COMPETENCY IMPROVEMENT NEEDS OF HEALTH INSTRUCTORS: IMPLICATIONS TO THE PROFICIENCY OF GRADUATES OF SCHOOL OF HEALTH TECHNOLOGY, ENUGU STATE.

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Abstract

This paper aimed at the determination of competency improvement needs of health instructors in teaching reproductive health practices to students in schools of Health Technology in Enugu State of Nigeria. Descriptive survey research design was adopted for the study. One research question and one hypothesis guided the study. The study was carried out in Enugu State of Nigeria. The population for the study was twenty-six (26) health Instructors. Eleven (11) Competency item questionnaire were developed by the researcher and used for data collection. The questionnaire had two types of scale responses of required and performance with a 4 point response scale each. The questionnaire was validated by three experts. Split-half technique and Pearson product moment correlation method were used for the internal consistency reliability which yielded a coefficient value of 0.84. Twenty-six (26) copies of the questionnaire were administered to the respondents. All the copies of the questionnaire were retrieved and analyzed using weighted mean and Improvement Required Index (IRI) to answer the research question and t-statistics was used to test the hypothesis at 0.05 level of significance. It was found out that the Instructors require improvement in all the eleven (11) competency items in teaching reproductive health practices. It was therefore recommended that the health instructors in Schools of Health technology be retrained in the 11 Competencies identified by this study through workshops and short duration courses by the Stakeholders and Government.

Key Words: Competency, Improvement, Instructor, teaching and reproductive health.

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The Roles of Non Governmental Organisations in Nigerian Health System Development: Focus on Akwa Ibom State

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Abstract

Health system development entails the provision of infrastructural facilities to the people. the provision of these health amenities can be attained through organisations such as, the government and non-governmental(NGOS), Community development associations. NGOS are set out to ameliorate the plight of the people in dire need of health services. This paper examines the various categories of NGOS, some of the strategies for health development in Nigeria, with particular emphasis on the role of Non-Governmental Organisations (NGOS). The area of study was Akwa Ibom State and the method of study was focus group discussion with NGOS, and stake holders in the health sector in the state. The findings showed that, the existing NGOS and Donor Agencies in Akwa Ibom State are, World Health Organization(WHO), United Nation Children's Fund (UNICEF), United States Agency For International Development (USAID), United Nations Population Fund (UNFPA), Management Sciences For Health(MSH), Centre of Integrated Health Programs (CIHPs), Family Health International(FHI)360, Execellence Community Education Welfare Scheme (ECEWS), UKaid, Enhancing Nigeria's Response to HIV/ AIDS (ENR), World Bank, European Union, Niger Delta Development Commission (NDDC), United States President's Emergency Plan For AIDS Relief (PEPFAR).These NGOS are into different aspect of health development such as, community mobilisation, HIV/AIDs prevention campaign, prevention of mother to child transmission of HIV/ AIDs (PMTCT) , Reproductive health etc. It is recommended that NGOS should plan their activities to fit into the felt need of the community and the state health plan in order to have their efforts appreciated by those who need their services ,there should be a uniform data collection template for easy documentation of data recruitment of more health workers, minimise the transfer of trained program health officers, full participation

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of the study will be disseminated and their importance in reproductive health emphasized.

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reproductive health practices to required standard. The finding is consonance with the finding of Akunna (2007) on requisite skills in reproductive health practices for equipping nursing mothers for safe motherhood and family planning. The findings of the study is also in agreement with those of Idowu (2008) in a study carried out on competency improvement need of health officers in reproductive health officers require improvement in teaching reproductive health practices. The study was also in conformity with the finding of Musa (2008) on adolescent and reproductive health skills required of health workers in Nassarawa state of Nigeria. The findings of the study therefore corroborate these others researches earlier conducted in other parts of Nigeria.

On the issue of gender influence, the study showed that gender has no significant influence on the health instructors in teaching reproductive health practices to students. This finding agrees with Ecarta (2007), Idowu (2008) & Musa (2008) that both male and female health instructors in health technologies have the same degree of competence in teaching reproductive health. This may be due to the fact that gender has nothing to do with the teaching competence required of health instructors because both male and female health instructors have equal opportunities and unrestricted access to acquire the required teaching competence.

Conclusion and Recommendations

Graduates of schools of Health Technology especially in the area of reproductive Health may be performing below the required standard in impacting the required standard and quality of knowledge, skills and attitudes to their clients, which could be traced to the quality of their instructors in schools of Health Technology. The study therefore, attempted to find out the competency improvement needs of instructors in Reproductive Health practices and was able to unveil that they require improvement in all the eleven (11) competencies in the application, demonstration and teaching of the required knowledge, skills and attitudes in reproductive health. It is noteworthy that the quality of instruction expected from these instructors may not be achieved unless and until all these required competency improvement needs are dealt with appropriately.

It was therefore recommended that the instructors in reproductive health in schools of Health Technology be retrained in the eleven (11) competencies where they require improvement. This could be done through workshops and short duration courses by the government and stakeholders. A review of the curriculum of our health technologies should be made to ensure that adequate attention is given in the area of Reproductive Health Education. When these are done, the result

Data in the table revealed that 11 (eleven) competencies had their performance gap values ranged from 0.14 to 1.76. The values were positive indicating that the instructors could not perform each of the competency element to the level required. The instructors therefore require improvement in all the competency items for effective teaching of reproductive health practices.

Research Hypothesis

There is no significant difference in the mean rating of male and female health instructors on their competence improvement needs in teaching reproductive heads practices to students.

Table 2

The t - test statistic of mean rating of health instructors on their competence improvement needs in teaching reproductive health practices to students.

Group	N	Mean	Sd	Df	t-cal	t-crit	P	Remark
Male	14	24.53	1.56	24	0.31	1.02	0.05	Not
Female	12	21.91	1.49					Significant.

Table 2 showed that the mean competence scores of male health instructors is 24.53 and that of the female health instructors is 21.91. The calculated t-value is less than the critical t-value at 0.05 level of significance. The null hypothesis is therefore accepted. Therefore, there is no significant difference in the mean rating of male and female health instructors on their competence improvement needs in teaching reproductive health practices to students.

Discussion of Result

From the study, it was found out that the instructors teaching reproductive health practices has performance gap values indicating how level of competence in mastery of skills in teaching reproductive health practices in school of Health Technology. This finding indicated that the health instructors require improvement before they can be effective in teaching students

	N = 26	Cluster mean			
S/N	Competency item	XR	XP	PG XR – XP	Remark
1	Ability to consistency communicates effectively in a responsive, responsible and sensitive manner that will be appropriate for the needs of the learners/audience.	3.97	2.83	1.14	Improvement required
2	Use logic and reasoning to identify the strengths and weaknesses of alternative approaches to learning and solving problems.	2.90	1.76	1.14	Improvement required
3	Be aware of learners reactions and understanding, why they react as they do.	3.63	3.48	0.15	Improvement required
4	Select and use training/Instructional methods and procedures appropriate for the teaching/learning situation to achieve the desired and stated objectives.	2.86	2.24	0.62	
5	Identify, analyze, adjust and persuade learning actions and plans that will bring about change in relation to learner's needs and learning abilities.	3.77	2.01	1.76	Improvement required
6	Monitor, assess performance for improvement and corrective actions.	3.42	2.20	1.22	Improvement required
7	Monitor, assess performance for improvement and corrective actions.	2.88	2.01	0.87	Improvement required
8	Apply principles and methods for curriculum and training design, teaching and instruction for individuals and groups.	3.18	2.70	0.48	Improvement required
9	Have knowledge of human behaviour and performance, individual differences in ability, personality, and interests in learning and motivation, psychological research methods, and the assessment and treatment of behavioural and affective defects/disorders	3.21	1.84	1.37	Improvement required
10	Have knowledge of principles, methods, and procedures for diagnosis, treatment and counseling and guidance and rehabilitation of any reproductive dysfunction.	3.00	1,62	1.38	Improvement required
11	Have knowledge of group behaviour and dynamics, societal trends, culture and influences.	2.30	2.60	0.14	Improvement required

in the field of health. Their corrections and suggestions were used to produce the final copy of the questionnaire. Split-half technique and Pearson product moment correlation method were used to determine internal consistency reliability of the instrument with a coefficient value of 0.86, twenty-Six copies of the questionnaire were administered to the respondents with the help of two research assistants. All the Copies of the questionnaire were retrieved.

Method of Data Collection

The research engaged the services of one research assistant who administered the questionnaire instrument. One research assistant was chosen from one of the schools used for the study. This eliminated the problem of time frame for distribution and collection, and problem of respondents misunderstanding and misrepretation of ideas by a different research assistant. All the questionnaire recorded responses were retrieved by the same research assistant.

Method of Data Analysis

The data generated and collected were analyzed using weighted mean and Improvement Required Index (IRI) to answer the research question. They are presented in frequency table. The Improvement Required Index (IRI) was determined thus.

a. The mean ($\overline{XR}$) of the required scale was determined for each item.
b. The mean ($\overline{XP}$) of the required scale was determined for each item.
c. The performance gap (PG) was determined by finding the difference between the value of XR and XP that is XR – XP = PG where PG is Positive (+) it means improvement is required because the level at which the instructors could perform the competency is lower than the level at which it is required. Where PG is negative (-), it means that improvement is not required because the level at which the instructors could perform the competency is higher than the level it is required. Where PG is (0), it means improvement is not required because the level at which the Instructors could perform the competency is equal to the level at which it is required.

Results

Results of the Study was obtained from the research question answered through data collected and analyzed.

Research Question

How competent are the Health Instructors in teaching reproductive health practices?

The data for answering the research question are presented in the table.

and teaching of reproductive health practices in Schools of Health Technology in Enugu State?

Research Hypothesis

This study was guided by this research hypothesis. There is no significant difference in the mean rating of male and female health instructors on their competence improvement needs in teaching reproductive health practices to students.

Method

The design adopted for this study was descriptive survey research design. The design is considered appropriate because Olaitan Ali, Eyo and Sowande (2000) stated that survey research design is a plan, structure and strategy that the investigator wants to adopt in order to obtain solution to the research problem and test the hypothesis formulated for the study through the use of questionnaire or interview. Questionnaire was found suitable for this study.

Area of Study

The Study was carried out in Enugu States of Nigeria. Enugu State is one of the 36 states of Nigeria. It has three Senatorial zones namely Enugu East, Enugu North and Enugu west.

Population for the Study

The population for the study comprised of all the (26) health Instructors in the Department of Public Health of the two (2) Schools of Health Technology in Enugu State, namely, school of Health Technology Oji and School of Health Technology, Nsukka.

Sampling and Sampling Technique

The entire population of 26 health Instructors were used for the study because of small size. They were made up of 14 males and 12 females. Therefore there was no sampling.

Instrument for Data Collection

The instrument for data collection was questionnaire. Eleven (11) competency item questionnaire on teaching of reproductive health practices was developed and used for data collection. The questionnaire had two types of responses scale. The required response scale and the performance response scale. The required response scale had a 4-point response of highly required, averagely required, slightly required and not required with a corresponding value of 4, 3, 2, and 1. The performance response scale had a 4-point response of high performance, average performance, little performance and no performance with a corresponding value of 4, 3, 2, and 1.

The questionnaire was developed by the researcher and validated by three experts

of instruction received while in training in Schools of health technology. Health instructor's teaching competence maybe influenced by some factors like gender among others. Amusa (2009) observed that females are more endowed with teaching skills and competence than male teachers because they believe that they possess the innate abilities to accomplish their teaching and learning tasks. It was observed by Ogwo & Orance (2006) that male and female teachers have similar degree of teaching competence, skills and proficiency. This study will therefore establish if gender has any influence on health instructors teaching competence in teaching reproductive health practices in their school. Idowu (2008) found out that the health officers with their qualification and experience require improvement because of the quality of skills knowledge acquired by them in training under the guidance of their instructors.

Akunna (2007) stated that the graduates from the schools of health technology lack the requisite skills for the application, demonstration and teaching of reproductive health to the nursing mothers. Also, Musa (2008) asserted that the health Officers require improvement in their competency. The finding was attributed probably to the low quality skills and knowledge acquired during their training among others. To minimize a continuous production of graduates deficient in knowledge of reproductive health education from schools of health technology and also improve the reproductive health status of women, there is the need to improve knowledge base of the health instructors.

Improvement as defined by Amusa (2009) is the process of making something better than before. He further stated that if something or situation improves, that thing or situation becomes better. In this study, improvement is the process of helping instructors in Schools of Health Technology in the area of the study acquire a higher proficiency level, knowledge, skills and attitudes required in the reproductive health practices for greater efficiency.

Purpose of the Study.

The purpose of this study is to determine the competency improvement needs of health instructors in teaching reproductive health to students in schools of Health Technology in Enugu State of Nigeria. Specifically, the study sought to identify the competency improvement needs of health instructors in application, demonstration and teaching of reproductive health practices to students.

Research Question

The study was guided by this research question. How competent are the health Instructors in their application, demonstration

and its function and processes (Akunna, 2007). Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed about and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of birth control which are not against the law and the right of access to appropriate health care services that will enable women to go safely through pregnancy and child birth and provide couples with the best choice of having a healthy babies. What is obvious from the above is that reproductive health has component areas among which include safe motherhood comprising maternal and child health, family planning, information, adolescent and reproductive health, prevention and treatment of sexually transmitted infections including HIV and AIDS, post abortion care, reproductive health information/education and Communication for behaviour change, elimination of harmful traditional practices and prevention of breast and cervical cancer (WHO, 1995, Idowu, 2008 & Musa, 2008). In the context of this study reproductive health education refers to the application and demonstration of appropriate knowledge, attitudes. Skills, behaviours and judgment in clinical setting in all areas of reproductive health, such as safe motherhood of maternal child health, family planning, prevention and treatment of sexually transmitted diseases, post abortion care etc by health instructors in schools of health technology. To effectively apply and demonstrate the reproductive health practices, the health instructors need to be competent.

Competency as described by Encarta (2007), is the ability to do something well, measuring against a standard especially ability acquired through experience or training. Ely (1989) explained Competency as essential knowledge and skills obtainable in a profession and those who are professionals in the field must possess and be able to demonstrate at optimal level of acquisition and functioning. With reference to this study, competency is an acceptable or standard demonstration of knowledge, skills and attitudes in reproductive health education practices by health instructors for the benefit of students in schools of Health technology.

Observation of researchers in the field revealed that graduates of Schools of Health Technology may not effectively demonstrate and apply the reproductive health practices required of them for the safety of women of child bearing age in our hospitals, health centres and other health posts. The incompetency of the graduates in the field as health officers may be blamed on the quality

Introduction

An instructor is an individual who had been trained to impact knowledge and the acquisition of practical skills and attitudes to learners in a given subject matter Hornby (2000) defined an instructor as a person who has been trained and is involved in teaching learners the knowledge, attitudes and practical skills required in carrying out a given task. Health instructor therefore, is somebody or an individual who has been trained in the application and demonstration of appropriate knowledge, attitude, skills, behaviours and judgment in clinical setting to the learners (Werner & Bower, 1982). By this, it implies that health instructor should have an inquiring mind, concern and sympathetic approach, to others, a desire to involve lay people in health related matters and a desire to foster community participation.

Teaching is a process of helping an individual to learn. It is a cluster of activities that we engage in during some specific time period which will involve informing and explaining, stimulating and directing, guiding, administering, identifying, evaluating, reporting, recording, management and socialization/relationship (Chauhan, 1981). Offorma (1994) defined teaching as a systematic activity deliberately engaged in by somebody to facilitate the learning of the intended worthwhile knowledge, skills, and values by another person and getting the necessary feedback. Ogwo and Oranu (2006) stated that teaching is the art and science of assisting a person to learn. The authors furthers stated that the science in teaching involves the use of the required knowledge from natural and behavioural Sciences in order to appreciate the circumstances and personality of the learner while the art aspect of teaching involves the use of creative and demonstrative skills in aiding the delivery of instruction. Teaching in the context of this Study is a systematic activity deliberately engaged in by the health instructors to facilitate the acquisition of appropriate knowledge, skills, and attitudes in reproductive health by students in schools of health technology. With reference to this study, students are learners in schools of health technology who are exposed to Health education courses which include reproductive health education.

Reproductive health according to WHO (1995) is the ability of women to live through the reproductive years and beyond with reproductive choice, dignity and successful child bearing and to be free from gynecological deceases and risks. Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system

and ownership of developmental programs by government and community members , employment of locum staff by government, CBOs funded by these NGOS should help track clients who are loss to .

Keywords: Nigerian Health System Development, Non Governmental Organisation and Donor Agencies

Introduction

Non-Governmental Organisations (NGOs) are legal constituted corporations created by natural or legal people that operate independently from any form of government. The term originated from the United Nation, refers to organizations that are not a part of a government and are not conventional for-profit businesses. In the cases in which NGO is funded totally or partially by governments, the NGO maintains its non-governmental status by excluding government representatives from membership in the organization. In the United States, NGOs are typically non-profit organizations. The term pursue wider social aims that have political aspects, but are not openly political organizations such as political parties (Omofonmwan & Odia, 2009)

NGOs are difficult to define and classify, and the term 'NGO' is not used consistently. As a result, there are many different classifications in use. The most common NGOs use a framework that includes orientation and level of operation. An NGO's orientation refers to the type of activities it takes on. These activities might include human rights, environmental, or development work. An NGO's level of operation indicates the scale at which an organization works, such as local, regional, international or national (Vakil, 1997). One of the earliest mentions of the term "NGO" was in 1945, when the United Nations (UN) was created. The UN, which is an inter-governmental organization, made it possible for certain approved specialized international non-state agencies - or non-governmental organizations - to be awarded observer status at its assemblies and some of its meetings. Later the term became used more widely. Today, according to the UN, any kind of private organization that is independent from government control can be termed an "NGO", provided it is not-profit, non-criminal and not simply an opposition political party (UN ,2002).This paper will be discussed under the following sub headings; Types of NGOs, concept of NGOS, concept of health system, organisational structure of Nigerian health care system, Nigeria's national health policy and state of health care system, health system development, conclusion and recommendation.

Types of Non-Governmental Organizations

NGO types can be understood by their orientation and level of cooperation.

NGO type by level of orientation.

- **Charitable Orientation** often involves a top-down paternalistic effort with little participation by the "beneficiaries". It includes NGOs with activities directed toward meeting the needs of the poor.
- **Service Orientation** includes NGOs with activities such as the provision of health, family planning or education services in which the programme is designed by the NGO and people are expected to participate in its implementation and in receiving the service.
- **Participatory Orientation** is characterized by self-help projects where local people are involved particularly in the implementation of a project by contributing cash, tools, land, materials, labour etc. In the classical community development project, participation begins with the need definition and continues into the planning and implementation stages.
- **Empowering Orientation** aims to help poor people develop a clearer understanding of the social, political and economic factors affecting their lives and to strenghten their awareness of their own potential power to control their lives. There is maximum involvement of the beneficiaries with NGOs acting as facilitators (Lawry, 2009).

NGO Type by Level of Cooperation.

Community-based Organizations (CBOs) arise out of people's own initiatives. They can be responsible for raising the consciousness of the urban poor, helping them to understand their rights in accessing needed services, and providing such services.

- **Citywide Organizations** include organizations such as chambers of commerce and industry, coalitions of business, ethnic or educational groups, and associations of community organizations.
- **National NGOs** include national organizations such as the Red Cross, YMCAs/YWCAs professional associations, and others. Some have state and city branches and assist local NGOs.

- **International NGOs** range from secular agencies such as Redda Barna and Save The Children organizations, OXFAM, CARE, Ford Foundation, and Rockefeller Foundation to religiously motivated groups. They can be responsible for funding local NGOs, institutions and projects and implementing projects (Lawry, 2009).

Concept of NGOS.

United States Agency for International Development (USAID) refers to NGOs as private voluntary organizations. However, many scholars have argued that this definition is highly problematic as many NGOs are in fact state and corporate funded and managed projects with professional staff (Willet, nd).

Non-governmental Organisation (NGOs) exist for a variety of reasons, usually to further the +political or social goals of their members or founders. Examples include improving the state of the natural environment, encouraging the observance of human right, improving the welfare of the disadvantaged, or representing a corporate agenda. Non Governmental Organisation (NGOs) are non-governmental, non profit creation, self governing and led by volunteers. NGOs are groupings that are outside the domain of government in the areas of formation, funding, management and the processes and procedure in which it carries out its sets objectives geared towards cultural, socio-economic and political transformation of all facets of the society. NGOs function alongside the government as well as profit base enterprises in delivery of social services for the upliftment and well-being of the society, they are therefore referred to as the third sector, (Ehigiamusoe, 1998).

World Bank (2012) reported that external borrowing and grants (including donations from International Agencies and Non-governmental organizations) constitute public health expenditure. Adebayo (1997) pointed out that NGOs can help by mobilizing resource beyond the state budget for development purpose.

Concept of Health System

A health system, sometimes referred to as health care system is the organisation of people, institutions, and resources to deliver health services to meet the health needs of target populations. There is a wide variety of health systems around the world, with as many histories and organizational structures as there are nations with concerted effort among Governments, trade unions, charities, religious, or other co-ordinated bodies to deliver planned health care services targeted

to the populations they serve (WHO, 2000)

The goals of the health systems are, good health, responsiveness to the expectation of the population, and fair financial contribution, progress towards them depends on how systems carry out four vital functions: provision of health care services, resource generation, financing, and stewardship (WHO, 2000). Other dimensions for evaluation of health systems include equality, efficiency acceptability and equity (Osain, 2011). They have been describe in the United States as" the five C,s" :Cost, Coverage, Consistency, Complexity, and Chronic illness (Brody, 2007). Additional dimensions that should be considered are: health system should not be expressed in terms of their components only, but also of their interrelationships. it should include not only the institutional or supply side of the health system, but also the population. It must be defined in terms of their functions, including the direct provision of services, whether they are medical or public health services, but also other enabling functions such as stewardship, financing, and resource generation, including what is probably the most complex of all challenges, the health workforce (Frenk, 2010). According to WHO (2000), a health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home, private providers, behaviour change programmes, vector control campaigns, health insurance organizations, occupational health and safety legislation (WHO, 2007).

Organisational Structure of Nigerian Health Care System

The organizational structure of the Nigerian health care system suffers from lack of specificity and ambiguities in the definition of roles and responsibilities of the three tiers of the system, the Federal, State and Local Government levels. Even when roles are clearly assigned, there are instances where some tiers of Government take on responsibilities that are clearly not within their mandate. The associated problems of ownership and accountability abound. The Federal Ministry of Health (FMOH) provides policy guidance and technical assistance to the 36 States and the Capital Territory (Abuja), co-ordinates State efforts towards the goals set by the national health policy, and is establishing a management information system designed to improve both national and state-level planning. The FMOH also monitors and evaluates the implementation of the national health policy. Additionally,

FMOH has direct operational responsibility for training medical doctors; operating teaching, psychiatric and orthopaedic hospitals; monitoring and controlling contagious and communicable diseases; and ensuring adequate availability of vaccines and essential drugs. Formal linkage between FMOH and the State Ministries of Health (SMOHs) occurs through the National Council of Health, chaired by the Federal Minister of Health and composed of all State Commissioners of Health. This Council meets on a quarterly basis to discuss national health concerns (WHO, 2006).

At the state level, responsibility for health programs is shared by the State Ministry of Health (SMOH), the Hospital Management Board (HMB), and the Local Government Authorities (LGAs). The SMOH is headed by the State Commissioner of health, who is responsible to the State Executive Council and is assisted by the Director General in the SMOH. Its responsibilities include: planning and co-ordinating the state health systems; operating and maintaining secondary and non-specialized tertiary hospitals and some primary health facilities; implementing public health programs; training nurses, mid-wives and auxiliary staff; and assisting the LGAs with and operation of some primary health facilities. Each State has at least one health training institution (Edo State, 2010). The HMB administers the State's hospitals and, in some cases, health centres and urban clinics; its main responsibility is personnel administration and the financing and management of logistical support systems, including drugs, supplies, equipment and maintenance. The HMB is headed by a chairman, who in some states, reports to the State Commissioner of Health and in others to an independent board (Edo State, 2010).

Each of the 774 LGAs in Nigeria is responsible for operating the health facilities within the area, including the provision of basic outpatient, community health, hygiene and sanitation services. Health service delivery in each LGA is the responsibility of the Health and Social Welfare Counsellor. However, many LGAs lack the capacity to effectively carry out their mandate. In 1987, the Government adopted a primary health care approach as the principal health sector development strategy, to ensure equity, promote rational use of resources, assure technical quality and reliability as well as support for preventive measures.

Nigeria's National Health Policy and State of Health Care System

Nigeria's National Health Policy affirms the centrality of health to social and economic development. The overall goal of the policy is the attainment of enhanced standards of health by all Nigerians in order to promote a

healthy and productive life. The guiding principles of the policy among others include emphasis on Primary Health Care (PHC) and the introduction of the Basic Health Services Scheme, mainstreaming of gender issues in planning and implementation, and a special focus on health systems development. The policy also builds on the National Poverty Alleviation Programme (2000-2005), which recognises the close links between health and economic growth for sustainable development (WHO, 2013).

Nigeria's health sector is characterised by poor quality and inefficiencies in the provision of public sector health services , lack of appropriate targeting strategies for reaching poor and under-served populations; large disparities in health status between the poor and non poor, inadequate quality of government health services, lack of drugs, limited human resources and managerial capabilities; lack of an enabling environment to allow private sector providers to build partnerships with the public sector; low levels of public funding combined with shortcomings in the way resources are allocated, spent and managed; and poor delineation of roles and responsibilities within the three tiers of government with regard to the provision and financing of healthcare (Osain, 2011).

A 1999 Multiple Indicator Cluster Survey (MICS) reported that 15.3 percent of children under five had experienced diarrhoea in the two weeks preceding the survey and less than 50 percent of these children visited a health facility. Maternal mortality, one of the main indicators of the state of reproductive health, is unacceptably high (704 per 100,000 live births). Approximately 10% of all maternal deaths in the world take place in Nigeria. This implies that with about 2.4 million live births annually, some 170000 Nigerian women die as result of complications associated with pregnancy or childbirth. The excessively high maternal mortality levels are a reflection of the inadequate access to obstetric care, poorly functioning referral systems, socio-cultural barriers to health care, and general systemic problems concerning the health care delivery system (UNICEF, 2012).

The health sector in Nigeria is going through a reform process aimed at restoring the capacity of the public health services to deliver quality health care to all Nigerians (Nikolic, 2006). The project will provide resources to strengthen the capacity of the States and LGAs (Local Government Authorities) in order to enable them to undertake their mandate in the provision of quality primary health care.

The Government of Nigeria receives assistance for the health sector from bilateral, multilateral agencies, and non-Governmental organizations (NGOs). All the major donors operating in the health sector have committed finance, on a parallel basis, to assist in the expansion and strengthening of the PHC services with a special focus on mothers and children. These organizations are supporting projects covering priority areas such as HIV/ AIDS, reproductive health and family planning, health systems development and capacity building.

Under the leadership of the FMOH, the Government has articulated a medium Term Plan of Action to provide a framework for health sector investment. Accordingly, the Government has initiated a broadly based consultative process bringing together key stakeholders in Nigeria's health sector. A number of donors namely, the World Bank, DfID, and Irish Aid, have directed all or part of their 2000/01 – 2002/3 support to the sector through budgetary support at cost centers. Other partners such as WHO, UNFPA, the African Development Bank, UNICEF, GTZ, USAID, JICA, and EU are supporting ongoing projects, exploring budgetary support or preparing new projects covering areas such as HIV/ AIDS, reproductive health, capacity building, HMIS, human resources development, and essential drugs management. Channels of donor interventions include recurrent budget support and project funding through the SMOHs, Local Government Authorities, NGOs and CBOs (Health Policy Research Group, 2009).

The PHC service is beset with many challenges such as inequalities in access to primary health care. It is estimated that less than 30% of the population in Nigeria has access to primary health services, which contribute to the poor health status of most vulnerable groups such as women, children (Jaro, 2012).

Shortage of appropriately trained health personnel is a major constraint affecting the provision of quality primary health care in Nigeria. The lack of trained health personnel at the state and local Government levels has resulted in most primary health care facilities being managed by untrained health workers. Health workers lack the skills to effectively control endemic diseases (Bakare, 2012). Bakare further explained that the health training institutions are plagued by old and dilapidated infrastructure, lack of furniture and learning materials, underpaid and unmotivated teaching staff, and outdated curricula, lack of drugs, and low health staff morale leading to

a dramatic reduction in the provision and utilization of health services.

Health System Development

Health development is defined as the process of continuous progressive improvement of the health status of a population (WHO, 2007). Its product is rising level of human wellbeing, marked not only by reduction in the burden of disease but also by attainment of positive physical and mental health related to satisfactory economic functioning and social integration.

The concept of health development as distinct from the provision of medical care is a product of recent policy thinking. As further stated by WHO (2007), it is based on the fundamental principle that governments have the responsibility for the health of their people and at the same time people should have the right as well as the duty, individually and collectively to participate in the development of their own health.

Therefore health development has been given increasing emphasis in the policies and programmes of the United Nation system. One example is that of World Bank and UNDP providing funds for the health component of economic development programm (Park, 2009).

Some Non-Governmental Organisations are partnering with Akwa Ibom State health sector, and as such there is need to know the extent of their operation, in terms of their area of interest, programmes carried out, effect of these programmes, issues and challenges.

Roles of Non-Governmental Organizations in Health System Development in Akwa Ibom State

In the course of this paper, it is observed that a good number of NGOs are on ground with their operational base point in Uyo, carrying out different types of health projects and programmes. All geared towards the development of Akwa Ibom State health sector. Information gathered from the discussions indicated that, NGOs are into various aspects of health development such as, community mobilization, environment, health and sanitation awareness creation, education for all awareness creation, promotion of adolescent health, promotion of sexuality and reproductive health education ,Prevention of mother to child transmission of HIV/AIDS, prevention awareness campaign, development of health infrastructure, capacity building service, funding and so on.

The NGOs depend largely on donation and funding from international donors or funding

organizations for the execution of their projects and programmes.

Some previous studies have also drawn attention to institutional capacity building at the grassroots level. Building the managerial capacities of CSOs helps to reinforce them and other existing economic or social institutions for self-managed enterprises. Thomas and Logan (1982) suggested that self-management enable the participants to make their own rules with regard to their own empowerment for rapid poverty eradication and economic growth. Records have shown that in recent times, the activities of NGOs have impacted on a significant number of Akwa Ibom people, touching on various aspects of life. For the purpose of this paper, emphases shall be placed on the activities of selected NGOs and funding agencies.

UNFPA

In Akwa Ibom state UNFPA embarked on the assessment of selected health facilities in collaboration with the State Ministry of Health the states to have a baseline data for interventions, particularly in the selected facilities and in the states in general and to identify weaknesses and strengths of health system especially as relate to the delivery of high quality maternal health services. This among other things highlighted technical assistance required and the specific intervention requirement in the states to achieve the Reproductive Health and Right (RHR) outcomes and outputs, established youth friendly centres, supply equipment and build staff capacity through training.

Centre For Integrated Health Programs (CIHP)

The Centre for Integrated Health Programs (CIHP) is a leading indigenous non-governmental organization established to promote better health outcomes for all Nigerians through partnerships. The organization has evolved from Columbia University's International Center for AIDS Care and Treatment Programs (ICAP) which has supported family-focused, comprehensive high-quality, HIV/AIDS care and treatment activities in Nigeria over the last five years. This broad multi-sectoral project has operated in six states namely Akwa Ibom, Kaduna, Benue, Kogi, Gombe and Cross River supporting the provision of comprehensive high-quality, family focused HIV/AIDS services to over 400, 000 beneficiaries reaching men, women, and children including infants and pregnant women. The establishment of CIHP is consistent with global orientation towards the orderly transfer of program management and implementation responsibilities of donor-supported programs to indigenous organizations. This is aimed at increasing local ownership, funding

effectiveness and strengthening of local talent for the adequate provision of quality technical assistance for healthcare and development in Nigeria. The activities of this organization have helped and increase the opportunity of people living with HIV/AIDS to access anti-retroviral drugs and treatment free of charge and are able to live their normal life again without fear of stigmatization. In Akwa Ibom State Support for comprehensive HIV/AIDS care and treatment activities commenced in Uyo in 2008. A total of ten comprehensive sites (general hospitals) are supported in AKS, including 15 PMTCT stand-alone sites. The supported facilities in Akwa Ibom include St. Joseph's Hospital Akpabuyo, General Hospitals Ikot Ekpene, Etinan, Etim Ekpo and IDH Ikot Ekpene which also doubles as a referral DOTS site with HIV care and treatment services co-located. CIHP has given support in the area of HIV /AIDS interventions thsrough PMTCT program in health facilities of 16 local government areas in the state, 3 DOTs sites, Supply of equipments, Infrastructural development, supply anti retroviral drugs, Funding of 2 CBOS, recruitment of Locum staff, support of activities and capacity building of staff, promotes gender equity and empowerment of women, creates awareness and sensitize communities against harmful practices and customs that limit women and children from becoming useful citizens and major contributors to their society, provision of care and treatment to PLWH, with emphasis on retention in care, engagement and support of patients, including support for disclosure, safer sex behaviour, reproductive health issues, gender concerns and social support.

Management Sciences For Health (MSH)

This organisation is a development partner in support of the health sector activities in Akwa Ibom State through the following:

- Strengthened leadership and management practices of Civil Society Organizations (CSOs) and Public Sector Institutions (PSIs) for improved service delivery
- Developed and Strengthened Organizational Systems of CSOs and PSIs for improved service delivery
- Strengthened Governance Practices of CSOs and PSIs for improved service delivery
- Strengthened Coordination among PSIs at all levels and Partnerships with CSOs for improved service delivery
- Developed new cadre of individuals and institutions providing technical assistance in management and

leadership that meets international standards (Human Resources for Health)

- Institutional capacity of the National Health Insurance Scheme, NHIS, state counterparts, local communities/ select CSOs strengthened to provide access to quality health services through sustainable Community-Based Health Insurance program (Health-Care Financing).

Through the highly successful PEPFAR Health Fellowship Program, PLAN-Health has trained 203 highly motivated health professionals to increase efficiency in Nigeria's health sector. In 2012 Management sciences for health trained 29 health workers in Akwa Ibom State towards scaling up of PMTCT program. Also qualitative research on perception and beliefs of women of reproductive age on the use/non- use of health facilities in selected communities in Akwa Ibom State was carried out. This helped in identifying the gaps in the knowledge, attitudes, practices, fears and beliefs about a preferred place for giving birth (MSH, 2012).

Enhanced Nigeria Response to HIV/ AIDS (ENR)

ENR spornsored by UKaid had recently trained IPC conductors in the three senatorial districts of the state to reach out to the community members and enlighten them on prevention of HIV/ AIDS. These conductors are paid monthly stipends of 10,000 naira and some allowances during review meetings. This action have helped in increasing HIV/ AIDS awareness among the community members.

Excellence Community Education Welfare Scheme (ECEWS)

ECEWS is an indigenous, community based, non profit governmental organisation that was established in Uyo, Akwa Ibom State in 2001. The organisation focuses on improving education and health care services including HIV/AIDS services in the rural communities of Nigeria. Over the last 11 years, ECEWS has built a proven track record of providing various services in education and health, including free educational counselling workshop and HIV/AIDS awareness for several populations, educational scholarship for OVC, computer literacy and donation of computer units to schools, HIV and AIDS counselling and testing, prevention of mother to child transmission of HIV and capacity building, carry out malaria prevention programmes, train health workers and give support to people living wiyh HIV/AIDS (ECEWS,2012).

Fund Providers

Among the highly recognized funders of NGOs activities in Akwa Ibom State are the World Bank, European Union, Niger Delta Development Commission (NDDC) UNICEF and some others whose activities are not highly publicized. Currently, the World Bank is sponsoring activities of many NGOs for advocacy and action intervention on HIV/ AIDS pandemic awareness creation in Akwa Ibom State. World Bank is sponsoring malaria program in Akwa Ibom State through the State Ministry of Health. The World Bank has selected Akwa Ibom State as a pilot state in the Bank's state. A statement from the state's ministry of finance said the World Bank's governance and urban community development assistance to Akwa Ibom is to build the capacity for and facilitate effective service delivery to people of the state. The World Bank team visited the state after the selection process and announced that the two capacity building in democratic governance and urban community development assistance in Nigeria's south-south. Akwa Ibom won the Bank's development assistance in those two areas in a competitive selection process. Projects would soon take off. Also HIV/AIDS Program Development Project with the two primary objectives of reducing the risk of HIV Infection by sealing up prevention interventions and to increase access to and utilization of HIV/Counselling/Testing, care and support services is funded by World Bank. The first component of the project gives support to the public sector, which involve empowerment of ministries and Local Action committee, the second component gives support to Civil Society Organization, Non Governmental Organization, Private Sector Organization and Faith Based Organization and the third is on capacity building of the line ministries (Etuknwa, 2012). The United Nation Children's Fund (UNICEF) has sponsored the printing of Akwa Ibom State Prevention Plan which will help the stakeholders as a road map to a successful HIV/AIDs prevention in Akwa Ibom State (Akpan, 2012). In Akwa Ibom State, UNICEF supports immunization , Disease surveillance , Social mobilisation programs. These programs has gone a long way to decrease the mortality rate of under-five population as well as that of pregnant mothers in the state.

Meeting with stake holders revealed that much have been achieved in the area of HIV/ AIDs prevention, immunization and disease surveillance. In the area of community awareness, the representative of ENR confessed that awareness creation in rural community have been a success so far.

The Chairman of Akwa Ibom State Agency For the Contol of HIV/AIDs noted the

appreciation of the State Governor over the performance of SACA and contribution of donor agencies like World Bank, UNICEF,GHAIN, ICAP, Clinton Foundation, ENR, ECEWS, FHI360, UNDP,UNIFEM and others, for working tirelessly to reduce the impact of the scourge of HIV/AIDS in Akwa Ibom State.

These agencies contribute to the state HIV/ AIDS response through; working with government agencies and other actors to identify facilities and sites for intervention, provide HIV services to complement existing services, provide consumables and commodities to complement government's effort, support state to conduct data quality assessment, provide sustainable support(training, technical assistance) to state to ensure sustainability and ownership and supporting the state to develop and review strategic documents (State Strategic Plan, Operational Plans, Policies, Guidelines, Frameworks, SOPs etc).

Conclusion and Recommendation

The observed role of Non Governmental Organizations towards the development of the society in general is enormous and inexhaustible, and its activities cut across all sphere of human endeavours. Akwa Ibom State is benefiting from support of NGOS especially in the recruitment of locum staff to complement the gap created by inadequate staffing of health sector. In this regard the state Government should commend the gesture and make effort to retain the locum staff by employing them into the government service. The challenges before th NGOs in Akwa Ibom State are, incessant transfer of staff after being trained to anchor specific programmes, inadequate man power,, poor attitude of health staff and large number of children born outside facilities .It is therefore recommended that, there should be awareness creation campaign, employment of health workers, ownership of programmes and CBOs should help in tracking of client. For example, it is the responsibility of coalitions like civil society network on HIV/AIDs in Nigeria (CISNHAN) to collaborate with the health staff and adopt better comprehensive approach towards programme implementation. The NGOS working in the State should have a uniform data collection tools for programme monitoring.

Finally, it is the submission of this paper, that there is urgent need for NGOs to look inward, in sourcing funds for its activities internally, rather than waiting for the support of international donors alone, which do rarely come .The Government should sustained programmes after the expiration of NGOs assistance in the state.

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