ASSESSMENT OF THE EFFECT OF POLITICAL PARTICIPATION ON SERVICE DELIVERY IN SELECTED LOCAL GOVERNMENTS IN KATSINA STATE

BY

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A THESIS SUBMITTED TO THESCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE MASTER OF PHILOSOPHY (MPhil) IN PUBLIC ADMINISTRATION

DEPARTMENT OF PUBLIC ADMINISTRATION,
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ZARIA, NIGERIA

SEPTEMBER, 2016

DECLARATION

I hereby declare that this Thesis entitled **ASSESSMENT OF THE EFFECT OF POLITICAL PARTICIPATION ON SERVICE DELIVERY IN SELECTED LOCAL GOVERNMENTS IN KATSINA STATE** was written and presented by me in the Department of Public Administration, Ahmadu Bello University, Zaria under the supervision of Dr. Haruna Yerima and Dr. Usman Abubakar. All sources consulted have been duly acknowledged in the text and the list of bibliography provided. No part of this thesis has been presented in any previous application for a higher degree in any university or higher institution of learning.

………………………………………. ……………………………

Lawal BABA SHANI Date

CERTIFICATION

This is to certify that this Thesis entitled **ASSESSMENT OF THE EFFECT OF POLITICAL PARTICIPATION ON SERVICE DELIVERY IN SELECTED LOCAL GOVERNMENTS IN KATSINA STATE**by Lawal BABA SHANI meets the regulations governing the award of the Degree of Master of Philosophy (MPhil) in Public Administration of Ahmadu Bello University, Zaria and is hereby accepted and approved for its contribution to knowledge and literary presentation.

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DEDICATION

I dedicate this work to my entire family.

AKNOWLEDGEMENTS

All praise and Glory to Allah (SWT) for all He has done to me. My appreciation goes to my supervisors Dr. Haruna Yerima and Dr. Usman Abubakar for their objective academic guidance in the course of this work. My program coordinators, Dr. H. A. Yusuf and Dr. Musa Idris, I say Jazakallahukhairan. My mother, wife, and children Halima, Aisha, Amina, and Muhammad Amin, may Allah bless us all. Ameen.

ABSTRACT

This study examined the effect of political participation on the development of basic education and primary health care in Bindawa, Danja, and Dutsin-ma Local Government Areas in Katsina State. After a prolonged spell of military administration Nigeria is at last back to a democracy. An ideal democracy is one that recognizes and encourages political participation yet there is a wide gap between political participation and the development of basic education and primary health care in Bindawa, Danja, and Dutsin-ma Local Government Areas. This study sought to examine the level of people's political participation and the adequacy of basic education and primary health care facilities and personnel in the selected Local Government Areas of Katsina State.Both primary and secondary sources of data were explored. Questionnaire was administered to generate primary data. Secondary data was sourced from records from Katsina state Ministry of finance, education, and health, and from the three Local Governments' Secretariats. Data was collected and analyzed using the Pearson Correlation Coefficient and Chi-Square.Participatory Democracy, and Efficiency Services schools of thought were employed as theoretical framework for the study. The research found out that people participate in multiple political activities but have little or no say in the development of basic education and primary healthcare in the three selected Local Governments. Unfortunately however, as much as the people desire to be involved in matters affecting them, the situation is not so, as in most cases their participation is mostly only valued at the ballot box. Therefore, development of basic education and primary health care is low. The study therefore recommended that the people should be involved in the development of basic education and primary healthcare from problem identification, planning, budgeting, implementation, and monitoring and evaluation so as to harmonize people's political participation and the development of basic education and primary health care in the three Local Government Areas.

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CHAPTER ONE
INTRODUCTION

1.1Background to the Study

Political participation is a necessary ingredient of every political system. All political systems encourage political participation through varying degrees. By involving the people in the matters of state, political participation fosters stability and order by reinforcing the legitimacy of political authority. People living in a particular society participate in the political system which they develop. There are many forms of participation and democracy in the form of government that encourages maximum participation in governmental processes. Participation does not mean more exercise of political rights like franchise, by the people, it means their active involvement, which in a real manner influences the decision making activity of the government.

The current manifestation of democracy as espoused, interpreted and introduced by the Western practitioners of democracy, which is adopted by African countries, does not have efficient structures and capable institutions to ensure that the entire population is able to participate beyond the level of the ballot box. At the level of the local government, it is not whether or not the general populace gets to vote at regular intervals, but rather, whether or not, their interests are being taken care of, and whether their votes grants them sufficient power and representation in the relevant institutions for them to have their concerns taken care of in a manner that they deemed most appropriate, and improving their quality of life.

To achieve any meaningful development in urban and rural areas, members of that society must have the opportunity to actively take part in the development process. It is only when there is public participation that socio-economic development take place. Democratic theory considers citizens as rational, independent, and interested political persons capable of expressing their opinions regarding the persons aspiring for holding offices and also competent in electing some

persons who deal with the policies of government in a way conducive to the interests of the people. In this situation those in positions of authority must conduct themselves in such a fashion as to appear sensible to the people, asthe basic premise and underlying assumption of democracy is the ability of the people to participate effectively in issues concerning their livelihood directly or through representatives.

1.2Statement of Problem

The issue of possible link betweenpolitical participation and service delivery has been the preoccupation of scholars for many years now. The central question has been and continue to be, whether political participation is possible without service delivery, and vice versa. Thus, after more than 15 years (1984- 1999), of military rule, on 29th May, 1999, Nigeria at last embarked on its current democratic journey. The transition was welcomed with high hopes and optimism for a better Nigeria. Rightfully so, after all, democracy connotes, among others, rule of law, citizen participation, popular representativeness, change of leadership at regular intervals etc. As succinctly coined by Lincoln (1853), who sees democracy as "government of the people, for the people, by the people". Impliedly, by this definition, 'by the people' refers to people's participation in government, on matters affecting them, "of the people" refers to the government of a particular geographical location, and 'for the people', refers to government providing the people with their felt needs.In view of the foregoing, this study soughtto find out whether political participation has led to the development of basic education and primary healthcare in Bindawa, Danja, and Dutsin-ma Local Government Areas.

1.3 Research Questions

i. What is the extent of political participation in Bindawa, Danja, and Dutsin-ma Local Government Areas.?

ii. Has political participation influenced the provision ofbasiceducation and primary healthcare facilities in Bindawa, Danja, and Dutsin-ma Local Government Areas?

iii. Has political participation influenced the adequacy of the basiceducation and primary healthcare facilities provided in Bindawa, Danja, and Dutsin-ma Local Government Areas?

1.4 Aim and Objectives of the Study

The major objective of this study is to examine the commensurability of political participation to the development of basic education and primary healthcare facilities by the Local Government in Bindawa, Danja, and Dutsin-ma Local Government Areas. The specific objectives of the study are:

i. To examine the extent of political participation in Bindawa, Danja, and Dutsin-ma Local Government Areas,

ii. To determine whether the provision ofbasic education and primary healthcare facilities was influenced by political participation in Bindawa, Danja, and Dutsin-ma Local Government Areas.

iii. To ascertain the adequacy of the basic education and primary healthcare facilities, and determine whether their adequacy was influenced by political participation in Bindawa, Danja, and Dutsin-ma Local Government Areas.

1.5 Hypotheses

Ho1. There is no significant relationship between political participationand the development of basic education in Bindawa, Danja, and Dutsin-Ma Local Government Areas of Katsina State.

Ho2. There is no significant relationship between political participation and the development of primary healthcare in Bindawa, Danja, and Dutsin-Ma Local Government Areas of Katsina State.

Ho3. There is no significant relationship between political participation and type of project/service delivery in Bindawa, Danja, and Dutsin-ma Local Government Areas of Katsina State.

1.6 Scope and Limitation of the Study

The scope of this study covered the period 2003 to 2011. This period was chosen because two general elections and two local government (December 2004-2007 and 2008-2011) elections were held, and election promises were made to the electorates.

The study areas comprise one Local Government from each of the three Senatorial Zones of Katsina State. Thus, Bindawa, a rural Local Government Area from Daura Senatorial District, Danja, a semi-urban Local Government Area from Funtua Senatorial District, and Dutsin-Ma, an urban Local Government Area from Katsina Senatorial District were chosen as the focus of the study.

The aspects of service delivery covered are basic education and primary health care as they are the main human capital and have the ability to generate other forms of capital.

The limitations of the study, despite presenting my school ID card and introduction letter from my HOD, include the difficulties encountered during administration of questionnaire where in some cases gratification in the form of money was demanded before a respondent completes the questionnaire. In the quest for secondary data many offices and officers in charge of relevant materials to this study were apprehensive at first before reluctantly obliging me the materials I

requested, to study under the supervision of an officer, and the condition that I will not photocopy the materials, even as I need most of it for appendix. Therefore, because of this mitigating factor I was unable to get significant materials I could have used as appendix.

1.7 Significance of the Study

This study looked at basic education and primary health care, as the main human capital because of their ability to generate other forms of capital. In developed countries, as a result of long and enduring system of democracy, the human capital (education and health) is developed, thereby, they have high level of education, high level of health status which culminates into high productivity and high incomes earned by government, organizations and individuals, in those countries.

This research work is due to the earnest interest of the researcher in good governance at the local government level. This study is important as it explored the local government as a constitutional institution with constitutional functions to discharge, and how it relates with its' citizens who are the principal beneficiaries of its activities. The study brought to fore, the reality of local government administration with regards to basic education and primary health care facilities and personnel in Bindawa, Danja, and Dutsin-ma Local Government Areas and how political participation has affected these important areas of human development.

It is hoped that this study will bring awareness to the people and local policy makers of the three study areas as to how political participation can lead to the attainment of social development. That through participation people can make their voices be heard and demand for service. That it is possible, through political participation, to have better education and improved health care.

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

1.8 Operational Definition of Concepts

1.8.1 Political Participation

According to Verba et al (1995), political participation affords citizens in a democracy an opportunity to communicate information to government officials about their concerns and preferences and to put pressure on them (government) to respond.

The general level of participation in a society is the extent to which the people as a whole are active in politics. In this study, political participation is operationalized and can be seen to meanformally and officially registering and attending party meetings of a political party of one's choosing either because of ideological, tribal/ethnic, religious, material, or any other reason, taking part in political discussion as friends, peer group, vested interest, for support or opposition, giving contributions in the form of cash and or kind to political parties, writing petitions, letters to public officials or newspaper editors to support or oppose a decision or action on the part of government or an issue of concern to the society, contesting for elective office by

eligible citizensand voting by eligible and interested citizens, and finally, individual and collective input and influence in planning, decision making and development.

1.8.2Development of Primary Healthcare

The National Primary Health Care Development Agency (2010), identified primary health care as the main focus for delivering effective, efficient, quality, accessible and affordable health services to a wider proportion of the population.

Thus, health is complete state of well-being. Health is wealth, and to create wealth at the individual, family, community or national level, people need to be healthy. To enjoy the wealth created, an individual, family, community or nation must be healthy. Health is a good entry point for breaking the vicious circle of poverty and underdevelopment, into prosperity and sustainable development. Thus, primary healthcare development is operationalized to mean adequacy of primary healthcare centres, adequacy of Doctors, adequacy of nurses, adequacy of midwives, adequacy of laboratory technicians, adequacy of drugs, in proportion to the population of the study area.

1.8.3Development of Basic Education

Education is attempt by society to free itself from illiteracy and ignorance. It leads to increased literacy and reduced ignorance. Education is the acquisition of knowledge and skills and attitude which ultimately build capacity. Education is a social responsibility of all tiers of government in Nigeria. Education strengthens the capacities of children to respond to life challenges through the acquisition of relevant knowledge, useful skills and appropriate attitudes. Further, it would create for children, and help them create for themselves and others, places of safety, security and healthy interaction in the society (Bernard, 1999). Operationally, development of basic education

means adequacy of primary schools, adequacy of classrooms, adequacy of teachers, adequacy of school furniture, adequacy of teaching aid, etc, proportional to the population of the study areas.

CHAPTER TWO

LITERATURE REVIEW AND THEOETICAL FRAMEWORK

2.1 Introduction

This section reviewed related literature on the subject matter of discussion i.e. Local Government, political participation, education and health. Finally, a discussion of the framework that guided the study was enumerated.

2.1.1The Concept of Local Government

The United Nations (1961) defined Local Government as

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

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

The 1976 Local Government Reform in Nigeria defined Local Government as

> *The government at the local level exercised through representative council, established by law to exercise specific functions within a defined area. These powers should give the councils substantial control over local affairs as well as staff, institutional and financial powers to initiate and direct the provision of services, determine and implement projects so as to compliment the activities of the state and federal*

> *government in their areas and to ensure devolution of functions to these councils and through the active participation of the people and their traditional institutions, that local initiatives and responses to local needs and conditions are maximized.*

From the same Reform, a summary of the objectives of local government include but not limited to the following: to make appropriate services and development activities responsive to local wishes and initiatives by developing and delegating them to local representative bodies, to facilitate the exercise of democratic self-government close to the local levels of our society and to encourage initiatives and leadership potentials, to mobilize human and material resources through the involvement of members of public in their own development, and to provide a two-way channel of communication between the communities and the government. (1976 Local Government Reform, Federal Republic of Nigeria)

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

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

Section 7, Sub-section (1),

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

establishment, structure, composition, finance and functions of such councils.

The functions of a local government council according to this Constitution shall include the participation of such council in the Government of a state as respects the following matters:the provision and maintenance of primary, adult and vocational education, the provision and maintenance of health services, andthe development of agriculture and natural resources other the exploitation of solid minerals.

This section of the Constitution obviously need to be reviewed as all across Nigeria local government councils have witnessed intermittent democratic disruptions only to be replaced by sole administrators or caretaker committees and which have not halted the operations of the local governments. Thus, local government councils in Nigeria exist not only as democratic systems as envisaged by the above section of the Constitution.

According to Odoh (2014),

It would have been safe to assume that with the theoretical premise of local government, their service delivery role ought to have flourished more under democratically constituted regimes than non-democratic ones but findings over the years have shown to the contrary as firstly, devolution (local government autonomy) did not show any marked advantage over de-concentration in service delivery. Secondly, that under military regimes, even with the attendant inconsistency in autonomy, local government service delivery had more prospect than in democratic regimes. Thirdly, people preferred non-partisan politics to partisan politics. Further findings according to the same source include the preoccupation of local government with survival rather than service delivery under democratic regimes, and local governments being used as an instrument of coercing political support.

The above conclusions were reached with the aid of responses from local government officials and people from studies carried out across the country. Some responses from local government officials include better service delivery by local government under military regimes, and that democracy had not raised the standard of local government administration more than the military. The people submitted that party politics had been highly conflictual and divisive, followed by “worse leadership/performance”, corruption and victimization. They claimed that it was the divisive factor that slowed down development at the local level. (Odoh 2014)

2.1.2 The Concept of Political Participation

Democracy is a political system based on representative government, citizen participation in the political process, basic freedoms of citizens, transparency of political acts and processes in general. Citizen participation in the political process is one of the main principles democracy was built on. The traditional model of political participation was formulated by Sidney Verba, an American political scientist, based on the American politics. According to him, “political participation affords citizens in a democracy an opportunity to communicate information to government officials about their concerns and preferences and to put pressure on them to respond" (Verba et al. 1995.) It means that in any democratic system citizens have the right to express their views and attitudes towards almost everything happening in the public sphere or concerning their own interests in a way that government officials know this and respond. In American politics the most widespread way of expressing ones views is voluntary political participation. By this term the political scientists (and particularly Verba) mean that this includes "activities that have the intent or effect of influencing government action - either directly by affecting the making or implementation of public policy or indirectly by influencing the selection of people who make these policies; that participation is not obligatory and receives

no pay or only token financial compensation" and the last thing is that it is not just being attentive to politics (watching news, discussing politics with friends etc.), but "doing politics". This stresses the importance of active rather than passive participation.

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

Mason, in Kernes(1988), is one author who uses the notion of participation to break past the liberal notion of democracy. He argues that when individuals assemble to do and to decide things in common, they are essentially engaged in the political. Once the political is defined this way, participation becomes a hallmark of democracy. Participatory democracy abandons the notion of participation as purely individualistic and narrowly motivated by self-interest; enlightened self-interest includes a keen awareness of the interest of the community as well. Participatory democracy also extends participation beyond simple input to the full range of decision making activities. For activities to be classified as political, Mason states that participation must be widespread and effective. The scope of decision making should be extensive, degree of participation high, the mode of involvement clearly specified and the psychological investment of individuals in the process meaningful. To stress the difference between liberal and participatory democracy, Mason adds that involvement in the processes by which communities rule themselves is an essential part of the development of individuals. Without that involvement, an individual cannot move beyond the possessive individualism of liberal man and cannot relate to other human beings except as they are instrumental to achieving his values. Through

participation in the councils, people could acquire the skills, capacities, responsibilities and confidence that will allow them to assume a more active role in other areas of their lives.

Gutman in Kernes(1988), does not simply assume that participation would lead to equality, rather, she adduces four historical arguments in favor of full participatory rights for all, arguments which in themselves tend to show that participation will be conducive to equality. The first argument, following Bentham, is that "the right of equal participation is a means of protection against the tyranny of others, specifically against the tyranny by the state". A second argument, from Aristotle, is that the counsel of many is better than that of a few, and that those who will be directly affected by decision and who have the relevant information will make better policy. A third argument, following Mill, is that only through participation in decisions will citizens become competent at making good policy. The final argument is that, once equality is accepted as a principle in any area of public life, to exclude people from participation is to undercut their equal dignity as citizens. She further argues that participatory rights have sometimes led to substantive welfare rights, but there are no historical cases of people who have been accorded welfare rights then achieving participatory rights.

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

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

Dahrendorf (2003) writes that if

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

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

According to Verba et al. (1995) "Americans who wish to take part in politics can be active in many ways. Although voting is an important mode of citizen involvement in political life, it is but one of many political acts". This means there is quite a wide range of activities undertaken by not only American public but any ideal democratic society. Some of these activities include voting, working in and contributing to electoral campaigns and organization, contacting

government officials, attending protests, marches, or demonstrations, working informally with others to solve some community problems, serving without pay on local elected and appointed boards, being active politically through the intermediation of voluntary associations, contributing money to political causes in response to solicitations. As we have seen, there is a clear structure of political activities undertaken by citizens in the United States of America, (the use of USA as an example is because it is the strongest democracy in the world) even though the list is not hierarchical, it is quite obvious that voting is the easiest way to participate in political life. Besides, this list of activities is not just declarative, everything is implemented in practice. Citizens of the USA choose the ways to participate in political life due to their possibilities, skills and resources. Verba divided citizen political acts into three categories based on requirements for activity, level of capacity for conveying information, and variation of pressure on policymakers made by activity. The classification may reflect one important feature of political life in the USA which is freedom of choice. Moreover, it shows how effective the whole system of political participation is as if there are possibilities for everyone to find his or her niche in the participation process. First, as skills, time or money needed for taking part in political life, anyone who has any of listed resources may be active. For instance, if a person has money, he or she may donate and work for electoral campaigns. If he or she has some skills to introduce himself or herself, to be convincing and easy to communicate, he or she can contact an official, and so on. The examples are simple and illustrative. Second, everyone may choose if they want, to be anonymously active or publicly active, they may go to polls and follow the elections or attend a demonstration. And the last thing to be mentioned is that the person may also choose how effective he or she wants to be in his or her activity, whether it influences directly the policy-maker or indirectly, for example by voting or contacting a politician.

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

In the European Union, people participate in the political process by voting, signing petitions, wearing buttons, demonstrations, boycotts, contacting politicians - but they do it at the national level, not at the supranational level. The most effective way to participate in political life of the EU is taking part in elections and referendums (e.g. referendum for the European Union Constitution).

People who were not accustomed to freedom, to the term of human rights, to the possibility to express their opinions and views so that they would be taken into consideration by policy makers just have no understanding of what is political participation and why it is needed. Perhaps the time has come for a new democratic Nigeria with effective civil society, with people eager to influence the political process so that their preferences and concerns will be taken into account.

Theoretical literatures on procedural utility and the psychological benefits of political participation suggest that people who participate in political activities will be more satisfied with their lives because of the resulting feelings of autonomy, competence and relatedness,(Weitz-Shapiro and Winters, 2008.) Autonomy suggest independence to freely participate in political activities such as the opportunity for example, of free and fair election. Perhaps the most fundamental purported individual-level reward from participation is increased autonomy, which is a cognitive, emotional and behavioral sense of independence. As Barber (1984) writes, "Autonomy is not the condition of democracy, democracy is the condition of autonomy. Without

participating in the common life that defines them and in the decision-making that shapes their social habitat, women and men cannot become individuals. Freedom, justice, equality, and autonomy are all products of common thinking and common living; democracy creates them".

This means, individuals can best realize themselves as autonomous entities by participating in the political life of their community, and in Barber's (1984) estimation, democracy is the form of political community that best allows them to do this. He quotes Aristotle, "The man who is isolated, who is unable to share in the benefits of political association, or has no need to share because he is already self-sufficient, is not part of the polis, and therefore must be either a beast or a god". Without a sense of autonomy—which Barber links to participation in a political community—human beings cannot feel like human beings. Aristotle in this instance is a bit harsh in his advocacy for political participation because, had he taken into account the numerous polis who wish to participate but could not for one reason or another, he would have been more lenient with such subjects. Barber on the other hand, shows more understanding, perhaps because of the time lag between the life periods of the two scholars.

Competent individuals and groups, in terms of skills and expertise need be allowed fair participation in decision making as this strengthens a sense of belonging. Feeling competent contributes to one's sense of self-worth and self-esteem. In his philosophical statements on education, Dewey (1916)as cited in Weitz-Shapiro and Winters, (2008)asserted that participation yields information; he describes how "acting within the world" can result in increased knowledge. Thompson and Mansbridge (1983) in Weitz-Shapiro and Winters, (2008) have described how this actual information gathering leads to a stronger sense of self. Thompson (1970) in Weitz-Shapiro and Winters, (2008) writes, "A citizen cannot be said to know what his interests are until he participates to some degree", while Mansbridge (1983) in Weitz-Shapiro

and Winters, (2008) describes political participation as "necessary for personal development, to make one fully human, broad in outlook, and conscious of one's own interests." Political participation might increase citizens' knowledge and competence about specific issues, and also, perhaps more importantly, about the nature of political process and even their own rights as citizens.

Political participation in a democracy can take many forms, ranging from voting for representatives at regular intervals to voting on policies in referenda, forming political groups, and engaging in legal or illegal protest. The individuals engaged in such participation likely expect—or at least hope—that these actions will have some impact on the content of government policies. However, the effects of political participation might not be limited to outcomes. Political participation might also affect individual life satisfaction and happiness. This first link, between participation and policy outcomes, is a core tenet of much of the scholarly literature and popular thinking about politics. Even political participation at its most passive—the act of voting for elected representatives—has a clear expected link to policy outcomes: we expect that the different candidates and parties for which citizen's vote will advocate, pass, and implement different policies. Where voters' preferences differ systematically across groups, and who votes, affects the type of policies that the government implements, including those policies that fundamentally shape the nature of society. For example, scholars such as Meltzer and Richards, (1981) in Weitz-Shapiro and Winters, (2008) and Bueno de Mesquita et al. (2003) expect that sudden increases in participation, such as those brought about by democratization, will have large effects on government policies, including those governing the redistribution of income. This view is supported by Wampler, (2007) who showed that the use of participatory budgeting

at the municipal level in Brazil is often praised because of its ability to redirect public funds away from traditionally privileged neighborhoods to the poorest, most needy areas.

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

The economist, Amartya Sen speaks of the freedom to participate as being a key form of development. Sen, (2003) view participation in making decisions that affect one's life and the lives of others as fundamental to human well-being. With his co-author Jean Drèze, Sen, (2002) writes, "Participation can also be seen to have intrinsic value for the quality of life. Indeed, being able to do something through political action—for oneself or for others—is one of the elementary freedoms that people have reason to value". Sen and Drèze's argument follow a long-standing tradition in political theory, dating to Aristotle and embraced by many modern theorists, that claims political participation is valuable because of its effects on the individual citizen and his relationship to his political system, regardless of the actual outcomes from political processes. Although the theoretical literature presents a number of reasons—both direct and indirect—that political participation should increase subjective well-being, the empirical literature on this topic remains nascent. To date, we cannot say whether citizens in fact value

participation to the extent that Sen claims, nor do we know to what degree political participation contributes to an individual's quality of life.However, see Wampler, (2007.)

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

The Ohio State University Fact Sheet (Ohio State University, 1998) cites the following advantages flowing from participation in (local government) community affairs: The citizen can bring about desired changes by expressing individual or collective views on issues of public interest, itpromotes citizenship and teaches citizens to understand the needs and desires of other citizen groups in society, it teaches citizens how to resolve conflict and how to promote collective welfare, citizens begin to understand group dynamics, it provides checks and balances for the political machinery of the state.(Van der Molen, Rooyen and Van Wyk 2002) in (Abubakar, 2008.)

Additionally, reasons advanced for citizen's participation in government are that: Citizen participation promotes dignity and self-sufficiency within the individual, it taps the energy of resources of individual citizen within the community, Citizen participation provides a source of special insight, information and knowledge that adds to the soundness of government policies,

Participation ensures that citizens have access to the tools of democracy, it creates national dialogue onissues, particularly for previously disadvantaged citizens (Meyer and Theron 2000.)

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

Following closely these motivations forparticipation in government is the question: "Why participate"? Different authors have attempted in this regard to answer this question in the following ways:

Some have argued that participation has a huge cost for the poor and that they will invest their participation as "free good" desirable in an unlimited quantity. Citizen participation it is opined can be used as a strategy to reform government. Roodt (2001) in Abubakar, (2008), in his contribution suggests that it is a worldwide movement away from centralized state control to regional and local governance. Furthermore, citizen participation facilitates a strong civil society, provides information to citizen and improves the public – policy process. It supplements public – sector work and refines the societal context in which policies are formulated. This is in addition to refocusing political power and community dynamics.

Although, the body of literature on the topic of citizen participation is overwhelming in its support for it, there is a minority section which highlights the limitation of citizens' participation. The limitations of citizen participation in government presents itself in the current dilemma outlined by Brynard (1998) in Abubakar(2008), that "although participatory democracy

encourages popular participation, reality shows that not every citizen is interested, or has the capacity to participate in public affairs." Experience has also shown that local authorities often have no interest in what local communities are saying (See Republic of South Africa, Local Government Municipal Systems Act 2000, the White Paper on Local Government 1988 and Van der Molen 2002)in Abubakar, (2008). It is also reported by Van der Molen et al (2002) that "in conflict – ridden societies, citizen participation may be limited due to fear. Illiteracy, a dominant scourge in most developing countries is an inhibiting factor in the public participatory process, as aptly shown by Van der Molen (2002), "Participation presupposes background knowledge and/or experience of the public issues involved. Illiterate people may be marginalized by professionals and technical communications during such a process. How public participation processes are advertised becomes a major issue".

Abubakar(2008), observe that most bureaucracies in developing countries are not structured in such a way as to facilitate and sustain citizen participation and this has continued to hamper constructive citizen-input into the decision making machinery and policy making process.

From the literatures reviewed on participation research, authors are unanimous and have accepted unconditionally that participation contributes to good management decisions, without contemplating whether perspectives on good decisions are important (Enck: 1996). However, Abubakar(2008), points out that their focus is myopic because what constitute a "good decision depends on the perspective from which it is approached or viewed".

Successful citizen participation depends on whether decisions are implemented or not. Difficulties may occur particularly if implementation involve stakeholders who were not part of the decision making process. The literature on citizen- participation has therefore not adequately

considered the extent to which decisions based on citizen participation were indeed implemented (Van der Molen, 2002), in (Abubakar, 2008.)

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

Democratic theorists are however divided on whether participation can further governance (democracy). This division has brought out three schools of thought.

The first school thinks that citizen participation in governance doom democracy. A second school holds the view that it is the key to deepening it while the third argues that they do not have any significant effect. This debate has lasted for centuries.

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

McConnell (1966),in Abubakar(2008) observes that the proponents of this school also include those who prefer centralized government because of their belief that local politics breeds corruption and parochialism rather than democratic citizenship.

Rebeiro (1995) who seem to favor participation warns that rather than furthering democracy, it

has frequently led to low representation by the participants, predominance of neighborhood interests over city-wide interests, and leftist clientelism. Cited in Gold Frank (1998), in Abubakar(2008).

Scholars that lean in favor of citizen participation have a long pedigree. Rousseau, and later John Staurt Mill, argued that participation educates people to become full citizens, reduces conflict, by helping people accept government decisions, and integrate the community,(Pateman,1970),in (Abubakar 2008.)

As observed by Abubakar(2008), recently scholars with varying research agendas, such as bureaucracy, urban planning and urban politics, have all argued for the increased citizen participation in the design and implementation of public policy. Depending on the authors, these changes would make government more responsive, effective and efficient, citizens more socially integrated and public spirited, and because of the changes in government and citizenry, local economies more prosperous and more equitable.

Berry et al (1993)in Abubakar(2008) set out to test some of these claims against those of the first school of thought. They found that participation in their cities yielded higher levels of government responsiveness, honesty and legitimacy (or the public perception of these items), led to greater sense of community and tolerance among citizens, defused hostility among groups in the city and did not create gridlock, increase conflict, introduce racial or economic biases into policy making or lead to frustration and disenchantment with government.

Scholars in the last group posit that citizen participation is insignificant. Martins (1998)in Abubakar(2008), argues that they will not make a difference because local governments are limited by the “capitalist character of state structures” which implies that the primary task of

government is “the reproduction of capital” and presumably, any strengthening of the state comes at the expense of public sectors and of democracy.

Evans (1996a, 1996b, 1997), in Abubakar(2008), has been a leading proponent of the notion of “state – society synergy” which occurs when state agencies and civic organizations possess cooperative trusting ties with one another. According to Evans, when such synergistic relations occur, they produce more disciplined and better informed public agencies and more civic engagement, which results in more optimal development outcomes. Evans also argues that synergy is “construct-able” if reformers in the state find innovative ways of organizing cooperative institutions and of presenting problems and interests as common to all involved.

2.2 Theoretical Framework

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

This study will state the position of both schools of thought and highlight those areas in their

discussion that will guide and provide a framework for this study. The discussion will begin by looking at the contributions of the democratic school of thought.

2.2.1 Democratic-Participatory School

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

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

The governments and administration of the advanced countries of Europe and America are based on the tenets of democracy and representative government, and local government is the heart of the practice. In the words of Ola (1984); local politics, like politics at all other levels, deals with

conflict and conflict resolution. At the local level therefore, citizens are called upon and learn to make choices, to tolerate the views of minorities and to respect others' opinions, be they in favor or contrary to their own. This function of local government, the democratic participatory school holds to be the most sacrosanct.

In the words of Panter – Brick (1954) in Abubakar (2008) the capacity to make rational choices and "the art of winning consent "are as much necessary in local government as in central government, and that capacity is acquired and enhanced by participation in local government.

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

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

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

group activities and participation, public debates and discussions of political issues. (Ola 1984).

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

2.2.2 Efficiency – Services School

Some sort of revolt emerged against the conventional view that local governments deepens democracy, by providing avenue for the political participation and education of citizens aspiring for national office. To them, "local government exists to provide services and it must be adjudged by its success in providing services up to a standard measured by a national inspectorate" (Ola 1984).

Arising from the above argument, advocates of the efficiency services hold the opinion that the views expressed by Mills and Brick have no universal applicability particularly in the light of recent occurrences across the globe.

The main ingredient of this theoretical proposition of the efficiency services school of thought is that the main purpose of local government is to provide services to the local people. J. S. Sharpe for instance, suggested that "the efficient performance of these services is so compelling that if local government did not exist, something else would have to be created in its place. (Cited in Ola 1984".)

Using the scholarly work of McKenzie (1964) in Abubakar, (2008) as a reference point, he

argued that local government is far from being a launching pad for democracy. For him, local government is primarily a means of providing certain services although it may also offer the citizen the benefit of serving the community. Further, it is therefore heinous for government to regard its purpose as the propagation of democracy at the local level. The point as it is being argued is that local government because of its closeness to an area can provide certain services far more efficiently than the central government. These services should therefore, be allocated to local government and should serve as its main functions.

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

The views expressed by the two schools of thoughts on local government above are two extreme positions on what local government should actually be doing. As can be seen also, the advocates of these schools of thought are from the modern industrialized world with their political economy shaping the views they expressed on what functional roles local governments should play. For instance, advocates of the democratic theory are from Britain and America where there is a strong tradition for democracy while advocates of the efficiency services school are pioneered by the French scholars whose background, depict centralizing influences as it is with the "Prefecture" system prior to the 1982 reforms. While these extreme theoretical positions

enjoy some utility, a blend or midway into these positions need to be made. It has been argued in some quarters that for developing countries, democracy in local government is a luxury and an expensive venture. (Technical Committee on Local Government Reforms, 2004). Hence, a strong emphasis for local government to carry out services instead of using their meager funds for paying allowances and entitlements of councilors at the local government level is advocated for developing countries. In the same vein, it is argued that representative government which is a hallmark of democracy is not an interests and pressure groups within the represented and their views articulated in government i.e. mobilizing popular participations for good governance.

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

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

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

The democratic participatory school has it that:

i. Local government assures the appreciation of individual interest.

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

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

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

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

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

2.2.3 Blend of the two Schools of Thought

Through participation, which democracy affords, citizens can identify and articulate their felt needs and forward such needs through representation, which democracy also affords, for technical advice, planning and execution, which the efficiency services school advocates.

A case in point is Katsina State, where the three Local Governments under study are part of, where the State government in 2008 decided to, and went ahead to construct 30 units of 3 bedrooms flats across the 34 Local Government Areas of the state and deducted the cost from the LGs grants. From the efficiency services perspective, a housing service has been done, however, except for the urban/metropolitan LGs, most of the other LGs would have preferred other projects if they had been consulted, an attribute of the democratic participatory school.

It is therefore the determination of this study that while we agree that services have to be efficiently provided by the local government, the way these services are decided, allocated and provided will to a large extent require the representation and participation of the people.

Deriving from this position, we are saying that a nexus exist between political participation and the development of social infrastructure, for sustainable development.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research methodology employed in the course of this study. The chapter is divided into seven sections namely introduction, the research design, population and sample size, sampling technique, sources of data, administration of instruments, and method of data presentation and analysis.

3.2 Research Design

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

The choice of the survey research design for this study was in consideration of the fact that it will facilitate the collection of detailed and factual information on the level of political participation vis-a-viz basic education and primary healthcare infrastructure for development in the study areas. The design involved an empirical research methodology in the collection of data and negate the tendency for manipulating the samples to test the research questions stated. Further, attitudes and opinions of individuals were assessed.

3.3 Population and Sample Size of the Study

The population for this study covers Dutsin-Ma Local Government Area, an urban local government, Danja Local Government Area, a semi-urban local government, and Bindawa Local Government Area, a rural local government respectively. In selecting these sampled local governments from the state, the multi stage sampling technique was used where the state was divided according to senatorial zones and using the quota random sampling technique, each zone

represents a quota and thus, one local government was allotted to each zone. In each of the three senatorial zones, one local government was selected using purposive sampling technique because of the conventional categorization of local governments into urban, semi-urban, and rural local governments. In selecting the semi-urban and rural local governments, deliberate and conscious effort was made to ensure that the most vulnerable within the zone is selected, in terms of remoteness and relative access to social services. Furthermore, this system of selecting a sample from a given universe caters for peculiarities and characteristics such as degree of homogeneity and degree of heterogeneity, among others, of the population. It also helps the researcher to be less biased in his subject selection.

The subjects for the sample size for this study are selected because their positions affords them relevant and in some cases privileged information, they include Local Government elected representatives from the study areas, two Departmental Heads of primary education and primary health care, and some of their staff, in one category. Another category of respondents was drawn from the general public in the respective study areas which included representation from Traditional rulers, community based associations, NUT, MHWU, NULGE, political parties, religious clerics.

Sample Size of the Study

The table below shows the populations of the three selected local governments.

Table 3.1 Population of the Selected Local Governments.

S/N	Category	L.G.A.	Population
1	Urban	Dutsin-ma	169,820
2	Semi-urban	Danja	125,703
3	Rural	Bindawa	152,356

Source: National Population Commission 2006, Katsina Office.

The Yamane (1967:886) formula as expressed by Israel (1992:1-10) was used to determine the sample size as demonstrated below; However, this formula stressed that n (calculated sample size) should be regarded as minimum number of respondents required and must be attained for reasonable generalization.

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

Where n = sample size,

N = Total population =152,356(Bindawa) + 125,703(Danja) + 169, 829(Dutsin-ma) = 447,888

e = Level of significance $(95\%)^2 = (0.0025)$,

$n = 447{,}888 \div 1 + 447{,}888\ (0.0025)$

$n = 447{,}888 \div 447{,}889\ (0.0025)$

$n = 447{,}888 \div 1{,}119.7225$

$n = 399.999$.

n = 400 approximately.

To obtain the sample size of repondents per Local Government proportionally:

Bindawa Local Government: $152{,}356 \div 447{,}888 \times 400 = 136$

Danja Local Government: $125{,}703 \div 447{,}888 \times 400 = 112$

Dutsin-ma Local Government: $169{,}829 \div 447{,}888 \times 400 = 152$

Table 3.2 Distribution of Selected Respondents among Local Government Officials, Primary Education, and Primary Healthcare.

S/N	L.G. Official	Dutsin-ma LG	Danja LG	Bindawa LG	Total
1	Director, Admin. and Finance	1	1	1	3
2	Supervisory Councilor ESD	1	1	1	3
3	Education Secretary	1	1	1	3
4	Principal Personnel Officer	1	1	1	3
5	Principal Accountant	1	1	1	3
6	Quality Assurance Officer	1	1	1	3
7	Principal Inspector of Education	1	1	1	3
8	Planning Research and Statistics	1	1	1	3
9	Social Mobilization Officer	1	1	1	3
10	Supervisory Councilor Health	1	1	1	3
11	Director Primary Healthcare	1	1	1	3
12	Unit Head Drugs and Equipment	1	1	1	3
13	Unit Head Maternal/ Child Healthcare	1	1	1	3
14	Unit Head Disease Control	1	1	1	3
15	Unit Head Health Education	1	1	1	3
16	Unit Head Monitoring and Evaluation	1	1	1	3
17	Unit Head NPI	1	1	1	3
18	Total	17	17	17	51

Source: Survey Research, 2015

Table 3.3 Distribution of Selected Respondents among general public (CBAs, Unions inclusive.)

S/N	Category of Respondents	Dutsin-ma LG	Danja LG	Bindawa LG
1	Traditional rulers	6	6	6
2	NULGE	6	6	6
3	NUT	6	6	6
4	MHWU	6	6	6
5	Excos of APC, PDP, PDM, APGA, PRP	4	4	4
6	CBAs	9	9	9
7	Religious clerics	3	3	3
8	General public	95	55	79
9	Total	135	95	119

Source: Survey Research, 2015

Thus, 100% extra questionnaires were provided to cater for anticipated non-return of questionnaires. Therefore, 800 questionnaires were administered across the three study areas. This is done with the hope of getting at least the minimum required sample size of 400. For LG officials, the minimum required for each LGA is 17 respondents, however, 30 questionnaires were administered giving a total of 51 minimum required respondents but 90 questionnaires administered across the three study areas. From the public the minimum required was 349 but 710 questionnaires were administered.

3.4 Sources of Data

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

Primary Data

Primary data is usually more relevant in dealing with the issues at stake. The research method made use of questionnaire. Two sets of questionnaires were used, one for selected Local Government official, and the other for selected respondents from the general public. The questionnaire method was employed to assist analysis of data collected from the field, as each contain both open-ended and closed-ended questions. The questionnaire method was used to collect specific information on the nexus between the extent of political participation and actual basic education and primary healthcare development of the study areas. The form, wording, and sequence of questions was carefully done in the questionnaire. Each question was checked to see if it will contribute to answering the research questions and research objectives.

Secondary Data.

In order to compliment primary data and its sources, the secondary source was employed. This included examination of text books, journals, published and unpublished research works, magazines, seminar and workshop papers, and government documents from Budget Office, Katsina state Ministry of Finance, Katsina state Ministry of Education, Katsina state Ministry of Health, Departments of Education and Health of the three local governments under study, that are related to this research work.

3.5 Administration of Data Collection Instrument

Questionnaires were administered personally by the researcher with the aid of six assistants. In order to give the research the needed credibility and acceptability, a letter of introduction was obtained from the Head, Department of Public Administration, and presented to whom it concerned during the process of the research work.

3.6 Method of Data Presentation and Analysis

Appropriate tables were used to summarize the data in a manner that will ease understanding of the data collected. The statistical technique used in the analysis of data collected was the correlation coefficient test (using SPSS.) This type of test help to reveal the magnitude and direction of relationship between variables, which can be high or low, positive or negative. A high correlation coefficient indicates a great degree of relationship while low correlation coefficient indicates a small degree of relationship.Also, a positive correlation coefficient indicates a direct relationship between variables, a negative correlation coefficient indicates an inverse relationship, and when it is zero, there is no relationship between the variables. Finally, Chi-square was used to test the hypotheses stated.

3.7 Decision Rule

Accept hypothesis if calculated value (r) is greater than the table value, and reject hypothesis if calculated value (r) is less than the table value.

CHAPTER FOUR

OVERVIEW OF BASIC EDUCATION AND PRIMARY HEALTHCARE IN NIGERIA

4.1 Minimum Standards for Basic Education in Nigeria

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

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

Quality assurance is the management of goods, services and activities from the input stage, through processes, to the output stage of production. It aims at preventing quality problems and ensuring that only conforming products reach the customer. Indicators of quality in the basic education context according to Universal Basic Education Commission (2011) include quality teachers and learners, quality content of curriculum, quality instruction, child-friendly learning environment both physical and aesthetical, and quality outcomes such as academic achievement.

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

> *…improving all aspects of the quality of education and ensuring excellence of all so that recognized and measurable learning*

outcomes are achieved by all, especially in literacy, numeracy, and essential life skills.

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

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

4.2Minimum Standards for Primary Health Care in Nigeria

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

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

The Ward Minimum Health Care Package (WMHCP) was developed to address Nigeria's current strategy to deliver PHC services and consists of a set of health interventions and services that address health and health related problems that would result in substantial health gains at low cost to government and its partners. The WMHCP with a plan period from 2007 to 2912 include the following interventions:

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

(2) Child Survival,

(3) Maternal and Newborn Care,

(4) Nutrition,

(5) Non-Communicable Diseases Prevention,

(6) Health Education and Community Mobilization.

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

a. Service Provision including Essential Drugs

b. Human Resource for Health

c. Health Infrastructure development.

The National Primary Health Care Development Agency (NPHCDA) provides support for the implementation of the National Health Policy in all matters relating to primary health care in

Nigeria. Within the policy, PHC is identified as the ‘ main focus for delivering effective, efficient, quality, accessible and affordable health services to a wider proportion of the population’. Subsequent to this mandate, one of its core functions is the development of effective systems of supervision, monitoring and evaluation of PHC based on national guidelines and standards. Ideally, PHC is the foundation of the health care system. It is the level at which short-term, uncomplicated health issues should be resolved. It is also the level at which health promotion and education efforts are undertaken, and where patients in need of more specialized services are connected with secondary care.

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

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

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

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

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

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

For the purpose of this study our main focus is on health infrastructure development, and human resource for health, with regards to primary health care in the three areas under study. The tables below present an excerpt of the minimum standards for the different categories of PHC facilities. See appendix iv.

4.3Profile of the Study Areas

Even though the 1976 Local Government Reforms recommended for a nationwide uniform administrative structure for local governments, the Katsina State House of Assembly, backed by Section 7 sub-section (1) of the 1999 Constitution of the Federal Republic of Nigeria, created an additional Department in its local government structure bringing the total to seven departments. Below is a summary of the two departments under study, and their functions.

4.3.1Education and Social Welfare Development

This department is in charge of primary and adult education, social welfare, and information. It has the following administrative structure headed by Unit Heads:

i. Education Secretary

ii. Principal Personnel Officer

iii. Principal Accountant

iv. Quality Assurance

v. Principal Inspector of Education

vi. Planning Research and Statistics

vii. Social Mobilization.

The functions of this department include among others, recruitment of personnel from GL 03 – 07, monitoring and evaluation of primary education related matters. Funding of the department comes from Federal Government grant (10%), State Government grant (15%), and Local Government (75%).

4.3.2. Primary Healthcare Department

It has the following administrative structure headed by Unit Heads:

i. Director Primary Health Care

ii. Assistant Director/Unit Head, Drugs and Equipment

iii. Unit Head, Maternal and Child Health Care

iv. Unit Head, Disease Control

v. Unit Head, Health Education

vi. Unit Head, Monitoring and Evaluation

vii. Unit Head, National Program on Immunization.

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

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

ii. Child Survival,

iii. Maternal and Newborn Care,

iv. Nutrition,

v. Non-Communicable Diseases Prevention,

vi. Health Education and Community Mobilization.

vii. Service Provision including Essential Drugs

viii. Human Resource for Health

ix. Health Infrastructure development.

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

4.4Brief Historical Evolution of the Selected Local Government Areas

4.4.1 Danja Local Government

Danja local government is one of the 34 local government areas of Katsina state. It is situated at the extreme southern end of the state. It was carved out of the former Bakori local government area on 19th September 1991 by the military administration of Gen. Ibrahim Babangida. It has its headquarters at Danja town, and is bordered to the north by Bakori local government, to the north-west by Funtua local government, Kudan and Giwa local government areas to the south and south-west respectively, Kafur local government to the east, and Rogo local government of Kano state to the south-east.

Danja local government area is blessed with a large population of 125,703 people (males 65,072, females 60,631) spread over an agrarian territory whose inhabitants are mostly practicing farmers. The dominant tribes are Hausa and Fulani with Islam as the predominant religion. The Traditional institution is headed by a District Head turbaned on 12th June 1992 and has 12 village Heads under him.

Danja local government enjoys a good road network linking it with its neighbors and the wider reaches. It has a micro-finance bank to ease financial activities, and major markets at Dabai,

Danja, Tandama, and Nahuce for commercial activities that caters for both local and visiting businesses. There are educational and health care facilities, both public and private. The area is blessed with abundant and fertile land suitable for both rainy and dry season farming. In the area of security, Danja local government enjoys the presence of the Police, State Security Service (SSS), Nigeria Security and Civil Defence Corps, and the Nigeria Immigration Service.

4.4.2 Dutsin-Ma Local Government

Even though there is no written history, verbal accounts affirm that Dutsin-Ma derive its name from a pagan male called Ma who was believed to be a hunter. Ma was said to have come from a village called Birchi, a short distance north of Dutsin-Ma, and settled near the mighty rock in the center of Dutsin-Ma town around 1911. However, the modern day history of the town started in November 1928 when the then District Head of the town relocated the seat of District Head from Kurfi town to Dutsin-Ma town. Dutsin-Ma was among the four administrative areas created from the then Katsina Province in 1967, and was among the seven local governments when Katsina state was created from the former Kaduna state. As a result of the successive creation of new local governments, Dutsin-Ma was reduced drastically as seven new local governments namely Kankia, Ingawa, Kusada, Matazu, Musawa, Dan-Musa, Safana, Kurfi, and Batsari were all part of it. According to the 2006 census, Dutsin-Ma local government has a population of 169,829 people (males 88,202 and females 81,627.)

Traditionally the Yan Dakan Katsina who is among the four King Makers in the Katsina Emirate Council and also the only district head in all of Katsina Emirate allowed by tradition to shake hands with the Emir of Katsina, is the District Head of Dutsin-Ma. Dutsin-Ma has fifteen villages under it and they all have their village heads answerable to the Yan Dakan Katsina.

These villages are Dutsin-Ma, Bagaggadi, Dagen-Lawai, Kuki, Karofi, Rayi, Nasarawa, Shama, Kutawa, Badole, Dabawa, Mahuta, Makera, Dogon ruwa, and Yanshantuna.

Dutsin-Ma local government is no doubt one of the food baskets of Katsina state. This is evidenced in the zeal and determination of the entire population of the area who are engaged in one form of agricultural activity or another. The agricultural produce include but not limited to, millet, guinea corn, beans, maize, rice, soya beans. The people are also engaged in livestock farming as they rear cattle, sheep, goats, fish and poultry farming. Commerce and tourism also flourish in Dutsin-Ma as they have a very busy weekly market that operates on Wednesdays, and tourist sites such as the Zobe dam and the mighty rock of Dutsin-Ma.

4.4.3Bindawa Local Government

Bindawa local government is also one of the thirty four local government councils of Katsina state. It was created in 1989 by the then military administration of Gen. Ibrahim Badamasi Babangida. The local government area has a population of 152, 356 people (males 78,229 and females 74,127), according to 2006 census, scattered around thirty eight villages that make up its land area.

Bindawa local government area is bounded to the north by Mani local government, to the south by Kankia local government, to the east by Ingawa local government, and to the west by Charanchi local government. The people are entirely Muslims by religion and their main occupation is agriculture. The major crops grown in the area include millet, maize, groundnut, beans, cassava, and a variety of fruits and vegetables.

Prior to the creation of the local government in 1989, there was one District only in the local government which was Bindawa District with a District Head, however, with the creation of the

local government, another District known as Doro District came into existence. This was in line with the then state military administration's policy to create one additional District in every local government in the state. With all things taken into consideration, Bindawa local government fall within the rural local government category.

CHAPTER FIVE

DATA PRESENTATION AND ANALYSIS

5.1Data Presentation

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

5.1.2 Primary Data

A total of 800 questionnaires were administered across the three study areas. This was done with the hope of getting at least the minimum required sample size of 400. Thus, 90 questionnaires were administered to LG officials, and 710 questionnaires were administered to the public. Below is the breakdown according to LGA.

The tables that follow presents an account of the number of questionnaires administered and returned to the researcher by the respondents.

Table 5.1.1Questionnaire Administration for the people.

LGA	Administered Questionnaire	Returned Questionnaire	Percentage
Bindawa	240	117	48.8%
Danja	210	134	63.8%
Dutsin-Ma	260	177	68.1%
Total	710	428	60.3%

Source: Field Survey by the Researcher, 2015.

The table above shows that a total of 710 questionnaires were randomly administered to people in the three local government areas, with 240 for Bindawa, 210 for Danja, and 260 for Dutsin-

Ma. The un-even distribution is informed by the differences in populations. Of the 710 questionnaires administered 428 representing 60.3% were duly completed and returned. Bindawa Local Government has 117 returned representing 48.8%, Danja Local Government has 134 returned representing 63.8%, while Dutsin-Ma Local Government has 177 returned representing 68.1%. However, the 60.3% returned questionnaires represent 122.7% of the minimum required respondents.

Table 5.1.2 Returned Questionnaire by LGA

	Frequency	Percent	Valid Percent	Cumulative Percent
BINDAWA	117	27.3	27.3	27.3
DANJA	134	31.3	31.3	58.6
DUTSIN-MA	177	41.4	41.4	100.0
Total	428	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that a total of 428 questionnaires were duly returned, of which Bindawa Local Government has 117 representing 27.3%, Danja Local Government has 134 representing 31.3%, and Dutsin-Ma Local Government has 177 representing 41.4%.

Table 5.1.3 Gender of Respondents.

	Frequency	Percent	Valid Percent	Cumulative Percent
MALE	334	78.0	78.0	78.0
FEMALE	94	22.0	22.0	100.0
Total	428	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 428 respondents, 334 representing 78.0% are male while 94 representing 22.0% are female.

Table 5.1.4 Respondents Marital Status

	Frequency	Percent	Valid Percent	Cumulative Percent
SINGLE	182	42.5	42.5	42.5
MARRIED	246	57.5	57.5	100.0
Total	428	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 428 respondents, 182 representing 42.5% are single, while 246 representing 57.5% are married.

Table 5.1.5 Respondents Religion

	Frequency	Percent	Valid Percent	Cumulative Percent
ISLAM	423	98.8	98.8	98.8
CHRISTIANITY	5	1.2	1.2	100.0
Total	428	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of 428 respondents, 423 representing 98.8% are Muslims while 5 representing 1.2% are Christians. This indicates religious homogeneity in the areas under study.

Table 5.1.6 Educational Qualification of Respondents.

	Frequency	Percent	Valid Percent	Cumulative Percent
NON-FORMAL	7	1.6	1.6	1.6
PRIMARY	18	4.2	4.2	5.8
SECONDARY	96	22.4	22.4	28.3
POST SECONDARY	307	71.7	71.7	100.0
Total	428	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 428 respondents, 7 representing 1.6% have non-formal education, 18 representing 4.2% have primary education, 96 representing 22.4% have secondary education, and 307 representing 71.7% have post-secondary education.

Table 5.1.7 Tribe of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
HAUSA	416	97.2	97.2	97.2
YORUBA	7	1.6	1.6	98.8
IGBO	5	1.2	1.2	100.0
Total	428	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 428 respondents, 416 representing 97.2% are Hausa, 7 representing 1.6% are Yoruba, and 4 representing 1.2% are Igbo. This indicates ethnic homogeneity.

Table 5.1.8 Age of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
16 TO 25	154	36.0	36.0	36.0
26 TO 35	62	14.5	14.5	50.5
36 TO 45	198	46.3	46.3	96.7
46 TO 55	14	3.3	3.3	100.0
Total	428	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 428 respondents, 154 representing 36.0% were between the ages of 16-25, 62 representing 14.5% were between the ages of 26-35, 198 representing 46.3% were between the ages of 36-45, and 14 representing 3.3% were between the ages of 46-55.

Table 5.1.9TYPES OF POLITICAL PARTICIPATION

		TYPES OF POLITICAL ACTIVITIES					Total
		ALL	NONE	PARTY MEMBERSHIP, REGISTERED VOTER, VOTER	REGISTERED VOTER, VOTER	PARTY MEMBERSHIP, REGISTERED VOTER, ATTENDING PARTY MEETINGS, CAMPAIGN,VOTER	
BINDAWA	Count	0	0	4	92	21	117
	% within LGA	0.0%	0.0%	3.4%	78.6%	17.9%	100.0%
DANJA	Count	7	10	7	98	12	134
	% within LGA	5.2%	7.5%	5.2%	73.1%	9.0%	100.0%
DUTSIN-MA	Count	0	10	18	113	36	177
	% within LGA	0.0%	5.6%	10.2%	63.8%	20.3%	100.0%
Total	Count	7	20	29	303	69	428
	% within LGA	1.6%	4.7%	6.8%	70.8%	16.1%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 21 out of 117 respondents representing 17.9% were registered party members, registered voters, attend party meetings, campaigns, and vote at elections, 92 respondents, representing 78.6% were registered voters, and vote at elections, 4 respondents,

representing 3.4% were registered party members, registered voters, and vote at elections in Bindawa Local Government. 12 out of 134 respondents representing 9.0% were registered party members, registered voters, attend party meetings, campaigns, and vote at elections, 98 respondents, representing 73.1% were registered voters, and vote at elections, 7 respondents, representing 5.2% were registered party members, registered voters, and vote at elections, 7 respondents, representing 5.2% participate in all the listed political activities, while 10 respondents, representing 7.5% do not participate in any of the listed activitiesin Danja Local Government. 36 out of 177 respondents representing 20.3% were registered party members, registered voters, attend party meetings, campaigns, and vote at elections, 113 respondents, representing 63.8% were registered voters, and vote at elections, 18 respondents, representing 10.2% were registered party members, registered voters, and vote at elections, while 10 respondents, representing 5.6% do not participate in any of the listed activities in Dutsin-ma Local Government. It became clear from the above scenario that voter registration and voting are the dominant political participation in the three Local Governments with 303 out of the total 428 respondents, representing 70.8%. The picture also showed that 7 respondents, representing 1.6% across the three study areas participate in all the listed activities, while 20 respondents, representing 4.7% do not participate in any of the listed activities.

Table 5.1.10 Local Government Performance inDevelopment Of Basic Education

			LG PERFORMANCE IN BASIC EDUCATION		Total
			ADEQUATE	NOT ADEQUATE	
LGA	BINDAWA	Count	43	74	117
		% within LGA	36.8%	63.2%	100.0%
	DANJA	Count	61	73	134
		% within LGA	45.5%	54.5%	100.0%
	DUTSIN-MA	Count	66	111	177
		% within LGA	37.3%	62.7%	100.0%
Total		Count	170	258	428
		% within LGA	39.7%	60.3%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 43 out of 117 respondents, representing 36.8% said local government performance in development of basic education is adequate, while 74 respondents, representing 63.2% said it is not adequate in Bindawa Local Government. 61 out of 134 respondents, representing 45.6% said local government performance in development of basic education is adequate, while 73 respondents, representing 54.5% said it is not adequate in Danja Local Government. 66 out of 177 respondents, representing 37.3% said local government performance in development of basic education is adequate, while 111 respondents, representing 62.7% said it is not adequate in Dutsin-ma Local Government. This indicates that Danja Local Government has higher rating in terms of performance in the development of basic education, while Bindawa Local Government has the least rating even though the difference with Dutsin-ma Local Government appear to be insignificant in practical terms.

Table 5.1.11ADEQUACY OF PRIMARY SCHOOLS

	WHAT IS THE ADEQUACY OF PRIMARY SCHOOLS IN YOUR LGA

Table 5.1.19 Local Government Performance onDevelopment of Primary Healthcare

					Total
			ADEQUATE	NOT ADEQUATE	
LGA	BINDAWA	Count	38	79	117
		% within LGA	32.5%	67.5%	100.0%
	DANJA	Count	66	68	134
		% within LGA	49.3%	50.7%	100.0%
	DUTSIN-MA	Count	69	108	177
		% within LGA	39.0%	61.0%	100.0%
Total		Count	173	255	428
		% within LGA	40.4%	59.6%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that38 out of 117 respondents, representing 32.5% said Local Government performance in the development of Primary Healthcare is adequate, while 79 respondents, representing 67.5% said it is not, in Bindawa Local Government. 66 out of 134 respondents, representing 49.3% said Local Government performance in the development of Primary Healthcare is adequate, while 68 respondents, representing 50.7% said it is not adequate in Danja Local Government. 69 out of 177 respondents, representing 39.0% said Local Government performance in the development of Primary Healthcare is adequate, while 108 respondents, representing 61.0% said it is not adequate in Dutsin-ma Local Government. This indicates that while the general picture shows all three Local Governments' performance is below par in the development of primary healthcare, yet, Danja Local Government had a better performance, and Bindawa has the least performance.

Table 5.1.20 ADEQUACY OF HOSPITALS

			WHAT IS THE ADEQUACY OF HOSPITALS IN YOUR LGA				Total
			HIGH	MODERATE	LOW	VERY LOW	
LGA	BINDAWA	Count	18	35	49	15	117

		% within LGA	15.4%	29.9%	41.9%	12.8%	100.0%
	DANJA	Count	16	39	60	19	134
		% within LGA	11.9%	29.1%	44.8%	14.2%	100.0%
	DUTSIN-MA	Count	15	43	98	21	177
		% within LGA	8.5%	24.3%	55.4%	11.9%	100.0%
Total		Count	49	117	207	55	428
		% within LGA	11.4%	27.3%	48.4%	12.9%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 18 out 117 respondents, representing 15.4% said adequacy of hospitals is high, 35 respondents, representing 29.9% said it is moderate, 49 respondents, representing 41.9% said it is low, while 15 respondents, representing 12.8% said adequacy of hospitals is very low in Bindawa Local Government. 16 out 134 respondents, representing 11.9% said adequacy of hospitals is high, 39 respondents, representing 29.1% said it is moderate, 60 respondents, representing 44.8% said it is low, while 19 respondents, representing 14.2% said adequacy of hospitals is very low in Danja Local Government. 15 out 177 respondents, representing 8.5% said adequacy of hospitals is high, 43 respondents, representing 24.3% said it is moderate, 98 respondents, representing 55.4% said it is low, while 21 respondents, representing 11.9% said adequacy of hospitals is very low in Dutsin-ma Local Government. The picture above suggest a low adequacy of hospitals in the three Local Governments as indicated by responses of 61.3% of respondents from the study areas, as only 11.4% said adequacy of hospitals is high.

Table 5.1.21 ADEQUACY OF DRUGS

			ADEQUACY OF DRUGS				Total
			VERY HIGH	MODERATE	LOW	VERY LOW	
LGA	BINDAWA	Count	4	12	47	54	117
		% within LGA	3.4%	10.3%	40.2%	46.2%	100.0%
	DANJA	Count	7	12	37	78	134
		% within LGA	5.2%	9.0%	27.6%	58.2%	100.0%
	DUTSIN-MA	Count	0	13	79	85	177
		% within LGA	0.0%	7.3%	44.6%	48.0%	100.0%
Total		Count	11	37	163	217	428
		% within LGA	2.6%	8.6%	38.1%	50.7%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 4 respondents out of 117, representing 3.4% said adequacy of drugs is very high, 12 respondents, representing 10.3% said it is moderate, 47 respondents, representing 40.2% said it is low, and 54 respondents, representing 46.2% said adequacy of drugs is very low in Bindawa Local Government. 7 respondents out of 134, representing 5.2% said adequacy of drugs is very high, 12 respondents, representing 9.0% said it is moderate, 37 respondents, representing 27.6% said it is low, and 78 respondents, representing 58.2% said adequacy of drugs is very low in Danja Local Government. 0 respondents out of 177, representing 0.0% said adequacy of drugs is very high, 13 respondents, representing 7.3% said it is moderate, 79 respondents, representing 44.6% said it is low, and 85 respondents, representing 48.0% said adequacy of drugs is very low in Dutsin-ma Local Government. The general picture here is that of low adequacy of drugs across the three Local Governments as indicated by 88.8% of respondents, while only 2.6% said adequacy of drugs is very high.

Table 5.1.22 ADEQUACY OF DOCTORS

			ADEQUACY OF DOCTORS				Total
			VERY HIGH	MODERATE	LOW	VERY LOW	
LGA	BINDAWA	Count	4	4	29	80	117
		% within LGA	3.4%	3.4%	24.8%	68.4%	100.0%
	DANJA	Count	7	9	13	105	134
		% within LGA	5.2%	6.7%	9.7%	78.4%	100.0%
	DUTSIN-MA	Count	0	2	57	118	177
		% within LGA	0.0%	1.1%	32.2%	66.7%	100.0%
Total		Count	11	15	99	303	428
		% within LGA	2.6%	3.5%	23.1%	70.8%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 4 out of 117 respondents, representing 3.4% said adequacy of Doctors is very high, 4 respondents, representing 3.4% said it is moderate, 29 respondents, representing 24.8% said it is low, and 80 respondents, representing 68.4% said adequacy of Doctors is very low in Bindawa Local Government. 7 out of 134 respondents, representing 5.2% said adequacy of Doctors is very high, 9 respondents, representing 6.7% said it is moderate, 13 respondents, representing 9.7% said it is low, and 105 respondents, representing 78.4% said adequacy of Doctors is very low in Danja Local Government. 0 out of 177 respondents, representing 0.0% said adequacy of Doctors is very high, 2 respondents, representing 1.1% said it is moderate, 57 respondents, representing 32.2% said it is low, and 118 respondents, representing 66.7% said adequacy of Doctors is very low in Dutsin-ma Local Government. The picture depicted above is one of inadequacy of Doctors across the three study areas, as 93.9% of

the responded showed, while only 2.6% of the respondents indicated that adequacy of Doctors is very high.

Table 5.1.23 ADEQUACY OF NURSES

			ADEQUACY OF NURSES				Total
			HIGH	MODERATE	LOW	VERY LOW	
LGA	BINDAWA	Count	8	12	46	51	117
		% within LGA	6.8%	10.3%	39.3%	43.6%	100.0%
	DANJA	Count	16	6	35	77	134
		% within LGA	11.9%	4.5%	26.1%	57.5%	100.0%
	DUTSIN-MA	Count	2	6	85	84	177
		% within LGA	1.1%	3.4%	48.0%	47.5%	100.0%
Total		Count	26	24	166	212	428
		% within LGA	6.1%	5.6%	38.8%	49.5%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 8 out of 117 respondents, representing 6.8% said adequacy of nurses is high, 12 respondents, representing 10.3% said it is moderate, 46 respondents, representing 39.3% said it is low, and 51 respondents, representing 43.6% said adequacy of nurses is very low in Bindawa Local Government. 16 out of 134 respondents, representing 11.9% said adequacy of nurses is high, 6 respondents, representing 4.5% said it is moderate, 35 respondents, representing 26.1% said it is low, and 77 respondents, representing 57.5% said adequacy of nurses is very low in Danja Local Government. 2 out of 177 respondents, representing 1.1% said adequacy of nurses is high, 6 respondents, representing 3.4% said it is moderate, 85 respondents, representing 48.0% said it is low, and 84 respondents, representing 47.5% said adequacy of nurses is very low in Dutsin-ma Local Government. The picture here shows a general inadequacy of nurses in all

three Local Governments as indicated by 88.3% of the respondents, as only 6.1% said adequacy of nurses is high.

Table 5.1.24ADEQUACY OF MIDWIFE

			ADEQUACY OF MIDWIFE				Total
			HIGH	MODERATE	LOW	VERY LOW	
LGA	BINDAWA	Count	8	24	34	51	117
		% within LGA	6.8%	20.5%	29.1%	43.6%	100.0%
	DANJA	Count	13	9	37	75	134
		% within LGA	9.7%	6.7%	27.6%	56.0%	100.0%
	DUTSIN-MA	Count	2	13	82	80	177
		% within LGA	1.1%	7.3%	46.3%	45.2%	100.0%
Total		Count	23	46	153	206	428
		% within LGA	5.4%	10.7%	35.7%	48.1%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 8 out of 117 respondents, representing 6.8% said adequacy of midwife is high, 24 respondents, representing 20.5% said it is moderate, 34 respondents, representing 29.1% said it is low, while 51 respondents, representing 43.6% said adequacy of midwife is very low in Bindawa Local Government. 13 out of 134 respondents, representing 9.7% said adequacy of midwife is high, 9 respondents, representing 6.7% said it is moderate, 37 respondents, representing 27.6% said it is low, while 75 respondents, representing 56.0% said adequacy of midwife is very low in Danja Local Government. 2 out of 177 respondents, representing 1.1% said adequacy of midwife is high, 13 respondents, representing 7.3% said it is moderate, 82 respondents, representing 45.2% said it is low, while 80 respondents, representing 45.2% said adequacy of midwife is very low in Dutsin-ma Local Government. From the above

scenario, adequacy of midwife is generally low as indicated by 83.8% of the respondents, while only 5.4% of the respondents said it is high.

Table 5.1.25 ADEQUACY OF LAB TECH

			ADEQUACY OF LAB TECH				
			VERY HIGH	HIGH	MODERATE	LOW	VERY LOW
LGA	BINDAWA	Count	4	4	15	64	30
		% within LGA	3.4%	3.4%	12.8%	54.7%	25.6%
	DANJA	Count	3	2	7	81	41
		% within LGA	2.2%	1.5%	5.2%	60.4%	30.6%
	DUTSIN-MA	Count	5	6	8	103	55
		% within LGA	2.8%	3.4%	4.5%	58.2%	31.1%
Total		Count	12	12	30	248	126
		% within LGA	2.8%	2.8%	7.0%	57.9%	29.4%

Source: Field Survey by the Researcher, 2015.

The table above shows that 4 respondents out of 117, representing 3.4% said adequacy of laboratory technicians is very high, 4 respondents, representing 3.4% said it is high, 15 respondents, representing 12.8% said it is moderate, 64 respondents, representing 54.7% said it is low, and 30 respondents, representing 25.6% said adequacy of lab techs is very low in Bindawa Local Government. 3 respondents out of 134, representing 2.2% said adequacy of laboratory technicians is very high, 2 respondents, representing 1.5% said it is high, 7 respondents, representing 5.2% said it is moderate, 81 respondents, representing 60.4% said it is low, and 41 respondents, representing 30.6% said adequacy of lab techs is very low in Danja Local Government. 5 respondents out of 177, representing 2.8% said adequacy of laboratory technicians is very high, 6 respondents, representing 3.4% said it is high, 8 respondents,

representing 4.5% said it is moderate, 103 respondents, representing 58.2% said it is low, and 55 respondents, representing 31.1% said adequacy of lab techs is very low in Dutsin-ma Local Government. The picture above shows a situation of low adequacy of lab techs as indicated by 87.3% of the respondents across the three study areas.

Table 5.1.26 ADEQUACY OF DENTISTS

			ADEQUACY OF DENTISTS			Total
			MODERATE	LOW	VERY LOW	
LGA	BINDAWA	Count	20	28	69	117
		% within LGA	17.1%	23.9%	59.0%	100.0%
	DANJA	Count	13	38	83	134
		% within LGA	9.7%	28.4%	61.9%	100.0%
	DUTSIN-MA	Count	18	76	83	177
		% within LGA	10.2%	42.9%	46.9%	100.0%
Total		Count	51	142	235	428
		% within LGA	11.9%	33.2%	54.9%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 20 respondents out of 117, representing 17.1% said adequacy of dentists is moderate, 28 respondents, representing 23.9% said it is low, and 69 respondents, representing 59.0% said adequacy of dentists is very low in Bindawa Local Government. 13 respondents out of 134, representing 9.7% said adequacy of dentists is moderate, 38 respondents, representing 28.4% said it is low, and 83 respondents, representing 61.9% said adequacy of dentists is very low in Danja Local Government. 18 respondents out of 177, representing 10.2% said adequacy of dentists is moderate, 76 respondents, representing 42.9% said it is low, and 83 respondents, representing 46.9% said adequacy of dentists is very low in Dutsin-ma Local Government. The picture here shows that adequacy of dentists is generally low as indicated by

88.1% of the respondents across the three Local Governments, while only 11.9% of the respondents said it is moderate.

Table 5.1.27EFFICIENCY OFPRIMARY HEALTHCARE FACILITIES IN LGA

					Total
			EFFICIENT	NOT **EFFICIENT**	
LGA	BINDAWA	Count	8	109	117
		% within LGA	6.8%	93.2%	100.0%
	DANJA	Count	5	129	134
		% within LGA	3.7%	96.3%	100.0%
	DUTSIN-MA	Count	11	166	177
		% within LGA	6.2%	93.8%	100.0%
Total		Count	24	404	428
		% within LGA	5.6%	94.4%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 8 out of 117 respondents, representing 6.8% said primary healthcare facilities are efficient, while 109 respondents, representing 93.2% said primary healthcare facilities are not efficient in Bindawa Local Government. 5 out of 134 respondents, representing 3.7% said primary healthcare facilities are efficient, while 1129 respondents, representing 96.3% said primary healthcare facilities are not efficient in Danja Local Government. 11 out of 177 respondents, representing 6.2% said primary healthcare facilities are efficient, while 166 respondents, representing 93.8% said primary healthcare facilities are not efficient in Dutsin-ma Local Government. This indicates a general low level of efficiency of primary healthcare facilities in all the three Local Governments.

Table 5.1.28 COMMENSURABILITY OF DEVELOPMENT OF PRIMARY HEALTHCARE TO POLITICAL PARTICIPATION

			COMMENSURATE	NOT COMMENSURATE	Total
LGA	BINDAWA	Count	10	107	117
		% within LGA	8.5%	91.5%	100.0%
	DANJA	Count	11	123	134
		% within LGA	8.2%	91.8%	100.0%
	DUTSIN-MA	Count	15	162	177
		% within LGA	8.5%	91.5%	100.0%
Total		Count	36	392	428
		% within LGA	8.4%	91.6%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 10 out of 117 respondents, representing 8.5% said development of primary healthcare is commensurate, while 107 respondents, representing 91.5% said development of primary healthcare is not commensurate to political participation in Bindawa Local Government. 11 out of 134 respondents, representing 8.2% said development of primary healthcare is commensurate, while 123 respondents, representing 91.8% said development of primary healthcare is not commensurate to political participation in Danja Local Government. 15 out of 177 respondents, representing 8.5% said development of primary healthcare is commensurate, while 162 respondents, representing 91.5% said development of primary healthcare is not commensurate to political participation in Dutsin-ma Local Government. The picture across the three study areas is one of general non-commensurability, as indicated by 91.6% of respondents across the three Local Governments.

Table 5.1.29PRIMARY HEALTHCARE DEVELOPMENT IS AS A RESULT OF POLITICALPARTICIPATION

					Total
			YES	NO	
LGA	BINDAWA	Count	15	102	117
		% within LGA	12.8%	87.2%	100.0%
	DANJA	Count	23	111	134
		% within LGA	17.2%	82.8%	100.0%
	DUTSIN-MA	Count	28	149	177
		% within LGA	15.8%	84.2%	100.0%
Total		Count	66	362	428
		% within LGA	15.4%	84.6%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 15 respondents out of 117, representing 12.8% said development of primary healthcare is as a result of political participation, while 102 respondents, representing 87.2% said it is not in Bindawa Local Government. 23 respondents out of 134, representing 17.2% said development of primary healthcare is as a result of political participation, while 111 respondents, representing 82.8% said it is not in Danja Local Government. 28 respondents out of 177, representing 15.8% said development of primary healthcare is as a result of political participation, while 149 respondents, representing 84.2% said it is not in Dutsin-ma Local Government. The picture above shows that development of primary healthcare is not as a result of political participation as indicated by 84.6% of the respondents across the three Local Governments.

Table 5.1.30INFORMATION DESSIMINATION BY LOCAL GOVERNMENT ON ISSUES OF PRIMARY HEALTH

		Total

			YES	NO	
LGA	BINDAWA	Count	37	80	117
		% within LGA	31.6%	68.4%	100.0%
	DANJA	Count	32	102	134
		% within LGA	23.9%	76.1%	100.0%
	DUTSIN-MA	Count	50	127	177
		% within LGA	28.2%	71.8%	100.0%
Total		Count	119	309	428
		% within LGA	27.8%	72.2%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 37 out of 117 respondents, representing 31.6% said they get information on issues of primary healthcare, while 80 respondents, representing 68.4% said they don't get information on issues of primary healthcare in Bindawa Local Government. 32 out of 134 respondents, representing 23.9% said they get information on issues of primary healthcare, while 102 respondents, representing 76.1% said they don't get information on issues of primary healthcare in Danja Local Government. 50 out of 177 respondents, representing 28.2% said they get information on issues of primary healthcare, while 127 respondents, representing 71.8% said they don't get information on issues of primary healthcare in Dutsin-ma Local Government. This scenario indicates lack of information dessimination on issues of primary healthcare, as indicated by 72.2% of the respondents across the study areas.

Table 5.1.31PARTICIPATION IN DECISION MAKING IN LG

			DO YOU PARTICIPATE IN DECISION MAKING IN YOUR LG		Total
			YES	NO	
LGA	BINDAWA	Count	20	97	117
		% within LGA	17.1%	82.9%	100.0%
	DANJA	Count	24	110	134
		% within LGA	17.9%	82.1%	100.0%
	DUTSIN-MA	Count	25	152	177
		% within LGA	14.1%	85.9%	100.0%
Total		Count	69	359	428
		% within LGA	16.1%	83.9%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 20 respondents out of 117, representing 17.1% said they participate in decision making, while 97 respondents, representing 82.9% said they don't participate in decision making in Bindawa Local Government. 24 respondents out of 134, representing 17.9% said they participate in decision making, while 110 respondents, representing 82.1% said they don't participate in decision making in Danja Local Government. 25 respondents out of 177, representing 14.1% said they participate in decision making, while 152 respondents, representing 85.9% said they don't participate in decision making in Dutsin-ma Local Government. It becomes clear from the above scenario that people don't get to participate in decision making as indicated by 83.9% of the respondents from the three local governments.

Table 5.1.32AWARENESS OF RIGHT TO PARTICIPATE IN DECISION MAKING AT LG LEVEL

			ARE YOU AWARE OFYOU RIGHT TO PARTICIPATE IN DECISION MAKING AT LG LEVEL		Total
			YES	NO	
LGA	BINDAWA	Count	36	81	117
		% within LGA	30.8%	69.2%	100.0%
	DANJA	Count	54	80	134
		% within LGA	40.3%	59.7%	100.0%
	DUTSIN-MA	Count	58	119	177
		% within LGA	32.8%	67.2%	100.0%
Total		Count	148	280	428
		% within LGA	34.6%	65.4%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 36 out of 117 respondents, representing 30.8% said they are aware of their right to participate in decision making, while 81 respondents, representing 69.2% said they are not aware of their right to participate in decision making in Bindawa Local Government. 54 out of 134 respondents, representing 40.3% said they are aware of their right to participate in decision making, while 80 respondents, representing 59.7% said they are not aware of their right to participate in decision making in Danja Local Government. 58 out of 177 respondents, representing 32.8% said they are aware of their right to participate in decision making, while 119 respondents, representing 67.2% said they are not aware of their right to participate in decision making in Dutsin-ma Local Government. The above scenario shows that majority of the people are not aware of their right to participate in decision making as indicated by 65.4% of the respondents across the study areas.

TABLE 5.1.33 CHANNELS OF COMMUNICATION WITH THE LG

			ARE THERE SUFFICIENT COMMUNICATION CHANNELS WITH THE LG			Total
			NO	SOMETIMES	I DONT KNOW	
LGA	BINDAWA	Count	96	12	9	117
		% within LGA	82.1%	10.3%	7.7%	100.0%
	DANJA	Count	87	45	2	134
		% within LGA	64.9%	33.6%	1.5%	100.0%
	DUTSIN-MA	Count	147	20	10	177
		% within LGA	83.1%	11.3%	5.6%	100.0%
Total		Count	330	77	21	428
		% within LGA	77.1%	18.0%	4.9%	100.0%

Source: Field Survey by the Researcher, 2015.

The above table shows that 96 out of 117 respondents, representing 82.1% said there are no sufficient channels of communication with the LG, 12 respondents, representing 10.3% said sometimes there are, while 9 respondents, representing 7.7% said they don’t know whether there are sufficient channels of communication between the people and Bindawa Local Government. 87 out of 134 respondents, representing 64.9% said there are no sufficient channels of communication with the LG, 45 respondents, representing 33.6% said sometimes there are, while 2 respondents, representing 1.5% said they don’t know whether there are sufficient channels of communication between the people and Danja Local Government. 147 out of 177 respondents, representing 83.1% said there are no sufficient channels of communication with the LG, 20 respondents, representing 11.3% said sometimes there are, while 10 respondents, representing 5.6% said they don’t know whether there are sufficient channels of communication between the people and Dutsin-ma Local Government. The responses of 77.1% of the respondents indicate that there are no sufficient channels of communication between the people and the three Local Governments under study.

Table 5.1.34PREFERED TYPE OF PROJECT

			WHAT TYPE OF PROJECT DO YOU PREFER IN YOUR LGA			Total
			COMMUNITY INITIATED PROJECTS	GOVERNMENT INITIATED PROJECTS	COMBINATION OF BOTH	
LGA	BINDAWA	Count	2	17	98	117
		% within LGA	1.7%	14.5%	83.8%	100.0%
	DANJA	Count	5	6	123	134
		% within LGA	3.7%	4.5%	91.8%	100.0%
	DUTSIN-MA	Count	1	14	162	177
		% within LGA	0.6%	7.9%	91.5%	100.0%
Total		Count	8	37	383	428
		% within LGA	1.9%	8.6%	89.5%	100.0%

Source: Field Survey by the Researcher, 2015.

The table above shows that 2 out of 117 respondents, representing 1.7% preferred community initiated projects, 17 respondents, representing 14.5% said they preferred government initiated projects, while 98 respondents, representing 83.8% said they prefer a combination of community and government initiated projects in Bindawa Local Government. 5 out of 134 respondents, representing 3.7% preferred community initiated projects, 6 respondents, representing 4.5% said they preferred government initiated projects, while 123 respondents, representing 91.8% said they prefer a combination of community and government initiated projects in Danja Local Government. 1 out of 177 respondents, representing 0.6% preferred community initiated projects, 14 respondents, representing 7.9% said they preferred government initiated projects, while 162 respondents, representing 91.5% said they prefer a combination of community and government initiated projects in Dutsin-ma Local Government. It is clear, from an overwhelming

89.5% of the respondents that a combination of community and government initiated projects are more preferable in the three Local Governments under study.

Table 5.1.35 Questionnaire Administration for Local Government Officials

LGA	Questionnaire Administered	Questionnaire Returned	%
Bindawa	30	22	73.3
Danja	30	22	73.3
Dutsin-Ma	30	19	63.3
Total	90	63	70.0

Source: Field Survey by the Researcher, 2015.

The table above shows 90 questionnaires were administered, 30 for each Local Government officials. Of the 90, 63 representing 70% of the total were returned, with Bindawa and Danja Local Governments having 22 returned each representing 73.3% return rate, while Dutsin-Ma Local Government has 19 returned, representing 63.3% return rate. However, this 70% returned questionnaires represent 137.3% of the minimum required respondents since the minimum required is 51.

Table 5.1.36 Questionnaire Administration by LGA

	Frequency	Percent	Valid Percent	Cumulative Percent
BINDAWA	22	34.9	34.9	34.9
DANJA	22	34.9	34.9	69.8
DUTSIN-MA	19	30.2	30.2	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that 63 questionnaires were returned. Of these 63, Bindawa and Danja Local Governments each has 22 returned representing 34.9% respectively, while Dutsin-Ma Local Government has 19 returned representing 30.2%.

Table 5.1.37 Questionnaire Administration by Department

Dept.	Frequency	Percentage	Valid Percent	Cumm %
Education	33	52.4	52.4	52.4
Health	30	47.6	47.6	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows the distribution of returned questionnaires. The Education and Social Welfare Department has the highest returns with 33 representing 52.4%, followed by Primary Healthcare Department with 30 representing 47.6%.

Table 5.1.38 Questionnaire Administration by Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
MALE	44	69.8	69.8	69.8
FEMALE	19	30.2	30.2	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that of the 63 respondents, 44 representing 69.8% are male while 19 representing 30.2% are female.

Table 5.1.39 Questionnaire on Age of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
26 TO 35	15	23.8	23.8	23.8
36 TO 45	26	41.3	41.3	65.1
46 TO 55	21	33.3	33.3	98.4
56 TO 65	1	1.6	1.6	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that respondents with ages ranging from 36 to 45 are more with 26 respondents representing 41.3%, followed by those with ages ranging from 46 to 55 with 21 respondents representing 33.3%, followed by those with ages ranging from 26 to 35 with 15 representing 23.8%, and those with ages ranging from 56 to 65 with 1 respondent representing

Table 5.1.40 Marital Status of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
SINGLE	2	3.2	3.2	3.2
MARRIED	61	96.8	96.8	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that of the 63 respondents, 61 representing 96.8% are married, while 2 representing 3.2% are single.

Table 5.1.41 Religion of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
ISLAM	63	100.0	100.0	100.0

Source: Field Survey by the Researcher, 2015.

The above table shows that all 63 respondents are Muslims. This indicates religious homogeneity among the respondents.

Table 5.1.42 Educational Qualification of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
NON-FORMAL	1	1.6	1.6	1.6
SECONDARY	2	3.2	3.2	4.8
POST-SECONDARY	60	95.2	95.2	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that of the 63 respondents, 60 representing 95.2% have post-secondary school education, 2 representing 3.2% have secondary school education, and 1 representing 1.6% with non-formal.

Table 5.1.43 Tribe of Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
HAUSA	63	100.0	100.0	100.0

Source: Field Survey by the Researcher, 2015.

The above table shows that all 63 respondents are Hausa by tribe. This indicates ethnic homogeneity

Table 5.1.44 LG Effort at Organizing People forDevelopment of Basic Education

	Frequency	Percent	Valid Percent	Cumulative Percent
HIGH DEGREE	8	12.7	12.7	12.7
MODERATE DEGREE	33	52.4	52.4	65.1
LOW DEGREE	20	31.7	31.7	96.8
I DONT KNOW	2	3.2	3.2	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 33 representing 52.4% say LG effort at organizing people for educational development is at moderate degree, 20 respondents representing 31.7% say it is at low degree, 8 respondents representing 12.7% say it is at high degree, and 2 respondents representing 3.2% say they don't know.

Table 5.1.45 LG Effort at Organizing People forDevelopment of Healthcare

	Frequency	Percent	Valid Percent	Cumulative Percent
HIGH DEGREE	11	17.5	17.5	17.5
MODERATE DEGREE	36	57.1	57.1	74.6
LOW DEGREE	15	23.8	23.8	98.4
I DONT KNOW	1	1.6	1.6	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that of the 63 respondents, 36 representing 57.1% say LG effort at organizing people for Healthcare development is moderate, 15 respondents representing 23.8% say it is low, 11 respondent representing 17.5% say it is high, and 1 respondent representing 1.6% doesn't know.

Table 5.1.46 LG Effort at Mobilizing People for Political Activities

	Frequency	Percent	Valid Percent	Cumulative Percent
HIGH DEGREE	7	11.1	11.1	11.1
MODERATE DEGREE	22	34.9	34.9	46.0
LOW DEGREE	29	46.0	46.0	92.1
I DONT KNOW	5	7.9	7.9	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that of the 63 respondents, 29 representing 46.0% say LG effort at mobilizing people for political participation is low degree, 22 respondents representing 34.9% say it is moderate degree, 7 respondents representing 11.1% say it is high, and 5 respondents representing 7.9% don't know.

Table 5.1.47 Participation of People in Decision Making at LG level

	Frequency	Percent	Valid Percent	Cumulative Percent
HIGH DEGREE	7	11.1	11.1	11.1
MODERATE DEGREE	15	23.8	23.8	34.9
LOW DEGREE	33	52.4	52.4	87.3
I DONT KNOW	8	12.7	12.7	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 33 representing 52.4% say participation of people in LG decision making is low, 15 respondents representing 23.8% say it is moderate, 7 respondents representing 11.1% say it is high, and 8respondents representing 12.7% don't know.

Table 5.1.48 Degree of Interaction Between People and LG Council

	Frequency	Percent	Valid Percent	Cumulative Percent
HIGH DEGREE	6	9.5	9.5	9.5
MODERATE DEGREE	17	27.0	27.0	36.5
LOW DEGREE	35	55.6	55.6	92.1
I DONT KNOW	5	7.9	7.9	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 35 representing 55.6% say interaction between the people and the LG Council is at low degree, 17 respondents representing 27.0% say it is moderate, 6 respondents representing 9.5% say it is high, and 5 respondents representing 7.9% don't know.

Table 5.1.49 Policy Dissemination by LG Council

	Frequency	Percent	Valid Percent	Cumulative Percent
VERY OFTEN	6	9.5	9.5	9.5
OFTEN	13	20.6	20.6	30.2
NOT OFTEN	20	31.7	31.7	61.9
NOT AT ALL	24	38.1	38.1	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 24 representing 38.1% say policy dissemination by LG Council does not happen at all, 20 respondents representing 31.7% say it happens but not often, 13 respondents representing 20.6% say it happens often, and 6 respondents representing 9.5% say it happens very often.

Table 5.1.50 Availability of Channels Of Communication with LG

	Frequency	Percent	Valid Percent	Cumulative Percent
YES	10	15.9	15.9	15.9
NO	34	54.0	54.0	69.8
SOMETIMES	8	12.7	12.7	82.5
I DONT KNOW	11	17.5	17.5	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 34 representing 54.0% say there are no communication channels with the LG, 10 respondents representing 15.9% say there are communication channels with the LG, 8respondents representing 12.7% say sometimes there are communication channels with the LG, and 11 respondents representing 17.5% don't know.

Table 5.1.51Follow up on answer to above question

	Frequency	Percent	Valid Percent	Cumulative Percent
I DONT KNOW	9	14.3	14.3	14.3
THROUGH POLITICIANS	7	11.1	11.1	25.4
THROUGH LG SECRETARIAT	8	12.7	12.7	38.1
NO RESPONSE	5	7.9	7.9	46.0
NO EVIDENCE OF SUCH	34	54.0	54.0	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that of the 63 respondents, 34 representing 54.0% say there is no evidence of channels of communication with the LG, 8 respondents representing 12.7% say that people communicate with the LG through the LG Secretariat, 7 respondents representing 11.1% also say that people communicate the LG through politicians, and 9 respondents representing 14.3% don't know.

Table 5.1.52 LG Performance on Development of Basic Education

	Frequency	Percent	Valid Percent	Cumulative Percent
0 - 39%	24	38.1	38.1	38.1
40 - 59%	23	36.5	36.5	74.6
60 - 79%	13	20.6	20.6	95.2
80 - 100%	3	4.8	4.8	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The above table shows that of the 63 respondents, 24 representing 38.1% say LG performance on educational development is between 0-39%, 23 respondents representing 36.5% say it is between 40-59%, 13 respondents representing 20.6% say it is between 60-79%, and 3 respondents representing 4.8% say it is between 80-100%.

Table 5.1.53 LG Performance on Development of Healthcare

	Frequency	Percent	Valid Percent	Cumulative Percent
0 - 39%	13	20.6	20.6	20.6
40 - 59%	27	42.9	42.9	63.5
60 - 79%	20	31.7	31.7	95.2
80 - 100%	3	4.8	4.8	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 13 representing 20.6% rated healthcare development by LG at between 0-39%, 27 respondents representing 42.9% say 40-59%, 20 respondents representing 31.7% say 60-79%, and 3 respondents representing 4.8% say 80-100%.

Table 5.1.54Development of Basic Education in LG is as a result of Political Participation by the people

	Frequency	Percent	Valid Percent	Cumulative Percent
YES	15	23.8	23.8	23.8
NO	48	76.2	76.2	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 48 representing 76.2% say no, while 15 respondents representing 23.8% affirm that educational development in LG is as a result of people’s participation in politics.

Table 5.1.57 Follow up on answer to above question

Table 5.1.55Follow up on answer to above question

	Frequency	Percent	Valid Percent	Cumulative Percent
TOP DOWN APPROACH	48	76.2	76.2	76.2
MIDWAY APPROACH	15	23.8	23.8	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that 48 respondents representing 76.2% claim that educational development in LG is top down approach where the government decides what to do without input from the people, while 15 respondents representing 23.8% say educational development is a joint decision between the government and the people.

Table 5.1.56Development of Healthcare in LG is as a result of Political Participation by the people

	Frequency	Percent	Valid Percent	Cumulative Percent
YES	17	27.0	27.0	27.0
NO	46	73.0	73.0	100.0
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that of the 63 respondents, 46 representing 73.0% say no healthcare development in LG is not as a result of people’s participation in politics, while 17 respondents representing 27.0% affirm that healthcare development in LG is as a result of people’s participation in politics.

	Frequency	Percent	Valid Percent	Cumulative Percent
TOP DOWN APPROACH	46	73.0	73.0	73.0
MIDWAY APPROACH	16	25.4	25.4	98.4
Total	63	100.0	100.0	

Source: Field Survey by the Researcher, 2015.

The table above shows that 46 respondents representing 73.0% claim that healthcare development in LG is top down approach where the government decides what to do without input from the people, while 17 respondents representing 27.0% say healthcare development is a joint decision between the government and the people.

5.2 Secondary Data

Table 5.2.1: Katsina state Approved Annual Estimates, Annual Estimates for primary education and primary healthcare.

Year	Katsina state Approved Annual Estimates	%	Katsina state Approved Allocation for Primary Education	%	Katsina state Approved Allocation for Primary Health Care	%
2003	19,430,740,460	100	410,550,187	2.1	767,020,145	4.0
2004	22,760,223,570	100	997,016,537	4.4	1,474,905,135	6.9
2005	31,711,058,105	100	997,016,537	3.1	500,000,000	1.6
2006	41,304,753,470	100	997,016,537	2.4	792,611,820	2.0
2007	60,166,966,730	100	910,550,187	1.5	718,175,760	2.0
2008	83,198,712,977	100	1,242,982,619	1.5	756,070,295	0.9
2009	70,414,645,060	100	1,242,982,619	1.8	856,070,295	1.2
2010	82,227,683,870	100	1,242,982,619	1.5	913,802,930	1.1
2011	99,959,815,070	100	1,242,982,619	1.2	913,431,530	0.9

Source: Extracted from Katsina State Annual Estimates (2003 – 2011)

The figure above presents the Katsina state approved Annual Estimates, Annual Estimates for Education and Health, and the percentage in relation to the total annual estimate of the state for the period under study (2003 to 2011.) From the table it would be seen that the year 2011 had the highest budget of 99,959,815,070 yet it also had the lowest budget allocation in percentage terms for primary education with 1,242,982,619 representing 1.2% of the total budget. The year 2004 had the second lowest budget of 22,760,223,570, yet it had the highest budget allocation in percentage terms for primary education with 997,016,537 representing 4.4% of the total budget. In line with UN recommendation that governments should spend up to 26% of their budgets if they are to record meaningful development, the conclusion would be that Katsina state has much to do in the area of educational development.

Similarly, in the primary healthcare sector, from the figure above, the year 2011 had the highest budget of 99,959,815,070 yet it had the lowest budget allocation in percentage terms for primary healthcare with 913,432,530, representing 0.9% of the total budget. The year 2004 had the second lowest budget of 22,760,223,570 yet it had the highest budget allocation in percentage terms for primary healthcare with 1,474,905,135 representing 6.9% of the total budget.

Table 5.2.2: Annual Estimates of Bindawa local government, Annual Estimates for Education and Health, and the percentage in relation to the total annual estimate of the local government for the period under study (2003 to 2011.)

Year	Approved Annual Estimates	%	Annual Estimates for Education	%	Annual Estimates for Health	%
2003	707,188,954.00	100	28,665,465.00	4.1	46,488,006.00	6.6
2004	807,114,958.00	100	29,786,087.00	3.7	48,465,746.00	6.0
2005	901,465,048.00	100	30,848,465.00	3.4	52,664,374.00	5.8
2006	920,564,974.00	100	31,174,091.00	3.4	53,383,305.00	5.8
2007	965,047,350.00	100	44,317,585.00	4.6	96,651,750.00	10.0
2008	1,045,804,499.00	100	32,960,740.00	3.2	128,720,711.00	12.3
2009	2,108,359,555.00	100	38,814,573.00	1.8	137,828,898.00	6.5
2010	1,986,465,954.00	100	38,944,508.00	2.0	149,865,087.00	7.5
2011	1,689,006,167.00	100	39,687,013.00	2.5	151,274,555.00	9.0

Source: Extracted from Bindawa Local Government Annual Estimates (2003-2011)

The figure above presents Bindawa Local Government approved Annual Estimates, Annual Estimates for Education and Health, and the percentage in relation to the total annual estimate of the local government for the period under study (2003 to 2011.) From the figure it would be seen that the year 2009 had the highest budget of 2,108,359,555.00 yet it also had the lowest budget allocation in percentage terms for primary education with 38,814,573 representing 1.8% of the total budget. The year 2003 had the lowest budget of 707,188,954.00 yet it had the second highest budget allocation in percentage terms for primary education with 28,665,465.00 representing 4.1% of the total budget. In line with UN recommendation that governments should spend up to 26% of their annual budget on education if they are to record meaningful development, the conclusion would be that Bindawa Local Government has much to do in the area of educational development.

Similarly, in the primary healthcare sector, from the figure above, the year 2009 had the highest budget of 2,108,359,555.00 yet it had the fourth lowest budget allocation in percentage terms for primary healthcare with 137,828,898.00 representing 6.5% of the total budget. The year 2003 had the lowest budget of 707,177,954.00 yet it had the fifth highest budget allocation in percentage terms for primary healthcare with 46,488,006.00 representing 6.6% of the total budget.

Table 5.2.3: Annual Estimates of Danja local government, Annual Estimates for Education and Health, and the percentage in relation to the total annual estimate of the local government for the period under study (2003 to 2011.)

Year	Approved Annual Estimates	%	Annual Estimates for Education	%	Annual Estimates for Health	%
2003	669,645,046.00	100	18,678,078.00	2.8	45,940,886.00	6.9
2004	708,758,467.00	100	20,459,909.00	2.9	56,400,846.00	8.0
2005	809,746,453.00	100	24,666,769.00	3.1	60,414,646.00	7.5
2006	909,786,332.00	100	26,464,294.00	3.0	64,505,810.00	7.1
2007	975,783,144.00	100	60,842,728.00	6.2	92,955,567.00	9.5
2008	2,018,114,377.00	100	204,000,000.00	10.1	122,000,000.00	6.1
2009	2,073,223,662.00	100	440,000,000.00	21.2	160,046,566.00	4.5
2010	2,045,089,468.00	100	100,645,580.00	5.0	157,359,915.00	3.3
2011	2,003,319,530.00	100	199,950,000.00	10.0	206,814,089.00	2.7

Source: Extracted from Danja Local Government Annual Estimates (2003-2011)

The figure above presents Danja Local Government approved Annual Estimates, Annual Estimates for Education and Health, and the percentage in relation to the total annual estimate of the local government for the period under study (2003 to 2011.) From the figure it would be seen that the year 2009 had the highest budget of 2,073,223,662.00 and the highest budget allocation

in percentage terms for primary education with 440,000,000.00 representing 21.2% of the total budget. The year 2003 had the lowest budget of 669,645,046.00 and lowest budget allocation in percentage terms for primary education with 18,678,078.00 representing 2.8% of the total budget. In line with UN recommendation that governments should spend up to 26% of their annual budget on education if they are to record meaningful development, the conclusion would be that, even though in the year 2009 the Local Government came close to attaining the UN recommendation, Danja Local Government has much to do in the area of educational development.

Similarly, in the primary healthcare sector, from the figure above, the year 2009 had the highest budget of 2,073,223,662.00 yet it had the third lowest budget allocation in percentage terms for primary healthcare with 160,046,566.00 representing 4.5% of the total budget. The year 2003 had the lowest budget of 669,645,046.00 yet it had the fifth highest budget allocation in percentage terms for primary healthcare with 45,940,886.00 representing 6.9% of the total budget.

Table 5.2.4: Annual Estimates of Dutsin-Ma local government, Annual Estimates for Education and Health for the period under study (2003 to 2011.)

Year	Approved Annual Estimates	%	Annual Estimates for Education	%	Annual Estimates for Health	%
2003	263,012,179.00	100	13,677,601.00	5.2	30,027,506.00	11.4
2004	374,849,658.00	100	20,121,619.00	5.4	36,934,560.00	9.9
2005	906,774,274.00	100	32,226,217.00	3.6	109,846,682.00	12.1
2006	848,040,002.00	100	38,423,987.00	4.5	91,249,438.00	10.8
2007	968,518,371.61	100	51,699,057.00	5.3	139,209,396.00	14.4
2008	1,094,910,016.00	100	45,010,413.00	4.1	120,751,830.00	11.0

2009	2,263,363,225.00	100	379,868,546.00	16.8	108,107,545.00	4.8
2010	2,045,089,468.00	100	59,584,352.00	2.9	157,359,915.00	7.7
2011	1,977,017,471.00	100	56,926,885.00	2.9	221,258,989.00	11.2

Source: Extracted from Dutsin-Ma Local Government Annual Estimates (2003-2011)

The figure above presents the approved Annual Estimates of Dutsin-Ma local government, Annual Estimates for Education and Health, and the percentage in relation to the total annual estimates of the local government for the period under study (2003 to 2011.) From the figure it would be seen that the year 2009 had the highest budget of 2,263,363,225 and the highest budget allocation of 379,868,546 representing 16.8% of the total budget, for primary education. The year 2003 had the lowest budget of 263,012,179 and budget allocation of 13,677,601 representing 5.2% of total budget to primary education. However, the years 2010 and 2011 had the second and third highest budget allocations of 2,045,089,468 and 1,977,017,471 respectively, yet their budget allocations for primary education of 59,584,352 and 56,926,885 representing 2.9% and 2.9% respectively of the total budget was the lowest in the period under study.

In the primary health care sector, the year 2009 with the highest budget allocation of 2,263,363,225 had the lowest budget allocation in percentage terms with 108,107,545 representing 4.8%, while the year 2007 with a budget of 968,518,371.61 had the highest budget allocation of 139,209,396 representing 14.4% of the total budget for primary health care.

Table 5.2.5 The figure below presents the educational facilities of the three areas under study for the period 2003 – 2011.

Facilities/Items	Bindawa LG	Danja LG	Dutsin-Ma LG
No. of primary schools	67	59	86
No. of classrooms	398	No Data	588
Teaching staff	520	403	835
Teachers minimum salary	#35,942.12	#35,942.12	#35,942.12
Male pupils	14,803	36,685	30,268
Female pupils	12,310	13,087	25,077
Total enrolment	27,113	49,772	55,345
Teacher/Pupil Ratio	1:52	1:124	1:66
No. of primary schools constructed between 2003 – 2011	5	Data not available	Data not available
No. of teachers employed between 2003 – 2011	Data not available	Data not available	Data not available
Teachers minimum qualification	NCE	NCE	NCE
Teachers highest qualification	B.Ed	B.Ed	B.Ed

Source: Extracted from Education Department of the three local governments.

The figure above shows that Dutsin-Ma Local Government had the highest number of primary schools (86), classrooms (588), teachers (835), and enrolment (55,345 pupils), while it had a teacher/pupil ratio of 1:66 (1 teacher to 66 pupils.) Bindawa Local Government had the second highest number of primary schools (67), teachers (520), and classrooms (398), while it had the lowest enrolment of 27,113 which probably was the reason for having a better teacher/pupil ratio

of 1 teacher to 52 pupils. Danja Local Government had 59 primary schools, no data for number of classrooms, 403 teachers, 49,772 pupils, and the worst teacher/pupil ratio of 1 teacher to 124 pupils. From 2003 to 2011, Bindawa Local Government had constructed 5 new primary schools, while we could not get data on new primary schools for the same period from Danja and Dutsin-Ma Local Governments. Equally, data was not available for the number of teachers employed from 2003 to 2011 from the 3 Local Governments. There appears to be uniformity in teachers' minimum salary across the 3 local governments (#35,942.12), as well as minimum employment qualification of NCE and the highest qualification of serving teachers was B.Ed.

Table 5.2.6: The figure below presents the healthcare facilities of the three areas under study for the period 2003 – 2011.

Facility/Item	Bindawa LG	Danja LG	Dutsin-Ma LG
No. of healthcare facilities	67	52	41
Comprehensive Health Centre	1	1	1
Primary Health Centre	7	6	11
Health Centre	59	45	29
No. of health personnel	224	157	142
Doctors	2	2	2
Nurses	2	5	2
Midwife	5	1	3
Dentists	1	5	2
Pharmacists	5	4	7
Lab. Tech	6	6	5
CHEW	60	59	17
JCHEW	17	25	25
EHT	7	1	7
EHA	7	2	3
Drivers	3	3	4
Cleaners	116	30	61
Security guards	10	14	4
No. of health facilities constructed between 2003-2011	10	2	10
No. of health workers employed between 2003-2011	Data not available	Data not available	Data not available
Minimum qualification for health personnel	JCHEW/EHA	JCHEW	5 credits
Minimum salary for health workers	#36,000.00	#36,000.00	#18,000.00

Source: Extracted from Primary Healthcare Department of the three local governments.

The figure above shows that Bindawa Local Government had the highest number of health facilities with 1 Comprehensive Health Centre, 7 Primary Health Centres, and 59 Health Centres, totaling 67, and highest number of health personnel (224). Danja Local Government was second with 1 Comprehensive Health Centre, 6 Primary Health Centres, and 45 Health Centres, totaling 52, and 157 health personnel. Dutsin-Ma Local Government came third with 1 Comprehensive Health Centre, 11 Primary Health Centres, and 29 Health Centres, totaling 41, and 142 health personnel. Bindawa and Dutsin-Ma Local Governments each had 10 health facilities constructed between 2003 and 2011, while Danja Local Government had only 2. Data on the number of health personnel employed within the study period was not available for the three local governments. Bindawa and Danja Local Governments had JCHEW as the minimum qualification for health personnel, while Dutsin-Ma Local Government considered 5 O'Level credits as minimum qualification. The minimum remuneration for health personnel for Bindawa and Danja Local Governments was #36,000, while for Dutsin-Ma it was #18,000. The reason for the discrepancy in remuneration is obvious as from the above figure (Figure 1.5) it would be seen that the minimum qualification for health personnel was 5 Ordinary Level Credits.

5.3 Test of Hypotheses

The hypotheses stated in this study are tested in this section. The information gathered from the respondents through the administration of questionnaire were used to test the hypotheses. The main aim of conducting this test is to establish whether or not the differences in opinions of respondents are significant enough to draw a conclusion on the research topic. Thus, Pearson product-moment Correlation Coefficient and Chi-Square were employed to test the hypotheses.

The data collected was first edited to detect errors that may cause inconsistency if they are used for analysis without checking for consistency, while coding was finally done to enable grouping

responses into limited number of classes or categories for ease of analysis. The appropriate software used for the analysis was the Statistical Package for Social Sciences (SPSS), version 20.

Table 5.3.1Testing Hypothesis 1

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.887[a]	1	.170		
Continuity Correction[b]	1.333	1	.248		
Likelihood Ratio	1.988	1	.159		
Fisher's Exact Test				.194	.123
Linear-by-Linear Association	1.882	1	.170		
N of Valid Cases	428				

Source: Interpretation of SPSS Analysis

The table above shows the result of testing hypothesis 1 which states that there is no significant relationship between Political Participation (independent variable) and the development of Basic Education (dependent variable) in Bindawa, Danja, and Dutsin-Ma Local Governments. This was obtained from the values on tables 5.1.9, 5.1.16, and 5.1.17.

Pearson Chi-Square technique was used. The Decision Rule states that if P value (calculated value) is less than 0.05 (5%), there is strong relationship. However, if P value is greater than 0.05, there is no relationship. Therefore, if P value is less than 0.05 we reject the null hypothesis. From the table above, the P value is .170, thus, we accept our hypothesis.

Table 5.3.2 Testing Hypothesis 2

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.588[a]	1	.208		
Continuity Correction[b]	1.173	1	.279		
Likelihood Ratio	1.639	1	.201		
Fisher's Exact Test				.220	.139
Linear-by-Linear Association	1.585	1	.208		
N of Valid Cases	428				

Source: Interpretation of SPSS Analysis

The table above shows the result of testing hypothesis 2 which states thatthere is no significant relationship between Political Participation (independent variable) and the development of Primary Healthcare (dependent variable) in Bindawa, Danja, and Dutsin-Ma Local Governments. This was obtained from the values on tables 5.1.9, 5.1.28, and 5.1.29.

Pearson Chi-Square technique was used. The Decision Rule for this technique states that if P value (calculated value) is less than 0.05 (5%), there is strong relationship. However, if P value is greater than 0.05, there is no relationship. Therefore, if P value is less than 0.05 we reject the null hypothesis. From the table above the P value is .208, thus, we accept our hypothesis.

Table 5.3.3 Testing Hypothesis 3

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.210[a]	8	.735
Likelihood Ratio	8.208	8	.413
Linear-by-Linear Association	1.646	1	.199
N of Valid Cases	428		

Source: Interpretation of SPSS Analysis

The table above shows the result of testing hypothesis 3 which states that there is no significant relationship between political participation and type of project/service delivery in Bindawa, Danja, and Dutsin-ma Local Government Areas. The responses from tables 5.1.9, 5.1.34, 5.1.54, 5.1.55, 5.1.56, and 5.1.57 were used to arrive at the above result. The Decision Rule states that if P value (calculated value) is less than 0.05 (5%), there is strong relationship. However, if P value is greater than 0.05, there is no relationship. Therefore, if P value is less than 0.05 we reject the null hypothesis. From the table above, the P value is .735, thus, we accept our hypothesis.

Table 5.3.4Correlation co-efficientof Political participation of the people against LG performance on primary Education.

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Interval by Interval	Pearson's R	-.066	.044	-1.373	.170[c]
Ordinal by Ordinal	Spearman Correlation	-.066	.044	-1.373	.170[c]

Source: Interpretation of SPSS Analysis

The table above depicts the correlation coefficient of people's participation in politics and LG performance in the development of primary education in the three Local Governments under study.

The Decision Rule for Correlation Coefficient is that; correlation coefficient of 0 to 0.9 indicates a positive correlation, while from -0.9 to -1.0 indicates negative or inverse correlation where one variable is increasing and the other is decreasing. Further, a result of 0 to 0.499 indicates a weak correlation, while 0.5 to 0.999 indicates a strong correlation. Thus, from the above table it is clear that there is an inverse correlation between people's participation in politics and LG

performance in the development of primary education in the three Local Governments under study.

Table 5.3.5 Correlation co-efficient of Political participation of the people against LG performance on primary health care.

		Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Interval by Interval	Pearson's R	-.061	.046	-1.260	.208[c]
Ordinal by Ordinal	Spearman Correlation	-.061	.046	-1.260	.208[c]

Source: Interpretation of SPSS Analysis

The table above depicts the correlation coefficient of people's participation in politics and LG performance in the development of primary healthcare in the three Local Governments under study.

The Decision Rule for Correlation Coefficient is that; correlation coefficient of 0 to 0.9 indicates a positive correlation, while from -0.9 to -1.0 indicates negative or inverse correlation where one variable is increasing and the other is decreasing. Further, a result of 0 to 0.499 indicates a weak correlation, while 0.5 to 0.999 indicates a strong correlation. Thus, from the above table it is clear that there is an inverse correlation between people's participation in politics and LG performance in the development of primary education in the three Local Governments under study.

5.4Major Findings

This study found out that people participate in multiple political activities, however, the level of their participation in political activities has not influenced sufficient institutional and operational structures for their participation in matters affecting them and subsequently, development of

primary education and primary healthcare. The people acknowledge the existence of a local government system which neither disseminate information nor actually encourage the participation of people in decision making, as there are virtually no communication channels with the Local Government. Interaction between elected representatives and the people is a mirage, particularly between the people and the Councilors at ward level, and the Chairmen at local government level. Some people are aware of their rights to participate in decision making because they are educated, while some don't, because they are ignorant, illiterate, or apathetic and simply don't care.

Primary education issue is listed under the concurrent functions of local government, where the local government jointly with other levels of government especially the state government are responsible for providing it. Developing countries such as Nigeria are advised by the UN to adhere to the international standard of funding education with at least 26% of their annual budget if they are to attain sustainable development in their education sector. However, it was found out that both the state and local governments have not done well especially in the areas of budget allocation, facilities and personnel of primary education. This may have been the reason for the inadequacy of primary schools, classrooms, school furniture, teachers, and teaching aid, which are necessary for development of education. Particularly worrisome, is the teacher/pupil ratio which ideally should be 1:40, which none of the three areas under study has adhered to.

Similarly, primary healthcare issue is also the joint concern of both state and local governments, as it is also a concurrent function. This study found out that for an important sector such as the healthcare sector, it's funding is inadequate and subsequently, has resulted in the inadequacy of essential facilities and personnel such as hospitals, wards, hospital beds, doctors, nurses, midwifes, dentists, laboratory technicians etc, (which accounts for the inefficiency in that

department) without which the issue and development of primary healthcare will be a mirage. The World Health Organization (WHO) recommends 1 doctor to a community of 600 people, 1 nurse to 4 patients, and 1 environmental health worker to a community of 8000 people. This study found out that none of these recommendations were met in any of the three study areas.

Finally, this study also found out that people yearn for inclusion in projects meant for them, from initiation through to execution as against the top down approach to projects, which is the most common phenomenon in local government.

CHAPTER SIX

SUMMARY, CONCLUSION, AND RECOMMENDATION

6.1 Summary

This study on Effect of Political Participation and Development of Primary Education and Primary Healthcare in selected local governments in Katsina state sought to among other things, examine the commensurability of development of primary education and primary healthcare to political participation of the people.

Chapter one re-stated the importance of participation in political activities by the people in their localities as one of the ways in which they can make their voices be heard and demand for service. Problems for the study were identified, and hypotheses were used as a working guide for the research.

Chapter two discussed the theoretical base and literature reviewed in this research work. Participatory-democracy and efficiency services school of thought were adopted as theoretical guide for the study. A review of the concepts of Local Government, and political participation, was undertaken.

Chapter three elaborated the research methodology employed in this study. It was stated that archive research and questionnaire were to be adopted, and respondent's opinions would be tabulated and analyzed using Pearson correlation coefficient and Chi-Square statistical tools, where the outcomes would be used to prove or disprove our hypotheses.

Chapter four discussed a general overview of political participation, minimum standards for primary education and primary healthcare in Nigeria, and historical evolution of the three local governments under study.

Chapter five presented and analyzed the data. Questionnaires were administered to both local government staff and people of the local government areas to test the issues mentioned in the hypotheses. In analyzing the data, percentages, frequency distribution, cross-tabulation, and correlation coefficient and Chi-Square statistical tools were used. This enabled the researcher to reach a valid conclusion on the hypotheses tested.

6.2Conclusion

From the data collected, analyzed, and interpreted, the following conclusions were arrived at.

The current democracy is a welcome development as people participate in multiple political activities, but their participation has not given them a place in decision making, consequently top down approach to projects and programs. Development of primary education is not commensurate to the obvious participation of people in politics, and is also not as a result of people's participation in politics. Development of primary healthcare is not commensurate to the obvious participation of people in politics, and is also not as a result of people's participation in politics.As a result of non-inclusion of the people in matters affecting them, the issue of mis-priority arises, as areas of importance such as education and health don't get the attention in terms of financial adequacy, facility adequacy, and personnel adequacy, they deserve.

6.3Recommendations

Participation of people in political activities can be a potent instrument for making governments at all levels accountable to the people. Its relevance to the current paradigm of good governance

cannot be overemphasized. For our nascent democracy to transcend from mere electoral democracy to a true democracy where governments of all levels will be of the people, truly by the people's mandate, and be there for the people in all ramifications, it becomes imperative that people be educated politically, sensitized socially, and informed adequately and timely. Political education which goes beyond just voting, but include among others, educating and enlightening the citizen about his/her right of participation, and be given the opportunity to actually participate in decision making, is the responsibility of stakeholders such as the government, political parties, and partisan politicians, who could and should educate the general public (in the case of the government), educate party members (in the case of political parties), and educate camp followers (in the case of candidates.) Governments use the mass media of communication to sensitize people on important policy issues such as security matters, support for polio immunization etc, political parties and politicians do the same to peddle their parties and candidacy respectively. Thus, it is recommended that these same stakeholders use the same channels to give their people the political education needed to attain a vibrant democracy.

The source of authority for all tiers of government in Nigeria is the Nigerian Constitution. As such, for the education sector to get the UN recommended annual budget allocation of 26%, it is recommended that the Constitution be amended to compel Local Governments and other tiers of government to meet the UN recommendation on education. If this can be achieved, then without a doubt the minimum standards for basic education set out in the National Policy on Education, and even the international standards on education could be attainable, as finance is the backbone of most, if not all developmental drives.

This study adopts the recommendations for minimum standards for primary healthcare in Nigeria, developed by the National Primary Health Care Development Agency (excerpts in

Chapter four of this work.) It will only be recommended that the relevant authorities make adequate funds available, without which, minimum as they are, but impossible to attain.

The top down approach assume the people for whom the project is for, to be illiterate, ignorant, and unable to articulate their needs, thus, necessitating a higher intellectual input in their affairs. This study recommends the midway approach where there will be a blend of the people's input and that of the higher intellects.

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APPENDIX I

QUESTIONNAIRE FOR LOCAL GOVERNMENT OFFICIALS

Department of Public Administration,
Faculty of Administration,
Ahmadu Bello University,
Zaria.

Dear Sir/Madam

QUESTIONNAIRE ON EFFECT OF POLITICAL PARTICIPATION AND THE DEVELOPMENT OF EDUCATION AND HEALTH CARE IN THE LOCAL GOVERNMENT

I am a post graduate student from the above address, conducting a research titled **"Effect of Political Participation on the Development of Primary Education and Primary Health Care in Selected Local Governments of Katsina state"** to find out the commensurability of the development of education and health by the local government, to peoples' participation in politics.

As a staff of the local government, I am soliciting for your kind assistance in completing the attached questionnaire. I assure you of confidentiality in the use of any information you may care to divulge, as this is purely an academic work.

Thank you.

Yours Faithfully,

Lawal Baba Shani

SECTION 'A': BIODATA

1. Respondent's Name (optional) ……………………………………………………………..

2. State ………………………………………. 3. LGA…………………………………………

4. Department …………………………………………….. 5. Rank……………………………

6. Gender: Male [ ] Female [ ]

7. Age: (a) 16 – 25, (b) 26 – 35, (c) 36 – 45, (d) 46 -55, (e) 56 – 65.

8. Marital status: (a) Single

(b) Married

(c) Divorced

(d) Widowed

9. Religion: (a) Islam, (b) Christian, (c) Traditionalist.

10. Level of education: (a) non-formal, (b) primary, (c) secondary, (d) post- secondary.

11. Ethnicity: ………………………………………………………….

SECTION 'B':

1. To what extent has your Local Government been able to do the following?

(a) Organize the people for educational development activities

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

(b) Organize the people for health care development activities

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

(c) Organize public enlightenment campaign to mobilize and sensitize people to participate in politics

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

2. To what degree is your local government free to expend its resources?

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

3. How would you rate the quality of staff of the local government?

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

4. To what extent do your local government encourage the following?

(a) Active participation of people in decision making in the local government?

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

(b) Interaction between the people and the Council?

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don’t know [ ]

5. How often does Council disseminate policy issues to the public?

(a) very often, (b) often, (c) not often, (d) not at all.

6. Are there sufficient channels of communication provided for people to express their needs or grievances?

Yes [ ] No [ ] Sometimes [ ] I don’t know [ ]

7. Why did you say so to question 7 above? ………………………………………... ……………………………………………………………………………………..

……………………………………………………………………………………..

8. How would you score your local government in terms of development of education?

(a) 0 – 39%

(b) 40 – 59%

(c) 60 – 79%

(d) 80 100%

9. Why did you say so to question 9 above? ………………………………………... ……………………………………………………………………………………..

………………………………………………………………………………………

10. How would you score your local government in terms of development of health care?

(a) 0 – 39%

(b) 40 – 59%

(c) 60 – 79%

(d) 80 100%

11. Why did you say so to question 11 above? ………………………………………... ……………………………………………………………………………………..

……………………………………………………………………………………….

12. In your opinion, is development of education in the local government as a result of people’s participation in politics?

Yes [ ] No [ ]

13. Why did you say so to question 13 above? …………………………………………...
…………………………………………………………………………………………..

………………………………………………………………………………………………

14. In your opinion, is development of health care in the local government as a result of people's participation in politics?

Yes [ ] No [ ]

15. Why did you say so to question 15 above? …………………………………………...
…………………………………………………………………………………………..

………………………………………………………………………………………………

16. Are people aware of their right to participate in decision making at local government level?

Yes [ ] No [ ]

17. Why did you say so to question 17 above? …………………………………………...
…………………………………………………………………………………………..

…………………………………………………………………………………………….

18. Is education and health care development by the local government as a result of people's participation in politics?

Yes [ ] No [ ]

19. What suggestion would you offer to make local government administration better and to involve the people in local administration in your local government?

………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………
………………………………………………………………………………………………

APPENDIX II

QUESTIONNAIRE FOR THE PEOPLE

Department of Public Administration,

Faculty of Administration,

Ahmadu Bello University,

Zaria.

Dear Sir/Madam

QUESTIONNAIRE ON EFFECT OF POLITICAL PARTICIPATION IN THE LOCAL GOVERNMENT

I am a post graduate student from the above address, conducting a research titled **"Effect of political participation on the development of primary education and primary health care in selected local governments of Katsina state"** to find out the commensurability of the development of education and health care by the local government, to peoples' participation in politics.

I am soliciting for your kind assistance in completing the attached questionnaire. I assure you of confidentiality in the use of any information you may care to divulge, as this is purely an academic work.

Thank you.

Yours Faithfully

Lawal Baba Shani

SECTION 'A': RESPONDENTS BIODATA

1. Respondent's Name (optional): ……………………………………………………………..

2. Village/ Community: ……………………………………………………………………..

3.LGA: …………………………………....... 4. State………………………………………

5. Gender: Male [ ] Female [ ]

6. Marital status: (a) single

(b) married

(c) divorced

(d) widowed

7. Religion: (a) Islam, (b) Christian, (c) Traditionalist.

8. Level of education: (a) non-formal, (b) primary, (c) secondary, (d) post- secondary.

9. Ethnicity: ………………………………………………………….

SECTION 'B':

1. Which aspect(s) of political activities do you participate in? (Tick the ones you participate in.)

a. Party membership [ ]

b. Registered voter [ ]

c. Formation of political parties [ ]

d. Attending party meetings [ ]

e. Campaign for election [ ]

f. Voting [ ]

g. Policy making at local government level [ ]

h. Others (please specify) ……………………………………………………………………..
…………………………………………………………………………………………………
…………………………………………………………………………………………………

2. Are you aware of the existence of local government in your area?

Yes [ ] No [ ]

3. In your opinion do you think the local government has performed adequately in the area of education?

Yes [ ] No [ ]

4. Why did you say so to question 3 above? ………………………………………...
…………………………………………………………………………………………..

………………………………………………………………………………………….

5. In your opinion do you think the local government has performed adequately in the area of health care?

Yes [ ] No [ ]

Why did you say so to question 5 above? ………………………………………...
…………………………………………………………………………………………..

…………………………………………………………………………………………..

6. To what extent has your Local Government been able to do the following?

(a) Organize the people for social development activities

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

(b) Organize public enlightenment campaign to mobilize and sensitize people

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

(c) Sensitize the people to participate in political activities

i. high degree [ ]

ii. moderate degree [ ]

iii. low degree [ ]

iv. I don't know [ ]

7. Have you ever participated in any decision making process with the local government?

Yes [ ] No [ ]

8. Was it

(a) before a decision?

(b) after a decision?

9. Was your participation

(a) voluntary?

(b) compulsory?

(c) induced?

10. Does the Council meet with you to discuss issues pertaining the local government?

Yes [ ] No [ ]

11. If yes how often?

(a) very often

(b) often

(c) not often

(d) not at all.

12. If no why? ……………………………………………………………………………………..

13. Does the Chairman of the local government meet with you to discuss issues pertaining the local government?

Yes [ ] No [ ]

14. If yes how often?

(a) very often

(b) often

(c) not often

(d) not at all.

15. If no why? ……………………………………………………………………………………...
……

16. Does your councilor meet with you to discuss issues pertaining your political ward?

Yes [ ] No [ ]

17. If yes how often?

(a) very often

(b) often

(c) not often

(d) not at all.

18. If no why? ………………………………………………………………………………...
…………………………………………………………………………………………………

19. Does the local government inform you about issues of education such as primary schools, classrooms, desks, chairs, teachers, teaching materials?

Yes [ ] No [ ]

20. If yes how often?

(a) very often

(b) often

(c) not often

(d) not at all.

21. If no why? ………………………………………………………………………………...
…………………………………………………………………………………………………

22. Does the local government inform you about issues of health such as hospitals, wards, hospital beds, drugs, doctors, nurses, midwives, lab techs?

Yes [ ] No [ ]

23. If yes how often?

(a) very often

(b) often

(c) not often

(d) not at all.

24. If no why? ………………………………………………………………………………...
…………………………………………………………………………………………………

25. Are there sufficient channels of communication for expressing the needs or grievances of the people?

Yes [ ]

No [ ]

Sometimes [ ]

I don't know [ ]

26. Why do you answer as in 26 above? ……………………………………………………………
……………………………………………………………………………………………………

27. Please rate the adequacy of the following educational facilities in your local government

	Very high	High	Moderate	Low	Very low
a. Primary schools	[ ]	[ ]	[ ]	[ ]	[ ]
b. Classrooms	[ ]	[ ]	[ ]	[ ]	[ ]
c. Furniture	[ ]	[ ]	[ ]	[ ]	[ ]
d. Teachers	[ ]	[ ]	[ ]	[ ]	[ ]
e. Teaching aid	[ ]	[ ]	[ ]	[ ]	[ ]

28. Do you think the educational facilities provided in your community are efficient?

Yes [ ] No [ ]

29. Why did you say so as in 29 above? ……………………………………………………………
……………………………………………………………………………………………………

30. Please rate the adequacy of the following healthcare facilities in your local government

	Very high	High	Moderate	Low	Very low
a. Hospitals	[ ]	[ ]	[ ]	[ ]	[ ]
b. Wards	[ ]	[ ]	[ ]	[ ]	[ ]
c. Beds	[ ]	[ ]	[ ]	[ ]	[ ]
d. Drugs	[ ]	[ ]	[ ]	[ ]	[ ]
e. Doctors	[ ]	[ ]	[ ]	[ ]	[ ]
f. Nurses	[ ]	[ ]	[ ]	[ ]	[ ]
g. Midwives	[ ]	[ ]	[ ]	[ ]	[ ]
h. Lab. Techs	[ ]	[ ]	[ ]	[ ]	[ ]
i. Dentists	[ ]	[ ]	[ ]	[ ]	[ ]

31. Do you think the healthcare facilities provided in your community are efficient?

Yes [ ] No [ ]

32. Why did you say so as in 32 above? ……………………………………………………………
……………………………………………………………………………………………………

……………………………………………………………………………………………………

33. Which of these types of projects would you prefer in your community?

(a) Community initiated projects

(b) Government initiated projects

(c) Combination of both.

34. Why did you say so as in 34 above? …………………………………………………..
…………………………………………………………………………………………………

35. In your opinion, do you think the level of educational development is commensurate to the level of peoples' participation in politics in your local government?

Yes [ ] No [ ]

36. Why did you say so as in 36 above? …………………………………………………..
…………………………………………………………………………………………………

37. In your opinion, do you think the level of health care development is commensurate to the level of peoples' participation in politics in your local government?

Yes [ ] No [ ]

38. Why did you say so as in 38 above? …………………………………………………..
………………………………………………………………………………………………

39. In your opinion, is development of health care in the local government as a result of people's participation in politics?

Yes [ ] No [ ]

40. Why did you say so as in 40 above? …………………………………………………..
…………………………………………………………………………………………………

41. In your opinion, is development of education in the local government as a result of people's participation in politics?

Yes [ ] No [ ]

42. Why did you say so as in 42 above? …………………………………………………..
…………………………………………………………………………………………………

43. Are you aware of your right to participate in decision making at local government level?

Yes [ ] No [ ]

44. If yes, how? If no, why?

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

APPENDIX iii: MINIMUM STANDARDS FOR BASIC EDUCATION IN NIGERIA

Factor	Minimum Standard
School enrolment age	(a) Early Child Care Education/nursery – 3years, Primary – 6years, JSS1 – 12years on completion of primary school.
Teacher/Pupil Ratio	ECCE – 1 teacher to 25pupils, Primary school – 1 teacher to 35 pupils, Junior Secondary School – 1 teacher to 40 students.
Curriculum	Primary school – 9 compulsory subjects, JSS – minimum of 10 compulsory subjects.
Teachers qualification	Minimum of NCE, Mandatory registration with TRCN, Attend at least one capacity training course every two years.
Classroom size	56 Sqm
Toilet size	1.25 Sqm
Doors/windows	Metal/Alluminium
Library	120 Sqm
Offices	Headmaster – 24Sqm, Ass. Headmaster – 18Sqm, First Aid room – 18Sqm, Store – 24Sqm.
Finance	F.G. - 50% of 2% CRF, State – counterpart fund 50% of total project cost.

Distance between schools	Schools should be located in such a way that the average number of pupils does not walk more than 2km to get to the school provided that (i.) there are pupils within the radius of 2km to fill a two-stream school, i.e. 12 learning groups of 40 pupils each for semi-urban schools and at least a total of 60 pupils for small rural schools (ii.) the pupils, so available, are not enrolled in another school within the radius of 2km (iii.)the land for development is readily available and suitable for development as a double-stream school or small school with adequate playground.
School location in relation to surroundings	(i.) in rural areas, especially, schools should not be located immediately next to markets or religious centers to avoid the spillover effects of such facilities during school hours unless there is absolutely no other alternative, (ii.) in urban and semi-urban areas, schools should be located in accordance with the relevant metropolitan master plan.
School classification: Rural school Semi-urban school Urban school	 Less than 200 pupils, but a minimum of 60 pupils. Not more than 1000pupils enrolled. More than 1000 pupils enrolled.

Source: Extracted from UBEC (2010) Minimum Standards for Basic Education in Nigeria.

APPENDIX iv: MINIMUM STANDARDS FOR HEALTH POST/DISPENSARY

Items	Minimum Requirement
Health Post / Dispensary	1 per village/neighborhood
Estimated coverage population	500 people
Infrastructure (building and premises	a. 2 rooms with cross ventilation; walls and roof must be in good condition with functional doors and netted windows, b. functional separate male and female toilets facilities with water supply within the premises, c. availability of a clean water source: at least a well, d. be connected to the national grid and other regular alternative power source, e. have a sanitary waste collection point, f. have a waste disposal site, g. be clearly sign-posted – visible from both entry and exit points, h. be fenced, i. staff accommodation provided within the community.
Furnishings	2 benches, 2 chairs, 2 cupboards, 1 examination couch, 1 screen, 1 stove, 1 wash hand basin, 1 writing table.
Medical Equipment	2 dressing forceps, 2 stethoscope, 2 GSVC, ice packs, 1 injection safety box, 2 kidney dish, 1 set ORT demonstration equipment, 2 scissors, 1 solar refrigerator, 2 sphygmomanometer, 1 tape rule, 1 thermometer, 1 weighing scale.
Personnel	At least a JCHEW assisted by Community Resource Persons.
Services	Health education and promotion, Health management information system, Routine home visits & community outreach, Maternal, Newborn and child care, Family planning, Promotion of proper nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis, others.
Hours of operation	At least 8 hours daily
Other Requirements	1 bicycle, 1 motorcycle, 1 community assigned canoe (in riverine areas), 1 mobile phone.

Source: Extracted from NPHCDA (2010) Minimum Standards for Primary Health Care in Nigeria

Table 4.2.2 MINIMUM STANDARDS FOR PRIMARY HEALTH CLINIC

Items	Minimum Requirement
Primary Health Clinic	1 per group of settlements/neighborhood, villages
Estimated coverage population	2000 to 5000 people
Infrastructure (building and premises)	a. A detached building with at least 5 rooms, walls and roof must be in good condition with functional doors and netted windows, b. functional separate male and female toilets facilities with water supply within the premises, c. availability of a clean water source: at least a well, d. be connected to the national grid and other regular alternative power source, e. have a sanitary waste collection point, f. have a waste disposal site, g. be clearly sign-posted – visible from both entry and exit points, h. be fenced, i. staff accommodation provided within the premises or the community, j. The building must have sufficient rooms and space to accommodate client observation area, consulting area, delivery room, first stage room, injection and dressing area, lying-in-ward (4 beds), pharmacy section, record section, staff section, store, waiting/reception area.
Furnishings	8 benches, 10 chairs, 2 cupboards, curtains for all windows, 1 delivery bed, 2 examination couches, 4 observation beds, 2 screens, 2 wash hand basins, 1 wheelchair, 3 writing tables.

Medical Equipment	2 adult weighing scale, 1 ambubag, 2 artery forceps, 1 baby weighing scale, 4 bed pans, 2 bed sheets per bed, 2 clinical thermometers, 1 cold box, 1 pack of cord clamps, 2 cusco's speculum, 1 pack each of disposable face mask and gloves, 2 dissecting forceps, 2 dressing forceps, 1 dressing trolley, 2 enema kits, 2 episiotomy scissors, 2 foetal stethoscope, 2 instrument tray, 4 kidney dishes, 2 each of lanterns and buckets, 1 pack of 100 multistix test kits, 2 needle holding forceps, 2 urinary catheter, 1 sterilization equipment, 1 suction machine or mucus extractors, ORT demonstration equipment, + all minimum requirement for health post.
Personnel	2 midwife or nurse midwife 2 CHEW 4 JCHEW 2 Health attendants/assistants 2 Security personnel
Services	Health education and promotion, Health management information system, Routine home visits & community outreach, Maternal, Newborn and child care, Family planning, Promotion of proper nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis, Referral, Community Mental Health, HIV/AIDS, Waste disposal, Essential Drugs, Water and Sanitation, Monitoring, Supervision, Adolescent Health, others.
Hours of Operation	The facility should run 24 hours.
CHEW	80% of working time in the facility and 20% in the communities
JCHEW	60% of working time in the facility and 40% in the communities
Other Requirements	1 means of communication e.g. mobile phone or communication radio 1 motorcycle 1 bicycle

	1 small motor boat for riverine areas.

Source: Extracted from NPHCDA (2010) Minimum Standards for Primary Health Care in Nigeria

Table 4.2.3 MINIMUM STANDARDS FOR PRIMARY HEALTH CARE CENTRE

Items	Minimum Requirements
Primary Health Care Centre	1 per Political Ward
Estimated Coverage Population	10,000 to 20,000 people
Infrastructure (building and premises)	a. A detached building with at least 10 rooms, walls and roof must be in good condition with functional doors and netted windows, b. functional separate male and female toilets facilities with water supply within the premises, c. availability of a clean water source: at least a well, d. be connected to the national grid and other regular alternative power source, e. have a sanitary waste collection point, f. have a waste disposal site, g. be clearly sign-posted – visible from both entry and exit points, h. be fenced, i. staff accommodation provided within the premises or the community, j. The building must have sufficient rooms and space to

	accommodate client observation area, consulting area, delivery room, first stage room, injection and dressing area, lying-in-ward (4 beds), pharmacy section, record section, staff section, store, waiting/reception area.
Furnishings	As listed in the Basic Equipment List for Primary Health Care Facilities in Nigeria.
Medical Equipment	As listed in the Basic Equipment List for Primary Health Care Facilities in Nigeria.
Personnel	1 Medical Officer 1 Community Health Officer (CHO) 4 midwife or nurse midwife 3 CHEW 6 JCHEW 1 Pharmacy Technician 1 Environmental Officer 1 Lab. tech 2 Health attendants/assistants 2 Security personnel 1 General Maintenance staff
Services	Health education and promotion, Health management information system, Routine home visits & community outreach, Maternal, Newborn and child care, Family planning, Promotion of proper nutrition and food education, Immunization, Curative care, Oral health, Malaria, Tuberculosis, Referral, Community Mental Health, HIV/AIDS, Waste disposal, Essential Drugs,

	Water and Sanitation, Monitoring, Supervision, Adolescent Health, Basic Laboratory Services, others.
Hours of Operation	24 hours
Essential Drugs	As listed in the Primary Health Care Essential Drugs List.

Source: Extracted from NPHCDA (2010) Minimum Standards for Primary Health Care in Nigeria