

# Citizen Perceptions Study

## Enhancing Accessibility and Service Delivery within Primary Health Care Facilities in Kaduna State



## **Executive Summary:**

The Citizen Perception Study conducted in Kaduna State by the Kaduna State Bureau of Statistics in collaboration with the Ministry of Health and State Primary Health Care Development Agency offers a comprehensive overview of community experiences with Primary Health Care (PHC) facilities, shedding light on accessibility, service delivery, and public satisfaction. The study encompassed various dimensions, including health insurance coverage, cleanliness, waiting times, quality of care, and the professionalism of healthcare workers.

A comprehensive mixed-method approach was employed in this study, encompassing all 23 Local Governments within the scope. A purposeful sampling strategy was employed, targeting the entirety of the 255 Primary Health Care (PHC) facilities, ensuring representation from each ward. To facilitate this, a 500-meter buffer was generated for each facility in urban areas, and a 1-kilometer buffer was applied to those in rural settings. A meticulous enumeration covered all communities and households within these buffers. The data collection involved the administration of questionnaires to an individual aged 18 years or above, ensuring a representative sample within each household. Here are key findings and recommendations:

### **Key Findings:**

**Health Insurance Coverage:** Only 10.5 percent of the covered population is covered by health insurance, indicating a need for strategic efforts to expand coverage and enhance financial protection.

**PHCs Visit.:** Impressively, nearly 8 out of every 10 households in the state opt to seek healthcare services at a PHC.

**Reason for Visit:** Most households visit the facility for malaria treatment, followed by Antenatal care and Immunization.

**Community Satisfaction:** Overall, 86 percent of the population expressed satisfaction with the quality of care and services at PHC facilities. An exceptionally high 99 percent reported satisfaction with the behavioral attitude and professionalism of healthcare workers during visits.

**Cleanliness and Hygiene:** A notable 94.1 percent of respondents rated the cleanliness and hygiene of PHC facilities as good. However, disparities exist across Local Government Areas (LGAs), with the highest ratings in Birnin Gwari and Makarfi and the lowest in Sanga and Chikun.

**Waiting Times:** 90.7 percent of the population found waiting times for service delivery at PHC facilities acceptable. Variations across LGAs indicate potential areas for improvement, with longer waiting times reported in Birnin Gwari, Kauru, and Kudan.

**Healthcare Worker Professionalism:** Except for Chikun, Kaduna South, Soba, and Kudan, 99 percent of respondents were satisfied with the behavioral attitude and professionalism of healthcare workers.

**Recommendations:**

**Expand Health Insurance Coverage:** Launch targeted awareness campaigns to increase health insurance enrolment and explore innovative public-private partnerships to expand coverage.

**Infrastructure Improvements:** Prioritize infrastructure upgrades, particularly in LGAs reporting challenges such as lack of water and electricity at PHC facilities.

**Community Engagement:** Implement community-based awareness campaigns to educate residents on the benefits of health insurance and encourage regular healthcare visits.

**Professional Development:** Invest in ongoing professional development programs for healthcare workers, focusing on enhancing skills and interpersonal communication.

**Monitoring and Evaluation:** Continuous conduct of this study on a quarterly basis using the telepolling method.

**Provision of Drugs:** Facilities should make requisitions to KADHSMA on time to ensure adequate stock of drugs. KADHSMA should maintain its lead time from requisition to supply.

**Proper coordination by MOH:** There should be more coordination by the Ministry of Health for better service delivery.

**Employment of More Health Workers:** There is a need to employ more Nurses/Midwives in the PHCs.

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## **CHAPTER 1: INTRODUCTION:**

The Kaduna State Bureau of Statistics (KDBS), in collaboration with the Kaduna State Ministry of Health (SMOH) and State Primary Health Care Development Agency (SPHCDA), carried out a citizen perception study employing cutting-edge telepolling methods. This innovative approach signifies a paradigm shift for KDBS, transitioning from conventional Survey-Based operations to pioneering data platforms that empower stakeholders, including Ministries, Departments, and Agencies (MDAs), as well as development partners, to actively engage with data for robust decision-making processes.

The essence of this survey lies in its ability to provide an insightful tracking mechanism for citizen opinions concerning accessibility and service delivery within the healthcare landscape. Furthermore, the study serves as a crucial instrument for aligning public sentiment with government policies, notably the State Development Plan (SDP) and the imperatives outlined in the Sustainable Development Goals (SDGs). By leveraging telepolling methodologies, KDBS not only demonstrates a commitment to technological advancement but also ensures the agility and responsiveness required for the effective measurement of public perceptions in tandem with evolving policy frameworks.

### **1.1 Rationale:**

The significance of these studies cannot be overstated, particularly considering the substantial investments made by the Government and Development Partners in Primary Health Centres (PHCs). These investments span a spectrum of critical areas, including robust infrastructural enhancements, the provisioning of essential medical equipment, and the facilitation of vital healthcare services. Notable among these services are the provision of Free Maternal and Child Health Services, comprehensive Family Planning initiatives, nutritional support, the Integrated Management of Common Child Illnesses, Immunization programs, as well as targeted interventions for prevalent health challenges such as Malaria, HIV/AIDS, and Tuberculosis.

Furthermore, these endeavors extend to the conscientious enrolment of vulnerable populations in both the formal and informal sectors into social insurance schemes, fostering a more inclusive and resilient healthcare system. The commitment to ensuring equitable

access to healthcare is further underscored by the systematic disbursement of monthly capitation to all healthcare facilities.

The pivotal point of the study lies in unravelling the tangible impact of these governmental and developmental investments on both individuals and the community at large. By scrutinizing the outcomes and efficacy of these multifaceted interventions, the studies aim to articulate a comprehensive understanding of how such strategic investments contribute to the overall well-being of citizens. This not only serves to validate the necessity of sustained financial commitments but also provides actionable insights for refining and optimizing future policy and investment decisions in the realm of primary healthcare. In essence, the study acts as a lens through which the ripple effects of government and development partner investments in PHCs are thoroughly examined, revealing the depth of their impact on the health and prosperity of communities around the PHCs.

### **1.2 Objective:**

The objective of the study is to:

- To generate a pool of phone numbers that will serve as a frame for conducting telephone interviews with health services beneficiaries across the State.
- Gauge the knowledge of respondents on the existence of PHC in their area.
- Determine the accessibility of the PHC as a primary point of care and their respective equidistance.
- Determine the perceptions of citizens to the services delivered to the last mile at the PHC level, and the impact of what was reported in HEFA and ISS platforms.
- Understand community status regarding Insurance and Free Health Coverage of the PHC
- Provide a conceptual framework and background behind health facility selection for point of care.

### **1.3 Scope:**

The study thoroughly looks at people's perceptions of important aspects of primary healthcare services, showing its comprehensive approach. The investigation spans an array of focal points, encompassing the demographics of the respondents, and the respondent's perceptions on

- a) Accessibility of health facilities,
- b) The quality of services provided, and
- c) The attitudes of healthcare staff.

Additionally, the study extends its purview to encompass a holistic assessment of general feedback, providing a well-rounded perspective on the overall healthcare experience.

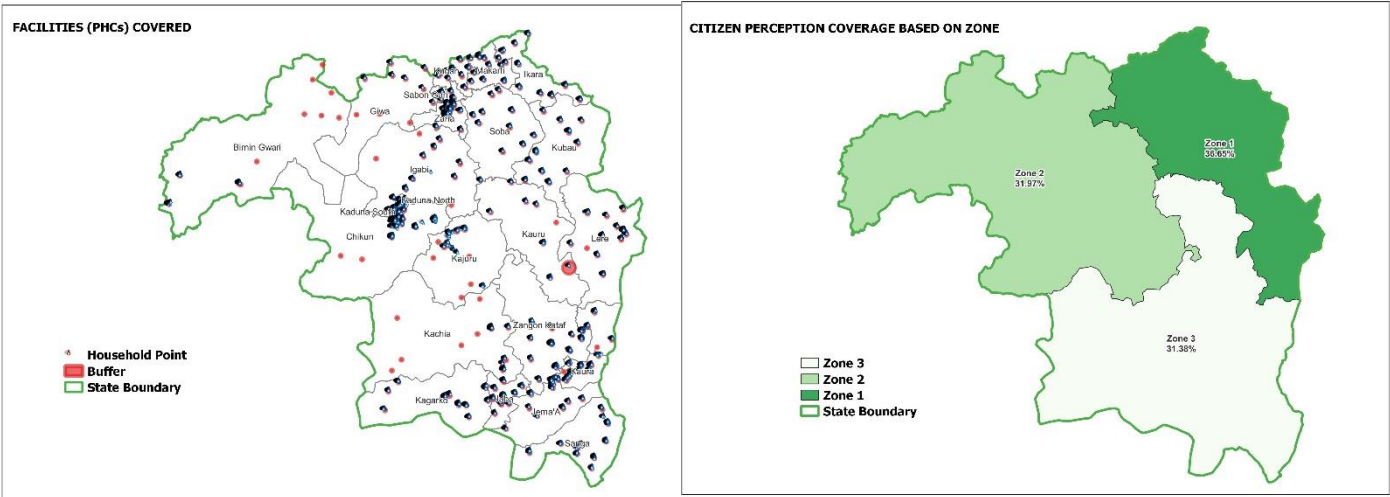
### **1.4 Coverage**

The Study targeted 255 Primary Health Centres (PHCs) (one PHCs per ward) dispersed across both urban and rural communities within the 23 Local Government Areas (LGAs) of the state, the study ensures a representative and comprehensive coverage. However, we were able to cover 221 facilities across 221 wards. This is majorly due to insecurity across some LGAs in the State

A buffer of 500km was created around each urban facility, and communities within those buffers were diligently covered, while a more granular 1km buffer was applied to rural communities. This meticulous spatial delineation ensures that the study captures the diverse healthcare dynamics inherent in both urban and rural settings, facilitating a better understanding of the challenges and strengths unique to each locality.

By embracing such a thorough and expansive scope and coverage, the study tries to furnish insights that are not only statistically robust but also reflective of the diverse healthcare landscapes within the state.

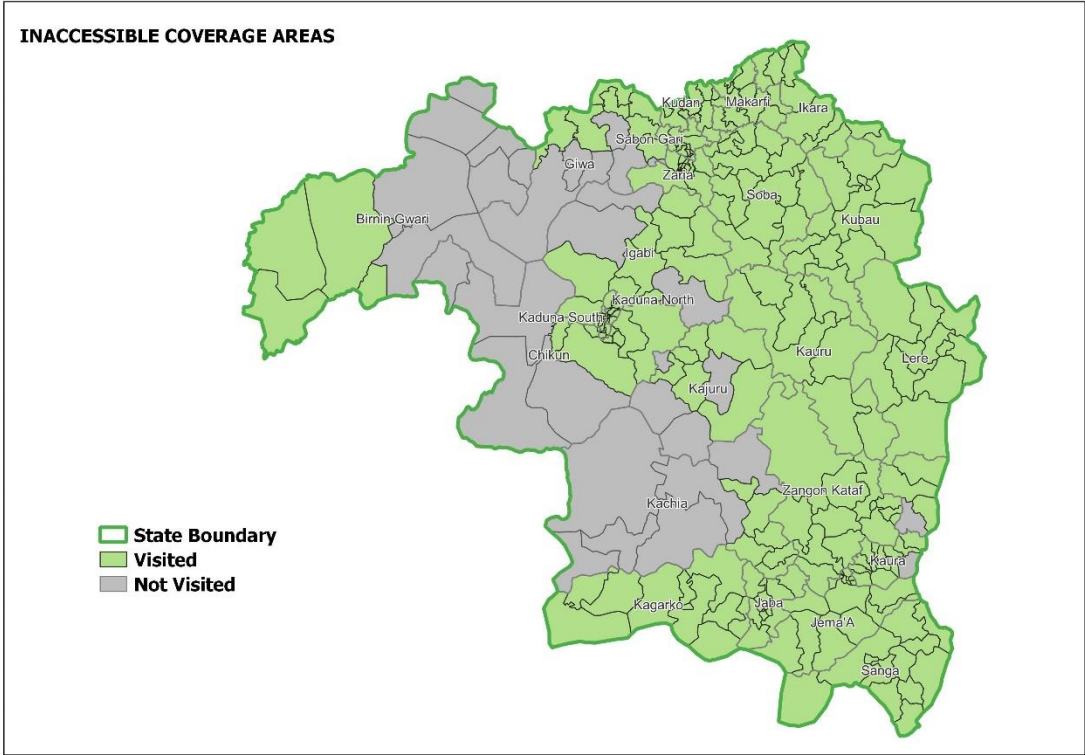




### 1.5 Limitation:

The survey encountered several challenges during its implementation, including:

- a) Security Concerns: The planned coverage outlined in the methodology was hindered due to prevalent insecurity in certain areas.
- b) Insufficient Funding: Inadequate financial resources posed a challenge, impacting the execution of the survey as per the intended scope and scale.
- c) Resistance from Household Members: Some members of households exhibited resistance, presenting an additional obstacle to the smooth progress of the survey.



## **CHAPTER 2: METHODOLOGY:**

### **2.1 Study Design:**

The study employed a comprehensive methodology, covering all 23 Local Government Areas (LGAs) in the state. Within each LGA, a purposive selection approach was applied to choose a major healthcare facility in every ward for inclusion in the study. The rationale for this inclusion was predicated on the assumption that these selected facilities represent beneficiaries of all healthcare interventions across the state.

The urban classification was assigned to six LGAs, namely Kaduna North, Kaduna South, Chikun, Igabi, Zaria, and Sabon Gari. For facilities in urban areas, a 500m buffer was generated, while a 1km buffer was generated for rural facilities. Complete enumeration was conducted for all communities, housing units, and households within these areas. Enumerators were deployed to collect demographic data and gather opinions on the services provided by health facilities, discerning the proportion of households accessing Primary Health Care (PHC) services in the locality. Spatial data collection facilitated seamless triangulation of data and the creation of community-based maps, offering valuable insights for both the Bureau and the Ministry of Health's micro planning.

The study was designed to establish a robust database of phone numbers, serving as a frame from which samples will be drawn for subsequent quarterly studies. Regular updates to this frame, conducted annually, will ensure its relevance and accuracy over time. This meticulous approach not only provides a current snapshot of healthcare dynamics but also establishes a foundation for ongoing, data-driven investigations.

### **2.2 Team composition:**

Highly skilled personnel from the Kaduna State Bureau of Statistics (KDBS), the Ministry of Health (MoH), and the State Primary Health Care Development Agency (SPHCDA) were selectively chosen to execute this study. Six teams, each comprised of five enumerators and one supervisor, were meticulously assembled, with two teams assigned to each senatorial zone. The study unfolded over a span of 17 days, demonstrating efficiency without compromising the integrity of the data collection process.

## Chapter 3: KEY FINDINGS

### 3.1 Coverage Analysis

The study revealed that a total of 22,582 households were surveyed across the state. Zone 1 with the highest proportion, comprising 36.65 percent of the total households, followed closely by Zone 2 at 31.97 percent and Zone 3 at 31.38 percent. These findings underscore the geographical distribution of surveyed households, offering valuable insights into regional variations.

At the local government level, Kaduna North demonstrated the highest coverage, covering 2,092 households. Zaria and Sabon Gari followed suit with notable coverage figures of 1,607 and 1,494 households, respectively. Conversely, Kajuru and Giwa recorded the least coverage, with 311 and 359 households, respectively. It is pertinent to note that the lower coverage in these areas was influenced by security concerns, leading to the exclusion of several facilities from the study within these locations.

This analysis not only provides a quantitative understanding of the extent of coverage but also highlights the impact of contextual challenges, such as insecurity, on the study's reach in specific localities.

These findings equip policymakers and stakeholders with a comprehensive overview of the distribution of covered households, enabling targeted interventions and resource allocation based on identified needs and constraints.

TOTAL COVERAGE	
LGA	Total Household Covered
BIRNIN GWARI	891
CHIKUN	1,236
GIWA	359
IGABI	895
IKARA	848
JABA	881
JEMAA	1,134
KACHIA	766
KADUNA NORTH	2,092
KADUNA SOUTH	1,435
KAGARKO	1,063
KAJURU	311

KAURA	556
KAURU	590
KUBAU	780
KUDAN	684
LERE	1,471
MAKARFI	568
SABON GARI	1,494
SANGA	818
SOBA	824
ZANGON KATAF	1,279
ZARIA	1,607
<b>STATE</b>	<b>22,582</b>

### **3.2 Demographics of the Respondent**

The demographic profile of respondents, as shown from the study, reveals notable patterns in gender distribution, marital status, educational qualifications, employment status, and disability prevalence.

#### **3.2.1 Gender Distribution:**

Most respondents were female, constituting 52.9 percent of those who participated in the questionnaire, while males accounted for 47.1 percent.

#### **3.2.2 Marital Status:**

The study indicates that a significant proportion of respondents were married, comprising 82.87 percent of the total. Conversely, never-married respondents constituted 15.21 percent of the surveyed population while the remaining percentage is captured in the other categories.

#### **3.2.3 Educational Attainment:**

Half of the respondents held a secondary certificate as their highest qualification, while one-fifth possessed a tertiary certification. Approximately 10 percent of respondents reported having no formal certification.

### 3.2.4 Employment Status:

A noteworthy finding pertains to the employment status of the respondents. Four in every ten were self-employed, three were housewives, one identified as a student, and two were either employed in the government or private sector.

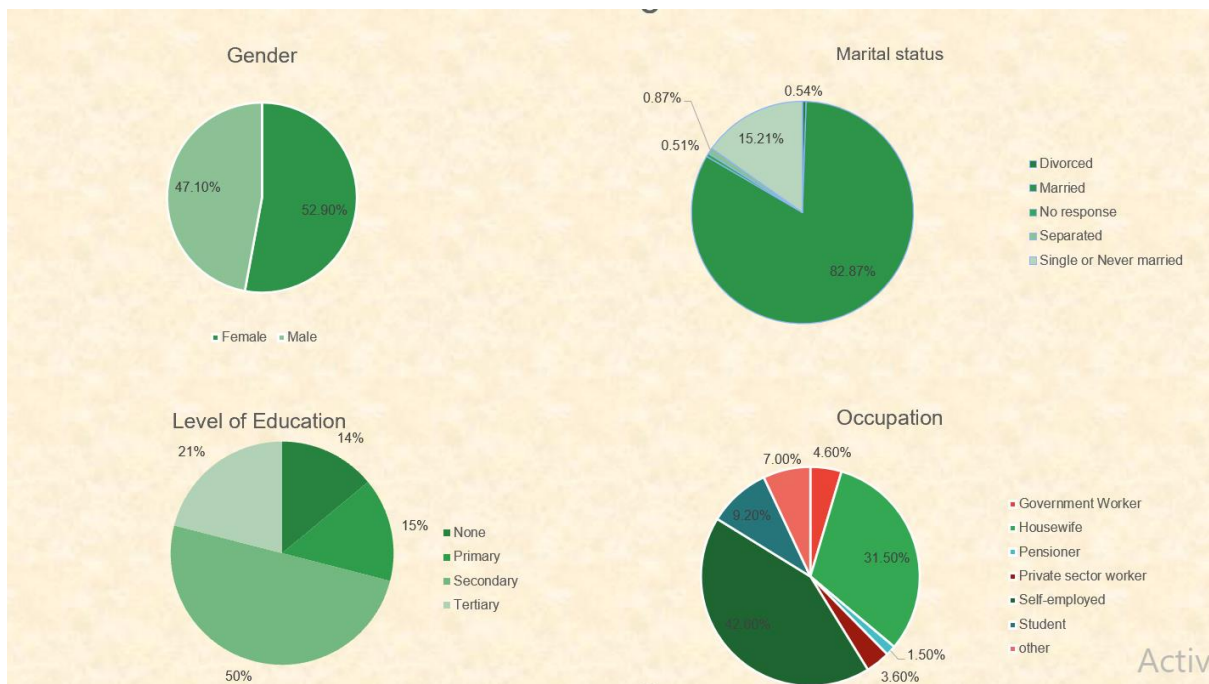
### 3.2.5 Disability:

A relatively small percentage of respondents, specifically 1.98 percent, reported having some form of disability.

### 3.2.6 Age Distribution:

The average age of respondents was 37 years, providing a benchmark for understanding the age composition of the covered population.

These demographic insights offer a comprehensive understanding of the composition of respondents, facilitating a better interpretation of the study results and informing targeted interventions based on the identified demographic characteristics.

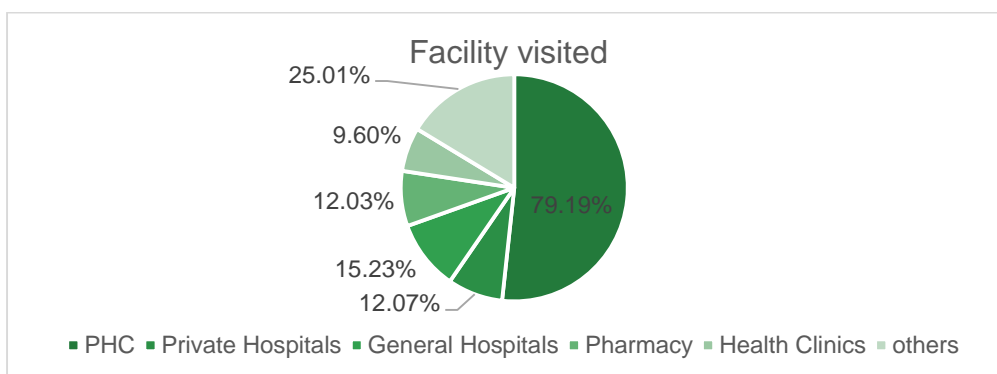


### 3.3 Health Facility Visit

The study's findings also underscore a notable trend, revealing that Primary Health Centers (PHCs) attract a significantly higher number of visitors compared to other health facilities in the state. Impressively, nearly 8 out of every 10 households in the state opt to seek healthcare services at a PHC. This high utilization rate signifies the pivotal role that PHCs play as a primary point of access to healthcare services among the covered population.

The data underscores the importance of PHCs in meeting the healthcare needs of the community and highlights the significance of further optimizing and strengthening these essential healthcare facilities to enhance overall service delivery.

#### The proportion of population with visits to the Health Facilities



### 3.4 Perception of Accessibility of PHCs

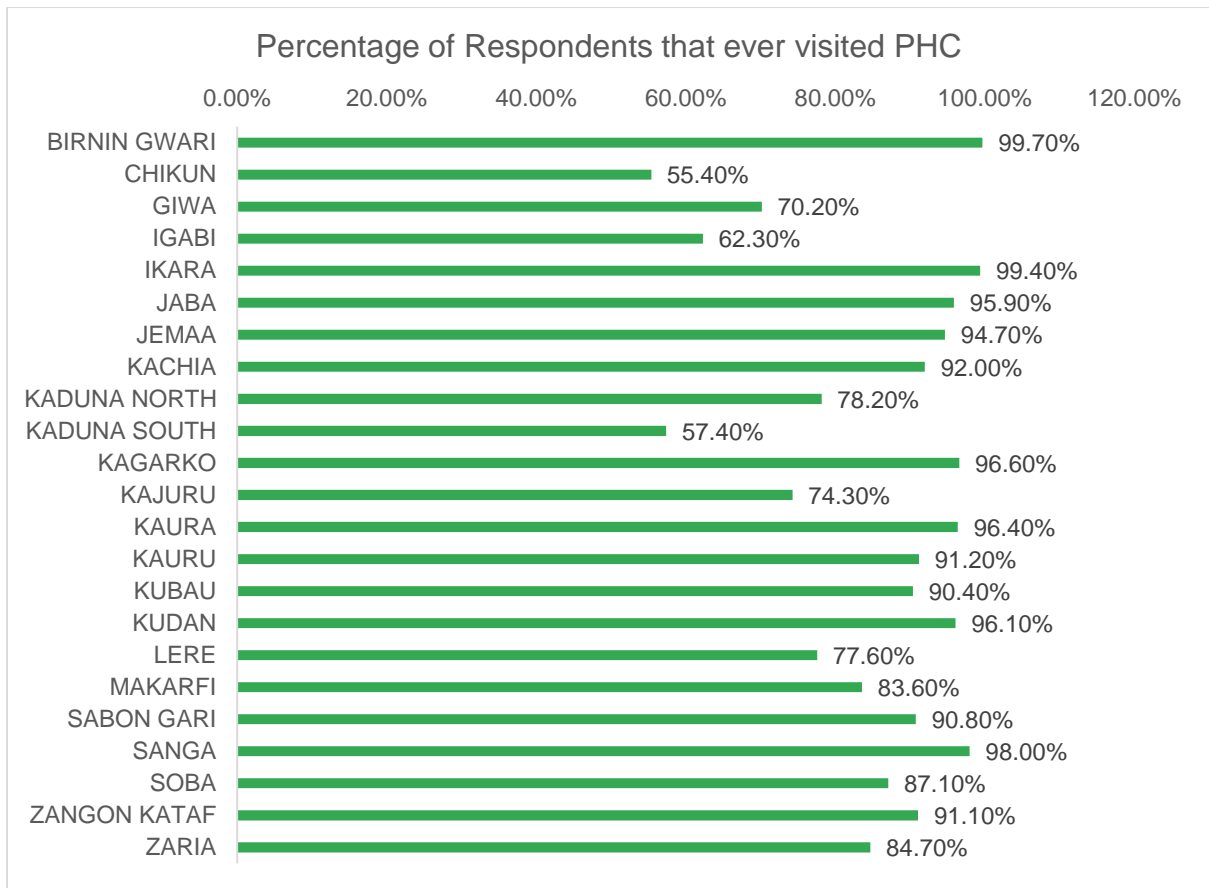
#### 3.4.1 Ever Visited a Primary Health Care Facility

Among the 22,582 respondents, a substantial 84.3 percent have visited a Primary Health Care (PHC) facility at some point. Notably, the prevalence of PHC visits varies across different Local Government Areas (LGAs), showcasing diverse patterns of healthcare utilization.

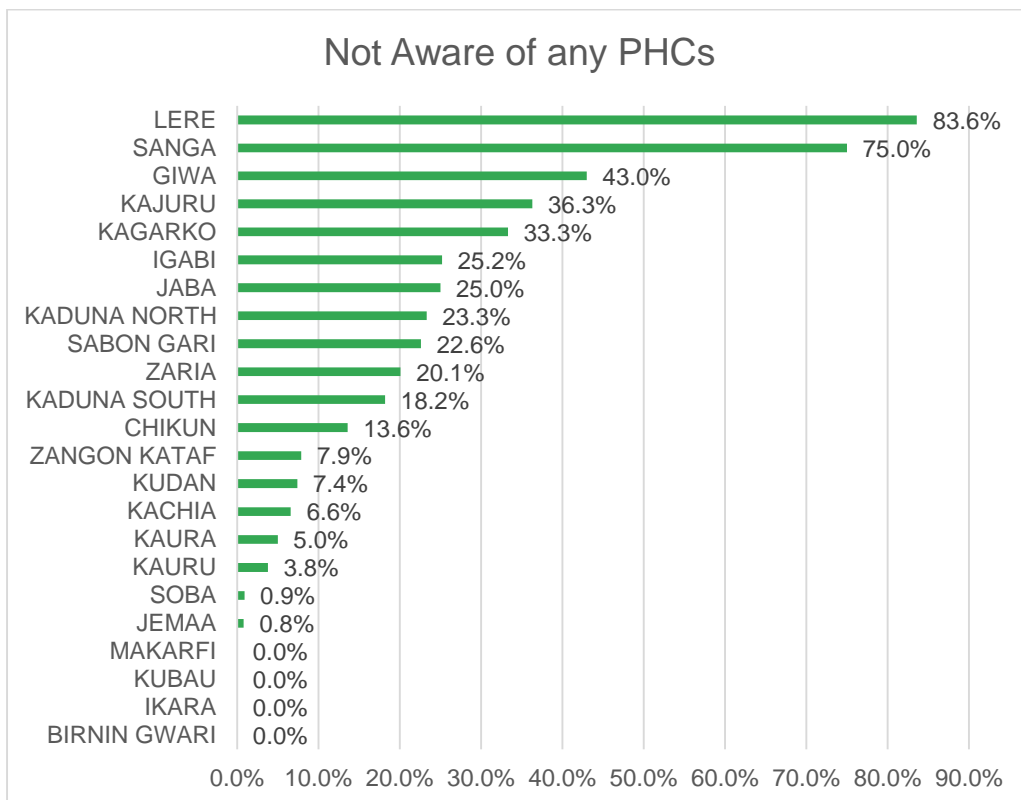
- Highest Proportions of PHC Visitors:
  - The LGAs with the highest proportions of residents who have visited PHCs include Birnin Gwari (99.7 percent), Sanga (98 percent), and Kagarko (96.6 percent). These areas demonstrate a robust engagement with PHC services among their respective populations.

- Lowest Proportions of PHC Visitors:
  - Conversely, Chikun (55.4 percent), Kaduna South (57.4 percent), and Igabi (62.3 percent) exhibit comparatively lower proportions of residents who have visited PHCs, indicating potential areas for targeted interventions to enhance healthcare accessibility and utilization.
- Reasons for Non-Visitation:
  - Among those who have never visited any PHCs, 23.4 percent cited lack of awareness of nearby PHCs as the reason, while 76.6 percent were aware but chose not to visit. This insight illuminates the role of awareness campaigns in influencing healthcare-seeking behavior.
- LGA Disparities in Non-Visitation and Lack of Awareness:
  - The LGAs with the highest proportions of residents who have never visited any PHCs and are unaware of nearby facilities are Lere (83.6 percent), Sanga (75.0 percent), and Giwa (43 percent). Addressing awareness gaps in these areas could potentially increase healthcare utilization.

These findings unveil critical insight into the utilization patterns of PHCs across different LGAs, offering valuable insights for targeted interventions and awareness campaigns to enhance community engagement with primary healthcare services.



### Respondent Awareness of the presence of PHCs in their Neighborhood





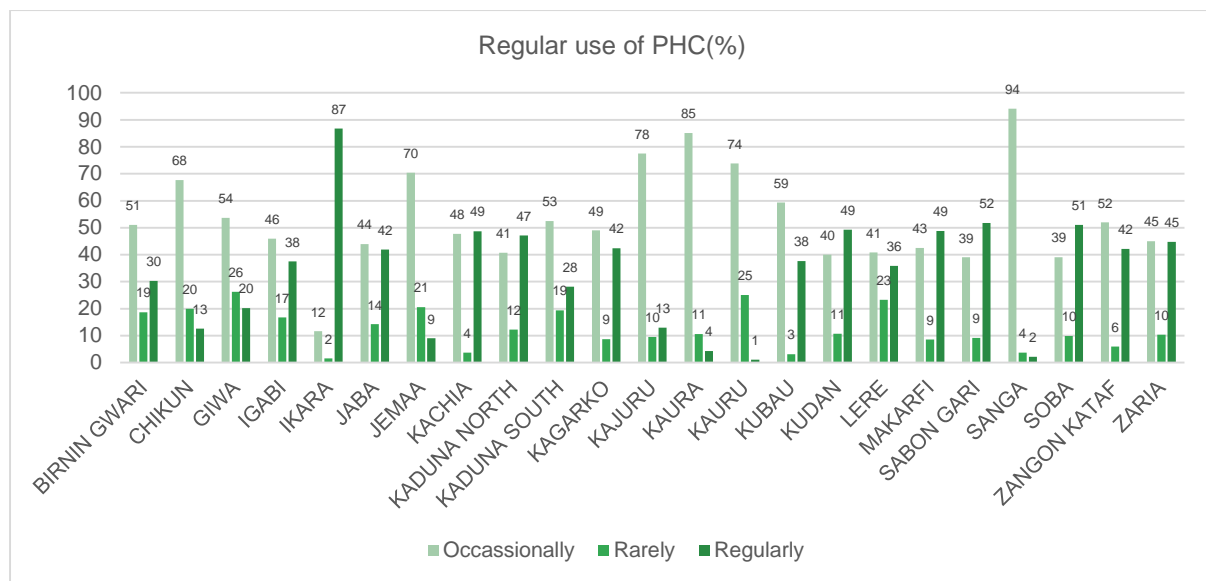
### 3.4.2 Regular use of the PHCs

The study unveils insights into the regular utilization of Primary Health Care (PHC) facilities, presenting varying proportions across different Local Government Areas (LGAs). This analysis sheds light on the consistency of healthcare engagement within specific communities.

- Highest Proportions of Regular PHC Users:
  - Notably, Ikara stands out with the highest proportion of residents regularly using PHCs, boasting an impressive 87 percent engagement. Following closely are Sabon Gari and Soba, both demonstrating substantial regular usage rates, with 52 and 51 percent respectively.
- LGAs with Lower Regular PHC Usage:
  - In contrast, Kaura, Sanga, and Jemaá exhibit comparatively lower proportions of the population utilizing PHCs regularly. These areas present opportunities for targeted interventions and initiatives aimed at promoting consistent and routine access to primary healthcare services.

These findings not only highlight the variations in regular PHC utilization across different LGAs but also emphasize the need for tailored strategies to encourage sustained engagement with primary healthcare facilities. Understanding the factors influencing regular use is crucial for the design and implementation of effective interventions aimed at enhancing healthcare continuity within specific communities. Expanding this information to capture the factors will be pivotal for the next phase of the study.

## Proportion of population with visit to PHCs



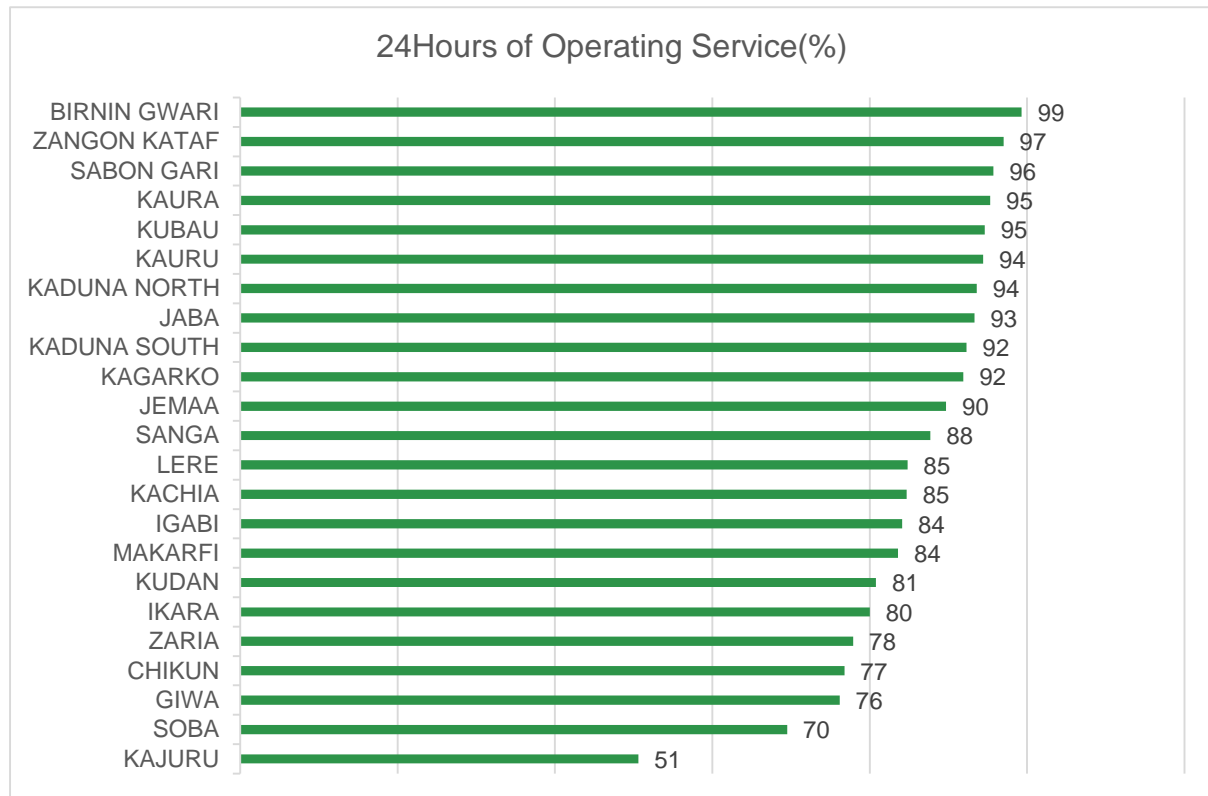
### 3.4.3 Perception of Respondents on the Operational Hours of the PHCs

The study delves into the perceptions held by respondents regarding the operational hours of Primary Health Care (PHC) facilities, providing valuable insights into community beliefs regarding service availability.

- Perceived Operational Hours:
  - A significant majority of the interviewed population, comprising 87.9 percent, holds the perception that PHC facilities operate around the clock, providing services 24 hours a day. This perception underscores the expectation of continuous and accessible healthcare services within the communities.
- Variations in Perception:
  - Notably, there are disparities in perception across specific areas, with respondents in Kajuru and Soba expressing the belief that the PHC facilities in their locales do not operate continuously around the 24-hour mark. Understanding these local variations is crucial for aligning community expectations with actual operational realities.

These findings offer valuable insights into the perceived accessibility of PHC services, providing a basis for addressing potential gaps in communication or service provision. By

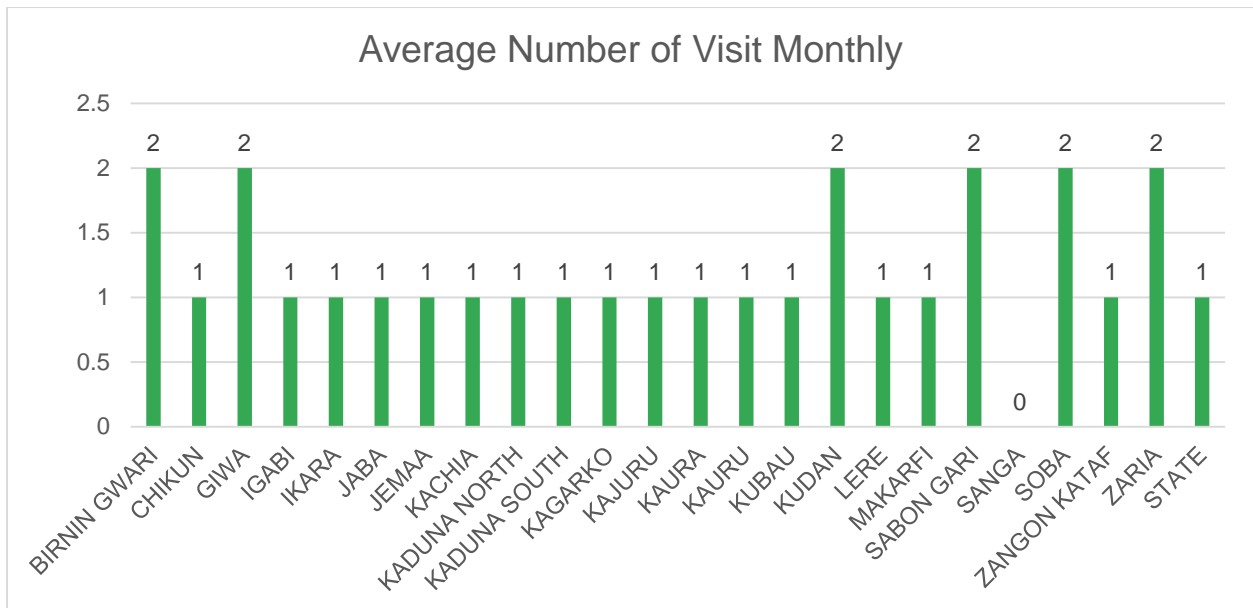
understanding community perceptions, SPHCDA can refine communication strategies and potentially enhance service delivery to align with the expectations of the population.



The study shows that, on average, households across the state visit Primary Health Care (PHC) facilities once a month. However, specific Local Government Areas (LGAs) exhibit a higher frequency of visits, with an average monthly visitation rate of 2.

Notably, Birnin Gwari, Giwa, Kudan, Sabon Gari, Soba, and Zaria Local Governments stand out with a comparatively higher average monthly visitation rate of 2. This finding suggests a heightened engagement with PHC services in these areas, indicating potentially greater healthcare awareness or specific health needs within these communities.

Understanding the variations in visitation frequency across LGAs provides a basis for tailoring healthcare strategies and interventions to meet the distinct needs and expectations of different communities. This approach contributes to more effective healthcare planning and resource allocation.



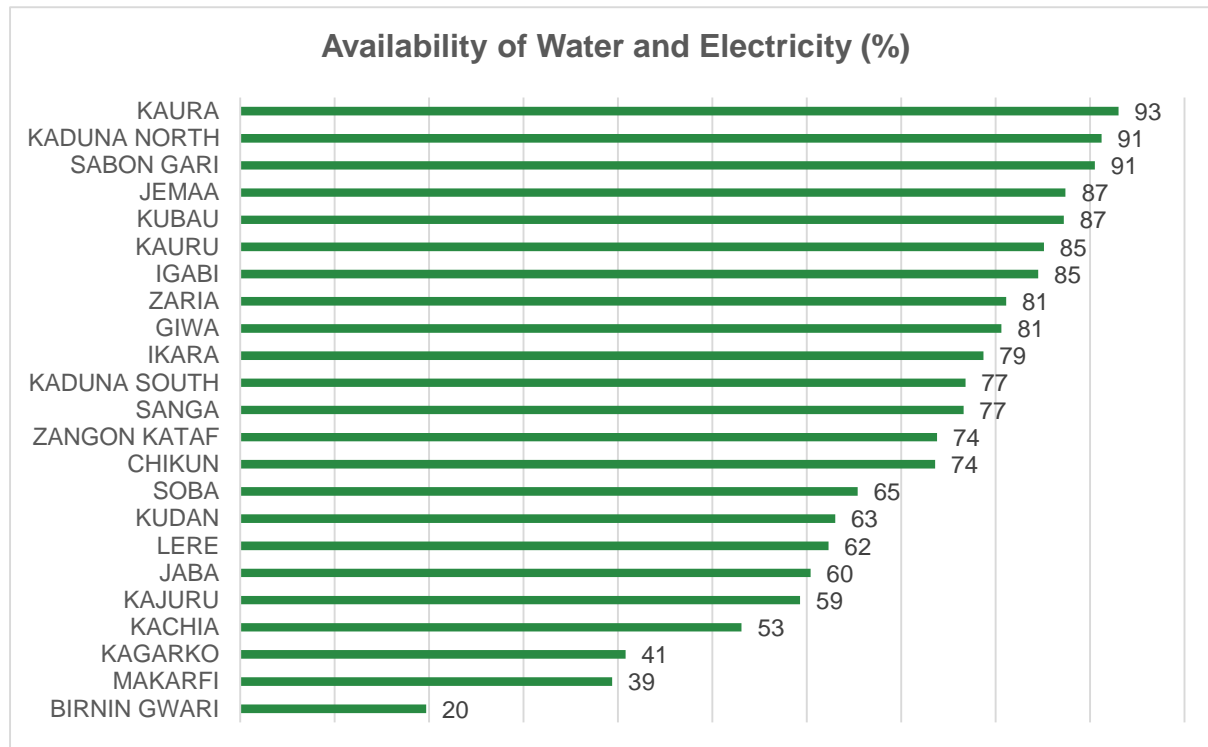
### 3.4.4 Perception of Respondents on the availability of water and electricity at the PHCs

The study highlights significant disparities in the perceptions of respondents regarding the availability of essential amenities, specifically water and electricity, at the Primary Health Care (PHC) facilities they visited.

- High Perceived Availability:
  - In Kaura, a remarkable 93 percent of respondents, along with 91 percent in both Kaduna North and Sabon Gari, affirm the presence of water and electricity at the PHCs they visited. This suggests a positive perception of infrastructure reliability and amenities in these areas.
- Perceived Absence in Specific LGAs:
  - Conversely, a smaller proportion of respondents in certain LGAs, such as Birnin Gwari (20 percent), Makarfi (39 percent), and Kagarko (41 percent), perceive the absence of water and electricity at the facilities they visited. This insight highlights potential infrastructure challenges in these areas, as perceived by the covered population.

Understanding these perceptions is crucial for healthcare authorities and policymakers to address infrastructure gaps and enhance the overall quality of services provided at PHC facilities. Targeted interventions in areas with perceived deficiencies can contribute to

improved healthcare infrastructure and, consequently, better healthcare outcomes for the community.

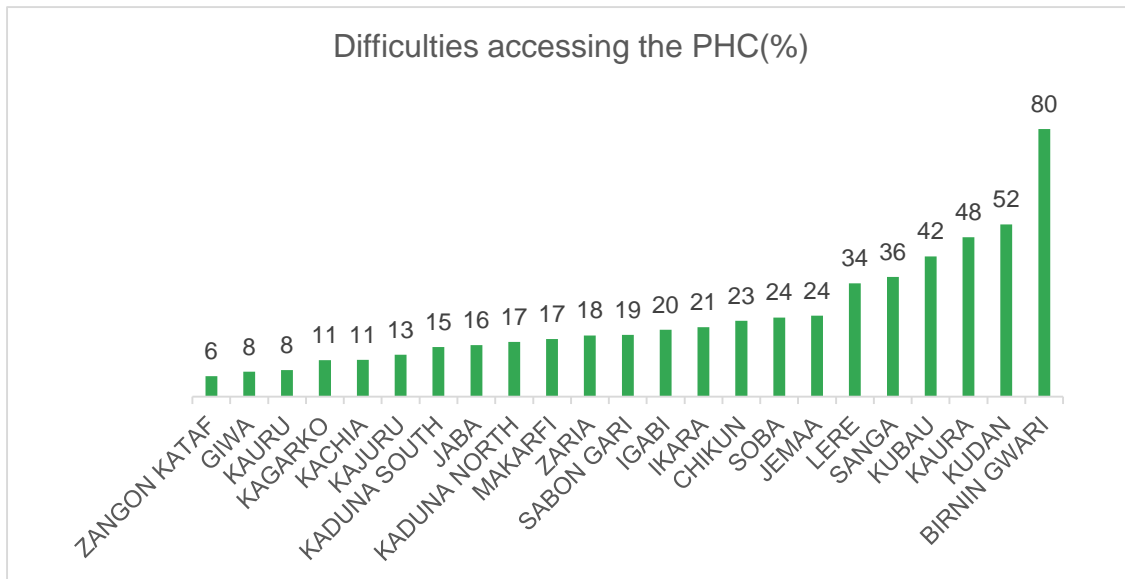


### 3.4.5 Challenges in Accessing Facilities within Local Government Areas:

The study identifies notable challenges in accessing healthcare facilities within specific Local Government Areas (LGAs), shedding light on the difficulties experienced by respondents in seeking medical services.

Significantly, a greater proportion of respondents in Birnin Gwari, Kudan, and Kaura report difficulties in accessing facilities within their respective LGAs. This finding suggests that residents in these areas encounter barriers or challenges that hinder their smooth access to healthcare services.

Understanding the specific challenges faced by communities in these LGAs is essential for healthcare authorities and policymakers to implement targeted strategies aimed at improving accessibility. Addressing these challenges can contribute to a more seamless and equitable distribution of healthcare services, ultimately enhancing the overall health and well-being of the affected populations.

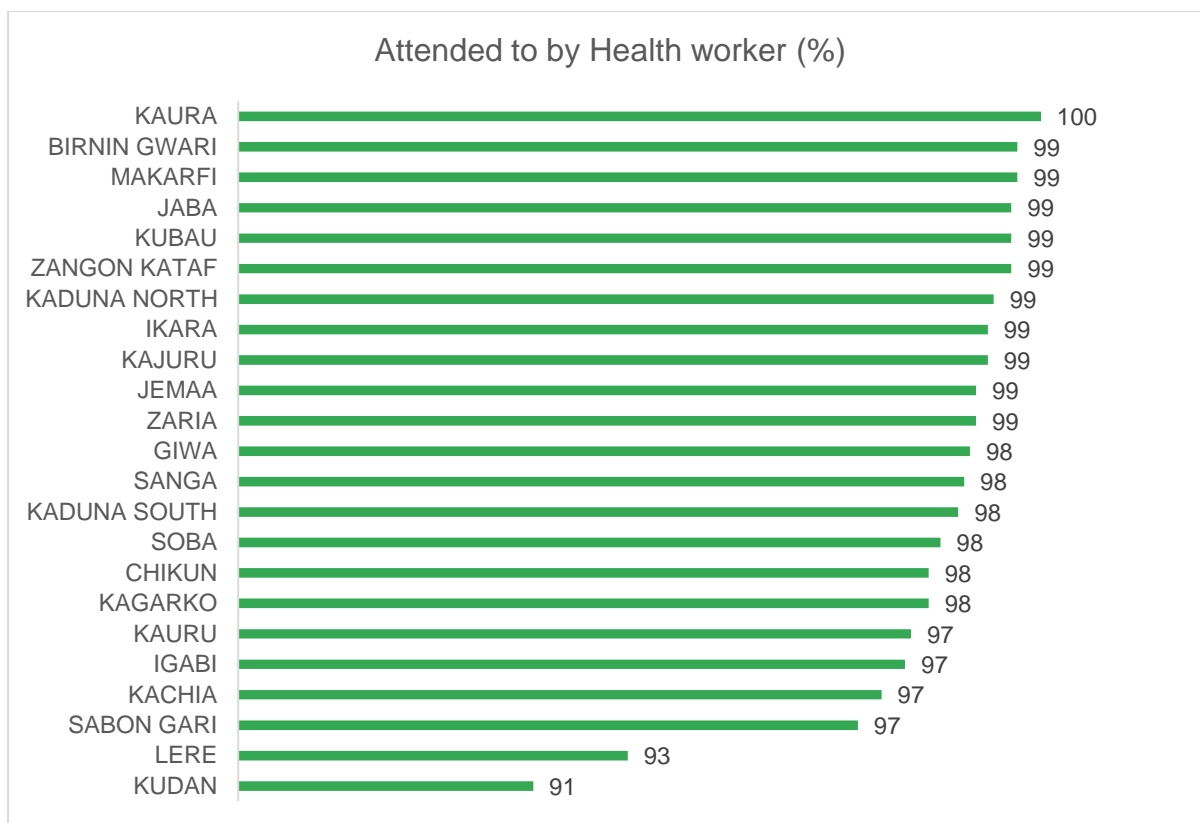


### 3.5 Perception of Service Delivery

#### 3.5.1 Health Worker Attendance at Primary Health Care Facilities:

Within the subset of the population that has visited a Primary Health Care (PHC) facility, an overwhelming majority, specifically 97.7 percent, reported being attended to by healthcare workers.

This high percentage indicates a robust engagement between the community and healthcare providers within PHC facilities. The effective attendance by health workers underscores the essential role they play in delivering healthcare services to individuals seeking assistance. This positive interaction is pivotal in fostering trust in the healthcare system and promoting continued utilization of PHC facilities.



### 3.5.2 Average Waiting Time for Services:

The study reveals that, on average, respondents experienced a waiting time of 37 minutes to receive services at Primary Health Care (PHC) facilities. This metric provides valuable insights into the efficiency of service delivery and the overall patient experience within the healthcare system. Monitoring and managing waiting times are essential components of ensuring timely and accessible healthcare services, contributing to a positive perception of the healthcare system among the community.

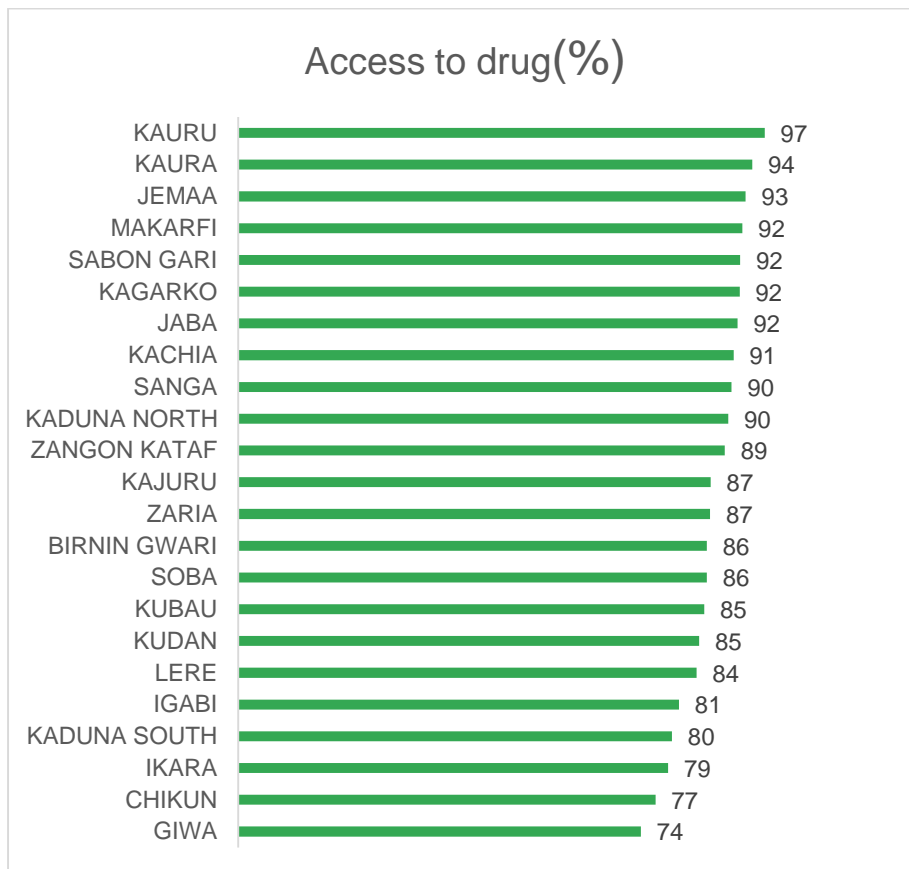
### 3.5.3 Access to Drugs at Primary Health Care Facilities:

The study shows the availability of drugs at Primary Health Care (PHC) facilities and variations in access across different Local Government Areas (LGAs), providing insights into drug availability and distribution.

- Overall Access Rate:
  - A substantial 87.5 percent of the population that visited PHCs reported having access to drugs, indicating a generally positive trend in drug availability.
- LGAs with Highest Population Access:

- Specific LGAs stand out with higher proportions of the population accessing drugs at PHC facilities. Kuru leads with 97 percent, followed by Kura (94 percent) and Jemaá (93 percent), showcasing robust drug availability in these areas.
- LGAs with Lowest Population Access:
  - Conversely, Giwa (74 percent), Chikun (77 percent), and Ikara (79 percent) have comparatively lower proportions of the population with access to drugs at the PHCs. Identifying and addressing the factors contributing to these disparities is crucial for ensuring equitable access to essential drugs across all LGAs.

Understanding the variations in drug access across different regions informs targeted interventions aimed at enhancing drug availability and distribution, contributing to improved healthcare outcomes for the community.



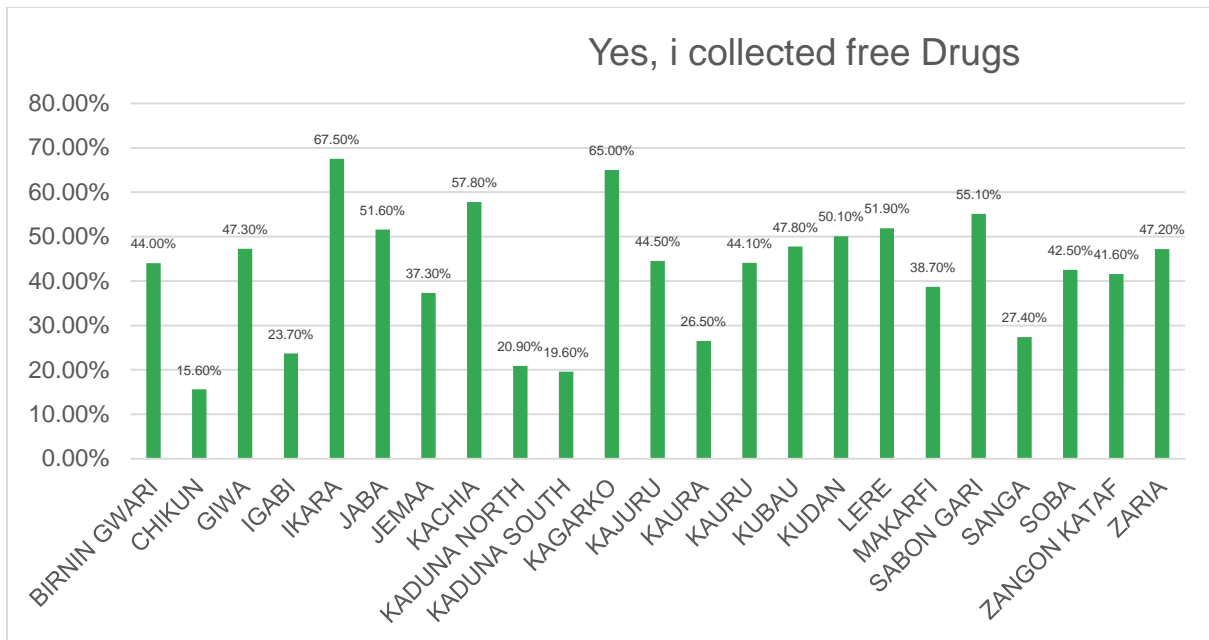


### **3.5.4 Receipt of Free Drugs at Primary Health Care Facilities:**

The study highlights the prevalence of free drugs among the population that collected drugs at Primary Health Care (PHC) facilities, delineating variations across different Local Government Areas (LGAs).

- Proportion of Population Receiving Free Drugs:
  - Notably, among the population that collected drugs at PHCs, a significant percentage (57.5 percent) reported that the drugs were provided free of charge.
- LGAs with Higher Proportions of Free Drug Distribution:
  - Ikara leads with 67.5 percent, followed by Kagarko (65 percent) and Kachia (57.8 percent), demonstrating a substantial commitment to providing free drugs in these areas.
- LGAs with Lower Proportions of Free Drug Distribution:
  - In contrast, Chikun (15 percent), Kaduna South (19.6 percent), and Kaduna North (20.9 percent) have lower proportions of the population receiving drugs for free. Identifying the factors contributing to these disparities can inform strategies to enhance the accessibility of free drugs in these regions.

Understanding the importance of the provision of free drugs across different LGAs contributes to targeted interventions aimed at improving drug affordability and promoting equitable access to essential healthcare resources.

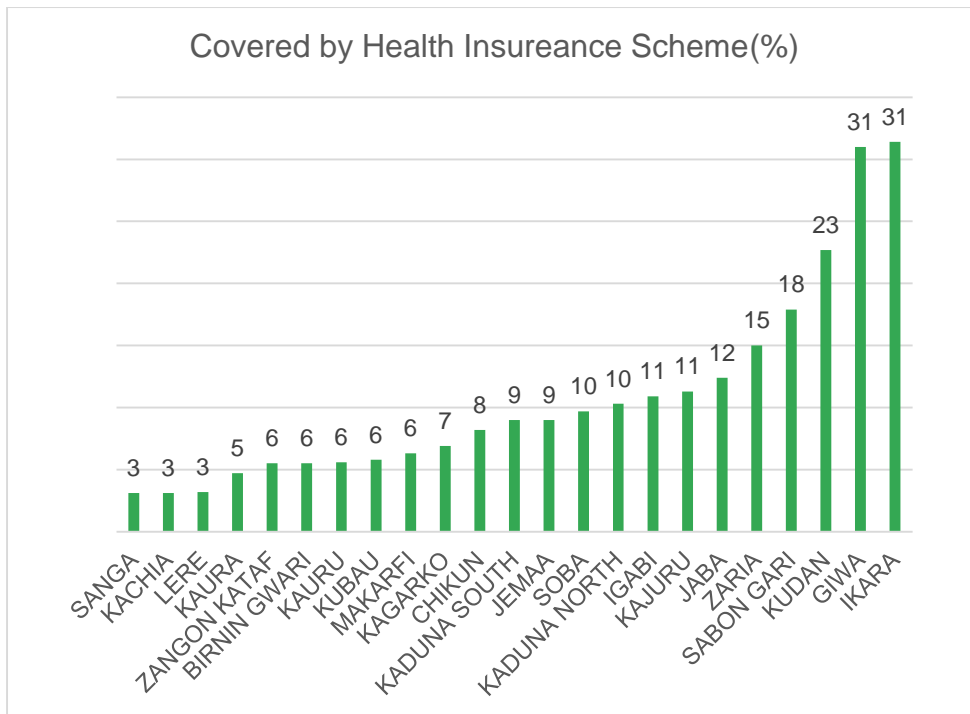


### 3.5.5 Health Insurance Coverage among the Surveyed Population:

The study reveals that only 10.5 percent of the population covered in this study are beneficiaries of a Health Insurance Scheme. Significant variations in coverage exist across different Local Government Areas (LGAs), shedding light on the disparities in health insurance enrollment.

- LGAs with Higher Proportions of Health Insurance Coverage:
  - Ikara (31 percent), Giwa (31 percent), and Kudan (23 percent) stand out with comparatively higher proportions of the population covered by health insurance schemes. These areas demonstrate a stronger inclination toward health insurance enrollment.
- LGAs with Lower Proportions of Health Insurance Coverage:
  - Conversely, Sanga, Kachia, and Lere exhibit the lowest proportions, each with 3 percent, suggesting challenges or lower interest in health insurance enrollment in these areas.

Understanding the factors influencing health insurance enrollment in specific LGAs is vital for developing targeted strategies to increase coverage and promote the benefits of health insurance within communities. Addressing these disparities contributes to fostering a more inclusive and resilient healthcare system.



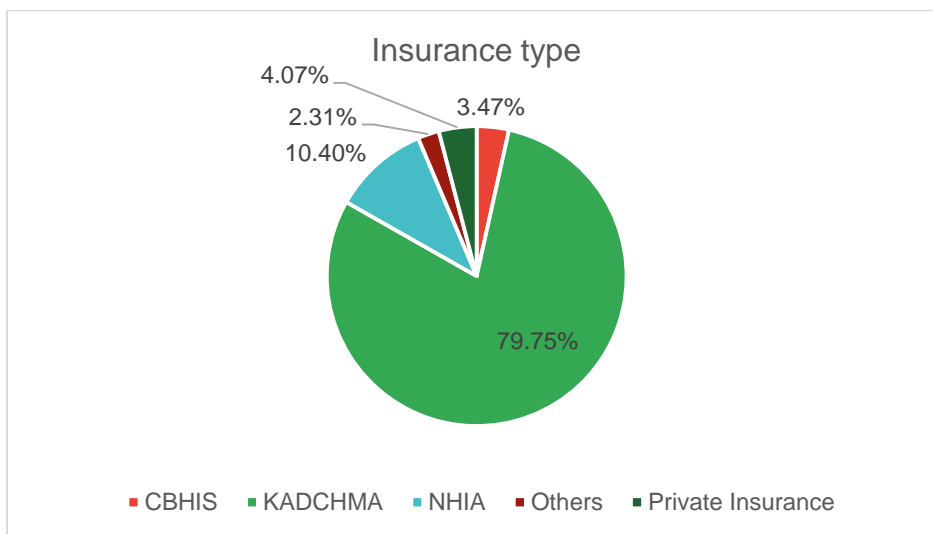
### 3.5.6 Health Insurance Coverage Distribution:

The study delineates the distribution of health insurance coverage among the covered population, providing insights into the prevalence of different health insurance schemes.

- Coverage by KADCHMA:
  - A substantial majority, comprising 79.75 percent of the population covered in any health insurance scheme, are covered by the Kaduna State Contributory Health Management Agency (KADCHMA). This dominance reflects a significant reliance on the state-sponsored health insurance scheme.
- Coverage by NHIA:
  - The National Health Insurance Scheme (NHIA) covers 10.4 percent of the population covered in any health insurance scheme, indicating a notable but comparatively smaller share of health insurance coverage.
- Coverage by Private Insurance:
  - A minority, constituting 4.07 percent, are covered by private health insurance, suggesting a limited prevalence of privately managed insurance schemes among the covered population.

- Coverage by CBHIS:
  - The Community-Based Health Insurance Scheme (CBHIS) covers 3.47 percent of the population, indicating a modest but discernible presence of community-based health insurance within the covered population.

Understanding the distribution of health insurance coverage across these schemes provides a comprehensive overview of the landscape and informs policymakers on the effectiveness and popularity of different health insurance models. This insight can guide targeted efforts to enhance the reach and impact of specific health insurance initiatives within the community.



### 3.5.7 Rating of Cleanliness and Hygiene at Primary Health Care Facilities:

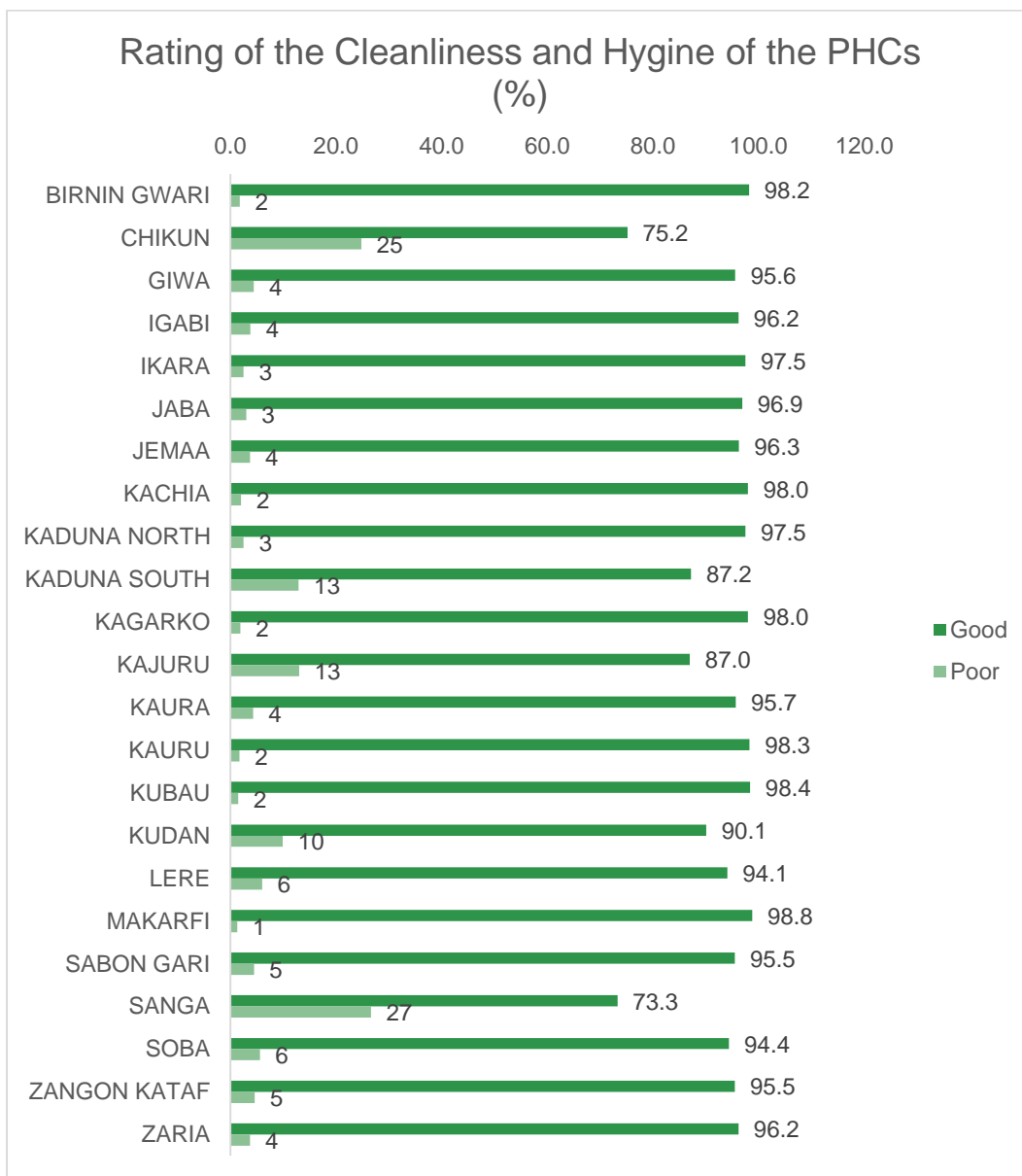
The study explores the perceptions of individuals who visited Primary Health Care (PHC) facilities regarding the cleanliness and hygiene of these facilities. The findings provide insights into overall satisfaction as well as variations across different Local Government Areas (LGAs).

- Overall Rating:
  - Among the population covered, 94.1 percent rated the cleanliness and hygiene of the PHC facilities they visited as good, indicating a high level of satisfaction with the overall sanitation standards.
- LGAs with the Highest Ratings:
  - Specific LGAs stand out with the highest proportions of the population providing the highest rating for cleanliness and hygiene. These include Birnin Gwari (98.2 percent), Makarfi (98.8 percent), Kubau (98.4 percent), and Kauru

(98.3 percent). These areas exhibit an exceptional level of satisfaction with the cleanliness and hygiene standards of the PHC facilities.

- LGAs with the Lowest Ratings:
  - Conversely, Sanga (73.3 percent), Chikun (75.2 percent), and Kajuru (87.0 percent) have lower proportions of the population providing the highest rating. Understanding the factors contributing to lower ratings in these areas is crucial for addressing potential challenges and improving facility standards.

These findings offer a nuanced perspective on the perceived cleanliness and hygiene of PHC facilities, allowing for targeted interventions to enhance sanitation standards and overall satisfaction within specific communities.

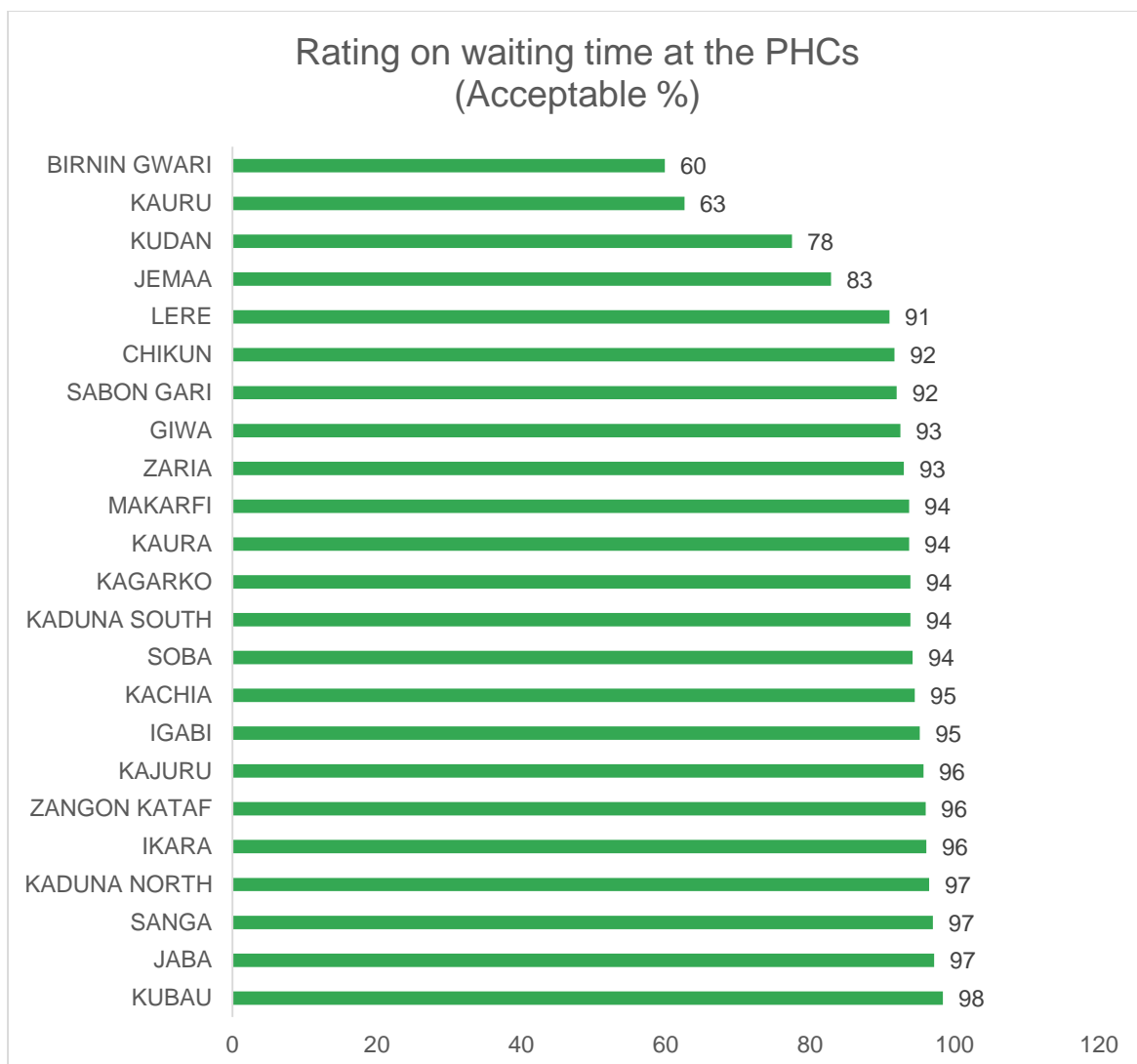


### **3.5.8 Rating of Waiting Time for Service Delivery at Primary Health Care Facilities:**

The study examines the perceptions of individuals who visited Primary Health Care (PHC) facilities regarding the waiting time for service delivery. The findings provide insights into overall satisfaction with waiting times and variations across different Local Government Areas (LGAs).

- Overall Rating:
  - Among the population covered, a significant majority, specifically 90.7 percent, rated the waiting time for service delivery at PHC facilities as acceptable. This suggests a generally positive perception of the efficiency of service provision.
- LGAs with the Highest Ratings:
  - The highest ratings for waiting time came from Kubau, Jaba, Sanga, and Kaduna North, indicating strong satisfaction with the promptness of service delivery in these areas.
- LGAs with the Lowest Ratings:
  - The lowest ratings for waiting time were reported in Birnin Gwari, Kauru, and Kudan, suggesting potential challenges or longer waiting periods in these specific LGAs.

Understanding the variations in perceptions of waiting times across different LGAs is essential for identifying areas that may require improvements in service efficiency. This information can guide targeted interventions to enhance the overall patient experience at PHC facilities.



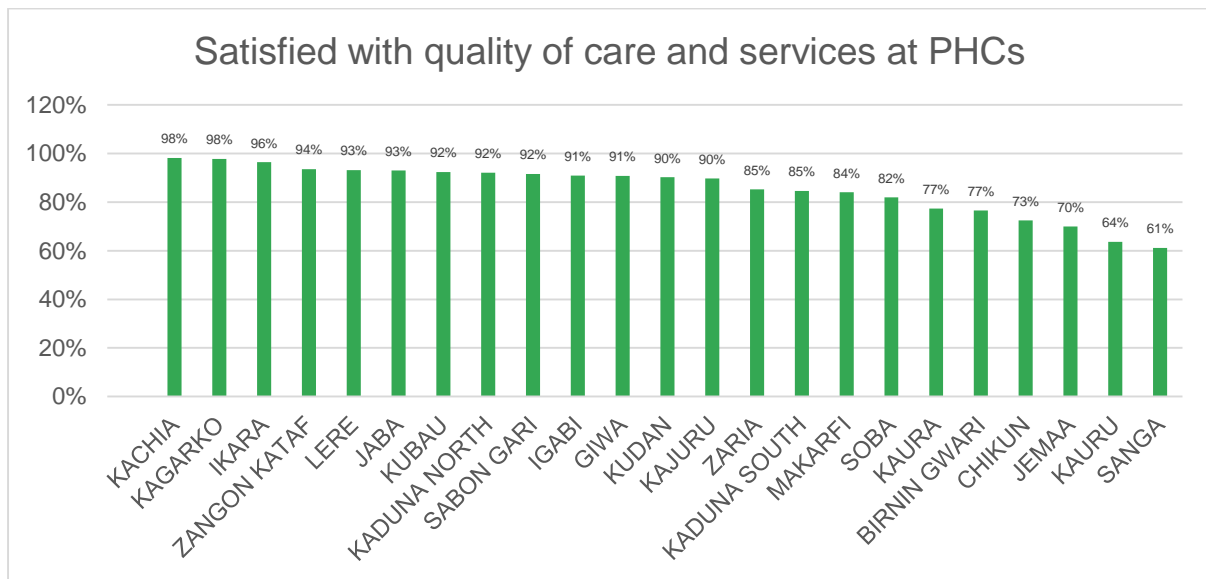
### **3.5.9 Satisfaction with Quality of Care and Services at Primary Health Care Facilities:**

The study gauges the satisfaction levels of households regarding the quality of care and services provided at Primary Health Care (PHC) facilities during visits, shedding light on overall community contentment. The findings reveal variations in satisfaction levels across different Local Government Areas (LGAs).

- Overall Satisfaction Rate:
  - A notable 86 percent of the households covered expressed satisfaction with the quality of care and services received at PHC facilities, indicating a generally positive sentiment towards the healthcare services provided.

- LGAs with the Highest Satisfaction rating:
  - Kachia, Kagarko, and Ikara emerged as LGAs with the highest proportions of the population expressing satisfaction, underscoring positive sentiments towards the quality of care and services in these areas.
- LGAs with the Lowest Satisfaction:
  - The LGAs with the lowest proportions of satisfied households are Jemaá, Kauru, and Sanga, suggesting potential areas for improvement in service quality and overall patient satisfaction.

Understanding the intricacies of satisfaction levels across different LGAs is crucial for healthcare authorities to identify strengths and areas for enhancement. Targeted interventions can be devised to address specific concerns and further elevate the quality of care and services provided at PHC facilities, contributing to improved community well-being.

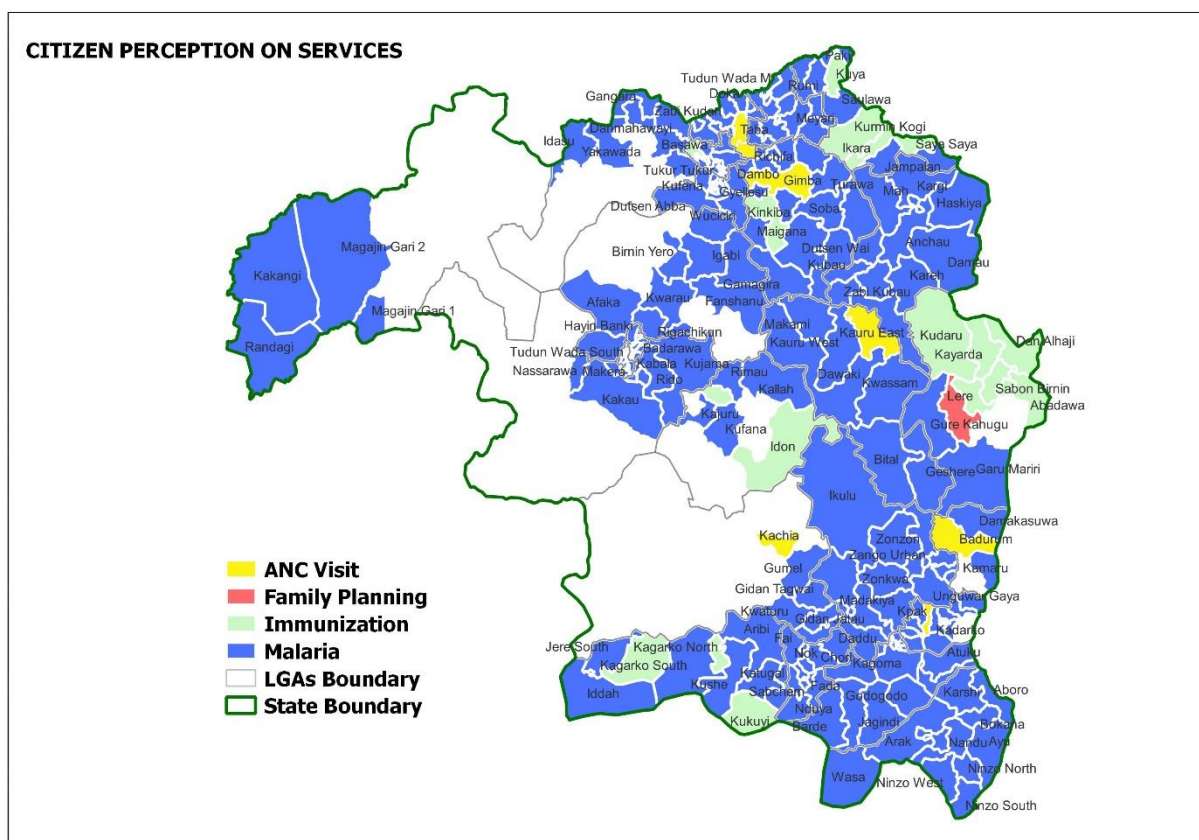




### 3.5.10 Reasons for visiting the PHCs.

The study shows prominent trends in the utilization of Primary Health Care facilities (PHCs), highlighting the primary reasons compelling individuals to seek healthcare services. Malaria emerges as the major driver, constituting the most prevalent rationale for visits to PHCs. The emergence of malaria as a primary healthcare concern underscores the imperative nature of addressing the diseases and promoting awareness for use of treated net.

Following closely in the continuum of healthcare priorities are immunization services and antenatal care visits. This suggests a concerted effort towards preventive healthcare, particularly in the realms of maternal and child health. The prioritization of immunization underscores a commitment to fostering community immunity and safeguarding vulnerable populations against preventable diseases.



### **3,6 Perception of Behavioral Attitude by the Healthcare workers at the PHC**

#### **3.6.1 Satisfaction with Behavioral Attitude and Professionalism of Healthcare Workers at PHCs:**

The study indicates an overwhelmingly high level of satisfaction, with 99 percent of the population expressing contentment with the behavioral attitude and professionalism of healthcare workers during their visits to Primary Health Care (PHC) facilities. This satisfaction is observed consistently across all Local Government Areas (LGAs), except for Chikun, Kaduna South, Soba, and Kudan.

- Overall Satisfaction Rate:
  - The exceptionally high overall satisfaction rate highlights a commendable standard of behavioral attitude and professionalism exhibited by healthcare workers at PHC facilities, contributing to positive patient experiences.
- LGAs with Lower Satisfaction:
  - Chikun, Kaduna South, Soba, and Kudan are the LGAs where the satisfaction level is not at the 99 percent mark. Understanding the factors contributing to lower satisfaction in these specific areas is crucial for targeted interventions aimed at improving the behavioral attitude and professionalism of healthcare workers.

These findings underscore the critical role of healthcare workers in shaping the overall satisfaction of patients and highlight opportunities for further training and support in specific LGAs where satisfaction levels are comparatively lower.





#### **Chapter 4: Conclusion:**

The comprehensive Citizen Perception Study on accessibility and service delivery across Primary Health Care (PHC) facilities in Kaduna State has provided valuable insights into the experiences and perspectives of the community. Overall, most of the covered population demonstrated high levels of satisfaction with PHC services, emphasizing positive perceptions of cleanliness, waiting times, quality of care, and the behavioral attitude of healthcare workers. Notably, health insurance coverage remains a concern, with only 10.5 percent of the population covered, highlighting potential areas for improvement in health coverage and financial protection.

#### **Chapter 5: Recommendations:**

- A. **Expand Health Insurance Coverage:** Given the low health insurance coverage, there is a need for concerted efforts to expand access to health insurance schemes. Collaborations between the government, private sector, and community-based initiatives can help increase awareness and enrollment in health insurance programs.
- B. **Targeted Interventions in Specific LGAs:** Recognizing the variations in satisfaction levels and service experiences across different Local Government Areas, targeted interventions should be designed for areas with lower satisfaction ratings. This may involve additional training for healthcare workers, facility upgrades, or community awareness campaigns.
- C. **Enhance Infrastructure in Low-Rated LGAs:** In LGAs where respondents reported challenges such as lack of water and electricity at PHC facilities, infrastructure improvements should be prioritized. This may involve investment in basic amenities to ensure the provision of quality healthcare services.
- D. **Community Engagement and Awareness:** Community-based awareness campaigns should be initiated to inform residents about the benefits of health insurance, the importance of regular healthcare visits, and the available services at PHC facilities. This can contribute to increased healthcare utilization and better health outcomes.
- E. **Continuous Monitoring and Evaluation:** Implementing a robust monitoring and evaluation system will aid in regularly assessing the effectiveness of interventions and identifying areas that require ongoing attention. This continuous feedback loop is

essential for adapting strategies based on changing community needs and perceptions. This survey is proposed to be conducted at quarterly bases to ensure continuous monitoring.

- F. **Professional Development for Healthcare Workers:** Invest in professional development programs for healthcare workers, particularly in LGAs with lower satisfaction ratings. Continuous training can enhance their skills, improve interpersonal communication, and foster a positive patient-provider relationship.
- G. **Provision of Drugs:** Facilities should make requisition to KADHSMA on time to ensure adequate stock of drugs. KADHSMA should maintain their lead time from requisition to supply.
- H. **Proper coordination by MOH:** There should be more coordination by the Ministry of health for better service delivery. More demand creation activities should be geared towards the urban health facilities to create more awareness of primary health care.
- I. **Employment of More Health Workers:** There is the need to employ more Nurses/Midwives in the PHCs.

By implementing these recommendations, stakeholders can work towards ensuring equitable access to quality healthcare services, improving community satisfaction, and ultimately advancing the overall health and well-being of the population in Kaduna State.