COORDINATION AND CONTROL OF GOVERNMENT PROGRAMMES

A case study of Health services programme in Kwara State

by

SALAHU ABDULKARIM
B. *Sc* Hons. ,
Zaria.

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Department of public Administration,
Faculty of Administration,
Ahmadu Bello University
Z A R I A .

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D E C L A R A T I O N

I wish to declare that this dissertation is based on the result of my Independent Work, Investigations and field survey conducted in Kwara State.

However, works of other authors are fully acknowledged as and wherever relevant.

Furthermore, I declare that this dissertation has neither been previously submitted nor currently being submitted wholly or in substance for any other degree.

A P P R O V A L

Coordination and Control of Government Programmes
A case Study of Kwara State Health Services.

This thesis has been read and approved as meeting one of the requirements for the Award of Masters' in Public Administration Degree in Department of Public Administration, Ahmadu Bello University, Zaria.

Research Project Adviser

Head of Department

EXTERNAL EXAMINER

D E D I C A T I O N

Dedicated to Nigerian Policy Makers for whom the attainment of Health for all by the year 2000 is a challenge and to my wife and children who bore the burden of my prolonged absence from home in the pursuit of this course.

And finally to my parents who thought it fit to educate me in the first instance.

"Policies are expected to be mutually supportive and to contribute to a common objectives, and yet divergent tendencies enter in, discordances that have to be archestrated back into harmonious action. Because coordination means to bring people and resources into common action, it has been called the all-inclusive managerial activity".

Howard and MC Kinney.

"Conflict is the appearance of difference; differences of opinions, and of interests. It is neither good nor bad but provides the opportunity for a good or bad result. However constructive conflict is good conflict".

Mary Porlier Follet.

A C K N O W L E D G E M E N T

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God bless.

Salahu Abdulkarim
Ahmadu Bello University,
Z a r i a.

S./MJS*

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A B S T R A C T

In this study, we have established some form of functional relationship between performance in the health sector of Kwara State and the management concepts of coordination and control.

The study indicated that the people of Kwara desired a standard health care delivery system and that the government of Kwara State was aware of this and therefore set itself to meet this desire.

However, this set objectives were not fully realised. The study set itself to probe what went wrong with the administration of the health care delivery system with a view to establishing some grounds for solutions to the problems.

The method of data collection included interviews, administration of questionnaires and review of official documents.

The findings of this investigation revealed that :he management agencies of Kwara state Health Care Services were highly formalized and conflict ridden which hinders coordination and control, culminating ultimately to the low level performance cf our health agencies,, Further investigation revealed inadequate and improper funding especially those tied to specific health care programmes.

On the strength of these identified problems, some recommendations were made with a view to bringing about some amends to the health care administration. The suggested amends are those of developing an efficient and effective coordination and control mechanisms for carrying through our health care programme de-emphasing formal authority structure of health care agencies and provision of adequate finance tied to specific health programmes.

The study equally recommended the need for the re-establishment of an autonomous body removed from the clutches of the civil service to handle our health care programmes. When such a body is created, it must be seen to be really autonomous in its functional roles and be responsible to the office of the permanent secretary parastatal in the Governor's Office.

In conclusion we feel that public bureaucracies as the main agent of change should have a coordinated approach at putting the state resources together on targetted goals for the good of all. This we believe can happen to health administration in Kwara state.

CHAPTER ONE

INTRODUCTIONS

1.01 The health of a people both in its physical and mental alertness is golden and vital to the very survival of that group. There is therefore the absolute necessity for such an important aspect of the living being to be maintained and effectively looked after.

It is also to be understood from the economic point of view as it related to the productive capacity of the society. The old adage has it that 'Health is Wealth' this is drawing up some special relationship between the health of people and productive capacity of the people. A healthy human body is a productive being and when such health situation is adequately managed, he becomes increasingly more productive. There exists therefore a positive corrolation between good health and productivity. To this extent, governments all the World in conjuction with the World Health Organization have placed varying emphasis on the management of health care of its communities. Such management has tended to go along the line of political philosophy and economic orientation of such a Community.

It is known for instance that in the capitalist society of United States of America, the health management of its people is highly privatized and also highly commercialised.

This is reflective of its economic arrangement which preaches free enterprise and market mechanism with emphasis on profit making.

KASHIM BELLO UNIV. AHMADU BELLO UNIVERSITY ZARIA, NIGERIA.

Health management in such a system other than giving general guidlines is an issue of survival of the fittest. Health care delivery is essentially a commodity to be sold for profit making purposes and as such you have to belong to the wealthy class to be adequately looked after health wise. The management of the health care delivery of such a society is that simple. Once you can afford it you go in for it, the terms are quite clear, issue of conflict of authority which consequently breads ill feelings and reduces performance is out of the question.

Management in the socialist economy is not exactly the same as highlighted above. The situation in the socialist setting is different because of its centralized planning philosophy. In China for instance, the philosophy of the State is people centre. There is centralized planning of the State economy and the general welfare of the Chinese Health Care Delivery is coordinated and controlled right from the grass-roots of the society. One cannot escape to mention the Chinese concept of a "Bear foot Doctor". This concept envisages some simple administrative management of the health of the people. Emphasis is placed on the health care of the peasant workers. This sort of management design makes for smooth administration of the health care of the Chinese people.

A comparative analysis of our situation, however, reveals a very sordid and complex arrangement to something in tune with our grand design of a mixed economy. The health of our people is polarised in between government managed institutions and privately owned clinics and hospitals.

As if this dual arrangement is not a problem in itself, you have multiplicity of institutional arrangements to look after the health care of our people. The resultant effect is that of confusion at all levels. Where you have multiplicity of institutions charged with the same responsibility, you will have to resolve the issue of coordination and control to allow for effectiveness and efficiency of services rendered to the people.

It is within this context this author would like to look at the management concepts of coordination and control as they relate to efficienty and effectiveness of health care administration in Kwara state.

1.02 STATEMENT OF THE PROBLEM

The people of Kwara state have undoubtedly been in dire need of an efficient and effective health care delivery system which guarantee its continued good health. The State on its part recognises this growing demand of the people for such services and accordingly charged the Ministry of Health with the responsibility of our health care delivery. By 1978 however, the Federal Government appearently unsatisfied with the bureaucratic bottleneck created by the Civil Services and in line with this government feeling, the Nigerian Medical Council demanded and recommended to the State of the Establishment of an autonomous body later christianed the Health Management Board.

It has been the belief of government and the Nigerian Medical Council that such a body far removed from the clutches of the civil service was capable of efficiently and effectively managing the health of our people.

The thesis that was submitted then was that the flatter an organization the more efficient it was likely to perform. It was therefore the belief of the initiators of the Health Management Board that such 'flat' organization was easier to co-ordinate and capable of handling emergency issues which the health care of a people represented.

From the pilot studies it became obvious to this author that this objective of state as far as the health sector is concerned has not been realised considering the fact that the State has not been anywhere near the United Nations recommendations on the establishment of health care institutions adequately equiped and staffed based on population distribution criteria.

The United Nations had recommended that for a population not exceeding 5,000 there should be a basic health clinic and for a population exceeding 10,000 there should be a hospital and for a population of less than 5,000 there should be a health post. Other criteria being that: there must be accessibility to such health centres and the level of economic development of such an area so designated with either a hospital or basic health clinic or post must be such that can sustain good health.

The period under study was that of economic boom excepting the current hard times, even then, the 1986 Budget has been described by the World reowned Health Administrator Professor Lambo as being the only Budget that has made him happy in recent times with regards to the sectorial allocation to Health. One therefore can draw some conclusion that fund allocation to the health sector has not been that too bad but sadly enough the expectation of the citizens have not been satisfactorily met.

To attain constructive conflict, there must be a system of co-ordination and control of institutions charged with health care programmes of the State. Co-ordination that ensures harmony of the units and control in terms of ensuring that standards are conformed with rather than control as currently evident with the provision of health services in the State.

To this extent, this author submits that the health management board needed not die a premature death.

The problem of this research effort therefore is to look into and determine the impact of co-ordination and control of health services in Kwara State. Co-ordination and control here will be on how decision making processes affect the financial management, personnel supply and deployment, structure of agencies charged with the responsibility of managing our health care and of drug purchases and distribution throughout the State.

Specific questions of the problem shall be as follows: Given the population of the State which is conservatively put at 3.5 million people with an administrative local government council area of 12 units, Kwara State has only a paltry sixty-seven (67) Health Institutions made up of a Teaching Hospital, General Hospitals, Clinic and Primary Health Centres. Why has this been the case? By what criteria were health institutions located in the State? To what extent was political (external control) considered.

For quite sometime now evidence has revealed and even personal experience has shown that citizens of this State have to buy most of their drugs from private pharmaceutical shops.

In confirmation of this situation nation wide the current Chief of Army Staff had said that our health clinic had become mere consulting clinic. The question is why has the quality of health services degenerated over the years?

Above all, to what extent is performance in the health sector affected by deficient co-ordination and control in the processes of management?

Narrowing these questions further to the level of specifics, especially as related to the Health Management Board.

Why has it been impossible for the Health Management Board to meet its own objectives especially with regards to co-ordination and control of its service? What is the process of co-ordination of its services to ensure harmony and conformity to its targeted goals?

Are there set targets for the Boards operations in the first instance? To what extent had the Board been able to contain seeming conflict of authority amongst its hierrachy?

Does such authority conflict affect decisions to purchase drugs and subsequent distribution of such drugs to our hospitals?

In the final analysis the general problem of this study is to find out the impact of co-ordination and control on the effective discharge of health services to the people of Kwara State.

What is the impact of co-ordination and control on the efficient management of health services agencies in Kwara State?

Performance in the health sector is seen as a function of co-ordination and control, Viz:

	Efficient		Efficient
———	(Co-ordination	+	Control)
Performance———	Mechanism		Mechanism

1.03 PURPOSE OF THE RESEARCH

The old adage says Health is wealth; Health here, therefore, is equated with the capability of an increased output and productivity of citizens of a Community such as we have in Kwara State. A healthy and virile population makes for greater production of goods and services. This emphasizes the importance of the health sector in any Country. The Kwara State Government having realised this important relationship between good health and productivity has subsequently established some health services agencies to provide health care delivery to the people of the State. The professionals too apparently unsatisfied with the bureaucratic bottleneck in the Civil Service as represented by the State Ministries of Health demanded and got created the State Health Management Board which commenced activities on the 1st of July, 1978. In a nutshell, its major responsibility is the efficient management of the health care delievery system.

But inspite of the creation of the Board, the health care delivery services have continued to degenerate. What must be responsible for this State of affairs people began to ask. This author had a hunch that the problem must be conflict of authority or in short crisis of confidence.

One would therefore wish to establish if the board needed be dissolved and if its problem were those of improper co-ordination and control of its activities.

Finally this study is to confirm or dislodge the need for a separate body to co-ordinate and control health care services in the State as the health of the people is said to be an emergency situation requiring an emergency handling.

1.04 SIGNIFICANCE OF THE STUDY

Co-ordination and Control like most administrative and management concepts are essentially looked upon as an American phenomenon. They are equally new areas of study. But by and large their study have contributed to the effective management of government programmes. Such programmes are planned to target and there is little or no conflicting interest that hinders their execution. The application of the concept of co-ordination of government programmes is thus becoming universally acceptable.

It is therefore the hope of this study that its conclusions and suggestions will go along way to further highlight weakness in the management of our health services programmes which hitherto hindered efficiency and effective performance.

This study too will help to expose further the desirability of planning project to target and ensuring conformity to such target as reviews are encouraged to allow for correction of past and noticeable errors.

The study is expected to bring to light the central cause of conflict of authority in the now dissolved Health Management Board. Public money was disbursed on it and no study has been made to expose its activities.

Most importantly this study is expected to bring to light the desirability or other-wise of a central body to co-ordinate and control our Health Services Programmes.

Finally, it is hoped that the final text will serve as a reference text at least for those interested in the subject who might wish to conduct further research on this programme or other programmes of government for that matter.

1.05 BASIC ASSUMPTION

1. There is the general desire on the part of the citizens of Kwara State for a standard health care delivery which in itself is a major pre-requisites for an enhanced productive community. This desire can be met by equitable share of health institutions to the people of the State coupled with efficient and effective management.
2. The Government have it as a primary responsibility to provide a standardized health care services to the people and consequently charged some health agencies with the responsibility.

1.06 HYPOTHESES

On the basis of the problem of this study and upon the assumptions made above this author's Hypotheses are as follows:

KASHIM IBRAHIM LIB
AHMADU BELLO UNIVERSI
ZARIA, NIGERIA

1. Increased bureaucratization in the form of excessive emphasis on its hierrachy, chains of command, Rules and Regulations, breads conflict and increases the problem of co-ordination and control of our health services programmes.
2. Conflict of authority reduces the level of performance of any organization especially an autonomous one such as the Health Management Board.
3. The Health Management Board lost its autonomy arising from conflict of authority and subsequently could not perform.
4. Improper co-ordination and control mechanism of the organization was responsible for the failure of the Board to perform.

1.07 SCOPE OF THE STUDY

This study has been designed to cover a geographical area called Kwara State of Nigeria with an estimated population of 3.5 million people. Kwara State liies at the heart of Nigeria and is, therefore, often referred to as the gateway to both the North and South of the Country.

The Institution of the study is the Health Agencies having responsibility of looking after the health care delivery to the people of Kwara State. One is in fact refering to the State Ministry of Health and the now dissolved Health Management Board.

The study covers a period of 10 years (1975 to 1985). This take off period was deliberately designed to enable an accurate evaluation of Health Services before the birth of Health Management Board and the situation immediately after the dissolution of the Board. One therefore notes the increased multiplicity of agencies charged with the health care of our people.

Even though it is limited in scope it is the hope of this author that its findings will be of general value to the Management of Health Care Services Agencies all over the Country.

1.08 RESEARCH METHODLOGY

The methodology of this study is chiefly in the form of case studies and documentary surveys.

(a) Information Gathering.

By the very nature of the variables involved, coordination and control as they relate to efficient performance in our health sector, that this study is going to be a major information extraction venture, cannot over stressed.

(b) Sources of Information/Data.

For this research, primary data collected through sample survey was mainly used to extract information describing the situation of our Health Management Agencies as they were before the creation of the Health Management Board, as they were when the board existed and what they now are after the dissolution of the Board with a view to establishing the impact of co-ordination and control in the Management of our Health Institutions.

(c) Stratification of the Institution/Community of Study.

The institution and community of study has been stratified to allow for a balanced view.

Interviews, administration of questionnnaires and documentary surveys were employed to obtain information from past, and presently serving officers of the Ministry of Health and the dissolved Health Management Board. Apparently, this was done to avoid bias and for purposes of obtaining a balanced view.

(d) Method of Data Collection.

Having stratified the sample size, this author went ahead with the processes of information gathering the method used in obtaining such information included interviews, questionnaire administration and documentary sources.

(i) Interviews.

Interviews can be described as soliciting information by the process of conversation between the interviewer and the respondent. In the process the author had to establish a good repport where is desirable. Probing questions were asked in order to clearify issues the respondent needed to make clearer to this author. This is one important advantage of the interview method of collecting information. The other advantage being that of providing the author the opportunity of assessing the respondents on the sport reactions to certain questions. It has been a most useful source of obtaining data for this study.

(ii) Questionnaire Administration.

This author made the most use of questionnaire as a means of obtaining data. Questionnaire Administration in this study was a means of unearthing facts on issues people felt strongly about. Through this processes, it has been possible for this author to establish the varying opinions of respondents on the same topical issue raised. The administration of questionnaire was also considered necessary as one of the sample frame of the institution of study is now dissolved.

(iii) Documentary Survey.

This study also made use of Documentary Surveys as a means of cross checking informations obtained during the interview session. Documentary evidences were obtained from available relevant literature, annual reports, newspapers, articles journals of both National and International repute. Equally gone through were seminar papers by authorities on Health Administration in the Country.

(iv) Analysis of Research Findings.

Data collected in the process of this research effort were analysed using frequency distribution tables along side with the percentage of occurence of the opinion sought. Criteria or category of required opinion were stated out in the questionnaire administered. Responses on the based on the drawn criteria were taken for each question and its rate of occurrence taken. Percentages were drawn on the rate of occurrence of each criteria based on the overall response.

In short, simple frequency distribution tables were used in analysing the research outcome.

1.09 LIMITATIONS

This study encountered enermous difficulties. One of the challenges which this author had to contend with is that of capability to be tolerant, patient, persevere and above all the capacity to absorb shocks arising from long waits. The most trying times were those when this author had to sit hours almost unending waiting for officers with relevant data's to show up at their offices. In some cases, you find yourself spending the whole working period of the day trying to track down an unwilling officer with the relevant file.

The phrase the officer is not "on seat" became a familiar tune to hear day in day out. The most dreaded aspect of the bureaucracy came often into play. That is redtapism and unnecessary protocol. Where this author had to make repeated calls at the Health agencies either to seek for audience with officers or to collect back administered questionnaires. To this extent, time and money were unnecessarily expended on transportation.

Another serious constraint is siispision. This is a hang-over from the politics of late. People deliberately refuse to co-operate with you because according to them they would not know what your intents are. The next major barrier is the general attitude of civil servants to research efforts, most are simply passive, others simply tell you "Oga in this era of hard times we are careful Oho". Occassionally one views this attitude with some sympathy, times were when security of tenure use to be major attraction to the to the services, but these days you cannot guarrantee that tenure of office. This is most sad while one is not encouraging the continued retention of redundant and unproductive officers, at the same time, one cannot stand the instability in the service. Some say it is reflective of our political instability.

CHAPTER TWO

2.01 REVIEW OF RELATED LITERATURE AND THEORETICAL FRAMEWORK

Co-ordination and Control of government programmes obviously does not take place in a vaccum rather it is carried through an established structure of the State Civil Service which we shall for the purpose of this review refer to as the State Bureaucracy. A review of this nature therefore has to start with relevant features of a bureaucracy and later narrowed down to the specific institution involved in our programme of consideration that is the Ministry of Health.

Few research efforts exist directly linking the bureaucracy as creation of the executive to channel the delivery of our health care services. In this regard, this review shall be patterned in the way of a general review on works on bureaucracy; co-ordination and control and of our Health Sector.

Any review on work done on bureaucracy must of necessity begin on Weber because he is generally regarded as the pioneer of a systematic study of bureaucracy. This is evident in the references made to his work by other writers on bureaucracy. His formulations have been the fountain head for much of the theoretical and emperical enquiry into bureaucracy. So a general review on bureaucracy shall essentially focus on Webers but his other desciples shall also feature.

It is worth noting here that bureaucracy as a creation of the Executive for the execution of State Health Programme has had little or no tourch from the data available to this author. The only work in the health sector that is directly tied to the administration of health care available to this author is broad and highlights the administration of health within a Community.

Effort shall be made to scrutinize that effort. We will start a review of works on bureaucracy with R. K. Merton's Reader in bureaucracy.

It says:

> "Bureaucracy shall be an essential feature of the society come change or retainnance of the status quo".[1]

This quotation is relevant to show the permissiveness of bureaucracy. Bureaucracy at this material point in time was related to the administration of the state as represented by the Monarchy and the palace hirarchical arrangement. Even though critisized, it has continued to remain a basic feature of our lives today for instead of the state being the bureaucracy, bureaucracy today has been the creation of the executive for the efficient and effective execution of Government Programmes.

In the same vain Weber generalized that:

> "The bureaucratic machine will ordinarilly continue to operate essentially unchanged even in the face of revolutionary changes in the society".[2]

What in effect this is saying is that no matter the social arrangemant of the society, we cannot avoid a form of bureaucracy reminisce of the model constructed by this great authority on bureaucracy, Weber, be it a revolutionary society or not.

1: R. K. Merton: Reader in Bureaucracy, Free Press P. 18, 1960 Ed.

2: Ibid; p. 18.

This therefore is equally emphasing its permissiveness. This view has come to pass, as any form of organization thus far known has some basic features of an organized bureaucracy. All those who have had to reappraise Weber's work have laid criticism on some features of his rational construct but not fundamentally dislodging the main essence of his submission on bureaucracy. 'How did he come about his rational construct of a bureaucracy?'

Weber, a man of great intellect had taken a hard look at the German Society and came to some basic conclusion that the State must be an administration or bureaucracy with appointed and elected officials arranged in a hierracrachy with other subordinates arranged below them. And of course authority flows vertically down from the king to the least of officials.

Developing this thought further, Weber was of the opinion that all organization must of necessity be bureaucratized with what he referred to as essential characteristics of a bureaucracy.

These characteristics shall be looked into as the consideration of bureaucracracy continues because it forms the central core of our main hypothesis.

From this discussion and break down of the characteristics of a bureaucracy, Weber developed what is now commonly referred to as Weberian Rational Legal Bureaucratic Construct.

2.02 WEBERIAN RATIONAL LEGAL CONSTRUCT

The classical Weberian Rational Legal Bureaucratic Construct is a model and mechanism for the administration of everyday secular affairs and the exercise of authority.[3] Defined in this manner the bureaucracy being discussed has some elements of performance. The authority exercised by it is said to be both a refined authority and also a legal one. This is an ideal. In real life situation however this does not occur because of some other intervaning factors as analysed by sigmund Freud in his work the internal bureaucrat.

His criticism shall be examine later.

It is important at this point to ask what rationality in human actions Weber was talking about. He answered by saying that "rationality in human action can be linked with his working on human behaviour".[4] Weber maintained that all human actions are directed by meaning and that in order to understand the action, the motive behind his deeds, the rationale behind such actions must be adequately comprehended. On the actions human beings normally take, he identified three of its type.

Emotional

Traditional

Rational

Rational Action: Is our main concern and a vital instrument in the study of ideal bureaucracy - Weber defines rational action as:

3: Dr. E. O. Okwoche: Notes on the activities of Informal relations in Bureaucratic sets up. M.P.A. Class 84/85.

4: Dr. I. Abdulsalami: Notes on Bureaucracy M.P.A. Class 84/85 Session.

and

"the methodical attainment of a definitely given and practical means of an increasing precise calculation of means".[5] A rational action defined thus implies definition of objectives. Rational actions are backed by some form of authority. Authority here is equally segmented and identified thus:-

(a) Traditional authority arising from a weight of tradition and also having sanctions behind it.

(b) Charismatic authority from communual respect for individuals on the basis of his Charisma.

(c) Legal authorities arising from positions occupied which has some legal backings.

2.03 BUREAUCRACY PROPER

What is this breaucracy? What are its essential characteristics? What is the theory surrounding it? These and related questions shall take our attention in this aspect of the review.

Chambers dictionary define bureaucracy "as a system of government by groups of official each dealing with its own kind of business under the direction of its Chief".[6]

The classical theoriest, Weber's and his desciples see "bureaucracy as a large organization exercising legitimate or rational legal authority through systematic division of Labour, specialization of roles and stability".[7]

5: M. Haralambos and R. M. Heald : Sociology Themes and perspectives 1980 p. 280.

6: Chambers Twentieth Century Dictionary.

7: Dr. I. Abdulsalami: Notes on Development Administration M.P.A. 1984/85 Session.

In analysing Webers general theory of social action Haralambos says "Bureaucracy is the prime example of the processes of rationalization. It is a system of control, a hierrachical organization in which the superiors strickly control and discipline the activities of subordinates".[8] This definition stresses the structure of and the authority relationship in an ideal bureaucratic set up.

Webers view of bureaucracy as translated by Gerth and Mills (1946) shall form the basis of our analysis of bureaucracy because his view on bureaucratic concept has strong placing in administrative practices today.

He says:

> The fully developed bureaucratic mechanism with other organizations exactly as does the machines with the non-mechanical models of production, precision, speed, unambiguiety; knowledge of the files; continuity, discretion, unity; strict subordination; reduction of friction; material and personal costs. These are raised to the optimum point in the strict bureaucratic administration.....[9]

From this extract two things easily manifest themselves, that is, that bureaucracy is a hierrachical organization designed to rationally co-ordinate the work of many individuals. It also summaries the basic principles of bureaucracy which Weber styled as characteristics of an ideal bureaucracy.

8: M. Haralambos: Sociology Themes and perspective 1980. p.282.

9: M. Weber Essays in Sociology translated by H. H. Gerth and C. W. Mills; New York. O. U. P.

These two manifestations form the central issues raised by our first hypothesis. It is therefore important at this juncture to consider the principles of bureaucracy as enuciated by Weber. By his conceptualization of an ideal bureaucracy Weber says Modern Officialdom function in the following manner.[10]

That there is the principle of fixed and official jurisdictional areas which are generally ordered by rules that is by laws or administrative regulations.

Analysing this further Weber says that the regular activities required for the purposes of the bureaucractically governed structure are distributed in a fixed way as official duties; authority to perform these duties are distributed in a stable way and strictly delimited by rules concerning the coercive means and physical sacedotal which may be placed at the disposal of officials. Methodogical provision is made for the regular and continuous fulfilment of these duties and for the execution of the corresponding rights. Only persons who have the generally regulated qualification to serve are employed.

(ii) The principles of office hierrarchy and of levels of graded authority mean a firmly ordered system of superior and subordinate in which there is a supervision of the lower office by the higher ones.

10: Augustine Adebayo: Principles and Practice of Public Administration in Nigeria, John Wiley and Son Limited, 1981. Pp. 26 - 27.

Where therefore an ideal bureaucracy exist, the principles of hierrarchy of authority must be its feature in which there is superior and subordinated relationship. In such a system the government could appeal the decision of lower officer to its higher authority in a definitely regul ed manner.

(iii) The Management of the modern office is based upon written documents (the files) which are preserved in their original or draught form. Possession of knowledge is therefore supposed to be a feature of the modern bureaucracy.

The three major principles enumerated above could be further broken into the following attributes.

Modern officialdom has -

(i) a clearly defined responsibility for each administrative officer as schedule of duty.

(ii) a hierrarchical arrangement of offices (that is the principle of hierarchy of authority).

(iii) a system of rules to guide all administrative actions.

(iv) performance of duties in a formalistic spirit.

(v) appointment of officers by qualification and and on full time basis that is career service and

(vi) the separation of the employees capital from that of the organization.....[11]

According to Weber, the above enumerated attributes are possessed by an ideal bureaucracy which give any bureaucratic organization an edge and a technical superiority over other forms of organization especially the traditional or charismatic organizations.

11: Augustine Adebayo: Principles and Practice of Public Administration in Nigeria, New York, John Wiley and Sons, 1981. Pp. 26 - 27.

2.04 CRITIQUES OF CLASSICAL THEORIES ON BUREAUCRACY

Bureaucracy was not central to Karl Marx thought - However Maxist interpretation of bureaucracy and its relationship to the power structure of the society vis a vis his idea of an ideal bureaucracy must be understood within the general framework of his theory of class conflict the crisis of capitalism and the advent of communism.

Marx says "the formal and legalistic notion of bureaucracy does not represent its true nature it is simply the false image that the bureaucracy has of itself; an image which derives from Law books and administrative regulations."[12]

The Marxian School believes that bureaucracy does not occupy an organic position in the social structure, since it has no direct links with the process of production. Bureaucracy to the Marxian School of thought existed and developed as a transient and parasitic character whose function is to maintain the status quo and the privileges of its masters. Bureaucracy to Marx is one specific instance of the proccess of allienation which the social forces escape from the control of man, attain an independent existence and finally turn against man, their creator.

Marx postulates further that bureaucracy becomes an autonomous and oppressive force which is felt by the majority of the people as a mysterious and distant entity.

12: Karl Marx: The crisis of Capitalism and the advent of Capitalism in V. A. PANADIKA & S.A. KSHAGA Published by Centre for Policy Study. INDIA 1978, p.72.

quoting from his work the crisis of Capitalism and the advent of Capitalism Marx says:

> "incompetence is the other major feature of bureaucracy; however, this incompetence does not intimidate the bureaucrats to think of themselves as capable of doing anything, Marx notes that this bureaucratic imperialism acts as a possessive force on the bureaucrat, that have a useful function to perform. Moreover, this process of self aggrandizement is accompained. The sordid materials of bureaucracy; the material struggle for promotion, in the futile attachment to trival symbold status and prestige....."

Concluding Marx says:

> in the ultimate analysis as an instrument of class structure will become redundant and with evolution of communist state the bureaucracy like the state will wither away. The administrative tasks lossing their exploitative character, will consist of the administration of things and not of people".[13]

Of course bureaucracy has not withred away even in the communist Russia neither has bureaucracy existed for the administration of material alone.

Other classic administrative writters have had a critical look at the fundamentals of Webers submission.

For instance Charles Perrow sees bureaucracy as a "dirty word" both to the average person and to the many specialists on organizations. This is because it suggests rigid rules and regulations, a hierarchy of offices or units which can harm those who want to get things done, it is an impediment resistance to change".[14]

13: Karl Marx: The crisis of Capitalism and advent of Capitalism by V. A. PANADIKA & S. A. KSHINSAGA and Published by Centre for Policy. INDIA 1978.

14: Charles Perrow: Organizational Analysis: A sociological view (Wadsmoth Publishing Company Inc California, 1970).

Von Stein reflecting on bureaucracy, saw it as consisting of "stained, book-learned, distinterested; propertyless bureaucrats..... who come rain or sunshine, let taxes rise or fall, let ancient rights be destroyed or preserved, it makes no difference to them they draw salaries from the wealthy and write in silence in their offices behind closed doors and bring up their children to be just as useful writing machines ....."[15]

The most facinating and existing theoretical criticism of bureaucracy is that of Michael Crozier in his book "the Bureaucratic Phenomenon".

Crozier sees bureaucracy in the field of administration as evoking stories of ponderous men, the routine the complication of procedures, the mal-adapted responses of organizations to its members need and frustration which the members constantly endure - observing further that there is the "malady of bureaucracy".

By this he means the bureaucratic conditions in big organizations threaten human existence to the means and of organizational ends.

These maladies are seen in terms of:-

(a) dysfunctions as expressed by Merton's bureaucratic pathologies

and

(b) cultural traits (Crozier call it cultural givens) which are the environmental factors that enhance these dysfunctions.

All these characteristics which constitute dysfunctions in large scale organization is what Crozier highlighted in his work bureaucratic phenomenon.

15: H. Von Stein: Essay on Administrative Reform quoted in M. Alborow. Bureaucracy London: Pall Mall Press 1970. P. 78.

Crozier sees bureaucracy as essentially inefficient "and that it cannot correct its behaviour by learning its errors".[16] Crozier thus pick holes in what Weber had referred to as essential attributes of an ideal bureaucracy. Some of such areas are in the area of structure, specialization, formal authority system, power relations in large organization's and standardized behaviour. He says a hierarchical structure is usually associated with problems or "red tapism" or bureaucratic bottleneck".[17] It also has the effect detrimental to young people with initiatives and make it impossible for smart people to move to the top.

On specialisation, his view is that it makes experts more narrow minded and sometimes makes the department of an organization behave as Independent Unit. This makes co-ordination very difficult as broad organizational goals are de-emphasized and people tend to concentrate on their department claiming specialization in such fields only.

On formal authority system, Crozier believes that decison making in such organization tends to be concentrated at the top. Immediate subordinates do not partake in decision making rather they were expected to apply the rules.

On authority relationship, looking at Webers ideal bureaucracy, officials are supposed to be bounded by impersonal rules - Crozier shows that impersonal rules have weak effects, adding that the use of impersonal rules as a means of making power relations less offensive and less visible to subordinates is capable of reducing performance levels which leads to presure for more rules in order to restore performance.

16: H. Von Stein: Essay on Administrative Reform quoted in M. Albound Bureaucracy Lonodn, Pall Mall Press 1970.

17: Michael Crozier: Bureaucratic Phenonmenon. The University of Chicago Press. 1904.

This perpetuates what Crozier refers to as the vicious circle of bureaucracy".[18] On standardized behaviour, Crozier places a very high premium on flexibility and adoptability. He noted that standardized behaviour required in bureaucratic organization will bring about displacement. Managers became rigid and bureaucrats put on perfunctory attitudes that make them unable to adjust to the problems of the organization. This behavioural rigidity reinforces the need for control and regulation. This further provokes the resistance of the human factor because the human factor resists standardized behaviour that is impressed on it much amicably. Consequently, another vicious circle of bureaucracy is reduced to conditions of robots, human machines, mechanical animals for the sole benefit of the State."[19]

On centralization, Crozier says its price is that of rigidity and stagnation illustrating this submission he says we take the instance of people who make decision who do not have direct knowledge of the problems they are called upon to solve i.e. they do not know the implication of their decision in practice. On the other hand, the field officers who know the technicalities of these problems may not have the necessary power to adjust to experiment and or innovate. Bringing about needed change and development are also manifestation of total centralization. The curtailment of discretionary powers of petty officials also results.

18: Ibid., p. 76.

19: Michael Crozier: Bureaucratic Phenonmenon. The University Press 1964. p. 76.

In the circumstances petty officials are given the unpleasant role of enforcing the rules. This makes them refrain from anything personal for fear of arbitrary application of rules.

2.05 BUREAUCRACY IN THE NIGERIA SETTING.

The question naturally to ask at this point is to what extent do Crozier's observation a reflection of the Nigerian Bureaucracy - otherwise to be referred to here as public service made up of (Civil Service and Public Corporations/Parastatals).

The Nigerian Bureaucracy is modelled along the British orientation. But to a large extent susequent modification were the creation of Nigerian Constitution. The growth of bureaucratic system therefore followed the constituted provisions which in the main, brought about autonomous government and executive apparatus. This significant changes were effected in the 1946 legislative constitution, the 1950 regional constitution, the Independence Constitution, the States Creation Decrees of 1967 and the Federal Republic of Nigerian Constitution of 1979. In all these provisions the most important result was the multiplicity of the Civil Service Organization among the new States. In the opening of this paragraph, we had indicated that the Nigerian bureaucracy is a product of the colonial legacies. Thus if one understands the British Civil Service Structure and Organization one will discover that it is modelled along Webers ideal rational construct and by extention therefore ours is supposed to be a reflection of this ideal model.

Granted therefore that the Nigerian Bureaucracy is modelled along the principles Weber called the essential features of a bureaucracy the question to ask is to what extent do the Nigerian Bureaucracy represent these principles and what are the deviation?

First and formost it should be made clear that the Nigerian Bureaucracy from its inception to date has not changed. According to Adedeji, "one of the problems confronting all the New States of Africa has been how to transform colonial bureaucracy into a National Civil Service".[20] With this in mind, this author now wishes to examine the operational characteristics of the Nigerian Civil Service.

The principle of hierarchy of offices or authority assumes that any bureaucratic organization is built on a class structure; that is, there is a chain of command in which each officer must come under the control and supervision of a higher one. Each subordinate should be accountable to his superior not only for his decision and actions but also for those people subordinated to him. Authority therefore flows from top to bottom. The superior has authority and power to issue orders which the subordinate must obey.

There are two essential features of this principles that manifest itself. The first being where the principle is carried to the latter; authority tends to be concentrated at the top thus creating communication gaps between management and subordinates. The implications are that because of strict adherence to rules governing authority system, officers do not improve or use their initiatives for fear of punishment when they err except where this is to their advantage. The general tendencies is for officers to take a narrow view of their responsibilities Udoji decried this in his report saying that:

20: Adebayo Adedeji: Principles and Practice of Public Administration in Nigeria. 1969. p.5.

> The majority of staff take a narrow view of their responsibilities. There is a tendency to concentrate on rules, regulation and procedures. These rules are not sufficiently positive, nor are they devised to meet new tasks and development needs of government. As such, there is no system, nor rules and practices for developing leadership, delegation and motivation to ensure that Civil Servants perform up to their full capabilities.[21]

Also impersonal rules and formal authority leads to poor working relationships between Management and Subordinate.

The second aspect of this principle of hierarchy of authority as seen within the Nigerian Bureaucratic system is the development of informal group/individual influences with the system. Subordinate officers at times yield more influence in the organizational operation than their superior due to factors such as close primodial attachment to the overall boss, in the form of political, ethnic, religious or geographical friendship.

THE PRINCIPLE OF GENERAL RULES AND STANDARDS

Under this principle, an organization is regulated by a consistent system of abstract rules with each subsystem having its own rules. This is to ensure an indentical implementation of every task, irrespective of the number of people engaged for the fulfilment of the task. There must exist a clear cut rules and instruction defining the responsibilities of every member of the organization and the form of co-ordination of their individual initiatives.

21: Udoji, J.: Main report 1974. p.37

This is to eliminate possible deviations in the fulfilment of the task of individual differences.

Here, what we have is a general order, or civil service rules, these rules apply only to the condition of service and personal behaviours rather than service instructions. Most of the definition of duties in the Nigerian Civil Service are normatives or simple value judgements, from the highest level of authority. As a result, there exists no yardstick to measure the performance of individual officer and performance are thus not based on tasks achievement and proficiency. The Public Service cannot be measured in terms of profit, but in terms of effect and response to public demand and wishes.

THE PRINCIPLE OF FORMALISTIC SPIRIT IN THE PERFORMANCE OF DUTIES

The spirit of Formalistic impersonality is often quoted in Latin 'sine-Ire-et-Studio (meaning without hatred or passion and hence without affection or enthusiasm). Haralambos noted that the ideal official performs his duties in a formalistic spirit impersonality without hatred or passion.[22] Every action of a true bureaucrat is supposed to be governing by law and not individual personal consideration or emotions. This attribute is absence in the attitude of the average Civil servant or bureaucrat in Nigeria as he is more of a sycophant rather than dedicated one.

In addition to this self imposed, poor attitude the Nigerian situation is equally beclouded with some extraneous factors, such as low level of Literacy, Political Education, National Consciousness, General Porverty, extended family system which tell hard on the purse of the average worker and thus tend to make him look corrupt and unproductive.

22: Haralambos and R. M. Heald: Sociology Themes and Perspectives 1980. p. 280.

Weber's submission on this is that organizational tasks should be divided into distinctive operational units. This to him will ensure division of labour and promote specialization - further asserting that the entire activities of an organization be divided into simple operations and formal tasks and duties explained to every worker for effective realisation of the organization goals.

The Nigerian experience both at Federal and State Level is that the tasks are first classified into minsterial port-folios. Each Ministry is then divided into division and departments. In the departments, activities are defined on functional/basis and lately the parastatals. This is how Adebayo explained the general situation.

(a) 'The general service class is divided into administrative class, executive class, secretarial and clerical classes;

(b) The specialist class including the professionals with technical qualifications;

(c) The departmental class which comprises post peculiar to their departments such as the Health Superintendent and Tax Officials'.[23]

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ZARIA. NIGERIA.

The structure described above shows complete disregard for rational division of labour. This is not because Ministries are not designated with functions, but because of the general prevalance of Red-Tapism within the system. Red Tapism in itself does not complement the principle of separation of Individual Capital from that of the organization in a highly bureaucratized Administration involves a strict separation of individual's income or capital from the organization's capital.

23: Adebayo Adedeji: Principles and Practice of Public Administration in Nigeria, 1969. P.5.

The principle provides that the organization means of production must not be shared by an employee. The purpose of this provision is to establish probity in the organization.

This is not strictly the case in Nigeria. Officials in Nigeria except for occassional military interegnum cannot differenciate between official properties and the individual earnings. Corruption is therefore rife. Most Civil Servants have been found to make away with government items such as tractors, electric plants, water tanks and so on for their personal use.

But perhaps the worst offence comes from those who have access to government finances. Some falsify accounts, present fake claims or even outrightly convert official cheques to their bank accounts. These class of people show utmost disregard for work ethnics or the protection of government properties.

In the light of the experiences related above it does appear that Max Weber's ideal bureaucracy where it is fully implemented is goal oriented. But what we have seen of Nigerian experiences carries along with it dysfunctions as observed by Crozier, and other critics of Weber's ideal rational construct, we have thus seen the human limitations to the ideal type. The human limitations as observed are a reflection of the Nigerian socio-cultural values, so much so that one can almost refer to a Nigerian bureaucracy. For example, despite the rule of impersonality, many important decisions in Nigerian Organizations are taken outside the official circles in a "Gala" Model as constructed by Fred Riggs.[24]

24: Fred Riggs: "The Sala Model: An ecological Approach to the Study of comparative Administration" in N. Raphael's Readings in Comparative Administration. P.414.

Lack of training facilities for Civil Servants inhibit the full implementation of the principles of Weber's bureaucracy. Lack of recreation and innovation in the Civil service due to the absence of research developments and establishment of an effective feedback system limits the operational level of the civil servant.

All these put together show some relevance to Croziers observed bureaucratic phenonmenon.

One colcudes that:

> there is no 'ideal bureaucracy' as Weber would have us believe, Weber's 'ideal bureaucracy' was calculated to suit the society in which he belonged.[25]

Bureaucracy is meaningful only when understood from an ecological view point of any society. We should therefore cease to be copy cats. What we require is a model that could suit our peculiar circumstances. For whether we like it or not bureaucracies are crucial elements of the Political system all over the World and have been recognised as such as Bensman and Rosonberg noted "Bureaucracy is not intrinsic to communism, socialism or captalism".[26] It can exist in any type of society with or without private property and even in a basically dictatorial or a basically democratic climate. Where this is the case and for a developing state such as ours which has to use bureaucracies as major instrument of change a sure redefinition of bureaucracy is required and appropriately too, one which ensures harmony and firmness.

25: Michael Crozier in Bureaucratic Phenonmenon: 1964 p.76.

26: Blau Peter M. and
Marshall W. Meyer in Bureaucracy in modern society. 1963 p.54.

For the purpose of this research effort therefore, our definition of bureaucracy is "the type of organisation designed to accomplish large scale administrative tasks by systematically coordinating the work of many individuals".[27]

Of direct relevance for review are coordination and control of large scale organization for the realisation of defined objectives. The review of our concept of co-ordination and control has to begin with the works already done on co-ordination and control and later go on on to see the relevance of such works to this authors idea of the concepts. To start with one may ask, what is co-ordination and control?

2.06 CO-ORDINATION AND CONTROL: A REVIEW

Co-ordination and Control are seen as being very important elements of Management and so have been called the all inclusive activities. The concepts gained prominence lately in American Administration literature and have since been looked by several Administrative scholars. Equally too, the development of large scale enterprise involving the utilization of many men and material has brought in the concept to fore front of administrative thinking. Consequently, efforts at managing the complexities of our cooperate existence have brought to light the need for harmony and of effect minimising conflict. To this extent, whereever many men are working together, the result are achieved where there is a division of labour among these men.

27: Blau Peter M and
Marshall W. Meyer in Bureaucracy in Modern Society, 1963. p.54.

The theory of organization therefore has to do with the structure of co-ordination imposed upon work division units of an enterprise. In any organization, division of labour is necessary because men differ in nature, capacity, skill, and interest.

But whatever these differences are, an enterprise has some defined goals which must be realised. Where, therefore subdivision of work is inescapable and there also exist a differing interest, co-ordination becomes mandatory. According to Dele and Gullick, "the work done by members of the organization will necessarilly be inter-related; hence some means of co-ordination must be set up".[28] While Henry Fayol attempted to associate co-ordination with command. He says "command means bringing together unifying and harmonizing all activities and efforts of humans in the production processes. Adding further that for a manager to successfully co-ordinate he must be able to:

1. Harmonize all activities.
2. Keep a proper balance material, social and functional aspects.
3. Watch the effects of ones finding on the performance of another.
4. Maintain a balance between expenditure and resource, tools equipments, and requirement stocks consumption and sales and production.
5. Accord to all things their rightful proportion and adopt means to an end.[29]

28: M. E. Dimock: Public Administration: The Dryden press ILLIONUS, 1969.

29: Henry Fayol cited in L. Urwick, The lements of Administration. New York: Herper 1944 Pp. 19-42.

Others have similarly defined coordination in the same vain. M. E. Dimock says coordination is "the harmonious and combined action of agents of functions toward given objectives." Professor A. R. Tyagi seems to share this definition, adding that coordination "involves bringing about consistent and harmonious action of persons with each other towards a common goal."[30] He went further to say that it should be recognised that every collective activity requires coordination. Friction he says arises in the actual execution of Policy at the inter departmental level because no amount of classification of work amongst various units can make them entirely self sufficient. The primary interest of one could be the secondary interest of the other, and all these compete for the mean resources and this could result in conflict of interests if these interests are not harmonized in a coordinated manner.

Thus far, both Dimock and Tyagi stress harmony and goal attainment. They also seem to place emphasis on bringing people of conflicting interest together rather than putting in harmonious working relationship of both people and material.

Probing further Dulton E. Mc Farland says "Coordination is the process by which managers achieve integrated patterns of group and individual effort. To coordinate is to develop unity of action in common processes.[31] He provides and explains five features which he considers crucial to a proper understanding of this definition.

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30. A. R. Tyagi: Public Administration, Principles and Practice. Delhi: Atma Ram and Sons 1974.

31. D. E. MC Farland, Management Foundations and Practices, Macmillan Publishing Company, Inc., New York 1979. P. 188.

The first is that coordination is one of the managers leadership responsibilities which should not be confused with "co-operation" which can happen in organization structure relating coincidentally. Coordination is a process present in varying degrees. The idea often held that coordination is a fixed entity which exists or does not exist is unrealistic. Thirdly, coordination applies to group not individual effort since it deals with orderly arrangements of group effort and because of this, ordeliness and integration are significant.

Fouthly, coordination underpins the concept of unity of effort. Thus successful leadership achieves coordination by providing a focus around which both the nature and timing of activities are divided among group members and brought together again in a meaningful whole.

Lastly his definition stressing "common purpose" for unity of efforts demands that all participating individuals are to be clear about the goals for which they are working as a group and that there must be no exessive and costly overlaping of their methods and activities.

All said to attain effective coordination one has to concern himself with Policy making as well as Personality.

Administrative output calls for proper coordination of goals. Coordination address the delivery of services and seeks the time quantity and that will best meet client needs.

Mickinny and Howard says "Policies are expected to be mutually supportive and contribute to a common objectives and yet divergent tendencies enter into harmonious action as coordination means to bring people and resources into common action".[32]

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32. J. B. Mickinny and L.C. Howard: Public Administration Balancing. Power and Accountability. Moor Publishing Co., Inc. 1979 P. 187.

This definition recognises conflicting interest which may be brought into harmony for effective goal attainment, it also recognises the fact that coordination is not just limited to human being but also that of bringing materials into Focus.

Concluding on coordination, it must be noted that every organization structurally arranged in a hierarchy must meet contrifugual forces resulting from conflicting interests of its members that are unrelated to the assigned mission. In public enterprise therefore, coordination becomes a necesity because of the members and complexity of programmes. What mechanism exist for effective coordination of programmes?

An organization must develop a means or mechanism for bringing about that common understanding which is essential for unity of intention and which yields a shared realization of the social function of the enterprise.

The formal means or mechanism of coordination include planning; organizing inter departmental committee; and staff meetings.

In Public Administration, planning of programmes before hand is very important because a well planned programme will pre-determine areas of frictions and make adequate provision for coordination.

"Planning is a future actions designed to achieve specified goals"[33]. Where organization has carefully laid its targetted goals, the use of inter-departmental committees to sort out details is highly emphasized. When officials are allowed participation in the formulation of programme objectives the chances are that such officials will be more willing to submit to carrying them out thus making the business of coordination a simple one.

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33. Dr. E. O. Okwoche: M. P. A. 84/85 Lecture notes on planning in Public Administration.

Inter departmental committees are the most pervasive device for coordination (both external and internal coordination). In many department of governments, committees are mandated to ensure that interest group will be consulted thus minimasing conflict of interests.

Staff meetings essentially are designed to sort out details of the programme objectives, assign roles and responsibilities. The clear assignment of roles and responsibilities facilitates coordination.[34]

The next logical follow up is the work done on control and controlling. Ordinarily to control is to exercise power. In Public Organization therefore the set up is guided by Rules and Regulations, and there exist a structure in which the exercise of authority is carried out.

The top level officials set the objectives, deploy resources, set evaluation standards and use organizational rewards and discipline to ensure conformity. This is the ordinary usage of control in Public Management. But control and controlling as a Management Function far exceed this ordinary meaning and usage.

Controlling is a major management function of adjusting plans of pre-determined objectives as they are executed. According to Mickinny and Howard. "Controlling is the adjusting of operations so that they conform to predetermined objectives."[35]

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34. Jerome B. Mckinney and L.C. Howard: Coordinating the internal environment in Public Administration. P. 209.

35. Mckinney and Howard: Public Administration Balancing Power and Accountability: MC Graw Hill, 1974. P. 209.

This should form the basis of our working definition of controlling because it is the lack of strict adherence to this management definition and usage of control that have led to the collapse of most government programmes. As officials tend to define control in its ordinary usage of an exercise of power and authority, the brute use of power and authority have thus resulted in conflicts and neglect.

As indicated above controlling is the management function of adjusting programmes to predetermined objectives as they are carried out or executed, Planning points the way to goals; organizing relates goals and structures, coordinating links personnel and resources so do controlling attempts to keep the operations to targets. It must be noted here that emphasis is on targets and not the control of individuals. Controlling involves the active intervention in the on going organization processes to maintain and direct activities in achieving planned objectives.

Some other administrative thinkers have seen control in similar light. Henry Fayol says control consists of verifying whether everything occurs in conformity with the plan adopted, the instruction issued; and the principle established".[36] Control thus serves as an object to point at weakness and errors in order to rectify them and prevent reoccurence.

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36. Hener Fayol cited in L. Uthrwick, The elements of Administration New York Herper 1944. Pp. 19-42.

Dele says control is the vital subset of five "Management Cycle" functions which requires of a manager to determine "what progress has been made towards the goals of an organization".[37] He must know what is happening so that he can step in and make change in procedures if changes are necessary to ensure that the objectives will be reached."[38]

Mc Farland on the other hand identified administrative and managerial control as "the process by which managers make sure that intended, desirable results are consistently and continuously achieved".[39]

Control seen in this light does not only compel but allow for discussion and critizism. It tends to stimulate planning; strengthen organization to increase the efficiency of command and to facilitate coordination.

In his own contribution to enhancing an efficient administrative control of programmes, Kenneth Boulding had spelt what he considered as the ten basic principles of control. These principles he believed are necessary conditions for attaining efficient and effective control of programmes. These conditions range from a well defined objectives of the organizations to that of accountability in both qualitative and quantitative terms.[40]

2.07 C O N C L U S I O N

Following from the interconnectedness of this review, it is clear that most scholars have seen coordination from a point of view of bringing about harmony in the work relationship of individual/resources within an organization with a view to minimazing the centrifugal force which differing interests would have brought to bear on the organization.

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37. Ernest Dele: Management: Theory and Practice Mc. Grow Hill International Book Company, 1983 P. 6
38. Ibid., P.6.
39. D. E. Mc. Farland: Management: Foundations and Practices Macmillan Pub. Co., Inc. New York 1979.
40. S. K. Boulding: The Organizational production: New York Harper and Brothers 1953. P. 48

We share this thinking. But the aspect of concern in this thesis is the level of coordination that could be brought to bear on multiple organization charged with the same responsibilities; the health services sector in Kwara State represented this phenomenon where you have the Ministry of Health, the Health Management Board and the Zonal Committees at Local Government Levels. This is the area of concern of this research effort as far as coordination is concerned.

Flowing to from the review, it is obvious that most of those who have worked on control, view control as having two parts.

(a) The first relates to the achievements of effective control over subordinates through the direction of their activities.

(b) The second relates to the evaluation of the desired outcome of an activity and the making of correction when necessary.

Control as seen in the second part here refers to the task of ensuring that activities are producing the desired results. This can be achieved through monitoring and information feedback on outcomes and developing necessary corrective measures.

This is the type of control this author buys. Controlling and control systems should be such that allow for the realizations of predetermined objectives of organizations.

Controlling as manifested by the "Buck Stops here" of a political head as represented by the Commissioner supritending over an autonomus body will very likely bread conflict. This author therefore is poised to establish the facts of controlling and control systems of the Health sector of Kwara State. Subsequent chapters should help unearth the extent of coordination and control of our health programmes. In this connection the next logical thing to do is to look at established structures for carrying out coordination and control of our Health Service Programmes.

CHAPTER THREE

EVOLUTION OF HEALTH CARE DELIVERY

3.01 MODERN HEALTH CARE IN KWARA

Health Care Delivery has long been a feature of our survival as a people. That is saying that right from time man was created, looking after his health has always been one of his pre-occupations. The methodology of such health care services however differed from one group to another. Traditional Health system represented the health care service available to our people before the advent of colonial conquest. The administration of such traditional system was a matter of personal discretion of the individual healer but suffice to mention that even today the traditional healing system remain a basic feature of our lives. Perhaps that accuunts for the debate raging on today as to its possible integration into the "Modern" health care system or practices.

In this section of the study, we will attempt a brief evolutionary processes of institutional structures through which our health care delivery is coordinated and controlled.

3.02 EVOLUTION OF MODERN HEALTH CARE IN NIGERIA

The practice of modern medicine vis-a-vis its administration in Nigeria is a product of our colonial history and essentially an adaptation of the practice and administration of medicine from far away Britain. Very scanty information is available as to the real take off of modern medicine in Nigeria. The only literature on it is that of Ragph Schram's account on the history of Health Services in Nigeria. One can therefore make a rough summary of such an account.

It is believed that Western mode of medical care began about the second half of the 19th century with a succession of Scotish Doctors. This period marked the wave of missionary and trading activities along the Coast of West Africa. The circumstances of the colonial exploration and the subsequent attack of 'tropical' diseases such as malaria led to the application of the so called modern health care. Doctors to administer such health care went into action. Prominent among the earlier ones were Dr. William Balfour Bakie who made the first successful use of qunine for the treatment of Malaria and Sir William Macgregor also a Scotish Medical Doctor and one of the early Governors who embarked on improved sanitary services in Lagos. While it is generally accepted that the first set of medical doctors to practice Western Medicine in Nigeria were the Missionaries, it is equally on record, that not quiet long from then some Nigerians became learned in the Western mode of medical care. Among such early doctors was Dr. Hurtion.

Coordinated administration of health care services never really began until 1867 when the Board of Trustee on Health was instituted and a Public Health Inspector was appointed. Apart from Military Hospitals the Lages General Hospitals built in 1873 and temporary Civil Hospital at Asaba in 1888, government itself did not create its own institutional structures for the administration of Health in Nigeria till late.

The first true hospital to be established was by Roman Catholic Mission in 1895. This was the Sacred Heart Hospital at Abeokuta. Saint Margarets Hospital Calabar later followed in 1898.

Until the establishment of the Yaba Medical College there were no infrastructures in Nigeria to train Nigerians as Nurses, Pharmasists and Doctors to man these hospitals.

Such training was done abroad and naturally the administration was dominated by the whites. With the establishment of Yaba Medical College, others started springing up. Among the earliest was the establishment of the Medical School of the University of Ibadan, now University College Hospital, in 1948.

As hospital services were expanding, curative medicine became gradually deemphasized as preventive medicine and rural health services particularly with regards to the prevention and eradication of communicable diseases developed. Flowing directly from this trend, peripheral services such as the establishment of Dispensaries, Rural Health Centres, Specialist Hospital Services emerged. The current trend is the establishment of Teaching Hospitals. Such has been the development of modern Health Services in all the States of Nigeria including Kwara State.

The expanding trend of our Health Care Services created a problem for its administration. Structures needed be established through which coordinated effort at our Health Care Delivery had to be channelled.

With independence, the bureaucracy naturally expanded and Ministrial arrangement at administering our health care delivery grew rapidly. With such rapid growth, a Federal Ministry charged with responsibility of Health Care Services was created.

Even in the Ministry of Health, units and or divisions were established for specialized programmes. This is the kind of arrangement at the Federal set up which was adopted by States on their creation in 1967. Kwara State is no exception.

3.03 EVOLUTION OF FORMAL STRUCTURES OF KWARA STATE MINISTRY OF HEALTH

The Ministry of Health is the main organ of government through which coordination and control of our health care programmes takes place.

The Kwara State Government having accepted the right of its citizens, to a good state of health and adequate medical care, she went ahead to create state institutions with established structures to coordinate the activities of health agencies realising that tasks and objectives cannot be carried out without an established structure. The Ministry of Health is equally the main organ of state through which the health policies of the state are hatched and executed. The general policies of Kwara State Government on health are designed to meet the following objectives.

1. To increase the number of health institution in each local government area.
2. To upgrade the quality and scope of services in existing hospitals and health institutions.
3. To improve the manpower situation by training staff of different categories for the health institutions.
4. Improvement in the collection and application of health data to improve health services.
5. Improvement of health care delivery system.

Its specific roles and responsibilities as spelt out in its development programme are:-

(a) To advice the government on policies involving delivery of health service in all it ramisfication.

(b) Delivery of health care services based on the integrated curative and preventive health care services.

(c) Provision of preventive health services through the control of communicable diseases by immunization, environmental sanitation, health education and other agencies, preventive measures in co-operation with other agencies.

(d) Advicing the State Government on the formulation of Government policies in pharmarcetical education, maintenance of standards and aavising the State Government on control of drugs.

(e) Provision of manpower needs for health care services.

(f) Licensing, inspection and supervision of private and voluntary medical agencies and health services.

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At its inception what is now referred to as the Ministry of Health was then designated as Ministry of Health and Social Welfare. A careful look at the Ministry as it was, the, reveals that at the Appex of the structure, was the political head of the Ministry designated the Commissioner. It is interesting to note that; that aspect of it still essentially reamins unchanged even today. Flowing directly below is the Chief Administative Officer of the Ministry usually designated the Permanent Secretary who incidentally is responsible and answerable to the Commissioner for action carried out for and on his behalf within the organization.

That too remains unmodified. The structure became further downwards in block and each designated as departments headed by what was known as departmental heads who must specialize in his field. That was the Ministry of Health and Social Welfare.

The structure described above remained till 1975 when the adoptation of 19 States structure from the 12 States it metamorphosed into just Ministry of Health with the Welfare Division excised to merge up with the new Ministry of Information Social Welfare Youths and Sport.

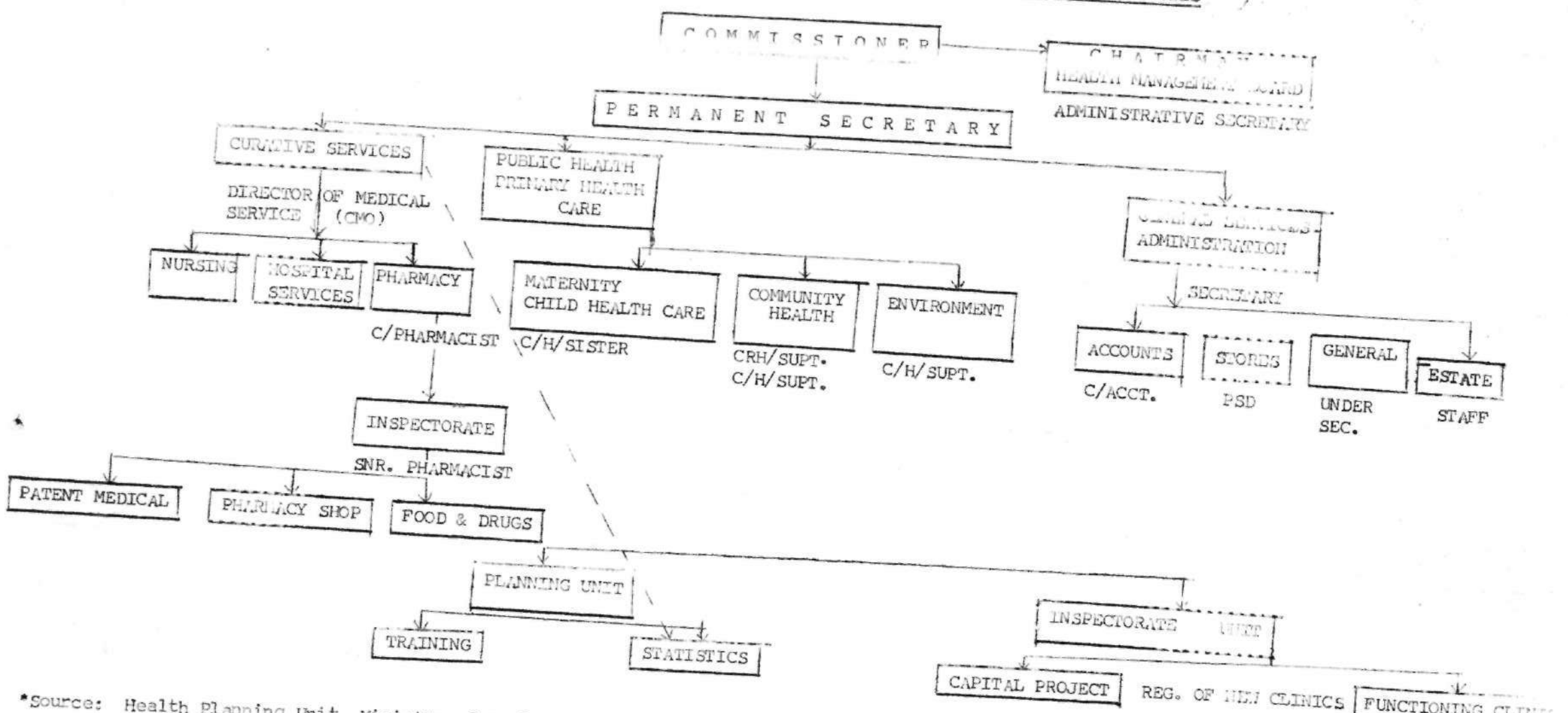
The new Ministry of Health retained a structure similar to what it had at the inception of the State until 1980 when according to Dr. Mamman Ishiaku the retiring Medical Director of the Ministry of Health there arose the need to create an autonomous body to manage the health care delivery. This move saw the creation of the Health Management Board with its own structure but functionally oriented towards executing policies of the State Government health programmes.

The organization chart of the Ministry of Health illustrates the five major aspect of the organization. Namely, the structure spells out the division of work as represented by boxes.

Seemingly you have administrators and subordinates as shown by the solid lines portraying the chains of command, that is; who reports to who? Thirdly - the chart shows the type of work being performed, these are shown by labels or descriptions which also describe the organizations different work force or area of responsibility. The fourth aspect indicate the grouping of work while the fifth aspect indicate the levels of management within the organization. What is being described above becomes apparent soon (see attached figure I). It is now interesting to have a look at the Ministry structure with the Health Management Board now created. This time around the Ministry has three main segment referred to simply as unit. There is the Health Management Board surposedly an autonomous body attached somewhere adjacent to the office of the Commissioner. On inquiry this author was made to understand that it was deliberately designed to show the supervisory nature of the Ministry of Health over the affairs and business of the Health Management Board. Inquiry further revealed that this state of relationship had been the major source of crisis within the organization.

FIGURE I

ORGANIZATIONAL CHART OF KWARA STATE MINISTRY OF HEALTH AND OTHER AGENCIES



*Source: Health Planning Unit, Ministry of Health, Ilorin in T. A. Omoniyi's Thesis on Health services Planning Process in Kwara State submitted to University of Leeds, London.

But what is the Health Management Board and what are its businesses? Here we quote the Chief Medical Director on how about the Health Management. "Time arose when the professionals in our health care services felt an autonomous body would better deliver health care services to the State, so a case was made for the establishment of Health Management Board."[41] He further asserted that the idea of the Health Management Board was to cut off health care services from normal bureaucratic bottleneck of the State Civil Service and making it self accounting to facilitate quick health care delivery, adding that "Health services were emergencies requiring speedy attacks and solutions". Whether this was achieved will be seen later.

The Board was set up by the Kwara State Edict No. 6 of 1978 but the Board never really operated until 1980. According to the Edict, establishing the board, the board was to do among other things; make comprehensive health care available and accessible to the entire population of the State at the lowest possible cost within the available State resources. In short, other than manpower training, policy making, control of capital projects and other long term strategic planning all other functions of the Ministry of Health were transferred to the Health Management Board.

In the entire Health Care structure, the board was to have its own Council and set its own Administrative machinery for executing its functions to the people of Kwara State. But it was still answerable to the Commissioner of Health who in turn is answerable to the Cabinet for all the actions of the Board. As to whether that argurs well for our health care delivery system will be seen shortly. Other than the Board, the structure of the Ministry of Health also reveals three other main units directly below the Office of the Permanent Secretary within the hierarchy.

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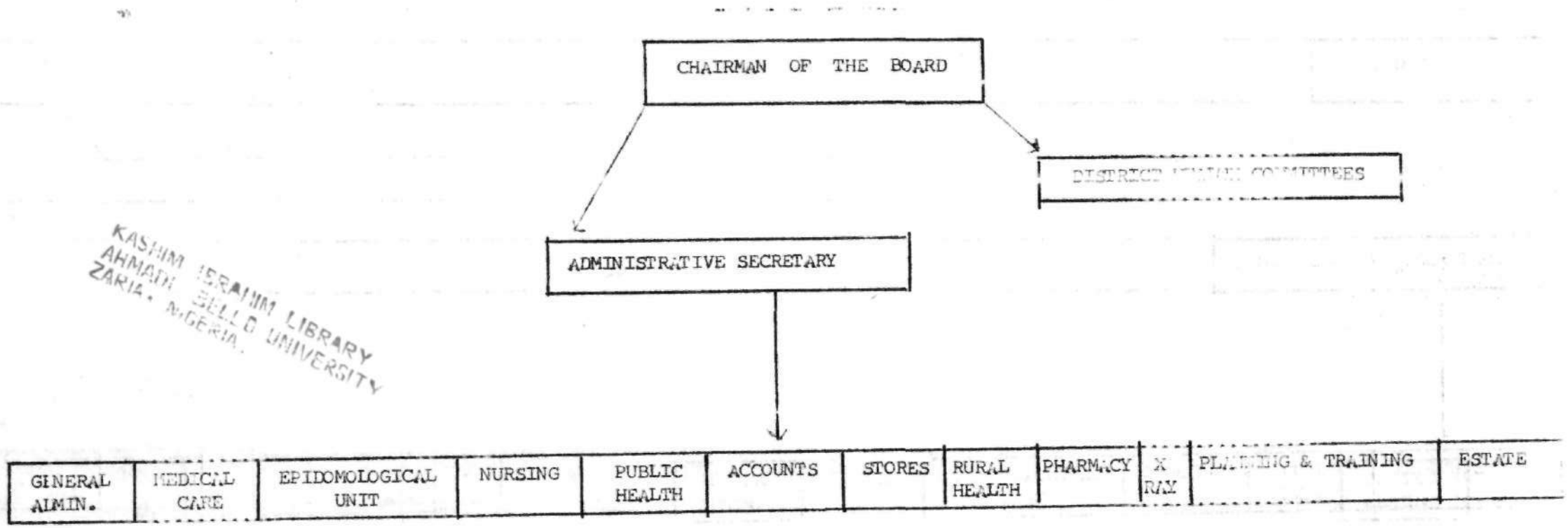
41. Dr. Ishiaka Mamman: Director, Medical Services, Ministry of Health, Ilorin. 1985/86.

42. Ibid; 1985/86.

Other functional units such as Nursing Hospital Services, Medical Services, Pharmacy, also exist see Figure I. All these are under the care of a Director of Medical Services.

The reader might recall that in the course of this analysis it is mentioned that the Health Management Board was to function as an autonomous body with its own administration machinery but looking at structure one could see that at the Apex of the Board you have the . Chairman of the Board who streamlines the policies of the Health Management Board which of course must go in consonant with the boards health policy guideline as provided by the Ministry of Health. The day to day general management was being carried out under the watchful eyes of an Administrative Secretary who then must be Medical Director with full executive authority. He was later redesignated. When the Politicans of the Second Republic came in 1979, they redefined the position and it was held by a supposedly Professional Administrative Secretary.

FIGURE II ORGANIZATIONAL CHART OF THE DISSOLVED HEALTH MANAGEMENT BOARD



Source: Planning Division, Ministry of Health, Ilorin.

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ZARIA, NIGERIA.

The Administrator presides over Management meetings. Under the Administrative Secretary, there existed (14) fourteen Sub-Units with varying job descriptions. These unit designated as division are listed below.

(a) The Administration Division looks after the general administration of the Board and advises on matters relating to administrative policy, monitoring of administrative policies of the board, liaison with Ministries of Finance and Health on financial matters etc.

(b) An Accounts Division whose function relates the financial matters of the board.

(c) Stores Dvision takes care of responsibility of procuring equipments for the board and generally monitoring its distributions.

(d) Planning and Training Division essentially advices on policies relating to planning and training of the Banks Staff.

(e) Medical Divison - This division advices on matters relating to policies on medical cares, hold responsibility for posting of Doctors, carries out Inspection to ensure proper implementation of Medical services etc.

(f) Dental Division - This was headed by a Dental Surgeon. The Division looked after dental matters of our health care delivery system.

(g) Pharmacy Division - The division was headed by a Chief Pharmacist. Its responsibilities included those of advicing on matters relating to Pharmacy, posting of pharmacists to our various hospitals, liaison between the board and other agencies dealing with pharmacitial drugs etc.

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(h) Laboratory Division - Headed by a Chief Laboratory Technologist; it had responsibility of advising on pathology matters, Installation and repairs of laboratory equipments apparatus and furnitures; carries out periodical inspection of laboratories for maintainance of equipments ect.

(i) X-Ray Divison - Headship is by a Chief Radiographer; has responsibility for all matters relating to X-Ray.

(j) Hospital Services Division - A Chief Nursing Officer overseas the activities of this division and has responsibility for dealing with all issues relating to Nursing e.g. its estimates, monitoring posting of Nursing and advising the Board on the Nursing profession.

(k) Epidemological Division - Deals with issues relating to epidemology. The division is headed by a Chief Consultant Epidemologist.

(l) Public Health Nursing Division - Handles all matters having to do with Public Health Nursing. The division was headed by a Chief Public Health Nursing Sister.

(m) Rural Health Division - This unit handled all issues relating to the rural dwellers health care. It monitored the activities of Rural Health workers and liaise with the Board and other agencies dealing with Health Services for the effective execution of Rural Health Programmes. In furtherance to this division's activities on Rural Health Care the Board decided to get nearer to the Rural Population by creating Zonal Health Management Board apparently to deligate some of its functions.

The Zonal Management Board was responsible directly to the Administrative Secretary of the Health Management Board. For it to function effectively, its Zonal Health Management Board had its own Administrative Machinary for coordinating its activities. The Zonal Health Management Board looks after the affairs of Hospitals, District Health Unit, School Clinics, Health Centres within its Zone of Operations. There are 10 of such Zonal Management Boards situated at Ilorin, Share, Lafiagi, New Bussa, Omu-Aran, Offa, Kabba, Okene, Lokoja, and Obangede. Such was the Complex Institutional structure designed to look after the health care delivery system in Kwara State.

It might interest one to state what was surposed to be the official relationship between this complex arrangement between Ministry of Health and the Health Management Board. The official relationship was categorically stated as follows:-

> That the Ministry of Health has the overall maintenance of Health Services throughout the State. This implies that anything that affects the Health situation of the people of the State is under the jurisdiction of the Ministry of Health. The Ministry is therefore charged with the formulation of health policies for the State and the Board was expected to contribute to policy making in an advisory capacity.

*Two vital linkages stands out for consideration. Because they are the main instrument of control.

SUPERVISORY RELATIONSHIP

Although the Ministry is not involved directly in the day to day activities of the Board, it had supervisory role over the Boards activities especially those of ensuring that health policies are carried out in line with acceptable norms.

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*Kwara State Edict No. 6 of 1978.

FINANCE AND ACCOUNTABILITY

The Health Management Board was expected to route all its request backed with sound reason and plans through the Ministry of Health as the superetending Ministry. This implies that the Board was expected to justify its requests for funds by what it proposed to do, since in practice, the Ministry was to make a case for the Board at the State Economic Development and Finance Committee as well as at the Executive Council of the State. The Ministry of Health therefore had the responsibility to see that proper Accounts of the Board were well maintained. We have gone this length to lead us to the change in this structural arrangement. In practice however the state of relationship as defined above did not materialize. Management becomes highly personalized in an attempt to highly emphasize on this rigid arrangement. This State of affairs was confirmed in answer to our interview with the Secretary to the Ministry of Health. He said, the Edict definition of the State of relationship between the Ministry of Health and Health Management Board was rigidly adhered to thus rendering the functions of delivery of Health Care Services to the people of the State ineffective."[43] The Commissioner who is the political head of the Ministry felt that the Board was responsible to him for all the Boards actions. The Board feeling it had some air of autonomy said NO it could carry out its function without daily reference to the Ministry since it had a governing council. These wranglings was still on when in an angry reactions to the urgly development, the State Government came in and dismantled the entire structural arrangement for our health care services.

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3. Secretary, Kwara State Ministry of Health, 1985.

In the process of restructuring our health care services, the Health Management Board got disolved leaving intact the Zonal Health Management Committee charging the Board of being a "replica of Ministry of Health in terms of structure and staffing and thereby compounding the bureaucratic bottleneck it was expected to eliminate" adding further that this resultant duplication of functions has resulted in sub-optimal utilization of available human and material resources:- More specifically the statement went on, that too many highly qualified professional staff were involved in administrative duties both at the Ministry of Health and Health Management Board Headquarters. Owing the forgoing there were too many cases of conflict of authority which impeded the implementation of the State Health programmes".[44] The administration could not tolerate that stalemate. And accordingly went ahead and dissolved the Health Management Board without first finding out what was wrong with the Board as would be seen in the concluding Chapter of this write up.

A Committee was then set up to restructure the Ministry of Health. This happened by mid July, 1984 and what the Committee came up with is still with us today.

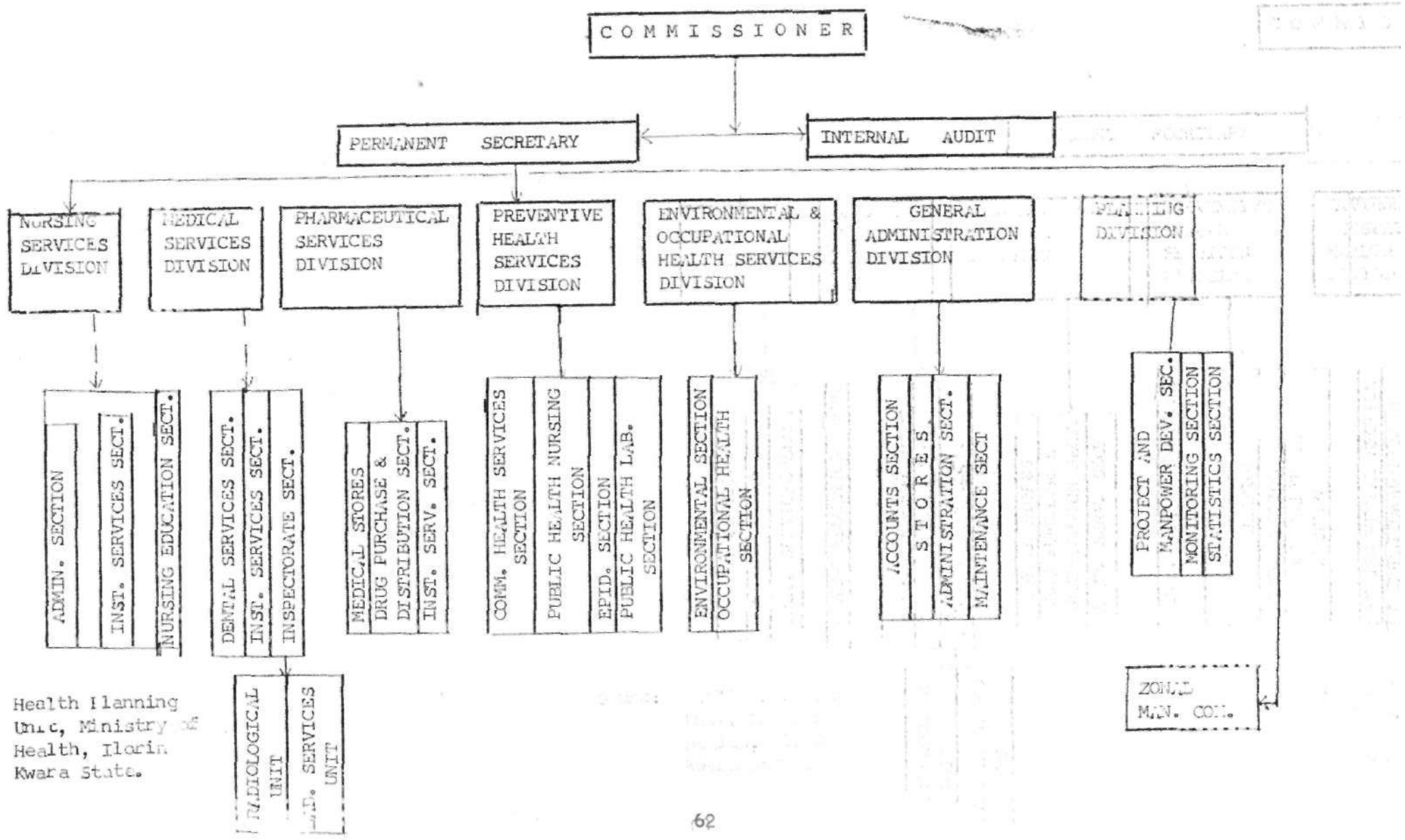
The Organizational Structure of the Ministry of Health currently in use arising from a reorganization Committee's report is made up seven main divisions with defined tasks and objectives. Each divisions has a number of sub-units subordinated to such Divisions for effective performances of task and fulfilment of objectives.

As usual at the apex of the structure there is the political head of the Ministry designated the Commissioner of Health who is answerable to the State for actions of the Ministry.

Adebola Olatinwo: Governor, Kwara State in a dissolution speech, Ilorin 1984.

FIGURE III

ORGANIZATIONAL CHART FOR THE MINISTRY OF HEALTH
KWARA STATE



Source: Health Planning Unit, Ministry of Health, Ilorin Kwara State.

Directly following is the office of the Permanent Secretary of the Ministry who is responsible to the Commissioner for the day to day running of the Ministry. He is also the Chief Adviser to the Commissioner on policy matters as the Administrative Officer of the Ministry. He by and large oversees the activities of the Ministry. Of course some of his functions are delegated to such officers as the Deputy Secretary and the Secretary who head the Finance and Administration of the Ministry. The Secretary presides over most of Committees meeting, and divisional heads meetings.

At this juncture, a consideration of the seven main Divisions, their tasks and objectives is worth the while.

The Divisions are as follows:-

(a) Medical Services as Division.

(b) Nursing Services Division.

(c) Pharmaceutical Division.

(d) Preventive Health Services Division.

(e) Environmental and Occupational Health Services Division.

(f) General Administration Division.

(g) Planning Division.

The tasks and objectives of each of the Division are briefly enumerated below.

The Medical Services Division has considerable responsibility in ensuring delivery of Clinical Services and Catering for the welfare of a large variety of staff in relation to the different departments, and units. In this connection, the Medical Services Division coordinate the activities of the State's 14 General Hospitals, 10 Rural Health Centres, 12 District and 28 Basic Health Clinics all over the State (3). The Division equally looks at the activities of Health Clinics who also are expected to suppliment the State Government effort in health care delivery to the people of the State.

The Nursing Division has three sub-units and is headed by a Chief Nursing Officer. The general task of the division is spread over its three units. There is an administrative unit which looks after recruitment, promotion, transfer of Nurses. There is also the Hospital Services Unit which ensure the welfare of patients in our Hospitals. There is an Inspectorate and Education Unit which deals with general Administrative matters of the Unit and looks after the affairs of the Schools of Nursing currently being run at both Obangede in Okehi Local Government Area and Ilorin the State Capital.

The Pharmaceutical service is headed by the State Chief Pharmacist. The division has its task and directives defined in the following paper presented to Permanent Secretary, Ministry of Health on 26th June, 1986.[45]

It advises the State Government on all issues relating to the division. Supervises and Coordinates the drug procurement exercise, carries out Inspection of all pharmaceutical houses and patient medicine stores in the State monitoring of all Pharmaceutical functions in the State. The division equally supervises and coordinates the activities of Pharmacy personnel in the State. It acts as a licensing authority for the issuance of Patient Medicine Lincence.

The preventive Health Services Division consist of Public Health Nursing material and Child Health, Community Health Services and Public Health, Laboratory. Essentially the division coordinates primary health care services throughout the State. It supervise child health and Community Health Services Programmes which includes family planning Services, Immunization and oral Rehy-dration Theraphy Nutrition, Education and Administration, Infant Welfare Clinics, School of Health Services including Training of food vendor; carries out general health education.

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45. Planning Unit, Ministry of Health: - Paper presented to the Permanent Secretary, Ministry of Health on their various activities - 26/6/86.

The Environmental and Occupational Division looks after our environment to ensure good sanitary conditions. The division essentially coordinates the clean up campaign of the State Government. While the Central Administration coordinates the activities of all other divisions to ensure harmony and compliance with general government policies. It equally supervises and control the finance of the Ministry.

Finally the Planning Division - This division carries out the functions of the former planning unit of the Ministry of Health and the defunct Health Management Board, for the division to function effectively, it has three sub-units to manage its activities. These are the Health protects and manpower development, monitory and statistics unit. Basically the task and objectives of this Division sums up to preparation, coordination and harmonization of health plans, promotes and provide services in collaboration with other divisions of the Ministry. The division is charged with the implementation of health projects and programmes. In doing this the division enjoins its monitoring unit to monitor and evaluate its activities and write up reports on them while the statistics unit gather material for such analysis.

In summary, the structure as highlighted shows the Commissioner of the Ministry at its apex. He is the Political Head of the Ministry and has the responsibility of guiding jealously the policies of the government. He equally shapes such policies. He is responsible to the State Executive Council for all the happenings in the Ministry. Following directly below is the Permanent Secretary who is the Chief Administrative Officer of the Ministry. He is surposed to be well grounded with knowledge of Administration and as such he is the Chief Adviser to the Political head of the Ministry.

With the Health Management Board Headquarter now disolved leaving intact the Zonal Health Management Board, the Permanent Secretary oversees the activities of the Zonal Boards and they report to him directly on all issues affecting their Zones operations.

Furthermore, down in the Chart are the heads of the divisions. These group.constitutes the level of Management of the Ministry. That is saying that Managerial level of operations actually stops here. All major decisions affecting the operation of the Ministry are fashioned here at its Management meetings. Jointly therefore, they constitute the Management level of the Ministry. Decision making is concentrated at this level. Legal authority of all seven divisional heads are equal and each is directly accountable to the Permanent Secretary of the Ministry. All unit heads of each division are answerable to their divisional heads who coordinate the activities of all units within the division.

Thus far,this has been the effort to trace the evolution of the Institutional Structures through which the coordination and control of our health care services could take place for an effective and efficient delivery of health care to the people of Kwara State.

This effort has taken the author through the span of the existence of the State till a point when it was felt that an autonomous body such as was expected of the Health Management Board was capable of efficiently and effectively seeing us through our Health care problems. Just when the State felt it was through, things started degenerating further leading to the angry dissolution of the Board accussing the Board of duplication of its activities; improper management of both its human and material resources without an effort to investigate its problems.

CHAPTER FOUR

FINDING AND ANALYSIS OF DATA

4.01 INTRODUCTION

The basic submission of this thesis is that standardisation of Health Care Delivery System in Kwara State has been unattainable owing largely to lack of a systematic coordinating and controlling machinery. On this note the study designed some set of hypothesis to further test the validity or otherwise of the thesis. Data were collected for analysis on the strength of these drawn hypothesis.

4.02 ANALYSIS AND OBSERVATIONS FROM DATA COLLECTED

In this section of the study, Data collected are analysized and reported. Data have been collected and collated on the basis of the issues raised by the hypotheses of the study the major issues for analysis are the extent to which the Kwara State Health Care Agencies; that is; Ministry of Health/Health Management Board emphiasize on the basic features of a bureaucracy such as the issue of conflict of authority; autonomy of health care institutions, and the mechanism for coordination and control of the Kwara State Health Care Delivery System.

EMPHASIS ON THE BASIC ATTRIBUTES OF A BUREAUCRACY

(a) Its structure of authority.

The authority structure in any organization defines the environment of operations within the organization in such a way as to make everyone recognise his role in the organization and to who he is responsible in the greater quest of meeting the objectives of that organization.

The authority structure defines what to do, who is to do what task and to whom is he answerable in order to remove obstacle in the way of performance.

Going by Webers ideal structure, authority relationship in such an organization is formal and based on laid down patern of behaviour. Such patern of relationship makes for rigidity and slowness in the activities of the organization. Granted this is a true reflection of a formalized authority relationship in an institution, what then happens when such formal relationship is greatly emphasized?

On this, a total of 300 questionnaires were administered and 125 respondents were received. Respondents were asked to state whether the health care agencies in Kwara State place much emphasis on hierarchy of authority.

Stratified sampling method were generally employed in administering the questionnaires. The institution of study were stratified into two distinct groups of administrators and professionals, and within each stratum a random sampling device was employed as to who gets a questionnaire. The same method was used during the interview session.

FINDINGS ON THE EMPHASIS INSTITUTIONAL STRUCTURES

TABLE 1

Emphasis on the structure of the State Health agencies.

How much does the Health Management Board emphasize on the hirrarchy of its authority structure?

Category of Responses	Total Number	%
Very high emphasis	45	32
High emphasis	60	48
Low emphasis	15	16
No emphasis	5	4
TOTAL	125	100

Source:- Research findings and analysis of Data collected.

From the above Table 1, it could be seen that 45 or 32 of those who responded felt that the Health care agencies put very high emphasis on its structures while 60 or 48% of the respondent believed that the authorities placed just high emphasis on its structure.

From the data presentation, it can also be observed that just 16% of the respondents believed that the health care agencies placed low emphasis on its structure. This therefore implies that a total of 80% of the respondent believed that the State Health Care Agencies emphasizes on its formal structure. In the interview session to further clarify this position, officers questioned on the activities of the health institutions equally confirmed this view held by 80% of the respondents that the authorities placed some high emphasis on its structure, stressing further that authority relationship is highly formalized.

In the course of the study, it is revealed therefore that in a highly formalized authority structure, positions, responsibilities and tasks are so arranged in a hierrachical manner in which formal authority relationship is rigidly adhere to. This sort of rigidity tends to personalize management as administrative officers rigidly relate their position to the tack they perform ignoring the fact that organizational goals are interwoven and requires the cooperation of all to attain. This approach to management, generally hampers the process of coordinated activities. In addition, organization that place high emphasis on its structure has other dysfunctional attributes. They include a oneway downward trust of its communication channel thus making it difficult for individual initiative and participation.

It also has a tendency to block upward communication. All this tend to create room for the development of informal pattern of communication which usually are products of primodial attachment of old boy associations syndrom, family ties and other biological lineages. This group activities usually function to the deteriment of the objectives of the organization.

The findings of this study, confirmed by the Secretary Finance/ Administration of the Ministry of Health is that this execissive emphasis on formal authority relationship was responsible for the mistrust between the Ministry and Health Management Board which consequently culminated in the demise of the Health Management Board and of natural consequence to the relegation of the basic objective of a concerted effort at looking after the good health of Kwara Citizens.

Our findings conforms with what Herbert Simon said about human behaviour in an organization; that decision making is a product of the mind and as such there are important factors which influence the mental choice of alternatives by decision makers,[46] stressing further that any effort at concentrating decision making process at any level may cause disaffection and the antagonised group may work against the organizational goal. The only way out is to leave decision making process open for discussion; authority to act equally must be dispersed to prevent negative informal relationship from hindering the basic goals of the organization.

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46. Herbert E. Simon: Administration behaviour: In Dr. E. O. Okwoche M.P.A. lecture Notebook 1984/85 Session.

Excessive reliance on the hierrachical authority breads conflict such conflicts poses a problem for coordination and control of government health programmes.

(b) Specialization

The second attribute of bureaucratization is specialization. Specialization are necessary ingredients of running an organization but at out health care agencies the factor of specialization creates delays and inflexibility and impersonality as obtained especially in large scale organization. Augustus Adebayo explains this situation by using the case of a new patient to a teaching hospital who may have to go first to the card room where he will be referred to general practioner who in-turn examines and probably finds his case requiring a specialist attention and on to a consultant by the time he got to the consultant he may be probably dead.[47] This generally explains the use of specialization within the Civil Service Culture.

In attempting to establish the fact of excessive emphasis on specialization in the Civil Service Structure especially as it affected the health sector, a total of 300 questionnaires was administered out of which 125 responses were received. The criteria for the response were laid and respondents were asked to define the emphasis placed on specialization.

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47. Augustus Adebayo: Principle of Administration in Nigeria.

The outcome of the set criteria is shown in Table II below.

TABLE II

How much emphasis would you say the health services administration placed on specialization of its functions?

Category of Responses	Total Number	%
Very high emphasis	60	48
High emphasis	48	40
Not much emphasis	17	12
Total	125	100

Source: Research findings and analysis of Data Collected.

Analysis of the table .. . shows that of the 125 respondents on the degree of emphasis the health agencies placed on specialization, 60 or 48% of those who responded felt that the state health care agencies emphasises very highly on specialization of its activities while 48 or 40% said it placed not too high emphasis. It is clear from the table that specialization as envisaged by the classical administrative school of thought was capable of enhancing productivity. Weber for instance say specialization of function was capable of enhancing efficiency of work and by extention too it should happened to our health care services. The implication of the excessive emphasis on specialization as confirmed by oral interview conducted as a follow up is that excessive emphasis on specialization was characterized by delays and inflexibility in decision making and implimentation, officers try to look inward rather than at a coordinated effort of effectively looking after the health care of the people.

Divisional or Units Officers tended to be inclined towards autonomy of its operations claiming specialization in their field.

This obviously created problem for coordination of government policies which are ordinarily expected to be mutually supportive in which everyone was to contribute to the common objectives of the organization. Rigidity therefore prevents consultations, increases friction, misunderstanding and subsequently helps in brewing conflict. Conflict in itself is not necessarily undersirable. In tracing the evolving attitudes towards conflict. Ross A. Webber says:-

> Conflict is inevitable and often legitimate and desirable. But it does not necessarily indicate organizational break down or management failure. Conflict can be beneficial if they reflect a commitment that promotes challenges heighened attention or effort.[3]

Conflict seen from this perspective is supposed to cause change in the work behaviour thus enhancing the chances of a greater productivity, But the reasoning of conflict is not necessarily the emerging trend in our health care agencies as the superitending ministry attempted to lord it over the Health Management Board who on the other hand felt they had a duty to perform and could not tolerate a seeming interferance in its activities. This stance led the board into a collusion cause with its superintending Ministry of Health.

A conflict thus ensured at the expense of the basic objectives of providing standard health care to the people of Kwara State. It is this crisis of confidence that finally led to the demise of the Health Management Board in 1984.

(c) Rules and Regulations

Adherence to rules and regulations is another major principle of Weber ideal form of a bureaucracy that was examined. The outcome of this study revealed a sordid adherence to rules and regulations in the civil service. It is obvious that the civil service culture hardly leaves any room for innovations and initiative. The table stated below explains these reflections of the Kwara State Health Services Agencies.

TABLE III

Exercise of authority within the State Health Agencies.
How much of authority do superiors at the State Health Agencies exercise in the administration of Health in Kwara?

Category of Responses	Total number	%
According to laid down rules	80	64
Bossy not according to rules	40	32
Harmonious and cordial	5	4
Total	125	100

Source:- Research finding and analysis of Data collected.

48. Ross A. Webber: In Richard D. Irwin: Management Basic elements of Managing Organization 1975, Ontario Page 583.

The question put to respondents was to determine the exercise of authority within the state health services agencies with a view to establishing to what extent is rules and regulations is applied in the day to day activities of the health avencies. The result is highlighted in table III. The above table further clarifies the extent of exercessive emphasis on bureaucratization of the principles of characteristics of an ideal bureaucratic set up in which behaviours, decision making and general exercise of authority were based on laid down rules and regulations.

In table III, respondents were asked to state along side the criteria set in the category of response on what the exercise of authority in decision making was based. It could be seen from the table that out of the 125 respondents, 80 or 64% were strongly of the view that the exercise of authority was according to rules and regulations.

In classical management principles adherence to rules and regulations were surposed to make for stability of the service. However, a service that is change conscious, more so in the so called developing states of Africa; rigid adherence to service rules and regulations makes the average civil servant slave of these rules and the essence of initiation which could make for progressive change is lost. Excessive adherence to rules to say the least is punitive and the tendency is to discourage people from taking risks which is an essential ingredients in the theory of change.

Officials of the state health agencies essentially became conformist and slaves of the rules and these rules and regulation make innovation impossible. The 64% confirmation of adherence to rules and regulation in the exercise of authority further lends credence to excessive bureaucratization to being a hinderance to an efficient and effective coordination and control of our health services. Rigidity to rules and regulations produces the bureaucratic image of redtapism and makes for slowness in decision making. Apparently this created bureaucratic bottleneck which invariably led to the idea of an autonomous body to look after our health care services.

From our analysis thus far the hypothesis that bureaucratization in the form of excessive emphasis on structure, chains of command, specialization, Rules and Regulations breads conflict which in turn poses problems for coordination and control and consequently to performance of the Kwara State Health Programmes has largely been validated.

4.03 AUTONOMOUS BODY RIDDEN BY CONFLICT CANNOT PERFORM

The analysis now shifts direction to the study's hypothesis II which states that an autonomous body ridden by conflict of authority cannot perform.

In the concluding segement of the analysis on excessive bureaucratization as being a hinderance to performance of the health sector the study revealed slowness in decision making which invariably led to the establishment of an autonomous body to look after the Management of our Health Services.

The autonomous body that finally emerged from that desire was the Health Management Board created in 1978 by the Kwara State Edict No. 6.[49] Its sole objective was that of ensuring the efficient management of all government owned hospitals, health centres and health clinics, not much later however the Health Management Board was dissolved. It was acused of being engulfed in conflict situation and subsequently relegated its major objective to the background. Was this the case?

From the finding of this study it has been shown that the standard of our health care services degenerated in the cause of the life span of the Health Management Board.

The table below confirms this assertion. Performance of Health Management Board while it existed.

TABLE IV

Performance of Health Management Board while it existed.
How will you access the performance of our Health Sector while the Health Management Board existed?

Category of Responses	Total number	%
Performed very well	8	6
Performed well	42	34
Fell below expectation and conflict ridden	75	60
TOTAL	125	100

Source:- Research findings and analysis of Data collected.

49. Government of Kwara State: Edict No. 6 of 1978 Government Printer, Ilorin.

At least 60% of the respondents testified to that fact. The study therefore concludes that conflict of authority was responsible for the low level of performance of the Health Management Board. But what the study further revealed in the course of cross sectional interview is that the authority conflict was not within the Health Management Board but external to it. How?

Investigation was further carried out amongst the stratified groups of the Board's Management to determine the extent of harmony or otherwise of the: group in the discharge of their day to day activities. The two distinct groups were the professional and the administrators within the Health Management Board.

The question was put to a rendomly selected sample of the two stratified groups.

How will you assess the relationship between the professionals (Doctors and Paramedical Personnel) and the Administrators within the Health Management Board while the Board existed? 300 questionnaire questionnaires were administered and 125 were received.

The outcome of responses is recorded in table V.

TABLE V

question: What would you say is the state of relationship between the Professionals and the Administrators of the Administrators of the Health Management Board?

Category of Responses	Table Number	%
Good Partners and Conflict free	94	75
Always Conflict ridden	19	15.2
Others please state	12	9.6
TOTAL	125	100

Source: Research findings and analysis of Data Collected.

From table V, it can evidently be seen that there was extreme harmony among the staff of the defunct Health Management Board. The table revealed that out of the 125 who responded on the state of working relationship between the professionals and administrators at the Health Management Board, 94 of 75% felt that there existed extreme harmony between the two groups which to many should have enhanced the productive capacity of the Board, but for external meddlings in the affairs of the board. Much of the subsequent findings of this study on this issue depended on the responses of the interview held in August, 1984 between this author and the Secretary, Finance and Administration of the Ministry of Health.

In an oral interview to further confirm this assertion, the Secretary submitted that actually he could not subscribe to the idea that conflict existed within the Board but rather the problem of the Board emanated from jealousy of the staff of the Ministry of Health who were seconded officers from the Ministry were rated much higher.[50]

The other side of the coin is that the seconded officers themselves were not quite free because they still owed some loyalty to their parent Ministry which must as of right look into their promotions as bonafide members of the Ministry.

The Board could therefore not perform to expectation because staff members of the Board, owe certain obligations to the Ministry of Health. To this extent, conflict of authority ensured in an attempt by the Board to remove itself free of the hook of the Ministry. Conflict of authority was therefore not within the Board but rather it was hatched from without.

50: Secretary Finance/Administration: Ministry of Health Headquarters, Ilorin. August, 1984/85.

It is external control measures adopted by the Ministry that actually brewed much of the conflict of authority which led to the loss of autonomy of the Board and its eventual collapse.

4.04 HEALTH MANAGEMENT BOARD AND ITS AUTONOMY ISSUES

The hypothesis that conflict of authority reduced the level of performance of the Health Management Board has a two faced outcome: That is, while there existed harmony of action amongst the various interests within the Board, at governmental level, however, developments made it impossible for the Health Management Board to operate freely.

Flowing directly from the text thus far, it is evident that some form of conflict existed in the effort to manage the State Heakth Sector. It is equally evident that an attempt to remove health care services from the authority of the civil service rules led to the establishment of a supposedly autonomous body of the status of the Health Management Board. But from its inception, an atmostphere was not created for the Board to function like an autonomous parastatal of the state government. Hinderances came in many forms. In the course of the author's investigation, evidence abounds to show that the Board had no free hand to recruit its own staff, especially at the Management level. This is partly due to the fact that they were mostly seconded officers. (These class of people have already been reabsorb on the disolution of the Board). At the level of middle managers, this study gathered that there were little interferances in recruitment. But the middle managers do not and cannot influence decision except in an informal way which Sigmond Freud called the activities of the internal bureaucrat.[51] This assertion was confirmed in a question put to a cross section of staff of the health care agencies.

51: Sigmond Freud: The internal Bureaucrat: In Dr. E.O. Okwoeche's note MPA Class 1984/85 Session.

Out of 125 who responded to the question on how the Board engaged its staff 72 or 57% affirmed that most of the Board Management staff were seconded officers from the Ministry of Health.

The other area in which the Board lacked total autonomy of action was in the area of strategic decisions making bothering on policy decisions. The Edict establishing the Board, made it mandatory on the Board to consult with the superintending Ministry of Health on strategic decisions.

From the account obtained from the Secretary Finance and Administration of the Ministry of Health, it was evident that the political Head of the Ministry especially when Dr. Ade John was at helm of affairs had hidden under this provision to impose his wish on the affairs of the Health Management Board.

Thirdly in the area of Finance. It is clear that the Health Management Board had no independent source of revenue. Section 10 of the Edict empowered it to borrow and to invest monies standing to its credit. But it was evident throughout the existence of the Board that 90% of its funds came as subventions from the State Government. Infact it is obligatory on the Board to prepare its annual estimate and pass it through the parent Ministry who exercised the power of its defence at the Executive Council. This clearly is an obvious case of external control on the activities of the Board and a potential source of conflict, as the Board occassionaly wishing to exercise its autonomy might take decisions without consult[illegible] with the Ministry arguing as they had always had cause to do that since it had its own Board of Governors it was free to chart its own cause of action. The Ministry on the other hand feeling it must play its superintending role might just question such decisions. This it had had cause to do as evident in table VI.

On the state of relationship between the Ministry of Health and Health Management Board.

TABLE VI

Relationship between the State Ministry of Health and Health Management Board while the Board existed.
What will you say was the State of Relationship that existed between the Ministry of Health and the Health Management Board?

Category of Responses	Total No.	%
Ministry ensures it is consulted on all major decisions.	30	24
Ministry ensures the boards compliance with laid down policy guidlines.	45	30
Ministry loads it over the Board.	20	16
Relations not cordial	25	20
Not sure	5	4
Total	125	100

Source: Research findings and analysis of Data collected.

From the table VI, it is clear that out of the 125 who responded 95 or 70% submitted that the Ministry of Health had always insisted on playing its role as the supervising body to the Health Management Board. In carrying out this responsibility the Ministry especially as represented by the political head, that is; the Commissioner of Health occassionally had to go into conflict with the Governing Board of the Health Management Board. The Secretary, Administration and Finance at the Ministry of Health explained for instance that the Edict establishing the Board bestowed on it a governing council made up of 8 members including its Chairman, appointed on the advice of the Commissioner of Health by the Governor of Kwara State. Unfortunately the governing board had no direct access to government circles as it had to channel all its request through the Commissioner of Health who inturn has the responsibility of defending such requests at the Executive Council.

The Commissioner therefore realizing the weakkness of the Board had always insisted he must be consulted on major issues affecting the Board. This approach to management had often generated conflict, as there is no set clearing house between the two structural arrangements charged with the responsibility for Health Administration. What this means in effect is that adequate coordinating machinery was not established to allow for harmony of operations of the two bodies, towards attaining the goal of the state in its health care delivery system. Subsequently however the political head of the Ministry of Health in an apparent attempt to personalize Management exploited the loophole created by lack of a coordinating centre between the Ministry of Health and Health Management Board to fully exercise what was considered the role of the Ministry of Health in supervising the activities of the Health Management Board. In this connection, the Commissioner explained that he was answerable to the Executive Council on health matters in the State therefore deserved to be consulted on all major decisions and activities of the Health Management Board.

In other words, Dr. Ade John the Commissioner for Health at the time of this investigation insisted that the Health Management Board was answerable to him.[52] The Board on the other hand felt its objectives and functions were well defined and did not need to consult with the Commissioner on its activities. A crisis of confidence thus ensured between the Commissioner and the Health Management Board. But unfortunately the Health Management Board had no direct access to Government circles as it had to route its grievances through its superintending Ministry under the supervision of Commissioner of Health. The presentation of such grieviances was done by the Commissioner too. In the final analysis the Commissioner had his way as the Board finally got dissolved.

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52. Secretary: Finance/Administration; Kwara State Ministry of Health, Ilorin. 83 August, 1985.

4.05 COORDINATION AND CONTROL MECHANISM

In concluding this analysis emphasis now shifts to coordination and control mechanism of our Health Care Programmes. The central problem afflicting the effective performance of our health sector is what this study hypothesized as improper coordination and control mechanism to mediate the varying interests of the Ministry of Health and Health Management Board. The situation as it were, was that in which the Commissioner of Health felt he was the Alfa and Omega of operation of our Health Care Services, never augured well for standard performance. Where programmes are planned to target, the form of control mechanism required at that stage, should be that which makes for adjusting plans to pre-determined objectives. It is important to note that controlling is the adjustment of operations and not persons to pre-determined goals. Control tends to stimulate planning, strengthen organization to increase its efficiency of command and to facilitate coordination. This definition does not exactly fit the conception of the State Health Management as seen thus far. Proper coordination implies the effective use of coordination mechanism such as the use of Committees to look into the several issues of the state health care services.

Committees are the most pervasive device for coordinating the activities of the various units in an organization. They are usually mandated to sort out at a conference table the many issues affecting performance. Granted therefore that this is the best of coordinating mechanism; what was being used at the state health services agencies?

To this again the study administered a total of 300 questionnaires 125 were returned and out of 125, 55 or 44% of those questions agreed that the coordination mechanism adopted by our health services agencies was via consultation while 25 or 20% felt it was through the use of Committee 10 or 8% said that decisions were taken via the use of departmental meetings, 15 or 12½% of the respondents said decisions just flow from top to bottom.

some 20 or 16% simply did not know how decisions affecting their lifes were taken.

This 16% fall into the class of mechanics of the Civil Service Clerical Officers and the like. Table VII explains the nature of responses received. Table VII showing the Coordinating Mechanism of Kwara State Health Services Agencies.

TABLE VII

DECISION MAKING PROCESS:

COORDINATION AND CONTROL MECHANISM OF OUR HEALTH SECTOR.

QUESTION

How are decisions taken in the Management of Health Services in the State?

Category of responses	Total No.	%
Consultation	55	44
Committee	25	20
Departmental meetings	10	8
Decision flows down	15	12
Others please state	20	16
Total	= 125	100

Source: Research findings and nalaysis of Data collected.

From table VII, it is seen that 20% of the coordinating effort of our health programmes is done through the use of Committee, while the highest score went for consultation as a means for coordinating the State's Health Care Programmes. In the interview session this study tried to find out the level of consultation that goes on between the parent Ministry of Health and the dissolved Health Management Board. The investigation revealed that consultation was merely at the level of request for grants and permission to do one thing or the other.

Mere consultation at the level of request for funds is not necessarily the best coordinating mechanism for attainning result but the use of Committees on specialized health questions.

The conclusions of the study clearly pointed to a functional relationship between performance in out health sector and coordination and control.

That is:-

Performance in the Kwara Health Sector is a function of effective Coordination + Effective Control

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.01 In the introductory Chapter, the concern of this study was highlighted. That concern was essentially to examine the coordination and control processes of the health care delivery system of Kwara State.

The societal demand and desire to have a standard health care delivery was discussed and the governments desire to meeting the requirements of the society of the society was equally highlighted. In carrying out the desire of the society for a standard health care, government established some health care services agencies and charged it with the responsibilities of meeting this societal desire. This is by no means a small responsibility. These type of public agencies are looked upon as the most important institutions affecting the lives of the citizens of Kwara State especially in the area of Health Care Services. Its administrative processes usually therefore command public glear and responses. The operations of these agencies are by no means in isolation of the Economic, Social and Political system operative within any given society.

In this connection, this study attempted to look at the models of Health Care Administration within two knwon Political systems. The first looked at was the capitalist model of health care management which emphasizes on the free enterprise and profit motivations. Health Administration therefore is simply a case of survival of the fittest as there is little or no governmental agencies involved except for general provision of guidlines.

It was noted that the socialist economy differs from this mode of health care delivery. The socialist being a more humane economic arrangement operated a centralised Health planning system and a people oriented health care delivery.

Of particular interest was the Chineses model of health administration which evolved around the concept of "bare foot Doctor". The concept of bare foot Doctor emphasizes medical personnel being deployed to rural Communities with a coordinating centre to attend to the health of the Chinese people. In the case of Nigeria especially Kwara State we noted that there was an attempt to blend the two models of administration of public institutions in what is now popularly referred to as the mix grill economy. This model is conceptualized as leaning one of its legs towards private ownership of health institutions and the other towards public control of our health programmes. But the public own health care delivery engages multiplicity of health agencies for the purpose of administering health care. Here lies the confusion and problem. These multiple institution of state had to contend with so many problems notably that of developing effective and efficient coordination and control mechanism for a progressive health care delivery to the people of Kwara State. In this study, an attempt was made to examine the coordination and control processes of Kwara State Health Services Agencies, having in the background the peculiar nature of operations of such multiple state agencies charged with the same responsibilities.

Having identified the problem of the research the statement of the problem was formalized. In this regard, some basic assumptions and hypotheses were drawn up and used asworking guide throughout the course of the findings.

The study essentially was documentary but questionnaires were administered to sample opinion on several issues raised by our hypotheses,oral interviews were equally utilized to further confirme returns on the administered questionnaires.

On this score, the method used in collecting data were stated and the mode of data analysis specified. Mention was then made of the limitations of the research (towards) to bring the Chapter to a close.

Chapter two dealt with a review of some related literature to the topic. Modern bureaucratic set up are off shoot of the innovative works of Webber and other classical administrative thinkers. Basically, the principles which others would wish to style charateristics of modern bureaucracy which he employed in analysing the general nature of bureaucracy still apply to date. Some of the earlier thesis were more or less on the experiences of management thinkers in the private organizations, it later permeated through government and other public institutions.

The literature review began therefore from a look at the basic characteristics of a bureaucratic organization, thence on to a review of works on coordination and control. In this regard, it was stated that government health programmes, could not be treated in a vaccum. That coordination had to be carried out within an established administrative structure of the State Health agencies.

The classical notions of a modern bureaucracy based on formalistic theories was reviewed. Webber and his deciples conceived of management in terms of formalistic theories, while critics of his works and those of his deciples say that such undistilled theories could not be said to be working for all societies or institutions of state arguing that a technique found right in the past within a particular settings could not be said to hold for other settings all the time.

In short, what these groups of people are saying in effect is that solutions existing in the past are never duplicated. In the times of Webber, while it was possible to rule out the activities of what is now known as the internal bureaucrat, today however their influence cannot and should not be underestimated. It was this realisation that guided the reviews and critique of characteristics of modern bureaucracies which stresses on structure of authority, chains of commands, specialization, rules and regulation. A review of them was done along with its critique.

The review then proceeded to look at the operative concepts of this study. This was done to allow the study take its own course of pursuit to solving what was perceived as major constraints in the administration of our health care services. For instance, most works reviewed on coordination and control, saw coordination as bringing about a harmonious union of interest of activities of human in the production processes, on the other hand some other writers stresses harmonious and combined action of agents of production towards a given objectives, others still, saw coordination as bringing about consistent and harmonious action of persons with each other towards a common goal.

These group of administrative philosophers seem to see coordination from a point of view of bringing people of conflicting interest together rather than looking at from an angle of putting in harmonious working relationship of both people and material resources. Of course, the resource management and allocation is crucial and usually is the central focus of official conflict in government circles. However, from the perspective of this study we see coordination as a state of the mind and procedure of relating people to resource availability with a view to attaining the basic organizational goal.

This notion accepted that organizations must develop a means or mechanism for bringing about that common understanding essential for a shared realization of the social function of the organization.

Theoretical review on control took note of its operational definition which was taken to mean adjusting of operations so that they conform to pre-determined objectives. The review proceeded further into looking at the various works done on controlling and thence on to the mechanism of controlling. The existing aspect from which this study viewed control is that which says controllings allows for internal adjustments to predermined goal. This kind of controlling stimulate planning, strengthen organization to increase the efficiency of command and to facilitate coordinationer and the kind of external control which places the commissioner of a superintending Ministry at a ventage point to dictate to its parastatals to behave in particular manner which usually is a potential source of conflict arising from crisis of confidence.

In Chapter three, attempt was made to briefly trace the historical course of institutional structures designed to carry through the coordination and control of our health care programmes, stressing that government on the realization that coordination and control of our health programmes must be carried through some administrative structures established some agencies to take care of our Health Programmes. We therefore noted that several structures were tried. We then went ahead to trace the evolutionary developments of the organs of state charged with the responsibilities of looking after the health care services in Kwara State. In the course of the investigation, it was shown that three bold attempts had been made since the creation of the State in 1967 to develop adequate institutional structures for carrying through our health care delivery.

The first was made in 1968 at the inception of the State Ministries and it was christianed Ministry of Health. This was later restructured and social welfare department added to it and redesignated as Ministry of Health and Social Welfare. The third effort was made as a result of the desire to create an autonomous body removed from normal bureaucratic bottleneck with a view to enhancing the emergency attention which the health of a people deserves.

However, government found itself dismantling this structure again in 1985 for what was described as the inept posture and inability of the health management board to perform. Thus, the current operative structure of the Ministry of Health was re-established. Why could not all these structures do the magic? The problem could be traced to management style, political dishonest and mistrust generally prevalent in the state vis a vis the Nation as a whole.

Chapter four dealt essentially with the analysis of Data collected along the drawn hypotheses that have guided this research findings all through. Sample population of the institution of study was stratified and later randomly selected for the purpose of analysing the study's data. Questionnaires were administered and i.terviews were conducted to further assertain the responses to the questionnaire.

Observations were equally made from available documents. The essence of this exercise was to highlight and properly expose and diagonised the managerial problems that have made the state health care programme objective unrealisable over the years. In this direction, effort was made to validate or dislodge first the basic features of bureaucracy and its attendant effect on the coordination and control processes of the health services agencies in Kwara State.

In carrying out this exercise, contigency tables were constructed to determine the emphasis the health agencies placed on its formal authority structure, chains of command, specialization, rules and regulations. Largely, the study found out that the health services agencies greatly emphasizes these formal characteristics of a bureaucracy. This in effect means that excessive bureaucratization and strict adherence to the classical administrative theories of formalistic behaviour and authority relationship coupled with some effort at certain governmental level to personalize management was largely responsible for the emergent crisis of confidence which grew and developed into authority conflict within the institutional agencies charged with the responsibility of looking after the health care delivery of the citizens of Kwara State. It is not gain-saying the fact that such crisis of confidence with its conflict potential were largely responsible for the relegation of the basic objective of setting up these health care agencies.

The study went further to investigate its next hypothesis which says that conflict of authority reduces the level of performance of an autonomous body as was the case with the dissolved Health Management Board.

Here again data for investigation were collected and collated and a contigency table drawn along the analysed sample data collected. The investigation revealed that the Health Management Board was not as autonomous as it was made out to the public. (see Chapter IV Table VI page 86). The investigation found out that whatever independence the the Board had was more to the dictates of the superintending Ministry of Health. This submission renders itself readily to acceptance when one looks at what makes for autonomy of operations of any State Parastatals.

Such areas looked into are its finances, recruitment and budgeting. The Health Management Board's incapacitation arose from its weak finances; and recruitment procedures. Its budgeting and general finances had to be subjected to screening before grants are made available to it. While one realises that health is a Social Phenomenon, the Board could have found a way of argumenting grants from the State. In the area of recruitment, investigation revealed that top Management level staff of the Board were all seconded officers from the Ministry of Health who still owe loyalty to the Ministry. This double loyalty disallowed for total commitment of such staff to the ideals of the Board.

When an organization lacked independence in raising and spending . . money one could not ideally say such an organization has any autonomy. Secondly, an organization who has its top management staff on loan equally lacked any air of autonomy. In conclusion therefore, this research effort submits that Kwara State Health Management Board lacked autonomy of its operations.

However, the authority conflict we spoke about was not within the Board itself rather it was manifested from without. The authority conflict was a product of an external control machinery initiated and carefully executed by the political head of the Ministry of Health. Therefore, the hypothesis that the Health Management Board lost its autonomy is largely validated.

Finally, the research submitted that the central problem of the Health Sector's inability to perform was not in the structures but the operations and largely too the inability of the Health Management Agencies to develop proper coordination and control mechanisms for executing the state health programmes.

In a nutshell, empirical situational surveys arising from the field surveys revealed that the management style adopted by the State Health Managers was basically faulty and defective which accounted for lack of performance in the health sector.

5.02 PROBLEMS AFFLICTING HEALTH ADMINISTRATION IN KWARA STATE

Arising from the findings of this research work, the following problems readily renders themselves for consideration by our health managers.

(a) IMPROPER MANAGEMENT STYLE

The Management style and ideas of our health managers revolves around the classical submissions of such Administrative theorist as Webber, Fayol and Taylor. An attempt to implement these undistilled theorists of a formalistic structural behaviour, have to a large extent caused conflict amongst the managers of our health programmes. Management becomes essentially personlized and managers look inward to themselves as the final authority on issues rather than a coordinated approach at solving management questions. Finally two management situations are seldom alike in all respects and no single manager has the answers to all managerial questions. Consultation via the use of committees should have been the watchword for managers because democratization of decision making tends to reduce the level of conflict of authority in orgnizations.

(B) POOR AUTHORITY RELATIONSHIP

Power sharing between the superintending Ministry of Health and the disolved Health Management Board left much to be desired. While the roles of the Ministry of Health in providing general policy formulation and guidiance is well defined, some authority instrument gave the Ministry the additional responsibility of superintending over the activities of the Health Management Board. But meanwhile Management Board was equally operating under the guidiance of a Governing Council.

But where the power to be consulted was vested on the Commissioner in charge of the Health Ministry and the Board feeling it had autonomy of its operations, one could not in the circumstance rule out conflict of authority. And that was what happened in the case between the Ministry of Health and the Health Management Board at the point of the board dissolution. The public interest is lost amist an ensueing crisis of confidence. Hence the operations, performance and general management of our health programmes are bedevilled by maladministration and personalization of management style.

(c) INADEQUATE FINANCING

The financial fortunes of this state has been on the decline. This not withstanding, the money allocation to the health sector came third to Agric and Education. A situation of ranking our health sector third in money allocation should not be allowed to persist. To attain good health cost money. Therefore, due consideration should be given to the health sector by increasing the annual allocation of money to our health care delivery institutions.

(d) IMPROPER COORDINATION AND CONTROL MECHANISM OF OUR HEALTH CARE AGENCIES

De-emphasized use of Committees for ensuring proper coordination of our health programmes pose a major problem to the full realization of the objectives of our health planners. The retiring Medical Director had told this author that Professionals were never consulted when the hospital project at Sobi in Ilorin was been conceived, only to find out that certain things were lacking in the execution of the project. The use of working Committees of all relevant interest in the scheme could have eliminated such initial teething problems as adequate consultations could be a panacea to preventing potential conflict. Conflict free organization stands a greater chance of achieving its set goals.

5.03 RECOMMENDATIONS AND CONCLUSIONS

In the light of the forgoing problems and the short falls previously identified with the coordinating processes of our health sector, we shall proceed to offer a few suggestions. It is hoped that the adoptation of these suggestions will, among other things enable our health programme designers to get as close as possible to basic objective of providing us a good and standard health care services.

1. Health for all by the year 2000 is attainable only through a well coordinated and controlled health care programmes. To attain a coordinated and controlled health care programmes, Government must overhaul its administrative machinery and work out carefully a mechanism for achieving its set goals. In this direction, a management style designed towards enlisting tofal commitment of staff, generating a greater sense of confidence, solidarity and unity of action should be concretized and institutionalized thus eliminating personalized pattern of management.

2. Directly linked with the above suggestion is the issue of Communication is the key to effective coordination because coordination is directly dependent upon the acquisition, transmission and processing of information. The greater the uncertainty of the tasks to be coordinated, the greater the need for information. The key to gainning and holding forth to a committed worker begins with appropriate policy and communications within the organization. Open Communication policy which seak to adore sensitivity to the feelings and concerns of workers must be worked out. Of course, no useful coordination is achieved without an adequate and acceptable system of communication. Not the type of one way form of communication that existed between the Ministry of Health and the dissolved Health Management Board. The use of working committee will ensure harmony of action of various interest to attaining our health goals.

3. While the other States of the Federation have found merit in the continued existence of an Independent body to coordinate its health programmes, Kwara State Government could not see the justification for the continued existence of hers and consequently got the Board dissolved. In this study, we however discovered that the Health Management Board was merely an appendix of the State Ministry of Health and could not be said to be autonomous in its real sense because all instrument of control specifically its size and use of money is determined by its superintending Ministry of Health. The research has equally found out that top management staff of the Board were on secondment to the Board even though on voluntary basis still owed some loyalty to their parent Ministry of Health. This prevented total commitment to the course of the Board. On the strength of these overhelming obstacles in the way of the Board it could not be said to have failed. We therefore see the continued existence of the Board as a faster means of attainning the State's desire for a standard health care delivery system. The Board could be the coordinating centre serving as a clearing house for all out health programmes.

We recommend that when such a body is created, it should be answerable to the Permanent Secretary incharge of Parastatals who on the advice of the Boards Chairman who in turn must have soughted all the issues at his boards meeting, hold the responsibility of defending and protecting the Boards interest. The Administrative Secretary or the Finance Controller of the board should be responsible for defending the Boards Finances and Budgeting. Once money is approved, the operations of the Board and the responsibility for spending should be that of the Chairman and the Secretary. The Chairman of the Board remains the vote Controller.

A strong Audit Department should be created within the Board to monitor all expenditures. This Unit should be answerable directly to the Board.

In the area of staffing and recruitment, this study recommends the following:-

The idea of seconding officers of whatever category to the Board should be discarded with. When the new Board is established it should be made aboundantly clear that whoever wanted to be part of the new board should come in as full time member. Our new envisaged body should be given a free hand to appoint its own staff. The Board should have an executive Chairman who needed not be a Medical Personnel but must be a seasoned Health Administrator. But Professionals within should always be consulted on matters pertainning to health policies.

The guiding principles on appointment should be that of placing the right pegs in the right holes.

4. On the structure and general administration of the Health Agencies, especially as they relate to coordination and control of our health programmes, this study wishes to recommend that the new body when created should discard with the idea of excessively emphasing on its formal authority structure to prevent administrators responsible for coordinating the various sub-units being over loaded thus becoming bottlenecks in the discharge of their roles especially in decision making.

While the study is mindful of the need for rules and regulations, it is however suggested that such rules be made as explicite as possible to facilitate routine jobs.

Rules and Regulations should not be followed blindly because unusual events and unique situation need appropriate attention and not routing response, initiative is the mother of progress. Anticipated problems to which requires advance setting of handling, renders rules and procedures impractible. It is therefore suggested that strict adherence to rules and procedures be minimised. Positive initiations from subordinates be activated for results.

5. Health Programmes must be planned to target, such as drawing a target date for the elimination of say, Tuberclouses by 1990 and working towards that direction with the aim of attaining the set goal. Such a programme should be systematically monitored and re-evaluated at every stage of progression. All interested units must be put together in a harmonous working relationship with each other to facilitate coordination and control of our health sector. This is the form of control that should be encouraged rather than that which existed between the Health Management Board and its superintending Ministry of Health.

6. The study recommends, the establishment of working committees on specialized issues of our health care delivery. The composition of each Committee should be made up of experts on related issues. This form of coordinating mechanism allows for harmony of action and quick dispensation of standard health care services. Effective coordination and control of our health services will improve the performance of the health sector as the lack of effective coordination and control had in the past affected performance.

Finally, this study has not pretended to have offered the solutions to all the problems afflicting the health sector of Kwara life. But rather, the study is more of an attempt to highlight the benefit that could accrue to our health care delivery if adequate coordination and control measures are adopted. It is only hoped that the few suggestions we have made in this study would serve as basis for further research in various aspect of the subject as it relates to the health services agencies of Kwara State and the Country in general.

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APPENDIX I

Department of Public Administration,
Institute of Administration,
Ahmadu Bello University,
Kongo Campus,
Zaria.

Dear Respondent,

QUESTIONNAIRE FOR CONSUMERS OF HEALTH CARE SERVICES.

This Questionnaire is designed to answer some research questions bothering on Coordination and Control of a Government Programmes with Health Care Delivery in Kwara State as a case study.

Your kind co-operation is therefore sought to unearth this research findings:-

All information supplied by you shall be treated in strick confidence and therefore cannot be used against you.

Anticipating your kind response.

Many thanks.

SALAHU ABDULKARIM
A. B. U. ZARIA.

1. Age of Respondent
2. Sex Male ☐ Female ☐
3. How many times will you guess you visited the Public/Government Hospitals/Clinics in the last one Year. (Please specify).
4. On each occassion, will you say you received the necessary attention Please tick. Yes ☐ No ☐
5. How will you rate the standard of Health Care Services in this State (Kwara) (please tick)
   (a) Very efficient ☐
   (b) Efficient ☐
   (c) Not Efficient ☐
   (d: Others, (Please specify) ☐
6. Do you think the establishment of the Health Management Board was necessary? Please tick Yes ☐ No ☐

7. If yes why?

8. If no why?

9. The Health Management Board is now dissolved, do you support its dissolution? Please tick. Yes ☐ No ☐

10. If no why? (Tick as appropriate or otherwise).

    (a) Performed very well ☐

    (b) Performed well ☐

    (c) Just on the Average ☐

    (d) Others (Please specify) ☐

11. If yes why? (Tick as appropriate or others).

    (a) Conflicting interests was the stock in trade of decission makers. ☐

    (b) Externally Teleguided ☐

    (c) Mere duplication of effort. ☐

    (d) Others (please specify). ☐

12. The dissolution of the Health Management Board has the implication of a unified or central control of the Health Sector. Do you think that urgurs well for the future efficiency of Health Care Delivery in the State?

    Yes ☐ No ☐

13. Health Care Delivery is said to be an emergency, requiring emergency attention. An independent body is being suggested to Administer the Health Sector, will you support such a move?

    Yes ☐ No ☐

14. Just suppose such a body is created, at what level will you entertain interference in its activities (especially from government agents) (Tick as appropriate).

    (a) Provided it with its tools and allow full authonomy of its operations ☐

    (b) Interfares with its recruitment policies. ☐

    (c) Minimal interance ☐

    (d) Assume total control of its activities. ☐

    (e) Others (Please specify) ☐

15. Any genaral remark on the State Health Care Delivery in the Kwara State will be most welcom.

APPENDIX II

Department of Public Administration,
Institute of Administration,
Ahmadu Bello University,
Kongo Campus,
Zaria.

Dear Respondent,

QUESTIONNAIRE FOR ADMINISTRATORS OF HEALTH SERVICES

The Questionnaire as set below is designed to unearth some Research findings boardering on Coordination and control of a government programme using the Kwara State Health Care Services as a Case Study.

Your kind cooperation is therefore sought for answers to the questions below.

All information supplied by you shall be treated in strick confidence and therefore cannot be used against you.

Anticipating your kind response.

Many thanks.

SALAHU ABDULKARIM
A. B. U. ZARIA.

1. Age of respondent
2. Sex of respondent (Please tick). Male ☐ Female ☐
3. Official capacity/Substansive Rank:.....
4. How will you rate the standard of Health Care Services in Kwara State generally?
   (a) Very efficient and very effective ☐
   (b) Efficient and effective ☐
   (c) Not efficient and not effective ☐
   (d) Others please specify ☐
5. As a follow up, it is generally said in the State that Health Services agencies here have not lived up to expectation, what will you consider is the most important factor (outside Finance) responsible for this State of Affairs?
   (a) lack of Trained Personnel ☐
   (b) Poor state of relationship between Professionals and the Administrators. ☐
   (c) Poor coordination of Policies especially as they relate to location of health institutions such as hospitals and recruitment of Staff. ☐
   (d) Others please specify ☐

31. Management perceived the issue of discipline in the Organization as follows:-

(a) Discipline is a punitive measure ☐

(b) Discipline is a corrective measure ☐

(c) Others please illustrate ☐

32. Any large scale organization has to develop control measures to ensure that set goals are attained. The Administration of Health in this State is no exception.
Are pre-determined standard employed so that they can be compared to actual results?

Yes Health Management Board had set targets to measure or compare achievement ☐

No Jobs are done harp hazardly ☐

33. Is there adequate supervision of Pre-determined methods and procedures for health care delivery?

Yes ☐ No ☐

34. Information flow is vital to successful coordination and control of any programme. Health is looked at as one. How does information flow within the Health Management Board while it lasted?

(a) Vertically ☐

(b) Horizontally ☐

(c) In diffused (both Horizontal and Vertical) manner ☐

35. Any General Remarks on the Administration of Health Agencies in the State shall be well come.

APPENDIX III

QUESTIONS TO OFFICIALS OF THE MINISTRY OF [illegible]
HEALTH AND DEFUNCT HEALTH MANAGEMENT BOARD.

1. How would you assess the general performance of the Health Care Services in Kwara life?
2. What will you say has been the constraints and problems in the way of performance of our health care delivery?
3. What will you for instance say is the administrative bottleneck in the way of performance of health care delivery in Kwara State?
4. The health care delivery system is one institution in which Professionals and the Administrators interact, what will you say has been the relationship between these groups?
5. Will you subscribe to the idea that creating an autonomous body removed from the clutches of the Civil Service was more competent in discharging efficient and effective health care services to the people of Kwara State?
6. Will you say the Health Management Board had autonomy of its operations when it existed? Please substanciate.
7. Did you surport the dissolution of the Board?
8. What will you say was responsible for the dissolution of the Health Management Board?
9. Will you subscribe to the idea of creating a body similar to the Health Management Board for the effective coordination and control of our Health Care Programmes?
10. Do you see the Committee system as an effective means of coordinating and controlling the State's health care programmes?

Please, expanciate.