

## Chapter 2

# Voice and Accountability: Rural Women's Associations as Platforms for Civic Engagement in the Primary Health Sector in Nigeria

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### **ABSTRACT**

*The article assesses the importance of citizen engagement in engendering good governance in the health sector. However, citizens need an effective 'voice' in order to be heard. Thus, the article argues for the need to utilise existing civic organizations like the rural women's associations as platforms of civic engagements. Using Akwa Ibom state as a study location, the article investigated the role of rural women's associations in citizen engagement in the primary health sector. Findings reveal that although rural women's associations are engaged in diverse socio-economic and political activities, they however do not engage in socially accountable activities. Nevertheless, findings further reveal that associations have the potentials of becoming platforms for social accountability if harnessed by development partners. The argument of the study is anchored on the participatory development approach which argues about the need for beneficiaries of development to become active participants in the development process.*

### **INTRODUCTION**

Community participation for the purpose of accountability and improved health facility governance is not a common place practice in the Nigerian health sector. However, the Alma-Ata Declaration on Primary Health Care in 1978 identifies community participation as a major component of health policy and programming (WHO, 1978). Similarly, the World Health Organization (2008) World Health Report on Primary Health Care re-emphasizes the importance of community participation in the Primary Health Sector, in order to achieve 'people-centred' health systems. Thus, health service users are increasingly seen as citizens who should be allowed to voice their concerns actively; to shape health services and

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policies in the public interest; and to hold health providers and policymakers accountable (Sheikh et al., 2014; O'Meara et al., 2011). This is particularly important in the primary health care sector (the first level of contact of individuals with their national health system), which brings health care as close as possible to where people live and work through Primary Health Centres (PHCs).

In Nigeria, the provision of primary health care is primarily the responsibility of the local government supported by the State and Federal Governments through the auspices of State Ministries of Health and the National Primary Health Care Development Agency respectively (Federal Government of Nigeria, 2014). However, there is poor resource allocation to the health sector. This has resulted in the lack of sufficient funds to maintain existing health facilities as well as meet the increasing demand for new facilities, increase access to services and improve the quality and level of care provided. The outcome of these is a deplorable national health profile characterised by high maternal and infant mortality and low life expectancy.

Observing this poor state of our health care system due to the inability of the various levels of government to finance health services adequately, the Federal Ministry of Health (FMOH) did search for solutions and so adopted the Public-Private Partnership (PPP) framework, which recommends an increased role for the private sector in service delivery. The PPP framework allows for the participation of the private for profit and not-for-profit including health providers, religious and other voluntary organizations, communal bodies, and individuals in the provision and financing of health care services in Nigeria (Federal Ministry of Health, 2005; Federal Government of Nigeria, 2014).

Nevertheless, the existence of PPP has not resulted in a remarkable improvement in the health system including primary health care. A majority of Primary Health Centres are non-functional and in deplorable conditions - lacking in equipment, drugs and personnel. A part explanation for this situation is the lack of citizens' engagement in the primary health care sector. This study therefore aims at unravelling how rural women's associations could become platforms for civic engagement in the primary health care sector at the community level.

## **STATEMENT OF THE PROBLEM**

Voice and accountability are important dimensions of governance. Citizens as well as state institutions have a role to play in delivering governance that works for the poor. Voice refers to people's ability to express their views on issues that affect their lives. Citizens' capacity to express and exercise their views has the potential to influence government priorities or governance processes, including a stronger demand for transparency and accountability (Sharma, 2008). On the other hand, accountability exists when those in governance who make and implement public policies are answerable to those whose lives are shaped by these policies and can be sanctioned if their performance is unsatisfactory (McNeil & Malena, 2010). Voice and accountability are therefore important indicators of the nature of the relationship between state and citizen. However, citizens need effective 'voice' in order to convey their views. Similarly, governments or states are more likely to respond to the needs and demands that are articulated by their population (Sharma, 2008).

In Nigeria, citizens' engagement is not a common practise, especially in the rural communities. The 'voice' of community members is seldom heard on issues that affect their well-being including that of health care. This has contributed to the non-existent or very deplorable state of health care delivery at the community level. A critical outcome of this is the high incidence of maternal and infant mortality,

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