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Challenges Confronting State-Local Government Relations in the Provision of Primary Healthcare Service Delivery: Empirical Evidence From Oyo State, Nigeria

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Abstract

Healthcare service delivery is an imperative aspect of functions across the levels of government. However, it appears to be one of the major services bedevilled with constraints in the discourse of local governance in Nigeria. This study examined challenges associated with state-local government relations in the provision of primary healthcare service delivery in Oyo State, Nigeria. The study is in-depth research using interview sessions and a structured questionnaire to elicit information from the participants. The study adopted a descriptive survey research design. Multi-stage sampling technique was used to drive a sample size of (172) for questionnaire administration. Primary and secondary data were utilised for the study. The study adopts systems theory as the theoretical framework. The findings of the study revealed that inadequate funding, inadequate medical equipment, shortage of essential drugs, lack of adequate primary healthcare workers, joint allocation account and constitutional provision on local governance were the identified challenges confronting state-local government relations in the provision of primary healthcare service in the study area. The study concluded that healthcare services at the grassroots level required collaboration from other levels of government to be effective. The study recommends among others direct disbursement of statutory allocation to the local account without undue interference from other levels of government.

Key words: State-local government; Primary healthcare; Service delivery

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INTRODUCTION

Local governance is not exclusive to other levels of government as such they interact in the provision of public goods at the grassroots level. The 1999 Constitution of the Federal Republic of Nigeria in the fourth schedule specified the functions of local government however, subject to the approval by the State House of Assembly (Briggs, 2020); the local government also relied on the federal government for revenue allocation. As a result, a relationship between other tiers of government and local governments is unavoidable. Unfortunately, the working relationship has not been very cordial. The intergovernmental relations of the Fourth Republic have been in disarray because of the unhealthy rivalry that has existed since the return to civil rule in Nigeria. In the opinion of Obembe *et al*. (2019), the issue is not unrelated to complaints about the provision of the constitution on the fact that states and local governments are not given enough tax powers to fulfil their roles, the fact that state governors improperly removed local government chairs by using their auditing powers, the joint state-local government account, and the shortening of local government chairs' terms of office. Nigeria's intergovernmental relations have been marked by competitiveness among the tiers of government. The major contention between the state and local governments has been financial autonomy (Nwozor, 2021).

Healthcare service in Nigeria is a basic function provided by the three levels of government, though they

all rely on the immediate higher tier for funding and policy guidance (Adeyemo, 2005). The primary healthcare service delivery system was designed to reduce the burden of health services at the teaching and state hospitals to serve the needs of the local populace. But despite the remarkable influences of the health sector on economic development, primary healthcare service delivery at the grassroots level has observed severe instability that has adversely revised the improvement recorded in the past (Udenta & Udenta, 2019).

Nigeria's primary healthcare system provides several critical curative and preventive healthcare treatments (Olawoyin & Obembe, 2019). As a result, it is critical that the patients for whom the services are intended can use, access, and benefit from them. Unfortunately, given the awful circumstances of basic healthcare clinics across the country, which are most likely the result of the general health sector's inadequate budget, this task has yet to be fully carried out (Aregbeshola & Khan, 2017).

The rural area in Oyo State is faced with a growing rate of population, low per capita income complemented by ignorance, poor nutrition, low level of education, taboos and other related health problems such as unsafe drinking water, environmental pollution, lack of adequate sanitation which have caused adults and infant disease such as malaria, diarrhoea, measle among others. From the preceding, there is no doubt that primary healthcare in Oyo State deserves to be examined more critically considering the low level of achievement attributable to the delivery of healthcare at the grassroots, despite the specific responsibilities allocated to each level of government (Ephraim-Emmanuel *et al*., 2018). It is therefore against this backdrop that the study examines the challenges associated with state-local government relations in the provision of primary healthcare service delivery in Oyo State Nigeria, hence this study.

LITERATURE REVIEW

State-Local Government Relations in the Fourth Republic

The 1999 Constitutions of the Federal Republic of Nigeria recognised three levels of government, the federal, state, and local governments as the federal structure with significant financial, functional, and jurisdictional independence. Despite several factors that appear to turn the power balance towards the federal government and away from the states and local government councils, as well as constitutional provisions that view local government councils as subordinate to the states and particulars, the federal government retains most of the power (Ijimakinwa *et al*., 2015).

The provision of Section 7(1) of the 1999 Constitution empowers the State Governor through it State House of Assembly to create a new local government council, it also empowers them to dissolve elected council officers and appoint a sole administrator or caretaker committee in their place (Ikeanyibe *et al.*, 2020). The states only partially respected the constitutional demand that local government councils get 10% of their statutory revenues.

According to Ihemeje (2018), some states compelled local government councils to contribute to get some services, such as basic healthcare and education. Furthermore, some state governors frequently embezzled statutory funds from the federation account, which is meant for the local government's basic social amenities development through state and local government joint accounts. Also, the Ministry of Local Government & Chieftaincy Affairs and the State House of Assembly are used as agents by the state government to control local government administration.

The return to civil rule on May 29, 1999, and through the constitution recognised democratic government, all governmental levels have equal legal jurisdiction and autonomy. Local government councils, according to Okudolo *et al.* (2020), are autonomous institutions that should be treated as such. Perhaps the local government reforms of 1976 had intended this, then the autonomy of local government councils would be lawful under both the constitution and the law.

According to Hezekiah and Micheal (2021), local governance, the third level of government, was given little to no consideration by the authors of the constitutions established in 1999. Indeed, all indicators revealed that the government at the grassroots is an appendage of other levels of government. Based on the 1999 constitution and power assigned to the level of government, as well as the exercise of intergovernmental relations in the fourth republic, reveals that the grassroots government is completely subservient to other levels of government.

Given that local government councils are Nigeria's third system of government, we now wonder what exactly their jurisdiction is. Local government management is specifically defined in the 1999 constitution Section 7(1) recognised a democratic elected local government council. It also stipulates that the governments of each state must ensure the continued existence of these councils by enacting laws detailing their composition, organisation, finances, and responsibilities.

The uneven provisions in the 1999 constitution dealing with local government aggravated the problem. They laid the ground for the eventual clash between the federal and state governments over local government power. The federal government formed a technical committee in 2003 to examine the structure of local government councils and determine whether grassroots governance as the third tier of government is still desirable, during the height of the controversy and dispute over the tiers of government. The committee's main suggestion for local government was to replace the presidential system at the level with

a parliamentary system of government (Eleje, 2023). This, together with a major Supreme Court ruling in 2001 reaffirming the state's sovereignty over local governance, may have been the impetus for the state inspectorial system over grassroots governance in Nigeria.

The provision of the 1999 Constitution Section 7(1) grants state governors the right to pass laws regarding funding, structure, functions, and composition of the local councils. The state house of assembly has the power to investigate the local councils based on Section 128(1) of the constitution into (a) a bill set before it expected to pass into law (b) a ministry or government department, the behaviour of dealings of any individual intended to be charged or charged with the obligation of (i) directing law enshrined by the house (ii) spending funds appropriated by the house.

The National Assembly has the power to legislate on local council provisions and/or laws they see appropriate. The Electoral Act of 2001 extended the grassroots government elected officers by a year. Several considerations influenced the decision of the National Assembly and Olusegun Obasanjo as President. According to section 11 of the concurrent legislative list, the National Assembly is empowered to create laws for the federation that control voter registration and local government council election procedures.

The following is stated in Section 312(2) of the 1999 Constitution, however, to validate the lengthening of the term of locally voted grassroots government, the word procedure was misinterpreted to include the date of the election and the term of those elected. According to Shiyanbade (2017), anyone who was duly elected to an elective post described in this document before its passage under the terms of another legislation in effect at the time the proposed constitution was being drafted shall be deemed to have done so under this document.

As Akinsanya (2005) correctly pointed out, there was resistance against attempts to persuade members of National Assembly committees that they did not have such power and would be ruled supra vires. The National Electoral Commission which has been holding bye-elections to fill positions in some states' assemblies ruled that the provisions were unconstitutional, and that the voter register had not been provided to the state's Independent National Electoral Commissions in time for the March 2002 local government elections. Thus, in violation of the constitutional provision of section 7(1) which protects democratic elected grassroots officers, President Obasanjo and state governors approved the illegal practice of caretaker committee for grassroots government for two years. However, it is evident that the 1999 constitutional provisions grant the state government a disproportionate amount of jurisdiction and influence over how local governments are governed.

Local Government and Primary Healthcare in Nigeria

The 1978 International Conference of Primary Health in Alma Ata, where a consensus was reached requiring all legislatures and international organisations to generally assume responsibility for the advancement of their citizens' health (Farmer & Nimegeer, 2014), primary healthcare advanced rapidly. The remark reinforced the notion that a person's whole well-being, rather than only the absence of disease, is what defines their health. It also recognised the stark variations in healthcare between developed and developing countries, as well as people's right to fully participate in the creation and implementation of healthcare policies.

The healthcare system in Nigeria is the responsibility of all levels for coordinating healthcare services at the tertiary, secondary, and primary, however, they are dependent on the federal level for policy and finance (Adeyemo, 2005). The decentralisation of healthcare delivery in Nigeria has shifted a major portion of the burden of accountability for health outcomes on the country's primary healthcare system (Mosaku & Wallymahmed, 2017).

Primary healthcare is anticipated to do this as the public's first point of contact into the healthcare system by delivering general health services that are preventive, inspirational, curative, and rehabilitative. This implies that, within the framework of national health initiatives and with cooperation from state health ministries, local governments are primarily responsible for providing healthcare at this level.

Nigeria's concurrent legislative list includes laws dealing with healthcare as part of the state's welfare duty. This means that all levels of government have authority over the management and delivery of healthcare services (Oredola & Odusanya, 2017). The National Health Policy divides the healthcare system into three levels: primary, secondary, and tertiary among the tiers of government. The tasks of this level of government are stated in the Fourth Schedule of the Federal Republic of Nigeria's 1999 Constitution. These roles are directly tied to the development and administration of primary healthcare. Here's what it says: The function of grassroots government includes:

a. providing and maintaining elementary, adult, and vocational education;

b. developing agriculture and natural resources (apart from material exploitation);

c. providing and maintaining health services; and

d. Any other tasks assigned by the State House of Assembly may fall under the purview of a local government council's duties.

Primary healthcare facilities include comprehensive health centres, health centres, and clinics. Primary healthcare services include preventive, curative,

rehabilitative, and motivational therapy. Everyone in society and at the grassroots level should have access to basic healthcare services which include health promotion, disease prevention, safe water, basic sanitation, adequate food and nutrition provision, antenatal and paediatric healthcare, family planning, immunisation against vaccine-preventable diseases, appropriate treatment of common illnesses and injuries, and the provision of necessary medications.

A variety of reasons impede local government performance in providing primary healthcare services, including insufficient budgets, institutional and structural flaws in the health system, insufficient manpower and funding, and poor management services. According to Asuke *et al.* (2016), most Nigerian wards lack the medical professionals, tools, and pharmaceuticals essential for successful PHC service delivery, making it impossible for them to provide many basic health treatments. As a result, local governments, particularly in rural and village areas, lack the technical and management skills required to operate primary healthcare centres.

EMPIRICAL REVIEW

Globally, healthcare is an imperative function of all levels of government. Adepoju *et al.* (2017), investigated the constraints affecting primary healthcare service delivery in Southwestern Nigeria. The study revealed that the unavailability of essential drugs and vaccines, inadequate personnel, lack of basic infrastructure, inadequate medical equipment, conservative cultural beliefs, and inadequate funding were the identified challenges associated with inadequate healthcare delivery in the study area. The study concluded that it takes proactive actions and political will to ensure effective healthcare services at the grassroots level. The study recommends among others the provision of basic facilities/equipment for sustainable healthcare service in Nigeria.

In Victoria's (2017) study, primary healthcare service delivery in Abia State, Nigeria, was examined as a function of state-local government fiscal relations. The findings of the study revealed that the state government has diverted from its monitoring roles of local government funds to take absolute control of the grassroots government financial allocation thereby reducing its budgetary allocation in the provision of essential services such as healthcare among others. The study concluded that for local government to be strategic in service delivery it should be granted financial autonomy. The study recommends among others the review of the 1999 constitutional provisions on local governance.

In the investigation carried out by Briggs (2022), on intergovernmental relationships and local government development perspective from River State, Nigeria. The findings of the study revealed that the constitutional and administrative relationship that exists between the state and local governments has negative effects on the development of grassroots governance in Nigeria. The study also revealed that the relationship has given the state government power to perform inspectorial functions over local government finance and electoral systems, thereby subjecting local governance under the control of the state government. The study concluded that until the provision of the constitution is reviewed, local government would continue to serve as an agent to the state government in national development. The study recommends among others the restructuring of the federal system to address the lingering issues among the levels of government.

According to Nwokwu *et al*. (2023), state and local government fiscal relations have an impact on rural development in Nigeria's Ebonyi State. The study's findings demonstrated that the implementation of joint state and local government accounts places limitations on the ability of grassroots welfare programmes, infrastructure, and basic social amenities to be delivered effectively. When it comes to financing capital projects for rural development, the joint account system has left local governments at the mercy of the state government. The study also showed that, given its deteriorated state, the state government's approved budgetary allocation for primary healthcare is insufficient. The study concluded that if local government is not granted financial autonomy development in concrete terms will continue to elude it. The study recommends among others the local government should be given financial freedom to carry out its functions and responsibilities.

In Southwestern Nigeria, Irabor *et al*. (2022), investigated primary healthcare service delivery and local government. The primary healthcare programmes implemented in the study area were mother and child, free malaria, and maternity and family planning, according to the study's findings. The study's findings also showed that the state government's interference in local government elections, a lack of fiscal decentralisation of revenue to the local government, a variety of stakeholders in the funding distribution process, a lack of continuity in the primary healthcare programmes implemented, and a departure from the fundamentals of primary healthcare were among the issues that were identified as obstacles to the provision of healthcare services in the study area. The study concluded that the services provided in the local government health centres are poor. The study recommends among others continuity of primary healthcare programs that are already implemented.

THEORETICAL FRAMEWORK

This study is hinged on David Easton's systems theory, the theory posits that society is a system which is interrelated to one another. It also states that what affects

one has a direct significant effect on the other. The inputs, outputs, and actions of systems in the environment are the subject of system theory. Intergovernmental relations, whether federal-state, state-local, state-state, or local-local seek to foster relationships, collaborations and friendliness among various governmental levels. A system model is any phenomenon, whether physical, biological, social, or intentional, that can be separated into distinct subsystems that are coupled to each other and to the supra-system (the environment) in which they are embedded.

Nigeria has three levels of governance, which justifies the application of systems theory. Given that every part of the country rural or urban is part of a specific local government area, it is reasonable to argue that both state and local governments should have equal opportunities to provide social services if governance is recognised as a dynamic tool for change and an excellent tool for affecting national development. Systems theory provides a theoretical framework for understanding how a system operates when it comprises two or more players who are critical to its operation. The grassroots government should be given freedom of operation that is backed up with financial autonomy to provide basic social amenities to the populace such as primary healthcare service among others since they are the government closer to the people. This theory is relevant because all levels of government should collaborate in the provision of public goods.

STUDY AREA

The area of this study was Oyo State in Southwestern Nigeria. The rationale for selecting the state is among the six pilot states launched by the National Health Insurance Scheme in 2012 to combat and prevent infant and child mortality rates in rural areas. The state was carved out of the old western state on February 3rd, 1976. It consists of three senatorial districts: Oyo Central, Oyo North and Oyo South. It has 33 Local Governments and 29 Local Council Development Areas. The state has a population of approximately 5,580,894 as of the 2006 Census.

METHODOLOGY

Primary and secondary sources of data were utilised for this study. The primary source of data was collected via a structured questionnaire and in-depth interviews. The study adopted a multi-stage sampling procedure. In the first stage, the purposive sampling technique was used to select three Ministries namely Health, Finance & Budget and Local Government and Chieftaincy Affairs. These ministries were selected based on their active involvement in the provision of primary health care service delivery in the state. In the second stage, a stratified sampling technique was used to select one local government area from the three senatorial districts of the state. The three selected local governments include Egbeda local government representing Oyo Central; Iseyin local government representing Oyo North and Ibadan North local government representing Oyo South. In the third stage, random sampling technique was used to select two community development associations each from the selected local government areas. Interviews were conducted with 12 stakeholders on state-local government relations in the provision of primary healthcare service delivery to complement information collected through questionnaire administration. Secondary data were obtained from books, academic journals, and the Internet. Data generated were analysed using table, frequency, percentages, and mean value.

POPULATION OF THE STUDY

The population of the study (1,151) consists of senior civil servants in the selected ministries, selected departments of local governments and executive members of community development associations in the study area. A proportionate sampling method was used to select 172 participants representing 15% of the study population as sample size for questionnaire administration.

DISCUSSION OF FINDINGS

This section examined challenges associated with state-local government relations in the provision of primary healthcare services. Utilising Likert-scale evaluations, participants were approached to concur or differ with 9 attestations made by the analyst on the challenges affecting state-local government relations in the provision of primary healthcare service delivery in Oyo State, Nigeria. Use unexpectedly, the mean value ($\bar{X}$) here rates the quality of the participants for every variable set out to accomplish this goal, utilising a choice principle as consequently: ($\bar{X} < 3.7$) implies concurrence with the variable, and ($\bar{X} > 3.7$) implies difference, and such factor is not a challenge.

As indicated in Table 1, 118 (81.9%) participants agreed that funding of primary healthcare services is often the principal constraint to state-local government relations ($\bar{X} = 2.28$). This revealed that the provision of primary healthcare service delivery suffered setbacks resulting from inadequate funding in Oyo State, Nigeria. Also, lack of adequate medical equipment is a major constraint to primary health care service delivery ($\bar{X} = 1.97$). This was evidenced in 96 representing 66.7% of participants who agreed with this variable. However, 35 representing 24.3% of participants strongly disagreed with the variable, by implication lack of adequate medical equipment is a major constraint confronting state-local government relations in the provision of primary healthcare service delivery.

It was also asked if there exists a shortage of essential drugs at primary healthcare centres. This result revealed 68(47.2%) agreement with the variable ($\bar{X}$ =2.83). However, 38 representing 26.4% of participants disagree with the variable. By implication, the shortage of essential drugs at primary healthcare centres was rather a challenge confronting state-local government relations in the provision of primary healthcare service delivery. Also, the result from this finding showed that 70 represented 48.6% agreement with the variable ($\bar{X}$ =1.94). This finding was also consequent upon 52 representing 36.1% of participants who strongly disagreed with the variable that there is a lack of adequate healthcare workers at primary healthcare centres. Nonetheless, though it is not absolute, the lack of adequate healthcare workers remains a relative constraint to primary healthcare service delivery in the study area.

Furthermore, it was asked if there is an inadequate relationship between the ministry of health and the department of health of the local governments which might stand as a challenge to primary healthcare service delivery. In their responses, an aggregate of 61.8% of participants disagreed with the variable ($\bar{X}$ =3.92). This finding was also consequent upon 34 representing 32.6% of participants who strongly disagreed with the variable that there is an inadequate relationship between the Ministry of Health and the Department of Health of the local governments in the study area.

Generally, a Joint allocation account (JAAC) is seen as a threat affecting state-local government relations in all states of the federation. In the course of this study, 107 representing 74.3% of participants agreed that Joint allocation account (JAAC) is one of the major challenges affecting state-local government relations in the provision of primary health care service delivery in the study area ($\bar{X}$ =3.66).

It was also observed that the provision of the constitution is seen as a constraint obstructing the provision of primary healthcare service delivery in the study area ($\bar{X}$=3.68). This observation was consequent upon 100 representing 69.4% of participants who agreed with the variable. Although 34 representing 23.6% participants did not decide on the variable, the result indicated that the provision of the constitution is a constraint affecting the capacity of local governments in the provision of basic amenities at the grassroots level.

Inadequate monitoring and supervision of healthcare providers was examined as one of the likely challenges obstructing the provision of primary healthcare service delivery. Reacting to this, 71(49.3%) participants disagreed with this variable. This finding was also consequent upon 44(30.6%) participants who strongly disagreed with the variable that inadequate monitoring and supervision of healthcare providers deter the provision of primary healthcare service delivery in the study area ($\bar{X}$ =3.94).

From the above analysis, this study examined challenges affecting state-local government relations in the provision of primary healthcare service delivery. Signifying each of the challenges in parenthesis: inadequate funding (81.9%), lack of adequate medical equipment (66.7%), shortage of essential drugs (50%), lack of adequate health care workers (51.4%), joint allocation account (74.3%) as well as the provision of the constitution (69.4%) were prominent difficulties in Oyo State, Nigeria.

Table 1
Challenges Confronting State-Local Government Relations in the Provision of Primary Healthcare Service Delivery in Oyo State, Nigeria

Variable	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N = 144
	f %	f %	f %	f %	f %	X
Inadequate funding	6 (4.2)	118 (81.9)	- -	14 (9.7)	6 (4.2)	2.28
Lack of adequate medical equipment	4 (2.8)	96 (66.7)	- -	9 (6.3)	35 (24.3)	1.97
Shortage of essential drugs	4 (2.8)	68 (47.2)	3 (2.1)	38 (26.4)	31 (21.5)	2.83
Lack of adequate healthcare workers	4 (2.8)	70 (48.6)	5 (3.5)	13 (9.0)	52 (36.1)	1.94
Inadequate relationship between the ministry of health and the department of health of the local govt.	5 (3.5)	14 (9.7)	2 (1.4)	89 (61.8)	34 (23.3)	3.92
Joint allocation account (JAAC)	6 (4.2)	107 (74.3)	4 (2.8)	18 (12.5)	9 (6.3)	3.66
The provision of the constitution	3 (2.1)	100 (69.4)	34 (23.6)	6 (4.2)	1 (.7)	3.68
Inadequate monitoring and supervision of healthcare providers.	6 (4.2)	12 (8.3)	11 (7.6)	71 (49.3)	44 (30.6)	3.94

Source: Field Survey, 2024

NB: f = Frequency
% = Percentage
X = Mean value
N = Total Number of Respondents

SUMMARY OF THE INTERVIEW ANALYSIS

To supplement the information collected through a questionnaire, some stakeholders were interviewed. Most surprisingly, the 12 interviewees noticed that funding is one of the challenges obstructing the provision of healthcare services in the study area. Joint allocation account (JAAC) was additionally recognised as a threat hindering the provision of primary healthcare service delivery in the study area. However, a director in the state ministry of health averred that the local governments' over-dependence on the state government has not aided the provision of primary healthcare service delivery. He stated that the local government in the state needs to improve on revenue generation to complement the effort of the state government in social service delivery within the state.

Interview analysis on the challenges facing state-local government relations in the provision of primary healthcare service delivery noted that there was an inability of the state government to give full operational capacity to the state primary healthcare board to control the primary healthcare programme. Similarly, there seems to be conflicting policy direction from the Ministry of Health and the Ministry of Local Government and Chieftaincy Affairs on primary healthcare programmes. Inadequate essential drugs and modern medical equipment were similarly stated by most of the interviewees.

CONCLUDING REMARKS

Local government councils, without doubt, have the finest opportunity to make a significant contribution to the fundamental development of our society. Since it is the closest government to the people, there are high expectations, which call for an efficient and goal-oriented administration. However, for local government councils to engender development in concrete terms, the 1999 Constitutions of the Federal Republic of Nigeria should be reviewed to give the third level of government the needed power to perform its functions without undue interference.

RECOMMENDATIONS

Arising from the findings of this study, the following recommendations were offered to improve the dwindling components of primary health care service:

There is a need for all the tiers of government in Nigeria to increase their financial allocation to the health sector; the local governments in Nigeria should be aggressive in revenue generation to compact dependency syndrome on the federal and state government in financing primary health care service.

All levels of government in Nigeria should prioritise the purchase and distribution of medical equipment to enhance healthcare services and ensure that necessary medications are available at medical facilities.

It is further recommended that the state should set priority for the recruitment, training, and placement of health workers in primary healthcare centres and adequate incentives should be provided to motivate the workers for effective performance.

It is also recommended that the legal position of the government at the grassroots level should be clearly stated, as well as the problem of joint allocation account should be reversed and direct disbursement of federation allocation to the local governments would go a long way in solving the above-mentioned constraint militating against the provision of primary healthcare service delivery in Nigeria.

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