Problems and prospects of primary health care in Nigeria: a case study of Nembe, Nembe Local Government Area, Bayelsa state

[1] John Osemwengie Osaghae & [2] Teilayo Tugunimibofa

[1] Institute of public administration and health service management, university of Benin, Benin city, Nigeria, Tel no. +2348037083452, Email: osemwengie.osaghae@uniben.edu

[2] Institute of public administration and health service management, university of Benin, Benin city, Nigeria, Tel. no. +2348033847517

Abstract

Primary healthcare has remained central to the achievement of equitable and accessible health systems, particularly in developing countries such as Nigeria. Despite its formal adoption as a national strategy, primary healthcare delivery in Nigeria continues to face persistent structural and behavioural challenges. This study critically examined the problems and prospects of primary healthcare in Nigeria, using Nembe Community in Bayelsa State as a case study. The study adopted a qualitative analytical approach based on a critical review of secondary data, including policy documents, empirical studies, and institutional reports. The findings revealed that primary healthcare delivery was constrained by inadequate funding, human resource shortages, infrastructural deficits, weak governance structures, and inefficient drug supply systems. These structural limitations were further reinforced by socio-behavioural factors such as cultural beliefs, low health literacy, and mistrust of formal healthcare services. Drawing on the Health Belief Model and Social Cognitive Theory, the study demonstrated that healthcare utilisation is shaped by both institutional capacity and individual perceptions, thereby highlighting the interaction between structural and behavioural determinants. The study also identified emerging prospects, including policy reforms, decentralised healthcare delivery through the ward health system, technological innovation, and increased community engagement. The paper argues that sustainable improvement in primary healthcare requires an integrated approach that combines system strengthening with behavioural change strategies. It concludes that while the framework for effective primary healthcare exists in Nigeria, its success will largely depend on coherent implementation, improved governance, and sustained investment in both infrastructure and human capital.

Keywords: Primary Healthcare, Healthcare Utilisation, Health Systems Strengthening

Introduction

Health is the most basic measure of how well-developed a country has become, being a major constituent of human welfare. It goes without saying that when a certain group of people suffers from illness and is deprived of healthcare, then such a group cannot make its own contribution to economic prosperity or stability. That is why healthcare has a prominent place among other development topics, especially in developing nations (WHO, 2014).

The provision of affordable and accessible healthcare in Nigeria has been a recurring issue that has defied multiple policy and institutional efforts for many years now. The recurrence of this issue necessitates the need to understand why some policies, which were designed with good intentions, have failed to make an impact on improving people's health status. This is among the fundamental issues addressed in this study.

Primary healthcare plays a vital role in the health system of Nigeria as the first contact between people and professional health care facilities. Its aim is to deliver essential services tailored to the most widespread health requirements of the population. The introduction of primary healthcare as a national policy in 1986 was one of the crucial steps toward ensuring universal health coverage in Nigeria (Dada, 2023). This decision was prompted by international health movements advocating for equity, accessibility, and community engagement as core elements of successful health service delivery (WHO, 2018). In the case of Nigeria, for many people residing in rural areas, especially those in poverty, primary healthcare centers are their only choice when it comes to health care facilities within their reach. If something happens to these centers, they will have no other place to go.

Despite being established more than thirty years ago, primary healthcare services still encounter severe difficulties. Several factors suggest that health services are insufficient. For instance, high maternal and infant mortality rates, the spread of infectious illnesses like malaria and tuberculosis, and low access to preventive measures are some of the concerns (WHO, 2024). Several studies have indicated that communicable diseases and preventable illnesses contribute a large portion of the disease burden and deaths in Nigeria, especially among children under five years of age (Olawade, et al,. 2025). At this point, it would do well to consider the meaning behind these statistics. These are not mere figures. These are lives that have been claimed. These are families torn apart by circumstances that could have been avoided or managed through proper primary care. The death of a child due to measles, the death of a woman in her birthing process due to excessive bleeding, or the death of a man from malaria, these are catastrophes that an effective primary care health facility should prevent.

Indeed, such problems are rampant in the rural parts of any nation, as healthcare facilities there are usually underdeveloped, poorly staffed, or completely non-existent (Abubakar, et al., 2022). Bayelsa State, situated in the Niger Delta, is a good example of such issues. Despite the abundant natural resources that the state has, being a producer of crude oil, the healthcare system there is still far from perfection (Akagbue, et al., 2024). Therefore, Nembe Community serves well in terms of illustrating the practicality of national policies on healthcare in the Nigerian society.

The purpose of this research is to critically assess the issues and opportunities regarding primary healthcare in Nigeria. The goals of this project include the following: to study the theoretical basis of the concept of primary healthcare; to analyze its organizational model in Nigeria; to assess the challenges of its functioning locally;

and to investigate the opportunities for improvements.

In this case, there are key questions raised within the research as to why, despite its acknowledged value and implementation, primary health care has failed to meet its objectives in the country. The authors assert that the problems associated with primary health care in Nigeria go beyond the lack of necessary resources. They include fundamental governance, administrative, as well as socio-behavioural problems that affect the usage of health facilities (Norheim, 2015; Van Damm et al., 2017). Through the selection of the Nembe community, the study seeks to provide a practical approach in evaluating how such challenges affect ordinary people in their efforts to receive health care services

Conceptual Framework

The Concept of Primary Healthcare

Before looking at the peculiar problems of primary health care delivery in Nigeria, it will be important for us to gain clarity about what primary health care actually means. As the name implies, primary health care is the basic or essential health services that should be available to everyone in the society. These are based on acceptable social and scientific methods, and are delivered in ways that are affordable to the society and the nation at large (NPHCDA, 2017).

It is necessary to note here that the concept is not just about availability but also the acceptability of such services by the people. A health facility which is physically there but culturally unacceptable does not make any difference; and a service that is available but not affordable does not help anybody.

This approach focuses more on prevention, promotion of health, and community involvement, rather than just curative approaches provided through hospital settings (Makinde et al., 2018). The essence of primary health care is to view health as a human right that should be ensured by the government, thus making access to essential health care equal for all people. It includes different health services, such as health education, services for mothers and children, immunization, and prevention of diseases and provision of essential medicines (NPHCDA, 2013).

In developing countries, there is a need for the development of a primary healthcare approach since a majority of people live in remote areas (Hanson, et al., 2022). In Nigeria, the number of the population living in rural areas exceeds 50%, therefore, it becomes very important to develop an efficient system for providing health care. People living in rural areas cannot be viewed as a lower category of the population and their needs should be satisfied.

Evolution of Primary Healthcare in Nigeria

Primary healthcare in Nigeria does not start from the 1978 Declaration of Alma Ata, even though this is an international milestone that helped promote the adoption of the practice. Some early initiatives in expanding health service coverage included a programme called Basic Health Services Scheme where the goal was to provide healthcare to rural areas by establishing networks of health facilities (Croke & Ogbuoji, 2024). But these initiatives fell victim to poor planning and lack of resources; there were plans, but there was no way to execute them properly. The adoption of the policy of providing primary healthcare by the Nigerian government in 1986 marked an important stage for the development of healthcare in the country (Chukwuma, & Obi, 2025). This initiative was based on some international standards that required the adoption of community-based healthcare systems. As a result of these changes, there appeared several institutions responsible for organising and regulating healthcare provision

in Nigeria (NPHCDA, 2013). For the first time, there appeared a clear policy framework that would allow for providing primary healthcare.

Further reforms included other methods to enhance primary health care, including the ward health approach, which decentralized health service delivery and encouraged community involvement (Alawode, et al., 2026). However, despite these interventions, there has been a lack of uniform implementation of primary health care policies, with marked differences observed between urban and rural settings (Aregboshola & Khan, 2017). The lack of uniformity implies that the issue is not with the policies themselves, but rather their implementation—or lack thereof—in various regions of the country.

Principles and Components of Primary Healthcare

The effectiveness of primary healthcare is based upon certain principles that have to be borne in mind in making policies for primary health care as well as providing such services to people.

Accessibility is essential. Services provided must be accessible geographically; otherwise, the remoteness and lack of transport facilities become serious obstacles in receiving the healthcare services. If a health facility is located fifty kilometers away and it is a dirt road, it means that mothers cannot bring their sick children to this health center.

Affordability is equally important because the provision of healthcare should not be so expensive that people do not use it. This will render the whole effort of introducing such healthcare useless. Sometimes, even if healthcare services are available at no cost, the indirect costs involved in getting such services make them inaccessible.

The principle of acceptability is also important. The services provided should be culturally acceptable to the community that uses them. In many communities in Nigeria, there is a link between the culture of the people and their approach to disease, and it affects how health care services can be used by individuals. This means that if the cause of some diseases is considered spiritual and not biological, then one would seek help from the traditional healer instead of the modern health practitioner. Therefore, when a healthcare provider neglects this fact, he or she is doomed to fail in attracting patients despite all the facilities available.

Active participation of the community in primary health care is a core part of primary health care principles. People's involvement in the process of health service delivery makes them more aware of the importance of health centres for their welfare, hence making it easier to use the facilities (NPHCDA, 2017). If they feel like they own a health centre, they will be more careful about its state.

Apart from these principles, there are several other core components of PHC that ensure that all key determinants of good health are covered. The first component is health education, which helps raise awareness and promotes preventive measures. Nutrition and access to clean water and sanitation are equally important because they eliminate factors responsible for the emergence of certain diseases. Services for mothers' and children's health are another critical component, and so is family planning. Immunization campaigns protect people from avoidable diseases, and the treatment of ordinary conditions guarantees that basic medical needs are covered on the community level (NPHCDA, 2013). Finally, the availability of essential medications is crucial to provide effective healthcare services.

Without medications, a health center would resemble an automobile without fuel. It might appear fully functional but cannot fulfill its primary purpose. Apart from that, the increasing

importance of mental health promotion should be mentioned since it reflects a more complex perception of human well-being (Makinde et al., 2018).

Theoretical Framework

An analytical evaluation of primary healthcare will therefore involve a proper theoretical foundation that will not only focus on the structure of the health systems but will also be based on the behavioral elements that affect the use of the health systems. In this study, the Health Belief Model and the Social Cognitive Theory will be used to provide a basis of the study on the delivery and utilization of primary healthcare in Nigeria.

What is the reason behind these two theories? The answer is simple: They provide a connection between knowledge regarding what healthcare system should do and behaviour. While structural analysis deals with issues like financing, staffing, and facilities, behavioural theory helps understand perception, attitudes, and social factors.

The Health Belief Model

Health Belief Model can be an important tool in investigating the role played by perception in influencing health seeking behaviour. This public health framework states that when a person feels he is vulnerable to a certain health situation, the severity of the health problem is very high, and the advantages of health action exceed the disadvantages, the likelihood of engaging in the health action becomes higher (Ahmed et al., 2015).

In other words, each one asks himself several questions before making any decision related to his health; these include whether there are health risks to him, whether the disease would have negative consequences if occurred, whether consulting a physician would help in solving the health problem, and finally the problems associated with consulting a physician.

With respect to the provision of primary healthcare in Nigeria, this perception will greatly influence an individual's decision on whether to use these facilities. Take the example of a woman living in Nembe. If this woman does not perceive her child as being at risk for vaccine-preventable infections or feels that traveling to the health facility is not easy, it will not matter how effective the services offered in the facility might be. She is likely not going to take her child to the health center for vaccination.

Misconceptions with regard to disease causation and cure are rampant in most rural areas like Nembe. An example of one such misconception that has influenced health practices in these areas is the belief in the power of evil forces to cause some diseases. Furthermore, the experience of distrust with regard to the health facilities due to previous experiences will affect one's readiness to visit these facilities. This demonstrates why perceived barriers will have great bearing on health seeking behavior.

The theory further stresses the significance of cues to action, which are prompts that motivate an individual to engage in health behavior. In Nigeria, for example, cues to action can range from health education, community mobilization programs, and influence by community leaders. But when there is little awareness and poor communication, cues to action can be very limited in motivating behavior change.

Empirical Studies on Primary Healthcare in Nigeria

Existing scholarship on primary healthcare in Nigeria highlights a range of persistent and interrelated challenges that continue to undermine effective service delivery across the country. These studies, conducted over several decades, paint a consistent picture of a system struggling to fulfil its promise.

Funding Constraints

Empirical studies confirm poor funding as one of the key challenges that limit the efficiency and effectiveness of health care facilities in providing their services. According to Okafor (2016) in his paper exploring local government financial autonomy in Nigeria, inadequate and unstable funding in local governments negatively impacts the delivery of public health care programs. It has been found that budget allocations in health care are often cut during the process of approval in order to deliver poor services within communities.

What does this look like in practice? The fact is that many clinics simply do not have enough resources to carry out their duties. They have to choose between paying for supplies and covering personnel salaries. Do they cover rent and maintenance costs or can they afford new devices? All these are real problems faced by health facilities on a daily basis.

The latest empirical findings suggest that despite the policy changes in Nigeria aimed at ensuring more health financing, budget releases are still poor and inconsistent even at the subnational level (WHO, 2021; Okpani & Abimbola, 2020). It is yet another example of inconsistency observed in Nigeria's healthcare sphere. Governments tend to announce their policies, but funding often falls behind.

Human Resource Shortages

Another issue that goes hand in hand with the lack of funding is the issue of human resource shortage. Nigeria is faced with a major shortfall in the number of trained health workers, especially in rural areas. In some cases where there is availability of human resource, there is an uneven distribution, with most trained individuals being lured to cities (Dolea et al., 2015).

However, let us be honest and consider what would motivate anyone to work in such conditions. A doctor or nurse can agree, in principle, to work in rural settings. However, once the living conditions are terrible, there is nowhere for their children to get quality education, and career development options are non-existent, it is normal for one to choose working in cities.

Recent research has shown how this problem persists in that insufficient workforce planning, lack of motivation, and poor working environments have been the factors pushing health professionals out of rural settings (Okpani & Abimbola, 2020). As a result, the rural population is under-provided for and forced to turn to alternative sources of medical assistance, such as the informal sector. There are places where one nurse covers all the operations at the local clinic by visiting multiple patients daily and, in addition to that, managing supplies and other activities which could be handled by several nurses.

Infrastructure Deficits

The presence of infrastructure deficits makes it more difficult for healthcare services to reach the target communities. Most primary healthcare centers do not have adequate infrastructure such as electricity, clean water, and equipment (Aregboshola & Khan, 2017). Current reviews show that many primary healthcare centers lack adequate infrastructure, especially in remote areas where there is logistical and financial constraints that affect the development of health centers (Kruk et al., 2020). Without electricity, how can you keep vaccines cool? Without clean water, how can you ensure adequate sterilization of medical tools and instruments and uphold minimum hygienic standards? This is not a luxury; it is a necessity. You cannot provide quality services without the presence of these infrastructures.

Apart from affecting the number of health services that can be provided at the centers, the absence of these basic infrastructures reduces the quality of service provision and demotivates people to use the services. In some instances, health centers are not really functional because they lack essential equipment, medicine, and personnel to offer healthcare services.

Governance and Coordination Challenges

The problems of governance and administrative inefficiencies are equally important causes of the inadequacy of primary health care provision. As previously noted, the devolved nature of healthcare services provision in Nigeria, although designed to ensure greater responsiveness, frequently leads to inefficient cooperation between the three tiers of the government. The overlapping of duties and responsibilities between governmental levels allows for potential corruption and inefficiencies (Norheim, 2015).

Consider what happens when things go wrong. A health center lacks medications. A nurse has not received payment for three months. A building needs repairs. In all cases, it can be challenging to determine at which governmental level this issue lies – federal, state, or municipal? All parties have an opportunity to shift responsibility to another person or level, and the population suffers from their disputes over who must solve this problem. Recent reviews on governance issues in Nigeria highlight that the fragmented nature of the country's health care system remains a major obstacle for implementing health policies effectively (Abimbola et al., 2021). The lack of institutional coherence undermines the efficiency of health interventions and perpetuates deficiencies in service provision.

Drug Supply Systems

The next big problem is the inefficiency in the logistics involved in drug delivery, Procurement, storage, and transportation of necessary medications are often done very badly, resulting in persistent shortages and even the presence of fake or low-quality medications (Olayisade, et al., 2025). Imagine that you are the one who has come to the health center to get treatment. You have spent hours of your time walking through villages and roads to get there. You queue up for your turn, and finally, you see a nurse who informs you that the medicine you need is unavailable. Would you visit such a place again? It is an easy guess. Modern research shows that the problem of the poor condition of the supply chain is another significant obstacle to quality primary healthcare services (WHO, 2021).

Health Information Systems

Furthermore, inadequate health information systems hinder the effectiveness of decisions made by policymakers and health managers. Sound data concerning health indicators, utilization of services, and resource allocation are necessary when making decisions. Unfortunately, most of the primary healthcare centers do not have adequate capacity to collect, analyze and use data (Mwogosi, 2026). Decision-making, without sound data, becomes an arbitrary process of guessing. It becomes based on gut feeling, wishful thinking or political considerations rather than facts. A budget is set according to last year's data and not present-day requirements. Programs are increased even if they are failing because no data is gathered to evaluate them. The recent research indicates that, while various efforts in digital health are currently undertaken, there are still problems with implementation, such as infrastructure challenges, training needs and data management issues (Odendaal et al., 2020).

Socio-Behavioural Factors

Socio-behavioural factors play a crucial role in determining primary healthcare service

utilization. Culture, lack of knowledge regarding healthcare issues, and general distrust of modern healthcare facilities hinder individuals from using such facilities (Uno, et al,. 2025). Modern scientific investigations have shown the importance of these factors as well as how false perceptions about care and previous bad experiences impact people's decisions concerning their health needs (Abimbola et al., 2021). All these demonstrate the necessity to take measures aimed not only at improving primary healthcare in Nigeria but also at overcoming certain social and behavioral determinants. To sum up, modern scientific research, just like the older literature, shows the multidimensionality of the issues related to primary healthcare in Nigeria in relation to various factors that include financial, institutional, infrastructure-related, and socio-behavioral elements.

Roles of the Various Governments

The federal government is involved in the development of national health policies, providing technical assistance, coordinating health programs throughout the country, disease surveillance, regulation of pharmaceuticals, and the training of health workers. Through agencies like NPHCDA, the federal government strives to provide standards and strategic guidance for primary healthcare services. However, the federal government outlines the vision, but it cannot deliver the vision alone; it needs the assistance of state and local governments in executing its policies.

The state governments are in-between organizations that adopt national policies in their states. They assist in logistics and administration, and oversee the execution of healthcare programmes. State Ministries of Health are important in training health personnel and operating secondary healthcare facilities. However, the best national policies may be hindered by state governments that lack the capacity and willingness to execute such policies. On the other hand, determined state governments may be able to accomplish amazing results with substandard policies at the national level. This level determines whether policies succeed or not. Primary healthcare services are provided at the local level, where the local governments are charged with planning, implementation, and monitoring primary healthcare programmes. In addition, they handle the management of health facilities, staffing, and provision of basic services.

From a theoretical perspective, such a decentralized framework should enable more direct interaction between health services and the population while increasing responsiveness. Nevertheless, in reality, its effectiveness could be negatively affected by poor coordination and overlapping jurisdiction. Such an arrangement of power sharing between the three tiers of government has been associated with lack of clarity and inefficiencies since each of the levels attempts to pass the burden of responsibility to the other two.

Ward Health System

The ward health system is one of the important measures adopted to improve primary healthcare in Nigeria (Mbeke, 2024). The main objective is to make it easier to meet the needs of each particular population by creating opportunities for community involvement in the process. Within the ward health system, each ward operates as a planning and implementation unit for primary healthcare services. It involves the collaboration of health institutions located within the ward with community structures, including Ward Development Committees, that ensure the mobilization of resources and accountability. Such committees usually comprise representatives of different social groups within the community.

Another goal of the ward health system is to increase access to healthcare facilities by making them more accessible. The system accomplishes this by ensuring that healthcare facilities are available close to the residents, thus decreasing the amount of time spent traveling to receive healthcare services. Furthermore, the objectives also encourage the development of ownership among the community members, thereby ensuring the sustainability of the projects.

Notwithstanding the benefits associated with the ward health system, several challenges have been encountered during its implementation. Some of the problems include inadequate funding, insufficient training of the community members, and inadequate institutional support. Moreover, in some instances, Ward Development Committees are not well equipped to carry out their duties. Therefore, Ward Development Committees with neither funds nor proper training and authorization will fail to bring about change in the healthcare sector within the community.

The Referral System

One key aspect of a successful primary healthcare programme is a good referral system. The referral system works to guarantee that patients receive adequate medical care by moving patients from one healthcare system to another where needed. In Nigeria, the referral system works in three tiers. Primary healthcare institutions act as the starting point where they should take care of simple diseases. Diseases that need specialized attention are referred to secondary healthcare institutions, like general hospitals. Other complicated cases are referred to tertiary health facilities, which include teaching hospitals and special institutions. The referral system works effectively by making sure that there is no waste of time and resources on simpler cases at high-level institutions. Instead, each healthcare institution should only take up what they are capable of handling. Unfortunately, the referral system in Nigeria faces many challenges.

Among the challenges of referral systems include; inadequate coordination and communication among all levels of the health system. Referrals are not adequately recorded, and no feedback is provided by the higher-level hospitals to the lower-level health centres. Continuity of care is therefore hindered, and any chance of improving services is minimized. The patient receives the medical care at the hospital level, yet the health centre making the referral has no information regarding how the patient was managed. Thus, there is no chance of improving its ability to deal with similar situations in the future. (Fabere, et al., 2025). logistics and transport are also inadequate. Poor infrastructure in rural settings such as Nembe may prevent people from accessing the higher-level facilities. Individuals would have no choice but to postpone their visit or use informal providers. A sudden emergency may become fatal due to lack of transport.

Community Participation

Community participation is one of the guiding principles of primary healthcare provision. Active engagement of community members in the planning, delivery, and evaluation of healthcare services should improve responsiveness, accountability, and sustainability of such services (NPHCDA, 2017). With active engagement, community members will have more reasons to be interested in the outcomes achieved through such programmes. Community participation was institutionalized in Nigeria through Ward Development Committees and various community health outreaches. Through such programmes, communities can play an important role in improving their own health status and participate in management of local

healthcare facilities. The level of community participation remains rather different in different regions depending on the degree of people's engagement and willingness to participate. Limited participation results from lack of awareness and education as well as certain socio-cultural determinants that inhibit people's willingness to participate in programmes.

There are certain barriers to community participation. For instance, people's beliefs may contradict new ideas resulting in rejection or skepticism. Community participation can hardly help where healthcare facilities are not adequately provided with necessary equipment or qualified staff. This underscores the need for a balanced approach that combines community engagement with adequate institutional support.

Case Study: Primary Healthcare in Nembe Community

Nembe community in Bayelsa state offers a valuable setting within which to study the problems associated with primary healthcare delivery. It is a remote community with minimal infrastructures and socio-economic limitations that make it difficult to access health care facilities. Understanding primary healthcare in Nembe means understanding the rural health care system in Niger Delta, an area endowed with natural resources but lacking basic amenities.

Geographic and Socio-Economic Context

Nembe is situated in a riverine part of Bayelsa State, implying that the main means of transport is by boat. The rainy season often times isolates several communities because the rain makes it impossible for them to access the health facilities since the waters rise and some routes becomes impassable. This in fact has a very serious impact on healthcare service delivery of medical services. For example, a health professional may delay in reaching a clinic because of the adverse weather conditions. It might also prove difficult for an ailing person to access the facilities.

In terms of socio-economic factors, most people earn a living through fishing and petty trading activities. Earning ability is quite low and any disease will further reduce the income level as far as traveling and accessing medical attention is concerned. In this case, a sick individual may have difficulty accessing services even though the charges may be free at the facilities.

Healthcare Infrastructure in Nembe

Lack of adequate financial support for health programmes is one of the biggest issues faced by Nembe. The local government depends largely on funds from other levels of governments that are not sufficient enough (Uvoh et al., 2024). This affects health facilities since they are unable to offer their services properly. Many health facilities fail to utilize their full potential or operate effectively. When a health center lacks the necessary resources to purchase medication or pay its personnel, it becomes difficult to attract clients.

There is also a shortage of human resources in Nembe (Uvoh et al., 2024). There is a lack of competent healthcare practitioners, who are overwhelmed at times. This issue worsens because healthcare practitioners have little motivation to work in rural areas. They prefer urban centers that offer better working conditions and incentives (Nwankwo, et al., 2022). In extreme cases, there might only be one nurse attending to dozens of patients per day.

There is also much need for infrastructure in the area. There are many health centers lacking essential infrastructure such as electricity and running water. Most of the centers are not well-maintained with leaking roofs, cracking walls, and old furniture. Apart from being uncomfortable for the patient, this will also affect the efficiency and competence of the doctors. In

certain circumstances, patients must be transferred to higher centers located far off, which cannot be possible in the absence of transport systems.

There is also an issue with regard to referrals in Nembe and also the entire Bayelsa State. Referrals are a major problem since communication between the centers and referral institutions is lacking (Ene-Bongilli & Thankgod, 2018; Uvoh et al., 2024). In cases of emergencies, a delay in the transfer of patients from one institution to another can lead to complications and possibly deaths. For example, in case of a complication during childbirth, the woman can be transferred to a referral center but a delay can cost her life.

Socio-Behavioural Factors in Nembe

Other socio-behavioural determinants shape healthcare seeking behaviour in Nembe. People's attitudes and cultural beliefs play a critical role in determining how people view diseases and possible cures. People are more likely to consult traditional healers than healthcare professionals because of cultural myths and misinformation. It is important to note that people's preferences cannot be attributed solely to a lack of knowledge or education. There is logic behind people's decisions to consult traditional healers even if they offer untested treatments. Traditional healers are more accessible and cost-effective, thus, it makes sense to prefer them when compared to the formal healthcare system.

Moreover, people may refrain from consulting the nearest health facility because of limited knowledge and poor awareness of available healthcare services. Some people may not even know about the existence of health centres in their communities, let alone the services offered. Others may have received bad experiences at the hands of health workers or due to the absence of required medication.

The above-mentioned practices fall in line with the Health Belief Model and Social Cognitive Theory, both of which stress the importance of perception and social influences in forming health behavior (Ahmed et al., 2015; Chinawa, 2015). They point out the need for more effective communication, relationship-building, and the ability to understand the beliefs and values held by the people in the community when seeking improvements in healthcare utilization.

Nevertheless, there is evidence that some positive changes are occurring. Community involvement through Ward Development Committees is contributing towards raising awareness and participation in some parts of the area. Yet, their success is inconsistent and relies heavily on local capabilities and support. In places where such committees function well, their impact is significant. If they are simply nominal, their effectiveness is non-existent.

Prospects For Improving Primary Healthcare in Nigeria

In spite of the many problems faced by the country in this regard, there are several opportunities for enhancing primary healthcare delivery in Nigeria, especially in the context of new developments in policy and the heightened emphasis being placed on universal health coverage globally. While the challenges may be daunting, the outlook is not entirely gloomy. There are grounds for hope if appropriate steps are taken. These are:

Greater Emphasis on Primary Healthcare in Policy Making

Among the most notable of the changes that have occurred is the realization of the fundamental importance of primary healthcare in building a health system that works and meets the needs of all Nigerians. This has led to the emergence of policies aimed at reviving services, through the use of strategies based on national

approaches and reform efforts aimed at improving governance and accountability (Lambo, 2015; WHO, 2021).

More recent research suggests that there is greater convergence between Nigeria's efforts at rejuvenating its primary healthcare system and current global health trends such as the need to enhance universal health coverage by focusing on primary care delivery systems (WHO, 2021; Abimbola et al., 2021).

The Ward Health System

As much as ever, the ward health system remains an ideal institutional vehicle for decentralizing health care provision and increasing community involvement. By matching health services to local administrative structures, the system can serve as an effective method of meeting community demands.

New empirical evidence from Abimbola et al. (2021) on community health committees in Nigeria confirms that the performance of local governance systems can substantially boost accountability, mobilize community resources, and raise service utilization rates. The message here is clear: the efficacy of the ward health system requires not just good design but also the presence of functional community-based institutions and consistent government engagement.

Let us speak plainly: an excellently conceived system, which is not well-implemented, serves no purpose any more than a poorly conceived system.

Multi-Sectoral Approaches

An additional area where opportunities exist concerns the combination of primary health care services with other social and developmental programs. Health status is highly influenced by socio-economic determinants such as educational level, access to clean water, nutrition, and income. Modern scholarly literature stresses the necessity of taking a multi-sectoral approach to attain sustainable gains in the health status of populations.

In particular, research on improving health systems in developing nations emphasizes that the integration of primary health care with social safety nets and community development projects is crucial (Kruk et al., 2020). This approach can contribute to identifying and eliminating the root causes of inadequate health status in Nigeria (Makinde et al., 2018).

For example, a child who is vaccinated but still suffers from malnutrition is not adequately protected. Similarly, a pregnant woman who obtains prenatal care but resides in a dirty neighborhood does not have all the factors that ensure her optimal health status.

Technological Innovation

There are also promising prospects that could result from innovation in technology in improving primary healthcare provision. The growing use of digital health technology like m-health tools and e-health information system creates a lot of potential in overcoming infrastructural and geographic barriers. Recent researches prove that digital health innovations help improve data management, facilitate communication between healthcare practitioners and patients, and monitor diseases remotely (Odendaal et al., 2020).

This type of technology can be especially useful for rural areas such as Nembe, where access to healthcare institutions and practitioners is poor. Just imagine how much a CHW can do when equipped with a smartphone: he can obtain information about the disease outbreak, get trained via distance learning, discuss the case with a physician who lives in Yenagoa or even in Lagos, and monitor people’s health in their community without leaving it.

These technologies exist and can be implemented now. We only need to make an effort and use them in our favor.

Human Resource Development

Furthermore, improving the capacity of healthcare personnel training, their distribution, and retention will be critical for the future of primary healthcare in Nigeria. Although earlier studies have identified the scarcity of health care workers, new studies have stressed the significance of formulating effective strategies to counteract such a problem.

One such example is the study conducted by Okpani & Abimbola (2020) regarding health workforce governance in Nigeria. This study has stressed the importance of developing proper incentives and conditions for these health care professionals to motivate them to work in remote areas. In other words, human resources issues can only be solved through effective planning and investment in the matter.

Community Engagement

Last, increased community involvement also offers considerable potential in terms of revolutionizing primary healthcare provision. Recent studies have focused on the importance of such factors as trust, social capital, and community engagement in boosting the use and effectiveness of healthcare services (Abimbola et al., 2021). Community programs that allow the local population to participate in decision making processes have demonstrated improved acceptance and sustainability of the proposed healthcare initiatives.

Indeed, this idea correlates with the concepts presented by such theories as Health Belief Model and Social Cognitive Theory, which underpin the importance of social perceptions and the role of trust in influencing patients' behavior. When the communities are involved in decision-making processes and thus allowed to shape the healthcare program according to their needs and preferences, they will be much more likely to embrace them.

Despite the structural problems, there is enough evidence indicating that appropriate and context-specific intervention strategies are effective in addressing at least some of them.

Discussion Of Findings

Based on the results obtained from this study, it can be observed that structure is one of the key challenges facing the provision of primary health care services in Nigeria. Issues related to insufficient funding, poor infrastructure development and inadequate systems for governance are some of the key factors that limit the ability of health facilities to deliver efficient and effective services. What does this imply? While there are clear policy guidelines in place, the implementation aspect appears to be an issue here. In other words, Nigeria has great policies, but what it lacks is the ability and determination to implement its policies effectively. Analytically, the structural constraints faced by the country arise out of inefficiencies in its decentralised system of health care management (Igechi, et al., 2025). In any case, it is safe to say that effective decentralisation requires institutional coherence along with adequate funding. If either of these requirements fails, the outcome will most likely not be favourable, especially in rural areas like Nembe.

Conclusion

As demonstrated above, the study has been successful in uncovering the challenges faced by primary healthcare as a policy concept and framework in Nigeria, particularly in Nembe Community of Bayelsa State. Primary healthcare seems to be a good policy idea which, however, suffers from many challenges. In other words, there exists a substantial gap between the policy itself and its practical implementation and realization.

Among the major challenges associated with the policy are the issues of inadequate funding, human resources deficits, lack of adequate facilities and infrastructures, poor governance mechanisms, and socio-behavioural problems. These challenges can be seen as interrelated in a certain way. Let us follow the chain.

Underfunding leads to poor infrastructure. Poor infrastructure hampers staff retention and recruitment. Staff shortages cause poor quality services. Poor quality decreases trust within communities. Lack of trust means low usage rate. Low utilization does not create pressure for additional funding.

In addition to the challenges mentioned above, several prospects in relation to primary health care have emerged as the result of the research. In the end, however, whether the practice of primary healthcare in Nigeria succeeds or fails will hinge on the capacity of the relevant parties to tackle issues on both sides of the problem. It will depend on the level of commitment, coordination, and creativity in dealing with a situation which, while not insurmountable, cannot be solved easily.

The residents of Nembe, like many rural dwellers in Nigeria, deserve nothing less than what they are presently getting. They need health facilities that really work, staffed by qualified and compassionate medical practitioners who are willing and able to deliver quality healthcare at prices they can afford. This goal can be reached, although not without hard work and determination.

Recommendations

In light of the findings, several measures are necessary to strengthen primary healthcare in Nigeria in general and Nembe in particular. They include:

1) Increased Financial Investment
   Increased financial investment in the health sector is essential to address infrastructure deficits and improve service delivery. The government should honour its commitments under the Abuja Declaration to allocate at least 15% of the national budget to health. This funding should be released in a timely manner and tracked to ensure it reaches the facilities where it is needed most. Special attention should be given to rural and hard-to-reach areas, which have historically been neglected.
2) Strengthening Human Resource Capacity
   There is a need to strengthen human resource capacity through training, incentives, and improved working conditions, particularly in rural areas. The government should develop targeted recruitment and retention strategies for rural health workers, including housing allowances, hardship allowances, and clear career progression pathways. Training programmes should be expanded and updated to ensure that health workers have the skills they need to serve rural populations effectively.
3) Strengthening Drug Supply Systems
   The strengthening of drug supply systems is critical to ensuring the availability of essential services. Reliable systems for procurement, storage, and distribution of essential medicines should be established and maintained. Regular stock monitoring and reporting should be implemented to prevent stock-outs. Quality control mechanisms should be strengthened to prevent the circulation of substandard or counterfeit drugs.
4) Improving Health Information Systems
   Health information systems should be strengthened to enable evidence-based decision-making. Data collection, analysis, and reporting should be standardised and digitised where possible. Training should be provided to health workers on data

management, and data should be used for planning, monitoring, and evaluation. Regular data quality checks should be conducted.

5) Community Engagement and Health Education

Greater emphasis should be placed on community engagement and health education. Addressing cultural barriers and improving awareness can significantly enhance the utilisation of primary healthcare services and contribute to better health outcomes. Community health committees should be strengthened and supported, and health education programmes should be developed in collaboration with community leaders. Communication strategies should be tailored to local languages and cultural contexts.

References

1) Abubakar, I., Dalglish, S. L., Angell, B., Sanuade, O., Abimbola, S., Adamu, A. L., ... & Zanna, F. H. (2022). The Lancet Nigeria Commission: investing in health and the future of the nation. *The Lancet*, *399*(10330), 1155-1200.
2) Akagbue, B. O., Popoola, T. O., Aminu, M. A. B., Nenger, J. A., & Babatunde, S. (2024). Negative health and environmental effects of oil exploitation in Southern Ijaw, Bayelsa State, Nigeria. *European Journal of Environment and Earth Sciences*, *5*(3), 34-41.
3) Abimbola, S., Negin, J., Jan, S., & Martiniuk, A. (2021). The government cannot do it alone: Realist analysis of the role of community health committees in Nigeria. *Health Policy and Planning, 36*(3), 1-10.
4) Ahmed, S. M., Hossain, M. A., Rajach, O., & Bhuiya, A. U. (2015). The health workforce crisis in developing countries. *Human Resources for Health, 9*(3), 1-9.
5) Alawode, G. B., Ajibola, A. R. A., Afolabi, O. R., Nkwain, C., & Alawode, K. A. (2026). An enabler or a barrier: implications of local government autonomy for effective primary health care (PHC) reforms in Nigeria. *The Pan African Medical Journal*, *53*(30).
6) Aregboshola, B. S., & Khan, S. M. (2017). Primary healthcare in Nigeria: 24 years after Olikoye Ransome Kuti's leadership. *Frontiers in Public Health, 5*, 48.
7) Chinawa, J. M. (2015). Factors militating against effective implementation of primary healthcare system in Nigeria. *Annals of Tropical Medicine and Public Health, 8*, 5-9.
8) Chukwuma, J. N., & Obi, F. A. (2025). A political economy analysis of health policymaking in Nigeria: the genesis of the 2014 National Health Act. *Health Policy and Planning*, *40*(4), 459-470.
9) Croke, K., & Ogbuoji, O. (2024). Health reform in Nigeria: the politics of primary health care and universal health coverage. *Health Policy and Planning*, *39*(1), 22-31.
10) Dada, S. (2023). AN overview of the primary healthcare system in Nigeria. *Int. J. Agric. Sci. Res*, *1*(3), 289-304.
11) Dolea, G., Stormont, L., & Braithwaite, J. (2015). *Strengthening the nurse workforce for primary healthcare*. Cambridge University Press.
12) Ene-Bongilli, G., & Thankgod, A. (2018). Determinants of primary health care services utilization: A study of Ogbia Local Government Area of Bayelsa State. *Journal of Health Research, 6*, 35-42.
13) Fabere, B., Ozims, S. J., & Ezekwesiri, C. O. (2025). Evaluation of healthcare delivery system in Bayelsa State, Nigeria. *International Journal of Medical Evaluation and Physical Report, 9*(1), 41-59.
14) Hanson, K., Brikci, N., Erlangga, D., Alebachew, A., De Allegri, M., Balabanova, D., ... & Wurie, H. (2022). The Lancet Global Health Commission on financing primary health care: putting people at the centre. *The Lancet Global Health*, *10*(5), e715-e772.
15) Igechi, O. G., Efanodor-Obeten, H. O., & Atoe, K. (2025). The politics of healthcare in Nigeria: an analysis of policy implementation and outcomes. *Salus et Scientia*, *1*(1), 14-26.

16) Kruk, M. E., Gage, A. D., Arsenault, C., et al. (2020). High-quality health systems in the sustainable development goals era. *The Lancet Global Health, 8*(11), e1196-e1252.
17) Lambo, E. (2015). *Primary health care: Realities, challenges and the way forward*. Abuja Lecture Series.
18) Makinde, O. A., Sule, A., & Aganbogbe, O. (2018). Distribution of health facilities in Nigeria. *International Journal of Health Planning and Management*.
19) Mbeke, L. D. (2024). *Role of Decentralisation by Devolution in Improving Primary Healthcare Service Delivery at Ward Level in Dodoma City* (Doctoral dissertation, The Open University of Tanzania).
20) Mwogosi, A. (2026). Revolutionizing primary health care in Tanzania: unravelling the contextual factors on electronic health record systems implementation for effective decision support. *Journal of Science and Technology Policy Management*, *17*(3), 642- 663.
21) National Primary Health Care Development Agency. (2013). *Minimum standards for primary health care in Nigeria*. Abuja.
22) National Primary Health Care Development Agency. (2017). *Repositioning primary healthcare in Nigeria*. Abuja.
23) Norheim, O. F. (2015). Ethical perspectives on universal health coverage. *International Journal of Health Policy and Management, 4*(11), 711-714.
24) sNwankwo, O. N., Ugwu, C. I., Nwankwo, G. I., Akpoke, M. A., Anyigor, C., Obi-Nwankwo, U., ... & Spicer, N. (2022). A qualitative inquiry of rural-urban inequalities in the distribution and retention of healthcare workers in southern Nigeria. *PloS one*, *17*(3), e0266159.
25) Odendaal, W. A., Anstey Watkins, J., Leon, N., et al. (2020). Health workers' perceptions and experiences of using mobile health technologies to deliver primary healthcare services: A qualitative evidence synthesis. *Cochrane Database of Systematic Reviews, 3*, CD011942.
26) Okafor, J. (2016). Local government financial autonomy in Nigeria. *Commonwealth Journal of Local Governance, 6*, 127-137.
27) Okpani, A. I., & Abimbola, S. (2020). Operationalising universal health coverage in Nigeria through social health insurance. *BMJ Global Health, 5*(7), e002977.
28) Olawade, D. B., Wada, O. Z., Aderinto, N., Odetayo, A., Adebisi, Y. A., Esan, D. T., & Ling, J. (2025). Factors contributing to under-5 child mortality in Nigeria: A narrative review. *Medicine*, *104*(1), e41142.
29) Olayisade, A. (2025). The Pharmaceutical Industry in Nigeria: Drug Accessibility, Affordability and Competitiveness in the Economy.
30) Sengupta, A. (2013). Universal health coverage beyond rhetoric. *International Journal of Health Planning and Management, 20*, 1-25.
31) Uno, O. E. O., Biya, C., Okoye, N. J. F., Okoye, C. P., & Ozigbo, A. A. (2025). A Review on Sociocultural Barriers Affecting Healthcare Access Among Older Adults in Nigeria. *Journal of Pharma Insights and Research*, *3*(4), 032-039.
32) Uvoh, D. S., Abraham, L., Oruama, A., David, O., & Dum-Awara, D. B. (2024). Segregation and treatment methods of health care waste practiced in Nembe: The Bayelsa health environment, Nigeria. *GPH-International Journal of Applied Science*, 7(5), 01-09.
33) Van Damm, W., Kegels, G., Hill, P. S., & Janssen, V. (2017). The health system dynamics framework. *Health, Culture and Society, 9*(1), 1-21.
34) World Health Organization. (2014). *Abuja declaration: Ten years on*. Geneva.
35) World Health Organization. (2018). *A vision for primary health care in the 21st century*. Geneva.
36) World Health Organization. (2021). *Primary health care measurement framework and indicators*. Geneva.
37) World Health Organization. (2024). *Global health indicators*. Geneva.