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FOUNDATION

REPORT OF HEALTH FACILITY BASELINE ASSESSMENT OF SELECTED LOCAL GOVERNMENT AREAS OF OGUN STATE, NIGERIA

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List of Abbreviation

ACIOE	Accountability Commitment for Innovative, Optimism, and Excellence
ANC	Antenatal Care
FGD	Focus Group Discussion
HRH	Human Resources for Health
IBM	International Business Machines Corporation
KII	Key Informant Interview
kWp	Kilo Watt Power
LGAs	Local Government Areas
KII	Key Informant Interview
kWp	Kilo Watt Power
MDAs	Ministries, Departments and Agencies
OPD	Outpatient Department
OGHREC	Ogun State Health Research Ethics Committee
OGPHCB	Ogun State Primary Health Care Development Board
OGSMOH	Ogun State Ministry of Health
OGSHIA	Ogun State Health Insurance Agency
PHC	Primary Healthcare Centers
PPMV	Patent Proprietary Medicine Vendors
SDGs	Sustainable Development Goals
SMRD	State Ministry of Rural Development
SMWASD	State Ministry of Women's Affairs and Social Development
SPSS	Statistical Package for the Social Sciences
WRA	Women of Reproductive Age

EXECUTIVE SUMMARY

This report presents the findings from the comprehensive baseline assessment of primary health care (PHC) facilities in the Olorunpodo and Itebu-Manuwa communities, located within the Ijebu-East and Ogun Waterside Local Government Areas of Ogun State, Nigeria. The assessment was undertaken to evaluate the current state of these facilities, identify gaps in service delivery, and provide actionable insights to enhance healthcare access and delivery of quality care in these rural communities.

This study utilized a mixed method incorporating desk review, quantitative and qualitative research methods. Mapping of relevant stakeholders in the state was also conducted. Identified key stakeholders from relevant ministries, departments, and agencies (MDAs) and gatekeepers (community/religious leaders) were contacted and informed about the study. The community gatekeepers championed the community sensitization meetings where the ACIOE foundation team engaged with community members, service providers, and other key players. The study developed structured questionnaires for relevant key players at the state, local, and community levels. Data analysis was done using a thematic approach, which involved identifying patterns and themes across the data. This method allowed for a deeper understanding of the data by categorizing words and phrases, ultimately providing comprehensive insights into the healthcare challenges and needs of the communities studied.

A total of 18 Key Informant Interviews (KIIs) and 6 Focus Group Discussions (FGDs) were conducted across the two communities and at the state and local government levels, involving 92 respondents. The respondents included a diverse range of categories, such as healthcare providers (chemists, health posts, and Primary Healthcare Centers), community and religious leaders, women of reproductive age, men, youths, and representatives from relevant Ministries, Departments, and Agencies (MDAs) at both local and state levels.

The study identified six healthcare facilities, three in each community, with notable findings about their capacity to deliver healthcare services and accessibility. Most facilities served populations of less than 5000, except for Itebu-Manuwa Health Center, which serves 5000-10,000 people. Facilities generally serve about five communities each and are easily accessible within short distances. However, chemists dominated private healthcare options, and Itebu-Manuwa had only one public primary health center. The severe shortage of qualified medical personnel was identified across all facilities, impacting critical healthcare services like antenatal care, delivery, and immunization availability.

Findings from the focus group discussions (FGDs) in the Olorunpodo and Itebu-Manuwa communities revealed distinct health-seeking behaviors influenced by cultural beliefs, accessibility, and perceptions of traditional versus orthodox medical practices. Traditional medicine is preferred due to its cultural integration, accessibility, and effectiveness in treating spiritual ailments and providing first aid, though it lacks diagnostic precision. Orthodox medicine, appreciated for its thoroughness and reliability, is favored for chronic illnesses, diagnostics, and childbirth despite fewer facilities and a stronger cultural pull towards traditional practices in Olorunpodo. Both communities lack awareness of telehealth and health insurance but recognize their potential benefits, particularly in improving healthcare access and reducing costs.

The recommendations for improving healthcare access and quality in the Olorunpodo and Itebu-Manuwa communities include: 1) Developing and maintaining better road infrastructure to ensure year-round access to healthcare facilities, particularly critical during emergencies and the rainy season; 2) Implementing power interventions to provide reliable electricity, enhancing community well-being and supporting healthcare facilities; 3) Establishing fully equipped primary health centers within communities, supported by public-private partnerships, to reduce the need for long-distance travel for medical care; 4) Employing Indigenous health workers to ensure continuity of care and address turnover challenges and 5) Deploying telemedicine to enhance access to consultations and specialist care.

1. INTRODUCTION

According to the World Bank report (2007), agriculture is significant to economic growth, poverty alleviation, improvement in rural livelihood, and environmental sustainability. However, available data has shown that about 75 percent of the world's poor live in rural areas, particularly in Asia and Africa (Ravallion, Chen, and Sangraula 2007), and depend on agriculture as their primary source of livelihood.

The impact of health as a form of human capital cannot be over-emphasized. Good health and productive agriculture are essential in the economy of any nation, especially in the fight against poverty. Health enhances work effectiveness and the productivity of an individual through increased physical and mental capacities. Schultz (1999) and Strauss and Thomas (1998) alluded to the strong correlations between the health and productivity of skilled and unskilled labour. Good health is related to labour output or better production organization since people with good health generally have better intellectual capacities, which can enhance farmers'/household income and economic growth.

Rahji (2005) described agriculture as a labor-intensive activity in Nigeria. This proves that labour is an indispensable factor of production in Nigeria's agriculture. It is, therefore, extremely difficult to separate agricultural labour supply from the agricultural producer and health stock. The health status of the agricultural product producer determines the output of his labour supply and hence agricultural productivity. The role of health capital on agricultural productivity manifests in the incalculable opportunity cost incurred when the farmers are impaired. It is, therefore, imperative to reprioritize the relevance and contribution of production input variables to agricultural productivity by all stakeholders.

Ogun is one of the 36 states in Nigeria with 57 local government areas & local council development areas in the state.[1], and it ranks among the states with a high literacy level. Its population is 6,379,500 (City Population Index, 2022). A survey conducted by the Nigeria Bureau of Statistics in collaboration with UNICEF and other partners showed that Ogun State recorded the highest figures in neonatal mortality, infant mortality, and postnatal care for newborns in the region (ref).

Alteny Energy is an independent startup development company looking at developing and promoting sustainable rural communities in Nigeria with the aim to improve and transform the lives of Nigerians living in rural communities in the following areas: clean energy, agritech, healthcare, and education, Alteny Energy conducted an assessment for the rural communities of Olorunpodo and Itebu-Manuwa in the Ijebu East Local Government Area (LGA) of Ogun Waterside LGA. Olorunpodo is situated at Latitude 6° 47' 9" North and Longitude 4° 16' 52" East, while Itebu-Manuwa is positioned at Latitude 6° 27' 12.7" North and Longitude 4° 32' 45.4" East. These communities, located in the government forest reserves within the Ogun East senatorial

[1] https://en.wikipedia.org/wiki/List_of_Ogun_State_local_government_areas_by_population

district of Ogun State, prompted the need for a comprehensive understanding of their health challenges. Due to the abundance of arable land, the majority of inhabitants in these areas are farmers, lacking essential infrastructural amenities for improved productivity

Acknowledging the interrelationship between agricultural productivity and the health status of the agricultural producers informed the decision to conduct a thorough health assessment by Alteny Energy Incorporated Limited, in collaboration with the ACIOE Foundation, to improve the quality of healthcare status of the dwellers of Olorunpodo and Itebu-Manuwa in Ogun East senatorial district of Ogun State.
We hypothesized that the availability of health insurance and telehealth could help address primary healthcare (PHC) challenges such as service, out-of-pocket payment for healthcare services, service delivery gaps for the community's residents, patients avoiding public PHCs due to poor experience, among others.

In view of this, the study intended to identify areas of health need and recommend the best approach to meeting these needs, thereby contributing to achieving the Sustainable Development Goals (SDGs) 3, which target good health and well-being in Ogun State, Nigeria.

1.1 Study Objectives

1. To conduct mapping of primary healthcare service providers (Patent Proprietary Medicine Vendors (PPMV), Community Pharmacy, Health Post, Primary Health Centers, and Comprehensive Health Centers) located in Olorunpodo and Itebu-Manuwa communities, respectively
2. To conduct baseline assessment of primary healthcare facilities vis-à-vis types and quality of services, availability and functionality of equipment and infrastructure, availability and experience of human resources for health (HRH) located in the study's areas during the project's lifetime
3. To evaluate the health-seeking behaviors of the dwellers, including farmers, women of reproductive age, and others in Olorunpodo and Itebu-Manuwa communities and
4. To assess the status of the health insurance scheme and the possibility of telehealth in the study areas.

2. METHODOLOGY

The study was conducted in collaboration with the Ogun State Primary Health Care Development Board, Ogun State Health Insurance Agency, the Ministry of Rural Development, and other relevant Ministries, Department, and Agencies; the study adopted a mixed methods approach using quantitative and qualitative instruments to elicit appropriate information and analysis of primary qualitative datasets generated through focus group discussions and key informant interviews.

2.1 Study Areas

The study was conducted in two communities (Olorunpodo and Itebu-Manuwa) in the East senatorial district of Ogun State. The selection of the study location was solely based on Alteny Energy Limited's exclusive agreements and completed technical modeling for electrification in the two communities, having recognized the inter-relationship between agricultural productivity and the health status of the agricultural producers.

2.2 Data Collection Methods

This study was a mixed methods study incorporating primary and secondary data, which included desk review, quantitative, and qualitative research methods.

2.3 Data Analysis Method

2.3.1 Quantitative Analysis

The study developed an assessment tool that was administered to primary healthcare providers. This tool was categorized according to the type of healthcare services provided and was divided into several sections to comprehensively evaluate various aspects of the facilities.
The sections of the assessment tool included:

- **Identification Information:** This entails the basic details about the healthcare provider and the facility.
- **General Information:** Information about the overall functioning and infrastructure of the healthcare facility was gathered.
- **Human Resources for Health:** Assessed the availability and qualifications of healthcare personnel.
- **Medical Records:** Evaluated the system of maintaining patient records and documentation.
- **Technological Access:** Reviewed the availability and use of technology in healthcare service delivery.
- **Health Insurance:** Examined the accessibility and implementation of health insurance services.

- **Telemedicine:** Investigated the use and potential of telemedicine in providing healthcare services.

2.3.1 Qualitative Analysis

The data analysis process involved several progressive steps following the qualitative data collection and transcription of interview audio. These steps included preparing and organizing all the transcripts from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs), open and axial coding, developing preliminary codebooks, conducting the final coding process, reviewing the codebooks, and finalizing the themes. Open and axial coding was used to identify concepts and patterns in the data, connecting them across project objectives. After generating codes, themes were identified from the codebooks, and a thematic structure was developed, comprising themes, sub-themes, and quotes describing respondents' perspectives. The qualitative analysis was done using ATLAS.ti 22 software, exporting transcripts and codebooks to the software and converting them to primary documents for analysis. The thematic analysis approach helped identify patterns in meaning across the data, classifying words and phrases to provide insights.

Qualitative data collection methods, such as KIIs and FGDs, were used at community and state levels, involving respondents including healthcare providers, community/religious leaders, women of reproductive age, men, youths, and representatives of relevant MDAs. Quantitative analysis was employed to quantify qualitative entries, focusing on themes and codes from FGDs and KIIs to investigate the intensity of themes in each community and disparities across the two communities. The stages and steps in conducting inductive thematic analysis were strictly adhered to, as described in the methodological framework. This process is illustrated in the framework in Figure 1.

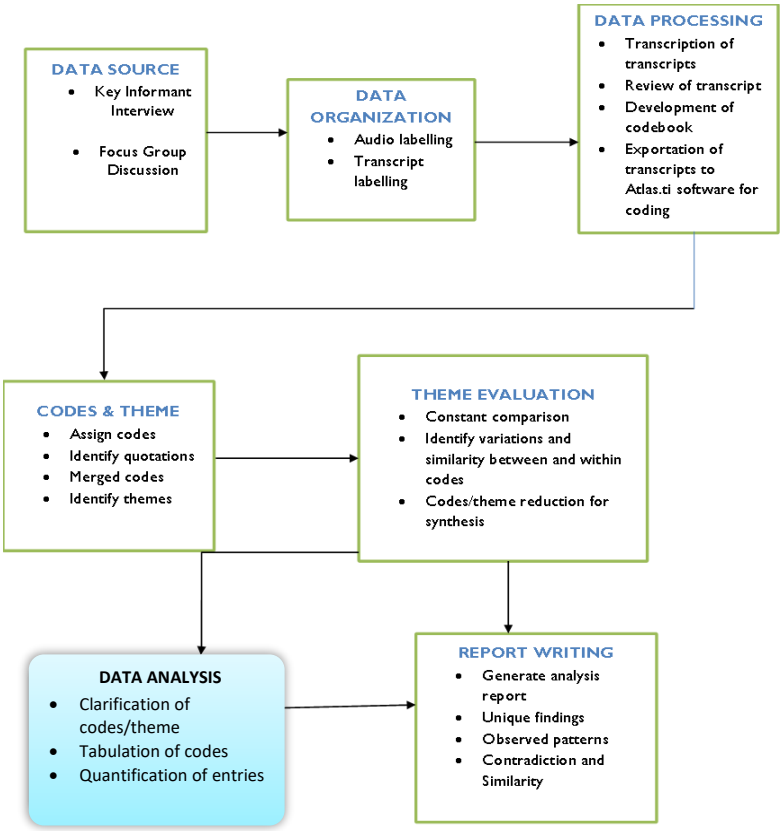


Figure 1: Qualitative & Quantitative Analysis Process

2.4 Ethical Considerations

Ethical approval was obtained from the Ogun State Health Research Ethics Committee (OGHREC/467/196) before the commencement of the assessment. Following established study informed consent protocols, each participant was provided with a thorough explanation of the purpose of the study, the privacy and confidentiality of their responses, and the process and extent of participation before data collection began. During the explanation, participants will be reminded that participation is voluntary and can withdraw without penalty. Informed consent was documented with participant signatures or thumbprints and dates. The informed consent form was available for signing in English. This was also translated for non-English speaking study participants in the language they understand in the presence of a bi-lingual witness. Verbal consent was recorded for remote interviews, and electronic Informed Consent (eIC) will also be obtained.

3. RESULTS

The study investigated the health-seeking behavior of residents of the 2 rural communities of Olorunpodo and Itebu-Manuwa using data collection techniques, including FocusGroup Discussion (FGD) to elicit key insights from the residents and Key Informant Interview (KII) to insights from key stakeholders that may affect healthcare status in the communities.
The categories of participants include healthcare providers (chemists, health posts, and Primary healthcare centers) identified and covered in the communities. Other key players include community/religious leaders, women of reproductive age, men, youths, and representatives of relevant MDAs at the local and state levels.

The tables below show the distribution of participants in the study.

Table 1: Category and Number of KII Respondents

Category	Number of KIIs
Ogun State - Policymakers/ Permanent Secretaries/Directors/Senior Government Officials	10
Community/ Religious Leaders	2
Total	**12**

Table 2: Category and Number of FGDs Conducted

Category	Number of FGDs
Women of Reproductive Age (WRA)	2
Rural Men (Farmers)	2
Youths	2
Total	**6**

Table 3: Number of FGD Participants in each Community

Category	Olorunpodo	Itebu-Manuwa
Women of Reproductive Age (WRA)	12	10
Rural Men (Farmers)	15	12
Youths	12	16
Total	**39**	**38**

Table 4: Number of Healthcare Facilities Assessed

Category	Olorunpodo	Itebu-Manuwa
Chemist	3	3
Primary Healthcare Center	0	1
Total	**3**	**4**

Below, we summarize findings from participants' responses in the KIIs, FDGs, and healthcare surveys conducted in the 2 target local communities to address this study's key objectives.

3.1 Evaluate the Health-Seeking Behaviors of the Dwellers

3.1.1 Perception and Experience

In both communities, traditional medical practice is more common as more than half (61.15%) of the respondents have used it for healthcare either alone (50.41%) or together (10.74%) with orthodox medical practices.

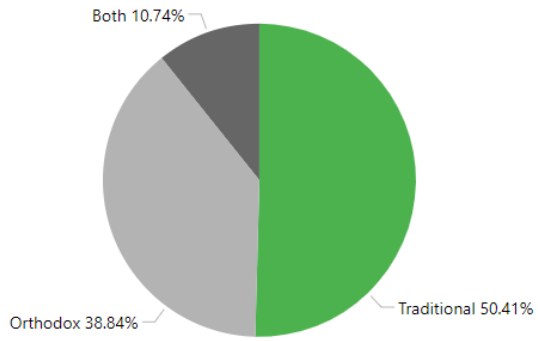


Figure 2: Experience with Traditional Medical Practice is More Common in both Communities

In Olorunpodo community, dwellers are more used to traditional medical practices (56.48%) than Itebu-Manuwa (46.83%).

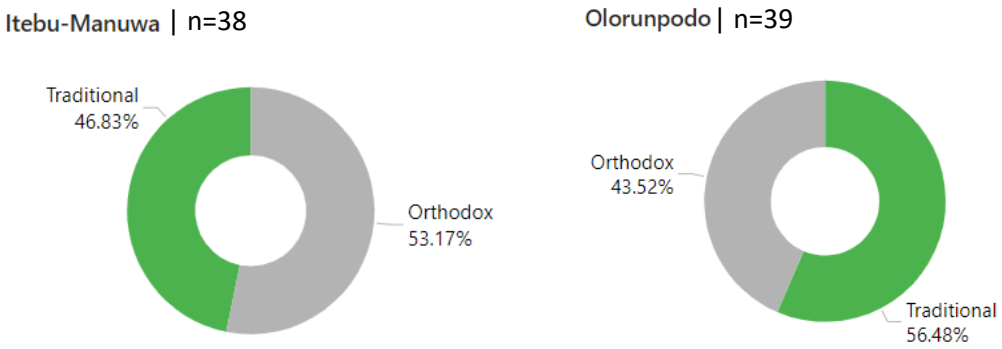


Figure 3: Experience with Traditional & Orthodox Medical Practices in the 2 Communities

Figure 4 shows the distribution of community dwellers by their experience with using traditional and orthodox medical practices, whether positive or Negative.

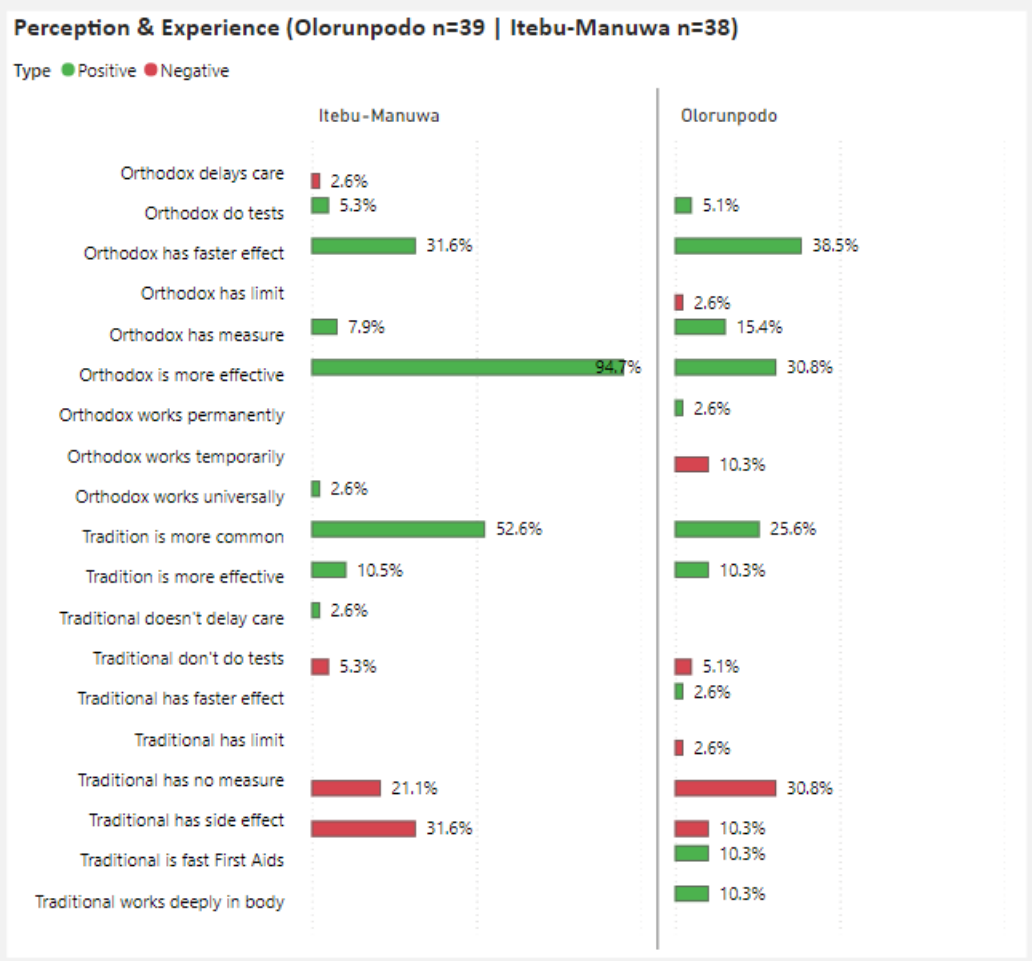


Figure 4: Experience & Perception of Residents with Orthodox & Traditional Practices

3.1.2 Influence of Cultural Beliefs and Practices in Medical Practice Decisions

As shown below, cultural beliefs have a very strong impact on the choice of medical practices in the Olorunpodo community while it has a weak impact in the Itebu-Manuwa community.

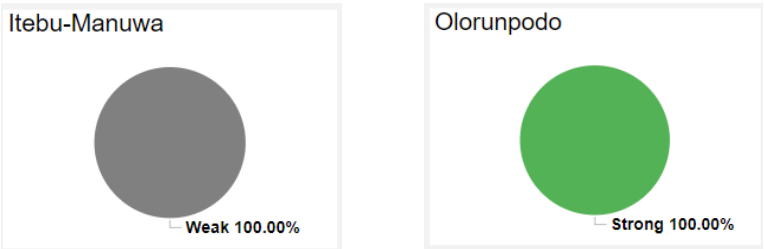


Figure 5: Cultural Influence on Choice is Strong in Olorunpodo

3.1.3 Situational Preferences for Traditional and Orthodox Medicine

Residents of the two communities expressed the situations where they favored traditional to orthodox and vice versa. For example, for “Spiritual Illness”, traditional medical practice is sought in both communities while for “Scan & Test”, orthodox medical practice is sought.

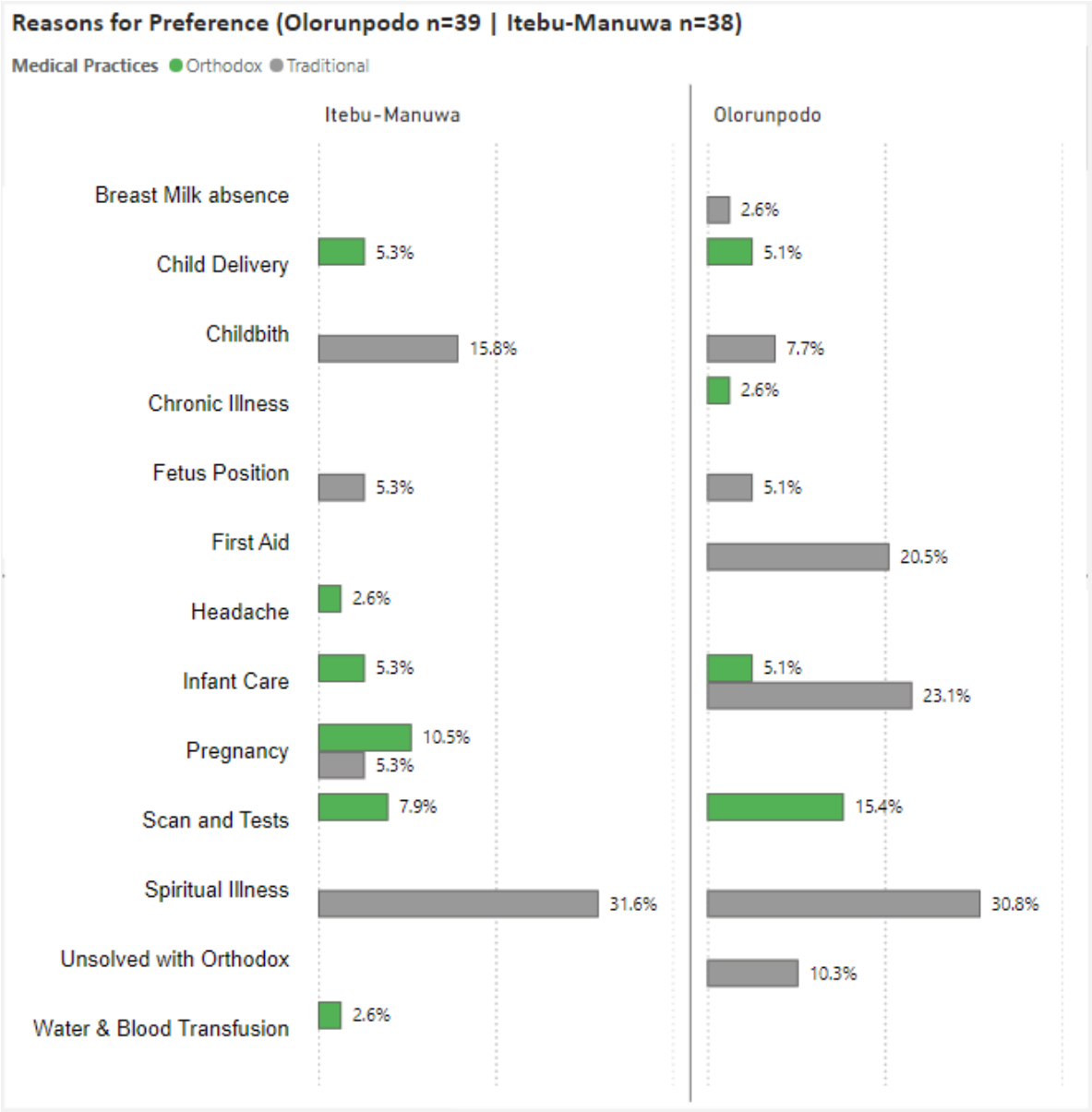


Figure 6: Situations where one medical practice is preferred to the other

Factors Driving Preferences

The figure below shows the factors driving the residents' preference for the medical practices. In Itebu-Manuwa, orthodox medicine is preferred because it has "Accessible Drug" and "Better Equipment" but for "No Taboo" in Olorunpodo.

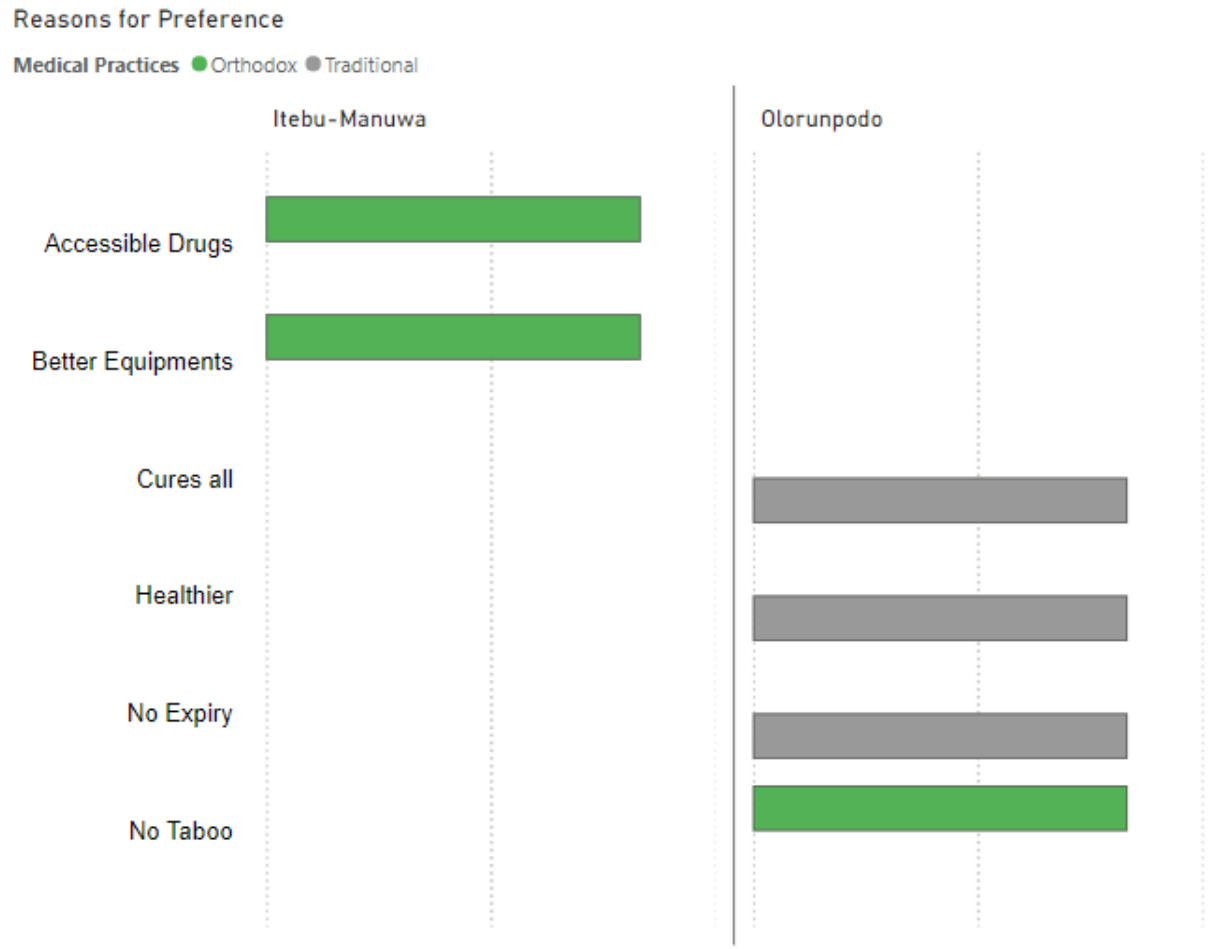


Figure 7: Reasons Indicated for Preference of One Practice over the Other

3.1.4 Sources of Information on Reproductive Health

In the communities of Olorunpodo and Itebu-Manuwa, individuals rely more on "Radio" (more than 50%) than on other sources like "Hospital" orientations and "Internet", among others. In Itebu-Manuwa, generational healthcare practices are also a crucial source of information.

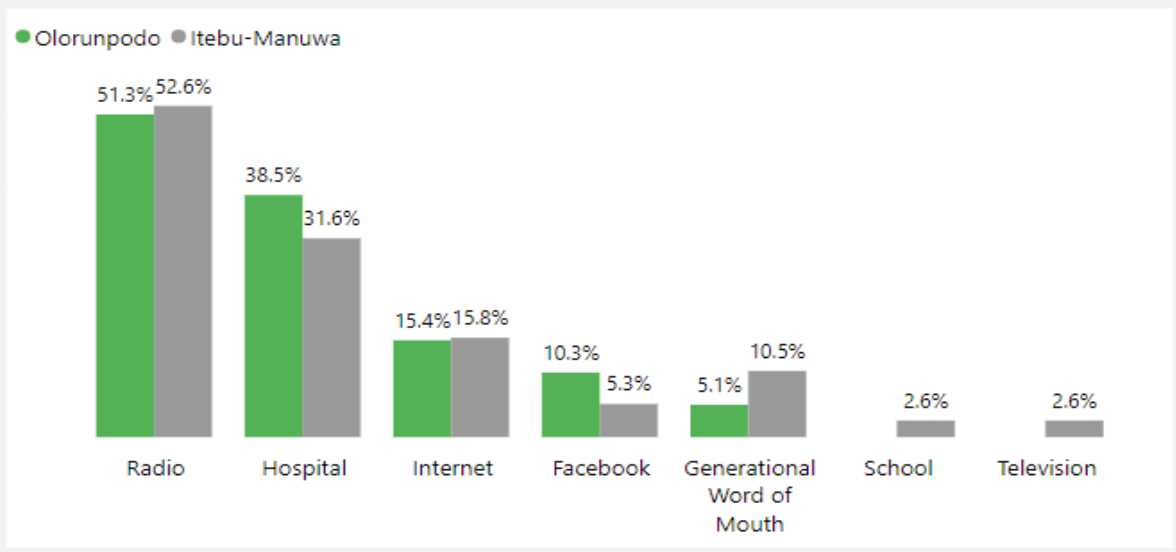


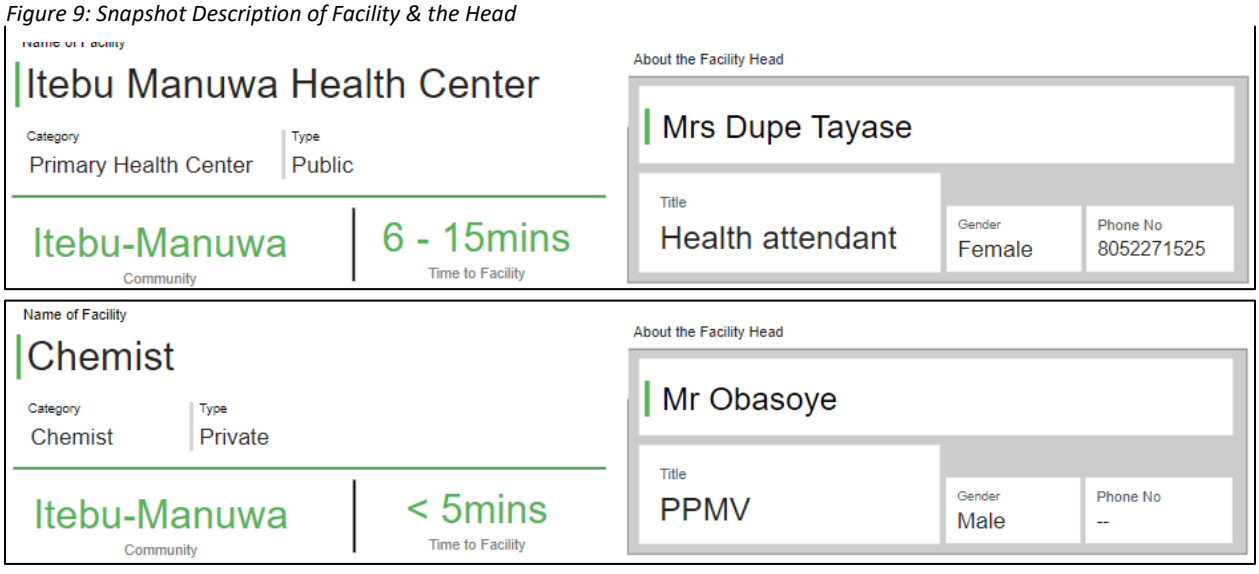
Figure 8: Sources of Healthcare Information

3.2 Baseline Assessment of Primary Healthcare Facilities in the Communities

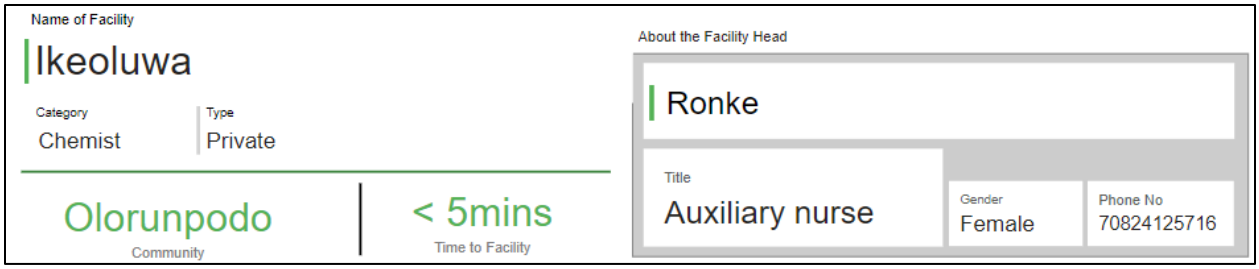
3.2.1 Facility Description & Head

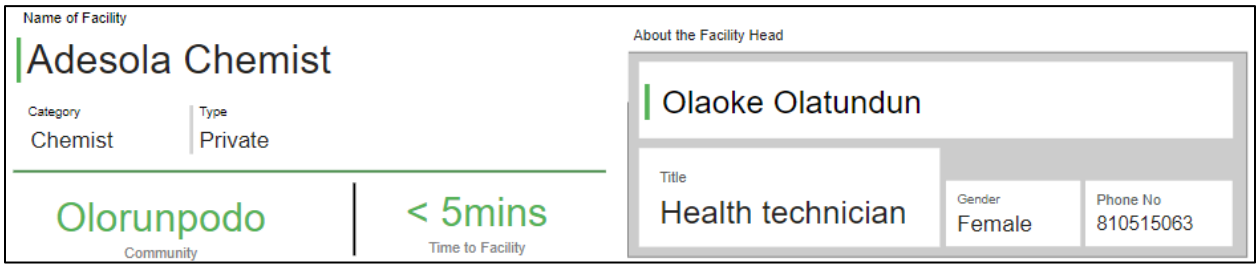
Below is a brief description of the six (6) healthcare facilities in the two communities, three in each community. The card describes each facility, including facility type, head, and accessibility.

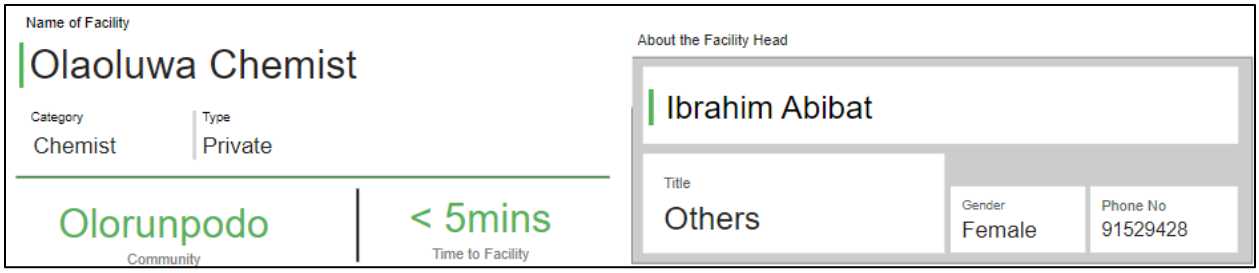
Figure 9: Snapshot Description of Facility & the Head

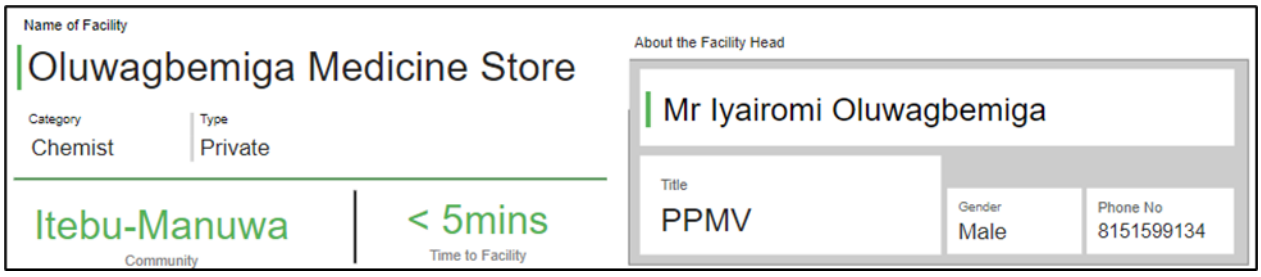


(Photos taken of some facilities are in the appendix).


Name of Facility
Ikeoluwa
Category
Chemist
Type
Private
Olorunpodo
Community
< 5mins
Time to Facility
About the Facility Head
Ronke
Title
Auxiliary nurse
Gender
Female
Phone No
70824125716


Name of Facility
Adesola Chemist
Category
Chemist
Type
Private
Olorunpodo
Community
< 5mins
Time to Facility
About the Facility Head
Olaoke Olatundun
Title
Health technician
Gender
Female
Phone No
810515063


Name of Facility
Olaoluwa Chemist
Category
Chemist
Type
Private
Olorunpodo
Community
< 5mins
Time to Facility
About the Facility Head
Ibrahim Abibat
Title
Others
Gender
Female
Phone No
91529428


Name of Facility
Oluwagbemiga Medicine Store
Category
Chemist
Type
Private
Itebu-Manuwa
Community
< 5mins
Time to Facility
About the Facility Head
Mr Iyairomi Oluwagbemiga
Title
PPMV
Gender
Male
Phone No
8151599134

3.2.2 Healthcare Services Availability

Figure 10 below shows that most healthcare services are not available in the facility in the two (2) target communities.

Figure 10: Healthcare Services Available in each Facility

Community	Itebu-Manuwa			Olorunpodo		
Service	Chemist	Itebu Manuwa Health Center	Oluwagbemiga Medicine Store	Adesola Chemist	Ikeoluwa	Olaoluwa Chemist
Antenatal Care Clinic (ANC)	No	Yes	No	No	No	Yes
ART	No	No	Yes	No	No	No
Delivery	No	Yes	No	No	Yes	No
Deworming Services (Anti-Helminthics)	No	No	No	No	No	No
Family Planning	No	Yes	No	No	Yes	No
Family Planning Counselling	No	Yes	No	No	No	No
Folic Acid Supplement	No	Yes	No	No	No	Yes
Haematinics	No	Yes	Yes	No	No	No
Health Education	No	No	No	No	No	No
Immunization	No	Yes	No	No	No	No
Infant Feeding Counseling	No	No	No	No	No	Yes
Live Birth	No	Yes	No	No	No	No
Others	No	No	No	No	No	No
Others: Consultation	No	No	No	No	Yes	No
Postnatal Care	No	Yes	No	No	No	Yes
TT Immunization	No	Yes	No	No	No	No
Vitamins	No	No	Yes	No	No	Yes

3.2.3 Medical Records

Figure 11 shows that of the six facilities in both communities, only Itebu-Manuwa Health Center has a medical record unit.

Only Itebu Manuwa Health Center keeps Medical Records

Medical Records Enquiry	Responses
How does this facility organizes and stores patients' records?	Paper
Who summarises (manages) the data in your facility?	Health attendant
Who reviews the data before been sent?	Health attendant
In general, how is data managed in your facility?	Paper
Who is the data sent to?	LGA
What is the frequency of data sending?	Monthly
Is data uploaded to DHIS2?	No
How does the chain of Data Submission work?	from Facility M&E to LGA M&E to the Control Room
Is the NPHCDA Data management tools in use before digitalizing it?	No

Figure 11: Medical Record Status in Itebu-Manuwa Health Center

3.3 Recommendations

In Figure 12, we have the recommendation of the target communities' residents to the state government. In Itebu-Manuwa, residents demand Qualified Medical Staff (52.63%), “Good Road” (23.68%), “Electricity” (15.79%), and so on. In Olorunpodo, the demand is for “Equipped General Hospital” (15.38%), “Good Road” (7.69%), “Electricity” (7.69%), and so on

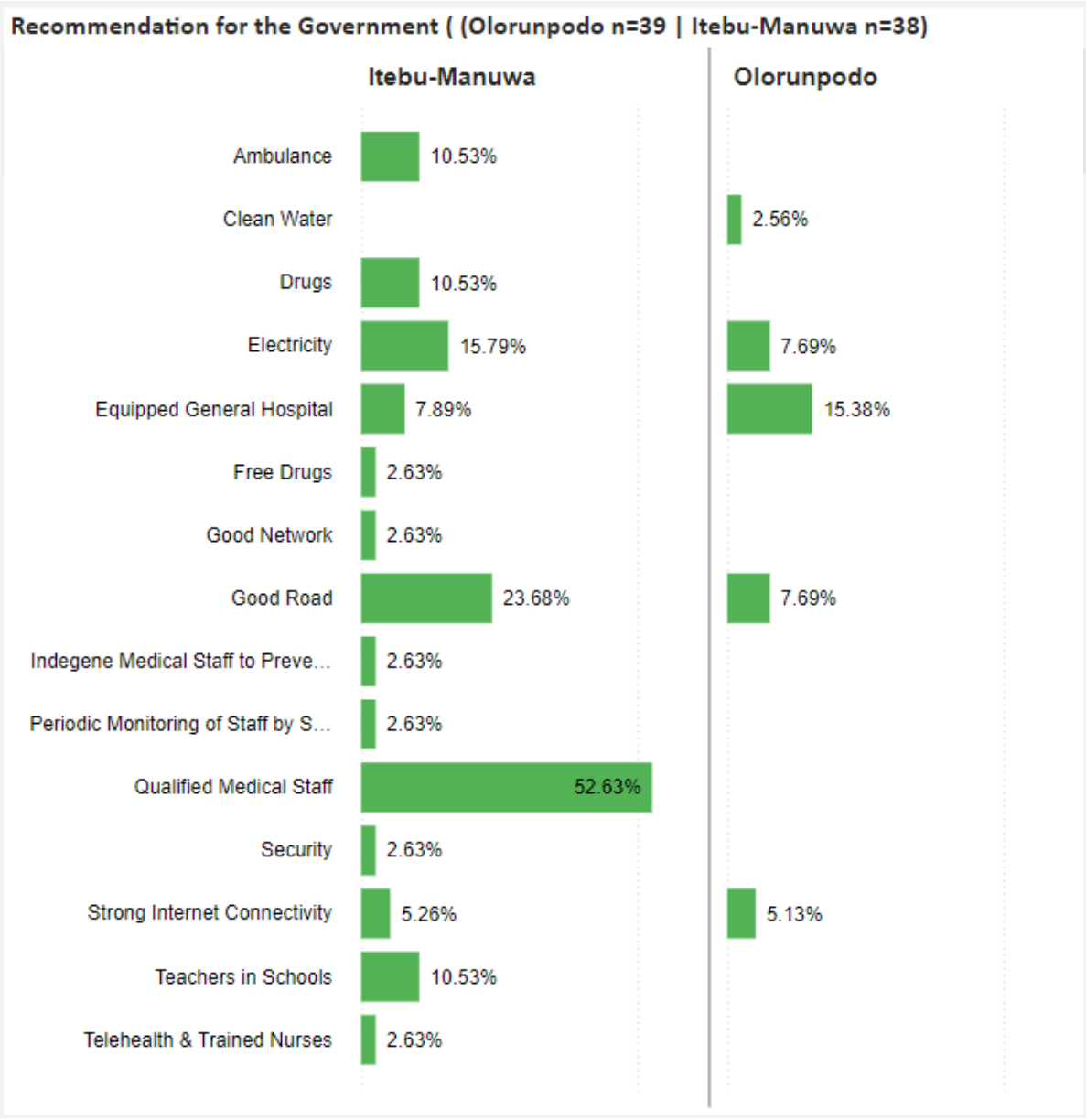


Figure 12: Recommendation for the Government

4. FINDINGS

4.1 Baseline Assessment of Primary Healthcare Facilities in the Target Communities

4.1.1 Facility Description & Head

Six healthcare facilities, three in each community, were identified. See Figure 9 above for cards describing each facility, including facility type, head, and accessibility.

Key Observations:

1. **Catchment Population**: Each facility has a catchment population of less than 5000, except the Itebu-Manuwa Health Center, which has a population of 5000 – 10,000. The estimated number of women of reproductive age is about 50% of the catchment population.
2. **Community Served**: On average, each facility serves the needs of 5 communities.
3. **Accessibility**: Most facilities are easily accessible within a short distance (< 5 minutes), which benefits community members seeking healthcare.
4. **Facility Type**: Chemists dominate the private healthcare options, while a single public primary health center is identified in Itebu-Manuwa.
5. **Gender and Titles**: There's a mix of male and female facility heads, with titles ranging from auxiliary nurses to health technicians and PPMVs.

4.1.2 Primary Healthcare Facility Capacity in the Communities

a. **Accessibility and Transport:**
   - Both communities predominantly rely on road transport, with motorcycles being the common mode of transport available.
   - Water transport (canoe) is available at Olaoluwa Chemist in Olorunpodo.

b. **Communication:**
   - None of the facilities in Olorunpodo have designated phones, whereas Itebu Manuwa Health Center has a designated phone available.

c. **Utilities:**
   - Itebu Manuwa Health Center is the only facility with backup electricity (standby generator) and running water (borehole), crucial for continuous healthcare service provision.

d. **Network Coverage:**
   - Airtel is the best available network in Olorunpodo, while the Glo network is the best in Itebu-Manuwa. However, in both communities, internet connectivity is very weak.

e. Health Facility Room:

- None of the key healthcare service rooms (combined labor and delivery room, postnatal room, outpatient room, immunization service, laboratory, pharmacy, or medical record unit) are available in Olorunpodo because they are mainly chemists, the Itebu Manuwa Health Center is relatively equipped with a combined labor and delivery room and an outpatient room.

f. **Paid Healthcare Services and Fee Waiver:**
   - Adesola Chemist in Olorunpodo offers fee waivers for drug and medication services, but no other fee waiver policies exist across the other community's facilities.
   - Most facilities do not offer services free of charge, indicating a reliance on paid healthcare services.

g. **Toilet Facilities:**
   - None of the facilities have a functional toilet or separate toilets for staff and patients. This highlights a significant gap in basic sanitation infrastructure.

h. **Renovation and Support:**
   - None of the facilities in both communities has received support from organizations.
   - There is limited evidence of recent renovations, indicating potential issues with facility maintenance and updates.

i. **Tracker Box and Land for Expansion:**
   - None of the facilities have a tracker box.
   - None of the facilities have land space available for expansion except the Itebu-Manuwa Health Center, which could benefit future development and scaling of healthcare services.

4.1.3 Staff Distribution in the Facilities

All facilities, including Itebu Manuwa Health Center, lack medical doctors, registered nurses, pharmacists, midwives, community health officers, laboratory staff, pharmacy technicians, medical records officers, and volunteers, **both full-time and part-time**.

The only health worker available in the facilities is the identified facility head, a health attendant, reflecting a severe shortage of healthcare workers in the communities.

4.1.4 Healthcare Services Availability

Most facilities do not provide critical healthcare services, revealing critical gaps in healthcare service provision in the communities. Necessary services like antenatal care, delivery, immunization, and postnatal care are unavailable in about four facilities in each case. Vitamins are available in only one (1) facility in each community. See Figure 10 for the list of healthcare services available in each facility.

Itebu Manuwa Health Center is the only primary healthcare facility on the study site, though staff non-availability frustrates providing basic services.

4.1.5 Medical Records

None of the facilities has a medical record department except the Itebu-Manuwa Health Center. The records are, however, managed only on paper; they are not digitalized. See Figure 11 above for more details on the medical record department.

4.1.6 Health Insurance

None of the facilities accepts health insurance; all healthcare services are paid out of pocket, except when the facility head considers it free for elderly or urgent cases. However, health insurance improves healthcare access and affordability across all facilities.

4.1.7 Telehealth / Telemedicine Services

Most facility heads have never heard of telehealth services before, except in Itebu-Manuwa (the Health Center and Oluwagbemiga Medicine Store). Subsequently, none of the facilities currently have telemedicine units or conduct telehealth services. Also, none of the staff has ever been trained to implement telehealth services.

Of note is the facility heads' perception that the quality of telehealth services is "much lower" than in-person healthcare, indicating potential skepticism or concerns about adopting such services.

4.1.8 Medical Referral

Most facilities in both communities refer patients to other health facilities when their medical needs are beyond their capacity for more intensive care.

However, Olaoluwa Chemist is the only facility that has a form to track and determine clients who follow through on referrals and also has a form to obtain feedback on all referrals.

4.2 Feedback from Community Gatekeepers

4.2.1 Healthcare Challenges

The rural communities of Olorunpodo and Itebu-Manuwa identified key challenges to better healthcare services and outcomes. The major ones include the absence of a health center in Olorunpodo and the lack of maintenance and proper staffing in the Health Center at Itebu-Manuwa.

"We have been trying for a long time to have Government Medical Centre here and all since we have not been able to make it through, so it is a big challenge to the community as a whole. Some medical aspects do arise for our wives when it comes to delivery; some complications do arise for us to rush them down to the town. From here, we can get to the government facility (Ijebu Ifo,

which is the nearest general hospital), which is almost 15 to 20km away. We just thank God that God helps us get to the hospital safely because not all cases can be treated here; there are some more complicated issues that the local doctors here cannot handle, and thus, they refer them to government facilities outside here."

KII, Baale Olorunpodo

"The maternity facility isn't functioning because, first, the "maintenance" in terms of infrastructure, and also their staffs are not stable because they don't want to stay in the village for long."

KII, King Itebu-Manuwa

Another major issue is the lack of good roads, which has claimed the lives of several women of reproductive age as they gave up the ghost during labor before getting to a health facility in another rather far community. In addition, during raining season, the roads are flooded and not motorable, so residents are stuck inside the community for months until the water level recedes.

"Number one is "Distance," and the road is not motorable, which poses very significant challenges to our women and men who are seeking medical attention because we are very far from the location where the Government facility is, and if we have a government facility here, it will go a long way to help us in the Neighboring community."

KII, Baale Olorunpodo

"The first thing is distance. Where we are is far from easy accessibility to the hospital because of the long distance and bad roads. Many times, before getting to the hospital, the women died as a result of long distances and bad roads. Thus, those amenities in the far place should be brought to a proximal area."

KII, King Itebu-Manuwa

Another key challenge is the absence of power supply in the communities. This can frustrate the presence of some key vaccines in the community as the power to preserve them is non-existent.

"Power is a major issue. A lot of our vaccines, some of our injections needed, you know, 24-hour power supply."

Feedback from policymakers at state level

4.2.2 Government Policies

At the state level, the government has some planned intervention actions to rescue the situation in these communities. Among such initiatives is providing tricycle ambulances to serve these remote communities. The government is also exploring partnerships to boost the supply of commodities to the state's remote communities."

"…, the honorable commissioner for health, Dr. Mrs Tobi Coker, has also tried her best, with the assistance of the Governor, to provide a tricycle ambulance. The purpose of the tricycle ambulance is to assist in taking the pregnant woman from their unit to the nearest health centers. The tricycle saves fuel and is easy to maneuver within those little roads in the farm settlement areas where cars cannot go." **Director of Disease Control & Immunization, Ogun PHCB**

"…our commissioner of health, Dr. Mrs. Tobi Coker, and our executive secretary, Dr. Ogunsola, I can say I am impressed with what they've done so far, most especially the involvement of partners like "the Naija Girls," "the SFH," and "the MISORS," which supply commodities to support what the state is giving."

KII, Health Secretary, *Ijebu East Local Government*

"When it comes to reproductive health use as a state, we are partnering with organizations, society for Family and UNFPA to ensure that there are specific reproductive health programs for our youth and adolescents."

KII, Director of Disease Control & Immunization, Ogun PHCB

4.2.3 Health Insurance

To help reduce the cost of seeking quality healthcare, Ogun state has a health insurance scheme for general cases and pregnant women only. The health insurance is extended to cover primary healthcare and secondary and tertiary services.

"In Ogun state, we have the OHISA – Ogun State Health Insurance Agency. Through this OHISA, we already have Ibidero. Ibidero and OHISA enroll the community members, especially pregnant women. Ibidero is mainly for pregnant women, while OHISA is broader and not necessarily for pregnant women alone.

… those under Ibidero, from 12 weeks, get enrolled till delivery."

"And presently, I will tell you, apart from OHISA within the local government health centers, they have moved to the state, and they are also at the tertiary health service, and private institutions can access it too."

KII, Health Secretary, *Ijebu East Local Government*

4.2.4 Telehealth Services

Though telehealth services are currently unavailable in the state, a plan for their implementation is already underway. This will include telehealth and integrating electronic medical records, ICT in Health, and other modern health solutions to improve health outcomes in the state.

"…that's the agenda for this year. We want to begin implementation in July this year.

Telemedicine, electronic medical records, and ICT in Health. These are areas that the state is focusing on this year."

KII, Director of Disease Control & Immunization, Ogun PHCB

4.2.5 Power Supply

Power supply in remote communities is another government focus this year.

"… another focus is on power because most of those communities, too, did not have electricity, and it's so sad that, at this age and time, they are relying on powering generators sometimes, and they are even so used to not no power."

KII, Director of Disease Control & Immunization, Ogun PHCB

4.3 Evaluate the Health-Seeking Behaviors of the Dwellers.

4.3.1 Perception and Experience

Focus group discussions (FGDs) explored the perceptions and experiences of residents in the Olorunpodo and Itebu-Manuwa communities regarding traditional and orthodox medical practices. Participants were divided into three groups in each location: men, women, and youth. The analysis revealed distinct patterns and preferences for both medical practices.

As shown in Figure 3 above, in the Olorunpodo community, the dwellers have more experience with traditional medical practices (n = 39, 56.48%) than in Itebu-Manuwa (n = 38, 46.83%), where orthodox medical practices are common (n = 38, 53.17%). Their experience with either practice is more positive than negative, but the positive experience from orthodox medical practices is more than the traditional, as shown in Figure 4 above.

In both communities (n = 77), as shown in Figure 2 above, traditional medical practice is more common as more than half (61.15%) of the respondents have used it for healthcare either alone (50.41%) or together (10.74%) with orthodox medical practices. The dwellers in both

communities of Olorunpodo and Itebu-Manuwa are more tilted towards traditional medical practices than orthodox practices, with more than 50.4% sharing experience using traditional medical practices.

Traditional Medical Practice (see Figure 4)

Youth in the Itebu-Manuwa community (n = 16):

Tradition is more common (52.6%): The youth group in Itebu-Manuwa highlighted that traditional medicine is more commonly used in their community. They believe in the efficacy of traditional treatments and appreciate the cultural familiarity associated with these practices.

"People in this community prefer traditional medicine over orthodox medicine because it is easily available to them in the area."

"In our community here, there are not enough hospitals. Thus, people use more traditional medicine due to its abundance and the absence of orthodox facilities in our area here."

General Perception:

Positive Experience: Many participants expressed positive experiences with traditional medicine. They cited its accessibility and the deep-rooted trust in traditional healers. However, limitations were mentioned due to the government's stance on traditional practices.

"Although both are good as well. But I would like to say that traditional medicine is more accessible and trusted among us."

Men in Itebu-Manuwa Community (n = 12):

Accessibility and Trust: The men's group emphasized the accessibility of traditional medicine, noting that traditional healers are readily available and trusted within the community.

"Traditional medicine is more accessible. We can easily go to a traditional healer in the community without much hassle."

Women in Olorunpodo Community (n = 12):

Cultural Integration: Women in Olorunpodo shared similar sentiments about traditional medicine, emphasizing its deep cultural integration and role in their health-seeking behavior.

"We have always used traditional medicine. It is part of our culture, and we trust it."

Orthodox Medical Practices

Men in Itebu-Manuwa Community (n = 12):

Orthodox Do Tests (5.3%) and Has Measure (21.1%): The men's group appreciated that orthodox medical practitioners conduct tests before treatment. This approach is considered thorough and professional, contributing to a sense of trust in orthodox medicine.

"In traditional practices, once a patient mentions the disease they are suffering from, they just get a likely recommendation of the kind of drugs they may use without any prior checkup to see if the recommended drug is certainly for such disease which contemporarily leads to another disease since there is no checkup."

"In my opinion, the orthodox treatment is better than the traditional treatment. First, before orthodox practitioners prescribe a drug or treatment to a patient, they undergo a test for the patient to know exactly what drug measures to prescribe. However, traditional practitioners give random measures as deemed. Thus, the orthodox treatment has a measure while the traditional treatment doesn't, which makes me conclude that the orthodox treatment is better than the traditional treatment."

Youth in Itebu-Manuwa Community (n = 16):

Orthodox Procedures: Similar to the men's group, the youth acknowledged the procedural nature of orthodox medicine, including diagnostic tests and evidence-based treatments.

"Although orthodox medicine is not as common, we know it is thorough, and they follow procedures."

Women in Both Communities (n = 12):

Universality and Efficacy: Women in Olorunpodo (30.8%) and in Itebu-Manuwa (94.7%) noted the professionalism and efficacy of orthodox medicine, recognizing its scientific basis and structured treatment methods.

"In terms of orthodox medicine, there are some diseases in our body that using traditional medicine over time may not be effective. But using the orthodox medicine will cure such disease."

"I use the orthodox medicine the most because the traditional medicine further disturbs after using it."

Based on participants' responses, traditional medicine holds a significant place due to its cultural connection and accessibility across both communities. However, they also recognized orthodox medicine's thoroughness, efficacy, and universality, particularly its diagnostic processes and evidence-based treatments.

4.3.2 Influence of Cultural Beliefs and Practices in Medical Practice Decisions

The FGDs conducted in Olorunpodo and Itebu-Manuwa communities shed light on how cultural beliefs and practices influence decisions regarding using traditional and orthodox medicines for reproductive health. Responses indicated a strong adherence to cultural practices, especially in Olorunpodo, whereas Itebu-Manuwa demonstrated more flexibility in choosing traditional and orthodox medicines.

Olorunpodo Community (n = 39, Strong Influence - 100%)

In the Olorunpodo community, culture had a very strong influence on all medical choice decisions across the three focus groups, usually as a result of Family Tradition and Taboos.

Men:

Strong Cultural Influence: Men in Olorunpodo highlighted the significant role of cultural practices in their health decisions, particularly for reproductive health. Cultural taboos and family traditions dictate behaviors and choices, often overshadowing the use of orthodox medicine.

"In my husband's lineage, male and female, we don't eat salt after birth for six days. When one of my co-wives gave birth at a time, she mistakenly/unconsciously ate food with salt; after some time, the child got sick and died afterward due to that."

"Culture is very important. When they gave birth, my family ate pounded yam and fried locust beans for seven days. Once the mother deters from doing that, both she and the child will die, and there won't be any cure for such, either by orthodox or tradition. So, culture is very important in one's life and can't be trivialized."

Women:

Adherence to Traditions: Women in Olorunpodo echoed similar sentiments, emphasizing the importance of following cultural practices for reproductive health. The belief in cultural rituals and taboos is strong, and deviation is believed to result in severe consequences.

"When one of my co-wives gave birth at a time, she mistakenly/unconsciously ate a food with salt, and after some time, the child got sick and died afterward due to that."

Youth:

Respect for Cultural Practices: The youth group also highlighted the importance of cultural adherence, sharing similar beliefs about the consequences of not following traditional practices.

"In my own family, if our woman is pregnant and the time to give birth is approaching, such woman dares not to defecate in a poo bowl, and if she dares to and thus give birth, the child may not wake up on time."

Itebu-Manuwa Community (n = 38, Weak Influence - 100%)

Unlike in the Olorunpodo community, culture has a rather weak influence on all medical choice decisions across the three focus groups in the Itebu-Manuwa community.

There is freedom of choice based on availability and effectiveness.

Men:

Choice Freedom: In contrast, men in Itebu-Manuwa expressed more freedom in their choices, indicating that their culture allows the use of traditional and orthodox medicines. This flexibility suggests a more pragmatic approach to healthcare.

"The culture doesn't impact the decisions for traditional or orthodox medicine at all. The reason is that our culture here allows the use of traditional and orthodox medicine."

"Our culture accepts us to use both the orthodox and traditional medicine depending on the type of sickness."

Women:

Balanced Approach: Women in Itebu-Manuwa also shared that their cultural practices do not restrict them to one type of medicine, allowing for a balanced approach depending on the illness and available options.

"Our culture here gives us a chance to use any of the traditional and orthodox medicine."

Youth:

Flexibility in Choices: Like other groups in Itebu-Manuwa, the youth emphasized that their cultural beliefs do not heavily influence their medical choices, enabling them to choose either traditional or orthodox treatments based on the situation.

"Our culture here allows for using traditional and orthodox medicine."

4.3.3 Role of Advice from Community Members and Elders in Medicine Choice

Olorunpodo Community: Influence Towards Traditional Medicine
Community advice in Olorunpodo heavily leans towards traditional medicine. Elders and community members guide health decisions, often promoting traditional remedies and discouraging reliance on ineffective orthodox treatments.

Women and youth reported that advice often recommends switching to traditional options if orthodox treatments don't show results, emphasizing the effectiveness of traditional remedies for common health issues.

"The community members can influence one's decision. They may advise that one should resist going to the same place/hospital one has been attending for days and still not seeing any changes, thus recommending a better place to go. If one does as they say, getting treated at the right time may be opportune. Not listening to people's advice may sometimes have a negative side effect."

Itebu-Manuwa Community: Balanced and Pragmatic Advice

Advice from elders and community members in Itebu-Manuwa encompasses traditional and orthodox medicines. The community encourages using whichever is most effective for the specific health issue.

"The elders advise pregnant women to register at the hospital, and those who know about midwifery always want them to register at the midwifery center at the time of their pregnancy. These are the kinds of impacts they make. But most of the time, they advise orthodox treatment, such as scans and lookalikes."

4.3.4 Situational Preferences for Traditional and Orthodox Medicine

In the communities of Olorunpodo and Itebu-Manuwa, participants expressed clear preferences for traditional or orthodox medicine based on specific situations. This section explores these situational preferences and the factors driving them.

4.3.4.1 Traditional Medicine Preferences

Childbirth & Care

Breast Milk Absence (Women, n = 12, 8.3%): Traditional medicine is often preferred when a woman gives birth but experiences an absence of breast milk.

"It will be rare to find an orthodox medicine that will make the breast have water. However, the traditional practitioner believes that once one mixes two or more certain leaves, it may cure such occurrence."

Women FGD, Olorunpodo

"There was a time I was pregnant and couldn't give birth even after using the orthodox treatment, but after I used the traditional herbal concoction, I was able to give birth easily."

Women FGD, Olorunpodo

Spiritual Attacks

Traditional medicine is preferred for illnesses believed to be caused by spiritual factors. It is believed that orthodox practices cannot even cure these attacks.

"The traditional treatment is better in the case of a spiritual arrow attack, which can't and mustn't be cured by orthodox treatment."

Men FGD (Olorunpodo, n = 15, 31.6%)

"There are some diseases that will prompt them to do an x-ray, and upon going for the x-ray, the machine won't show any effect. The doctor may eventually say they should take the person back to the village for treatment. May God not make us witness such bad diseases."

Youth FGD (Itebu-Manuwa, n = 16, 30.8%)

First Aid & Emergency

In emergencies, traditional medicine is often preferred due to its immediate availability and the reliability of its treatments.

"The period that may warrant traditional medicine to be preferred over orthodox medicine is during an emergency when a chemist or hospital is not nearby. That is, traditional medicine can easily be used as first aid when doctors or physicians cannot easily be accessible."

Men FGD (Olorunpodo, n = 15, 53.3%)

4.3.4.2 Orthodox Medicine Preferences

Chronic Illnesses and Diagnostics

Effectiveness and Equipment: Orthodox medicine is preferred for chronic illnesses and situations requiring diagnostic tests.

"The orthodox treatment is better because the orthodox can scan, do tests and investigations to know the cause of sickness and consequently prescribe necessary treatments to cure such sickness."

Women FGD (Olorunpodo, n = 12, 8.3%)

Childbirth and Pregnancy

Reliable Outcomes: Many participants favored orthodox medicine for childbirth due to its reliability. Both men and women from Olorunpodo and Itebu-Manuwa noted that while traditional methods are often tried first, orthodox care is typically the final recourse, especially when complications arise.

"It allows the pregnant woman and the child in the womb to be stronger after birth."

Women FGD (Itebu-Manuwa, n = 10, 48.8%)

"In my case, the last child I gave birth to was able to be delivered without any unforeseen circumstances, thanks to the orthodox treatment. I consulted the hospital, after which the traditional treatment proved significantly abortive."

Men FGD, (Olorunpodo, n = 15, 15.8%)

Factors Driving Preferences

Factors Favoring Orthodox Medicine

1. **Accessible Drugs:** Orthodox drugs are always easily accessible, making them a reliable option in emergencies. When one is at the point of death and needs immediate medication, orthodox drugs can be obtained quickly to prevent fatal outcomes.

"For traditional treatment, when one is at the point of death, and they recommend some local drugs if those drugs aren't easily accessible at that moment, the person may die in that regard. However, the orthodox drugs are always easily accessible."

Youth FGD (Itebu-Manuwa, n = 16, 6.25%)

2. **Better Equipment:** Orthodox medicine is preferred because it is equipped with the necessary instruments, especially for conditions like pregnancy, where proper equipment is crucial for effective treatment.
3. **No Taboo:** Orthodox medicine is preferred because it doesn't involve any taboos, making it more acceptable and straightforward for patients.

"The orthodox is preferred because the orthodox doesn't have any taboo."

Youth FGD (Olorunpodo, n = 12, 8.33%)

Factors Favoring Traditional Medicine

1. **Cures All:** Traditional medicine is believed to be universally effective, and it can treat a wide range of ailments, making it a preferred choice for comprehensive health care.

"The traditional medicine is distinctively better than the orthodox medicine because there is no one the traditional medicine can't work on."
Youth FGD (Olorunpodo, n = 12, 8.33%)

2. **Healthier:** The long lifespan of forefathers who relied solely on traditional medicine proves its effectiveness and health benefits.

"Our forefathers who lived a long life before their death didn't attempt the orthodox way that made them live that long."
Youth FGD (Olorunpodo, n = 12, 8.33%)

3. **No Expiry (Olorunpodo, n = 12, 8.33%):** Traditional medicine's longevity and non-expiring nature make it a reliable option for long-term treatment.

4.3.5 Sources of Information on Reproductive Health

In the communities of Olorunpodo and Itebu-Manuwa, individuals rely on various sources for information about reproductive health, (see Figure 8 above). The primary source of information in both communities is the radio.

Radio (Olorunpodo, n = 39, 51.3% |Itebu-Manuwa, n = 38, 52.6%)

Radio emerges as a significant source of information in both communities, with around 21.5% of respondents from each community indicating it as their primary source. This highlights radio broadcasts' continued relevance and reach in disseminating health information. Radio's popularity can be attributed to its accessibility and ability to reach a wide audience, including those in remote areas with limited access to other forms of media.

Hospitals (Olorunpodo, n = 39, 38.5% |Itebu-Manuwa, n = 38, 31.6%)

Hospitals also play a crucial role, particularly in Olorunpodo, where 16.13% of respondents cite it as their main source of reproductive health information. In Itebu-Manuwa, the percentage is slightly lower at 12.9%. This reliance on hospitals underscores the importance of formal healthcare institutions in providing accurate and reliable health information.

Internet (Olorunpodo, n = 39, 15.4% |Itebu-Manuwa, n = 38, 15.8%)

The internet is a growing source of health information, though its use is less prevalent than radio and hospitals. This indicates a gradual shift towards digital sources, especially among younger populations who are more likely to be tech-savvy and have access to the internet.

Facebook (Olorunpodo, n = 39, 10.3% |Itebu-Manuwa, n = 38, 5.3%)

Facebook is mentioned explicitly as a source, albeit by a smaller portion of the population. This suggests that social media is used, though not the predominant source of health information.

Generational Word of Mouth (Olorunpodo, n = 39, 5.1% |Itebu-Manuwa, n = 38, 10.5%)

Traditional methods of information dissemination, such as generational word of mouth, remain relevant. This method involves passing down knowledge from older to younger generations, reflecting the cultural and historical continuity in health practices and beliefs.

Other Sources

Other sources of information include schools (n = 38, 2.6%) and television (n = 38, 2.6%), each mentioned by a smaller percentage of respondents in Itebu-Manuwa. While not as dominant, these sources still contribute to the overall landscape of health information dissemination.

While health information can be obtained from the identified sources, some unverified sources of information were deemed risky.

"In terms of radio or Facebook, we meet some people to give recommendations for some medical treatments on this platform, but I would like to assert that it is dangerous to get or rely on any advice or recommendations we get from these platforms."

Youth FGD, Itebu-Manuwa

Also, there is no way to ask questions for more clarity on health issues from virtual sources.

"Since there is no other way to get information on drug use apart from online, we follow information online. Although getting the info from online sources doesn't give us a chance to ask questions, we just accept what we hear. That prompts us to visit the town for more clarity since this area has no center for such things."

Men FGD, Olorunpodo

4.4 Assess the Status of the Health Insurance Scheme and the Possibility of Telehealth in the Study Areas

4.4.1 Possibility of Telehealth

No Awareness (both communities, n = 77, 100%): There is very limited awareness of telehealth services across all demographics in both communities. Participants uniformly expressed that they had not heard of or experienced telemedicine services.

"We've not seen or experienced telemedicine before."

Women FGD, Olorunpodo

Perceptions (both communities, n = 77, 100%): Despite the lack of familiarity, all respondents are open and curious about telehealth, particularly if it could be implemented in their communities. They see potential benefits in convenience and improved access to healthcare information.

"Although we've not heard of it, it's doable, and if brought to this place, we will embrace and love it."

"If we can have such a thing here, then you are our god. It will help to meet the community's health needs, and we won't worry about the health workers unwilling to stay here."

Men FGD, Itebu-Manuwa

"It would be good if we could have something like that here, too, just like it is in Abeokuta, Lagos, and abroad. The telehealth program is a very good idea, and it would definitely be useful and helpful if established in this community as well."

KII, King Itebu-Manuwa

Challenges and Barriers

Several challenges to implementing telehealth were highlighted:

1. **Infrastructure (Olorunpodo, n = 39, 30.8% | Itebu-Manuwa, n =38, 5.26%):** Poor network coverage and unreliable electricity supply were major barriers. This infrastructure deficit would hinder the effective deployment of telehealth services.

"This type of technology can't work in our area here due to bad networks."

Men FGD (Itebu-Manuwa, n = 12, 8.33%)

"It will work if there is electricity. Without electricity, it won't work."

Youth FGD, Itebu-Manuwa (Itebu-Manuwa, n = 16, 6.25%)

2. **Preference for Physical Care (Olorunpodo, n = 39, 10.26%)**: Some respondents preferred face-to-face interactions with healthcare providers. They value the ability to ask questions and receive immediate feedback, which they feel telehealth might not adequately provide.

"Also, most people living here don't know how to operate these technological channels/means because some of these channels don't give a chance for feedback or ask questions afterward. However, if those people who are present and talking online visit us physically, we will have the

chance to ask them questions about the kind of lectures they give. In this regard, help us inform them to help us on it."

Men FGD, Olorunpodo

"We want all this service to be passed to us physically so everyone can benefit from it."

Women FGD, Olorunpodo

Potential Benefits

Despite the challenges, telehealth is believed to potentially improve healthcare outcomes, especially if it includes capabilities like remote monitoring or teleconsultations.

"Since the technology can be used to test one's blood or related, it is useful to know possible things to do afterward."

Youth FGD (Itebu-Manuwa, n = 38, 23.66%)

In conclusion, while there is little current awareness and significant challenges to overcome, there is also curiosity and recognition of potential benefits regarding telehealth among residents of the Olorunpodo and Itebu-Manuwa communities.

Any initiative to introduce telehealth services would need to address infrastructure limitations, ensure community education and acceptance, and possibly integrate with existing healthcare services to maximize its impact.

4.4.2 Health Insurance Status

Non-Availability (Olorunpodo, n = 39, 64.1% | Itebu-Manuwa, n =38, 39.5%): Health insurance is largely absent in both communities, with respondents indicating they have not heard of any existing health insurance schemes locally.

Lack of awareness and access to health insurance create financial burdens on residents, who often must pay high prices for medical treatments out of pocket.

"Although health insurance is not currently available in this community, if it is established, everyone will definitely apply and embrace it because medical treatments here are very expensive."

Men FGD, Itebu-Manuwa

"We've not heard of such here before. We always pay the actual amount for whatever drugs we are buying here currently."

Women FGD, Olorunpodo

"There is nothing like health insurance presently, and secondly, we don't know much about it unless we are being educated concerning that aspect, but presently, we don't know much, and we don't have any insurance on the ground."

KII, Baale Olorunpodo

Perceived Benefits (Olorunpodo, n = 39, 66.7% | Itebu-Manuwa, n =38, 39.5%): Despite the absence, there is a strong perception of the benefits of health insurance:

1. **Cost Benefits:** Participants believe that health insurance would significantly reduce the cost burden of medical treatments. They cited examples of cheaper medications and reduced out-of-pocket expenses as major advantages.

" The benefit therein is much. When I went to UCH, the drug they gave me was #350, and when I sent my wife the same drug yesterday, she bought it for #7,090. These are some of the benefits therein."

Men FGD, Olorunpodo

2. **Access to Healthcare**: Many believe that having health insurance would improve access to quality healthcare services, as it would cover medical costs that are currently unaffordable for many residents.

"We've heard of it, and it is in the town. With good treatment, they will collect little or no money for drugs or injections. In my opinion, it is full of benefits and no challenges."

Women FGD, Itebu-Manuwa

A significant gap exists in health insurance coverage in Olorunpodo and Itebu-Manuwa communities. While residents recognize the potential benefits of health insurance, such as reduced costs and improved access to health care, they currently do not have access to these services locally. Addressing this gap could potentially enhance healthcare access and affordability for community members, thereby improving overall health outcomes.

4.4.6 Challenges Faced during the Study

1. Both study areas were remote and difficult to locate, with long distances between the two locations.
2. Underdeveloped infrastructure, including bad roads, has also limited economic growth in the communities and access to quality health care.
3. Poor connectivity, which hindered communication
4. Key stakeholders were reluctant to participate in the KII at the state level. Despite submitting letters and conducting close follow-ups, the state agency for health insurance did not participate in the study.

5. RECOMMENDATIONS FROM RESIDENTS OF THE COMMUNITY

5.1 Infrastructure Needs

- **Ambulance Services:** Residents in Itebu-Manuwa emphasize the need for ambulances to improve emergency response.
- **Electricity**: Both communities stress the importance of stable electricity and street lighting for healthcare and overall community well-being.
- **Good Roads:** There is a strong call for better road infrastructure to facilitate access to healthcare facilities during emergencies.

5.2 Healthcare Facilities

- **Equipped General Hospitals**: Residents, especially youth, advocate for establishing fully equipped general hospitals and primary health centers to avoid long-distance travel for medical emergencies.
- **Indigenous Health Workers**: Itebu-Manuwa residents recommended employing Indigenous health workers to reduce turnover and ensure continuity of care.

5.3 Healthcare Personnel

- **Qualified Medical Staff:** To improve healthcare service delivery, more qualified doctors, nurses, and medical staff are required.
- **Training and Monitoring:** Suggestions include periodic monitoring of medical staff performance and training initiatives to enhance service quality.
- **Free Drugs:** Some residents suggest providing free or subsidized drugs to alleviate healthcare costs.
- **Strong Internet Connectivity Hospitals:** There is a call for improved Internet connectivity to enhance communication, possibly for telehealth services and general community needs.
- **Security:** A recommendation for increased security presence to ensure safety within the community.

Residents of Itebu-Manuwa and Olorunpodo communities have articulated several critical infrastructure and healthcare-related needs. These recommendations highlight the community's desire for improved healthcare access, infrastructure development, and staffing solutions tailored to local challenges. Addressing these recommendations could significantly enhance these communities' quality of life and healthcare outcomes.

KEY RECOMMENDATIONS AND NEXT STEPS

1. The government should develop and maintain better road infrastructure to ensure easier and faster access to healthcare facilities, especially during emergencies. This is crucial for connecting residents to nearby primary healthcare facilities and general hospitals. The road leading into the Olorunpodo community is particularly poor and often becomes impassable during the rainy season, isolating the community and obstructing movement during critical times. Improved road infrastructure would facilitate quicker emergency response and ensure residents can access essential healthcare services year-round.

2. Power intervention is needed to ensure a reliable electricity supply to improve community well-being. Currently, the two communities rely on generators and self-powered solar supplies for household use, which are often insufficient and unreliable. A stable power infrastructure would enable consistent electricity for homes, healthcare facilities, and public spaces, enhancing the overall quality of life. This intervention could involve government investment in grid expansion, partnerships with renewable energy companies, or community-led solar projects to ensure sustainable and long-lasting solutions.

3. Establishing fully equipped primary health centers (PHCs) within communities, particularly in Olorunpodo, where none currently exist, can significantly reduce the need for long-distance travel for medical emergencies. A public-private partnership between the government and private sectors could be formed to establish and maintain these centers. Such collaborations would ensure that residents' basic primary health needs are adequately met, providing accessible and reliable healthcare services within the community.

4. Employing indigenous health workers in communities like Itebu-Manuwa can ensure continuity of care and reduce staff turnover, addressing the lack of qualified medical practitioners willing to stay due to challenges such as distance, lack of electricity, unstable internet connectivity, and poor road networks. Being familiar with the local environment and culture, Indigenous health workers are more likely to remain and provide consistent healthcare services. Additionally, implementing periodic monitoring and training programs for all medical staff can enhance service quality and performance, ensuring that healthcare delivery effectively meets the community's needs.

5. Deploying telemedicine in these communities can significantly enhance healthcare access and quality. By establishing telemedicine-enabled health posts or kiosks with necessary medical devices and internet connectivity, residents can access immediate consultations and specialist care without long-distance travel. This approach offers cost-effective healthcare delivery, reduces wait times, and ensures continuity of care. Implementing telemedicine requires reliable internet infrastructure, training for local healthcare workers, and community education on the benefits of telemedicine services. Partnerships with telemedicine providers and regulatory support are essential for establishing a robust and effective telemedicine network that would benefit these communities.

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APPENDIX

FGD for youths, Olorunpodo

FGD for women of reproductive age, Itebu Manuwa

FGD men

The team with the king of Itebu-Manuwa

Health Care Facilities

1. **Chemist | Itebu-Manuwa**

Front of the Facility Image

Inside the Facility Image

2. **Itebu Manuwa Health center | Itebu-Manuwa**

Front of the Facility Image

3. **Adesola Chemist | Olorunpodo**

Front of the Facility Image

Inside of the Facility Image

Community sensitization meeting