ASSESSMENT OF THE PERFORMANCE OF LOCAL GOVERNMENT IN PRIMARY HEALTH CARE SERVICE DELIVERY IN SOUTHWESTERN NIGERIA

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This is to certify that this study was carried out by IRABOR Peter Odionof the Department of Political Science under my supervision.

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DEDICATION

This research work is dedicated to God Almighty for his endless mercies and kindness towards the successful completion of this programme. And also to my beloved parents Mr. and Mrs. Irabor. They inspired me and directed my focus of mind, bringing me far to this level of education. For that I am ever thankful.

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TABLE OF CONTENTS

CHAPTER TWO: LITERATURE REVIEW

CHAPTER THREE: METHODOLOGY

CHAPTER FOUR: LOCAL GOVERNMENT AND PRIMARY HEALTH CARE IN NIGERIA

CHAPTER FIVE: DATA PRESENTATION, INTERPRETATION AND ANALYSIS

LIST OF TABLES

ACRONYMS

BHC	-	Basic Health Clinic
BHCPF	-	Basic Health Care Provision Fund
CHC	-	Comprehensive Health Centres
CHEW	-	Community Health Extension Workers
CHO	-	Community Health Officers
DDC	-	District Development Committee
FEPA	-	Federal Environmental Protection Agency
FG	-	Federal Government
FMH	-	Federal Ministry of Health
FRN	-	Federal Republic of Nigeria
JCHEW	-	Junior Community Health Extension Workers
LGA	-	Local Government Area
LGC	-	Local Government Council
NBC	-	National Bureau of Statistics
NPC	-	National Population Commission
NHA	-	National Health Act
NHP	-	National Health Policy
NPHC	-	National Primary Health Care
NPHCDA	-	National Primary Health Care Development Agency
PHC	-	Primary Health Care
PHCMC	-	Primary Health Care Management Committee

PHCMB - Primary Health Care Management Board

PHCTC - Primary Health Care Technical Committee

NSHDP - National Strategic Health Development Plan

SEPA - State Environmental Protection Agency

SG - State Government

SHMB - State Hospital Management Board

SID - Sanitation Inspector Department

SMH - State Ministry of Health

SJLGA - State Joint Local Government Account

SPHCDA - State Primary Health Care Development Agency

SPHCB - State Primary Health Care Board

UN - United Nation

UNICEF - United Nation International Children Education Fund

UNDP - United Nation Development Programme

USAID - United States Agency for International Development

VDC - Village Development Committee

WDC - Ward Development Committee

WHO - World Health Organisation

WMHP - Ward Minimum Health Package

WDB - Waste Disposal Board

ABSTRACT

The study examined the role of the local government in the implementation of primary health care service and assessed the impact of the local government in primary health care service delivery. It also ascertained the challenges confronting the local government in the delivery of primary health care services in the study area. These were with the view to assessing the performance of local government in primary health care service delivery in South-western Nigeria.

The study made use of primary and secondary sources of data collection. Primary data were sourced through questionnaire administration and conduct of in-depth interviews (IDIs). Lagos, Ogun and Ondo states were purposively selected from the six South-western states based on their unique importance and emphasis on primary healthcare services. A total of 282 respondents were drawn from two local governments in each state, made up of one urban and one rural, using stratified random sampling technique. The selected urban local governments were Oshodi-Isolo Local Government (Lagos), Abeokuta North Local Government (Ogun) and Odigbo Local Government (Ondo), while the selected rural local governments were Epe Local Government (Lagos), Obafemi Owode Local Government (Ogun) and Akoko South East Local Government (Ondo). A total of 264 respondents were selected for questionnaire administration. The sample size was equally spread in which 44 respondents made up of 17 community health workers, 5 community leaders and 22 users of the health centres, were selected from each local government using simple random technique, totalling 88 respondents in each state. Also, using simple random sampling technique, 18 respondents were selected for interview made up of; one councillor, one health supervisor and local government primary health care coordinator in each

local government, totalling 6 respondents in each state. Secondary data were sourced from textbooks, journals, the internet, magazines, government publications, publications by organisations and newspapers. Quantitative data were analysed using frequency distribution, while qualitative data were analysed through content analysis.

The study found that local government had not effectively played its role in providing primary health care service to the people (69.3%); there was poor community participation in determining primary health care programmes (71.6%); and that there was ineffective treatment for commonly identified disease in communities (62.5%). The study also found that the impact of local government in primary health care service delivery on the welfare of the people in South-western Nigeria had been limited. The result of the analysis shows that respondents had open storage waste-bin in their various houses (52.6%); there was low public enlightment on adequate nutrition (71.6%); and poor source of water (53.1%). Finally, the study found several challenges militating against the efficient and effective delivery of primary healthcare services to include obsolete facilities (68.9%), scarcity of essential drugs (65.5%), poor attitude of healthcare workers (69.3%), poor quality of services (64.8%) and poor roads network to the healthcare centres (62.1%).

The study concluded that poor performance of local government in primary healthcare service delivery impede the welfare and healthy living of the people.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The act of governance at any level of government is to deliver efficient and effective service delivery to the people. This will engender preservation of human life and liberty. Therefore, various strategies and approaches have been adopted globally by government at all levels for the purpose of good governance in their efforts at distributing state resources to the people (Agba, Akwara and Idu, 2013). Since Nigeria operates a federal system, in which different levels of government derive their powers from a written constitution, one way of achieving this is through distribution of powers and functions among the three tiers of government. It is an important process that results in decongestion of the central government and reduces the workload to manageable proportions (Babawale and Bash, 2000). The breaking up of the workload promotes greater efficiency, good governance, development, coordination and effectiveness in public service delivery (Okojie, 2009).

As constitutionally recognised tier of government, local governments are constitutionally mandated to perform four basic functions: to provide a machinery for the discussion of local needs and for the provisions of corresponding services within the competence and capability of the local area; to provide machinery for the execution at the local level of Regional or Federal Government policy; to provide a consensus mechanism for the resolution of conflicts of interest at the local level; and to provide a training ground for political participation and articulation (FRN, 1999; Okoli, 2000). If properly managed, local governments are viable instruments for rural transformation, development and the delivery of social services to rural communities in their jurisdiction (Adeyemo, 2005). Their strategic vantage proximity to the grassroots makes

them valuable and viable for providing effective and efficient services required by the community (Diejomaoh and Eboh, 2010). As argued by Ebgeri and Madubueze (2014), local governments are created to bring government closer to the people at the rural communities and one of the ways of achieving this is through the delivery of social services in a satisfactory, timely, effective and adequate manner.

In Nigeria, issues related to health care, as part of the welfare purpose of the state, is in the concurrent legislative list of government. This means that all the tiers of government have responsibilities towards its management (FRN, 1999). In practice, the National Health Policy provides guideline on how this is effected. It divides health system into primary, secondary and tertiary health care levels with Local Governments, States and the Federal Government respectively in charge of each level. Thus, Local Governments are expected to be the main executors of primary health care policies and programmes (National Health Policy, 2004). The Federal Government is responsible for formulating overall policy and for monitoring and evaluation, while state governments are to provide logistical support to the local governments in areas such as personnel training, financial assistance, planning and operation (National Strategic Health Development Plan, 2009).

Primary health care programme covers healthcare (immunization, dental health, community mental health care, maternal and child health care including family planning, appropriate treatment of common diseases and inquiries and provision of essential drugs) primary education, sanitations, adequate nutrition and safe water (Olaniyan and Lawson, 2010). Since most of these provisions are at the primary health care level, the performance of local governments becomes a major factor in determining the standard, quality and status of service in the different states of the federation.

In spite of this important position in which local governments are placed in the Nigerian Constitution, these services are often not adequately provided by many local government councils. Thus, service delivery at the local level has continued to dwindle and epileptic in nature despite financial allocations (Agba et al, 2013). Some of the various challenges noticed include lack of access to quality health care, dilapidated infrastructures, uneven distribution of health care services among the urban and rural areas and inequitable financial system resulting in increasing dependency on out-of-pocket spending (Jamo, 2013).

Local governments are established in both rural and urban areas in Nigeria with the purpose of equity, fairness and easy access to service delivery. However, it has been contended that the rural population in Nigeria are seriously underserved when compared with their urban counterparts; and two-thirds of Nigerians reside in the rural areas (Chiani, 2001). Furthermore, Gupta, Gauri, and Khemani (2004) revealed that the poor, who live mainly in rural areas, generally have to contend with long distances before they can access public facilities. Consequently, there is persistent high infant and maternal mortality, as well as diseases in epidemic proportions (National Planning Commission, 2007).

The decentralisation policy that makes local governments run primary health care in Nigeria rests on the notion that services are most efficient when governance is close to the people. However, local governments in Nigeria lack the technical, managerial and implementation capacity for complete decentralization functions (Abimbola, 2012).

With the return to democratic rule, Jamo (2014) revealed that the period coincided with increasing revenue of local government allocation from N19.9 billion in 1993 to N60.8 billion in 1999. Total local government revenue in 2003 reached 307.2 billion, and increased to 468.3 billion and 597.2 billion in 2005 and 2006 respectively (World Bank, 2006). However, the figure