This implies that capacity development can results in sustainable skills among Primary health care workers in Obudu Local Government Area, Cross River State, Nigeria.

3.2 Null Hypothesis Two

H₀: Capacity development cannot serve as a means of improving efficient health services in Primary health care in Obudu Local Government Area, Cross River State.

H₁: Capacity development can serve as a means of improving efficient health services in Primary health care in Obudu Local Government Area, Cross River State, Nigeria.

Table 3. Sample population from the Wards/Health facilities

S/N	Name of the Wards	No. of Available Health Centres	No. of Respondents
1	Obudu urban 1	5	45
2	Alege/ Obang	2	15
3	Begianding	4	20
4	Ipong	4	20
8	Utugwang central	3	15
9	Utugwang North	3	15
Total		21	130

Source: questionnaire

Table 4. Observed (O) and (E) expected frequency for Hypothesis one

Variables	Yes (E)	No (E)	Total
Capacity development can result in sustainable skills	10 (15)	10 (5)	20
Capacity development cannot result in sustainable skills	80 (75)	20 (25)	100
Total	90 (90)	30 (30)	120

Source: questionnaire, Level of significance at 0.05 = 3.84

$$\begin{aligned}
 X^2 &= \frac{(10-15)^2}{15} + \frac{(80-75)^2}{75} + \frac{(10-5)^2}{5} + \frac{(20-25)^2}{25} \\
 &= \frac{(-5)^2}{15} + \frac{(5)^2}{75} + \frac{(5)^2}{5} + \frac{(-5)^2}{25} \\
 &= 1.67 + 0.33 + 5 + 1 \\
 &= 8 \text{ calculated value}
 \end{aligned}$$

Table 5. Observed (O) and (E) expected frequency table in relation hypothesis two

Variables	Yes (E)	No (E)	Total
Capacity development cannot serve as a means of improving efficient health services delivery	10 (21)	20 (9)	30
Capacity development can serve as a means of improving efficient health services delivery	75 (64)	15 (26)	90
Total	85 (85)	35 (35)	120

Source: Questionnaire, Level of significance at 0.05 = 3.84

$$\begin{aligned}
 X^2 &= \frac{(10-21)^2}{21} + \frac{(75-64)^2}{64} + \frac{(20-9)^2}{9} + \frac{(15-26)^2}{26} \\
 &= \frac{(-11)^2}{21} + \frac{(11)^2}{64} + \frac{(11)^2}{9} + \frac{(-11)^2}{26} \\
 &= 5.76 + 1.89 + 13.44 + 4.65 \\
 &= 25.74 \text{ calculated value}
 \end{aligned}$$

Decision rule: The calculated value 25.74 was higher than the table value 3.84, H_0 is therefore rejected and H_1 accepted. This implies that, capacity development can serve as a means of improving efficient health services delivery in Primary health care in Obudu Local Government Area, Cross River State, Nigeria.

3.3 Null Hypothesis Three

H_0 : Capacity development is not a means of motivating Primary health care workers towards efficient health services delivery in Obudu Local Government Area, Cross River State, Nigeria.

H₁: Capacity development is a means of motivating Primary health care workers towards efficient health services delivery in Obudu Local Government Area, Cross River State, Nigeria.

ten (10) copies representing 8% were destroyed for want of information and poor completion. The one hundred and twenty (120) copies were used for analysis.

3.4 Decision Rule

Since the calculated value 8 is higher than the table value 3.84, H₀ is therefore rejected and H₁ accepted. This implies that, Capacity development is a means of motivating Primary health care workers towards efficient health services delivery in Obudu Local Government Area, Cross River State, Nigeria.

The result of hypothesis one shows that the calculated value 8 was greater than the table value 3.84. The Null hypothesis was rejected and the alternate hypothesis accepted. This implies that there is relationship between Capacity development and sustainability of skills among Primary health care workers in Obudu Local Government Area, Cross River State, Nigeria. The result of hypothesis one is in line with [9] assertion that, capacity development leads to enhanced outcomes, and sustainable skills among health professionals. This was further stressed by [12] that capacity building is the behind the scenes efforts by practitioners to develop sustainable skills that increases and ensure effective health promotion programs.

4. DISCUSSION

This study is intended to investigate the role of Capacity development in promoting efficient primary health care services delivery in Obudu Local Government Area, Cross River State, Nigeria. To achieve the purpose of this study, the researchers set out basic structures for the study and three research objectives were identified and three research questions were framed which resulted in three hypothesis. The researchers carried out extensive literature review to have understanding of what other authors have said in relation to the problem under study. A well designed questionnaire was prepared, one hundred and thirty (130) copies printed and distributed to Primary Health Care workers in the Local Government for completion. One hundred and twenty (120) copies (of the questionnaire) were returned, representing 92% success, while

Hypothesis two was to test whether Capacity development can serve as a means of improving efficient health services in Primary health care in Obudu Local Government Area, Cross River State, Nigeria. The result of the hypothesis shows that, the calculated value 25.74 was higher than the table value 3.84. The Null hypothesis was rejected and the alternate hypothesis accepted. This shows that, Capacity development can serve as a means of improving efficient health services delivery in Primary health care in Obudu Local Government Area, Cross River State, Nigeria.

Table 6. Observed (O) and (E) expected frequency table in relation to hypothesis three

Variables	Yes (E)	No (E)	Total
Capacity development is not a means of motivating Primary health care workers towards efficient health services delivery.	20 (25)	10 (5)	30
Capacity development is a means of motivating Primary health care workers towards efficient health services delivery.	80 (75)	10 (15)	90
Total	100 (100)	20 (20)	120

Source: questionnaire

$$\begin{aligned}
 \chi^2 &= \frac{(10-21)^2}{21} + \frac{(75-64)^2}{64} + \frac{(10-5)^2}{5} + \frac{(10-15)^2}{15} \\
 &= \frac{(-5)^2}{21} + \frac{(5)^2}{64} + \frac{(5)^2}{5} + \frac{(-5)^2}{15} \\
 &= 1 + 0.33 + 5 + 1.67 \\
 &= 8 \text{ calculated value}
 \end{aligned}$$

This result tends to be in line with [13] who said capacity development contributes to the provision of structures, resources and commitment to health improvement. Health Reform Foundation of Nigeria [14] also maintained that building on capacity of an organisation is to bring about improvement in efficiency in services delivery in health care.

The result of hypothesis three revealed that, the calculated value 8.67 was greater than the table value 3.84. So the Null hypothesis was rejected and the alternate hypothesis accepted. That is, Capacity development is a means of motivating Primary health care workers towards efficient health services delivery in Obudu Local Government Area, Cross River State, Nigeria.

The above result however, shows a relationship with [15] assertion that building on capacity requires action from within organisations as well as developing strategies that will motivate their work force in the organisation to have a powerful means for effecting change. This study revealed that capacity building sustain skills, enable staff at Primary health care level to improve on their services delivery to patients, and as well as motivate health professionals to be effective and efficient in services delivery to clients at all levels of health care [16].

5. CONCLUSION

This study was carried out to investigate effectiveness of capacity development in promoting efficient health services delivery in Primary health care, Obudu Local Government Area, Cross River State. Three research questions were framed which gave rise to three hypotheses. The result of the study revealed that: Capacity building can result in the development of sustainable skills among Health Professionals at the Primary health care; it can serve as a means of improving efficient health services delivery (at the Primary health care level) and as a means of motivating health professionals at the Primary health care in Obudu Local Government Area, Cross River State, Nigeria.

6. RECOMMENDATIONS

Capacity development should be promoted to sustain skills among Primary health care professionals, Primary health care professionals should be encourage to attend professional development seminars and incentives should be

provided to motivate them to attend workshops. Certificates issued from such workshops should be used as bases for promotion.

CONSENT AND ETHICAL APPROVAL

Approval was sought and granted by the health professionals at the various health centres. The purpose of the study was explained to each respondent and both verbal and written consent were obtained from respondents prior to the time the questionnaire were to be administered. Confidentiality was ensured by not asking the respondents to write their names on the questionnaire and completed questionnaires were preserved to prevent unauthorized access by people who were not part of the research team.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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