



Research Paper

## Administrative Processes and Primary Health Care Delivery in Ngo-Okpala Local Government Area of Imo State.

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### Abstract

Administrative process is a key mechanism in any governmental or public organization. Apart from being the engine room of public sector management, it constitutes a typical hierarchical arrangement of lines of authority which determines how roles, powers and responsibilities are assigned and how the work processes flows at different levels of an organization. This paper examined administrative processes in primary health care (PHC) delivery in Ngor-Okpala local government area of Imo State. The paper is anchored on the contingency theory and adopted the descriptive study design. The population of the study was the entire two hundred and ten (210) officials of the Ngor-Okpala primary health delivery services as sourced from the Imo State Ministry of Health. Data for the paper was generated via the distribution and retrieval of questionnaire and via unscheduled interviews of key personnel of the Ngor-Okpala local government area PHC and those of the council officials and state Ministry of Health, Imo State, this was complimented by information from secondary sources. Data was analyzed using descriptive and inferential statistics and also by content analysis. The paper discovered amongst others; that, poor leadership and dearth of professional medical personnel at the health care centres have led to inadequate and non-functional surveillance system and hence no tracking system to monitor the outbreak of communicable diseases, bioterrorism, chemical poisoning etc. Accordingly, this paper recommends amongst others; that, in order to better strengthen and protect PHC delivery in Ngor-Okpala, there is the need for government to identify the determinants of effective administrative processes such as, better remuneration and other forms of incentives that will motivate and encourage trained nurses and mid-wives to migrate from urban areas to rural area, thereby improving the quality of health personnels available to work at the primary health care centres.

**Keywords:** *Administrative, Primary, Healthcare, Government.*

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### I. Introduction

Administrative process is a typical hierarchical arrangement of lines of authority. It determines how the roles, powers, and responsibilities are assigned, and, how the work process flows among different management levels. It involves the management and operation of the respective systems/entities, and each operates through specific administrative process. Each of these systems is operated by an administration and each use a management hierarchy (Jegede, 2002).

Health services delivery in Nigeria had its historical antecedents. It had evolved through a series of governmental succession of policies and plan, which had been introduced by previous administrations (Oyewo, 2009).

Oyewo (2009) traced the historical epoch of Nigerian health sector beyond the organized colonial period and asserted that material and child care of pre-colonial period through primitive, compared to the orthodox medical care, served the people with precise efficiency which was proportional to their level of development. Oyewo, further identified the beginning of a meaningful health service policy with the first Ten Year National plan (1946-1956) wherein health was put on the concurrent legislative list with both Federal and

Regional government exercising defined powers within their areas of direct administrative control. The first Ten-year National plan (1946-1956) whose proponents were mainly expatriate officials had a number of deficiencies, especially in the health care services. The health policy at the Second National Development Plan (1970-1974) focused in part at correcting some of the deficiencies in the health delivery services. There was a deliberate attempt to draw up a comprehensive national health policy dealing with such issues as health manpower development, provision of comprehensive health care based on basic health care service scheme, disease control, efficient utilization of health resources, medical research and health planning and management. The Third National Development Plan of 1978-1980 was aimed at increasing the proportion of the population receiving health care from 25% to 60% (Jegade, 2002).

The Basic Health service scheme policy which was incorporated into the Development Plan had the following objectives.

- a. To initiate the provision of adequate and effective health facilities and care for the entire population;
- b. To correct the imbalance between preventive and curative care;
- c. To provide the infrastructure for all preventive health programmes such as control of communicable disease, family health, environmental health, nutrition and others;
- d. To establish a health care system best adapted to the local conditions and to the level of health technology in the country.

According to Sani (2013:3-4) the Fourth National Development Plan too made the Basic Health Services Scheme the core of its orientation in the health sector. The problem with BHSS was its total neglect. The Federal Government in particular focused much more attention on the establishment of Teaching and Specialist Hospitals. This was reflected in the budgetary allocations for Health capital projects and programmes as they were contained in the Fourth National Development Plan. Specifically, a total of ₦862.40 million (71.8%) was allocated to the Teaching and Specialist Hospitals, while only ₦101.00 million was allocated to Basic Health Service Scheme and other related health programmes

Primary Health Care is a relatively neglected component of the health care system. Some of the most effective and lowest cost health systems are based on a primary health care foundation, supported by a thoughtful healthy public policy framework. This would represent a significant change but offers a chance.

Primary health care, which is supposed to be the bedrock of the country's health care policy, is currently catering for less than 20% of the potential patients (Gupta et al., 2004). While most PHC facilities are in various state of disrepair, with equipment and infrastructure being either absent or obsolete, the referral system is almost non-existent.

A significant problem in the management of PHC in Ngor-Okpala local government area is transportation. The irregular accessibility to many parts of the communities owing to natural topographical condition such as excessive flooding during rainy season and terrain of the landscape, impedes health care delivery.

Again, the problem of inadequate finance. This manifest itself in increase in wage bills, over dependence of the LGA on Federal, State and International Agencies. The internally-generated revenue of the LGA is meager. The level of community involvement in PHC management is another matter of concern. There are evidences of low community participation.

This paper therefore seeks to examine the effect of administrative processes on primary health care delivery in Ngor-Okpala local government area of Imo State. The paper is approached in five sections. Section one is the introduction which we just concluded. Section two is the theoretical framework upon which the study is anchored and the review of some relevant concepts of the paper. Section three explains the method the paper employed in generating and analyzing data while section four encapsulates the presentations, analysis and discussions of the paper, the paper was rounded up with conclusion/recommendations in section five.

### **Theoretical Framework**

This paper adopted the **contingency theory** of management which is an organizational theory that claims that there is no best way to organize a corporation to lead a company, or to make decisions. Instead, the optimal course of action is contingent (dependent) upon the internal and external situation/environment. According to Ogunbarneru (2005:112) contingency theory is a strand of organizational theory (sometimes also known as the "rational system perceptive", situational approach "or it all depends sometimes") the leading practitioners of which were T. Burns, J. Woodward, P. Lawrence, and J. Lorsch, and otherwise theoretical eclectic groups who were nevertheless united in their belief, that no single organizational process was inherently more efficient than all others. The variation also prompted the question of an "ideal" Theory. It showed that variation occurred because situation differed.

According to Marshall (1996:96), since organizations differ in the task they perform and environment they face, the appropriate organizational process should in each case be a function of such factors as technology, market and the predictability of task". Also Stacey (1003:177) opined that "the effectiveness of a particular organizational process, culture, or sequence of actions is contingent upon or depends upon a number of factors. The most important of these contingency factors according to Stacey are as follows:

- a. The environment, particularly the market
- b. The size of the organization
- c. The technology it employs
- d. The history it employs
- e. The history of the organization
- f. The expectations of the employees and customers

The theory states that success will be secure when an organization secures a good match between its situation/environment and its strategies and process. In the words of Armstrong (2000:18) "contingency theory is essentially about the need to achieve first between what the organization is and wants to become (its strategy culture, goals, technology, the people it employs and its external environment) and what the organization does (how it is process, the processes, procedures and practices it puts into effect).

"Contingency is a theory about the nature of cause and effect. It makes statements like these: if an organization is operating in an environment that is very complex and changing rapidly, then it requires organic form of organization to succeed" Ogunbameru (2005:114) stated that, contingency theory postulates a complex web of interconnections between the features of organization and their environment in which the causal connections are liner in the sense that they run in one direction. It is a particular environment that causes a particular kind of successful strategy and that causes a particular kind of successful process. The theory does not contemplate circular causation in which the process of environment causes them to follow certain strategies which then create certain kinds of environment to which they respond.

The basic conclusion of the contingency theorist therefore is that the nature of the organizations technology, its size, its legal incorporation, the character of its market, and other factors confront the organizations with some opportunities as well as constraints and therefore set the tone of the organizations adaptation as revealed by its process. The position of the contingency theory that effective management varies with the organization and its environment agrees with the equifinality concept propounded by Katz and Kahn on the question of what should be an "ideal" theory. The sequifinality concept contends that it is possible for open system to reach the same final state from differing initial conditions if one pursues this line of thought deeply, it would appear that the contingency management theorists seem to align themselves with the view that the end justified the means.

The theory suits the subject matter of the paper, in the sense that it espouses on the environment in which primary health care delivery is found in Ngor-Okpala local government area and how this environment, owing to lack of key elements within it impacts on the administrative processes of health care delivery in that area. The theory assumes that successful health care delivery will be achieved in Ngor-Okpala local government area if the administrative processes secure a good match between its environment or situation and its processes or strategies.

### **Conceptual Explication**

#### **The Concept of Administrative Process**

Organizations are consciously created to accomplish certain set of objectives. In order to accomplish these objectives, organizations formulate appropriate strategies for achieving these set(s) of goals. Consequence of this, is that an administrative process, or simply put, the machinery through which the set goals of an organization is to be achieved is development for this purpose. One of the bases on which an organization assess itself or is assessed by others is about the question of the extent to which an organization has achieved the goals and objectives it set for itself (Adiije, 2008).

Administrative process according to Mullins (2001) is the pattern of relationships that exist among the different administrative positions that have been created in any given organization and among the members of the same organization. The administrative process creates the enabling conditions for the application of the process of management as well as, the framework for order and command through which the activities of the organization such as PHC can be planned, organized, directed and controlled. The purpose of any administrative process is to apportion responsibilities among members of the organization and to create the mechanisms for functional relationship between them, coordination and the exercise of control over these activities which are the directed towards the goals and objectives of the organizations (Mullins, 2001).

According to Adilieje (2008), the administrative process therefore, represents the vehicle through which an organization achieves bounded rationality. 'Rationality' deals with the pursuit of organizational goals, rather than the goals themselves and directly refers to the degree to which the predetermined goals of an organization are achieved with maximum efficiency by applying and directing the resources of the organization towards these stated goals.

### **The Nature of Administrative Processes**

A major responsibility of the management of any organization is to undertake appropriate analyses of the goals and objectives as well as, factors in the organizational environment, in order to be in a position to design and establish an administrative process that satisfies the requirement of making the organization and effective machinery for the actualization of the predetermined goals. Administrative process refers therefore, to the way in which the units of the organization are arranged. They are, the consequence of simultaneous impact of multiple factors, administrative process as Peter Blau has noted may be referred to as 'the distributions, along various lines, of people among social positions that influence the role relations among these people' (Hall, 2001). The implication of the above statement is:

...Division of labour: people are given different tasks or jobs within organizations. Another implication is that organizations contain ranks, or a hierarchy: the positions that people fill have rule and regulations that specify, in varying degrees, how incumbents are to behave in these positions (Hall, 2001:85).

According to Jegede (2020) administrative process is a 'complex medium of control which is continually produced and recreated in interaction and yet shapes that interaction: process is constituted and constitutive'. As Hall (2001) has observed, the process of any organization 'are continually emergent as they are influenced by successive waves of members, interactions among the members, and incessant environmental pressures'.

It is also observed that good administrative process on its own does not in fact produce a good performance in an organization. But a poor administrative process makes the possibility of achieving good performance impossible regardless of the quality of the individual managers within it. In other words, one of the bases on which to expect an improved performance in organization is to improve the process of administration (Adilieje, 2008).

Mullins (2001) has succinctly listed the objectives of an administrative process as follows:

1. The economic and efficient performance of the organization and the level of resources utilization;
2. Monitoring the activities of the organization;
3. Accountability for areas of work undertaken by groups and individual members of the organization;
4. Co-ordination of different parts of the organization and different areas of work;
5. Flexibility in order to respond to future demands and development, and to adapt to changing environmental influences; and
6. The social satisfaction of members working in the organization.

Closely related to the objectives of administrative process are the functions which the process of any organization is meant to serve. In this regard, Hall (2001) has identified three basic functions of administrative process, these are:

First, and foremost, process are intended to produce organizational outputs and to achieve organizational goals. Second, process are designed to minimize or at least regulate the influence of individual variations on the organization. Process are imposed to ensure that individuals conform to requirements of organizations and vice versa. Third, process are the settings in which power is exercised (process also set or determine which position have power in the first place), in which decisions are made (the flow of information which goes into a decision is largely determined by process), and in which organizations, activities are carried out, process is the arena for administrative actions.

The change in the task environment and the changes in the domain of an organization are responded to, through administrative process and these changes affect the level of structural growth and complexity (Adilieje, 2008). Complexity in process is the result of coordinative and adaptive demands made upon an organization by the task environment, so an organization need not be large in order to exhibit complex process. In long-linked vertically integrated organizations one can observe that activities are isolated from one another. Even though there are diverse activities, yet these activities are segmentally performed homogeneously, although they are long linked technologically.

## **II. Method**

The method for this paper consist of identification and classification of the study population, sourcing of data through the use of interviews and questionnaire technique and other secondary data through published and other documentary text. As such, the study design adopted for this paper is the descriptive study design.

The population of the study is the total number of administrative staff of primary health care delivery centres in the Ngor-Okpala local government area with a total staff population of two hundred and ten (210). (**Source:** Office of the Permanent secretary, Ministry of Health, Imo State).

In order to ensure accuracy of report and first-hand information, the paper embarked on distribution of questionnaire for the purpose of collecting data. This was supplemented with interviews and published documents.

Method of data collection was based on distribution of questionnaire to respondents and the retrieval of same at the end of the exercise. While unscheduled interviews were conducted on key personnel of the Ngor-Okpala LGA primary health care and those of the LGA officials and the State Ministry of Health, Imo State. Also, reliance was put on secondary sources such as books, journals, memographs, etc.

Data was analyzed using descriptive and inferential statistics and also by content analysis of relevant information to the paper.

### **Presentation, Analysis and Discussion of Findings**

#### **Socio-demographic Characteristics of the Respondents**

The frequency and percentage distribution of the socio-demographic characteristics of the respondents is presented in this section. These include sex, marital status, level of education, and occupation amongst others.

**Table 1: Frequency and Percentage distribution of Respondents by Sex**

<b>Sex</b>	<b>Frequency</b>	<b>Percentage</b>
Male	140	70
Female	60	30
<b>Total</b>	<b>200</b>	<b>100</b>

**Source:** Fieldwork, 2022.

The above table 1 reveals that majority of the respondents 70% were male as against 30% which were female.

**Table 2: Frequency and Percentage distribution of Respondents by Age**

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
21-30yrs	30	15
31-40yrs	50	25
41-50yrs	60	30
51yrs & above	60	30
<b>Total</b>	<b>200</b>	<b>100</b>

**Source:** Fieldwork, 2022.

The result presented in Table 2 above shows that majority of the respondents are within the age bracket of 41-50 and 51years and above representing 30% and 30% of the population of this study respectively.

**Table 3: Frequency and Percentage distribution of Respondents by Marital Status**

<b>Marital Status</b>	<b>Frequency</b>	<b>Percentage</b>
Single	90	45
Married	110	55
<b>Total</b>	<b>200</b>	<b>100</b>

**Source:** Fieldwork, 2022.

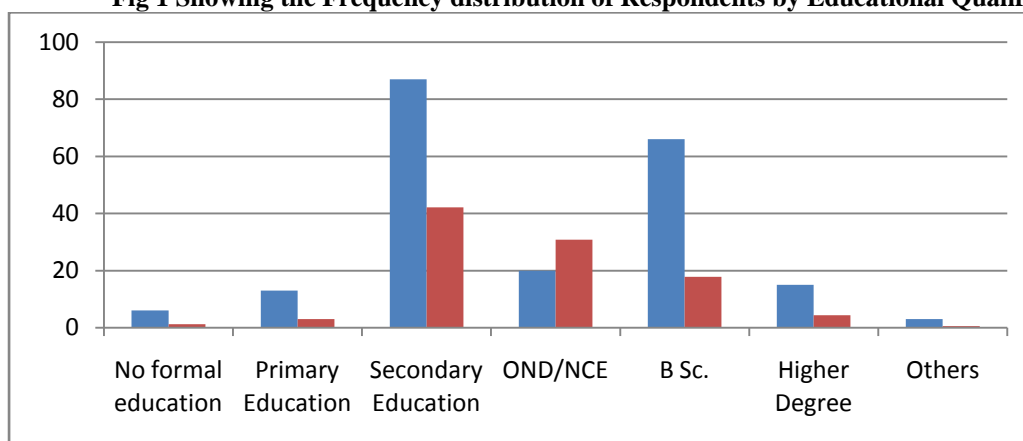
The result in table 3 above show that more than half of the respondents are married. It shows that 110, representing 55%, of the total respondents are married. Also 90, representing 45% of the respondents were single as at when this study was conducted.

**Table 4: Frequency and Percentage distribution of Respondents by Level of Education**

Education	Frequency	Percentage
No formal education	6	3
Primary Education	13	6.5
Secondary Education	77	38.5
OND/NCE	20	10
B.Sc.	66	33
Higher Degree	15	7.5
Others	3	1.5
<b>Total</b>	<b>200</b>	<b>100</b>

Source: Fieldwork, 2022.

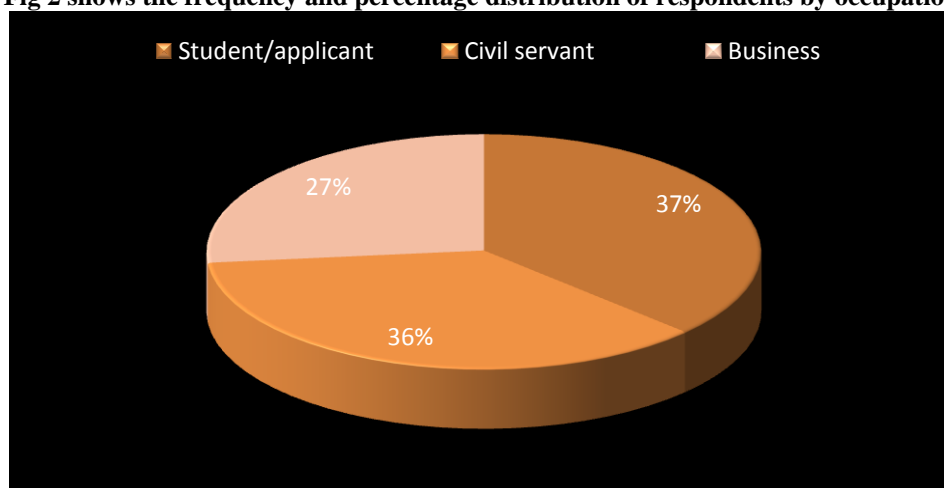
**Fig 1 Showing the Frequency distribution of Respondents by Educational Qualification**



Source: Fieldwork, 2022.

The result in Table 4 and Fig 1 above shows that the highest number (77) of the respondents, representing 38.5%, is those with secondary school education. This figure is followed by those with B.Sc. with 66, representing 33% of the respondents. Presented in Fig 2 below is the frequency and percentage distribution of respondents by Occupation.

**Fig 2 shows the frequency and percentage distribution of respondents by occupation**



From Figure 2 above, we observed that a good number of respondents are student/applicants, farmers and civil servants. This is because the selected communities are Umuowa, Elelem and Umukabia-Ogodo. The three communities were purposively selected based on their urban and rural status.

**Table 5:** Table analyzing the responses of respondents on the effects of poor administrative processes in primary health care delivery in Ngor-Okpala L.G.A

	Questions	RESPONSE			
		YES	NO	DKN	TOTAL
1	Do you sincerely believe that the nature of budgetary allocation to the health sector directly affects the quality of drugs at the primary health centre?	154	43	3	200
		77%	21.5%	1.5%	100%
2	Do you believe that Nigeria’s hope of attaining health security and sustained socio-economic growth is hinged on the implementation of a viable National Health policy especially at the Local Government level?	190	8	2	200
		95%	4%	1%	100%
3	Is poor funding and lack of relevant drugs one of the effects of poor administrative coordination in the implementation of primary health care delivery in Ngor-Okpala L.G.A?	200	0	0	200
		100%	0%	0%	100%
4	Are you usually asked to pay for drugs (by way of generating funds illegally) that are meant to be free when you visit the primary health centre?	176	23	1	200
		88%	11.5%	0.5%	100%

Table 5 sought to evaluate the responses of respondents on the effects of poor administrative coordination in the implementation of primary health care delivery in Ngor-Okpala L.G.A.

Issues’ bothering on budgetary allocation to the health sector directly affects the delivery of health care services in the LGA. A total of 154 respondents representing 77% affirmed that poor budgetary allocation to the health sector has negatively affected the quality of healthcare services at the PHC.

On the question of; if the respondents believe that Nigeria’s hope of attaining health security and sustained socio-economic growth is hinged on the implementation of a viable National Health policy especially at the local government level, 190 respondents representing 95% affirmed that indeed Nigeria’s hope of attaining health policy is hinged on the implementation of a viable National Health policy and will ensure sustained development of Nigeria’s healthcare.

On the question of; if lack of relevant drugs through poor funding is responsible for the increasing spate of diseases and mortality at the primary health centre in Ngor-Okpala L.G.A? All the respondents (200) believe that lack of relevant drugs is responsible for the increasing spate of diseases at the hospital. This is because relevant drugs have been a bane to the sustenance of adequate healthcare at the PHC.

Furthermore, on the question of; if we are ask to pay for drugs at the primary health centres, In their view, 176 of the respondents representing 86% pointed out that most of the drugs that were originally meant to be free have been sold to patients at exorbitant prices rather than release these drugs free of charges to the patients. Whereas, 23 of the remaining respondents claimed that drugs in the hospitals doesn’t necessarily need to be free.

### **III. Discussion of Findings**

#### **Infant mortality in Ngor-Okpala L.G.A. a function of lack of qualified medical personnel at the primary health centres.**

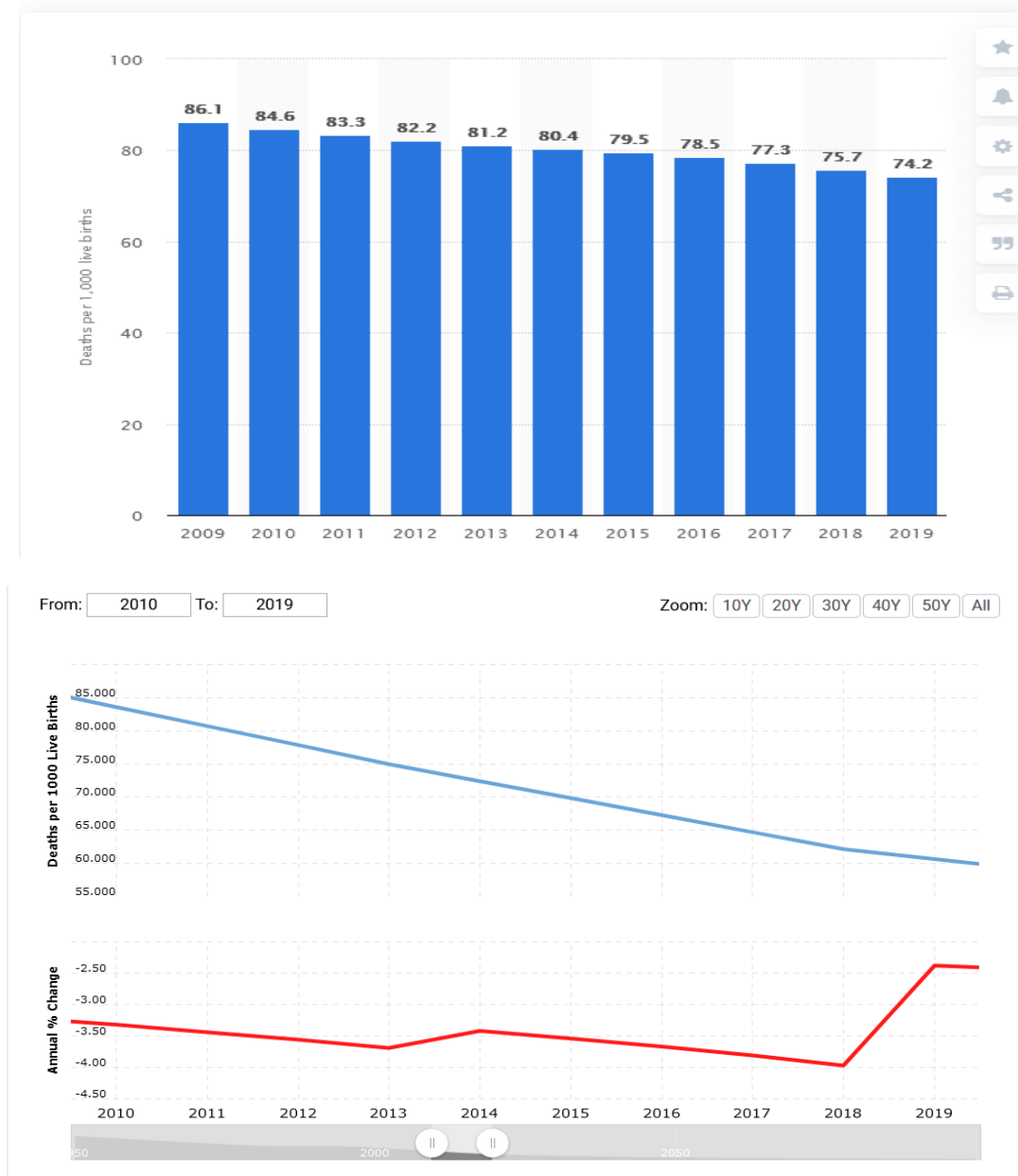
Quite unfortunately, it is obvious that the Nigerian primary health care centres have been suffering from and experiencing an increase in the number of infant mortalities. Many of the study’s respondents tend to believe that this is a function of poor infrastructure or lack of qualified medical personnel at the health centres. Furthermore, these respondents claim that this can be explained from the position of corruption in the system. This is a worrying situation were people who lack the requisite qualification are employed on the basis of who they know in the system.

The implication of this is the fact that persons who have no business working at the health centres are given jobs while the qualified ones are not. The implication therefore, is increasing the cases of infant mortality at the health centres. Again, the respondents are of the view that government should make and enforce policies that will ensure that the right persons are employed as health care personnels at the healthcare centers.

The respondents note that unfortunately, the services that is meant to be provided at these Primary HealthCare centres by medical personnels which include but not limited: prevention and treatment of communicable diseases, immunization, maternal and child health services, family planning, public health education, environmental health and the collection of statistical data on health and health related events are not usually performed by the few medical personnels on ground hence increasing the number of infant mortality at the health centre.

When asked ways in which this can be tackled, the respondents noted that there have been too much concentration of medical personnel at the urban to the neglect of the rural areas. Hence government according to the respondents should make adequate effort in ensuring that qualified health personnel are sent and compelled to serve at the rural primary healthcare centres. Thus, from the analysis conducted above, there is indeed the problem of lack of qualified medical personnel as well as their uneven distribution to the rural areas.

**Fig 4.3 Baseline data revealing infant mortality rate in Nigeria within the past decade**  
**Nigeria: Infant mortality rate from 2009 to 2019**  
*(in deaths per 1,000 live births)*



Data Source: [United Nations - World Population Prospects](#)

**Inadequate equipment/infrastructure and drugs at primary health centres in Ngor-Okpala L.G.A. leads to an increase in the level of mortality**

Despite the availability of some equipment at the Primary Health Care centres, the respondents note that most of them are obsolete and some rural dwellers and indeed the health personnel sent tend to underuse some of the equipment due to perceptions of poor quality and inadequacy of such equipment available for



services at the health centre. The respondents believe that with the benefit of adequate information about the hospital equipment, they can better assess and tackle the specific obstacles facing facilities in providing services and they can seek to ensure that facilities have the necessary infrastructure, supplies and staff motivation to provide the services they are supposed to provide. Some of this can be done through volunteer efforts, such as donations for buying supplies, but most of the benefits of community participation can only be harnessed if there are specific mechanisms in place to enable them to do so. For example, whether or not they are allowed to raise local resources will affect their ability to ensure a smooth flow of supplies. Similarly, whether or not they have a say in the evaluation and rewards/sanctioning of facility, staff will affect the extent to which they are able to translate their observation of staff behavior into improved staff responsiveness to local needs.

Indeed, the essence of health care systems at the rural or local government areas is to make the management of Primary Health Care services more effective and closer to people at the grassroots. However, due to poor equipment at the primary healthcare centres, one begins to question the extent to which health care has been taken to the doorstep of the rural people.

#### **Poor performance of primary health centres is as a result of poor funding for the primary health centres.**

As noted by the respondents, one of the hindrances to the development of the health sector especially in the rural areas through the primary healthcare centres has to do with insufficient or inadequate funds. Nigeria is one of the few countries in the developing world that has systematically decentralized the delivery of basic services in health to locally elected governments and community based organizations but unfortunately, and as noted by the respondents, poor funding by government at the various tiers has always been the obstacle. Again, the respondents further notes that community participation has not been institutionalized through the creation of village development committees and district development committees that are grassroots organizations that will be expected to work closely with local governments in monitoring and supporting primary health care services. The respondents further emphasized that even if that was to be done the problem was always going to be that of adequate funding.

For instance, immunization outreach services at the rural areas to sensitize people on the need to bring their children to the primary healthcare centres for immunization are inadequately conducted due to poor funding. The respondents note that maintenance culture of the existing vehicles is poor while Primary Health Care vehicles were used for other purposes other than health related activities.

#### **IV. Conclusion/Recommendations**

From the research findings drawn from the responses of respondents, it was discovered that administrative process has had effect on the effectiveness of primary health care delivery in Ngor-Okpala LGA of Imo State. It was observed that primary Health care performance in Nigeria is poorly developed and therefore has suffered several backdrops, especially at the rural areas. Thus, there is lack/inadequate drugs and equipment at the primary health centres resulting to an increase in infant mortality, maternal mortality and general mortality.

Furthermore, the paper concludes that secondary health care provides specialized services to patients through outpatient and inpatient services of hospitals under the control of state government. Patients are referred from PHC facilities to secondary care hospitals. The state ministry of health provides health care services through secondary level health facilities as well as technical assistance to the LGA health departments.

Again, it was discovered that poor leadership and dearth medical personnel at the hospitals has led to inadequate and non-functional surveillance systems and hence no tracking system to monitor the outbreak of communicable diseases, bioterrorism, chemical poisoning, etc. Furthermore, it was discovered that the Nigeria government uses different mechanisms for public health care financing; however, the health financing system is still characterized by low investment by the government, extensive out-of-pocket payments, limited insurance coverage, and low donor funding.

Another important challenge in Nigeria's health care system as discovered from the series of interviews and questionnaire used is the lack of use of evidence for planning and policy making. This could be attributed to dearth of relevant research evidence. Health care performance needs to be informed by research so that planning will be evidence based. Collection of reliable, relevant, and timely data for planning and evaluating policies should be improved in Nigeria's healthcare system.

From the foregoing, the paper therefore wishes to make the following recommendations:

It is recommended that in the rural communities of Ngor-Okpala L.G.A, PHC centres should adopt effective administrative processes in implementing primary health care delivery and should be assisted and managed by local people who are selected and trained in collaboration with trained medical personnels' from outside the locality.

In order to better strengthen and protect the interest of these health personnels and ensure their retention in the rural areas, there is need for the determinants of effective administrative process of PHC in achieving effective delivery to be identified and implemented. This can be achieved through special incentives such as better remuneration and other forms of incentives that will better motivate and encourage trained nurses and mid-wives to migrate from the urban areas to rural areas thereby improving the quality of health personnels available to work at the primary health healthcare centres.

Again, on the effects of poor administrative coordination in the implementation of primary health care delivery in Ngor-Okpala L.G.A, there is increasing need for the local government administration as well as other tiers of government to as a matter of urgency increase their allocations to the health sector. This can be achieved through the Local Government asking the state assemblies for an increase in the monthly allocations to health centres.

Furthermore, For PHC to succeed, issues of funding especially by the local government system must not be overlooked. Thus, there is need for the local government administration to be aggressive and inward-looking in her quest to provide drugs, medical equipment's and free medical services to the rural dwellers.

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