

## **An Analysis of the Challenges in the Implementation of Direct Health Facility Funding in Primary Health Care Centres in Plateau State**

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### **Abstract**

*An analysis of the challenges in the implementation of direct health facility funding in primary health care centres in Plateau State was conducted. The study adopted the pragmatism research philosophy and descriptive cross-sectional design. The population was made up of a total of 974 healthcare centres in Plateau State, out of which 851 are primary health care centres with a population of 1702 administrators (chairmen and secretaries) and 25,111 staff. The sample of this study was drawn from the population of the study using Krejcie and Morgan technique. This provided a sample of 265 administrators and 377 staff giving a total sample size of 642 respondents. The study concluded that delay in disbursement of funds, lack of sufficient training, inadequate manpower and ineffective utilisation of funds were key challenges militating against effective implementation of the Direct Health Facility Funding in primary health facilities in Plateau State. More training should be provided to administrators of primary health facilities to train them adequately on Direct Health Facility Funding Administration. This will go a long way in improving the effectiveness of the Direct Health Facility Funding programme in primary healthcare facilities. More competent personnel should be recruited to work in the primary health care facilities as the findings of this study revealed a shortage of qualified and competent personnel as one of the impediments to the implementation of the Direct Health Facility Funding in Plateau State.*

**Keywords:** *Delay in Disbursement of Funds, Direct Health Facility Funding and Primary Health Care Centres, Inadequate Manpower, Ineffective Utilisation of Funds, Lack of Sufficient Training.*

### **Introduction**

The ability of health systems to accomplish their goals, including the expectations of its beneficiaries, is measured by their performance, which is important for any health care industry worldwide [19]. Three primary objectives of the health system have been proposed by [21]: improving health; responding to consumer expectations; and ensuring equitable financial contributions. Providing high-quality healthcare services is contingent upon a functional health system. Numerous models, including those put forth by the World Health Organization (WHO) and Organization for Economic Cooperation and Development (OECD), are utilised in

assessing how the health system functions. The importance of performance measures selection goes beyond just sound assessment as it notably plays a key role of defining aspects or factors which are regarded as vital across the levels of a health system [12].

Health financing stands as a vital aspect of health systems which aims at improving health service delivery. Regardless, this aim may be affected in the case whereby there is inefficient management of local and global resources. Literature provides suggestions that in countries that fall under low and middle income categories, low funding allocation has brought about stagnation and delays in providing and improving quality service [17].

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**Received: 31.01.2025**

**Accepted: 17.03.2025**

**Published on: 30.06.2025**

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In a move to attain the “Health for All by the Year 2050” strategy, Primary Health Care (PHC) was adopted by members of World Health Organization (WHO) to stand as the core policy as which was also declared in the Alma-Ata in 1978. Regardless of the significant increase in funding from both internal and external sources, the available fee still remains insignificant in improving health care services. In improving the performance of health system, Nigeria just as other third-world countries has witnessed reforms which include reforms in health financing. The reforms relating to health financing include but not limited to the 2003 introduction of cost-sharing as well as the 2006 establishment of Community Health Funds (CHF).

### **Objective of the Study**

The study sought to establish the challenges affecting the implementation of direct health facility funding in primary health care centres in Plateau State

### **Literature Review**

Following the 1978 conference, a severe economic crisis struck the majority of developing nations in the late as well as early 1970s and 1980s respectively, leading to a number of structural adjustment programs that reduced government spending and, in turn, impacted the primary health care system's implementation process [6]. In Nigeria, the construction of medical facilities was not feasible, pharmaceuticals were scarce, and overall health care spending was significantly reduced to meet the demands of these programs that called for significant reductions in government spending [4]. Lack of conceptual clarity is one of the additional issues with the primary health care system's implementation. A comprehensive description of primary health care emphasizes the provision of holistic treatment; it is neither a stand-alone component of the healthcare system nor a system that exclusively targets

the underprivileged. The term should not be seen as a system that solely offers curative services; it also includes primary medical care through the cadre of staff that is available, which may include physicians, nurses, or community health workers, as well as the usage of referral systems.

In order to ensure that everyone receives health care, the National Health Act 2014 is the fundamental national health policy on PHC [5]. It mandates the basic health care provision fund establishment that is held accountable for a minimum of 1% of the consolidated revenue pool of the government. To provide residents with a minimal set of health services, the National Health Insurance Scheme (NHIS) must ensure the distribution of 50% of this sum. In [5] the balance of 50% is to be used in building infrastructure, develop human resources, and provide emergency medical care at the PHC level in addition to the provision of vaccinations, medications as well as consumables.

Nigeria has very inadequate primary health care services. In [3] Nigeria's health system continues to rank among the poorest in the world. Promotional, preventative, and primary health care initiatives are not well covered. In [8] tracer interventions (for essential health coverage) have a low average coverage of 39%. Additionally, Nigeria not met the Abuja Declaration's commitment to provide a minimum of 15% from annual budgets to enhance its health sector. Government health spending in 2016 was only \$11 per person, or 0.6 percent of GDP. Since tertiary and secondary hospitals receive the majority of central investment, primary health care funding is particularly impacted. Services are just as important to the effectiveness, prevention, and cure of a primary health care system as accessibility and proximity to the impoverished.

In [21] and [20] a functional primary health care system has to ensure the treatment of common diseases and injuries, provide

essential medications, provide basic and essential services and commodities for children, mother and women, prevent, detect, and treat HIV/AIDS, TB, and malaria, provide basic and essential surgical care, particularly "first-line" surgical care related to burns, wounds, and fracture management, deal with birth complications, promote public health measures, provide preventive health care, and promote and educate people about healthy behaviors and practices, warning signs of illness, eating a balanced diet, and the value of vaccinations. According to current conditions, Nigeria is still a long way from offering effective primary healthcare and universal health coverage. In Nigeria, the lack of a comprehensive and operational primary healthcare system remains a development concern. The scenario puts other health goals and the Sustainable Development Goals (SDGs) connected to health at risk. Subsequent governments' attempts to establish a primary health care system that works have frequently been hampered by pathetic attempts at transparency, accountability, data collection, and sustainability. Additional limiting issues include inadequate funding, uncertain political and economic environments, corruption, and a lack of institutional capability [2].

Nigeria has undoubtedly failed to make it possible for the intended health results to be achieved. The weakness of the nation's primary health care system is one of the main issues facing the nation's health sector. Foreign donations are one of the main strategies being used to overcome these shortcomings in Nigeria. Donations from overseas include money provided to developing nations to promote socioeconomic and health advancement. However, the impact of overseas contributions is difficult to identify. Foreign donations to Nigeria rose from US\$2.335 to US\$4.674 per capita between 1999 and 2007, according to [15]. In contrast, the average foreign gift per person in Sub-Saharan Africa (SSA) was US\$28. Primary health financing in

Nigeria has witnessed increases in foreign donations in the last two decades as it was reported in 2003 at N27.87 billion which stands as 4 percent of Total expenditure in health. In 2004, there was an increase by 29 percent which stood at N36.04 billion that is 4.6 percent of total expenditure in health. In 2005, it was however at an increase by just 1 percent which stood at N36.30 billion that is 4% of total expenditure in health. Despite these improvements in funding over the decades, the results do not commensurate with the inputs [7].

Inadequate laboratory facilities, lack of consumer awareness as well as participation, ineffective human resources, absence of basic equipment and infrastructure, low remuneration, absence of fair as well as health care financing which is sustainable, inadequate political and economic relations between Nigeria and other developed nation, high level of corruption, presence of high rates of out-of-pocket health expenditure, and inadequate integrated system centred towards the prevention of diseases, surveillance, and treatment stand as some of the key issues affecting Nigeria's health system as well as its contribution towards the country's economic growth and development [10]. The availability of the PHC's basic health services, particularly in rural regions, may serve as a barometer for gauging a nation's level of health development. Since 1975, Nigeria's national development plans have placed a strong emphasis on providing basic health services to the majority of the population. In summary, patients' medical and non-medical demands are not met by the Nigerian healthcare system [16].

Nigeria's goal to rank among the top 20 economies globally by 2030-a goal that is rapidly approaching-may be directly related to the country's efforts to strengthen its human capital in the health sector. The life expectancy of Nigerians has decreased due to the country's failing healthcare system. Any nation's main driver of growth and development is

acknowledged to be the health sector. Notwithstanding the health sector's commendable contributions to economic growth, the Nigerian health sector has seen a number of upheavals that have adversely undone the advancements made at different points in time. With some of Africa's worst poverty-related health indices, poverty is pervasive and on the rise in Nigeria.

The Report in [14], a supportive workplace is essential for health professionals to effectively and efficiently provide clients and patients with high-quality care. A quality service's physical infrastructure and other prerequisites should be part of the enabling environment. The paper in [14] which evaluated the infrastructure of facilities in 18 Nigerian states to support quality services, 38% of the facilities had leaks or roofs and/or ceilings that were damaged. In nine of the 18 states, it was discovered that over 50% of the Primary Health Care facilities inspected had leaks or damaged ceilings and/or roofs. Wall damage was present in 26% of the facilities [14].

In 11 of the 18 states, the building infrastructure needed to provide high-quality services is generally in poor condition. 33% of the facilities in this assessment had generators or power at the time of the assessment. A computer and email access were available in 4% of the facilities, while 15% of the facilities featured some sort of external communication system. Eleven states' facilities that were evaluated lacked computers and email access. An emergency transportation system was reported by 18% of the establishments. On-site clean water sources were available at 69% of PHCs (the percentage of states with clean water on-site varied).

In [14] below 50% of the facilities which were examined in Nigeria across selected states such as Akwa-Ibom (31%) and Rivers (40%) were reported to have established for outpatients a private consultation room hence proving that there exists the challenges of quality health infrastructural facilities in

Nigeria for PHCs as a result of inadequate funds as well as poor management of resources. As a result, the quality and coverage of healthcare services provided in Nigeria have been negatively impacted by the severe and ongoing critiques of the country's health sector's service delivery, which is frequently characterized by a lack of adequate infrastructure. The 2019–2022 report, however, suggests that there is hope for Nigeria's primary healthcare service delivery system [1]. Some states are in a really bad situation, but others have a little different story.

## **Research Methodology**

The study adopted the pragmatism research philosophy and descriptive cross-sectional design. The population for this study therefore was made up of staff and management of primary health care facilities in centres in Plateau State. There are a total of 974 healthcare centres in Plateau State, out of which 851 are primary health care centres with a population of 1702 administrators (chairmen and secretaries) and 25,111 staff. The sample of this study was drawn from the population of the study using Krejcie and Morgan technique. This provided a sample of 265 administrators and 377 staff giving a total sample size of 642 respondents.

The samples for the study were selected through stratified random sampling. The researcher first stratified the population into service providers and administrators. The researcher then employed the simple random sampling technique, specifically the ballot system in drawing the sample size of administrators and staff. Through the ballot system, a sample of 265 administrators and 377 staff were selected, giving a total sample size of 642 respondents. The researcher's choice of the stratified random sampling technique is to accord every member of the population an equal chance of being sampled.

Data was collected using interviews and questionnaires.

## **Findings and Discussions**

The study applied thematic analysis in identifying and analyzing the themes as well as patterns emerging from the research data. This involved reading through the interview scripts to identify and discuss relevant themes. The analysis of the qualitative data aimed to provide a detailed understanding of the perspectives of the stakeholders regarding direct health facility funding as a financing model for primary healthcare facilities in Plateau State. The interview was held with 132 officers in-charge of the primary healthcare facilities in Plateau State. The qualitative analysis in this chapter utilized a thematic analysis approach to identify and discuss relevant themes in the data collected. Thematic analysis is a common method for analyzing qualitative data as it allows for a flexible and detailed examination of the data, while also allowing for patterns and themes to emerge from the data. By using this approach, the qualitative analysis was able to provide insights into the role of direct facility funding as a financing model for primary healthcare development in Plateau State, Nigeria.

### **Qualitative Analysis**

**The qualitative analysis was guided by the following research question:**

***What are the challenges affecting primary health care centres in implementation of direct health facility funding?***

In answering this research question, four themes emerged namely: delay in disbursement of funds, lack of sufficient training, inadequate manpower and ineffective utilisation of funds.

### **Delay in Disbursement of Funds**

In analysing the responses collected on challenges affecting primary healthcare centres in the implementation of direct health facility,

funding, one of the major themes that emerged was delay in funds. 85% of the respondents interviewed mentioned this theme.

To further buttress this point, respondent number ten who was interviewed on the 29th of October, 2024 had this to say:

*“One of the major challenges we encountered since the introduction of DHFF is delay in the disbursement of funds. Most times, the funds are not disbursed to the facilities as at when due and this affects effective functioning of the facility”*

To corroborate this account, another respondents, an officer in charge of one of the primary healthcare who was interviewed on the 2nd of November, 2024 has this to say:

*“Despite the prospects and benefits of the Direct Health Facility Funding to primary healthcare facilities, it is marred by challenges such as late disbursement of funds and this tend to defeat the very goal of the programme which is to provide primary healthcare facilities with financial flexibility.”*

Furthermore, another respondent who was interviewed on the 2nd of November, 2024 corroborated this account by making the following assertions:

*“One of the key challenges impeding the effectiveness of the Direct Health Facility Funding is delay in disbursement of funds. When funds are not disbursed on time, it disrupts the activities of the facility”.*

### **Lack of Sufficient Training**

One of the themes that emerged from the thematic analysis on the challenges affecting the implementation of DHFF in primary healthcare facilities in Plateau State is lack of sufficient training 70% of the respondents interviewed mentioned the theme of insufficient training. To buttress this point an officer in charge of one of the primary healthcare facilities who was interviewed on

3rd of November made the following assertions:

*“A major challenge to the implementation of the DHFF was that sufficient training was not provided for staff of the primary healthcare facilities therefore implementing the programme was challenging to the management and staff of most facilities in Plateau State”.*

To corroborate this account, one of the deputy officers in charge of one of the primary healthcare facilities who was interviewed on the 5th of November, 2024 has this to say:

*“The training provided to management and staff of the primary healthcare facilities was insufficient to meet their learning needs about a programme. For some facilities, the training programme lasted for only a week which was not adequate for the employees to learn sufficiently about the new financing model”*

Similarly, a major stakeholder in one of the primary healthcare in Plateau State who was interviewed on the 5th of November, 2024 corroborated this account making the following assertions:

*“DHFF was an entirely new model which was introduced to the healthcare facilities and hence the need to trained officials on how to implement and manage the initiative in their facilities. However, the duration of training was too short hence many facilities had series of challenges operating on the DHFF method of funding”*

### **Inadequate Manpower**

A major theme that emerged in the thematic analysis on the challenges affecting primary healthcare centres in implementation of DHFF is inadequate manpower. To further explain this point, one of the officers in charge of one of the primary healthcare facilities in Plateau State made the following assertions when interviewed on the 5th of November, 2024:

*“Many of the healthcare facilities lack the administrative manpower to properly*

*implement the DHFF scheme in their facilities and this has limited the effectiveness of the programme in those facilities”.*

Another stakeholder in a primary healthcare facility in Plateau State who was interviewed on the 5th of November, 2024 had this to say:

*“The DHFF as a financing model needed competent and experienced manpower for its implementation and this manpower were grossly lacking in many of the primary health facilities in Plateau State. This constituted a serious impediment to the effectiveness of the programme in the facilities”.*

To corroborate this account, another respondent who was interviewed on the 6th of November, 2024 has this to say:

*“The implementation of Direct Health Facility Funding suffers setbacks in some primary healthcare facilities because of lack of enough competent hands to handle the implementation of the DHFF in their facility”.*

### **Ineffective Utilisation of Funds**

In carrying out the thematic analysis of responses collected on the challenges militating against effective implementation of the DHFF in primary healthcare facilities, the theme of ineffective utilisation of funds emerged. Infact, 70% of the respondents interviewed made reference to this theme. To buttress this point, one of the respondents who was interviewed on the 7th of November, 2024 made the following assertions:

*“In some of the primary healthcare facilities in Plateau State, funds disbursed are sometimes not utilised for the purpose they meant for but diverted to other purposes. When these funds are not judiciously used for the purpose, it is meant for, it defeats the goal of the DHFF”.*

To corroborate this account, a principal officer in one of the primary healthcare facilities in Plateau State who was interviewed on the 7<sup>th</sup> of November, 2024 had this to say:

*“Some of the management of the primary healthcare facilities were reckless in expending the funds disbursed to them and this has affected the effectiveness of implementation of the DHFF initiative in primary healthcare facilities in Plateau State”.*

To support this assertion, another respondent who was interviewed on the 7<sup>th</sup> of November, 2024 made the following postulations:

*“There were some cases of financial misappropriation among management of some of the healthcare facilities in Plateau State and this posed a serious impediment to achievement of aim and*

*objectives of the DHFF initiative in those healthcare facilities”.*

## Quantitative Analysis

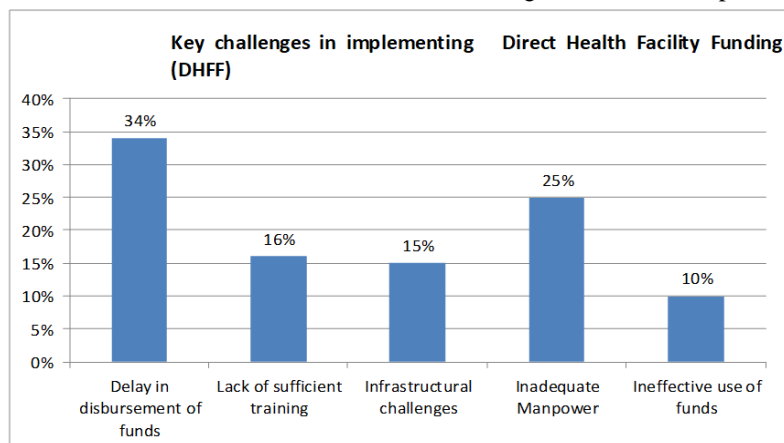
**The qualitative analysis sought to provide answers to the following research question:**

**What are the challenges affecting primary health care centres in implementation of direct health facility funding?**

The above research question was further decomposed into several sub-questions with a view of obtaining detailed and concise feedback from respondents.

**Q1. What are the key challenges your facility faces in implementing Basic Health Care Funding (DHFF)? (Select all that apply)**

As one of the sub-questions, the study sought to establish the challenges encountered in the implementation of basis Direct Health Care Funding. The results are presented in Figure 1.



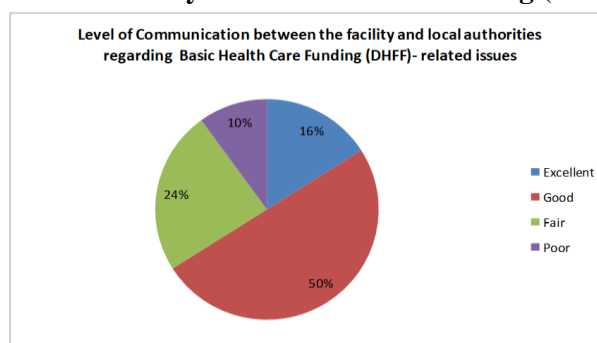
**Figure 1.** Key Challenges Health Facilities Face in Implementing Basic Health Care Funding (DHFF)

Figure 1 shows the responses on the key challenges in implementing Direct Health Facility Funding. 34% of the respondents said delay in disbursement of funds is a key challenge in implementing direct health facility funding in primary healthcare facilities in Plateau State. 16% of the respondents agreed that lack of sufficient training is a key challenge in implementing Direct Health Facility Funding in primary healthcare facilities in Plateau State. 15% of the respondents agreed that infrastructural

challenges is one of the key challenges to implementing Direct Health Facility Funding in primary healthcare facilities in Plateau State. 25% of the respondents agreed that inadequate manpower is one of the key challenges to implementing Direct Health Facility Funding in primary healthcare facilities in Plateau State. 10% of the respondents agreed that ineffective use of funds is a key challenge to implementing Direct Health Facility Funding in primary healthcare facilities in Plateau State.

## Q2. How would you describe the level of communication between the facility and

## local authorities regarding Basic Health Care Funding (DHFF)- related issues?



**Figure 2.** Level of Communication between the Facility and Local Authorities Regarding Basic Health Care Funding (DHFF)- Related Issues

Figure 2 shows that 16% of the respondents agreed that the level of Communication between the facility and local authorities regarding Basic Health Care Funding (DHFF) - related issues is poor. 50% of the respondents said the level of communication between the facility and local authorities regarding Basic Health Care Funding (DHFF)- related issues is good, 24% of the respondents agreed that the level of communication between the facility and local authorities regarding Basic Health Care Funding (DHFF)- related issues is fair while 10% of the respondents said the level of communication between the facility and local authorities regarding Basic Health Care Funding (DHFF)- related issues is poor.

The study sought to investigate the challenges militating against the implementation of DHFF in primary healthcare facilities in Plateau State. Both qualitative and quantitative data were collected on the research question and analysed. The finding from the thematic analysis of interview responses revealed that the major challenges confronting primary healthcare facilities in implementing the DHFF programme are delay in disbursement of funds, lack of sufficient training, inadequate manpower and ineffective utilisation of funds. The results of the thematic analysis revealed that the primary healthcare facilities in Plateau experience delay in disbursement of funds and this militates against their effectiveness in

managing and discharging quality services in the health facility. This finding is in tandem with the findings in [13]. Who discovered that delay in disbursement of funds tend to defeat the very goal of the DHFF programme which is to promote financial autonomy and managerial effectiveness.

Similarly, the findings from the thematic analysis revealed that lack of sufficient training is one of the major factors militating against the effective implementation of the DHFF in primary healthcare facilities in Plateau State. It was discovered that sufficient training was not provided for staff of the primary healthcare facilities therefore implementing the programme was challenging to the management and staff of most primary health care facilities in Plateau State. This finding is in tandem with the results of [11]. Who discovered that lack of effective training on basic facility funding militated against the effectiveness of the DHFF programme in primary healthcare facilities.

In a related vein, the findings from the thematic analysis of data collected revealed that lack of trained manpower in the primary health facilities has militated against the effective implementation of DHFF programme. The DHFF as a financing model needed competent and experienced manpower for its implementation and these personnel were grossly lacking in many of the primary



health facilities in Plateau State. This constituted a serious impediment to the effectiveness of the programme in the facilities. This finding is in conformity with the findings of [18]. Who discovered that shortage of skilled manpower is a major impediment to the implementation of DHFF in health facilities.

The results of the thematic analysis also revealed that ineffective utilisation of funds is a major impediment to the implementation of the DHFF initiative in primary healthcare facilities in Plateau State. It was discovered that in some of the primary healthcare facilities in Plateau State, funds disbursed are sometimes not utilised for the purpose they meant for but diverted to other purposes. When these funds are not judiciously used for the purpose it is meant for, it defeats the goal of the DHFF initiative which is to provide financial and managerial effectiveness to primary healthcare facilities. This finding is in conformity with the findings of [9]. Who discovered that financial misappropriation and mismanagement are key factors militating against the effectiveness of the DHFF in primary healthcare facilities.

Furthermore, quantitative analysis of responses collected through questionnaire was carried out. From the findings of the study, it was discovered that delay in disbursement of funds, lack of sufficient training, infrastructural challenges, inadequate manpower and inappropriate use of funds were key challenges militating against effective implementation of the DHFF in primary health facilities in Plateau State. This finding corroborates the findings of [9]. Who discovered that lack of skilled manpower and

misappropriation of funds were major challenges affecting the effectiveness of the DHFF programme in health facilities.

### **Conclusion and Recommendations**

In line with the findings of the study, it was concluded that delay in disbursement of funds, lack of sufficient training, inadequate manpower and ineffective utilisation of funds were key challenges militating against effective implementation of the DHFF in primary health facilities in Plateau State. The study recommends that more training should be provided to administrators of primary health facilities to train them adequately on Direct Health Facility Funding Administration. This will go a long way in improving the effectiveness of the DHFF programme in primary healthcare facilities. More competent personnel should be recruited to work in the primary health care facilities as the findings of this study revealed shortage of qualified and competent personnel as one of the impediment to the implementation of the Direct Health Facility Funding in Plateau State.

It is recommended that delay in the disbursement of funds should be avoided. This can be done by establishing an effective channel for efficient funds disbursement. Such funds should in turn be well management by the management of primary health facilities in Plateau State. This can be ensured by setting up a monitoring and evaluation teams.

### **Conflict of Interest Statement**

Regarding the topic of this research work, I Christopher Bewa, declare that I have no financial or personal interests that can be seen as a conflict of interest.

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