World Journal of Public Health
2023; 8(4): 315-321
http://www.sciencepublishinggroup.com/j/wjph
doi: 10.11648/j.wjph.20230804.20
ISSN: 2637-6040 (Print); ISSN: 2637-6059 (Online)

Sustainable Health for Environment Development (SHED-Africa) and Accessibility to Health Care in Nigeria

Bassey Ekpenyong Anam[1, *], Paulina Oludoyin Adeniyi[2], Nkemdilim Elsie Alozie[3], Virginia Emmanuel Ironbar[4], Esther Esien-Cobham Uzoh[5], Offiong Duke Otu[6]

[1]Institute of Public Policy & Administration, University of Calabar, Calabar, Nigeria

[2]Wageningen Center for Development Innovation, Wageningen University and Research, Wageningen, Netherlands

[3]Department of Home Science, Michael Okpara University of Agriculture Umudike, Abia, Nigeria

[4]Department of Continuing Education and Development Studies, University of Calabar, Calabar, Nigeria

[5]Department of Social Work, University of Calabar, Calabar, Nigeria

[6]Department of Public Administration, University of Calabar, Calabar, Nigeria

Email address:

drbasseyaname@gmail.com (Bassey Ekpenyong Anam)

[*]Corresponding author

To cite this article:

Bassey Ekpenyong Anam, Paulina Oludoyin Adeniyi, Nkemdilim Elsie Alozie, Virginia Emmanuel Ironbar, Esther Esien-Cobham Uzoh et al. (2023). Sustainable Health for Environment Development (SHED-Africa) and Accessibility to Health Care in Nigeria. *World Journal of Public Health*, *8*(4), 315-321. https://doi.org/10.11648/j.wjph.20230804.20

Received: November 24, 2023; **Accepted**: December 11, 2023; **Published**: December 26, 2023

Abstract: Access to quality health care is important in determining the well-being of the people. It is imperative for the government, nongovernment organizations, international donor agencies, and concerned individuals to provide quality health care to the most vulnerable and deprived rural population in Nigeria. One such effort is through the activities of Sustainable health for environment development (SHED Africa), in the provision of healthcare in communities in the Obubra local government area of Cross River State. This study examines the impact of such activities on the well-being of the people. The study adopts a descriptive design. The population consists of the inhabitants of the ten villages in the Ofumbongha community: about 5000 people. A research instrument was developed and administered to a sample size of 400 respondents randomly selected from the population. From this number administered, 393 instruments were properly filled and returned. Data obtained from 393 respondents were analysed using a simple percentage statistical technique. The result obtains from the analysis shows that SHED Africa has contributed significantly to creating awareness and providing access to quality healthcare in the Ofumbongha community, Obubra local government area of Cross River State. The result from the study provides a framework for policy advocacies and sustainability. It reiterates the need for participatory reform mechanism in the Nigerian health sector.

Keywords: SHED, Health Care, Awareness, Accessibility

1. Introduction

Health is wealth. Access to health care services is the greatest opportunity any country can offer its citizens. The provision of sustainable healthcare delivery is a vital necessity for societal development. A study conducted by Ajilowo and Olujimi [1] on healthcare service accessibility disclosed that, apart from the provision, there is a need for accessibility of the services by the most vulnerable and deprived rural population. Healthcare service accessibility is the ability of an individual or community to obtain healthcare services with ease [1-3] According to Aregbeyen [3], the physical accessibility of households to healthcare is of paramount importance and is determined by the distance to the health facility. Adejuyigba [4] and Olayiwola [5] have demonstrated that variation exists in the maximum distance in which people travel to utilize health facilities in different parts of Nigeria. Ajilowo and Olujimi [1] see health accessibility as the ease of the individual/community's ability to get or to be reached by the health activity or services. Without accessibility, community members find it difficult to

benefit from health care services provided in their areas and this leaves them vulnerable to sickness and high mortality.

Most Nigerians lack access to health care services. Access is defined by the World Health Organization [6] "as universal health coverage which means that all people have access to the health services they need, when and where they need them of sufficient quality to be effective, without financial hardship. The goal should include the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care and beyond to the holistic improvement of wellbeing and quality of life". Achieving this requires a strong institutional framework to design and implement social policies that will guarantee access, especially to the most vulnerable group, and sustainability. The nation must be willing to invest in training "skilled health workers providing high quality, people-centered care in a health system founded on a strong, people-centered primary health care rooted in the communities they serve" [7].

The implication is far-reaching. The framework provides a "comprehensive approach incorporating factors attributable to the health delivery system, the social determinants of health, and the patient. It also sets out the process of health seeking to include a continuum from the existence of a health need to the perception of the need and desire to seek care, the care-seeking action, the ability to reach the source of care, utilizing care and deriving the desired outcomes". Policy approaches to health care delivery must, among other things examine the need to address social determinants of health and the patient. The lack of this consideration has affected the perception of healthcare delivery in Nigeria. "Seeking health care is determined by social determinants of health (SDH) factors as personal and social values, culture, gender and autonomy of the patient" [7].

Abah [7] explained that "healthcare access in Nigeria is very limited in all dimensions due to factors within and beyond the health system. The misconception of primary health care and poor leadership resulted in a stunted health system development which has failed to align system structures and processes to the goal of achieving universal health access". While suggesting that "improving financial access through compulsory health insurance will not be enough to reverse this status without a holistic primary health care reform to correct the system misconstruction, achieve high-quality health care that is efficient, acceptable to the people and therefore sustainable and capable of driving growth and development for the health system and the country" [7], he cautioned against the concerned of lack of financial accountability in the management of the health sector which has affected the system for years now. Williams and Omishakin [8] stated that major barriers to the effective delivery of health services are "associated with health service organizations, professionals, and care recipients in Nigeria include lack of health planning efforts by health agencies; problems of health services accessibility; poor public health image; and inadequate health manpower and training programmes". Abah [7] added, "The health indices of Nigeria have remained persistently deplorable, worse than peer countries, among the worst globally and in contradiction to her great potentials".

The Nigerian government has shown concern about the provision of healthcare delivery services in the country. Oyewo [9] reported that the National Primary Health Care was launched by the Military Administration of President Babangida in 1988; the scheme as emphasized above was to be a collaborative effort of the three tiers of government which should be more adapted to Nigeria's socio-economic and cultural context. The programme was aimed at being people-oriented in that it strives to develop local capabilities, and initiatives and to promote self-reliance. This in a way was for the realization of sustainable improvement in the health of the people [9]. Despite the programme, and other health-related social policies, the WHO [6] disclosed that "globally, about 50% of people do not have access to health care and about 100 million people are pushed into poverty every year due to catastrophic health expenditures". The situation is not different in Nigeria. Whereas health is recognized as an essential component of human development, most Nigeria lacks access to health care services, and this affects their quality of life and further deepens the prospects of a better future.

The provision of health care services is not an exclusive responsibility of the government. Nongovernment organizations (NGOs) have also contributed to the provision of health care services in Nigeria and Cross River State in particular. One such NGO is Sustainable Health for Environment Development (SHED Africa). It was established in 1998 as an interdisciplinary approach to improved health and livelihood security. The agency has carried out several development projects in various states in Nigeria, especially at the grassroots. Ofumbongha community in Obubra local government area of Cross River State is one of such beneficiaries of the programmes of SHED and the contribution of SHED to the provision of health care services needs to be examined. The study aims to examine the impact of SHED Africa on the accessibility to health care delivery in Ofumbongha community in Obubra local government area of Cross River State, and further underscore the implication of the results on social policies in Nigeria and Africa at large.

2. Literature Review

Health services delivery in Nigeria had its historical antecedents. It had evolved through a series of developments including a succession of policies and plans, which had been introduced by previous administrations. The previous administration here refers to the unorganized administration of the colonial and postcolonial administrations in Nigeria. Tracing the historical epoch of the Nigerian health sector beyond the organized colonial period, it is asserted that maternal and childcare of the pre-colonial period, though primitive compared to the orthodox medical care, served the people with a precise efficiency that was proportional to their level of development [9]. WHO [10] disclosed that "there are several regional commitments towards health development,

including the Abuja Declaration of 2001 related to the allocation of 15% of the public budget to the health sector; the 2006 Abuja African Union Heads of State call for Universal Access to HIV/AIDS, Tuberculosis and Malaria Services by 2010; the call for Malaria Elimination; and the Nairobi Call to Action on Closing the Implementation Gap in Health Promotion, 2009. Furthermore, in November 2006, at the International Conference on Community Health, Member States committed to ensure universal access to quality health care and a healthier future for the African people". These policies and institutional arrangements are designed to ensure access the healthcare services for Nigerians. Despite this policy framework, Amata [11] decried the poor budgetary allocation for the health sector in Nigeria. He noted that "The health budget has been consistently below 5% of national budget contrary to the fact of Nigeria being a signatory to charters recommending more than this (Abuja declaration recommending 15%)". He explained, "This performance is less than most countries of comparable income. The 2022 health budget was 4.3% of the total budget amounting to about N3,453 per capita" [11]. An amount that is incapable of providing access to health care for anyone. The dependence on donor funding for priority diseases and programs may be a factor since these conditions are also the ones tracked for health system performance.

The Federal Government of Nigeria National Strategic Health Development Plan II [12] disclosed that the Nigerian health system is organized in three tiers: primary, secondary, and tertiary care levels. The primary health centers are deployed at the grassroots in the ward health system which locates a primary health center at each political ward (9,560 wards) to be run by the local government authority. Secondary health care is delivered at the general hospitals run by the state governments, and each is deployed to cover several local governments. The tertiary hospitals are run by the federal government and offer tertiary care and health manpower training in teaching hospitals and federal medical centers [7]. There are several policy measures to improve healthcare delivery in Nigeria. One such was the National Primary Health Care. The scheme was launched by the Military Administration of President Babangida in 1988; the scheme was to be a collaborative effort of the three tiers of government which should be more adapted to Nigeria's socio-economic and cultural context. It should be people-oriented in that it strives to develop local capabilities, and initiatives and to promote self-reliance. This in a way was for the realization of sustainable improvement in the health of the people [9].

In addition, the following policies/programmes have been formulated and implemented for sustainable health in Nigeria:

1. National Health Policy: The National Strategic Health Development Plan (2010-2015).
2. The National Health Insurance Scheme.
3. The National HIV/AIDS and Reproductive Health.
4. The National Policy on Climate Change 2015.
5. Family Support Programme (FSP) (1974).
6. Family Economic Advancement Programme (FEAP) (1989).
7. Better Life Programme for the African Rural Women (BLPARW 1986).
8. The World Bank Assisted Programme (ADP 1986).
9. Peoples Bank Community Bank Initiative (1987).
10. National Gender Policy Strategic Framework 2003 - 2013 (Implementation Plan) the Federal Republic of Nigeria.
11. The Education Policy: 6-3-3-4 system of education in Nigeria.
12. Poverty Reduction Strategy 2003.
13. National Economic Empowerment and Development Strategy (NEEDS) (2003).
14. National Directorate for Employment.
15. National Poverty Eradication Programme (NAPEP 2001).
16. Poverty Alleviation Programme Development Committee (PAPDC 1994).
17. Directorate of Food, Roads, and Rural Infrastructures (DFRRI, 1986).
18. Cross River State Community and Social Development Agency (CRSCSDA).
19. Operation Feed the Nation (OFN) (1976).
20. Rural Development Authorities (RDA) (1976).
21. River Basin and Rural Development Authority (RBRDA) (1978).
22. Mass Mobilization for Rural Dwellers (MAMSER) (1985) etc.

In a report by National Primary Health Care Development Agency [13], the primary health care delivery system consists of "pyramids of health facilities in the villages/neighbourhoods (health posts covering 500 persons), primary health clinics (one per group of villages covering 2000–5000 persons) and the primary health centers at the apex covering each political ward consisting of 10–20,000 persons". It added that, "The health providers at these facilities are deployed such that health posts are manned by community health extension workers, clinics are manned by a nurse/midwife and the health centers by a doctor or nurse where available. Linkages to the secondary and tertiary health facilities are affected via a 2-way referrals system. The system was planned to be the basis of the health system of the country and a foundation for further growth and development of the system". Abah [7] argued that "this system was to deliver the ward minimum package of health services (WMPHS) representing the purposed essential package of health services (EPHS) for Nigerians". But further assessment shows that the objective has not been significantly achieved, as there are increasing cases of mortality rates, especially in the rural area, where health care delivery was targeted. Issues of lack of adequate personnel and facilities are identified by the National Primary Health Care Development Agency [13], as constraining factors.

Abah [7] reiterated that the guiding policy for health delivery in Nigeria, the National Strategic Health Development Plan II (NSHDP II) states that the goal of the

policy is "to strengthen Nigeria's health system, particularly the Primary Health Care sub-system, to deliver quality, effective, efficient, equitable, accessible, affordable, acceptable and comprehensive health care services to all Nigerians". The PHC system was deployed to the grassroots, but geographical access did not translate access to health care as the majority (80%) of these facilities were not utilised by the populations [12]. In his findings, Abah [7] explained that the myriad of reasons for this included, "perceived poor quality of services, principally since available health care providers were not capable of delivering competent care to meet the needs of the populations. The expressed health needs of people that make them seek care (which are mostly curative and beyond the prescribed preventive care) require the expertise of professional care providers: doctors, nurses, pharmacists, etc, and not the community health extension workers (CHEWs) found in most PHC". There is an obvious concern about the disparity that exists in the access and utilization of healthcare facilities in Nigeria and Cross River State.

SHED-Africa and Access to Health Care Delivery in Nigeria: Policy Framework and Emerging Challenges

SHED-Africa is a Commonwealth organisation, poised to work with "Nigerian rural and urban poor communities (particularly at household levels) towards achieving improved livelihood, health systems, and sustainable forest resource management. It particularly facilitates skills development, training research, and networking to ensure community people, especially women, and youths, are encouraged to participate in decision-making opportunities relating to their health and environment" [14]. According to the World Bank [15], sustainable health is achievable through the delivery of improved and better-quality healthcare without the exhaustion of natural resources or causing ecological damage to the environment. The relationship between health and sustainability moves from a smaller to a broader focus as follows.

(i) Sustainable healthcare: This is broad slightly but health specific and involves working with partners of the health system for the delivery of healthcare that delivers on a bottom line that is a more social, and financial model of care.

(ii) Sustainable health and well-being: this level is the broadest level, which involves the consideration of sustaining all things that have an impact on well-being and health. For example, is the broadest level and involves considering the sustainability of everything that impacts farming and education, etc. This is the level of sustainable health being considered in this research.

To accomplish one of the SHED objectives of the empowerment programme on health care services, SHED with the assistance of other agencies recruited and trained 40 Child Care Workers (CCW) for five days to conduct an assessment for over 1000 children and eventually enrolled 1000 children to receive health services. This is part of her effort geared toward sustainable health. SHED explored other sources of assistance to the Orphaned and Vulnerable Children (OVC) project. SHED made several advocacy visits to the Health Coordinator, Obubra and to the Head of the Primary Health Centre (PHC), Ofumbongha to collaborate with them to implement the OVC project.

SHED released funds for the treatment of OVC in Ofumbongha community to WETLAND HMO and coordinated the treatment in collaboration with the PHC at Ofumbongha. Basic Care Kit (229 Insecticide Treated Nets, 229 plastic buckets, and 1611 water guard) was distributed to 229 OVC households. The results are a reduction in the cases of malaria and water-borne diseases - children who at the inception of the project fell ill of malaria due to mosquito bites were said to have improved health as they did not fall ill in the last six months of the duration of the project. Secondly, OVC aged less than five years old benefited from the free health scheme [16].

The superseding significance of an effective and efficient child, maternal, and health delivery system is highlighted, as it represents one vital driver of rapid economic social and political growth. The social health of the citizenry ensures greater human development [17]. Therefore, SHED promoting health awareness through OVC, a project meant to bring a rapid decrease in maternal and child mortality has contributed immensely to the socio-economic well-being of rural dwellers. The affirmation by the Alma-Ata Declaration of 1978 stated access to basic health care services including maternal and child services is a fundamental human right. However, after many decades a high proportion of people particularly in rural areas lack access to basic healthcare services.

UNDP [18] report confirmed that there is more than thirty thousand (30,000) child mortality every day from easily preventable diseases, more than five hundred thousand (500,000) women die from complications from pregnancies and childbirth, more than one million children are below five years of age die from the malaria-related illness every year, around twenty million death have occurred from over thirty-eight million people living with HIV/AIDs, and each year about eight million new cases of Tuberculosis is reported of which three million mortality takes place from this number. The link between the health and socioeconomic well-being of rural women has also been established in the literature [19, 20]. These assessments show that organizing micro-business training, participation in the local project through consultation, and promoting health awareness activities are interrelated variables, which enhance the socio-economic well-being of rural dwellers. SHED-Africa supports the vision for an environmentally sustainable health system. Such health systems must improve, maintain, or restore health, while minimizing negative impacts on the environment and leveraging opportunities to restore and improve it, to the benefit of the health and well-being of current and future generations.

3. Theoretical Framework

The political economy perspectives on health

The global economy touches on health. The perspective of political economy aims at locating economic analysis within

an environment politically and tries to understand the interaction between the economy and politics. The perspective is a perspective on health care policy, which aims at understanding the situation that shapes the health of the rural population on healthcare system development within the broader context of the political and economic process. Nevertheless, the associations between development economically and healthcare development are complex and can be analyzed from the angle of different linkages:

Economic development leads to an increase in health resources (improving the living situations and better healthcare delivery); which raised questions such as; what is development? What are the conditions politically for development? What is the condition politically for sustainable ecological development? Under what kind of conditions politically will economic development contribute to improving the living standard and better health system? Exchanging People's health for economic development (accidents from mining', an environment that is unhealthy) and the burden that is a related disease, which is the price for economic development, which raises questions such as what and whose health is valuable because it contributes to the productivity of labor? What and Whose health are transformed and consumed into health? Consumed and transformed into wealth? These conditions are changed by what conditions. Improved health contributes to economic development particularly, by the improvement in the productivity of labour, which raises questions such as by what condition does improvement in healthcare contributes to economic development? By what condition does improvement in health contribution to development valued?

The proponents argued that medicine is associated with the issue of social control. It aims at explaining normality, punishing deviance, and in the maintenance of social order. Dissimilar from functionalism, it views medicine as functioning on behalf of the controlled group in society. This broader element causing ill health is a direct outcome of capitalism.

4. Research Methodology

The study is descriptive. The population of the study consists of the inhabitants of the ten villages in the Ofumbongha community: about 5000 people [21]. The population comprises self-employed, gainfully employed, students, farmers, entrepreneurs, fishermen, and NGO staff. The researchers believe that these categories of respondents were in a better position to provide reliable information on the subject matter. The researchers purposively studied only rural communities where Sustainable Health for Environment Development (SHED) was actively involved in development projects.

The hypothesis is that activity of SHED Africa has no significant impact on accessibility to health care delivery in Ofumbongha community, Obubra local government area of Cross River State.

A research instrument was developed and administered to a sample size of 400 respondents randomly selected from the population. From this number administered 393 instruments were properly filled and returned. Data obtained from 393 respondents were analysed using a simple percentage statistical technique.

5. Result and Discussion

The results are presented in a tabular form as shown below,

Table 1. *Respondents' responses on promoting health awareness activity.*

S/N	ITEMS	YES	NO
1	Creating healthy environment by SHED is a crucial component of development in my community.	354 (90.1 percent)	39 (9.9 percent)
2	The orphaned and vulnerable children outreach project embarked on by SHED transformed the health status of my community.	366 (93.1 percent)	27 (6.9 percent)
3	Promoting health activities like funding free health schemes and provision of insecticide-treated mosquito nets improved the health of my community members.	367 (93.4 percent)	26 (6.6 percent)
4	Through the efforts of SHED, challenges to my community health-care system have been addressed	365 (90.6 percent)	37 (9.4 percent)
5	The health awareness created by SHED enables us now to liaise with the government to improve our health care system	346 (88.0 percent)	47 (12.0 percent)

Table 1 above indicates the respondents' responses to promoting health awareness activity. The response to question one which states that "creating a healthy environment by SHED is a crucial component of development in my community showed that 90.1 percent (N=354) responses were positive while 9.9 percent (N=39) responses were negative. The responses to question two which states that "the Orphaned and Vulnerable Children Outreach project embarked on by SHED transformed the health status of my community showed that 93.1 percent (N=366) responses were positive while 6.9 percent (N=27) responses were negative. The responses to question three which states that promoting health activities like funding free health scheme, and provision of insecticide-treated mosquitoes nets improved the health of my community members" showed that 90.6 percent (N=356) responses were positive while 6.6 percent (N=26) responses were negative.

The responses on question four which states "that through the efforts of SHED, challenges to my community health care system have been addressed", shows that "90.6 percent (N=356) were positive while 9.4 percent (N=37) responses where we live. Finally, the responses on question five which states that "the health awareness created by SHED enables us now to liaise with the Government to improve our health care

system" showed that 88.0 percent (N=346) responses were positive while 12.0 percent (N=47) responses were negative. The result obtained from answers to the research questions indicates that SHED Africa has contributed to creating awareness and access to health care delivery in the Ofumbongha community in the Obubra local government area of Cross River State.

Base on the answer to research questions stated above, the hypothesis that the activity of SHED Africa has no significant impact on accessibility to health care delivery in Ofumbongha community, Obubra local government area of Cross River State, is rejected. The alternate is accepted. The study therefore concludes that the activity of SHED Africa has a significant impact on accessibility to health care delivery in Ofumbongha community, Obubra local government area of Cross River State. This supports earlier position by UNDP (2003), that there is a link between government policies, the health and socioeconomic well-being of rural women. The position is also shared by [19, 20]. These assessments show that organizing micro-business training, participation in the local project through consultation, and promoting health awareness activities are interrelated variables, which enhance the socio-economic well-being of rural dwellers.

6. Conclusion

The study assessed the impact of SHED Africa on the accessibility to health care delivery in the Ofumbongha community in the Obubra local government area of Cross River State. The study underscored the significance of the project in creating awareness and access to healthcare delivery in study. From interacting with the respondents, the study identified distance or uneven distribution of health centers as a major factor that affects access to medical services in the area. It noted further that people tend to patronize medical centers that are closer to them than those that are further apart provided they provide similar services and the required facilities. Equally, the nature of services rendered by health establishments and health facilities also influences the number of attendances.

7. Policy Advocacies for Sustainability

The study recommends as follows, There is need for a reform in the Nigerian health sector. The reform must create a new path to health care access and the desired health outcomes. This will put the country on the right course to a health system that can hope to serve its purpose, build a foundation for development and growth, and bring the system in line with the twenty first century (Abah, 2022).

The need for improved awareness and access to health care delivery in rural areas in Nigeria. This is a call to the government at all levels and the NGOs to design and implement an inclusive advocacy framework which will disseminate health policies among Nigerians, especially, those in rural areas.

The design, implementation, and evaluation of the impact of health care polices in Nigeria must be participatory. politicians, health manpower including the private sector, public, community leaders, civil society organisations, global partners and others to ensure buy in, ownership and sustainability.

Manpower in the health sector must be developed and properly motivated to avoid the current trend of brain drain in the country. This is urgent. There is need to increase the training, deployment of health workers especially primary care specialists to rural areas, where there is greater vulnerability to health care challenges in the country.

Conflicts of Interest

There is no conflict of interest.

References

[1] Ajilowo, J, & Olujimi, B. (2007). Accessibility of the Rural Dwellers to Healthcare Facilities in Nigeria: The Owo experience. *Pakistan J. Social Sci. 4* (1) 44-55.

[2] Okafor, F. C. (1984). Accessibility to general hospital in rural Bendel State*, Nigeria Soc. Sc. Med. 8*, 661-666.

[3] Aregbeyen, J. B. O. (1992). Health care services utilization in Nigerian rural community, A focus on Otue community and environs in Edo State. NISER Monograph Series, Ibadan.

[4] Adejuyigba, O. (1973). Location of social service centres in Western Nigeria: The case of Medical. *Facilities Man and Society*, 115-142.

[5] Olayiwola, L. M. (1990). *A study of the adequacy of infrastructural facilitates in rural area of Oranmiyan Local Govt Area of Oyo State*. Unpublished Ph.D Thesis, University of Obafemi Awolowo University, Ile-Ife.

[6] World Health Organisation (2022). Universal Health Coverage. Available at http://www.who.int (Accessed August 5, 2023).

[7] Abah, V. O. (2022). Poor Health Care Access in Nigeria: A Function of Fundamental Misconceptions and Misconstruction of the Health System. Open access peer-reviewed chapter. https://www.intechopen.com/online-first/84695.

[8] Williams, P. B. and Omishakin, M. A. (2023) Major Barriers to Effective Delivery of Health Services in Nigeria. *Community Health Equity Research & Policy.* 4 (1). https://doi.org/10.2190/0MJ5-FCP1-TD34-5BGC

[9] Oyewo, A. T. (1991). *The application of presidential system into Nigeria local government*. Ibadan: Jator Publishing Co.

[10] World Health Organisation (2010). Achieving Sustainable Health Achieving Sustainable Health Development in the African Region Development in the African Region Strategic Directions for WHO. https://www.afro.who.int/sites/default/files/2018-03/strategic-directions2010-2015.pdf

[11] Amata D. (2022). Budget: N3,453 per Capita for the medical care of Every Nigerian in 2022. Available at https://www.dataphyte.com (Accessed August 8).

[12] Federal Government of Nigeria. National Strategic Health Development Plan II (2018-2022) (2022). Available at https://ngfrepository.org.ng [Accessed September 22).

[13] National Primary Health Care Development Agency (2021). Minimum Standards for Primary Health Care in Nigeria. Available at https://ngfrepository.org.ng (Accessed August, 6).

[14] SHED-Africa (2023). Commonwealth NGOs related to forestry. http://www.cfa-international.org/NGO%20directory/DFA-583a.htm

[15] World Bank (2007). *World Bank Development Report: Making services work for poor people.* Washington DC. World Bank.

[16] Ekpo, M. (2011). Shed Africa - accord *end of orphaned and vulnerable children OVC outreach project Report,* Nigeria.

[17] Anam, B. (2011). *Understanding rural development concepts, theories, and strategies,* Calabar: Kings View Publishing House.

[18] United Nations Development Programme (2003). *Division for sustainable development: Indicators for sustainable development.* Review and assessment background paper New York: United Nations publication.

[19] Omo-Aghoja L. O., Aisien O. A., Akuse J. T., Bergstrom S. and Okonofua F. E. (2010). Maternal mortality and emergency obstetric care in Benin city, South-south Nigeria. Journal of Clinical Medicine and Research; 2(4): 055-060.

[20] Bushy, S. W. (2008). *Evolving challenges in rural development.* London: Macmillan.

[21] National Population Commission (NPC) (2006) Nigeria National Census: Population Distribution by Sex, State, LGAs and Senatorial District: 2006 Census Priority Tables (Vol. 3). http://www.population.gov.ng/index.php/publication/140-popn-distri-by-sex-state-jgas-and-senatorial-distr-2006