SUMMARY OF ABSTRACT

1. **Title of the research: Process Evaluation of the Implementation of the Basic Health Care Provision Fund (BHCPF) Programme in Ondo State: A Rural-Urban Comparative Study.**
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7. **Abstract:**

ABSTRACT

Background: The Basic Health Care Provision Fund (BHCPF) was established in Nigeria to strengthen primary health care (PHC) and advance universal health coverage. Despite national rollout, evidence on its implementation across rural and urban contexts is limited. This study conducted a rural–urban comparative process evaluation in Ondo State, assessing implementation fidelity, client satisfaction, community engagement via Ward Development Committees (WDCs), and contextual facilitators and barriers.

Materials and Methods: Using a mixed-methods design, quantitative data were collected from 84 BHCPF-supported PHC facilities (48 rural, 36 urban) using structured checklists, and client satisfaction from 600 exit interviews (300 rural, 300 urban). Facilities were selected via multistage sampling, clients through systematic sampling, and analyses were conducted with SPSS v27. Qualitative data included 14 key informant interviews (12 Medical Officers of Health, 2 BHCPF programme managers) and 60 in-depth interviews (30 PHC managers, 30 WDC chairpersons), purposively selected and analyzed thematically using NVivo 12. Triangulation

strengthened validity, and ethical approval was obtained from the UNIMED Health Research Ethics Committee.

Results: Implementation fidelity averaged 73% (rural 70%, urban 76%; $p = 0.484$). Full compliance (100%) occurred in staff training, business plan development, WDC constitution, NHIA funding regularity, routine data reporting, financial records, auditing, and timely reporting. Moderate compliance was noted in essential drug availability (55% vs. 43%, $p = 0.229$), staffing adequacy (42% vs. 57%, $p = 0.273$), laboratory services (64% vs. 97%, $p < 0.001$), basic equipment (62% vs. 89%, $p = 0.004$), service coverage (77% vs. 94%, $p = 0.021$), supportive supervision (67% vs. 83%, $p = 0.080$), and functional referral systems (52% vs. 64%, $p = 0.283$). Low compliance persisted in NHIA (23% vs. 19%, $p = 0.762$) and NPHCDA (19% vs. 17%, $p = 0.864$) funding adequacy, with NPHCDA funding regularity at 0%. Urban PHCs outperformed rural sites in laboratory services, equipment, and service coverage, while administrative and financial domains were consistently strong. Client satisfaction was high (86.4%; rural 85.7%, urban 87%; $p = 0.555$). Rural clients valued accessibility, affordability, and familiarity; urban clients emphasized staff competence. Significant rural–urban differences were observed only in waiting time (78.6% vs. 68.1%, $p = 0.04$) and perceived staff competence (63.2% vs. 82.6%, $p = 0.013$). WDC engagement was universal, with rural committees prioritizing mobilization and advocacy, and urban committees focusing on planning and financial oversight. Contextual facilitators included policy support, financial autonomy, community trust, and strong WDC leadership, while barriers comprised human resource shortages, delayed fund disbursement, supply chain inefficiencies, infrastructure deficits, high patient load, and administrative bottlenecks, affecting rural and urban PHCs differently.

Conclusion: BHCPF implementation in Ondo State was generally effective, with full compliance in administrative and financial domains, moderate compliance in service delivery, high client satisfaction, and universal WDC engagement. Rural PHCs faced structural limitations in staffing, laboratory capacity, and equipment, whereas urban PHCs benefited from strong management and staff competence but faced high patient loads. Strengthening WDC functionality, context-sensitive resource allocation, streamlined urban operations, timely fund disbursement, and adaptive management are recommended to optimize PHC performance and advance universal health coverage.

Keywords: Basic Health Care Provision Fund, Implementation Fidelity, Client Satisfaction, Community Engagement, Rural–Urban Disparities

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