

Improving Maternal and Child Health through Primary Health Care Implementation in Bayelsa State

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Abstract This review focuses on improving maternal and child health through primary health care implementation in Bayelsa State. The content of the review encapsulated the state of maternal and child health care services, maternal and child mortality and the strategies in implementing primary health care in Bayelsa State. It further took a comprehensive overview of the various interventional programmes designed and implemented by the Bayelsa State government through the primary health care system, with a view to improving the health status of both mothers and children. Some suggestions were made for policy makers in the primary health care sector in Bayelsa State which included a call on both state and Local Government Area to show the desired political will, that will ensure adequate provision of funds for the implementation of the various interventional programmes designed to tackle the menace of maternal and child mortality in the state.

Keywords Antenatal care, Immunization, Maternal health, Maternal and child mortality, Primary health care

1. Introduction

The health care delivery goal of any country cannot be actualized without adequately considering and improving maternal and child health care services. According to a report from Federal Ministry of Health [10], the most vulnerable groups in the society that are always prone to the negative effects of various health problems that exist among the population are the mothers and children. Abreast of the fact that, the health and wellbeing of the mothers and children are very significant to any nation, the United Nations also in its Millennium Summit in 2000, adopted and specifically dedicated goals 2, 3, 4 and 5 of the Millennium Development Goals to the wellbeing and desires of mothers and children [35]. The central focus of the nation's health care delivery system is primary health care, and it is also conceptualized to meet the basic health needs of both the mothers and children in the society [29].

A comprehensive Maternal and Child Health Programme that encapsulates the various health care needs of mothers and children can only be effectively implemented through a functional Primary Health Care system to achieve desirable goals [32]. The Primary Health Care Centers which are to be established within the reach of the rural population are structured to implement various programmes that are aimed

at reducing morbidity and mortality rates to a bearable minimum. Furthermore, an integrated health care package for mothers and children that will include, immunization, antenatal and post-natal care, family planning, management of malnutrition, prevention and early treatment of disease, supply of safe water for drinking and efficient management of waste can only reach the target population and achieve desired objectives with an efficient Primary Health Care system.

Primary health care being the closest level of care is structured to meet the major health needs of the rural neglected population which comprises more than 65% of the National population [2]. It is however appropriate to state at this juncture that, a programme integrated into the operational framework and functions of primary health care, possess the capability of reaching a greater percentage of the national population. Moreover, the provision of maternal and child health care is an essential responsibility of the Primary Health Care system of any country [7]. The quality of maternal and child health care and the extent of its coverage depend significantly on the efficiency and adequacy of Primary Health Care infrastructure with a well-trained, motivated and committed work force.

Any defect in the Primary Health Care system, resulting from the challenges of its implementation will also affect the maternal and child health outcomes of any country [25]. It is unarguably important to note at this point that, the high maternal and child mortality rates among developing countries especially Nigeria is a pointer to the fact that, primary health care system may be weak and have some challenges. The Nigerian's maternal mortality rates of 350 per 100,000 and 120 for 1,000 live birth is still very high

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compared to the regional average and other developed countries [19]. This high maternal and child mortality is a multiplier effect of the various anomalies experienced in the Primary Health Care system [25]. A well implemented primary health care system, with basic infrastructure and adequately trained and committed personnel can potentially reduce the maternal and child mortality rates of any country [14].

2. Maternal and Child Health Care Services in Bayelsa State

One salient challenge that was prevalent and also to a large extent necessitated the initiation of the Primary Health Care approach globally is the rise in the occurrence of disease and death among mothers and children in developing third world countries like Nigeria. This obviously explained why a component of Primary Health Care was consciously dedicated to address the various issues and challenges that revolve around the health and wellbeing of women and children [25]. In 2000, at the Millennium Assembly of the United Nation, where the Millennium Development Goals were endorsed by 189 countries including Nigeria, special consideration was given to the welfare of women and children. MDGs two, three, four and five have their focus specifically on the wellbeing of women and children who are the most vulnerable groups in the population that directly bear the consequences of every negative and adverse situation in the society [35]. Chapter 5, subsection 9 and 12, in the Revised National Health Policy of 2004 are structured with the ultimate intension of managing and addressing the various pertinent issues and challenges that are peculiar to the Nigerian women and children [12].

Maternal and child Health (MCH) is described as an integrated sets of health care services designed for the mother and children which focused is on the holistic development of their health. MCH encapsulates such areas like maternal health, child health, family planning, school health, handicapped children and adolescent [4]. Maternal and child health care services can still be defined as an integration of health care activities that include health promotion, preventive, therapeutic and rehabilitative care for the mother and child, which goal is to reduce mortality and morbidity among mothers, infants and pre-school children. Maternal and Child Health Care also extent to care of children in special settings and their mothers [6]. The integration of maternal and child health care services as one unit is a very significant measure aimed at providing available, accessible and integrated health care services to both the mothers and children at a low cost and conveniently [14]. WHO (1976) affirmed the following as some objectives of maternal and child health care in any population; child survival; promoting reproductive health or safe motherhood; ensure birth of healthy child; promote healthy gestation and delivery; prevent malnutrition; prevent communicable diseases; early diagnosis and treatment of health problems.

Various health activities and services are provided in any Maternal and Child Health care unit, which are designed specifically with the aim of adding value to the mother's health and her children through Primary Health Care at the health centers. The following health activities and services are routinely carried out across the various health facilities in Bayelsa State; Screening of pregnant women to identify those with various categories of risk, Routine deliveries, Referral services, Follow-up during puerperium, Immunization of children and mothers, Collection of routine data that are used to monitor growth and development of children, Family planning services for mothers, Health education with emphasis on high priority health issues, Counseling with problems related to pregnancy, Food demonstration and nutritional counseling, HIV/AIDs voluntary testing and counseling, Interfacing with community leaders on current and future health programmes, Diagnosis and early treatment of health problems in mother and children. Apart from the health facilities, these services can also be comprehensively carried at the homes of the people during home visit.

In Bayelsa State, maternal and child health care cannot be completely discussed without considering the role the Traditional Birth Attendant (TBA) and other traditional health-related services offered by the indigenous people over the years. The TBAs are individuals (both men and women) that are gifted with the natural ability to maneuver the foetus with their hands through massaging, who can also manage the delivery of the baby. The various names with which theses TBAs are called in Bayelsa State include Erezimoere, Eyolouotu, and Mama-Bayelsa. The TBAs have over the years gained and sustained the confidence of the people especially the rural population. The average pregnant mother in Bayelsa State would not be comfortable and patient during the period of gestation, if she has not visited the TBAs to massage her pregnancy. This attitude of pregnant mothers has often resulted to high morbidity and mortality among the mothers in the rural population. Efforts aimed at discouraging the mothers from massaging and consulting the TBAs for delivery have not yielded any positive result, hence the state government in collaboration with UNICEF and WHO trained and registered a reasonable number of these TBAs. They were also given sterile delivery kits with specific guidelines to regulate their activities. Numerous challenges confront the provision of maternal and child health care in Bayelsa state. These challenges include, insufficient skilled personnel, inadequate health facilities, over concentration of health facilities in the urban cities, attitude of health personnel, traditions and customs and the terrain.

3. Maternal and Child Mortality in Bayelsa State

The current situation of Maternal and Child Health in Nigeria, especially in Bayelsa State is unsatisfactory, with

women and children living in rural areas being most affected [19]. Death relating to pregnancy and child delivery is on the high side in Nigeria especially in Bayelsa State [28]. Africa accounts for the world's highest burden of mortality among women and children [33]. Nigeria has a population of more than 174, 504, 539 individuals and mothers of reproductive age occupy more than 38,000,000 while under five children occupy more than 30 million [20]. These figures translate to 1% world population, but unfortunately about ten percent of global maternal and child mortality rates are attributed to Nigeria. The World Health Organization (WHO), described maternal mortality as the death of women of productive age in the course of pregnancy and child birth and not accidental causes [28]. Child mortality is described as the death of children under five years and the death of children under one year is referred to as infant mortality [26].

As estimated by United Nations, child hood killer diseases are attributed to the death of one out of six children before they get to five years. According to UNICEF the child mortality rate of 104 per 1000 birth for Nigeria is higher than the West and Central African regional target of 94 per 1000 live birth [35]. It is very significant to note that, the maternal mortality rate of Nigeria, which was 800 per 100,000 live birth in 2008 has dropped to 560 per 100,000 live birth, although it has not reached the 210 per 100,000 live birth world target, but it has slightly dropped below the West and Central African sub regional target of 590 [35]. Sadly to note is the fact that, Bayelsa state currently has the poorest record of maternal mortality rates among the states in the south-south region. Bayelsa State has a maternal mortality figure of 1,870 per 100,000 live birth. Factors like poor social mobilization of the people and communities, training and knowledge gaps amongst health care workers and health care staff attrition have contributed significantly to this poor state of maternal and child health in Bayelsa State [38].

Several factors can cause maternal and child mortality in Bayelsa State. The major reported causes of maternal mortality in South-south geopolitical region including Bayelsa State include Hemorrhage, infections, obstructed Labour, unsafe abortion, hypertensive disorders of pregnancy, sepsis and toxemia. Maternal mortality can still be attributed to other medical challenges that negatively affect the health of mother before and after the gestational period [18]. In Bayelsa State, there are other factors prevalent among mothers that can also contribute to maternal mortality. These factors include age of mother, academic background, economic background and level of attendance to antenatal clinic.

One key issue that has majorly contributed to the high mortality among women in Bayelsa State is the Three Delays. The first delay is the delay cause by the individuals. The delay in deciding the necessary action to be taken in emergency situation when the woman needs urgent medical care. This delay may sometimes be attributed to the economic background of the family, poor understanding of complications and risk factors in pregnancy, previous poor experience of health care. The second delay is the delay

arising from the distance to the nearest level of care. The road network and the transportation system, the distance from the individual's vicinity to the health facility, where she could receive appropriate care in emergency is a very important factor that can determine the consequences of that situation. The last delay is the delay experienced while in the health facility. The waiting hours in the health facility due to the insufficient health workers to offer the needed health services to the several patients/clients as well as the negative and unethical attitude of health personnel. It also includes poor facilities, lack of medical supplies and inadequate referral system.

The child mortality rates in Nigeria still remain one of the highest in the world. The major causes of mortality in Nigerian children include malaria, vaccine preventable diseases particularly measles, diarrhea, acute respiratory infection with malnutrition [10]. Low birth weight, asphyxia, sepsis, neonatal jaundice, antenatal tetanus and helminthes infections are some major causes of child mortality in Nigeria [34]. These diseases also cause considerable morbidity and in some cases long-term disability. The prevalence of HIV/AIDS is also a threat to the survival of Nigerian children through mother to child transmission (MTCT) of the infection. The death of children in Nigeria is not only attributed to medical or economic factors, there are some other vital issues that are indirectly influencing the high child mortality rates. One of these issues is the political will to re-prioritize and implement a range of policies that are initiated to curb the rate of child morbidity and mortality in Nigeria.

4. Strategies for Primary Health Care Implementation in Bayelsa State

The provision of health care services to all segments of the population is a constitutional priority of government, because health is also a very important fundamental human right of man. The inequality and inequity in health and health care services prompted the global community to conceptualize a system of health care that would impact positively on the health status of a greater percentage of the world population, especially the developing countries. The health care delivery system that received global acceptance and incorporates the potentials to resolve the basic health problems of the global community, especially the underserved rural population is Primary Health Care [31]. Primary Health Care is a concept that was adopted and endorsed by 134 governments of WHO member countries and 6 international organizations from all over the world including UNICEF in an international conference that took place at Alma-Ata, Russia, from September 6 to 12, 1978. The various discussions and resolutions at the conference culminate to what is today known as the Alma-Ata Declaration of Primary Health Care or Declaration of Alma-Ata [16].

One of the 10 articles of the Alma Atta conference,

otherwise known as Alma-Ata Declaration is the definition of Primary HealthCare. Article six of the Alma-Ata Declaration defined Primary Health Care as “essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination” [37].

The conference further confirmed that PHC should form the mainstream of the health care delivery system of the nation and determine convincingly the totality of the socio-economic growth of the community [24]. The conference concluded that the individuals and families in the community should access national health care delivery system through PHC. This will bring health services close to the door steps of the people, thereby facilitating the first component of the continuing health care process [1].

The PHC concept was established on a platform that heavily rely on a well-trained and suitable community based health workers that technically work together as a health team to meet the health needs of the entire community. Eight essential elements of Primary Health Care, also known as Basic Components of Primary Health Care were identified at the Alma-Ata International Conference on Primary Health Care [31]. These components include the following; Education concerning prevailing health problems and methods of preventing and controlling them; Promotion of food supply and proper nutrition; Adequate supply of safe water and basic sanitation; Maternal and child health care including family planning; Immunization against the major infectious diseases; Prevention and control of locally endemic diseases; Appropriate treatment of common diseases and injuries; Provision of essential drugs [26]. To further enlarge and extend the scope of coverage of PHC in Nigeria, two additional components have also been added to the initial eight at Alma-Ata. The two additional components of Primary Health Care in Nigeria are provision of community mental health care and community dental health care. Furthermore, the two added components are national additions that are consistent with the minimum Primary Health Care package of services that should be available to every individual and families in the community [8].

The international conference on Primary Health Care appealed to member nations and governments to formulate national health policies, strategies and plans of action to launch and sustain Primary Health Care as part of a comprehensive national health system in collaboration with other sectors. A decade later, specifically in 1988 the administration of General Babangida with great support and professional competence from the then minister of Health Professor Olukoye Ransome-Kuti articulated a National Health Policy that identified Primary Health Care as the cornerstone of the nation's health system [10]. Nigeria was placed in the front rank of countries globally that have made significant progress in the improvement of the

health and quality of life of its citizens through effective implementation of Primary Health care.

The constitution of Federal Republic of Nigeria created a three tier structure in the delivery of health care services [21]. The Primary, Secondary and Tertiary level of care. The 1988 National Health Policy also transfers the responsibility of Primary Health Care implementation to the third level of governance which is Local Government Areas [8]. The Local Governments were assigned with functions relating to the eight basic elements (components) of PHC as stipulated in the resolutions of the Alma-Ata international conference. This was aimed at ensuring the sustainability of the goals and specific objectives of PHC, in order to provide and guarantee availability, accessibility and affordability of health services to the entire population [3].

In Bayelsa State, Primary Health Care is implemented in accordance with the administrative structure of the unified Local Government system, and it is incorporated as a functional department in all the eight Local Government Areas. The PHC coordinator is the administrative head of the PHC department and assisted by various deputy coordinators who are also the various component heads of the department. The head of PHC is answerable to the supervisor of health and the Local Government Council chairman who oversees and confirm all their activities and programmes. The different component heads, who are also the deputy Primary Health Care co-coordinators, are of diverse specialties. In Bayelsa State, Primary Health Care implementation in Local Government Area is structured into three operational levels of Health Care, which is aimed at ensuring easy administration and co-ordination. The Village, Ward and the Local Government are the three level of operation of Primary Health Care delivery in the Local Government Area.

However, in 2001, Bayelsa State adopted the Ward Health System that was introduced by the National Primary Health Care Development Agency with the aim of synchronizing Primary Health Care Operational units along the electoral wards of the Local Government Areas. The political ward in the local government area where a councilor is elected to represent the people form the network of administrative structure in the ward health system and PHC facilities and services are distributed along that direction. The Primary Health Center, the Primary Health Clinics and the Primary Health post are the different health facilities available to offer comprehensive health services that encapsulate the basic element (components) of PHC. The introduction and subsequent implementation of the Ward Minimum Health Care package (WMHCP) was also a commitment by the NPHCDA to further revitalize Primary Health Care in line with its basic tenet of providing and distribution of health care services equitably to cover every segment of the society. The WMHCP is a package that encapsulates various interventional services aimed at solving the health care needs and challenges of the people at a low cost by government and order agencies. The WMHCP is also structured with some basic resources that facilitate the successful implementation of various interventions with a plan of action to be adopted in

ensuring equitable Primary Health Care delivery.

Article 3.20 and 3.22 of the revised National Health Policy of Nigeria provides the obvious need for establishing state Primary Health Care development board and a Local Government Health Authority. These institutions will monitor, supervise, support, offer technical assistant and develop policies that will ensure a sustained PHC implementation in every state [10]. The board is responsible for the co-ordination of planning, budgeting, provision and monitoring of all Primary Health Care services at the state levels.

Although, Primary Health Care is to be implemented as a department in the Local Government Area as specified by the 1988 National Health Policy, but the Federal Government through the National Primary Health Care Development Agency is providing strategic and technical support for the development and delivery of Primary Health Care in the various states. The National Primary Health Care Department Agency (NPHCDA) is a parastatal of Nigeria's Federal Ministry of Health. It was established in 1992, following the recommendation of a high level WHO review team through DECREE 29 of 1992 [8]. The agency is saddled with the mandate to develop National Primary Health Care Policy and support states and L.G.A to implement them. The agency also enforces compliance with appropriate guidelines and offer logistic support to specific Primary Health Care intervention programmes at the L.G.A Level, [9]. At the State levels, the directorate of PHC in the various ministry of health, provide technical and logistical support to the various Primary Health Care interventional programmes that are implemented at the Local Government Areas.

5. Interventions Aimed at Improving Maternal and Child Health in Bayelsa State

The fundamental purpose of Primary Health Care delivery is to ensure health care service are available, accessible, affordable and acceptable to every segment of the population through a platform that will basically encourage community participation and self-reliance [15]. One of the eight basic components of Primary Health Care is maternal and child health including family planning. The focus of this component is to carefully identify and manage the health problems that are prevalent among mothers and children and also to encourage them imbibe attitude and behaviours that will maintain a productive and healthy life. In Bayelsa State, these health challenges which are propelled by some socio-political factors have a significant implication on the overall well-being of the women and children [26].

However, the Bayelsa State Ministry of Health in collaboration with other partner agencies has initiated various goal-oriented interventional programmes that are aimed at improving maternal and child health and reducing maternal and child mortality. These programmes are

structured in such a manner that, their implementation is basically at the Local Government Area level. Hence, Primary Health Care system becomes the veritable machine that would successfully drive these interventions to the desired target population to achieve desired goal. These interventions include; Maternal, Newborn and Child Health Week, National Immunization Plus Days, Integrated Measles Campaign, Bayelsa State Health Insurance Scheme. Others include saving one million life for result, Bayelsa State Tele-Health initiative, Roll Back Malaria Program, prevention of mother to child transmission of HIV/AIDS, safe motherhood initiative, Mass De-worming, and Vitamin A Supplementation Programme. In addition the state government has also declared a state of emergency on routine immunization and intensified integrated supportive supervision.

The Maternal, Newborn and Child Health week (MNCHW) is a biannual weeklong event of accelerated actions that promotes and substantially contribute to improving Maternal and Child Health indicators in Nigeria [23]. It is a one-time delivery mechanism that is cost effective and consolidates services that immediately demonstrates impact in all the core preventive and curative interventions that allow mother, newborn and child to thrive and develop. The Integrated Measles Campaign is also a strategically designed interventional programme aimed at reducing child mortality resulting from measles in Nigeria. IMC is usually carried out in fixed vaccination post and temporary vaccination post and often integrated with polio vaccination and vitamin A supplementation. The overall objective is to sustain the reduction in measles burden and prevent resurgence of measles cases and interrupt wild polio virus transmission among children less than five years.

The National Immunization plus days is also a national programme initiated by the National primary Health Care Development agency and implemented at the community levels through the existing Primary Health Care delivery structures [21]. This programme is aimed at strengthening the fight against polio in Nigeria. It involves a house to house vaccination of children less than five years with polio vaccine by Primary Health care workers with the aim of increasing the coverage of polio immunization in Nigeria. The prevention of mother to child transmission of HIV (PMCT) programme is implemented majorly at the Primary Health Care level by specifically trained Primary Health Care workers. They give HIV-positive mothers information that will enable them to deliver their babies without being infected by the virus. The WHO approach to promote PMTCT programme at the PHC level include; prevention of new HIV infections among women of child bearing age; preventing uninfected pregnancies among women living with HIV; Preventing HIV transmission from a woman living with HIV to her baby; providing appropriate treatment, care and support to mothers living with HIV and their children and family [11].

Bayelsa State Health Insurance Scheme is a contributory insurance scheme that require civil servants and other

enrollees to make monthly contributions that qualify them to access health care services in accredited health facilities within the state. It was initiated to provide easy access to quality and affordable health care. Bayelsa State Tell-health Initiative is another platform created by the government to reduce health challenges that may increase maternal and child mortality. The principle behind the concept is that, patients and clients could have the access to call a health care provider through designated phone numbers to receive health care services from their homes.

Safe motherhood initiative is also a programme coordinated by the Bayelsa State ministry of health. The aim of this programme is to integrate series of protocols, practices and service guide lines that will ensure maternal health care services are available to all segments of the population. Although the policy framework is initiated by the federal ministry of health, but implementation of its specific objectives is through Primary Health Care at the Local Government Area. Saving one million lives for result is a federal ministry of health initiated programme that is implemented by the state ministry of health through the primary health care system at the Local Government Area. The programme was designed to create a reliable platform through which several interventions are made available to majority of the individuals in the communities especially the mothers and children.

6. Summary / Conclusions

Primary health care is a strategy that was adopted and endorsed in an international conference in Alma Ata, Russia in 1978 with the purpose of attaining equitable access to basic health care services including both prevention and treatment of locally endemic diseases. The ultimate aim of primary health care is to ensure that, health care services are available, affordable, accessible and acceptable to all the various groups in the population with a greater emphasis on community involvement and participation. The primary health care approach is the best option to health care delivery that would satisfy the greater percentage of the health care needs of the mothers and children in the population. The foundational principles of primary health care, when properly adopted would significantly address the problem of inequality and inequitable distribution of health and health services among members of the various segments, thereby reducing maternal and child mortality in the communities.

7. Way Forward for Policy Makers

For the Bayelsa State Health Care delivery system to achieve its ultimate goal of making health care services available and affordable to every segment of the population, in order to reduce maternal and child mortality rates, the following are very imperative.

1. There should be a policy framework that will prompt or compel successive governments to accord

significant attention to Primary Health Care implementation in Bayelsa State. Effective implementation of all the components and the specific interventions of Primary Health Care will relatively improve the maternal and child health indicators.

2. Governments at the state and Local Government Area levels should show the desired political will by ensuring that, adequate funds are made available for the implementation of the various interventional programmes designed to tackle the menace of maternal and child mortality in the state.
3. The primary health care workers that are trained with the responsibility to implement the various primary health care intervention programmes should be adequately encouraged to give more attention and commitment to their duties.

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