

LOCAL GOVERNMENT ADMINISTRATION, PRIMARY HEALTH CARE DELIVERY AND INFRASTRUCTURAL DEVELOPMENT IN LAFIA LOCAL GOVERNMENT AREA, NASARAWA STATE

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ABSTRACT

This study examined local government administration, primary health care delivery, and infrastructural development in the Lafia Local Government Area of Nasarawa State, Nigeria, covering the period 2015–2024. Despite constitutional responsibilities and statutory allocations, service delivery and infrastructure provision remain inadequate, raising concerns about administrative effectiveness in promoting rural development. The study was anchored on Effective Service Delivery Theory, which emphasises efficiency, accountability, and the capacity of public institutions to translate resources into tangible outcomes. A descriptive survey design with a mixed-method approach was adopted. Data were collected through structured questionnaires administered to 400 respondents selected using simple random sampling, out of which 385 valid responses were retrieved and analysed. Key informant interviews were also conducted to complement the quantitative data. Quantitative data were analysed using descriptive statistics (frequencies and percentages) and inferential statistics (chi-square), while qualitative data were analysed thematically. Findings revealed that local government administration in Lafia LGA has had a limited and uneven impact on both primary health care delivery and infrastructural development. Although some improvements were observed in accessibility, major challenges persist, including inadequate health personnel, poor infrastructure, irregular drug supply, weak financial accountability, and ineffective policy implementation. The study concludes that local government efforts have not translated into substantial improvements in service quality or sustainable development. It recommends improved staffing, equipment, and drug supply in primary health care centers, alongside enhanced planning, funding utilisation, and maintenance of rural infrastructure to strengthen service delivery outcomes.

Keywords: Local Government Administration, Primary Health Care, Infrastructural Development, Rural Development

Introduction

Local government institutions occupy a central position in governance and development, particularly in rural communities where access to essential public services and infrastructure remains limited. As the closest tier of government to the people, they are expected to facilitate development, enhance service delivery, and promote grassroots participation in governance. In fulfilling this mandate, local governments are responsible for managing public resources, implementing development programmes, and providing basic services such as primary health care, education, water supply, and rural infrastructure (Smoke, 2019; UNDP, 2021).

Globally, the establishment of local government systems is largely driven by the need to decentralise governance and bring decision-making closer to the people (Arowolo, 2008; Agba, Akwara, & Idu, 2013). In Nigeria, local governments were created as instruments for rural transformation and national integration, with constitutional responsibilities that include administrative, political, and fiscal functions. These responsibilities are intended to enhance responsiveness to local needs and improve service delivery outcomes (Lamidi & Fagbohun, 2013).

In recent decades, decentralisation reforms have further reinforced the role of local governments in development administration. The underlying assumption is that proximity to the people enables local authorities to better identify community needs and implement appropriate interventions (Bardhan & Mookherjee, 2006; Shah & Shen, 2020). However, the effectiveness of local governments in achieving these objectives has been constrained by structural and institutional challenges, including limited financial autonomy, weak administrative capacity, inadequate skilled manpower, and political interference (Smoke, 2019; UNDP, 2021).

In the Nigerian context, these challenges are exacerbated by systemic issues such as the State–Local Government Joint Account system, which has been widely criticized for undermining financial independence and limiting the capacity of local governments to implement development projects effectively (Agu, 2007). Consequently, many local governments struggle to translate available resources into tangible improvements in service delivery and infrastructure provision.

In Nasarawa State, particularly in Lafia Local Government Area, concerns persist regarding the performance of local government administration in delivering essential services. Rural communities continue to face inadequate primary health care services and deficient infrastructural facilities, raising questions about the effectiveness of local governance in promoting rural development.

Against this background, this study examines the impact of local government administration on primary health care delivery and infrastructural development in Lafia Local Government Area, Nasarawa State, with a view to assessing the extent to which local government activities have contributed to rural development outcomes.

Statement of the Problem

Despite the constitutional mandate of local governments in Nigeria to provide essential services and promote rural development, evidence from many local government areas indicates a persistent gap between expected responsibilities and actual performance outcomes. While local governments receive statutory allocations and are entrusted with key development functions, the extent to which these resources translate into measurable improvements in service delivery remains questionable.

In Lafia Local Government Area, observable deficiencies in primary health care delivery and infrastructural provision suggest systemic weaknesses in local government administration. Primary health care centres in many rural communities are characterised by inadequate staffing, irregular drug supply, and insufficient medical equipment. Similarly,

infrastructural facilities such as rural roads, potable water systems, and electricity supply remain underdeveloped or poorly maintained, limiting socio-economic activities and access to basic services.

Beyond these observable conditions, there is limited empirical evidence that systematically evaluates how local government administrative processes influence service delivery outcomes in the area. Existing discussions often focus broadly on structural challenges without sufficiently examining the extent of their impact at the local level. This creates a gap in context-specific understanding of how administrative capacity, resource utilization, and governance practices affect rural development in Lafia LGA.

Furthermore, the disconnect between policy intentions and actual service delivery outcomes raises critical concerns about the efficiency and accountability of local government administration. The persistence of service delivery gaps suggests that institutional mechanisms for planning, implementation, and monitoring may not be functioning effectively.

It is against this backdrop that this study seeks to critically assess the impact of local government administration on primary health care delivery and infrastructural development in Lafia Local Government Area, with a view to determining whether administrative efforts have translated into meaningful rural development outcomes.

Research Questions

The study was guided by the following research questions:

- i. How has local government administration impacted primary health care delivery services in the Lafia Local Government Area from 2015 to 2024?
- ii. What is the impact of local government administration on infrastructural development in the Lafia Local Government Area from 2015 to 2024?

Objectives of the Study

The main objective of this study is to analyse the role of local government in promoting rural development, with a specific focus on Lafia Local Government Area (LGA), Nasarawa State. The objectives of the study are to:

- i. examine the impact of local government administration on primary health care delivery services in the Lafia Local Government Area from 2015 to 2024.
- ii. identify the impact of local government administration on infrastructural development in the Lafia Local Government Area from 2015 to 2024.

Conceptual Review and Theoretical Framework

Local government

Local government refers to administrative institutions established to govern and manage affairs within a defined geographical area at the sub-national level (Adeyemo, 2015; Awofeso, 2021). These institutions are responsible for the provision of basic public services, implementation of development programmes, and representation of local interests within the broader system of governance (Ola & Tonwe, 2019). The concept is rooted in decentralisation, which involves the transfer of political, administrative, and fiscal responsibilities from central authorities to local units in order to enhance efficiency, accountability, and responsiveness to community needs (Ezeani, 2022; Olowu & Wunsch, 2014).

In Nigeria, local government is constitutionally recognised as the third tier of government within the federal structure. The 1976 Local Government Reforms define it as government at the local level exercised through representative councils established by law to perform specific functions within defined areas. This definition highlights its legal foundation, administrative authority, and functional responsibilities in governance and service delivery.

Scholarly perspectives further emphasise its developmental role. Uguru (2011) conceptualises local government as a public sector institution with defined administrative structures and financial responsibilities for delivering services at the grassroots level. Similarly, Idike (2016) views local government as a mechanism for decentralising authority and

promoting citizen participation in governance while addressing local socio-economic needs.

Local government in Nigeria serves as a critical link between the state and the people, with responsibilities that include the implementation of policies and programmes aimed at improving primary health care, infrastructure, and rural development outcomes. Its effectiveness, however, depends on the extent of its administrative capacity, financial autonomy, and adherence to its constitutional functions.

Rural development

Rural development is a multidimensional concept that encompasses economic, social, and infrastructural transformation aimed at improving the quality of life in rural areas. It involves deliberate efforts to reduce poverty, expand access to basic services, enhance livelihood opportunities, and promote sustainable resource management. While scholars such as Ovwigho (2014), Adedayo (2012), and Igbokwe-Ibeto et al. (2012) emphasize different dimensions of rural development, a common thread across these perspectives is the recognition that development in rural areas must go beyond economic growth to include social welfare, infrastructure provision, and institutional effectiveness.

A critical synthesis of these views suggests that rural development is not merely about the implementation of isolated projects but about the integrated improvement of living conditions through coordinated policies and effective governance structures. This perspective aligns with Ola and Tonwe (2019), who highlight the role of local government institutions in planning and delivering essential services such as health care, education, water supply, and rural infrastructure. However, the effectiveness of these interventions depends on the capacity of local institutions to mobilize resources, engage communities, and ensure equitable distribution of development benefits.

In the Nigerian context, rural development is closely tied to the performance of local governments, which are strategically positioned to identify local needs and implement context-specific interventions. Nevertheless, existing literature often assumes that proximity to the people automatically translates into effective service delivery, an assumption that is not consistently supported by empirical realities. Challenges such as weak institutional capacity, inadequate utilisation of funding, and limited community participation frequently undermine development outcomes at the grassroots level.

In Lafia Local Government Area, rural development remains uneven and constrained by observable deficiencies in both social services and infrastructure. Issues such as inadequate primary health care facilities, poor road networks, and limited access to potable water indicate that development efforts have not been sufficiently integrated or effectively implemented. This suggests a gap between theoretical expectations of rural development and actual outcomes on the ground.

Therefore, rural development in this study is conceptualised not only as the provision of basic services but also as the effective translation of resources and policies into measurable improvements in living standards. This perspective provides a more context-specific basis for evaluating the role of local government administration in Lafia Local Government Area.

Local government administration and primary health care delivery

Several empirical studies have examined the role of local government administration in primary health care (PHC) delivery in Nigeria, highlighting both achievements and persistent challenges.

A case study of Ikenne Local Government Area conducted by Adeyemo (2015) examined the role of local governments in health care delivery using qualitative methods such as interviews and secondary data sources, including journals and official reports. The study revealed critical challenges such as inadequate funding, poor health facilities, weak community participation, and mismanagement of resources. It recommended increased local government autonomy and improved internally generated revenue to enhance PHC service delivery.

In Ngor-Okpala Local Government Area of Imo State, a study conducted by Opuene, Graham, and Christian (2022) examined administrative challenges affecting PHC delivery. Using a survey design, data were collected from 200 administrative staff through questionnaires and interviews. The findings indicated that poor leadership, inadequate funding, drug shortages, and corruption significantly contributed to high mortality rates and frequent disease outbreaks. The study recommended improved staff incentives and increased funding for better service delivery.

Similarly, Akinseye (2020) investigated PHC administration in Ibadan South West Local Government Area. The study utilized 136 questionnaires distributed to both health workers and service users. The findings revealed that effective local government administration enhances accessibility to health services and reduces morbidity rates. However, challenges such as poor leadership, inadequate personnel, and low community participation were identified as major constraints.

Irabor, Ebrim, and Aloba (2022) conducted a regional analysis of PHC programs in South-Western Nigeria, covering Lagos, Ogun, and Ondo States between 2010 and 2015. Using secondary data, the study evaluated initiatives such as the Eko Free Malaria Programme. The findings showed weak program performance due to factors such as fund diversion, state government interference, and poor community engagement.

In Enugu East Local Government Area, Udentia and Udentia (2019) conducted a large-scale survey involving 1,350 respondents using structured questionnaires. The study identified drug shortages, inadequate infrastructure, and financial mismanagement as major barriers to effective PHC delivery. These challenges were largely attributed to inefficiencies in local government administration. The authors recommended improved budgeting practices and more efficient drug supply systems.

The findings from these studies align in demonstrating that local government administration plays a critical role in primary health care delivery but is significantly constrained by factors such as inadequate funding, weak institutional capacity, poor leadership, and limited community participation. While some improvements in access to health services have been reported, the quality and sustainability of service delivery remain inconsistent across different regions. However, most of these studies are geographically dispersed and do not specifically focus on Lafia Local Government Area. This creates a gap in localized empirical evidence on how local government administration affects primary health care delivery within this context. The present study seeks to address this gap by providing a focused assessment of PHC service delivery in Lafia LGA between 2015 and 2024.

Local government administration and infrastructural development

Empirical literature on local government administration and infrastructural development in Nigeria consistently demonstrates a strong relationship between governance effectiveness, decentralization, and the quality of infrastructure delivery at the grassroots level.

Eneanya (2014) examined fiscal federalism and local government autonomy in Nigeria using qualitative documentary analysis. The study found that constitutional constraints—particularly fiscal centralisation and the dominance of state governments over local revenue—significantly weaken local government capacity to deliver infrastructure. It concluded that fiscal decentralisation is essential for improving service delivery and infrastructural development at the local level.

Similarly, Doho, Ahmed, and Umar (2018) analysed the structure and challenges of local government administration in Nigeria using secondary data. Their findings revealed that local governments are constrained by constitutional ambiguities, political interference, and weak institutional capacity, all of which undermine their ability to effectively execute infrastructural projects at the grassroots level.

In a related study, Adeyemo (2015) examined local government administration and

service delivery in Nigeria and found that poor financial management, corruption, and overdependence on statutory allocations significantly limit infrastructural development. The study emphasized that improved fiscal discipline and internally generated revenue are critical for sustainable infrastructure provision.

Furthermore, Olowu and Wunsch (2014) explored decentralisation and local governance in Africa and observed that weak accountability mechanisms and limited administrative autonomy reduce the effectiveness of local governments in delivering public infrastructure. Their study highlighted that where decentralisation is properly implemented, it enhances responsiveness to local needs and improves infrastructural outcomes. The reviewed studies collectively show that infrastructural underdevelopment at the local government level is largely driven by weak autonomy, poor financial management, political interference, and limited institutional capacity. While these studies provide valuable insights into the structural constraints affecting infrastructure delivery, most of them adopt a broad national or regional focus with limited attention to specific local contexts, such as the Lafia Local Government Area. Moreover, few studies integrate empirical data from both community-level respondents and key stakeholders to assess the actual impact of local government administration on infrastructure. This study, therefore, fills this gap by providing a localised, data-driven analysis of infrastructural development in Lafia LGA within the broader framework of effective service delivery.

Theoretical Framework

The study is anchored on Effective Service Delivery Theory, which provides the theoretical foundation for analysing service delivery and development outcomes. The theory is a modern composite framework rather than a single classical theory, drawing from multiple strands within public administration and management.

Its intellectual roots can be traced to three major traditions. First, Christopher Hood's New Public Management (1991) emphasizes efficiency, performance measurement, and citizen-oriented service delivery. Second, A. Parasuraman, Valarie Zeithaml, and Leonard Berry (1985) developed the SERVQUAL model, which evaluates service quality using dimensions such as reliability, responsiveness, and customer satisfaction. Third, global public sector reform initiatives promoted by institutions such as the World Bank, Organisation for Economic Co-operation and Development, and the United Nations Development Programme emphasize accountability, inclusiveness, and results-oriented governance. Together, these strands form the foundation of effective service delivery theory.

The central proposition of the theory is that the effectiveness of public services is determined not only by efficiency but also by the extent to which services meet the needs and improve the welfare of citizens. It assumes that optimal utilization of financial, human, and material resources is essential for achieving meaningful development outcomes. Where resources are poorly managed, service delivery becomes ineffective and developmental goals remain unmet. The theory also emphasizes equity in service provision, arguing that development is only meaningful when services are accessible to all segments of the population.

Applied to local government administration, the theory highlights the strategic position of local governments as the closest tier of governance to the people. It suggests that effective management of statutory allocations and development programmes can significantly improve rural living conditions through investments in primary health care, infrastructure, and other essential services. However, where there is mismanagement, weak planning, or poor implementation, service delivery outcomes remain limited despite the availability of resources.

Despite its relevance, the theory has notable limitations. It tends to assume a rational and transparent administrative environment, which is often unrealistic in developing contexts. Kempe Ronald Hope Sr. (2001) argues that political interference, corruption, and weak institutional capacity constrain effective service delivery in many African local governments.

Similarly, Willy McCourt (2013) notes that a strong focus on performance metrics may overlook issues of inequality and power relations. In addition, Frederick Golooba-Mutebi (2004) highlights that limited civic capacity in rural areas can weaken citizen engagement, thereby undermining one of the assumptions of the theory.

Notwithstanding these limitations, Effective Service Delivery Theory remains highly relevant to this study. It provides a practical framework for evaluating how local government administration in Lafia Local Government Area translates resources into tangible outcomes in primary health care and infrastructural development. The theory underscores that effective rural development depends not merely on the availability of resources but on how efficiently and equitably those resources are utilized.

Methodology

Research Design

This study adopted a descriptive survey research design with a mixed-method approach, combining both quantitative and qualitative techniques to examine the impact of local government administration on primary health care delivery and infrastructural development in Lafia Local Government Area.

Quantitative data were collected using well-structured questionnaires administered to community members, grassroots beneficiaries of local government programmes, and selected local government staff. Respondents were selected using a simple random sampling technique.

Qualitative data were gathered through purposive key informant interviews (KII) with civil servants, traditional and ward leaders, and other stakeholders with in-depth knowledge of local government administration and service delivery. Participants were chosen based on their experience and capacity to provide relevant insights, and interviews were conducted until sufficient thematic information was obtained.

This design ensures that quantitative data provide generalizable patterns of service delivery outcomes, while qualitative data offer context, explanations, and deeper understanding of local governance practices.

Population of the Study

The projected population of Lafia Local Government Area (LGA) for 2023 was estimated using the compound growth formula:

$$P_p = GP \times (1 + r)^t$$

Where:

P_p = Projected population

GP = Base population from the last census

r = Annual growth rate (as a decimal)

t = Number of years since the last census

Using the 2006 census population of Lafia LGA, which was 228,943, and an annual population growth rate of 3.2% (0.032), the projected population for 2023 (17 years later) is:

$$P_p = 228,943 \times (1 + 0.032)^{17}$$

$$P_p = 228,943 \times (1.032)^{17}$$

$$P_p \approx 228,943 \times 1.689$$

$$P_p \approx 386,595$$

Thus, the projected population of Lafia LGA in 2023 is approximately 386,595. This population formed the basis for determining the sample size for the study.

Sample Size and Sampling Techniques

The sample size for the study was determined using Yamane's (1967) formula for a finite population:

$$n = N / [1 + N(e)^2]$$

Where:

n = required sample size

N = population size (386,595)

e = margin of error (0.05)

Substituting the values:

$n = 386,595 / [1 + 386,595(0.05)^2]$

$n = 386,595 / [1 + 386,595 \times 0.0025]$

$n = 386,595 / [1 + 966.49]$

$n = 386,595 / 967.49$

$n \approx 400$

Thus, a sample size of 400 respondents was used for the study.

Sampling Technique

Simple random sampling was applied to select respondents from Lafia Local Government Area.

This gives a clear, standard basis for representativeness and statistical validity.

Sources of Data

Primary Sources:

Primary data were obtained through key informant interviews (KII) and questionnaires. Key informants included top-ranked civil servants in Lafia Local Government (e.g., Directors of Agriculture, Finance, Works, and Housing), NULGE officials, political leaders, and traditional rulers. These individuals were purposively selected because of their expertise and in-depth knowledge of local government administration and service delivery.

Questionnaires were administered to the general public within Lafia Local Government Area to capture perceptions of local government performance, particularly in the areas of primary healthcare, education, and infrastructural development. This approach allowed for the collection of both quantitative and qualitative perspectives on service delivery.

Secondary Sources:

Secondary data were obtained from official local government documents, textbooks, journals, articles, seminar and conference papers, periodicals, and online materials. These sources provided context and historical background for the study, covering the period from 2015 to 2024.

Method of Data Collection

A structured questionnaire was used to collect quantitative data from residents. The questionnaire contained closed-ended items on service delivery, community participation, and socio-economic development indicators, enabling systematic and comparable data collection.

A semi-structured interview guide facilitated in-depth discussions with key informants. The guide included open-ended questions aimed at exploring governance structures, rural development initiatives, challenges, and opportunities, allowing for rich qualitative insights.

Method of Data Analysis

Quantitative Data: Responses from questionnaires were analysed using frequency distribution tables to present the majority opinions and trends across respondents.

Qualitative Data: Interview data were analysed using thematic analysis, identifying key themes and patterns related to local government administration and service delivery.

This approach ensured a comprehensive understanding of both measurable outcomes and contextual insights into the effectiveness of local government administration in Lafia Local Government Area.

Data Presentation

This chapter presents the results of data analysis based on information collected for the study. The presentation follows the sequence of the research questions. A total of 400 questionnaires were distributed, of which 385 were retrieved, representing a 96.25% response rate. All analyses in this chapter are based on the 385 returned questionnaires.

Part A: Demographic Data of Respondents

Table 1: Distribution of Respondents by Age

Age Range	Frequency	Percentage(%)
18 – 25	78	20.3
26 – 33	125	32.5
34 – 41	106	27.5
42 and above	76	19.7
Total	385	100.0

The results in Table 1 show that respondents aged 26–33 years constituted the largest group (32.5%), followed by those aged 34–41 years (27.5%). Respondents in the 18–25 years range accounted for 20.3%, while those 42 years and above made up 19.7%. This distribution ensures coverage across young, middle-aged, and older participants, reflecting diverse perspectives within Lafia Local Government Area.

Table 2: Distribution of Respondents by Sex

Sex	Frequency	Percentage(%)
Sex	Frequency	Percentage (%)
Male	221	57.4
Female	164	42.6
Total	385	100.0

Table 2 indicates that male respondents (221; 57.4%) outnumbered female respondents (164; 42.6%). This suggests that men were slightly more available or willing to participate in the study. However, the representation of both genders remains sufficient to provide a balanced view of the impact of local government administration on rural development in Lafia Local Government Area.

Table 3: Distribution of Respondents by Educational Qualification

Educational Qualification	Frequency	Percentage(%)
FSLC / Primary	63	16.4
SSCE / Secondary	120	31.2
Diploma / NCE	106	27.5
Bachelor’s Degree & above	96	24.9
Total	385	100.0

The results in Table 3 show that respondents with secondary education (SSCE) formed the largest group (31.2%), followed by those with a diploma/NCE (27.5%) and Bachelor’s Degree and above (24.9%). Respondents with primary education (FSLC) were the least represented (16.4%). This distribution indicates that the study captured opinions from participants with diverse educational backgrounds, enhancing the credibility of the findings by reflecting perspectives from both lower and higher educational levels in Lafia Local Government Area.

Part B:

Respondents according to Research Questions

Research Question One

How has local government administration impacted primary health care delivery services in the Lafia Local Government Area from 2015 to 2024?

Table 4: Mean Ratings and Standard Deviations of Respondents on the Impact of Local Government Administration on Primary Health Care Delivery Services in Lafia LGA

N = 385

S/N	Item Statement	Mean	SD	Decision
1	Local government administration has significantly improved primary healthcare delivery services in Lafia LGA from 2015 to 2024	2.85	0.624	Agreed
2	Primary Health Care Centers established by the local government are adequately equipped with modern medical facilities	2.23	0.420	Disagreed
3	The local government has provided sufficient medical personnel to operate Primary Health Care Centers effectively	2.15	0.715	Disagreed
4	Essential drugs and medical supplies are regularly available at Primary Health Care Centers through local government efforts	2.38	0.413	Disagreed
5	The local government has made healthcare services affordable and accessible to rural communities in Lafia LGA	2.78	0.654	Agreed
Cluster Mean		2.48	0.465	Disagreed

Key: N = number of respondents; SD = standard deviation

The results indicate that respondents agreed with items 1 and 5, suggesting that local government interventions have positively influenced overall PHC service improvement and affordability/accessibility. Conversely, items 2, 3, and 4 were disagreed with, reflecting inadequacies in equipment, personnel, and drug availability. The cluster mean of 2.48, slightly below the 2.50 criterion, suggests that while some targeted improvements are recognized, overall local government administration has not significantly impacted PHC delivery in Lafia LGA.

Interview insights reinforce these findings. *One NULGE official remarked, "The funds are often delayed or diverted, so even when PHC centers are planned, they cannot operate effectively."* Similarly, a traditional ruler noted, *"Residents still travel long distances to access basic health services because many centers lack staff and drugs."*

These qualitative insights contextualize the quantitative results, providing a richer understanding of the limited but targeted impact of local government administration on primary healthcare in Lafia LGA.

Research Question Two

What is the impact of local government administration on infrastructural development in the Lafia Local Government Area from 2015 to 2024?

Table 5: Mean Ratings and Standard Deviations of Respondents on the Impact of Local Government Administration on Infrastructural Development in Lafia LGA

N = 385			
S/N	Item Statement	Mean	SD Decision
6	Local government administration has significantly impacted infrastructural development in Lafia LGA	2.55	0.713 Agreed
7	Road networks constructed and maintained by the local government are in excellent condition	2.08	0.826 Disagreed
8	The local government has provided an adequate portable water supply to rural communities	2.21	0.816 Disagreed
9	Electricity supply and distribution have been significantly improved through local government efforts	2.12	0.880 Disagreed
10	The local government has constructed adequate market facilities and recreational centers for rural communities	2.45	0.801 Disagreed
Cluster Mean		2.28	0.807 Disagreed

Key: N = number of respondents; SD = standard deviation

Table 5 shows that respondents agreed with item 1 (Mean = 2.55), indicating that local government administration has made some impact on infrastructural development. However, respondents disagreed with items 2, 3, 4, and 5, suggesting that:

- Road networks remain inadequate and poorly maintained,
- Portable water supply is insufficient in rural areas,
- Electricity distribution has not significantly improved, and
- Market and recreational facilities are lacking.

The cluster mean of 2.28, below the 2.50 criterion, indicates that overall, respondents perceive local government administration as not having a significant effect on infrastructural development in Lafia LGA.

Qualitative insights provide further nuance. *A political leader remarked, “Funds are sometimes diverted to other projects, leaving essential infrastructure incomplete.” A health worker added, “Even when infrastructure projects are executed, maintenance is poor, so their benefits do not last.”*

Taken together, the questionnaire and interview findings suggest that while local government efforts are acknowledged in principle, the practical outcomes in road, water, electricity, and community facilities remain limited.

Discussion of the Findings

The findings of this study indicate that local government administration in Lafia Local Government Area has had a limited and uneven impact on both primary health care delivery and infrastructural development between 2015 and 2024. While there are indications of modest progress in specific areas, the overall performance remains constrained by structural and administrative inefficiencies.

With respect to primary health care delivery, the results show a clear distinction between access and quality. Respondents acknowledged improvements in the affordability and accessibility of services, yet highlighted persistent deficiencies in staffing, equipment, and drug availability. This suggests that local government efforts may have prioritised expansion of

access—for example, establishing more PHC centres—without a corresponding investment in service capacity and quality.

This outcome can be explained within the framework of effective service delivery theory, which emphasises that service effectiveness depends not only on availability but also on efficiency, resource utilization, and service quality. The Lafia case demonstrates a partial application of this principle: services are more reachable, but weak institutional capacity undermines their effectiveness.

Empirically, these findings are consistent with studies such as Ogbonna et al. (2020), which identified shortages of medical personnel and essential drugs as recurring challenges in rural health systems. However, unlike many earlier studies that present a uniformly negative assessment, this study reveals a more nuanced reality—that improvements in access can coexist with poor service quality. This distinction is important because it shifts the policy focus from mere service expansion to service optimization and sustainability.

In terms of infrastructural development, the findings show that although respondents recognize some level of government effort, the actual condition of infrastructure—roads, water supply, electricity, and public facilities—remains largely inadequate. This indicates a gap between policy intent and practical outcomes, where projects may be initiated but are either poorly executed or insufficiently maintained.

This pattern supports the argument that inefficiencies in local governance are not solely due to lack of funding but also involve weak project implementation, poor maintenance culture, and limited accountability mechanisms. While studies such as Ekpo and Udoh (2019) and Ajayi and Ayodele (2021) similarly attribute poor infrastructure to financial and institutional constraints, the present study goes further by highlighting the disconnect between perceived effort and actual impact. In other words, local governments may be active in project initiation, but this activity does not translate into tangible or lasting development outcomes.

A critical insight emerging from this study is that both health care delivery and infrastructural development suffer from a common structural problem: the inability of local government administration to convert resources into effective and sustainable services. This reinforces critiques of Effective Service Delivery Theory, particularly its assumption of a relatively functional administrative environment. In practice, factors such as political interference, weak oversight, and administrative inefficiencies significantly limit the realisation of its core principles.

It is also important to note that this study does not fully align with the dominant narrative in existing literature that portrays local government performance as entirely ineffective. Instead, the evidence from Lafia suggests a partial performance scenario—where efforts are visible and sometimes acknowledged, but outcomes remain below expectations. This contribution is significant because it reframes the issue from absolute failure to ineffective implementation, which has different policy implications.

Conclusion

This study examined the impact of local government administration on primary health care delivery and infrastructural development in Lafia Local Government Area between 2015 and 2024. Rather than simply restating the findings, the results point to a broader conclusion: the challenge is not the absence of local government efforts, but the limited effectiveness of those efforts in producing sustainable development outcomes. The evidence suggests that local government administration in Lafia operates within a pattern of partial performance—where initiatives are undertaken and, in some cases, recognized by the public, yet fail to translate into meaningful and lasting improvements in service delivery. In primary health care, increased accessibility without corresponding improvements in staffing, equipment, and drug supply highlights a gap between service expansion and service quality. Similarly, in infrastructural development, the presence of projects alongside poor functionality and

maintenance reflects a disconnect between policy intentions and practical outcomes. These patterns carry important implications for policy and practice. First, they indicate that development strategies should shift from quantity to quality, focusing not just on the provision of facilities but on their functionality, sustainability, and impact. Second, the findings underscore the need for stronger institutional capacity, particularly in planning, implementation, and monitoring of projects. Third, the results highlight the importance of accountability and transparency mechanisms, as inefficiencies in resource utilization appear to be a central constraint across both sectors. Without addressing these structural issues, increased funding alone is unlikely to yield significant improvements. From a theoretical standpoint, the study reinforces the relevance of Effective Service Delivery Theory but also exposes its practical limitations. The theory's assumptions about efficiency, accountability, and citizen responsiveness are not fully realised in the context of Lafia, where institutional weaknesses and administrative constraints shape outcomes. This suggests the need for a more context-sensitive application of service delivery frameworks, particularly in developing country settings.

Recommendations

1. Local government authorities should move beyond expanding access to primary health care and prioritise service quality improvement. This includes recruiting qualified medical personnel, ensuring continuous training, and providing adequate medical equipment and essential drugs to PHC centres. Without strengthening capacity, increased access will continue to produce limited outcomes.
2. There is a need for more efficient and transparent use of available resources. Local governments should adopt performance-based budgeting and monitoring systems to ensure that funds allocated to health and infrastructure are used effectively and yield measurable outcomes.
3. Local government administration should institutionalise a routine maintenance framework for infrastructure such as roads, water systems, and public facilities. This will ensure that existing projects remain functional and sustainable, rather than allowing them to deteriorate after initial construction.
4. The study shows that the problem is not only funding but also weak execution. Therefore, local governments should invest in technical and administrative capacity building, particularly in project planning, execution, supervision, and evaluation. This will help bridge the gap between policy intentions and actual development outcomes.
5. To address inefficiencies linked to corruption and mismanagement, there should be stronger accountability mechanisms, including regular audits, public disclosure of budgets and expenditures, and community monitoring of projects. Anti-corruption frameworks must be enforced to ensure that public resources are not diverted from intended purposes.
6. Political interference from higher levels of government should be minimised to allow local governments to operate more effectively. Administrative decisions, especially regarding project selection and resource allocation, should be guided by community needs and professional assessments, rather than political considerations.
7. The current joint account system should be reformed to enhance the financial autonomy of local governments. Direct allocation of funds to local government councils, with appropriate oversight mechanisms, would reduce delays, diversion of funds, and external control that currently undermine service delivery and infrastructural development.

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