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Beyond Palliative Governance: Assessing the Transition to Curative Governance and its Implications for Local Government Service Delivery in Lagos State, Nigeria

[1]Oluleke S. Aina & [2]Oladimeji A. Ashade
[1]Department of Public Administration, Yaba College of Technology
[2]Department of Public Administration, Lagos State University, Lagos, Nigeria

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Abstract

Local government councils (LGCs) in Lagos State, Nigeria, are constitutionally mandated to drive grassroots development and deliver essential public services. However, persistent reliance on palliative governance approaches has raised concerns about service delivery effectiveness and citizen satisfaction. This study examined whether the transition from palliative to curative policies predicts service delivery effectiveness and how the execution of local governments' mandated roles and functions influences public satisfaction. Anchored on Systems Theory, the study adopted the pragmatist paradigm and a cross-sectional survey design. Data were collected from 400 respondents across the 20 LGAs and 37 LCDAs in Lagos State using a structured questionnaire. Instrument validity and reliability were established through content validity assessment, factor analyses, Cronbach's alpha, and composite reliability. Data were analysed using descriptive statistics, multiple regression, and Structural Equation Modelling (SEM). Findings revealed that the transition to curative policies significantly predicts service delivery effectiveness ($\beta = .48$, $p < .001$), while effective execution of mandated roles and functions significantly predicts public satisfaction ($\beta = .59$, $p < .001$). The study concludes that sustainable governance and effective discharge of constitutional responsibilities are critical drivers of local government performance. It recommends strengthening fiscal autonomy, institutionalising curative governance frameworks, enhancing performance monitoring, and promoting community participation to improve service delivery and citizen satisfaction.

Keywords: *Curative Governance, Palliative Governance, Local Government Administration, Service Delivery Effectiveness, Citizen Satisfaction*

Corresponding Author: **Oluleke S. Aina**

Background to the Study

Nigeria operates a constitutionally established three-tier system of government comprising the federal, state, and local government levels. As the tier closest to the people, local government councils (LGCs) are mandated to provide essential services such as primary healthcare, primary education, waste management, rural roads, and market administration (Constitution of the Federal Republic of Nigeria, 1999, as amended). In Lagos State, which comprises 20 Local Government Areas (LGAs) and 37 Local Council Development Areas (LCDAs), these responsibilities are particularly significant given the state's population of over 20 million residents (National Population Commission [NPC], 2023).

Despite this constitutional mandate, service delivery at the grassroots level in Lagos State has been characterized largely by reliance on palliative interventions, including food distribution, emergency medical outreaches, and ad hoc infrastructure repairs, rather than sustainable and systemic solutions capable of addressing underlying developmental challenges (Adekunle & Ogunleye, 2021; Nwachukwu et al., 2022). Scholars attribute this governance pattern to chronic fiscal dependence, inadequate administrative capacity, political interference, and a clientelistic political culture that prioritizes short-term symbolic actions over long-term development outcomes (Bello & Adeyemi, 2020; Omoleke, 2019).

Effective local government service delivery is fundamental to sustainable development, public satisfaction, and public trust in governmental institutions (Adebola et al., 2021; Okoye & Eze, 2023). Curative governance emphasizes proactive and systemic policy responses, transparency, accountability, and the effective execution of constitutionally assigned functions (Ezeani & Solomon, 2022). However, local councils in Lagos State continue to rely heavily on palliative measures, resulting in fragmented and inconsistent service outcomes (Olufemi & Akintunde, 2024). Consequently, communities experience poor-quality services, delays, and inadequate responsiveness in critical sectors such as healthcare, sanitation, and infrastructure (Balogun et al., 2020; Nwosu & Ahmed, 2025). These challenges are further compounded by bureaucratic inertia, resource limitations, and policy discontinuities that hinder the effective execution of council mandates (Ibrahim & Onwuegbuzie, 2026).

Although reforms such as the Lagos State Local Government Administration Law of 2012 and subsequent amendments sought to improve local governance, evidence suggests that they have not produced a decisive transition from palliative to curative governance. Residents across urban and peri-urban communities continue to express dissatisfaction with public infrastructure, healthcare, education, and sanitation services (Obi et al., 2023). Furthermore, existing studies (Balogun et al., 2020; Adeyemi & Okonkwo, 2023; Umeh & Bello, 2024; Adebola et al., 2021; Okoye & Eze, 2023; Olufemi & Akintunde, 2024; Ezeani & Solomon, 2022; Nwosu & Ahmed, 2025) have not adequately examined how the transition from palliative to curative governance and the execution of mandated local government functions jointly influence service delivery effectiveness and public satisfaction. Addressing this gap is essential for developing evidence-based strategies to strengthen local governance, improve service delivery, and rebuild public confidence. Accordingly, this study examines the influence of the transition from palliative to curative policies and the execution of local government

councils' mandated roles and functions on service delivery effectiveness and public satisfaction in Lagos State, thereby contributing empirical evidence to the growing literature on evidence-based local governance.

Literature Review

Conceptual Framework

The concept of palliative governance emerged prominently in Nigerian political discourse during the structural adjustment era of the late 1980s and gained renewed salience during the COVID-19 pandemic when federal and state governments deployed emergency food relief, cash transfers, and medical outreaches as primary governance responses (Nwachukwu et al., 2022). In the local government context, palliative governance manifests as sporadic road maintenance, ad hoc medical outreaches, irregular market rehabilitation, and politically timed community welfare distributions that are not embedded in systematic service delivery frameworks (Omoleke, 2019). Scholars such as Adekunle and Ogunleye (2021) have distinguished between performative palliation visible, media-oriented interventions timed to electoral cycles and genuine emergency relief, arguing that the former is fundamentally antithetical to democratic accountability.

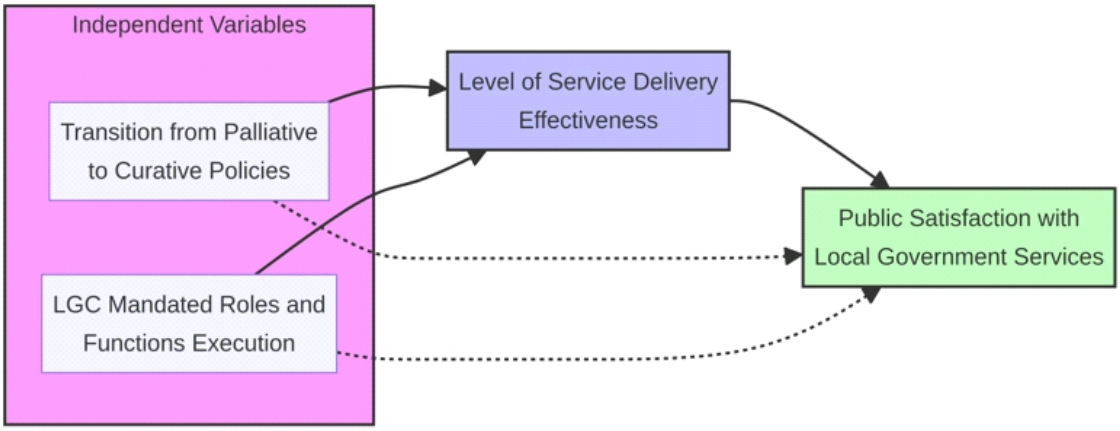
Curative Governance and Structural Service Delivery

Curative governance, by contrast, draws from the public health metaphor of treating disease at its root rather than managing symptoms. Applied to local government service delivery, it implies institutionalised policy frameworks, sustainable funding mechanisms, meritocratic recruitment, evidence-based planning, and multi-year capital programmes for infrastructure and social services (Bello & Adeyemi, 2020).

The Palliative-Curative Continuum

The authors conceptualise palliative and curative governance not as binary opposites but as endpoints of a governance orientation continuum. LGCs may occupy different positions on this continuum across different service sectors and over different temporal phases. The Palliative-Curative Governance Continuum (PCGC) model, adapted for this study, proposes that councils progressively transition from purely palliative to predominantly curative modes as institutional capacity, fiscal autonomy, political will, and citizen demand coalesce (Okafor & Uche, 2021).

Conceptual Model
Figure 1.



Source: Author Design, 2026.

Analysis of Relationships
The following diagram illustrates the hypothesized relationships between the variables. The Role of Transition (IV1 → MV): The shift from palliative to curative policies is hypothesized to enhance service delivery effectiveness. While palliatives provide immediate relief, they often lack the infrastructure to sustain quality of life. Curative policies focus on building robust systems that make service delivery more predictable and efficient. More so, the mandated Roles Execution (IV2 → MV): The core of local government legitimacy lies in its ability to perform its mandated functions. Effective execution of these roles directly impacts the quality of daily life for Lagosians, thereby serving as a primary driver of service effectiveness. It can be argued that the Mediating Effect of Effectiveness (MV → DV): Public satisfaction is not directly influenced by policy intent alone but by the outcome of those policies. Service delivery effectiveness acts as the bridge; if the transition and role execution do not result in tangible, effective services, public satisfaction will remain low.

Theoretical Framework
Systems Theory
Systems Theory, developed by Ludwig von Bertalanffy (1968) and later adapted to political and administrative analysis by David Easton (1965), views governments and organisations as open systems that interact continuously with their environment. The theory posits that systems receive inputs such as public demands, expectations, resources, and support, process them through institutional structures and decision-making mechanisms, and generate outputs in the form of policies, programmes, and services. These outputs produce outcomes that generate feedback, which subsequently influences future decisions and actions. In local government administration, councils receive citizens' needs and financial resources as inputs, transform them through governance processes, and produce outcomes reflected in service delivery effectiveness and citizen satisfaction.

A major strength of Systems Theory lies in its holistic approach to governance analysis. It facilitates understanding of the interrelationships among governmental components and how these collectively shape policy outcomes. The theory also emphasizes feedback mechanisms, making it particularly useful for assessing service delivery performance and public satisfaction. Furthermore, it accommodates multiple variables and portrays governance as a dynamic and adaptive process rather than a set of isolated activities. However, the theory has been criticized for being overly abstract and descriptive. While it explains how systems operate, it offers limited guidance on improving performance. It also assumes a degree of stability and rationality that may not reflect realities such as political interference, corruption, and institutional weaknesses common in developing countries. In addition, it pays limited attention to power relations and conflicts among actors.

Despite these limitations, Systems Theory provides the most suitable framework for this study because it integrates all study variables into a single explanatory model. It explains how local government councils receive inputs, process them through governance mechanisms such as the Transition from Palliative to Curative Policies (TPCP) and Local Government Councils' Mandated Roles and Functions Execution (LGCMRFE), and generate outcomes in the form of service delivery effectiveness and citizen satisfaction. It therefore serves as the overarching theoretical framework for analysing local government performance in Lagos State.

Empirical Review

Obi et al. (2023) conducted a mixed-methods study across six geopolitical zones in Nigeria and documented pervasive underperformance of LGCs across healthcare, road maintenance, and primary education sectors, attributing this to fiscal subordination to state governments. Adeyemi (2022) found that in Lagos State specifically, less than 40% of statutory allocations to LGCs were deployed directly to capital service delivery, with the remainder absorbed by recurrent personnel expenditure and administrative overheads. Olowu and Wunsch (2004) remain a seminal reference, establishing that the failure of local government in sub-Saharan Africa is fundamentally a problem of institutional design rather than individual incompetence. Nwachukwu et al. (2022) examined COVID-19-era palliative distribution in Anambra State and found that while short-term beneficiary satisfaction was high, medium-term service delivery outcomes were unaffected because the interventions were not embedded in recurrent service infrastructure. Adekunle and Ogunleye (2021) similarly documented in Lagos State that electoral-cycle palliative distributions correlated with temporary spikes in approval ratings but not with objective service delivery improvements. These findings directly motivate the study's hypotheses.

Institutional Capacity and Service Delivery

Bello and Adeyemi (2020) demonstrated a significant positive relationship between LGC institutional capacity—measured by staff qualifications, ICT infrastructure, and financial management systems—and service delivery outcomes across 12 Lagos LGAs. Omoleke (2019) similarly found that councils with higher rates of mandated function execution, as assessed by community audits, recorded significantly better health and infrastructure outcomes. Despite this body of work, no study has simultaneously examined both TPCP and

LGCMRFE as independent variables predicting both LSDE and PSLGS within a single validated instrument, tested within a pragmatism paradigm using cross-sectional survey methodology in Lagos State. This study addresses this lacuna.

Research Methods and Materials

Research Paradigm and Design

This study adopts the pragmatism research paradigm (Creswell & Creswell, 2018; Morgan, 2007). Pragmatism rejects the epistemological absolutism of both positivism and interpretivism, focusing instead on what works and what produces actionable and useful knowledge for addressing practical social problems. The study employed a cross-sectional survey design, which is appropriate for capturing a snapshot of attitudes, perceptions, and reported experiences across a population at a single point in time (Bryman, 2016). The cross-sectional approach is justified by the study's objective of assessing the current state of service delivery effectiveness and public satisfaction and examining the relationships among the study variables rather than tracking changes over time.

Population and Sample

The target population comprised residents of Lagos State's 20 Local Government Areas (LGAs) and 37 Local Council Development Areas (LCDAs) aged 18 years and above who had direct interaction with local government services within the preceding twelve months. Using Yamane's sample size determination formula at a 95% confidence level and ±5% margin of error:

$$n = N / (1 + N(e)^2)$$

Given an estimated population of 2,500,000 adult residents interacting with local government services (NPC, 2023), the minimum sample size was calculated as:

$n = 2{,}500{,}000 / (1 + 2{,}500{,}000(0.05)^2) \approx 400$ respondents. A stratified random sampling technique was employed, with the 20 LGAs serving as strata to ensure proportional geographical representation. Within each stratum, systematic random sampling was used to select respondents from community household lists obtained from local government planning offices.

Instrument Design and Structure

Data were collected using a structured questionnaire consisting of 52 items organized into five sections corresponding to the study constructs.

Table 1: Questionnaire Structure and Variable Alignment

Section	Construct	No. of Items	Variable Type
A	Respondent Socio-demographic Profile	8	Control
B	Transition from Palliative to Curative Policies (TPCP)	12	IV1
C	LGC Mandated Roles and Functions Execution (LGCMRFE)	12	IV2
D	Level of Service Delivery Effectiveness (LSDE)	10	DV1
E	Public Satisfaction with LGC Services (PSLGS)	10	DV2

Responses were measured using a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), with a midpoint of 3 (Undecided). The choice of a five-point scale was informed by the literacy diversity of the respondents and evidence suggesting that five-point scales provide adequate reliability and ease of response among heterogeneous populations (DeVellis, 2016).

Method of Data Analysis

Quantitative data were analysed using IBM SPSS Statistics 29 and AMOS 26. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were used to summarise respondents' characteristics and study variables. Pearson Product Moment Correlation was employed to examine the relationships among the study variables. Multiple linear regression analysis was used to test the predictive influence of Transition from Palliative to Curative Policies (TPCP) and Local Government Councils' Mandated Roles and Functions Execution (LGCMRFE) on Level of Service Delivery Effectiveness (LSDE) and Public Satisfaction with Local Government Services (PSLGS). Structural Equation Modelling (SEM) was further utilised to test the overall conceptual model. Statistical significance was determined at $\alpha = .05$. Prior to hypothesis testing, assumptions of regression analysis were assessed. Normality was evaluated using skewness and kurtosis statistics, histograms, and normal probability plots. Linearity and homoscedasticity were examined through residual scatterplots. Multicollinearity was assessed using tolerance and Variance Inflation Factor (VIF) statistics, while independence of errors was examined using the Durbin-Watson statistic. The results confirmed that all assumptions were adequately satisfied, thereby supporting the use of regression analysis.

Results and Findings

Socio-Demographic Characteristics of Respondents

The final sample consisted of 400 respondents, comprising 235 males (58.7%) and 165 females (41.3%). The age distribution was as follows: 18–30 years (31.0%), 31–45 years (42.5%), 46–60 years (18.8%), and above 60 years (7.7%). Educational attainment ranged from primary education (8.3%) and secondary education (29.0%) to tertiary education (54.2%) and postgraduate qualifications (8.5%).

Descriptive Statistics and Correlation Analysis

Table 2: presents the descriptive statistics and inter-construct correlations for the four study variables.

Variable	M	SD	1. TPCP	2. LGCMRFE	3. LSDE	4. PSLGS
1. TPCP	2.61	0.74	—			
2. LGCMRFE	2.74	0.81	.62**	—		
3. LSDE	2.48	0.79	.53**	.61**	—	
4. PSLGS	2.41	0.83	.57**	.64**	.71**	—

Using the scale criterion where 1.00–1.80 indicates very low, 1.81–2.60 low, 2.61–3.40 moderate, 3.41–4.20 high, and 4.21–5.00 very high levels of perception, all four constructs recorded mean scores below the scale midpoint of 3.0. This indicates that respondents generally perceived the transition from palliative to curative policies and the execution of mandated local government functions as inadequate. Similarly, service delivery effectiveness and public satisfaction were rated below acceptable levels. The strongest correlation was observed between Level of Service Delivery Effectiveness (LSDE) and Public Satisfaction with Local Government Services (PSLGS) ($r = .71$, $p < .01$), suggesting that improvements in service delivery effectiveness are strongly associated with increased citizen satisfaction.

Analysis of Research Objectives

Objective One: Assessment of Level of Service Delivery Effectiveness (LSDE)

Respondents evaluated ten service delivery dimensions including primary healthcare, road maintenance, waste management, primary education, markets and abattoirs, rural roads, street lighting, drainage systems, registration of births and deaths, and parks and recreational facilities.

The overall LSDE score was M = 2.48 (SD = 0.79), indicating a below-average level of service delivery effectiveness. Primary healthcare (M = 2.21) and waste management (M = 2.19) received the lowest ratings, while markets and abattoirs (M = 2.83) and birth and death registration services (M = 2.97) received comparatively higher ratings. These findings align with Adeyemi (2022) and Obi et al. (2023), who observed relatively stronger performance in administrative services than in infrastructure-intensive services among Lagos local governments.

Objective Two: Assessment of Public Satisfaction with Local Government Services (PSLGS)

Public satisfaction was measured across accessibility, responsiveness, equity, quality, transparency, and accountability dimensions. The overall PSLGS score was M = 2.41 (SD = 0.83), indicating general dissatisfaction with local government services. Only 18.3% of respondents reported being satisfied or very satisfied, whereas 64.5% expressed dissatisfaction or strong dissatisfaction. The remaining 17.2% were neutral. Dissatisfaction levels were

particularly pronounced among respondents residing in peri-urban LGAs such as Ikorodu, Badagry, and Epe, suggesting the existence of spatial disparities in service provision.

Hypothesis Testing

Hypothesis One

$H_0$1: Transition from Palliative to Curative Policies (TPCP) has no significant influence on Level of Service Delivery Effectiveness (LSDE). Simple linear regression analysis revealed that TPCP significantly predicted LSDE ($\beta = .48$, $t(398) = 10.91$, $p < .001$, $R^2 = .23$). The predictor explained 23% of the variance in service delivery effectiveness. Therefore, H01 was rejected.

Hypothesis Two

H02: Transition from Palliative to Curative Policies (TPCP) has no significant influence on Public Satisfaction with Local Government Services (PSLGS). Results indicated that TPCP significantly predicted PSLGS ($\beta = .51$, $t(398) = 11.89$, $p < .001$, $R^2 = .26$). Consequently, H02 was rejected.

Multiple Regression Analysis: A multiple regression model incorporating both TPCP and LGCMRFE significantly predicted LSDE, $F(2,397) = 112.34$, $p < .001$, $R^2 = .36$ (Adjusted $R^2 = .36$). LGCMRFE emerged as the strongest predictor ($\beta = .41$, $p < .001$), while TPCP also retained significant predictive influence ($\beta = .28$, $p < .001$).

Table 3: Summary of Regression Analysis

Hypothesis	Predictor (IV)	DV	β	t	p	Decision
H01	TPCP	LSDE	.48	10.91	< .001	Reject H0
H02	TPCP	PSLGS	.51	11.89	< .001	Reject H0

Summary of Regression Results

Similarly, the model predicting PSLGS was significant, $F(2,397) = 126.78$, $p < .001$, Adjusted $R^2 = .39$. Both LGCMRFE ($\beta = .43$, $p < .001$) and TPCP ($\beta = .30$, $p < .001$) significantly contributed to the model. VIF values below 2.5 confirmed the absence of multicollinearity concerns.

Results and Findings

Quantitative data were analysed using IBM SPSS Statistics 29 and AMOS 26. Descriptive statistics (means, standard deviations, frequencies, percentages) were computed for all variables. Multiple linear regression analysis was employed to test the four hypotheses, with TPCP and LGCMRFE as independent variables and LSDE and PSLGS as separate dependent variables. Structural equation modelling (SEM) was used to simultaneously test the full path model. Statistical significance was set at $\alpha = .05$. Normality was assessed through skewness and kurtosis values, histograms, and normal probability plots. Linearity and homoscedasticity were evaluated using scatterplots of residuals and predicted values.

Multicollinearity was assessed using tolerance and Variance Inflation Factor (VIF) statistics, with VIF values below 10 and tolerance values above 0.10 indicating acceptable levels. Independence of errors was examined using the Durbin–Watson statistic, with values close to 2.0 indicating no significant autocorrelation. The results confirmed that the data satisfied all regression assumptions, thereby supporting the use of multiple linear regression analysis for hypothesis testing.

Discussion of Findings

The discussion in this section provides a critical interpretation of the study's results in the context of the research objectives, theoretical framework, and extant literature. It examines the significance of the findings, identifies areas of convergence and divergence with previous empirical studies, and explains their implications for policy and practice. To ensure clarity and coherence, the discussion is structured under two broad headings, each addressing a major thematic area emerging from the study.

Service Delivery Effectiveness and Public Satisfaction

The study established that the transition from palliative to curative governance and the effective execution of constitutionally mandated local government functions significantly improve service delivery effectiveness and public satisfaction in Lagos State. While the findings highlight the potential of sustainable governance approaches to address grassroots development challenges, their successful implementation may be constrained by fiscal, administrative, and political realities. To enhance local government performance, the study recommends strengthening fiscal autonomy, institutionalising curative service delivery planning, establishing performance-based monitoring mechanisms, promoting community participation, building institutional capacity, and increasing public awareness. Future studies should adopt longitudinal approaches to examine governance reforms over time. The finding that LSDE and PSLGS in Lagos State LGCs are below acceptable levels ($M < 3.0$) corroborates the broader literature on local government underperformance in Nigeria (Obi et al., 2023; Adeyemi, 2022; Olowu & Wunsch, 2004). The spatial variation in satisfaction—with peri-urban LGAs registering significantly lower scores—is consistent with evidence that infrastructure investment by LGCs is concentrated in politically salient urban constituencies (Bello & Adeyemi, 2020).

Palliative-to-Curative Transition and Service Outcomes

The finding that TPCP significantly predicts both LSDE ($\beta = .48$) and PSLGS ($\beta = .51$) provides strong empirical support for the theoretical proposition that governance orientation fundamentally conditions service delivery outcomes. This finding resonates with Adekunle and Ogunleye's (2021) qualitative observation that electorally motivated palliative distributions in Lagos State produced no lasting service improvements, and with Nwachukwu et al.'s (2022) finding that COVID-19 palliation did not build service delivery infrastructure in Anambra State. The curative governance framework—embedded in systems theory and NPM—offers a coherent explanation: palliative governance processes inputs into outputs (distributions) without producing structural outcomes (institutional service capacity), thus failing the feedback loop test of systemic effectiveness. The finding that LGCMRFE is the

strongest predictor of both LSDE (β = .57) and PSLGS (β = .59) carries significant governance implications. It empirically validates the normative premise of the 1999 Constitution's Fourth Schedule—that if local governments simply executed their assigned roles faithfully, service delivery outcomes would substantially improve.

Conclusion and Recommendation

This section provides the summary of findings, conclusion and recommendations of the study. They are intended to provide practical and evidence-based suggestions for policymakers, practitioners, organizational leaders, and other relevant stakeholders to address the identified challenges and enhance the effectiveness of policies, programmes, or practices relating to the subject of the study.

This study has established, on the basis of empirical evidence from 400 respondents across Lagos State's 20 LGAs and 37 LCDAs, that the persistent dominance of palliative over curative governance orientation among local government councils is a significant and measurable contributor to below-average service delivery effectiveness and widespread public dissatisfaction. The study further confirms that councils which execute their constitutionally mandated roles and functions more comprehensively achieve significantly better service delivery outcomes and higher public satisfaction levels. Both independent variables—Transition from Palliative to Curative Policies (TPCP) and Local Government Council Mandated Roles and Functions Execution (LGCMRFE)—were found to be statistically significant predictors of service delivery effectiveness and public satisfaction, both independently and jointly. The regression models explained between 36% and 39% of the variance in the dependent variables, leading to the rejection of all four null hypotheses at $p < .001$.

The findings underscore the importance of moving beyond short-term, reactive interventions towards sustainable, institutionally embedded governance approaches capable of addressing the root causes of community challenges. However, the study recognises that the successful transition from palliative to curative governance may be constrained by contextual realities such as inadequate fiscal autonomy, political interference, limited administrative capacity, weak monitoring systems, and uneven citizen participation across local government jurisdictions. These structural and institutional challenges may affect the pace and extent of policy implementation, even where there is strong commitment to governance reform. Consequently, while the study demonstrates the potential benefits of curative governance and effective execution of mandated functions, the realisation of these outcomes will require sustained political will, adequate resource allocation, institutional capacity development, and strengthened accountability mechanisms. Overall, the study concludes that improving local government performance in Lagos State requires not only a strategic shift towards curative governance but also deliberate efforts to address the institutional and operational barriers that may impede effective implementation and long-term sustainability.

Recommendations

The study concludes that the transition from palliative to curative governance and the effective execution of constitutionally mandated local government functions are critical determinants of service delivery effectiveness and public satisfaction in Lagos State. The findings demonstrate that local governments achieve better developmental outcomes when they move beyond short-term relief measures and adopt sustainable, long-term solutions to community challenges. Consequently, the study recommends legislative enforcement of fiscal autonomy to ensure the timely release of statutory allocations, thereby providing councils with the financial stability required to implement developmental programmes. It further advocates the institutionalisation of Curative Service Delivery Plans to promote strategic planning and accountability in local governance.

To strengthen performance and transparency, the study recommends the establishment of a Mandated Functions Execution Index that will assess and publicly report the extent to which councils fulfil their constitutional responsibilities. Community participation should also be enhanced through Service Delivery Monitoring Committees, enabling citizens to contribute to oversight, accountability, and continuous service improvement. Recognising that sustainable governance depends on institutional capacity, the study recommends regular training for local government officials in evidence-based policy making, public financial management, and monitoring and evaluation. In addition, public enlightenment campaigns should be implemented to increase citizens' awareness of their rights and responsibilities, thereby fostering demand for responsive and accountable governance.

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