

## LOCAL GOVERNMENT AND PRIMARY HEALTHCARE DELIVERY IN NIGERIA: INTERROGATING THE EFFECT OF STATE JOINT LOCAL GOVERNMENT ACCOUNT

Nwokwu, Paul M.; Edeh, Joseph N. & Nwakamma, Michael C.  
Department of Public Administration, Ebonyi State University, Abakaliki

### Abstract

*Overtime, the Nigerian government has made conscious efforts to decentralize the healthcare system so as to address both preventive and curative healthcare challenges particularly at the localities. This gave rise to the establishment of the primary healthcare sector to ensure that healthcare delivery was stepped down to the rural communities to address their health challenges. Unfortunately, much progress has not been made in that regard as indicators of quality primary healthcare delivery have continued to nosedive. This study is undertaken to examine the effect of state joint local government account on the ability of local government to provide healthcare needs at the localities in Nigeria. Efficiency-services theory propounded by Mackenzie (1961) was adopted even as the study was content analyzed using data generated from the secondary sources such as articles from reputable journals, official publications, texts and other verifiable internet sources. The study revealed that manipulation and abuse of the state joint local government account by the state government has vitiated the efforts of local government towards addressing the health concerns of the people at the grassroots. In the light of the foregoing, the study recommended, among others, that the joint account should be scrapped by the national assembly via constitutional amendment and that the state government should enter into a joint project with the local government in the area of quality primary healthcare delivery to reverse the ugly health outcomes in our communities.*

**Keywords:** Local government, Primary healthcare delivery, State joint local government account, preventive medicine, health outcomes.

### Introduction

Government the world over irrespective of the system of government in operation adopts measures to disperse powers to lower units for purpose of advancing all round development in the polity. Ibok (2014) argued that the idea behind the creation of local government in a federation or local administration in a unitary government is to bring government closer to the people. According to him, bringing government closer to the people means the provision of basic infrastructure and amenities of life at the grassroots.

Akani (2017) opined that local government is seen as the government that expresses governance at the primary level of the society. He went further to aver that local government serves as a device that extends the frontiers and processes of government to the people at the periphery who may be far from receiving the impact of the centre. Similarly, Okoli (2000) argued that local government exists to fill a void that the national government is unable to fill due to distance. It is the government that is very close to the grassroots and its proximity makes it very suitable to provide certain responsibilities far more efficiently and in a more cost effective manner than the remote government at the higher level (Ola, 1984).

One of the major functions of local government is the execution and maintenance of Primary Health Care

(PHC) in order to improve the health conditions of the people. It is a known fact that health education, adequate nutrition, and sanitation are elements of PHC which are important determinants of the Human Development Index (HDI). As a philosophical framework intended to guide the development of health care service delivery, PHC is designed in a manner to improve the health of citizens so as to achieve the state's welfare (World Bank, 2011; Alenoghena, Aigbiremolen, Abejegah & Eboreime, 2014).

It is important to note that the structure of Nigeria's fiscal relations has posed a severe challenge to the revenue available to local governments. The poor financial condition of local government served as motivation for the federal government to think outside the box with a view to improving its financial muscles to perform her functions. The articulation of all the financial problems of the Local Government gave rise to the idea of introducing joint account system. It is worthy of note that prior to 1976 Local Government Reforms, local governments in Nigeria were poorly funded particularly from the federation account. The state governments equally had no financial responsibility towards local government councils within their domains. This gap in the exercise of fiscal federalism encouraged the introduction of State Joint Local Government Account (Okafor & Ijeoma, 2019).

Unfortunately, the practice of the state joint local government account has remained very pronounced and contentious. According to Fatile, Fajonyomi, and Adejuwon (2017), the majority of state governments made unnecessary deductions and frequently diverted monies from the state joint local government account to personal interests, impeding progress at the local government level. It is no longer contestable that the federal allocation accounts for more than 70% of local government revenue and any shock or fluctuation in the federal allocation is expected to have a negative impact on the performance of the local government councils (Okeke & Eme, 2017). This is partly so because some operators of local government have continued to perform abysmally low in their internal revenue drive. There are still strong allegations that local government councils in Nigeria are being compelled to jointly fund state government projects through the joint account arrangements to the neglect of critical infrastructure such as healthcare provision to address the health needs of the people.

It has been argued that the manipulation of the state joint local government account has weakened the financial powers of local governments, making it an uphill task for them to provide crucial needed services such as quality primary healthcare to local people. Primary healthcare facilities in the country are still insufficient and ill-equipped. Consequently, people in the rural communities still die from preventable diseases. According to World Health Organization (2019) 58,000 women die from childbirth each year even as our healthcare system has remained underdeveloped. Malaria, diarrhea, vaccine preventable diseases and acute respiratory infections, which are handled by primary healthcare facilities, are responsible for about 95% of morbidity and almost 90% of mortality in under five years children in Nigeria (WHO, 2002). Thus, this study to examine the effects of state joint local government account on the provision of healthcare delivery by local governments in Nigeria.

## **Conceptual Analysis**

### **Local Government**

Local government has received various definitions from scholars leading to a situation where there is no universally acceptable definition of the concept. However, it is important to note that all the definitions and interpretations of the concept point to a given direction – a government established at the local level, which is constituted by law with its council consisting of individuals who are either elected or selected to

primarily address the peculiar development challenges of people at the periphery of the society. As the academic tradition demands, we will x-ray definitions advanced by scholars on the concept.

Ogunna (1996:1) views local government as “a political authority which is purposely created by law or constitution of a state for local communities by which they manage their local public affairs within the law/constitution.” From the definition, we could comprehend the fact that local government is created for people at the local communities to manage their own peculiar affairs within the ambit of the law or constitution that sets it up. Okolie (2003) views it as a unit of government existing below the central, regional or state government set up by law to exercise political authority through a representative council within a specified area.

According to Lawal (2000) cited in Fatile et al. (2017) local government is a tier of government located very close to the people and it is given responsibilities to exercise control over the affairs of people within her domain. In the like manner, Ola and Tonwe (2005) view it as the third level of government which is central to grassroots development. Akani (2017) argues that local government is a device created to extend the frontiers and processes of government to the people at the periphery who may not feel the impact of the centre. Agbor (2004) posits that local government is a political unit established by law as a level of government with both legislative and executive powers to handle matters of local concerns by few people who are either elected or appointed to undertake the functions for which the council was established in the interest of the people. In the words of Otu and Anam (2019) it is a unit of government in a federal system which is set up by law to exercise political authority through a representative council within a given geographical area.

### **State Joint Local Government Account**

State joint local government account is an account specifically created and maintained by state governments for the payment of statutory allocation to local government from federation account and for the payment of state's 10% internally generated revenue (Agunyai & Etembo, 2017). The state government maintains the account on behalf of the local governments within her jurisdiction. From the foregoing, it could be appreciated that two kinds of money are expected to be remitted into the account for the local governments of a state to use to run its day-to-day activities. The first is the local government share from the federation account which is the statutory allocation from the federation account. Whereas the second payment is the 10% of the state's internally generated revenue.

The establishment of the joint account, in the current dispensation, is made possible by some provisions of the 1999 Constitution of the Federal Republic of Nigeria as amended. Section 162(5) of the constitution states inter alia “The amount standing to the credit of local government councils in the federation account shall be allocated to the state for the benefit of their local government councils on such terms and in such manner as may be prescribed by the National Assembly.” In addition, section 162(6) provided that “Each state shall maintain a specific account to be called State Joint Local Government Account into which shall be paid all allocations to the local government councils of the state from the Federation Account and from the government of the state.” The implication of the foregoing constitutional provisions is that the statutory allocation from the Federation Account and 10 percent of internally generated revenue of the parent state could be remitted to the special account for the benefits of local governments within her jurisdiction (Agunyai & Etembo, 2017).

It was argued that the intention of the joint account is to create room for the state to distribute and

supervise the spending of the funds by local government councils within their areas of operation (Okafor & Ijeoma, 2019). In the same vein, Ajayi (2000) asserted that the state joint local government account is meant to enable the state to supervise the activities of the local government councils in their areas for purpose of promoting probity and accountability in the management of local government revenue for effective rural development and transformation.

### **Theoretical Framework**

This study was anchored on Efficiency-Service Theory espoused by Mackenzie (1961) and Sharpe (1970). The main thesis of the theory is that local government is designed as a critical institution for efficient service delivery particularly at the grassroots. Its nearness and closeness to the localities makes it the most suitable body to provide services at the most cost-effective manner than other high level governments to address the development challenges of people at the periphery of the society. To Mackenzie (1961:14) “Local governments provide services and such must be judged by their success in providing services up to a standard measured by a national inspectorate.” Sharpe (1970:168) argued that “...efficient performance of these services is so compelling that if a local government did not exist, something else would have to be created in its place”. In sum, the theory believes that efficient service delivery remains the *raison d'être* for the creation of local government as a unit of government (Nwokwu, Nkwede & Obona, 2022).

Nwodin (2022) posited that local government maintains a strategic position as a tier of government that deserves much attention. He argued that as a local government at the local level, it is the first point of call whenever there are issues and challenges at the local level and it stands in the best position to address them at the most reasonable cost and timeframe. Moreover, local government knows the problems of its citizenry much more than the state and federal government.

The theory is apt for this study in that local government is set up to among other things, make provision for essential amenities such as primary healthcare facilities adequately equipped to address the healthcare needs of the people. The closeness of the tier to the people gives it an edge over other levels of government as it is better positioned to appreciate all the health challenges of the people with a view to making conscious efforts towards addressing them. Unfortunately, the third tier government has been seriously constrained by the abuses and manipulations observed in the operation of the state joint local government account by the state government, which has remained the major source of fund to the local government. The hijack of the joint account by the state government has ultimately vitiated its effort to make meaningful investment and progress in the primary health sector, hence the ugly health records that stare everyone in the face particularly in the localities.

### **Primary Healthcare Delivery: Meaning and Historical Antecedent**

It is not debatable that primary healthcare is the backbone of a health system in any country. It has been acknowledged as one of the viable pillars to achieve sustainable growth and development, hence the maxim “a healthy nation is a wealthy nation.” Udentia and Udentia (2019) defined primary healthcare as a medical service delivery at the community level. In other words, it is the medical services that are provided for rural dwellers in their various localities.

The history of primary healthcare dates back to the World Health Organization (WHO) global conference

at Alma-Ata in the former Soviet Union in 1978 at which some 150 governments were duly represented (Robson and Brown, 2016 in Udentia & Udentia, 2019). WHO (1978) conceived primary healthcare as essential healthcare based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community and that each country must strive to maintain it at every phase of their development in the spirit of self-reliance and self-determination.

Prior to the introduction of PHC in Nigeria, she operated a health care system that placed much premium on curative medicine rather than preventive medicine (Aregbeshola & Khan, 2017). Between 1975 and 1980, Nigeria developed National Basic Health Services Scheme (NBHSS) which was perceived as the foundation for PHC model. The scheme was more or less interested in the provision of health facilities, training of health workers and community participation, inter-sectoral cooperation and the use of local technology in the provision of health care (Obionu, 2007; Mike, 2010; Fatusi, 2015). In 1985, PHC which was modelled after the Alma Ata Declaration was first adopted in fifty-two local government areas in the country, while in 1988 the comprehensive national health policy, focused on PHC, was introduced. The 1988 PHC programme was directed towards preventive medicine and health care at the local government level with focus on exclusive breast feeding, free immunization for children, compulsory recording of maternal death, and a campaign against HIV/AIDS (Uneke, Ndukwe, Oyibo & Onwe, 2010; Aregbeshola & Khan, 2017). In 1992, Nigeria established the National Primary Health Care Development Agency (NPHCDA) for the purpose of continuing and sustaining the PHC agenda (Fatusi, 2015; Lambo, 2015).

According to Amason (2010) cited in Udentia and Udentia (2019) primary healthcare is the aspect of medical services that brings healthcare close to people who reside and carry out their daily activities in the localities as it is usually accessible and equally made readily available by relevant institutions and government. Put differently, PHC is a grass roots approach that aims to address health issues that affect the community through the provision of rehabilitative and curative services, as well as equitable health care for the people (Adeyemo, 2005; Olise, 2007)

The WHO revealed five universal principles of PHC which are essential for health care delivery in the community. They include: equity, community participation, use of appropriate technology, self-reliance, and intersectoral collaboration.

The basic elements of the primary healthcare include:

- i. Health education.
- ii. Identification and control of prevailing health problems.
- iii. Food supply and proper nutrition.
- iv. Provision of safe water and basic sanitation.
- v. Maternal and child healthcare including family planning.
- vi. Immunization.
- vii. Prevention and control of endemic diseases.
- viii. Appropriate treatment of common disease and injured.



- ix. Promotion of mental health.
- x. Provision of essential drugs.

It is important to stress that primary healthcare is founded on the principle that health is a fundamental human right that must be enjoyed by the people in all walks of life particularly in communities (Adeyemo, 2005). He argued that the healthcare became very necessary in view of the fact that the major killer diseases in rural communities in the third world countries are preventable and that the major victims are children under five years. Therefore, the primary healthcare system encourages countries of the world to shift the focus of their national health strategy from urban to rural areas as most of the child killer diseases affect mostly children that reside in rural areas.

### **Situation of Primary Healthcare Delivery in Nigeria**

Nigeria has a large proportion of its population who reside in rural areas where access to basic health care system is very critical (Alonge, 2020). The geographic configuration of many of the rural settlements and villages makes it extremely difficult to gain access to them. Moreso, poverty, distance, bad road networks, and high cost of travel play their part in limiting people's desire in hard-to-reach areas to seek medical services in urban or more developed areas. It is therefore, crucial to establish healthcare system in such areas to cater for their needs through offering essential preventive and curative medical services at affordable and sustainable cost. To this end, primary health care is widely recognized as the most cost-effective way to reach the goal of universal health coverage and address comprehensive health needs close to people's homes and communities (WHO, 2019).

Unfortunately, primary healthcare in Nigeria is grossly inefficient and inadequate to cater for the health needs of its teeming population who reside at the periphery of the country. Of the 30, 000 primary health care centres across the country, only a paltry 20% are functional (Uzochukwu, Onwujekwe, & Mbachu, 2015). Demographic indicators highlight the need for a developed, functional and far reaching primary health care system (Alonge, 2020). To worsen the situation, extreme poverty and illiteracy rates are high. In 2018 it was revealed that 86.9 million Nigerians were living in extreme poverty (Quartz, 2018).

The unprecedented poverty and high level of illiteracy among Nigerians always limit their ability to have access to quality and healthy nutrition, thereby exposing majority of them to all manner of diseases. Access to basic amenities such as portable water and electricity is low in poor and rural communities while sanitation is poor and open defecation has been adopted as a way of life (Alonge, 2020). It is envisaged that developing a functional and sustainable primary health care system in low- and middle-income countries, such as Nigeria, could save at least 60 million lives and increase average life expectancy by 3.7 years by 2030 (WHO, 2019).

At present, Nigeria has some of the worst health outcomes in the world. According to Alonge (2020) every year, Nigeria loses thousands of children to preventable diseases such as pneumonia. Our country has the highest number of child deaths arising from pneumonia. This disease could be prevented with vaccines, and easily treated with low-cost antibiotics which should be readily available in primary health centers (UNICEF, 2020 cited in Alonge, 2020). Other health challenges such as malaria have continued to cause havoc with an estimated 100 million cases and over 300,000 deaths per year in Nigeria. Malaria

contributes to an estimated 11% of maternal mortality. Other common sicknesses that claim lives of Nigerians each year include HIV/AIDS, diarrhea, cholera, typhoid fever, dengue fever, yellow fever, rabies, and meningococcal meningitis. Many of these diseases can be prevented and managed at the primary health care unit (Alonge, 2020).

### **Local Government and Primary Healthcare Delivery in Nigeria**

It is noteworthy that healthcare services in the Nigerian federation fall within the concurrent list wherein the three tiers of government are deeply involved in healthcare provision to the citizenry. The federal government is responsible for tertiary healthcare services (teaching hospitals and medical education), the state is in charge of state tertiary and secondary-care hospitals and the local governments are responsible for the primary healthcare services. According to Fajioyi (2010) local governments are responsible for primary healthcare provision at the grassroots. It is evident in the Fourth schedule to the 1999 Constitution of the Federal Republic of Nigeria as amended that local government councils are empowered to participate in the government of the state in the provision and maintenance of health services particularly at the grassroots. The constitution equally shared responsibilities among the tiers of government for effective PHC service delivery. The federal government is charged with the exclusive responsibility for overall policy formulation and evaluation, the state government is empowered to provide logistical support such as personnel training, planning and operation, while the local government is given the mandate for the implementation and provision of PHC service delivery to address the healthcare needs of the people at the fringes of the society (Federal Ministry of Health, 2004; National Primary Health Care Development Agency, 2007). This explains why local governments make budget, implement, manage, monitor and evaluate primary healthcare within their areas of jurisdiction.

It is noteworthy that the three types of healthcare recognized in primary health care system are as follows: the Basic Health Clinic (BHC), the Primary Health Centre (PHC), and the Comprehensive Health Centre (CHC). The BHC is designed to serve communities with a population of 2000 to 5000 people; the PHC is expected to serve communities with a population of 5000 to 20,000 people, while the CHC is expected to serve communities with a population of more than 20,000 people (Ogunniyi, Faleyi, Makinde & Adejuyigbe, 2000; Federal Ministry of Health, 2010).

It is important to state that effective implementation of PHC service delivery has suffered serious setbacks at the local government level. Olukoya, Coker, Osibogun & Oshin (2014) posited that delay in budget approval and release of incomplete funds is among other factors that hampered local government performance in PHC service delivery. The third tier's performance in PHC service delivery is also constrained by structural and institutional weaknesses in health sector, poor management services, inadequate staff and funds. There were also issues surrounding prevalence of fake drugs and substandard products which complicated the situation even as local governments lack technical and managerial capacity to manage PHC which resulted in inadequate and poor infrastructural facilities and obsolete equipment, particularly in rural areas and villages (Owoeye & Adediji, 2013). Moreover, the PHC system is confronted with the problems of mismanagement, corruption, inadequate health professionals, as well as dearth of data which render planning, policy implementation and healthcare system weak (Sanda, 2014; United States Agency for International Development, 2014; Oyeneyin & Aladenola, 2019).

### **Effects of the State Joint Local Government Account on Primary Healthcare Delivery by Local Government in Nigeria**

It is a known fact that fund is the life-wire of any organization. For any institution to achieve its set target, it must have at its disposal adequate resources with which to pursue and achieve the set goal. Local government is no exception. For Nigerian local government to effectively achieve its mandate in areas of quality primary healthcare delivery in the periphery of the society, there is a compelling need for adequate funding. Unfortunately, the local governments find themselves in tight situation with respect to funding. There is a mismatch between the functions allotted to the third tier and sources of revenue available to it for exploitation. It could be recalled that the constitutionally assigned functions to local government constitute its internal revenue generation sources. A critical look at such revenue sources reveals that they are more or less obsolete and inelastic. In other words, they are not elastic and lucrative. Consequently, some of the operators of the local government system have resigned to fate as many of them no longer waste their energy to exploit those internal revenue sources.

Local government councils now wait patiently for monthly allocation from the federation account to be able to perform some basic functions in their areas of jurisdiction. It is partly because of the precarious financial condition of local governments that served as a strong motivation for the introduction of state joint local government account designed in a manner to enable the third tier receive funds from both the federal and state governments so as to promote fiscal federalism. It is equally hoped that it could create room for the state government to distribute and supervise expenditure at the local government level for purpose of transparency and accountability.

Unfortunately, the purpose for which the account was established was defeated as the operation of the joint account has generated a lot of controversies. Most of the woes of the local government particularly in the fourth republic in Nigeria are attributed to the abuse of the joint account. It has continued to deny local government of funds to invest in critical areas of needs such as the provision of essential amenities especially the primary healthcare service delivery. Ojugbeli and Ojoh (2014) asserted that nothing seem to be working at the local governments because they are either denied or starved of funds by the state government through JAAC. In addition, the account has created ample opportunity for state government to illegally deduct, divert and misappropriate local government fund meant for rural development (Nosiri & Njemanze, 2015). Moreover, the poor indicators of development in the rural areas such as poor infrastructure, low standard of living, poor human capital development arise basically due to illegal deductions from the local government statutory allocations by the state (Nosiri and Njemanze, 2015).

Kress, Su & Wang (2016) argued that financial and political constraints at the state level usually lead to uncertainty in the remittance of funds to local government. Put differently, the flow of funds to the local government is limited thereby constraining the local government councils' spending capabilities. More often than not, local government councils receive just enough funds to pay workers' salaries with little or nothing left for procurement of drugs, supplies, construction of health facilities and maintenance. Kress et al. (2016) in a survey observed that 95% of funding for PHC from the local government goes to salaries, leaving little or virtually nothing for other important categories such as drugs, transport, cleaning products, etc. They stated further that 50% of the facilities receive no cash and over 85% receive less than the minimum estimated (100 USD/month) to take care of basic operational expenses. They argued that such funding can barely support actual service delivery, hence the sorry situation of our primary healthcare system.

The consequences of the poor condition of our primary healthcare system are out there for us to see. Tolu



(2014) lamented that primary healthcare centres are dilapidated with absence of drugs and needed personnel. Life expectancy at the grassroots has continued to nosedive even as people still die from vaccine preventable diseases. WHO (2002) revealed in her report that malaria, diarrhea, vaccine preventable diseases and acute respiratory infections account for about 95% of morbidity and almost 90% of mortality rate among under five years old children in the country. WHO (2019) equally lamented that about 58,000 women usually die from child birth each year. The poor condition of our primary healthcare system has been a strong motivation for a good number of rural dwellers to patronize quacks as well as traditional healers to address their variegated health challenges. In extreme cases, some people always resign to fate as they hand over their health challenges to God for His supernatural touch and healing. The foregoing is a clear indication that local government has failed to provide adequate primary healthcare services to her teeming population who reside in the rural areas thereby limiting their capacities to engage in productive activities especially in agriculture and other rural economic sectors.

### **Conclusion and Recommendations**

An important maxim has it that a healthy nation is a wealthy nation. The assertion is true in every sense as health is central for the survival of the individuals which in turn result to overall survival of the nation. The primary healthcare system is designed in response to decentralization of the health sector to bring it under the purview of the local government, which is the government at the grassroots. Primary healthcare is established to provide for both the preventive and curative health services especially for those who reside in the hard-to-reach villages and communities. Unfortunately, the local government which is saddled with the responsibility for provision of the primary healthcare services has consistently failed to live up to expectation due mainly to the manipulation and abuse of the state joint local government account which has remained its major source of fund. The inadequate fund at the disposal of the local government has led to the poor state of the primary healthcare facilities in the country thereby leading to Nigeria manifesting worst health outcomes in the comity of nations. This study therefore, posited that unless adequate fund is within the reach of the local government by scrapping the joint account system, it will fail in her duty to effectively and efficiently provide healthcare services to the teeming population living in the localities.

In view of the foregoing, the study recommended as follows:

1. Since the state joint local government account has failed to achieve the purpose it is meant to serve, it should be abrogated through constitutional review by the national assembly to give room for direct remittance of funds from the federation account into the local government accounts. This will to a large extent assist them to invest heavily in the primary healthcare sector to address the health challenges at the hard-to-reach areas.
2. In the meantime, state government should enter into a joint funding of project with the local government particularly in primary healthcare delivery to reverse the ugly health records in the country.
3. Operators of the local governments should explore and exploit all the available internal revenue sources allotted to them by the constitution. This will greatly assist to reverse the ugly trend of over reliance on the federation account to intervene in the primary health sector.
4. The local government councils should rise up to the occasion to halt mismanagement and acts of

corruption which are rife at the primary health institutions by exposing and prosecuting corrupt elements in the system to serve as deterrent to would be offenders.

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