IMPACT ASSESSMENT OF RURAL DEVELOPMENT PROJECTS IN DANJA AND BAKORI LOCAL GOVERNMENT AREAS OF KATSINA STATE

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APRIL, 2015.

DECLARATION

I declare that the work in this thesis entitled "impact Assessment of rural Development Projects in Danja and Bakori Local Government Areas of Katisna State' has been carried out 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 reference provided. No part of this thesis was previously presented for another degree or diploma at this or any other institution.

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CERTIFICATION

This thesis entitled Impact Assessment of Rural Development Projects in Danja and Bakori Local Government Areas of Katsina State by Abubakar LAWAL meets the regulations governing the award of the degree of M.Sc Public Administration of the Ahmadu Bello University and is approved for its contribution to knowledge and literary presentation.

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ABSTRACT

This research work was conducted to make an impact assessment of rural development projects in Danja and Bakori Local Government Areas of Katsina State. Various rural development programmes and projects have been designed and implemented by both local and international donor organizations to aid in improving rural life in Danja and Bakori Local Government Areas; huge amount of resources were expended especially in the areas of health and educational development in these local government areas, yet the issue of rural development remained a critical challenge as data show that the rate of attendance to health facilities in these local government areas has, persistently been on the increase despite the growing level of public expenditures on health on the other hand, the rate of enrolment into public primary schools was not significant given the huge amount of money expended. Two hypotheses were formulated: (i) there is a significant correlation between proper immunisation exercise and rural development in Danja and Bakori Local government areas (ii) there is a significant relationship between adequate funding and rural development in Danja and Bakori Local Government Areas. Primary and secondary data were collected from questionnaire administration and Reports from Federal, State and Local Government, Journals, and Reports of National Health Information Management System. SPSS 16.0 (Pearson Correlation Analysis) was adopted to test the two hypotheses. It was found out that there is significant relationship between proper immunisation exercise and rural development in Danja and Bakori Local Government. It was also found that, there is a significant relationship between adequate funding and rural development in Danja and Bakori Local Government Areas and that there was significant correlation between proper immunisation exercise and rural development. It was therefore recommended that: (i) Since there was strong correlation between proper immunisation exercise and level of attendance to health centres in the two local government areas, more immunisation facilities should be made available and public awareness campaign be strengthened in order to drastically reduce the number of people that attend hospitals. (ii) To ensure increasing level of pupils' enrolment into primary schools, the education sector should be adequately funded and awareness campaign be organised for parent in order to encourage them send more children to schools.

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In order to ensure rapid sustainable development, Nigerian constitution divides power among the three levels of government ie federal, states and local governments. Subsequently, responsibilities are decentralized to each of these governmental levels, each with its distinct areas of functions. However, due to their importance, certain areas need to be legislated on by both federal, states and local governments in order to provide as much services as required by the teaming Nigerian population. For example health, education, water supply are the concurrent responsibilities of all the levels of government. For this reason, Chapter 17 (3) (d) under Chapter II of the constitution makes it a fundamental principle of the state (government) to provide adequate medical and health facilities for all persons. Also, Chapter 18 (3) provides that government shall strive to eradicate illiteracy to the extent of providing free, compulsory and universal primary education. Moreover, under the Fourth Schedule, the Constitution clearly spells out the functions of local government to include among others, the provision of health and educational facilities. Under this Schedule, Chapter 2 (a) provides that the local government shall ensure the provision and maintenance of primary, adult and

vocational education. While Chapter 2 (d) saddles the local government with the responsibility of providing and maintenance of health services.

We have had a number of policies and programmes initiated and implemented on rural development right from the past Military Regimes to the present Democratic Republic. We have had, in Nigeria, the Directorate for Food Road and Rural Infrastructure (DFFRRI), Mass Mobilization for Social Justice and Economic Recovery (MAMSER), National Economic Empowerment and Development Strategy (NEEDS), State Economic Empower and Development Strategy (SEEDS), Local Economic Empowerment and Development Strategy (LEEDS), Universal Basic Education Programme (UBE), the National Primary Health Care Development Agency (NPHCDA) among others. Majority of these programmes and policies have been made to develop the rural areas and general grassroots. However the operations of these polices would have led to the presence of multiple projects that could have facilitated the general grassroots development.

1.2 Statement of Research Problem

Various rural development programmes and projects have, over the years been designed and implemented by international Donour Organizations.

Such rural development projects are visible in most Nigerian rural settlements especially in the aspect of social development. For example the UNICEF and WHO have been solely expending huge amount of resources towards improving the health status and educational development of the rural population. However, these international donor organizations in some cases, collaborate with the federal and state governments in Nigeria to help address rural development challenges. To be more specific, the work of World Health Organization is visible in the areas of preventive health measure. This organization (WHO) has, over the period of five (5) years i.e. 2008-2012, been able to administer routine immunization exercise to significant number of the people in the two local government areas. Data have shown that there has been an increase in the number of people immunized over the years in the two local government areas. In 2008, a total number of 128,404 were immunized. The figure rose to 161,962, 152,863, 172,963 and 173,991 in 2009, 2010, 2011 and 2012 respectively (National Health Management Information System (Various Years). From this set of figures, an average annual figure of 158,036 people were immunized. On the other land, the corresponding attendance level to health facilities has over the years been decreasing from 411,852 in 2008 to 344,412, 377,149, 328,493 and 282, 242 in 2009, 2010, 2011 and 2012 respectively. Despite the increase in the

number of people immunized and corresponding decrease in health facilities' attendance level, yet the mortality rate in the two local government areas has not proportionately decreased over the years whereby in 2008, the mortality rate was 0.36% and 0.32%, 0.32%, 0.54% and 0.36% in 2009, 2010, 2011 and 2012 respectively (NHMIS various years).

On the areas of funding to educational sector, the expenditures of both local governments have over years been on the increase. For example, in 2008 total expenditure of Danja was N69, 586, 824 and it rose to N853,188,890 in 2012 denoting 22.6% increase, while that of Bakori was N71, 047, 393 in 2008 and rose to N79,789, 832 in 2012 representing 12.3% rate of increase (Katsina State Local Government Estimate Various Years). However, the data from SUBEB, Katsina State (various years) have shown that the enrolment figure of primary school pupils in Danja and Bakori Local Government Areas has not significantly increased (SUBEB, various years).

Given all this, the researcher determined to undertake an investigation to determine what causes all these discrepancies. To help guide this study, we have the following research questions:

1. What is the nature of the relationship between immunization exercise and rural development in Danja and Bakori Local Government Areas?

2. How does adequate funding of education affect rural development in Danja and Bakori Local Government Areas?
3. Which of the two local government councils more positively impacts on rural development strategy in terms of health projects and educational development?

1.3 Objectives of the Study

1. To examine the nature of the relationship between immunization exercise and rural development in Danja and Bakori Local Government Areas?
2. To determine the effects of adequate funding of education on rural development in Danja and Bakori Local Government Areas?
3. To examine which of the two local government councils impacts more on rural development in terms of health and educational development.

1.4 Hypotheses

1. H_0: There is no significant correlation between immunization exercise and rural development in Danja and Bakori Local Government Areas.
2. H_0: There is no significant relationship between adequate funding of education and rural development in Danja and Bakori Local Government Areas

1.5 Scope and Limitations

In order to have specific focus for the research work, the researcher narrows down the scope of the study to social development aspect of the entire development. More precisely, the researcher focused on two areas of rural development which are health care services and primary education, because these are the most important determinants of social/human development in rural communities.

The study covered the period between 2008 – 2012 i.e. only projects between this period were taken into consideration. And the areas within which the study focused or narrow its analysis is Danja and Bakori local governments alone.

The number of each Facilities Development Committee were increased by local government from four 4 to six 6. Their duties were extended to the supervision of other facilities ie education water supply and sanitation in addition to their traditional responsibility of monitoring and supervision of primary Health Care Programme and projects. Also, the number of Ward Development Committee was increased from the then six (6) prior to 2009 to ten (10). In the same way, the responsibility of this committee has been extended to education and health issues. Therefore, the researcher chose the period in question under the assumption that this committee reform could

improve the quality of social development facilities in the various communities.

1.6 Significance of the Study

Number of research work has been embarked upon by a number of researchers on issues related to rural and rural development. Majority of these work focused on the economic aspect of the rural communities, emphasizing mostly on agriculture and marketing of such agricultural products and how this affects income. However, this research work focuses on the social development of the rural communities in Danja and Bakori Local Government Areas. More precisely, the work explored how health and educational facilities in these local government areas induce level of human development and thus the general level of rural development in the areas in question.

Therefore, this research work will be significant and unique in that, it will be able provide accurate answer to such questions like, how many people does we need to immunize to reduce health facilities' attendance to a certain level? What percentage increase of funding do we need to improve rural development to certain level?

1.7 Definitions of Concepts

1. Rural development

Rural development, according to this research, refers to a significant improvement in the general standard of living of the rural populace with regards to the following:

- A substantial improvement in the health status of the majority of the rural population which is measured in terms of the quality of health facility available in the rural communities. This is measured in terms of health facilities attendance, number of people immunized, and mortality rate in relation to attendance as well as patient referral out for a specific period of time. The rural area is therefore said to have developed with reference to the following indicators:
- a continuous significant decrease in the health facilities attendance of not less than an average of fifteen per cent (15%)for the period of five (5) years i.e. 2008 to 2012
- a continuous significant reduction in general mortality rate in relation to attendance of not less than an average of fifteen per cent (15%) for the period of five (5) years i.e. 2008 to 2012
- a continuous decrease in the number of patients referred out from the health facilities of the two local government areas. This decrease

should not be less than 15% (average) of the period of five years i.e. 2008-2012.

- a substantial improvement in the education sectors of the local government areas which, in this research, will be measured by the enrolment in to the primary schools of the rural communities primary schools. From educational perspective, for rural areas to have developed, a significant increase of not less than twenty per cent (20%) of pupil's enrolment into the primary schools must be recorded every year

2. Immunization exercise

This refers to the process of preventing people from a disease or diseases by giving them an injection of a vaccine or other drugs. This is an important preventive measure towards improving the health status of people. An effective immunization exercise can lead to a significant reduction into the health facilities' attendance level in the rural areas. An effective immunization exercise, in this research, means a continuous significant increase in the number of people immunized of not less than twenty per cent (20%) average of the period of five years i.e. from 2008 to 2012

3. Adequate funding

This refers to the amount of money expended for the purpose of developing education facilities which will subsequently improve the knowledge and skills of the populace. Such amount expended could be in the area of provision of school equipments like desks, renovation of classrooms, building of additional classroom of even construction of more schools with the ultimate target of increasing the enrolment figures of the pupils in order to meet the demand of the increasing population of the nation. For this reason, expenditure on education should consistently be on increase in order to meet the aforementioned demand. For the purpose of the research, adequate funding refers to continuous increase of public expenditure of not than an average of 20% on education over the period of five (5) years i.e. 2008-2012.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter attempts to review various literatures relevant to the study. The other aspect of this section will focus attention on theoretical framework, whereby, Network Paradigm in rural development was adopted and used as the foundation or base upon which this study was built.

2.2 Some Conceptual Issues in Rural Development

The Concept of Rurality

Variation in the nature of geographical feature, social structure, natural resource endowment, demographic characteristics and political ideology of many countries makes it more difficult to present a precise universally accepted definition of the concept of rurality and subsequently rural development. This is in line with what Chinwe (2010) observes:

> *A clear definition of the term rural is surprisingly difficult to come by because of the fluid of demarcation between what is considered rural and what is considered urban. As a result of these difficulties, the definition of rurality is closely associated with that of urban area. Unfortunately, there is no single definition of urban area as opposed to rural area. Chinwe, 2010:1.*

Based on the above, it could be examined that before the concept of rurality can be defined, that of urban must clearly be stated, presented and

conceptualised. Consequently, a discussion on any aspect of rural studies is also faced with the definition of the term "rural" and a distinction between rural and urban areas. However, many definitions of the term "rural," just like Gulbert (1982) observes, are simply fuzzy descriptive designations or convenient shorthand labels. It therefore, signifies that beyond this simple description, the distinction between rural and urban is highly problematic.

To minimise the above difficulty of defining rurality, Chlunwe (2010) prescribed the features of rural and urban areas in Nigeria. These are as follows:

Futures of rural areas:

(i) Smallness in size: The sizes of rural communities are usually small when compared with urban communities or settlements.

(ii) Intimate Relationship: There is community consciousness which gives rise to a sense of unity that makes their relationship to be intimate. In rural communities, perhaps due to their smaller sizes, there is a strong bond of togetherness and fellowship. There is face-to-face interaction as they know one another personally. They possess common culture, custom, conventions and jointly take part in religious celebrations. The village community is structurally and functionally a unit.

(iii) Dependency on Primary Mode of Production: The economy of the rural area is predominantly agrarian. In other words, agriculture, mining are the major absorbers of the labour force in the rural communities. According to Nelson in Esenfor (1992), farming is a family enterprise. Almost everyone takes part in this family enterprise.

(iv) Paucity of Social Development Facilities: Phillip M. (1974) and Norman Long (1977) examine that highly sophisticated medical facilities and educational services are concentrated in the urban cities while those of the rural areas, where available, are low quality with inadequate equipments, drugs and personnel to manage them. In fact, Long (1977) goes to the extent of describing rural social facilities as mere "political symbols" and not "social development mechanisms."

In determining the ultimate state of rural areas in Nigeria, Chinwe (2010) summarises the following as the main features of the rural communities:

Economically they have:

(a) A high proportion of the population in agriculture

(b) Very little capital per head

(c) Low income

(d) Low savings

(e) Major proportion of expenditure on food

(f) Export of raw materials

(g) Low volume of trade

(h) Poor credit facilities; and

(i) Poor housing.

Demographically, rural communities have:

(a) High fertility (birth) rate

(b) High mortality rate

(c) Poor nutrition

(d) Poor hygiene

(e) Poor health facilities.

Technologically, rural communities have:

(a) Low technology in agriculture

(b) Low technology in industry

(c) Crude technology.

2.3 The Concept of Rural Development

Rural Development is that part of development that seeks to enhance the quality of life in the rural areas by providing basic infrastructural facilities (Madu, 2003). Rural development, according to Chinwe (2010), seeks to transform the rural areas in such a way that the rulalities would feel sense of

belonging and to encourage the rural population to develop their innate potentials for general sustainable development.

The above definitions of rural development consider rural development as a process of enhancing and promoting of good quality of the rural populace. But neither of the definitions, clearly specifies who will enhance the promotion of the rural populace. Development and development strategy must be induced by some forces. For this reason, Kampe, (1999) observes that rural development must involve people working together to source, from their immediate environment, the resources they need to live and solve their problems. However, Lele (1995) in Chnwe (2010:62) sees rural development from the point of view of mass participation, equitable distribution of resources and development of appropriate skills. These definitions see rural development from endogenous point of view in which they consider rural development from internal point of view in which case rural development can only be induced by the internally generated skills, knowledge and resources of the rural communities.

On the other hand, Geoge (1976:8), Hayter and Watson (1985) in Clinwa (2010) are of the view that the rural populace have no necessary skills and adequate funding to develop their immediate communities. For that reason, they opine that rural development will become meaningful only when

sponsored by international agencies such as the International Bank for Reconstruction and Development (IBRD), Department for International Development (DFID), World Health Organisation (WHO), Food and Agricultural Organisation (FAO) etc. These authors, unlike, Kampe (1999) and Lele (1995) are exogenous and externally oriented in nature.

Faniran (1991) observes that rural poor is a heterogeneous group including small scale farmers, the landless, nomads, pastoralists and fishermen. But these people share common disabilities i.e. limited assets; poverty; malnutrition, environmental vulnerability and lack of access to public services; poor medical facilities; presence of local endemic diseases sometimes without cure – which reduces the quality of the labour force; causes premature death; high rate of illiteracy; high rate of maternal and child mortality rate as well as the general rate of mortality. Faniran (1991) continues to characterise the features of Nigerian rural environment as having the poor going to poor schools without teaching and learning facilities and they live in atrocious houses.

In the same vein, Mike (1998) in Chinwe (2010:64) opines that "rural areas are areas of depression, degradation and deprivation and children with distended tummies and spindle legs. These children, and their parents are often obvious of a better milieu." This definition of rural settlement defines

rurality in absolute terms with harsh critical words which are not applicable to all rural dwellers.

Chinwe (2010) describes rural areas in Nigeria as man and nature are in cooperation in an attempt to alleviate the hard effects of government policies which barely acknowledge their existence but favour it with routine-care attention, with promises that are hardly fulfilled. Rural areas are characterised by their depleted labour force, their rudimentary and ineffective and inefficient mode of production, their general lack of basic infrastructure and social amenities, the paucity of processing factories, markets, banks, storage depots and machine repairs shops and their low levels of health care delivery, nutrition, hygiene education and social awareness. For these reasons, rural areas are normally unable to harness their abundant natural resources. Kamps, (1999) the rural areas are also characterised by depressingly meagre annual per capita income, poor liveable houses, and various forms of social and political isolation. More disturbing, according Kamps, (1999), is the fact that the cost of living is now higher in the rural areas than the urban areas. Chinwe (2010:64), continues to observe that the rural man could not be said to be part of the system because not much is expected of him when decisions on development plans are being taken. Based on this definition, mass, participation is little or even absent in the rural areas. Therefore, most of the

rural dwellers only follow vaguely the happenings in the society because of their low intellectual development.

> In light of the above, Lele (1995:27) opines that *rural dwellers do not constitute any political force and policy formulations have generally ignored them, largely because of illiteracy, they are not organised to articulate their demands for government attention as do their urban counterpart. Their problem is compounded by the widely held idea that rural dwellers are reactionary and antagonistic to modern ideas. That they are traditionalists and unresponsive to modern economic motivations and that they are fatalistic and unwilling to transform their social and political condition.*

The above definition or description of rural dwellers or rural settlements is very comprehensive and tend to describe not only the physical features of the rural environment, but also the psychological depositions of the rural dwellers.

A more comprehensive definition of rural development has been put forward by World Bank Report (1992:6) in Chinwe (2010). According to this Report, rural development encompasses productivity, increased employment and thus higher per capita incomes for target, as well as minimum acceptable levels for food, shelter, education and health, communication and improved housing. According to this Report therefore, all categories of the population, children, youths, aged, men and women are involved in rural development.

Rural development has been defined as a process of not only increasing the level of per capita income in the rural population measured by food and nutrition level, health, education, housing, recreation and security, but also the process of rural modernisation and motivation of the rural society leading to its transition from traditional isolation to integration into national economy (Ayichi, 1995:14).

However, Kiguwa and Odioogenyi (1990) in Chinwe (2010:67) present the definition of rural development to include physical and mental well being of the rural settlements and the people themselves. Thus, to these authors, rural development has to be defined into two complementary senses. Firstly, rural development involves the development and transformation of geographical environment of the rural areas to make them more attractive and conducive to people to live in. This requires the changing of the physical conditions in which the rural dwellers live by providing such infrastructure facilities as roads, railways, water, electricity, education, healthcare services, and recreation centres. Secondly, rural development must include transformational changes in cultural practices, attitudes and general behaviour of the people in the rural areas through the acquisition of new social values guaranteed by efficiently run educational programmes (both formal and informal). When a critical examination is made to this definition, it could be

seen that, both physical and social development projects are required towards rural development strategy. However, the definition inclines more towards emphasising on educational aspect of rural areas.

United Nations Development Programme (UNDP) Report (1992) in Kampe (1999) defines rural development as a process of socio-economic change involving the transformation of agrarian society in order to reach a common set of development goals based on the capacities and the needs of the people. It is a broad-based, reorganisation and mobilisation of the rural masses so as to enhance their capacity to cope effectively with daily tasks of their lives and with changes. Subsequent upon this is the improvement of the living standards in the rural areas on a self-reliant and self-sustaining bases through transformation of the socio-economic structures of their productive activities. It must involve a carefully designed programme of activities directed at increasing the efficiency of the rural population such that rural potential is realised, output quality of life and productivity are enhanced, education and sanitation are promoted, while unwanted and unwarranted changes must be eliminated or at least reduced (Chinwe, 2010:68).

Okafo and Onokerhoraye (1994) see Rural Development as a process of planned change for which one approach or the other is adopted to improvement and/or transformation of the lot of the rural populace. It is the

process of ensuring that the poorer chapter of the population has some share in the fruits of economic activity. It is the means by which the provision of social services for rural population is combined with the promotion of economic growth. This definition has said alot about rural development in which both economic and social aspects of rural population were captured by the definition.

Rural development has also been defined by Okofo and Onokerhoraye (1994) as a process which the people in the small community, first through discussion define their goals and objectives and then plan and act together to satisfy them. It is a process by which the efforts of the people themselves are united with those of the government authorities to improve economic, social and cultural conditions of communities in order to integrate these communities into the life of the nation and enable them contribute fully to national progress, so as to bring about real development in the rural areas. According to these authors, for effective rural development, there must exist active collaboration between the people in rural communities, the government, the non-governmental organisations and other international donor agencies in order to have a common development goal or objective.

Based on the above, it could be examined that these authors have presented a very comprehensive definition of rural development as they view

rural development from multidimensional perspectives. i.e. both internal and external efforts, and that collaboration is strongly recommended between the government and other volunteer agencies on the issue of design and implementation of rural development programmes and projects.

Other like Arthur Dunhaman and Offiong (2003) tend to suggest that rural development and/or underdevelopment affect or is permeated to urban development. Offiong (2003:78) opines

> *The problem of our urban centres cannot be solved unless those of the rural areas are first solved, or at least minimised. Rural-urban migration is dysfunctional to rural development and also to the continued development of urban areas and therefore needs to be stemmed. In order to do this, facilities necessary for improved standard of living should be provided by a myriad of complete large-scale formal and informal organisations, public and private.*

Offiong therefore conceptualise rural development into four levels:

(a) A planned programme of action through nationally formulated policies

(b) Self-helpfulness through community mobilisation and participation

(c) Technical assistance through a large pool of federally recruited progressionals; and

(d) Integration of various specialists through a systemic approach to rural development.

From the above, it could be examined that, the rural development programme would start from the grassroots by ascertaining from the people,

their needs and aspirations, the extent of their contributions and resources available and this will lead to maximum achievement of planned programmes.

Rural development is beyond agricultural development and mere social welfare just as many people think. Rather, rural development should affect and transform all aspects of the economic social, cultural and political lives of the people who inhibit the rural areas and settlements. As observed by Lele (1995)

> *Quality education services would provide adequate manpower with which the resources of the rural areas can effectively be harnessed and used in developing the rural areas, adequate clean potable water supply will lead to massive reduction in contacting water borne diseases while effective health care services will lead to improved child and maternal health and reduce mortality rate which will subsequently lead to healthier labour in favour of rural development processes.*

2.4 Some Approaches and Theoretical Foundations of Rural Development

2.4.1 The Social Development Approach

This is one of the contemporary approaches to rural development. By Social Development Approach, rural development strategies and processes should insist on the human beings as the king-pin around which spins other factors of development. According to this approach, man centred development approach is primary to other models. Thus, rural developmental

projects, according to this approach, should primarily focus on human development as against physical infrastructural development which would induce economic growth. Social development theory of rural development thus shares the philosophical plank of Marxist – socialism in that both assign primarily to man's self beneficiary in the process.

Mahbub Ul Haq (Pakistanian economist) and Amertya Sen (Indian economist) are among the profounder of this theory.

For example Dike (2012:14) observes:

> *Many countries are aspiring to transforming their domestic economies without developing or putting in place the necessary conditions. For instance, most of the problems facing Nigerian economy today can be attributed to its poor investment in human capital ... Specifically, the country's myriad socio-economic and political problems can be traced to the neglect of institutional and infrastructural structures, technical and vocational education and training and science-based technology education, which develops a good stock of highly-skilled technical manpower that drive economic growth and national development and improve the health of the nation*

To further vindicate the need of the investment in human capital development, Dike (2008:8) continues:

> *Thus, human capital development plays an immense role in the success or failure of any organisation (or nation) in term of productive capacities, technological capabilities, and strengthen of character of the leaders and followers. In Nigeria, most of the problems facing the economy today are a*

> *(sic) reflection of a lack of investment in human capital development ... (Dike, 2002:8)*

When we look at the above two quotations, it could be observed that he emphasises on the importance of investing in human capital in order to develop the overall nation or economy, though he did not specify the specific areas in which the government should channel most of its projects.

In the same view, Harbison (1973:23) buttressed the importance of human capital development to nation building when he asserts that:

> *Human resources, not capital, constitute the ultimate basis for the wealth of nations. Capital and natural resources are factors of production; human beings are the active agents who accumulate capital, exploit resources, build social, economic and political organisations and carry forward national development. Clearly a country which is unable to develop the skills and knowledge of its people and utilise them effectively will be unable to develop anything else.*

2.4.2 The Basic Resource Approach

Madu (2003) observes that Basic Resource Approach was one of the approaches adopted for the development of rural Nigeria at the earliest times, that is during the era of colonial administration. This approach assumes that development depends on the existence, the magnitude and quality of basic natural resources. That is the more natural resources a community has, the greater the phase and levels of its development and vice-versa. Vindicating

the validity of this approach, Chinwe (2010) opines that the exploitation and development of such natural resources will naturally attract large volumes of investors and subsequently investment capital and economic activities to the areas where they exist, and thereby increase income and employment. Economic development therefore consists in these activities and in areas endowed with such natural resources should expectedly grow faster than other areas not equally endowed.

This theory has been criticised from many angles as noted by Madu (2003) in Chinwe (2010:76). That the mere availability of basic resources is however not a sufficient guarantee for economic growth and development as there are regions and countries that are noted to be abundantly endowed with natural resources but which have continued to stagnate. Nigeria rural areas could also be considered as good example of this scenario in that most of the natural resources extracted are from rural areas while such rural areas are left undeveloped despite the magnitude of resources they have. Chinwe (2010) therefore suggest that, an additional ingredient to natural resources, therefore is the availability of a technically competent labour force and a leadership strongly dedicated to the goal of economic development.

2.4.3 The Basic Needs Approach

Basic needs approach emphasizes that, beyond subsistent farming considered to be the major economic activity of rural dwellers, rural population has certain basic human needs which are essentially social in nature. These include hygiene, water supply, health facilities, access to roads, electricity, decent housing, and good education, communication facilities etc Parsons, (1951) and Pitt, (1976) are the pioneers of this approach. These authors share the same view in that the basic needs approach seeks to relate development to the socio-cultural and economic realities prevalent among a given people. Chinwe, (2010) observes that basic needs approach is the most recent approach towards rural development in Nigeria in that, it does not have a universal principle and applicability. For basic needs is contingent in nature in that it seeks to identify what are the basic needs of a society. Therefore, according to basic need approach, what development projects should be done depends on the needs and yearnings of a given rural area.

2.4.4 The Growth-Centred Approach

According to growth-centred approach "Growth Centres" correspond with the colonial urban centres or townships. These are centres into which all goods, services and ideas flow. According to this approach, growth and development do not appear everywhere at the same time. They start at growth

poles and as economic activities intensify, forces generated from the growth centres, through expansion and linkage affect and influence the growth of adjoining areas – the growth space and ultimately, the economy as a whole. Gana (1987) in Chinwe (2010:78) observes that the special incidence of economic growth is a function of distance from a central city, the volume of economic activates in that central city and the intense of interactions between the central city and the surrounding areas. Therefore, growth generated in the growth centres will spread to their hinterlands. Accordingly, the spread mechanism, according to Gana (1987) may take the form of stimulation of food production for urban industrial markets; increased production of industrial raw materials for processing industries, employment opportunities for any surplus rural labour following agricultural mechanisation within the growth space; financial remittances to rural areas by migrants workers; diffusion of innovation into the growth space and subsidiary investment made by rich firms located at the growth centres in the planning of rural development programmes. Growth centres should be deliberated and strategically created to help speed up and spread out dependant across a wide space.

2.5 A Review of Some Selected Empirical Studies Relevant to the Work

Akinsola (1993) observes that majority of the rural populace had no access to quality health care services in Nigeria. He therefore found out that about 63% of the rural dwellers had primary health care centres as the major health care centres available in their respective communities.

In similar vein, UNICEF (1999) conducted a comprehensive empirical survey, of Nigerian rural communities in 1998. The survey reveal that lack of highly sophisticated medical centres with modern technological equipment in rural areas in Nigeria and perhaps due to deteriorating conditions of urban-rural road network, are the major possible reasons why the rural people depend heavily on primary health care centres. However, this report revealed that about 76% of the PHC in Nigeria are under bad condition in terms of physical structures, adequate community health workers and availability of drugs.

Based on these empirical studies, we shall discuss the PHC at this juncture as an indicator of measuring the quality of health care services in the rural communities. Also, empirical studies on water supply and first level education will be discussed at this point.

Primary Health Care

Quality health is a fundamental right of all Nigerians. To vindicate such right therefore, the Federal Government of Nigeria, in August 1987, launched the Primary Health Care Plan (PHC) which the then president Ibrahim Babangida, announced as the cornerstone of health policy. Intended to affect the entire national population, its main stated objectives included accelerated health care personnel development: improved collection and monitoring of health data, ensured essential drugs in all areas of the country, implementation of an Expanded Programme on Immunisation (EPI); improved nutrition throughout the country; promotion of health awareness; development of a national family health programme; and widespread of promotion of oral rehydration therapy for treatment of diarrhoea disease for infants and children.

Implementation of these programmes was intended to take place mainly through collaboration between the ministry of health and participating local government council FRN, (2000).

As explained by Adeyemo (2005), the concept of PHC was formulated by the 134 countries that met at the Alma Ata conference in Russia on 12th September 1978, organised under the auspices of the World Health

Organisation (WHO) and the United Nations Children's' Fund (UNICEF). According to WHO in (Akinsola, 1993:100) Primary Health care means:

> *Essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at cost which the country can afford to maintain at every stage of their development in the spirit of self reliance and self determination. Primary health care 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 health care as close as possible to where people live and work and contributes the first element of a continuing health care process.*

Looking at the above definition, it can be said that the definition has said a lot about the importance of the PHC toward uplifting the health condition of grassroot individuals and communities who constitute majority of the entire national population. But the definition does not capture other key aspect of PHC like education and rural water supply and sanitation. Because, preventive measures need to be taken, and not necessarily responsive action, to improve the health status of a community. Therefore, the above definition of PHC as given is vague and illusive.

In their attempt to describe the operations of PHC, Abdulraheem et al (2012:9) states;

> *PHC is provided by local government authority through health centres and health posts 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, immunisation, 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 definition seems more precise and elaborate than the one given by Akinsola in that, it gives operational measurable definition of variables in the PHC as the kind and nature of diseases and the required staff to manage such diseases. However, despite its precision and concision, the definition tends to narrow the scope of PHC to the southern part of the country. While in the real sense, PHC operation's cover all the states and local governments of the country.

World Health Organisation (WHO) in 1987 specified the aims and specific objectives of PHC as follows:

(1) To make health services accessible and available to everyone wherever they live or work

(2) To tackle the health problems causing the highest mortality and morbidity at a cost that the community can afford

(3) To ensure that whatever technology is used must be within the ability of the community to use effectively; and

(4) To ensure that in implementing health programme, the community must be fully involved in planning the delivery and evaluation of the services in the spirit of self-reliance (Adeyemo, 2005).

When we attempt to analysed the above specific objectives, we could find out that PHC is made as a community based programme. In effect, local governments therefore are the major stakeholders in implementing the PHC because, most of the facilities needed to implement the scheme are to be provided by the local governments. With reference to the 1999 Constitution of the Federal Republic of Nigeria, Adeyemo (2005) opined that health is on the concurrent legislative list. This means that the three tiers of government are vested with the responsibilities of promoting health.

Accordingly, Federal, State and Local Governments shall support in coordinated manner, a three-tier system of health care viz:

(a) Primary health care; local governments

(b) Secondary health care; state governments

(c) Tertiary health care; federal government. (Adeyemo, 2005).

Therefore, primary health care is a constitutional responsibility of the local governments in Nigeria. The scheme shall provide general health

services of preventive, promotive, curative and rehabilitative nature of the population as the entire point of health care system. All this is to be achieved by the local governments with the support of the state ministries of health and within the pivot of national health policy.

There are ten (10) components of primary health care. These are:

(i) Education concerning prevailing health problems and methods of preventing and controlling them

(ii) Promotion of food supply and proper nutrition

(iii) Adequate supply of safe water and basic sanitation

(iv) Material and child health care including family planning

(v) Immunisation against the major infectious diseases

(vi) Prevention and control of locally endemic disease

(vii) Appropriate treatment of common diseases

(viii) Provision of essential drugs

(ix) Community mental health care

(x) Dental health. (Adeyemo 2005).

As Adeyemo (2005) rightly observed, mental and dental health care are not presently available in Nigeria due to shortage of personnel to cater for these problems. It is also observed that, the principle upon which the primary health care is founded is that health is a fundamental human right to be

enjoyed by the people, in all walks of life, in all communities. The fact is that health services is more than just the delivery of medical services. Primary health care system therefore attempts to address peoples' "health needs" through an integrated approach utilising other sectors such as agriculture, education, housing, water supply, and sanitation, drainage system and medical services (Adeyemo, 2005).

In addition, it is also observed that, fundamental to the primary health care is the realisation that the major killer diseases in rural communities in the third world are preventable and that the majority of victims of these diseases are children under the age of five Adeyemo, (2005:152). Therefore, PHC system encourages countries to extend their national health policies from urban to rural areas, as such childhood killer diseases most severely affect children living in rural areas or locations. To this effect, community health workers are being used as key factors in the delivery of preventive health care.

To achieve all this, there is the need to train local people to perform some basic health services. Thus, the use of traditional birth attendants or mid-wives in the villages. These need to be retrained in order to have more skills in performing their duties. Such as the following:

(i) Delivery of high quality basic first aid

(ii) Recognition of signs and symptoms of more serious conditions

(iii) Assisting in delivery of babies under more hygienic conditions

(iv) Educating their fellow villagers in understanding the disease ways of contacting them in their community.

As at 2004, the primary health care which was supposed to be the bedrock of the country's health care policy, was catering for less than 20% of the potential patients (Adeyemo, 2005). Therefore, less than half of the population was being taken care of by the scheme as at 2004. Also, there has been too much concentration of medical personnel in the urban-based communities at the expense of the rural areas (Abdulraheem et al, 2012). This has virtually made the services of medical personnel in rural areas almost not available or at very low quality, where available. Such factors that account for this perhaps is the poor quality road network and absence of social services in the rural areas.

Another problem in the implementation of PHC in Nigeria is due to low level of community involvement in PHC management. There are evidences of low community participation (Adeyemo, 2005). It is a truism that the cornerstone of PHC is community involvement, but to a large extent, this is becoming crisis ridden problem throughout Nigeria local governments.

The importance of immunization towards rural development cannot be overemphasized. Various writers in family medicine and community medicine, like Kalamawi et al (2012) maintain that effective immunization and vaccination of rural populace is a great determinant of success of rural areas in Nigeria. These writers explain that "under- five mortality rate in Nigeria is one of the highest in the work and vaccine preventable diseases are said to be responsible for at least 20% of these deaths".

Goal 4 of the Millennium Development Goals also emphasizes on the reduction of mortality rate of children and women and seek to achieve a two-third drop in childhood mortality rate between 1990 and 2015 provided another impetus to improve immunization coverage in Nigeria. Shimp (2004). Against this, there was introduction of supplemental immunization programmes and strategies like reaching every ward, accelerated measles campaigns and Immunization Plus Days (IPDs). Shirop (2004) observes, that these programmes like all other MDG programmes were hugely funded by the government and donor agencies, and ensured that immunization services were brought to homes, as vaccinators were provided with all the logistics needed to move from house to house to immunize eligible children. In spite of this, statistics from NPC and Nigerian Demographic and Health Survey (2008) and USAID, (2009) have shown that there was no significant increase in

immunization coverage rates in Nigeria, as the percentage of fully vaccinated children only increased from 13% in 2003 to 23% in 2008.

On their part, Cassel et al, (2006) observed that to ensure effective rural health, the rural communities of the country should adequately be immunized such tat preventive measures against killer diseases could be ensured. This, according to them could help in significant way in ensuring sustainable rural and overall national development.

The Nigerian Primary and Secondary Education System

The constitution of the Federal Republic of Nigeria makes it compulsory for the government to ensure equal and quality education to all the citizenry as it provides under chapter (18)

(1) Government shall direct its policy towards ensuring that there are equal and adequate educational opportunities at all levels.

(2) Government shall promote science and technology

(3) Government shall strive to eradicate illiteracy; and to this end government shall as and when practicable provide:

(a) Free, compulsory and universal primary education

(b) Free secondary education

(c) Free university education; and

(d) Free adult literacy programme.

However, with regards to the role of local government in the management of primary education, the constitution, under chapter 2 of the forth schedule further states;

The functions of local government council shall include participation of such council in the government of a state as respects the following matters:

(a) The provision and maintenance of primary, adult and vocational education (constitution, 1999).

Given the above constitutional provision, governments in Nigeria must make good educational policy at enhancing educational performance and literacy rate of people in the country. In terms of primary education, the Nigerian Education policy provided for 6 – 3 – 3 – 4 educational arrangement. That is, 6 years for the first segment of education i.e. primary school, 3 years junior secondary school, 3 years senior secondary school and 4 years for the university studies (Lawal, 2010). Primary education is the first and basic component of educational arrangement. The quality of primary education determines, to an extent, that of the secondary and subsequently the tertiary education. It is for this reason that, it is often considered as a right which nations have responsibility to guarantee to each generation (Unaga, 2008). However, it is pertinent at this juncture to briefly discuss the Universal Basic Education in Nigeria.

In 1984, the Universal Declaration of Human Rights asserted that, everyone has the right to education. Over 40 years later, it is clear that, many people are still being denied this basic right (Unegha, 2008). The "World Conference on Education" was held in Thailand for the purpose of forgoing a global concerns and commitment to provide basic education for all. UBE is the programme which grew out of that conference (Dike, 2000).

President Olusegun Obasanjo formally launched the UBE programme in Nigeria on 30th September, 1999. The UBE is intended to be universal, free and compulsory. A survey has shown that in 1998, only 40% of all households in Nigeria had any education at all, 21% had only primary education, 14% had up to secondary education, while only 5% had post-secondary education, while in 2000, Nigeria's literacy rate was 52% (Bababola, 2000).

However, data from the Federal Ministry of Education, Education Statistics (1996) showed that, only 14.1 million out of 21 million school age children are enrolled in primary schools (UNDP, 1998). UBE Programme was born from these starting statistics, to promote education among all citizens (Unagha, 2000).

Nigerian UBE Programme has five (5) sponsoring and in effecting, funding bodies; the World Bank, the department for International

Development (DFID), the Federal Government of Nigeria (FGN); State Governments; and Local Government Authorities (LGAs). (Iheagwara,2005). The World Bank would provide infrastructures, the Department for International Development Provides training and capacity building, the federal and state governments provide matching funds. But, Iheagwara (2005) noted that local governments have had less on-going interest and currently contribute insignificantly to the programme. But it could be seen that local governments in Nigeria, especially in Katsina state, play key role in the management of primary education in Nigeria especially if reference is made to the fact that Local Government Education Authority (LGEA) politically headed by education secretary. Thus, the efforts, in terms of projects and programmes, of the authority could be examined and assessed.

However, according to the World Declaration on Education for all (UNESCO, 1992) improving basic literacy rate is determine basic literacy rate is determine basic learning environment, which include both tools and content. Tools include teachers and teaching facilities, the personnel and structure, while content include s knowledge and values. Therefore teachers (personnel) which are part of the tools play key role in improving the literacy rate of both children and adult within the society.

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In the aspect of secondary education in Nigeria, Gbenu (2012) explained that, the state of education in Nigeria largely explains the high level of underdevelopment or low rate of development in the country. Secondary school/structures are dilapidated, infrastructures have collapsed, population is

increasing, teacher supply and quality are declining, poor method of ensuring quality within the education industry, (except until recently when National Universities Commission, NUC took a bold step towards quality assurance in the nation's universities) and more terrible is the issue of old curricula which are still used in Nigeria today. These have failed to address the modern day challenges. Many pupils-age children are not in secondary schools and there is a high rate of illiteracy especially in villages in the country. This should be a great source of concern for Nigerian Leaders.

A survey reveals that an average secondary school in Nigeria (Gbenu, 2012) could not produce an average of 50% of its candidates at WAEC level having 5 credits including English and Mathematics.

Modern world is now dominated by vocational, science and technical/technological education to the extent that, in the words of Njoku (2001), "there is hardly any economic activity that is not propelled by science and technology. In Britain for instance as reported by the department of education and science in 1981, the country attaches special importance to craft, design and technology as part of the preparation for living and working in a technological society. Equality too, a report from Her Majesty Inspectorate (2001) recommends that "Technology merits a place in the curriculum of all pupils up to the age of 16. It also emphasizes equal

relevance of craft for both boys and girls". Ellis (1990) also reports a rapid science and technological development in Caribbean society.

Primary and Secondary Education in New Zaeland are meant to develop scientifically literate society that is able to utilize knowledge, skills and opportunities for social, environmental and economic betterment of the country. To achieve this according to Edem (2005), teachers in science and, mathematics, social science and technology are released from school (through the NZ science, mathematics and technology teacher fellowship) to work for the project of their choices, hosted by industry or institutions such as tertiary understanding and appreciation of the importance of science and technology education in schools by the teachers as well as exposing them to the world of work.

In Germany, the school system trains two – thirds of the young people in technical schools: electronics, new technologies, mechanics, etc. in Australia, the curriculum combines both traditional secondary and vocational subjects. On completion of secondary education, students are given a diploma which is recognized by both industry and universities. Mathematics, science, engineering and technology are central to American education for economic competitiveness and quality of life of the citizens.

The situation is bad in Nigerian. For instance, the planned curriculum for the 9 years system of education has not been effected or brought to limelight not to speak of giving out books freely as planned. This is glaring from the statement credited to Iheagwara (2005) that:

The curricalla for primary and junior secondary schoolfs levels are stills being used in the new system. No doubt, one would expect to find frictions and frustrations association with the re-organization of physical structures, as well as staffing…. There is till some skepticism over plausibility of full implementation. Iheagwara, (2005:24).

The curriculum being run presently in must b readjusted or re-designed to reflect the interests of Nigerians. Ogbechie (1999) admits this when he advocates for urgent review of Nigerian School Curricullum admitting that this would enable the nation to experience growth in its socio-economic milieu. In his words.

The current curriculum in the nation's school system is not capable of producing knowledgeable, skilled creative and globally-completive pupils that will feed the nation's university system. We should redesign education to align with thechallenuges of the 21st century. Therefore, the focus of all evil of government for both the public and private schools should be reviewed of the curriculum with a view to incorporating entrepreneurship, vocational,

problem solving, life and ethical skills in pupils. The creative arts such as music, dance, ICT and computer education should be integrated into the curriculum.

By this argument, if the pupils are introduced to such a curriculum at the primary and secondary school level, it will be easier to them to discover their talents. When this happens they will become useful citizens and the challenges being face in education in Nigeria will be a thing of the past.

It is necessary to establish challenging academic standard in schools for students so that they face the myriads of problem in the area of economic, social, political and cultural issues. According to UNESCO (2008), curriculum has to be review "if they are to prepare youngsters to live in a society marked by explosion of new knowledge in science and technology, by information and communication". A new trend now is to specially design curricula in terms of outcomes and levels of achievements rather than content.

The analysis above shows that the type and relevance of education that is given to a child is an important aspect of quality education. Much of the education that is offered to a Nigerian child is unrewarding to himself and the community, hecnce the increasing rate of unemployment. The quest for quantitative education without due regard for quality can make education irrelevant to the need of the students and society which is the focus of

educational planning. Low quality teaching can therefore lead to increase in dropout rate due to boredom and frustration. This often results in a constant lowering of standards and efficiency of the process of instruction.

2.5 Theoretical framework: The 'Network Paradigm'/'Third way'

The notion of endogenous development, as suggested by Bassand et al. (1986), has been put forward in opposition to traditional understanding, or in other words the 'modernist' notion of development. Endogenous development is understood as the hypothesis that improvements in the socio-economic well being of disadvantaged areas can best be brought about by recognising and animating the collective resources of the territory itself (Ray 2000). According to Bassand (1986) "the new meaning of development, that is, qualitative and structural indicators, and not just quantitative and monetary measures, are used as criteria… [and] cultural, social, political, and ecological values as well as social costs and long term effects are combined" for endogenous development (cited in Brugger, 1986 p. 39.).

According to Ray (1997:345) the main characteristics of endogenous (or participatory) development are threefold. First, it sets development activity within a territorial rather than sectoral framework, with the scale of the territory being smaller than the nation-state. Second, economic and other

development activities are reoriented to maximise the retention of benefits within the local territory by valorising and exploiting local resources – physical and human. Third, development is contextualised by focusing on the needs, capacities and perspectives of local people, meaning that a local area should acquire the capacity to assume some responsibility for bringing about its own socio-economic development. 'Partnership working' – collaborative arrangements between public bodies or between the public, private and voluntary sectors - has been increasingly recognised as a mechanism to introduce and manage endogenous development (Ray 2000). The partners pool their resources in the pursuit of a common policy objective, in this case the socio economic regeneration of a territory. In theory, the partners cultivate consensual strategies and thereby integrate their separate responsibilities or contributions (Edwards et al, 1999).

The endogenous development approach has also, however, been seen to possess a number of weaknesses. Brugger (1986) states that there are significant gaps in the theory of endogenous development, though he suggests that they can be overcome through systematic analysis of practical experiences and can still be useful for policy makers (pp. 47). Nevertheless, later on this was seen as a weakness by Lowe et al (1995) who said that social theory has not been very successful in providing useful models to inform

endogenous approaches. Slee (1994:191) also remarks that: "endogenous development is not so much a concept with clearly defined theoretical roots but more a perspective on rural development, strongly underpinned by value judgements about desirable forms of development".

Exogenous Development

The rural district literature applies the old concept of industrial districts in the rural development arena (Marshall 1890 and 1927 cf. Fanfani 1994; Lowe et al 1995). This literature, furthering the endogenous approach, offers a more complex understanding of the connection between local and extra-local factors of development. Authors, through examples of economically successful rural districts, attempt to account for the success of industrial districts in endogenous development. They consider long standing socio-economic networks, originating from the past crude methods of agricultural production to present highly mechanised production method as a crucial factor for success. "Collective activities of international donor organisations and multi-national corporations in terms of finance and technical assistance enable small indigenous entrepreneurs to mobilise social relations to improve their economic performance and create new opportunities for growth. Successful cases of rural development demonstrate that collective externally aided actions produce a local framework in which a constructed environment,

institutions, symbols, and routines facilitate the activities of small firms by giving them access to resources that could not be accessed by internally designed actions alone" (Brunori and Rossi 2000:409).

The 'network paradigm' in rural development theory – the 'Third way'?

Given this mosaic, it may be that endogenous and exogenous approaches are not necessarily mutually exclusive or antagonistic. A proposed theoretical solution to bridge the perceived divide is to harness the rural development potential of networked relationships (Amin and Thrift 1994;). However, this new understanding of networks is somewhat different from that used in endogenous development theory to describe a relationship between local firms and social actors, based on trust, reciprocity and mutual understanding that lays the foundations for local economic development. Instead, the network paradigm seeks to establish a 'third way' (Lowe et al 1995) or synthesis between endogenous (local, bottom-up) and exogenous (extra-local, top-down) links in order to foster learning and innovation processes (OECD 1993 and 1996). These are deemed to be central to economic growth by many authors. From their work, it appears that networks offer the most appropriate means through which to deliver innovation and learning. Powell (1990) argues that it is the open-ended, relational features of networks that facilitates transfer and learning of new knowledge and skills.

However, bringing back some elements from the earlier understanding of networks, others say that these goals prove easier to accomplish in flexible networks that are built on trust (Powell & Smith-Doerr 1994; OECD 1996).

Latour (1986) sees networks as sets of power relations where power lies in the links that bind the actors and entities together. Lowe et al (1995) follow this perspective to identify the asymmetries of power and hence the inequalities in the benefits gained by local firms as a result of networks. Others state that: "a network is generally defined as a specific type of relation linking a defined set of persons, objects or events… Different types of relations identify different networks. The structure of relations among actors and the location of individual actors in the network have important behavioural, perceptual and attitudinal consequences both for the individual units and for the system as a whole" (Knoke and Kuklinski 1990:175-6). Essentially the network provides a good framework for analysis. Some commentators go further to suggest that networks should be perceived as key aspects of innovation and their existence or non-existence can be a key determinant in success or failure (Morgan and Murdoch 1998). As yet though there is little empirical evidence from rural areas relating to the role of networks in facilitating learning and innovation. Proponents of the approach refer to the same set of examples in support of their perspective, largely in

review articles. Nevertheless, from these few cases, the potential transfer of lessons has inspired many academics to analyse the importance of such networks.

The crucial issue, as Van der Ploeg and Long (1994) suggest, is the balance of 'internal' and 'external' elements. Therefore, the contribution of networks is to focus our "attention upon successful mixtures of 'internal' and 'external' economic linkages. Unlike the idea of the 'district', which tends to concentrate on local or 'bottom-up' development, the notion of 'network' forces us to identify how local and non-local linkages facilitate success." Even though some networks might prove to be "regionally specific", they are likely, particularly in the EU context to be "linked into complex relations with other organisations outside the region" (OECD, 1996). In this way, the network paradigm provides a dynamic and flexible structure to integrate the internal and external factors that will promote greater innovation and improved rural development even in remote areas. The difficulties are to strike a balance between continuity of routines and creative change and between internal and external involvement.

To clarify these questions, Murdoch (2000) seeks to identify the role of networks in the formulation of rural development strategies. For this he identifies two axes of networks: vertical and horizontal. Vertical networks are

political economic interdependencies that are formed with rural businesses as a result of the food chain. Working examples of these networks can be found in the ‘hot-spots’ of European agricultural and food industries, where intensive production and processing (organised into vertical integration often by multinational companies) has been and is likely to remain the most influential factor for the local economy. Horizontal networks are spatially determined and imply the co-ordination of a range of activities in a local area, facilitating access

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter deals with the sources, nature and types of data to be used in the study. It also explains the methods of data analyses as well as the tools (test statistics) to be adopted in analyzing the data generated. However, the population and sample size will be determined.

3.1.1 Sources of Primary Data

This is the first hand data which will be generated via field work by the researcher through questionnaires to target respondents. The responses from these questionnaires will be useful in this research in that the responses will be compared to see whether they agree or disagree with the secondary data.

3.1.2 Sources of Secondary Data

This is the second hand data already collected. These would be generated from secondary sources. These data would be obtained from the work of others as well as from reports, theses, dissertations, textbooks, Newspapers, Federal, state and local government official publications, local and international Journals and seminars, reports from health institutions, educational institutions etc. This type of data is critical in this study, especially for literature review and theoretical framework as well as testing of

hypotheses. The data provide readymade information for easy and proper analyses.

3.2 Population and Sample Size

Since there is Facility Development Committee at each community, our target respondents were the members of these committees in the various communities. Because these committee members are likely to provide good relevant information about the state of health and educational facilities in their respective communities. There are fifty two (52) Facility Development Committees and ten (10) Ward Development Committees in Danja Local Government Area, while Bakori Local Government Area has sixty seven (67) Facility Development Committees and Eleven (11) Ward Development Committees each of these Facility Development Committee has five (5) members among which there is a Chairman, Secretary and Public Relations Officer and other members. However, the Ward Development Committee, just like FDC each has Chairman, a Secretary and Public Relations Officer and Seven Members. All in Danja Local Government, there are Two hundred and Sixty (260) Members of the FDCs while in Bakori there are Three Hundred and Thirty Five (335) Members of the FDCs. On the other hand, Danja Local Government Area has One Hundred (100) Ward Development

Committee (WDC) members while Bakori local government area has One Hundred and Ten (110) Ward Development Committee Members. Put together, there are Eighty Hundred and Five (805) Facility and Ward Development Committees Members. However, at least three senior staff each from Health and Education departments were administered with questionnaires.

Ten per cent (10) of the total number of these committees were adopted as the sample size of this study. However, attempt was made to at least include five Chairmen, five Secretaries and five P.R.O.s of the Committees in the sample size of the study. This is so because, these people (members) are most likely to provide most relevant information about the quality or otherwise of health and education facilities and project in their respective communities. This is shown in the following table:

L.G.A	Population size	Sample size (10%)
Danja	360(360+100)	36
Bakori	445(335+110)	44.5
Total	805	80.5

Source: Researcher's Survey, 2013.

3.3 Sampling Technique

To determine our sample size, we use the formular of simple percentage (%). Thus, our sample size will be

$$^{10}/_{100} \text{ X } ^{805}/_{1} = 80.5 \approx 81$$

Therefore, our sample size is 81 plus 6 (i.e. the six selected senior staff of Health and Education departments) thus, our sample size stands at 87

3.4 Administration of Instrument

The major instrument for collecting the primary data, as mentioned earlier, is questionnaire. The instrument i.e. questionnaires were administered to a target sample size of 87 respondents. The researcher intends to spend the period of twenty one days in which case an average of 4 to 5 people were administered with questionnaire every day.

3.5 Method of Data Analysis

Correlation analysis was used to test the two hypotheses using Statistical Package for Social Science (SPSS) to determine the nature and strength of the relationship between the dependent and independent variable in the two hypotheses.

CHAPTER FOUR

HISTORICAL BACKGROUND AND DEVELOPMENT OF DANJA AND BAKORI LOCAL GOVERNMENT AREAS

Danja and Bokori Local Government areas have some similarities in terms of historical background, geographical features, socio-political settings, economic dispositions and administrative structures. In fact, Danja Local Government was created out the old Bokori Local Government in 1991. While each of the Local Government has its representative in the State House of Assembly, the two Local Government Areas are represented by one member in the House of Representatives.

Bakori and Danja have similar pre-colonial history in which they had been the settlement of Hausa/Muslim. However, human settlement and trade activities created opportunities for other tribes from other States outside Katsina to have lived in the towns. These Local Government Areas have had a history of sedentary House settlement with institutional but pre-capitalist market exchange and farming. Islam arrived at Danja and Bakori since about 1490s when Islam cut across the entire Northern Nigeria by the way of international trade with Hausa states, including Kanem Borno empire, and Arab countries. Trade flourished between the cities of the Hausa States as

trades brought camels filled with salt in exchange of slaves and grains. (The Britannica Encyclopedia, 2007).

Danja is one of the Local Government Areas of Katsina State. Created in 1991, it has its headquarters in Danja Town. The 2006 population census revealed that Danja Local Government Area has an area of 501 km^2 and a population figure of 125,703. Going by geographical location, Danja Local Government Area is located at $11^0$23N, $7^0$34E. Socio-politically, Danja is divided into ten (10) wards with more than One Hundred and Fifteen (115) rural-based settlements. From South West, it has a boundary with Giwa Local Government Area of Kaduna State, and Kudan Local Government Area of Kaduna State from South East. However, it shares boundary with Rogo Local Government Area of Kano State and Kafur Local Government Area of Katsina State from North East. Danja Local Government Areas also shares boundary with Bakori Local Government Area from North West.

Due to its green vegetation and fertile land, majority of the people, especially those from the interior rural settlement, are engaged in agricultural activities. Consequently, the Local Government is considered to be one the major food producing regions of the State, especially Tomato, Sugarcane and Maize. Subsequently, this led to the establishment of Danja Sugar company along laying Kori Danja. There are Twenty Three (23) Public Primary

Schools in Danja Local Government Area, Three (3) of which are located within the metropolis while other Twenty (20) are spread to other settlements. However, there are six (6) public secondary schools in Danja Local Government Areas. The current district head (Hakimi) of Danja is Alhaji Tukur Bature (Sarkin Kadun Katsina).

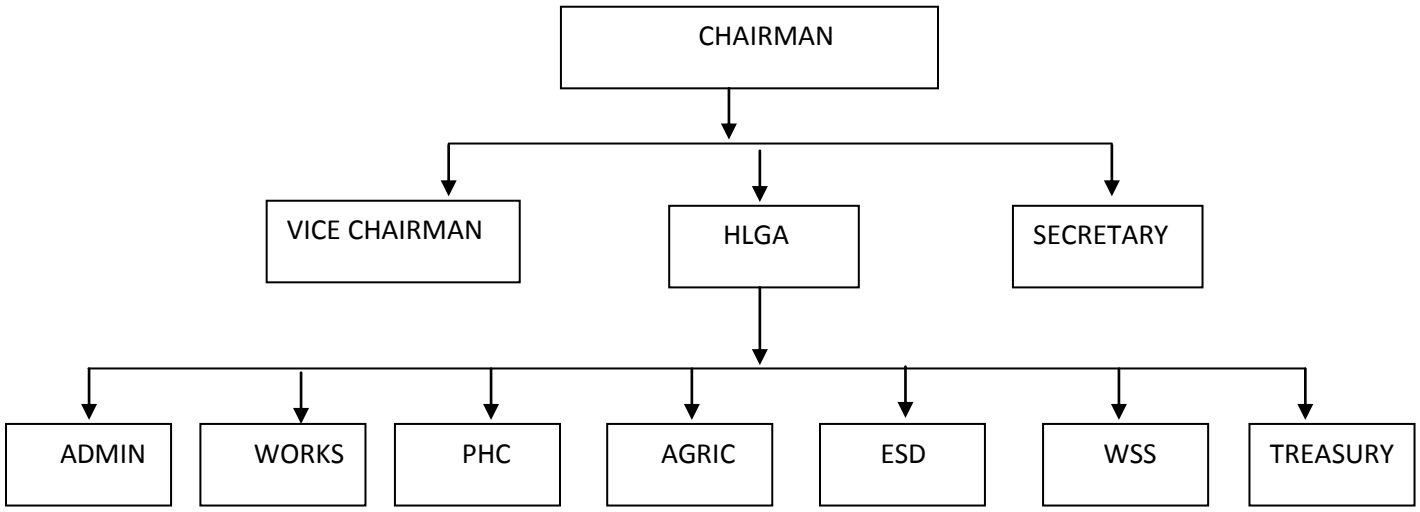
Bakori Local Government Area is also one of the Local Government Areas of Katsina State. It was created from old Funtua Local Government in 1989 and has its headquarters at Bakori Town. The 2006 population census revealed that, Bakori has an area of 679 km^2 (262 sqmi) and population figures of 149,371. Geographically, Bakori is located at $11^{o}33N$ $7023^{1}E$. Bakori has Eleven (11) wards and more than One Hundred and Twenty Five (25) settlements. Having Federal Government Girls College Bakori is considered to be one of the urban or semi-urban-based Local Government Areas of the state, though there are rural settlements in the Local Government. From South, it has a boundary with Danja Local Government area of Katsina State and Funtua Local Government of Katsina State from North-West. From North East, it has a boundary with Malumfashi Local Government Area. Due to its green vegetation, Bakori Local Government is also one of the major foods producing Local Governments of the State. But unlike Danja, which has seasonal market days of Mondays and Fridays,

Bakori is relatively more commercial in nature than Danja as it links Funtua and Malumfashi Local Government which are the most urban centres of the whole senatorial zone. Bakori has Eighty Seven (87) Public Primary Schools and Thirty Two (32) Secondary Schools. The current emir (Sarkin) of Bakori is Alhaji Sule Idris Nadabo (Makaman katsina)

Due to the unified Local Government system of administration, the organizational structure and administrative process of Danja and Bakori Local Government Areas is essentially the same.

The following diagram is the organogram representing the system of the Two Local Government.

Figure 1: Organizational Structure of Danja And Bakori Local Government Councils



Keys:

HLGA - Head of Local Government Administration

Admin	-	Administration Department
Works	-	Works Department
PHC	-	Primary Health Care Department
Agric	-	Agriculture Department
ESD	-	Education and Social Development Department
WSS	-	Water Supply and Sanitation Department
Treasury	-	Treasury Department

Source: katsina State Local Government Service Commission

The Chairman: This is the chief executive of the local government council. He is supported by supervisory councillors appointed by him to serve as the political heads of the various departments of the local government council. The chairman is the overall executive leader whose functions include that of policy initiation and implementation of projects of the local government. The position of the chairman can be occupied by the Chief Executive Chairman through election in the entire local government or can be occupied by the chairman care taker committee appointed by the governor when the tenure of office of the executive chairman elapses.

Vice-Chairman: This is another political office held by a person elected with the chairman. Vice-chairman is the second in command who functions as the chairman in the absence of the chairman. However, the chairman can delegate some of his responsibilities to the vice-chairman for easier administrative procedures.

The Secretary: This is the Registrar of the entire local government whose basic functions include, among other things, the keeping of sensitive records of the local government. The office of the secretary is essentially political in nature. The secretary is appointed by the executive chairman in consultation with the party leaders of ruling party of the local government area.

The Head of Local Government Administration: This is the Head of Service of the local government and chief policy-implementing agent of the local government. He/she also called "Director of Administration and Finance." Though he/she does not have a vote in the executive council of the local government, he is a full-time member of the council.

The appointment of the position of HLGA is done not from the local government council, but from the Local Government Service Commission with the approval of the Governor. The Head of Local Government Administration is a civil/public servant and not a politician and anybody with GL16 can be appointed HLGA.

Administration Department: This department is headed by the head of Administration or Director of Personnel Management (DPM). One of the basic functions of this department is handling personnel matters, especially those within GL02 to GL 06 particularly preparation of recruitment and

recommending promotion of the entire staff of the Local Government to the Local Government Service Commission.

Works Department: As the name implied, the major function of Works Department is the execution of public works of the local government council. Such public works like the construction of roads, schools, drainages, housing, boreholes etc. The local government can embark and implement development project through direct labour with the aid of this department or can award contract which of course must be supervised by works department.

Health Department: This department is charged with the responsibility of health matters of the local government. The matters could be in the form of drug administration, establishment and maintenance of Comprehensive Health Care Centres (CHC) and Primary Health Care Centres (PHC). Initiation and implementation of social work programmes, like community health service and environmental protection programmes. Is carried out by this department most of the staff of this dept are Nurses, Dentists, Senior Community Health and Environmental Workers (SCHEW), Junior Community Health and Environmental Workers (JCHEW), statisticians, midwives and pharmacists.

Agriculture Department: This department functions as the major machinery for the promotion of crop and animal production, promotion and protection.

The department is also charged with the responsibility of forestry and wild life protection. However, the determination of chemicals and equipment needed to help local farmers and requisite training is made by the department. Other fishery and poultry training is organised and implemented by the department to make people self reliant.

Education and Social Development: This department is charged with the responsibility of coordinating social and educational developmental programmes and projects. Major programmes regarding women empowerment, social welfare administration, and local education are carried out by this department. Adult education and youth empowerment centres are supervised by this department. This department is headed by Education Secretary (E.S) who is appointed solely based on political consideration by the chairman.

Water Supply and Sanitation Department: Ensuring the provision of domestic potable water and environmental sanitation are the major responsibilities of this department. The department recommends, to the chairman, where water supply sources should be sited. These sources could be either solar, boreholes or pipeborne. However, the department is basically charged with the responsibility of sanitising the environment including, among other things, house-to-house inspection of wells, drainage and toilets

to ensure that they are under hygienic condition. This house-to-house inspection is conducted by the female inspection who could inspect in and out of households. Another basic and important function of this department is the statistical function of data collection of sanitary situation of households and subsequently communities.

Treasury: This department takes care of the treasury of the local government. Matters relating to the revenues and expenditures of local government is handled by this department. The department is staffed by accountants, economics, cashiers and banking and finance-related disciplines.

It is important to note that the appointment of the heads of all these department is done based on civil capacity from the Local Government Service Commission by the schedule officer of each local government, except ESD, who is recommended by the chairman to the education board. It is also pertinent to note that, a schedule officer can handle the positing of heads of departments of more than one local government. He/she usually handles six (6) local government councils.

The E.S recommends the employment of ad-hoc teachers to the chairman, while the latter approves, the appointment.

Expenditure pattern of Bakori Local Government Council of some selected Departments from 2008 - 2012

Department	2008	2009	2010	2011	2012	Total (Over the years)	Average
	₦	₦	₦	₦	₦	₦	₦
*Education							
(i) Recurrent	20,685,281	21,386,321	25,893,216	25,964,379	26,826,532	120,755,729	24,151,145.80
(ii) Capital	50,362,112	51,762,511	54,832,961	53,903,354	52,962,850	263,823,788	52,764,757.60
*Health							
(i) Recurrent	200,761,732	206,761,232	209,638,523	210,964,379	212,166,785	1,040,292,651	208,058,530.0
(ii) Capital	80,332,212	80,638,522	81,684,961	80,567,321	96,065,829	419,288,845	83,857,769.0
*Water Supply and Sanitation							
(i) Recurrent	-	53,876,213	53,428,963	57,286,656	59,632,182	224,224,014	560,056,003.5
(ii) Capital	-	52,685,111	59,321,732	62,576,132	63,832,961	238,415,936	59,603,984.0

Source: Extracted from Katsina state Local government Annual Estimates (Various Years)

Expenditure pattern of Danja Local government Council of some selected Departments from 2008 - 2012

Department	**2008**	**2009**	**2010**	**2011**	**2012**	**Total (Over the years)**	**Average**
	₦	**₦**	**₦**	**₦**	**₦**	**₦**	**₦**
*Education							
(i) Recurrent	21,765,496	25,389,631	24,863,258	25,726,825	27,092,928	124,838,138	24,967,627.6
(ii) Capital	47,821,328	50,968,421	54,683,529	54,762,98	58,225,962	266,462,221	53,292,444.2
*Health							
(i) Recurrent	203,576,384	200,762,183	201,261,721	204,116,276	206,814,089	1,016,530,653	203,306,131.0
(ii) Capital	40,321,763	40,768,132	41,763,212	39,689,632	45,896,768	208,439,507	41,687,901.4
*Water Supply and Sanitation							
(i) Recurrent		35,632,198	45,821,316	46,768,321	54,946,178	183,168,013	45792003.3
(ii) Capital		20,382,968	18,321,896	20,121,631	20,687,962	79,514,457	19,878,614.3

Source: Extracted from Katsina state Local government Annual Estimates (Various Years)

Comparison of average expenditures of Danja and Bakori Local Government Councils

Expenditures	**Bakori**	**Danja**
- Education		
* Recurrent	24,151,145.8	24,967,627.6
* Capital	52,764,757.6	53,292,444.2
Total	**76,915,903.4**	**78,260,071.8**
- Health		
* Recurrent	208,058,530	203,306,131.0
* Capital	83,857,769	41,687,901.4
Total	**291,916,299**	**244,994,032**
- water supply		
* Recurrent	560,056,003.5	45,792,003.3
* Capital	59,603,984.0	19,878,614.3
Total	**115,659,988**	**65670617.6**

Source: Extracted from table above

The above table shows the average expenditures, both recurrent and capital, of the selected departments of Danja and Bakori Local Government Councils. Both local governments spend adequately on education, health and water supply over the years in question. When an indept analysis is made on the above table, it could be found out that, Danja local government spent more than Bakori local government in education. Danja local government spent an average amount of N78,260,071.8 while Bakori local

government spent N76,915,903.4. Therefore Danja's expenditure on education is greater than that of Bakori by about 1.7%.

On the other hand, Bakori local government expenditure on health is greater than that of Danja. Bakori spent an annual average amount of N291,916,299 while Danja spent N244,994,032. Therefore, Bakori's expenditure on health is greater than that of Danja by 16%. Moreover, Bakori local government average annual expenditure over the years stands at N115,659,988 while the average annual expenditure of Danja local government on water supply and sanitation was N65670617.6. It could be clearly seen that, Bakori local government expenditure on water supply and sanitation is outright greater than that of Danja local government by about 51.1%.

Given all these expenditures of both local governments, there should be an improvement in health and educational development in both local government. specifically, the enrolment of primary school pupils should be consistently and considerably higher. While health services should be available, accessible and affordable by common citizens/residents in these areas.

CHAPTER FIVE

DATA PRESENTATION AND ANALYSES

5.0 Introduction

In this chapter, all the data collected, both primary and secondary, would be used to test the hypotheses. Specifically, the secondary data collected from government reports and publications would be used to test the two hypotheses already formulated in chapter one, while the primary data generated through questionnaire would be presented under tables and percentages in the following manner.

5.1 Data Presentation

A total questionnaires of eighty seven (87) were distributed in both Danja and Bakori Local Government Areas. Out of these, seventy two(72)were properly filled and returned, showing a response level of about 83%. It should be noted that thirty seven (37) out of the seventy two (72) returned questionnaires were from Bakori Local Government Area, while thirty five (35) were from Danja and Bakori Local Government Area.

5.1.1 The Nature of Vaccine Administrators during Immunisation Exercise in Danja Local Government Area

Table 1: Vaccine Administrators during Immunisation Exercise in Danja Local Government Area

Options	Frequency	Percentage (%)
Permanent health staff only	4	11
Adhoc workers only	10	29
More permanent workers with less ad hoc workers	15	43
More ad hoc workers with less permanent workers	6	17
Total	**35**	**100**

Source: Researcher's Survey, 2013

The above table shows respondents options about who administer vaccines during immunisation exercise in their respective communities. It shows that, out of thirty five (35) respondents, four (4) representing 11% said the vaccine administrators in their respectively communities were permanent health staff: ten (10) equivalent to 29% said they were ad hoc staff: fifteen (15) representing 43% more permanent health staff with less ad hoc workers; and six(6) representing 17% said there were more ad hoc workers with less permanent workers. From this, it could be seen that majority of vaccine

administrators in Danja and Bakori Local Government Area were combination of both permanent and ad hoc staff with the majority of them being permanent health workers.

5.1.2 The Nature of Vaccine Administrators During Immunisation Exercise in Bakori Local Government Area

Table 2: Vaccine Administrators during Immunisation Exercise in Bakori Local Government Area

Options	Frequency	Percentage (%)
Permanent health staff only	2	5
Adhoc workers only	6	16
More permanent staff with less ad hoc workers	8	22
More ad hoc workers with less permanent workers	21	57
Total	**37**	**100**

Source: Researcher's Survey, 2013

The above table presents respondents options about the nature of vaccine administrators during immunisation exercise in their respective communities in Bakori Local Government. It shows that out of thirty seven (37) respondents, two (2) equivalent to 5% said the vaccine administrators in their respective communities were permanent health staff; six (6) representing 16% said the vaccine administrators were adhoc workers only; eight (8) representing 22% said there were more permanent staff with less

ad hoc workers; and twenty one (21) representing 57% said the vaccine administrators in their communities were more adhoc workers with less permanent health workers. From this, it could be observed that, there were more adhoc personnel handling immunisation exercise than permanent health workers in Bakori Local Government Area.

5.1.3 The Proficiency of Vaccine Administrators in Danja Local Government Area

Table 3: the Level of Proficiency of Vaccine Administrators in Danja and Bakori Local Government Area

Options	**Frequency**	**Percentage (%)**
Highly proficient	0	0
Proficient	20	57
Not proficient	10	29
Highly not proficient	5	14
Total	**35**	**100**

Source: Researcher's Survey, 2013

The above table presents respondents' options about the proficiency of vaccine administrators during immunisation exercise in Danja Local Government Area. It shows that out of thirty five (35) respondents, twenty (20) representing 57% said the vaccine administrators were proficient; ten(10) equivalent to 29% said they were not proficient; five(5) representing 14% said the vaccine administrators were highly not proficient; and none of the respondents said they vaccine administrators were highly proficient. From the above table, it could be examined that the vaccine administrators during immunisation exercise in Danja Local Government Area were proficient.

5.1.4 Proficiency of Vaccine Administrators in Bakori Local Government Area

Table 4: the Level of Proficiency of Vaccine Administrators in Bakory Local Government Area

Options	Frequency	Percentage (%)
Highly proficient	5	14
Proficient	11	29
Not proficient	19	51
Highly not proficient	2	6
Total	**37**	**100**

Source: Researcher's Survey, 2013

The above table presents respondents options about the proficiency of vaccine administrators during immunisation exercise in Bakori Local Government Area. It shows that, out of thirty seven (37) respondents, five (5) representing 14% said the vaccine administrators were highly proficient; eleven (11) representing 29% said the vaccine administrators were proficient; nineteen (19) equivalent to 51% said the vaccine administrators were not proficient; and two(2) equivalent to 6% were highly not proficient. From the above table, it could be clearly observed that, the vaccine administrators during immunisation exercise in Bakori local government area were not proficient.

5.1.5 Community Participation during Immunisation Exercise in DAnja Local Government Area

Table 5: Level of Community Participation in Immunisation Exercise in Danja and Bakori Local Government Area

Options	Frequency	Percentage (%)
Highly participatory	25	71
Participatory	3	9
Not participatory	2	6
Highly not participatory	5	14
Total	**35**	**100**

Source: Researcher's Survey, 2013

The table above shows the level of community participation in the organisation and implementation of immunisation exercise in Danja Local Government Area. Out of thirty five (35) respondents, twenty five (25) representing 71% said the communities highly participate; three(3) equivalent to 9% said the communities participate; two(2) representing 6% said communities were not participatory; and five(5) representing 14% said the communities were highly not participating. Therefore, it could be examined from the above that, members of the communities, in Danja Local Government Area, were highly participating in immunisation exercise.

5.1.6 Community Participating During Immunisation Exercise in Bakori Local Government Area

Table 6: Level of Community Participation in Immunisation Exercise in Bakori Local Government Area

Options	Frequency	Percentage (%)
Highly participating	10	27
Participatory	21	57
Not participatory	2	6
Highly not participatory	4	10
Total	**37**	**100**

Source: Researcher's Survey, 2013

The above table shows the level of community participation in immunisation exercise in Bakori Local Government Area. It shows that out of thirty seven (37) respondents, ten (10) representing 27% said it was highly participatory; twenty one (21) equivalent to 57% said it was participatory; two(2) representing 6% said it was not participatory; and four(4) equivalent to 10% said communities in Bakori Local Government Area were highly not participatory in immunisation exercise. From this, it could be examined that communities were participatory in the design and implementation of immunisation exercise.

5.1.7 Adequacy of Vaccines in Community During Immunisation Exercise in Danja Local Government Area

Table 7: The Adequacy of Vaccines during Immunization Exercise in Danja Local Government Area

Options	Frequency	Percentage (%)
Highly adequate	4	11
Adequate	22	63
Inadequate	6	17
Highly inadequate	3	9
Total	**35**	**100**

Source: Researcher's Survey, 2013

The above table shows the respondents views about the adequacy of vaccines during immunisation exercise in their respective communities. It shows that out of thirty five (35) respondents, four(4) representing 11% said vaccines were highly adequate; twenty two(22) representing 63% said vaccines were adequate; six(6) equivalent to 17% said the vaccines were inadequate; and three(3) representing 9% said the vaccines were highly inadequate. From the above, it could be seen that, vaccines during immunisation exercise in Danja Local Government were adequate.

5.1.8 Adequacy of Vaccines in Communities during immunisation Exercise in Bakori Local Government Area

Table 8: The Adequacy of Vaccines during Immunization Exercise in Bakori Local Government Area.

Options	Frequency	Percentage (%)
Highly Adequate	21	57
Adequate	6	16
Inadequate	4	11
Highly inadequate	6	16
Total	**37**	**100**

Source: Researcher's Survey, 2013

The above table shows respondents options about the adequacy of vaccines during immunisation exercise in their respective communities in Bakori Local Government Area. It shows that, out of thirty seven (37) respondents, twenty one (21) representing 57% said vaccines were highly adequate; six(6) representing 16% said vaccines were adequate; four(4) equivalent to 11% said the vaccines were inadequate; and six(6)representing 16% said the vaccines were highly inadequate.

From the above, it could be examined that, vaccines during immunisation exercise in Bakori Local Government Area were highly adequate.

5.1.9 Performance Level of Primary Schools in Danja Local Government Area

Table 9: The General Performance Level of Public Primary Schools in Danja Local Government Area

Options	Frequency	Percentage (%)
Excellent	0	0
Good	5	14
Fair	20	57
Poor	10	29
Total	**35**	**100**

Source: Researcher's Survey, 2013

The above table shows the general performance level of public primary schools in Danja and Bakori Local Government Area. It shows that out of thirty five (35) respondents, five(5) representing 14% said the schools were good; twenty (20) representing 57% said they were fair; ten(10) equivalent to 29% said they were poor; and none of the respondents said the schools were excellent. From the above therefore, public primary schools in Danja Local Government Area were fair.

5.1.10 Performance of Primary Schools in Bakori Local Government Area

Table 10: The General Level of Performance of Public Primary Schools in Bakori Local Government Area

Options	Frequency	Percentage (%)
Excellent	1	3
Good	20	54
Fair	10	27
Poor	6	16
Total	**37**	**100**

Source: Researcher's Survey, 2013

The above table shows respondents view about the general performance of public primary in Bakori Local Government Area. It shows that out of thirty seven (37) respondents, only one(1) representing 3% said the schools were excellent; twenty(20) equivalent to 54% said they were good; ten(10) representing 27% said the schools were fair; and six(6) equivalent to 16% said they were poor.

From the above data, it could be examined that public primary schools in Bakori Local Government, unlike Danja, were good.

5.1.11 Determinants of Performance of Public Primary Schools in Danja Local Government Area

Table 11: Major Determinants of Performance of Public Primary Schools in Danja Local Government Area

Options	Frequency	Percentage (%)
Adequate funding	30	86
Good management	2	6
Effective handling by the community	3	8
Others	0	0
Total	**35**	**100**

Source: Researcher's Survey, 2013

The above table presents respondents view about what actually determines performance of public primary schools in Danja and Bakori Local Government Area. Out of thirty five (35) respondents, thirty(30) representing 86% said it was adequate funding; two(2) representing 6% said it was good management; and three(3) equivalent to 8% said effective handling by the community is the major determinant of public schools performance.

From the above, it could be examined that, adequate funding is the major determinant of performance of public primary schools in Danja Local Government Area.

5.1.12 Determinants of Performance of Public Primary Schools in Bakori Local Government Area

Table 12: Major Determinants of Performance of Public Primary Schools in Bakori Local Government Area

Options	Frequency	Percentage (%)
Adequate funding	25	68
Good management	12	32
Effective handling by the community	0	0
Others	0	0
Total	**37**	**100**

Source: Researcher's Survey, 2013

The above table shows respondents opinion about the major determinant of the performance of public primary schools in Bakori Local Government Area. It shows that out of thirty seven(37) respondents, twenty five (25) representing 68% said adequate funding is the major determinant of performance; and twelve (12) representing 32% said good management; none of the respondents picked either effective handling or "others." From the above therefore, it could be examined that adequate funding is a major determinant of performance of public primary schools in Bakori Local Government Area.

5.2 Data Analysis

5.2.1 Immunisation and Attendance in Danja Local Government Area

Table 13: Number of people immunised and those attended health care facilities in Danja local government area over the period of five years

Year	No. of People Immunised	Number of People that attended Hospital
2008	65,683	195,571
2009	53,818	182,673
2010	49,383	162,318
2011	78,219	173,621
2012	86,718	153,861

Source: Extracted from National Health Information and Management System (Various Years)

The above table shows the number of people immunised and the corresponding health facilities attendance in Danja Local Government Area over the years. From 2008 to 2012, the number of people immunised were: 65,683; 53,818; 49,383; 78,219; and 86,718 while the total number of people that attended health facilities over the years were; 195,571; 182,673; 162,318; 173,621; and 153,861 respectively.

5.2.2 Immunisation in Bakori Local Government Area

Table 14: Number of people immunised and those attended health care facilities in Bakori Local Government Area over the Period of Five Years

Year	No. of People Immunised	Number of People that attended Hospital
2008	62,721	216,281
2009	108,144	161,739
2010	103,480	214,831
2011	94,744	154,872
2012	87,193	128,381

Source: Extracted from National Health Information and Management System (Various Years)

The above table shows the number of people immunised and the corresponding health facilities attendance in Bakori Local Government Area over the period of five years. From 2008 to 2012 the number of people immunised were: 62,721; 108,144; 103,480; 94,744 and 87,193 while the corresponding number of people that attended health facilities over the years were; 216,281; 161,739; 214,831; 154,872; and 128,381 respectively.

5.2.3 Funding on Education in Danja Local Government Area

Table 15: Level of funding of Local Government to Education and Corresponding enrolment of Primary Schools Pupils in Danja Local Government over the period of five years

Year	Funding (₦)	Enrolment
2008	69,586,824	43,071
2009	76,358,052	48,056
2010	79,546,787	52,638
2011	80,489,807	5 8,662
2012	85,318,890	58,753

Sources: * Funding: Katsina State Local Government Annual Estimates (Various Years) ** Enrolment; Extracted from Annual enrolment sheets, State Universal Basic Education Board, Katsina (various years).

The above table shows level of local government expenditure on education and corresponding enrolment of primary schools' pupils in Danja local government area. From 2008 to 2013, the fundingon education were: N69,586,824; N76,358,052; N79,546,787; N80,489,807; and N85,318,890 while the corresponding enrolment into primary schools in Danja Local Government over the years, were 43,071; 48,056; 52,638; 53,662 and 58,753 respectively.

5.2.4 Funding on Education in Bakori Local Government Area

Table 16: Level of funding of local government to education and corresponding enrolment of primary schools pupils in Bakori Local Government over the period of five years

Year	Funding (₦)	Enrolment
2008	71,047,393	465,53
2009	73,148,832	53,646
2010	80,726,177	52,671
2011	79,867,733	49,197
2012	79,789,382	57,040

Source: * Funding: Katsina State Local Government Annual Estimates (Various Years) ** Enrolment; Extracted from Annual Enrolment Sheets, State Universal Basic Education Board, Katsina (various years).

The above table presents the level of local government expenditure on education and corresponding enrolment of primary schools' pupils in Bakori Local government Area. It shows that from 2008 to 2013, the funding on education were: N71,047,393; N73,148,832; N80,726,177; N79,867,733; and N79,789,382, while the corresponding enrolment over the period of five years (2008 to 2013) were; 46,553; 53,646; 52,671; 49,197; and 57,040 respectively.

5.2.5 General Immunisation and Attendance Level in Danja and Bakori Local Government Area

Table 17: Total number of people immunised and general attendance level of health facilities in Danja and Bakori Local Government Areas over the period of five years

Year	No. of people immunised	General attendance level to hospital
2008	128,404	411,852
2009	161,962	344,412
2010	152,863	377,149
2011	172,963	328,493
2012	173,991	282,242

Source: Extracted from table 1 and 2 above

The above table shows total number of people immunised and general attendance level to health facilities in Danja and Bakori Local Government Areas over the period of five (5) years (2008 to 2012).

From the table, it could be seen that from 2008 to 2012, the total number of people immunised in the two local government areas were: 128,404; 161,962; 152,863; 172,963; and 173,991 while the corresponding general attendance level to health centres were: 411,852; 344,412; 377,149; 328,493; and 282,242 respectively.

5.2.6 General Funding Level and Overall Enrolment of Pupils in Danja and Bakori Local Government Areas

Table 18: General funding level and overall enrolment in Danja and Bakori local government areas for the period of five years

Year	General funding (₦)	Overall enrolment
2008	140,634,217	89,624
2009	149,506,884	101,702
2010	160,272,964	105,309
2011	160,357,540	107,859
2012	165,108,272	115,793

Source: Extracted from table 1 and 2 above

The above table shows the general funding level and overall enrolment of pupils in Danja and Bakori Local Government Areas over the period of five years. From 2008 to 2012 the total funding of the two local government councils were; N140,634,217; N149,506,884; N160,272,964; N160,357,540; and N165,108,272, while the corresponding overall enrolment into primary schools, as could be seen from the table, were; 89,624; 101,702; 105,309; 107,859 and 115,793 respectively.

Test of Hypothesis I

Using SPSS 16.0, the hypothesis was tested and the two variable were coded as:

General Immunisation = IMGN

General Attendance = ATGN

The following results were computed:

CORRELATIONS

/VARIABLES=IMGN ATGN

/PRINT=TWOTAIL NOSIG

/STATISTICS DESCRIPTIVES

/MISSING=PAIRWISE.

Correlations

Notes

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Syntax		CORRELATIONS /VARIABLES=IMGN ATGN /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
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[DataSet2]

Descriptive Statistics

	Mean	Std. Deviation	N
Immunisation for DJ and BK	1.5795E5	18819.70695	5
Attendance for DJ and BK	3.4883E5	49093.81906	5

Correlations

		Immunisation for DJ and BK	Attendance for DJ and BK
Immunisation for DJ and BK	Pearson Correlation	1	-.924*
	Sig. (2-tailed)		.025
	N	5	5
Attendance for DJ and BK	Pearson Correlation	-.924*	1
	Sig. (2-tailed)	.025	
	N	5	5

*. Correlation is significant at the 0.05 level (2-tailed).

Based on the above results, we can clearly observe that the relationship between immunisation and attendance is inverse in nature. That is, the higher the number of people immunised, the lower the attendance level to health centres and vice versa in Danja and Bakori Local Government Areas. This is because, the Pearson Correlation Coefficient Value is negative (-0.924). However, the relationship is negatively significant of about 92.4% (negative) relationship strength.

Test of Hypothesis II

The hypothesis was tested using SPSS 16.0 (Pearson Correlation Analysis). The two variables were coded as

Funding Level = FNGN
Enrolement = ENGN

The following results were computed:

```
CORRELATIONS
  /VARIABLES=FNGN ENGN
  /PRINT=TWOTAIL NOSIG
  /STATISTICS DESCRIPTIVES
  /MISSING=PAIRWISE.
```

Correlations

Notes

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Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=FNGN ENGN /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.094
	Elapsed Time	00:00:00.110

[DataSet2]

Descriptive Statistics

	Mean	Std. Deviation	N
Funding for DJ and BK	1.5518E8	9.93829E6	5
Enronlment DJ and BK	1.0406E5	9586.32420	5

Correlations

		Funding for DJ and BK	Enronlment DJ and BK
Funding for DJ and BK	Pearson Correlation	1	.960**
	Sig. (2-tailed)		.010
	N	5	5
Enronlment DJ and BK	Pearson Correlation	.960**	1
	Sig. (2-tailed)	.010	
	N	5	5

Correlations

		Funding for DJ and BK	Enronlment DJ and BK
Funding for DJ and BK	Pearson Correlation	1	.960**
	Sig. (2-tailed)		.010
	N	5	5
Enronlment DJ and BK	Pearson Correlation	.960**	1
	Sig. (2-tailed)	.010	
	N	5	5

**. Correlation is significant at the 0.01 level (2-tailed).

Based on the results computed above, it could clearly be observed that the nature of the relationship between general funding and enrolment level is positive i.e. general funding and enrolment level are positively related in Danja and Bakori Local Government Areas. This is because, the Pearson Correlation Coefficient value is positive (0.96) Moreover, the relationship is positively significant of about 96% (positive) relationship strength.

Comparative Analyses

However, an attempt is made to make a comparative analyses to examine the nature and strength of the relationship between the variables in the two local government areas. Thus, we examine the nature and strength of the relationship between immunisation and attendance in Danja and Bakori Local Government Areas separately. Using Pearson Correlation Analysis of SPSS 16.0 and the two variables were coded as follows:

Immunisation = IMDJ

Attendance = ATDJ

The following results were computed:

```
CORRELATIONS
  /VARIABLES=IMDJ ATDJ
  /PRINT=TWOTAIL NOSIG
  /STATISTICS DESCRIPTIVES
  /MISSING=PAIRWISE.
```

Correlations

Notes

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	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=IMDJ ATDJ /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.046
	Elapsed Time	00:00:00.046

[DataSet2]

Descriptive Statistics

	Mean	Std. Deviation	N
Immunisation (DJ)	6.6764E4	15813.33123	5
Attendance (DJ)	1.7361E5	16446.54879	5

Correlations

		Immunisation (DJ)	Attendance (DJ)
Immunisation (DJ)	Pearson Correlation	1	-.326
	Sig. (2-tailed)		.593
	N	5	5
Attendance (DJ)	Pearson Correlation	-.326	1
	Sig. (2-tailed)	.593	
	N	5	5

Based on the above results, it could be seen that Pearson Correlation Coefficient is -0.326, showing a negative value. Thus, immunisation and attendance in Danja Local Government Areas is negatively related i.e. the higher the people immunised, the lower the people that attend health care centres, other things held constant.

However, it should be noted that the relationship is not very significant, showing a negative relationship strength of about only -32.6%.

In testing or determining the nature and strength of the relationship between immunisation and attendance in Bakori Local Government Area, we adopt the use of SPSS 16.0 (Pearson Correlation Analysis).

The two variables were coded as follows:

Immunisation = IMBK

Attendance = ATBK

The following results were computed:

```
CORRELATIONS
  /VARIABLES=IMBK ATBK
  /PRINT=TWOTAIL NOSIG
  /STATISTICS DESCRIPTIVES
  /MISSING=PAIRWISE.
```

Correlations

Notes

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Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=IMBK ATBK /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.047

Notes

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	N of Rows in Working Data File	19
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=IMBK ATBK /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.047
	Elapsed Time	00:00:00.062

[DataSet2]

Descriptive Statistics

	Mean	Std. Deviation	N
Immunisation (BK)	2.0016E5	2.39106E5	5
Attendance (BK)	1.7521E5	38892.84129	5

Correlations

		Immunisation (BK)	Attendance (BK)
Immunisation (BK)	Pearson Correlation	1	.613
	Sig. (2-tailed)		.272
	N	5	5
Attendance (BK)	Pearson Correlation	.613	1
	Sig. (2-tailed)	.272	
	N	5	5

Based on the above results, it could be observed that Pearson Correlation Coefficient is 0.613, showing a positive value. Unlike in Danja Local Government Area, Immunisation and attendance in Bakori Local Government Area are positively related i.e. the higher the people immunised, the higher the people that attend health care centres.

On the other hand, the nature and strength of the relationship between funding and enrolment in Danja Local Government is tested using the same tool (SPSS 16.0). The variables were coded as follows:

Funding = FNDJ

Enrolment = ENDJ

The following results were computed.

```
CORRELATIONS
  /VARIABLES=FNDJ ENDJ
  /PRINT=TWOTAIL NOSIG
  /STATISTICS DESCRIPTIVES
  /MISSING=PAIRWISE.
```

Correlations

Notes

Output Created		02-May-2014 10:27:00
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Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=FNDJ ENDJ /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.015
	Elapsed Time	00:00:00.031

[DataSet2]

Descriptive Statistics

	Mean	Std. Deviation	N
Funding (DJ)	7.8260E7	5.81584E6	5
Enronlment (DJ)	5.2236E4	6807.77057	5

Correlations

		Funding (DJ)	Enronlment (DJ)
Funding (DJ)	Pearson Correlation	1	.936*
	Sig. (2-tailed)		.019
	N	5	5
Enronlment (DJ)	Pearson Correlation	.936*	1
	Sig. (2-tailed)	.019	
	N	5	5

Correlations

		Funding (DJ)	Enronlment (DJ)
Funding (DJ)	Pearson Correlation	1	.936*
	Sig. (2-tailed)		.019
	N	5	5
Enronlment (DJ)	Pearson Correlation	.936*	1
	Sig. (2-tailed)	.019	
	N	5	5

*. Correlation is significant at the 0.05 level (2-tailed).

Based on the above results, it could be examined that Pearson Correlation Coefficient is 0.936, showing a positive value. Thus, funding and enrolment in Danja Local Government Area are positively related i.e. the higher the funding, the higher the enrolment and vice verse versa in Danja Local Government Area. However, the relationship is very significant, showing a positive relationship strength of about 93.6%

The nature and strength of the relationship between finding and enrolment in Bakori Local Government is tested using SPSS 16.0 (Pearson Correlation Analysis). The variables were coded as follows:

Funding = FNBK

Enrolment = ENBK

The following results were computed.

```
CORRELATIONS
  /VARIABLES=FNBK ENBK
  /PRINT=TWOTAIL NOSIG
  /STATISTICS DESCRIPTIVES
  /MISSING=PAIRWISE.
```

Correlations

Notes

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Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics for each pair of variables are based on all the cases with valid data for that pair.
Syntax		CORRELATIONS /VARIABLES=FNBK ENBK /PRINT=TWOTAIL NOSIG /STATISTICS DESCRIPTIVES /MISSING=PAIRWISE.
Resources	Processor Time	00:00:00.063
	Elapsed Time	00:00:00.094

[DataSet2]

Descriptive Statistics

	Mean	Std. Deviation	N
Funding (BK)	7.6916E7	4.47545E6	5
Enronlment (BK)	5.1821E4	4059.81173	5

Correlations

		Funding (BK)	Enronlment (BK)
Funding (BK)	Pearson Correlation	1	.475
	Sig. (2-tailed)		.419
	N	5	5
Enronlment (BK)	Pearson Correlation	.475	1
	Sig. (2-tailed)	.419	
	N	5	5

Based on the above results, it is observable that the Pearson Correlation Coefficient is 0.475, showing a positive value. Just like in Danja Local Government Area, funding and enrolment in Bakori Local Government are positively related i.e. the higher the funding, the higher the enrolment and vice-versa. But, unlike in Danja Local Government with a very strong relationship, the relation between funding and enrolment is weak with about 47.5% in Bakori Local Government.

It should be noted that, the two hypotheses were tested and comparison was made solely relying on secondary data. However, the researcher collected primary data to complement the secondary data. The following data were generated from questionnaires distributed to the sample of the study. For the purpose of comparison, we will present the data for each of the local government case study separately. Meanwhile, let us determine the general rate of response.

5.3 Major Findings

After the various data were collected and analysed, the following are the major findings of the study:

(1) Generally, there is significant negative relationship between proper immunisation exercise and health facilities attendance in Danja and Bakori Local Government

Areas. That is, the higher the people immunised, the lower the attendance level to health facilities and vice-versa.

(2) There is general significant positive correlation between adequate funding and pupils enrolment in public primary schools in Danja and Bakori Local Government Areas. That is the higher the funding the higher the enrolment and vice-versa.

(3) Specifically, there is strong negative relationship between proper immunisation exercise and health facilities attendance in Danja Local Government, while the relationship between proper immunisation exercise and health facilities attendance in Bakori Local Government Area turned out to the positive i.e. the higher the people immunised, the higher the attendance level and vice-verse.

(4) It was also found out that though the relationship is positive in both local government areas, there is a stronger relationship between adequate funding and pupils enrolment in Danja Local Government than in Bakori Local Government Area.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 Summary

This research work is embarked upon to determine the impact of rural development projects in Danja and Bakori Local Government Areas of Katsina State. The work is divided into six (6) chapters.

Chapter one which is apparently introductory part, deals with background to the study, statement of the problem, hypothesis, objectives of the study significance, scope and limitation and definition of key concepts. This chapter is the basis upon which the research work is built upon.

Chapter two is the literature review and theoretical framework. Under this chapter, various literature relevant to the study have adequately been reviewed. Such literature deals with the Primary Health Care Programme, local/community base health and environmental protection programmes; water supply and sanitation, primary education programme and other relevant literatures. The chapter also deals with the theoretical framework which serve as the guide or basis upon which the researcher base his argument. Social development theory has been adpted by the researcher in which social development indicators like health, education and water supply are the foci of the theory.

Chapter three is the methodology of the research whereby all the method of data collection, analysis, population size, sample size and sampling techniques are described. Not only that, the method of data analysis and tools for the analysis are described.

Chapter four deals with the historical background and development of Danja and Bakori Local Government Areas. Such factors considered here are the geographical location, economic features, social and educational background and financial analyses of the local governments' expenditure pattern on some selected sectors. This would give the audience/reader of this research the clear picture of the cases study.

Chapter five deals with data presentation and analyses. Under this chapter, all the data generated from the questionnaires are classified, organised and presented using descriptive statistical tools especially tables and percentages as well as averages. However, statistical analytical tools are also used especially t-test and chi-squares x^2 to test the validity or otherwise of the hypotheses already formulated in chapter one. Finally under this chapter, the major findings of the study are established.

Chapter six is the final chapter which is summary, conclusion and recommendations. Under this chapter, the whole research work is summarised and conclusions are drawn. Then recommendations are made based on the findings of the research.

6.2 Conclusions

(i) That proper immunisation exercise greatly determines rural development in Danja and Bakori Local Government Area. However, the availability of vaccines alone are not enough to induce rural development, the quality of vaccine administrators and community participation are also great determinants of rural development.

(ii) That adequate funding and pupils' enrolment in Danja and Bakori Local Government Areas are strongly correlated, though there is variation in the strength of the relationship between the two local government areas. Thus, there is positive relationship between adequate funding and general rural development.

6.3 Recommendations

(i) Since there is strong correlation between proper immunisation exercise and level of attendance to health centres in the two local government areas, more immunisation facilities should be made available and public awareness campaign be strengthened in order to drastically reduce the number of people that attend hospitals.

(ii) To ensure increasing level of pupils' enrolment into primary schools, the education sector should be adequately funded and awareness campaign be organised for parent in order to encourage them send more children to schools.

(iii) It is strongly recommended that an investigation should be embarked upon by Bakori Local Government or other researchers about others factors that cause high rate of attendance to hospitals, despite the continuous increase in the number of people immunised over the years. These factors could be the proficiency and nature of the vaccines administrators during the immunisation exercise.

(iv) It is finally recommended that, Bakori Local Government should exert more efforts toward funding the education sector in order to increase enrolment into primary schools as results show that the relationship between funding and enrolment is weaker in Bakori Local Government Area.

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APPENDIX

A SAMPLE QUESTIONNAIRE

Department of Public Administration,
Faculty of Administration,
Ahmadu Bello University,
Zaria.
31st July, 2013

Dear Respondent,

I am a Masters student in the above named institution conducting a research on "Impact Assessment of Rural Development Projects in Danja and Bakori Local Government Areas of Katsina State" in partial fulfilment of M.Sc Public Administration.

You are kindly required to answer the following questions by ticking the boxes were appropriate. Your responses shall be treated with outright confidentiality.

Yours faithfully,

Abubakar Lawal
MSc/Admin/10969/11-12
(08034728241)

Section A
Background information of respondents

1) Gender Male [ ] Female [ ]

2) Age 18 – 30 [ ], 31 – 40 [ ] 41 – 50 [ ] 51 and above [ ]

3) Marital status: Single [ ] Married [ ]

4) Educational qualification: None [ ] Primary [ ]
Secondary [ ] post secondary [ ]
Others [ ]

Section B

Effective Immunisation Exercise

1) Who administered vaccine during the last immunisation exercise you witnessed in your community?

(a) Permanent health staff only
(b) Adhoc staff only
(c) More permanent health staff with less adhoc workers
(d) More adhoc staff with less permanent health staff.

2) How do you generally describe the proficiency of vaccine administrators in your community?

(a) Highly proficient
(b) Proficient
(c) Not proficient
(d) Highly not proficient

3) What is the level of community participation in immunisation exercise in your community?

(a) Highly participatory
(b) Participatory
(c) Not participatory
(d) Highly not participatory

4) How do you generally describe adequacy of vaccine in your community during the last immunisation exercise in your community?

(a) Highly adequate
(b) Adequate
(c) Inadequate
(d) Highly inadequate

Section
The Performance of Public Primary Schools

1) How would you rate the general performance of public primary schools in your community?

(a) Excellent
(b) Good
(c) Fair
(d) Poor

2) What in your opinion is the major determinant of performance of pulic primary schools in your community?

(a) Adequate financing
(b) Good management
(c) Effective handling by the community
(d) Others, specify _____
_____