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# Gwandu Emirate and Primary Health Care Service Delivery in Kebbi State, 2005–2025

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## Abstract

*Primary Health Care (PHC) constitutes a critical foundation of effective healthcare systems, particularly in rural and underserved communities where access to formal health services remains constrained. In Kebbi State, traditional institutions have historically complemented government efforts in grassroots development, including healthcare delivery. Yet, scholarship has paid limited attention to the institutional role of emirate authorities in the historical development and delivery of PHC in Northern Nigeria. This study examines the role of the Gwandu Emirate in primary healthcare service delivery in Kebbi State between 2005 and 2025, focusing on maternal and child healthcare, immunisation, disease prevention, health education, community mobilisation and collaboration with government agencies and development partners. Adopting a qualitative historical approach, the study draws on oral interviews, archival materials, government reports, policy documents and relevant secondary literature, analysed through historical and thematic methods. The findings demonstrate that the Gwandu Emirate strengthened community mobilisation, supported maternal and child healthcare and immunisation initiatives, facilitated disease-prevention activities, and promoted collaboration between communities, government institutions and development partners. However, inadequate funding, personnel shortages, political interference and weak infrastructure constrained these contributions. The study argues that the Emirate constituted an important institution of grassroots health governance, demonstrating how traditional authorities can complement formal healthcare structures and deepen community participation in PHC delivery.*

***Keywords***: ***Keywords:*** *Primary Health Care; Gwandu Emirate; Traditional Institutions; Healthcare Governance; Kebbi State.*

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## Introduction

Healthcare is widely recognised as a fundamental indicator of human development and an essential component of sustainable national development.[1] Primary healthcare (PHC), as the first level of contact between individuals and the healthcare system, provides essential health services aimed at disease prevention, health promotion, treatment, and rehabilitation. Since the adoption of the Primary Health Care approach following the Alma-Ata Declaration of 1978, governments across the world have recognised PHC as the most effective strategy for achieving equitable access to healthcare, particularly in rural and underserved communities.[2] In Nigeria, primary healthcare constitutes the foundation of the country's health system and is central to efforts aimed at reducing maternal and child mortality, controlling communicable diseases, and achieving Universal Health Coverage.

In many developing societies, the effectiveness of primary healthcare delivery extends beyond government policies and healthcare institutions to include the participation of traditional institutions and community leaders. Before the emergence of modern healthcare systems, indigenous societies developed traditional methods of disease prevention, environmental sanitation, maternal care and community welfare under the supervision of traditional rulers, religious leaders and community elders. Although these indigenous healthcare practices differed from contemporary biomedical systems, they promoted public health through community mobilisation, health education, sanitation regulations and collective responsibility. Consequently, traditional institutions have continued to serve as important intermediaries between governments and local communities in implementing healthcare policies and mobilising public support for health interventions.

Across Northern Nigeria, emirate institutions have historically occupied strategic positions in governance, social administration and community development. Established through centuries of political evolution, the emirates exercise considerable influence over their subjects through district heads, village heads and other traditional authorities.[3] Beyond their judicial, political and cultural responsibilities, these institutions have increasingly become partners in public service delivery, particularly in education, agriculture, peacebuilding and healthcare. Their legitimacy, extensive grassroots structures and close relationship with local populations have enabled them to facilitate the implementation of government programmes and development initiatives, especially in rural communities where public confidence in traditional rulers remains high.

The Gwandu Emirate, one of the oldest and most influential traditional institutions in Kebbi State, occupies a unique position in promoting community welfare and grassroots development. Since the creation of Kebbi State in 1991, and particularly between 2005 and 2025, the Emirate has collaborated with the Kebbi State Government, the National Primary Health Care Development Agency (NPHCDA), international development partners and non-governmental organisations in promoting primary healthcare programmes. Through its

network of district heads, village heads and ward leaders, the Emirate has mobilised communities for routine immunisation, maternal and child healthcare services, environmental sanitation campaigns, nutrition programmes, disease surveillance, family planning awareness and responses to infectious disease outbreaks. The traditional authority of the Emirate has enhanced community acceptance of health interventions, increased public participation and strengthened trust between healthcare providers and rural populations.

Between 2005 and 2025, Nigeria witnessed significant reforms in the primary healthcare sector, including the revitalisation of Primary Healthcare Centres, the implementation of the Primary Health Care Under One Roof (PHCUOR) policy, expanded immunisation programmes and renewed commitments towards achieving Universal Health Coverage under the Sustainable Development Goals.[4] In Kebbi State, these reforms were complemented by the active involvement of traditional institutions, particularly the Gwandu Emirate, in facilitating healthcare delivery at the grassroots level. Nevertheless, persistent challenges such as inadequate healthcare infrastructure, shortages of skilled health personnel, insufficient funding, cultural misconceptions, political interference and geographical barriers continued to affect the accessibility and quality of primary healthcare services across many rural communities.

Existing literature has extensively examined primary healthcare policies, healthcare financing, maternal and child health, health system reforms and the performance of primary healthcare institutions in Nigeria. Similarly, studies on traditional institutions have largely concentrated on their political authority, conflict resolution mechanisms, community development and cultural preservation.[5] Although a number of scholars acknowledge the supportive role of traditional rulers in public health campaigns, comparatively little historical research has systematically examined the institutional contributions of the Gwandu Emirate to primary healthcare service delivery over an extended period. Consequently, the historical relationship between the Emirate and the evolution of primary healthcare services in Kebbi State remains insufficiently explored in the existing literature. It is against this background that this study examines the role of the Gwandu Emirate in primary healthcare service delivery in Kebbi State between 2005 and 2025. The study investigates the institutional mechanisms through which the Emirate supported healthcare programmes, mobilised communities for health interventions, collaborated with government agencies and development partners, and contributed to improving maternal and child health, immunisation coverage and disease prevention. It also evaluates the challenges affecting the Emirate's participation in primary healthcare delivery and assesses its overall contribution to strengthening grassroots healthcare governance. In doing so, the study contributes to the growing scholarship on traditional institutions by providing a historical assessment of their role in strengthening primary health care governance in Northern Nigeria.

## The Role of the Emirate System in Primary Healthcare Delivery

The Emirate System has historically served as one of the most influential traditional governance institutions in Northern Nigeria. Although originally established to provide political leadership, judicial administration and community governance, its responsibilities have evolved to encompass broader aspects of socio-economic development, including healthcare delivery. In Kebbi State, the Gwandu Emirate has remained a strategic partner in promoting primary healthcare (PHC) by complementing government efforts through community mobilisation, advocacy, conflict resolution and collaboration with healthcare agencies. Its hierarchical administrative structure, comprising the Emir, district heads, village heads and ward leaders, provides an effective grassroots network for implementing public health programmes and encouraging community participation.[6]

One of the Emirate's most significant contributions to primary healthcare delivery has been community mobilisation. Traditional rulers possess considerable authority and legitimacy among local populations, enabling them to influence attitudes and behaviours towards healthcare services. Through palace meetings, community gatherings, Friday sermons and consultations with religious and community leaders, the Emirate encourages residents to utilise primary healthcare facilities, attend antenatal clinics, participate in routine immunisation programmes and adopt healthy environmental practices. This influence has been particularly important in overcoming misconceptions surrounding vaccination, maternal healthcare and family planning in rural communities.

The Gwandu Emirate has also played a vital role in supporting maternal, newborn and child health programmes. Traditional rulers have consistently advocated for antenatal care attendance, skilled birth delivery, postnatal care and childhood immunisation. By working closely with healthcare workers and community volunteers, district and village heads encourage pregnant women and caregivers to access health services at primary healthcare centres. Their intervention has contributed to increased acceptance of immunisation campaigns and improved utilisation of maternal healthcare services in many parts of the Emirate.

Another important function of the Emirate System is its collaboration with government agencies and development partners. Between 2005 and 2025, the Gwandu Emirate partnered with the Kebbi State Ministry of Health, the Kebbi State Primary Health Care Development Agency, the National Primary Health Care Development Agency (NPHCDA), international organisations such as the World Health Organisation (WHO), UNICEF and other development partners in implementing healthcare interventions. These collaborations facilitated routine immunisation, polio eradication campaigns, malaria prevention initiatives, nutrition programmes, disease surveillance and responses to public health emergencies.[7] The traditional leadership structure enhanced community acceptance of these programmes and strengthened coordination between healthcare providers and local communities.

The Emirate has equally contributed to disease prevention and health promotion through public enlightenment and environmental sanitation campaigns. Traditional rulers regularly encourage proper waste disposal, personal hygiene, clean water practices and sanitation exercises to reduce the prevalence of communicable diseases such as cholera, diarrhoea and malaria. During outbreaks of infectious diseases, including the COVID-19 pandemic, the Emirate collaborated with health authorities to disseminate accurate information, discourage misinformation and promote compliance with public health guidelines.[8] The credibility enjoyed by traditional rulers significantly improved public confidence in government health interventions.

Conflict resolution and social stability represent another important contribution of the Emirate System to healthcare delivery. Peaceful communities are better positioned to access healthcare services and sustain public health programmes. Through mediation and dispute resolution, the Gwandu Emirate has helped maintain social harmony, thereby ensuring uninterrupted healthcare activities in many rural communities. Traditional rulers have also facilitated dialogue between healthcare workers and local residents where misunderstandings threatened the implementation of health programmes.

## Challenges Facing the Gwandu Emirate System in Supporting Primary Healthcare Delivery

Despite its significant contribution to primary health care service delivery, the Gwandu Emirate operates within institutional, financial, and socio-cultural constraints that limit the effectiveness and sustainability of its interventions. These challenges are institutional, financial, socio-cultural, political and infrastructural in nature, limiting the extent to which the Emirate can influence healthcare outcomes in rural communities. One of the major challenges is inadequate funding. Although the Emirate plays an important role in mobilising communities and supporting public health initiatives, it lacks independent financial resources to undertake large-scale healthcare interventions. Most of its activities depend on financial support from the Kebbi State Government, the National Primary Health Care Development Agency (NPHCDA), donor agencies and non-governmental organisations. The irregularity of funding often affects health campaigns, community outreach programmes and the sustainability of healthcare initiatives.[9]

Another major challenge is the inadequate healthcare infrastructure across many rural communities within the Emirate. Several Primary Healthcare Centres (PHCs) suffer from dilapidated buildings, insufficient medical equipment, inadequate drug supplies, poor electricity and water supply, and weak transportation networks. These deficiencies reduce the effectiveness of community mobilisation efforts by traditional rulers, as many residents become discouraged from utilising healthcare facilities that cannot adequately meet their medical needs. The shortage of qualified healthcare personnel also poses a significant constraint. Many rural PHCs experience shortages of doctors, nurses, midwives, pharmacists

and community health extension workers. Existing healthcare workers are frequently overburdened, resulting in long waiting times and reduced quality of care. Although the Emirate encourages the utilisation of healthcare facilities, it has limited authority over the recruitment, deployment and retention of healthcare professionals, which remain government responsibilities.

Socio-cultural and religious beliefs continue to influence healthcare utilisation in some communities. Misconceptions about childhood immunisation, maternal healthcare, family planning and modern medical practices sometimes discourage individuals from seeking treatment at PHCs. In certain instances, traditional healing practices and misinformation have contributed to vaccine hesitancy and resistance to government health interventions.[10] While the Emirate has made considerable efforts to promote health education and behavioural change, deeply rooted cultural attitudes remain difficult to overcome.

Political interference constitutes another important challenge. Changes in government priorities, administrative restructuring and political appointments occasionally affect the continuity of health programmes and weaken collaboration between traditional institutions and public health authorities. In some cases, inadequate consultation with traditional rulers during policy formulation has reduced the effectiveness of community-based implementation strategies.

Limited institutional capacity within the Emirate System also affects its ability to provide sustained support for healthcare delivery. Traditional rulers generally lack specialised training in public health planning, healthcare management, disease surveillance and health policy implementation. Consequently, their participation is often restricted to advocacy, mobilisation and advisory roles rather than direct involvement in technical healthcare planning and monitoring. Rapid population growth and the expansion of rural settlements have further increased pressure on existing healthcare facilities and personnel. Many communities now require additional PHCs, improved referral systems and expanded health infrastructure to meet increasing healthcare demands. The Emirate's traditional administrative network has equally become stretched as it attempts to coordinate health activities across a growing population.

Public health emergencies have also exposed institutional weaknesses. Disease outbreaks such as cholera, meningitis, malaria and the COVID-19 pandemic placed enormous demands on both healthcare institutions and traditional leadership. During such emergencies, misinformation, fear, inadequate emergency preparedness and shortages of medical supplies complicated the Emirate's efforts to mobilise communities and support government responses. Furthermore, poverty and low levels of education continue to undermine healthcare utilisation. Many rural households struggle to meet transportation costs to healthcare facilities or cannot afford medications unavailable at PHCs. Low literacy levels also affect public understanding of disease prevention, nutrition, maternal healthcare and child immunisation, making sustained health education campaigns necessary.

## Prospects for Strengthening Traditional Institutions in Healthcare Delivery in Gwandu

Addressing the challenges identified in this study requires strengthening institutional collaboration, expanding community participation, and enhancing the capacity of traditional institutions to complement government-led primary health care programmes. Given the Emirate's legitimacy, grassroots administrative structure and close relationship with local communities, its continued involvement in healthcare governance offers promising prospects for improving access to quality healthcare services, particularly in rural areas. Strengthening collaboration between the Emirate System and formal healthcare institutions can enhance the effectiveness, sustainability and community ownership of primary healthcare programmes in Kebbi State.

One major prospect lies in institutionalising partnerships between the Gwandu Emirate and government health agencies. Formal frameworks of collaboration involving the Kebbi State Ministry of Health, the Kebbi State Primary Health Care Development Agency (KBSPHCDA), the National Primary Health Care Development Agency (NPHCDA) and the Emirate Council would provide clearly defined roles for traditional rulers in health planning, implementation, monitoring and evaluation. Such institutional arrangements would improve coordination, accountability and continuity of healthcare programmes.

Another promising area is capacity building for traditional rulers and community leaders. Regular training in public health, disease surveillance, maternal and child healthcare, health communication, emergency preparedness and health policy implementation would strengthen the ability of Emirs, district heads and village heads to support healthcare programmes more effectively.[11] Equipped with relevant knowledge, traditional leaders can become influential advocates for preventive healthcare, healthy lifestyles and community participation in health interventions.

The integration of traditional institutions into community health governance also offers considerable prospects. Traditional rulers can play more active roles in Ward Development Committees, Village Development Committees and other community health structures by facilitating dialogue between healthcare providers and residents, identifying local health priorities and monitoring service delivery. Their involvement would enhance transparency, strengthen accountability and encourage greater community ownership of healthcare programmes.

The rapid expansion of digital technology presents additional opportunities for improving healthcare delivery through traditional institutions. Mobile communication platforms, digital health reporting systems and social media can enable the Gwandu Emirate to disseminate accurate health information, promote immunisation campaigns, monitor disease outbreaks and support emergency response efforts more efficiently.[12] The integration of traditional

leadership with modern communication technologies would improve the reach and effectiveness of public health campaigns.

Sustained collaboration with development partners and non-governmental organisations also presents significant prospects. International organisations such as the World Health Organisation (WHO), UNICEF, the United Nations Population Fund (UNFPA), donor agencies and civil society organisations increasingly recognise the importance of traditional institutions in promoting public health. Expanding partnerships with these organisations can facilitate technical assistance, financial support, healthcare infrastructure development, capacity building and community-based health programmes within the Gwandu Emirate.

Improved investment in primary healthcare infrastructure would further strengthen the Emirate's contributions to healthcare delivery. The construction and rehabilitation of Primary Healthcare Centres, provision of essential medicines, medical equipment, electricity, water supply and transportation facilities would increase public confidence in health services. When supported by the Emirate's community mobilisation efforts, improved infrastructure would significantly enhance healthcare utilisation across rural communities.

The growing emphasis on Universal Health Coverage (UHC) under the Sustainable Development Goals (SDGs) provides another important opportunity for strengthening traditional institutions in healthcare governance. National and state governments increasingly recognise that achieving equitable healthcare access requires active community participation. The Gwandu Emirate is well- positioned to mobilise grassroots support for health insurance enrolment, maternal healthcare, routine immunisation, nutrition programmes and disease prevention initiatives, thereby contributing to the attainment of national and global health targets.[13]

Furthermore, greater policy recognition of traditional institutions would enhance their effectiveness in healthcare delivery. Incorporating traditional rulers into health policy formulation, implementation, and evaluation at the state and local government levels would ensure that community perspectives are reflected in healthcare planning. Such inclusion would strengthen mutual trust between health authorities and local communities while improving the sustainability of healthcare interventions.

## Conclusion

The findings of this study demonstrate that the Gwandu Emirate remained a significant complementary institution in advancing Primary Health Care service delivery in Kebbi State between 2005 and 2025. Through its established traditional governance structure, comprising the Emir, district heads, village heads, and other community leaders, the Emirate facilitated community mobilisation, promoted maternal and child health services, supported routine immunisation campaigns, encouraged environmental sanitation, and enhanced disease

prevention initiatives. Its sustained collaboration with the Kebbi State Ministry of Health, the Kebbi State Primary Health Care Development Agency, development partners, and non-governmental organisations strengthened the implementation of community-based health programmes, particularly in rural areas where traditional institutions continue to enjoy considerable legitimacy and public trust. Notwithstanding these contributions, the study found that the effectiveness of the Gwandu Emirate in supporting Primary Health Care delivery has been constrained by inadequate funding, weak health infrastructure, shortages of skilled health personnel, socio-cultural barriers, political interference, and limited institutional capacity. These findings underscore the continuing relevance of traditional institutions as complementary partners in grassroots health governance while highlighting the need for stronger institutional support. Sustaining and expanding their contribution will require closer collaboration between traditional authorities and formal health institutions, increased investment in Primary Health Care infrastructure, continuous capacity development for traditional leaders, and greater community participation in health planning and implementation. Strengthening these partnerships will not only improve access to quality Primary Health Care services but also contribute to more inclusive, responsive, and sustainable healthcare delivery in Kebbi State and Nigeria more broadly.

## ENDNOTES

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