ASSESSMENT OF THE EFFECT OF DEMOCRATIC PARTICIPATION, AND FUNDING ON SERVICE DELIVERY IN SELECTED LOCAL GOVERNMENT AREAS OF KATSINA STATE, NIGERIA.

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ZARIA, NIGERIA

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NOVEMBER, 2019

DECLARATION

I declare that the work in this Thesis entitled **ASSESSMENT OF THE EFFECT OF DEMOCRATIC PARTICIPATION, AND FUNDING ON SERVICE DELIVERY IN SELECTED LOCAL GOVERNMENT AREAS OF KATSINA STATE, NIGERIA** has been performed by me in the Department of Public Administration. The information derived from the literature has been duly acknowledged in the text and a list of references provided. No part of this thesis was previously presented for another degree or diploma at this or any other Institution.

_____ _____ _____

Name Signature Date

CERTIFICATION

This thesis entitled **ASSESSMENT OF THE EFFECT OF DEMOCRATIC PARTICIPATION, AND FUNDING ON SERVICE DELIVERY IN SELECTED LOCAL GOVERNMENT AREAS OF KATSINA STATE, NIGERIA** by Lawal BABA SHANI meets the regulations governing the award of the degree of Doctor of Philosophy (Ph.D) in Public Administration of the Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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DEDICATION

I dedicate this work to Late **BABA M. SHANI**, and my entire family.

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All Praise and Glory to Almighty Allah for sparing me and giving me the opportunity, ability, capacity, wisdom, and strength to engage in and complete this programme that is momentous and historic to me personally, and a source of pride to my family. I am most grateful to my supervisors Prof. Ibrahim Adamu, Prof. Usman Abubakar, and Dr. Musa Idris, and my internal examiners Prof. A.A. Anyebe and Prof. S.B. Abdulkarim whose collective guidance and academic mentorship helped made this thesis a success. The philosophical guidance of Prof. Hamza A. Yusuf further strengthened my resolve to see this research through to the end. I wish to express my gratitude to Prof. Adejoh Odoh who taught me everything I know about the intricacies of academic research. I appreciate Prof. Mukhtar U. Alti and Prof. Bawa Hassan Gusau for given my research instruments focus and validation. I salute Dr. Pius Otu Abang for introducing and encouraging me to academic writing. To Dr. Dalhatu Muhammed Jumare (Marafan Malamai Zazzau), I will say only Allah (SW) knows how best to reward you. Special regards to Prof. Bashir Jumare, Prof. Mohammed Kabir Isah, Dr. AbdulHamidu Abdul, Sabo Tukur (Galadiman Raya Kasa Zazzau), Dr. Haruna Yerima, my senior colleagues and friends Dr. Shehu Salisu Jafaru, Dr. Faruk Abubakar, Dr. Idris Jamo, and Late Dr. John Daniel Ndan for scholarly advice.

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ABSTRACT

This study was undertaken toassess the Effect of Democratic Participation, and Funding on Service Delivery in Selected Local Government Areas of Katsina State, Nigeria. After a prolonged spell of military administration, Nigeria is at last back to a democracy. An ideal democracy is one that recognizes and encourages democratic participation and funding in order to make the government more responsive to the needs of the people. Yet, there seems to be a wide gap between democratic participation of the people, and funding for the development of basic education, primary health care, water supply, and sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state. The main objective of the study is to assess the effect of democratic participation, and funding for service delivery. The specific objectives are to determine the effect of democratic participation, and funding on the development of basic education, primary health care, water supply, and sanitation in the selected Local Government Areas of Katsina State. Democratic participation, Efficiency Services schools of thought, and the Public Value Theory were employed as theoretical frameworks for the study. Survey research design was used, the six selected Local Government Areas formed the population of the study, and using Yamane formula, a sample size of 1,111 was arrived at. Simple random and Purposive sampling techniques were employed in the selection of respondents. Both primary and secondary sources of data were explored. Primary data were collected using five sets of questionnaires administered to Local Government functionaries, staff of Basic Education Unit, staff of Primary Healthcare Unit, staff of Social Development Unit, and the general public. Semi-structured interview with the aid of a checklist was conducted with some members of Parents Teachers Associations (PTA), members of National Union of Teachers (NUT), members of Medical and Health Workers Union (MAHWU), executives of political parties, and Community Based Associations. Systematic observation was made of primary and junior secondary schools, primary healthcare facilities, public water supply points, and refuse dump sites. Secondary data were sourced from records from Katsina state Ministry of Finance, Education, and Health, and from Departments of Education and Social Development, Primary Health care, Water Supply and Sanitation, and Treasury, of the six Local Governments' Secretariats. Data were presented in tabular form, analyzed using Statistical Package for Social Sciences (SPSS 20.0), and Kendall's tau-b Correlation Coefficient was used to test the hypotheses postulated for the study. The study found that there is moderate degree of democratic participation by the people in the study areas, yet there is no active participation of the people in decision making at Local Government level, and development of basic education, primary health care, water supply, and sanitation was not as a result of democratic participation. The study found that there is adequate funding for basic education in all the study areas, inadequate funding for primary health care in all the study areas except Daura Local Government, inadequate funding for water supply and sanitation in the study areas. As such the study concluded that, on aggregate, development of basic education, primary health care, water supply, and sanitation in the study areas was not influenced by the people's democratic participation, nor was it due to adequacy of funding.Governments use the mass media of communication to sensitize people on important policy issues such as security matters, support for polio immunization etc, political parties and politicians do

the same to peddle their parties and candidacy respectively. Thus, it is recommended that these same stakeholders use the same channels to educate their people politically, sensitize them socially, and inform them adequately and timely, and include them in problem identification, planning, budgeting, implementation, and monitoring and evaluation so as to harmonize their democratic participation, and service delivery at Local Government level. The source of authority for all tiers of government in Nigeria is the Federal Republic of Nigeria Constitution. In view of the fact that efficient service delivery requires adequate funding, it is recommended that the Constitution be amended to compel Local Governments and other tiers of government to make a mandatory and fixed allocation, to be reviewed periodically, forthe development of basic education, primary health care, provision of water supply, and sanitation.

TABLE OF CONTENTS

Cover Page - - - -- - - - - - i

Fly Leaf - - - - - - - - - ii

Title Page - - - - - - - - - iii

Declaration - - - - -- - - - - iv

Certification - - - - - - - - - v

Dedication - - - - - - - - - vi

Acknowledgements - - - - - - - - - vii

Abstract - - - - - -- - - - viii

Table of Contents - - - - - - - - - xi

List of Tables - - - - - - - - - xiii

CHAPTER ONE: INTRODUCTION

1.1 Background to the Study -- - - - - -- 1

1.2 Statement of the Research Problem - - - - - 6

1.3 Research Questions - - - - - - - 10

1.4 Objectives of the Study- - - - - - - - 11

1.5 Research Hypotheses - - - - - - - 12

1.6 Scope and Limitations of the Study - - - - - 13

1.7 Significance of the Study - - - -- - - 16

1.8 Definitions of Concepts - - - - - - - 18

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction - - - - - - - - 20

2.2 Literature Review -- - - - - - - 20

2.2.1 The Concept of Democratic Participation - - - - - **20**

2.2.2 The functions of Local Government and local government service delivery - **35**

2.2.3 Review of Empirical Studies - - - - - - - - **40**

2.3 Theoretical Framework - - - - - - 48

CHAPTER THREE: RESEARCH METHODOLOGY - - - 57

3.1 Introduction - - - - - -- - - 57

3.2 Research Design - - - - - - - - 57

3.3 Population and Sample Size of the Study -- - - -- 57

3.4 Sampling Technique - - - - - - - - - - - - - - - - - 63

3.5 Sources and Method of Data Collection - - - - 63

3.6 Administration of Data Collection Instruments -- - - 65

3.7 Method of Data Presentation and Analysis - - - - 65

CHAPTER FOUR: OVERVIEW OF THE ISSUE AREAS - - 66

4.1 Local Government Reforms - - - - - - 66

4.2 Minimum Standards for Basic Education in Nigeria - - - 75

4.3 Minimum Standards for Primary Healthcare in Nigeria -- - 77

4.4 Water Supply and Sanitation - - - - - - 85

CHAPTER FIVE: DATA PRESENTATION AND ANALYSIS - - 96

5.1 Introduction - - - - - - - - 96

5.2 Primary Data - - - - - - - - 96

5.3 Secondary Data - - - - - - - - 211

5.4 Summary of Major Findings - - - - - - - 230

CHAPTER SIX: SUMMARY, CONCLUSION, AND RECOMMENDATIONS 236

6.1 Summary - - - - - - - - - -236

6.2 Conclusion - - - - - - - - -238

6.3 Recommendations -- - - - - - -238

REFERENCES

APPENDICES

LIST OF TABLES

Table3.1: Population of the selected Local Government Areas. 59

Table 3.2: Proportional distribution of sample size among the selected Local Government Areas. 60

Table 3.3: Distribution of interview respondents. 61

Table 3.4: Distribution of selected respondents to be administered with questionnaire in the selected Local Government Areas. 62

Table 5.1: Questionnaire administration by Category. 96

Table 5.2: Questionnaire administration by Local Government Areas. 97

Table 5.3: Demography of respondents from local government functionaries. 101

Table 5.4: Demography of respondents from basic education unit. 102

Table 5.5: Demography of respondents from primary healthcare department. 104

Table 5.6: Demography of respondents from social welfare unit. 106

Table 5.7: Demography of respondents from the general public. 107

Table 5.8: There is active participation of the people in decision making at Local Government level. 109

Table 5.9: Development of basic education in the local government area is as a result of democratic participation of the people. 111

Table 5.10: Development of basic education in the local government area is as a result of democratic participation of the people. 113

Table 5.11: Development of basic education in the local government area is as a result of democratic participation of the people. 115

Table 5.12: There is moderate degree of democratic participation by the people. 116

Table 5.13: Development of basic education in the local government area is as a result of democratic participation of the people. 118

Table 5.14: Testing hypothesis one. 120

Table 5.15: There is active participation of the people in decision making at Local Government level. 123

Table 5.16: Development of primary healthcare in the local government area is as a result of democratic participation of the people. 125

Table 5.17: Development of primary healthcare in the local government area is as a result of democratic participation of the people. 127

Table 5.18: There is active participation of the people in decision making at Local Government level. 129

Table 5.19: Development of primary healthcare in the local government area is as a result of democratic participation of the people. 131

Table 5.20: There is moderate degree of democratic participation by the people. 133

Table 5.21: Development of primary healthcare in the local government area is as a result of democratic participation of the people. 135

Table 5.22: Testing hypothesis two. 137

Table 5.23: There is active participation of the people in decision making at Local Government level. 140

Table 5.24: Provision of water supply in the local government area is as a result of democratic participation of the people. 142

Table 5.25: There is active participation of the people in decision making at Local Government level. 144

Table 5.26: Provision of water supply in the local government area is as a result of democratic participation of the people. 145

Table 5.27: There is moderate degree of democratic participation by the people. 147

Table 5.28: Provision of water supply in the local government area is as a result of democratic participation of the people. 149

Table 5.29: Testing hypothesis three. 151

Table 5.30: There is active participation of the people in decision making at Local Government level. 153

Table 5.31: Environmental sanitation in the local government area is as a result of democratic participation of the people. 155

Table 5.32: There is active participation of the people in decision making at Local Government level. 157

Table 5.33: Environmental sanitation in the local government area is as a result of democratic participation of the people. 158

Table 5.34: There is moderate degree of democratic participation by the people. 160

Table 5.35: Environmental sanitation in the local government area is as a result of democratic participation of the people. 162

Table 5.36: Testing hypothesis four. 164

Table 5.37: There is adequate funding for basic education. 166

Table 5.38: Development of basic education in the local government area is as a result of adequate funding for basic education. 168

Table 5.39: There is adequate funding for primary healthcare. 170

Table 5.40: Development of primary healthcare in the local government area is as a result of adequate funding for primary healthcare. 172

Table 5.41: There is adequate funding for water supply. 174

Table 5.42: Provision of water supply in the local government area is as a result of adequate funding for water supply. 175

Table 5.43: There is adequate funding for environmental sanitation. 177

Table 5.44: Environmental sanitation in the local government area is as a result of adequate funding for environmental sanitation. 179

Table 5.45: Testing hypothesis five. 180

Table 5.46: Testing hypothesis six. 182

Table 5.47: Testing hypothesis seven. 185

Table 5.48: Testing hypothesis eight. 187

Table 5.49: Katsina state Approved Estimates, Approved Estimates for basic education and primary healthcare for 2011-2015. 211

Table 5.50: Annual Estimates of Bindawa Local Government, Annual Estimates for basic education, primary healthcare, water supply, and sanitation, and the percentage in relation to the total annual estimate of the Local Government for the period under study (2011-2015.) 212

Table 5.51: Annual Estimates of Daura Local Government, Annual Estimates for basic education, primary healthcare, water supply, and sanitation, and the percentage in relation to the total annual estimate of the Local Government for the period under study (2011-2015.) 213

Table 5.52: Annual Estimates of Dutsen-ma Local Government, Annual Estimates for basic education, primary healthcare, water supply, and sanitation, and the percentage in relation to the total annual estimate of the Local Government for the period under study (2011-2015.) 214

Table 5.53: Annual Estimates of Safana Local Government, Annual Estimates for basic education, primary healthcare, water supply, and sanitation, and the percentage in relation to the total annual estimate of the Local Government for the period under study (2011-2015.) 215

Table 5.54: Annual Estimates of Malumfashi Local Government, Annual Estimates for basic education, primary healthcare, water supply, and sanitation, and the percentage in relation to the total annual estimate of the Local Government for the period under study (2011-2015.) 217

Table 5.55: Annual Estimates of Kafur Local Government, Annual Estimates for basic education, primary healthcare, water supply, and sanitation, and the percentage in relation to the total annual estimate of the Local Government for the period under study (2011-2015.) 218

Table 5.56: Political parties in the study areas and their registered members. 219

Table 5.57: Educational facilities of the areas under study for the period under study (2011-2015.) 220

Table 5.58: Primary healthcare facilities of the areas under study for the period under study (2011-2015.) 224

Table 5.59: Facilities of water supply unit of the areas under study for the period under study (2011-2015.) 227

Table 5.60: Facilities of sanitation unit of the areas under study for the period under study (2011-2015.) 229

CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

The term democracy originated from two Greek words: *demos* which means people, and *Kratos* which means rule. Literarily, democracy means rule by the people, or government by the people. Appadorai, (2004), as cited in Falade, (2014) described democracy as a system of government under which the people exercise the governing power either directly or through representatives that are periodically elected by them. In the ancient states, direct democracy was possible because all adult members of a community could easily take part in decision making. In the modern political system it is not so, as due to population growth and expansion of political boundaries, representative democracy has replaced direct democracy in different parts of the world. Representative democracy is an indirect democracy where sovereignty is held by the people's representatives. Walter Lanqueur as cited in Idowu, (1998) pointed out that although the conditions of modern state makes direct participation of all the people in government of the state impossible, the concept of democracy still emphasizes the rule of the people. That is, the sovereign power is indirectly exercised by the people through a system of representation. Consequently, participation of the people is a fundamental requirement of representative democracy.

Democratic participation is the involvement of the citizen in his or her local political system.Political participation is a necessary ingredient of every political system. All political systems encourage political participation through varying levels. By involving the people in the matters of state, political participation fosters stability and order by reinforcing the legitimacy of political authority. People living in a particular society

participate in the political system which they develop. Participation does not mean mere exercise of political rights like franchise, by the people, it means their active involvement, which in a real manner influences the decision making activity of the government. Eakin, as cited in Adelekan, (2010) described political participation as the process through which the individual plays a role in the political life of his society and has the opportunity to take part in deciding what common goals of the society are and the best way of achieving these goals. It is in the arena of local politics that people must easily learn their first lesson in the art of governing. A nation may establish a system of free government, but without the spirit of municipal institution it cannot have the spirit of liberty. It is for this, that local government is considered as a school of democracy. (Bhagwan, & Bushan, 2009.)

Democratic theory considers citizens as rational, independent, and interested political persons capable of expressing their opinions regarding the persons aspiring for holding offices and also competent in electing some persons who deal with the policies of government in a way conducive to the interests of the people. In this situation those in positions of authority must conduct themselves in such a fashion as to appear sensible to the people, as the basic premise and underlying assumption of democracy is the ability of the people to participate effectively in issues concerning their livelihood directly or through representatives. Thus, to achieve any meaningful development in urban and rural areas, members of that society must have the opportunity to actively take part in the development process, as according to Odoh, (2014) it is only when there is public participation that socio-economic development take place.

Finance is the backbone of all functional organizations in any economy. It is a crucial prerequisite which enables an enterprise, public or private, to maintain itself and effectively meet its commitments to individuals and groups who consume its output of goods and services. Local government is a public sector organization with assigned functions and responsibilities, administrative structure and financial arrangement for both maintaining itself and rendering its statutorily assigned functions to its citizens. In the light of the above, Bello-Imam, (2010) contends that the generic centrality of finance to organizational performance also applies to local government. Similarly, in his analysis of the society, Karl Marx was apt to submit that there are basically two principal structures in the society. The first is the sub-structure, and the second is the super-structure. The sub-structure refer to the economic system, and the super-structure refers to the political system. Marx went on to aver that the sub-structure controls the super-structure. Literarily, this means the economy of any given society dictates the political structure of that society. This intends to say that the finance of the local government can dictate the pace of administration of the local government.

The history of local government in Nigeria is one of agitation by numerous communities to secure a separate political identity and self-determination. The development of local government in Nigeria can be looked upon as a continuous and growing process. (Emezi, 1979.) In Nigeria today, local government administration has come a long way even as before the establishment of colonial rule in the country, there were governmental features, though based on traditional settlement structure. Local government has witnessed several reforms in Nigeria with a view to repositioning the local government for effective grassroots democracy and political participation of the rural people in the

political activities of the state. The reforms dates back to the colonial period, during which the Imperial Government brought formal administrative structure at the rural areas. During the period 1914-1955, local government administration was referred to as Native Authority, and during the period 1955-1966, it was called Local Authority.

The present local government system in Nigeria started with the 1976 Local Government Reforms which aimed at restructuring the local government administration to conform with modern society, and at best to make Nigeria's local government administration an ideal one. The wisdom behind the creation of local government in Nigeria came up as a result of the need to bring government closer to the people, to provide the people with an arena to conduct their own affairs in line with local needs, aspirations, resources and customs, and importantly also, to provide certain essential services to the people in the locality. As a result of some of the recommendations of the 1976 Reforms, the Federal Republic of Nigeria Constitution 1979 guaranteed the system of local government by democratically elected local council. This Constitution also provided for the statutory allocation of funds to local governments by the states and the Federal Government. These hypothetically guarantees the political character of local governments, and their financial basis. The Public Service Reforms of 1988 introduced the policy of direct disbursement of Statutory Allocations to local governments.From this Reform, local governments were giving the powers to execute laws with respect to local affairs, thus assuming an autonomous structure. The Federal Republic of Nigeria Constitution 1989 made local government to stand on its own, without being a hitherto appendage of the state government. The election of local government Councils, Councilors, functionaries of local government, local government finances and custody thereof, and a lot more of other

matters concerning local government, were made matters of clear constitutional provisions. The 1991 Reforms reaffirmed the introduction to the local government, the presidential system government as is the case at the Federal and State levels. This development was regarded as a litmus test for the Nigeria's grassroots democracy. The Federal Republic of Nigeria Constitution 1999 is more or less the same as that of 1979 as far as local government is concerned. Section 7 of the Constitution emphasizes the status of local government Councils, and ensuring that they must be democratic. However, the same Constitution eroded the independence of local government Councils by placing them under the supervision of the State House of Assembly.

Upon the creation of Katsina State in 1987, the State created its own Laws on local government administration as provided by the 1979 Federal constitution. The Katsina State Law KTSLN 1 of 1988, KTS 2 of 1990, KTSNL 1 of 2000, and KTSL No.8 of 2008, all provided a Law for the establishment, structure, composition, finance and functions of local government councils.

In May 1999, Nigeria returned to democratic rule. This was premised by the go-ahead given by the outgoing military regime to citizens to prepare for a democratic transition. What followed was a frenzy of political activities ranging from formation and registration of political parties, party membership, voter registration, in-party affairs, campaigns, concessions, etc, across states, local governments and wards, up to the elections and subsequent transition. Freedom of expression, speech, and participation were reiterated, even if not guaranteed. With it came higher hopes at all levels of governments' responsiveness to citizens' wishes for better life through effective and efficient service

delivery. This was hoped to be achieved through participatory and representative democracy.

At the level of the local government, it is not whether or not the general populace gets to vote at regular intervals, but rather, whether or not, their interests are being taken care of, and whether their votes grants them sufficient power and representation in the relevant institutions for them to have their concerns taken care of in a manner that they deemed most appropriate, and improving their quality of life.

Government exist primarily to provide services that will make life worth living. Accordingly, local government as third tier government in Nigeria is created to bring government closer to the people at the grass roots and for transformation of lives at the rural level. One of the ways of bringing government closer to the people is through the delivery of services in a satisfactory, timely, effective, and adequate manner.

1.2 Statement of the Research Problem

The issue of possible link between democratic participation and service delivery has been the preoccupation of scholars for many years. The central question has been and continue to be, whether democratic participation is possible without service delivery, and vice versa. In Nigeria, all the Federal constitutions from 1979 to 1999 have guaranteed the system of local government by democratically elected local councils. Among the functions conferred on local government councils include democratization by way of mobilizing and involving the people in their own affairs, and the delivery of certain services as contained in the Fourth Schedule in the 1999 Constitution of the Federal Republic Nigeria.

According to theFederal Republic of Nigeria Constitution 1999, it is a constitutional right of every citizen to participate in the government of his or her locality in particular, and the nation in general. Against this background, what better platform to exercise this right than a democratic one.Thus, after more than fifteen years (1984- 1999), of another military rule, on 29th May, 1999, Nigeria at last embarked on its current democratic journey. The transition was welcomed with high hopes and optimism for a better Nigeria. Rightfully so, after all, democracy connotes, among others, rule of law, citizen participation, popular representativeness, change of leadership at regular intervals etc. As succinctly coined by Lincoln (1853), democracy is "government of the people, for the people, by the people". Impliedly, by this definition, 'by the people' refers to people's participation in government on matters affecting them, "of the people" refers to the government of a particular geographical location, and 'for the people', refers to government providing the people with their felt needs.

Finance has remained the most critical policy issue in the local government administration in Nigeria. Owing to the development responsibilities placed on local governments, there is the need for adequate finance for this tier of government. It should be noted that local governments in Nigeria get the bulk of their funds from the allocation from the Federation Account. As such,the Okigbo Revenue Formula of 1981 made a provision of 10% of the Federation Account to local governments, the Danjuma Committee of 1989 increased their allocation to 15%, the Armed Forces Ruling Council (AFRC) in 1990 maintained the 15% allocation, but however, in 1992 increased it 20%. This trend was maintained up to 2010 when the current vertical allocation formula made a provision of 20.6% to local governments. These sustained upward reviews of the

statutory allocations to local governments implies considerable flow of local government revenue which is expected to enhance their economic fortunes and improve efficiency and effectiveness in their service delivery functions.

The Federal Republic of Nigeria Constitution 1999(as amended)upholds local government as a third tier of government, with the objective of bringing government closer to the people. Other tiers of government have initiated many programmes for the purpose of touching the lives of the citizens albeit through the instrumentalities of the local government, yet the expected benefits have continued to elude the people despite the huge amounts of investments towards this course. According to a survey carried out in Nigeria by Afro barometer in 2008 in respect of service delivery by the local governments in Nigeria, indicates that the local governments have failed in the performance of their primary duties which are service delivery and resource mobilization. Afro barometer further revealed that over the past several years, under civilian administrations, local government councils in Nigeria have received substantial revenues without providing commensurate services or infrastructural development, and rural areas are not receiving the desired boost from local governments, and where certain developmental projects occur, such are mostly carried out by other tiers of government or other development partners. Politics, participation, finance,and leadership in the Nigerian local government are generally viewed as inept and ineffective, consequently, services are poorly or not provided for genuine development process to take place.

Primary education and primary healthcare fall under the concurrent functions of local government according to the 1999 Constitution, where both Federal and State governments are mandated to assist in the provision of these services. As such, the

Federal Government has committed enormous financial resources through schemes and interventions such as the Universal Basic Education (UBE) matching grants to States and local governments (UBEC, 2012c), the Millennium Development Goals (MDGs) Conditional Grant Scheme (CGS) to States and local governments, (MDGs,2013) etc. With all these, Katsina State fall within the lower ranking of educationally less developed states in Nigeria with an average of 50.50% net attendance rate which is considerably short of the national average of 68.70% (National Bureau of Statistics NBS, 2014.) With a population of 6,791,223, the state has 22 public healthcare facilities to a population of 100,000 people (NBS, 2014.) This appears to be short of the national minimum standards for primary healthcare of one Health Post/Dispensary per village/neighborhood of 500 population, one Primary Health Clinic per group of settlements/neighborhoods/villages of 2000 to 5000 population, and one Primary Healthcare Centre per political ward of 10,000 to 20,000 population (National Primary Healthcare Development Agency NPHCDA, 2014.) In 2009, the Katsina State Government created a new Department in its local government Secretariats called Water Supply and Sanitation to address the issues of acute water shortage and environmental sanitation. Through this Department, the local governments were to provide water and sanitation. The problems still persist as availability and access to clean portable water, and clean and sanitized environment continue to elude the people. All of the above mentioned problems are in one way or another connected to active participation of the people in decision making, and inadequate funding.

According to Morton (2005), democracies have the potential to put in place better education, longer life expectancy, lower infant mortality, access to drinking water, and

better health care than dictatorships because the available resources are managed better. Now that we are in a democracy, how potent is this claim put forward by Morton?

1.3 Research Questions

i. How has democratic participation affected the provision of basic educationin Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state?

ii. How has democratic participation affected primary health caredeliveryin Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state?

iii. How has democratic participation affected the provision of water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

iv. How has democratic participation affected environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

v. How has funding affected the provision of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state?

vi. How has funding affected the provision of primary healthcare in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state?

vii. How has funding affected water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state?

viii. How has funding affected environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state?

1.4 Objectives of the Study

The major objective of this study is to assess the commensurability of democratic participation and funding to service delivery by the local government in Daura,Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana LocalGovernment Areas for the period 2011 to 2015. The specific objectives of the study are to:

i. determine the effect ofdemocratic participation on the provision of basic education inDaura,Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas.

ii. determine the effect ofdemocratic participation on primary healthcare delivery in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas.

iii. determine the effect ofdemocratic participation on water supplyin Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

iv. determine the effect of democratic participation on environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

v. determine the effect of funding on the provision of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas.

vi. determine the effect of funding onprimary healthcare delivery in Daura,Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas.

vii. determine the effect of funding onwater supply in Daura,Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas.

viii. determine the effect of funding on environmental sanitation in Daura,Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas.

1.5 Research Hypotheses

Ho1. Democratic participation has no significant effect on theprovision of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

Ho2. Democratic participation has no significant effect on the provision of primary health care services in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

Ho3. Democratic participation has no significant effect on the provision of water in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

Ho4. Democratic participation has no significant effect on provision ofenvironmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

Ho5. Funding has no significant effect on provision of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma,and Safana Local Government Areas of Katsina state.

Ho6. Funding has no significant effect on primary healthcare services in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

Ho7. Funding has no significant effect on water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state.

Ho8. Funding has no significant effect on environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin- ma, and Safana Local Government Areas of Katsina state.

1.6 Scope and Limitation of the Study

The study covered the period 2011 to 2015. This period was chosen because it marked sixteen years of Nigeria's return to democratic rule. Ideally, sixteen years of any intervention is sufficient enough to begin to realize results of that intervention. In this case, the expected result is the dividends of democracy which include among others,

political participation of the citizenry, and delivery of services that would improve the living standard of the populace.

Finance is the backbone of all functional organizations in any economy. It is a crucial prerequisite which enables an enterprise, public or private, to maintain itself and effectively meet its commitments to individuals and groups who consume its output of goods and services. Local government is a public sector organization with assigned functions and responsibilities, administrative structure and financial arrangement for both maintaining itself and rendering its statutorily assigned functions to its citizens.

The study areas comprise six local governments in Katsina State. Selection of the sampled local governments was done using the multi-stage sampling technique where Katsina State was divided according to senatorial districts. In each of the Senatorial district, two local governments were selected using the purposive random sampling technique. This was done bearing in mind the conventional categorization of urban, semi-urban, and rural local government areas. Thus, Daura and Bindawa Local Government Areas from Daura Senatorial District, Malumfashi and Kafur Local Government Areas from Funtua Senatorial District, and Dutsin-Ma and Safana Local Government Areas from Katsina Senatorial District were chosen as the focus of the study. Daura, Dutsen-ma, and Malumfashi Local Government Areas are urban, and were selected because of the ease of access to social services. Bindawa, Kafur, and Safana Local Government Areas are rural, and were selected because of their relative access to social services.

The aspects of service delivery covered are provision of basic education, primary health care service, provision of water supply, and environmental sanitation as they are among the main human capital development.

Basic education is the second goal of the Millennium DevelopmentGoals (MDGs), which is achieving universal primary education. The target of this goal is that by 2015, all children, both boys and girls, would have completed a full course of primary schooling. The indicator for this target is the net attendance rate. Thus, the net attendance rate across the geopolitical zones indicate that South East is ahead with 90.5%, followed by the South South with 88.1%, South West 87%, North Central 80.2%, North West 50.5%, and finally North East 42.5%. (National Bureau of Statistics, 2014.) Katsina state as the focus of this study is located in the North West geopolitical zone, which has the second lowest attendance rate.

There is the need to ensure optimal performance in the health sector. According to World Health Organization (WHO), health simply means the complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is the journey towards the highest levels of mental, emotional and physical stability. Thus, Katsina state, with a population of 6,791,223 (National Population Commission, 2006) has 1,418 primary, 11 secondary, and 2 tertiary healthcare facilities, with 22 healthcare facilities per 100,000 population, (National Bureau of Statistics, 2014.) This presents a challenge when compared with states such as Ogun state with a population of 4,460,718 (National Population Commission, 2006) which has 1,520 healthcare facilities, and 34 healthcare facilities per 100,000 population, (National Bureau of Statistics, 2014.), and Nasarawa state with a population of 2,188,257 (National Population Commission, 2006) which has 909 healthcare facilities, and 42 healthcare facilities per 100,000 population, (National Bureau of Statistics, 2014.)

The Katsina state government in its bid to provide portable drinking water, and improved sanitation and hygiene created in 2009, a new Department in its local government Secretariats called Water Supply and Sanitation. The objective is to address the issues of acute water shortage and environmental sanitation. Through this Department, the local governments were to provide water and sanitation.

The limitations of the study, despite presenting all the supporting documents for the research, include the difficulties encountered during administration of questionnaire where in some cases gratification in the form of money was demanded before a respondent completes the questionnaire. In the quest for secondary data many offices and officers in charge of relevant materials to this study were apprehensive at first before reluctantly obliging us the materials requested, to study under the supervision of an officer, and the condition that the materials will not be photocopied, even as they are needed for appendix. Therefore, because of this inhibiting factor we were unable to get significant materials that could have been used as appendix.

1.7 Significance of the Study

As a result of the increasing global population and shortage of services especially in developing countries, and the attendant consequences on security and development, scholars and development agencies are increasingly debating the appropriate strategies for better service delivery to local populace (Pradeep, (2011), Odoh, (2004), Ohiani, (2004), World Bank, (2012), and UNDP, (2012) as cited in Jamo, (2014).)

Nigeria is now in a democracy and democratic participation is a hallmark of democracy and a constitutional right. Therefore, to exclude people from participation is to undercut their equal dignity as citizens. The finance of local government is also a constitutional

provision as no meaningful service can be provided without adequate finance.

This study is important as it explored the local government as a constitutional institution with constitutional functions to discharge, and how it relates with its' citizens who are the principal beneficiaries of its activities. The study will explore the reality of local government administration with regards to its role of mobilizing people for democratic participation, and budget allocation for service delivery in the areas of basic education, primary health care, water supply, and environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Safana and Dutsin-ma Local Government Areas of Katsina state, and to what extent democratic participation and funding affected these important areas of human development.

Previous studies by Fabunmi, (2002), Aluede, (2004), Tahir, (2007), and Adebola, (2007), focused on process and procedure in the delivery of services. Abubakar, (2008), examined citizen participation in local government and decentralization, butfailed to scholarly pin the gradation or level of citizens' participation. Okeke & Chukudi, (2014), Ayuba, (2015), and Francis, (2016), looked at service delivery from the angle of a function to be performed. This study is unique in that it looked at democratic participation, and demand for service as a right of the citizen. Further, the study is interested in the level of democratic participation of the people, and whether their participation has given them a place in decision making, and led to improvement in service delivery, or whether service delivery is at the whims and caprices of the policy makers who allocate resources arbitrarily.

It is hoped that this study will bring awareness to the people and local policy makers of the six study areas and beyond, as to how democratic participation can lead to the

attainment of desired services. That through democratic participation people can make their voices be heard and demand for service. That it is possible, through democratic participation, to have better service delivery.

Among the objectives of local government in Nigeria as contained in the 1976 Local Government Reforms and subsequently adopted by theFederal Republic of Nigeria Constitution 1999 advocated for greater citizen participation both at the level of policy formulation and policy implementation. Whether or not these objectives have been met over the years prompted a lot of research work on determining the extent of peoples' participation in local governance. It is hoped that findings from this research endeavor will help establish whether a synergistic relationship exist between the local government and its citizens. And finally, it is hoped that the outcome of this study will be useful to public policy makers, administrators, civil society groups about opportunities to influence public policy making and the implementation of decisions, and students of Political Science, Public Administration, Policy and Development Studies, and Local Government Studies.

1.8 Operational Definition of Concepts

1.8.1 Democratic Participation

In this study, democratic participation is operationalized and can be seen to mean formally and officially registering and attending party meetings of a political party of one's choice. This could be because of ideological, tribal/ethnic, religious, material, or any other reason. Taking part in political discussion as friends, peer group, vested interest, for support or opposition. Giving contributions in the form of cash and or kind to political parties. Writing petitions, letters to public officials or newspaper editors to support or oppose a decision or action on the part of government or an issue of concern to the society. Contesting for elective office by eligible citizens and voting by eligible and

interested citizens. Finally, individual and collective input and influence in planning and decision making for development.

1.8.2 Funding

Finance is the bedrock of every meaningful developmental activity. Without adequate funding, plans, intentions and policies for development would be unrealizable. In this study, funding is operationalized as the actual funds allocated by the local governments under study for the provision of basic education, primary healthcare, water supply and sanitation.

1.8.3 Service Delivery

In this study, at the local government level in the Nigerian context, service delivery entails provision of basic education, primary health care, portable drinking water, and environmental sanitation adequately, proportional to the population of the study areas. The adequacy is in terms of schools, class rooms, teachers, teaching and learning materials,primary healthcare centres, Doctors, nurses, midwives, laboratory technicians, drugs, sources of clean drinking water, refuse disposal sites, refuse collection/evacuation vehicles.

1.8.4 Local Government

Local Government is a unit of government that is a geographically bounded area that is established by law. The local inhabitants are to be its asset and liability. It is to mobilize its residents for socio-economic and political activities, and discharge as best as it can, the functions so lawfully conferred upon it, and involve the people in the affairs of their locality.

CHAPTERTWO

LITERATURE REVIEW AND THEOETICAL FRAMEWORK

2.1 Introduction

This chapter will review related literature on the subject matter of discussion i.e. democratic participation, Local Government and service delivery, review of empirical studies onbasic education, and primary healthcare, water supply and sanitation. The chapter will also discuss the democratic participation school, the efficiency services school, and the public value theory as the theoretical frameworks that will guide the study.

2.2 Literature Review

2.2.1The Concept of Democracy, Participation, and Democratic Participation

Democracy is a political system based on representative government, citizen participation in the political process, basic freedoms of citizens, transparency of political acts and processes in general.Citizen participation in the political process is one of the main principles democracy was built upon. The traditional model of political participation was formulated by Sidney Verba, an American political scientist, based on the American politics. According to him, “political participation affords citizens in a democracy an opportunity to communicate information to government officials about their concerns and preferences and to put pressure on them to respond" (Verba, 1995.) This implies that in any democratic system, citizens have the right to express their views and attitudes towards almost everything happening in the public sphere or concerning their own interests in a way that government officials know this and respond.

Representative democracy rests on the assumptions that the citizens possesses and demonstrates some civic capacities. These include intelligence, self-control, and conscience. Appadorai, (2004) as cited in Falade, (2014) posits that the citizen must be able to understand the interest of the community, to subordinate his own will to the general will, and must feel his responsibility to the community and be prepared to serve it by voting. In Nigeria, and Katsina state in particular, however, the contrary is the case as indolence, indifference, and political apathy have hindered the sustenance of representative democracy. This position was strengthened by Falade and Orungbemi, (2010) who asserted that

> *true democratic governance is absent in Nigeria and many parts of Africa. The political culture in Nigeria is characterized by intolerance, intimidation, thuggery, assassination, bitterness, apathy, indolence, money and ethnic politics. As a result of these, the ingredients of democracy have not been able to thrive after many years of political independence.*

According to Arolowo and Aluko, (2010), the essence of political participation in any society, be it civilized or primitive, is to seek control of power, acquisition of power, and to influence decision making. Nigeria's democracy can safely be adjudged as one of being quasi- civilized and quasi- primitive. In an idle setting, political participation is a means of contributing ones quota to the political system and overall development of the nation, as it is one of the fundamental requirements of democratic governance.

Arnstein, (1969), and Hart, (1997) developed similar models to aid in understanding participation, which were called "A Ladder of Citizen Participation", and "Ladder of Young People's Participation", respectively.

Figure 1: A Ladder of Citizen Participation

8	Citizen Control	Citizen Power
7	Delegated Power	
6	Partnership	
5	Placation	Tokenism
4	Consultation	
3	Informing	
2	Therapy	Non-participation
1	Manipulation	

Source: Adapted from Arnstein, S. R. (1969)

The bottom rungs of the ladder are (1) Manipulation and (2) Therapy. These two rungs describe levels of "non-participation" that have been contrived by some to substitute for genuine participation. However, according to Arnstein, and Hart, the real objective is not to enable people to participate in planning or conducting programmes, but to enable power holders to "educate" or "cure" the participants. Rungs (3) Informing and (4) Consultation, progress to levels of "tokenism" that allows the have-nots to hear and have a voice. When they are proffered by power holders as the total extent of participation, citizens may indeed hear and be heard. But under these conditions they lack the power insure that their views will be heeded by the powerful. When participation is restricted to these levels, there is no follow-through, hence no assurance of changing the status quo.

Rung (5) Placation is simply a higher level tokenism because the ground rules allows the have-nots to advice, but retain for the power holders the continued right to decide.

Further up the ladder are levels of citizen power with increasing degrees of decision making clout. Citizens can enter into a (6) Partnership that enables them to negotiate and engage in trade-offs with traditional power holders. At the topmost rungs, (7) Delegated Power and (8) Citizen Control, the have-not citizens obtain the majority of decision-making seats, or full managerial power.

Obviously, the eight-rung ladder is a simplification, but it helps to illustrate the point that so many have missed. In particular, that there are significant gradations or levels of citizen participation. Furthermore, knowing these gradations makes it possible to easily comprehend the strident, ever increasing demands for citizen participation from the have-nots, as well as the gamut of confusing responses from the power holders.

The extent to which people participate in the political process differ from person to person. In light of this, Falade, (2008) identified six types of political participants. He called them:

1. The in-active: these are the people that take no part in any political activity. These include the indolent, and the politically apathetic ones.

2. Voting specialists: these are the people that get eagerly engaged only in voting. Besides voting they are not concerned about other political activities.

3. Parochial participants: these people participate in politics occasionally. They vote or get involved in any other political activity only when it affects their personal interests.

4. The communalist: these are those who get engaged in voting regularly. They also get involved in community affairs but they are not involved in political campaign activities.

5. The campaigners: they are actively involved in political campaign but inactive other community affairs.

6. The complete activists: they are highly involved in all political activities. They actively participate in voting, political campaign, community activities, and make contact with public officials.

In the Nigerian context, even as some parts of the country especially the South west region have gone far in it, Verba's assertion require the creation of a community centre where the citizens are free to meet their political representatives, ask them questions and demand for response. This is not a common practice, even if it exist, in Katsina state local governments.

Participation is the first dimension to come to mind when considering the process of decision making in any group, and in particular in a polity. More than by anything else, the modern state is distinguished from the traditional state by the broadened extent to which people participate in politics and are affected by politics in large-scale political units.

Mason, in Kernes (1988), is one author who uses the notion of participation to break past the liberal notion of democracy. He argues that when individuals assemble to do and to decide things in common, they are essentially engaged in the political. Once the political is defined this way, participation becomes a hallmark of democracy. Participatory democracy abandons the notion of participation as purely individualistic and narrowly

motivated by self-interest; enlightened self-interest includes a keen awareness of the interest of the community as well.

Participatory democracy also extends participation beyond simple input to the full range of decision making activities. For activities to be classified as political, Mason states that participation must be widespread and effective. The scope of decision making should be extensive, degree of participation high, the mode of involvement clearly specified and the psychological investment of individuals in the process meaningful. To stress the difference between liberal and participatory democracy, Mason adds that involvement in the processes by which communities rule themselves is an essential part of the development of individuals. Without that involvement, an individual cannot move beyond the possessive individualism of liberal man and cannot relate to other human beings except as they are instrumental to achieving his values.

Gutman in Kernes (1988), does not simply assume that participation would lead to equality, rather, she adduces four historical arguments in favor of full participatory rights for all, arguments which in themselves tend to show that participation will be conducive to equality. The first argument is that "the right of equal participation is a means of protection against the tyranny of others, specifically against the tyranny by the state". A second argument is that the counsel of many is better than that of a few, and that those who will be directly affected by decision and who have the relevant information will make better policy. A third argument is that only through participation in decisions will citizens become competent at making good policy. The final argument is that, once equality is accepted as a principle in any area of public life, to exclude people from participation is to undercut their equal dignity as citizens. She further argues that

participatory rights have sometimes led to substantive welfare rights, but there are no historical cases of people who have been accorded welfare rights then achieving participatory rights.

In the Nigerian context, political participation is closely linked to the agitations of the nationalist movement of the pre-independence period. Among their agitations was the lack of opportunity for Nigerian citizens to participate in national issues. The Atlantic Charter of 1941, which advocate citizen participation, was however neglected by the Richards Constitution of 1946. Therefore, the constitution faced stiff resistance from the nationalists on the grounds of, among others; the nationalist leaders were not consulted before the constitution was passed, majority of the members of the central legislative council were not elected, and the Executive Council went unchanged and still contained unofficial members.

Even though political participation is a constitutional right in any ideal democracy, it is also voluntary. As such, there is a factor of great importance that appears when one looks at the term "voluntary". The thing is how an individual personally comprehends his own place and role in the political process, if he or she really wants to participate or he or she is absolutely indifferent, if he or she has this life philosophy that he or she has to fight for his or her rights and views or not. To sum up, one can say that a person's participation in the political process is always not only the proclaimed right written in the Constitution, but also the personal willingness to participate.

Dahrendorf (2003) writes that if

> *people want to have their say, and we cannot even imagine how to do that at the governmental level, except through street demonstrations or through the media, undoubtedly influential methods but with highly doubtful legitimacy; or else through discussion on the Internet, which is important but certainly not democratic, if only because many people, starting with myself, do not take part.*

Most people are not political actors, yet they cry the loudest when their interest or principles are threatened. However, examples abound where people participate and still could not realize their expectations. This is referred to as the procedural dis-utility, as against procedural utility, where participation lead to realization of expectations.

Theoretical literatures on procedural utility and the psychological benefits of political participation suggest that people who participate in political activities will be more satisfied with their lives because of the resulting feelings of autonomy, competence and relatedness, (Weitz-Shapiro and Winters, 2008.)

Freedom of choice in Nigeria is, by all intents and purposes, elusive especially at the rural areas where poverty has ensnared people almost to the point where one has only one choice, and that is of survival at whatever cost. This include selling ones political conscience for an immediate gain. The requisites of skills, time, and money as resources needed for active political participation appear to be in short supply.

People who were not accustomed to freedom, to the term of human rights, to the possibility to express their opinions and views so that they would be taken into

consideration by policy makers just have no understanding of what is political participation and why it is needed. Perhaps the time has come for a new democratic Nigeria with effective civil society, with people eager to influence the political process so that their preferences and concerns will be taken into account.

Political participation in a democracy can take many forms, ranging from voting for representatives at regular intervals to voting on policies in referenda, forming political groups, and engaging in legal or illegal protest. The individuals engaged in such participation likely expect—or at least hope—that these actions will have some impact on the content of government policies. However, the effects of political participation might not be limited to outcomes. Political participation might also affect individual life satisfaction and happiness. This first link, between participation and policy outcomes, is a core tenet of much of the scholarly literature and popular thinking about politics. Even political participation at its most passive—the act of voting for elected representatives—has a clear expected link to policy outcomes: we expect that the different candidates and parties for which citizen's vote will advocate, pass, and implement different policies. Where voters' preferences differ systematically across groups, and who votes, affects the type of policies that the government implements, including those policies that fundamentally shape the nature of society.

For example, scholars such as Meltzer and Richards, (1981) in Weitz-Shapiro and Winters, (2008) and Bueno de Mesquita et al. (2003) expect that sudden increases in participation, such as those brought about by democratization, will have large effects on government policies, including those governing the redistribution of income. This view is supported by Wampler, (2007) who showed that the use of participatory budgeting at the

municipal level in Brazil is often praised because of its ability to redirect public funds away from traditionally privileged neighborhoods to the poorest, most needy areas. Participation in the case of Porto Alegro according to Avritzer, (2010) allowed for three actualities: the inclusion of the poor, an "inversion of priorities", and bottom up participation, which by consequence led to an unprecedented "access to public goods". Further, development by means of participatory democracy in the case of Porto Alegro has allowed for sustained participation through inclusive debate and devolution of economic control, facilitating development through access to opportunities and improved standards of living. (Avritzer and Wampler, 2004, Fung & Wright, 2001)

Pateman, (1970,) Barber, (1984) in Weitz-Shapiro and Winters, (2008) posits that changes in participation may not only lead to different policy outcomes, but also, more involved democratic participation is likely to lead to superior social outcomes because of participation's role in aggregating information and preferences. In the aggregate, then, political participation likely has important effects on policy choices and outcomes. In addition to the effects of participation on policy outcomes, however, political participation may matter in a very different way, by providing an individual with direct utility and thereby increasing happiness and satisfaction with life in general.

The economist, Sen speaks of the freedom to participate as being a key form of development. Sen, (2003) view participation in making decisions that affect one's life and the lives of others as fundamental to human well-being. With his co-author Jean Drèze, Sen, (2002) writes, "Participation can also be seen to have intrinsic value for the quality of life. Indeed, being able to do something through political action—for oneself or for others—is one of the elementary freedoms that people have reason to value". Sen and

Drèze's argument follow a long-standing tradition in political theory, dating to Aristotle and embraced by many modern theorists, that claims political participation is valuable because of its effects on the individual citizen and his relationship to his political system, regardless of the actual outcomes from political processes. Although the theoretical literature presents a number of reasons—both direct and indirect—that political participation should increase subjective well-being, the empirical literature on this topic remains nascent. To date, we cannot say whether citizens in fact value participation to the extent that Sen claims, nor do we know to what degree political participation contributes to an individual's quality of life.However, see Wampler, (2007.)

Several authors, particularly from development studies, politics and philosophy have motivated a rationale for citizen participation in government. (Van der Molen, Rooyen and Van Wyk: 2002) The following rationales according to Ismail (1997) as cited by Abubakar, (2008) act as examples: Participation is a way of receiving information about local issues, needs and attitudes (Brynard 1998,) Participation provides affected communities an opportunity to express their views before policy decisions are taken, Public participation is a powerful tool to inform and educate citizens, Participation enhances the democratization process, Participation promotes equality, fairness and reasonableness in the allocation and distribution of public resources, Participation balances the tension between democracy and bureaucracy.

The Ohio State University Fact Sheet (Ohio State University, 1998) cites the following advantages flowing from participation in (local government) community affairs: The citizen can bring about desired changes by expressing individual or collective views on issues of public interest, itpromotes citizenship and teaches citizens to understand the

needs and desires of other citizen groups in society, it teaches citizens how to resolve conflict and how to promote collective welfare, citizens begin to understand group dynamics, it provides checks and balances for the political machinery of the state. (Van der Molen, Rooyen & Van Wyk 2002) as cited by (Abubakar, 2008.)

Additionally, reasons advanced for citizen's participation in government are that: Citizen participation promotes dignity and self-sufficiency within the individual, it taps the energy of resources of individual citizen within the community, Citizen participation provides a source of special insight, information and knowledge that adds to the soundness of government policies, Participation ensures that citizens have access to the tools of democracy, it creates national dialogue onissues, particularly for previously disadvantaged citizens (Meyer & Theron 2000.)

Deriving from the above motivations, it can be strongly argued that citizen participation in politics is a tool to promote democracy, empowers citizens and builds citizenship, balances the power of the elite and the poor, facilitates local, regional, national, sub-national, continental and global dialogue on issues of concern. (Meyer & Theron 2000.).

Although, the body of literature on the topic of citizen participation is overwhelming in its support for it, there is a minority section which highlights the limitation of citizens' participation. The limitations of citizen participation in government presents itself in the current dilemma outlined by Brynard (1998) as cited by Abubakar (2008), that "although participatory democracy encourages popular participation, reality shows that not every citizen is interested, or has the capacity to participate in public affairs." Experience has

also shown that local authorities often have no interest in what local communities are saying (See Republic of South Africa, Local Government Municipal Systems Act 2000, the White Paper on Local Government 1988 and Van der Molen 2002) as cited by Abubakar, (2008). It is also reported by Van der Molen (2002) that "in conflict – ridden societies, citizen participation may be limited due to fear. Illiteracy, a dominant scourge in most developing countries is an inhibiting factor in the public participatory process, as aptly shown by Van der Molen (2002), "Participation presupposes background knowledge and/or experience of the public issues involved. Illiterate people may be marginalized by professionals and technical communications during such a process. How public participation processes are advertised becomes a major issue".

Abubakar (2008), observe that most bureaucracies in developing countries are not structured in such a way as to facilitate and sustain citizen participation and this has continued to hamper constructive citizen-input into the decision making machinery and policy making process.From the literatures reviewed on participation research, authors are unanimous and have accepted unconditionally that participation contributes to good management decisions, without contemplating whether perspectives on good decisions are important (Enck: 1996). However, Abubakar (2008), points out that their focus is myopic because what constitute a "good decision depends on the perspective from which it is approached or viewed". Successful citizen participation depends on whether decisions are implemented or not. Difficulties may occur particularly if implementation involve stakeholders who were not part of the decision making process. The literature on citizen- participation has therefore not adequately considered the extent to which decisions based on citizen participation were indeed implemented (Van der Molen,

2002), as cited by (Abubakar, 2008.)According to Meyer & Theron (2000), as cited by Abubakar, (2008), another limitation on the literature on citizen participation relates to the need to integrate citizen participation with practical experience. Research in public administration has been reduced to merely linking the benefits of citizen participation to decision making, whilst ignoring the wider social benefits.

Democratic theorists are however divided on whether participation can further governance (democracy). This division has brought out three schools of thought.The first school thinks that citizen participation in governance doom democracy. A second school holds the view that it is the key to deepening it while the third argues that they do not have any significant effect. This debate has lasted for centuries.

The first school of thought beginning with Plato and moving on through Mosca, Schumpeter, and Huntington, argue that too much participation leads to inefficiency, un-govern-ability and citizen frustration. These great thinkers believe that government should be the province of an educated elite and as Huntington (1981), cited in Berry et al, (1993), in Abubakar (2008) argued, a 'surge of participatory democracy' weakens government by overloading the systems with demands and making it impossible to govern effectively. .

McConnell (1966),as cited by Abubakar (2008) observes that the proponents of this school also include those who prefer centralized government because of their belief that local politics breeds corruption and parochialism rather than democratic citizenship.Rebeiro (1995) who seem to favor participation warns that rather than furthering democracy, it has frequently led to low representation by the participants,

predominance of neighborhood interests over city-wide interests, and leftist clientelism. Cited in Gold Frank (1998), in Abubakar (2008).

Scholars that lean in favor of citizen participation have a long pedigree. Rousseau, and later John Stuart Mill, argued that participation educates people to become full citizens, reduces conflict, by helping people accept government decisions, and integrate the community, (Pateman, 1970), in (Abubakar 2008.) As observed by Abubakar (2008), recently scholars with varying research agendas, such as bureaucracy, urban planning and urban politics, have all argued for the increased citizen participation in the design and implementation of public policy. Depending on the authors, these changes would make government more responsive, effective and efficient, citizens more socially integrated and public spirited, and because of the changes in government and citizenry, local economies more prosperous and more equitable. Berry (1993) as cited by Abubakar (2008) set out to test some of these claims against those of the first school of thought. They found that participation in their cities yielded higher levels of government responsiveness, honesty and legitimacy (or the public perception of these items), led to greater sense of community and tolerance among citizens, defused hostility among groups in the city and did not create gridlock, increase conflict, introduce racial or economic biases into policy making or lead to frustration and disenchantment with government.

Scholars in the last group posit that citizen participation is insignificant. Martins (1998) as cited by Abubakar (2008), argues that they will not make a difference because local governments are limited by the "capitalist character of state structures" which implies that the primary task of government is "the reproduction of capital" and presumably, any

strengthening of the state comes at the expense of public sectors and of democracy.

2.2.2 The Concept and Functions of Local Government, and local government service delivery

The United Nations (1961) defined Local Government as

> *a political sub- division of a nation (or in a federal system, a state) which is constituted by law and has substantial control of local affairs including the powers to impose taxes or exert labor for prescribed purpose, the governing body of such an entity is elected or otherwise locally selected.*

The need for local government was based on the following assumptions: Local government increases the scope for citizenship participation in the governance of their locality, Local varieties and needs in service provision can be better handled by local government since it understands the needs of its own locality, Local initiatives can be better identified and taken on board especially in mobilizing community to gain local support on projects, and local knowledge is brought to bear on decisions by local government.

The 1976 Local Government Reform in Nigeria defined Local Government as

> *The government at the local level exercised through representative council, established by law to exercise specific functions within a defined area. These powers should give the councils substantial control over local affairs as well as staff, institutional and financial powers to initiate and direct the*

provision of services, determine and implement projects so as to compliment the activities of the state and federal government in their areas and to ensure devolution of functions to these councils and through the active participation of the people and their traditional institutions, that local initiatives and responses to local needs and conditions are maximized.

From the same Reform, a summary of the objectives of local government include but not limited to the following:

to make appropriate services and development activities responsive to local wishes and initiatives by developing and delegating them to local representative bodies, to facilitate the exercise of democratic self-government close to the local levels of our society and to encourage initiatives and leadership potentials, to mobilize human and material resources through the involvement of members of public in their own development, and to provide a two-way channel of communication between the communities and the government. (1976 Local Government Reform, Federal Republic of Nigeria)

Public service delivery system in any society is deeply rooted in and generated from the hives of activities of the state bureaucratic institutions and bureaucrats. These activities involve the effective and efficient provision of quality goods and services to the people. Public services such as schools and healthcare facilities, sustainable and hygienic water supplies,environmental and waste collection systems, electricity power supplies, agricultural inputs and facilities,serviceable and all-seasoned roads, street lightening, etc. constitute the array of the basic or essential needs of the people in the society. The state

of the provision of these public services, in terms of the management of a plethora of their quality, effectiveness, efficiency and sustainability, indicates the level or degree of societal stability, devoid of frustration, conflict and violence amongst the citizenry and against the state. The need, therefore, for institutional responsibility and bureaucratic accountability to the delivery of satisfactory services becomes compelling.

The general economic theory of fiscal federalism postulates that the provision of services should be located at the lowest level of government consistent with incidence of cost and benefit analysis. This, according to Anyanwu, (1999), may not be unrelated to the fact that lower tiers of government have greater information about local condition and can therefore provide services that are better suited to the needs of the local people.

In recognition of the justification for, and importance of having a local government, Kalin (2004) observed that from the perspective of the ordinary citizen, the central government is often too far away from the experiences of their life to meet up with the needs and problems the citizens face every day. In its stead, it is the local government that really matter for individuals and their families. He further observed that, "despite numerous reforms and spent resources, many central governments have failed to provide local services with the quality and consistency required to significantly improve the standard of living of the majority of the population."

However, scholars like Linus, (2014) and Khemani, (2004), as cited by Jumare, (2015), are of the opinion that local governments lack the management and financial capacity to effectively handle basic social service delivery. They based their argument on legal framework, local structure, composition, and the performance of local authorities in recent times. These scholars appear to be modest in basing their arguments, as corruption

and lack of political will are conspicuously missing from what they have put forward. In Nigeria today, local governments are almost synonymous with corruption, and in terms of performance and political will, they are like toothless bulldogs.

The 1999 Constitution of the Federal Republic of Nigeria (as amended)made adequate provisions for local government administration in Nigeria under the following provisions:

Section 7, Sub-section (1),

> *The system of local government by democratically elected local government is under this Constitution guaranteed and accordingly, the Government of every state shall, subject to Section 8 of this Constitution, ensure their existence under a Law which provides for the establishment, structure, composition, finance and functions of such councils.*

This provision of the Constitution presents two noticeable ambiguities: (1) the local government as a third tier government, and (2) local government derive its existence from the state. Clearly, the second ambiguity exposes local government to all sorts of treatment from the state government. Further, this section of the Constitution obviously need to be reviewed as all across Nigeria, local government councils have witnessed intermittent democratic disruptions only to be replaced by sole administrators or caretaker committees. Still, that has not halted the operations of the local governments. Thus, local government councils in Nigeria exist not only as democratic systems as envisaged by the above section of the Constitution.

As observed by Mello, (2012) local governments globally strive to meet peoples' demands for goods and services in a cost effective manner particularly at the lowest level of government or government at the grass root. Among the characteristics generally manifested by local government include that it is a subordinate system of government or subunit of a federal/central or state government and charged with powers to perform legislative, administrative and quasi- judicial functions as the case may be. It also has the power to formulate policies, prepare budgets and a measure of control over its own staff, with a view that it is rightly positioned to ensure unhindered and efficient service delivery (Chukwuemeka, 2014, Otinche, 2014, Ezeani, 2012 & Tumini 2011).

Effective service delivery involves a clear understanding of the specific services an organization provides, and its target customers. Understanding the services characteristics enhances how the customers see the services an organization provides. According to Nash and Nash (2004) in Majekodunmi (2012) effective service delivery is the provision of services to a buyer in such a way that the buyer's expectations can be met or exceeded while at the same time the business remains viable. In the public service, the above submission by Nash and Nash can be translated to mean government (local, state, federal) providing the citizens with their felt needs while at the same time maintaining its sustainability.

Findings according to Odoh (2014) include the preoccupation of local government, with survival rather than service delivery under democratic regimes, and local governments being used as an instrument of coercing political support. In his words:

> *it would have been safe to assume that with the theoretical premise of local government, their service delivery role ought to*

> *have flourished more under democratically constitutedregimes than non-democratic ones but findings over the years have shown to the contrary as firstly, devolution (local government autonomy) did not show any marked advantage over de-concentration in service delivery. Secondly, that under military regimes, even with the attendant inconsistency in autonomy, local government service delivery had more prospect than in democratic regimes. Thirdly, people preferred non-partisan politics topartisan politics.* (Odoh 2014)

The above conclusions were reached with the aid of responses from local government officials, and people from studies carried out across the country. Some responses from local government officials include better service delivery by local government under military regimes, and that democracy had not raised the standard of local government administration more than the military. The people submitted that party politics had been highly conflictual and divisive, followed by "worse leadership/performance", corruption and victimization. They claimed that it was the divisive factor that slowed down development at the local level.

2.2.3 Review of Empirical Studies

Various studies were conducted on democracy, participation, local governmentfinance, and service delivery in Nigeria. Agu, (2015) wrote on Democracy, Election, and Political Participation in Nigeria between 1999-2011. Findings of the study revealed that there has been steady decline in political participation due largely to among others, non-democratic

processes, imposition of candidates, corruption, violence during and after election, etc. The study concluded that there is a symbiotic relationship between democracy, election, and political participation, and thus recommended democratic rules and regulation should be respected by all political actors, and serious punishment be meted out to violators of electoral laws. Regrettably, this study lacks scholarly credibility as it did not show the methodology used in conducting the research.

Ugwuja, (2015) wrote on political participation and democratic culture in Nigeria. His findings showed that Nigeria's political culture is anchored on its political socialization and orientation by the former colonial masters, and ethnic sentiments. Thus, he recommended that ethnic sentiments should be shunned, as this will allow for the election of credible candidates. We find the methodology deficient in the area of population and sample of the study, which were not stated, and the sample size of 100 respondents appear too small for a country like.

Falade, (2015) conducted a study on political participation in Nigerian democracy, with some selected local government areas in Ondo state as the case study. Findings from the study showed that only 43% of the people were highly involved in political activities as a result of the political apathy displayed by the people. The study further revealed that the political apathy was as a result of the fact that the way politics and governance are practiced in Nigeria discourage some people from political participation. The study concluded that there is low level of political participation in Nigeria, and recommended that there should be political education in Nigeria. The political education should not be limited only to the school system, rather, both formal and informal approaches should be

adopted to orientate the citizen on the need for active political participation. We observed a major flaw in the conclusion of this study. A situation in one stateis hardly enough to generalize for the thirty six states in Nigeria.

Osondu, (2014) wrote on democracy and political participation in Nigeria's 2007 general elections, with Imo state as the case study. Findings from the study revealed that there is inadequate mobilization of the citizens, which resulted in poor participation in Nigerian democracy. That political activities in the Nigerian democracy are carried out by mainly the party members and not the citizens. Further, administrative practices in Nigeria or politics are not in line with democratic principles. Finally, Nigerian politics is controlled by the party cabals and not the citizens. The study concluded that Nigeria's democracy requires strong and effective political institutions and basic rights, both political and civic, and all round citizen participation. The study recommended among others, a review of the constitutional provisions on democracy and political participation in order to make adequate provisions not only for political participation, but for mobilization of the people to participate, as well as democratization of the political parties. The recommendations of this study are vague and blanketed, as operational indicators of the recommendations are not expressed.

Jumare, (2008) carried out a study on local government finance in Nigeria for the period 1994-2004. Among the objectives of the study include to find the causality between local government revenue, expenditure, and development; and responses of the local people, political and administrative functionaries on the service delivery functions of the local government councils. Findings from the study showed a statistical confirmation that there

exist a causal relationship between local government recurrent revenue, recurrent expenditure, and development. Further, local government spending was the outcome of many decisions in the light of changing economic and political circumstances such as politics of revenue allocation amongst component units of the Nigerian federal system.

Similarly, Wamako, (2010) wrote on the state, local government financial relationship and the socio-economic development of Sokoto State. The study found that the local governments in Sokoto State have very low revenue efforts and depends almost entirely on external sources of revenue.The study concluded that the local governments did not add value to the lives of the people, and that the people have lost hope in local government, during the period covered.

Two major short-comings of the above studies are: 1. it will be unfair to discuss local government finance in recent times without exhaustively discussing the effect of the constitutionally provided State Joint Local Government Account. 2. Both studies found problems with local government revenues but failed to recommend categorically and operationally, how local governments can enhance their revenue base.

Bature, (2009) carried out a study on local government and rural development. It was a comparative study between Dusten-ma and Danmusa Local Government Areas of Katsina State. The objective of the study was to find out why rural development in the local government areas was not accorded the necessary attention by the higher tiers of government. The conclusion of the study was that various rural development programmes around the country have been abandoned by successive governments despite the huge demand from the rural communities. The study attributed this misnomer to bad

governance. The flaw in the conclusion of this study is that bad governance was not operationalized. Bad governance could be in the area of local administration, financial management, project/programme management, or overall corruption.

In 2005, United Nations Education Scientific and Cultural Organization (UNESCO) adjudged the UBE Act as one of the best legal documents on basic education in sub-Saharan Africa, and therefore requested the Universal Basic Education Commission (UBEC) to organize a regional or sub-regional seminar on Nigeria's UBE law for possible adaptation by other developing countries (Jumare, 2015.)

However, scholars like Aluede (2004) and Fabunmi (2002) as cited by Jumare (2015) argue that the UBE program is not different from the previous Universal Primary Education (UPE), which has failed to achieve the desired goals they were meant to achieve. They argue that the UBE program, like its predecessor the UPE, is "over ambitious in its scope and coverage, weak in its implementation strategies, constrained in its resource capacity", and thus, if history is anything to go by, the program according to them, is bound to fail. On the contrary however, other scholars like Tahir (2007) and Adebola (2007), are of the opinion that the UBE is certainly different from UPE and should be adjudged appropriately. Their argument hinged on the fact that the word 'Basic' in the context it was used goes beyond primary education to include early childhood education, adult education, nomadic education, almajiri, girl child education, and other forms of special education.

Without a doubt, some of the differences between the UPE and UBE are evident in Katsina state. For example, in the area of general enrolment there is marked difference in

favor of UBE. However, critics can attribute this to population growth. Specifically, the enrolment rate of girls is a strong indicator of the success of UBE.

Francis (2016) conducted a study on human resources management in healthcare service delivery in Nigeria looking at provision of health infrastructure and empowerment in Anambra state. Data were collected through questionnaire and interview and analyzed using chi-square alongside tables and percentages. The study discovered that, human resources for health have significant effect on healthcare services. The study also discovered that health infrastructures are insignificant when compared with the human resources for health.

Ayuba(2015) as cited by Hamza, Sani, and Baba Shani (2018) conducted study on primary healthcare services and human sustainability in Nigeria taken health and empowerment program using twelve states (two from each geo-political zone). Data were collected through questionnaire, interview and non-participant observation. The data were analyzed using chi-square alongside tables and percentages. The study discovered that, primary healthcare services have been provided adequately for human development. The findings went further to describe the provision of health infrastructure in Nigeria as too expensive as it failed to provide humandevelopment. The researcher used Cost-Benefit Analysis (CBA) to measure the performances through input output ratio. However, this study is limited as it relies on physical infrastructures without looking at manpower provision in the area of study.

Okeke & Chukwudi(2014) conducted a research on the nexus between democracy and healthcare service delivery for sustainable development in Katsina State local governments using critical mode of research and employing political economy

framework as a theoretical framework for the study. The finding of the study highly support the thesis that, there is politics without progress in Nigeria. The study found that there is provision of primary healthcare facilities without development in Nigeria. It was also found that, human resource for health was not adequately provided under democratic dispensation. The study is limited as it was unable to identify the methodology and tools of analysis for the work.

Salmanu(2012) worked on the impact of maternal care service providers on maternal health in some selected local governments in Katsina State. Data were collected from the sample of 220 respondents using questionnaire and observation. Simple percentage was used in analyzing the data. The finding showed that service providers are needed in quantity and quality in maternal healthcare than any other resources/tools in the State. This work is limited as it lacks the necessary tools of analysis. The simple percentage used by the study cannot show the extent of the relationship between the two variables.

Aminu(2013)as cited by Magaji, (2015) worked on the link between health and development taking primary healthcare and reduction of child mortality rates as measurements using theoretical perspective. The finding showed that there is evidence of relationship between effective primary healthcare service delivery and future development of the young generation. It was also discovered that human resources for health are the most significant resources needed in the in the healthcare sector. This work is also limited as it lacks the empirical data to support the findings. There is also no specific area, time frame and tools of analysis for the study.

From the above reviewed literature on human resource for health and healthcare delivery and their corresponding empirical studies, it is obvious that most researches on healthcare and human resources are more concerned with provision of manpower without looking at other aspects such as health facilities as well as the nexus of human resources for health and healthcare delivery. It is in light of the aforementioned gaps that this research seeks toassess primary healthcare delivery in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government Areas ofKatsina State.

According to Kunnuji (2014), the series of outbreaks of water borne diseases in the past such as cholera, gastro enteritis, typhoid fever, pneumonia, skin rashes and other related diseases were all connected to water contamination resulting from lack of access to potable water supply.However according to WHO/UNICEF (2015), reports from various parts of the country have indicated that governments at all levels are rising to the challenges and taking all measures to stem the tide and curb the menace posed by the lack of potable drinking water, and unhygienic environment in their domain. In its effort at curtailing the ugly situation, the Katsina state government through RUWASSA adopted an approachin collaboration with traditional institutions to stop open defecation in the state. The aim is toachieve Open Defecation Free (ODF) status and improved sanitation, by 2025, under the Sanitation Hygiene and Water in Nigeria (SHWAN) project supported by the UNICEF. This programme would certainly assist to reduce water and sanitation related diseases particularly in rural areas of the state. The agency has already held meeting with 44 District Heads under Katsina Emirate and 13, in Daura Emirate Councils, respectively, on modalities to achieve the set objective.The traditional leaders

agreed to prosecute any household who failed to construct a latrine for use of the family within a given time frame. (eWASH[3, 2017.)

Ishaku, and Majid (2011) claimed, on average a person needs about 20 litres of safe water each day to meet his or her daily metabolic, hygiene and domestic needs. They further explained that access to water is measured by the number of people who have reasonable means of getting an adequate amount of water that is safe for drinking, washing and essential household activities expressed as a percentage of the total population. This reflects the city in urban areas to collect, clean and distribute water to consumers, whilein rural areas, access and adequacy of water should be that members of the household do not spend a significant portion of day fetching safe water.

2.3Theoretical Framework

This section of the thesis examines the basis of the existence of local government. This approach is intended to shed more light upon the premise of which local government the world over are based. In the search therefore, of what functional responsibilities local governments are supposed to perform, scholars have expressed divergent views. This divergence has evolved into two major schools of thought on what functional responsibilities are to be saddled on local government. Some scholars like John Stuart Mills, Jean-Rousseau, C.H. Wilson for instance, argue that, local government exist primarily as democratic institution with responsibilities for fostering representative and participatory democracy at the local level. Other scholars like J.S. Sharpe, and McKenzie are of the view that local governments should essentially provide services, which according to them are the tangible requirements of communities.This study will state the

position of both schools of thought and highlight those areas in their discussion that will guide and provide a framework for this study.

2.3.1 Democratic-Participatory School

The advocates of participatory democracy are made up of scholars or proponents who crave for participatory democracy in general or in favor of specific practices they consider as participatory democracy.

The influence of this school derives largely from the works of Mill (1861.) In his work on *Utilitarianism, Liberty and Representative Government;* he claims that a good form of government is one that is representative in the sense that such form of government promotes liberty, equality and fraternity. Further it makes men look beyond their immediate interests and recognize the just demands of other men, promote political education, participation and communication. Rousseau (1762) as cited by Pateman (1970) in Abubakar, (2008) observed that where the individual is concerned solely with his own private affairs, then the self-regarding virtues suffer as well as the capacities for responsible public action remaining underdeveloped. Mills further claimed that local government is a prime element of democracy and demonstrates the intrinsic values of democracy irrespective of the services it provides. A government can therefore, be adjudged as representative if it allows for all segments of the society to participate in it. Accordingly, local government is a laboratory for widespread consultation and participation.

The governments and administrations of the advanced countries of Europe and America are based on the tenets of democracy and representative government, and local

government is the heart of the practice. In the words of Ola (1984); local politics, like politics at all other levels, deals with conflict and conflict resolution. At the local level therefore, citizens are called upon and learn to make choices, to tolerate the views of minorities and to respect others' opinions, be they in favor or contrary to their own. This function of local government, the democratic participatory school holds to be the most sacrosanct. In the words of Panter – Brick (1954) as cited by Abubakar (2008) the capacity to make rational choices and "the art of winning consent "are as much necessary in local government as in central government, and that capacity is acquired and enhanced by participation in local government.

Another contributor to the discussion is Wilson (1948). He argued that the higher ultimate purpose that local government serves is political. For him, one of these is political education which participation in local government affords. That political education is "in the first place, an education in the possible and the expedient; in the second place, it is education in the use of power and authority and in the risk of power; in the third place, it is education in practical ingenuity and versatility". (Gboyega, 1987).

In appreciating the role which local government play in political education of the citizenry, Ola (1984) notes that it brings the individual in close tandem with public affairs while also offering him opportunity for political and social interaction. Studies carried out by scholars attest to this fact. For instance, Keith Lucas, in an English study found out that the number of British members of parliament who began their political career at the local government level attest to the importance of local government as a recruiting ground for the British Parliament.

A very salient lesson derived from this democratic role of local government is that it promotes political activity and social interaction. Mention was made of such political activities like turning' out to vote, election or selection to local government committees, pressure and interest group activities and participation, public debates and discussions of political issues. (Ola 1984).

Local government deriving from these roles contributes invariably not only to encouraging political participation, and education but also to the furthering of democracy in the polity. In sum, the democratic participatory school has as its fulcrum that local government must continue to "be a buttress of democracy", through the inculcation of political participation and political education.

2.3.2 Efficiency – Services School

Some sort of revolt emerged against the conventional view that local governments deepens democracy, by providing avenue for the political participation and education of citizens aspiring for national office. To them, "local government exists to provide services and it must be adjudged by its success in providing services up to a standard measured by a national inspectorate" (Ola 1984).Arising from the above argument, advocates of the efficiency services hold the opinion that the views expressed by Mill and Brick have no universal applicability particularly in the light of recent occurrences across the globe.

The main ingredient of this theoretical proposition of the efficiency services school of thought is that the main purpose of local government is to provide services to the local people. Sharpe (1970) for instance, suggested that "the efficient performance of these

services is so compelling that if local government did not exist, something else would have to be created in its place. (Ola, 1984.)Using the scholarly work of McKenzie (1964) as cited by Abubakar (2008) as a reference point, he argued that local government is far from being a launching pad for democracy. For him, local government is primarily a means of providing certain services although it may also offer the citizen the benefit of serving the community. Further, it is therefore heinous for government to regard its purpose as the propagation of democracy at the local level. The point as it is being argued is that local government because of its closeness to an area can provide certain services far more efficiently than the central government. These services should therefore, be allocated to local government and should serve as its main functions. According to Chukwuemeka (2014), efficient-service delivery is so important that it should override other functions of local government and contend that the need for democratic participation is not as crucial as that of efficient service delivery.

These were series of exchange of scholarly views to explain the rationale or the justification of local government as a unit of government. Such exchange of writings were between Lanqrod and Moulin on one side (anti – Mill) and Panter – Brick (Pro-Mill). Langrod and Moulin, cited in (Langrod; 1953) argued vehemently and debunked the notion that local government is the basis of democracy. In the words of Langrod, "democracy does not come into being where meal government appears nor does it cease with the disappearance of the latter". Langrod and Moulin further contended that local representative democracy not only breeds parochialism (to the detriment of national unity) but also is inimical to national democracy (Jagun, 1985).

The views expressed by the two schools of thoughts on local government above are two

extreme positions on what local government should actually be doing. As can be seen also, the advocates of these schools of thought are from the modern industrialized world with their political economy shaping the views they expressed on what functional roles local governments should play. For instance, advocates of the democratic theory are from Britain and America where there is a strong tradition for democracy while advocates of the efficiency services school are pioneered by the French scholars whose background, depict centralizing influences as it is with the "Prefecture" system prior to the 1982 reforms. While these extreme theoretical positions enjoy some utility, a blend or midway into these positions need to be made. It has been argued in some quarters that for developing countries, democracy in local government is a luxury and an expensive venture. (Technical Committee on Local Government Reforms, 2004). Hence, a strong emphasis for local government to carry out services instead of using their meager funds for paying allowances and entitlements of councilors at the local government level is advocated for developing countries. In the same vein, it is argued that representative government which is a hallmark of democracy is not an interests and pressure groups within the represented and their views articulated in government i.e. mobilizing popular participations for good governance.

A midway is to blend these two theories which in the words of Maddicks is "a clash between efficiency and popular control". In asking the question about how much democracy is needed to provide efficient services at the local level, Maddicks (1966) sums up for a mix cocktail between democracy and service delivery when he stated that:

> *The argument is that there is need in society for civic consciousness and political maturity if programs for both*

> *the locality and the state are going to be carried through adequately with enthusiasm and in fact in some cases without outbreak of violence. The spread of political maturity should bring with it through political participation a responsive government which translates needs into politics, which can harness local energies, because it is a popular government, and which is acceptable by periodically having to show results for activities.*

From these two schools of thought, we can discern the following:

The democratic participatory school has it that:

i. Local government assures the appreciation of individual interest.

ii. Local government helps to sharpen the citizen's political awareness.

iii. Local governments are avenues of devolving function to local representative bodies.

iv. Citizen participation inculcates an individual's interest in activities which enhances quality of their lives.

v. Citizens' confidence in government is nurtured by participation.

The highlight of the efficiency services school hinges on justifying local government as a means of providing certain form (services) of government work. Efficient service provisions are indispensable to human and physical wellbeing of the citizen.

2.3.3 The Public Value Theory

Further, the public value theory was also adopted for this study. The concept of public value theory was first introduced in Moore's book Creating Public Value: Strategic Management in Government (1995). Since its emergence in US the public value theory has grown interest among both academics and practitioners. The fundamental assumption of public value theory is to provide services according to the public interest (Chambers, 2003). Public interest is defined as what people would 'choose if they saw clearly, thought rationally, and acted disinterestedly and benevolently' (Chambers, 2003). Thus this theory entails desired outcomes of public programmes and participation of expected beneficiaries (to see the outcome clearly) for the services when delivered by the government bodies. Bozeman (2002) argued that 'Public value theory tends to operate at the highest levels, such as philosophical treatises about the public interest, or at the operational level, focusing on specific desired programme outcomes'. This theory induces public institutions to recognize public value of resources, goods, and services and to think the arrangement under what 'is the public best served' (Chambers, 2003). The public value theory articulated that public officials and representatives should include people in making decisions for service delivery, and thus the theory pursues the implementation of good governance with people as the central element of both the approaches. Hence, this study adopts this theory to conceptualize democraticparticipation and public service delivery.

2.3.4 Blend of the three Schools of Thought

Findings from the UNDP, (2004) study carried out on local government showed that many State Governors have dissolved democratically elected local government councils

on the pretext of poor or non-performance, and replaced them with caretaker committees or sole administrators. Further, many states have encroached on local government finances by carrying out projects or purchases on behalf of the local governments. A case in point is Katsina State, where the six Local Governments under study are part of, where the State government in 2008 decided to, and went ahead to construct thirty units of three bedrooms flats across the 34 Local Government Areas of the state and deducted the cost from the Local Government's grants.

From the efficiency services perspective, a housing service has been done, however, except for the urban/metropolitan LGs, most of the other LGs would have preferred other projects if they had been consulted, an attribute of the democratic participatory school and the public value theory. Through participation, which democracy affords, citizens can identify and articulate their felt needs and forward such needs through representation, which democracy also affords, for technical advice, planning and execution, which the efficiency services school advocates.

It is therefore the determination of this study that while we agree that basic education, primary healthcare, water supply, and environmental sanitation services have to be efficiently provided by the local government, the way these services are decided, allocated and provided will to a large extent require the representation and participation of the people, and adequate funding.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology employed in the course of the study. This chapter is divided into seven sections namely Introduction, the Research Design, Population and Sample Size, Sampling Techniques, Sources of Data, Administration of Instruments, and Method of Data Presentation and Analysis.

3.2 Research Design

For this study, survey research was adopted. Survey research is used for describing existing conditions, and can also be used for comparing same conditions with predetermined criteria for evaluating the performance and or effectiveness of a phenomena.

The choice of the survey research design for this study was in consideration of the fact that it will facilitate the collection of detailed and factual information on the level of democratic participation vis-a-viz basic education, primary healthcare, water supply, and environmental sanitation in the study areas. The design involved an empirical research methodology in the collection of data.

3.3 Population and Sample of the Study

The population of the study covered Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas in Katsina state. In selecting these local governments from the state, the multi stage sampling technique was used, where the state was sampled according to senatorial zones and using the quota random sampling technique, each zone represents a quota and thus, two local governments areas were chosen from each zone. In

each of the three senatorial zones, two local governments (one urban and one rural) were selected using purposive sampling technique because of the conventional categorization of local governments into urban, semi-urban, and rural local governments. In selecting the urban and rural local governments, deliberate and conscious effort was made to ensure that theywere selected in relation to their remoteness and relative access to social services. Furthermore, this system of selecting a sample from a given universe caters for peculiarities and characteristics such as degree of homogeneity and degree of heterogeneity, among others, of the population. It also helps the researcher to be less biased in subject selection.

The subjects/sample for thestudy were selected because their positions affords them relevant and in some cases privileged information. They include Local Government elected representatives from the study areas, Unit Heads of social welfare, Basic education, primary health care, water supply, and environmental sanitation and some of their staff, in one category. Another category of respondents wasdrawn from the general public in the respective study areas which included representation from Traditional rulers, community based associations, National Union of Teachers (NUT), Medical andHealth Workers Union (MAHWU), National Union of Local Government Employees (NULGE), political parties, and religious institutions.

Table 3.1 Population of the Selected Local Governments.

S/N	Senatorial Zone	Category	L.G.A.	Male	Female	Total Population
1	Daura Senatorial Zone	Urban Rural	Daura Bindawa	115,576 77,299	109,308 75,077	224,884 152,376
2	Funtua Senatorial Zone	Urban Rural	Malumfashi Kafur	92,420 104,620	90,471 104,740	182,891 209,360
3	Katsina Senatorial Zone	Urban Rural	Dutsin-ma Safana	88,202 93,410	81,627 91,797	169,820 185,207
4	Total			571,153	552,020	1,124,547

Source: National Population Commission 2006, Katsina Office.

Table 3.1 above shows the Senatorial zones and the populations of the six selected local government areas. From Daura Senatorial Zone, Daura Local Government Area being urban was selected. It has a population of 224,884 people. Bindawa Local Government Area being rural was also selected. It has a population of 152,356 people.

From Funtua Senatorial Zone, Malumfashi Local Government Area being urban was selected. It has a population of 182,920 people. Kafur Local Government Area being rural was also selected. It has a population of 209,360 people.

From Katsina Senatorial Zone, Dutsen-ma Local Government Area being urban was selected. It has a population of 169,820 people. Safana Local Government Area being rural was also selected. It has a population of 185,207 people.

The Yamane (1967) formula as expressed by Israel (1992), n = $\frac{N}{1+N(e)2}$ was used to determine the sample size as demonstrated below in table 3.2.

Where n = sample size,

N = Total population = 1,124,547

e = Level of significance (97%)[2]

p = (0.3),

n = $\frac{N}{1+N(e)2}$ = 1,124,547 ÷ 1+1,124,547 (0.3) = 1,111.

The 3% precision level was used so as to generate more respondents, thereby given more representation of the population.

It must be noted that this formula stressed that n (calculated sample size) should be regarded as minimum number of respondents required and must be attained for reasonable generalization.

Thus, the sample size using 3% precision levels where confidence level is 97% and p= 0.3, is 1,111 as calculated above. However, in anticipation of non- return of questionnaire or non- response from respondents, the figure was increased by 25% to become 1,389.

Table 3.2 Proportional Distribution of Sample Size among Selected Local Governments

S/N	Local Government	Population	Actual Sample size	Projected Sample size (25% increased)
1	Daura	224,884	222	278
2	Bindawa	152,356	150	188
3	Malumfashi	182,920	181	226
4	Kafur	209,360	207	258
5	Dutsin-ma	169,820	168	210
6	Safana	185,207	183	229
7	Total	1,124,547	1,111	1,389

Source: Survey research, 2018.

As the populations of the six local government areas vary, the sample size was distributed proportionately as shown in table 3.2 above.

Daura Local Government Area with a population of 224,884 has an actual sample size of 222, and a projected sample size of 278. Bindawa Local Government Area with a population of 152,356 has an actual sample size of 150, and a projected sample size of 188. Malumfashi Local Government Area with a population of 182,920 has an actual sample size of 181, and a projected sample size of 226. Kafur Local Government Area with a population of 209,360 has an actual sample size of 207, and a projected sample size of 258. Dutsen-ma Local Government Area with a population of 169,820 has an actual sample size of 168, and a projected sample size of 210. Safana Local Government Area with a population of 185,207 has an actual sample size of 183, and a projected sample size of 229.

Table 3.3 Distribution of interview respondents

S/N	Category Personal Interview	Number of Respondents	Total
1	Traditional Institutions	4	4
2	Imans	2	2
3	Pastors	1	1
	Focus Group Interview		
4	National Union of Teachers (NUT)	1	1
5	National Union of Local Government Employees (NULGE)	1	1
6	Medical Health Workers Union (MHWU)	1	1
7	Parents Teachers Associations (PTAs)	3	3
8	Political Parties	4	4
9	Community Based Associations (CBAs)	3	3
	Sub-Total	20	20
	Total	120	120

Source: Survey research, 2018.

From the sample size of 1,389, 20 were set aside purposively for personal and focus group interview in each of the six local governments. This is so because interview is usually time consuming and require a smaller and more manageable group. The table above shows the distribution of the 20 respondents that were purposively interviewed

either personally or through focus group. It should be noted that the distribution applies to the six selected local governments.

Table 3.4 Distribution of Selected Respondents to be administered with questionnaire in the six local governments.

S/N	Category	Daura	Bindawa	Malumfashi	Kafur	Dutsin-ma	Safana	Total
	LG Council and Executive							
1	Chairman	1	1	1	1	1	1	6
2	Councilors	10	10	10	10	10	10	60
3	Secretary	1	1	1	1	1	1	6
4	Director Personnel Management	1	1	1	1	1	1	6
5	Supervisory Councilor Education	1	1	1	1	1	1	6
6	Supervisory Councilor Health	1	1	1	1	1	1	6
	Basic Education							
7	Education Secretary	1	1	1	1	1	1	6
8	Principal Personnel Officer	1	1	1	1	1	1	6
9	Principal Accountant	1	1	1	1	1	1	6
10	Quality Assurance Officer	1	1	1	1	1	1	6
11	Principal Inspector of Education	1	1	1	1	1	1	6
12	Planning Research and Statistics	1	1	1	1	1	1	6
13	Head Teachers	10	10	10	10	10	10	60
14	Teachers	30	30	30	30	30	30	180
	Social Welfare Mobilization							
15	Social Welfare Mobilization Officer	1	1	1	1	1	1	6
16	Information Officer	1	1	1	1	1	1	6
	Primary Healthcare							
17	Director Primary Healthcare	1	1	1	1	1	1	6
18	Unit Head Drugs &Equipment	1	1	1	1	1	1	6
19	Unit Head Maternal Child Healthcare	1	1	1	1	1	1	6
20	Unit Head Disease Control	1	1	1	1	1	1	6
21	Unit Head Health Education	1	1	1	1	1	1	6
22	Unit Head Monitoring &Evaluation	1	1	1	1	1	1	6
23	Unit Head National Program on Immunization	1	1	1	1	1	1	6
24	Medical staff	30	30	30	30	30	30	180
25	Water supply	6	5	6	5	6	5	33
26	Sanitation	10	8	10	9	10	9	56
27	**General public (beneficiaries of the services)**	143	54	91	124	75	93	580
28	**Total**	259	167	207	238	191	207	1,269

Source: Survey research, 2018.

Table 3.4 above shows how the questionnaires were administered to local government

Council and Executive, basic education, primary healthcare, social welfare mobilization, water supply, environmental sanitation, and the general public who are both stake-holders and beneficiaries of the services.

3.4 Sampling Techniques

Purposive and simple random sampling techniques are employed. Purposively, the local government functionaries, staff of basic education, staff of primary healthcare, social welfare, water supply and sanitation, and members of community based associations are sampledbecausetheyare most likely to be in position of knowledge of the issues or topic of research. Further, because of the homogenous nature of the population, the general public was sampled using simple random technique.

3.5Sources and Method of Data Collection

For the purpose of this study, both primary and secondary sources of data were explored to generate data.

Primary Data

Primary data were generated through the use of questionnaire, interview, and observation methods. These instruments were duly validated before being employed.

Questionnaire: Five sets of questionnaires were used, one for selected Local Government functionaries, one for basic education, one for primary healthcare, one for social welfare mobilization, water supply and environmental sanitation, and one for selected respondents from the beneficiaries of the services. (see Appendix i, ii, iii, iv, and v.)The questionnaire method was employed to assist in collection and analysis of data collected from the field. The questionnaire is designed in a five-point Likert scale of strongly agree, agree, undecided, disagree, and strongly disagree. The questionnaire

wasused to collect specific information on the nexus between the extent of democratic participation of the people, fund allocation, and local government service delivery in basic education, primary healthcare, water supply, and environmental sanitation of the study areas. The form, wording, and sequence of questions was carefully done in the questionnaire. Each question was checked to see if it will contribute to answering the research questions and research objectives.

Interview: Semi- structured interview, with the aid of a checklist (see appendix vi) was used to generate further information on the roles played by principal stake holders in mobilizing residents for democratic participation and demand for service delivery, particularly in the areas of basic education, primary healthcare, water supply, and environmental sanitation at the local level. (See Table 3.3 for the interview respondents.)

Observation: Systematic observation was employed to corroborate or dispute responses generated from the interview and questionnaire. In particular, the researcher personallymade observationsof some of the most salient issues that make up the benchmark for the basic minimum standards for democratic participation, basic education, and primary healthcarein Nigeria, which is adopted by all states (see appendix vii), and water supply and sanitation infrastructure, which is peculiar to Katsina state local governments.

Secondary Data.

Secondary data relevant to the study were sourced from records of political parties in their offices.Financial information was sourced from Katsina State Annual Estimates from the Budget Office, Katsina state Ministry of Finance, and Local Government Annual Estimates of each of the six Local Governments. Basic education materials from SUBEB and Katsina state Ministry of Education. Primary healthcare materials from

Katsina state Primary healthcare management Board, and Katsina state Ministry of Health. Records of personnel and facilities were sourced from Departments of Education and Social Welfare, Primary Healthcare, Water Supply and Sanitation,in the six local governments under study.

3.6 Administration of Data Collection Instrument

Questionnaires were administered personally by the researcher with the aid of twelve Research Assistants (two per local government.) Personal and focus group interview was conducted between the researchers and the respondents identified for interview. In order to give the research the needed credibility and acceptability, a letter of introduction was obtained from the Department of Public Administration, Ahmadu Bello University, Zaria, and presented to whom it concerned during the process of the research work.

3.7 Method of Data Presentation and Analysis

Appropriate tables are used to summarize the data in a manner that will ease understanding of the data collected. The statistical tool of analysis used in the analysis of data collected wasthe Kendall's tau-bcorrelation coefficient test (using Statistical Package for Social Science SPSS Version 20.0.) This type of test helps to reveal the magnitude and direction of relationship between variables, which can be high or low, positive or negative. A high correlation coefficient indicates a great degree of relationship while low correlation coefficient indicates a small degree of relationship.Also, a positive correlation coefficient indicates a direct relationship between variables, a negative correlation coefficient indicates an inverse relationship, and when it is zero, there is no relationship between the variables.

Decision Rule

The decision rule for the chosen statistical tool of analysis include; the hypotheses for the study should be stated in null form, the Significance level should be 0.01 (1%) to 0.05 (5%), accept the null hypothesis if calculated value (r) is greater than the table value, and reject the null hypothesis if calculated value (r) is less than the table value.

CHAPTER FOUR

OVERVIEW OF THE ISSUE AREAS

4.1Local Government Reforms

The 1976 Local Government Reforms

Prior to 1976, there was no uniform system of local administration in Nigeria. Local administration has been left to develop along regional straight line, taking into consideration the varying cultural and social background of the people. Compared to other areas, the Northern Emirates had more stable local government system in existence during that period. There was a more conservative approach which led to the adoption of a reform emphasizing functional effectiveness rather than popular participation. In the South, emphasis was placed on popular participation, which led to extremely liberal local government of the British model. (Akpan, 1984)

The present regime of local authority was brought about by the novel demand that local government should be established in the Constitution as a third tier of government, separate from, and completely independent of the State Government. (Oluyede, 1988) The 1976 Local Government Reform marked the turning point in the development of local government administration in Nigeria. The Reforms were based on the observations of the then Federal Military Government, that the local government over the years have suffered severe deprivation of its democratic powers by other levels of government. (Wilson, 2013) The need to revitalize the local government prompted the FMG to undertake a re-organization of the local government, and according to the Guidelines, the Reform must of necessity, entail the decentralization of some significant functions of

State Governments to local levels in order to harness local resources for rapid development. The 1976 Local Government Reform form a watershed in the evolution of local government development and administration, and marked the end of sound experiment or model, and paved way to a common national local government system in Nigeria.

The Murtala/Obasanjo regime issued the Guidelines for Local Government Reform in 1976. This became a landmark in the evolution of the present local government administration in Nigeria. It included the institutionalization of the principle and practice of participatory democracy in local government system, which was adopted by various State Governments' Edicts. This resulted in the emergence of a uniform structure of local government administration in Nigeria. With the Reform, Local Government was granted the power of grassroots governance, with the aim of making it the third tier of government in Nigeria.

The main aims of the 1976 Local Government Reforms were:

1. To make appropriate services and development activities responsive to local wishes and initiatives by devolving or delegating them to local representative bodies.

2. To facilitate the exercise of democratic self-government close to the local levels of our society and encourage initiative and leadership potential.

3. To mobilize human and material resources through the involvement of members of the public in their local development.

4. To provide a two way channel of communication between local communities and government (both State and Federal.)

The Functions or Powers of Local Government according to the Reforms shall be divided

into two parts. Part A deals with functions for which a Local Government has responsibility and in respect of which it can make bye-laws. These are:

a. markets and motor vehicles parks;

b. sanitary inspection, sewage, refuse and night soil disposal;

c. control of vermin;

d. slaughter houses and slaughter slabs;

e. public conveniences;

f. cemeteries and burial grounds;

g. regulation of births, deaths and marriages (other than marriages under Marriage Act);

h. provision of community and recreation centres;

i. parks, gardens and open spaces;

j. grazing grounds;

k. full plantations;

l. licensing, supervision and regulation of bakeries, eating houses and laundries;

m. licensing and registration of bicycles, hand carts and other types of vehicles (other than vehicles which are mechanically propelled) and canoes;

n. control or keeping of animals;

0. control of hoardings, advertisements, use of loud speakers in or near public places and drumming;

p. control of land held under customary tenure;

q. naming of roads and streets, and numbering of plots and buildings;

r. control and collection of revenue from private forest estates;

s. collection of vehicle parking charges;

t. collection of community tax, property and other rates and other designated revenue.

Part B is concerned powers which Local Governments can exercise concurrently with the State Government. These are:

a. health centres, maternity centres, dispensaries and health clinics, ambulance services, leprosy clinics and preventive health services;

b. meat inspection and abbatoirs;

c. nursery, primary, and adult education;

d. information and public enlightenment;

e. provision of scholarship and bursaries;

f. provision of public libraries and reading rooms;

g. agricultural and animal health extension service and veterinary clinics;

h. rural and semi-urban water supply;

i. fire service;

j. provision of roads (other than trunk roads) their lightning and drainage;

k. support for arts and culture;

l. control of pollution;

m. control of beggars, or prostitutes and repatriation of destitutes;

n. provision of homes for destitutes, the infirm and orphans;

o. provision of public utilities including roads and water transport;

p. public housing programs;

q. regulation and control of buildings;

r. town and country planning;

s. operation of commercial undertaking;

t. control of traffic and parking;

u. piped sewage systems.

Pursuant to the Guidelines set out by the Reform, State governments started making Laws that captured the essence of the reforms, such as participation of ordinary citizens in Local Government, which prompted the spontaneous demand in the Constituent Assembly Debate that the Reform be consolidated and entrenched in the Constitution.

However, despite the Reforms, outside bodies such as mostly the State Governors, still interfered with the Local Government and usurped their powers. Such usurpation of powers made nonsense of the three-tier system of government. Furthermore, the Reforms were criticized on the grounds that there appears to be no sign that any serious effort have yet been made to mobilize the rural masses in order to give the nation a new impulsion forward. (Balogun, 1976.) In the end, the 1976 Local Government Reforms failed to achieve its democratization objectives particularly during the Second Republic, as no

Local Government Council elections were held throughout the period. Also, some states encroached upon the independent revenue base of local governments. Subsequently, the Councils were neither democratically composed, fiscally viable, nor functionally effective as envisaged by the Reforms. (Enemuo, 1999.)

4.2 The 1979 Constitution of the Federal Republic of Nigeria

It was not until the 1979 Constitution that local governments were given the distinct character in the Nigerian constitutional arrangement. Following the 1976 Local Government Reforms, the Constitution Drafting Committee (CDC) was faced with the demand for the establishment of a local government that is independent from the other levels of government.

The most important event in the history of the Nigerian Local Government is that it was recognized as the third tier of Government, and entrenched in the 1979 Federal Constitution. (Pius, 1984.) Section 7(1) of the Constitution provides as follows:

> *The system of local government by democratically elected local government councils is under this Constitution guaranteed; and accordingly, the Government of every state shall ensure their existence under a Law which provides for the establishment, structure, composition, finance, and function of such councils.*

Further, Section 7(6a) & (6b) provided that the National Assembly and the House of Assembly of a State shall respectively make provision for Statutory allocation of public revenue to local government councils within the State.

The 1979 Constitution of the Federal Republic of Nigeria incorporated some of the recommendations flowing from the 1976 Local Government Reforms such as the political character of the local governments and their financial basis. In so doing, it

sustained the value of participation, and financial basis of local government role as the principal organization for the planning and implementation of local development.

The 1986-88 Public Service Reforms

Local Governments got additional impetus during the 1986-88 Civil Service Reform. It started in 1984 when a twenty man committee Chaired by Alhaji Ibrahim Dasuki was set up by the General Muhammadu Buhari Regime. It was discovered that the system of local government in Nigeria after the 1976 Reforms had more of operational rather than structural defects. The Dasuki Report made more improvements on the status of local councils and the recommendations led to the scrapping of Ministries of local councils in 1988, and the policy of direct disbursement of Statutory allocations was introduced. Pursuant to the Reform, Local Government is given the powers to execute laws with respect to local affairs. Thus, local government assumed an autonomous structure and this lead to the promulgation of the Local Government (Basic Constitutional and Transitional) Decree.

The 1988-89 Constituent Assembly in its recommendations recognized the need for efficient local government as a foundation for effective government at the grassroots. Accordingly, it made provision of a whole chapter for local government. Chapter VIII was an innovation that had no equivalent in any previous Constitution in Nigeria. It catered for among others, the election of a Local Government Chairman and Vice Chairman, Supervisory Councilors, providing for local government service, budgetary provisions and finance management procedures. The implication of this is that Local Governments will be independent third tier of government in their own right.

The Federal Government made numerous reformations in the 1989 Constitution which were designed to remove the inadequacies of local government system. In its obedience to ensuring a meaningful grassroots democracy, it took further steps to guarantee local government autonomy, so as to facilitate the development of democratic culture at the grassroots, by first conducting elections into the Local Government Councils. The 1989 Constitution incorporated the recommendations of the 1986-88 Reforms that gave the local government copious provisions for its establishment, functions, composition, and structure.

The 1999 Constitution of the Federal Republic of Nigeria

The 1999 Constitution of the Federal Republic of Nigeria is more or less a reincarnation of the 1979 Constitution. In fact, the provisions on local government in the two Constitutions are more or less verbatim. Section 7 of the Constitution radically enhances the status of Local Government Councils in Nigeria by ensuring that it must in all circumstances be democratically elected. The effect of the constitutional provision under Section 7 is that state government cannot, as had hitherto been done, conduct local government as it pleases. It is bound to conduct it not by its own appointed agents, but through democratically elected councils whose existence it is obliged to ensure.

The functions of local government under the 1999 Constitution are contained in the Fourth Schedule to the Constitution and include:

1. a. the consideration and the making of recommendations to a state commission on economic planning or any similar body on:

i. the economic development of the state, particularly in so far as the areas of authority of the Council and of the State are affected, and

ii. proposals made by the said commission or body;

b. collection of rates, radio and television licenses;

c. establishment and maintenance of cemeteries, burial grounds, and homes for the destitutes or infirm;

d. licensing of bicycles, trucks (other than mechanically propelled trucks), canoes, wheel barrows, and carts;

e. establishment, maintenance and regulation of slaughter houses, slaughter slabs, markets, motor parks, and public conveniences;

f. construction and maintenance of roads, streets, street lightings, drains and other public highways, parks, gardens, open spaces, or such public facilities as may be prescribed from time to time the House of Assembly of a State;

g. naming of roads and streets, and numbering of houses;

h. provision and maintenance of public conveniences, sewage and refuse disposal;

i. registration of all births, deaths, and marriages;

j. assessment of privately owned houses or tenements for the purpose of levying such rates as may be prescribed by the House of Assembly of a State;

k. control and regulation of:

i. out-door advertising and hoarding;

ii. movement and keeping of pets of all description;

iii. shops and kiosks;

iv. restaurants, bakeries, and other places for sale of food to the public,

v. laundries, and

vi. licensing, regulation and control of the sale of liquor.

2. a. the provision and maintenance of primary, adult and vocational education;

b. the development of agriculture and natural resources other than the exploitation of minerals;

c. the provision and maintenance of health services; and

d. such other functions as may be conferred on a local government council by the House of Assembly of the State.

4.2 Minimum Standards for Basic Education in Nigeria

The Universal Basic Education scheme is probably one of the most loud-able intervention programs in Nigeria's education sector. It was brought about to among others, create and increase gender parity in the delivery of basic education in every nook and cranny of the Nigerian society. Apart from it being universal, the UBE is to be free and compulsory to all Nigerian children that have attained the school age of six years and above (UBE Digest, 2001.)

In 2004, the UBE Act 2004 was enacted and it urged all principal stakeholders, the Federal, States, and Local Governments to live up to their Constitutional responsibilities

regarding the provision of basic education to the citizens. Parents and guardians were not left out as they also were urged to live up to their parental and moral obligations of supporting their children's education. Among the provisions of the UBE Act 2004 includes the abrogation of tuition and other forms of school fees in government primary and junior secondary schools, financial assistance from the Federal Government to States and Local Governments to support basic education, delineation and sharing of responsibility between and within stakeholders in issues of basic education, provision of mid-day meal in school, sanctions for failure to enroll a child, sanctions for withdrawal of a child from school before completing junior secondary school (UBEC, 2010.)

Section 9, sub-section (c) of The Compulsory, Free, Universal Basic Education and Other Related Matters Act, 2004, prescribed the minimum standards for basic education throughout Nigeria in line with the National Policy on Education and the directive of the National Council on Education and ensure the effective monitoring of the standards.

A standard is an established norm or requirement that all systems work towards achieving. Standards are of three types, namely, resource standards, process standards, and performance standards. These three are operational in the implementation of the Universal Basic Education program in Nigeria. However for the purpose of this study, focus is mainly on resource standards.

Quality assurance is the management of goods, services and activities from the input stage, through processes, to the output stage of production. It aims at preventing quality problems and ensuring that only conforming products reach the customer. Indicators of quality in the basic education context according to Universal Basic Education

Commission (2011) include quality teachers and learners, quality content of curriculum, quality instruction, child-friendly learning environment both physical and aesthetical, and quality outcomes such as academic achievement.

The issue of quality basic education is important for attaining the education-related Millennium Development Goals (MDGs) and those of the Education for All (EFA.) In fact, goal number six of the EFA states thus:

> *…improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, numeracy, and essential life skills.*

Appendix iii shows some minimum standards for basic education in Nigeria as enumerated by UBEC, (2010.)

By applying these standards, it is believed that basic education will function more effectively and efficiently since quality issues cannot be objectively handled without minimum standards that will serve as benchmarks for gauging improvement or otherwise in their attainment over set time and targets.

4.3 Minimum Standards for Primary Health Care in Nigeria

One of the fundamental rights of all citizens is quality healthcare, especially primary healthcare which is the first point of contact for healthcare seekers. As such, in 1987, the Federal Government of Nigeria launched the Primary Healthcare Plan (PHC) as the cornerstone of healthcare policy in Nigeria. The scope of this plan was to cover the entire Nigerian population. The objectives of the plan included among others, accelerated

healthcare, personnel development, improved collection and monitoring of health data, ensure essential drugs in all areas of the country, implementation of an Expanded Program on Immunization, improved nutrition throughout the country, promotion of health awareness, development of a national family health program, and widespread promotion of oral rehydration therapy for treatment of diarrhoea disease among infants and children. The implementation of these programs was to be through collaboration between the Federal Ministry of Health and participating local government Councils.

The concept of PHC resulted from the Alma Ata Conference of 1978 held in the former USSR, attended by 134 countries of the world, under the auspices of WHO, and the UNICEF. According to WHO, PHC means:

> *Essential healthcare based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at cost which the country can afford to maintain at every stage of their development in thespirit of self- reliance and self-determination.*

According to Akinsola (1993), as cited by Lawal (2015),

> *Primary healthcare forms an integral part of the Nigerian social and economic development. It is the first level contact of the individual and community in the national health system, thus bringing healthcare as close as possible to where people live and*

> *work, and contributes the first element of a continuing healthcare process.*

The above definition dwelt so much on the importance of the PHC in improving the health status of grassroots people and communities who form the majority of the Nigerian population.As such, it neglects other important aspects of the PHC like education, rural water supply and sanitation, which would constitute preventive measure.

Due to the shortcomings of the above definition of PHC, Abdulraheem (2012) posited:

> *PHC is provided by local government authority through health centres and healthposts and they are staffed by nurses, midwives, community health officers, health technicians, community health extension workers and by physicians (Doctors) especially in the Southern part of the country. The services provided at these PHC centres include: prevention and treatment of communicable diseases,immunization, maternal and child health services, family planning, public health education, environmental health and the collection of statistical data on health and health related events.*

This above appears more precise and elaborate as it provides operational and measurable scales of key components of the PHC, such as the types of diseases to be serviced, and the personnel requirements. Conspicuously however, this definition suggests PHC

operation in the southern part of the country, conveniently forgetting that it has a nationwide coverage.

The specific objectives of the PHC as outlined by the WHO include:

i. To make health services accessible and available to everyone wherever they live or work,

ii. To tackle the health problems causing the highest mortality and morbidity at a cost that the community can afford,

iii. To ensure that whatever technology is used must be within the ability of the community to use effectively, and

iv. To ensure that in implementing health program, the community must be fully involved in planning the delivery and evaluation of the services in the spirit of self-reliance.

Analysis of these objectives showed that the PHC is a community based program. Effectively therefore, local governments are the major stakeholders in implementing it, as most of the requirements needed for the implementation of the PHC program are within the realm of the local government, constitutionally and administratively.

Adeyemo (2005) observed that "the principle upon which the PHC is founded is that health is a fundamental human right to be enjoyed by the people in all walks of life, in all communities." He further observes that health care goes beyond just the delivery of medical services, and should aim at addressing peoples' 'health needs' to be realized through an integrated approach that will utilize other sectors such as agriculture,

education, housing, water supply and sanitation, drainage system, and medical services. This is informed by the realization that the major killer diseases in rural communities in the third world countries are preventable, and that the majority of those affected or afflicted by these diseases are children under the age of five years.

The Federal Republic of Nigeria operates a 3-tier system of Government: the Federal, the State and the Local Government levels. Similarly, the Nigerian health system operates along those lines, operating Primary health care at Local Government Level, Secondary health care at State level and Tertiary health care at Federal level.

Primary health care is the cornerstone of health policy in Nigeria and is the first point of contact for most Nigerians with the health care system. Therefore, standards must be set in order to effectively manage health services and achieve good quality of care. The purpose of setting health standards according to the World Health Organization (WHO) is to serve as a tool in health services management to strive towards achieving the highest possible quality of care within the resources available. Thus, several attempts have been made to set standards for Primary Health Care in Nigeria from the Basic Health Service Scheme (BHSS) of 1975-1980 to the current Ward Health System (WHS) which represent the current national strategic thrust for the delivery of PHC services and utilizes the electoral wards as the basic operational units for PHC service delivery.

The Ward Minimum Health Care Package (WMHCP) was developed to address Nigeria's current strategy to deliver PHC services and consists of a set of health interventions and services that address health and health related problems that would

result in substantial health gains at low cost to government and its partners. The WMHCP with a plan period from 2007 to 2012 include the following interventions:

(1) Control of Communicable Diseases (malaria, STI/HIV/AIDS),

(2) Child Survival,

(3) Maternal and Newborn Care,

(4) Nutrition,

(5) Non-Communicable Diseases Prevention,

(6) Health Education and Community Mobilization.

In recognition of the overriding importance of key support services and resources, some strategies for the provision and sustenance of the 6 interventions above were outlined in the WMHCP and form the basis around the minimum standards document was developed. These are:

a. Service Provision including Essential Drugs

b. Human Resource for Health

c. Health Infrastructure development.

The National Primary Health Care Development Agency (NPHCDA) provides support for the implementation of the National Health Policy in all matters relating to primary health care in Nigeria. Within the policy, PHC is identified as the main focus for delivering effective, efficient, quality, accessible and affordable health services to a wider proportion of the population. Subsequent to this mandate, one of its core functions is the

development of effective systems of supervision, monitoring and evaluation of PHC based on national guidelines and standards. Ideally, PHC is the foundation of the health care system. It is the level at which short-term, uncomplicated health issues should be resolved. It is also the level at which health promotion and education efforts are undertaken, and where patients in need of more specialized services are connected with secondary care.

There are four basic approaches to primary health care in Nigeria:

(1) To promote community participation in planning, management, monitoring and evaluation;

(2) To improve inter-sectoral collaboration in primary health care delivery;

(3) To enhance functional integration at all levels of the health system;

(4) To strengthen managerial processes for health development at all levels.

The necessity of setting standards in the health services has become widely recognized in recent times. According to the World Health Organization (1993), the purpose of setting health standards as a tool in health services management is to strive to achieve the highest quality of care possible within the resources available. Standards provide degrees of excellence to be pursued in a given exercise(s). They provide the basis for monitoring, comparison, supervision and regulation of the given services. Additionally, a key reason for standardizing PHC facilities is to make them instantly recognizable to all with regards to the services provided at the different levels.

The Primary Healthcare Department has the following administrative structure headed by

Unit Heads:

i. Director Primary Health Care

ii. Assistant Director/Unit Head, Drugs and Equipment

iii. Unit Head, Maternal and Child Health Care

iv. Unit Head, Disease Control

v. Unit Head, Health Education

vi. Unit Head, Monitoring and Evaluation

vii. Unit Head, National Program on Immunization.

This department coordinates and supervises the affairs of all primary health care facilities, including:

i. Control of Communicable Diseases (malaria, STI/HIV/AIDS),

ii. Child Survival,

iii. Maternal and Newborn Care,

iv. Nutrition,

v. Non-Communicable Diseases Prevention,

vi. Health Education and Community Mobilization.

vii. Service Provision including Essential Drugs

viii. Human Resource for Health

ix. Health Infrastructure development.

Funding of this department comes from direct funding on NPI from National Primary Health Care Development Agency, Katsina State Primary Health Care Development Agency, and logistics from World Health Organization and GOBBY International (an NGO). Family planning drugs to MCHC comes from Katsina State Primary Health Development Agency. Immunization exercises are counter funded by State and Local Governments.

4.4 Water Supply and Sanitation

As the popular saying goes, water is life. It is a well-known fact that the significant role played by this important commodity to survival of mankind in this universe is immeasurable. It is one of the few things, if not the only one among the basic necessities of life that one has to use in everyday life. Apparently, availability of water has serious positive impact on the lives of people in different ways. It has therefore become imperative for any responsible government to accord priority to provision of potable drinking water to its populace.

According to WHO (2002) safe water includes treated surface water to consumers. Safe water includes treated surface water as well as untreated but uncontaminated water from source such as natural spring and sanitary wells and protected boreholes.Responsibility of water supply in Nigeria is shared between three levels of government – federal, state and local. The federal government is in charge of water resources management; state governments have the primary responsibility for urban water supply; and local governments together with communities are responsible for rural water supply. However, according to WaterAid Nigeria (2013),while all three government levels are supposed to

participate in financing water and sanitation investments, local governments often do not have the resources to do so. State and federal levels also provide only limited funding. Thus, most public water and sanitation investments in Nigeria are financed by donors.

Provision of water itself does not only serve as it is necessary for the commodity to be clean, purified and free from any contamination to make it safe for drinking and other domestic purposes. In Nigeria where the larger percentage of the populace happens to be rural, lack of adequate and potable drinking water remain a major source of concern to both the communities and their respective governments at all levels. Records have in the past shown that lack of this basic commodity had affected socio economic living in rural communities in many parts of the states.

The Katsina state governmenthas made provision for potable drinking water, and improved sanitation and hygiene as one of its priorities. As such, in pursuance to Katsina state Law No.8 of 2008, Section 4, Sub-section 66, (1) of (F), the Department of Rural Water Supply and Sanitation (RUWASSA) was created. The Commission on 28th May approved the appointment of offices and posting of Director/Head of Department of Water Supply and Sanitation (WATSSAN) across the 34 local government areas of Katsina state, and on 24th July 2009, Unit Heads were posted to the newly created Department. The Department is composed of:

1. Rural water supply unit

2. Environmental sanitation unit

3. Health education unit

4. Vector control unit

5. Monitoring and evaluation unit

Responsibilities of Rural water supply unit

Performing water supply duties in urban and rural areas, such as:

a. Undertake portable water supply feasibility survey for all the wards to acquire baseline data for proper investment planning;

b. Rehabilitate and modernize existing portable water supply works to restore them to their optimum operational capacity;

c. Expand existing urban portable water supply works to enhance capacities to meet over grown demand;

d. Construct new portable water supply schemes to serve the segment of the population that is not served;

e. Promote private sector participation in the portable water supply industry to attract resources for sustainability;

f. Promote improvement of traditional sources of community portable water supply (protect springorifices, protect hand dug wells, rain water harvest, etc);

g. Render weekly/monthly data on water supply activities in the Local Government Area to the State;

h. Assist in the general coordination, continuance planning and implementation of the Departmental strategy;

i. Make annual budgetary provision for water supply in the LGA;

j. Perform such other related duties as may be assigned.

Responsibilities of Sanitation unit

Performing environmental sanitation duties in urban and rural areas such as:

a. Environmental sanitation;

b. School sanitation;

c. Control of air and water pollution;

d. Sanitary inspection of residential premises (house to house inspection);

e. Burial of dead (man/animal), supervising the exhumation and encasement of corpses, and cemetery maintenance;

f. Coordinating and supervising the activities of Ward Environmental Health Personnel according to designed duty roster;

g. Appraisal and routine inspection of regulated premises e.g. restaurant/eating houses, hotels, bakeries, companies, industries, etc;

h. Inspecting and protecting water supplies including taking of water samples for chemical and bacteriological analysis and adequate portable water supply;

i. Inspection of premises and disposal of exposed and contaminated food items;

j. Controlling/supervising the construction, evacuation of drainages as well as the control of burrow pits and ponds;

k. Solid waste, excreta and sewage management;

l. Environmental impact assessment;

m. Abattoir, slaughter house, slaughter slabs and market sanitation;

n. Conducting meat and food inspection;

o. Collecting and transporting of solid waste from the collection centers to the disposal sites;

p. Monitoring the activities of officials at Depots, Pump stations, Dislodging operations and jetties;

q. Planning and programming waste disposal system at the land fill site;

r. Monitoring on site treatment of refuse to abate pollution of the environment;

s. Inspection of building sites and recommendation for the approval of building plans;

t. Cross-checking the Weekly/Monthly reports and returns forms on environmental sanitation from all Ward Environmental Health offices and jetties;

u. Control of advertisement (bill boards and sign boards);

v. Keeping the records of special waste and ensuring the place deposited is marked;

w. Assessment and collection of revenue for the disposal of hazardous and toxic waste;

x. Liaising with other organizations for the task of improving environmental health;

y. Birth, Death and causes of death registration in conjunction with PHC and other relevant agencies;

z. Coordinate and ensure proper collection and disposal of medical wastes; and

Control of reared and stray animals, weed and vegetation.

In consideration of the fact that a large percentage of the population of the state is rural, provision of potable water to rural communities has recorded a huge success within the short period of the existence of the RUWASSA. Many water supply projects have been executed in all nooks and crannies of the state under the state government's capital project as well as that of collaboration with some international development partners including provision of 1804 hand pumps and 57 solar powered boreholes to communities. In addition, 240 primary schools across the state were also provided with hand pumps and 1440 two compartments of VIP latrines for both males and females constructed which is expected to improve retention and improvement of learning atmosphere for the pupils.

Similarly, all in its determined effort to improve water supply, the state government embarked on massive borehole rehabilitation exercise under which 1020 hand pumps, as well as 102 solar powered boreholes were rehabilitated and handed over to the benefitting communities. Going by past experiences where several water projects were left neglected without adequate care, which often lead to breakdown of the facilities thereby taking the communities to the former era of water hardship, an effective community participation and system of ownership is introduced into the scheme to ensure sustainability of all the facilities provided. Under this scheme, Katsina State RUWASSA being the implementation Agency through its department of Community Mobilization and Public Relations ensures that every benefitting community is sensitized and mobilized on full participation in the project. This is done through the formation of Water, Sanitation and Hygiene committee (WASHCOM) to serve as a platform whereby every community

would take over operation and maintenance of its facility upon completion and handing over.

To encourage the beneficiaries on this concept, the Agency makes it a duty to conduct training for the beneficiaries on basic repairs of water facilities as well as on secretarial duties and financial record keeping and also purchase and distribute working materials such as repair tools and stationeries to be able to utilize the knowledge in repairing their facilities in the event of breakdown and for their effective management.

This concept has contributed in no small measure in the sustainability of the water projects as many benefitting communities of these projects have continued to ensure functionality of their water points as they waste no times in effecting their repairs whenever such facilities were faulty. This was done with the money realized from either every household or water user at a stipulated period of time, depending on how the community operates. For instance, many benefitting communities have already set machinery in motion for effective maintenance of their facilities as they have introduced weekly fixed charges from each household for the upkeep of the boreholes.

Repairs and maintenance is one out of many challenges that the water point beneficiaries have to contend with as there are some challenges which include activities of thieves and vandals who steal some installed materials especially from solar powered borehole. However, considering the hardship some of the beneficiaries have suffered in accessing potable drinking water for a long period of time, the communities seem to be serious now in safeguarding the facility from the act of thieves and vandals. This is through employing the services of watchmen to keep vigil at all times to ensure that such facilities are adequately taken care of.

The Sanitation, Hygiene and Water in Nigeria 'SHAWN' project is a project conceived with the aim of attaining effective service delivery towards attainment of hundred percent coverage in the area of Water, Sanitation and Hygiene (WASH) in community. The basic goal of this project is to reduce water related diseases and improve health outcomes through acceleration and sustainable progress in safe excreta disposal, adoption of basic hygiene practices including effective hand washing at critical times and consumption of safe water in rural communities.

The SHAWN project is a collaboration between the Federal government of Nigeria and the United Nations Children Fund (UNICEF) with funding from the United Kingdom's Department for International Development DFID. Katsina state happens to be among the selected states in the federation to benefit from the laudable program which started in the year 2010 with three local government areas of Bakori, Kaita and Mai'adua in the first phase.

The local government councils would provide land to enable entrepreneurs construct latrines around market areas and other public places in the state.UNICEF would provide water and sanitation facilities to enhance hygiene in such places through the agency.People will pay little amount of money after using the latrine which will be used for its regular maintenance.

The project which involves counterpart funding between the development partners, the state and local governments saw the provision of hand pump and motorized boreholes in various communities, as well as construction of VIP latrines in various primary schools across the benefitting local government areas. This is in addition to mobilization and sensitization of the beneficiaries under a concept called Community Led Total Sanitation CLTS under which the communities are guided to spearhead and lead the process by themselves for their own benefit.

The main focus under the concept is sensitizing the communities to realize the dangers associated with improper sanitation and hygiene practices whereby they take decisions to change their negative behavior through avoidance of defecating in the open, construction and effective usage of house hold latrines, as well as observance of personal and environmental hygiene.

The impact recorded by the project in the various benefitting communities under phase one, coupled with the commitment of the state government in the area of payment of counterpart funding for the effective implementation of the project resulted into allocation of three more local government areas. In 2012, Dutsinma, Faskari and Sandamu LGAs came on board, making a total of six benefitting LGAs.

To further demonstrate the determination of the state in ensuring the sustainability of the SHAWN project for the maximum benefit of rural dwellers in the state, five more local government areas of Batagarawa, Ingawa, Matazu, Musawa and Safana successfully joined the already existing six LGAs into SHAWN II project. This feat placed Katsina in the lead among the other five SHAWN benefitting states of Bauchi, Banue, Jigawa, Kaduna and Zamfara states in terms of the number of benefitting LGAs.

Some of the major achievements recorded so far in the eleven benefitting LGAs under SHAWN I and SHAWN II project include several hand pump and motorized boreholes provided to the communities including those in primary schools, thereby providing hundreds of communities, access to clean and safe water across the LGAs.

In addition, several compartments of ventilated improved pit (VIP) latrines were constructed in primary schools to provide the pupils with access to basic sanitation while several hygiene materials including soap, buckets, towels, dustbins and other sanitary

wares were provided in the schools. Similarly, in an effort to discourage the communities' negative attitudes towards sanitation, hundreds of the communities have been sensitized on the dangers of open defecation and filthy environment.

As a result of the vigorous sensitization effort embarked upon by the State Rural Water Supply and Sanitation Agency RUWASSA in conjunction with UNICEF and the local councils, many of the communities, having realized the importance of proper hygiene and sanitation to their health and general living condition, resorted to digging of their latrines in the households and ensuring that members of the households are using them properly. Frequent inspection and monitoring exercise conducted in the communities by various stakeholders implementing the project has shown a remarkable progress in terms of latrine usage, proper cover and provision of hand washing facilities such as water, soap or ash near the household latrines.

Some of the communities had through their established Water, Sanitation and Hygiene Committees (WASHCOMS) improved further by constructing latrines and tippy taps; a new innovation for effective hand washing in different locations for the use by the general public and other visitors to the communities. This was a measure aimed at tackling the menace of open defecation and ensuring totally sanitized environment.

In further appreciation of the effort of the State Government, and the cooperation and contributions of the benefiting communities in the implementation of this laudable project, the partners jointly funding the project increased the chances of the state by incorporating nine more local government areas. These are Batsari, Baure, Charanchi, Dandume, Danmusa, Kafur, Mani Rimi and Sabuwa which joined the existing eleven LGAs to bring the number of benefitting LGAs in the state to twenty (20).

The new LGAs emerged following a rigorous selection process jointly conducted by state RUWASSA and UNICEF. Furthermore, as a sign of firm commitment towards urgent and effective take off of the project in the newly emerged LGAs; nine operational vehicles were provided to them for smooth conduct of their activities under the project.

RUWASSA has so far linked about 1,000 households in the state with Micro Finance Institutions (MFI) who provided the households with loans to construct latrines. A minimum of N40,000 loan was given to each beneficiary to construct an improved latrine under the Sanitation Marketing programme. The latrines were constructed through Toilet Business Owners who linked the households with experts in the construction of improved latrines.

4.5 Funding

Wheare (1963) opined that an efficient and effective discharge of statutory functions require adequate financial resources. According to Abubakar (1998), finance as we know too well lays at the heart of the major activities of government. Government units at all levels; national, state and local, are daily engaged in the production and distribution of public goods and services in such areas as health care, education, agricultural extension, social welfare, security all of which involve sums of money. Jumare (2003), shares the same view with Wheare who also argued that effective and virile federalism depends to a large extent on the availability of financial resources. He pointed out that, for the three tiers of government to exist, they have to be financially healthy.

In light of the submissions by the above scholars, it will be an understatement to say that organizations such as local governments require funds to discharge their functions. Taking into consideration the fact of the population boom that has occurred in Nigeria, and the import dependent nature of the country which results in instability of prices, governments at all levels need huge amounts of financial resources to cater to the needs of their ever increasing population.

CHAPTER FIVE

DATA PRESENTATION AND ANALYSIS

5.1Introduction

This chapter deals with the presentation and analysis of data. Attempt is made to give all account of how the questionnaire instrument was administered and returned, summary of the interview and observation result. Responses are presented in tabular form with a description and interpretation of the responses in terms of the frequencies of the responses. Secondary data is also presented and analyzed in this chapter.

5.2 Data Presentation

Primary Data

Table 5.1 Questionnaire Administration by category

Category	Administered questionnaire	Returned questionnaire	Percentage
Local Government Functionaries	90	75	83.3%
Basic Education	276	261	94.6%
Primary Healthcare	222	210	94.6%
Social Welfare	12	12	100%
Water Supply	33	31	93.9%
Sanitation	56	49	87.5%
General public	580	542	93.4%
Total	1,269	1,183	92.9%

Source: Survey research, 2018.

From Table 5.1 above, five sets of questionnaires were administered to five different categories of respondents. 90 questionnaires were administered to local government functionaries and 75 representing 83.3% were returned. 276 questionnaires were administered (46 per Local Government) to basic education and 261 representing 94.6% were returned. 222 questionnaires (37 per Local Government) were administered to primary healthcare and 210 representing 94.6% were returned. 12 questionnaires (2 per Local Government) were administered to social welfare and 12 representing 100% were returned. 33 questionnaires (6 Daura, 5 Bindawa, 6 Malumfashi, 5 Kafur, 6 Dutsen-ma,

and 5 Safana Local Governments) were administered to water supply and 31 representing 93.9% were returned. 56 questionnaires (10 Daura, 8 Bindawa, 10 Malumfashi, 9 Kafur, 10 Dutsen-ma, and 9 Safana Local Governments) were administered to sanitation and 49 representing 87.5% were returned. 580 questionnaires (143 Daura, 54 Bindawa, 91 Malumfashi, 124 Kafur, 75 Dutsen-ma, and 93 Safana Local Governments) were administered to the general public and 542 representing 93.4% were returned. On the whole, 1,269 questionnaires were administered and 1,180 representing 92.9% were returned. Thus, 1,183 formed the basis of analysis and interpretation, which were considered sufficient for valid conclusion (Tabachnik & Fidell, 2007 as cited in Rigium, 2012 as cited in Jumare, 2015).

Table 5.2 Questionnaire Administration by Local Government.

Category	DRA administered	DRA returned	BDW administered	BDW returned	MLF administered	MLF returned	KFR administered	KFR returned	DTM administered	DTM returned	SFN administered	SFN returned	Total administered	Total returned
Local Government Functionaries	15	12(80%)	15	14(93%)	15	13(87%)	15	11(73%)	15	13(87%)	15	12(80%)		
Basic Education	46	44(95%)	46	45(98%)	46	43(94%)	46	42(91%)	46	43(94%)	46	44(95%)		
Primary Healthcare	37	35(95%)	37	33(89%)	37	36(97%)	37	36(97%)	37	35(95%)	37	35(95%)		
Social Welfare	2	2(100%)	2	2(100%)	2	2(100%)	2	2(100%)	2	2(100%)	2	2(100%)		
Water supply	6	6(100%)	5	5(100%)	6	6(100%)	5	5(100%)	6	6(100%)	5	5(100%)		
Sanitation	10	10(100%)	8	8(100%)	10	10(100%)	9	9(100%)	10	10(100%)	9	9(100%)		
General public	143	132(92%)	54	53(98%)	91	87(96%)	124	115(93%)	75	70(93%)	93	85(91%)		
Total	259	241(93.1%)	167	160(95.8%)	207	191(92.3%)	238	220(92.4%)	191	179(93.7%)	207	192(92.8%)	1,269	1,183(93.2%

Source: Survey research, 2018.

Table 5.2 above shows the distribution of administered questionnaires, returned questionnaires, and the percentage of the returned questionnaires in relation to the

administered questionnaires according to the respective categories of respondents in the six Local Government Areas. In Daura Local Government Area, 15 questionnaires were administered to local government functionaries and 12 representing 80% were returned. 46 questionnaires were administered to staff of basic education and 44 representing 95% were returned. 37 questionnaires were administered to staff of primary healthcare and 35 representing 95% were returned. 2 questionnaires were administered to staff of social welfare and 2 representing 100% were returned. 6 questionnaires were administered to staff of water supply unit, and 6 representing 100% were returned. 10 questionnaires were administered to staff of sanitation unit, and 10 representing 100% were returned. 143 questionnaires were administered to the general public and 132 representing 92% were returned. In total, 259 questionnaires were administered and 241 representing 93.1% were returned.

In Bindawa Local Government Area, 15 questionnaires were administered to local government functionaries and 14 representing 93% were returned. 46 questionnaires were administered to staff of basic education and 45 representing 98% were returned. 37 questionnaires were administered to staff of primary healthcare and 33 representing 89% were returned. 2 questionnaires were administered to staff of social welfare and 2 representing 100% were returned. 5 questionnaires were administered to staff of water supply unit, and 5 representing 100% were returned. 8 questionnaires were administered to staff of sanitation unit, and 8 representing 100% were returned. 54 questionnaires were administered to the general public and 53 representing 98% were returned. In total, 167 questionnaires were administered and 160 representing 95.8% were returned.

In Malumfashi Local Government Area, 15 questionnaires were administered to local government functionaries and 13 representing 87% were returned. 46 questionnaires were administered to staff of basic education and 43 representing 94% were returned. 37 questionnaires were administered to staff of primary healthcare and 36 representing 97% were returned. 2 questionnaires were administered to staff of social welfare and 2 representing 100% were returned. 6 questionnaires were administered to staff of water supply unit, and 6 representing 100% were returned. 10 questionnaires were administered to staff of sanitation unit, and 10 representing 100% were returned. 91 questionnaires were administered to the general public and 87 representing 96% were returned. In total, 207 questionnaires were administered and 191 representing 92.3% were returned.

In Kafur Local Government Area, 15 questionnaires were administered to local government functionaries and 11 representing 73% were returned. 46 questionnaires were administered to staff of basic education and 42 representing 91% were returned. 37 questionnaires were administered to staff of primary healthcare and 36 representing 97% were returned. 2 questionnaires were administered to staff of social welfare and 2 representing 100% were returned. 5 questionnaires were administered to staff of water supply unit, and 5 representing 100% were returned. 9 questionnaires were administered to staff of sanitation unit, and 9 representing 100% were returned. 124 questionnaires were administered to the general public and 115 representing 93% were returned. In total, 238 questionnaires were administered and 220 representing 92.4% were returned.

In Dutsen-ma Local Government Area, 15 questionnaires were administered to local government functionaries and 13 representing 87% were returned. 46 questionnaires were administered to staff of basic education and 43 representing 94% were returned. 37

questionnaires were administered to staff of primary healthcare and 35 representing 95% were returned. 2 questionnaires were administered to staff of social welfare and 2 representing 100% were returned. 6 questionnaires were administered to staff of water supply unit, and 6 representing 100% were returned. 10 questionnaires were administered to staff of sanitation unit, and 10 representing 100% were returned. 75 questionnaires were administered to the general public and 70 representing 93% were returned. In total, 191 questionnaires were administered and 179 representing 93.7% were returned.

In Safana Local Government Area, 15 questionnaires were administered to local government functionaries and 12 representing 80% were returned. 46 questionnaires were administered to staff of basic education and 44 representing 95% were returned. 37 questionnaires were administered to staff of primary healthcare and 35 representing 95% were returned. 2 questionnaires were administered to staff of social welfare and 2 representing 100% were returned. 5 questionnaires were administered to staff of water supply unit, and 5 representing 100% were returned. 9 questionnaires were administered to staff of sanitation unit, and 9 representing 100% were returned. 143 questionnaires were administered to the general public and 132 representing 92% were returned. In total, 207 questionnaires were administered and 192 representing 92.8% were returned.

Across the six local government areas under study, a total of 1,269 questionnaires covering the respective categories were administered and 1,183 representing 93.2% were returned. Thus, 1,183 which are considered sufficient for valid conclusion (Tabachnik & Fidell, 2007, as cited in Ringim, 2012, as cited in Jumare, 2015) formed the basis of analysis and interpretation.

Table 5.3 Demography of Respondents from local government functionaries.

Gender	DRA	BDW	MLF	KFR	DTM	SFN	Total
Male	8	9	8	7	8	8	48
Female	4	5	5	4	5	4	27
Total	**12**	**14**	**13**	**11**	**13**	**12**	**75**
Age							
26-35 Yrs	1	12	1	2	1	2	19
36-45 Yrs	6	2	3	7	7	5	30
46-55 Yrs	4	0	6	2	2	5	19
56- above	1	0	3	0	3	0	7
Total	**12**	**14**	**13**	**11**	**13**	**12**	**75**
Marital Status							
Single	0	1	0	2	2	0	5
Married	12	13	13	9	10	12	69
Divorced	0	0	0	0	1	0	1
Total	**12**	**14**	**13**	**11**	**13**	**12**	
Religion							
Islam	12	14	13	9	12	12	72
Christianity	0	0	0	2	1	0	3
Total	**12**	**14**	**13**	**11**	**13**	**12**	**75**
Educational Qualification							
Secondary	0	0	0	1	0	0	1
Post-secondary	12	14	13	10	13	12	74
Total	**12**	**14**	**13**	**11**	**13**	**12**	**75**
Tribe							
Hausa	12	14	12	11	13	12	74
Yoruba	0	0	1	0	0	0	1
Total	**12**	**14**	**13**	**11**	**13**	**12**	**75**

Source: Survey research, 2018.

Table 5.3 above presents the demography of respondents from the category of local government functionaries where 15 questionnaires were administered to the functionaries of each of the selected local governments. From Daura LG, out of the 15 questionnaires administered, 12 were duly returned from 8 males and 4 females. 1 respondent within the age bracket of 26-35 years, 6 respondents within 36-45 years, 4 respondents within 46-55 years, and 1 respondent above 56 years. In Bindawa LG, 14 were returned from 9 males and 5 females. 12 respondents within the age bracket of 26-35 years, 2 respondents within 36-45 years, none within 46-55 years, and none above 56 years. In Malumfashi LG, 13 were returned from 8 males and 5 females. 1 respondent within the age bracket of 26-35 years, 3 respondents within 36-45 years, 6 respondents within 46-55 years, and 3 respondents above 56 years. In Kafur LG, 11 were returned from 7 males and 4 females.2

respondents within the age bracket of 26-35 years, 7 respondents within 36-45 years, 2 respondents within 46-55 years, and none above 56 years. In Dutsen-ma LG, 13 were returned from 8 males and 5 females. 1 respondent within the age bracket of 26-35 years, 7 respondents within 36-45 years, 2 respondents within 46-55 years, and 3 respondents above 56 years. In Safana LG, 12 were returned from 8 males and 4 females. 2 respondents within the age bracket of 26-35 years, 5 respondents within 36-45 years, 5 respondents within 46-55 years, and none above 56 years.

Table 5.4 Demography of Respondents of Basic Education.

	DRA	BDW	MLF	KFR	DTM	SFN	Total
Gender							
Male	34	31	25	33	28	33	184
Female	10	14	18	9	15	11	77
Total	**44**	**45**	**43**	**42**	**43**	**44**	**261**
Age							
26-35 Yrs	6	4	8	5	7	8	38
36-45 Yrs	15	25	19	21	20	23	123
56- above	0	2	3	2	1	0	8
Total	**44**	**45**	**43**	**42**	**43**	**44**	**261**
Marital Status							
Single	0	2	0	4	2	0	8
Married	42	41	43	36	41	44	247
Divorced	2	2	0	1	0	0	5
Widowed	0	0	0	1	0	0	1
Total	**44**	**45**	**43**	**42**	**43**	**44**	**261**
Religion							
Islam	44	45	43	42	43	44	261
Educational Qualification							
Post-secondary	44	45	43	42	43	44	261
Tribe							
Hausa	44	45	43	42	43	44	261

Source: Survey research, 2018.

Table 5.4 above presents the demography of the respondents from the basic education category where 46 questionnaires were administered to staff of Basic Education in each

of the selected LGs. From Daura LG, out of the 46 questionnaires administered, 44 were duly returned from 34 males and 10 females. 6 respondents within the age bracket of 26-35 years, 15 respondents within 36-45 years, none within 46-55 years, and none above 56 years. In Bindawa LG, 45 were returned from 31 males and 14 females. 4 respondents within the age bracket of 26-35 years, 25 respondents within 36-45 years, none within 46-55 years, and 2 respondents above 56 years. In Malumfashi LG, 43 were returned from 25 males and 18 females. 8 respondents within the age bracket of 26-35 years, 19 respondents within 36-45 years, none within 46-55 years, and 3 respondents above 56 years. In Kafur LG, 42 were returned from 33 males and 9 females. 5 respondents within the age bracket of 26-35 years, 21 respondents within 36-45 years, none within 46-55 years, and 2 respondents above 56 years. In Dutsen-ma LG, 43 were returned from 28 males and 15 females. 7 respondents within the age bracket of 26-35 years, 20 respondents within 36-45 years, none within 46-55 years, and 1 respondent above 56 years. In Safana LG, 44 were returned from 33 males and 11 females. 8 respondents within the age bracket of 26-35 years, 23 respondents within 36-45 years, none within 46-55 years, and none above 56 years.

Table 5.5 Demography of Respondents of Primary healthcare.

	DRA	BDW	MLF	KFR	DTM	SFN	Total
Gender							
Male	22	19	23	20	21	21	126
Female	13	14	13	16	14	14	84
Total	**35**	**33**	**36**	**36**	**35**	**35**	**210**
Age							
16-25 Yrs	0	3	3	0	7	5	22
26-35 Yrs	12	5	6	10	10	6	49
36-45 Yrs	17	15	7	16	11	14	80
46-55 Yrs	6	9	12	4	4	8	43
56- above	0	1	8	2	3	2	16
Total	**35**	**33**	**36**	**36**	**35**	**35**	**210**
Marital Status							
Single	2	1	4	1	0	1	9
Married	33	32	30	33	35	32	195
Divorced	0	0	1	0	0	1	2
Widowed	0	0	1	2	0	1	4
Total	**35**	**33**	**36**	**36**	**35**	**35**	**210**
Religion							
Islam	35	33	36	30	35	35	204
Christianity	0	0	0	6	0	0	6
Total	**35**	**33**	**36**	**36**	**35**	**35**	**210**
Educational Qualification							
Secondary	2	1	0	0	0	0	3
Post-secondary	33	32	36	36	35	35	207
Total	**35**	**33**	**36**	**36**	**35**	**35**	**210**
Tribe							
Hausa	35	33	36	36	35	35	210

Source: Survey research, 2018.

Table 5.5 above presents the demography of the respondents from the primary healthcare category where 37 questionnaires were administered to staff of Primary Healthcare in each of the selected LGs. From Daura LG, out of the 37 questionnaires administered, 35 were duly returned from 22 males and 13 females. 12 respondents within the age bracket of 26-35 years, 17 respondents within 36-45 years, 6 respondents within 46-55 years, and none above 56 years. In Bindawa LG, 33 were returned from 19 males and 14 females. 3 respondents within the age bracket of 16-25 years, 5 respondents within 26-35 years, 15 respondents within 36-45 years, 9 respondents within 46-55 years, and 1 respondent above 56 years. In Malumfashi LG, 36 were returned from 23 males and 13 females. 3 respondents within the age bracket of 16-25 years, 6 respondents within 26-35 years, 7 respondents within 36-45 years, 12 respondents within 46-55 years, and 8 respondents above 56 years. In Kafur LG, 36 were returned from 20 males and 16 females. 10 respondents within the age bracket of 26-35 years, 16 respondents within 36-45 years, 4 respondents within 46-55 years, and 2 respondents above 56 years. In Dutsen-ma LG, 35 were returned from 21 males and 14 females. 7 respondents within the age bracket of 16-25 years, 10 respondents within 26-35 years, 11 respondents within 36-45 years, 4 respondents within 46-55 years, and 3 respondents above 56 years. In Safana LG, 35 were returned from 21 males and 14 females. 5 respondents within the age bracket of 16-25 years, 6 respondents within 26-35 years, 14 respondents within 36-45 years, 8 respondents within 46-55 years, and 2 respondents above 56 years.

Table 5.6 Demography of Respondents of Social welfare.

	DRA	BDW	MLF	KFR	DTM	SFN	Total
Gender							
Male	2	2	2	2	2	1	11
Female	0	0	0	0	0	1	1
Total	**2**	**2**	**2**	**2**	**2**	**2**	**12**
Age							
16-25 Yrs	0	0	0	1	1	1	3
26-35 Yrs	1	1	1	0	0	0	3
36-45 Yrs	1	1	1	1	1	0	5
46-55 Yrs	0	0	0	0	0	1	1
Total	**2**	**2**	**2**	**2**	**2**	**2**	**12**
Marital Status							
Single	0	0	0	1	0	0	1
Married	2	2	2	1	2	2	11
Total	**2**	**2**	**2**	**2**	**2**	**2**	**12**
Religion							
Islam	2	2	2	2	2	2	12
Educational Qualification							
Primary	0	0	0	1	0	0	1
Post-secondary	2	2	2	1	2	2	11
Total	**2**	**2**	**2**	**2**	**2**	**2**	**12**
Tribe							
Hausa	2	2	2	2	2	2	12

Source: Survey research, 2018.

Table 5.6 above presents the demography of the respondents from the Social Welfare category where 2 questionnaires were administered to staff of Social Welfare Department in each of the selected LGs. From Daura LG, out of the 2 questionnaires administered, 2 were duly returned from 2 males. 1 respondent within the age bracket of 26-35 years, 1 respondent within 36-45 years. In Bindawa LG, 2 were returned from 2 males. 1 respondent within the age bracket of 26-35 years, 1 respondent within 36-45 years. In Malumfashi LG, 2 were returned from 2 males. 1 respondent within the age bracket of 26-35 years, 1 respondent within 36-45 years. In Kafur LG, 2 were returned from 2

males. 1 respondent within the age bracket of 16-25 years, 1 respondent within 36-45 years. In Dutsen-ma LG, 2 were returned from 2 males. 1 respondent within the age bracket of 16-25 years, 1 respondent within 36-45 years. In Safana LG, 2 were returned from 1 male and 1 female. 1 respondent within the age bracket of 16-25 years, 1 respondent within 46-55 years.

Table 5.7 Demography of Respondents of general public.

	DRA	BDW	MLF	KFR	DTM	SFN	Total
Gender							
Male	85	36	68	80	48	65	382
Female	47	17	19	35	22	20	160
Total	**132**	**53**	**87**	**115**	**70**	**85**	**542**
Age							
16-25 Yrs	13	8	9	6	13	9	58
26-35 Yrs	64	14	13	30	15	45	181
36-45 Yrs	32	20	46	52	26	2	198
46-55 Yrs	23	11	19	27	16	9	105
Total	**132**	**53**	**87**	**115**	**70**	**85**	**542**
Marital Status							
Single	32	14	13	30	21	17	127
Married	100	39	67	78	49	68	403
Divorced	0	0	3	6	0	0	9
Widowed	0	0	2	1	0	0	3
Total	**132**	**53**	**87**	**115**	**70**	**85**	**542**
Religion							
Islam	119	53	69	76	66	82	465
Christianity	13	0	18	39	4	3	77
Total	**132**	**53**	**87**	**115**	**70**	**85**	**542**
Educational Qualification							
Non-formal education	6	3	6	0	0	0	15
Secondary	9	12	4	18	7	11	61
Post-secondary	117	38	77	97	63	74	466
Total	**132**	**53**	**87**	**115**	**70**	**85**	**542**
Tribe							
Hausa	118	53	64	115	60	81	491
Yoruba	6	0	9	0	3	0	18
Igbo	8	0	9	0	3	0	20
Others	0	0	5	0	4	4	13
Total	**132**	**53**	**87**	**115**	**70**	**85**	**542**

Source: Survey research, 2018.

Table 5.7 above presents the demography of the respondents from the category of general public where questionnaires were administered to members of the public in each of the selected LGs. From Daura LG, out of the 143 questionnaires administered, 132 were duly returned from 85 males and 47 females. 13 respondents within the age bracket of 16-25, 64 respondents within 26-35 years, 32 respondents within 36-45 years, 23 respondents within 46-55 years. In Bindawa LG, out of 54 questionnaires administered, 53 were returned from 36 males and 17females. 8 respondents within the age bracket of 16-25 years, 14 respondents within 26-35 years, 20 respondents within 36-45 years, 11 respondents within 46-55 years. In Malumfashi LG, out of 91 questionnaires administered, 87 were returned from 68 males and 19 females. 9 respondents within the age bracket of 16-25 years, 13 respondents within 26-35 years, 46 respondents within 36-45 years, 19 respondents within 46-55 years. In Kafur LG, out of 124 questionnaires administered, 115 were returned from 80 males and 35 females. 6 respondents within the age bracket of 16-25 years, 30 respondents within 26-35 years, 52 respondents within 36-45 years, 27 respondents within 46-55 years. In Dutsen-ma LG, out of 75 questionnaires administered, 70 were returned from 48 males and 22 females. 13 respondents within the age bracket of 16-25 years, 15 respondents within 26-35 years, 26 respondents within 36-45 years, 16 respondents within 46-55 years. In Safana LG, out of 93 questionnaires administered, 85 were returned from 65 males and 20 females. 9 respondents within the age bracket of 16-25 years, 45 respondents within 26-35 years, 2 respondents within 36-45 years, 9 respondents within 46-55 years.

Responses from local government functionaries on the performance of Local Government in mobilizing democratic participation, and development of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.8There is active participation of the people in decision making at the LG level

		There is active participation of the people in decision making at the LG level				
		Agree	Undecided	disagree	strongly disagree	Total
Local Govt	Daura	2	3	1	6	12
		16.7%	25.0%	8.3%	50.0%	100.0%
	Bindawa	3	0	4	7	14
		21.4%	0.0%	28.6%	50.0%	100.0%
	Malumfashi	1	0	4	8	13
		7.7%	0.0%	30.8%	61.5%	100.0%
	Kafur	2	0	3	6	11
		18.2%	0.0%	27.3%	54.5%	100.0%
	Dutsen-ma	1	0	2	10	13
		7.7%	0.0%	15.4%	76.9%	100.0%
	Safana	0	0	3	9	12
		0.0%	0.0%	25.0%	75.0%	100.0%
Total		9	3	17	46	75
		12.0%	4.0%	22.7%	61.3%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.8 shows that in Daura local government 2 local government functionaries representing 16.7% agree that there is active participation of the people in decision making at the Local Government level, 1 respondent representing 8.3% disagree, 6 respondents representing 50.0% strongly disagree, and 3 respondents representing 25% were undecided.

In Bindawa local government 3 local government functionaries representing 21.4% agree that there is active participation of the people in decision making at the Local

Government level, 4 respondents representing 28.6% disagree, and 7 respondents representing 50.0% strongly disagree.

In Malumfashi local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 4 respondents representing 30.8% disagree, and 8 respondents representing 61.35% strongly disagree.

In Kafur local government 2 local government functionaries representing 18.2% agree that there is active participation of the people in decision making at the Local Government level, 3 respondents representing 27.3% disagree, and 6 respondents representing 54.5% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 2 respondents representing 15.4% disagree, and 10representing 76.9% strongly disagree.

In Safana local government 3 local government functionaries representing 25.0% disagree, and 9 respondents representing 75.0% strongly disagree that there is active participation of the people in decision making at the Local Government level.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, the fact remains clear that active participation of people in decision making at the local government level is lacking as shown in the aggregate where only 9 respondents representing 12% agree, 17 respondents

representing 22.7% disagree, 46 respondents representing 61.3% strongly disagree, and 3 respondents representing 4% were undecided on the issue.

Table 5.9: Development of basic education in the LG is as a result of democratic participation of the people

		Development of basic education in the LG is as a result of democratic participation of the people				
		strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	0	1	3	8	12
		0.0%	8.3%	25.0%	66.7%	100.0%
	Bindawa	3	3	6	2	14
		21.4%	21.4%	42.9%	14.3%	100.0%
	Malumfashi	0	3	3	7	13
		0.0%	23.1%	23.1%	53.8%	100.0%
	Kafur	1	3	1	6	11
		9.1%	27.3%	9.1%	54.5%	100.0%
	Dutsen-ma	1	2	4	6	13
		7.7%	15.4%	30.8%	46.2%	100.0%
	Safana	0	3	5	4	12
		0.0%	25.0%	41.7%	33.3%	100.0%
Total		5	15	22	33	75
		6.7%	20.0%	29.3%	44.0%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.9 shows that in Daura local government 1 local government functionary representing 8.3% agree that development of basic education is as a result of democratic participation of the people, 3 respondents representing 25.0% disagree, and 8 respondents representing 66.7% strongly disagree.

In Bindawa local government 3 local government functionaries representing 21.4% strongly agree that development of basic education is as a result of democratic participation of the people, 3 respondents representing 21.4% agree, 6 respondents representing 42.9% disagree, and 2 respondents representing 14.3% strongly disagree.

In Malumfashi local government 3 local government functionaries representing 23.1% agree that development of basic education is as a result of democratic participation of the people, 3 respondents representing 23.1% disagree, and 7 respondents representing 53.8% strongly disagree.

In Kafur local government 1 local government functionary representing 9.1% strongly agree that development of basic education is as a result of democratic participation of the people, 3 respondents representing 27.3% agree, 1 respondent representing 9.1% disagree, and 6 respondents representing 54.5% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% strongly agree that development of basic education is as a result of democratic participation of the people, 2 respondents representing 15.4% agree, 4 respondents representing 30.8% disagree, and 6 respondents representing 46.2% strongly disagree.

In Safana local government 3 local government functionaries representing 25% agree that development of basic education is as a result of democratic participation of the people, 5 respondents representing 41.7% disagree, and 4 respondents representing 33.3% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that development of basic education in their respective local governments is not as a result of democratic participation of the people. On aggregate, 5 respondents representing 6.7% strongly agree, 15 respondents

representing 20.0% agree, 22 respondents representing 29.3% disagree, while 33 respondents representing 44.0% strongly disagree on the issue.

Responses from staff of basic education on performance of Local Government in mobilizing democratic participation, and development of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.10 Development of basic education in the LG is as a result of democratic participation of the people

			Development of basic education in the LG is as a result of democratic participation of the people		Total
			agree	disagree	
	Daura	Count	8	36	44
		% within Local Govt	18.2%	81.8%	100.0%
	Bindawa	Count	14	31	45
		% within Local Govt	31.1%	68.9%	100.0%
	Malumfashi	Count	7	36	43
		% within Local Govt	16.3%	83.7%	100.0%
	Kafur	Count	14	28	42
		% within Local Govt	33.3%	66.7%	100.0%
	Dutsen-ma	Count	18	25	43
		% within Local Govt	41.9%	58.1%	100.0%
	Safana	Count	10	34	44
		% within Local Govt	22.7%	77.3%	100.0%
Total		Count	71	190	261
		% within Local Govt	27.2%	72.8%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.10 shows that in Daura local government 8 staffs of basic education representing 18.2% agree that development of basic education is as a result of democratic participation of the people, and 36 representing 81.8% disagree.

In Bindawa local government 14 staffs of basic educationrepresenting 31.1% agree that development of basic education is as a result of democratic participation of the people, and 31 representing 68.9% disagree.

In Malumfashi local government 7 staffs of basic educationrepresenting 16.3% agree that development of basic education is as a result of democratic participation of the people, and 36 representing 83.7% disagree.

In Kafur local government 14 staffs of basic educationrepresenting 33.3% agree that development of basic education is as a result of democratic participation of the people, and 28 representing 66.7% disagree.

In Dutsen-ma local government 18 staffs of basic educationrepresenting 41.9% agree that development of basic education is as a result of democratic participation of the people, and 25 representing 58.1% disagree.

In Safana local government 10 staffs of basic educationrepresenting 22.7% agree that development of basic education is as a result of democratic participation of the people, and 34 representing 77.3% disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the staff of basic education that development of basic education in their respective local governments is not as a result of democratic participation of the people. On aggregate, 71 respondents representing 27.2% agree, while 190 respondents representing 72.8% disagree on the issue.

Responses from staff of social welfare on performance of Local Government in mobilizing democratic participation and the development of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.11 Development of basic education in the LG is as a result of democratic participation of the people

			Development of basic education in the LG is a result of democratic participation of the people		
			agree	disagree	Undecided
	Daura	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Bindawa	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Malumfashi	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Kafur	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Dutsen-ma	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Safana	Count	1	0	1
		% within Local Govt	50.0%	0.0%	50.0%
Total		Count	5	6	1
		% within Local Govt	41.7%	50.0%	8.3%

Source: SPSS analysis by researcher, 2018.

Table 5.11 shows that in Daura local government 1 staff of social welfare representing 50% agree that development of basic education is as a result of democratic participation of the people, and 1 representing 50% disagree.

In Bindawa local government 1 staff of social welfare representing 50% agree that development of basic education is as a result of democratic participation of the people, and 1 representing 50% disagree.

In Malumfashi local government the 2 respondents representing 100% disagree that development of basic education is as a result of democratic participation of the people.

In Kafur local government 1 staff of social welfarerepresenting 50% agree that development of basic education is as a result of democratic participation of the people, and 1 representing 50% disagree.

In Dutsen-ma local government 1 staff of social welfare representing 50% agree that development of basic education is as a result of democratic participation of the people, and 1 representing 50% disagree.

In Safana local government 1 staff of social welfarerepresenting 50% agree that development of basic education is as a result of democratic participation of the people, and 1 representing 50% was undecided.

On aggregate, 5respondents representing 41.7% agree, while 6 respondents representing 50% disagree, and 1 respondent representing 8.3% was undecided on the issue.

Responses from the general public on performance of Local Government in mobilizing democratic participation and the development of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.12 There is moderate degree of democratic participation by the people

		There is moderate degree of democratic participation by the people				
		strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	90	18	24	0	132
		68.2%	13.6%	18.2%	0.0%	100.0%
	Bindawa	34	8	11	0	53
		64.2%	15.1%	20.8%	0.0%	100.0%
	Malumfashi	63	11	13	0	87
		72.4%	12.6%	14.9%	0.0%	100.0%
	Kafur	77	17	8	13	115
		67.0%	14.8%	7.0%	11.3%	100.0%
	Dutsen-ma	46	11	13	0	70
		65.7%	15.7%	18.6%	0.0%	100.0%
	Safana	45	18	22	0	85
		52.9%	21.2%	25.9%	0.0%	100.0%
Total		355	83	91	13	542
		65.5%	15.3%	16.8%	2.4%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.12 shows that in Daura local government 90respondents from the general public representing 68.2% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 13.6% agree, and 24 respondents representing 18.2% disagree.

In Bindawa local government 34 respondents from the general public representing 64.2% strongly agree that there is moderate degree of democratic participation by the people, 8 respondents representing 15.1% agree, and 11 respondents representing 20.8% disagree.

In Malumfashi local government 63 respondents from the general public representing 72.4% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 12.6% agree, and 13 respondents representing 14.9% disagree.

In Kafur local government 77 respondents from the general public representing 67.0% strongly agree that there is moderate degree of democratic participation by the people, 17 respondents representing 14.8% agree, 8 respondents representing 7.0% disagree, and 13 respondents representing 11.3% strongly disagree.

In Dutsen-ma local government 46 respondents from the general public representing 65.7% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 15.7% agree, and 13 respondents representing 18.6% disagree.

In Safana local government 45 respondents from the general public representing 52.9% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 21.2% agree, and 22 respondents representing 25.9% disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the respondents from the general public that there is moderate degree of democratic participation by the people in their respective local government areas. On aggregate, 356respondents representing 65.5% strongly agree, 83 respondents representing 15.3% agree, 91 respondents representing 16.8% disagree, while 13 respondents representing 2.4% strongly disagree on the issue.

Table 5.13 Development of basic education in the LG is due to democratic participation of the public

		Development of basic education in the LG is due to democratic participation of the public					
		strongly agree	agree	undecided	disagree	strongly disagree	Total
Local Govt	Daura	2	60	0	70	0	132
		1.5%	45.5%	0.0%	53.0%	0.0%	100.0%
	Bindawa	0	30	0	23	0	53
		0.0%	56.6%	0.0%	43.4%	0.0%	100.0%
	Malumfashi	12	32	0	23	20	87
		13.8%	36.8%	0.0%	26.4%	23.0%	100.0%
	Kafur	33	44	6	17	15	115
		28.7%	38.3%	5.2%	14.8%	13.0%	100.0%
	Dutsen-ma	8	32	7	2	21	70
		11.4%	45.7%	10.0%	2.9%	30.0%	100.0%
	Safana	9	44	0	22	10	85
		10.6%	51.8%	0.0%	25.9%	11.8%	100.0%
Total		64	242	13	157	66	542
		11.8%	44.6%	2.4%	29.0%	12.2%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.13 shows that in Daura local government 2 respondents from the general public representing 1.5% strongly agree that development of basic education is as a result of

democratic participation of the people, 60 respondents representing 45.5% agree, and 70 respondents representing 53% disagree.

In Bindawa local government 30 respondents from the general public representing 56.6% agree that development of basic education is as a result of democratic participation of the people, and 23 respondents representing 43.4% disagree.

In Malumfashi local government 12 respondents from the general public representing 13.8% strongly agree that development of basic education is as a result of democratic participation of the people, 32 respondents representing 36.8% agree, 23 respondents representing26.4% disagree, and 20 respondents representing 23.% strongly disagree.

In Kafur local government 33 respondents from the general public representing 28.7% strongly agree that development of basic education is as a result of democratic participation of the people, 44 respondents representing 38.3% agree, 6 respondents representing 5.2% were undecided, 17 respondents representing 14.8% disagree, and 15 respondents representing 13.0% strongly disagree.

In Dutsen-ma local government 8 respondents from the general public representing 11.4% strongly agree that development of basic education is as a result of democratic participation of the people, 32 respondents representing 45.7% agree, 7 respondents representing 10.0% were undecided, 2 respondents representing 2.9% disagree, and 21 respondents representing 30.0% strongly disagree.

In Safana local government 9 respondents from the general public representing 10.6% strongly agree that development of basic education is as a result of democratic

participation of the people, 44 respondents representing 51.8% agree, 22 respondents representing 25.9% disagree, and 10 respondents representing 11.8% strongly disagree.

On aggregate, 64 respondents representing 11.8% strongly agree that development of basic education is as a result of democratic participation of the people, 242 respondents representing 44.6% agree, 13 respondents representing 2.4% were undecided, 157 respondents representing 29.0% disagree, while 66 respondents representing 12.2% strongly disagree on the issue.

Table 5.14 Testing hypothesis one.

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	-.225	.009
	N of Valid Cases		132	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	.115	.409
	N of Valid Cases		53	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	-.092	.388
	N of Valid Cases		87	
Kafur	Ordinal by Ordinal	Kendall's tau-b	.030	.739
	N of Valid Cases		115	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	.358	.005
	N of Valid Cases		70	
Safana	Ordinal by Ordinal	Kendall's tau-b	-.293	.002
	N of Valid Cases		85	
Total	Ordinal by Ordinal	Kendall's tau-b	-.051	.234
	N of Valid Cases		542	

Source: SPSS analysis by researcher, 2018.

Ho1 states that: There is no significant relationship between democratic participation and provision of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas of Katsina state.

The decision rule for correlation states that there is a positive correlation between variables if the values range from 0 to 1, and the closer to 1 the values are, the stronger

the relationship, and the closer to 0 the values are, the weaker the association. A negative correlation occurs when the values are -1 to 0. Further, accept null hypothesis if P value is greater than 0.05, or reject null hypothesis if P value is less than 0.05.

Thus, from table 5.14 above, the result of the test in Daura local government area shows the P value as 0.009 which is less than 0.05, thus we reject our hypothesis even as the data shows the value of the correlation as -0.225 indicating a weak and negative correlation between democratic participation of the people and development of basic education. This means as democratic participation increases, development of basic education decreases.

The result of the test in Bindawa local government area shows the P value as 0.409 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.115 indicating a weak but positive correlation between democratic participation of the people and development of basic education. This means as democratic participation increases, development of basic education also increases.

The result of the test in Malumfashi local government area shows the P value as 0.388 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.092 indicating a weak and negative correlation between democratic participation of the people and development of basic education. This means as democratic participation increases, development of basic education decreases.

The result of the test in Kafur local government area shows the P value as 0.739 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.030 indicating a weak but positive correlation between

democratic participation of the people and development of basic education. This means as democratic participation increases, development of basic education also increases.

The result of the test in Dutsen-ma local government area shows the P value as0.005 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 0.358 indicating a weak but positive correlation between democratic participation of the people and development of basic education. This means as democratic participation increases, development of basic education also increases.

The result of the test in Safana local government area shows the P value as 0.002 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as -0.293 indicating a weak and negative correlation between democratic participation of the people and development of basic education. This means as democratic participation increases, development of basic education decreases.

On aggregate, the result of the test shows the P value as .234 which is greater than 0.05, thus we accept our hypothesis. However, the analysis of the data shows -0.051 indicating a strong but negative correlation between democratic participation and development of basic education. This means as democratic participation increases, development of basic education decreases.

Responses from local government functionaries on the performance of their Local Government in mobilizing democratic participation, and development of primary healthcare in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.15There is active participation of the people in decision making at the LG level

		There is active participation of the people in decision making at the LG level				
		Agree	Undecided	disagree	strongly disagree	Total
Local Govt	Daura	2	3	1	6	12
		16.7%	25.0%	8.3%	50.0%	100.0%
	Bindawa	3	0	4	7	14
		21.4%	0.0%	28.6%	50.0%	100.0%
	Malumfashi	1	0	4	8	13
		7.7%	0.0%	30.8%	61.5%	100.0%
	Kafur	2	0	3	6	11
		18.2%	0.0%	27.3%	54.5%	100.0%
	Dutsen-ma	1	0	2	10	13
		7.7%	0.0%	15.4%	76.9%	100.0%
	Safana	0	0	3	9	12
		0.0%	0.0%	25.0%	75.0%	100.0%
Total		9	3	17	46	75
		12.0%	4.0%	22.7%	61.3%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.15 shows that in Daura local government 2 local government functionaries representing 16.7% agree that there is active participation of the people in decision making at the Local Government level, 1 respondent representing 8.3% disagree, 6 respondents representing 50.0% strongly disagree, and 3 respondents representing 25% were undecided.

In Bindawa local government 3 local government functionaries representing 21.4% agree that there is active participation of the people in decision making at the Local Government level, 4 respondents representing 28.6% disagree, and 7 respondents representing 50.0% strongly disagree.

In Malumfashi local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 4 respondents representing 30.8% disagree, and 8 respondents representing 61.35% strongly disagree.

In Kafur local government 2 local government functionaries representing 18.2% agree that there is active participation of the people in decision making at the Local Government level, 3 respondents representing 27.3% disagree, and 6 respondents representing 54.5% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 2 respondents representing 15.4% disagree, and 10representing 76.9% strongly disagree.

In Safana local government 3 local government functionaries representing 25.0% disagree, and 9 respondents representing 75.0% strongly disagree that there is active participation of the people in decision making at the Local Government level.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, the fact remains clear that active participation of people in decision making at the local government level is lacking as shown in the aggregate where only 9 respondents representing 12% agree, 17 respondents representing 22.7% disagree, 46 respondents representing 61.3% strongly disagree, and 3 respondents representing 4% were undecided on the issue.

Table 5.16 Development of primary healthcare in the LG is as a result of democratic participation of the people

			Development of primary healthcare in the LG is as a result of democratic participation of the people				
			strongly agree	Agree	disagree	strongly disagree	Total
Local Govt	Daura	Count	0	0	8	4	12
		% within Local Govt	0.0%	0.0%	66.7%	33.3%	100.0%
	Bindawa	Count	3	3	2	6	14
		% within Local Govt	21.4%	21.4%	14.3%	42.9%	100.0%
	Malumfashi	Count	1	4	7	1	13
		% within Local Govt	7.7%	30.8%	53.8%	7.7%	100.0%
	Kafur	Count	0	4	6	1	11
		% within Local Govt	0.0%	36.4%	54.5%	9.1%	100.0%
	Dutsen-ma	Count	1	2	3	7	13
		% within Local Govt	7.7%	15.4%	23.1%	53.8%	100.0%
	Safana	Count	0	3	5	4	12
		% within Local Govt	0.0%	25.0%	41.7%	33.3%	100.0%
Total		Count	5	16	31	23	75
		% within Local Govt	6.7%	21.3%	41.3%	30.7%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.16 shows that in Daura local government 8 local government functionaries representing 66.7% disagree that development of primary healthcare is as a result of democratic participation of the people, and 4 respondents representing 33.3% strongly disagree.

In Bindawa local government 3 local government functionaries representing 21.4% strongly agree that development of primary healthcare is as a result of democratic participation of the people, 3 respondents representing 21.4% agree, 2 respondents representing 14.3% disagree, and 6 respondents representing 42.9% strongly disagree.

In Malumfashi local government 1 local government functionary representing 7.7% strongly agree that development of primary healthcare is as a result of democratic participation of the people, 4 respondents representing 30.8% agree, 7 respondents representing 53.8% disagree, and 1 respondent representing 7.7% strongly disagree.

In Kafur local government 4 local government functionaries representing 36.4% agree that development of primary healthcare is as a result of democratic participation of the people,6 respondents representing 54.5% disagree, and 1 respondent representing 9.1% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% strongly agree that development of primary healthcare is as a result of democratic participation of the people, 2 respondents representing 15.4% agree, 3 respondents representing 23.1% disagree, and 7 respondents representing 53.8% strongly disagree.

In Safana local government 3 local government functionaries representing 25% agree that development of primary healthcare is as a result of democratic participation of the people, 5 respondents representing 41.7% disagree, and 4 respondents representing 33.3% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that development of primary healthcare is in their respective local governments is not as a result of democratic participation of the people. On aggregate, 5 respondents representing 6.7% strongly agree, 16 respondents

representing 21.3% agree, 31 respondents representing 41.3% disagree, while 23 respondents representing 30.7% strongly disagree on the issue.

Responses from staff of primary healthcare on the performance of their Local Government in mobilizing democratic participation, and development of primary healthcare in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.17 Development of primary healthcare is due to democratic participation of the people

		Development of primary healthcare is due to democratic participation of the people				
		agree	undecided	disagree	strongly disagree	Total
Local Govt	Daura	9	0	14	12	35
		25.7%	0.0%	40.0%	34.3%	100.0%
	Bindawa	9	0	14	10	33
		27.3%	0.0%	42.4%	30.3%	100.0%
	Malumfashi	12	0	14	10	36
		33.3%	0.0%	38.9%	27.8%	100.0%
	Kafur	11	0	14	11	36
		30.6%	0.0%	38.9%	30.6%	100.0%
	Dutsen-ma	14	0	9	12	35
		40.0%	0.0%	25.7%	34.3%	100.0%
	Safana	13	1	9	12	35
		37.1%	2.9%	25.7%	34.3%	100.0%
Total		68	1	74	67	210
		32.4%	0.5%	35.2%	31.9%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.17 shows that in Daura local government 9 staffs of primary healthcare representing 25.7% agree that development of primary healthcare is as a result of

democratic participation of the people, 14 respondents representing 40.0% disagree, and 12 staffs representing 34.3% strongly disagree.

In Bindawa local government 9 staffs of primary healthcare representing 27.3% agree that development of primary healthcare is as a result of democratic participation of the people, 14 respondents representing 42.4% disagree, and 10 respondents representing 30.3% strongly disagree.

In Malumfashi local government 12 staffs of primary healthcarerepresenting 33.3% agree that development of primary healthcare is as a result of democratic participation of the people, 14 respondents representing 38.9% disagree, and 10 respondents representing 27.8% strongly disagree.

In Kafur local government 11 staffs of primary healthcare representing 30.6% agree that development of primary healthcare is as a result of democratic participation of the people, 14 respondents representing 38.9% disagree, and 11 respondents representing 30.6% strongly disagree.

In Dutsen-ma local government 14 staffs of primary healthcare representing 40% agree that development of primary healthcare is as a result of democratic participation of the people, 9 respondents representing 25.7% disagree, and 12 respondents representing 34.3% strongly disagree.

In Safana local government 13 staffs of primary healthcare representing 37.1% agree that development of primary healthcare is as a result of democratic participation of the people, 9 respondents representing 25.7% disagree, 12 respondents representing 34.3% strongly disagree, while 1 respondent representing 2.9% was undecided.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the staffs of primary healthcare that development of primary healthcare in their respective local governments is not as a result of democratic participation of the people. On aggregate, 68 respondents representing 32.4% agree, while 74 respondents representing 35.2% disagree, 67 respondents representing 31.9% strongly disagree, and 1 respondent representing 0.5% was undecided on the issue.

Responses from staff of Social development on the performance of their Local Government in mobilizing democratic participation, and development of primary healthcare in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.18There is active participation of the people in decision making at the LG level

			There is active participation of the people in decision making at the LG level		
			Agree	Disagree	Undecided
	Daura	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Bindawa	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Malumfashi	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Kafur	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Dutsen-ma	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Safana	Count	0	1	1
		% within Local Govt	0.0%	50.0%	50.0%
Total		Count	3	8	1
		% within Local Govt	25.0%	66.7%	8.3%

Source: SPSS analysis by researcher, 2018.

Table 5.18 shows that in Daura local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Bindawa local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Malumfashi local government all 2 respondent from social welfare representing 100% disagree that there is active participation of people in decision making at local government level.

In Kafur local government all 2 respondent from social welfare representing 100% disagree that there is active participation of people in decision making at local government level.

In Dutsen-ma local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Safana local government 1 respondent from social welfare representing 50% disagree that there is active participation of people in decision making at local government level, and 1 respondent representing 50% was undecided.

On aggregate, 3 respondents representing 25% agree that there is active participation of people in decision making at local government level, while 8 respondents representing 66.7% disagree, and 1 respondent representing 8.3% was undecided on the issue.

Responses from staff of social welfare on performance of Local Government in mobilizing democratic participation and the development of primary healthcare in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.19 Development of primary healthcare in the LG is as a result of democratic participation of the people

			Development of primary healthcare in the LG is a result of democratic participation of the people		
			agree	disagree	undecided
	Daura	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Bindawa	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Malumfashi	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Kafur	Count	2	0	0
		% within Local Govt	100.0%	0.0%	0.0%
	Dutsen-ma	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Safana	Count	2	0	1
		% within Local Govt	100.0%	0.0%	50.0%
Total		Count	5	6	1
		% within Local Govt	41.7%	50.0%	8.3%

Source: SPSS analysis by researcher, 2018.

Table 5.19 shows that in Daura local government all 2 respondents from social welfare representing 100% disagree that development of primary healthcare is as a result of democratic participation of the people.

In Bindawa local government 1 respondent from social welfare representing 50% agree that development of primary healthcare is as a result of democratic participation of the people, and 1 representing 50% disagree.

In Malumfashi local government all 2 respondents from social welfare representing 100% disagree that development of primary healthcare is as a result of democratic participation of the people.

In Kafur local government all 2 respondents from social welfare representing 100% agree that development of primary healthcare is as a result of democratic participation of the people.

In Dutsen-ma local government all 2 respondents from social welfare representing 100% disagree that development of primary healthcare is as a result of democratic participation of the people.

In Safana local government all 2 respondents from social welfare representing 100% agree that development of primary healthcare is as a result of democratic participation of the people.

On aggregate, 5 respondents representing 41.7% agree, while 6 respondents representing 50.0% disagree, and 1 respondent representing 8.3% was undecided.

Responses from the general public on the performance of their Local Government in mobilizing democratic participation, and development of primary healthcare in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.20 There is moderate degree of democratic participation by the people

		There is moderate degree of democratic participation by the people				
		strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	90	18	24	0	132
		68.2%	13.6%	18.2%	0.0%	100.0%
	Bindawa	34	8	11	0	53
		64.2%	15.1%	20.8%	0.0%	100.0%
	Malumfashi	63	11	13	0	87
		72.4%	12.6%	14.9%	0.0%	100.0%
	Kafur	77	17	8	13	115
		67.0%	14.8%	7.0%	11.3%	100.0%
	Dutsen-ma	46	11	13	0	70
		65.7%	15.7%	18.6%	0.0%	100.0%
	Safana	45	18	22	0	85
		52.9%	21.2%	25.9%	0.0%	100.0%
Total		355	83	91	13	542
		65.5%	15.3%	16.8%	2.4%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.20 shows that in Daura local government 90 respondents from the general public representing 68.2% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 13.6% agree, and 24 respondents representing 18.2% disagree.

In Bindawa local government 34 respondents from the general public representing 64.2% strongly agree that there is moderate degree of democratic participation by the people, 8 respondents representing 15.1% agree, and 11 respondents representing 20.8% disagree.

In Malumfashi local government 63 respondents from the general public representing 72.4% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 12.6% agree, and 13 respondents representing 14.9% disagree.

In Kafur local government 77 respondents from the general public representing 67.0% strongly agree that there is moderate degree of democratic participation by the people, 17 respondents representing 14.8% agree, 8 respondents representing 7.0% disagree, and 13 respondents representing 11.3% strongly disagree.

In Dutsen-ma local government 46 respondents from the general public representing 65.7% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 15.7% agree, and 13 respondents representing 18.6% disagree.

In Safana local government 45 respondents from the general public representing 52.9% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 21.2% agree, and 22 respondents representing 25.9% disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the respondents from the general public that there is moderate degree of democratic participation by the people in their respective local government areas. On aggregate,

356respondents representing 65.5% strongly agree, 83 respondents representing 15.3% agree, 91 respondents representing 16.8% disagree, while 13 respondents representing 2.4% strongly disagree on the issue.

Table 5.21Development of primary healthcare in the LG is due to democratic participation of the public

			Development of primary healthcare in the LG is due to democratic participation of the public				
			strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	Count	13	51	59	9	132
		% within Local Govt	9.8%	38.6%	44.7%	6.8%	100.0%
	Bindawa	Count	0	25	26	2	53
		% within Local Govt	0.0%	47.2%	49.1%	3.8%	100.0%
	Malumfashi	Count	7	42	31	7	87
		% within Local Govt	8.0%	48.3%	35.6%	8.0%	100.0%
	Kafur	Count	26	64	16	9	115
		% within Local Govt	22.6%	55.7%	13.9%	7.8%	100.0%
	Dutsen-ma	Count	21	26	6	17	70
		% within Local Govt	30.0%	37.1%	8.6%	24.3%	100.0%
	Safana	Count	0	51	19	15	85
		% within Local Govt	0.0%	60.0%	22.4%	17.6%	100.0%
Total		Count	67	259	157	59	542
		% within Local Govt	12.4%	47.8%	29.0%	10.9%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.21 shows that in Daura local government 13 respondents from the general public representing 9.8% strongly agree that development of primary healthcare is as a result of democratic participation of the people, 51 respondents representing 38.6% agree, 59 respondents representing 44.7% disagree, and 9 respondents representing 6.8% strongly disagree.

In Bindawa local government 25 respondents from the general public representing 47.2% agree that development of primary healthcare is as a result of democratic participation of the people, 26 respondents representing 49.1% disagree, and 2 respondents representing 3.8% strongly disagree.

In Malumfashi local government 7 respondents from the general publicrepresenting 8.0% strongly agree that development of primary healthcare is as a result of democratic participation of the people, 42 respondents representing 48.3% agree, 31 respondents representing 35.6% disagree, and 7 respondents representing 8.0% strongly disagree.

In Kafur local government 26 respondents from the general public representing 22.6% strongly agree that development of primary healthcare is as a result of democratic participation of the people, 64 respondents representing 55.7% agree, 16 respondents representing 13.9% disagree, and 9 respondents representing 7.9% strongly disagree.

In Dutsen-ma local government 21 respondents from the general public representing 30.0% strongly agree that development of primary healthcare is as a result of democratic participation of the people, 26 respondents representing 37.1% agree, 6 respondents representing 8.6% disagree, and 17 respondents representing 24.3% strongly disagree.

In Safana local government 51 respondents from the general public representing 60% agree that development of primary healthcare is as a result of democratic participation of the people, 19 respondents representing 22.4% disagree, and 15 respondents representing 17.6% strongly disagree.

According to the responses of the general public in Daura and Bindawa local government areas development of primary healthcare in their respective local governments is not as a result of democratic participation of the people, while in Malumfashi, Kafur, Dutsen-ma, and Safana local government areas the respondents agree that development of primary healthcare is as a result of democratic participation of the people. However, on aggregate, 67 respondents representing 12.4% strongly agree, 259 respondents representing 47.8% agree, 157 respondents representing 29.0% disagree, while 59 respondents representing 10.9% strongly disagree on the issue.

Table 5.22Testing hypothesis two.

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	-.171	.047
	N of Valid Cases		132	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	-.076	.583
	N of Valid Cases		53	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	-.044	.677
	N of Valid Cases		87	
Kafur	Ordinal by Ordinal	Kendall's tau-b	.133	.208
	N of Valid Cases		115	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	.448	.001
	N of Valid Cases		70	
Safana	Ordinal by Ordinal	Kendall's tau-b	-.154	.137
	N of Valid Cases		85	
Total	Ordinal by Ordinal	Kendall's tau-b	-.004	.921
	N of Valid Cases		542	

Source: SPSS analysis by researcher, 2018.

Ho2. There is no significant relationship between democratic participation and provision of primary healthcare in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas of Katsina state.

Thus, from table 5.22 above, the result of the test in Daura local government area shows the P value as 0.047 which is less than 0.05, thus we reject our hypothesis even as the data shows the value of the correlation as -0.171 indicating a weak and negative correlation between democratic participation of the people and provision of primary healthcare. This means as democratic participation increases, provision of primary healthcare decreases.

The result of the test in Bindawa local government area shows the P value as 0.583 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.076 indicating a weak and negative correlation between democratic participation of the people and provision of primary healthcare. This means as democratic participation increases, provision of primary healthcare decreases.

The result of the test in Malumfashi local government area shows the P value as 0.677 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.044 indicating a weak and negative correlation between democratic participation of the people and provision of primary healthcare. This means as democratic participation increases, provision of primary healthcare decreases.

The result of the test in Kafur local government area shows the P value as 0.208 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.133 indicating a weak but positive correlation between

democratic participation of the people and provision of primary healthcare. This means as democratic participation increases, provision of primary healthcare also increases.

The result of the test in Dutsen-ma local government area shows the P value as 0.001 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 0.448 indicating a weak but positive correlation between democratic participation of the people and provision of primary healthcare. This means as democratic participation increases, provision of primary healthcare also increases.

The result of the test in Safana local government area shows the P value as 0.137 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.154 indicating a weak and negative correlation between democratic participation of the people and provision of primary healthcare. This means as democratic participation increases, provision of primary healthcare decreases.

On aggregate, the result of the test shows the P value as 0.921 which is greater than 0.05, thus we accept our hypothesis. However, the analysis of the data shows -0.004 indicating a weak and negative correlation between democratic participation and provision of primary healthcare. This means as democratic participation increases, provision of primary healthcare decreases.

Responses from local government functionaries on the performance of their Local Government in mobilizing democratic participation, and provision of water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.23 There is active participation of the people in decision making at the LG level

		There is active participation of the people in decision making at the LG level				
		Agree	undecided	disagree	strongly disagree	Total
Local Govt	Daura	2	3	1	6	12
		16.7%	25.0%	8.3%	50.0%	100.0%
	Bindawa	3	0	4	7	14
		21.4%	0.0%	28.6%	50.0%	100.0%
	Malumfashi	1	0	4	8	13
		7.7%	0.0%	30.8%	61.5%	100.0%
	Kafur	2	0	3	6	11
		18.2%	0.0%	27.3%	54.5%	100.0%
	Dutsen-ma	1	0	2	10	13
		7.7%	0.0%	15.4%	76.9%	100.0%
	Safana	0	0	3	9	12
		0.0%	0.0%	25.0%	75.0%	100.0%
Total		9	3	17	46	75
		12.0%	4.0%	22.7%	61.3%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.23 shows that in Daura local government 2 local government functionaries representing 16.7% agree that there is active participation of the people in decision making at the Local Government level, 1 respondent representing 8.3% disagree, 6 respondents representing 50.0% strongly disagree, and 3 respondents representing 25% were undecided.

In Bindawa local government 3 local government functionaries representing 21.4% agree that there is active participation of the people in decision making at the Local

Government level, 4 respondents representing 28.6% disagree, and 7 respondents representing 50.0% strongly disagree.

In Malumfashi local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 4 respondents representing 30.8% disagree, and 8 respondents representing 61.35% strongly disagree.

In Kafur local government 2 local government functionaries representing 18.2% agree that there is active participation of the people in decision making at the Local Government level, 3 respondents representing 27.3% disagree, and 6 respondents representing 54.5% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 2 respondents representing 15.4% disagree, and 10representing 76.9% strongly disagree.

In Safana local government 3 local government functionaries representing 25.0% disagree, and 9 respondents representing 75.0% strongly disagree that there is active participation of the people in decision making at the Local Government level.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, the fact remains clear that active participation of people in decision making at the local government level is lacking as shown in the aggregate where only 9 respondents representing 12% agree, 17 respondents

representing 22.7% disagree, 46 respondents representing 61.3% strongly disagree, and 3 respondents representing 4% were undecided on the issue.

Table 5.24 Provision of water supply in the LG is as a result of democratic participation of the people

		Provision of water supply in the LG is as a result of democratic participation of the people			
		Agree	disagree	strongly disagree	Total
Local Govt	Daura	0	11	1	12
		0.0%	91.7%	8.3%	100.0%
	Bindawa	6	8	0	14
		42.9%	57.1%	0.0%	100.0%
	Malumfashi	2	4	7	13
		15.4%	30.8%	53.8%	100.0%
	Kafur	5	2	4	11
		45.5%	18.2%	36.4%	100.0%
	Dutsen-ma	3	7	3	13
		23.1%	53.8%	23.1%	100.0%
	Safana	3	7	2	12
		25.0%	58.3%	16.7%	100.0%
Total		19	39	17	75
		25.3%	52.0%	22.7%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.24 shows that in Daura local government 11 local government functionaries representing 91.7% disagreed that provision of water supply in the local government is as a result of democratic participation of the people, and 1 respondent representing 8.3% strongly disagree.

In Bindawa local government 6 local government functionaries representing 42.9% agree that provision of water supply is as a result of democratic participation of the people, and 8 representing 57.1% disagree.

In Malumfashi local government 2 local government functionaries representing 15.4% agree that provision of water supply is as a result of democratic participation of the

people, 4 respondents representing 30.8% disagree, and 7 respondents representing 53.8% strongly disagree.

In Kafur local government 5 local government functionaries representing 45.5% agree that provision of water supply is as a result of democratic participation of the people, 2 respondents representing 18.2% disagree, and 4 respondents representing 36.4% strongly disagree.

In Dutsen-ma local government 3 local government functionaries representing 23.1% agree that provision of water supply is as a result of democratic participation of the people, 7 respondents representing 53.8% disagree, and 2 respondents representing 16.7% strongly disagree.

In Safana local government 3 local government functionaries representing 25% agree that provision of water supply is as a result of democratic participation of the people, 7 respondents representing 58.3% disagree, and 2 respondents representing 16.7% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that provision of water supply in their respective local governments is not as a result of democratic participation of the people. On aggregate, 19 respondents representing 25.3% agree, while 39 respondents representing 52.0% disagree, and 17 respondents representing 22.7% strongly disagree on the issue.

Responses from staff of social development on the performance of their Local Government in mobilizing democratic participation, and provision of water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.25There is active participation of the people in decision making at the LG level

			There is active participation of the people in decision making at the LG level		
			Agree	disagree	Undecided
	Daura	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Bindawa	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Malumfashi	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Kafur	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Dutsen-ma	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Safana	Count	0	1	1
		% within Local Govt	0.0%	50.0%	50.0%
Total		Count	3	8	1
		% within Local Govt	25.0%	66.7%	8.3%

Source: SPSS analysis by researcher, 2018.

Table 5.25 shows that in Daura local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Bindawa local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Malumfashi local government all 2 respondent from social welfare representing 100% disagree that there is active participation of people in decision making at local government level.

In Kafur local government all 2 respondent from social welfare representing 100% disagree that there is active participation of people in decision making at local government level.

In Dutsen-ma local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Safana local government 1 respondent from social welfare representing 50% disagree that there is active participation of people in decision making at local government level, and 1 respondent representing 50% was undecided.

On aggregate, 3 respondents representing 25% agree that there is active participation of people in decision making at local government level, while 8 respondents representing 66.7% disagree, and 1 respondent representing 8.3% was undecided on the issue.

Table 5.26 Water supply in the LG is as a result of democratic participation of the people

			Water supply in the LG is as a result of democratic participation of the people		Total
			Agree	disagree	
	Daura	Count	0	2	2
		% within Local Govt	0.0%	100.0%	100.0%
	Bindawa	Count	1	1	2
		% within Local Govt	50.0%	50.0%	100.0%
	Malumfashi	Count	0	2	2
		% within Local Govt	0.0%	100.0%	100.0%
	Kafur	Count	0	2	2
		% within Local Govt	0.0%	100.0%	100.0%
	Dutsen-ma	Count	2	0	2
		% within Local Govt	100.0%	0.0%	100.0%
	Safana	Count	2	0	2
		% within Local Govt	100.0%	0.0%	100.0%
Total		Count	5	7	12
		% within Local Govt	41.7%	58.3%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.26 shows that in Daura local government all 2 respondent from social welfare representing 100% disagree that water supply in the local government is due democratic participation of the people.

In Bindawa local government 1 respondent from social welfare representing 50% agree that water supply in the local government is due democratic participation of the people, and 1 respondent representing 50% disagree.

In Malumfashi local government all 2 respondents from social welfare representing 100% disagree that water supply in the local government is due democratic participation of the people.

In Kafur local government all 2 respondents from social welfare representing 100% disagree that that water supply in the local government is due democratic participation of the people.

In Dutsen-ma local government all 2 respondents from social welfare representing 100% agree that water supply in the local government is due democratic participation of the people.

In Safana local government all 2 respondents from social welfare representing 100% agree that water supply in the local government is due democratic participation of the people.

On aggregate, 5 respondents representing 41.7% agree that water supply in the local government is due democratic participation of the people, while 7 respondents representing 58.3% disagree on the issue.

Responses from the general public on the performance of their Local Government in mobilizing democratic participation, and provision of water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.27 There is moderate degree of democratic participation by the people

		There is moderate degree of democratic participation by the people				
		strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	90	18	24	0	132
		68.2%	13.6%	18.2%	0.0%	100.0%
	Bindawa	34	8	11	0	53
		64.2%	15.1%	20.8%	0.0%	100.0%
	Malumfashi	63	11	13	0	87
		72.4%	12.6%	14.9%	0.0%	100.0%
	Kafur	77	17	8	13	115
		67.0%	14.8%	7.0%	11.3%	100.0%
	Dutsen-ma	46	11	13	0	70
		65.7%	15.7%	18.6%	0.0%	100.0%
	Safana	45	18	22	0	85
		52.9%	21.2%	25.9%	0.0%	100.0%
Total		355	83	91	13	542
		65.5%	15.3%	16.8%	2.4%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.27 shows that in Daura local government 90 respondents from the general public representing 68.2% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 13.6% agree, and 24 respondents representing 18.2% disagree.

In Bindawa local government 34 respondents from the general public representing 64.2% strongly agree that there is moderate degree of democratic participation by the people, 8 respondents representing 15.1% agree, and 11 respondents representing 20.8% disagree.

In Malumfashi local government 63 respondents from the general public representing 72.4% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 12.6% agree, and 13 respondents representing 14.9% disagree.

In Kafur local government 77 respondents from the general public representing 67.0% strongly agree that there is moderate degree of democratic participation by the people, 17 respondents representing 14.8% agree, 8 respondents representing 7.0% disagree, and 13 respondents representing 11.3% strongly disagree.

In Dutsen-ma local government 46 respondents from the general public representing 65.7% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 15.7% agree, and 13 respondents representing 18.6% disagree.

In Safana local government 45 respondents from the general public representing 52.9% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 21.2% agree, and 22 respondents representing 25.9% disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the respondents from the general public that there is moderate degree of democratic participation by the people in their respective local government areas. On aggregate,

356respondents representing 65.5% strongly agree, 83 respondents representing 15.3% agree, 91 respondents representing 16.8% disagree, while 13 respondents representing 2.4% strongly disagree on the issue.

Table 5.28 Water supply in the LG is due to democratic participation of the public

		strongly agree	agree	undecided	disagree	strongly disagree	Total
Local Govt	Daura	0	14	0	102	16	132
		0.0%	10.6%	0.0%	77.3%	12.1%	100.0%
	Bindawa	10	20	0	8	15	53
		18.9%	37.7%	0.0%	15.1%	26.4%	100.0%
	Malumfashi	13	43	0	26	5	87
		14.9%	49.4%	0.0%	29.9%	5.7%	100.0%
	Kafur	15	54	6	14	26	115
		13.0%	47.0%	5.2%	12.2%	22.6%	100.0%
	Dutsen-ma	5	22	0	10	33	70
		7.1%	31.4%	0.0%	14.3%	47.1%	100.0%
	Safana	0	38	0	47	0	85
		0.0%	44.7%	0.0%	55.3%	0.0%	100.0%
Total		43	191	6	207	94	542
		7.9%	35.2%	1.1%	38.2%	17.3%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.28 shows that in Daura local government 14 respondent from the general public representing 10.6% agree that water supply in the local government is due democratic participation of the people, 102 respondents representing 77.3% disagree, and 16 respondents representing 12.1% strongly disagree.

In Bindawa local government 10 respondents from the general public representing 18.9% strongly agree that water supply in the local government is due democratic participation

of the people, 20 respondents representing 37.7% agree, 8 respondents representing 15.1% disagree, and 14 respondent representing 26.4% strongly disagree.

In Malumfashi local government 13 respondents from the general public representing 14.9% strongly agree that water supply in the local government is due democratic participation of the people, 43 respondents representing 49.4% agree, 26 respondents representing 29.9% disagree, and 5 respondents representing 5.7% strongly disagree.

In Kafur local government 15 respondents from the general public representing 13.0%% strongly agree that that water supply in the local government is due democratic participation of the people, 54 respondents representing 47.0% agree, 14 respondents representing and 12 respondents representing 12.2% disagree, 26 respondents representing 22.6% strongly disagree, while 6 respondents representing 5.2% were undecided.

In Dutsen-ma local government 5 respondents from the general public representing 7.1% strongly agree that water supply in the local government is due democratic participation of the people, 22 respondents representing 31.4% agree, 10 respondents representing 14.3% disagree, and 33 respondents representing 47.1% strongly disagree.

In Safana local government 38 respondents from the general public representing 44.7% agree that water supply in the local government is due democratic participation of the people, and 47 respondents representing 55.3% disagree.

On aggregate, 43 respondents representing 7.9% strongly agree, 191 respondents representing 35.2% agree that water supply in the local government is due to democratic participation of the people, 207 respondents representing 38.2% disagree, and 94

respondents representing 17.3% strongly disagree, while 6 respondents representing 1.1% were undecided on the issue.

Table 5.29 Testing hypothesis three.

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	-.348	.009
	N of Valid Cases		132	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	-.242	.041
	N of Valid Cases		53	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	-.043	.683
	N of Valid Cases		87	
Kafur	Ordinal by Ordinal	Kendall's tau-b	.616	.000
	N of Valid Cases		115	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	-.074	.544
	N of Valid Cases		70	
Safana	Ordinal by Ordinal	Kendall's tau-b	-.171	.117
	N of Valid Cases		85	
Total	Ordinal by Ordinal	Kendall's tau-b	.024	.590
	N of Valid Cases		542	

Source: SPSS analysis by researcher, 2018.

Ho3. There is no significant relationship between democratic participation and provision of water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas of Katsina state.

Thus, from table 5.29 above, the result of the test in Daura local government area shows the P value as 0.009 which is less than 0.05, thus we reject our hypothesis even as the data shows the value of the correlation as -0.348 indicating a weak and negative correlation between democratic participation of the people and provision of water supply. This means as democratic participation increases, provision of water supply decreases.

The result of the test in Bindawa local government area shows the P value as 0.041 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the

value of the correlation as -0.242 indicating a weak and negative correlation between democratic participation of the people and provision of water supply. This means as democratic participation increases, provision of water supply decreases.

The result of the test in Malumfashi local government area shows the P value as 0.683 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.043 indicating a weak and negative correlation between democratic participation of the people and provision of water supply. This means as democratic participation increases, provision of water supply decreases.

The result of the test in Kafur local government area shows the P value as 0.000 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 0.616 indicating a strong and positive correlation between democratic participation of the people and provision of water supply. This means as democratic participation increases, provision of provision of water supply also increases.

The result of the test in Dutsen-ma local government area shows the P value as 0.544 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.074 indicating a weak and negative correlation between democratic participation of the people and provision of water supply. This means as democratic participation increases, provision of water supply decreases.

The result of the test in Safana local government area shows the P value as 0.117 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.171 indicating a weak and negative correlation between

democratic participation of the people and provision of water supply. This means as democratic participation increases, provision of water supply decreases.

On aggregate, the result of the test shows the P value as .590 which is greater than 0.05, thus we accept our hypothesis. However, the analysis of the data shows 0.024 indicating a weak butpositive correlation between democratic participation and water supply. This means as democratic participation increases, provision of water supply also increases.

Responses from local government functionaries on the performance of their Local Government in mobilizing democratic participation, and environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.30 There is active participation of the people in decision making at the LG level

		There is active participation of the people in decision making at the LG level				
		Agree	Undecided	disagree	strongly disagree	Total
Local Govt	Daura	2	3	1	6	12
		16.7%	25.0%	8.3%	50.0%	100.0%
	Bindawa	3	0	4	7	14
		21.4%	0.0%	28.6%	50.0%	100.0%
	Malumfashi	1	0	4	8	13
		7.7%	0.0%	30.8%	61.5%	100.0%
	Kafur	2	0	3	6	11
		18.2%	0.0%	27.3%	54.5%	100.0%
	Dutsen-ma	1	0	2	10	13
		7.7%	0.0%	15.4%	76.9%	100.0%
	Safana	0	0	3	9	12
		0.0%	0.0%	25.0%	75.0%	100.0%
Total		9	3	17	46	75
		12.0%	4.0%	22.7%	61.3%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.30 shows that in Daura local government 2 local government functionaries representing 16.7% agree that there is active participation of the people in decision

making at the Local Government level, 1 respondent representing 8.3% disagree, 6 respondents representing 50.0% strongly disagree, and 3 respondents representing 25% were undecided.

In Bindawa local government 3 local government functionaries representing 21.4% agree that there is active participation of the people in decision making at the Local Government level, 4 respondents representing 28.6% disagree, and 7 respondents representing 50.0% strongly disagree.

In Malumfashi local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 4 respondents representing 30.8% disagree, and 8 respondents representing 61.35% strongly disagree.

In Kafur local government 2 local government functionaries representing 18.2% agree that there is active participation of the people in decision making at the Local Government level, 3 respondents representing 27.3% disagree, and 6 respondents representing 54.5% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% agree that there is active participation of the people in decision making at the Local Government level, 2 respondents representing 15.4% disagree, and 10representing 76.9% strongly disagree.

In Safana local government 3 local government functionaries representing 25.0% disagree, and 9 respondents representing 75.0% strongly disagree that there is active participation of the people in decision making at the Local Government level.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, the fact remains clear that active participation of people in decision making at the local government level is lacking as shown in the aggregate where only 9 respondents representing 12% agree, 17 respondents representing 22.7% disagree, 46 respondents representing 61.3% strongly disagree, and 3 respondents representing 4% were undecided on the issue.

Table 5.31 Environmental sanitation in the LG is as a result of democratic participation of the people

		Environmental sanitation in the LG is as a result of democratic participation of the people			
		agree	disagree	strongly disagree	Total
Local Govt	Daura	6	0	6	12
		50.0%	0.0%	50.0%	100.0%
	Bindawa	2	12	0	14
		14.3%	85.7%	0.0%	100.0%
	Malumfashi	3	10	0	13
		23.1%	76.9%	0.0%	100.0%
	Kafur	5	6	0	11
		45.5%	54.5%	0.0%	100.0%
	Dutsen-ma	1	12	0	13
		7.7%	92.3%	0.0%	100.0%
	Safana	4	8	0	12
		33.3%	66.7%	0.0%	100.0%
Total		21	48	6	75
		28.0%	64.0%	8.0%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.31 shows that in Daura local government 6 local government functionaries representing 50% agree that environmental sanitation in the local government is as a result of democratic participation of the people, and 6 respondents representing 50% stronglydisagree.

In Bindawa local government 2 local government functionaries representing 14.3% agree that environmental sanitation is as a result of democratic participation of the people, and 12 respondents representing 85.7% disagree.

In Malumfashi local government 3 local government functionaries representing 23.1% agree that environmental sanitation is as a result of democratic participation of the people, and 10 representing 76.9% disagree.

In Kafur local government 5 local government functionaries representing 45.5% agree that environmental sanitation is as a result of democratic participation of the people, and 6 representing 54.5% disagree.

In Dutsen-ma local government 1local government functionary representing 7.7% agree that environmental sanitation is as a result of democratic participation of the people, and 12 representing 92.3% disagree.

In Safana local government 4 local government functionaries representing 33.3% agree that environmental sanitation is as a result of democratic participation of the people, and 8 representing 66.7% disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, and except for Daura local government area which has 50/50 agree/ strongly disagree, it is clear according to the responses of the local government functionaries that environmental sanitation in their respective local governments is not as a result of democratic participation of the people. On aggregate, 21 respondents representing 28% agree, 48 respondents representing 64.0% disagree, while 6 respondents representing 8.0% strongly disagree on the issue.

Responses from staff of social development on the performance of their Local Government in mobilizing democratic participation, and environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.32There is active participation of the people in decision making at the LG level

			There is active participation of the people in decision making at the LG level		
			agree	disagree	Undecided
	Daura	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Bindawa	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Malumfashi	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Kafur	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Dutsen-ma	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Safana	Count	0	1	1
		% within Local Govt	0.0%	50.0%	50.0%
Total		Count	3	8	1
		% within Local Govt	25.0%	66.7%	8.3%

Source: SPSS analysis by researcher, 2018.

Table 5.32 shows that in Daura local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Bindawa local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Malumfashi local government all 2 respondent from social welfare representing 100% disagree that there is active participation of people in decision making at local government level.

In Kafur local government all 2 respondent from social welfare representing 100% disagree that there is active participation of people in decision making at local government level.

In Dutsen-ma local government 1 respondent from social welfare representing 50% agree there is active participation of people in decision making at local government level, and 1 respondent representing 50% disagree.

In Safana local government 1 respondent from social welfare representing 50% disagree that there is active participation of people in decision making at local government level, and 1 respondent representing 50% was undecided.

On aggregate, 3 respondents representing 25% agree that there is active participation of people in decision making at local government level, while 8 respondents representing 66.7% disagree, and 1 respondent representing 8.3% was undecided on the issue.

Table 5.33 Environmental sanitation in the LG is as a result of democratic participation of the people

			Environmental sanitation in the LG is as a result of democratic participation of the peope		
			Agree	disagree	Undecided
	Daura	Count	0	2	0
		% within Local Govt	0.0%	100.0%	0.0%
	Bindawa	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Malumfashi	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Kafur	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Dutsen-ma	Count	1	1	0
		% within Local Govt	50.0%	50.0%	0.0%
	Safana	Count	1	0	1
		% within Local Govt	50.0%	0.0%	50.0%
Total		Count	5	6	1
		% within Local Govt	41.7%	50.0%	8.3%

Source: SPSS analysis by researcher, 2018.

Table 5.33 shows that in Daura local government all 2 respondent from social welfare representing 100% disagree that environmental sanitation in the local government is due democratic participation of the people.

In Bindawa local government 1 respondent from social welfare representing 50% agree that environmental sanitation in the local government is due democratic participation of the people, and 1 respondent representing 50% disagree.

In Malumfashi local government 1 respondent from social welfare representing 50% agree that environmental sanitation in the local government is due democratic participation of the people, and 1 respondent representing 50% disagree.

In Kafur local government 1 respondent from social welfare representing 50% agree that environmental sanitation in the local government is due democratic participation of the people, and 1 respondent representing 50% disagree.

In Dutsen-ma local government 1 respondent from social welfare representing 50% agree that environmental sanitation in the local government is due democratic participation of the people, and 1 respondent representing 50% disagree.

In Safan local government 1 respondent from social welfare representing 50% agree that environmental sanitation in the local government is due democratic participation of the people, and 1 respondent representing 50% was undecided.

On aggregate, 5 respondents representing 41.7% agree that environmental sanitation in the local government is due to democratic participation of the people, while 6 respondents representing 50% disagree, and 1 respondent representing 8.3% was undecided on the issue.

Responses from the general public on the performance of their Local Government in mobilizing democratic participation, and environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.34 There is moderate degree of democratic participation by the people

		There is moderate degree of democratic participation by the people				
		strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	90	18	24	0	132
		68.2%	13.6%	18.2%	0.0%	100.0%
	Bindawa	34	8	11	0	53
		64.2%	15.1%	20.8%	0.0%	100.0%
	Malumfashi	63	11	13	0	87
		72.4%	12.6%	14.9%	0.0%	100.0%
	Kafur	77	17	8	13	115
		67.0%	14.8%	7.0%	11.3%	100.0%
	Dutsen-ma	46	11	13	0	70
		65.7%	15.7%	18.6%	0.0%	100.0%
	Safana	45	18	22	0	85
		52.9%	21.2%	25.9%	0.0%	100.0%
Total		355	83	91	13	542
		65.5%	15.3%	16.8%	2.4%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.34 shows that in Daura local government 90 respondents from the general public representing 68.2% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 13.6% agree, and 24 respondents representing 18.2% disagree.

In Bindawa local government 34 respondents from the general public representing 64.2% strongly agree that there is moderate degree of democratic participation by the people, 8 respondents representing 15.1% agree, and 11 respondents representing 20.8% disagree.

In Malumfashi local government 63 respondents from the general public representing 72.4% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 12.6% agree, and 13 respondents representing 14.9% disagree.

In Kafur local government 77 respondents from the general public representing 67.0% strongly agree that there is moderate degree of democratic participation by the people, 17 respondents representing 14.8% agree, 8 respondents representing 7.0% disagree, and 13 respondents representing 11.3% strongly disagree.

In Dutsen-ma local government 46 respondents from the general public representing 65.7% strongly agree that there is moderate degree of democratic participation by the people, 11 respondents representing 15.7% agree, and 13 respondents representing 18.6% disagree.

In Safana local government 45 respondents from the general public representing 52.9% strongly agree that there is moderate degree of democratic participation by the people, 18 respondents representing 21.2% agree, and 22 respondents representing 25.9% disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the respondents from the general public that there is moderate degree of democratic participation by the people in their respective local government areas. On aggregate,

356respondents representing 65.5% strongly agree, 83 respondents representing 15.3% agree, 91 respondents representing 16.8% disagree, while 13 respondents representing 2.4% strongly disagree on the issue.

Table 5.35 Environmental sanitation in the LG is due to democratic participation of the public

		strongly agree	agree	undecided	disagree	strongly disagree	Total
Local Govt	Daura	9	27	0	85	11	132
		6.8%	20.5%	0.0%	64.4%	8.3%	100.0%
	Bindawa	0	27	0	26	0	53
		0.0%	50.9%	0.0%	49.1%	0.0%	100.0%
	Malumfashi	0	17	0	70	0	87
		0.0%	19.5%	0.0%	80.5%	0.0%	100.0%
	Kafur	9	42	0	37	27	115
		7.8%	36.5%	0.0%	32.2%	23.5%	100.0%
	Dutsen-ma	9	19	7	17	18	70
		12.9%	27.1%	10.0%	24.3%	25.7%	100.0%
	Safana	7	35	0	21	21	85
		8.2%	41.2%	0.0%	24.7%	24.7%	100.0%
Total		34	167	7	256	77	542
		6.3%	30.8%	1.3%	47.2%	14.2%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.35 shows that in Daura local government 9 respondent from the general public, representing 6.8% strongly agree that environmental sanitation in the local government is due democratic participation of the people, 27 respondents representing 20.5% agree, 85 respondents representing 64.4% disagree, and 11 respondents representing 8.3% strongly disagree.

In Bindawa local government 27 respondents from the general public representing 50.9% agree that environmental sanitation in the local government is due democratic participation of the people, and 26 respondent representing 49.1% disagree.

In Malumfashi local government 17 respondents from the general public representing 19.5% agree that environmental sanitation in the local government is due democratic participation of the people, and 70 respondents representing 80.5% disagree.

In Kafur local government 9 respondents from the general public representing 7.8% strongly agree that that environmental sanitation in the local government is due democratic participation of the people, 42 respondents representing 36.5 agree, 37 respondents representing 32.2% disagree,and 27 respondents representing 23.5% strongly disagree.

In Dutsen-ma local government 9 respondents from the general public representing 12.9% strongly agree that environmental sanitation in the local government is due democratic participation of the people, 19 respondents representing 27.1% agree, 17 respondents representing 24.3% disagree, and 18 respondents representing 25.7% strongly disagree, while 7 respondents representing 10% were undecided.

In Safana local government 7 respondents from the general public representing 8.2% strongly agree that environmental sanitation in the local government is due democratic participation of the people, 35 respondents representing 41.2% agree, 21 respondents representing 24.7%, and 21 respondents representing 24.7% strongly disagree.

On aggregate, 34 respondents representing 6.3% strongly agree that environmental sanitation in the local government is due to democratic participation of the people, 167 respondents representing 30.8% agree, 256 respondents representing 47.2% disagree, and 77 respondents representing 14.2% strongly disagree, while 7 respondents representing 1.3% were undecided on the issue.

Table 5.36Testing hypothesis four.

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	.289	.000
	N of Valid Cases		132	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	.242	.071
	N of Valid Cases		53	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	-.525	.001
	N of Valid Cases		87	
Kafur	Ordinal by Ordinal	Kendall's tau-b	.150	.094
	N of Valid Cases		115	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	.069	.471
	N of Valid Cases		70	
Safana	Ordinal by Ordinal	Kendall's tau-b	.007	.949
	N of Valid Cases		85	
Total	Ordinal by Ordinal	Kendall's tau-b	.054	.187
	N of Valid Cases		542	

Source: SPSS analysis by researcher, 2018.

Ho4. There is no significant relationship between democratic participation and environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas.

Thus, from table 5.31 above, the result of the test in Daura local government area shows the P value as 0.000 which is less than 0.05, thus we reject our hypothesis even as the data shows the value of the correlation as 0.289 indicating a weak but positive correlation between democratic participation of the people and environmental sanitation. This means as democratic participation increases, environmental sanitation also increases.

The result of the test in Bindawa local government area shows the P value as 0.071 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.242 indicating a weak and negative correlation between democratic participation of the people and environmental sanitation. This means as democratic participation increases, environmental sanitation decreases.

The result of the test in Malumfashi local government area shows the P value as 0.001 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as -0.525 indicating a strong but negative correlation between democratic participation of the people and environmental sanitation. This means as democratic participation increases, environmental sanitation decreases.

The result of the test in Kafur local government area shows the P value as 0.094 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.150 indicating a weak but positive correlation between democratic participation of the people and environmental sanitation. This means as democratic participation increases, environmental sanitation also increases.

The result of the test in Dutsen-ma local government area shows the P value as 0.471 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.069 indicating a weak but positive correlation between democratic participation of the people and environmental sanitation. This means as democratic participation increases, environmental sanitation also increases.

The result of the test in Safana local government area shows the P value as 0.949 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.007 indicating a weak but positive correlation between democratic participation of the people and environmental sanitation. This means as democratic participation increases, environmental sanitation also increases.

On aggregate, the result of the test shows the P value as .187 which is greater than 0.05, thus we accept our hypothesis. However, the analysis of the data shows 0.054 indicating

a strong and positive correlation between democratic participation and environmental sanitation. This means as democratic participation increases, environmental sanitation also increases.

Responses from local government functionaries on theadequacy of funding for basic education, and development of basic education as a result of adequate funding in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.37 There is adequate funding for basic education

		There is adequate funding for basic education				
		strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	0	12	0	0	12
		0.0%	100.0%	0.0%	0.0%	100.0%
	Bindawa	1	7	3	3	14
		7.1%	50.0%	21.4%	21.4%	100.0%
	Malumfashi	1	8	2	2	13
		7.7%	61.5%	15.4%	15.4%	100.0%
	Kafur	1	5	0	5	11
		9.1%	45.5%	0.0%	45.5%	100.0%
	Dutsen-ma	1	11	0	1	13
		7.7%	84.6%	0.0%	7.7%	100.0%
	Safana	1	7	0	4	12
		8.3%	58.3%	0.0%	33.3%	100.0%
Total		5	50	5	15	75
		6.7%	66.7%	6.7%	20.0%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.37 shows that in Daura local government all 12 local government functionaries representing 100% agree that there is adequate funding for basic education.

In Bindawa local government 1 local government functionary representing 7.1% strongly agree that there is adequate funding for basic education, 7 respondents representing

50.0% agree, 3 respondents representing 21.4% disagree,and 3 respondents representing 21.4% strongly disagree.

In Malumfashi local government 1 local government functionary representing 7.7% strongly agree that there is adequate funding for basic education, 8 respondents representing 61.5% agree, 2 respondents representing 15.4% disagree, and 2 respondents representing 15.4% strongly disagree.

In Kafur local government 1 local government functionary representing 9.1% strongly agree that there is adequate funding for basic education, 5 respondents representing 45.5% agree, and 5 respondents representing 45.5% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% strongly agree that there is adequate funding for basic education, 11 respondents representing 84.6% agree,and 1 respondent representing 7.7% strongly disagree.

In Safana local government 1 local government functionary representing 8.3% strongly agree that there is adequate funding for basic education, 7 respondents representing 58.3% agree, and 4 respondents representing 33.3% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that there is adequate funding for basic education in each of the six local governments. On aggregate,5respondents representing 6.7% strongly agree, 50 respondents representing 66.7% agree, 5 respondents representing 6.7% disagree, while 15 respondents representing 20.0% strongly disagree on the issue.

Table 5.38 Development of basic education in the LG is as a result of adequate funding for basic education

		Development of basic education in the LG is as a result of adequate funding for basic education					
		strongly agree	agree	undecided	disagree	strongly disagree	Total
Local Govt	Daura	4	5	0	3	0	12
		33.3%	41.7%	0.0%	25.0%	0.0%	100.0%
	Bindawa	2	8	2	2	0	14
		14.3%	57.1%	14.3%	14.3%	0.0%	100.0%
	Malumfashi	2	8	0	3	0	13
		15.4%	61.5%	0.0%	23.1%	0.0%	100.0%
	Kafur	4	4	0	2	1	11
		36.4%	36.4%	0.0%	18.2%	9.1%	100.0%
	Dutsen-ma	7	5	0	0	1	13
		53.8%	38.5%	0.0%	0.0%	7.7%	100.0%
	Safana	4	5	0	3	0	12
		33.3%	41.7%	0.0%	25.0%	0.0%	100.0%
Total		23	35	2	13	2	75
		30.7%	46.7%	2.7%	17.3%	2.7%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.38 shows that in Daura local government, 4 local government functionaries representing 33.3% strongly agree that development of basic education is as a result of adequate funding for basic education, 5 respondents representing 41.7% agree, and 3 respondents representing 25.0% disagree.

In Bindawa local government, 2 local government functionaries representing 14.3% strongly agree that development of basic education is as a result of adequate funding for basic education, 8 respondents representing 57.1% agree, 2 respondents representing 14.3% disagree, while 2 respondents representing 14.3% were undecided.

In Malumfashi local government, 2 local government functionaries representing 15.4% strongly agree that development of basic education is as a result of adequate funding for

basic education, 8 respondents representing 61.5% agree, and 3 representing 23.1% disagree.

In Kafur local government, 4 local government functionaries representing 36.4% strongly agree that development of basic education is as a result of adequate funding for basic education, 4 respondents representing 36.4% agree, 2 respondents representing 18.2% disagree, and 1 respondent representing 9.1% strongly disagree.

In Dutsen-ma local government, 7 local government functionaries representing 53.8% strongly agree that development of basic education is as a result of adequate funding for basic education, 5 respondents representing 38.5% agree, and 1 respondent representing 7.7% strongly disagree.

In Safana local government, 4 local government functionaries representing 33.3.0% strongly agree that development of basic education is as a result of adequate funding for basic education, 5 respondents representing 41.7% agree, and 3 representing 25% disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that development of basic education in their respective local governments is as a result of adequate funding for basic education. On aggregate, 23 respondents representing 30.7% strongly agree, 35 respondents representing 46.7% agree, 13 respondents representing 17.3% disagree, 2 respondents representing 2.7% strongly disagree,and 2 respondents representing 2.7% were undecided on the issue.

Responses from local government functionaries on theadequacy of funding for primary healthcare, and development of primary healthcare as a result of adequate funding in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.39 There is adequate funding for primary healthcare

		There is adequate funding for primary healthcare					
		strongly agree	agree	undecided	disagree	strongly disagree	Total
Local Govt	Daura	2	4	0	0	6	12
		16.7%	33.3%	0.0%	0.0%	50.0%	100.0%
	Bindawa	0	3	2	1	8	14
		0.0%	21.4%	14.3%	7.1%	57.1%	100.0%
	Malumfashi	0	3	0	5	5	13
		0.0%	23.1%	0.0%	38.5%	38.5%	100.0%
	Kafur	0	1	0	3	7	11
		0.0%	9.1%	0.0%	27.3%	63.6%	100.0%
	Dutsen-ma	1	3	0	3	6	13
		7.7%	23.1%	0.0%	23.1%	46.2%	100.0%
	Safana	0	4	0	2	6	12
		0.0%	33.3%	0.0%	16.7%	50.0%	100.0%
Total		3	18	2	14	38	75
		4.0%	24.0%	2.7%	18.7%	50.7%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.39 shows that in Daura local government, 2 local government functionaries representing 16.7% strongly agree that there is adequate funding for primary healthcare, 4 respondents representing 33.3% agree, and the other 6 respondents representing another 50% strongly disagree.

In Bindawa local government 3 local government functionaries representing 21.4% agree that there is adequate funding for primary healthcare, 1 respondent representing 7.1% disagree, and 8 respondents representing 57.1% strongly disagree, while 2 respondents representing 14.3% were undecided.

In Malumfashi local government 3 local government functionaries representing 23.1% agree that there is adequate funding for primary healthcare, 5 respondents representing 38.5% disagree, and 5 respondents representing 38.5% strongly disagree.

In Kafur local government 1 local government functionary representing 9.1% agree that there is adequate funding for primary healthcare, 3 respondents representing 27.3% disagree,and 7 respondents representing 63.6% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% strongly agree that there is adequate funding for primary healthcare, 3 respondents representing 23.1% agree, 3 respondents representing 23.1% disagree,and 6 respondents representing 46.2% strongly disagree.

In Safana local government 4 local government functionaries representing 33.3% agree that there is adequate funding for primary healthcare, 2 respondents representing 16.7% disagree,and 6 respondents representing 50.0% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that funding for primary healthcare is inadequate in their respective local governments. On aggregate, 3 respondents representing 4.0% strongly agree, 18 respondents representing 24.0% agree, 14 respondents representing 18.7% disagree, while 38 respondents representing 50.7% strongly disagree, and 2 respondents representing 2.7% were undecided on the issue.

Table 5.40 Development of primary healthcare in the LG is as a result of adequate funding for health

		Development of primary healthcare in the LG is as a result of adequate funding for health				
		strongly agree	agree	disagree	strongly disagree	Total
Local Govt	Daura	0	9	0	3	12
		0.0%	75.0%	0.0%	25.0%	100.0%
	Bindawa	0	7	1	6	14
		0.0%	50.0%	7.1%	42.9%	100.0%
	Malumfashi	0	9	1	3	13
		0.0%	69.2%	7.7%	23.1%	100.0%
	Kafur	4	0	1	6	11
		36.4%	0.0%	9.1%	54.5%	100.0%
	Dutsen-ma	0	9	2	2	13
		0.0%	69.2%	15.4%	15.4%	100.0%
	Safana	0	2	6	4	12
		0.0%	16.7%	50.0%	33.3%	100.0%
Total		4	36	11	24	75
		5.3%	48.0%	14.7%	32.0%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.40 shows that in Daura local government, 9 local government functionaries representing 75% agree that adequate funding is responsible for the development of primary healthcare, and 3 respondents representing another 25% strongly disagree.

In Bindawa local government 7 local government functionaries representing 50% agree that adequate funding is responsible for the development of primary healthcare, 1 respondent representing 7.1% disagree, and 6 respondents representing 42.9% strongly disagree.

In Malumfashi local government 9 local government functionaries representing 69.2% agree that adequate funding is responsible for the development of primary healthcare, 1 respondent representing 7.7% disagree, and 3 respondents representing 23.1% strongly disagree.

In Kafur local government 4 local government functionaries representing 36.4% strongly agree that adequate funding is responsible for the development of primary healthcare, 1 respondent representing 9.1% disagree, and 6 respondents representing 54.5% strongly disagree.

In Dutsen-ma local government 9 local government functionaries representing 69.2% agree that adequate funding is responsible for the development of primary healthcare, 2 respondents representing 15.4% disagree, and 2 respondents representing 15.4% strongly disagree.

In Safana local government 2 local government functionaries representing 16.7% agree that adequate funding is responsible for the development of primary healthcare, 6 respondents representing 50.0% disagree, and 4 respondents representing 33.3% strongly disagree.

Daura, Malumfashi, and Dutsen-ma local governments functionaries agreed that adequate funding was responsible for the development of primary healthcare in their local governments, respondents from Kafur and Safana local governments disagreed, while respondents from Bindawa local government were splitted 50-50. On aggregate, 4 respondents representing 5.3% strongly agree that adequate funding was responsible for the development of primary healthcare, 36 respondents representing 48.0% agree, 11 respondents representing 14.7% disagree, while 24 respondents representing 32.0% strongly disagree.

Responses from local government functionaries on theadequacy of funding for provision of water supply, and provision of water supply as a result of adequate funding in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.41 There is adequate funding for water supply

		agree	undecided	strongly disagree	Total
Local Govt	Daura	0	0	12	12
		0.0%	0.0%	100.0%	100.0%
	Bindawa	0	0	14	14
		0.0%	0.0%	100.0%	100.0%
	Malumfashi	0	0	13	13
		0.0%	0.0%	100.0%	100.0%
	Kafur	3	0	8	11
		27.3%	0.0%	72.7%	100.0%
	Dutsen-ma	1	3	9	13
		7.7%	23.1%	69.2%	100.0%
	Safana	2	0	10	12
		16.7%	0.0%	83.3%	100.0%
Total		6	3	65	75
		8.0%	4.0%	86.7%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.41 shows that in Daura, Bindawa, and Malumfashi local governments, all the respondents, representing 100% strongly disagree that there is adequate funding for water supply in their local governments

In Kafur local government 3 local government functionaries representing 27.3% agree that there is adequate funding for water supply, and 8 respondents representing 72.7% strongly disagree.

In Dutsen-ma local government 1 local government functionary representing 7.7% agree that there is adequate funding for water supply, 9 respondents representing 69.2% strongly disagree, while 3 respondents representing 23.1% were undecided.

In Safan local government 2 local government functionaries representing 16.7% agree that there is adequate funding for water supply, and 10 respondents representing 83.3% strongly disagree.

On aggregate, 6 respondents representing 8.0% agree that there is adequate funding for water supply in the local government, 65 respondents representing 86.7% strongly disagree, and 3 respondents representing 4% were undecided on the issue.

Table 5.42 Provision of water supply in the LG is as a result of funding for water supply

		Provision of water supply in the LG is as a result of funding for water supply			
		agree	Disagree	strongly disagree	Total
Local Govt	Daura	0	11	1	12
		0.0%	91.7%	8.3%	100.0%
	Bindawa	6	8	0	14
		42.9%	57.1%	0.0%	100.0%
	Malumfashi	2	4	7	13
		15.4%	30.8%	53.8%	100.0%
	Kafur	5	2	4	11
		45.5%	18.2%	36.4%	100.0%
	Dutsen-ma	3	7	3	13
		23.1%	53.8%	23.1%	100.0%
	Safana	3	7	2	12
		25.0%	58.3%	16.7%	100.0%
Total		19	39	17	75
		25.3%	52.0%	22.7%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.42 shows that in Daura local government, 11 local government functionaries, representing 91.7% disagree that adequate funding is responsible for the provision of water supply, and 1 respondent representing 8.3% strongly disagree.

In Bindawa local government 6 local government functionaries representing 42.9% agree that adequate funding is responsible for the provision of water supply, 8 respondents representing 57.1% disagree.

In Malumfashi local government 2 local government functionaries representing 15.4% agree that adequate funding is responsible for the provision of water supply, 4 respondents representing 30.8% disagree, and 7 respondents representing 53.8% strongly disagree.

In Kafur local government 5 local government functionaries representing 45.5% agree that adequate funding is responsible for the provision of water supply, 2 respondents representing 18.2% disagree,and 4 respondents representing 36.4% strongly disagree.

In Dutsen-ma local government 3 local government functionaries representing 23.1% agree that adequate funding is responsible for the provision of water supply, 7 respondents representing 58.3% disagree, and 3 respondents representing 23.1% strongly disagree.

In Safana local government 3 local government functionaries representing 25.0% agree that adequate funding is responsible for the provision of water supply, 7 respondents representing 58.3% disagree, and 2 respondents representing 16.7% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that provision of water supply in their respective local government areas is not as a result of adequate funding for water supply. On aggregate, 19 respondents representing 25.3% agree, 39 respondents representing 52.0% disagree, while 17 respondents representing 22.7% strongly disagree on the issue.

Responses from local government functionaries on theadequacy of funding for environmental sanitation, and environmental sanitation as a result of adequate funding in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana respectively.

Table 5.43 There is adequate funding for environmental sanitation

		There is adequate funding for environmental sanitation			
		agree	disagree	strongly disagree	Total
Local Govt	Daura	1	9	2	12
		8.3%	75.0%	16.7%	100.0%
	Bindawa	2	6	6	14
		14.3%	42.9%	42.9%	100.0%
	Malumfashi	3	0	10	13
		23.1%	0.0%	76.9%	100.0%
	Kafur	2	0	9	11
		18.2%	0.0%	81.8%	100.0%
	Dutsen-ma	3	0	10	13
		23.1%	0.0%	76.9%	100.0%
	Safana	3	1	8	12
		25.0%	8.3%	66.7%	100.0%
Total		14	16	45	75
		18.7%	21.3%	60.0%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.43 shows that in Daura local government, 1 local government functionary representing 8.3% agree that there is adequate funding for environmental sanitation, 9 respondents representing 75.0% disagree, and 2 respondents representing 16.7% strongly disagree.

In Bindawa local government 2 local government functionaries representing 14.3% agree that there is adequate funding for environmental sanitation, 6 respondents representing 42.9% disagree, and 6 respondents representing 42.9% strongly disagree.

In Malumfashi local government 3 local government functionaries representing 23.1% agree that there is adequate funding for environmental sanitation, and 10 representing 76.9% strongly disagree.

In Kafur local government 2 local government functionary representing 14.2% agree that there is adequate funding for environmental sanitation, and 9 representing 81.8% strongly disagree.

In Dutsen-ma local government 3 local government functionaries representing 23.1% agree that there is adequate funding for environmental sanitation, and 10 representing 76.9% strongly disagree.

In Safana local government 3 local government functionaries representing 25% agreethat there is adequate funding for environmental sanitation,1 respondent representing 8.3% disagree, and 8 respondents representing 66.7% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries that funding for environmental sanitation is inadequate in their respective local government areas. On aggregate, 14respondents representing 18.7% agree, 16 respondents representing 21.3% disagree, while 45 respondents representing 60.0% strongly disagree on the issue.

Table 5.44 Environmental sanitation in the LG is as a result of adequate funding for sanitation

		Environmental sanitation in the LG is as a result of adequate funding for sanitation		
		agree	strongly disagree	Total
Local Govt	Daura	6	6	12
		50.0%	50.0%	100.0%
	Bindawa	2	12	14
		14.3%	85.7%	100.0%
	Malumfashi	3	10	13
		23.1%	76.9%	100.0%
	Kafur	2	9	11
		18.2%	81.8%	100.0%
	Dutsen-ma	4	9	13
		30.8%	69.2%	100.0%
	Safana	3	9	12
		25.0%	75.0%	100.0%
Total		20	55	75
		26.7%	73.3%	100.0%

Source: SPSS analysis by researcher, 2018.

Table 5.44 shows that in Daura local government, 6 local government functionaries representing 50% agree that environmental sanitation is as a result of adequate funding, and 6 respondents representing another 50% strongly disagree.

In Bindawa local government 2 local government functionaries representing 14.3% agree that environmental sanitation is as a result of adequate funding, and 12 representing 85.7% strongly disagree.

In Malumfashi local government 3 local government functionaries representing 23.1% agree that environmental sanitation is as a result of adequate funding, and 10 representing 76.9% strongly disagree.

In Kafur local government 2 local government functionaries representing 18.2% agree that environmental sanitation is as a result of adequate funding, and 9 representing 81.8% strongly disagree.

In Dutsen-ma local government 4 local government functionaries representing 30.8% agree that environmental sanitation is as a result of adequate funding, and 9 representing 69.2% strongly disagree.

In Safana local government 3 local government functionaries representing 25.0% agree that environmental sanitation is as a result of adequate funding, and 9 respondents representing 75.0% strongly disagree.

On the whole, even as the percentages vary as a result of the difference in the number of respondents according to the six local governments, it is clear according to the responses of the local government functionaries thatin their respective local government areas environmental sanitation is not as a result of adequate funding. On aggregate, 20 respondents representing 26.7% agree, while 55 respondents representing 73.3% strongly disagree on the issue.

Table 5.45 Testing hypothesis five

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	0.408	.190
	N of Valid Cases		12	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	.696	.001
	N of Valid Cases		14	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	.318	.273
	N of Valid Cases		13	
Kafur	Ordinal by Ordinal	Kendall's tau-b	-.559	.015
	N of Valid Cases		11	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	1.000	.256
	N of Valid Cases		13	
Safana	Ordinal by Ordinal	Kendall's tau-b	.408	.190
	N of Valid Cases		12	
Total	Ordinal by Ordinal	Kendall's tau-b	.311	.018
	N of Valid Cases		75	

Source: SPSS analysis by researcher, 2018.

Ho5. States thatFunding has no significant effect on provision of basic education in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma,and Safana Local Government Areas of Katsina state.

Thus, from table 5.45 above, the result of the test in Daura local government area shows the P value as 0.190 which is greater than 0.05, thus we accept our hypothesis even as the data shows the value of the correlation as 0.408 indicating a weak but positive correlation between adequate funding and development of basic education. This means as funding increases, basic education also increases.

The result of the test in Bindawa local government area shows the P value as 0.001 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 0.696 indicating a strong and positive correlation between adequate funding and development of basic education. This means as funding increases, basic education also increases.

The result of the test in Malumfashi local government area shows the P value as 0.273 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.318 indicating a weak but positive correlation between adequate funding and development of basic education. This means as funding increases, basic education also increases.

The result of the test in Kafur local government area shows the P value as 0.015 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as -0.559 indicating a strong but negative correlation between adequate funding and development of basic education. This means as funding increases, basic education decreases.

The result of the test in Dutsen-ma local government area shows the P value as 0.256 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 1.000 indicating a very strong and positive correlation between adequate funding and development of basic education. This means as funding increases, basic education also increases.

The result of the test in Safana local government area shows the P value as 0.190 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.408 indicating a weak but positive correlation between adequate funding and development of basic education. This means as funding increases, basic education also increases.

On aggregate, the result of the test shows the P value as .005 which is less than 0.05, thus we reject our hypothesis. However, the analysis of the data shows 0.358 indicating a weak but positive correlation between adequate funding and development of basic education. This means as funding increases, development of basic education also increases.

Table 5.46 Testing hypothesis six

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	.577	.014
	N of Valid Cases		12	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	.580	.000
	N of Valid Cases		14	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	.365	.057
	N of Valid Cases		13	
Kafur	Ordinal by Ordinal	Kendall's tau-b	-.239	.288
	N of Valid Cases		11	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	.444	.023
	N of Valid Cases		13	
Safana	Ordinal by Ordinal	Kendall's tau-b	.775	.058
	N of Valid Cases		12	
Total	Ordinal by Ordinal	Kendall's tau-b	.457	.000
	N of Valid Cases		75	

Source: SPSS analysis by researcher, 2018.

Ho6. states thatFunding has no significant effect on primary healthcare delivery in

Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma,and Safana Local Government Areas of Katsina state.

Thus, from table 5.46 above, the result of the test in Daura local government area shows the P value as 0.014 which is less than 0.05, thus we reject our hypothesis even as the data shows the value of the correlation as 0.577 indicating a strong and positive correlation between adequate funding and provision of primary healthcare. This means as funding increases, provision of primary healthcare also increases.

The result of the test in Bindawa local government area shows the P value as 0.000 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 0.580 indicating a strong and positive correlation between adequate funding and provision of primary healthcare. This means as funding increases, provision of primary healthcare also increases.

The result of the test in Malumfashi local government area shows the P value as 0.057 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.365 indicating a weak but positive correlation between adequate funding and provision of primary healthcare. This means as funding increases, provision of primary healthcare also increases.

The result of the test in Kafur local government area shows the P value as 0.288 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.239 indicating a weak and negative correlation between adequate funding and provision of primary healthcare. This means as funding increases, provision of primary healthcare decreases.

The result of the test in Dutsen-ma local government area shows the P value as 0.023 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 0.444 indicating a weak but positive correlation between adequate funding and provision of primary healthcare. This means as funding increases, provision of primary healthcare also increases.

The result of the test in Safana local government area shows the P value as 0.058 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.775 indicating a strong and positive correlation between adequate funding and provision of primary healthcare. This means as funding increases, provision of primary healthcare also increases.

On aggregate, the result of the test shows the P value as .000 which is less than 0.05, thus we reject our hypothesis. However, the analysis of the data shows 0.457 indicating a weak but positive correlation between adequate funding and provision of primary healthcare. This means as funding increases, provision of primary healthcare also increases.

Table 5.47 Testing hypothesis seven

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	-.091	.439
	N of Valid Cases		12	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	-.175	.309
	N of Valid Cases		14	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	-.123	.360
	N of Valid Cases		13	
Kafur	Ordinal by Ordinal	Kendall's tau-b	.770	.050
	N of Valid Cases		11	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	-.467	.217
	N of Valid Cases		13	
Safana	Ordinal by Ordinal	Kendall's tau-b	.674	.253
	N of Valid Cases		12	
Total	Ordinal by Ordinal	Kendall's tau-b	-.006	.974
	N of Valid Cases		75	

Source: SPSS analysis by researcher, 2018.

Ho7. states thatFunding has no significant effect on provision of water supply in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma,and Safana Local Government Areas of Katsina state.

Thus, from table 5.47 above, the result of the test in Daura local government area shows the P value as 0.439 which is greater than 0.05, thus we accept our hypothesis even as the data shows the value of the correlation as -0.091 indicating a weak and negative correlation between adequate funding and provision of water supply. This means as funding increases, provision of water supply decreases.

The result of the test in Bindawa local government area shows the P value as 0.309 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.175 indicating a weak and negative correlation between adequate funding and provision of water supply. This means as funding increases, provision of water supplyalso decreases.

The result of the test in Malumfashi local government area shows the P value as 0.360 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as -0.123 indicating a weak and negative correlation between adequate funding and provision of water supply. This means as funding increases, provision of water supply also decreases.

The result of the test in Kafur local government area shows the P value as 0.050 which is equal to 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.770 indicating a strong and positive correlation between adequate funding and provision of water supply. This means as funding increases, provision of water supply also increases.

The result of the test in Dutsen-ma local government area shows the P value as 0.217 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.467 indicating a weak but positive correlation between adequate funding and provision of water supply. This means as funding increases, provision of water supply also increases.

The result of the test in Safana local government area shows the P value as 0.253 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 0.674 indicating a strong and positive correlation between adequate funding and provision of water supply. This means as funding increases, provision of water supply also increases.

On aggregate, the result of the test shows the P value as .974 which is greater than 0.05, thus we reject our hypothesis because the analysis of the data shows 0.794 indicating a

strong and positive correlation between adequate funding and provision of water supply. This means as funding increases, provision of water supply also increases.

Table 5.48 Testing hypothesis eight

Local Govt			Value	Approx. Sig.
Daura	Ordinal by Ordinal	Kendall's tau-b	.302	.273
	N of Valid Cases		12	
Bindawa	Ordinal by Ordinal	Kendall's tau-b	1.000	.067
	N of Valid Cases		14	
Malumfashi	Ordinal by Ordinal	Kendall's tau-b	1.000	.005
	N of Valid Cases		13	
Kafur	Ordinal by Ordinal	Kendall's tau-b	1.000	.044
	N of Valid Cases		11	
Dutsen-ma	Ordinal by Ordinal	Kendall's tau-b	.822	.007
	N of Valid Cases		13	
Safana	Ordinal by Ordinal	Kendall's tau-b	1.000	.003
	N of Valid Cases		12	
Total	Ordinal by Ordinal	Kendall's tau-b	.794	.000
	N of Valid Cases		75	

Source: SPSS analysis by researcher, 2018.

Ho8. states thatFunding has no significant effect on environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma,and Safana Local Government Areas of Katsina state.

Thus, from table 5.48 above, the result of the test in Daura local government area shows the P value as 0.273 which is greater than 0.05, thus we accept our hypothesis even as the data shows the value of the correlation as 0.091 indicating a weak but positive correlation between adequate funding and environmental sanitation. This means as funding increases, environmental sanitation also increases.

The result of the test in Bindawa local government area shows the P value as 0.067 which is greater than 0.05, thus we accept our hypothesis even as the analysis of the data shows the value of the correlation as 1.000 indicating a very strong and positive correlation

between adequate funding and environmental sanitation. This means as funding increases, environmental sanitationalso increases.

The result of the test in Malumfashi local government area shows the P value as 0.005 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 1.000 indicating a very strong and positive correlation between adequate funding and environmental sanitation. This means as funding increases, environmental sanitation also increases.

The result of the test in Kafur local government area shows the P value as 0.044 which is less to 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 1.000 indicating a strong and positive correlation between adequate funding and environmental sanitation. This means as funding increases, environmental sanitation also increases.

The result of the test in Dutsen-ma local government area shows the P value as 0.007 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 0.822 indicating a strong and positive correlation between adequate funding and environmental sanitation. This means as funding increases, environmental sanitation also increases.

The result of the test in Safana local government area shows the P value as 0.003 which is less than 0.05, thus we reject our hypothesis even as the analysis of the data shows the value of the correlation as 1.000 indicating a strong and positive correlation between adequate funding and environmental sanitation. This means as funding increases, environmental sanitation also increases.

On aggregate, the result of the test shows the P value as .000 which is less than 0.05, thus we reject our hypothesis because the analysis of the data shows 0.794 indicating a strong and positive correlation between adequate funding and environmental sanitation. This means as funding increases, environmental sanitation also increases.

Interview responses on basic education

Below are excerpts of the interview responses on basic education from respondents selected from various communities across the six study areas.

Question 1. How was basic education in your community before now?

Responses.

Daura L.G.A. *Poor* (Bayajidda Primary school PTA.) *Below average* (Mallawa primary school PTA.) *Qualitative* (Kanti primary school PTA.)

Bindawa L.G.A. *It was fairly good.* (Bindawa Model Primary school PTA.)

Malumfashi L.G.A. *Before it was very poor and people were not taking their children to and those who attend there were not qualified teachers.*(Karfi Model Primary school PTA.)

Kafur L.G.A. *It is in good form.* (Kafur Model Primary School PTA.)

Dutsen-ma L.G.A. *Not very good.* (Karofi Model Primary School PTA.)

Safana L.G.A. *It was not good because was inadequate learning materials.* (Dallaje Pilot Primary School PTA.)

Question 2. How is basic education in your community now?

Responses.

Daura L.G.A. *Fair* (Bayajidda Primary school PTA.) *Average* (Mallawa primary school PTA.) *Qualitative* (Kanti primary school PTA.)

Bindawa L.G.A. *It is fairly good but due to lack of good teachers and teaching materials, it is going down*. (Bindawa Model Primary school PTA.)

Malumfashi L.G.A. *There is improvement now as more are attending and understanding what is taught to them*. (Karfi Model Primary school PTA.)

Kafur L.G.A. *It has challenges*. (Kafur Model Primary School PTA.)

Dutsen-ma L.G.A. *It is functional*. (Karofi Model Primary School PTA.)

Safana L.G.A. *It is better than before*. (Dallaje Pilot Primary School PTA.)

Question 3. How would you like basic education to be in your community in the future?

Responses.

Daura L.G.A. *Better* (Bayajidda Primary school PTA.) *Above average* (Mallawa primary school PTA.) *To become efficient and effective*. (Kanti primary school PTA.)

Bindawa L.G.A. *We want it to be strong and good so that our pupils will face the challenges of the future*. (Bindawa Model Primary school PTA.)

Malumfashi L.G.A. *We want our education to be one that will help our children to know how to speak English language clearly*. (Karfi Model Primary school PTA.)

Kafur L.G.A. *We want it to be very good*. (Kafur Model Primary School PTA.)

Dutsen-ma L.G.A. *We want it to be very effective because it is the foundation*. (Karofi Model Primary School PTA.)

Safana L.G.A. *To be better than how it is now.* (Dallaje Pilot Primary School PTA.)

Question 4. What do you think are the major challenges to basic education in your community?

Responses.

Daura L.G.A. *Lack of quality teachers, teaching aids.* (Bayajidda Primary school PTA.) *Lack of qualified teachers, inadequate teaching and learning materials.* (Mallawa primary school PTA.) *Lack of qualified manpower.* (Kanti primary school PTA.)

Bindawa L.G.A. *Lack of experienced teachers, lack of good teaching materials, lack of parental guidance*. (Bindawa Model Primary school PTA.)

Malumfashi L.G.A. *Lack of public mobilization, lack of adequate and qualified teachers, lack of interest from some community members, poor maintenance of school infrastructure*. (Karfi Model Primary school PTA.)

Kafur L.G.A. *Lack of good teachers*. (Kafur Model Primary School PTA.)

Dutsen-ma L.G.A. *The atmosphere of the school is not conducive, the school needs general rehabilitation, pupils are sitting on the floor, and there are not enough teachers.* (Karofi Model Primary School PTA.)

Safana L.G.A. *Lack of teaching and learning materials, insufficient teachers, lack of conducive atmosphere for staff and students*. (Dallaje Pilot Primary School PTA.)

Question 5. Propose viable solution to the problems.

Responses.

Daura L.G.A. *Provide quality teachers, teaching aid and infrastructure.* (Bayajidda Primary school PTA.) *Provide quality teachers, and training for teachers.* (Mallawa primary school PTA.) *Provide quality manpower and working materials.* (Kanti primary school PTA.)

Bindawa L.G.A. *Government should employ qualified staff and provide adequate teaching materials. Parents should guide their children.*(Bindawa Model Primary school PTA.)

Malumfashi L.G.A. *We PTA and the Government should work together and provide what is not available*. (Karfi Model Primary school PTA.)

Kafur L.G.A. *Quality teachers should be provided*. (Kafur Model Primary School PTA.)

Dutsen-ma L.G.A. *Government should employ more qualified teachers, provide furniture and rehabilitate the school.* (Karofi Model Primary School PTA.)

Safana L.G.A. *Provide adequate and qualified teachers and teaching materials and facilities.* (Dallaje Pilot Primary School PTA.)

Question 6. As an Association what have you done directly towards the development of basic education in your community?

Responses.

Daura L.G.A. *We serve as volunteers, and we organize extra lessons* (Bayajidda Primary school PTA.)

Bindawa L.G.A. *We repair broken furniture and we buy books and drugs for the school First Aid Box, and we contribute during prize giving day*. (Bindawa Model Primary school PTA.)

Malumfashi L.G.A. *We provide voluntary teachers, we supervise teachers during school hours, and we provide some of the teaching materials*. (Karfi Model Primary school PTA.)

Kafur L.G.A. *We send our children to school*. (Kafur Model Primary School PTA.)

Dutsen-ma L.G.A. *We usually visit the school and offer advice, and help financially for example we pay volunteer workers*. (Karofi Model Primary School PTA.)

Safana L.G.A. *We organize extra lessons to the pupils, and orientation programs for parents on the importance of formal education*. (Dallaje Pilot Primary School PTA.)

Question 7. Are basic education facilities such as schools teachers, teaching and learning materials adequate and efficient in your community?

Responses.

Daura L.G.A. *Not at all*. (Bayajidda Primary school PTA.) *More are need on all.* (Mallawa primary school PTA.) *No*. (Kanti primary school PTA.)

Bindawa L.G.A. *Fairly*. (Bindawa Model Primary school PTA.)

Malumfashi L.G.A.*Partially*. (Karfi Model Primary school PTA.)

Kafur L.G.A. *No*. (Kafur Model Primary School PTA.)

Dutsen-ma L.G.A. *All of these are not*. (Karofi Model Primary School PTA.)

Safana L.G.A. *Capital NO*. (Dallaje Pilot Primary School PTA.)

Interview responses on primary healthcare

Below are excerpts of the interview responses on primary healthcare from respondents selected from various communities across the six study areas.

Question 1. How was primary healthcare in your community before now?

Responses.

Daura L.G.A. *Available with little staff and few drugs* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *Good enough.* (Doro Youth Association DYA.)

Malumfashi L.G.A. *It was very bad and no drugs*. (Karfi Community Youth Association.)

Kafur L.G.A. *Not good.* (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *Before it was inactive*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Faily good*. (Dallaje Vigilante Group.)

Question 2. How is primary healthcare in your community now?

Responses.

Daura L.G.A. *Still no free medicine* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *Satisfactory*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *It is good now because before it was just a dispensary but now it has been upgraded and there is medicine and now people are being admitted*. (Karfi Community Youth Association.)

Kafur L.G.A. *It still has challenges*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *It is functional now due to the contribution of the community and the staff dedication*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Very bad due to inadequate facilities*. (Dallaje Vigilante Group.)

Question 3. How would you like primary healthcare to be in your community in the future?

Responses.

Daura L.G.A. *We will like it to be well equipped* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *To be better than now.* (Doro Youth Association DYA.)

Malumfashi L.G.A. *We want Government to employ more qualified staff and to provide more free drugs*. (Karfi Community Youth Association.)

Kafur L.G.A. *To be good*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *We want it to be functional and upgraded to a Comprehensive centre*.(Dutsen-ma Vangurd.)

Safana L.G.A. *To be better than how it is now.* (Dallaje Vigilante Group.)

Question 4. What do you think are the major challenges to primary healthcare in your community?

Responses.

Daura L.G.A. *Lack of free drugs, late coming and early closing by staff.* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *Lack of Doctors and other personnel*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *There is lack of enough permanent staff, lack of enough free drugs, lack of enough CHEW, and lack of interest from community members*. (Karfi Community Youth Association.)

Kafur L.G.A. *Leadership*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *Lack of Doctors and other staff, lack of standard drugs and equipment.*(Dutsen-ma Vangurd.)

Safana L.G.A. *Lack of adequate personnel.* (Dallaje Vigilante Group.)

Question 5. Propose viable solution to the problems.

Responses.

Daura L.G.A. *The Government should intensify efforts towards healthcare of its citizens in all aspects* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *The Government should provide us with Doctors and other staff.* (Doro Youth Association DYA.)

Malumfashi L.G.A. *Government to employ more qualified staff and to provide more free drugs, and permanent the casual staff.* (Karfi Community Youth Association.)

Kafur L.G.A. *Vote for good leaders.* (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *Government should provide sufficient staff and equipment, supply standard drugs and good supply of clean water for clinical use*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Government should provide adequate health personnel as well as means of communication and transportation*. (Dallaje Vigilante Group.)

Question 6. As an Association what have you done directly towards the development of primary healthcare in your community?

Responses.

Daura L.G.A. *We visit the hospitals at times and assist in various ways* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *We give good advice on they will discharge their responsibilities*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *We sometimes provide free malaria drugs, we provide voluntary health personnel, and we supervise our hospitals to ensure things are going well*. (Karfi Community Youth Association.)

Kafur L.G.A. *We do community development projects in some primary health posts*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *Our association pays the NEPA bill and we visit the hospitals for supervision*.(Dutsen-ma Vangurd.)

Safana L.G.A. *We do what we can when the need arise*. (Dallaje Vigilante Group.)

Question 7. Are primary healthcare facilities such as Doctors, nurses, midwifes, CHEW, JCHEW etc, adequate and efficient in your community?

Responses.

Daura L.G.A. *No* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *Below average*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *Not enough*. (Karfi Community Youth Association.)

Kafur L.G.A. *No*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *No*.(Dutsen-ma Vangurd.)

Safana L.G.A. *As a matter of fact we left far behind*. (Dallaje Vigilante Group.)

Interview responses on water supply

Below are excerpts of the interview responses on water supply from respondents selected from various communities across the six study areas.

Question 1. How was water supply in your community before now?

Responses.

Daura L.G.A. *Verydifficult* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *Very difficult especially during dry season*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *Difficult*. (Karfi Community Youth Association.)

Kafur L.G.A. *Not good.* (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *Difficult*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Very difficult.* (Dallaje Vigilante Group.)

Question 2. How is water supply in your community now?

Responses.

Daura L.G.A. *Not much different from before* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *A little better than before, but still difficult especially during dry season*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *A few bore holes have been provided but water is still difficult*. (Karfi Community Youth Association.)

Kafur L.G.A. *It is difficult especially during dry season*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *It is still difficult.*(Dutsen-ma Vangurd.)

Safana L.G.A. *Even with the few bore holes in selected locations it is still difficult.* (Dallaje Vigilante Group.)

Question 3. How would you like water supply to be in your community in the future?

Responses.

Daura L.G.A. *We will like it to be available at all times and in every community* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *To be better than now.* (Doro Youth Association DYA.)

Malumfashi L.G.A. *We want Government to provide more bore holes.* (Karfi Community Youth Association.)

Kafur L.G.A. *To have more bore holes.* (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *We want it to be more available and to reach the areas that are not getting it.*(Dutsen-ma Vangurd.)

Safana L.G.A. *To be better than how it is now.* (Dallaje Vigilante Group.)

Question 4. What do you think are the major challenges to water supply in your community?

Responses.

Daura L.G.A. *Apart from the fact that we are in the desert, we don't think the Government is doing enough to provide us with water*. (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *We lack bore holes, and when the ones we have get spoilt they are not repaired.* (Doro Youth Association DYA.)

Malumfashi L.G.A. *The population is too large for the water sources*. (Karfi Community Youth Association.)

Kafur L.G.A. *Our leaders forget about us*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *The water from the water board does not reach everywhere, other water sources are not sufficient for the teeming population*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Lack of adequate bore holes.* (Dallaje Vigilante Group.)

Question 5. Propose viable solution to the problems.

Responses.

Daura L.G.A. *The Government should provide more water sources in view of the size of the population, and the wealthy individuals in the society should also assist in providing bore holes.* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *The Government should provide us with more bore holes.* (Doro Youth Association DYA.)

Malumfashi L.G.A. *Governmentshould provide more bore holes in the meantime, and construct a dam in the future*. (Karfi Community Youth Association.)

Kafur L.G.A. *Vote for good leaders that will provide us with what we need*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *Government should make sure that our dam supply us and even our neighbors with water*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Government should provide us with water from the dam in Dutsen-ma.* (Dallaje Vigilante Group.)

Interview responses on sanitation

Below are excerpts of the interview responses on sanitation from respondents selected from various communities across the six study areas.

Question 1. How was environmental sanitation in your community before now?

Responses.

Daura L.G.A. *Good* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *Not bad.* (Doro Youth Association DYA.)

Malumfashi L.G.A. *Difficult.* (Karfi Community Youth Association.)

Kafur L.G.A. *Not good.* (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *Normal*.(Dutsen-ma Vangurd.)

Safana L.G.A. *It is OK.* (Dallaje Vigilante Group.)

Question 2. How is sanitation in your community now?

Responses.

Daura L.G.A. *A little better than before* (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *Not much different from before*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *There is improvement.* (Karfi Community Youth Association.)

Kafur L.G.A. *No difference*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *It is better than before*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Better than before*. (Dallaje Vigilante Group.)

Question 3. What do you think are the major challenges to sanitation in your community?

Responses.

Daura L.G.A. *Ignorance of the dangers of unhealthy environment, and lack of true commitment on the part of the Government*. (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *The people are mostly to blame*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *The people do as they wish*. (Karfi Community Youth Association.)

Kafur L.G.A. *Our people just do what they wish*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *The people are either ignorant or stupid going by the way they throw rubbish anyhow.*(Dutsen-ma Vangurd.)

Safana L.G.A. *Lack of awareness on the importance of clean sorroundings*. (Dallaje Vigilante Group.)

Question 5. Propose viable solution to the problems.

Responses.

Daura L.G.A. *The Government should intensify sensitization programs and follow up with swift and appropriate disciplinary action against offenders*. (Daura Emirate Development Association DEDA.)

Bindawa L.G.A. *The Government should organize more awareness programs*. (Doro Youth Association DYA.)

Malumfashi L.G.A. *Government and other stakeholders should sensitize people*. (Karfi Community Youth Association.)

Kafur L.G.A. *We should fear God and do what is right*. (Farar Kasa Development Association.)

Dutsen-ma L.G.A. *People should be made aware of the importance of sanitation and hazard of dirty environment*.(Dutsen-ma Vangurd.)

Safana L.G.A. *Government should enlighten the people on the benefits of sanitation*. (Dallaje Vigilante Group.)

Observation

Systematic observation was made in the areas of basic education, primary healthcare, water supply, and environmental sanitation facilities. The factors observed in the areas of basic education and primary healthcare were considered against the National Minimum Standards as contained in the relevant documents. Summary of the observation is given below.

Basic Education

Factor 1. School enrolment age: Minimum standard: Primary – 6 years, JSS 1 – 12 years on completion of primary school.

Observation.

In the schools observed in the six local government areas under study, the children appear to have attained the minimum age for the respective categories of schools.

Factor 2. Teacher/Pupil ratio: Minimum standard: Primary school – 1 teacher to 35 pupils, JSS- 1 teacher to 40 students.

Observation.

In the schools observed in the six local government areas under study,there appear to be a problem in both primary and JSS in terms of teacher/pupil ratio as in all the classes observed the pupils/students are more than the minimum standard requirement of 35 and 40 respectively.

Factor 3. Curriculum: Minimum standard: Primary school – 9 compulsory subjects, JSS minimum of 10 compulsory subjects.

Observation.

In the schools observed in the six local government areas under study, some classes especially the higher ones in both primary and JSS maintain the minimum standard.

Factor 4. Class room size: Minimum Standard: 56 Sqm.

Observation.

In the schools observed in the six local government areas under study, the classes are in conformity with the standard.

Factor 5. Toilet size: Minimum Standard: 1.25 Sqm.

Observation.

In the schools observed in the six local government areas under study,some of the toilets are in conformity with the standard in terms of size, however, some are without doors, roofing and quite unhygienic.

Factor 6. Doors and windows. Minimum Standard: Metal/Alluminium.

Observation.

In the schools observed in the six local government areas under study, the *doors and windows (were available) are in conformity with the standard.*

Factor 7. Library: Minimum Standard: 120sqm.

Observation.

In all the schools observed in the six local government areas under study, only one school in Dutsen-ma Local Government area has a designated place called a library but it was not functioning. In Kafur Local Government area one school has a computer room in place of a library.

Factor 8. Offices: Minimum Standard: Headmaster's office- 24sqm, Assistant Headmaster's office- 18sqm, First Aid room- 18sqm, Store- 24sqm.

Observation.

In all the schools observed in the six local government areas under study, the Headmasters' offices conformed to the standard requirement in size, one school in

Bindawa Local Government Area has an Assistant Headmaster's office, no evidence of First Aid room as the First Aid materials (where available) were kept in the Headmaster's office. There is a store in one school in Bindawa and Kafur Local Government Areas, and two schools in Dutsen-ma Local Government Area.

Factor 9. Distance to schools: Minimum Standard: Not more than 2Km walking distance.

Observation.

Except for some of the schools observed in Daura Local Government Area where the average walking distance was 2.75 Km, in the other Local Government Areas the walking distance is within the 2 Km range.

Factor 10. School location in relation to surroundings: Minimum Standard: Schools should not be located near markets, religious centres in order to avoid the spillover effects of such facilities during school hours.

Observation.

In all the schools observed in the six local government areas under study, this standard was not maintained in the three urban local government areas.

Report of summary of observation on primary healthcare viz-a-viz minimum standards for health in Nigeria

Factor 1. Health Post/Dispensary: Minimum Standard: 1 per village/neighborhood of 500 population.

Observation

The minimum standard for Health Post/Dispensary was not adhered to in the six Local Government Areas under study.

Factor 2. Primary Health Clinic: Minimum Standard: 1 per group of settlements/neighborhoods/villages of 2000 to 5000 population.

Observation

The minimum standard for Primary Health Clinic was adhered to in the six Local Government Areas under study.

Factor 3. Primary Healthcare Centre: Minimum Standard: 1 per Political Ward of 10,000 to 20,000 population.

Observation

The minimum standard for Primary Healthcare Centre was not adhered to in the six Local Government Areas under study.

Factor 4. Health Personnel: Minimum Standard: For Primary Healthcare Centre - 1 Medical Officer, 1 Community Health Officer, 4 Midwifes or nurse midwifes, 3 CHEW, 6 JCHEW, 1 Pharmacy Technician, 1 Environmental Officer, 1 Lab. Technician, 2 Health Attendants, 2 Security personnel, and 1 General Maintenance Staff.

Minimum standard for Primary Health Clinic – 2 midwifes or nurse midwifes, 2 CHEW, 4 JCHEW, 2 Health Attendants, and 2 Security staff.

Minimum Standard for Health post/ Dispensary – At least a JCHEW assisted by Community Resource Persons.

Observation.

There is partial adherence to the minimum standard in all observed facilities. However, there is more activity and presence of medical staff at the Primary Healthcare Centres.

Factor 5. Medical Services: Minimum Standard: For Primary Healthcare Centre – Health Education and promotion, Health Management Information System, Routine home visits and community outreach, Maternal, New born and child care, Family planning, Promotion of nutrition and food education, Immunization, Curativecare, Oral health, Malaria, Tuberculosis, Referral, Community mental health, HIV/AIDS, Waste disposal, Essential drugs, Water and Sanitation, Monitoring, Supervision, Adolescent health, Basic Laboratory Services.

Observation. Mostly conforming.

Minimum standard for Primary Health Clinic - Health Education and promotion, Health Management Information System, Routine home visits and community outreach, Maternal, New born and child care, Family planning, Promotion of nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis, Referral, Community mental health, HIV/AIDS, Waste disposal, Essential drugs, Water and Sanitation, Monitoring, Supervision, Adolescent health.

Observation. Partial adherence where the facility exist.

Minimum standard for Health post/Dispensary - Health Education and promotion, Health Management Information System, Routine home visits and community outreach, Maternal, New born and child care, Family planning, Promotion of nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis.

Observation. Mostly not conforming even where the facility exist.

Report of summary of observation on Water Supply.

Factor 1. Availability of water sources.

Observation. Some parts of Dutsen-ma, Malumfashi, and Daura Local Government Areas being urban are connected to pipe borne water. In all the six study areas there are sources of water supply ranging from solar powered boreholes, hand pump boreholes, and concrete wells strategically positioned.

Factor 2. Functionality of the water sources.

Observation.

In Dutsen-ma, Malumfashi, and Daura Local Government Areas that are connected to pipe borne water, the supply is very irregular. Across the whole of the six study areas where the boreholes exist, there are long queues of people mostly young children with water containers waiting to fetch water. It was observed that at each solar powered borehole point there is a stipulated time that the water is released. This is in order to allow the water to be pumped into the overhead tank. However, there were several other boreholes that were not functioning due to maintenance issues.

Report of summary of observation on Sanitation.

Factor 1. General outlook.

Observation.

The general outlook of the whole of the study areas is dirty. Dutsen-ma, Malumfashi, and Daura Local Government Areas being urban are worse in outlook than Safana, Kafur, and

Bindawa Local Government Areas that are rural. The drainages and gutters in the urban LGAs are packed with all sorts of garbage. The streets are littered with polythene bags, empty pure water sachets, etc. The refuse dump sites are overflowed and spilled about. Some were set on fire to decompose. The rural communities don't have refuse dump sites, as such people throw away refuse indiscriminately. Some smart rural people organize their refuse in front or at the back of their houses for the purpose of using it as manure in their farms.

5.3 Secondary Data

Table 5.49 Katsina state Approved Annual Estimates, Annual Estimates for Basic education and primary healthcare for the period under study (2011-2015).

Year	Katsina state Approved Annual Estimates	%	Katsina state Approved Allocation for Basic Education	%	Katsina state Approved Allocation for Primary Health Care	%
2011	57,335,128,374.00	100%	9,555,854,969.00	16.7%	8,190,732,624.05	14.3%
2012	66,049,712,187.10	100%	11,008,285,364.50	16.7%	9,435,673,169.48	14.3%
2013	72,710,392,686.30	100%	12,118,398,704.00	16.7%	10,387,198,954.10	14.3%
2014	83,627,861,070.70	100%	13,937,976,845.10	16.7%	11,194,832,294.80	13.4%
2015	90,629,948,788.20	100%	15,104,991,467.70	16.7%	13,541,135,947.11	14.9%

Source: Extracted from Katsina State Annual Estimates (2011 – 2015)

Table 5.49 above presents the Katsina state approved Annual Estimates, Annual Estimates for Basic Education and Primary Health, and the percentage in relation to the total annual estimate of the state for the periods under study (2011 to 2015.) From the table it would be seen that even though the amounts in monetary terms increased annually

for both the approved estimates and the approved allocations for basic education and primary healthcare, yet both remained static in percentage terms, except for the years 2014 where there was an increase in monetary terms but a decrease in percentage terms for primary healthcare, and 2015 recorded the highest allocation to primary healthcare both in monetary and percentage terms.

Table 5.50 Annual Estimates of Bindawa local government, (2011 to 2015)

Year	Approved Annual Estimates	%	Annual Estimates for Basic Education	%	Annual Estimates for Primary Healthcare	%	Allocation for Water Supply Unit	%	Allocation for Sanitation Unit	%
2011	1,497,232,658.79	100%	249,538,776.46	16.7%	213,890,379.82	14.3%	97,834,570	6.5%	39,827,372	2.7%
2012	1,643,591,843.10	100%	273,931,973.05	16.7%	234,798,834.74	14.3%	64,475,408	3.9%	13,242,366	0.8%
2013	1,826,213,159.00	100%	304,368,858.81	16.7%	260,887,594.17	14.3%	23,860,408	1.3%	69,598,852	3.8%
2014	2,008,834,474.90	100%	334,805,745.81	16.7%	286,976,353.54	14.3%	97,090,605	4.8%	18,244,336	0.9%
2015	2,209,717,922.39	100%	368,286,320.34	16.7%	315,673,988.91	14.3%	81,289,882	3.7%	31,499,924	1.4%

Source: Extracted from Bindawa Local Government Annual Estimates (2011-2015)

Table 5.50 above presents Bindawa Local Government approved Annual Estimates, Annual Estimates for Basic Education, Primary Healthcare, Water supply and sanitation, and the percentage in relation to the total annual estimate of the local government for

theperiod under study (2011 to 2015.) From the table it would be seen that even though the amounts in monetary terms increased annually for both the approved estimates and the approved allocations for basic education and primary healthcare, yet both remained static in percentage terms, with basic education having a uniform 16.7% allocation and primary healthcare having 14.3% allocation annually for the five years. In the area of water supply, the year 2011 recorded the highest allocation both in monetary (97,834,570) and percentage (6.5%) terms, while the year 2013 recorded the lowest allocation both in monetary (23,860,408) and percentage (1.3%) terms. In the area of sanitation, the year 2013 recorded the highest allocation in monetary terms (69,598,852) and percentage terms (3.8%), while the year 2012 recorded the lowest allocation in monetary terms (13,242,366) and percentage terms (0.8%).

Table 5.51 Annual Estimates of Daura local government, (2011 to 2015)

Year	Approved Annual Estimates	%	Annual Estimates for Basic Education	%	Annual Estimates for Primary Healthcare	%	Allocation for Water Supply Unit	%	Allocation for Sanitation Unit	%
2011	1,987,220,280.19	100%	331,203,380.01	16.7%	283,888,611.45	14.3%	37,536,252	1.9%	25,707,653	1.3%
2012	2,232,831,775.50	100%	372,138,629.25	16.7%	318,975,967.98	14.3%	57,182,235	2.6%	8,276,477	0.4%
2013	2,480,924,195.00	100%	413,487,365.81	16.7%	397,274,408.00	16.0%	54,786,146	2.2%	16,166,302	0.7%
2014	2,729,016,614.50	100%	454,836,102.41	16.7%	397,274,408.00	14.6%	54,576,744	2.0%	19,786,148	0.7%
2015	3,001,918,275.95	100%	500,319,712.65	16.7%	428,845,467.00	14.3%	94,807,057	3.2%	42,242,040	1.4%

Source: Extracted from Daura Local Government Annual Estimates (2011-2015)

Table 5.51 above presents Daura Local Government approved Annual Estimates, Annual Estimates for Basic Education, Primary Healthcare, Water supply and sanitation, and the percentage in relation to the total annual estimate of the local government for the period under study (2011 to 2015.) From the table it would be seen that even though the amounts in monetary terms increased annually for both the approved annual estimates and the approved allocations for basic education and primary healthcare, yet both remained static in percentage terms for basic education with a uniform 16.7% allocation annually for the five years, while for primary healthcare the years 2013 and 2014 recorded the second highest allocation of 397, 274,408 representing 16.0% and 14.6% respectively. In the area of water supply the year 2015 recorded the highest allocation of 94,807,057 representing 3.2%, and the year 2011 recorded the lowest allocation of 37,557,252 representing 1.9%. In the area of sanitation, 2015 recorded the highest allocation of 42,242,040 representing 1.4%, while 2012 had the lowest allocation of 8,276,477 representing 0.4%.

Table 5.52 Annual Estimates of Dutsin-ma local government, (2011 to 2015)

Year	Approved Annual Estimates	%	Annual Estimates for Basic Education	%	Annual Estimates for Primary Healthcare	%	Allocation for Water Supply Unit	%	Allocation for Sanitation Unit	%
2011	1,979,224,856.02	100%	329,870,809.31	16.7%	282,746,408.00	14.3%	95,971,991	4.9%	48,984,555	2.5%
2012	2,199,138,728.92	100%	366,523,121.40	16.7%	314,162,675.46	14.3%	81,474,707	3.7%	12,999,561	0.6%
2013	2,443,487,476.58	100%	407,247,912.70	16.7%	349,069,639.51	14.3%	80,797,376	3.3%	17,295,950	0.7%
2014	2,687,836,224.23	100%	447,972,704.01	16.7%	383,976,660.34	14.3%	76,666,947	2.9%	57,756,441	2.2%
2015	2,956,619,846.65	100%	492,769,974.41	16.7%	422,374,263.80	14.3%	7,439,358	0.3%	45,449,553	1.5%

Source: Extracted from Dutsin-ma Local Government Annual Estimates (2011-2015)

Table 5.52 above presents Dutsen-ma Local Government approved Annual Estimates, Annual Estimates for Basic Education, Primary Healthcare, Water supply and sanitation, and the percentage in relation to the total annual estimate of the local government for the period under study (2011 to 2015.) From the table it would be seen that even though the amounts in monetary terms increased annually for both the approved estimates and the approved allocations for basic education and primary healthcare, yet both remained static in percentage terms, with basic education having a uniform 16.7% allocation and primary healthcare having 14.3% allocation annually for the five years. In the area of water supply the allocation decreased annually for the five years in both monetary and percentage terms with 2011 having the highest allocation of 95,971,991 representing 4.9%, while 2015 had the lowest allocation of 7,439,358 representing 0.3%. In the area of sanitation, 2011 recorded the highest allocation with 48,984,555 representing 2.5%, while 2012 had the lowest allocation of 12,299,561 representing 0.6%.

Table 5.53 Annual Estimates of Safana local government, (2011 to 2015)

Year	Approved Annual Estimates	%	Annual Estimates for Basic Education	%	Annual Estimates for Primary Healthcare	%	Allocation for Water Supply Unit	%	Allocation for Sanitation Unit	%
2011	1,954,139,651	100%	275,446,007.11	14.1%	228,768,641.20	11.7%	64,982,655	3.3%	22,956,271	1.2%
2012	2,171,266,279	100%	289,943,165.40	13.4%	240,809,096.00	11.1%	67,582,670	3.1%	26,711,010	1.2%
2013	2,412,518,088	100%	305,203,332.00	12.7%	179,760,916.00	7.5%	69,205,736	2.9%	7,980,500	0.3%
2014	2,880,644,143	100%	305,203,332.00	10.6%	261,749,560.00	9.1%	50,000,000	1.7%	20,000,000	0.7%
2015	3,024,676,350	100%	320,463,498.62	10.6%	274,837,038.00	9.1%	34,351,003	1.1%	52,290,518	1.7%

Source: Extracted from Safana Local Government Annual Estimates (2011-2015)

Table 5.53 above presents Safana Local Government approved Annual Estimates, Annual Estimates for Basic Education, Primary Healthcare, Water supply and sanitation, and the percentage in relation to the total annual estimate of the local government for the period under study (2011 to 2015.) From the table it would be seen that even though the amounts in monetary terms increased annually for basic education yet it decreased correspondingly in percentage terms, with 2011 having the lowest monetary allocation of 275,446,007 which was the highest percentage allocation of 14.1% in the five years, and 2015 had the highest monetary allocation of 320,463,498 but the lowest in percentage terms with10.6%. In the area of primary healthcare, 2013 had the lowest allocation both in monetary and percentage terms with 179,760,916 representing 7.5%, while 2011 had the second lowest allocation in monetary terms (228,768,641) but the highest allocation in percentage terms (11.7%), and 2015 had the highest monetary allocation of 274,837,038 with the lowest percentage allocation of 9.1%. In the area of water supply, 2013 had the highest monetary allocation of 69,205,736 but second lowest in percentage terms with 4.9%, while 2011 had the second lowest monetary allocation of 64,982,655, but the highest allocation in percentage terms with 3.3% and 2015 had the lowest allocation of 34,351,003 representing 1.1%. In the area of sanitation, 2015 recorded the highest allocation with 52,290,518 representing 1.7%, while 2013 had the lowest allocation of 7,980,500 representing 0.3%.

Table 5.54 Annual Estimates of Malumfashi local government, (2011 to 2015)

Year	Approved Annual Estimates	%	Annual Estimates for Basic Education	%	Annual Estimates for Primary Healthcare	%	Allocation for Water Supply Unit	%	Allocation for Sanitation Unit	%
2011	1,795,791,010	100	389,040,990	21.7%	227,661,903	12.7%	56,520,441	3.2%	90,521,632	5.1%
2012	1,995,323,344	100	555,772,843	27.9%	239,644,109	12.0%	58,000,000	2.9%	93,424,005	4.7%
2013	2,217,025,983	100	585,024,068	26.4%	258,818,814	11.8%	60,693,595	2.7%	94,043,638	4.2%
2014	2,462,103,279	100	586,088,879	23.8%	243,538,828	9.9%	88,737,183	3.6%	89,563,354	3.6%
2015	2,708,313,607	100	615,393,323	22.7%	272,310,817	10.1%	97,630,246	3.6%	98,728,039	3.7%

Source: Extracted from Malumfashi Local Government Annual Estimates (2011-2015)

Table 5.54 above presents Malumfashi Local Government approved Annual Estimates, Annual Estimates for Basic Education, Primary Healthcare, Water supply and sanitation, and the percentage in relation to the total annual estimate of the local government for the period under study (2011 to 2015.) From the table it would be seen that even though the amounts in monetary terms increased annually for both the approved estimates and the approved allocations for basic education, however, it did not increase correspondingly in percentage terms as 2011 had the lowest monetary allocation of 389,040,990 and lowest percentage allocation of 21.7%, while 2012 had the second lowest monetary allocation of 555,772,843 but the highest in percentage terms of 27.9%, and 2015 had the highest monetary allocation of 615,393,323 but second lowest in percentage terms with 22.7%. In the area of primary healthcare, the monetary allocation increased annually but with no corresponding increase in percentage terms, as 2011 had the lowest monetary allocation of 227,661,903 and the highest percentage allocation of 12.7%, while 2014 had the second highest monetary allocation of 243,538,828 and the lowest percentage allocation

of 9.9%, and 2015 had the highest monetary allocation of 272,310,817 and second lowest allocation in percentage terms with 10.1%. In the area of water supply, the monetary allocation increased annually, but even so, 2013 had the lowest percentage allocation of 2.7%, while 2015 had the highest monetary allocation of 97,630,246 and highest percentage allocation of 3.6%. In the area of sanitation, 2015 recorded the highest monetary allocation of 98,728,039 and the second lowest percentage allocation of 3.7%, while 2014 had the lowest monetary allocation of 89,563,354 and lowest percentage allocation of 3.6%, and 2011 had the second lowest monetary allocation of 90,521,632 and the highest percentage allocation of 5.1%.

Table 5.55 Annual Estimates of Kafur local government, (2011 to 2015)

Year	Approved Annual Estimates	%	Annual Estimates for Basic Education	%	Annual Estimates for Primary Healthcare	%	Allocation for Water Supply Unit	%	Allocation for Sanitation Unit	%
2011	1,721,624,083.92	100%	286,937,347.12	16.7%	245,946,297.70	14.3%	34,000,564	2.0%	69,098,438	4.0%
2012	1,912,915,680.80	100%	318,819,280.11	16.7%	273,273,668.60	14.3%	62,386,528	3.3%	70,315,594	3.8%
2013	2,125,461,832.00	100%	354,243,638.65	16.7%	303,001,145.05	14.3%	62,193,595	3.0%	95,543,638	4.5%
2014	2,338,008,015.20	100%	389,668,025.51	16.7%	334,001,145.05	14.3%	94,600,964	4.0%	95,543,638	4.5%
2015	2,571,808,816.72	100%	428,634,802.70	16.7%	367,401,259.51	14.3%	85,636,664	3.3%	4,821,318	0.2%

Source: Extracted from Kafur Local Government Annual Estimates (2011-2015)

Table 5.55 above presents Kafur Local Government approved Annual Estimates, Annual Estimates for Basic Education, Primary Healthcare, Water supply and sanitation, and the percentage in relation to the total annual estimate of the local government for the period under study (2011 to 2015.) From the table it would be seen that even though the amounts in monetary terms increased annually for both the approved estimates and the approved allocations for basic education and primary healthcare, yet both remained static in percentage terms, with basic education having a uniform 16.7% allocation and primary healthcare having 14.3% allocation annually for the five years. In the area of water supply, 2014 had the highest allocation of 94,600,964 representing 4.0%, while 2011 had the lowest allocation of 34,000,564 representing 2.0%. In the area of sanitation, 2013 recorded the highest monetary allocation of 95,543,638 and second highest in percentage terms with 4.5%, while 2015 had the lowest monetary allocation of 4,821,318 representing 0.2%.

Table 5.56 Political Parties and their registered members.

S/N	Daura	Bindawa	Malumfashi	Kafur	Dutsen-ma	Safana
1. APC	14,700	21,071	21,700	17,600	41,314	23,003
2.PDP	8,245	18,396	26,167	37,193	17,605	9,327
3.APGA	1,026	823	5,325	5,600	3,235	432
4.PDM	872	1,402	3,557	4,008	2,949	1,783
5.PRP	1,734	1,310	4,910	4,915	6,142	2,357

Source: Extracted from the records of the political parties, (2018)

Table 5.56 above presents the official membership of the political parties in the six local governments under study. It should be noted however, that this presentation is not about

the strength or weakness of any of the political parties. The essence of the presentation is to show official evidence of democratic participation in the study areas.

Table 5.57 Educational facilities of the areas under study for the period 2011 – 2015.

Facilities/Items	Daura LG	Bindawa LG	Malumfashi LG	Kafur LG	Safana LG	Dutsin-Ma LG
No. of primary schools	48	74	93	126	75	87
No. of classrooms	474	434	615	515	258	599
Teaching staff	773	774	780	458	423	894
Teachers minimum salary	#18,000	#18,000	#18,000	#18,000	#18,000	#18,000
Male pupils	45,812	26,172	35,096	33,109	44,492	27,889
Female pupils	40,136	21,668	31,211	26,162	33,990	24,523
Total enrolment	85,948	47,840	66,307	59,271	78,482	52,432
Teacher/Pupil Ratio	1:111	1:62	1:85	1:129	1:185	1:59
No. of primary schools constructed between 2011-2015	2	4	3	2	5	3
No. of teachers employed between 2011 – 2015	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available
Teachers minimum qualification	NCE	NCE	NCE	NCE	NCE	NCE
Teachers highest qualification	B.Ed	B.Ed	BEd	BEd	BEd	B.Ed
Number of Junior Secondary schools	8	7	13	10	11	12
Number of classrooms	175	51	165	69	61	166
Number of teaching staff	146	79	78	119	52	209
No. of male pupils	5,496	3,143	5,096	6,458	8,770	5,499
No. of female pupils	4,072	2,274	1,211	4,099	6,413	4,639
Total enrolment	9,568	5,417	6,307	10,557	15,183	10,138
Teacher/pupil ratio	1:66	1:68	1:81	1:88	1:291	1:49
No. of junior secondary schools constructed between 2011-2015	1	1	Data not available	3	5	1
Teachers minimum qualification	NCE	NCE	NCE	NCE	NCE	NCE
Teachers highest qualification	M.Ed/M.Sc	B.Sc/PGD	B.Ed/M.Sc	BEd	B.Ed	B.Ed/M.Sc

Source: Extracted from Education Department of the six local governments.

From Table 5.57 above, it would be seen that Daura L.G.A. had 48 primary schools, 474 classrooms, and 773 teaching staff. The total enrolment was 85,948 pupils made up of 45,812 male pupils and 40,136 female pupils. The teacher/pupil ratio was 1:111. Two primary schools were constructed between 2011 and 2015(the study period), and data was not available on the number of teachers employed within the same period. Teachers' minimum qualification was N.C.E. and teachers' highest qualification was B.Ed. while teachers' minimum salary was #18,000. There were 8 Junior Secondary Schools with 175 classrooms. There were 146 teachers, and 9,568 students. The teacher/student ratio was 1:66. One JSS was constructed between 2011 and 2015. Teacher minimum qualification was NCE, and teacher highest qualification was M.Sc./ M.Ed.

Bindawa L.G.A. had 74 primary schools, 434 classrooms, and 774 teaching staff. The total enrolment was 47,840 pupils made up of 26,172 male pupils and 21,668 female pupils. The teacher/pupil ratio was 1:62. Four primary schools were constructed between 2011 and 2015 (the study period), and data was not available on the number of teachers employed within the same period. Teachers' minimum qualification was N.C.E. and teachers' highest qualification was B.Ed. while teachers' minimum salary was #18,000. There were seven Junior Secondary Schools with 51 classrooms. There were 79 teachers, and 5,417 students made up of 3,143 males and 2,274 females. The teacher/student ratio was 1:68. One JSS was constructed between 2011 and 2015. Teacher minimum qualification was NCE, and teacher highest qualification was B.Sc./ PGDE.

Malumfashi L.G.A. had 93 primary schools, 615 classrooms, and 780 teaching staff. The total enrolment was 66,307 pupils made up of 35,096 male pupils and 31,211 female pupils. The teacher/pupil ratio was 1:85. Three primary schools were constructed

between 2011 and 2015 (the study period), and data was not available on the number of teachers employed within the same period. Teachers' minimum qualification was N.C.E. and teachers' highest qualification was B.Ed. while teachers' minimum salary was #18,000. There were thirteenJunior Secondary Schools with 165 classrooms. There were 78 teachers, and 6,307 students made up of 5,096 males and 1,211 females. The teacher/student ratio was 1:81. Data was not available on the number of JSS constructed between 2011 and 2015. Teacher minimum qualification was NCE, and teacher highest qualification was B.Sc./ M.Sc.

Kafur L.G.A. had 126 primary schools, 515classrooms, and 458 teaching staff. The total enrolment was 59,271 pupils made up of 33,109 male pupils and 26,162 female pupils. The teacher/pupil ratio was 1:129. Two primary schools were constructed between 2011 and 2015 (the study period), and data was not available on the number of teachers employed within the same period. Teachers' minimum qualification was N.C.E. and teachers' highest qualification was B.Ed. while teachers' minimum salary was #18,000. There were ten Junior Secondary Schools with 69 classrooms. There were 119 teachers, and 10,557 students made up of 6,458 males and 4,099 females. The teacher/student ratio was 1:88. Three JSS were constructed between 2011 and 2015. Teacher minimum qualification was NCE, and teacher highest qualification was B.Ed.

Safana L.G.A. has 75 primary schools, 258 classrooms, and 423 teaching staff. The total enrolment was 78,482 pupils made up of 44,492 male pupils and 33,990 female pupils. The teacher/pupil ratio was 1:185. Five primary schools were constructed between 2011 and 2015 (the study period), and data was not available on the number of teachers employed within the same period. Teachers' minimum qualification was N.C.E. and

teachers' highest qualification was B.Ed. while teachers' minimum salary was #18,000. There were eleven Junior Secondary Schools with 61 classrooms. There were 52 teachers, and 15,183 students made up of 8,770 males and 6,413 females. The teacher/student ratio was 1:291. Five JSS were constructed between 2011 and 2015. Teacher minimum qualification was NCE, and teacher highest qualification was B.Ed.

Dutsen-ma L.G.A. has 87 primary schools, 599 classrooms, and 894 teaching staff. The total enrolment was 52,432 pupils made up of 27,889 male pupils and 24,523 female pupils. The teacher/pupil ratio was 1:59. Three primary schools were constructed between 2011 and 2015 (the study period), and data was not available on the number of teachers employed within the same period. Teachers' minimum qualification was N.C.E. and teachers' highest qualification was B.Ed. while teachers' minimum salary was #18,000. There were twelve Junior Secondary Schools with 166 classrooms. There were 209 teachers, and 10,138 students made up of 5,499 males and 4,639 females. The teacher/student ratio was 1:49. One JSS was constructed between 2011 and 2015. Teacher minimum qualification was NCE, and teacher highest qualification was B.Ed./M.Sc.

Table 5.58 Primary healthcare facilities of the areas under study for the period 2011–2015.

Facility/Item	Daura LG	Bindawa LG	Malumfashi LG	Kafur LG	Dusten-ma LG	Safana LG
No. of healthcare facilities	22	67	51	64	41	44
Comprehensive Health Centre	1	1	1	1	1	1
Primary Health Centre	2	7	10	3	11	8
Health Centre	19	59	40	60	29	35
No. of health personnel	242	224	105	206	142	104
Doctors	1	2	1	1	2	3
Nurses	1	2	1	1	2	2
Midwife	4	5	4	1	3	2
Dentists	20	1	4	4	2	2
Pharmacists	2	5	4	1	7	2
Lab. Tech	6	6	8	7	5	4
CHEW	139	60	74	42	17	33
JCHEW	31	17	15	24	25	7
EHT	11	7	11	4	7	3
EHA	1	7	7	5	3	4
Drivers	3	3	2	3	4	2
Cleaners	23	116	38	80	61	34
Security guards	7	10	15	5	4	2
No. of health facilities constructed between 2011-2015	Nil	10	4	Nil	10	6
No. of health workers employed between 2011-2015	Nil	Data not available	Data not available	Nil	Data not available	Data not available
Minimum qualification for health personnel	SSCE/JCHEW	JCHEW/EHA	JCHEW	SSCE	5 credits	JCHEW
Minimum salary for health workers	#18,000	#18,000	#18,000	#18,000	#18,000	#18,000

Source: Extracted from Primary Healthcare Department of the six local governments.

Table 5.58 above present data on primary healthcare of the six study areas for the period covered (2011-2015.)

Daura Local Government had 22 primary healthcare facilities made up of 1 Comprehensive Healthcare Center (CHC), 2 Primary Healthcare Centers (PHC), and 19

Health Centers (HC). There were 242 health personnel comprising 1 Doctor, 1 nurse, 4 midwifes, 20 dentists, 2 pharmacists, 6 laboratory technicians, 139 Community Health Extension Workers (CHEW), 31 Junior Community Health Extension Workers (JCHEW), 11 Extension Health Technicians (EHT), 1 Extension Health Assistant (EHA), 3 drivers, 23 cleaners, and 7 security guards. There was no new healthcare facility providedwithin the coverage period of this study (2011-2015.) Data was not available on the number of personnel employed within the coverage period of this study. The minimum employment qualification was SSCE/JCHEW. The minimum salary for health personnel was #18,000.00.

Bindawa Local Government had 67 primary healthcare facilities made up of 1 Comprehensive Healthcare Center (CHC), 7 Primary Healthcare Centers (PHC), and 59 Health Centers (HC). There were 224 health personnel comprising 2 Doctor, 2 nurse, 5 midwifes, 1 dentists, 5 pharmacists, 6 laboratory technicians, 60 Community Health Extension Workers (CHEW), 17 Junior Community Health Extension Workers (JCHEW), 7 Extension Health Technicians (EHT), 7 Extension Health Assistant (EHA), 3 drivers, 116 cleaners, and 10 security guards. There were 10 new healthcare facility provided within the coverage period of this study (2011-2015.) Data was not available on the number of personnel employed within the coverage period of this study. The minimum employment qualification was EHA/JCHEW. The minimum salary for health personnel was #18,000.00.

Malumfashi Local Government had 51 primary healthcare facilities made up of 1 Comprehensive Healthcare Center (CHC), 10 Primary Healthcare Centers (PHC), and 40 Health Centers (HC). There were 105 health personnel comprising 1 Doctor, 1 nurse, 4

midwifes, 4 dentists, 4 pharmacists, 8 laboratory technicians, 74 Community Health Extension Workers (CHEW), 15 Junior Community Health Extension Workers (JCHEW), 11 Extension Health Technicians (EHT), 7 Extension Health Assistant (EHA), 2 drivers, 38 cleaners, and 15 security guards. There were 4 new healthcare facility provided within the coverage period of this study (2011-2015.) Data was not available on the number of personnel employed within the coverage period of this study. The minimum employment qualification was JCHEW. The minimum salary for health personnel was #18,000.00.

Kafur Local Government had 64 primary healthcare facilities made up of 1 Comprehensive Healthcare Center (CHC), 3 Primary Healthcare Centers (PHC), and 60 Health Centers (HC). There were 206 health personnel comprising 1 Doctor, 1 nurse, 1 midwifes, 4 dentists, 1 pharmacists, 7 laboratory technicians, 42 Community Health Extension Workers (CHEW), 24Junior Community Health Extension Workers (JCHEW), 4 Extension Health Technicians (EHT), 5 Extension Health Assistant (EHA), 3 drivers, 80 cleaners, and 5 security guards. There were no new healthcare facility provided within the coverage period of this study (2011-2015.) Data was not available on the number of personnel employed within the coverage period of this study. The minimum employment qualification was SSCE. The minimum salary for health personnel was #18,000.00.

Dutsen-ma Local Government had 41 primary healthcare facilities made up of 1 Comprehensive Healthcare Center (CHC),11 Primary Healthcare Centers (PHC), and 29 Health Centers (HC). There were 142 health personnel comprising 2 Doctor, 2 nurse, 3 midwifes, 2 dentists, 7 pharmacists, 5 laboratory technicians, 17 Community Health Extension Workers (CHEW), 25 Junior Community Health Extension Workers (JCHEW), 4 Extension Health Technicians (EHT), 3 Extension Health Assistant (EHA),

4 drivers, 61 cleaners, and 4 security guards. There were 10 new healthcare facility provided within the coverage period of this study (2011-2015.) Data was not available on the number of personnel employed within the coverage period of this study. The minimum employment qualification was O'Level. The minimum salary for health personnel was #18,000.00.

Safana Local Government had 44 primary healthcare facilities made up of 1 Comprehensive Healthcare Center (CHC), 8 Primary Healthcare Centers (PHC), and 35 Health Centers (HC). There were 104 health personnel comprising 3 Doctor, 2 nurse, 2 midwifes, 2 dentists, 2 pharmacists, 4 laboratory technicians, 33 Community Health Extension Workers (CHEW), 7 Junior Community Health Extension Workers (JCHEW), 3 Extension Health Technicians (EHT), 4 Extension Health Assistant (EHA), 2 drivers, 34 cleaners, and 2 security guards. There were 6 new healthcare facility provided within the coverage period of this study (2011-2015.) Data was not available on the number of personnel employed within the coverage period of this study. The minimum employment qualification was JCHEW. The minimum salary for health personnel was #18,000.00.

Table 5.59 Facilities of water supply unit of the study areas.

Items	Bindawa	Daura	Dutsin-ma	Safana	Malumfashi	Kafur
Personnel	16	8	14	6	18	10
Water tankers	2	3	3	3	3	3
Bore holes	37	180	158	53	Data not available	125
Concrete/hand dug wells	18	35	26	12	Data not available	11
Other types of water sources	-	Motorized and solar powered bore holes	-	-	-	-
Water sources provided by the Local Government between 2011-2015	16	10	Data not available	7	Data not available	Data not available

Source: Extracted from the Water Supply Unit of the six Local Governments, (2018)

Table 5.59 above present data on the water supply units of six study areas as contained in their records.

Daura Local Government had 8 staff, 3 water tankers, 180 bore holes (solar powered and manual), 35 concrete/hand dug wells. Between 2011to 2015 which was the research coverage period 10 water sources were provided by the local government.

Bindawa Local Government had 16 staff, 2 water tankers, 37 bore holes (solar powered and manual), 18 concrete/hand dug wells. Between 2011to 2015 which was the research coverage period 16 water sources were provided by the local government.

Malumfashi Local Government had 18 staff, 3 water tankers, data was not available for bore holes, concrete/hand dug wells, and water sources provided within the coverage period of this study.

Kafur Local Government had 10 staff, 3 water tankers, 125 bore holes (solar powered and manual), 11 concrete/hand dug wells. Data was not available for water sources provided between 2011to 2015 which was the research coverage period.

Dutsen-ma Local Government had 14 staff, 3 water tankers, 158 bore holes (solar powered and manual), 26 concrete/hand dug wells. Data was not available for water sources provided between 2011to 2015 which was the research coverage period.

Safana Local Government had 6 staff, 3 water tankers, 53 bore holes (solar powered and manual), 12 concrete/hand dug wells. Between 2011to 2015 which was the research coverage period 7 water sources were provided by the local government.

Table 5.60 Facilities of sanitation unit of the study areas.

Items	Bindawa	Daura	Dutsin-ma	Safana	Malumfashi	Kafur
Personnel	91	50	37	42	Data not available	41
Number of refuse dump sites	Nil	35	7	Nil	20	9
Number of refuse collection vehicles	2	3	3	3	3	3
Frequency of sanitation exercise	monthly	3 times a week	5 times a week	Daily	Once a week	Once a week

Source: Extracted from the Water Supply Unit of the six Local Governments, (2018)

Table 5.60 above present data on the sanitation units of six study areas as contained in their records.

Daura local government had 50 staff, 35 refuse dump sites, 3 refuse collection vehicles, and conduct sanitation exercise 3 times a month.

Bindawa local government had 91 staff, zero number of refuse dump sites, 2 refuse collection vehicles, and conduct sanitation exercise monthly.

Malumfashi local government had 20 refuse dump sites, 3 refuse collection vehicles, and conduct sanitation exercise once a week, data on staff was not available.

Kafur local government had 41 staff, 9 refuse dump sites, 3 refuse collection vehicles, and conduct sanitation exercise once a week.

Dutsen-ma local government had 37 staff, 7 refuse dump sites, 3 refuse collection vehicles, and conduct sanitation exercise 5 times a week.

Safana local government had 42 staff, zero number of refuse dump sites, 3 refuse collection vehicles, and conduct sanitation exercise daily.

5.4Summary of Major Findings

1. The study found that there is moderate degree of democratic participation by the public in all six local government areas, (refer to Table 5.12). This indicates the public's interest and willingness to, if given the opportunity, participate in matters that affect them. Falade, (2014) made a wrong generalization when he concluded that there is low level of political participation in Nigeria. His study found 43% of the people were highly involved in political activities, whereas this study found 80.8% participation which further contradicts the findings of Osondu, (2014) which showed that political activities in Nigerian democracy are carried out mainly by the party members and not the citizens. However, in the area of mobilization, this study also found poor citizen mobilization by the local governments, and Osondu, (2014) also found inadequate mobilization of the citizens has resulted in poor participation, however, he did not specifically state who failed to adequately mobilize the citizens. Agu, (2015) found and concluded that there has been a steady decline in electoral participation since Nigeria's return to democracy in 1999, up to 2011. This study disagree, as indicated by the percentage of democratic participation in the six study areas.The study found that active participation of the public in decision making at local government level is very low across the six local government areas under study, (refer to Table 5.8). This aspect of participation appeared to be neglected. The implication of this is that public concerns and preferences are not accorded the necessary and due diligence they are entitled to, on one hand, and on another hand it breeds political apathy. In a study by Odebode, (2011) it found among others, that politicians' non-committal to their campaign promises is a major reason for political apathy in Nigeria. This situation was earlier discovered by Fabiyi, (2010) where

he found the twin problems of ignorance and deliberate deception by politicians as the reason for political apathy. Another consequence of this is the inability of the masses to have a link between their state of un-development and their non-participation in the activities of their locality.

The study found that even with the moderate degree of democratic participation by the public, provision of basic education in the study areas was not influenced by it according to the local government functionaries (refer to Table 5.9) who are the administrative arm, and also according to the staff of basic education unit (refer to Table 5.10) who are the operational arm.However, the position of the local government functionaries and that of the staff of the basic education unit was contradicted by the public's opinion in Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas which indicated that development of basic education in their respective local government areas was as a result of democratic participation of the public, but Daura local government area was excepted from this opinion (refer to Table5.13 and Table 5.14.)

The study found that primary healthcare delivery in the study areas was not as a result of democratic participation of the public, according to the local government functionaries and the staff of Primary Healthcare Department, (refer to Table 5.16 and Table 5.17.) The public's opinion in Daura and Bindawa Local Government Areas concurred with this, but this position was contradicted by the public's opinion in Malumfashi, Kafur, Dutsen-ma, and Safana Local Government Areas where the public believed that primary healthcare delivery in their respective areas was due to their democratic participation (refer to Table 5.21 and Table 5.22.)

The study found that provision of water supply in all the six study areas was not as a result of democratic participation of the public according to the local government functionaries (refer to Table 5.24.) The public's opinion from Daura, Dutsen-ma, and Safana Local Government Areas supported this position, but the public's opinion from Bindawa, Malumfashi, and Kafur Local Government Areas contradicted it by opining that provision of water supply in their respective areas was due to their democratic participation (refer to Table 5.28 and Table 5.29.)

The study found that environmental sanitation in the study areas with exception of Daura Local Government Area, was not as a result of democratic participation of the public according to the local government functionaries (refer to Table 5.31.) The public's opinion in Malumfashi, Kafur, and Dutsen-ma Local Government Areas agreed with this position, but public opinion in Bindawa and Safana Local Government Areas to the contrary, opined that environmental sanitation in their respective areas was as a result of democratic participation of the public (refer to Table 5.35 and Table 5.36.)

Summarily, democratic participation, and citizen participation in decision making at local government level in the study areas are at the "Tokenism and Non-participation" levels of Arnstein's (1969) ladder of citizen participation.

2. The secondary data showed Daura, Bindawa, Kafur, and Dutsen-ma Local Governments allocated 16.7% each of their annual budget to Basic Education (refer to Tables 5.48, 5.47, 5.52, and 5.49 respectively), while Malumfashi Local Government allocated 21.7% of its budget to Basic Education (refer to Table 5.51), and Safana Local Government allocated 14.1% of its budget to Basic Education (refer to Table 5.50.) The study found that these respective percentages were considered as adequate funding for

basic education in the respective study areas (refer to Table 5.37), and that development of basic education was as a result of adequate funding for basic education (refer to Table 5.38.)

The secondary data showed that Daura Local Government allocated 16.0% of its budget to PHC in 2013, 14.6% in 2014, and 14.3% in 2011, 2012, and 2015 (refer to Table 5.48.) Bindawa Local Government allocated 14.3% of its budget to PHC throughout the study period (2011 to 2015) (refer to Table 5.47.) Malumfashi Local Government allocated to PHC 12.7% in 2011, 12.0% in 2012, 11.8% in 2013, 9.9% in 2014, and 10.1% in 2015 (refer to Table 5.51.) Kafur Local Government allocated 14.3% of its budget to PHC throughout the study period (refer to Table 5.52.) Dutsen-ma Local Government allocated 14.3% of its budget to PHC throughout the study period (refer to Table 5.49.) Safana Local Government allocated to PHC 11.7% in 2011, 11.1% in 2012, 7.5% in 2013, 9.1% in 2014 and 2015 (refer to Table 5.50.) The study found that these respective allocations were considered as inadequate funding for primary healthcare delivery in all the study areas, except Daura Local Government Area (refer to Table 5.39), yet, primary healthcare delivery was as a result of adequate funding for the sector in Bindawa, Malumfashi, and Dutsen-ma Local Government Areas. However, inDaura, Kafur and Safana Local Government Areas primary healthcare was not due to adequate funding for the sector (refer to Table 5.40.)

The secondary data showed that Daura Local Government allocated 1.9% in 2011, 2.6% in 2012, 2.2% in 2013, 2.0% in 2014, and 3.2% in 2015 to provision of water supply (refer to Table 5.48.) Bindawa Local Government allocated 6.5% in 2011, 3.9% in 2012, 1.3% in 2013, 4.8% in 2014, and 3.7% in 2015 to provision of water supply (refer to

Table 5.47.) Malumfashi Local Government allocated 3.2% in 2011, 2.9% in 2012, 2.7% in 2013, 3.6% in 2014 and 2015 to provision of water supply (refer to Table 5.51.) Kafur Local Government allocated 2.0% in 2011, 3.3% in 2012, 3.0% in 2013, 4.0% in 2014, and 3.3% in 2015 to provision of water supply (refer to Table 5.52.) Dutsen-ma Local Government allocated 4.9% in 2011, 3.7% in 2012, 3.3% in 2013, 2.9% in 2014, and 0.3% in 2015 to provision of water supply (refer to Table 5.49.) Safana Local Government allocated 3.3% in 2011, 3.1% in 2012, 2.9% in 2013, 1.7% in 2014, and 1.1% in 2015 to provision of water supply (refer to Table 5.50.) The study found that these respective allocations were considered as inadequate funding for provision of water supply in the respective study areas (refer to Table 5.41), and provision of water supply in the study areas was not as a result of adequate funding for provision of water supply (refer to Table 5.42.)

The secondary data showed that Daura Local Government allocated 1.3% in 2011, 0.4% in 2012, 0.7% in 2013 and 2014, and 1.4% in 2015 of its budget to environmental sanitation (refer to Table 5.48.) Bindawa Local Government allocated 2.7% in 2011, 0.8% in 2012, 3.8% in 2013, 0.9% in 2014, and 1.4% in 2015 to environmental sanitation (refer to Table 5.47.) Malumfashi Local Government allocated 5.1% in 2011, 4.7% in 2012, 4.2% in 2013, 3.6% in 2014, and 3.7% in 2015 to environmental sanitation (refer to Table 5.51.) Kafur Local Government allocated 4.0% in 2011, 3.8% in 2012, 4.5% in 2013, 3.6% in 2014, and 0.2% in 2015 to environmental sanitation (refer to Table 5.52.) Dutsen-ma Local Government allocated 2.5% in 2011, 0.6% in 2012, 0.7% in 2013, 2.2% in 2014, and 1.5% in 2015 to environmental sanitation (refer to Table 5.49.) Safana Local Government allocated 1.2% in 2011 and 2012, 0.3% in 2013, 0.7% in 2014, and 1.7% in 2015 to environmental sanitation (refer to Table 5.50.) The study found that these allocations were considered as inadequate funding for environmental sanitation in the respective study areas (refer to Table 5.43), and with the exception of Daura Local

Government Area, environmental sanitation was not due to adequate funding (refer to Table 5.44.)

The findings of this study agrees with earlier findings of Khemani, (2004), Linus, (2014), both of whose studies showed local government's lack of managerial and financial capacity to effectively handle basic social service delivery. The financial incapacity of local government may not be unconnected to its sources of revenue. The internal sources of local government revenue as contained in the Fourth Schedule, may in this modern times and circumstances be seen as mundane and trivial. The external sources, particularly the allocation from the Federation Account serves as the reason behind the survival of local governments in Nigeria. However, Section 162 of the Constitution of the Federal Republic of Nigeria provided for the establishment of a State Joint Local Government Account (SJLGA). The wisdom behind the creation of the SJLGA was to facilitate development at the grassroots and protect the local governments' funds from manipulation by the state governments. Unfortunately however, exactly the reverse is what is happening. A study by Musa, (2016) concurred with this study's findings on the financial incapacity of local governments in Katsina State. His study found that due to the SJLGA local governments have been crippled with lack of adequate financial resources that will enable them to discharge their constitutional responsibilities. Further, the state governments have continuously encroached into the local government finances through arbitrary deductions and execution of non-existent joint projects. This is not to mention the non-payment of the statutory 10% of the state government grant.

CHAPTER SIX

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

6.1 Summary

This study was undertaken toassess the Effect of Democratic Participation, and Funding on Service Delivery in Selected Local Government Areas of Katsina State, Nigeria. After a prolonged spell of military administration, Nigeria is at last back to a democracy. An ideal democracy is one that recognizes and encourages democratic participation and funding in order to make the government more responsive to the needs of the people. Yet, there seems to be a wide gap between democratic participation of the people, and funding for the development of basic education, primary health care, water supply, and sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsin-ma, and Safana Local Government Areas of Katsina state. The main objective of the study is to assess the effect of democratic participation, and funding for service delivery. The specific objectives are to determine the effect of democratic participation, and funding on the development of basic education, primary health care, water supply, and sanitation in the selected Local Government Areas of Katsina State. Democratic participation, Efficiency Services schools of thought, and the Public Value Theory were employed as theoretical frameworks for the study. Survey research design was used, the six selected Local Government Areas formed the population of the study, and using Yamane formula, a sample size of 1,111 was arrived at. Simple random and Purposive sampling techniques were employed in the selection of respondents. Both primary and secondary sources of data were explored. Primary data were collected using five sets of questionnaires administered to Local Government functionaries, staff of Basic Education Unit, staff of

Primary Healthcare Unit, staff of Social Development Unit, and the general public. Semi-structured interview with the aid of a checklist was conducted with some members of Parents Teachers Associations (PTA), members of National Union of Teachers (NUT), members of Medical and Health Workers Union (MAHWU), executives of political parties, and Community Based Associations. Systematic observation was made of primary and junior secondary schools, primary healthcare facilities, public water supply points, and refuse dump sites. Secondary data were sourced from records from Katsina state Ministry of Finance, Education, and Health, and from Departments of Education and Social Development, Primary Health care, Water Supply and Sanitation, and Treasury, of the six Local Governments' Secretariats. Data were presented in tabular form, analyzed using Statistical Package for Social Sciences (SPSS 20.0), and Kendall's tau-b Correlation Coefficient was used to test the hypotheses postulated for the study. The study found that there is moderate degree of democratic participation by the people in the study areas, yet there is no active participation of the people in decision making at Local Government level, and development of basic education, primary health care, water supply, and sanitation was not as a result of democratic participation. The study found that there is adequate funding for basic education in all the study areas, inadequate funding for primary health care in all the study areas except Daura Local Government, inadequate funding for water supply and sanitation in the study areas. As such the study concluded that, on aggregate, development of basic education, primary health care, water supply, and sanitation in the study areas was not influenced by the people's democratic participation, nor was it due to adequacy of funding. Governments use the mass media of communication to sensitize people on important policy issues such as security matters,

support for polio immunization etc, political parties and politicians do the same to peddle their parties and candidacy respectively. Thus, it is recommended that these same stakeholders use the same channels to educate their people politically, sensitize them socially, and inform them adequately and timely, and include them in problem identification, planning, budgeting, implementation, and monitoring and evaluation so as to harmonize their democratic participation, and service delivery at Local Government level. The source of authority for all tiers of government in Nigeria is the Federal Republic of Nigeria Constitution. In view of the fact that efficient service delivery requires adequate funding, it is recommended that the Constitution be amended to compel Local Governments and other tiers of government to make a mandatory and fixed allocation, to be reviewed periodically, for the development of basic education, primary health care, provision of water supply, and sanitation.

6.2 Conclusion

From the data collected, presented, and analyzed, the conclusion of this study is that neither democratic participation nor adequate funding is the driving force behind service delivery in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas of Katsina state.

6.3 Recommendations

Participation of people in political activities can be a potent instrument for making governments at all levels accountable to the people. Its relevance to the current paradigm of good governance cannot be overemphasized. For our nascent democracy to transcend from mere electoral democracy to a true democracy where governments of all levels will

be of the people, truly by the people's mandate, and be there for the people in all ramifications, it becomes imperative that people be educated politically, sensitized socially, and informed adequately and timely. Political education which goes beyond just voting, but include among others, educating and enlightening the citizen about his/her right of participation, and be given the opportunity to actually participate in decision making, is the responsibility of stakeholders such as the government, political parties, and partisan politicians, who could and should educate the general public (in the case of the government), educate party members (in the case of political parties), and educate camp followers (in the case of candidates.) Governments use the mass media of communication to sensitize people on important policy issues such as security matters, support for polio immunization etc, political parties and politicians do the same to peddle their parties and candidacy respectively. Thus, it is recommended that these same stakeholders use the same channels to give their people the political education needed to attain a vibrant democracy.

The source of authority for all tiers of government in Nigeria is the Constitution of the Federal Republic of Nigeria. As such, for the education sector to get the international recommended annual budget allocation of 26%, it is recommended that the Constitution be amended to compel Local Governments and other tiers of government to meet the international recommendation on education. If this can be achieved, then without a doubt the minimum standards for basic education set out in the National Policy on Education, and even the international standards on education could be attainable, as finance is the backbone of most, if not all developmental drives. In particular, the Katsina State Government should either amend the existing Law that established the WATSSAN, or

make a new one that will categorically provide adequate funding for water supply and sanitation.

This study adopts the recommendations for minimum standards for primary healthcare in Nigeria, developed by the National Primary Health Care Development Agency (refer to Appendix xiii.) It will only be recommended further, that the relevant authorities make adequate funds available, without which, minimum as they are, but impossible to attain.

The top down approach assume the people for whom a project is meant for, to be illiterate, ignorant, and unable to articulate their needs, thus, necessitating a higher intellectual input in their affairs. This study recommends the midway approach where there will be a blend of the people's inputthrough democratic participation, and that of the higher intellects who through their positions, professions, and expertise can articulate and translate the people's needs in to reality.

Finally, since this study has found that democratic participation, and funding are not responsible for service delivery, specifically in the areas of basic education, primary healthcare, water supply, and environmental sanitation in Daura, Bindawa, Malumfashi, Kafur, Dutsen-ma, and Safana local government areas of Katsina state, it is recommended that further studies be carried to determine the driving force behind service delivery at local government level in Katsina State and beyond.

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APPENDIX I

QUESTIONNAIRE FOR SELECTED LOCAL GOVERNMENT FUNCTIONARIES

Department of Public Administration,

Faculty of Administration,

Ahmadu Bello University,

Zaria.

Dear Sir/Madam

I am a post graduate student from the above address, conducting a research titled **"Assessment of the Effect of Democratic Participation, and Funding on Service Delivery in Selected Local Governments in Katsina State."**As a staff of the local government, I am soliciting for your kind assistance in completing the attached questionnaire. I assure you of confidentiality in the use of any information you may care to divulge, as this is purely an academic work.

Thank you.

Yours Faithfully,

Lawal Baba Shani

SECTION 'A': BIODATA

1. Respondent's Name (optional) …….

2.State ……..……..

3.LGA……

4.Department

……..

5. Rank……..

6. Gender: Male [ ] Female [ ]

7. Age: (a) 16 – 25, (b) 26 – 35, (c) 36 – 45, (d) 46 -55, © 56 – 65.

8. Marital status: (a) Single (b) Married (c) Divorced (d) Widowed

9. Religion: (a) Islam, (b) Christianity, (c) Traditionalist.

10. Level of education: (a) non-formal, (b) primary, (c) secondary, (d) post- secondary.

11. Ethnicity: **……**

Instruction: Please answer the questions appropriately by ticking the number which represent your opinion based on the following scales:

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

5. Undecided

Performance of Local Government in mobilizing political participation, and the development of basic education and primary healthcare.

S/N	Questions	1	2	3	4	5
1	The Local Government organizes enlightenment campaigns to mobilize and sensitize the people for political activities					
2	The Local Government disseminate adequate information on policy matters to the public					
3	There is active participation of the people in decision making at the Local Government level					
4	There are sufficient channels of communication between the Local Government and the public					
5	The Local Government organize and involve the public in the development of basic education					
6	There is adequate funding for basic education					
7	Development of basic education in the local government is as a result of people's participation					
8	Development of basic education in the local government is as a result of adequate funding for education					
9	Development of basic education in the local government is Top Down Approach					
10	The Local Government organize and involve the public in the development of primary healthcare					
11	There is adequate funding for primary healthcare					
12	Development of primary healthcare in the local government is as a result of people's participation					
13	Development of primary healthcare in the local government is as a result of adequate funding for health					
14	Development of primary healthcare in the local government is Top Down Approach					
15	The Local Government organize and involve the public in issues					

	of water supply					
16	There is adequate funding for water supply					
17	Provision of water supply in the local government is as a result of people's participation					
18	Provision of water supply in the local government is as a result of adequate funding for water supply					
19	Development of water supply in the local government is Top Down Approach					
20	The Local Government organize and involve the public in issues of sanitation					
21	There is adequate funding for environmental sanitation					
22	Environmental sanitation in the local government is as a result of people's participation					
23	Environmental sanitation in the local government is as a result of adequate funding for sanitation					
24	Environmental sanitation in the local government is Top Down Approach					

APPENDIX II

QUESTIONNAIRE FOR STAFF OF LOCAL GOVERNMENT EDUCATION AUTHORITY

Department of Public Administration,

Faculty of Administration,

Ahmadu Bello University,

Zaria.

Dear Sir/Madam

I am a post graduate student from the above address, conducting a research titled **"Assessment of the Effect of Democratic Participation, and Funding on Service Delivery in Selected Local Governments in Katsina State."**As a staff of the local government, I am soliciting for your kind assistance in completing the attached questionnaire. I assure you of confidentiality in the use of any information you may care to divulge, as this is purely an academic work.

Thank you.

Yours Faithfully,

Lawal Baba Shani

SECTION 'A': BIODATA

1. Respondent's Name (optional) ……..

2. State ……...

3. LGA……

4. Department ……

5. Rank……

6. Gender: Male [ ] Female [ ]

7. Age: (a) 16 – 25, (b) 26 – 35, (c) 36 – 45, (d) 46 -55, (e) 56 – 65.

8. Marital status: (a) Single(b) Married(c) Divorced(d) Widowed

9. Religion: (a) Islam, (b) Christianity, (c) Traditionalist.

10. Level of education: (a) non-formal, (b) primary, (c) secondary, (d) post- secondary.

11. Ethnicity: **……**

Instruction: Please answer the questions appropriately by ticking the number which represent your opinion based on the following scales:

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

5. Undecided

Performance of Local Government in the development of Basic Education.

S/N	Questions	1	2	3	4	5
1	There are adequate schools in the local government					
2	There are adequate class rooms in the schools					
3	There are adequate and qualified teachers in the schools					
4	There is adequate school furniture					
5	Teaching and learning materials are adequately provided					
6	Teaching and learning environment is conducive					
7	The performance of Local Government in basic education is satisfactory					
8	The Local Government involve the people in planning on issues of basic education					
9	Development of basic education is as a result of people's participation					
10	Development of basic education in the local government is Top Down Approach					

APPENDIX III

QUESTIONNAIRE FOR STAFF OF PRIMARY HEALTHCARE DEPARTMENT

Department of Public Administration,

Faculty of Administration,

Ahmadu Bello University,

Zaria.

Dear Sir/Madam

I am a post graduate student from the above address, conducting a research titled **"Assessment of the Effect of Democratic Participation, and Funding on Service Delivery in Selected Local Governments in Katsina State."**I am soliciting for your kind assistance in completing the attached questionnaire. I assure you of confidentiality in the use of any information you may care to divulge, as this is purely an academic work.

Thank you.

Yours Faithfully

Lawal Baba Shani

SECTION 'A': RESPONDENTS BIODATA

1.Respondent'sName (optional): ……..

2.Village/Community: ……..

3.LGA:…….....4.State……

5. Gender: Male [ ] Female [ ]

6. Marital status: (a)Single (b) Married(c) Divorced(d) Widowed

7. Age: (a) 16 – 25, (b) 26 – 35, (c) 36 – 45, (d) 46 -55, (e) 56 – 65.

8. Religion: (a) Islam, (b) Christianity, (c) Traditionalist.

9. Level of education: (a) non-formal, (b) primary, (c) secondary, (d) post- secondary.

10. Ethnicity: …….

Instruction: Please answer the questions appropriately by ticking the number which represent your opinion based on the following scales:

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

5. Undecided

Performance of Local Government in the development of Primary Healthcare.

S/N	Questions	1	2	3	4	5
1	There are adequate health facilities in the local government					
2	There are adequate Doctors in the hospitals					
3	There are adequate nurses in the hospitals					
4	There are adequate midwives in the hospitals					
5	There are adequate Dentists in the hospitals					
6	There are adequate laboratory technicians					
7	Drugs and equipment are adequately provided					
8	The performance of Local Government in the delivery of primary healthcare is satisfactory					
9	The Local Government involve the people in planning on issues of primary healthcare					
10	Development of primary healthcare is as a result of people's participation					
11	Development of primary healthcare in the local government is Top Down Approach					

APPENDIX IV

QUESTIONNAIRE FOR STAFF OF SOCIAL WELFARE DEPARTMENT

Department of Public Administration,

Faculty of Administration,

Ahmadu Bello University,

Zaria.

Dear Sir/Madam

I am a post graduate student from the above address, conducting a research titled **"Assessment of the Effect of Democratic Participation, and Funding on Service Delivery in Selected Local Governments in Katsina State."** I am soliciting for your kind assistance in completing the attached questionnaire. I assure you of confidentiality in the use of any information you may care to divulge, as this is purely an academic work.

Thank you.

Yours Faithfully

Lawal Baba Shani

SECTION 'A': RESPONDENTS BIODATA

1.Respondent'sName (optional): ……..

2.Village/Community: ……..

3.LGA:…….....4.State……

5. Gender: Male [ ] Female [ ]

6. Marital status: (a) Single (b) Married (c) Divorced (d) Widowed

7. Religion: (a) Islam, (b) Christianity, (c) Traditionalist.

8. Level of education: (a) non-formal, (b) primary, (c) secondary, (d) post- secondary.

9. Ethnicity: ……

Instruction: Please answer the questions appropriately by ticking the number which represent your opinion based on the following scales:

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

5. Undecided

Performance of Local Government in the area of social mobilization.

S/N	Questions	1	2	3	4	5
1	The Local Government organizes enlightenment campaigns to mobilize and sensitize the public to participate in political activities					
2	The Local Government organize people for development of basic education					
3	The Local Government organize people for development of primary healthcare					
4	There is active participation of the people in decision making at the local government level					
	The Local Government organize the public on issues of water supply					
	The Local Government organize and engage the public for environmental sanitation					
5	The Local Government Council disseminate adequate information on policy matters to the public					
6	There are sufficient channels of communication between the Local Government and the public					
7	Development of basic education in the local government is as a result of political participation of the people					
8	Development of primary healthcare in the local government is as a result of political participation of the people					
9	Water supply in the local government is as a result of political participation of the people					
10	Environmental sanitation in the local government is as a result of political participation of the people					

APPENDIX V

QUESTIONNAIRE FOR THE PUBLIC

Department of Public Administration,

Faculty of Administration,

Ahmadu Bello University,

Zaria.

Dear Sir/Madam

I am a post graduate student from the above address, conducting a research titled **"Assessment of the Effect of Democratic Participation, and Funding on Service Delivery in Selected Local Governments in Katsina State."** I am soliciting for your kind assistance in completing the attached questionnaire. I assure you of confidentiality in the use of any information you may care to divulge, as this is purely an academic work.

Thank you.

Yours Faithfully

Lawal Baba Shani

SECTION 'A': RESPONDENTS BIODATA

1.Respondent'sName (optional): ……..

2.Village/Community: ……..

3.LGA:…….....4.State……

5. Gender: Male [ ] Female [ ]

6. Marital status: (a) Single (b) Married (c) Divorced (d) Widowed

7. Religion: (a) Islam, (b) Christianity, (c) Traditionalist.

8. Level of education: (a) non-formal, (b) primary, (c) secondary, (d) post- secondary.

9. Ethnicity: ……

Instruction: Please answer the questions appropriately by ticking the number which represent your opinion based on the following scales:

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

5. Undecided

Performance of Local Government in the area of socio-political mobilization, basic education, primary healthcare, water supply, and environmental sanitation.

S/N	Questions	1	2	3	4	5
1	The Local Government organizes enlightenment campaigns to mobilize and sensitize the people for political activities					
2	There is moderate degree of democratic participation by the people, e.g Party membership, contesting for election, Voter registration, going on campaign, voting during election, opposition, petition, political thuggery, donation to party or candidate, etc.					
3	The Local Government disseminate adequate information on policy matters to the public					
4	There is active participation of the people in decision making at the Local Government level					
5	There are sufficient channels of communication between the Local Government and the public					
6	The Local Government organize and involve the public in the development of basic education					
7	There are adequate schools in the local government					
8	There are adequate class rooms in the schools					
9	There are adequate and qualified teachers in the schools					
10	There is adequate school furniture					
11	Teaching and learning materials are adequately provided					
12	Teaching and learning environment is conducive					
13	The performance of Local Government in basic education is satisfactory					
14	Development of basic education in the local government is as a result of people's participation					
15	The Local Government organize and involve the public in the development of primary healthcare					

16	There are adequate healthcare facilities in the local government					
17	There are adequate Doctors in the hospitals					
18	There are adequate nurses in the hospitals					
19	There are adequate midwives in the hospitals					
20	There are adequate Dentists in the hospitals					
21	There are adequate laboratory technicians					
22	Drugs and equipment are adequately provided					
23	The performance of Local Government in the delivery of primary healthcare is satisfactory					
24	Development of primary healthcare in the local government is as a result of people's participation					
25	The Local Government organize and involve the public in the issues of water supply					
26	The Local Government has provided adequate water sources					
27	The performance of Local Government in water supply is satisfactory					
28	Water supply in the local government is as a result of people's participation					
29	The Local Government organize and involve the public in environmental sanitation					
30	The Local Government has provided adequate sanitation facilities					
31	The performance of Local Government in environmental sanitation is satisfactory					
32	Environmental sanitation in the local government is as a result of people's participation					

Appendix vi

Interview Checklist

1	Traditional Institutions 1. The role of Traditional Institutions in political participation. 2. The role of Traditional Institutions in local government service delivery. 3. The role of Traditional Institutions in development of basic education. 4. The role of Traditional Institutions in development of primary healthcare. 5. The role of Traditional Institutions in water supply. 6. The role of Traditional Institutions in environmental sanitation.
	Focus Group Interview
2	National Union of Teachers (NUT) 1. The role of NUT in political participation. 2. The role of NUT in local government service delivery. 3. The role of NUT in development of basic education. 4. The role of NUT in development of primary healthcare. 5. The role of NUT in water supply. 6. The role of NUT in environmental sanitation.
3	National Union of Local Government Employees (NULGE) 1. The role of NULGE in political participation. 2. The role of NULGE in local government service delivery. 3. The role of NULGE in development of basic education. 4. The role of NULGE in development of primary healthcare. 5. The role of NULGE in water supply. 6. The role of NULGE in environmental sanitation.
4	Medical Health Workers Union (MHWU) 1. The role of MHWU in political participation. 2. The role of MHWU in local government service delivery. 3. The role of MHWU in development of basic education. 4. The role of MHWU in development of primary healthcare. 5. The role of MHWU in water supply.

	6. The role of MHWU in environmental sanitation.
5	Parents Teachers Associations (PTAs) 1. The role of PTA in political participation. 2. The role of PTA in local government service delivery. 3. The role of PTA in development of basic education. 4. The role of PTA in development of primary healthcare. 5. The role of PTA in water supply. 6. The role of PTA in environmental sanitation.
6	Political Parties 1. The role of Political Parties in political participation. 2. The role of Political Parties in local government service delivery. 3. The role of Political Parties in development of basic education. 4. The role of Political Parties in development of primary healthcare. 5. The role of Political Parties in water supply. 6. The role of Political Parties in environmental sanitation.
7	Community Based Associations (CBAs) 1. The role of CBAs in political participation. 2. The role of CBAs in local government service delivery. 3. The role of CBAs in development of basic education. 4. The role of CBAs in development of primary healthcare. 5. The role of CBAs in water supply. 6. The role of CBAs in environmental sanitation.

Appendix vii

Observation Checklist

Schools

Location of schools

Distance between schools within communities

School environment

Classes

Toilets

School furniture

Teaching and learning materials

Attendance (Teachers & learners)

Healthcare facilities

Location of facilities

Facility environment

Wards, beds, toilets, water source, energy source, means of transportation, means of communication

Attendance (service providers & clients)

Drugs and equipment

Water Supply

Types of water sources

Functionality of water sources

Efficiency of water sources

Sanitation

Refuse dump sites

Frequency of refuse evacuation

Mode of refuse collection and evacuation

Effectiveness of the exercise

Appendix xiii

MINIMUM STANDARDS FOR HEALTH POST/DISPENSARY

Items	Minimum Requirement
Health Post / Dispensary	1 per village/neighborhood
Estimated coverage population	500 people
Infrastructure (building and premises	a. 2 rooms with cross ventilation; walls and roof must be in good condition with functional doors and netted windows, b. functional separate male and female toilets facilities with water supply within the premises, c. availability of a clean water source: at least a well, d. be connected to the national grid and other regular alternative power source, e. have a sanitary waste collection point, f. have a waste disposal site, g. be clearly sign-posted – visible from both entry and exit points, h. be fenced, i. staff accommodation provided within the community.
Furnishings	2 benches, 2 chairs, 2 cupboards, 1 examination couch, 1 screen, 1 stove, 1 wash hand basin, 1 writing table.
Medical Equipment	2 dressing forceps, 2 stethoscope, 2 GSVC, ice packs, 1 injection safety box, 2 kidney dish, 1 set ORT demonstration equipment, 2 scissors, 1 solar refrigerator, 2 sphygmomanometer, 1 tape rule, 1 thermometer, 1 weighing scale.
Personnel	At least a JCHEW assisted by Community Resource Persons.
Services	Health education and promotion, Health management information system, Routine home visits & community outreach, Maternal, Newborn and child care, Family planning, Promotion of proper nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis, others.
Hours of operation	At least 8 hours daily
Other Requirements	1 bicycle, 1 motorcycle, 1 community assigned canoe (in riverine areas), 1 mobile phone.

Source: Extracted from NPHCDA (2010) Minimum Standards for Primary Health Care in Nigeria

MINIMUM STANDARDS FOR PRIMARY HEALTH CLINIC

Items	Minimum Requirement
Primary Health Clinic	1 per group of settlements/neighborhood, villages
Estimated coverage population	2000 to 5000 people
Infrastructure (building and premises)	a. A detached building with at least 5 rooms, walls and roof must be in good condition with functional doors and netted windows, b. functional separate male and female toilets facilities with water supply within the premises, c. availability of a clean water source: at least a well, d. be connected to the national grid and other regular alternative power source, e. have a sanitary waste collection point, f. have a waste disposal site, g. be clearly sign-posted – visible from both entry and exit points, h. be fenced, i. staff accommodation provided within the premises or the community, j. The building must have sufficient rooms and space to accommodate client observation area, consulting area, delivery room, first stage room, injection and dressing area, lying-in-ward (4 beds), pharmacy section, record section, staff section, store, waiting/reception area.
Furnishings	8 benches, 10 chairs, 2 cupboards, curtains for all windows, 1 delivery bed, 2 examination couches, 4 observation beds, 2 screens, 2 wash hand basins, 1 wheelchair, 3 writing tables.

Medical Equipment	2 adult weighing scale, 1 ambubag, 2 artery forceps, 1 baby weighing scale, 4 bed pans, 2 bed sheets per bed, 2 clinical thermometers, 1 cold box, 1 pack of cord clamps, 2 cusco's speculum, 1 pack each of disposable face mask and gloves, 2 dissecting forceps, 2 dressing forceps, 1 dressing trolley, 2 enema kits, 2 episiotomy scissors, 2 foetal stethoscope, 2 instrument tray, 4 kidney dishes, 2 each of lanterns and buckets, 1 pack of 100 multistix test kits, 2 needle holding forceps, 2 urinary catheter, 1 sterilization equipment, 1 suction machine or mucus extractors, ORT demonstration equipment, + all minimum requirement for health post.
Personnel	2 midwife or nurse midwife 2 CHEW 4 JCHEW 2 Health attendants/assistants 2 Security personnel
Services	Health education and promotion, Health management information system, Routine home visits & community outreach, Maternal, Newborn and child care, Family planning, Promotion of proper nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis, Referral, Community Mental Health, HIV/AIDS, Waste disposal, Essential Drugs, Water and Sanitation, Monitoring, Supervision, Adolescent Health, others.
Hours of Operation	The facility should run 24 hours.
CHEW	80% of working time in the facility and 20% in the communities
JCHEW	60% of working time in the facility and 40% in the communities
Other Requirements	1 means of communication e.g. mobile phone or communication radio 1 motorcycle 1 bicycle 1 small motor boat for riverine areas.

Source: Extracted from NPHCDA (2010) Minimum Standards for Primary Health Care in Nigeria

MINIMUM STANDARDS FOR PRIMARY HEALTH CARE CENTRE

Items	Minimum Requirements
Primary Health Care Centre	1 per Political Ward
Estimated Coverage Population	10,000 to 20,000 people
Infrastructure (building and premises)	a. A detached building with at least 10 rooms, walls and roof must be in good condition with functional doors and netted windows, b. functional separate male and female toilets facilities with water supply within the premises, c. availability of a clean water source: at least a well, d. be connected to the national grid and other regular alternative power source, e. have a sanitary waste collection point, f. have a waste disposal site, g. be clearly sign-posted – visible from both entry and exit points, h. be fenced, i. staff accommodation provided within the premises or the community, j. The building must have sufficient rooms and space to accommodate client observation area, consulting area, delivery room, first stage room, injection and dressing area, lying-in-ward (4 beds), pharmacy section, record section, staff section, store, waiting/reception area.
Furnishings	As listed in the Basic Equipment List for Primary Health Care Facilities in Nigeria.
Medical Equipment	As listed in the Basic Equipment List for Primary Health Care Facilities in Nigeria.
Personnel	1 Medical Officer 1 Community Health Officer (CHO) 4 midwife or nurse midwife 3 CHEW

	6 JCHEW 1 Pharmacy Technician 1 Environmental Officer 1 Lab. tech 2 Health attendants/assistants 2 Security personnel 1 General Maintenance staff
Services	Health education and promotion, Health management information system, Routine home visits & community outreach, Maternal, Newborn and child care, Family planning, Promotion of proper nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis, Referral, Community Mental Health, HIV/AIDS, Waste disposal, Essential Drugs, Water and Sanitation, Monitoring, Supervision, Adolescent Health, Basic Laboratory Services, others.
Hours of Operation	24 hours
Essential Drugs	As listed in the Primary Health Care Essential Drugs List.

Source: Extracted from NPHCDA (2010) Minimum Standards for Primary Health Care in Nigeria