PEOPLE: International Journal of Social Sciences ISSN 2454-5899

Ibrahim & Gambo, 2019

Volume 5 Issue 1, pp. 554-575

Date of Publication: 16th April 2019

DOI-https://dx.doi.org/10.20319/pijss.2019.51.554575

This paper can be cited as: Ibrahim, A. M., & Gambo, D. (2019). Exploring Organizational Capacity Strengthening Factors Influencing the Use of Communication for Development Techniques for Enhancement of Primary Health Care Services Administration in Nigeria. PEOPLE: International Journal of Social Sciences, 5(1), 554-575.

This work is licensed under the Creative Commons Attribution-Non Commercial 4.0 International License. To view a copy of this license, visit http://creativecommons.org/licenses/by-nc/4.0/ or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

EXPLORING ORGANIZATIONAL CAPACITY STRENGTHENING FACTORS INFLUENCING THE USE OF COMMUNICATION FOR DEVELOPMENT TECHNIQUES FOR ENHANCEMENT OF PRIMARY HEALTH CARE SERVICES ADMINISTRATION IN NIGERIA

Adamkolo Mohammed Ibrahim

Department of Mass Communication, University of Maiduguri, PMB 1069, Borno State, Nigeria adamkolo@unimaid.edu.ng

Danjuma Gambo

Professor, University of Maiduguri, Nigeria <u>bubakari2002@yahoo.com</u>

Abstract

The impacts of organizational capacity-strengthening support provided by local non-governmental organizations toward the utilization of communication for development techniques (advocacy and behavior change communication) for the improvement of primary health care services administration in the North-eastern Nigerian state of Yobe were explored. Using the organizational capacity assessment tool model and critical discourse analysis, the responses of five key management personnel of Yobe State Primary Health Care Management Board were analyzed. Organizational capacity strengthening in respect of organizational governance, coordination and partnerships, organizational planning, human resource development and

management board dimensions appeared to have salient influences on the utilization of communication for development techniques in primary health care services administration with budgeting and financing dimensions having weaker influences. Perceived sustainability crisis and government political commitment appeared to play a moderating role.

Keywords

Communication for Development, Primary Health Care Services, NGO, OCAT, Organizational Capacity Assessment Tool, PHC, Organizational Capacity Strengthening, Sustainability

1. Introduction

Yobe State Primary Health Care Management Board (YSHMB) is statutorily mandated to manage the affairs of all secondary health care facilities in the state are while YSMOH focuses on the coordination of the activities of department and agencies under its jurisdiction and formulation of policies and strategies for the entire health sector in the state (*Vanguard*, 2016). Of the total of 517 health facilities in the state, 504 are categorized as primary, 12 as secondary and two as tertiary (YSMOH, 2014). Similarly, at the national level, the Nigerian health system operates primary health care at the Local Government level, secondary health care at State level and tertiary health care at Federal level. The Nigerian Federal Ministry Health (FMOH, 2017, p. 33) defines PHC as "the main focus for delivering effective, efficient, quality, accessible and affordable health services to a wider proportion of the population." At the national level the National Primary Health Care Development Agency (NPHCDA) takes care of the provision of support for the implementation of PHC service in the country (Chibuzor, 2018; The World Bank, 2016).

This study adopted an organizational capacity assessment tool (OCAT) approach (see (Ghaffar, Langlois, Rasanathan, Peterson, Adedokun, & Tran, 2017; Gurman, Awantang, & Leslie, 2018) to explore the influences of organizational capacity strengthening involving the utilization of C4D techniques namely, advocacy and behavior-change communication (BCC) on PHC services administration in Yobe State.

This article aims to provide an answer to the research question: what are the factors influencing the utilization of C4D techniques toward enhancement of PHC services administration in Yobe State in respect of the following indicators (dimensions): organizational governance, coordination and partnerships, organizational planning, budgeting and financing, human resource development and management board (governance)? Using a case study approach

and a key informant interview (KII) methodology, the study was premised on the notion of the influences of C4D techniques (e.g., advocacy and BCC) in facilitating consensus and mitigating conflict in organizational governance as noted by UNDP (2011) and Health Communication Capacity Collaborative (HC3) (2016).

2. Literature Review

2.1 Communication for Development as a Concept

Generally, exchange of information is pivotal for the progress of both humans and organizations. Communication is central to wider development traditions, especially empowerment, which supports people and organizations to make sense of issues in their own way (Moemeka, 1994; UNDP, 2011). Critical as communication practices may be to the development of organizations and societies, Communication for Development (C4D) has been singled out as having empowerment tools that can help spur specific developmental issues within given communities or organizations (Sihna, 2013: The World Bank, 2016). For example, the empowerment role of C4D makes it a vital element in programming efforts aimed at achieving the MDGs and other development priorities (Melkote & Steeves, 2001; UNESCO, 2007).

Cited in UNDP (2011, p. 1), the United Nations defines C4D as follows: "communication for development stresses the need to support two-way communication systems that enable dialogue and that allow communities to speak out, express their aspirations and concerns and participate in the decisions that relate to their development." To show further understanding of the role of C4D in development processes, several other definitions of C4D have been given (UNESCO, 2007). Cited in UNDP (2011, p. 1) The World Bank defines Communication for Development as, "a social process based on dialogue using a broad range of tools and methods. It is also about seeking change at different levels, including listening, building trust, sharing knowledge and skills, strengthening policies, debating and learning for sustained and meaningful change. It is not public relations or corporate communications."

C4D makes a difference to human and human-related organizations development by giving precedence to communication practices that empower people and organizations to have their say on problems and challenges facing them and ho to proffer lasting solutions to them (Melkote & Steeves, 2001). A major feature of C4D that distinguishes it from other forms of communication "its role in empowerment processes" (Das, 2017; Moemeka, 1994, p. 11), a characteristic that, e.g., that makes it an important part of agendas targeted at achieving the

Millennium Development Goals (MDGs) and similar primary development goals equitably and sustainably, especially those related to PHC services both at social and organizational levels (FMOH, 2017; Melkote & Steeves, 2001).

2.2 The Organizational Capacity Assessment Tool Model Approach

Organizational capacity assessment tool (OCAT) is "a tool which can help internal and external evaluators determine how an organization such as is placed compared to a template of 'best practices' for an organization. Such an assessment will allow an organization to identify where it is under-performing and where help is needed" (Breuer Lee, De Silva, & Lund, 2016, p. 63). Given that some characteristics of organizational performance are shared by most organizations (e.g., inept fiscal record system), a single model prototype suitable for every single organization does not exist (Breuer et al., 2016; Judge & Bauld, 2001; Kabo et al., 2018). The components and qualities of a salubrious organization is usually conceived, planned and devised to suit a given country or organization types (such as technical boards, community-based organizations, networks and coalitions) (Reijseger, Peeters, Taris, & Schaufeli, 2017; Van Iddekinge, 2018). Work out

The OCAT is not a 'one size fits all' kind of tool, not a panacea for all problems. It is based on a model put forward as a basis for discussion, a model whose elements need to be interpreted and corroborated (or modified) in each case with the organization under assessment (Judge & Bauld, 2001; Kabo et al., 2018). Experience has shown that the exercise of deciding what an ideal organization should look like is a very important learning exercise for the organization, as important as the subsequent exercise of assessing the organization against the model (Dart & Davies, 2003; Ebenso et al., 2018). OCAT immensely widens the role of conveying vital organizational information, firmly bonds, fuses and invigorates links between the practice of program monitoring, evaluation and reporting and generalizes the monitoring, evaluation and reporting procedure with a participatory outlook (LeMay, 2010; Shapiro, 2007).

2.3 Governance

As noted by Judge and Bauld (2001) and supported by Kabo et al. (2018), in organizational capacity strengthening perspective the term governance

refers to the leadership and direction of an organization. Leadership involves articulating and maintaining a vision and mission for the organization which is shared by the board of directors/trustees or other oversight bodies. The board

provides direction, maintains independent oversight of the management, and ensures that effective strategic planning takes place. (P.21)

Governance has been shown to bring additional professional and technical expertise to an organization by inviting legal, financial and marketing specialists to join it (Breuer et al., 2016; Ebenso et al., 2018).

Effective governance in an organization promotes the participation of board members, staff and stakeholders in all facets of organizational undertakings (Ghaffir et al., 2017; Judge & Bauld, 2001). For example, this can be achieved when board members and communities collaborate with the organizational management and board to enunciate a common future vision, to ascertain the mission which they will use to achieve that organizational vision and to articulate achievable goals (Kabo et al., 2018; USAID, 2012).

2.4 Organizational Workforce

The term workforce, or human resources denotes the entire population of individuals having a work (business) relationship with an organization. Human resources include management, board, members of staff, communities and funders. These are also referred to as stakeholders, who have the required skills, opportunity and motivation to contribute meaningfully to the development of the organization (Kabo et al., 2018; McLaughlin & Jordan, 2015; Powell et al., 2017).

In mature organizations work is assigned to warrant communication, smooth work flow and coordination, members of staff and collaborating communities are allocated tasks relevant to their skills and expertise and prospects to improve skills or acquire new ones are made available because these skills are required in the discharge of the work of the organization (Breuer et al., 2016). The motivation for people to work in an organization is varied – money, a sense of service, the opportunity to utilize given skills and interests, religious calling, social status, security, the prospect of travel, power, opportunities for advancement, or a combination of these (Ebenso et al., 2018; Reijseger et al., 2017; Van Iddekinge, 2018).

2.5 Fiscal Resources

To a large extent, an organization's accomplishments depend on the resources it possesses and how the resources are managed. An efficient organization introduces systems and processes to make budget regularly to sustain fiscal needs and obligations, to record these financial transactions, and to monitor and report on its financial status. Simple mechanisms are

enough for organizing cash disbursements and receipts, for maintaining ledgers and bank accounts, and for meeting payroll, petty cash, transport and procurement needs (Shapiro, 2007; Van Iddekinge, 2018).

Financial systems and procedures are usually incorporated with the strategic and implementation plans of an organization to meet up internal and funders, donors and other development partners requirements (Craig & Allen, 2013). Well planned and managed financial resources enable organizations to produce reports and other information based on the requirements by funders, donors and contributing NGOs. By submitting these reports regularly to independent audits, organization are obliged to demonstrate that they meet these requirements (Ebenso et al., 2018; Powell et al., 2017). Organizations usually prioritize having sufficiently diverse resource bases and longer-term plans for sustainable financial capability (Ebenso et al., 2018; MSH, 2010).

2.6 Partnerships and Resource Mobilization

A mature organization identifies with and reacts properly to the wider contexts in which it operates. These contexts include but not limited to economic, socio-political and ecological (Mirzoev et al., 2012). To develop partnership-based accommodating relationships within the larger setting, organizations usually strive to become known within the relevant groups in a community, set a track record of successes and spread their influence and impact through resource mobilization and partnerships with the authorities, funders, donors and other relevant agencies (Shadish, Cook, & Leviton, 1991). Here comes the junction where the issues of building partnerships with NGOs is relevant (MSH, 2010).

A successful organization strengthens its relationship with the NGO sector without compromizing its integrity and independence. Organizations in collaboration with NGOs participate in advocacy partnerships to influence policy through legislation and national and regional planning for the development of the whole community (Ebenso et al., 2018; Riggio, 2013).

2.7 Sustainability

The term sustainability denotes the capability of a program or project to be run continuously to provide long-term benefits of the purposes for which it was established (Craig & Allen 2013). In organizations sustainability is realized when substantial mechanisms are instituted to maintain the components of organizational development (Mirzoev et al., 2016).

Sustainability of a program or activity occurs when the partners and other stakeholders involved identify the importance and value of services and perceive a consciousness of ownership. Sustainability is palpably achieved when a given program can last and endure due to beneficiaries' behavior change, or when local institutions have been designated to offer enduring and long-lasting services and support, thus paving the way for the organization to build a phasing-out strategy (Riggio, 2013; Wieczorek, 2018). governance, management practices, human resources, financial resources, service delivery and external relations

Organizational sustainability is hinged on a common vision, mission and expertise, which enable the organization to interact with NGOs and civil society partners. This is usually achieved when an organization belongs to networks, takes part fully and equally with other stakeholders in the development process and shares information with the networks. These undertakings provide support to invigorate the NGO sector and the sustainability of individual organizations (Silvestri et al., 2018; The World Bank, 2017).

3. Methods

3.1 Participants, Procedures and Data Analysis

The participants (key informants) were five management personnel of YSPHCMB whose ages ranged between 45 and 56 years. Taking from the role they play in the organization's governance and administration, the participants were purposively selected from the organization's five departments, namely human resource, budget and financing, planning and coordination, primary health care management and resource mobilization. The selection was based on the participant's rank and department, i.e., he/she must be a management personnel and his/her department must be actively involved in the administration and governance of PHC activities related to any of the indicators outlined under 'development of the question guide' subsection below. To ensure anonymity and to facilitate smoother data analysis, each participant was assigned a code name (see Lindlof & Taylor, 2002).

The original data that was analyzed in this study was captured from five sessions of the key informant interview (KII) on 27 September 2018. KII methodology was chosen because key informants reveal information from organizational insiders, or stakeholders, i.e., management staff members responsible for policy making and crafting messages and community opinion leaders (Lindlof & Taylor, 2002). The data analysis was performed using the OCAT and critical discourse analysis (CDA) perspective. The OCAT was adopted with modifications from

Organizational Capacity Assessment Handbook, PACT Ethiopia Program and Sustainable Development Service Projects, Second Creating Change Strategies for Sustainable Development Workshop, January 14-17, 1997 by the initiatives Project/JSI Research and Training Institute (see USAID & MSH, 2013 September). CDA is primarily interested and motivated by pressing social issues which can be understood through discourse analysis (van Dijk, 1993). The interviews were recorded by a note taker and a voice recorder and were then transcribed into text and analyzed. To answer the research questions (mentioned in the introduction section), a semi-structured question guide (see Kareithi & Reichert, 2012; Lindlof & Taylor, 2002) was used.

4. Results and Discussion

4.1 Results

Because a large volume of information was provided by the key informants (KIs) during the interviews, only a summary of the key critical responses for each KI was presented and analyzed.

4.1.1 Key Informant KI-4.P.8.3

This key informant (KI) was asked about the relationships between the mission and vision of YSPHCMB and its and statuary functions and responsibilities of enhancing PHC services using C4D tools and techniques; his responses are summarized below:

There are official documents containing the rules and regulations guiding the Board. There is a great deal of coordination in the way we run this organization, especially, PHC service provision to our communities capitalizing on C4D persuasive techniques BCC and dialoguing.... Whenever we have challenges, we engage the state technical team and partners [NGOs].

The KI was asked regarding the impacts of organizational capacity strengthening on the overall performance of YSPHCMB based on C4D techniques and his responses are summarized below:

With the capacity strengthening support YSPHCMB gets from the NGOs, we can achieve successes from 2009 to date. Because prior to the coming of support from the NGOs, it wasn't like it is now. Now there is strengthened coordination in the way we run this organization. The state technical team engages partners to

discuss challenges identified and proffer solutions to them in the best technical way.

The KI was asked about the influence of the capacity strengthening indicators in YSPHCMB's contribution towards improving PHC in the state and partnerships based on the application of C4D techniques and tools. He responded, saying:

Before now, the indicators were not as improved as now. With the superb persuasive advocacy and BCC techniques we professionally apply to rural community PHC administration for enhanced service delivery in routine immunization, reduction of new-born child and maternal mortality, reduction of HIV/AIDs rates, huge successes have been recorded over the period of 10 years. For example, there is a tripartite agreement with the State Government and copartners namely, the Bill and Melinda Gates and Dangote Foundations, which make resources available round the clock for improving PHC services administration and delivery using C4D techniques. Whatever plan, project or activity we execute, we do it in the best way supported by the NGOs.

The KI was asked about the impact of C4D in the demand and supply in urban versus rural community health services. His responses are as follows:

We have a national PHC guideline plan. We have identified 178 wards in this state, with each having a functional health facility working 24/7, which serves as referral centre. Any maternal and child health care issue that comes up there is a network of health facilities that can be accessed by both rural and urban communities. In all these, we use C4D techniques, advocacy and BCC, which we learned courtesy of the NGOs.

The KI was asked about the impact of gender equality issues in human resource development and management in YSPHCMB, and he responded, saying:

The shortage of educated female human resource in the entire state has contributed toward the low women participation in PHC management services. Nonetheless, several women personnel that are currently employed work in various capacities, especially in female reproductive health services. This issue of gender equality in PHC management is now beyond our capability. For example, there was a time we advertized a senior management post slated for women

applicants, only two women in the whole of the state applied, and, unfortunately, they were not qualified. Salaries, benefits are well paid, regularly as and when due. We are confident that our partnering NGOs will support the government in closing this social capital gap by advocating female child education and women empowerment because they are some of the main beneficiaries and targets of PHC services.

The KI was asked about the impacts of sustainability of enhanced PHC services administration and PHC services delivery in the state with the support of the use of C4D techniques and tools; his responses are as follows:

I can confidently tell you that with the kind of excellent capacity-strengthening trainings we receive from our partnering NGOs, we [YSPHCMB] are not afraid of project or activity or program failure now. We regularly conduct monthly validation exercise, month technical meetings, PHC meetings quarterly, and we prioritize the application of C4D techniques and tools in all our activities, and we are achieving good results. But our biggest concerns are sustainability and the state's political-will to leverage resources promptly and sufficiently. When some of our partnering NGOs fold up, we fear negative consequences especially in the mid- to long-run periods.

4.1.2 Key Informant KI-4.F.&.2

This KI was asked about the impacts of financial management on the adoption of C4D techniques and tools in PHC services in the state and this is what he says:

With the capacity strengthening support we receive from our partners, we face no problem in the management of our finances; everything is going on smoothly and regularly as planned. But our biggest problem is with non-timely release of fund by the state and sometimes, sudden notification of a project but delayed counterpart funding release. This is very serious. This can negatively affect our community mobilization teams and their ability to achieve targeted results in terms of persuasion using advocacy and BCC techniques.

The KI was asked about the challenges and constraints of the application of C4D techniques and tools in PHC services in the state; his responses are summarized below:

Despite highlighting some of the problems/challenges we [YSPHCMB] face, especially in budgeting and financing, I believe, many of the challenges are from us, the personnel. Can you imagine even the national body of PHC often gives us short notices and deadlines for some projects or activities! Sometimes our key community mobilizers who can speak two or more local languages would not turn up for critical project requiring the use of C4D techniques. This can seriously undermine the development of PHC services especially in rural communities. But I can confidently tell you again and again that our supporting NGOs have never failed us in all we do, only we (the PHC body in the state and national body) fail ourselves.

4.1.3 Key Informant KI-4.8.R.D

This KI was asked questions regarding the impacts of human resource performance and plan review in on the use of C4D techniques in PHC service delivery. He responded, saying:

With the superb capacity building we get from our partnering NGOs, most of our staff members are punctual. Erring staff members are warned and punished though, based on the extant civil service rules, and that has improved their performance. It is a known fact that in any organization there are effective personnel. We have put in place a strong machinery for supervision and inspection of our personnel and we are getting excellent results in our PHC services administration and delivery. Advocacy and BCC techniques are the backbone of all our services. Courtesy of the NGOs, we are always improving our C4D techniques and tools based on the dynamism of society and technological developments.

The KI was asked about the impact of staff training in service delivery in PHC services by YSPHCMB, and he responded as follows:

Everything is going on well except that sometimes the Director of Human Resource Management is ignored when it involves recruitment/training.... Our sources for training fund are three: (1) from the Central Government, (2) overhead costs, and (3) collaboration with NGOs. We have no problem whatsoever with number 3. Our NGOs never fail us. The State Government needs

to provide counterpart funding timely and sufficiently to enable seamless PHC services development.

4.1.4 Key Informant KI-4.P.12.N

This KI was asked questions regarding organizational data management in relation to planning. Below are summaries of some of his key responses:

Yes, our staff have been well trained on data management. The NGOs have been very supportive to us [YSPHCMB]. Data are collected and processed based on a random selection from across all the health facilities in this state. We ensure safe keeping of all our data and records.

The KI was asked to identify the major constraints YSPHCMB faces, and he responded, saying:

Delayed release of funds is our major problem. Since January till September [2018] we [YSPHCMB] have experienced delayed capital release from the State Government. The problems can be seen from two angles: (1) delayed fund release by the federal Government and (2) the economic recession. Partners [NGOs] are key and critical to our [YSPHCMB] survival. But they don't provide funds, they only support you to conduct your activities effectively. Since 2009, NGOs have been supporting us [YSPHCMB] in terms of renovation of facilities, donation of medical equipment; and these have contributed toward enhanced PHC services administration and delivery in the state. Another critical challenge erroneous data processing and management by some staff of some health facilities. Furthermore, we need more capacity building in monitoring and evaluation. We believe, the NGOs would tackle these problems.

Finally, all the five KIs were asked about the state of C4D in YSPHCMB with respect to the capacity-strengthening support the organization received from NGOs. Their responses were summarized below:

Because Yobe is a rural state, more than 90% of the PHC program involves the rural populace. And, most of the rural people are illiterate and conservative. So, for enhanced PHC services administration and delivery, communication is very vital. But not all types of communication can be relevant here. I'm referring to the use of communication for development techniques, advocacy and BCC. We use both advocacy communication and BCC at the Board and community levels to

engage with key stakeholders with the aim of persuading the populace to accept positive behavior changes for healthy living. Therefore, more than ever before, YSPHCMB needs more support in this aspect because rural people's behavior is a complex phenomenon to control, and new ways of achieving lofty successes with relatively fewer inputs are increasingly evolving nowadays. But, generally, with the invaluable support by our partners [NGOs], we have achieved tremendous successes.

4.1.5 Key informant KI-18.M.

This participant was asked about capacity strengthening support in respect of resource mobilization (partnership with donor and support organizations) and his responses are summarized below.

Proper administration and governance of PHC services are a resource-intensive task. So, you see this is a huge task that requires vast amounts of resources, whether human resources or capital resources to accomplish our goals. When I say resources in this context, I mean stakeholders, donor organizations, non-governmental funders and supporters. Because neither the State Government [who is the statutorily the primary funder of the organization] nor the YSPHCMB itself can take all the responsibilities involved in resource mobilization alone. So, we heavily count on our capability to engage external partners to bring us support whether capacity strengthening, donations to smoothening our primary job of enhanced PHC services administration and delivery. In fact, our external partners are our de facto funders while the state [State and Federal Governments] are our de jure funders. This is because our partners have never failed us except if we failed ourselves. But the Government is always behaving lackadaisically toward managing PHC services not only in this state but the whole nation. so, our partnership is our major strength.

4.2 Discussion

The KIs' responses regarding the impacts of organizational capacity strengthening on C4D use for enhanced PHC services administration within the following dimensions: governance, planning, budgeting, partnerships and primary health care (PHC) service delivery are discussed in the paragraphs that follow.

Unanimously, all the repondents clearly showed that over the past one decade during which YSPHCMB partners with some local NGOs for organizational capacity strengthening, remarkable improvements have been achieved in the overall operations of the organization in the realms of governance, planning, resource mobilization, coordination, staff capacity strengthening and training, PHC services, proper utilization of C4D techniques and tools and partnerships infrastructure and human resources indicators. These results suggest the existence of a salient association between the NGO-supported organizational capacity strengthening with respect to those dimensions and the utilization of C4D techniques for enhancement of PHC services administration. Past studies such as Das (2018), Ichplani, Kumar, and Mayberry (2018), Gurman et al. (2018) and Van Iddekinge (2018) have reported similar findings and provided further understanding about the impacting influences of organizational strengthening on policy management and service delivery.

However, budget and finance dimension appeared to have lesser impacts. The administration of PHC services was rated high except when it was linked with financing/funding, which statutorily is the primary responsibility of the Government. In fact, budgeting and financing (funding) was often rated low due to procrastinated disbursement, or sometimes absolute non-release of counterpart funds by the Government.

The data indicate that all the key informants expressed utmost confidence in the sustainability of all NGO-supported organizational capacity strengthening interventions whilst the partnering NGOs continue providing the support. This is what we call *pro-tempore* sustainability. Most of the important also believed that sustainability could be achieved even in the short-run times after an NGO program expires. However, long-run times sustainability after an NGO program expires appeared to be perceived with extremely low confidence by all the key informants unanimously, something that is capable of leading to potential sustainability crisis in the event of closure of NGO support programs. For example, it was rumoured that one of the main partnering NGOs of YSPHCMB, MNCH2 was folding up sometime in 2019. This insinuation has created a lot of tension within the rank and file of the organization, with most of them expressing serious concern about the possibility of their capacity-strengthened organization slipping back to its former state of inefficiencies and ineffectiveness sooner or later prior to the current intervention by the NGOs.

Furthermore, the NGOs and both local and international donor organizations have tremendously contributed toward not only strengthening the capacity of YSPHCMB but also fortifying and putting in place mechanism that will preserve it for future generations (at least, in the mid-run) to benefit. Generally, all the indicators were rated excellently well by the all the key informants except for funding indicator as mentioned earlier. The state's commitment toward prompt and enough funding of PHC services administration projects has been "below average" as Key Informant K-I.4.P.8.3 lamented. Hence, according to all the key informants, most of the lapses are attributed to the state (State and/or Federal Governments), with none linked to the partnering NGOs. These findings suggest a strong correlation between enhanced PHC services administration (mediated by C4D techniques use) and organizational capacity strengthening support provided by the NGOs if there is a corresponding commitment by both the Government and the NGOs. However, the correlation could be weak if either only the Government or NGOs is committed.

Therefore, as far as YSPHCMB is concerned, the NGOs have been its biggest supporters. However, given that YSPHCMB has been endowed with a wealth of resource mobilization capability (i.e., external partners and donors), the degree of the perceived *post-tempore* sustainability crisis (i.e., likelihood of sustainability crisis occurring after the expiration of an NGO's intervention program) is however, mitigated. Yet, without the commitment and support of the NGOs, the state's lackadaisical attitude toward discharging many of its critical responsibilities such as timely release of counterpart funding, advocacy communication, BCC, RI, resource mobilization and service delivery would have been worsened.

The KII data also highlighted significantly the importance of human resource development (e.g., staff training and capacity-strengthening workshops, etc.). All the participants regarded human resource development as a continuous activity that needs to be carried out every so often, especially in order to catch up with the dynamic technological advancements. A further analysis of the data indicated that human resource development (capacity-strengthening/training workshops, etc.) is one of the critical factors capable of guaranteeing sustainability of C4D techniques use in the enhancement of PHC services administration. The NGOs can consider utilizing the human resource development tools in their possession sagaciously to increase the chances of the sustainability of their capacity-strengthening support in YSPHCMB.

From the analysis in the previous paragraphs, the following propositions were made:

- P1: The utilization of C4D techniques will directly and significantly influence PHC services administration.
- **P2:** (i) Mediated by the utilization of C4D techniques, NGO-supported organizational capacity strengthening in respect of each of organizational planning, human resource, resource mobilization and PHC services management will significantly influence PHC services administration; (ii) while budgeting and financing will weakly influence PHC services administration.
- **P3:** Budgeting and financing will influence PHC services administration in both direct and mediated contexts.
- **P4:** (i) With either NGO or Government support, Budgeting and financing will weakly influence PHC services administration; (ii) with both NGO and Government support, budgeting and financing will significantly influence PHC services administration.
- **P5:** perceived sustainability crisis and government political-will will moderate the relationships.

Taking from these propositions, this conceptual framework was proposed (see Figure 1).

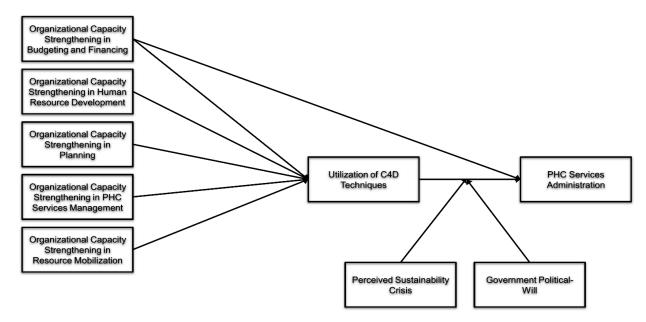


Figure 1: Proposed Conceptual Framework for Organizational Capacity Strengthening Factors Influencing the Utilization of C4D Techniques in PHC Services Administration

5. Conclusion

Sustainability of the developmental capacity-strengthening support provided by the NGOs to YSPHCMB has been one key factor that donors, funders and the NGOs themselves need to consider critically. The perceived lack of sustainability, or perceived sustainability crisis appeared to undermine the progress achieved. The negative influences of the perceived sustainability crisis appear to occur during the *post-tempore* times, especially during the mid- to long-run times. C4D techniques, especially advocacy and behavior-change communication (BCC) have contributed immensely toward enhanced PHC services administration, and by extension, community-based PHC service delivery, with lesser impacts among urban population though. Hence, concerted effort should be made by all stakeholders to address these issues.

To mitigate the perceived sustainability crisis surrounding the anticipated closure of key partnering in 2019 or not much longer, it is recommended that electronic communication for development (e-C4D) should be adopted especially in the areas of RI in hard-to-reach, remote rural communities during emergencies or epidemics. Concisely, e-C4D can be employed using mobile phones and GSM services a digital system should be designed which will broadcast audio short-message-service (SMS) in local languages to key members of targeted communities, such as heads of household, village heads, word heads, opinion leaders, etc.

5.1 Recommendations for Future Research

This paper explores the critical factors influencing the utilization of C4D techniques in the provision of enhanced PHC services administration in YSPHCMB using a case study qualitative approach. The data generated during the in-depth interviews with the key informants have yielded interesting results in respect of YSPHCMB. Given the case study approach adopted, the results may not be generated over similar organizations. However, the rich data have generated in-depth critical analysis of issues that led to outlining several propositions which yielded a conceptual framework (refer to Figure 1). Future research should test this conceptual framework using a quantitative approach with larger samples with a view to yield data that can be generalized. Additionally, future research should explore the differences of the impact of each of the two C4D techniques, advocacy and BBC on PHC services administration.

References

- Breuer, E., Lee, L., De Silva, M., & Lund, C. (2016). Using theory of change to design and evaluate public health interventions: A systematic review. *Implementation Science*, 11(63), 1-17. https://doi.org/10.1186/s13012-016-0422-6
- Chibuzor, O. (2018, November 30). Yobe proposes N91.6bn budget for 2019. *ThisDay*. Retrieved from https://www.thisdaylive.com/index.php/2018/11/30/yobe-proposes-n91-6bn-budget-for-2019/?amp
- Craig, A. C. & Allen, W. M. (2013). Sustainability information sources: Employee knowledge, perceptions and learning. *Journal of Communication Management*, *17*(4), 292-307. https://doi.org/10.1108/JCOM-05-2012-0035
- Creswell, J. W. & Poth, C. N. (2017). *Qualitative inquiry and research design: Choosing among five approaches*. New Delhi: Sage Publications, p. 59.
- Dart, J. & Davies, R. (2003). A dialogical, story-based evaluation tool: The most significant change technique. *The American Journal of Evaluation*, 24(2), 137-155. https://doi.org/10.1177/109821400302400202
- Das, M. K. (2018). Visibility and scope for information and communication functions in India's development sector. *Journal of Development Communication*, 29(2), 27-38.
- Das, M. K. (2017). Prioritizing communication in development initiatives: The missing link between theory and practice in India's development sector. *The Journal of Development Communication*, 28 (1-2), 12-22.
- Ebenso, B., Manzano, A., Uzochukwu, B., Etiaba, E., Huss, R., Ensor, T., et al. (2018). Dealing with context in logic model development: Reflections from a realist evaluation of a community health worker program in Nigeria. *Evaluation and Program Planning*, 73(2019), 97-110. https://doi.org/10.1016/j.evalprogplan.2018.12.002
- Ebenso, B., Manzano, A., Uzochukwu, B., Huss, R., Etiaba, E., Ensor, T., et al. (2015). Research methodology. REVAMP project: Determinants of effectiveness and sustainability of a novel community health workers program in improving mother and child health in Nigeria. Leeds, UK: University of Leeds unpublished.
- FMOH (2017). *National health facility survey 2016 final report*. Federal Ministry of Health Report, May 2017, Abuja, Nigeria, p. 33, 99.

- Ghaffar, A., Langlois, E. V., Rasanathan, K., Peterson, S., Adedokun, L., & Tran, N. T. (2017). Strengthening health systems through embedded research. *Bulletin of the World Health Organization*, 95(7), 87. https://doi.org/10.2471/BLT.16.189126
- Gurman, T. A., Awatang, G., & Leslie, L. T. (2018). Evaluating capacity strengthening for social and behavior change communication through outcome harvesting: Insights from Ethiopia, Bangladesh and Liberia. *Journal of Development Communication*, 29(2), 1-16.
- Health Communication Capacity Collaborative (HC3). (2016). The SBCC Capacity

 EcosystemTM: A model for social and behavior change communication capacity

 strengthening. Retrieved from

 https://healthcommcapacity.org/wpcontent/uploads/2016/07/CapacityEcosystem-Public6-13.pdf
- Ichplani, P., Kumar, A., & Mayberry, J. (2018). Engaging rural communities in communication processes: Lessons from video volunteers' India unheard program. *Journal of Development Communication*, 29(2), 39-55.
- Judge, K., & Bauld, L. (2001). Strong theory, flexible methods: Evaluating complex community-based initiatives. *Critical Public Health*, 11(1), 19-38.
 https://doi.org/10.1080/09581590010028237
- Kabo, I., Orobaton, N., Abdulkarim, M., Otolorin, E., Akomolafe, T., Abegunde, D., et al. (2018). Strengthening and monitoring health system's capacity to improve availability, utilization and quality of emergency obstetric care in Northern Nigeria. *PLoS ONE*, *14*(2), e0211858. https://doi.org/10.1371/journal.pone.0211858
- Kareithi R. & Reichert K. (2012). Report on validating and weighting the BLC organizational capacity assessment tool. MSH, BLC Project, Pretoria, South Africa.
- LeMay, N. (2010). Managing information: Monitoring and evaluation (Chapter 8). In *Health* systems in Action: An E-Handbook for Leaders and Managers. Cambridge, USA: Management Sciences for Health.
- Lindlof, T. R., & Taylor, B. C. (2002). *Qualitative communication research methods*, Thousand Oaks, CA: Sage.
- McLaughlin, J. A., & Jordan, G. B. (2015). Using logic models. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (Eds.), *Handbook of practical program evaluation* (4th ed.) (pp. 62–87). New Jersey: Wiley. https://doi.org/10.1002/9781119171386.ch3

- Melkote, S. & Steeves, H. L. (2001), Communication for development in the Third World:

 Theory and practice for empowerment, New Delhi: Sage Publications.

 https://doi.org/10.4135/9788132113751
- Moemeka, A. A. (1994). Development communication: A historical and conceptual overview. In A. A. Moemeka (Ed.), *Communication for development: A new pan-disciplinary perspective* (pp. 3-22). Albany, N.Y: State University of New York Press.
- Mirzoev, T., Etiaba, E., Ebenso, B., Uzochukwu, B., Manzano, A., Onwujekwe, O., et al. (2016). Study protocol: Realist evaluation of effectiveness and sustainability of a community health workers program in improving maternal and child health in Nigeria. *Implementation Science*, 11(83), 1-11. https://doi.org/10.1186/s13012-016-0443-1
- Mirzoev, T., Omar, M., Green, A., Bird, P., Lund, C., Ofori-Atta, A., et al. (2012). Research-policy partnerships Experiences of the mental health and poverty project in Ghana, South Africa, Uganda and Zambia. *Health Research Policy and Systems*, *10*(30), 1-14. Retrieved from http://www.health-policy-systems.com/content/10/1/30
- MSH (2010). Challenges encountered in capacity building: Review of literature and selected tools. Position Paper No 10, April 2010. Retrieved from http://www.msh.org/resourcecenter/publications/challenges-encountered-in-capacity-building.cfm
- Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., et al. (2017). Methods to improve the selection and tailoring of implementation strategies. *The Journal of Behavioral Health Services & Research*, 44(2), 177-194. https://doi.org/10.1007/s11414-015-9475-6
- Reijseger, G., Peeters, M. C. W., Taris, T. W., & Schaufeli, W. B. (2017). From motivation to activation: Why engaged workers are better performers. *Journal of Business Psychology* 32, 117-130. https://doi.org/10.1007/s10869-016-9435-z
- Riggio, R. E. (2013). *Introduction to industrial/organizational psychology* (6th Ed.), New York: Pearson Education, Inc.
- Shadish, W. R., Cook, T. D., & Leviton, L. C. (1991). Foundations of program evaluation: Theories of practice. Newbury Park, CA: Sage Publications.
- Shapiro, J. (2007). *Monitoring and evaluation*. Civicus: Johannesburg/Washington.

- Silvestri, G., Wittmayer, J. M., Schipper, K., Kulabako, K., Oduro-Kwarteng, S., Nyenje, et al. (2018). Transition management for improving the sustainability of WASH services in informal settlements in Sub-Saharan Africa: An exploration. *Sustainability*, *10*(4052). 1-19. https://doi.org/10.3390/su10114052
- Sinha, D. (2013). Development communication: Contexts for the twenty-first century. Hyderabad: Orient Blackswan Private Limited.
- The World Bank (2017). *Service delivery indicators*. Retrieved from http://www.givewell.org/service-delivery-indicators/March-2015-update#SDIs_progress
- The World Bank (2016). *Birth and death rates, crude (per 1,000 people): Overview per country*.

 Retrieved from
 http://data.worldbank.org/indicator/SP.DYN.CBRT.IN?end=2014&start=1961
- UNDP (2011). Communication for development: Strengthening the effectiveness of the United Nations. New York, NY: UNDP, p. 1. Retrieved from https://www.undp.org/governance
- UNESCO (2007). Towards a common UN system Approach: The role of communication for development in achieving the MDGs. UNESCO Background Paper for 10th Inter-Agency Round Table on Communication for Development Round Table. In *Towards a common UN System Approach: Harnessing Communication to Achieve the Millennium Development Goals*, Paris: UNESCO/UNDP.
- UNFPA (2015). Facility assessment for reproductive health commodities and services in Nigeria: 2014 survey report. Abuja: UNFPA.
- USAID (2012). Country ownership and organizational capacity building: Beyond principles to practices. Arlington: Prentice-Hill.
- USAID & MSH (2013 September). Building local capacity for delivery of HIV services in Southern Africa project: BLC organizational capacity assessment tool user guide. Washington DC: United States Agency for International Development and Management Sciences for Health.
- Van Dijk, T. A. (1993). Principles of critical discourse analysis. *Discourse and Society*, 4(2), 249-283. https://doi.org/10.1177/0957926593004002006
- Vanguard (2016, December 2). Only 4% of Nigerians covered by NHIS. *Vanguard*. Reprieved from http://www.vanguardngr.com/2016/12/4-nigerians-covered-nhis/

- Van Iddekinge, C. H. (2018). A meta-analysis of the interactive, additive and relative effects of cognitive ability and motivation on performance. *Journal of Management*, 44(1), 249-279. https://doi.org/10.1177/0149206317702220
- Wieczorek, A. (2018). Sustainability transitions in developing countries: Major insights and their implications for research and policy. *Environ. Sci. Policy*, 84, 204-216. https://doi.org/10.1016/j.envsci.2017.08.008
- YSMOH (2014). Yobe State Government health sector: Medium term sector strategy (rollover 2015-2017). Yobe State Ministry of Health report, October, Damaturu, Yobe State, Nigeria, p. 10.