

Right Recruiting, Better Outcomes: Enhancing Ward Development Committees' Performance in Primary Health Care Facility Management

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Abstract: Ward Development Committee is a community-based citizens' representative group that aims to promote community participation and ownership in PHC system, these committees are meant to serve as a vital link between communities and health facilities by identifying health and social needs, mobilizing local resources, and ensuring accountability in service delivery, however, there are concerns about their recruitment processes. Hence, this study examined influence of recruitment on the performance of WDCs' in PHC facility management in Southwest, Nigeria. Arnstein's typology of citizen participation theory was adopted. Arnstein explored and explained the citizens' participation & decision-making power. A descriptive survey research design was employed, utilizing quantitative research methods including surveys and in-depth interviews. Population includes 3415 WDC Members; 683 Officers In-charge; 63 Medical Officers of Health. Multi-stage sampling procedures was used to select samples. While an adapted questionnaire was used to collect data. Data were analyzed and presented through descriptive and inferential statistics such as frequency, percentage, mean, standard deviation, correlation, multiple regression analysis at a significance level of $P = 0.05$. The result showed that there is significant influence of recruitment, with a weighted mean of 2.28 and a standard deviation of 0.98, the data underscores need for greater transparency and de-politicization of recruitment processes on WDCs, recruitment had a Beta coefficient of 0.592, t-value of 12.786, and p-value of 0.000, indicating a strong positive influence. The findings underscored an important point which was the detrimental effect of political interference in the recruitment process of WDC members. The study concluded and strongly recommended for adherence to provisions as stated in the National guidelines for the development of PHC System in Nigeria that ensured a merit-based recruitment process with qualified, competent, and community-endorsed individuals, inclusive of traditional leaders and health workers inputs.

Keywords: Recruitment, Influence, Enhancing, Performance, Community Participation.

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I. INTRODUCTION

➤ Background of the Study

Primary Health Care (PHC) remains the foundation of Nigeria's health system, particularly in rural and underserved areas where access to tertiary and secondary health services is limited. To enhance community participation and promote local ownership of primary health care system, the Nigerian government, through the National Primary Health Care Development Agency (NPHCDA), established the Ward Development Committees (WDCs)¹. These committees are meant to serve as a vital link between communities and health facilities by identifying health needs, mobilizing local resources, and ensuring accountability in service delivery¹.

However, the functional effectiveness of WDCs largely depends on how their members are recruited.

The NPHCDA provides clear guidelines stipulating that WDCs should be made up of individuals representing diverse segments of the community, including women, youths, religious and traditional leaders, and civil society organizations^{1,2}. Members are expected to be selected based on their commitment to community service, leadership qualities, and understanding of health issues^{1,2}. The recruitment process is therefore intended to be democratic, transparent, and community-driven¹. Unfortunately, research has shown that actual recruitment practices often deviate from these ideals³.

Several recent studies have documented irregularities in the recruitment of WDC members in various regions of Nigeria³. In a multi-state study, it was found that political interference, favoritism, and lack of community consultation were common features of the recruitment process³. As a result, individuals without the requisite knowledge or passion for community health were appointed, undermining the committee's capacity to function effectively³. Similarly, another study observed that in many LGAs in Southwest Nigeria, selection processes were dominated by elites who prioritized personal interests over community needs⁴.

The implication of these flawed recruitment practices is that many WDCs are composed of members who are either passive, unmotivated, or ill-informed about their roles and responsibilities. A recent survey in Oyo and Osun States revealed that only about 38% of WDC members had adequate knowledge of their functions prior to receiving formal training⁵. Without proper recruitment mechanisms, WDCs lack the capacity to mobilize community participation, monitor PHC facility operations, and hold service providers accountable⁵.

The functional effectiveness of WDCs includes their ability to facilitate health education, advocate for improved service delivery, oversee the allocation of PHC resources, and mobilize community support for immunization campaigns and maternal health initiatives⁶. When recruitment is poorly handled, these functions are compromised. For instance, a report by Breakthrough ACTION highlighted that several WDCs across Southwest Nigeria had become inactive due to poor leadership and internal conflicts stemming from non-transparent recruitment processes⁷.

Furthermore, ineffective WDCs contribute to persistent challenges in the PHC system such as low service utilization, poor health outcomes, and weak accountability structures. These challenges are especially critical in the Southwest geopolitical zone, where disparities in health service access and quality remain a concern despite being one of the more developed regions in Nigeria⁸. Strengthening WDC recruitment is therefore a strategic entry point for improving PHC performance and community engagement in health governance.

Recent global health policy discussions also emphasize the importance of community participation in achieving Universal Health Coverage⁹. World Health Organization emphasised on, empowering local health governance structures like WDCs is essential for delivering people-centered health care and promoting accountability⁹. As such, examining and reforming the recruitment practices of WDCs aligns with global and national health priorities⁹.

This study is thus situated within the broader context of health systems strengthening and the pursuit of enhanced community participation in PHC Systems. By investigating how recruitment practices affect the functionality of WDCs in Southwest Nigeria, the study seeks to provide empirical evidence that can guide policy revision and practical reforms. Ultimately, ensuring that WDCs are properly recruited,

competent, motivated and community-endorsed individuals, which is a key area of focus towards proper community participation in PHC systems revitalizing, improving health outcomes in Nigeria and by extension achieving Universal Health Coverage 2030.

➤ *Statement of the Problem*

The inability of ward development committee members to carry out their roles and responsibilities, in the provision of their managerial supports to primary health care facilities across southwest, Nigeria, and may contribute to increase in the number of community health challenges. This aligns with the findings of a study that revealed that only about 38% of WDC members had adequate knowledge of their roles and responsibilities and that WDCs lack the capacity to mobilize community participation, monitor PHC facility operations, and hold service providers accountable⁵. Some studies have been done around roles, challenges, determinants of non-functionalities of ward development committees. However, none have considered the ward development committees recruitment and its influence on their performance. Hence, this study shall investigate influence of recruitment and Onboarding training on ward development committees' performance in Primary Health Care Facility Management in Southwest, Nigeria

➤ *Aim and Objectives of the Study*

This study aim is to investigate influence of recruitment on ward development committees' performance in Primary Health Care Facility Management in Southwest, Nigeria. The objectives were to:

- determine the recruitment process of ward development committee' members and the source of their nominations and status of their residence in primary health care facilities management in Southwest, Nigeria.
- determine the relative influence of recruitment on ward development committees' performance in Primary Health Care Facility Management in Southwest, Nigeria.

➤ *Research Question*

This study was guided by the following research questions:

- What are the recruitment processes of ward development committee' members in Primary Health Care Facility Management in Southwest, Nigeria?

➤ *Hypothesis*

- *H₀₁:*

There will be no significant relative influence of recruitment and onboarding training on ward development committees' performance in Primary Health Care Facility Management in Southwest, Nigeria

II. LITERATURE REVIEW

➤ *Ward Development Committees*

Ward development committee is a community-based citizens' representative of various individuals and groups within the government recognized political ward, formed by the community leadership, from within the community in collaboration with the Local Government Health Authority (LGHA), Ward Focal Person (WFP) and other health workers to support the management of primary health care facilities in the community and the entire constitutionally recognized ward¹. Health committees are key mechanisms for enabling participation of community members in decision-making on matters related to their health¹. Community-level health committees are defined as any formally constituted governance structures with community representation with an explicit link to a primary health facility². The primary purpose of these health committees is to enable participation of community members in decision-making on matters related to improving health service provision and health outcomes.

Ward development committee is a group of influential men and women who are charged with the responsibility to oversee the health needs of their people¹. The WDC is a component of the Ward Health System and fourth level of governance of Primary Health Care⁴. It is adopted in line with the Political Wards as the operational units for the implementation of Primary Health Care programmes⁵. This is because, the wards provide a nationally acceptable targeted area of operation with clearly defined boundary, political representation and population. The wards also, enables citizen participation in the political economy through a councillor⁵. The Federal Ministry of Health confirms that ward development committees exists at the community level to enable mobilization and governance of community resources³.⁴. Furthermore, going by NPHCDA's minimum standards for primary health care centers in Nigeria, ward development committees are involved alongside health workers and local government primary health care department officials in co-managing PHCs at the ward level^{3, 4}. Social cohesion is another concept closely linked to the effectiveness of WDCs⁹. It is defined as the degree of connectedness, trust, and solidarity among community members⁹. Key dimensions include social relations, a sense of belonging, and orientation toward the common good, all of which are crucial for ensuring sustained community engagement in health interventions⁹.

➤ *Performance*

Performance in English is called job performance or actual performance or level of performance, which is the level of success of employees in completing their work. Performance is not an individual characteristic, such as talent, or ability, but is a manifestation of talent or ability itself. Performance is a manifestation of ability in the form of real work. Performance is the result of work achieved by employees in carrying out tasks and work that comes from the organisation¹⁰. Performance is the result of efforts made by employees on certain job functions and activities during a certain period¹⁰. Performance is a picture that shows the extent of effort made in implementing programmes and activities to achieve organisational goals¹¹. To get high performance, the

competence of the individual possessed must be in accordance with the competence of the position held by someone in the organisation¹¹. Many studies explained Performance as the result of individual work achieved in carrying out their roles and responsibilities in quality and quantity in accordance with the responsibilities given to them¹². In addition, performance contains elements of achievement standards that must be met¹².

➤ *Recruitment*

Recruitment is generally viewed as, activity aims to select the best candidates that meet the need of roles and responsibility to be performed and to maintain an adequate quality of an organisation¹³. Recruitment is an opportunity to ensure whether potential candidates are available that meets the need¹⁴. However, merit system helps to create completion and have fair recruitment and selection practices, in addition, the system ensures to recruit qualified and potential applicants for a particular position¹⁴. Similarly, recruitment is the process of seeking, finding, inviting and assigning a number of people from within and from outside the company as prospective workers with certain characteristics as determined in human resource planning, to occupy a position or job in a company¹⁴. The purpose of recruitment is, first, to obtain a potential source of labor, namely applicants who are in accordance with the expected number and quality¹⁴.

Recruitment is a practice or activity carried out by an organization to identify and hire potential employees. In an organization, the recruitment process is very important¹⁵. Doing the recruitment process well can make the organization's operations more effective and efficient¹⁵. In addition, recruitment is a procedure to find adequately qualified people to apply for an available job in a corporation. In this context, it refers to a series of events used by an organization to ask applicants to demonstrate the necessary attitudes and skills before they can be hired. It serves as an entrance to human capital in a firm and recruitment as a hunt for and acquiring sufficient numbers of potential job applicants with better quality¹⁵.

Furthermore, the purpose of recruitment is the process of finding and attracting suitable qualities of candidates for the vacant position of an organization¹⁶.

III. METHODOLOGY

A descriptive survey research design was employed to carry out this study. This research design was considered appropriate because it helped the researcher to gather information from the respondents without any attempt to manipulate and control their responses. The research was conducted with the view to provide answers to the research questions and test the proposed hypotheses for this study. Quantitative research methods of surveys and in-depth semi-structured interview was adopted for this study. The researcher was able to also interact with stakeholders in the process. This enabled the researcher to make an unbiased investigation for description, drawing inferences and making generalisation while determining how the independent variables influence the dependent variable.

➤ Population

The population of the study consisted of all the ward development committee (WDC) members and officers in-charge (OICs) of Health Facilities in Osun and Oyo States, Southwest, Nigeria. As at the time of this study (2024), there were a total of three thousand four hundred and fifteen (3415) Ward Development Committee members, six hundred and eighty-three (683) Officers In-charge (OICs) of health facilities and sixty-three (63) medical officers of health (MOHs) or heads of local government health authority (LGHA) in Southwest, Nigeria, of Osun and Oyo States. This study with a total number of two (2) states, sixty-three (63) LGAs, six hundred and eighty-three (683) political wards, and three thousand four hundred and fifteen (3,415) ward development committee members served as population for this study. Combination of four thousand one hundred and sixty-one (4,161) as total population for this study.

➤ Sample and Sampling Techniques

Multi-stage sampling procedure were used to select sample for this study. The following stages was followed to arrive at the sample size: Stage One: Southwest zone was stratified into Osun and Oyo cluster. At the stage two: Osun (30 LGAs) and Oyo (33 LGAs) cluster was stratified into the sixty-three (63) local government areas. Further, at the stage three: Purposive sampling technique was adopted to select 20% of the thirty (30) LGAs in Osun and 20% of the thirty-three (33) LGAs of Oyo states. Thus, 6 LGAs and 7 LGAs were selected proportionately in Osun and Oyo states respectively. The LGAs that were selected are: Osogbo, Olorunda, Ede-North, Irewole, Iwo and Isokan in Osun State; and Ibadan-North, Ibadan South-East, Ibadan North-East, Ibadan North-West, Egbeda, Oluyole and Ona-Ara in Oyo State. The LGAs were selected in such a way that there was evenly spread of urban and rural local government areas.

➤ Instrumentation

An adapted questionnaire was used for this study¹⁷. The questionnaire was tagged: “Ward Development Committee and Officer In-charge Questionnaire (WDCOICQ)”, while an opened ended questions items was used for the Medical Officer of Health or Secretary (Head) of local government health authority¹⁷. The questionnaire was divided into six sections namely, sections: A, B, C, D, E and F. Section A; contained questions items on respondents’ personal demographic information such as among others gender, age, religion, educational background, marital status, employment status; Section B contained question items on “Knowledge and Understanding of WDCs members on Community

Participation, Roles and Responsibilities and Terms of References Scale (KUCPRRTS)”. Section C contained question items on “Identification of Health and Social Needs Scale (IHSNS)”; Section D contained question items on “Recruitment Process, Source of Nominations and Status of Residence Scale (RPSNARS)”; Section E contained question items on “Representative of Occupational, Professional or Religious body Political Affiliation Status Scale (ROPRBPASS)”; Section F which was the last and contain question items on “Quality of Onboarding training (delivery methods, facilitation, duration and evaluation) Scales (QOTS)”.

➤ Data Collection and Analysis

The researcher with the assistance of two adequately trained research assistants (RAs) administered the instrument (questionnaires) physically, the two (2) research assistants who prior to the field-work were recruited and adequately trained on questionnaire administration and the conduct of In-depth interview for data collection, as well as appropriate health facility and community entry procedures was secured before the administration of the questionnaires.

This research data was analyzed and presented through descriptive and inferential statistics. Demographic information of the ward development committee, officer in-charge of health facility, and medical officer of health or head of local government health authority using descriptive statistics such as frequency counts, simple percentages, mean, standard deviation, charts, and graphs were also used to describe the demographic information. Research questions were answered using descriptive statistics such as frequency, percentage, mean and standard deviation. Hypotheses were tested using inferential statistics such as product moment correlation and multiple regression analysis and Mann Whitney U-test (two-tailed) analysis. This research is a quantitative study using International Business Machines (IBM) Statistical Package for the Social Sciences (SPSS) Statistics version 23 to process data.

IV. RESULT AND DISCUSSION

The results of the data collected and analyzed in accordance with the research question and hypothesis formulated for the study. It is organized into four sub-sections: demographic analysis, responses to research questions, hypothesis testing, and discussion of findings.

➤ Demographic Analysis

Table 1 Distribution of Respondent Demographic Characteristics

	Level	Frequency	Percentage
Gender	Male	222	56.9%
	Female	168	43.1%
Age	18-30yrs	2	.5%
	31-40yrs	45	11.5%
	41-50yrs	113	29.0%
	51-60yrs	122	31.3%
	60yrs & above	108	27.7%
	Christianity	142	36.4%
Religion	Islam	244	62.6%

	Others	2	.5%
	Traditional	2	.5%
	Diploma/OND	71	18.2%
Educational Background	HND/University Degree	115	29.5%
	Non-formal	32	8.2%
	Primary	62	15.9%
	Secondary	110	28.2%
Status of Residence in the community	Fully residence	297	76.2%
	non-residence	19	4.9%
	Partial residence	74	19.0%
Marital Status	Divorced	1	.3%
	Married	332	85.1%
	Single	7	1.8%
	Widow/Widower	50	12.8%
Employment Status	Full-time	218	55.9%
	Non-employed	118	30.3%
	Part-time	54	13.8%

Table 1 presents the results on the distribution of respondents by gender. The findings reveal that 56.9% of the respondents were male, while 43.1% were female. This indicates that the proportion of male respondents was higher than that of female respondents, suggesting that there were more male participants in the sample. Age distribution of the respondents. It can be observed that 11.5% of the respondents were between the ages of 31–40 years, 29.0% were between 41–50 years, 31.3% were between 51–60 years, and 27.7% were aged 60 years and above. From the results, it can be seen that the majority of the participants sampled were within the 51–60 years age group. In terms of religion, the distribution of respondents reveals that 36.4% were Christians, 62.6% were Muslims, and only 0.5% practiced traditional religion or other religions. From the results, it can be observed that the majority of the participants sampled were Muslims. The educational background of the participants reveals that 18.2% of the respondents were Diploma/OND holders, 29.5% were HND or university degree holders, 8.2% had no formal education, 15.9% had primary education, and 28.2% had secondary education. From the results, it can be observed that

the majority of the participants sampled had secondary school education. Regarding the status of residence in the community, the distribution of respondents shows that 76.2% were full residents, 4.9% were non-residents, and 19.0% were partial residents. From the results, it can be observed that the majority of the participants sampled were fully resident in the community. The distribution of respondents by marital status indicates that 1.8% were divorced, 85.1% were married, 1.8% were single, and 12.8% were widowed. From the results, it can be observed that the majority of the participants sampled were married. The distribution of respondents by employment status shows that 55.9% were employed full-time, 30.3% were non-employed, and 13.8% were employed part-time. From the results, it can be observed that the majority of the participants sampled were full-time employees.

• *Research Question:*

What are the recruitment processes of ward development committee' members in primary health care facilities management in Southwest, Nigeria?

Table 2 The Recruitment Processes of Ward Development Committee' Members in Primary Health Care Facilities Management in Southwest, Nigeria.

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	Std	Remarks
1	Nomination of WDC members by health worker and community leader of my community will promote WDCs Performance	241(61.8)	138(35.4)	11(2.8)	0(0)	2.26	.951	High
2	I was nominated/ informed of my selection into the WDC by my party leader	100(28.2)	95(24.4)	89(22.8)	96(24.6)	2.45	1.144	Moderate
3	External interference on the community leaders or health authorities during recruitment of WDC members will affect WDCs' performance	192(49.2)	148(37.9)	38(9.7)	12(3.1)	2.17	.983	High
4	Nomination by political party during recruitment process of WDC members has an impact on the subsequent performance of WDC	163(41.8)	163(41.8)	53(13.6)	11(2.8)	2.06	.974	High
5	WDC members Residing in the community will boost WDCs' performance	274(70.3)	109(27.9)	4(1.0)	3(.8)	2.44	.907	High

6	WDC members availability and prompt response to health needs will promote WDCs' performance	262(67.2)	127(32.6)	1(.3)	0(0)	2.35	.938	High
Weighted Mean and Standard Deviation						2.28 0.98		

Sources: Field Survey Report, (2025)

Table 2 presents the results on the recruitment processes of Ward Development Committee (WDC) members in primary health care facilities management in Southwest, Nigeria. The result reveals that 61.8% of the respondents strongly agreed that the nomination of Ward Development Committee (WDC) members by health workers and community leaders would promote the performance of WDCs, while 35.4% agreed with the statement, indicating a high level of support for community-driven selection processes. Only 2.8% of the respondents disagreed, suggesting minimal opposition to this approach. The computed mean score of 2.26 and a standard deviation of 0.951 further indicate a generally strong agreement among the respondents, with relatively low variability in their opinions. This suggests that the majority of WDC members believe that involving trusted community figures and frontline health workers in the nomination process could significantly enhance WDC effectiveness by ensuring the selection of committed and credible individuals who are well-grounded in the needs and priorities of the community.

The result further indicates that 28.2% of the respondents strongly agreed that they were nominated or informed of their selection into the Ward Development Committee (WDC) by their party leader, while 24.4% agreed with this statement. Conversely, 22.8% disagreed, and 24.6% strongly disagreed, reflecting a nearly even split in opinions regarding political party involvement in the recruitment process. This suggests that while a significant proportion of WDC members acknowledged the influence of political parties in their selection, an almost equal percentage rejected such involvement. The computed mean score of 2.45 and a standard deviation of 1.144 reveal a moderate level of agreement, with a relatively higher variability compared to other items, indicating diverse experiences among respondents concerning political party participation in WDC recruitment.

Furthermore, the findings show that 49.2% of the respondents strongly agreed that external interference with community leaders or health authorities during the recruitment process would negatively impact the performance of WDCs, while 37.9% agreed with the statement. Only 9.7% disagreed, and 3.1% strongly disagreed, suggesting that an overwhelming majority perceived external interference as detrimental to the effectiveness and credibility of the WDCs. The mean score of 2.17 and a standard deviation of 0.983 support this observation, reflecting strong agreement with relatively low dispersion in responses. This highlights a shared concern among WDC members that undue external influence undermines the integrity of the recruitment process and, consequently, the performance of the committees.

The result also shows that 41.8% of the respondents agreed and another 41.8% strongly agreed that nomination by

political parties during the recruitment process has a significant impact on the performance of Ward Development Committees (WDCs), while only 13.6% disagreed with this statement. This suggests that a substantial majority of the respondents recognize the influence of political party nominations on the functioning and effectiveness of WDCs. The computed mean score of 2.06 and standard deviation of 0.974 indicate a strong level of agreement among the respondents, with relatively low variability in their opinions. This finding highlights the perception that political dynamics during recruitment can shape WDCs' capacity to fulfill their responsibilities effectively.

Moreover, the results reveal that 70.3% of the respondents strongly agreed that WDC members residing within the community will boost WDC performance, while 27.9% agreed, and only 1.0% disagreed. The mean score of 2.44 and standard deviation of 0.907 further confirm a strong consensus among the respondents on the importance of residence within the community. This suggests that WDC members' physical presence within the community enhances their accessibility, responsiveness, and familiarity with local health needs, thereby improving overall performance.

Finally, the findings show that 67.2% of the respondents strongly agreed that the availability and prompt response of WDC members to health needs will promote WDC performance, while 32.6% agreed and only 0.3% disagreed. The computed mean of 2.35 and standard deviation of 0.938 point to strong agreement and low variability in responses. This indicates that responsiveness and readiness to act swiftly in addressing community health concerns are seen as critical attributes for effective WDC functioning.

From the overall results, the findings highlight a mixed perception surrounding the recruitment processes of Ward Development Committees (WDCs) in Southwest Nigeria. While many respondents expressed concern over political party involvement and external interference, viewing them as detrimental to WDC performance, there is strong agreement on the benefits of community-based nominations by health workers and traditional leaders in the ward, residence within the community, and prompt responsiveness to health needs are key factors that significantly enhance the performance of WDCs in the management of primary health care facilities. These factors collectively contribute to building trust, ensuring commitment, and improving the delivery of health services at the grassroots level.

With a weighted mean of 2.28 and a standard deviation of 0.98, the data underscores a need for greater transparency and de-politicization of recruitment processes, while reinforcing the importance of community engagement and proximity as vital elements for effective Primary Health Care (PHC) management.

➤ *Hypothesis Testing:*• *H₀₁:*

There will be no significant relative influence of recruitment and onboarding training on ward development committees' performance in primary health care facilities management in Southwest, Nigeria.

Table 3 Summary of Regression Analysis for the Relative Effects of Independent Variable Recruitment on Ward Development Committees' Performance in Primary Health Care Facilities Management

	Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	9.579	.969		9.884	.000
	Recruitment	.529	.041	.592	12.786	.000
	Right on-boarding training	.240	.075	.149	3.220	.001

a. Dependent Variable: Ward Development Committees' Performance in Primary Health Care Facilities Management

Source: Field Survey Report, (2025)

Table 3 presents the results for the relative effects of independent variable (recruitment) on Ward Development Committees in managing primary health care facilities in Southwest Nigeria. The dependent variable WDC performance was measured by aggregating responses to several indicators of their effectiveness in health facility governance, while the independent variables recruitment and right onboarding training were likewise measured using composite scores derived from multiple survey items. The results of the regression analysis are summarized in Table 4.3 the unstandardized coefficients show the actual unit changes in WDC performance attributed to each predictor, while the standardized Beta coefficients reveal the strength of each independent variable's effect relative to the other.

From the findings, recruitment had a Beta coefficient of 0.592, a t-value of 12.786, and a significance value (p) of 0.000, indicating that it has a statistically significant and substantial positive influence on WDC performance. This means that, holding onboarding training constant, recruitment practices contribute more significantly to improved performance outcomes. The high Beta value implies that the way members are recruited, especially if they are known in and reside within the community, or are selected by legitimate local authorities' plays a major role in how effectively WDCs function. Although the effect is smaller compared to recruitment, it is nonetheless critical. This result demonstrates that providing committee members with structured training, clarity of roles, knowledge of local health needs, and frequent meeting engagement positively contributes to their performance.

These results reveal that both recruitment and onboarding training significantly predict Ward Development Committees' performance, but recruitment has a stronger relative influence. This implies that ensuring the right individuals are brought onto the committee, through legitimate, community-based, and representative selection processes is more critical to their effectiveness than training alone. However, training still plays a meaningful role, enhancing their ability to fulfil assigned responsibilities and engage productively in PHC governance. The statistical significance of both predictors ($p < 0.05$) means that the

relationship between each independent variable and the dependent variable is not due to random chance. The robust t-values and low standard errors also indicate that the model is stable and reliable for drawing conclusions about the underlying population.

Based on the statistical evidence, the null hypothesis, which posited that there is no significant relative influence of recruitment and onboarding training on WDC performance, is rejected. The study confirms that both recruitment and onboarding training independently and significantly influence WDC performance, with recruitment having the higher relative effect. These findings have practical implications for PHC policy and planning: to improve the functionality of Ward Development Committees, health authorities and stakeholders must invest in transparent, community-grounded recruitment processes and ensure that new members are adequately trained for their governance roles.

Table 4.3 has finally shown that the regression results for the effects of recruitment and onboarding training on WDCs' performance in PHC facility management. Recruitment had a Beta coefficient of 0.592, t-value of 12.786, and p-value of 0.000, indicating a strong positive influence. Both variables are independently statistically significant, with recruitment having a stronger impact. The null hypothesis is rejected, confirming that both recruitment and onboarding training significantly influence WDCs' performance. For improved performance, transparent recruitment and effective onboarding training are essential.

V. DISCUSSION OF FINDINGS

The study result of Table 4.2 indicates a strong preference for participatory and community-driven recruitment process in the selection of Ward Development Committee members. Some of the indices identified as critical include nomination by respected community leaders and health professionals, residency within the community. However respondents expressed concern over political party involvement and external interference, viewing these factors as detrimental to the overall effectiveness of the WDCs. These concerns are supported by the data, which underscores the

need for depoliticizing recruitment to enhance the credibility of the WDCs.

Furthermore, these quantitative findings are echoed and enriched by the insights gathered through in-depth interviews, which offer a closer look into the realities behind the numbers. Many respondents shared similar views, with several citing political interference as a major hindrance to the recruitment process. One participant commented, "Political involvement in recruitment undermines the WDCs' credibility and the quality of their decision-making." This strongly corroborates the study's findings that political influence often results in the selection of individuals who may lack the necessary commitment and qualifications. Respondents emphasized the importance of transparency, suggesting that a process rooted in community participation would foster better representation and ultimately improve the quality of health governance. These responses suggest that, while the National Guidelines advocate for community-based selection, the reality is far more complex, with political dynamics often overriding the ideal recruitment procedures.

Moreover, these findings are consistent with previous studies. For instance, a study show similar results where the composition of ward development committees was lopsided because of political considerations and patronage become factors in the choice of ward development committee members¹⁸. Non-conformity to guidelines was as a result of some ward councilors who hand-picked certain individuals of their choice to be members of ward development committees¹⁸. The results also underscore the potential value of community engagement initiatives in improving the decision-making process and overall health outcomes, and identified several organisational, cultural, political, and contextual factors that affect the success of community engagement initiatives in primary health care settings¹⁸. In addition, a study on political Interference and local government performance in Nigeria, the results from the analysis suggest that although there is a negative relationship between political interference and local government performance¹⁹. Finally, insights from Fidelity Bank Plc in Nigeria revealed that recruitment practices are only as effective as the planning and institutional readiness behind them²⁹. Despite utilizing a mix of strategies including internal recruitment, newspaper and radio adverts, and internet-based methods Fidelity Bank faced barriers such as inadequate job analysis, poor HR planning, and suboptimal working conditions²⁹. The study recommended an urgent review of recruitment objectives to ensure alignment with performance goals and the establishment of a functional HR structure to support recruitment processes²⁹. In addition, the findings from both the quantitative and qualitative data provide valuable insights into the recruitment processes of Ward Development Committees in Southwest Nigeria. The research underscores the importance of community-based recruitment and transparent onboarding practices to enhance the performance and effectiveness of WDCs in Primary Health Care facility management.

➤ Hypothesis 1:

There will be no significant relative influence of recruitment and onboarding training on ward development committees' performance in primary health care facilities management in Southwest, Nigeria.

Table 4.3 shown that the regression results for the effects of recruitment and onboarding training on WDCs' performance in PHC facility management. Recruitment had a Beta coefficient of 0.592, t-value of 12.786, and p-value of 0.000, indicating a strong positive influence. While, onboarding training with a Beta coefficient of 0.149, t-value of 3.220, and p-value of 0.001, also positively affects WDCs' performance. Both variables are independently statistically significant, with recruitment having a stronger impact. The null hypothesis is rejected, confirming that both recruitment and onboarding training significantly influence WDCs' performance. For improved performance, transparent recruitment and effective onboarding training are essential.

In-depth interviews provided a comprehensive understanding of the influence of recruitment and onboarding training on WDC performance. Participants widely acknowledged that structured recruitment and onboarding training, guided by NPHCDA policies, were essential in enhancing WDC effectiveness in supporting PHC management. Interviewees emphasized that training significantly boosted WDC members' knowledge and awareness of their roles, transforming them from passive participants into active facilitators of health interventions. One participant shared that such training "was an eye opener," illustrating how clarity on roles empowered members to make more confident and deliberate decisions. This enhanced confidence improves the quality of decision-making within the committee, directly benefiting PHC management. Furthermore, participants noted that onboarding training fostered stronger collaboration between WDC members and health facility staff, enabling committees to better support health facility operations and mobilize communities for health initiatives. As one respondent noted, onboarding training "has a great impact on mobilizing people to patronize government health facilities," further showcasing its role in improving service utilization.

Similarly, this finding was supported by previous empirical studies. For example, a study found that the recruitment process at PT Triniaga Medika Makassar has a positive and significant impact on employee performance²⁰. This demonstrates that the implementation of recruitment, particularly at PT Triniaga Medika Makassar, influences employee performance, such that the more effective the recruitment process, the higher the employee performance at PT Triniaga Medika Makassar²⁰. Meanwhile, another study found a positive relationship between evaluation of training programs, training policies, training techniques, training needs assessment and employee performance²⁰.

Finally, the findings from both the regression analysis and the in-depth interviews provide clear evidence that recruitment and onboarding training are independently have significant influence on the knowledge, understanding, and

performance of Ward Development Committees in primary health care facility management.

VI. CONCLUSION

The findings underscored an important key point which was the detrimental effect of political interference in the recruitment process of WDC members. Many respondents expressed concerns about the politicized nature of nomination of WDC members, which often led to the selection of individuals who lacked the necessary criteria stated in the National guidelines for the development of PHC in Nigeria. This practice compromises the performance of WDCs and hinders their ability to make informed decisions for the benefit of local communities' members. The respondents strongly advocated for a merit-based recruitment process that would prioritize individuals with the skills, knowledge, understanding and commitment needed to improve PHC facility management. This aligns with the study's recommendation for adherence to provisions as stated in the National guidelines for the development of PHC in Nigeria on recruitment process for WDC members to ensure that, WDCs members recruited are composed of qualified, competent, motivated and community-endorsed individuals. Ultimately, a crucial area of focus towards proper community participation in PHC systems revitalization and improving health outcomes in Nigeria and by extension achieving Universal Health Coverage & health related SDGs by 2030.

RECOMMENDATIONS

A foremost recommendation is that National and States Primary Health Care Development Agency/Board and Local Government Health Authorities should strictly adhere to the provisions as stated in the National guidelines for the development of PHC in Nigeria on recruitment process for WDC members to ensure that WDCs are composed of merit-based and qualified individuals. However, addressing the identified gaps of faulty recruitment through policy and practice reforms could significantly enhance the performance of WDCs, thereby improving the delivery of management support to primary health care facilities across Southwest Nigeria.

The issue of political interference in WDC members' nomination and selection. As a result, committees are sometimes populated by individuals lacking the requisite knowledge or genuine commitment to public and voluntary community service. Therefore, the study recommends a merit-based and community-driven recruitment process, ensuring that only competent and dedicated individuals are nominated and selected. Local traditional leaders and health workers should have greater say in the selection process through town hall meetings and public vetting of nominees. This would not only improve accountability but also foster greater public trust in the WDCs.

Gender inclusivity and community based occupational groups as well as representative of the marginalized groups should also be prioritized during recruitment. Ensuring a diverse and inclusive committee makeup will bring broader

perspectives to decision-making and allow the committees to represent the needs of all groups in the community. Specific recruitment guidelines should be developed to ensure that women, youth, and persons with disabilities are not left out of the process and should be made mandatory for WDC members to reside within the community they serve.

The NPHCDA should develop a framework for inter-organizational technical supports coordination and comparative analysis team, with the State's PHC Regulators and key stakeholders to routinely review WDCs' Performance across the 36 states. The framework findings should be used by States to solicit/push for technical and financial supports from development partners such as WHO, UNICEF, Global Alliance for Vaccines and Immunisation (GAVI) Health Systems Strengthening (HSS), United Kingdom Department for International Development (DFID), United States Agency for International development (USAID), e-Health Africa, European Union-Prime-Plus. The technical and financial supports of the above mention partners and other stakeholders in primary health care facility management will further enhanced WDCs' Performance.

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