International Journal of Advance Research in Science and Engineering
Volume No. 11, Issue No. 09, September 2022
www.ijarse.com
IJARSE
ISSN 2319 - 8354

COMMUNITY BASED HEALTH CARE FINANCING IN JIGAWA STATE GOVERNMENT HOSPITALS

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ABSTRACT

Background: *Enabling active community participation in attempts to address the health problem is in a cornerstone of the district-level public health management. Based on the World Health Organization's (WHO) Primary Health Care Strategy, including the community as active participants in the process rather than passive recipients is a significant task (Handout et al., n.d.) The following guidelines are based on core notions that are crucial to the effective evolution of a community partnership. From planning to organisation through monitoring and evaluation, the neighbourhood and its formal and informal leaders must be included in all aspects of the programme. Rather than simply giving service packages, the focus of activities should be on allowing and enabling the community to participate in judgement and take responsibility. The tremendous untapped material and human resources of the community must be mobilised.*

Objectives:*The purpose of this study is to assess the level of community involvement in contributing to the finance of health care services in Jigawa State Government Hospitals. Jigawa Government Hospitals gain from community engagement in health care finance.*

Method: *A descriptive cross-sectional approach was used to analyze community engagement in health care finance contributions in selected hospitals in Jigawa state, Nigeria. A total of one hundred community members from Nigeria's Jigawa state were recruited for the study. The sample was chosen based on the following criteria: Approximately 0.1 percent of the Nigerian population, or 1.7 million out of 170 million, is affected by the effects of health services*

Results: *Cooperation within your department and with other departments in collaboration with equals was Very Good at 65(68.4 percent), Good at 17(17.9 percent), Ok at 10(10.5 percent), Not so good at 3(3.2 percent), and Bad at 0(0.0 percent). The levels of cooperation within your department and with other departments in collaboration with PWD were Very Good (52.6 percent), Good (26.3 percent), Ok (12.6%), Not so good (5.3%), and Bad (3.2%), respectively.*

Conclusion: *There were 76 practitioners who provided health education to students at school on an annual basis (80.0 percent). According to the community members who provided feedback on our services, we were 60 times per year (63.2 percent). The general population may be able to assist you in improving your services. to inform the villagers about the services we offer were 20 (21.1 percent), to provide medication to needy villager were 30 (31.6*

percent), to take over some of our services were 2(2.1 percent), to control the quality of our services were 4 (4.2 percent), and to raise awareness were 6(6.3 percent) of the respondents. The importance of health for the populations you serve with was 30 (31.6 percent), health is essential to them, but it competes with other challenges were 48 (50.5%).

KEY WORDS: COMMUNITY, CONTRIBUTION, FINANCING, HEALTH CARE, JIGAWA STATE

INTRODUCTION

A key component of district-level public health management is enabling active community engagement in efforts to solve the health condition. According to the WHO's Primary Health Care Strategy, integrating the community as active participants in the process rather than passive recipients is a significant problem (Handout et al., n.d.) The ideas behind the recommendations that follow are crucial to the effective growth of a community collaboration. From planning to organization through monitoring and evaluation, the community and its formal and informal representatives must be included in all aspects of the programme. Rather than just offering service packages, the focus of activities should be on allowing and empowering the community to engage in decision-making and accept responsibility, The community's vast untapped human and material resources must be mobilized (Handout et al., n.d.).

The Public Health programme should not be compartmentalized or expropriate, but rather incorporated into all ongoing development and health programmes. A primary emphasis should be placed on demystifying the problem at the community level, developing confidence, competence, and aptitude to deal with the situation, and aiding the community in recognizing the programme as their own. The approach should also be guided by humility, so that the health team is open to learning from local knowledge, wisdom, and culture. If a team commits to 'learning from the people' and 'working with them' rather than 'for them,' new ways or alternatives may emerge. We must not only convince the people to embrace the professional's knowledge, but also convince the professional to grasp the public's wisdom. (Handout et al., n.d.)

It has now been proved all across the world that when a community fully understands and participates in a health programme, the program's successes are sustainable and long lasting. District Level Public Health Managers make ideas for the local health programme through interactive discourse with the local health committee, and local volunteers are trained. The programme must then be organised and administered in collaboration with the local committee and volunteers. As part of the community collaboration, the initiative will comprise the following main components (Handout and colleagues, n.d.)

OBJECTIVES

1. To assess the level of community contribution to the financing of health care services in Jigawa State Government Hospitals.
2. To investigate the factors that encourage community participation in financing health care services in Jigawa State government hospitals.

3. To identify the challenges that Jigawa's government hospitals face.
4. To make some viable recommendations for better community participation in contributing health care financing in Jigawa State Government Hospitals.

LITERATURE REVIEW

(Jean-Benoıˆt Falisse1, Bruno Meessen et al 2012) stated that Community participation is often described as a key for primary health care in low-income countries. Recent performance-based financing (PBF) initiatives have renewed the interest in this strategy by questioning the accountability of those in charge at the health centre (HC) level, has analyses the place of two downward accountability mechanisms in a PBF scheme: health committees elected among the communities and community-based organizations (CBOs) contracted as verifiers of health facilities' performance, they also evaluated 100 health committees and 79 CBOs using original data collected in six Burundi provinces (2009–2010) and a framework based on the literature on community participation in health and New Institutional Economics. results Health committees appear to be rather ineffective, focusing on supporting the medical staff and not on representing the population. CBOs do convey information about the concerns of the population to the health authorities; yet, they represent only a few users and lack the ability to force changes. PBF does not automatically imply more 'voice' from the population, but introduces an interesting complement to health committees with CBOs. However, important efforts remain necessary to make both mechanisms work. More experiments and analysis are needed to develop truly efficient 'downward' mechanisms of accountability at the HC level.

MATERIALS AND METHOD

Jigawa state is one of the 36 states that comprise the Federal Republic of Nigeria. It is situated in the north western portion of the nation, between latitudes 11.00oN-13.00oN and longitudes 8.00oE-10.15oE. Jigawa state is bounded on the west by Kano and Katsina, on the east by Bauchi, and on the north by Yobe. Jigawa has an international border to the north with the Republic of Niger, creating a unique potential for cross-border trade. The government rapidly capitalized on this by launching and constructing a free trade zone in Maigatari, a border town. On Tuesday, July 27, 1991, the state was created. The majority of residents are Hausa Fulani and Mangawa, and Islam is the prevalent religion, the state is divided into 27 LGAs and 5 Emirate Councils. Jigawa State has a population of over 4,348,649 people, accounting for 3.34 percent of Nigeria's total population (Okechuku, 2015). The state has a Gunduma Health system, which covers all five Emirates Councils of Jigawa State's health care delivery under the affiliation of the State Ministry of Health.

Study design

To analyse community engagement in health care finance contributions in selected hospitals in Jigawa state, Nigeria, a descriptive cross-sectional approach was utilised.

Study area

Jigawa state has many hospitals that improve community participationand health care financing both public and private health sectors in the state.

Target Population

The research included community members from Jigawa state in Nigeria as its target population of the study from 2016 to 2021 in Jigawa state This is because, despite increased government funding, health services deteriorated significantly during this time period, with Covid 19 being one of the main reasons.

Sampling

This was accomplished using the multi-stage sampling technique and the purposive sampling technique, it includes all the hospitals from both the private and public care providers in the study area, so no specific sampling method was adopted during in determination of sample size.

Inclusion criteria

Only community members in Jigawa state, Nigeria, who are capable of providing information, or their caregivers, are eligible for inclusion.

Exclusion criteria

A community member whose condition prevents him from providing information about his current situation, and no other caregiver/s are available to provide information about the situation/s.

Residents who refuse to participate in the study.

Data collection and analysis

The questionnaire data was cleaned appropriately to ensure accuracy and consistency. Data was cleaned using descriptive statistics in the form of a frequency distribution, percentages, mean, and standard deviation after being coded and transported to the Version 24.0 of the Statistical Package for the Social Sciences (SPSS).

Ethical Considerations

Ethical approval was obtained from the Jigawa State Ministry of Health (reference MOH/SEC/1.5/546/1), as well as the Management of the Federal Medical Center Birnin-kudu Jigawa State (reference FMC/BKD/CLN/HIM/138). Participants gave informed permission and have the legal right to leave the research at any time. All replies were kept secret, and all information obtained was maintained and processed anonymously. Their involvement was fully voluntary and gratuitous.

RESULTS

According to table 1, the male gender of the respondents was 25(26.3 percent), while the female gender was 70(73.7 percent). The majority of health personnel in this study (73.7 percent) are female. The respondents' ages range from 20 to more than 50 years. These current 21- 30 years were 51(53.7 percent), 31- 40 years were 12(12.6 percent), 41-50 years were 4(4.2 percent), and > 50+ years were 28(29.5 percent). The respondents' highest level of education was secondary education (17(17.9 percent), certificate 10(10.5 percent), diploma 37(38.9 percent), degree holders 22(23.2 percent), master 6(6.3 percent), and PhD 3(3.2 percent), respectively. In this study, 38.9 percent of

respondents had a diploma as their highest education qualification while working for Jigawa State Healthcare. As a result, there is a need for a continuous education programme for health workers in the facility to ensure proper and effective operation.

Table 2 above shows the staff members who are available at your facility. Yes was 90 percent (94.7 percent), while no was 5 percent (5.3%). Jigawa State health facility has weekly work schedules for the staff said Yes were 95(100.0 percent) and No were 0(0.0 percent).

The staff meetings with all employees at your institution, of which 80(84.2%) responded yes and 15(15.8%) said no. If yes, we utilize Ministry guidelines 78(82.1 percent), we made our own guidelines 2(2.1 percent), we have a specific diagnostic 4(4.2 percent), we use Standard Treatment Guidelines (STG) 6(6.3 percent), and no responses 5(5.3 percent), respectively.

The visits to your patients were documented from patients who have health cards was 72(75.8 percent), we use OPD slips was 17(17.9 percent), our facility keeps patient records was 6(6.3 percent), and we do not have a documentation system was no response. The percentage of specialists who visited your health facility every week was 33 (34.7 percent), never was 22 (23.2 percent), and always came as a visitor was 40 (42.1 percent).

Most of our patients pay a registration fee that covers routine consultations (99.5 percent), drugs (56.9 percent), and additional services (30.6%). There were 65 (68.4%) programs for patients underneath the poverty level that replied yes. while 30 said No (31.6 percent). More than sufficient budgets were 15(15.8 percent), sufficient budgets were 26(27.4 percent), insufficient budgets were 10(10.5 percent), and far insufficient budgets were 44. (46.3 percent).

Table 3 demonstrates how well your department collaborated with other departments and with superiors. Very Good received 50 (52.6%), Good received 25 (26.3%), Ok received 12 (12.6%), Not so Good received 5 (5.3%), and Bad received 3 (3.2%). These investigations found that interaction between departments and with superiors is highly excellent and pleasant. Cooperation within your department and with other departments in collaboration with subordinates was Just very Good at 55.9%, Good at 20.1%, Ok at 12.6%, Not so good at 8.4%, and Bad at 0%. (0.0 percent).

Communication inside your department and with other departments in partnership with equals was Very Well at 65.4%, Good at 17.9%, Ok at 10.5%, Not so good at 3.2%, and Bad at 0%. (0.0 percent). Cooperation levels within your department and with other departments in partnership with PWD were Really Good (52.6%), Good (26.3%), Ok (12.6%), Not quite so good (5.3%), and Bad (3.2%), respectively.

Table 1:The Socio-demographic characteristics of the respondents

Variables	Frequency	Percentage
Gender		
Male	25	26.3%
Females	70	73.7%
Ageing Years		
<20	-	-

21-30	51	53.7%
31-40	12	12.6%
41-50	4	4.2%
>50+	28	29.5%
HighestEducationLevel		
Noformaleducation	-	-
Primary	-	-
Secondary	17	17.9%
Certificate	10	10.5%
Diploma	37	38.9%
Degree	22	23.2%
Masters	6	6.3%
PhD	3	3.2%

Table 2: To assess the level of community contribution to the financing of healthcare services in Jigawa State Government Hospitals.

Variables	**Frequency**	**Percentage**
Is a job description for each member of staff available at your facility?		
a. Yes	90	94.7%
b. No	5	5.3%
Does your facility have weekly working schedules for the staff?		
a. Yes	95	100.0%
b. No	-	-
Do you have staff meetings with all people working at your facility?		
a. Yes, meeting stake place every week	80	84.2%

b. No	15	15.8%
Do you use guidelines for decisions about which medical treatment to give?		
a. If Yes: We use guidelines given to us by the Ministry.	78	82.1%
b. We developed our own guidelines.	2	2.1%
c. We have a diagnosis-therapy-scheme.	4	4.2%
d. We use Standard Treatment Guidelines.	6	6.3%
e. No	5	5.3%
How do you document the visits of your patients? (All applying answers).		
a. Patients have health cards.	72	75.8%
b. We use OPD slips.	17	17.9%
c. Our facility keeps records of patients.	6	6.3%
d. We don't have a documentation system.	-	-
How often do the following specialists visit your health facility?		
Every week.	33	34.7%
Never.	22	23.2%
Always there	40	42.1%
How are finances organized at your institution?		
Our patients pay a service fee for registration, which covers…		
Ordinary consultation	9	9.5%
b. Medicaments	56	58.9%
Other	30	31.6%
Do you have schemes for patients below the poverty line?		
a. Yes	65	68.4%

b. No	30	31.6
Is the budget you have at your disposal (only one answer):		
a. More than sufficient	15	15.8
b. Sufficient	26	27.4
c. Insufficient	10	10.5
d. By far insufficient	44	46.3

Table 3: To identify the challenges that Jigawa's government hospitals face

Variables	Frequency	Percentage
How is the cooperation with in your department and with other departments?		
i. Cooperation with superiors		
Very good	50	52.6%
Good	25	26.3%
Ok	12	12.6%
Not so good	5	5.3%
Bad	3	3.2%
ii. Cooperation with subordinates		
Very good	55	57.9%
Good	20	21.1%
Ok	12	12.6%
Not so good	8	8.4%
Bad	-	-
iii. Cooperation with equals		
Very good	65	68.4%
Good	17	17.9%
Ok	10	10.5%
Not so good	3	3.2%

Bad	-	-
iv. Cooperation with PWD		
Very good	50	52.6%
Good	25	26.3%
Ok	12	12.6%
Not so good	5	5.3%
Bad	3	3.2%

DISCUSSION

The outcomes of research on the community engagement in health-care financing: a case study of government hospitals in Jigawa state, Nigeria, are discussed in this chapter. The discussion of the study findings is divided into five parts based on the number of study objectives of the research work shown in table 1 above, which indicates that male respondents were 25(26.3 percent) and female respondents were 70(73.7 percent) respectively. The majority of health personnel in this study (73.7 percent) are female. The respondents' ages range from 20 to more than 50 years. These current 21- 30 years were 51(53.7 percent), 31- 40 years were 12(12.6 percent), 41- 50 years were 4(4.2 percent), and > 50+ years were 28(29.5 percent). The respondents' highest level of education was secondary education (17(17.9 percent), certificate 10(10.5 percent), diploma 37(38.9 percent), degree holders 22(23.2 percent), master 6(6.3 percent), and PhD 3(3.2 percent), respectively. In this study, 38.9 percent of respondents had a diploma as their highest education qualification while working for Jigawa State Healthcare. As a result, there is a need for a continuous education programme for health workers in the facility to ensure proper and effective operation.

LIMITATIONS OF THE STUDY

1. The study could have used a mixed method design that included both the qualitative and quantitative components, but this was not possible due to the type of study participants involved.
2. Because some of the study participants had a low level of education, the researcher/research assistants were required to translate the questionnaire into the local language (interviewer bias)
3. Because the tool was not formal translated by the Hausa department, the level of translation will differ between researcher and assistance.

ACKNOWLEDGEMENT

The authors are very thankful for approving the ethical clearance of the study proposal and all the supports given.

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