

Strengthening PHC Facility Management: The Role of Quality Onboarding Training for Ward Development Committees

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Abstract

Original Research Article

Ward Development Committee (WDC) is a community-based citizens' representative group that aims to promote community participation and ownership in primary health care (PHC) system, these committees are meant to serve as a link between communities and health facilities by identifying health and social needs and mobilizing local resources. However, there are concerns about their onboarding training. Hence, this study investigated influence of recruitment and onboarding training on the performance of WDCs in PHC facility management in Southwest Nigeria. A descriptive survey research design was employed. Population of this study was 4,161. Multi-stage sampling procedures was used to select 325 WDC members, 65 OICs, & 13 MOHs samples for this study. An adapted questionnaire and in-depth interview were used to collect data. Data were analyzed and presented through descriptive and inferential statistics such as frequency, percentage, mean, standard deviation, regression & multiple regression analysis at a significance level of $P = 0.05$. The result showed that there is significant influence of onboarding training with a weighted mean of 2.13 and a standard deviation of 0.90. The multiple correlation coefficient (R) is 0.693 showing a joint influence between recruitment and onboarding training on the performance of WDCs' performance. This study concluded that there the onboarding training was inadequate or absent, with 83.3% of respondents expressing dissatisfaction with the quality of training received. Therefore, this study recommended that, the State Primary Health Care Development Board/Agency and Local Government Health Authorities adhere to provisions in the National Guidelines for Development of PHC System in Nigeria, that ensured standardized, comprehensive onboarding trainings for WDCs, with technical support from relevant health institutions such as NPHCDA, WHO, and UNICEF.

Keywords: Recruitment, Onboarding Training, Influence, Ward Development Committee, Performance.

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Introduction

The Ward Development Committee (WDC) 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 facilities¹. The failure of ward development committees to fulfil their functions and obligations, as seen by their inability to provide adequate managerial support



to Primary Health Care (PHC) facility in Southwest Nigeria, is a significant problem. This is entirely contrary to the provisions outlined in the National Guidelines for the Development of the Primary Health Care System in Nigeria¹.

Furthermore, the level of knowledge and understanding of ward development committee members about their roles and responsibilities, Terms of References (ToRs) and community participation, in the management of primary health care facility are essential and serve as a critical benchmark for their success. Consequently, ward development committee members must possess knowledge and understanding regarding the identification of health and social needs within their communities to collaborate effectively with health workers in planning and developing strategies to address all identified health issues².

However, the quality of onboarding training given to the ward development committee members are questionable, considered to be substandard and not with adequate structured and methods to provide appropriate knowledge and understanding. This is a significant difficulty associated with inadequate onboarding training for the ward development committee members. The aforementioned challenges offer guidance for contextual capacity building and orientation during engagement and supportive supervision to enhance the health condition of the population over time³.

In addition, the concern on the quality of instructions provided to ward development committee members prior to their involvement in the PHC facility management, which is essential for delivering the stipulated roles and responsibilities managerial support to primary health care facility. The onboarding training facilitates learning via direct observation and coaching from seasoned colleagues⁴. Subsequent to the recruiting procedure, training is conducted to enhance proficiency in various skills and methods necessary for executing specific, detailed, and routine tasks, which pertains to the company's continuous endeavours to augment employee performance².

Moreover, the quality of onboarding training and

capacity building for ward development committee members has declined due to wrong selection on WDC members, resulting in ineffective and inefficient performance of these committees in managing primary health care facility, thereby adversely impacting the quality and quantity of healthcare services provided to the community⁴. The quality of onboarding training provided to the ward development committee members is questionable, deemed substandard, and lacks adequate structure and methods to impart appropriate knowledge and understanding, thereby failing to enhance the capacity of the committee members to fulfil their expected roles and responsibilities in supporting primary health care facilities. The quality of the training participants refers to the learners' capacity to assimilate and embrace the training programs offered by firm management⁵.

Unfortunately, there is a lack of research on onboarding training of ward development committee members and its influence on their performance. Although, few studies have looked into their functionalities, roles and challenges, but none have considered their onboarding training, as its affect ward development committees' performance^{6, 7}.

Statement of 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. Hence, this study investigated influence of recruitment and onboarding training on the performance of ward development committees in primary health care facility management in Southwest Nigeria.

Aim and Objectives of the Study

This study investigated influence of recruitment and onboarding training on the performance of ward development committees in primary health care facility management in Southwest Nigeria. The objectives were to:

1. determine the quality of onboarding training conducted for the ward development committees' members on their roles, responsibilities and term of reference in primary health care facilities management in Southwest Nigeria;
2. ascertain the joint influence of recruitment and onboarding training on the performance of ward development committees in primary health care facility management in Southwest, Nigeria;

Research Question

This study was guided by the following research question:

1. What are the quality of onboarding training conducted for the ward development committees' members on their roles, responsibilities and term of reference in Primary Health Care Facility Management in Southwest Nigeria?

Hypothesis

The hypothesis below guided this study and was tested at a 0.05 level of significance:

H₀₁: There is no significant joint influence of recruitment and onboarding training on the performance of ward development committees in primary health care facility management in Southwest Nigeria.

Literature Review

Ward Development Committee (WDC)

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.

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 itself⁸. Performance is a manifestation of ability in the form of real work⁸. Performance is the result of work achieved by employees in carrying out tasks and work that comes from the organisation⁸.

Onboarding Training

Onboarding is the process by which new employees acquire the skills, knowledge and behaviors to become effective contributors to an organization⁹. Onboarding programmes are designed to acclimate individuals who are newly hired or transferred from within to new positions⁹. However, training refers to a series of focused educational interventions that are strategically planned to provide employees with the necessary skills and knowledge required to effectively and efficiently carry out their job and responsibilities¹⁰. Training is the most basic function of human resources management¹¹. It is the systematic application of formal processes to help people to acquire the knowledge and skills necessary for them to perform their jobs satisfactorily¹¹.

Gary Becker Human Capital Theory

Becker human capital theory, initially formulated argues that individual workers have a set of skills or abilities which they can improve or accumulate through training and education¹². The theory assumption is that training will improve individual knowledge and skills and have direct linkage with organisational

performance, education and training were investments that could add to productivity¹². The human capital theory posits that human beings can increase their productive capacity through greater education and skills training¹².

Methodology

A descriptive survey research design was employed to carry out this study. The research was conducted with the view to provide answers to the research question and test the proposed hypothesis for this study. Quantitative research methods of surveys and in-depth semi-structured interview were adopted for this study.

Population of the Study

The population of the study consisted of all the ward development committee members and Officers In-charge (OICs) of health facilities in Osun and Oyo States, Southwest, Nigeria. As at the time of this study, 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 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.

Sample and Sampling Techniques

Multi-stage sampling procedure were used to select sample for this study. At the stage eight which is the last: the purposive sampling technique was used to select five, ward development committees members in each of the thirteen LGAs and also considering the facts that only five ward development committees members are currently reactivated or formed and available in the primary health care facilities, this make up a sample size of three hundred and

twenty-five (325) ward development committees' members for this study.

Methods of Data Collection

The data were collected by the administration of the research instruments to ward development committee members and officers in-charge of health facilities, while the Medical Officers of Health or Secretary of Local Government Health Authority were interviewed using the open ended five (5) items questions

Method of Data Analysis

This research data were analyzed and presented through descriptive and inferential statistics. Research questions were answered using descriptive statistics such as frequency, percentage, mean and standard deviation. Hypothesis was tested using inferential statistics such as regression analysis, multiple linear regression 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.

Results and Discussion of Findings

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, response to research question, hypothesis testing, and discussion of findings.

Research Question: What are the quality of onboarding training conducted for the ward development committees' members on their roles, responsibilities and term of reference in primary health care facility management in Southwest, Nigeria?

Table 4.2: Levels of Quality of Onboarding Training Conducted for the Ward Development Committees' Members on their Roles, Responsibilities and Term of Reference in Primary Health Care Facility Management in Southwest, Nigeria

S/N	Items	SA (%)	A (%)	D (%)	SD (%)	Mean	Std	Remarks
24	I have a clear understanding of the onboarding training contents related to my roles and responsibilities	116(29.8)	149(38.2)	114(29.2)	11(2.8)	2.26	.951	Moderate
25	One day training is Inadequate for newly recruited WDC members to acquire new skills and knowledge to perform their roles and responsibilities satisfactorily	196(50.3)	150(38.5)	28(7.1)	16(4.1)	2.26	.951	High
26	Importance of experienced trainers or experts drawn from organization such as (NPHCDA, OSPHCB/A, SMOH, development partners: WHO, UNICEF etc.) during onboarding training will promote WDCs' performance	283(72.6)	106(27.1)	1(.3)	0(0)	2.26	.951	High
27	More days for onboarding training are required for newly recruited WDC members to be able to acquire new skills and knowledge on their roles and responsibilities	238(61.0)	146(37.4)	4(1.0)	2(.5)	2.26	.951	High
28	I believe that overall training evaluation and feedback from participants are essential components of high-quality training standards	180(46.2)	208(53.3)	2(.5)	0(0)	2.26	.951	Low
29	The onboarding training received was not adequate to effectively build capacity of WDC members on their roles and responsibilities and have significantly influence WDCs' performance	162(41.5)	11(2.8)	155(39.8)	62(15.9)	2.26	.951	Moderate

30	I received a comprehensive onboarding training as stated in the National Guidelines for the Development of PHC Systems in Nigeria	44(11.3)	21(5.4)	217(55.6)	108(27.7)	2.26	.951	Low
Weighted Mean and Standard Deviation						2.13	0.90	

Sources: Fieldwork, 2025

Table 4.2 presented the results on the levels of quality of onboarding training conducted for ward development committee members on their roles, responsibilities, and terms of reference in primary health care facility management in Southwest, Nigeria. The results revealed that a significant proportion of respondents, specifically 38.2% agreed and 29.8% strongly agreed that they have a clear understanding of the onboarding training contents related to their roles and responsibilities. However, 29.2% disagreed with this statement, suggesting that nearly half of the respondents did not feel confident in their comprehension of the training materials. Furthermore, 2.8% strongly disagreed, which highlighted a small but notable segment of respondents who felt entirely unclear about the training content. This distribution was supported by a mean score of 2.26 and a standard deviation of 0.951, indicated a mixed reactions towards clarity of the onboarding training, as well as variability in how well respondents understood the training.

Finally, the results indicated that a significant majority of respondents, 55.6%, disagreed with the statement that they received a comprehensive onboarding training as outlined in the National Guidelines for the Development of PHC Systems in Nigeria. This suggested that more than half of the respondents felt that the training they underwent did not fully align with the expectations or requirements set forth in the

national guidelines, raising concerns about the thoroughness and completeness of the training process. In contrast, only 11.3% of the respondents agreed that the training was comprehensive, highlighting a clear disconnect between the intended standards of training and the actual experiences of most ward development committee members. Furthermore, 5.4% strongly agreed with the statement, indicating a very small fraction who felt the training they received was sufficiently aligned with the national guidelines. Meanwhile, 27.7% strongly disagreed with the statement, further emphasising the dissatisfaction among respondents regarding the comprehensiveness of the training. The mean score of 2.26 and the standard deviation of 0.951 suggested that there was a significant gap between the expected and perceived quality of the training, with the majority of respondents expressing dissatisfaction. This finding points to the need for a thorough review and improvement of the onboarding training process to ensure it meets the standards set out in the national guidelines and adequately prepares WDC members for their roles and responsibilities.

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 4.3: Summary of Regression Analysis for the Relative Influence of Recruitment and Onboarding Training on Ward Development Committees' Performance in Primary Health Care Facility Management

	Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
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 facility management

Source: Fieldwork, 2025

Table 4.3 presented the results for the relative influence of independent variables (recruitment and onboarding training) on ward development committee in managing primary health care facility in Southwest, Nigeria. The dependent variable ward development committee performance was measured by aggregating responses to several indicators of their effectiveness in health facility governance, while the independent variables recruitment and onboarding training were likewise measured using composite scores derived from multiple survey items. The results of the regression analysis were summarized in Table 4.2 the unstandardised coefficients showed the actual unit changes in ward development committee performance attributed to each predictor, while the standardized Beta coefficients revealed the strength of each independent variable's influence 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 ward development committees' performance. This means that, holding onboarding training constant, recruitment practices contribute more significantly to improved performance outcomes. Similarly, onboarding training had a

Beta coefficient of 0.149, a t-value of 3.220, and a p-value of 0.001, also indicating a statistically significant positive influence on WDC performance. Although, the influence was smaller compared to recruitment, it is nonetheless critical. This result demonstrated that providing ward development committee members with structured training, clarity of roles, knowledge of local health needs, and frequent meeting engagement would positively contributes to their performance.

Discussion of Findings

The study result of Table 4.2 indicates a strong inconsistent onboarding training impedes ward development committee members' capacity to perform effectively in PHC facility management. The findings highlighted the perception that onboarding training for ward development committee members in Southwest, Nigeria is inadequate, with a mean score of 2.13 and a standard deviation of 0.90. The majority of respondents emphasised that the current one-day orientation session is insufficient to prepare WDC members adequately for their roles and responsibilities. They believed that the current training falls short in providing them with the essential skills, knowledge, and tools required to execute their roles and responsibilities

effectively. Furthermore, respondents called for training to be structured in alignment with the national guidelines for the development of PHC systems in Nigeria. This would ensure that onboarding training is comprehensive, standardized, and fully aligned with national policy documents.

Similarly, this concern about inadequate or lack of training is further supported by insights from the in-depth interviews, which provided a deeper understanding of the challenges faced by WDC members. One of the participant observed that, “A one-day orientation session is barely enough to scratch the surface; we need more time to really understand how to support PHC facility effectively”. This comment underscores the study’s findings that the current onboarding is too brief and lacks depth, highlighting the critical need for longer, more comprehensive onboarding training. Several participants emphasised that proper training should not just cover theoretical aspects but also provide real-life scenarios and role-playing exercises. One interviewee mentioned that, “Without practical training, we just end up with theoretical knowledge that’s not useful in the field.” This sentiment reinforces the findings that hands-on training and ongoing support are essential for WDC members to translate knowledge into effective performance.

Conclusion:

This study concluded that, onboarding training for ward development committee members were inadequate or absent, with 83.3% of respondents expressed dissatisfaction with the quality of training received and that, the gaps in the current onboarding trainings if not address will continue to negatively affect the performance of ward development committees in PHC facility management in Southwest Nigeria.

Recommendations:

State Primary Health Care Development Board or Agency should implement standardized, comprehensive onboarding trainings forward development committees, this training should go

beyond theory to include participatory learning and action (PLA), hands-on, practical exercises, case studies, and simulations that mirror real-time challenges in the management of PHC facilities in Southwest Nigeria, with technical support from relevant health institutions such as NPHCDA, WHO, and UNICEF.

Endnotes

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