CEDTECH International Journal of Management Studies & Entrepreneurial Development
Volume 4, Number 4, December 2023
http://www.cedtechjournals.org
ISSN: 2756-4576

LOCAL GOVERNMENT CAPACITY AND PRIMARY HEALTH CARE (PHC) DELIVERY SERVICES IN NIGER STATE

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ABSTRACT

This study assessed local government capacity primary health care delivery services in Niger state focusing on Wushishi Local government. The variables assessed include human resources capacity, financial resources capacity and institutional resources capacity. Data for the study were generated from both primary and secondary sources. The survey research was analyzed and data was analyzed qualitatively and quantitatively using both descriptive and inferential statistics. The operations of chi-square (x^2) through the computer package of SPSS was done. The study revealed that in Wushishi local government there is was inadequate insufficient, unqualified professionals in term of human resources. Financial, the local government solely depends on statutory allocations from federal government with weak and low revenue base. Institutionally, the local government lacks adequate health centers, there is inadequate infrastructure and facilities. It was recommended that the local government should give training top priority to enhance human resources capacity, financially the local government should utilized other revenue source and institutionally the council devote appropriate package of its budget to primary health care provision.

Keywords: *Skills Acquisitions Entrepreneurship, Entrepreneurship Development*

INTRODUCTION

The capacity of local government to mobilize resources and deliver services has been of concern to many watchers of local government efforts (Adejoh: 2007). Indeed the objective of every government is to provide services to its citizenry. The parameters for this become the indices of development against which every government is assessed or measured. Health care delivery system is one of such parameters.

Indeed good condition of health among the populace is one of the

significant determinantsof development in all countries around the globe; (Lawan, 2009). Governments in both developed and underdeveloped societies committed certain proportion of their resources tothe betterment of health condition among citizens through provision of health infrastructures drugs and training of personnel that work in such sector including primary health care is good health for all. Health care delivery is the fundamental responsibility of any government (Abcola et al; quoted from leadership Newspaper, March 8, 2015).

The legitimacy of any national health system depends on how best it serves the interest ofthe poorest and most vulnerable people, for which improvements in their health status contributes significantly to the attainment of poverty reduction goals. Consequently, the key purpose of any health care system is to provide universal access to appropriate, efficient, effective and quality health services, in order to improve on, and promote peoples health. The importance of local government is function of the ability to generate sense of belongingness; safety and satisfaction among its populace; (Zakari 2014). Among several constitutional functions of local government in Nigeria is to provide primary Health care atthe grassroots levels so as to reduce over dependence on state and federal government. Local governments in Nigeria are essentially created by law to offer primary Health care services to the people at the grassroots; (Masoud, 2008), this is because it is the government that iscloser to the local people ; (Ohiani:2004).

Also, in other to improve the financial position of local governments in Nigeria their percentage from the federation account continued to increase from 10% to 20% in 1989 and 1992 respectively and to 20.60% in 2008. Apart from that, local government revenue in recent tears continued to increase as a result of which they shared large sums of money. Forinstance the CBN report of 2014 revealed that the local government revenue continue to increase year after year since 1999. The total revenue from the federation account rose from N19.9b in 1993 to N60.8b in 1999. The figure rose again to N151.9b in 2000 and appreciated to N172.2b in 2002, again the total local government revenue in 2003 was N307.2b, however, the figure reached N468.6b and N597.2bb in 2005 and 2006 respectively. The Agura also appreciated to N674.3b and 823.3b in 2006 and 2007 respectively, and finally reached N1.4tri 2008 and N5tri in 2010, N9tri in 2011 and as at 2013, they share N2otrilion (CBN,2014). All these imply that there was considerable flow of financial resources which

the local government can utilize to pare primary health care services.
Despite the above mechanisms, one begin to consider conspiring observations on the levelof health awareness, the extents to which health care has been taken to the doorsteps of therural dwellers aslo observed is the insufficient number of the medical personnel and their uneven distribution. Some of the health workers are untrained and the trained ones lack the modern concept of PHC practice, also most services rendered lack community linkage and because of the most community members are unaware of some available services. In general, rural women and children are the most underprovided and neglected segment in rural areas.

Apart from corruption and mismanagement of public funds, local governments as reportedhave not been guided by any coherent vision in policy formulation and implementation of health care delivery services. (FGN 2014, cited in Abubakar 2014). It's against this backdrop that this study assessed local government capacity to provide primary health service in Niger state focusing on Wushishi local; government Area.

Research Questions

The following questions guided this study for in this research

i) To what extent does the human resource capacity of local government enhanced primary health care delivery services in Wushishi local government Area?
ii) To what extent have the financial resources capacity of local government enhance primary health care delivery services in Wushishi local government Area?
iii) To what extent does the institutional resource capacity of local governments enhanced primary health care delivery services in Wushishi local government Area?

Objectives of the Study.

The central objective of this study it to assess the capacity of local government in the enhancement of primary health care delivery services. However, the specific objectives ofthe study are as follows:-

i) To determine the extent to which human resources capacity of local governments enhanced primary health care delivery services in Wushishi Local GovernmentArea
ii) To find out how the financial resource capacity of local governments enhanced primary health care delivery services in Wushishi Local

Government Area

iii) To examine the extent which the institutional resources capacity of local government enhanced primary health care delivery services in Wushishi Local Government Area.

Statement of Hypothesis

The formulated null hypotheses that would be tested in this study are as follows:-

1. Ho! There is no significant relationship between human resources capacity of local government and primary health care delivery services in Wushishi Local Government Area.
2. Ho! There is no significant relationship between financial resource capacity of local government and primary health care delivery services in Wushishi Local Government Area.

Operational Definition of Terms

For the purpose of this study the following key terms would be operational defined.

Local Government

Local government as used in this study operationally refers to tier of government closer to the expected to serve as the basis of socio economic development government at the grassroots level government perceived as a panacea for the diverse problems of the diverse people with diverse culture.

Human Resource Capacity

Human resource capacity as used in this study would operationally refers to sufficiently and adequacy of personnel, qualification of personnel, existence of professionals and opportunity for training.

Financial Resource Capacity

A natural resource capacity as used in this study operationally means dependence on statutory allocation; local revenue yield, incidence of tax evasion and avoidance, and intergovernmental relations and autonomy.

Institutional Resource Capacity

Institutional resource capacity as used in this study operationally means availability of health facilities office equipment and other related hardware, culture of maintenance, rural infrastructures.

Primary Health Care

Primary health care as used in this study operationally means health care provided by local government in terms of health education; maternal and child health; immunization; prevention and control of endemic disease and supply drugs.

Service Delivery

Service delivery as used in this study operationally refers to the services provided by the primary health care to the target population. These services are poor if they are not accessible to all interceded people. The services are also poor if they are not adequate and capable of imposing and enhancing health care.

Literature Review

Concept of Local Government

Some writers defined Local Government as "Local administration set up outside the main focus of the central national or regional administration" (Omi 2016). The implication of this definition is that there is a glaring absence of legal personality, i.e. ability to sue and be sued, which is the major characteristic of Local Government. According to the United Nation (UN) office for Public Administration (2015), Local Government is a political subdivision of a nation (or in Federal system or State) which Constitute by law and has substantial control over local affairs including the power to impose tax or exert labour for prescribed purposes, the governing body such as an entity is selected or otherwise locally elected.

The above definition is akin to the one given by Robson who sees Local Government as, "A territorial non sovereign community possessing the legal right and the necessary organization to regulate its own affairs". Looking at it from the Nigeria context, the guideline for 1976 Local Government reforms suggested a definition of Local Government thus, government at the local level which exercised specific powers within defined areas. Viewing the above definitions, Local Government can be seen as the lowest tier of government, established by laws and assigned specific responsibilities. The above definitions however contained four institutional features of Local Government and they are. First, the Local Government unit must have a legal personality i.e. like the public corporation; it can sue and be sued. Second, it must have specified powers to perform a range of functions. Third, it must enjoy substantial

autonomy, especially in financial and staff matters subject to limitedcontrol from the central government; and finally, it must have elected representatives alongparty line or ideological orientation.

Concept of Primary Health Care

Primary health care is an integral part of the health care system that was imported into this country (Nigeria) by the colonial masters. Exiting literature reveal that as a result of the short comings of the western medicine and its attendant's implications for health care in the developing countries with particular reference to Nigeria, the situation has not been favourable. Eguagie (2005) and other studies have reported that facilities were "almost nonexistent in the rural areas". This ugly situation led the then Director General of the World Health Organization (WHO), Mihler to propose the primary level health care approach to integrate at "the community level all the elements necessary to make an impact upon the status of thepeople"(WHO 1975, Adetoro 1989). For him, the goal is an acceptable of health evenly distributed throughout the World population (Mahler 1975). This is expected to yield health for all by the year 2000 (Jegede, 2002). The program was expected to meet four basic conditions of viable health care plan of accessibility, affordability, continuity and quality ofservices. The emphasis was to educate the people on ways of preventing diseases with the provision of a health care system based on the spirit of self-reliance and self-determination in the words of Alma (1978) the concept of PHC is cited in Lucas (2006).

"Primary health care is essential health care based on practical scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination source WHO (1978).

This familiar definition of PHC encapsulates its fundamental concepts and provides guidance on its implementation. It includes the seven key elements the characterize PHC asstated by Lucas (2006) (see table 1).

Adeyemo (2005) and Ademuwagun et al (2002) reported that there are (10) components of primary health care. They include:

i. Education concerning prevailing health problems and the methods of

preventing andcontrolling them;
ii. Promotion of food supply and proper nutrition;
iii. Adequate supply of safe water and basic sanitation;
iv. Material and child health care including family planning;
v. Immunization against the major infectious diseases;
vi. Prevention and control of locally endemic diseases;
vii. Appropriate treatment of common diseases and inquiries;
viii. Provision of essential drugs;
ix. Community mental health care; and
x. Dental health.

Concept of Service Delivery

Services delivery according to (UNDP, Abuja 2014) as cited in Masoud U. (2014) isa system of institutional arraignment adopted by government to provide public goods andservices to its citizens. Masoud U. (2014:2) further added that, service delivery is the specific institutional arrangements that critically influence of public service delivery. In this work,service delivery implies a system of governmental provision of goods and services to its citizens. Fox & Meyer (1995:118) as cited in Zubane, (2011) defined service delivery as theprovision of public activities, benefits or satisfactions to citizen. This is actually the provision of a service or product by the government, to the citizens as expected by the citizens and mandated by acts of parliament. Therefore service delivery can either be tangible (products)or intangible (services).

Flynn (2009) the term service delivery implies that user of the service as a passive recipient who has the services delivered to him, however, the recent spate of service delivery protest proves contrary to this popular belief. According to WHO as cited in Masoud (2004:10) primary health care is an essential care based on practically, scientifically acceptable by the methods and technology, made university accessible to individuals and families through their full participation and at a cost the community can afford to maintain at every stage of their development, in the spirit of self-reliance and self-determination.

Theoretical Framework

Primary Health Care system does not exist in isolation from other relevant care giving systems in the society. It is perceived as just an integral part of a network of interrelated system with definite functions and roles towards maintaining the whole. Against this background this review utilizes the Structural functionalism theory developed by Radcliff-Brown (1952) to explicate Primary Health Care in society (Obioha and Molale, 2011). This Theory explores how particular social forms function from day to day in order to reproduce the structure of the society (Schultz and Lavender, 1995) so as to maintain the whole system. Thus, in a society thereare different structures which function interdependently in order to maintain organic solidarity (Durkheim 1893) equilibrium and social stability (Malinowski, 1922, 1944) which the society strives to maintain (Obioha and Molale, 2011).

Functionalism is a sociological paradigm that originally attempted to explain socialinstitutions as collective means to fill individual needs especially social stability. Functionalists perceive society as a whole which fulfils the functions necessary for its survival as an organic entity. People are socialized into roles and behaviors which fulfill their needs. They believe rules and regulations help organize relationships between and among members of the society. Values provide general guidelines for behavior in terms of roles and norms. There are institutions which are major aspects of the social structure. Primary Health Care in this case is viewed as a structure that interrelates and is interdependent on other structures in society such as political and economic structures to bring harmony but specifically within the context of the whole health care system. This health system caters for the health of the people so that they can stay healthy or active in order to produce goods and services (Obioha andMolale, 2011).

With reference to the functionalist perspective, Primary Health Care as an essential component of the health care system in Nigeria which must be made to function effectively because of its inalienable contributions to the improvement of health services in different parts of the country. The internal functionality of Primary Health Care as a structure is made up of interdependent sections such as community health workers, nongovernmental organizations (NGOs), nurses, support groups, users and members of the community in general which work together to fulfill the functions necessary for meeting the health needs of the society as a whole (Obioha and Molale, 2011).

In terms of the key principles for assessing quality of PHC the framework Developed by Donabedian (1988) is still of major relevance. Donabedian's Conceptual framework consists of three main perspectives. In the first Place; there is the *structure* which entails the assessment of the adequacy of Facilities and equipment, administrative process, quality and quantity of health personnel in terms of their professional training. Secondly, there is the analysis of the *process* which includes the appraisal of the adherence to good medical care: clinical history, physical examination, diagnostic tests, Justifications of diagnosis and therapy,technical competence, evidence of Preventative management, co-ordination and continuity of care, acceptability of care to the recipient. At community level, this includes the quality of performance of health personnel with regards to managing acute problems such as acute respiratory infections and diarrhea in children.

Finally, Donabedian identified *outcome* as the third perspective and this considers whether a change in a person's current and future health status can be attributed to health care
received. Measuring of infant mortality and maternal mortality or quality of health are other means of reflecting them pact of the health system on community health is an example of such perspective. In 1995, the World Bank attempted to operationalize Donabedian's concept in developing countries.(WHO, 1995). Indicators that have been frequently used to assess the quality of primary health care in developing countries are structural aspects of the health care infrastructure and improved availability and access to drugs. Technical quality is assessed by evaluating the health workers performance skills and ability to correctly diagnose and treat illnesses. Donabedian (1988) argues that the interpersonal process is a vehicle by which technical care is implemented and on which its success depends and therefore, interpersonal quality of service provision is an essential part of the process of health care provision. A review of the literature indicates that limited attention has been paid to the analysis of the importance of attitudes and behaviour of health professionals in the provision of health care in sub-Saharan African countries. There is a general perception of the inability of consumer's tosses the technical quality of services and their acceptance of quality of care is based on service availability, waiting times and accessibility.

METHODOLOGY

For the purpose of this research, the survey research design would be

adopted. The method focuses on population of the universe in which data collected from the said population are used for intensive study. The purpose of using the survey research is to enable the researcher to generalize from a sample population so that inferences can be made.

The target population of this study include the entire population of Wushishi local Government which according to 2006 census figures stood at one hundred and eight thousand one hundred and eighty one (111,121) people. This figure constitute the population of the study
Yamane's Formula was adopted to determine the sample size of the study. The formulais as follows;

$$n = \frac{N}{1 + N(e)^2}$$

Where
n = Sample Size
N = Total population
E = Level of Significance at 95%1 = Constant

$$n = \frac{188{,}181}{1+ 188{,}181\ (0.05)^2}$$

$$= \frac{188{,}181}{188{,}181\ (0.0025)}$$

$$= \frac{188{,}181}{1+ 470.4525}$$

$$= \frac{188{,}181}{471.4525}$$

$$= 399.15$$

Therefore the sample size of this study is 399 respondents
The component of the sample size consist of user of P.H.C facilities, opinion leaders, community association, women groups, staff of the P.H.C department, district health facilities as well as local government top management
The table below shows the sample size distribution;

Table 1 Sample size Distribution of the Study

Category of Respondents	Sample Size	Percentage
Users of P.H.C Facilities	138	34%
Community Association	80	20%
Opinion Leaders	35	9%
Women Groups	60	15%
Staff of P.H.C Department	48	12%
District Health Facilities	24	6%
Local Governments Top Management	14	4%
Total	**399**	**100%**

Source: Survey Research 2021

Data was generated from both primary and secondary sources using the instrument of questionnaire interview and observations. Both qualitative and quantitative methods of data analysis was employed. Two method of analysis was carried out on the data collected. These include: descriptive statistical analysis using frequency tables' simple percentages. In analyzing and interpreting the data collected; and the inferential statistical tools of chi-square test for analysis to draw relevant conclusions.
Where d=the difference between the ranks of corresponding values of X and YN = the number of pair of values (X, Y) in the data.
As such the following formula is applied for the calculation. Where O = the observed frequency of any value.
E = the expected frequency of any value.Source: (Obsohan et al, 2004:153).

The X^2value obtain from the formula is compared with the value of X^2table for a given significance level and number of degree of freedom.
V = (rows-1) (columns-1)
Where rows and columns were from the original table of actual or observed frequencySource: (Obsohan et al, 2004:155).

Result and Discussion

Information was elicited from the respondents on their socio-demography Variables based on gender, age distribution, educational qualification, marital status occupation and designation. The responses were presented on table below;

Table 2; Respondents Profile

Indices	Variables	Frequency	Percentage (%)
GENDER	Male	230	76.6
	Female	70	23.3
TOTAL		300	100%
AGE	21-30 years	25	8.3
	31-40 years	135	45.0
	41-50 years	70	23.3
	51-60 years	40	13.3
	Above 60 years	30	10.0
TOTAL		300	100%
EDUCATIONAL QUALIFICATION	Religious education	33	11.0
	Primary certificate	40	13.3
	Grade II /WAEC/NECO/GCE	40	13.3
	OND/ND/NCE/A 'level	152	56.6
	HND/Degree	55	18.3
	Post graduate	7	2.3
TOTAL		300	100%
MARITAL STATUS	Married	210	70.0
	Single	70	23.3
	Divorced	15	5.0
	Widowed	5	1.6
TOTAL		300	100%
OCCUPATION	Farmers	140	46.6
	Trades/artisans	100	33.3
	Civil/public servants	32	10.6
	Unemployed	28	9.3
DESIGNATION	Users of P.H.C Facilities	120	40%
	Community Association	60	20%
	Opinion Leaders	25	8%
	Women Groups	45	15%
	Staff of P.H.C Department	30	10%
	District Health Facilities	15	5%
	Local Governments Top Management	5	1%
Total		**300**	**100%**

Source: Survey Research 2021

Analysis from table 2 shows the study consist of respondents profile that cut across all gender different, age broadcast, various educational qualifications. Various occupations and designation that tells on the nature of respondent to respond to the question posed. Moreover, a total number of 399 questionnaires were administered to the respondents across their designation. 350 questionnaires were returned while out of this numbers 300 were duly completed. Table 3 below shows the presentation

Table 3 Rate of Returns/Responses of Questionnaire

Category of Respondents	No. of Questionnaire Administered	No. of Questionnaire Returned	No. of Questionnaire Duly Completed	Rate of Returns	Rate of Responses
Users of P.H.C Facilities	138	130	120	32.5%	30.0%
Community Association	80	70	60	17.5%	15.0%
Opinion Leaders	35	30	25	7.5%	6.2%
Women Groups	60	50	45	12.5%	11.2%
Staff of P.H.C Department	48	41	30	10.2%	7.5%
District Health Facilities	24	20	15	5%	3.7%
Local Governments Top Management	14	9	5	2.2%	1.2%
Total	**399**	**350**	**300**	**87.7%**	**75.0%**

Source; Survey Research 2021

From the above table the rate of return is 87.7% and rate of response is 75.0%, again the rateof returns and responses can be computed as follows;

$$\text{Rate of returns} = \frac{\text{Number of Questionnaire Return}}{\text{Number of Questionnaire Administered}} \times \frac{100}{1}$$

$$= \frac{350}{399} \times \frac{100}{1}$$

$$= 87.7\%$$

$$\text{Rate of returns} = \frac{\text{Number of Questionnaire Return}}{\text{Number of Questionnaire Administered}} \times \frac{100}{1}$$

$$= \frac{300}{399} \times \frac{100}{1}$$

$$= 75.0\%$$

Measurement of Variables

Respondents' opinion was sort on the relationship between the variables of human resource capacity, financial resources capacity, institutional resources capacity of Wushishi Local government and primary health care service delivery. The following tables shows theresponses

Table 4 Measurement on Human resources capacity and provision of primary health caredelivery service

S/no	Variables	SA	A	U	D	SD	Total
1	The local government has adequate and sufficient number of personnel to carry out/primary health care delivery services	30 (10.0%)	20 (6.6%)	10 (3.3%)	100 (33.3%)	140 (46.6%)	300 (100%)
2	There is absence of adequate qualified personnel for primary health.	130 (43.3)	70 (23.3%)	10 (3.3%)	40 (13.3%)	50 (16.6%)	300 (100%)
3	The local government lack sufficient professional medical personnel to carry out primary health care services	150 (50%)	100 (33.3%)	20 (6.6%)	20 (6.6%)	10 (3.3%)	300 (100%)
4	The management skills and competence o top localgovernment bureaucrats in managing primary health care services is high.	40 (13.3%)	20 (6.6%)	20 (6.6%)	120 (40%)	80 (26.6%)	300 (300%)
5	In Wushishi local government, training is given top priority to enhance the capacity of human resources forprimary health care delivery	56 (18.6%)	43 (14. %)	22 (7.3%)	138 (46.0%)	41 (13.6%)	300 (100%)

Source: Survey Research 2021

The table clearly indicates that majority of the respondents totaling two hundred are of the view that Wushishi local government has no adequate and sufficient number of personnel to carry out primary health care service delivery.

Also it was claimed that there are absence of qualified personnel to carry out primary health.

It was also believed that there is lack of sufficient professional medical personnel to carry out primary health care service in Wushishi local government

More so, respondents also believed that management skills and competence of top local bureaucrats in managing primary health care service delivery is not high. Finally, Analyses also shows that respondents claimed that training is not giving top priority in Wushishi local government to enhanced capacity to provide primary health care. Extract from interview revealed that most staff available claimed that they are not sent for trainingbecause they have godfather.

Table 5 Measurement of Financial Resources Capacity of Wushishi Local government primary health care delivery services.

S/no	Variables	SA	A	U	D	SD	Total
1	The local government solely depends onstatutory allocation for its finance	175 (58.3%)	100 (33.3%)	5 (1.6%)	18 (6.6%)	12 (4.0%)	300 (100%)
2	The local government has weak and low revenue base	110 (36.6%)	90 (33.3%)	10 (3.3%)	40 (13.3%)	50 (16.6%)	300 (100%)
3	The existence of tax evasion and avoidance hasreduced the financial capacity of the local government	150 (50%)	100 (33.3%)	-	30 (10.0%)	20 (6.6%)	300 (100%)
4	The inter-governmental fiscal imbalances has eroded the capacity of Wushishi government to carry out primary health care services	140 (46.4%)	120 (40%)	10 (3.3%)	10 (3.3%)	20 (6.6%)	300 (100%)
5	Wushishi local government always devote adequate financial resources for health care delivery services	40 (13. %)	50 (16.6%)	10 (3.3%)	110 (36.6%)	90 (33.3%)	300 (100%)

Source: Survey Research 2021

From table 5 above majority of the respondents claimed that Wushishi local government solely depends on statutory allocations for its finances. It also indicates that there is weak and low local revenue base to carry-out primary health care delivery service. Also it clearly shows that claimed that the existence of tax evasion and avoidance has reduce the financial capability of Wushishi local government to perform its functions. Again it can be seen thatmajority of the respondents claimed that Inter-governmental fiscal in-balance has eroded the capacity of Wushishi local government to carry out its primary health care delivery services. Also there is claim that Wushishi local governments do not devote adequate financial resources for health care delivery system.

Table 6 Measurement of Institutional resource capacity and primary health care delivery service in Wushishi local government

S/no	Variables	SA	A	U	D	SD	Total
1	There is adequacy of primary health care centers in the local government	40 (13.3%)	30 (10.0%)	10 (3.3%)	160 (53.3%)	60 (20.0%)	300 (100%)
2	There is availability of essential drugs, water, functional toilets and others medical equipment provided for primaryhealth care	20 (6.6%)	30 (10.0%)	5 (1.6.%)	145 (48.3%)	100 (33.3%)	100 (300%)
3	Thepeople of Wushishilocal government has easy access to primary health care facilities	2 (0.6%)	8 (2.6%)	10 (3.3%)	180 (60.0%)	100 (33.3%)	300 (100%)
4	Rural infrastructure like roads transportation and electricity	30 (10.0%)	28 (9.3%)	12 (4.0%)	100 (33.3%)	130 (43.3. %0	300 (100%)
5	In the local government there is good maintenance culture in the available medical facilities provided for primary health care	40 (13.3%)	50 (16.6%)	10 (3.3%)	110 (36.3%)	90 (33.0%)	300 (100%)

Survey Research: 2021

From the above table believed that there is no adequate Primary Health Care Centers, Clinics and Health Post in Wushishi Local Government. Also shows there were no availability of Essential Drugs, Water, Functional Toilets and Other Medical Facilities provided for Primary Health Care. Again it was claimed that in Wushishi Local Government people have no easy access to Primary Health Care Facilities. Again the table also clearly shows that majority of the respondents are of the view that Rural Infrastructure like; Roads, Transportation and Electricity are not adequately provided. From the table finally it was claimed that there is no good maintenance culture of Primary Health Care Facilities in Wushishi local government.

Hypothesis One

H0: That there is no significant relationship between human

resource capacity and primary health care delivery services in Wushishi Local Government area.
H1: That there is no significant relationship between human resource capacity and primary health care delivery services in Wushishi Local Government area.

From hypothesis one above the independent variable is Human Resource Capacity while the dependent variable is Primary Health Care Services. Table 7 and 8 show cumulative responses of the respondents.

Table 7 Cumulative Responses of Respondents on Human Resource Capacity (Independent Variable)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	200	66.6	67.6	67
	Agree	50	16.6	17	84
	Undecided	7	2.3	2	86
	Disagree	40	13.3	13	99
	Strongly disagree	3	1.0	1	100.0
	Total	300	100.0	100.0	

Source: Survey Research, 2021

Table 8 Cumulative Responses of Respondents on Primary Health Care Delivery Services (Dependent Variable)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	30	10.0	10	10
	Agree	20	6.6	7	17
	Undecided	10	3.3	3	20
	Disagree	100	33.3	33	53
	Strongly disagree	140	46.6	47	100.0
	Total	300	100.0	100.0	

Source: Survey Research, 2021.

For purpose of performing Chi-Square operations on the computer for hypothesis one, responses for independent variable human resource capacity and responses for dependent variable (Primary Health Care Delivery Services) were coded and the computer using SPSS package cross tabulated the responses to produce the chi-square output presented on Table 9 below.

Table 9 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	564.570[a]	16	.000
Likelihood Ratio	463.974	16	.000
Linear-by-Linear Association	210.616	1	.000
N of Valid Cases	300		

Source: Survey Research, 2021.

From the Chi-Square out put on Table 4.20 above, hypothesis one testing proceduresare as follows:-
Chi-square calculated value is the Pearson Chi-Square value which is = 564.570
Degree of Freedom (df) =16 Level of significance (□) = 0.05
Critical or table value at 16 df and □ value of 0.05 = 26.296 **Decision Rule**
Accept null hypothesis (Ho)
If X^2 calculated value is less than X^2 critical (tabulated) value.

Reject null hypothesis (Ho) if X^2 calculated value is greater than X^2 critical (tabulated) value. **Comparison**

Comparing the chi-square calculated value of 564.570 with chi-square critical (tabulated) value of 26.296 it could be deduced clearly that the X^2 calculated value is greater than the X^2 tabulated value as such the null hypothesis (Ho) will be rejected.

CONCLUSION

Because the null hypothesis (Ho) is rejected it could be concluded therefore that there is a significant relationship between Human Resource Capacity as the independent variable and Primary Health Care Services as dependent variable meaning that if a local government has sufficient adequate and qualified Human Resources it can conveniently provide Primary Health Care Delivery Services.

Hypothesis Two

H0: There is no significant relationship between Financial Resource Capacity and Primary Health Care Delivery Services in Wushishi Local Government Area.

H1: There is significant relationship between Financial Resource Capacity and Primary Health Care Delivery Services in Wushishi Local Government Area.

Table 10 Cumulative Responses of Respondents on Financial Resource Capacity (Independent Variable)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	200	6.6	6.6	6.6
	Agree	50	16.6	16.6	24.2
	Undecided	7	3.3	3.3	27.5
	Disagree	40	66.6	66.6	86.7
	Strongly disagree	3	13.3	13.3	100.0
Total		301	100.0	100.0	

Source: Survey Research, 2021

Table 11 Cumulative Responses of Respondents on Primary Health Care Delivery Services(Dependent Variable)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	20	6.6	7	7
	Agree	13	4.3	4	11
	Undecided	7	2.3	2	13
	Disagree	150	50	50	63
	Strongly disagree	110	36.6	37	100
	Total	300	100.0	100	100.0

Source: Survey Research, 2021.

For the purpose of performing Chi-Square operations, the responses were crosstabulated to produce the chi-square output prescribed on table 12 below.

Table 12 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	571.893[a]	16	.000
Likelihood Ratio	509.875	16	.000
Linear-by-Linear Association	235.739	1	.000
N of Valid Cases	250		

Source: Survey Research, 2021.

From the computer output above, hypothesis two testing procedures are presented below:

Calculated Value: which is Pearson Chi-Square from the table above is equals to 571.893

Degree of freedom (df) = 16 Level of Significance (□) = 0.05

Critical or tabulated value at 16 (DF) and 0.05 (□) value is equal to 26.296

Decision Rule

Accept null hypothesis (Ho) if X^2 calculated value is less than X^2 critical (tabulated) value. Reject null hypothesis (Ho) if X^2 calculate value is greater

than X^2 critical (tabulated) value.

Comparison

Comparing the chi-square calculated value 571.893 with chi-square critical (tabulated) value of 46.296, it could be deduced clearly that the X^2 calculated value is greater than X^2 tabulated value as such the null hypothesis (Ho) will be rejected.

Conclusion

Since the null hypothesis (Ho) is rejected, it could be concluded therefore that there is significant relationship between Financial Resource Capacity and Primary Health Care Delivery System in Wushishi Local Government Area.

Major Findings

1. **On The Relationship between Human Resource Capacity of Wushishi local government and Primary Health Care Services.**
   The study revealed that in Wushishi local government there is no adequate and sufficient number of personnel to carryout Primary Health Care Services, the local government do not have adequate qualified personnel for Primary Health Care Services, there are no sufficient professional medical to carryout Primary Health Care services also the management skills and competence of top local government personnel in managing Primary Health Care services is no high. And also the local government do not give top priority attention to training so as to enhance capacity inmanaging Primary Health Care.
2. **On The Relationship between Financial Resource Capacity in Wushishi Local Government and Primary Health Care Services.**
   The study revealed that the local government solely depends on statutory allocation for it finances, it also has weak low local revenue base to carryout primary health care services, there is also the existence of tax eversion and avoidance which has reduced financial capability of Wushishi Local Government to perform it function. The study also revealed that intergovernmental fiscal imbalance has eroded the capacity of Wushishi Local Government to carryout Primary Health Care Delivery Services also the local government do not have devote adequate financial resources to show it commitment to Health Care Delivery Services.
3. **On The Relationship between Institutional Capacity of Wushishi Local Government and Primary Health Care Delivery Services.**

The study revealed that there is no adequacy of primary Health Care Centers clinic and health post in Wushishi Local Government, there is also lack of availability of essential drugs, water, functional activities and other medical equipment for Primary Health Care, also thepeople in Wushishi Local Government have no access to Primary Health Care facilities and rural infrastructure like roads, transportation and electricity are not adequately provided. Itis also revealed by the study that there is no good maintenance culture for the available facilities for Primary Health care in Wushishi Local Government.

CONCLUSION AND RECOMMENDATIONS

This study is an assessment of the impact of local government capacity on primary health care delivery services in Wushishi local government area of Niger State. The central problem the research addressed was examining whether Wushishi local government has thecapacity to provide primary health care delivery services. The variables focussed by the study were the human resource capacity, financial resource capacity and institutional resource capacity. The research questions; objectives and hypotheses were formulated in line with these variables. Local government capacity is expected to enhance Primary Health Care Delivery Services. This study was therefore carried out to achieve the objective of assessing the impact of Local government capacity to provide Primary health care in Wushishi local governmentarea of Niger State.

This study has however, empirically verified that Wushishi Local government does not have the capacity to provide Primary health care services. Based on this the followingrecommendations were suggested:

1. In other to improve the human resource capacity of Wushishi local government to provide Primary health care, the council should devote resource training of medicalprofessionals
2. In other to enhance the financial resource capacity of local government the local government should utilize other available source of revenue so as to be less dependent on statutory allocation.
3. To enhance the institutional capacity of local government they should earmarked significance percentage of their annual budget to provide health infrastructure adequate supply of drugs and effective mechanism for maintenance culture.

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