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LEADERSHIP ACCOUNTABILITY AND HEALTH CARE DELIVERY IN THE RURAL AREAS OF NIGERIA

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Abstract

The core of Nigeria's healthcare policy is the primary health care. This is because it is the main strategy that focuses more on the health needs of the rural populace. The success of the PHC programme in the country cannot really be said to be impressive due to a number of problems. This paper therefore examines these problems with a view to identifying how leadership accountability can help in solving some of them. It is recommended that the entire health sector should be injected with transparent leadership and ensure their proper accountability in order to enhance the better performance of the nation's primary health care.

Introduction

The problems facing the rural populace in Nigeria are multifarious. So much is spent on rural transformation yet very little success is recorded. One of the key areas where the rural areas seem not be forthcoming despite the huge sums of money spent on them, is the health care delivery. The quality of health care delivery in the rural areas is far from what it is supposed to be. Consequently, health care delivery in Nigeria is still not reliable.

A reliable health care system should provide medical facilities and services to all and sundry at a relatively cheap price. Health care facilities are still not adequate in the rural areas. Where they are available at all, they are neither accessible nor affordable to the people who are mostly poor.

The primary health care which was designed essentially to cater for the health needs of the rural people has not succeeded due to a number of factors which are discussed in this paper. The paper therefore, examines the factors militating against the primary health care in Nigerian rural communities with a view to identifying how leadership accountability can help in tackling them.

UNDERSTANDING LEADERSHIP ACCOUNTABILITY

Wikipedia (2009:1) describes leadership accountability as:

> Leadership accountability describes the personalization of protest and questioning concerning "up system" responsibility for political violence, corruption and environmental and other harm. There is similar "second track" movement, challenging local power elites in public service, the workplace and religious organizations.

It has been observed that one of the factors responsible for failure in families, organizations and the larger society is the inability for leadership to establish and enforce accountability (Williams, 2009). This is because traditionally, leaders and other power elites have not themselves been accountable as individuals.

The reasons why people do not see themselves accountable vary. In the words of Wikipedia (2009:1), it is because "they were either above the law, as sovereign *rex non potest peccare* (the king can do no wrong) or they had immunity just because they were leaders (***immunity rationae materiae***). Or alternatively, they were considered mere representatives of a state or organization which, it is believed, carried the responsibility for any wrongdoings".

Leadership accountability is gradually spreading from the advanced countries to the developing nations where ordinarily it used to be essentially absent. In fact, according to Wikipedia, the globalization of personal accountability is now catching up with the globalization of personal power. People are becoming more accountable to those who have vested power and authority in them.

The importance of leadership accountability cannot be over-emphasized. This is because it has become an essential factor in societal transformation, development and nation lding. Thus, Williams (2009:1) observes:

> Accountability is at the heart of empowering people to perform well, demonstrating initiative and acting responsibly. When a climate of accountability exists, things work smoothly and when it is absent procedures fail and policies are ignored

From the above analysis, it is obvious that any societal institution or machinery in which there is no leadership accountability, there is bound to be failure that may mar growth. Leaders seem to perform well and ensure efficiency when they are accountable. It is believed in this paper therefore, that if leadership at various levels of authority in Nigeria is accountable, the nation's development would be enhanced. Similarly, problems relating to health care delivery in rural Nigeria would be ameliorated if relevant leadership is accountable. Those in leadership positions will be committed to ensuring success of rural health care delivery

RURAL HEALTH CONCERN

Nigeria's rural communities contribute a great deal to the development of the country, yet in terms of infrastructure, they suffer serious lack. They lack good roads, safe drinking water, electricity, educational facilities, health facilities amongst others. It has been argued that infrastructural facilities in addition to functional health facilities are ingredients for better health condition (Owumi and Jegede, 1991). Even the provision of infrastructure is a major component of the primary health care which was designed essentially for the rural populace.

In Nigeria, health care development is synonymous with rural health care development. This is because the population of the country is predominantly rural, with only 36% living in the urban areas. According to NPC (2000), the states with predominantly urban population are Lagos (94%), Oyo (69%) and Anambra (62%), while those with small urban populations are Jigawa (7%), Taraba (10%), Akwa Ibom (12%), Kebbi (12%) and Sokoto (14%).

The health of the population in Nigeria is generally poor but the situation is worse in the rural areas. The urban areas are better than the rural areas because significantly more of the available health services, - public and private - are located there. Furthermore, health expenditures are incurred by the three tiers of government: federal, state and local governments. However, the principal source of revenue for all the three levels is the federation account which is derived mainly from the revenue from the oil exploited from the rural areas. However, it is sad to note that these rural areas lack infrastructure especially health facilities.

APPRAISING RURAL HEALTH CARE DELIVERY

Primary health care is a major component of the National Health Policy. In fact, the National Health Policy regards primary health care as the framework to achieving health for the population. With this focus, it may be said that the National Health Policy takes cognizance of the health needs of the rural people. Therefore, an attempt to appraise health care delivery in the rural areas of Nigeria is essentially an attempt to examine the success of primary health care which is the core of the health care system at the grassroots.

In Nigeria, primary health care began in 1986 when the federal government established 52 model primary health care centres in local government areas (LGAs) throughout the country (Oke, 1993). By 1987, the number had increased by 31.. According to Oke, the model project was designed as a prototype from which subsequent projects would be developed or improved upon. The success of the prototype stimulated the federal and state governments to seriously pursue the programme.

In implementing the PHC programme, the main focus of the federal government has always been the rural people who had suffered neglect prior to the introduction of the programme. In fact, the implementation process involved the local governments which were strengthened to take care of health matters. This is because the local governments are the closest to the rural people.

Though the primary health care is in the domain of the local governments, both the federal and state governments perform more roles. Such roles include, among others. finance, training, technical assistance, planning, supervision and evaluation of primary health care services (Obinou, 2007). Consequently, steps are taken to equip local government health workers with the ability to plan and run the services, and the local health personnel are trained in all the steps in primary health care implementation.

The federal government established the National Primary Health Care Development Agency (NPHCDA) in the early 90s to give support to the health policy through monitoring of PHC plan and provision of technical support for PHC implementation. The Agency was established by Decree number 29 of 1992, to mobilize support nationally and internationally for programme implementation; to administer or commission studies on PHC issues; to monitor the development of the nation's PHC programme and conduct periodic evaluation of PHC.

Generally in the rural areas of Nigeria, health facilities are grossly inadequate. In terms of number of health facilities and their distribution, most of the health institutions are located in the urban centres, rather than in the rural areas where 70% of the population reside (Kyari, 2003; Ohadike, 2000). Many local governments in the country do not even have a secondary health facility such as a general hospital or even a cottage hospital, as recommended in the National Policy on Health.

The primary health care programme was said to have been highly successful under the Babangida Military administration when Prof. Olikoye Ransome Kuti was the Minister of Health (Kyari, 2003). During the latter part of the 1980s, coverage of the Expanded Programme on Immunization (EPI) reached about 80% nationwide, with consequent improvement in maternal and child health. However, there was a drastic decline in recent years, with some states having very low coverage, and even the most effective ones showing a far lower level of effectiveness than previously. But most recently, the

ation has changed under the rejuvenated National Policy on Immunization (NPI) because government now gives higher attention to the PHC.

PROBLEMS FACING RURAL HEALTH CARE

A number of factors militate against the success of health care delivery in rural Nigeria. It should be noted however, that these factors are not peculiar to the rural health care in Nigeria but to the entire national health care delivery system.

Firstly, is the problem of inadequate health personnel. Nigeria loses quite a number of health personnel to brain drain. That is, many health care professionals have left the shores of Nigeria in search of greener pasture. Apart from that, in Nigeria, medical education is elitist (Jegede, 2002) whereby medical education is mostly accessible to the children of the upper and middle classes.

Secondly, health facilities are inadequate, worst still, their distribution is lopsided. As earlier mentioned, most of the health institutions are located in urban centres, rather than in the rural areas where 70% of the population reside (Kyari, 2003). In Nigeria, most of the curative and hospital-based health facilities are not within the reach of the poor people most of whom encounter health problems in their day-to-day subsistence activities.

Thirdly, in Nigeria, drugs, laboratory tests and medical procedures are generally out of the reach of the majority of the population, whether rural or urban (Kyari, 2003). Jegede (2002:213) expresses the problem as follows:

> *In Nigeria, the cost of health service is enormous sometimes out of reach of the common man. Having patterned Nigeria's health system after the America's health system, it becomes fee-for-service approach. As a result, it is a matter of "money for hand back for ground" syndrome. Therefore, it is a commodity which is being rationalized by price mechanism.*

Though the National Health Insurance Scheme has been designed to help individuals to fund the costs of their health needs, it has not yet been fully established. Even if it is, many people especially the rural poor are still excluded.

Fourthly, is the negative attitude of health workers. It has been observed that in Nigeria, health workers especially nurses/midwives are a difficult group of workers in the hospital setting (Odebiyi, 1984; Jegede, 1989; Jegede, 2002; Owumi and Jegede, 1991). Patients have complained about the negative attitude of nurses toward them. In most rural communities, people still hold traditions in very high esteem. Hence, they never visit anywhere they feel they would be insulted. It is therefore, obvious that the negative attitudes of health workers could discourage many of the rural people from utilizing health facilities.

RELEVANCE OF LEADERSHIP ACCOUNTABILITY

Because of its relevance, leadership accountability has a great role to play in addressing the problems facing health care delivery in the rural areas of Nigeria. Firstly lack of leadership accountability has contributed to the problem of inadequate health personnel in the country. Because the relevant leadership is not accountable, there is no concern on the part of those in leadership for the problem of brain drain. Hence, they are insensitive to the problem. Similarly, lack of accountability by the relevant leadership has sustained rather than eliminate the elitist nature of medical education in Nigeria. If the leaders are accountable, they would have formulated policies that would make medical education accessible to all Nigerians irrespective of class.

Besides, lack of leadership accountability has contributed to the problem of inadequate health facilities. Government claimed to have spent billions of naira on health care delivery yet the facilities are nowhere to be found. Definitely, the money meant for the provision of these facilities has been pocketed. If the leaders are accountable they would be more sincere and transparent in handling money meant for the general good of the community. Even the lopsidedness in the distribution of available health facilities is because of lack of leadership accountability, because relevant leaders are not accountable, they are not bordered whether all health care facilities are located in just one area while the other areas have none..

In addition, the high cost of health care is partly a consequence of lack of leadership accountability. Government is aware that people who live in the rural communities are poor and are entitled to cheap if not free health care delivery. Though it spent so much on rural health care delivery yet the few available facilities are too costly for the rural people to pay for. Leaders show no concern even when the money meant for health care is handed over to them to manage. This is because they are not accountable.

Fourthly, because health care providers are not accountable, even as leaders, they demonstrate negative attitudes towards patients. A medical doctor or nurse can show negative attitude to his/her patients because he/she is practically not accountable to anyone. Though theoretically he/she is under some other leaders who are indifferent because they are also not accountable to anyone.

From the above, it is quite obvious that leadership accountability is lacking in Nigeria in general and with respect to the paper, the health sector in particular. There is therefore the need to ensure that leaders at various levels are accountable. This will enhance their commitment, sincerity, transparency and efficiency which will in turn enhance quality and efficient health care delivery in the rural areas of Nigeria. In other words, ensuring leadership accountability will help in tackling most of the problems facing rural health care delivery.

clusion

primary health care was meant to create positive impact on the lives of the rural lace but this has not been so in Nigeria where so much is spent yearly on rural health delivery. While there is the need for sincere commitment on the part of the rnment to address the problems facing rural health care delivery, there is the need to sider entrenching leadership accountability in relevant sections of the constitution.

m the above discussion, it is quite obvious that leadership accountability is lacking not in the Nigerian society as a whole, but also in various sectors including the health tor which is the focus of this paper. There is therefore, the urgent need to ensure that re is practical leadership accountability at various levels of leadership in the country. s will definitely impact positively on the health sector. It will enhance commitment, riousness, sincerity, transparency and efficiency on the part of the leadership which will turn enhance quality health care delivery in the rural areas of Nigeria. However, adership should not be viewed only as those in government, it should include leadership various levels of the society.

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