



Community Involvement: A Tool for Successful Implementation of Primary Health Care Services

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ABSTRACT

The paper emphasizes the importance of community involvement in the delivery of Primary Health Care (PHC) services in Nigeria, particularly in rural and hard-to-reach areas where health facilities struggle to provide essential services. Community participation in local health governance ensures that healthcare interventions address the specific demographic needs effectively and appropriately. However, there are challenges that hinder community participation in the PHC system in Nigeria. The study aims to uncover the roles of community participation in PHC, assess approaches for engaging communities, and identify drawbacks and impediments to satisfactory participation. Additionally, it seeks to offer measures to enhance community participation in PHC delivery. The research conducted a reflective synthesis of relevant peer-reviewed articles, policies, and case studies. It was found that stakeholder involvement significantly influences PHC implementation in Nigeria, optimizing access, extending healthcare relevance to the community, and increasing trust between parties involved. Effective programs such as Community Health Committees (CHCs) and Community Health Workers (CHWs) have enhanced Maternal and Child Health (MCH), immunization, and health literacy. However, challenges such as limited resources, cultural restraints, patient mistrust in healthcare, and weak institutional support limit full community engagement. Therefore, addressing these challenges is crucial for improving PHC in Nigeria. The study recommends expanding resources for health education and providing professional development for stakeholders involved in healthcare.

Keywords: Community Participation, Primary Health Care, CHPS, CHCs, Nigeria, healthcare governance, culturally appropriate approach, training

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INTRODUCTION

The foundation of global health care systems is built upon the fundamental strategy of Primary Health Care (PHC), which aims to provide equitable, cost-effective, and sustainable treatment for all individuals. This approach, established by the World Health Organization's 1978 declaration, recognizes PHC as a basic human right and emphasizes the importance of community involvement in shaping and delivering health care services, as outlined in the Alma-Ata Declaration of 1978 (WHO, 1978). In the context of Primary Health Care (PHC), community participation is an essential principle that contrasts with top-down healthcare paradigms developed at national or international levels. Haldane et al. (2019) emphasize the importance of engaging the community in various stages

of health intervention planning and assessment, making healthcare services culturally relevant, acceptable, and feasible. This approach fosters a sense of ownership and trust in healthcare service providers, ultimately leading to improved health outcomes (Erku et al., 2023). By understanding the culture and economic challenges of the community from the ground up, healthcare providers can tailor interventions to meet the specific health needs of the population. As highlighted by Pal (2021), this approach also helps bridge the Missing Middle gap in health systems, particularly in targeting minorities or underprivileged communities in rural or low-resource environments. The success and popularity of Primary Health Care (PHC) are contingent upon the active

support of all members within the targeted community. Appiah-Agyekum (2020) highlights the importance of involving communities in health decision-making, as it enhances uptake and encourages support for health intervention activities. This inclusive approach has led to significant changes in various aspects of healthcare, such as maternal and child health, immunization, and chronic disease management, as noted by Allen et al. (2022). Furthermore, engaging individuals in community participation has resulted in increased health literacy, reduced disparities in healthcare quality, and long-term support for health programs (Allen et al., 2022).

However, the following difficulties are likely to be encountered in the implementation of community participation in PHC. Challenges to patient and family engagement include issues of funding, human resources, infrastructure, culture, and healthcare mistrust (Meier et al., 2020). Moreover, ethnic minorities and low-income people are likely to be more disadvantaged in health-related decision-making in a meaningful way (Meier et al., 2020). In order to optimize the advantages associated with community participation in PHC, these barriers must be uniquely addressed.

This paper examines the centrality of community participation in implementation of PHC services, one of the nation-building approaches. It reviews present literature on community participation, ways of participation, and difficulties that are experienced. As such, this paper also hopes to identify ways in which to improve community involvement in PHC and provide suggestions regarding how changes may be instituted to rectify deficits present in modern systems of healthcare.

PURPOSE

The paper endeavors to offer a comprehensive analysis of community participation in primary health care (PHC) within the context of Nigeria. It will delve into the concept of community participation, its significance, and the diverse approaches that can be employed to effectively engage communities. Additionally, the paper will examine the challenges that impede active community involvement and put forth actionable measures to enhance participation in the delivery of PHC services throughout the country. Ultimately, the paper aims to equip health professionals and community leaders with practical tools and knowledge to foster collaboration, address health disparities, and ensure sustainable health outcomes.

METHODS

This study presents a reflective synthesis of pertinent peer-reviewed research articles, policies, and existing case studies, drawing information from the PubMed database, Google Scholar, and JSTOR search engines.

Articles published between 2015 and 2024 were included in the review. The search terms encompassed 'community participation,' 'primary health care,' 'Nigeria,' 'community-based models,' and 'hindrances to participation,' with a focus on empirical literature related to community participation in Nigerian PHC Systems.

Specific objectives

1. To discuss the concept of community participation
2. To examine the role of community participation in PHC in Nigeria
3. To discuss the approaches for engaging communities in PHC in Nigeria
4. Examine the drawback/impediments to effective community participation in Nigeria PHC
5. Enumerate measures to enhancing community participation in delivery of PHC in Nigeria

The concept of community participation

Community engagement has long been recognized as a crucial approach in primary health care, with a focus on involving individuals and communities in the planning, implementation, and decision-making processes of healthcare programs (Gomathi et al., 2021). According to Rifkin (2020), the essence of engagement lies in the ability to empower individuals and communities to take charge of their health decisions and access treatments that are culturally appropriate, contextually sensitive, and sustainable. The World Health Organization (WHO) emphasizes that community involvement in primary health care policy has been ongoing since the Alma Ata Declaration of 1978, which advocated for people's participation in health services and recognized health as a fundamental right (WHO, 2018). At the core of this concept is the belief that healthcare networks should not solely rely on healthcare professionals to fulfill their roles; rather, they should seek input from the community to ensure that services are culturally and socially relevant (Sanders et al., 2021).

Levels of community participation

It is acknowledged that a scale ranging from total community assumption of control to zero involvement is the most effective way to represent the various levels of community involvement. Arnstein's Ladder of Citizen Participation (Arnstein, 1969), which has gained popularity in recent health research, has been somewhat modified to reflect varying levels of involvement in health intervention. Zakus and Lysack (2020) state that the spectrum consists of the following:

1. **Passive Participation** - People are aware of how decisions concerning health impact communities, but they are unable to make their fair share of contributions.
2. **Participation through Consultation** - Although the public is consulted, officials have the final say over how decisions are carried out.
3. **Interactive Participation** - In a mutually beneficial mechanism, an empowered community works with healthcare practitioners on planning and decision-making.
4. **Self-Mobilization** – People spearhead activities with backing from leaders, and civil society has complete control over health interventions.

The research conducted by Go et al. (2019) underscores the potential benefits of increased community involvement in decision-making processes, particularly within the context of enhancing health outcomes in developing world settings. Findings from studies such as those by Dutta et al. (2021) in India and Kayabu and Clarke (2019) in sub-Saharan Africa demonstrate a positive association between community participation and improvements in maternal child health services and healthcare provider enhancement, particularly in rural areas. Moreover, research, such as the cross-sectional study in Brazil by Almeida et al. (2020), suggests that involving communities in the development of health programs can lead to more sustainable health interventions, resulting in long-term benefits such as reduced disease rates and improved health literacy. These findings collectively highlight the potential for community involvement to contribute to the effectiveness and sustainability of health interventions, emphasizing the importance of empowering communities to take ownership of processes for health improvement and maintenance.

Importance in health care

Community participation plays several vital roles in the context of PHC:

1. **Cultural Relevance** - According to Gomathi et al (2021), community engagement ensures that the health services planning and Implementation process fits the cultural and social context of the population.
2. **Improved Health Outcomes** - Laverack and Keshavarz Mohammadi (2020) notes that when communities engage in PHC interventions, there was an improved health of the people, delays in maternal, and infant mortality rates were also reduced.
3. **Resource Mobilization** - This is because community participation in health programs enhances the ability to gather and engage local manpower and endogenous information that is important to the success of the programs (George et al., 2019).

4. **Building Trust** - Health care provider ought to build trust with the community for health interventions to be effective. This trust is made more effective via the pragmatic steps such as has been affirmed by Hassan et al. (2022) in their study wherein people's participation in health management was argued to lead to the increased provider-customer relations and satisfaction with the health services in Pakistan.

Challenges in defining community participation

The identification and implementation of genuine community participation can pose significant challenges, yet it is a crucial aspect of effective practice. As highlighted by Laverack and Mohammadi (2020), power dynamics play a pivotal role in determining the inclusion or exclusion of certain groups, such as low-income individuals, women, and ethnic minorities, in societal participation processes. Moreover, Almeida et al. (2020) have pointed out that in rural and resource-constrained areas, engaging healthcare consumers presents difficulties due to limited funding, lack of political support, and inadequate infrastructure. These insights underscore the importance of addressing barriers to community participation in order to foster social inclusion and equitable engagement.

The role of community participation in PHC in Nigeria

The implementation of Primary Health Care (PHC) has been a strategic approach aimed at improving health outcomes in Nigeria and other developing countries, particularly in rural communities. The international launch of the primary health care policy in 1978 was a significant milestone, with the goal of providing preventive, promotive, curative, and rehabilitative services to underserved populations, including those in rural and impoverished areas. A key concept of PHC is community participation, which ensures that healthcare interventions are relevant to the social, cultural, and economic context of the population. In Nigeria, community participation has been recognized as a crucial tool for enhancing access, efficiency, and sustainability of healthcare services, especially in developing countries. The roles played by community participation in PHC in Nigeria are multifaceted and include facilitating engagement, promoting local ownership, and fostering a sense of empowerment within communities.

Improved accessibility to health services

In light of Uzochukwu et al. (2020) findings, it is evident that a concerted effort to increase awareness is crucial in ensuring that individuals have access to essential medical services. Active involvement in the establishment of state and/or local health services is key to reaching the

intended population and providing necessary care. By actively participating, healthcare providers can ensure that the health system is attuned to the specific concerns of their patients, such as financial constraints, cultural sensitivities, or transportation challenges, and can effectively address these issues to ensure the delivery of quality medical care.

Enhancement of health literacy and behavioral change

Community participation plays a crucial role in contributing to health literacy. When individuals are engaged in a system that educates them about health and their associated responsibilities, they are better equipped to make informed decisions. A study by Ezech et al. (2021) conducted in rural Nigeria highlighted the impact of community health education programs on maternal and child health. The research demonstrated that initiatives involving community participatory planning and content development led to positive behavior change among women of childbearing age. This not only empowers individuals but also fosters sustained improvements in overall population health. Therefore, community participation not only enables people to make informed choices but also contributes to the long-term well-being of society.

Strengthening of trust and relationships

Price lists are crucial when it comes to controlling what people spend on health care bills, and since health care requires a lot of trust between the service providers and the users, trust is essential as well. In Nigeria, community participation has ensured that people develop trust with the healthcare professionals in this particular area (Abimbola et al., 2019a). It will also lead to increased health literacy, thus communities that are involved in decision making will have better health because they will gain confidence in using the health care services.

Cultural sensitivity and tailoring of health interventions

Nigeria is a country of cultural diversities and as such, any particular region has its own cultural practices and perceptions to health. Community participation makes the health interventions to be in tandem with the cultural norms and practices of the community in question (Onwujekwe et al., 2020). This means by engaging members of the community; the healthcare providers can come up with program that will be well embraced by the community thus enhancing the usefulness of the interventions.

Promotion of accountability and ownership

The promotion of community involvement in the monitoring and evaluation of health services fosters accountability within the health system. This approach empowers communities to hold health providers accountable for the delivery of quality and accessible health services. By taking ownership of leadership in health programs, communities become responsible for ensuring successful outcomes. This is particularly relevant in Nigeria, where accountability challenges have hindered the provision of primary healthcare services. Research conducted in Nigeria has highlighted the positive impact of community involvement in primary healthcare. For instance, studies have shown that consulting with communities about their health program preferences has led to improved healthcare coverage and reduced maternal and infant mortality rates. Additionally, health education initiatives have significantly enhanced immunization rates and child nutrition in rural communities. These findings underscore the tangible effects of social participation on the health of the Nigerian population.

THE APPROACHES FOR ENGAGING COMMUNITIES IN PHC IN NIGERIA

The paper highlights the crucial requirement for community participation in the development of Primary Health Care (PHC) services tailored to the specific needs of the Nigerian population. Meaningful engagement necessitates systematic planning to cultivate partnerships between healthcare professionals and community residents. These collaborative approaches play a vital role in enhancing credibility, improving health literacy, increasing service utilization, and promoting accountability within the health systems. Various models and strategies have been developed and implemented in the Nigerian context to facilitate community involvement in the planning, delivery, and evaluation of PHC services.

Approaches for Community Engagement in PHC

Community health committees (CHCs)

The primary methods of mobilizing communities for PHC in Nigeria include the formation of the CHCs in order to facilitate their enhancement. They are cross-sectional structures in the communities made up of leaders, members of the community and health workers with the responsibility of implementing and planning health activities at the peripheral level. CHCs are responsible for the convening of talk and enabling the voice of the community when making healthcare-related decisions are crucial in the capturing of local healthcare requirement (Onwujekwe et al., 2020). In a systematic review of CHCs

in southeast region of Nigeria by Okeke et al, (2019), it was established that CHCs continues to actively source for resources, campaign for better health care delivery systems and facilitate organization of health-related programs that are acceptable culturally.

Another function of the CHCs is to conduct oversight on the quality of the general healthcare services and also to ensure the communities own and support the healthcare system to revert trust from the populace (Iwelunmor et al., 2018). By the help of regular meeting held, CHCs provided an organized platform through which citizens may air their concerns, be involved in decision-making processes, and give outperforming assessments on health facilities.

Community-based health education programs

In addition to other approaches, the development of Primary Health Care (PHC) in Nigeria can be further advanced through community health education programs. These initiatives are designed to increase awareness and understanding of fundamental health issues, such as maternal and child health, immunizations, sanitation, and nutrition, among the population. The implementation of these health promotion programs involves the use of culturally relevant materials and the active participation of community leaders and volunteers in their design and delivery (Ezeh et al., 2021). Moreover, a study conducted in rural Nigeria by Uzochukwu et al. (2020) demonstrated that education programs within these communities effectively raised health literacy levels and encouraged the adoption of healthier behaviors. These programs utilized local networks and social mapping to disseminate health information, particularly reaching the hard-to-reach and most vulnerable populations.

Community health workers (CHWs)

Community Health Workers (CHWs) have been implemented as a crucial strategy in Nigeria to actively engage communities in primary healthcare (PHC). These essential healthcare workers are selected from within the community, provided with fundamental education and healthcare training, and tasked with delivering basic preventive services such as health education, immunization, and referral of patients to healthcare facilities. CHWs, as recognized healthcare professionals, play a vital role in representing the interests of the community and facilitating local access to quality healthcare services, thereby bolstering trust in the healthcare system (Ogbuabor & Onwujekwe, 2019). A study by Kayode et al. (2021) demonstrated the significant impact of CHWs in Nigeria, particularly in increasing immunization coverage, enhancing maternal health, and promoting the utilization of family planning services. Moreover, CHWs have effectively addressed

barriers to healthcare access within households, including inadequate information, distance to healthcare facilities, cost, and cultural practices that hinder service utilization.

Participatory research and needs assessment

Community participation in research and needs assessment is a practical approach adopted in Nigeria to enhance community involvement in primary healthcare (PHC). Through Participatory Research Methods (PRM), health programs are defined, developed, implemented, and evaluated in collaboration with the local population. This ensures that health interventions align with the specific needs and preferences of the community (Abimbola et al., 2019b). For instance, participatory needs assessment conducted in Northern Nigeria identified cultural practices, financial constraints, and lack of transportation as barriers to accessing maternal health services. Subsequently, the community and healthcare providers engaged in discussions to address these barriers and implement tailored interventions, resulting in improved maternal healthcare outcomes (Hassan et al., 2022).

Traditional leadership engagement

The involvement of traditional rulers in Nigeria plays a significant role in influencing decisions and activities within many communities. Integrating traditional leaders into the framework of Primary Health Care (PHC) is a strategic approach that effectively mobilizes communities for the provision of essential health services. Traditional chiefs can actively support health interventions, facilitate the coordination of resources, and promote health initiatives to the local population (Abimbola et al., 2018). Research by Onwujekwe et al (2020) has demonstrated that the engagement of traditional leaders has contributed to the improved acceptability of immunization programs, antenatal clinic services, and adherence to public health practices such as enhanced sanitation and hygiene within certain Nigerian communities.

Mobile health (mHealth) platforms

The use of mobile phones to engage members of the community in PHC has been seen in the recent years to be practiced in Nigerian through m-Health. Such platforms help healthcare providers reach out to underserved populations, raise health literacy, and increase the usage of needed services (Adepoju et al., 2021). In the pilot study in Lagos, mHealth platforms were used to remind pregnant women about appointments for ANC, more women attended the sessions hence improving the maternal health status. Moreover, in the management of health, mHealth was

also used in the education of health including nutrition, breastfeeding, immunization, especially in the rural areas that are inaccessible to health facilities (Adepoju et al., 2021).

THE DRAWBACK/IMPEDIMENTS TO EFFECTIVE COMMUNITY PARTICIPATION IN NIGERIA PHC

Securing the community participation is known to be a crucial component of Primary Health Care (PHC) in Nigeria, but its satisfactory implementation has multiple barriers. These challenges limit the engagement of communities in planning, decision making and evaluation aspects of any program, they therefore impact on the quality and sustainability of all health care services. Knowledge of these barriers will therefore help to facilitate the planned increase in community participation and the planned redesign of Nigeria's PHC systems to better meet the health needs of Nigerian communities.

Key Drawbacks

Limited financial resources

Insufficient funding presents a significant obstacle to community engagement in primary healthcare (PHC) in Nigeria and other developing nations. The costs associated with training personnel, providing transportation, and managing logistics make community participation financially demanding, while many health programs, particularly in Nigeria, suffer from inadequate resources. Ogbuabor and Onwujekwe (2019) highlighted the financial constraints faced by community health committees and local workers, limiting their ability to actively contribute to health planning and monitoring as outlined in policy. Inadequate funding also jeopardizes the long-term sustainability of community health programs, particularly in rural areas where healthcare resources are already strained. This challenge underscores the need for sufficient allocation of funds to support these programs in the future.

Inadequate human resources and training

The significant challenge of community engagement lies in the inadequate human resources within the health sector, particularly the lack of competent Community Health Workers (CHWs). Effective participation in Primary Health Care (PHC) requires health care providers who are skilled in community mobilization and promoting community health. However, many Nigerian communities suffer from a shortage of capable personnel who can effectively lead engagement efforts. Additionally, as highlighted by Kayode et al. (2021), the low participation of health workers in these communities is further hindered by the scarcity of qualified human

resources, particularly in rural areas. Furthermore, community members themselves often lack the necessary training and education to meaningfully participate in health decision-making processes. This lack of knowledge and skills leads to community participation being viewed as ritualistic rather than transformative in shaping a healthier future (Onwujekwe et al., 2020).

Cultural barriers and social norms

The prevailing cultural beliefs and practices in Nigeria present significant barriers to community engagement in primary health care (PHC). These beliefs and perceptions often conflict with modern health care practices, leading to reluctance in adopting new health interventions. Specifically, cultural barriers related to maternal health, family planning, and immunization hinder the acceptance of projects aimed at benefiting women and other minority groups in various communities. Additionally, gender norms and patriarchal structures contribute to women's limited participation in community health activities, despite their crucial role in making health-related decisions for their families. Research has also revealed that some men in Nigeria tend to dominate decision-making in health matters, leaving women with minimal input concerning their own health and that of their children (Uzochukwu et al., 2020; Ezeh et al., 2021). These cultural and gender-related challenges underscore the need for culturally sensitive approaches to community engagement in PHC in Nigeria.

Mistrust in healthcare systems

The lack of trust between communities and healthcare stakeholders presents a significant barrier to community participation in primary healthcare (PHC) initiatives. This mistrust is rooted in the poor past experiences of service delivery, exacerbated by issues such as poverty and corruption, which have shaped access to healthcare in Nigeria. Consequently, there exists a pervasive negative perception of the entire healthcare system among the Nigerian population. This prevailing mistrust hinders the effective mobilization of health programs, particularly in marginalized or hard-to-reach populations. Furthermore, poor accountability and the perceived or real lack of community participation in health program management contribute to this environment of distrust. To address these challenges, a concerted effort to engage communities and rebuild trust is essential. Long-term strategies aimed at enhancing transparency in healthcare management and empowering communities through active engagement are crucial for fostering trust and improving participation in healthcare initiatives (Abimbola et al., 2018; Adepoju et al., 2021).

Political and institutional weaknesses

The challenges faced in Nigeria regarding community participation in health initiatives are multifaceted. Notably, there is a lack of strong political and institutional support for such participation, despite the existence of policies aimed at encouraging it. This deficiency in political will has led to bureaucratic hurdles and corruption in the implementation of these policies. Abimbola et al. (2019a) have highlighted the ineffectiveness of intersectoral collaboration as a significant obstacle to community-based health interventions in Nigeria. Additionally, decentralization in the health sector has not been entirely successful, as local government institutions remain weak, thereby limiting the discretion of community health committees. Consequently, the top-down approach to healthcare decision-making undermines the input of communities in obtaining appropriate health services that align with their specific needs (Onwujekwe et al., 2020).

Infrastructural deficiencies

The inadequate health facilities, structures, transport, and unreliable power supply significantly impede community participation in primary healthcare (PHC). Without proper infrastructure, communities become inaccessible for healthcare planning and service delivery, hindering their involvement in health-related decision-making processes (Kayode et al., 2021). Additionally, the lack of meeting spaces, communication facilities, and other resources further diminishes community engagement in health activities. Hassan et al. (2022) further highlight that the insufficient physical structures of healthcare facilities in rural Nigeria not only limit access to healthcare but also hinder the collective demand for improved health services. These challenges underscore the critical importance of addressing infrastructure and resource limitations to enhance community participation in PHC.

Lack of ownership and empowerment

It is imperative that all stakeholders are empowered to contribute to the ideas, goals, plans, and execution of community engagement initiatives in Nigeria in order to ensure their relevance and effectiveness. Currently, there is a prevalent issue where external entities take the lead in conceptualizing and implementing these initiatives, often with minimal input from the communities themselves. This lack of community ownership can lead to disengagement and lack of support for health programs, as the community may perceive them as irrelevant or poorly suited to their needs. To address this, it is crucial to empower the target groups to take charge of organizing their own health programs. Research conducted by Ogbuabor and Onwujekwe in 2019 demonstrated the positive impact of health interventions

that incorporate principles of concierge community engagement, as they enable communities to take ownership of the strategies, leading to increased utilization and improved health outcomes for the people.

MEASURES TO ENHANCING COMMUNITY PARTICIPATION IN DELIVERY OF PHC IN NIGERIA

To ensure the sustainability of the Primary Health Care (PHC) services in Nigeria, there is the need for proper participation of communities. Nevertheless, this paper has presented several difficulties and limitations of engaging communities in large and comprehending the barriers to an active participation of communities in health services' delivery of health services: Several measures can be taken to improve relationships between communities and health services in order to make them more effective and constant. The possible measures that should be initiated to enhance community participation in the delivery of PHC in Nigeria will be described in this section.

Key measures to enhance community participation

Strengthening financial support for community health initiatives

This shows that one of the prerequisites to effective and sustainable community involvement in PHC is adequate financial might. The Nigerian government, International Organizations, and non-governmental organizations must invest more in community health so that they are able to provide needed resources for training, manpower development and tackling infrastructure challenges. Sometimes, administrative and financial support from authorities, grants and subsidizing of CHWs and volunteers enables higher participation level and better-quality services at grassroots levels.

Furthermore, the development of local funding sources and establishing health programs fund raising at the community level as well as partnering with private sector institutions can also support the achievement of reinforcing health programs. Community mobilization where the community is able to manage funds for health projects can enhance project accountability and ownership (Abimbola et al., 2019b).

Capacity building and training of health workers and community members

This is because the participation of communities can only be enhanced if health workers involved and community members have increased capacity. The health care providers will need to be trained on participatory approaches, outreach, and culturally acceptable health behaviors so that they can: (Kayode et al., 2021).

Likewise, teaching community members about health-related problems, decision-making, and leadership will enable people to effectively take part in health planning, delivery, and evaluation.

Health and education coordinators should ensure that the community education programs enhance the level of education especially for those from farming areas. With such awareness, communities will be active in fitness activities and get to embrace healthier standards (Ezeh et al., 2021).

Establishing strong community health committees (CHCs)

Currently, the Community Health Committees (CHCs) have the most crucial responsibility to involve communities in the planning, implementation and monitoring of PHC. To support the improvement of the governance and effectiveness of CHCs, the concept of a CHC has been developed, which assumes that the active participation of the community is possible only with the support of qualified specialists and the appropriate departments (Uzochukwu et al., 2020). This can be accomplished with technical help, grants, and development training for the human resources of the committee members. Therefore, CHCs should be selected to draw samples from women, youths and other vulnerable groups within a particular society. There is a need to create routine meetings that will enable community members to present their grievances, ideas and ensure the health providers are to answer to the community on the quality and availability of the health facility (Onwujekwe et al., 2020).

Promoting gender equity in community engagement

Gender equality has been known to boost participation especially in Nigeria where women pull the major burden of nursing and taking care of their families. Evaluating women's leadership roles through the involvement in the Community Health Committee, health education forums and governance systems can increase chances that health interventions meet the needs of vulnerable groups of women and children (Ezeh et al., 2021). Gender mainstreaming themes should be horizontal across health programs to involve men and women as stakeholders in the status of health program services. This can entail sensitization of health care workers on gender issues and practices, and ensuring women's participation in issues such as; Gender sensitive training of health care providers, identifying specific roles for women to participate in issues concerning health and convening influential male community leaders to champion on issues of women's health.

Building trust and transparency in health systems

In engaging the community in the support of PHC, therefore, trust becomes an important requirement. To establish trust between the two interacting parties within the context of community healthcare, decisions, resources and services should be open for the public. Community involvement should be warranted throughout the health programs in order to show the community that their input whether in needs assessment, program implementation, or program evaluation is valued (Abimbola et al., 2018). To promote transparency in operation, the health providers should make direct communication structures with the different members of the community so as to give the community ways to monitor the progress of the health programs, give feedbacks and information on any issue all through the different structures of communication. Also, providing communities with information on available health services and wealth fund spending and distribution can extend participation trust (Adepoju et al., 2021).

Incorporating mHealth and digital platforms

mHealth platforms are a new strategy of engaging communities in PHC. Mobile technology is another way through which larger populations within remote and hard to reach areas can be informed on health and other attributes or reminded on their appointments or health check-ups and even educated with health literature among others, and also mHealth also assists the healthcare providers in gathering feedback or other information from such communities for the purpose of customizing health care services for the benefit of a particular society (Adepoju et al., 2021).

The use of technology in the delivery of health services can include form of grouping platforms like a WhatsApp group or SMS to enhance participation due to ease of access at the same time enables the community to report any emerging issues within the health sector. It has been more effective especially in the urban and rural setting where there are likely to be no formal health facilities (Hassan et al., 2022).

Collaborating with traditional leaders and community gatekeepers

Most of the communities in Nigeria respect traditional leaders and other opinion maker. Entering these leaders in health-related initiatives can assist in enhancing the support by the community for PHC packages (Onwujekwe et al., 2020). Community elders are viable advocates for health programs, mobilizers of community assets and bearers of cultural perspectives on health service access. Therefore, engaging traditional leaders in the provision of health care can go a long way to making

sure that what is provided is acceptable to the African culture. Religious leaders, chiefs and elders also play a significant and useful role by endorsing the intended improvement of health by widening acceptance of advanced health enhancements like immunization and maternal health (Abimbola et al., 2018).

Strengthening institutional frameworks and policy support

Active engaging of communities in PHC involves provision of adequate Institutional framework and policies at national/international levels. The Nigerian government needs to promote community involvement in health services delivery and guarantee that there are laws backing community involvement (Ogbuabor & Onwujekwe, 2019). This consists of development of procedures for composition of the community health committees, in the provision for resources for implementing community health activities and in relation to health activities, they ensure that they are participatory in nature. Promotion of community embraced health related programs should strongly advocate for political will and commitment. Policy makers must appreciate the importance of community engagement in health equity and other dimensions of service delivery (Abimbola et al., 2019a).

CONCLUSION

This paper aimed at examining the level of community participation in PHC delivery in Nigeria and Nigeria's level of compliance with WHO directives. Cultural competence creates respect, responsibility, and relevancy by providing the clients, care that is responsive to their cultural and linguistic identity. However, as discussed in this paper, there are some factors that limit community participation in the PHC system in the country; such as; financial issues; human resource issues; cultural issues; lack of trust with health systems; and, weak institutional support. In response to this, there is need to apply an integrated model focusing on enhancing financial and human capital, enhancing public accountability, increasing women and minorities' involvement, and enhancing institutional framework for involvement. They include optimizing on the role of the CHCs enhancing its functionality, adoption of telemedicine/mHealth, engaging traditional structures, and supporting community advocating approaches to the reforms of PHC in Nigeria. As evidenced by the available studies, when such communities are involved in the design, implementation, and assessment of such healthcare programs, the service uptake is established to improve, health literacy enhanced, trust between providers and the populace reinforced, and therefore, overall health elevated.

Responsible community engagement also helps to sustain ownership of health interventions in the long run; hence, the fight toward the realization of the concept of this universal health coverage and the improvement in the health equity status in Nigeria.

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