



INTERNATIONAL JOURNAL OF RESEARCH IN COMMERCE AND MANAGEMENT

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DELIVERY OF EFFICIENT AND EFFECTIVE PRIMARY EDUCATION AND HEALTHCARE SERVICES BY LOCAL GOVERNMENTS OF OYO STATE IN NIGERIA

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ABSTRACT

Education and healthcare services are listed under the concurrent list of the 1999 Constitution of the Federal Republic of Nigeria. Specifically, the fourth schedule of the 1999 Constitution of Federal Republic of Nigeria charged local government as the third tier of government with the responsibility of providing and maintaining primary education and healthcare services to the people in the local areas. There are many factors militating against the delivery of these services. Out of these multifarious factors, this study focuses on three (3) main factors, namely fund/statutory allocation, managerial accountability, and leadership structure of the local governments in Oyo state. The objective of the study is to measure the relationship between fund/statutory allocation, managerial accountability, leadership structure and the delivery of primary education and healthcare service by local governments of Oyo state in Nigeria. Thirty-three (33) local governments of Oyo state were used as sample of the study. Four hundred (400) questionnaires were administered on the respondents and three hundred and sixty-three (363) questionnaires were returned by respondents. Data collected from respondents were analyzed using statistical package for social sciences (SPSS) to find the correlation of the variables and multicollinearity is used to determine the relationship between the delivery of primary education and healthcare service and the identified variables. The findings of the study revealed that there are positive relationships between those services and fund/statutory allocation, managerial accountability and leadership structure. The research study recommends future researches on service delivery by local governments in Nigeria.

KEYWORDS

Leadership structure, Managerial Accountability, Statutory Allocation.

INTRODUCTION

The delivery of education and healthcare services are basically the joint venture of the three tiers of government in Nigeria. These basic services are listed in the concurrent list of the 1999 constitution of the Federal Republic of Nigeria. Thus, the financing, maintaining, and provision of education and healthcare services are to be jointly bore by the Federal, States, and Local governments in Nigeria. The fourth schedule specifically states the basic functions of local governments in Nigeria. According to the forth schedule, these functions amongst others include: the provision and maintenance of primary, vocational, and adult education; provision and maintenance of health services; collection of rates, radio, and television licenses; establishment and maintenance of cemeteries, burial grounds, and home for destitute; licensing of bicycles, trucks, canoes, wheel barrows and carts; and construction and maintenance of roads, streets, street lighting, drains, and public highways, parks, gardens, open spaces or such public facilities as may be prescribed from time to time by the House of Assembly of a state. The functions of local governments as it is spelt out by the constitution should be seen from two broad perspectives. There are set of functions that are exclusively within the purview of local governments, while some other functions such as education and healthcare services are expected to be performed concurrently with other tiers of government as partners in progress.

There are many factors responsible for effective, efficient, and measurable social and welfare services delivery to the public by local governments in Nigeria. Few amongst these factors are insufficient funding, corruption, bad governance, weak institutions, lack of fiscal planning, leadership quality, managerial accountability, instability in local governance, and government policy from other tiers of government. Out of these multifarious factors, this research paper focuses on three (3) major factors, namely: fund/statutory allocation, managerial accountability, and leadership structure in the local government in Nigeria.

OBJECTIVES

The main objective of this paper is to find out the relationship between fund/statutory allocation, managerial accountability, leadership structure and service delivery. The service delivery refers in this study to primary education and healthcare services to people at the grassroots in Nigeria, which is the dependent variable in the study. Other variables such as fund/statutory allocation, managerial accountability, and leadership structure in the local government are treated as independent variables in the study. This objective is in line with the main responsibility of local governments in Nigeria as spelt by the 1999 Constitution of the Federal Republic of Nigeria.

LITERATURE REVIEW

Scholars and researchers have been carrying out research studies on the provision of education, healthcare, and other social services in African countries. According to Doris Voorbraak, & Kai Kaiser (2007), the PETS- stocktaking with respect to Healthcare, Education, Poverty reduction, Agriculture, Water & Sanitation, and other service delivery for some African countries are given in Table 1 below as:

TABLE 1: PETS-STOCKTAKING FOR AFRICAN COUNTRIES

| Region/Country | Year | Sectors |
|------------------------------------|------------------------|---|
| Africa | | |
| Uganda | 1996, 2001, 2003, 2004 | Health/Education |
| Tanzania | 1999, 2001, 2003, 2004 | Health/ Service Delivery |
| Ghana | 2000 | Health/Education |
| Sierra Leone | 2000, 2001, 2003 | Agric/Health/Education/Water & Sanitation |
| Zambia | 2001, 2002, 2004 | Education/Service Delivery |
| Mozambique | 2001, 2004 | Health |
| Senegal | 2002 | Health |
| Madagascar | 2003, 2005, 2006 | Health |
| Cameroon | 2003 | Health/ Education |
| Rwanda | 2003, 2004 | Education, Health/Education |
| Nigeria | 2004 | Health |
| Chad | 2004 | Health/Service Delivery |
| Kenya | 2004 | Health/Education |
| Namibia | 2004 | Health/Education |
| Mali | 2005 | Education |
| Democratic Republic of Congo (DRC) | 2007 | Education |

Source: PREM Public Sector Governance, the World Bank, IMF-FAD (2007)

Khemani (2004) carried out a research on 'Local Government Accountability for Service Delivery in Nigeria'. The research is based upon survey work undertaken jointly with Monica Das Gupta & Varun Gauri (Das Gupta, Gauri & Khemani, 2004). A survey of thirty (30) local governments, two hundred and fifty-two (252) public primary health facilities, and over seven hundred (700) health care providers was carried out in the states of Kogi and Lagos states in the latter part of 2002. The research presented evidence on local accountability for health services delivery from a survey of local accountability for health facilities in the states of Kogi and Lagos, and drawn general lessons for the design of intergovernmental fiscal relations to promote accountability. The researchers also provided a brief overview of local government institutions in health service delivery and primary education in Nigeria. It explored the policy lessons for the problem of local accountability in the delivery of basic services.

The research work asked respondents who the principal decision-maker is amongst the federal government, the state government, the local government, community-based organizations and facility head or staff for each of the following area of primary health care (PHC) service provision in health facilities: undertaking new construction, such as facility expansion; acquiring new equipment; making drugs and medical supplies available; setting charges for drugs and treatment; use of facility revenues from treatment and consultation; disciplining staff; and transferring staff between facilities. The overwhelming majority of respondents indicated that the local governments, amongst the three tiers of government, are the principal decision-maker for most of the areas of facility level provision of primary health services.

The research went further to say that the evidence for the health sector is a striking contrast to available evidence for service delivery in other sectors-such as primary education, water and sanitation-that are characterized by considerable overlap and confusion with regard to the sharing of responsibilities between the three tiers of government, often at the expense of undermining local governments' responsibility and accountability (Olowu & Erero, 1995; The world Bank, 1996; & Khemani 2001). The researchers attempted to collect budgetary data on health expenditures of local governments, which was a difficult exercise because budget documents and categories across local governments, both within and across states, are not uniform. During the field testing of the survey instruments, it is observed that total amount of health expenditures were either not easy to find or simply not available in local governments' budget documents.

The researchers found out that an overall problem of accountability of local government suggest that the design of intergovernmental transfers is likely to be a blunt instrument to strengthen incentives for better allocation of public resources. The incentives to improve the delivery of basic services should be explored by a large political economy; there is no information-dissemination strategy, through public radio and other media as it was adopted in other countries such as Uganda; primary health workers and primary school teachers are not paid their monthly salaries promptly; and there exists zero allocation in most of the local governments covered by the study in Kogi and Lagos states respectively.

Several researches are conducted on education, healthcare, agriculture, poverty reduction, water, and sanitation and service delivery. Few amongst the researchers that conducted researches are Reinnikka, R. & Svensson, J. (2001), Ablo & Reinnikka, R. (2001), Ye & Canagarajah (2001), Stuti Khemani (2004), Das Gupta, Gauri & Khemani (2004), Olowu & Elero (1995), Khemani (2001), and Doris Voorbraak, & Kai Kaiser (2007).

There are only three sources of revenue to local governments in Nigeria. These sources are Federal statutory allocation, State statutory allocation and internally generated revenue (IGR). Federal statutory allocation represents 20% of the federation account. This fund is shared among the seven hundred and seventy-four (774) local governments in the following ratio: 40% on the basis of equality; 40% on the basis of population; 11.25% on the basis of direct primary school enrolment; 3.75% for inverse primary school enrolment; and 5% for internally generated revenue effort (1999 Constitution of Nigeria).

Funds/statutory allocation being disbursed to local governments are meant to provide social and welfare services to the people in the local government. And this is line with the position of Orewa (1968) when he posited that the *raison d'être* of a local government is to collect its revenue efficiently and to use that revenue to provide as many social services as possible for its tax-payers, while maintaining a reasonable amount of reserve to tide it over any period of financial stringency. A local government cannot, therefore be ideal from the financial point of view if it collects its revenue in a slipshod manner and devotes a large percentage of it to the maintenance of a top-heavy administrative set-up, with a relatively small proportion of the revenue left for the provision of social services which are of direct benefits to the local inhabitants.

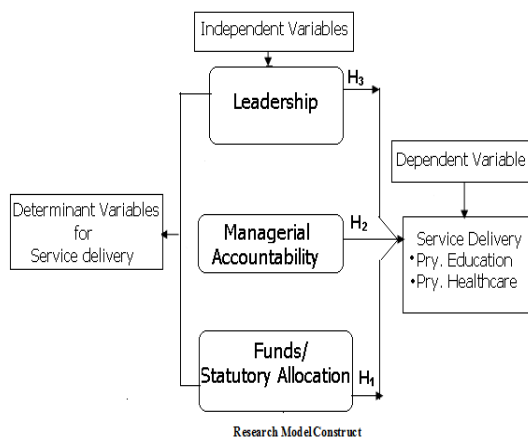
There is a proviso in the 1999 constitution which authorized Federal Government to allocate revenue to local governments in Nigeria through the Revenue Mobilization, Allocation and Fiscal Commission (RMAFC). Each state government and all the local governments under her jurisdiction are allowed by law to maintain a state- local government joint account into which funds from the allocation from the Federation Account shall be paid into (1999 Constitution of the Federal Republic of Nigeria). The amount standing to the credit of the local governments in the joint account shall be distributed among local governments on such terms and in such manner as may be prescribed by the House of Assembly of the state. It is expected that in exercising their powers with regard to revenue allocation, both the National Assembly and the House of Assembly of each state shall act after considering the report of the Revenue Mobilization Allocation and Fiscal Commission (RMAFC). As far back as 1999, the Nigerian Local governments are being given enough if not more than enough revenue in order to provide essential social services to the citizens, but it seems the said public revenue are being mismanaged by political leaders and local governments' officials in Nigeria, (Lawal, 2002) asserted.

The highest decision-making body in the management of local government in Nigeria is the Finance and General Purpose Committee (F&GPC) (1999 Constitution of FRN). The Finance and General Purposes Committee (F&GPC) is the alpha and omega of local government administration. The committee meets once in every month after the disbursement of statutory allocations by the Federal and 10% of the state internally generated revenue. The committee deliberates extensively on the local government fund and service delivery. The membership of the Finance and General Purposes Committee (F&GPC) made up of: Executive Chairman, Vice Chairman, Supervisory Councilors, Director of Personnel Management (DPM), Political Secretary, Director of Finance and Supplies (DFS), Director of Works, Deputy Director Finance and Supplies (Auditor), and Other Head of Departments.

The leadership structure of local governments in Nigeria includes the legislative council, the Financial and General Purpose Committee (F&GPC) and the executive body. These are the policy making bodies of local governments in Nigeria. The Local Government Council is made up of elected councilors. Amongst them are Leader, Deputy Leader, Majority Leader, Minority Leader, Chief Whip and members of the legislative council. There are six (6) major departments in local government system in Nigeria. Presently the existing departments in Nigerian local governments include: General and Administration Department headed by Director of Personnel Management (DPM) and supported and/or assisted by Political Secretary (PS) who is a political appointee; Department of Finance and Supplies headed by Director of Finance and Supplies (DFS); Department of works, Housing, Land and Survey headed by Director of Works (DW) and assisted by a supervisory councilor for works, housing, land, survey; Department of Agriculture and Natural Resources headed by Director of Agriculture and Natural Resources and supported by Supervisory Councilor for Agriculture and Natural Resources; Department of Medical and Health Service headed by Director, Primary Health Care who happens to be a qualified medical Director. The Medical Doctor used to be the primary health care coordinator, while the maternity division is headed by Senior Midwifery Sister; Department of Education and Social Services is headed by Director of Education and Social Services. The information unit of the local government council is also attached to this department and the unit is headed by a unit head; and there are other sub-heads like Planning, Research and Statistics (PRS) unit headed by a unit head and Area Rates officer who oversees the Internal Generated Revenue (IGR) of local governments in Nigeria.

RESEARCH MODEL CONSTRUCT AND HYPOTHESIS FORMULATION

Three hypotheses are formulated for this research study, and based on the objective of this paper; a research model construct is designed after thorough readings of past literatures, articles, journals, internet exploration, and consultations with the World Bank, Washington, D.C., International Institute of Educational Planning (IIEP), Paris, France, and Institute of Educational Planning (IIEP), Kuala Lumpur, Malaysia. The research model is therefore given as:



The research model construct is premised on four (4) variables, namely service delivery (primary education and healthcare service), fund/statutory allocation, managerial accountability, and leadership structure of local governments of Oyo state. Service delivery is used as dependent variable in the study. Other three (3) variables, fund/statutory allocation, managerial accountability, and leadership structure are used as the independent variables of the study.

Hence, the hypotheses are therefore stated as follows:

H₁: Funds/Statutory Allocation is positively related to the delivery of primary education and healthcare service to the people through Local Government Administration;

H₂: Managerial accountability is positively related to the delivery of primary education and healthcare service to the people through Local Government Administration; and

H₃: Leadership structure is positively related to the delivery of primary education and healthcare service to the people through Local Government Administration.

METHODOLOGY

The population of the study is the seven hundred and seventy-four (774) local governments located in the thirty-six (36) states and Federal Capital Territory, Abuja. These are the constitutionally recognized local governments in Nigeria. A non random sample of thirty-three (33) local governments in Oyo state of Nigeria is selected from the population of the study. It seems the problems of local governments in Nigeria are homogenous, that is, the problems are so related that whatever problems happening to local governments in the southern part of Nigeria are likely to be happening to local governments in the Northern part of the country. KMO Bartlett's test is administered on the sample to test the sampling adequacy; the sample of the study is found to be adequate for the study. So, the researcher felt that the sample of the study is sufficient enough to study the delivery of efficient and effective primary education and healthcare service by local governments of Oyo state.

Questionnaire is designed based on what is reviewed in the previous literatures, and series of consultations with agencies that are studying service delivery (primary education and healthcare service) in the public sector. The questionnaire has ninety-six (96) items. Six (6) of the items are under demographical data, and it is classified as background information of the respondents. There are four (4) variables that formed the research construct. The dependent variable of the research study is service delivery (primary education and healthcare service). Service delivery has forty (40) items in the questionnaire. The independent variables are leadership structure of the local governments, managerial accountability, and fund/statutory allocation disbursed to local governments in Nigeria. Questions on leadership structure are twenty (20), while managerial accountability has fourteen (14) items. Finally, funds/resource allocation has just sixteen (16) items in the questionnaire.

The validity and reliability of the questionnaire is determined before the administration of the instrument on the respondents.

FINDINGS

The Cronbach's Alpha Coefficient is used to determine the reliability of items under the four (4) variables in the questionnaire. The Cronbach's Alpha Coefficient is given as: service delivery (0.924), fund/statutory allocation (0.888), managerial accountability (0.829), and leadership structure (0.862) respectively. The four components (variables) are rotated using Rotated Component Matrix, and validity of the constructs is measured using the KMO & Bartlett's Test. The result of the test gives 0.845. The test for validity is in line with the position of Phillips (1971), where he posited that validity is a measurement of a given phenomena,

which is viewed as a valid measure, if it successfully measures the phenomena. In this study, the findings revealed that the instrument is reliable and valid to determine the delivery of efficient and effective primary education and healthcare service by local governments of Oyo state in Nigeria.

The mean and the standard deviation of the four (4) variables in this study are determined. The mean and standard deviation of service delivery (primary education and healthcare service), which is the dependent variable, are given as 3.4993 and .59032 respectively. The mean and standard deviation of fund/statutory allocation, which is independent variable, are given as 3.2164 and .74784. The mean and standard deviation of managerial accountability, which is independent variable, are given as 3.2304 and .60993. And the mean and standard deviation of leadership, which is independent variable in this research study, are given as 3.3395 and .64222. This shows that there is tendency for the results of the study to give a high level significance between the dependent variable, and the three independent variables.

According to John (2008), correlation can be categorized or ranged into relatively correlated (small), averagely correlated (medium), and strongly correlated (large). He asserted further by giving the range of correlation as it is shown in Table 2 below as:

TABLE 2: RANGE OF CORRELATION

| Range of Correlation | Interpretation |
|-----------------------|-------------------------------|
| Between 0.1 and 0.29 | Relatively Correlated (small) |
| Between 0.3 and 0.49 | Averagely Correlated (medium) |
| Between 0.5 and Above | Strongly Correlated (large) |

Source: Educational Research Planning, Conducting and Evaluating Quantitative and Qualitative Research

HYPOTHESIS TESTING

H₁: Funds/Statutory Allocation is positively related to the delivery of primary education and healthcare service to the people through Local Government Administration.

The correlation coefficient between service delivery and fund/statutory allocation is given as 0.643. The finding revealed that there is a high positive coefficient between the delivery of primary education and healthcare service and fund/statutory allocation. The implication of this result is that the coefficient between fund/statutory allocation and the delivery of primary education and healthcare service is strongly correlated. The relationship between fund/statutory allocation and the delivery of primary education and healthcare service is not only positive, but it is strongly correlated. The essence of this finding shows that fund/statutory allocation plays a unique significant contribution to the delivery of primary education and healthcare service to the people in the local government area.

H₂: Managerial accountability is positively related to the delivery of primary education and healthcare service to the people through Local Government Administration.

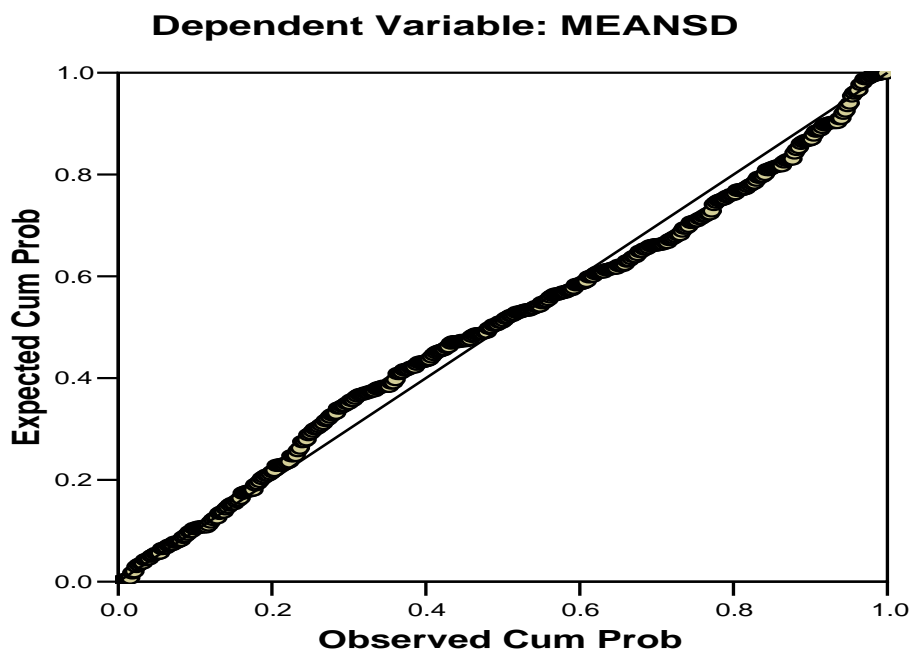
The relationship between service delivery (primary education and healthcare service) and managerial accountability is significant. The correlation coefficient is .254. The implication is that H₂ should be accepted, because this hypothesis states that there is a positive relationship between the delivery of primary education and healthcare service and managerial accountability. Thus, managerial accountability plays a unique significant contribution to the delivery of primary education and healthcare service to the people by local governments of Oyo state.

H₃: Leadership structure is positively related to the delivery of primary education and healthcare service to the people through Local Government Administration.

The correlation between leadership structure and service delivery (primary education and healthcare service) shows that there exists a positive relationship between service delivery and leadership structure. The relationship is significant. The correlation coefficient is given as 0.457. The implication is that the high positive coefficient dictates the acceptance of H₃. The correlation coefficient shows that the relationship is strongly correlated, because the correlation coefficient is over 0.5. Thus, leadership structure plays a unique significant contribution to the delivery of primary education and healthcare service to the people by local governments of Oyo state.

Multicollinearity is determined by plotting normal P-P Plot of regression standardized residual to ascertain physical level of acceptance of the three (3) hypotheses under consideration in this study. The graph is therefore shown below:

Normal P-P Plot of Regression Standardized Residual



As can be seen from the graph above, the independent variables, fund/statutory allocation, managerial accountability, and leadership weave round the dependent variable, service delivery to determine the observed and expected delivery of primary education and healthcare service based on the three independent variables in the study. This is denoted in the graph as expected cum probability against observed cum probability. By the outcome of the Normal P-P Plot of Regression Standardized Residual graph, the three (3) hypotheses in this research study are therefore accepted. This implies that the three independent variables play a unique significant contribution to the delivery of primary education and healthcare service to the people by local governments of Oyo state.

DISCUSSION

Olanipekun (1998) opined that as much as local governments may have rich programs (basic social and welfare services) for execution, the financial means of executing them is not there. He argued further that the Federal government should make fund/statutory allocation available so that local government as the tier of government will be able to function effectively and efficiently. The problem of providing basic essential services is endemic in the local governments, as asserted by Khameni (2004), in Nigeria because of insufficient funds. While some scholars argued that the problem is lack of adequate resource transfers to local governments to finance their expenditure responsibilities, others argued that over-dependence on Federal transfers by local governments is undermining the efficiency of local governments to provide basic social services to the people at the grassroots (Olowu & Elero, 1995; Ekpo & Ndebbio, 1998).

In contradistinction to the above revelations, the finding of this study revealed that since this present political dispensation, the central government of the Federal Republic of Nigeria has been transferring funds/statutory allocation to local governments promptly, and regularly in order to give room for local governments to provide essential services to the public. Since 1999, the problem of insufficient funds in the local governments has been solved by this present democratic setting.

As a result of poor managerial accountability, Khemani (2004) in her "Local Government Accountability for Service Delivery in Nigeria" revealed that managerial accountability in various forms is responsible for non provision of essential services to the people in the local government area. Zwingna (2003) posited at the hollow chamber of National assembly that all the seven hundred and seventy-four (774) local governments recognized by 1999 Constitution of Federal Republic of Nigeria should be scrapped during the 2003 constitution review because of ineffectiveness of management system at the third tier of government. Soludo (2010) advocated for abolition of the seven hundred and seventy-four (774) local governments, saying that they are just mere conduits for profligacy and waste in term of delivery of services to the people in the local government area.

On the contrary, the finding of this study revealed that there is a positive relationship between service delivery and managerial accountability. And managerial accountability plays a significant role in the delivery of primary education and healthcare service to the people. Although, the correlation coefficient is low, meaning that, it is relatively correlated; local government management system needs to be improved upon instead of scrapping local government administration, being the grassroots government that is closer to the people at the grassroots.

CONCLUSION

It is established that there exist positive relationships between the delivery of primary education and healthcare service and the three independent variables in the study in the local governments of Oyo state in Nigeria. In order to satisfy the people in the local government area in terms of service delivery, there must be participatory management, cooperation, transparency, and accountability in the local governments in Nigeria. These factors are paramount to service delivery, especially to the poor in the local governments. Finally, there is need for proactive measure to improve upon service delivery by local governments in Nigeria.

RECOMMENDATION

The study recommended that further research studies should be carried out covering a larger percentage of Local governments in Nigeria. There are multifarious factors that could be investigated while determining social and welfare service delivery by local governments in Nigeria. These factors apart from the ones studied in this research should be thoroughly investigated in no distant future.

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