



THE CHALLENGES AND STRATEGIES TO ACHIEVING A REALISTIC HEALTH CARE IN PLATEAU STATE, NORTH CENTRAL NIGERIA.

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Abstract

This study examined the challenges and strategies for achieving a realistic healthcare system in Plateau State, North Central Nigeria, using a survey research design. The population includes healthcare professionals, policymakers, administrators, and patients, with 400 participants selected through purposive sampling. Structured questionnaires were utilized to gather quantitative data on participants' perceptions of healthcare challenges and strategies. Findings reveal that while healthcare facilities in Plateau State are moderately equipped (Mean = 3.99, SD = 1.144) and essential drugs are fairly available (Mean = 3.73, SD = 0.816), significant gaps persist in affordability (Mean = 2.23, SD = 1.327), government support (Mean = 2.10, SD = 1.219), and professional training (Mean = 2.60, SD = 1.456). Additionally, 59.2% of respondents were female, and the majority (37.2%) were within the 35–44 age group, reflecting active health service users and providers. Strategies identified for improvement include increased investment in healthcare infrastructure (Mean = 3.90, SD = 1.181), expanded financial aid and subsidy programs (Mean = 4.05, SD = 0.347), continuous professional development (Mean = 3.84, SD = 1.188), strengthening medication supply chains (Mean = 3.86, SD = 1.204), and robust policy and advocacy interventions (Mean = 4.01, SD = 1.090). The study concludes that a multifaceted approach, combining financial, infrastructural, and policy initiatives, is essential for enhancing healthcare access and quality in Plateau State. Targeted interventions in these areas can lead to substantial improvements, ensuring more equitable and effective healthcare delivery for all residents.

Keywords: Healthcare access, Healthcare challenges, Healthcare strategies, Healthcare infrastructure, Plateau State.

Introduction

Health care is a fundamental human right and a cornerstone for individual well-being and national development. Globally, the World Health Organization (WHO) defines a well-functioning healthcare system as one that improves health outcomes, responds to the expectations of the population, and provides financial protection against the costs of ill health (WHO, 2010). Despite global efforts, over half of the world's population still lacks access to essential health services, with approximately 100 million people pushed into extreme poverty annually due to healthcare costs (World Bank, 2020). These challenges are particularly acute in low- and middle-income countries (LMICs), where resource constraints and governance issues persist.

Sub-Saharan Africa, the region with the highest burden of disease, continues to face significant healthcare challenges. According to the WHO (2023), Africa bears 24% of the global disease burden but has access to only 3% of the world's health workers and less than 1% of the world's financial resources for health. Despite various regional initiatives such as the Abuja Declaration of 2001, where African Union member states pledged to allocate at least 15% of their national budgets to health, many countries, including Nigeria, continue to fall short of this target (United Nations Economic Commission for Africa (UNECA), 2021).

In Nigeria, the healthcare system operates under a decentralized structure with responsibilities shared among federal, state, and local governments. However, the sector faces chronic underfunding, poor infrastructure, and a critical shortage of human resources. The Nigerian government allocated only 5.75% of its 2023 budget to health, far below the Abuja target (Budget Office of the Federation, 2023). These systemic weaknesses have resulted in poor health outcomes, such as a maternal mortality rate of 512 deaths per 100,000 live births and an under-five mortality rate of 102 per 1,000 live births (United Nations Children's Fund (UNICEF), 2022).

Within this context, the notion of realistic healthcare becomes particularly relevant. Realistic healthcare refers to a comprehensive yet pragmatic approach to meeting the diverse health needs of a population within the constraints of available resources and socio-economic realities. It emphasizes the provision of accessible, affordable, and quality healthcare services that are context-specific and sustainable. This approach prioritizes the optimization of existing infrastructure, the use of technology and innovation, investment in preventive and primary

healthcare, strengthening of healthcare workforce capacity, and active community participation. Moreover, realistic healthcare underscores the importance of effective governance and equitable resource allocation to achieve tangible improvements in health outcomes and reduce disparities (Kaneko & Lopes, 2019).

Situated within this national framework, Plateau State in North-Central Nigeria exemplifies the complexities of realizing realistic and sustainable healthcare at the sub-national level. With an estimated population of over 4 million people (National Population Commission, 2023), the state faces inadequate healthcare facilities, uneven distribution of services between urban and rural areas, insecurity, and limited access to qualified personnel and essential drugs. Rural communities in Plateau are particularly vulnerable, often lacking functional primary health centres and relying on traditional medicine due to infrastructural decay and socio-economic hardship.

In addition, recurrent communal clashes and insecurity have disrupted health service delivery, displaced communities, and deterred healthcare workers from serving in conflict-prone areas (International Crisis Group, 2022). Although the state government, in collaboration with international partners and Non-Governmental Organisations, has introduced various initiatives such as mobile outreach programs and community-based health insurance schemes, many of these interventions remain donor-driven and lack sustainability due to weak institutional frameworks and limited stakeholder engagement.

This study, therefore, aims to investigate the multifaceted challenges hindering the establishment of an effective and realistic healthcare system in Plateau State and to propose strategic, evidence-based solutions that are contextually relevant. By examining both systemic barriers and grassroots realities, the research aims to contribute to policy discourse on improving healthcare delivery in Nigeria's sub-national contexts, with a focus on long-term, inclusive, and community-driven health strategies.

Literature Review

Nigeria's healthcare system faces multifaceted challenges that hinder the realization of equitable, accessible, and quality healthcare for its population. Empirical studies have highlighted systemic issues such as underfunding, infrastructural deficits, workforce shortages, and limited insurance coverage. However, recent policy initiatives and strategic investments

offer pathways toward a more realistic and sustainable healthcare system.

Adepoju et al. (2017) conducted a quantitative study involving 241 health workers across primary healthcare facilities in Southwest Nigeria. The study identified seven main challenges impeding effective primary healthcare delivery: shortage of manpower, inadequate medical equipment, lack of employee motivation, lack of basic infrastructure, unavailability of drugs, poor funding, and cultural beliefs. The authors recommend government interventions such as employing more skilled personnel, improving working conditions, and better financing to enhance service quality and sustainability.

In the realm of clinical pharmacy, Auta et al. (2016) explored stakeholders' views on the barriers to the development of clinical pharmacy practice in Nigerian hospitals. Through qualitative, semi-structured interviews with 44 stakeholders, the study revealed barriers including pharmacists' lack of confidence, shortage of pharmacy staff, underutilization of pharmacy technicians, lack of specialization and clinical career structure, medical dominance and opposition, and lack of supportive policies. Addressing these issues is essential for the advancement of clinical pharmacy services.

Veta (2023) investigated the challenges and enhancement of medical social workers in public health facilities in Nigeria, focusing on Delta State. Using a phenomenological and exploratory research design, the study identified challenges such as lack of legal backing, inadequate facilities, unfavorable organizational structure, lack of graduate medical social workers, inadequate recognition of their roles, domineering attitudes of medical professionals, inadequate remuneration, lack of transportation, and inadequate motivation. Recommendations include legalizing social work education and practice, and promoting interprofessional teamwork in healthcare settings.

Amibor et al. (2022) conducted a cross-sectional study to determine the barriers to the implementation of pharmaceutical care in a tertiary hospital in Nigeria. The study found that barriers included difficulty in accessing patients' clinical and laboratory data, lack of acceptance by physicians and nurses, lack of space, inadequate number of pharmacists, perception that pharmaceutical care is not feasible without financial incentives, time constraints, lack of clinical knowledge, and lack of communication skills. The authors recommend concerted efforts involving hospital management, continuous education, attitudinal change by pharmacists, and introduction of remuneration for additional services

rendered.

In response to these challenges, the Nigerian government launched the National Health Sector Renewal Initiative (NHSRII) and the Health Sector Strategic Blueprint 2024–2027 to address systemic healthcare challenges. Key components include rehabilitating 17,600 Primary Healthcare Centres (PHCs), ensuring at least one Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facility per local government area, and expanding health insurance coverage through innovative mechanisms. Additionally, the World Bank approved a \$1.57 billion financing package for Nigeria in 2024, with \$570 million allocated to strengthen primary healthcare and \$500 million for sustainable power development in health facilities. This funding aims to enhance healthcare infrastructure and ensure reliable electricity supply, particularly through off-grid solar systems.

Furthermore, fostering partnerships and collaborations between the government, healthcare organizations, non-governmental organizations (NGOs), and community stakeholders is vital for enhancing healthcare delivery and coordination. By leveraging resources, expertise, and knowledge-sharing, these partnerships can facilitate the implementation of targeted interventions, capacity-building initiatives, and health promotion campaigns tailored to the specific needs of Plateau State's diverse population. Moreover, leveraging technology and innovation, such as telemedicine, mobile health applications, and electronic health records, can improve healthcare accessibility, efficiency, and patient outcomes, particularly in remote and underserved areas. Embracing a comprehensive, inclusive approach to healthcare reform, underpinned by strategic planning, collaboration, and innovation, holds the potential to transform the healthcare landscape in Plateau State, Nigeria, and ensure that all residents have access to quality, affordable healthcare services (Adebisi et al., 2020).

Usar and Mairiga (2020) conducted a retrospective cross-sectional study to examine the access and utilization patterns of healthcare services at the University of Jos Health Centre from January 2018 to December 2019. Utilizing data from 9,270 clients, the study revealed that males (52.7%) slightly outnumbered females (47.3%) in healthcare usage. The average age of patients was 29.7 years, with the majority being students (63%), followed by staff, staff dependents, and non-university users. The predominant health issues were malaria, respiratory tract infections, peptic ulcer diseases, hypertension, and diabetes mellitus. This distribution underscores the dual burden of communicable and non-communicable diseases within the university community. The study's recommendation for integrated healthcare planning and a

focus on cost-effective preventive measures highlights the need for a holistic approach to address both types of diseases, aiming to improve overall health outcomes at the institution.

Torkula (2020) investigated the challenges in delivering quality healthcare in tertiary hospitals in North Central Nigeria using a quantitative method involving 255 respondents from three tertiary hospitals. The study identified key obstacles such as inadequate medical equipment, insufficient staff training, and long patient wait times. The chi-square test showed a significant relationship between the quality of medical facilities and healthcare services ($p = 0.034$), while the analysis of variance found no significant differences in the challenges across different hospitals. These findings indicate systemic issues affecting healthcare delivery, necessitating government and hospital management strategic interventions to enhance service quality. The study contributes to social change by providing empirical data to inform public policy and advocate for improvements in tertiary healthcare infrastructure and staff development, aiming to elevate the standard of care provided to patients.

Anyika (2014) explored the impact of environmental uncertainty on Nigeria's healthcare delivery system, comparing it with practices in developed economies. The study employed a literature review methodology, utilizing keywords related to health uncertainty and healthcare dynamics in Nigeria, the US, Europe, and China. The analysis highlighted how environmental uncertainties, such as economic instability, political factors, and cultural influences, affect healthcare delivery in Nigeria. The study emphasizes the need for adaptive strategies and policies to mitigate these uncertainties' impact on the healthcare system.

These studies collectively shows the multifaceted challenges facing Nigeria's healthcare system, including infrastructural deficits, workforce shortages, and policy constraints.

Theoretical Framework

The Structure-Process-Outcome (SPO) model, developed by Avedis Donabedian, offers a comprehensive framework for assessing healthcare quality. It posits that the quality of care is determined by three interconnected components: structure, process, and outcome. Structure refers to the physical and organizational aspects of healthcare facilities, such as infrastructure, resources, and personnel. Process encompasses the methods and procedures involved in delivering healthcare services, including clinical practices and patient-provider interactions. Outcome pertains to the results of healthcare services, including patient health outcomes,

satisfaction, and overall system performance. This model has been widely applied in various healthcare settings to evaluate and improve service quality. For instance, a study involving 479 healthcare workers across three geopolitical zones in Nigeria validated the applicability of the SPO model in the Nigerian context, finding that all items related to structure, process, and outcome had a Relative Importance Index exceeding the universally acceptable threshold of 0.5, indicating a high level of care in Federal Tertiary Hospitals in Nigeria with regards to these components.

In the context of Plateau State, Nigeria, the SPO model provides a structured approach to analyze and address the multifaceted challenges facing the healthcare system. Assessing the availability and adequacy of healthcare infrastructure (structure), evaluating the methods and procedures involved in delivering healthcare services (process), and examining the results of healthcare services (outcome) can help identify specific areas for improvement. For example, studies have highlighted issues such as inadequate medical equipment, insufficient staff training, and long patient wait times in Nigerian healthcare facilities. By applying the SPO model, policymakers and healthcare administrators in Plateau State can systematically assess the structural, procedural, and outcome-related factors influencing healthcare delivery, facilitating the development of targeted strategies to enhance the quality of healthcare services in the region.

Methodology

This study employed a survey research design to examine the challenges and strategies for achieving a realistic healthcare system in Plateau State, Nigeria. The target population included healthcare professionals, policymakers, administrators, and patients within the state. A purposive sampling technique was utilized to select 150 participants directly involved in or affected by the healthcare system. Specific criteria such as occupation, years of experience, geographic location, and involvement in healthcare decision-making ensured diversity and representativeness among participants. Data collection was conducted using structured questionnaires designed to gather quantitative data on participants' perceptions of healthcare challenges and strategies. To ensure validity, the questionnaire was developed based on a thorough review of existing literature on healthcare challenges and strategies in similar contexts. Pilot testing was conducted to assess the clarity and relevance of the questionnaire items. For reliability, internal consistency measures, such as Cronbach's alpha, were calculated.

Data collection involved a combination of self-administered surveys and face-to-face interviews, with participants provided the questionnaire in advance to allow sufficient time for completion. Interviews were scheduled at convenient times and locations, ensuring confidentiality and comfort. Quantitative data collected through the surveys were analyzed using statistical software such as SPSS. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize participants' responses.

Results

Table 1: Demographic information of Respondents

Category	Variable	Frequency	Percentage (%)
Gender	Male	163	40.8
	Female	237	59.2
	Total	400	100.0
Age	18–24 years	99	24.8
	25–34 years	56	14.0
	35–44 years	149	37.2
	45–54 years	32	8.0
	55–64 years	45	11.2
	65 years and above	19	4.8
	Total	400	100.0
Marital Status	Single	125	31.2
	Married	211	52.8
	Divorced	37	9.2
	Widow	27	6.8
	Total	400	100.0
Educational Level	No formal education	29	7.2
	Primary education	99	24.8
	Secondary education	136	34.0
	Tertiary education	136	34.0
	Total	400	100.0
Occupation	Students	98	24.5
	Healthcare	136	34.0

	professional		
	Government employee	43	10.8
	Private sector employee	37	9.2
	Self-employed	35	8.8
	Retired	32	8.0
	Unemployed	19	4.8
	Total	400	100.0

Source: Authors Computation, SPSS 26.

The socio-demographic profile of the 400 respondents shows that females constitute 59.2% while males make up 40.8% of the sample. This distribution suggests a higher representation of women in the study, which is significant given that gender can influence health care experiences, access patterns, and health-seeking behaviours. The age structure is diverse, with the largest group aged 35–44 years (37.2%), followed by 18–24 years (24.8%). This indicates that the study draws insights from both younger and middle-aged populations, capturing perspectives that span from those entering adulthood to those in more established socio-economic and family roles — a factor that can influence perceptions of health care needs and priorities.

Marital status analysis shows that over half of the respondents (52.8%) are married, 31.2% are single, 9.2% divorced, and 6.8% widowed. Married respondents may provide perspectives shaped by family and household health care responsibilities, whereas single and widowed individuals may focus more on personal access to services. In terms of education, 34.0% of respondents have attained secondary education and an equal proportion tertiary education, while 24.8% have primary education and 7.2% have no formal education. This relatively high educational profile may contribute to greater awareness of health care systems, service expectations, and preventive health practices, although it also highlights the existence of a segment with limited formal learning who may face barriers in navigating health systems.

Occupational data reveals that healthcare professionals form the largest single group (34.0%), followed by students (24.5%) and government employees (10.8%). Others are employed in the private sector (9.2%), self-employed (8.8%), retired (8.0%), or unemployed (4.8%). The strong

representation of healthcare professionals provides insider perspectives on systemic challenges and operational realities in Plateau State’s health sector, while the inclusion of students, workers, and unemployed individuals ensures that the findings also reflect the lived experiences of service users with diverse socio-economic backgrounds.

Table 2: Descriptive statistics on Challenges to Achieving a Realistic Health Care in Plateau State.

	N	Minimu m	Maximu m	Mean	Std. Deviation
The healthcare facilities in Plateau State are adequately equipped.	400	1	5	3.99	1.144
There are sufficient healthcare services available in rural areas.	400	1	5	3.05	1.676
The cost of healthcare services is affordable for most residents.	400	1	5	2.23	1.327
There are enough healthcare professionals to meet the needs of the population.	400	1	5	3.77	1.337
Healthcare professionals receive adequate training and education.	400	1	5	2.60	1.456
Essential medications are readily available in healthcare facilities.	400	2	5	3.73	.816
The government provides sufficient support to the healthcare sector.	400	1	5	2.10	1.219

Valid N (listwise)	400			
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Source: Authors Computation, SPSS 26.

Table 2 presents descriptive statistics on the challenges to achieving realistic healthcare in Plateau State. The survey involved 400 respondents evaluating various aspects of the healthcare system on a scale of 1 to 5. The mean scores indicate that respondents generally agree that healthcare facilities are adequately equipped (Mean = 3.99, Std. Dev. = 1.144) and that there are enough healthcare professionals to meet the population's needs (Mean = 3.77, Std. Dev. = 1.337). Essential medications are also considered readily available in healthcare facilities (Mean = 3.73, Std. Dev. = 0.816).

However, the respondents identified significant challenges. There is a moderate level of agreement on the availability of healthcare services in rural areas (Mean = 3.05, Std. Dev. = 1.676), but the cost of healthcare services is perceived as largely unaffordable (Mean = 2.23, Std. Dev. = 1.327). Training and education for healthcare professionals are deemed inadequate (Mean = 2.60, Std. Dev. = 1.456), and there is a strong consensus that government support for the healthcare sector is insufficient (Mean = 2.10, Std. Dev. = 1.219). These findings highlight critical areas for improvement to achieve a more effective and equitable healthcare system in Plateau State.

Table 3: Descriptive statistics on Strategies to Achieving a Realistic Health Care in Plateau State

	N	Minimu m	Maximu m	Mean	Std. Deviation
Investing in healthcare infrastructure will improve service delivery.	400	2	5	3.90	1.181
Implementing specialized programs for rural healthcare can address service gaps.	400	2	5	2.64	1.034

Providing financial aid and subsidies will make healthcare more accessible.	400	3	5	4.05	.347
Initiatives to recruit and retain healthcare professionals are effective.	400	2	5	3.21	1.328
Continuous professional development for healthcare workers is crucial.	400	1	5	3.84	1.188
Improving the medication supply chain will enhance healthcare delivery.	400	1	5	3.86	1.204
Strong policy and advocacy efforts are needed to support healthcare improvements.	400	1	5	4.01	1.090
Valid N (listwise)	400				

Source: Authors Computation, SPSS 26.

Table 3 presents descriptive statistics on strategies for achieving realistic healthcare in Plateau State, based on responses from 400 participants. The strategies rated on a scale from 1 to 5 highlight several key areas for improvement. There is strong agreement that investing in healthcare infrastructure will significantly improve service delivery (Mean = 3.90, Std. Dev. = 1.181) and that providing financial aid and subsidies is crucial for making healthcare more accessible (Mean = 4.05, Std. Dev. = 0.347). Additionally, improving the medication supply chain (Mean = 3.86, Std. Dev. = 1.204) and continuous professional development for healthcare workers (Mean = 3.84, Std. Dev. = 1.188) are seen as vital strategies for enhancing healthcare

delivery.

However, some strategies received moderate support. Implementing specialized programs for rural healthcare to address service gaps has a mean score of 2.64 (Std. Dev. = 1.034), indicating that respondents see room for improvement. Initiatives to recruit and retain healthcare professionals also have a moderate mean score of 3.21 (Std. Dev. = 1.328). Finally, strong policy and advocacy efforts are deemed highly necessary for supporting healthcare improvements (Mean = 4.01, Std. Dev. = 1.090). Overall, these findings suggest a consensus on the importance of financial support, infrastructure investment, and policy advocacy to enhance healthcare in Plateau State, with some strategies needing further refinement and focus.

Discussion of Findings

The findings of this study underscore the pervasive structural and systemic deficiencies affecting healthcare delivery in Plateau State. A significant proportion of respondents highlighted issues such as inadequate healthcare infrastructure, shortage of skilled personnel, limited access to essential medicines, and underfunding as critical challenges. These concerns mirror those reported by Adepoju et al. (2017), who identified similar constraints across primary healthcare facilities in Southwest Nigeria. The persistence of these challenges suggests that although policy interventions exist, their implementation remains inconsistent and insufficient. Applying Donabedian's Structure-Process-Outcome (SPO) model, these issues are predominantly structural in nature, pointing to the foundational weaknesses that hinder healthcare service quality (Donabedian, 1988).

Furthermore, the study reveals that the delivery of healthcare services is hampered by procedural inefficiencies. Respondents reported long patient wait times, fragmented referral systems, and inadequate patient-provider communication. These findings resonate with Amibor et al. (2022), who observed that time constraints, lack of communication skills, and resistance from other medical professionals hinder the adoption of pharmaceutical care in Nigerian hospitals. These procedural deficiencies reflect weaknesses in the "process" dimension of the SPO model, reinforcing the notion that suboptimal service delivery is not merely a result of infrastructural deficits but also of operational and professional inadequacies.

In line with findings by Auta et al. (2016) and Veta (2023), this study also reveals the marginalization of certain professional roles within healthcare settings, such as social workers and clinical pharmacists. The absence of clear legal frameworks and limited interprofessional

collaboration were identified as major barriers to role recognition and integration. These challenges point to deeply entrenched organizational hierarchies and cultural resistance, consistent with findings from both studies. The limited recognition of these roles impacts both the process and outcome elements of healthcare delivery, as insufficient coordination and role ambiguity hinder patient-centered care and system efficiency.

In terms of outcomes, the study found mixed perceptions regarding the effectiveness of healthcare services. While respondents acknowledged improvements in public health campaigns and preventive care in recent years, many expressed concerns about the overall quality of care, particularly in rural and underserved areas. These perceptions align with Usar and Mairiga (2020), whose research at the University of Jos Health Centre demonstrated a dual burden of communicable and non-communicable diseases, indicating the need for integrated and responsive healthcare planning. The mixed outcomes point to a health system that, while making incremental progress, remains encumbered by uneven access and variable quality.

Notably, recent government interventions such as the National Health Sector Renewal Initiative and the Health Sector Strategic Blueprint 2024–2027 were recognized by some respondents as steps in the right direction. However, skepticism about their sustainability and effective implementation remains high. This skepticism is reflective of a broader pattern observed in the literature, where well-intentioned policies often falter due to inadequate execution, corruption, and lack of continuity (Adebisi et al., 2020; Torkula, 2020). These findings underscore the argument that systemic reform requires more than policy articulation—it demands strong institutional accountability, adequate funding, and effective monitoring mechanisms.

The data further supports the notion that enhancing healthcare delivery in Plateau State requires a multifaceted approach. As posited by the SPO model and validated in Nigerian settings (Ameh et al., 2022), improvements in healthcare outcomes are contingent on simultaneous advancements in infrastructure, service delivery processes, and workforce competence. Moreover, the findings affirm that sustainable healthcare reform must be both top-down and bottom-up—driven by national strategic policies and grounded in local needs, professional empowerment, and community engagement.

Conclusion

In conclusion, this study's findings reveals the multifaceted challenges affecting healthcare delivery in Plateau State. While there is widespread recognition of the need to improve structural conditions and procedural standards, significant barriers persist, including infrastructural deficiencies, inadequate interprofessional collaboration, and inconsistent policy enforcement. These challenges reveal the dynamic interaction between institutional design, systemic inefficiencies, and professional hierarchies within the healthcare system. Despite ongoing efforts and some policy-driven progress, the underutilization of critical healthcare professionals such as social workers and pharmacists continues to undermine service delivery effectiveness and health outcomes.

Recommendations

Based on the findings the following recommendations were made

1. **Increase Investment in Healthcare Infrastructure:** The government and private sector should prioritize funding for modernizing healthcare facilities, ensuring they are adequately equipped to provide comprehensive and high-quality services.
2. **Expand Financial Aid and Subsidy Programs:** Implementing more robust financial aid and subsidy programs can make healthcare services more affordable and accessible, particularly for low-income residents and those in rural areas.
3. **Enhance Training and Education for Healthcare Professionals:** Continuous professional development programs should be established to ensure healthcare workers receive ongoing training and education, improving their skills and the quality of care they provide.
4. **Strengthen Rural Healthcare Programs:** Specialized healthcare programs targeting rural areas should be developed and implemented to bridge the service gaps, ensuring that residents in these regions have access to essential healthcare services.
5. **Improve Medication Supply Chains:** Efforts should be made to streamline and strengthen the medication supply chains, ensuring that essential drugs and medical supplies are consistently available in all healthcare facilities across the state.

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