



Influence of primary health care facilitating strategies on realization of health for all in Okene local government area, Kogi State, Nigeria

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ABSTRACT

This study examined the influence of primary health care facilitating strategies on realization of health for all in Okene Local Government Area, Kogi State. The study adopted a descriptive research design of survey type. The study population involves all health workers and members of health facilities in Okene Local Government Area, Kogi State, Nigeria. Multi-stage sampling procedure was used to select 280 respondents for the study. Researcher's structured and adequately validated questionnaire was used for data collection. The reliability was established with use of test re-test method in which correlation coefficient of 0.82 was obtained using Pearson Product Moment Correlation. The data collected were analyzed using chi-square (χ^2) statistics at 0.05 alpha level. The findings revealed that adoption of cohesive team approach, community mobilization strategy, health advocacy initiative and intersectoral collaboration in implementation of primary health care have much influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria. The study concluded that discreet adoption and application of primary health care facilitating strategies will greatly influence attainment of health for all in Okene Local Government Area, Kogi State. It is recommended that government should constitute formidable health team to strengthen monitoring and evaluation of performances of health and health related programmes.

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Introduction

Primary health care has been constitutionally devoluted to local government authority which is known as grassroots government. It is a health care delivery approach aimed at provision of all encompassing health services based heavily on preventive care. According to World Health Organization (WHO) and United Nation International Children Emergency Fund (UNICEF, 1978) "primary health care is an essential health services based on practical, scientifically sound and socially acceptable method, technology made university accessible to individual and family within the community, at the cost that community and country can afford to maintain at every stage of our development, in the spirit of self reliance and self determination".

Primary health care forms an integral aspect of a country health system. It is designed to bring health services closer to the people in the rural areas. It has been realized by health planners and programme implementors that primary health care cannot be implemented in isolation. This has led to adoption of some basic indicators such as cohesive health team, situation analysis, community diagnosis, community mobilization, intersectoral collaboration as instrument of executing all the component services and intervention programmes.

In an effort to ensure smooth implementation of PHC for sustainable development and health for all by the year 2000 and beyond, the tools mentioned above were adopted as strategies for implementing PHC. Baba (2007) stated that primary health care facilitators are group of people saddled with responsibilities of ensuring effective and smooth implementation of primary health care component services through application of different PHC strategies. The primary health care facilitating strategies or indicators commonly employed are cohesive team approach, community mobilization, situation analysis, advocacy initiatives, community diagnosis, intersectoral collaboration and so on.

The implementation of primary health care is a joint responsibilities of the government and people within the designated communities. There are various devices adopted and employed for ensuring effective realization of primary health care delivery objectives (United Nations Agency for International Development (USAID), 2014). Baba (2007) reiterated that the delivery of health care services to the people within the community entails unique and several processes of mutual efforts of the professional health care providers such as doctors, nurses, community health practitioners, pharmacy technicians, medical record officers, nutritionists and members of health committees in the community.

The implementation of primary health care component services rest squarely on polyvalently trained and skilled health care providers in different areas of specializations. Baba (2007) opined that health team is a constituted body of experts or personnel charged with the responsibility of rendering health services aimed at achieving optimum level of health for the entire community through diffusion of skills to that effect.

The essence of formidable health team is to ensure cohesiveness and sustainable approach to health care delivery system within a given population. Kekki (1990) and National Primary Health Care Development Agency (2012) observed that a cohesive health team approach has been an effective tool for achieving sustainable health development through integration of services delivery. A cohesive health team consists of medical doctors, community health practitioners, public health nurses, environmental health cadres, nutritionists dieticians, pharmacists/pharmacy technicians, health educators, health attendants, drivers and so on. A cohesive health team approach assists health care providers to engender cooperative team effort and community support for effective health care delivery services.

Bashir (2007) noted that irrespective of position or status in the community, application of teamwork or cohesive team approach will ensure effective attainment of stated organization goals. Kekki (1990) asserted that teamwork is essential to the effective delivery of primary health care due to the fact that rendering services to those who need them requires shared utilization of knowledge and skills of various professional groups. Pan-America Health Organization and; World Health Organization (2019) noted that cohesive team spirit which often engender joint partnership in programme implementation is one of the most important facilitating strategies for attainment of stated health goal.

Primary health care services cannot be single handedly implemented by health care providers without full participation of people in the community. The level of involvement of people at every stage of primary health care implementation often determine success rate for the programme. Oyegbite (2002) noted that communities rarely participate in health care decision-making as witnessed today because facilities are located inconveniently to the population they suppose to serve. Some of the facilities are completed but cannot be put into use or are in use but not adequately equipped and patronized. Abdulraheem, Oladipupo and Amodu (2012); and United State Agency for International Development (2017) observed that it is almost universally acknowledged by national and international health planners that community participation is the key to successful implementation of primary health care (PHC).

Community mobilization for active participation can be ensure through regular health campaign and health education as well as involving various health and health related committee in such exercise. Kuti, Sorungbe, Oyegbite and Bamisaiye (2002); Howard-Grabman and Snetro (2017) tacitly submitted that full community participation can be achieved by arousing their interest through mounting of meaningful and heavy campaign on health promotive activities. ARC (2019) remarked that community mobilization for active participation enable programme coordinator to tap from numerous experiences of people in the community for effective implementation of health intervention programmes.

The application of health advocacy initiatives will definitely contribute to effective implementation of primary health care if discreetly apply and fully supported by the stakeholders within the community. It is an eye-opener for the stakeholders and beneficiaries of health and health related programmes designed for realization of optimal level of health for the people. Baba (2007) observed that advocacy is the process of soliciting support and convincing the stakeholders/policy makers on the values inherent in an on-going or intervention programmes and other health services rendered to the people within the community. Abdulraheem, Oladipupo and Amodu (2012); Baba (2007) reiterated that discreet application of advocacy has really assisted in improving people's health, increasing their socio-economic benefits as well as political will of the government.

The implementation of primary health care component services demand cooperative effort of both professionals and input from other related sectors of public service. This can be achieved through setting up of intersectoral technical sub-committee of local government area primary health care committee including representative from education, agriculture, community development, ministry of environment and so on. Djoeke, Lidwien, Marieke, Heather, Nella, Edit, Peter, Michela and Ingrid (2020) stated that intersectoral collaboration for realization of health care delivery objectives is a mutual relationship between two or more sectors formed to ensure effective implementation of health action plans or desired health outcome. Hegazy, Formana and Qureshi (1992); and Sam, Laura and Tonya (2018) empathically stressed that collaboration in primary health care focuses on how to create conditions for health care providers every where to work together in the most effective and efficient way with the aim of producing the best health outcomes. Malongo; Susan, Tabitha, Veneranda, Elizabeth, Benjamin, Robert, Kijakazi and Leonard (2015); Audrey (2011) posited that intersectoral collaboration usually achieve speedy implementation of programmes and realization of policy goals. It is a strategies consisting of joint efforts of different sectors of our economy directed towards mobilizing resources for viable health development.

Primary health care encourages joint partnership and collaboration in the provision of component services aimed at realization of health for all by year 2000 and beyond. This is reason why different sectors and establishment come together to provide unique services relating to health needs of the people at the grassroots United State Agency for International Development (2014) stated that intersectoral collaboration is a strategy frequently used by policy makers and executors to eliminate policy implementation barriers and multiply the chances and opportunities to effectively implement programmes.

In order to ensure sustainable health development and effective implementation of primary health care at the grassroot, an objective study of socio-demographic characteristics, health needs and political will of both people and government need to be sought. Kuti et.al. (2002) posited that community diagnosis otherwise known as baseline survey is a comprehensive survey carried out to determine the major health problems in the community. It delves into health needs and pattern of illnesses within a geographical location. Baba (2007) emphatically stressed that community diagnosis serves as viable evaluative tools that have contributed greatly to effective implementation of primary health care in Nigeria. It ensure judicious utilization of health facilities, drugs and equipment.

Statement of the Problem

The implementation of primary health care cannot be done in isolation. It demands joint efforts and cooperation of stakeholders through application of different strategies. Most of the component services of primary health care were poorly implemented mainly because relevant techniques were not adequately utilized. The implementation of component services like water supply and rural sanitation, drug revolving scheme, adequate food supply and basic nutrition and so on in Okene Local Government were not effectively implemented due to inadequate awareness and involvement of stakeholders at every stage of the programme.

In addition to this, the implementation of most of intervention programmes at the grassroot failed to yield positive result due to insufficient input from the target population. These scenarios led to the adoption and application of some facilitating strategies in implementation of the primary health care vertical integrated programmes such as adequate water supply and basic sanitation, adequate food supply and basic nutrition, immunization against preventable diseases and so on.

It has been observed by the researcher from the field posting and experience that primary health care recorded set back due largely to ineffective application of some strategies that facilitates smooth implementation of the component services. The primary health care facilitating strategies commonly adopted in implementation of the component services are cohesive health team approach, situational analysis, intersectoral collaboration, advocacy and community diagnosis.

The adoption and application of primary health care facilitating strategies by health care providers for facilitating the provision of health services were not adequately employed and in most aspects while most of the cases, the services only helped in increasing service coverage. This situation has created research gap for which this study actually filled.

Research Questions

In carrying out this study, the following research questions were raised.

- Will adoption of cohesive health team approach in implementation of primary health care have any influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria?
- Will adoption of community mobilization strategy in implementation of primary health care have any influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria?
- Will adoption of advocacy strategy in implementation of primary health care have any influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria?
- Will adoption of intersectoral collaboration in implementation of primary health care have any influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria?

Research Hypotheses

This study was carried out with use of the following research hypotheses:

- The adoption of cohesive health team approach in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.
- The adoption of community mobilization strategy in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.
- The adoption of advocacy strategy in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.
- The adoption of intersectoral collaboration in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.

Methodology

The study adopted descriptive research design of survey type. The population of study comprises of all the beneficiaries of primary health care services within Okene Local Government Area, Kogi State, Nigeria. A multi-stage sampling techniques was used to select two hundred and eighty (280) respondents used for the study. A stratified sampling technique was used to classify the local government into eleven (11) wards comprising of Orietesu, Otutu, Idoju, Badoko, Onyukoko, Bariki, Lafia/Obessa, Okeneba/Ajassa/Upogoro, Ozuja/Abuga, Obehira and Odenku wards. A proportionate sampling technique was used to select twenty two (22) health facilities out of existing fifty six (56) public health facilities. Thereafter a purposive random sampling technique was used to select sixteen (16) local health team members, twelve health facilities members from each of the chosen twenty two (22) health centres within Okene Local Government Area, Kogi State, Nigeria.

The main instrument used for the study was researcher structure questionnaire. The questionnaire was adequately validated by experts from the field of Epidemiology and Community and; Health Promotion and Environmental Health Education, University of Ilorin, Nigeria. The reliability of the research instrument was established through test re-test method. A reliability coefficient of correlation of 0.82r was obtained. The data collected were analyzed with the use of chi-square (χ^2) statistical method at 0.05 alpha level of significance. The result of data analysis of tested hypotheses were tabulated below:

Results

The data collected were coded and analyzed with the use of inferential statistics of chi-square (χ^2) at 0.05 alpha level of significance on each of the hypotheses formulated.

Hypothesis 1: The adoption of cohesive health team approach in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State.

Table 1: Shows Chi-square analysis on influence of cohesive health team on realization of health for all in Okene LGA, Kogi State, Nigeria.

S/N	ITEMS	SA	A	D	SD	RT	Df	Cal. Value	Crit. Value	Dec.
1.	The joint services rendered by health team ensure optimum health of people at the grassroots	32 (11.43%)	208 (74.29%)	34 (12.14%)	6 (2.14%)	280				
2.	The activities of the health team also ensure identification of community health needs and methods of achieving health for all the people at the grassroots.	30 (10.71%)	210 (75.0%)	23 (8.21%)	17 (6.07%)	280				
3.	Health team often help in installing needed infrastructural facilities in the community in the joint partnership with the relevant agencies.	22 (7.86%)	220 (78.57%)	18 (6.43%)	20 (7.14%)	280		26.71	16.92	Hypothesis Rejected
4.	Health team help in implementation of intervention programmes such as guinea worm eradication programme, kick polio, rollback malaria and so on	40 (14.29%)	218 (77.86%)	14 (5.0%)	8 (2.85%)	280	9			
Total		124	856	89	51	1120				

Table one (1) above revealed that 240(85.71%) of the respondents agreed that there are enough health care providers rendering health services in the community health centre. Also, 240(85.71%) of respondents agreed that charges leveled to patients for services rendered in the health centres are relatively low. A total of 242(86.43%) of respondents confirmed that health centres within the community offer different types of health services to people. The result of analysis of item 4 in table 1 above shows that 258(92.14%) of respondents agreed that joint integrated services rendered by the health workers have assisted in diseases reduction within the community while 22(7.86%) disagreed with the statement.

The result of analysis of tested hypothesis one (1) revealed calculated chi-square (χ^2) value of 26.71 against the critical value of 16.92 with degree of freedom of 9 at 0.05 alpha level of significance. Since the calculated value is greater than critical value, the above stated hypothesis is hereby rejected. This means that application of cohesive team approach to implementation of primary health care services has much influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.

Hypothesis 2: The adoption of community mobilization strategy in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State.

Table 2: Shows Chi-square (x^2) analysis on influence of community mobilization strategy on realization of health for all.

S/N	ITEMS	SA	A	D	SD	RT	Df	Cal. Value	Crit. Value	Dec.	
1.	The activities of health facilities committees at the village and community levels have assisted in realizing primary health care goal of health for all in Okene local government area.	43 (15.36%)	207 (73.92%)	18 (6.43%)	12 (4.29%)	280					
2.	Health workers involve community people in the joint provision of health care services within the communities in Okene local government area, Kogi State.	20 (7.14%)	230 (82.14%)	20 (7.14%)	10 (3.57%)	280					
3.	The people in Okene local government area participate actively in the implementation of all the intervention programmes such as eradication of diseases provision of drinkable water, environment sanitation exercise, and so on.	39 (13.93%)	200 (71.43%)	32 (11.43%)	09 (3.24%)	280		43.50	16.92	Hypothesis Rejected	
4.	People are mobilized by the health facility committees within the Okene local government to support health care providers to implement communal self-help projects like digging of bore-hole, building of health facilities, building to toilets and so on.	20 (7.14%)	220 (78.57%)	12 (4.29%)	28 (10%)	280					
							9				
Total		122	857	82	59	1120					

The analysis of item 1 in table 2 revealed that 250(89.29%) of respondents agreed that the activities of health facilities committees at community level have really assisted in realizing the objective of primary health care services. Also, 250(89.29%) of respondents agreed that people within the community were adequately involve in almost all phases of primary health care provision. Furthermore, 239(85.36%) of respondents affirmed that considerable number of community people participate actively in the implementation of numerous intervention programmes. A total of 240(85.71%) of the respondents agreed that people in collaboration with health workers carried out communal self help project that promote and improve primary health care services in the area.

The analysis of tested hypothesis two (2) in table 2 shows calculated chi-square (x^2) value of 43.50 against the critical value of 16.92 with degree of freedom of 9 at 0.05 alpha level of significance. Since the calculated chi-square (x^2) value is greater than the critical value, the above stated hypothesis is hereby rejected. This implies that adoption of community mobilization strategy for implementation of primary health care services has contributed immensely to realization of health for all in Okene Local Government Area, Kogi State.

Hypothesis 3: The adoption of advocacy strategy in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State.

Table 3: Shows Chi-square (χ^2) analysis on influence of advocacy strategy on realization of health for all.

S/N	ITEMS	SA	A	D	SD	RT	Df	Cal. Value	Crit. Value	Dec.	
1.	Community and village heads are well informed of the benefits inherent in some of the intervention programmes like immunization exercise, distribution of malaria drugs and mosquito treated nets and so on.	26 (9.29%)	214 (76.43%)	32 (11.43%)	8 (2.85%)	280					
2.	Government at different levels of health care are often sensitize to support health promotion programmes such as roll back malaria, HIV/AIDS prevention programme, kick polio and so on.	49 (17.50%)	206 (73.57%)	22 (7.86%)	3 (1.07%)	280					
3.	Health workers at community level visit all stakeholders, most especially the head of government at the grassroots to acquaint them of benefit that will accrue to the people from health intervention.	18 (6.43%)	212 (75.71%)	30 (10.71%)	20 (7.14%)	280		41.43	16.92	Hypothesis Rejected	
4.	The sensitization and enlightenment programme organized by some community leaders and public office holders contributed immensely to the realization of primary health care goals in their domains.	20 (7.14%)	208 (74.29%)	40 (14.29%)	12 (4.29%)	280					
Total		113	840	124	43	1120					

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Table 3 shows that 240(85.71%) of respondents participated in the study agreed that community and village heads are well that informed of the benefit inherent in some intervention programmes like immunization, malaria control programme, distribution of insecticide treated nets and so on. A total of 255(91.07%) of the respondents agreed that there were adequate sensitization programmes through advocacy for stakeholder supports for ongoing programme. Also, 230(82.14%) of respondents confirmed that health workers usually visit community people regularly to acquaint them on benefits accruable from embracing intervention programmes. The result further revealed that 228(81.43%) of respondents agreed that the sensitization and enlightenment programmes organized by some community leaders and public officers contributed immensely to the smooth implementation of primary health care services.

The result of analysis of findings from tested hypothesis three (3) in table 3 above revealed calculated chi-square (χ^2) of 41.43 against critical value of 16.92 with degree of freedom of 9 at 0.05 alpha level of significance. Since the calculated value is greater than the critical value, the above stated hypothesis is hereby rejected. This means that application of advocacy strategy to implementation of primary health care services have much influence on actualization of health for all in Okene Local Government Area, Kogi State.

Hypothesis 4: The adoption of intersectoral collaboration in implementation of primary health care will not have significant influence on realization of health for all in Okene Local Government Area, Kogi State.

Table 4: Shows Chi-square (χ^2) analysis on influence of intersectoral collaboration on realization of health for all.

S/N	ITEMS	SA	A	D	SD	RT	Df	Cal. Value	Crit. Value	Dec.
1.	The involvement of different units of local government in the provision of complementary services has assisted in promotion of health and wellbeing of community.	12 (4.29%)	233 (83.21%)	15 (5.36%)	20 (7.14%)	280				
2.	People are better informed and orientated through the support of sister ministry like information, education and so on.	36 (12.86%)	214 (76.43%)	22 (7.86%)	8 (2.86%)	280				
3.	Diseases eradication campaign of primary health care are improved upon and supported jointly by ministries of water resources, environment, information and so on.	20 (7.14%)	230 (82.14%)	18 (6.43%)	12 (4.29%)	280		28.80	16.92	Hypothesis Rejected
4.	Household food security adequate supply of food and nutrition are ensured through unrelentless efforts and supports of agriculture ministry and department	26 (9.29%)	204 (72.86%)	30 (10.71%)	20 (7.14%)	280	9			
Total		94	881	85	60	1120				

Table 4 shows that 245(87.50%) of respondents affirmed that involvement of different units of local government council in provision of complementary services has assisted in promotion of people health and well being. A total of 250(89.29%) of respondents agreed that people gain insight on value accruable from primary health care services through the support of sister ministries like information, education, communication and so on. The analysis further shows that 250(89.29%) of respondents agreed that many sectors in different ministries supported diseases eradication campaign/programmes and so on. The result further revealed that 230(82.14%) of respondents agreed that some departments within one of the sister ministries help in provision and supply of essential services and commodities such as foods, water and so on.

The result of analysis of tested hypothesis four (4) in table 4 shows calculated chi-square (χ^2) value of 28.80 against critical value of 16.92 with degree of freedom of 9 at 0.05 alpha level of significance. Since the calculated value is greater than critical value, the above stated hypothesis is hereby rejected. This means that adoption of intersectoral collaboration for implementation of primary health care services have much influence on realization of health for all in Okene Local Government Area, Kogi State.

Discussion of Findings

The result of analysis of tested hypothesis one revealed that application of cohesive team approach to implementation of primary health care services have much influence on realization of optimal health for people in Okene Local Government Area, Kwara State. This finding is in line with National Primary Health Care Development Agency (2012) finding that a cohesive health team approach has been effective tool for achieving sustainable health development through integration of service delivery. Kekki (1990) and Bashir (2007) asserted that teamwork is essential to the effective delivery of primary health care due to the fact that rendering services to those who need them requires shared utilization of knowledge and skills of various professional groups. The researchers empathically stressed that a cohesive team approach often engender cooperation and full community support for health services implementation.

The finding of tested hypothesis two (2) revealed that the adoption of community mobilization strategy for implementation of primary health care has contributed immensely to realization of health for all in Okene Local Government Area, Kogi State. This finding agreed with the finding of Abdurraheem, Oladipupo and Amodu (2012) that it is almost universally acknowledged by national and international health planners that community participation is the key to successful implementation of primary health care. This finding also corroborates Sam, Laura and Tonya (2018) finding that collaboration for realization of primary health care objective of active participation on the matter concerning their wellbeing.

The result of tested hypothesis three (3) revealed that use of advocacy initiative strategy have impacted positively on realization of health for all in Okene Local Government Area, Kogi State through implementation of primary health care. This finding confirmed the submission of Baba (2007); ARC (2019) and Abdurraheem, Oladipupo and Amodu, (2012) that discreet use of advocacy has really assisted in improvement of people's health, increasing of socio-economic benefits as well as political will of government in implementation of primary health care.

The finding from analysis of tested hypothesis four (4) revealed that adoption of intersectoral collaboration for implementation of primary health care services have much influence on realization of health for all in Okene Local Government Area, Kogi State. This finding is in line with Hegazy, Fermana and Qureshi (1992) that collaboration in primary health care focuses on how to create conditions for health care providers everywhere to work together in the most effective and efficient way with the aim of producing the best outcomes. The finding also corroborates the finding of Audrey (2011) and Djoeke et al (2020) intersectoral collaboration helps in achieving speedy implementation of programmes and policies. The strategies consisting of joint efforts of different sectors of our economy directed towards mobilizing resources for viable health development.

Conclusion

The overall findings of this study shows that the adoption of some facilitating strategies in implementation of primary health care has assisted in realization of health for all at the grassroots. Based on this finding, the following conclusion were drawn:

- Application of cohesive team approach to implementation of primary health care have much influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.

- Adoption of community mobilization strategy for implementation of primary health care have much influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.
- Application of advocacy strategy in the implementation of primary health care have much influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.
- Adoption of intersectoral collaboration for implementation of primary health care have much influence on realization of health for all in Okene Local Government Area, Kogi State, Nigeria.

Recommendations

Based on the findings above, the study recommends as follows:

- Governments at all level of health care delivery should constitute formidable health team to strengthen monitoring and evaluation of performances of health and health related programmes;
- Government at the grassroots and community health care providers should try as much as possible to bring people together to embrace on-going vertical and intervention health programmes. This has to do with regular involvement of people in the programmes aimed at promoting their health and wellness;
- Primary health care provider should endeavour to sensitize stakeholders to embrace health and health related programmes adopted for realization of health for all;
- Primary health care providers and primary health care committees at different level should make sure that they coordinate all health related sectors to provide complimentary services necessary for realization of health for all;

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