

Local Government System in Nigeria and the Quest for Sustainable Development

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Abstract

Essentially, the local government administration is designed to bring governance close to the doorsteps of the citizenry. This paper examined the extent to which governance at this level has enhanced the mobilization of its citizens for purposes of sustainable development. Data obtained from secondary materials- magazines, books, periodicals, newspapers, the internet were analyzed using content analysis. The neo-classical theory of (Pearce 1972) closed linear system was adopted as theoretical framework. The results of the investigation indicate that the local government administration in Nigeria has not lived up to the expectation of being an effective motilizer of the masses for sustainable development. The study recommended reforms in the system to reposition the local government administration for greater effectiveness and efficiency to enhance sustainable development in the country.

Keywords: *Local Government Administration, Sustainable Development, Mass Mobilization, Local Government Reforms, Effectiveness and Efficiency*

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Background to the Study

The expediency for the creation of local government anywhere in the world emanates from the need to facilitate development at the grassroots. In the case of Nigeria, it is unfortunate that various reforms in local government administration have not translated to the provision of essential services at the grass roots level. Ordinarily, this third tier administration is expected to fashion out ways of adapting appropriate technology in agriculture, establishing skills acquisition and development centers; increasing literacy levels; creating awareness of rural possibilities; political education and mobilization; providing information on rural resources, deploying technical assistance; sensitizing potential volunteers and donors as well as focus on peoples' felt needs and basic amenities such as provision of good roads, electricity; health centers, markets, schools and farm settlements among others. As agents of rural development, Local governments are to use the funds made available to them by both the federal and state governments and their internally generated revenue to improve on the lives of the people within their areas of operation through initiating and attracting development projects to the local government such as provision of access roads, water and rural electricity; sustaining livelihoods through the provision of credit facilities for agriculture, arts, crafts and small scale business; and encouraging the formation of cooperative societies and other economic groupings. (Akhakpe, Fatile & Igbokwe-Ibeto, 2012).

Being the government that is nearest to the populace, the local government is, “one of the best agencies for generating motivations and encouraging mobilization for self-help, as well as including the much needed wider participation of the local population in the decision making process at the local level” (Ukah, 2012). The major priorities of any local government should include; reduction of poverty in the community, increasing the standard of living of the local dwellers, provision of social amenities, enhancing the participation of the local citizens in political activities that concern them, enhancing their individual human capabilities, boosting nationalism, inspiring creativity and innovation as well as educating the local people (Bello-Imam, 2007). Sustainable development necessitates not only a holistic approach but the hands of all entities on deck. The local administration is certainly one such hand.

Statement of Research Problem

No matter the disposition (military, civilian, dictatorial or democratic), the local government administration provides the most direct influence on the citizenry in any nation. This is to say that whatever revenues accruing to it by way of statutory allocations and internally generated revenues are meant for the general improvement of the living standard and welfare of the people. Thus, within the context of sustainable development, the local government system is primarily saddled with the responsibility of implementing programs to enhance the realization of poverty alleviation, food security, and the health of the people, among others. These issues have been carefully articulated in the seventeen sustainable development goals (17 SDGs). This study seeks to evaluate the extent to which the local government system in Nigeria has lived up to this responsibility.

Objectives of the Study

The broad objective of this study is to assess the extent to which the local government system in Nigeria has lived up to the challenge of sustainable development. Specifically, the study seeks to:

1. Ascertain how much the local government administration in Nigeria has enhanced poverty alleviation amongst the rural population in the country.
2. Determine the extent to which the local government in Nigeria has enhanced health care delivery to the citizens.

Research Questions

Answers will be provided to the following questions:

1. What achievement has the local government administration recorded in the area of poverty alleviation amongst its people (Nigerians)?
2. To what extent has the local government administration enhanced the health care delivery to the citizens?

Literature Review

Concepts

Government: The word government derives, ultimately, from the Greek verb κυβερνάω [kubernáo] meaning to steer with gubernaculum (rudder), the metaphorical sense being attested in Plato's ship of state (Encyclopedia Britannica, 1911). The Columbia Encyclopedia defines government as, “a system of social control under which the right to make laws, and the right to enforce them, is vested in a particular group in the society (Columbia Encyclopedia, 2000). In its broad sense, government normally consists of legislature, executive, and judiciary. Government is a means by which organizational policies are enforced, as well as a mechanism for determining policy. Each government has a kind of constitution, a statement of its governing principles and philosophy.

Local Government: Most scholars concur that, the philosophy of localizing governance in the modern day setting is anchored on the need to bring government closer to the people (Mills, Janda, Barry & Goldman, 2000; Ajayi, 2003; Kolawole, 2003; Ola, 2004) Thus, even as its functions and relevance sometimes overlap with those of other levels of government, “it is still seen as “a contrivance that will not only engender development and make governance more efficient and effective, but equally compatible with a major based view of democracy (Janda, Barry, & Goldman, 2000).

Sustainable Development: This concept aims at maintaining economic advancement and progress wholly protecting the long-term value of the environment. The United Nations General Assembly (1987), defines it as, “the development which meets the needs of the present without compromising the ability of meeting those of the future generations”.

Poverty: Yekini, et al (2012), defined poverty as the opposite of wellbeing. Just like some other authors, “poverty goes beyond lack of income, but stretches to include disadvantages in access and social exclusion”. Since poverty is not restricted to material deprivation, “other intangible

aspects such as poor access to schooling, healthcare, and exclusion from decision making process are included (Yekini, 2012). The nature of poverty is such that it does not lend itself to a single definition. Poverty can therefore, be said to be a multi-dimensional social phenomenon. “Definition of poverty and its causes can be coined from factors such as gender, age, culture and other social and economic contexts” (Narayan et al, 2006). Brodshaw (2006), views poverty in its most general sense as, “the lack of basic necessities like food; shelter, medical care and safety that are generally thought to be necessary”

Poverty Alleviation: Poverty reduction or poverty alleviation, is a set of measures, both economic and humanitarian, that are intended to permanently lift people out of poverty, “poverty reduction occurs largely as a result of overall economic growth” (Vasquez, 2001). Poverty alleviation also involves improving the living conditions of the people who are already poor. “Economic growth has the indirect potential to alleviate poverty as a result of simultaneous increase in employment opportunities and labor productivity” (Melamed, et al, 2011)

Health Care Delivery: Health care or healthcare is the maintenance or improvement of health via the prevention, diagnosis, and treatment of diseases, illness, injury, and other physical and mental impairments in human beings. Healthcare is delivered by health professionals (providers or practitioners) in allied health fields. Physicians and physician associates are a part of these health professionals. Dentistry, midwifery, nursing, medicine, optometry, audiology, pharmacy, psychology, and other health professions are all part of healthcare. It includes work done in providing primary care; secondary care, and tertiary are as well as in public care. Access to healthcare may vary across countries, communities, and individuals, largely influenced by social and economic conditions as well as the health policies in place.

Healthcare is conventionally regarded as an important determinant in promoting the general physical and mental health and well-being of people around the world. “An example of this was the worldwide eradication of smallpox in 1980, declared by the WHO as the first disease in human history to be completely eliminated by deliberate health care interventions” (WHO, 2010). “The delivery of modern healthcare depends on groups of trained professionals and para professionals coming together as interdisciplinary teams” (United States Department of Labor, 2011). Against the explanations above, a 'healthcare delivery system' may be viewed as a series of interlinked processes, each of which results in one or more outputs'.

The literature

A plethora of studies exist on the role of local government administration on sustainable development in Nigeria. For instance, Ibietan and Ndukwe (2014), investigated local government administration in Nigeria and the localist theory- Exploring the nexus. The study aimed at examining the nature and challenges of local government administration in Nigeria using the localist theory as framework of analysis. Using secondary data and theory to practice approach, the paper presented illuminating discourse and underscored the features of the localist theory which could change the nature of local government administration in Nigeria for good. The effective practice of new managerialism; devolged model of governance

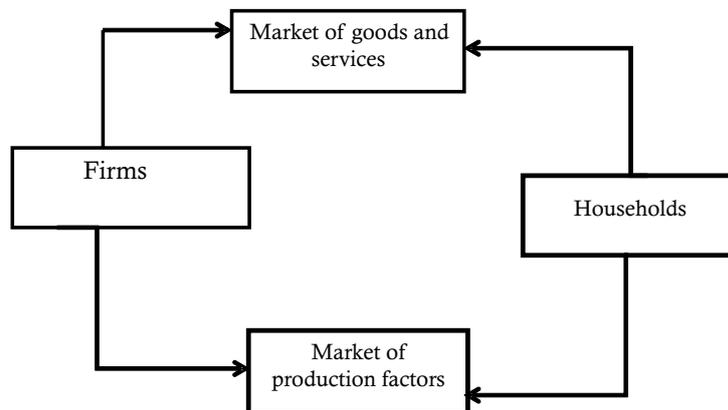
anchored on qualitative service delivery and reforms package inherent in the theory encapsulating financial buoyancy and stronger local democracy offer tremendous appeal to overcoming the challenges of local government administration in Nigeria.

Nwankpa (2017), investigated “sustainable agricultural development in Nigeria and the way out of hunger and poverty. The paper examined the agricultural transformation vis-à-vis hunger and poverty eradication as a means of sustaining economic growth and development in Nigeria. It observed that about 80 percent of Nigerians live in rural areas and agricultural sector remains the main provider of livelihood for most rural dwellers and a major contributor to Nigeria's growth rate besides the oil and gas sector. Despite the huge revenue and foreign reserves derived from the oil sector, hunger and poverty remain on the increase in Nigeria. Recent estimates put the number of undernourished Nigerians at over 53 million representing about 30 percent of the country's total population while the poverty statistics shows that about 72 percent of Nigerians (118.2 million people) are poor. The importance of agricultural transformation on the nation's socioeconomic development cannot be over-emphasized. Hunger and poverty rates will continue to rise as long as the abundant human and material resources located in Nigerian rural settings are not optimally harnessed. The paper therefore, emphasizes significant improvements and effective harnessing of agricultural sector for meaningful and adequate food production and other socio-economic developments through agricultural reforms.

Abdulkareem, et al (2017), studied the prospects and challenges of local government administration and national development in Nigeria. The paper aimed at discussing the challenges confronting the local government in carrying out its functions as a level of government and to highlight the prospects of the local governments as engine of national development. It adopted a conceptual approach through the use of secondary sources of data to analyze the objective. It was discovered that the local government has lost its footing in the developmental process due to unwarranted encroachment into the administration, finance and operations by state governments. The paper recommended that for the local government to perform up to expectation, there must be a constitutional amendment to cede this third tier of government away as an appendage of the state government.

Theoretical Framework

The Economic system of a closed linear system (Pearce, 1972). This study adopts as its theoretical framework, the Neo-classical theory of a closed linear system.



Source: Romanian Statistical Review nr/2/2013. An Elaboration on Turner, K et al, p.28.

The endogenous growth models are in alignment with the basic philosophy of the Solow approach (i.e. removing both the assumptions of decreasing productivity of capital and exogeneity of technical progress), which lead both to deny that in the future we have the process of convergence between the growth rates of the various countries and to predict the tendency to continue expanding. However, there is no implicit mechanisms to stop (it was in fact, the diminishing marginal productivity of capital which has led to the rest of growth unless it was offset by exogenous technical progress). For classical economists like Malthus, Ricardo, Mill, etc, it is clear that the economic activity was conditioned by the environment. They believed in the role of the market as an indispensable basis for economic growth. The market would have in fact, distributed merits and efficiency, generating wealth for all. The theoretical conclusion and confidence by the classics held only in the short-term context. In the long-run however, the economy would still be found in a stationary state which coincides with the mere subsistence level by all. This is because of the full awareness of natural resources as a scarce and limited entity, or as a finite set of natural resources, causing a brake on growth. The point of view, 'pessimistic' of the classics in the long-term is well expressed in the studies of Thomas Malthus and Ricardo who watched the constraints imposed by the environment in terms of scarcity of fertile land for cultivation.

Unlike the classical, the traditional neo-classical economists in considering the economic system as a closed and linear system (Turner, Pearce and Batenan), did not take into account, the binding connection between the economic system and the environment. The environment has only instrumental value. There are resources to be shaped and used in the production function to meet the market equilibrium. The unlimited exploitation of natural resources is commonly accepted as the prices to pay for fuelling economic growth and provide employment.

Data Sources and Analysis

Data obtained from secondary materials are analyzed using the technique of content analysis which runs in the following sequence:

Research Question One (1): what achievements have the local government system recorded in the area of poverty alleviation amongst its people (Nigeria)?

“Nigeria ranks 158 out of 177 countries on the Human Development Index” (HDR, 2008) . The implication is that majority of the country's 140 million (2006 Census) citizens live below the poverty line and have limited or no access to sustainable sources of livelihood. Poverty remains one of the greatest challenges facing the world today, particularly Africa. “It remains an adversary that no one could afford to ignore or underrate” (Balogun, 2004). Strong local authority leadership in both urban and rural areas are crucial in ensuring effective strategies for wealth creation and poverty reduction. “Nyagba (2009), opines that, “sustainable development provides a framework under which communities can use resources efficiently, create efficient infrastructures, protect and enhance quality of life, and create new businesses to strengthen their economies. Local governments in Nigeria have a commitment in this mandate. This notwithstanding, the extent this tier of government could go in discharging its responsibility, has depended on funding. In this regard,

the Allocation of Revenue (Federation Account, etc) Act of Act of 1981 passed by the National Assembly in 1981, fixed the proportion of the revenue to be transferred to local government councils from the federation Account and from each state's total revenue at 10% each (Aidelokhai, et al, 1997).

However, this monumental empowerment of local government councils is bedeviled with series of corrupt types; deductions, diversions, withholding, and even multiplication of the same project-execution by different governmental agencies. These deductions sometimes lead to the slogan of 'zero-allocations' which provide excuses for the non-performance of these local governments. Gboyega (1995) posits that, “zero-allocations, became excuse for the inability to provide services” by local authorities. Duplications and even, multiplications of same project execution by different governmental agencies is also a corruption type that erodes financial strength of the new local government system. It is found that the three levels of government are sometimes engaged in executing poverty alleviation projects through numerous federal, state, local, and, in some cases, non-governmental agencies as shown below:

Table 1: Selected Intergovernmental Funded Poverty Alleviation Projects in Rural Areas

| Projects | Federal Government Agencies involved in execution | State Government Agencies involved in execution | Local Government Agencies involved in execution | Non-Governmental Agencies involved in execution |
|-------------------------|---|---|---|---|
| 1.Rural Roads | 1. DFFRI 2. Fed. Min. of Agric. (Rural Department) | Rural Development Authority/Ministries of Work Task Forces ADP | Works Department of LGs/Communities | |
| 2.Rural Electrification | 1. DFRI 2. NEPA | State Rural Electrification Board, Rural Development Authority | Works Department of LGs Communities | |
| 3.Rural water supply | 1. DFFRI 2. Fed. Min. of Agric. | State Water Corporation State 2. Rural Development Authority Ministries of Health in some States e.g. Anambra | 1. Agric. Department Communities 2. Philanthropies | UNDP, European Union Other international organizations |
| 4.Food Crops | DFFRI Fed. Min. of Agric. MASER | Min. of Agric. ADP Various states grains, tree, boards and Committees | Agric. Dept. Communities Local non-governmental organizations | UNDP European Union |

Source: Fatai, Ayisa, Olasupo. “Local Government and Rural Development”. Journal of Development Alternative and Area Studies, USA: San Antonio- March- June 2005, 24 (1&2): 192.

Most studies in literature point to the failure of measures on poverty alleviation to achieve desired results. Oloyede (2014) who studied the effect of poverty reduction programs on economic development in Nigeria observed that, “despite various poverty programs by various past and present administrations in Nigeria, the problem still persists.

Research Question Two (2): To what extent has the local government system in Nigeria, enhanced healthcare delivery to its citizens?

In August 1987, the federal government of Nigeria launched its primary healthcare plan with the following objectives”. (Library of Congress Country Studies, 2010).

- a. Ensure that every Nigerian has access to good health care services.
- b. Protect Nigerians from the financial burden of medical bills
- c. Limit the rise in the cost of healthcare services

- d. Ensure efficiency in healthcare services
- e. Ensure equitable distribution of health costs among different income groups; equitable patronage of all levels of healthcare
- f. maintain high standard of healthcare delivery services within the scheme
- g. improve and harness private sector participation in the provision of healthcare services
- h. ensure adequate distribution of health facilities within the federation
- i. ensure the availability of funds to the health sector for improved services.

According to Akande (2004), “the objectives and functions of the NHIS have hardly attained any height as healthcare delivery continues to be limited; not equitable and does not meet the needs of the majority of the Nigerian people”. This is indicative of the high infant mortality rate, poor maternal care, very low life expectancy as at 2010, and periodic outbreak of the same disease, as well as the long period of time spent for control of the various outbreaks as shown in tables 2 and 3 below:

Table 2

| Health Indicator | Estimated figure | Reference year |
|-----------------------|---------------------------|----------------|
| Birth rate | 36.1 per 1000 population | 2010 |
| Death rate | 16.3 per 1000 population | 2010 |
| Infant mortality rate | 93.3 per 1000 Live Births | 2010 |
| HIV prevalence | 2.6 million | 2007 |
| HIV Deaths | 170,000 | 2007 |
| Life expectancy | 47 years | 2010 |

Some health indicators for Nigeria

Source: the Library of Congress Country Studies. CIA World Facebook.

Table 3: Disease Outbreak and Chemical Disaster in Nigeria between 2006 and 2010

| Disease/ Chemical threats | Affected Cases reported | Reported deaths | Region affected | Approximate period of event |
|---|-------------------------|--|--------------------------|--|
| Cholera | 29115 | 1191 | 15 states (144 L.G.A) | 4 th Jan. to 3 rd December 2010 |
| Polio Outbreak due to the Wild Polio type-3 | 258 | No data | Northern states | 2009 |
| Meningococcal Disease | 17462 | 960 | Northern states | January to March 2010 |
| Mass lead poisoning | Several children | Massive children deaths (exact number not reported) | Mostly in Zamfara state | From March 2010 |

Source: Global Alert and Response (GAR): Nigeria. Available from:

<http://www.who.int/csr/archive/nga/en/>.

Clearly, primary health care delivery in Nigeria is the responsibility of the local government councils with the support of state ministries. The fact is that health is more than just the delivery of medical services. The primary health care system attempts to address people's “health needs”

through an integrated approach utilizing other sectors such as agriculture, education, housing, social and medical services.

The Nigerian Primary Health Care (PHC) system status in respect of PHC targets for 2001 stands as presented on table 4 below.

Table 4: The Nigerian PHC System Status in respect of PHC Targets for 2000 AD

| PHC Component | %Target Achieved as at December 1992 (this figure declined drastically since then) |
|-----------------------------------|---|
| EPI coverage | 54.5% |
| Antenatal care | 48.4% |
| Nutritional Status Pregnant Women | 34.4% |
| Attendance at Delivery | 52.3% |
| Contraceptive Prevalence | 38.0% |
| Access to Health Services | 43.3% |

Source: James Wunach et al USAID Governance Initiative in Nigeria. A strategic assessment of PHC and Local Government (USAID Lagos, 1994) p.18

The table (4) above presents the scorecard in respect of LGA achievements in the area of primary healthcare delivery in Nigeria. The table reveals that the aspiration of HEALTH-FOR-ALL-BY-THE-YEAR 2000 was far from being realized. Thus, inspite of LGA reforms of 1976 and 2003 and the subsequent increase in revenue allocation in 2008 to 20.60%, services (including health and agricultural inputs) are often inadequate. The WHO (2012); Jamo (2013), reveal that, “National health indicators in Nigeria are possibly among the lowest for almost all measurable indices”. Life expectancy in Nigeria as at 2012 was 48 years compared to 73 years in China and 83 years in Japan.

“One-third of the world maternal death occurred in India with 20% and Nigeria with 14% respectively” (WHO, 2012). “52000 Nigerian women die every year, and daily 150 pregnancy related cases with an average death in every 10 minutes (UNICEF, 2012). Nigeria is also among the countries in the world with the large number of infant mortality rate (70.49%, 33rd of 179), maternal mortality, malnutrition, poor drug access (0%, 141st of 163), poor birth rate, crude>1000 people (40.51/10000, 20th per 1000), with 0.28 physician per 1000 (48 of 148), poor expenditure on health as % of GDP of 4.7% (13th of 185) and general low health performance records in the World” (WHO, 2012; NPC, 2010; JAMO, 2013).

The rate of neo-natal mortality rate in the North Western Nigeria as at 2008, “was 55 per 1000, while infant mortality rate was 114 per 1000, whereas less than five mortality rates was 269 per 1000 (Olayan and Lawanson, 2010; WHO, 2012; JAMO, 2013). Nigeria's child immunization remained low over the last decade. Study by NCIS (2003) revealed that the DPT3 coverage was only 24.8%, with discrepancies from 8.8% in the North Western Nigeria compaired with 45.9% in the South East. This has significantly increased the rate of preventable diseases as a result of low routine immunization (NPI, 2007); indicating poor performance in disease prevention

leading to 72% of deaths due to communicable diseases. NPI (2007), posits that, “Although Nigeria is a signatory to all global immunization targets reducing 80% DPT3 coverage in 80% districts in developing countries by year 2005 and with MDG4 target of reducing child mortality by two-thirds by the year 2015, meeting these targets even beyond 2015 has been unrealizable”. This paper does not even see the possibility of meeting the targets by the year 2020. Most of the health care delivery services itemized above fall within the jurisdiction of the Local Government health care delivery system. Hence, this paper feels safe to reach the conclusion that though not a total failure, the local government healthcare delivery system in Nigeria is yet to attain the goal for which it was established.

Studies abound on the performance of Local government administrations in Nigeria on health care delivery in parts of Nigeria. Adeyemo (2005) conducted a study on, “Local Government Health Care Delivery in Nigeria. The paper traced the historical antecedent of health service delivery from colonial to present day. It identified some major contradictions in the management of primary health care implementation to include-shortage of qualified personnel and finance, inadequate transportation, inaccessibility to communities, lack of maintenance, cultural, political instability, high degree of leadership turnover etc. In a related development, Osain (2011), investigated the need for integrating adequate medical intelligence and surveillance systems into the Nigerian health system. The paper noted that the Nigerian health care had suffered several infectious disease outbreaks year by year and underscores the need to tackle them.

Findings

The analyses in this study has revealed the following:

1. Until recently, Nigeria ranked 158 out of 177 countries, going by the Human Development Index (HDR, 2008) as the majority of its 180 million live below the poverty line and have limited or no access to sustainable means of livelihood.
2. The Local government system in Nigeria so far has failed to lift a good number of its citizens out of poverty partly due to its incapacitation through corruption, deductions, diversion and withholding of funds by different governmental agencies.
3. Zero allocations' following deductions has been given as an excuse for the inability of local governments to provide services required to lift people out of poverty.
4. There are often conflicts and clashes in implementing poverty alleviation measures by the three tiers of government-federal, state and local governments. This has led to failure of such measures.
5. The persistence of high mortality and maternal death rates associated with issues related to primary healthcare delivery ineffectiveness on the part of local government authorities, clearly indicates the failure of the authorities to attain the goal of Health-For-All by year 2000.
6. 52000 Nigerian women die every year and 150 daily from pregnancy related cases with an average death of one every ten minutes.
7. Child immunization has remained low in Nigeria over the last decade.
8. The rate of neo-natal mortality rate in the North Western Nigeria as at 2008 was 55 per 1000 while that of infant mortality stood at 114 per 1000.

9. Child immunization remained low at DPT3 coverage as at 2003 was estimated at only 24.8%.
10. Topography and geographical location of some rural areas have been identified as one reason why inhabitants cannot access health care delivery services. Lack of transport facilities have also been listed as a major hindrance.

poverty and ensure their access to a good measure of healthcare delivery service. The result is Nigeria's high ranking by the Human Development Index as not only one of the poorest in the world, but also as a country where healthcare delivery is virtually non-accessible. Many reasons have been given for the inability of the Local government authorities to perform. These range from corruption, inadequate trained personnel, poor funding, policy inconsistencies, confusion from duplication of functions among the three tiers of government, etc.

Recommendations

Against the backdrop of the findings in this study, the following suggestions have been outlined:

1. Most rural dwellers are engaged in farming and agro-allied businesses. Local government authorities should consider empowering these rural dwellers by enhancing their skills in the areas they are already used to. This is the fastest and most enduring way out of poverty.
2. Delay and diversion of funds meant for local governments must be stopped to enable them function at optimum capacity.
3. Agriculture must be mechanized to make it profitable. This is one way to lure rural youths to the occupation.
4. Zero allocation should be a thing of the past. Federal government must find a solution to unending deductions from the allocations meant for local governments.
5. Allocations and facilities meant for local government health care delivery must not come through state governments. Such allocations should go to the local authorities with measures emplaced to ensure accountability.
6. The issue of persistent high child maternal mortality rates should be addressed by giving it the attention it deserves.
7. Child immunization should be a top priority of governments at all levels.

References

- Adeyemo, D. O. (2005). Local government and health care delivery in Nigeria: A case study. *J. Hum. Ecol.*, 18(2) 149-160
- Adulrazaq, K. A., Ehiyamen, O., Oyedele, S.O., & Ajadi, A.A (2017). Local government administration and national development in Nigeria: Challenges and Prospects. *Journal of Human Resources Management (IJHRM)*, 1(1)
- Aidelokhai, D.I & Ehizuelen, E. A. (1997). Traditional institutions and modern governance in Nigeria within adjusted era-1985-1995' in *Governance in Nigeria; Economy, Politics and Society in the adjustment years: 1985-1995*. In Bello Imam (Ed.). Ibadan: Sterling Horden Publishers.
- Ajayi, K. (2003). *Theories of Local government*. In K. Ajayi (Ed). *Theory and Practice of Local Government*. Ibadan, Johnmof Printers Ltd.
- Akande, T.M. (2004). Referral system in Nigeria: A study of a tertiary health facility. *Ann Afrmed*. 3, 130-3
- Akhakpe, I., Fatile, J. O. & Igbokwe-Ibeto, C. J. (2012). Local government and the challenges of community and rural development in Nigeria: The way forward: *International Journal of Asian Social Science*, 2(6) 648-665.
- Balogun, M. J. (2004). The role of public administration in wealth creation”25th AAPAM annual conference on the role of Public service in Poverty Reduction Strategies: Challenges and Solutions. Gambia: Banjul.
- Bello-Imam, J. B. (2007). *Local government system in Nigeria*: Ibadan: College Press and Publishers Limited.
- Bradshaw, K. (2006). Theories of poverty and Anti-poverty programs in community Development, *Rural Poverty Research Centre Working Paper No 06-05*. Columbia Encyclopedia (2000). 6th ed. Columbia University Press.
- Fatai, A. O. (2005). Women rulers in governing institutions at the local level in Nigeria: A comparison in wither Nigeria? *Proceedings of the 14th General Assembly of the Social Science Academy of Nigeria*, Abuja, Social Science Academy of Nigeria.
- Gboyega, A. (1995). History of local government reforms and the gains made in local government administration during the transition period”. Local government in Nigeria and the United States: Learning from comparison, Ife: *Local Government Publication Series*.

- Ibietan, J., & Ndukwe, P. (2014). Local government administration in Nigeria and the Localist theory, *Exploring the Nexus Studies in Social Sciences and Humanities 1* (4) 130-139
- Jamo, I. A. (2013). Local government administration in Nigeria: A chronological perspective from 1861-2012. *A Journal of Historical Research 2* (3) 1-6. Zaria: Ahmadu Bello University, ABU Press.
- Janda, K., Berry, J.M., and Goldman, J. (2000). *The challenge of democracy*. New York, Houghton Mifflin Company.
- Kolawole, D. K. (2003). *Local Government and problems of service delivery*. In K. Ajayi (Ed.) *theory and practice of local government*. Ibadan: Johnmof Printers Ltd.
- Melamed, C., Hartwigo, R., & Grant, U. (2011). *Jobs, growth and poverty: what do we know, what don't we know, what should we know?* London: Overseas development Institute.
- Narayan, D., Patel, R., Scheffit, A., Rademacher, S, & Koch-Schulter 2000). *Voices of the Poor: can anyone hear us?* New York: Oxford University Press for the World Bank.
- National program on Immunization (NPI) (2007). *A Guide for health management teams at ward/LGA Levels*. Federal Government of Nigeria
- Nwankpa, N. N. (2017). Sustainable agricultural development in Nigeria: A way out of Hunger and Poverty. *European Journal of Sustainable Development*, 6(4) 175-184.
- Nyagba, S. (2009). Review of Nigeria's rural development policy for sustainable growth. *Presentation at the West Africa Regional Conference on Smart, Appropriate Technologies for Rural Communities*.
- Okoli, F. C. & Izueke, E. M. (2013). Local government leadership, wealth creation and poverty reduction in Nigeria. *Review of Public Administration and Management*, 2(3) 62-73
- Ola, R. F. (2004). Local government theory and practice: An examination of Modernization efforts in three decades of Nigeria Local Government (1975-2003). In A.A. Agagu and R.F. Ola (Eds), *Development Agenda of the Nigerian State*. Ibadan, Eag (Nigeria) Publishers.
- Olaniyan, O. & Lawanson, A. O. (2010). Health expenditure and health status in Northern and Southern Nigeria. *A Comparative Analysis Using NHA Framework*.
- Oloyede, B. N. (2014). Effect of poverty reduction programmes on economic development: Evidence from Nigeria. *Arabian Journal of Business and Management Review (OMAN chapter) 4*(1) 26-36.

- Osain, M. (2011). The Nigerian health care system: Need for Integrating adequate medical intelligence and surveillance systems. *Journal of Pharmacy and BioAllied Sciences*, 3 (4) 470-478
- The Encyclopedia Britannica (1911). A dictionary of arts, sciences, literature and general information, *Encyclopedia Britannica* Company. The Library of Congress Country Studies. CIA World Facebook. Available from: <http://www.cia.gov>.
- United Nations General Assembly (1987). Report of the world commission on environment and development: *Our Common Future*. Norway, United Nations General Assembly, Development and International Cooperation.
- United States Department of Labour (2011). *Employment and training administration: Healthcare*. Retrieved June 24, 2011.
- World Health Organization (2010). *Anniversary of smallpox eradication*. Geneva.
- World Health Organization (2012). *Immunization and Vaccine Development in the study area and this will report: Making a difference*. Geneva: World Health Organization National Health
- Yekimi, N. M., Rufai, B., Adetoba, A., Akinwale, A., & Ojo, O. (2012). ICT Tools for Poverty Eradication and Economic Growth in Nigeria. *Greener Journal of Education Research*, 2 (1) 13-19.