

ASSESSMENT OF THE PROVISION OF HEALTH CARE DELIVERY IN ESAN CENTRAL LOCAL GOVERNMENT

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Abstract

This study assessed healthcare delivery in Esan Central Local Government Area of Edo State. A descriptive survey design was adopted, and data were collected using a structured questionnaire from 270 respondents selected from staff and residents. The reliability coefficient was 0.78. Data were analyzed using mean and standard deviation. Findings revealed that the extent of healthcare service delivery was high for basic services such as immunization and maternal care. Availability and adequacy of primary healthcare facilities were moderate; basic equipment was available but essential drugs and vaccines were inadequate. Service quality was moderate, with staff competence rated high but long waiting times reducing overall quality. Healthcare delivery positively impacted residents' well-being, improving maternal health and reducing common diseases. However, the role of local government in managing and funding primary healthcare was weak, particularly in funding, maintenance, and personnel provision. Major challenges included inadequate funding, shortage of health personnel, poor infrastructure, and lack of essential drugs. The study concluded that although healthcare services are available and positively affect well-being, significant gaps remain in facility adequacy, service quality, and local government commitment. It was recommended that the Edo State government increase funding for primary healthcare, ensure consistent supply of essential drugs and vaccines, empower local governments with greater financial autonomy, and conduct regular supervision to improve accountability and service delivery.

Keywords: Healthcare delivery, primary healthcare, local government, facility adequacy, service quality, Esan Central

Introduction

A nation's economic and social development is closely linked to the effectiveness of its healthcare system. Access to quality healthcare services remains a fundamental requirement for improving the well-being and productivity of citizens. However, in many developing countries, including Nigeria, the health sector continues to face persistent challenges that limit its ability to deliver adequate services. Despite various reforms and policy interventions, the Nigerian healthcare system is still characterized by poor infrastructure, inadequate funding, shortage of skilled personnel, and unequal distribution of health facilities. These challenges have contributed to poor health outcomes and increased the burden of diseases among the population (Fullman et al., 2018).

In addition, issues such as the circulation of fake drugs, substandard medical products, and the prevalence of communicable diseases have further weakened the system and raised concerns about its effectiveness.

Within this context, local governments are expected to play a central role in improving healthcare delivery, particularly at the grassroots level. As the tier of government closest to the people, local governments are strategically positioned to identify community health needs and implement appropriate interventions. Their responsibilities include the provision and management of primary healthcare services, promotion of preventive health programmes, and support for maternal and child health initiatives. While these roles are clearly defined, there is growing concern about the extent to which local governments in Nigeria effectively carry out these responsibilities. Studies such as Okpani and Abimbola (2015) emphasize the importance of local government participation in healthcare delivery but also highlight existing gaps between policy expectations and actual performance. This gap raises important questions about the effectiveness of local governance structures in addressing healthcare challenges.

The introduction of Primary Health Care (PHC) as a national strategy marked a significant step toward improving healthcare access in Nigeria. The National Health Policy of 1987, as discussed in Anyika (2014), positioned PHC as the foundation for achieving equitable and affordable healthcare for all citizens. The programme was designed to provide essential health services, particularly to rural and underserved populations, through initiatives such as immunization, health education, disease prevention, and provision of basic medical care. However, despite its strong conceptual foundation, the implementation of PHC in Nigeria has been inconsistent. Many PHC centres remain under-equipped, understaffed, and poorly managed, limiting their capacity to deliver effective services.

The adoption of decentralization as a reform strategy was intended to address some of these challenges by transferring authority and responsibility for healthcare delivery to local governments. According to Uzochukwu et al. (2014), decentralization was expected to improve efficiency, enhance accountability, and encourage community participation in health management. This approach aligns with the principles of the Alma-Ata Declaration of 1978, which emphasized accessible, community-based, and participatory healthcare systems. While decentralization has the potential to strengthen healthcare delivery, its effectiveness largely depends on the capacity, commitment, and resource availability at the local government level. In practice, however, there is limited empirical evidence showing how well local governments have utilized this opportunity to improve healthcare services, especially in specific local contexts.

Despite the recognized importance of local governments in healthcare delivery, existing literature has focused more on national policies and general health sector challenges, with limited

attention to localized assessments of healthcare performance. There is therefore a need for context-specific studies that critically examine how local governments manage and deliver healthcare services at the grassroots level. This study addresses this gap by focusing on healthcare service delivery in Esan Central Local Government Area of Edo State. By doing so, it provides a clearer understanding of how local government actions influence healthcare outcomes and contributes to the broader discourse on improving primary healthcare delivery in Nigeria.

Statement of the Problem

The healthcare system in Nigeria continues to face significant challenges that undermine its ability to provide effective and accessible services to the population. Although the responsibility for primary healthcare delivery is constitutionally assigned to local governments, the performance of this tier of government has remained largely unsatisfactory. In many parts of the country, primary healthcare centres are poorly funded, inadequately equipped, and insufficiently staffed, which limits their capacity to meet the health needs of the people. These challenges are further compounded by weak administrative structures, poor planning, and lack of accountability in the management of healthcare resources. As a result, many citizens, particularly those in rural areas, are unable to access quality healthcare services when needed.

One of the major issues affecting healthcare delivery at the local level is the problem of inadequate funding and inefficient resource utilization. The existing revenue allocation system in Nigeria often leaves local governments with limited financial capacity to effectively manage healthcare services. In addition, healthcare is not always given adequate priority by local government authorities, leading to neglect of primary healthcare facilities. Poor working conditions, low salaries, and lack of incentives have also contributed to the migration of skilled health professionals, thereby weakening service delivery at the grassroots level. These structural and institutional weaknesses indicate deeper governance challenges that affect the overall performance of the healthcare system.

Furthermore, despite various reforms such as decentralization and the establishment of the Primary Health Care (PHC) system, there is still limited evidence on how these policies have translated into improved healthcare outcomes at the local level. While national-level studies provide general insights into healthcare challenges, they often fail to capture the specific realities and unique problems faced by individual local government areas. This creates a gap in understanding how healthcare services are actually delivered within specific communities and the factors influencing their effectiveness.

In Esan Central Local Government Area of Edo State, concerns have been raised regarding the state of healthcare facilities, the quality of services provided, and the ability of local authorities to effectively manage primary healthcare delivery. Reports of inadequate infrastructure, shortage of medical personnel, and poor service quality suggest that the expected benefits of decentralization

and PHC implementation may not have been fully realized in the area. However, there is limited empirical evidence that clearly examines these issues in a systematic manner.

Given these challenges, there is a need for a focused and detailed assessment of healthcare service delivery at the local level. This study therefore seeks to critically examine the provision of healthcare services in Esan Central Local Government Area, with particular attention to the extent of service delivery, availability of facilities, quality of care, and the challenges affecting effective healthcare management. Doing so, the study provides evidence-based insights that can inform policy decisions and improve healthcare delivery at the grassroots level.

Research Questions

This study is, therefore, guided by the following questions:

- i. What is the extent of healthcare service delivery in Esan Central Local Government Area?
- ii. What is the availability and adequacy of primary healthcare facilities in the study area?
- iii. What is the quality of healthcare services provided to residents in Esan Central Local Government?
- iv. What is the impact of healthcare service delivery on the well-being of residents in Esan Central Local Government Area?
- v. What are the role of the local government in the management and funding of primary healthcare services?
- vi. What are the major challenges affecting effective healthcare delivery in the area?

The Objectives of the Study

The overall aim of this study is the assessment of the provision of Health Care Delivery in Esan Central Local Government. The specific objectives of this study are:

- i. To examine the extent of healthcare service delivery in Esan Central Local Government Area;
- ii. To assess the availability and adequacy of primary healthcare facilities in the study area;
- iii. To evaluate the quality of healthcare services provided to residents in Esan Central Local Government;
- iv. To analyze the role of the local government in the management and funding of primary healthcare services;
- v. To determine the impact of healthcare service delivery on the well-being of residents in Esan Central Local Government Area
- vi. To identify the major challenges affecting effective healthcare delivery in the area;

Literature Review

Health Care Delivery

Health care delivery has been defined by various scholars from different perspectives. According to Nteta et al., (2015), health care delivery refers to the organized provision of health services, including preventive, curative, and rehabilitative care, through a structured system involving facilities, personnel, and resources working together to meet the health needs of a population. Titus et al., (2015) conceptualize health care delivery as the process through which health services are made available and accessible to individuals and communities, encompassing governance structures, financing mechanisms, human resources, and service provision channels that collectively determine the effectiveness and equity of health outcomes. Similarly, Isaruk, Ikonne, and Imaralu (2024) define health care delivery as the interaction between health care providers and beneficiaries within a health system, emphasizing the importance of quality dimensions such as assurance, reliability, empathy, responsiveness, and tangibility in ensuring that services meet the expectations and needs of patients.

Provision of Primary Health Care (PHC)

Primary Health Care (PHC) is widely recognized as the foundation of an effective and equitable health system, particularly in developing countries. According to Anyika (2014), PHC refers to essential healthcare services that are universally accessible to individuals and families in a community through their full participation and at a cost that the community and country can afford. It encompasses a broad range of services, including health education, maternal and child health care, immunization, nutrition, treatment of common diseases, and provision of essential drugs. Similarly, Uzochukwu et al. (2014) describe PHC as a community-based approach to healthcare delivery that emphasizes prevention, accessibility, and local participation in health management. The PHC model was strongly influenced by the Alma-Ata Declaration of 1978, which promoted healthcare as a fundamental human right and stressed the need for governments to ensure equitable distribution of health services.

Role of Local Government in Healthcare Delivery

Local governments play a crucial role in the delivery and management of healthcare services, particularly at the grassroots level. As the closest tier of government to the people, they are strategically positioned to understand and respond to the specific health needs of their communities. According to Okpani and Abimbola (2015), local governments are responsible for the establishment, funding, and supervision of primary healthcare centres, as well as the implementation of community-based health programmes such as immunization, sanitation, and disease prevention initiatives. In addition, they are expected to ensure the availability of basic

medical supplies, recruit and manage healthcare personnel, and promote health awareness among residents. However, despite these responsibilities, the effectiveness of local governments in healthcare delivery has been widely questioned due to challenges such as inadequate funding, weak administrative capacity, and lack of accountability. In many cases, political interference and poor prioritization of health issues further hinder their performance.

Decentralization in Health Systems

Decentralization in health systems refers to the transfer of authority, responsibility, and resources from central governments to lower levels of administration, particularly state and local governments, with the aim of improving efficiency and responsiveness in service delivery. According to Uzochukwu et al. (2014), decentralization allows local authorities to plan, implement, and manage healthcare services based on the specific needs of their communities, thereby promoting better utilization of resources and increased community participation. This approach is rooted in the belief that decision-making closer to the people leads to more effective and accountable governance. The adoption of decentralization in Nigeria's health sector was intended to strengthen primary healthcare delivery and enhance access to services, especially in rural areas. However, while decentralization offers significant potential benefits, its success largely depends on the capacity of local governments to effectively manage the responsibilities assigned to them.

Challenges of Healthcare Delivery

Healthcare delivery in Nigeria is confronted with numerous challenges that significantly affect the quality, accessibility, and efficiency of services. According to Fullman et al. (2018), these challenges include inadequate funding, shortage of skilled health professionals, poor infrastructure, and unequal distribution of healthcare facilities. In addition, issues such as corruption, weak governance, and poor policy implementation further complicate the delivery of effective healthcare services. The migration of healthcare workers to better-paying countries, commonly referred to as "brain drain," has also contributed to the shortage of qualified personnel in the system. Furthermore, the high cost of healthcare services makes it difficult for many citizens, especially those in rural areas, to access necessary medical care. These challenges are not only structural but also systemic, reflecting deeper issues in governance and policy execution. As a result, many healthcare facilities, particularly at the primary level, are unable to function optimally, leading to poor health outcomes and reduced public confidence in the healthcare system.

Health Outcomes and Community Well-being

Health outcomes and community well-being are key indicators of the effectiveness of a healthcare system and the overall development of a society. Health outcomes refer to measurable changes in the health status of individuals or populations, such as reduced mortality rates, improved life expectancy, and decreased prevalence of diseases. According to Okpani and Abimbola (2015),

improved health outcomes are closely linked to the availability and quality of healthcare services, as well as the socio-economic conditions of the population. Community well-being, on the other hand, goes beyond physical health to include social, economic, and environmental factors that influence the quality of life of individuals. Effective healthcare delivery plays a significant role in enhancing community well-being by preventing diseases, promoting healthy lifestyles, and ensuring timely treatment of illnesses.

Health Policy and Legislation

Health policy and legislation are critical components of a functional healthcare system, as they provide the framework for planning, implementing, and regulating health services. Health policies are deliberate actions and decisions taken by governments to achieve specific healthcare goals, while legislation involves the legal instruments that enforce these policies. According to Anyika (2014), effective health policies are essential for ensuring equitable access to healthcare services, improving service quality, and promoting accountability within the system. In Nigeria, various health policies, including the National Health Policy and the Primary Health Care framework, have been introduced to address the challenges in the health sector. However, the effectiveness of these policies largely depends on proper implementation, monitoring, and evaluation. Weak enforcement of health laws, inadequate funding, and lack of political will often limit the impact of these policies on improving healthcare delivery.

Empirical Studies

Kress, Su, and Wang (2016) conducted a study titled "Assessment of Primary Health Care System Performance in Nigeria: Using the Primary Health Care Performance Indicator Conceptual Framework." The researchers utilized the Primary Health Care Performance Indicators conceptual framework to guide their analysis. Data were drawn from multiple sources, including recent facility-level information from the World Bank Service Delivery Indicators Survey. The study found that Nigeria has a relatively large number of PHC centers, reasonable geographic access to PHC services, and a relatively high density of health workers. However, despite these favorable indicators, the performance of the PHC system was found to be hindered by several critical factors.

Soji-Oluwatosin and Ibrahim (2025) conducted a comparative analysis of healthcare delivery and management systems in Nigeria and India, two populous developing countries that face similar structural challenges but have significantly different health outcomes and medical tourism dynamics. The study was guided by the World Health Organization's Health Systems Framework and adopted a multiple-case study design, relying on secondary data from national health accounts, WHO reports, and peer-reviewed literature spanning 2015 to 2023. The findings revealed that while both countries operate decentralised health systems, India's system demonstrates broader state-level autonomy, stronger public health insurance mechanisms, and

formal recognition of traditional medicine. These features, combined with consistent government investment and targeted reforms, contribute to better health performance indicators, including lower infant and maternal mortality rates and higher life expectancy. In contrast, Nigeria's system, though structurally simpler, suffers from poor coordination across levels of government, inadequate health financing, underperforming primary healthcare facilities, and limited health insurance coverage.

Isaruk, Ikonne, and Imaralu (2024) conducted a study titled "Assessment of Quality Health Care Service Delivery by Health Care Providers in Federal Tertiary Health Facilities in South-South, Nigeria." A survey research design was employed, with a population of 3,306 healthcare providers selected from Federal Medical Centres in Asaba and Yenagoa, as well as the University of Port Harcourt Teaching Hospital and the University of Uyo Teaching Hospital. Using Krejcie and Morgan's sampling formula, a sample size of 378 healthcare providers was determined. A convenience sampling technique was used to administer 378 questionnaires to healthcare professionals over an eight-week period, achieving a 95% return rate. Data were analyzed using descriptive statistical tools. The findings revealed a high level of quality healthcare service delivery by healthcare providers in federal tertiary health facilities in South-South Nigeria.

Ajayi (2014) conducted a study titled "An Assessment of Primary Health Care in Kosofe Local Government Area of Lagos State." Primary data were collected through questionnaires and interviews. Sixty copies of the questionnaire were administered to health service providers and health care beneficiaries, comprising 20 health care providers and 40 health care beneficiaries. Additionally, 19 respondents were interviewed, including six health care providers (Community Health Officer, two nurses, one health educator, health attendants, and a Community Health Extension Worker) and 13 health care beneficiaries (four pregnant women, four nursing mothers, three students, and two market women). The findings of the study revealed that primary health care is the major service provided by the local government, as 65% of respondents strongly agreed with this.

Methodology

The research design adopted in this work is the descriptive survey design method which comprises of the use of questionnaires. The method of data collection in this study was through primary sources of data. Questionnaire was designed to solicit data from respondents. According to Silverthorne, Fisher and Fox, (1989), population is "the totality of any group, persons or object which is defined by some unique attributes. The population of this study comprised of staff of primary health care in Esan Central Local Government area, Edo State and indigenes who utilize primary health care services in Esan Central Local Government with a total of seven hundred and ninety two (792). A total of three hundred (300) staff and indigene or residents from Esan Central Local

Government Area of Edo State will be sample for the study. This study adopted the simple random sampling techniques. The simple random technique was used to select three hundred (300) respondents in Esan Central Local Government Area of Edo State. To ensure the accuracy of the instrument, a reliability test was conducted using Cronbach Alpah method with a reliability coefficient of 0.78 which showed that the instrument was highly reliable. Data obtained from the field work through the use of questionnaire was analyzed descriptively based on research questions raised hence, Mean and standard deviation was used in the study.

Results and Discussion

Research Question 1: What is the extent of healthcare service delivery in Esan Central Local Government Area?

Table 1: Mean and Standard Deviation on Extent of Healthcare Service Delivery

S/N	Items	Mean (X)	SD	Decision
1	Availability of basic treatment services	3.28	0.71	High
2	Access to maternal and child health services	3.21	0.68	High
3	Immunization services are regularly provided	3.15	0.70	High
4	Availability of emergency care services	2.94	0.75	Moderate
Grand Mean		3.15	0.71	High

The result shows a grand mean of 3.15, indicating a high extent of healthcare service delivery in Esan Central Local Government Area. This implies that basic healthcare services such as immunization and maternal care are relatively available, although emergency services remain moderately provided.

Research Question 2: What is the availability and adequacy of primary healthcare facilities in the study area?

Table 2: Mean and Standard Deviation on Availability of PHC Facilities

S/N	Items	Mean (X)	SD	Decision
1	Availability of medical equipment (generator, BP machine)	3.17	0.72	High
2	Availability of basic tools (thermometer, weighing scale)	3.25	0.69	High
3	Availability of drugs and vaccines	2.85	0.74	Moderate
4	Adequacy of health facilities	2.90	0.73	Moderate
Grand Mean		3.04	0.72	Moderate

The grand mean of 3.04 indicates moderate availability and adequacy of PHC facilities. While basic equipment is available, essential drugs and vaccines are not adequate, confirming gaps in service provision.

Research Question 3: What is the quality of healthcare services provided to residents?

Table 3: Mean and Standard Deviation on Quality of Healthcare Services

S/N	Items	Mean (X)	SD	Decision
1	Staff responsiveness to patients	3.10	0.66	High
2	Waiting time for services	2.80	0.72	Moderate
3	Professional competence of staff	3.05	0.70	High
4	Patient satisfaction level	3.00	0.68	High
Grand Mean		2.99	0.69	Moderate

The grand mean of 2.99 indicates moderate quality of healthcare services. While staff competence and responsiveness are relatively good, delays and service inefficiencies reduce overall quality.

Research Question 4: What is the impact of healthcare service delivery on the well-being of residents?

Table 4: Mean and Standard Deviation on Health Outcomes

S/N	Items	Mean (X)	SD	Decision
1	Reduction in common diseases	3.02	0.71	High
2	Improvement in maternal and child health	3.18	0.69	High
3	Increased life expectancy	2.95	0.74	Moderate
4	General improvement in community health	3.10	0.70	High
Grand Mean		3.06	0.71	High

The result indicates a positive impact of healthcare delivery on residents' well-being with a grand mean of 3.06. This suggests that healthcare services contribute to improved health conditions in the area.

Research Question 5: What is the role of local government in the management and funding of PHC services?

Table 5: Mean and Standard Deviation on Role of Local Government

S/N	Items	Mean (X)	SD	Decision
1	Funding of healthcare facilities	2.70	0.75	Low
2	Supervision of health centres	2.85	0.73	Moderate
3	Provision of medical personnel	2.78	0.72	Moderate
4	Maintenance of facilities	2.65	0.74	Low
Grand Mean		2.75	0.73	Moderate

The findings reveal a moderate but weak role of local government, particularly in funding and maintenance, indicating inefficiency in healthcare management.

Research Question 6: What are the major challenges affecting healthcare delivery?

Table 6: Mean and Standard Deviation on Challenges

S/N	Items	Mean (X)	SD	Decision
1	Inadequate funding	3.30	0.70	High
2	Shortage of health personnel	3.25	0.68	High
3	Poor infrastructure	3.18	0.72	High
4	Lack of essential drugs	3.22	0.71	High
Grand Mean		3.24	0.70	High

The result shows that challenges affecting healthcare delivery are high, especially funding, manpower shortage, and poor infrastructure.

Discussion of Findings

The findings of this study revealed that the extent of healthcare service delivery in Esan Central Local Government Area is relatively high, particularly in the provision of basic services such as immunization, maternal and child healthcare, and treatment of common illnesses. This suggests that primary healthcare centres are functioning to some degree in delivering essential health services to residents. This finding is consistent with Ajayi (2014), who reported that primary healthcare services are the major form of healthcare delivery at the local government level and significantly impact the lives of community members. However, despite this moderate success, the findings also indicate gaps in areas such as emergency services, suggesting that service delivery is not comprehensive.

The study showed that the availability and adequacy of primary healthcare facilities in the study area are moderate. While basic equipment such as thermometers, weighing scales, and blood pressure machines are available, essential drugs and vaccines are not sufficiently adequate. This finding aligns with Kress et al. (2016), who identified shortages of drugs, vaccines, and medical equipment as major challenges affecting PHC performance in Nigeria. Similarly, the study supports Onyenebo et al. (2019), who observed that many PHC facilities lack the necessary resources to provide comprehensive care. The implication is that although facilities exist, their functionality is limited by inadequate supplies, which reduces their effectiveness in meeting the health needs of the population.

The findings revealed that the quality of healthcare services provided to residents is moderate. Although healthcare workers demonstrate competence and responsiveness, challenges such as long waiting time and service inefficiencies reduce the overall quality of care. This finding contrasts with Isaruk, Ikonne, and Imaralu (2024), who reported a very high level of healthcare service quality in federal tertiary health facilities in South-South Nigeria across key dimensions such as assurance, empathy, and responsiveness. The difference in findings may be attributed to the level of healthcare being examined, as tertiary institutions are generally better equipped and funded than primary healthcare centres. This study therefore highlights the gap between higher-level healthcare facilities and grassroots health services in terms of service quality.

The study found that healthcare service delivery has a positive impact on the well-being of residents in Esan Central Local Government Area, as evidenced by improvements in maternal health, reduction in common diseases, and general community health. This finding is in line with Ajayi (2014), who observed that PHC services positively influence the lives of beneficiaries. It also supports the assertion by Okpani and Abimbola (2015) that effective healthcare delivery contributes significantly to improved health outcomes and community development. However, the moderate nature of some indicators suggests that the impact is not yet optimal, which reflects the limitations identified in service quality and facility adequacy.

The findings indicated that the role of local government in the management and funding of primary healthcare services is relatively weak. Issues such as inadequate funding, poor supervision, and insufficient provision of health personnel were identified as major concerns. This finding is consistent with Soji-Oluwatosin and Ibrahim (2025), who noted that Nigeria's decentralized health system suffers from poor coordination, inadequate financing, and weak institutional performance at the local level. Similarly, Onwujekwe et al. (2020) emphasized that governance challenges significantly affect the effectiveness of PHC delivery in Nigeria. The implication is that although local governments are constitutionally responsible for PHC, their limited capacity undermines effective service delivery.

The study identified several major challenges affecting healthcare delivery in the study area, including inadequate funding, shortage of healthcare personnel, poor infrastructure, and lack of essential drugs. These challenges were found to be highly significant and continue to hinder effective healthcare delivery. This finding strongly supports Kress et al. (2016), who highlighted systemic issues such as weak supply chains, poor infrastructure, and insufficient resources as key barriers to PHC performance in Nigeria. It also aligns with Soji-Oluwatosin and Ibrahim (2025), who emphasized that inadequate financing and weak coordination are major limitations of Nigeria's healthcare system. These findings confirm that the challenges facing healthcare delivery are both structural and systemic in nature.

Conclusion

Based on the findings of this study, it can be concluded that healthcare service delivery in Esan Central Local Government Area is moderately effective, particularly in the provision of basic health services such as immunization and maternal care. However, the adequacy of healthcare facilities, availability of essential drugs, and overall quality of services remain below optimal levels. The study further revealed that while healthcare delivery has a positive impact on the well-being of residents, this impact is limited by several systemic challenges, including inadequate funding, shortage of healthcare personnel, and poor infrastructure. In addition, the role of the local government in managing and funding primary healthcare services was found to be weak, thereby affecting the efficiency and sustainability of service delivery. Overall, the study concludes that improving healthcare delivery in the study area requires stronger institutional support, better resource allocation, and effective governance at the local level.

Based on the findings of the study, the following recommendations are made:

- i. The government, particularly at the local level, should increase funding for primary healthcare services to ensure the availability of essential drugs, equipment, and infrastructure.
- ii. There should be a consistent and sustainable supply of essential drugs and vaccines to primary healthcare centres to improve service delivery.
- iii. Local governments should be empowered through greater financial autonomy and administrative capacity to effectively manage healthcare services.
- iv. Efforts should be made to recruit more qualified healthcare personnel and improve their working conditions to reduce staff shortages.
- v. Government should invest in upgrading healthcare facilities, especially in rural areas, to improve service quality and accessibility.
- vi. Regular supervision and evaluation of healthcare facilities should be conducted to ensure accountability and improve performance.

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