SERVICE DELIVERY AND PERFORMANCE EVALUATION IN NIGERIA: EVIDENCE FROM THE GRASSROOTS

Idris Ahmed Jamo
Department of Public Administration
Ahmadu Bello University Zaria

Abstract
One of the primary function and justification for the existence of Local Government is to provide services at the grass roots level, so as to reduce over dependence on state and federal governments. In spite of this important position in which local government is placed in the Nigerian constitution, these services are often not been adequately provided by many local government councils. It is against this background that efforts are being made by the Federal Government and the major stakeholders in the country to improve Local Government performance particularly in services delivery. The study examined performance of local government councils in the Kaduna and Katsina states of Nigeria in terms of provision of health (immunization) and agriculture (fertilizer) services respectively. More importantly, we examined areas that Local Governments in the two states that have better comparative advantage in delivering health (immunization) and agriculture (fertilizer) services respectively. Three local governments were be randomly selected from the three senatorial districts in each state. Both primary and secondary sources of data were utilized. Data gathered were analyzed using simple percentage. Findings of the study clearly revealed that LGs in the states have better comparative advantage in delivering immunization than fertilizer to local communities.

Key words: Service; Delivery; Performance; Grassroots.

The Problem: Given the importance of Local government (LG) as designated a special place in the Nigerian constitution, and designed to be part and parcel of the federation, for instance, section two and three of the 1999 constitution of the federal republic of Nigeria placed LG as the third tier of government in the country. The Fourth Schedule of the 1979, 1991, and 1999 Federal Government Constitutions and the section 7(5) listed and empowered the Councils to perform some essential functions. To encourage this happening, the LG percentage from the federation account continued to increase from 10% to 20% in 1989 and 1992 respectively and to 20.60% in 2008.

With the return to democratic rule, the period coincided with increasing revenue of the federation account from N19.9b in 1993 to N60.8b in1999. The total LG revenue in 2003reached 307.2b, the figure increased to 468.3b and 597.2b in 2005 and 2006 respectively. However, the figure
appreciated to N674.3b and N832.3b in 2006 and 2007 respectively, and finally reached N1.4trl in 2008. (CBN2009). This implies considerable flow of LG revenue from the federation account. In the past, most of the usual excuses raised by the LG councils in Nigeria were lack of autonomy and inadequate funding. Hence, with the 1976 and 2003 LG reforms and the eventual increase of LGs percentage from the federation statutory allocation in 2008 to 20.60% and the increase LG revenue under the present democratic dispensation. The expectation of many people is that, such excuses supposed to have been resolved. Yet services (including health and agricultural inputs) are often inadequate, evidence to this shows that National health indicators in Nigeria are possibly among the lowest in the world for almost all measurable indices (WHO, 2012; Jamo, 2013). Life expectancy in Nigeria as at 2012 was 48 years compared to 73 years in China and 83 years in Japan, while maternal mortality rate was 1,100 deaths per 100,000 in contrast to 45 and 6 deaths per 100,000 in China and Japan respectively (WHO, 2012). One third of the world maternal death occurred in India with 20% and Nigeria with 14% respectively (WHO, 2012). In Nigeria 52000 Nigerian women die every year, and daily 150 pregnancy related cases with an average of 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 (40.51/1000, 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 (the case study) 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. (Olaniyan and Lawanson, 2010; WHO, 2012). Nigeria’s child immunisation remained low over the last decade; study (NICS, 2003) indicates that, the DPT3 coverage was only 24.8%, with discrepancies from 8.8% in the North Western Nigeria compared with 45.9% in the South East. This has significantly increased the rate of preventable diseases as a result low routine immunization (NPI, 2007); indicating poor performance in diseases prevention leading to 72% of deaths due to communicable diseases. Nigeria still accounts for the highest prevalence of circulating wild polio virus in the world and the country is among ten countries in the world with vaccine coverage below 50% and with 118 reported cases of wild polio virus in 2012 (WHO, 2012; Aina and Ejembi, 2013).); followed by Pakistan and Afghanistan with 57 and 35 cases respectively. Globally there are still 27 million children who do not receive routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths and disability every year (Aina and Ejembi, 2013; Babale, 2012). Though Nigeria is a signatory to all global immunisation targets of reaching 80% DPT3 coverage in 80% districts in developing countries by the year 2005 and with MDG4 target of reducing child mortality by two-thirds by the year 2015 (NPI, 2007); yet meeting these targets even beyond 2015 is still questionable.

Not only health care service delivery, the government’s efforts towards agricultural development especially at the grassroots level is quite unappreciated (Rabiu, 2012), thus, farming and livestock rearing are the main sources of livelihood for more than 70 percent of households. Moreover, in 2009 agriculture contributed 42 percent of the country’s $357 billion economy significantly higher than the 16 percent derived from petroleum and natural gas production, which dominate the country’s export revenue. In spite of this contribution, Nigeria’s gifted agricultural potential has yet to be realized. For instance, between 1960 and 2005, Nigeria’s
cereal yield per hectare has only grown by about 40 percent compared to India and Pakistan with a 150 and 200 percent increase respectively. These countries had similar levels of productivity at the beginning of that period (Enselem et-al, 2010).

Although fertilizer is not a panacea, however evidence revealed that there has always been a remarkable increase in the use of chemical fertilizer in countries that have successfully improved agricultural productivity (Enselem et-al, 2010; Tasie, 2010). In Latin America and Asia Increased fertilizer usage has increased agricultural productivity and farmer’s income by 50 percent; it also led to the success of green revolution (Asien, 2010; 2007; Enselem et-al, 2010; Tasie, 2010). Despite this evidence, chemical fertilizer in Nigeria is still insufficient. (Rabiu, 2012; Banful et-al, 2010). In response to this many farmers resolved to migrate to cities; however this has critical development and security implication for the country.

Everyone expected that, the return of democratic rule will bring about positive change by providing adequate services, promoting peace and security. The country(Nigeria) now celebrated its fourteen years under democratic rule, within the period, the country witnessed transfer of political power from civilian to civilian government ever in the history of the Nigerian politics,(Jamo, 2010) Yet, studies show the contrary, health and agricultural services are inadequate (Odoh,2004; Ohiani, 2004; Rabiu, 2012; WHO,2012) and becoming serious threat to peace, security and development of the country.

In fact, the global population at present is half rural and half urban, but the world’s cities are swelling. While in the next eight years ninety percent of the projected 6.8 billion of the people in the low income countries will live in the cities (Wilson, 2001; Garrett, 2001). The implication of this to development and security is very serious. One of the reasons for the rural urban migration especially in Nigeria in the last three decades is the increase low provision of socio-economic services ( including agriculture and healthcare ) at the grassroots level (Nwaogwugwu, 2010).

The problem of the study is that, why despite efforts aimed at enabling LG serve as a tool for development, yet their performance under the present democratic government in terms of provision of adequate services is below expectation?. The work is an attempt to answer the following questions:

**Research Questions:** What services do LGs deliver in health and agriculture? How well have these services been delivered? Which of these services have been better delivered and why? What challenges do they experience in the delivering of such services?

**Objectives of the Study:** To determine which services have been better delivered; to determine which of these two sectors that the LGs have excelled more than the other and why?; to evaluate the efficiency and effectiveness of such services delivered in Kaduna and Katsina states; and to examine the challenges experiences in the delivering of such services and develop an alternative strategies for improving the level and quality of service delivery at the local level.

**Significance of the Study:** As a result of the increasing global population and shortage of services (especially in low income countries) and its attendant repercussion on security and development; scholars and development agencies are increasingly debating the appropriate strategy for better service delivery to local populace (Pradeep, 2011; Odoh, (2004) and Ohiani, 2004, World Bank, 2012; UNDP, 2012).

Previous studies (including Odoh, (2004); Ohiani, (2004)) have delved on Local Government service delivery on other aspects, though relevant but too broad and concentrated in one part of the Country, outdated and over taken by events, little or none have made emphasis on comparative analyses between Kaduna and Katsina states particularly with regard to social
(immunization) and economic (fertilizer provision) service delivery. There is also little or no
evidence of comparative study on service delivery strategy in the study area.

Although there are empirical studies on immunization (including WHO, (2012); UNICEF,
(2012); NPRI, 2012)) and fertilizer Provision (Rabiu, ((2012); Druilhe, (2012); Banful, (2010))
in Nigeria in the study area, but evidence of comparative study on the two services
(immunization) and (fertilizer distribution) is either lacking or none. This work intends to fill this
gap. The work will provide an evidence based data on reasons for unsuccessful immunization
and fertilizer distribution service in the study area.

The research is also significant especially at this instance when the country relied on petroleum
and increased neglect on agricultural sector with its attendants negative consequences on the
economic development, the findings of the work will serve as a policy guide to governments and
international agencies with a method for mitigating rural urban migration, poverty, unemploy-
ment and insecurity in the country through effective (fertilizer distribution and immunization)
aricultural and healthcare development.

The study will serve as a kind of new knowledge by providing empirical data on the study area
so as to area avoid over generalization. The findings of the study will not only contribute to
existing literature in the area of public Administration, Agriculture, community medicine and
Local Government studies but will open up another debated area in the field of social sciences.
Apart from exposing effective measures for improving the quality of life of the local populace,
the work will explore areas that need to pay more attention on the quest for adequate services at
the grassroots level and development. The work is also significant especially at this time when
Nigeria is bedeviled by security and development challenges. The work will not only assist
government but development agencies (including WHO, UNDP, UNICEF) to develop policy
that will alleviate constraints for adequate services at the grassroots level.

Methodology: To obtain our data, primary and secondary sources were used. In the case of
primary source, questionnaires were administered to women and farmers (beneficiaries) so as to
investigate their responses and investigate what, how and when the services (fertilizer and
immunization) are been delivered. Interviews and participant observation with LG officials and
the beneficiaries of the services were conducted. Purposive sampling technique will be use to
enable us include beneficiaries and LG officials which we consider very important to this
research. One LG will be sampled from each of the three senatorial districts in Kaduna and
Katsina states. We drew our sample in this respect so as to reflect geographical and cultural
differences of the local governments in the states. Also attempt was made to represent rural and
urban local governments in the sample. Related literature was also reviewed.

Sample Size In determining the sample size of the population for the study, Yamane’s (1967;
886) formula as expressed by Israel (1992;1 – 10) will be used as follows:

\[
\text{n} = \frac{N}{1 + N(e)^2}
\]

Where n = Sample size, N =Total pop. = Level of significance (5%)²

Method of Data Analysis: The data was analyzed qualitatively and quantitatively. Data
gathered will be analyzed using simple percentages to interpret our data.

Scope of the Study: The scope of the study is limited to Kaduna and Katsina States of Nigeria.
The rationality behind the choice of the study area is based on the view that, the states are among
the areas that are suffering from chronic shortage of socio-economic services in the country
Similarly, states are among the five states of the northwest with 15 and 4 new cases of the wild polio virus in 2012 respectively (Babale, 2012), and with incidence of high mortality rate (ABS, 2008; WHO, 2012; NPC, 2010). Both states are also suffering from shortage of agricultural inputs with growing serious security and development challenges. The work also covered a period of seven years of this democratic dispensation. The phase also corresponds to the era of increased revenue from the federation account and LG performance review committee in 2003. In term of substance, the work will only restrict itself to measure performance of LG in terms of health (immunization) and agricultural (fertilizer) services delivery because of their importance to human survival needs and development (Ohiani, 2004, World Bank, 2012 www.worldbank.org/./beg-01.pdf; www.sagepub.com/upm-data/18296-5070).

**Validity and Reliability of the Instruments:** A pilot study was conducted with small population in Zaria LG to test our research instruments; same were adjusted and modified to ensure validity and reliability before real administration on the respondents so as to generate accurate findings. To ensure validity of our research instruments, the researcher compared research questions raised and that of the questionnaires, the variables were operationalize in form of measurable indicators that can be quantitatively quantified. The research instruments were scrutinized by the researcher’s supervisor and the examiner so as to ensure validity. Reliability will be insured by comparing our research instruments and similar findings so as to ensure consistencies (Agba, 2013). This will enable us confirm that our research instruments are valid.

**Data presentation and Analysis**

**Introduction:** This chapter contains empirical data collected from field work investigation. Data gathered were presented in a table form and with brief explanation. Hypotheses were tested based on our research findings drawn from questionnaires administered.

**Table 1: Farmers’ responses in Kaduna state on fertilizer distribution and immunization**

<table>
<thead>
<tr>
<th>LG</th>
<th>Responses and percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td>Sabon Gari</td>
<td>4(4.7)</td>
</tr>
<tr>
<td>Giwa</td>
<td>2(2.3)</td>
</tr>
<tr>
<td>Kajuru</td>
<td>4(4.7)</td>
</tr>
<tr>
<td>Total</td>
<td>10(11.7)</td>
</tr>
</tbody>
</table>

Researchers survey, 2013.

**Table 2: Farmers’ responses in Katsina state on fertilizer distribution and immunization**

<table>
<thead>
<tr>
<th>Katsina</th>
<th>Responses and percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SA</td>
</tr>
<tr>
<td>Danja</td>
<td>4(4.8)</td>
</tr>
<tr>
<td>Daura</td>
<td>4(4.8)</td>
</tr>
<tr>
<td>Dutsen Ma</td>
<td>5(6.0)</td>
</tr>
<tr>
<td>Total</td>
<td>13(15.6)</td>
</tr>
</tbody>
</table>

Researchers survey, 2013.
Respondents were asked to express their views whether fertilizer distribution was more successful than immunization. The table indicated that majority (61) of the farmers in Kaduna state either disagree or strongly disagree with the view that fertilizer distribution in the state was successful than immunization (exercise) service delivery, while only 10 and 7 of the farmers either strongly agree or agree. This shows that the immunization (exercise) service delivery was more successful than fertilizer distribution in their LGs. Likewise in the case of Katsina state majority of the farmers constituting 57 out of 83 have either disagree 31 (37.3) or strongly disagree 26(10.8) with the view that fertilizer distribution was more successful than immunization in Katsina state, while only13 (15.6) and 8(9.6) have either strongly agree or agree, whereas 5(6.0) have not decided at all. This also indicates that LGs perform better in immunization than fertilizer distribution service delivery.

Farmers responses on adequacy of fertilizer for 2013 farming season in Kaduna and Katsina States

<table>
<thead>
<tr>
<th>LG</th>
<th>Responses and percentage</th>
<th></th>
<th>A %</th>
<th>U %</th>
<th>D %</th>
<th>SD %</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sabon Gari</td>
<td>SA %</td>
<td>3(3.5)</td>
<td>4(4.7)</td>
<td>2(2.3)</td>
<td>12(14.1)</td>
<td>9(10.5)</td>
<td>30(35.2)</td>
</tr>
<tr>
<td>Giwa</td>
<td></td>
<td>2 (2.3)</td>
<td>3(3.5)</td>
<td>0 (0)</td>
<td>13(15.2)</td>
<td>9(10.5)</td>
<td>27(31.7)</td>
</tr>
<tr>
<td>Kajuru</td>
<td></td>
<td>3 (3.5)</td>
<td>4(4.7)</td>
<td>1(1.1)</td>
<td>9(10.5)</td>
<td>11(12.9)</td>
<td>28(32.9)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>8 (9.4)</td>
<td>11(12.9)</td>
<td>3(3.5)</td>
<td>34(40.)</td>
<td>29(34.1)</td>
<td>85(100)</td>
</tr>
</tbody>
</table>

Researcher’s survey, 2013.

Concerning the farmers’ responses on adequacy of fertilizer, farmers in Kaduna state were asked to express their opinion whether or not fertilizer distributed by the LG was adequate. From the above 34 (40%)and 29 (34.1%) of the respondents indicated their dissatisfaction with the adequacy of fertilizer distributed for 2013 farming season in their LGs, while 8(9.4%) and 11(12.9%) out of 85(100%) farmers contacted have satisfied with the adequacy of the fertilizer distributed at the LG level, while 3(3.5) of the respondents have not decided at all. This indicates farmers’ dissatisfaction with adequacy of fertilizer at their LGs.

Farmers responses on adequacy of fertilizer for 2013 farming season in Kaduna and Katsina States

<table>
<thead>
<tr>
<th>Katsina</th>
<th>Responses and percentage</th>
<th></th>
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<th>U %</th>
<th>D %</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Danja</td>
<td>SA %</td>
<td>4(4.8)</td>
<td>2(2.4)</td>
<td>10(1.2)</td>
<td>9(10.8)</td>
<td>29(34.9)</td>
<td></td>
</tr>
<tr>
<td>Daura</td>
<td></td>
<td>4 (4.8)</td>
<td>2(2.4)</td>
<td>2(2.4)</td>
<td>10(1.2)</td>
<td>8(9.6)</td>
<td>26(31.3)</td>
</tr>
<tr>
<td>Dutsen Ma</td>
<td></td>
<td>5(6.0)</td>
<td>2(2.4)</td>
<td>1(1.2)</td>
<td>11(13.2)</td>
<td>9(10.8)</td>
<td>28(33.7)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>13(15.6)</td>
<td>8(9.6)</td>
<td>5(6.0)</td>
<td>31(37.3)</td>
<td>26(10.8)</td>
<td>83(100)</td>
</tr>
</tbody>
</table>

Researcher’s survey, 2013.

From the above table it shows that 31(37.3) and 26(10.8) disagree and strongly disagree with the view that fertilizer LG fertilizer distribution in the 2013 farming season was in adequate, while 13(15.6) and 8(9.8) on the contrary strongly agree and agree respectively, whereas 5(6.0) undecided. This however indicates that fertilizer distribution in Katsina state in the last farming season was inadequate.

Service Quality: The aim of every service delivery is to achieve service quality, so also fertilizer distribution in Kaduna and Katsina states was planned to achieve the same. This can be assessed on how and when the service (fertilizer) reached beneficiaries (farmers). To achieve this, we
quantified the service quality based on the quantity (number) of fertilizer reached a farmer (whether enough or not), how he/she got it whether at ease or not; or whether it reached farmer safely or not.

Therefore on the Service quality, the results are mixed, farmers in Kaduna state were not satisfied with the quality of service (fertilizer distribution) in terms of the number of people serviced, whereas results of Katsina state show the contrary, as many farmers expressed their satisfaction on the quality of service based on the number of people serviced. In both states, farmers were also satisfied with the quality of service based on efficiency and effectiveness. (i.e. the way service reached them up to their destination or farm safely and affordable). While on the average waiting period, farmers in both states have shown their dissatisfaction on the service quality based on the average waiting period as many farmers waited for a long time before they were serviced.

Adequacy of fertilizer for the 2013 farming season: On the adequacy of fertilizer for the 2013 farming season, evidence from the two states proved that, farmers dissatisfied with the adequacy of fertilizer in terms of quantity, this led to many farmers resolved to purchase a large quantity of fertilizer at market so as to meet their demands. The study also opined that, though farmers are aware of the Local Government fertilizer provision, many of them cannot access it due to politicization of the control and distribution of the commodity. At times political party affiliation of the farmer or his “connection” with a politician determines his chance or access to fertilizer. This, to a large extent, has significant effect on fertilizer distribution and its adequacy to farmers.

Areas of Local Government better comparative advantage between immunization and fertilizer distribution services delivery: One of the task of the research is to find out which area does the LG have better comparative advantage in delivering service, immunization or fertilizer distribution? i.e. to find out if LGs in the area under study deliver social services better than economic services. Findings of the research revealed that farmers in both Kaduna and Katsina states indicated that, Local Governments deliver social services better than economic services; evident from the investigation proved that, majority of the respondents contacted disclosed that Local Governments have better comparative advantage in immunization than fertilizer provision service delivery. This indicates that farmers themselves show their dissatisfaction on the level of fertilizer service delivery. This result also indicates that though there are problems with immunization service delivery in certain aspects, but result of our findings exposed that the strategy for its implementation is quite better and less politicized compared to fertilizer service delivery. Though both agriculture and health care service delivery are under the concurrent legislative lists in which all the three ties of government take part in delivering them to the public. Evidence from our investigation proved that, the two higher tiers (state and federal governments), private (including members of the public such as traditional authorities and religious leaders) and NGOs (e.g. WHO and UNICEF) are more involved in healthcare (immunization) delivery than agriculture (fertilizer distribution). This to a large extent has contributed significantly to the success of the program.

Immunization Service delivery: Service (immunization) Quality: For service quality, empirical evidence proved that, women are much satisfied with the service quality especially with regards to the number of women and children immunized. This can be seen in average waiting period, efficient and effective service delivery in terms of immunization and its outcome. On the number of women and children being immunized, the results indicated that, the service quality is higher when compared with the targeted and the immunization coverage in the two
states. Though there are slight variations in some areas especially in Danja LG of Katsina state with regard to the success of the immunization coverage. However service quality in terms of number of women and children being immunized is high. This achievement may be attributed to the increasing sensitization of the public and the involvement of traditional and religious leaders in campaign exercise.

Similarly the results of our investigation revealed that there was a proper arrangement in the recent immunization exercise in both states, evidence to this is that the investigation discovered that, beneficiaries in both routing and campaign immunization are well serviced within a short period of time. This achievement can also be attributed to a number of ad hoc immunization staff, efforts of the supervisors, number of clinics and experienced staff for routing immunization in the two states. The result of the finding in addition indicated that immunization service quality was high in terms of how it(immunization service) delivered to the beneficiaries (women and children)and its outcome. It is important to note that campaign immunization does not require the service of highly professional health staff because it involved oral administration of the vaccine into the mouth of a child, while the routing immunization requires the service of well experience health personnel because it involves injection of either women or children.

While in the case of routing immunization service delivery, the two states rated it very effective. This effectiveness is rated on how immunization is been administered and even the way beneficiaries (women and children) have been treated. In this regards many respondents rated their Local Governments positively, though there may be a problems but being perceived by the respondents positively.

**Adequacy of immunization service delivery:** On the adequacy of immunization service delivery, the result of the finding indicates that there was adequate immunization in the recent immunization exercise, evidence from both LG document and empirical result shows that this achievement was recorded due to good coordination from the center National Program on Immunization (NPI), state to LGs, as well as incorporation of the private bodies including members of the public, religious leaders, NGOs (WHO and UNICEF).

**Observation:** One of the fundamental questions that are always paused by the public in respect to the immunization program are : (i) Why government paid more emphas on immunization rather than other service provision that have direct impact on generality of Nigerians like agriculture, poverty reduction or education in the country? (ii) Why western countries and other donor agencies paid more emphas on immunization rather than deadly endemic diseases like malaria, typhoid, diabetes and so on that are more rampant, dangerous and devastating effects in the country than other five killer diseases?. (iii) Why is it that most of the reports of the incidence of the disease are always in the northern Nigeria rather than the whole country?

In ability to satisfy critics of the program (immunization) and other members of the public has posed suspicion on the program and make it very difficult to achieve successful immunization program. Many people hold that, it is a calculated target to reduce the Muslim northerners that are multiplied every year and a strategy by the west to curtail population growth in the world more especially in the developing countries. This allegation has been always denied by government and NGOs. Surprisingly, what fueled this controversy and suspicion on the issue is that, it is not only the lay man on a street that holds such suspicion but the literate elites, academics and even some people in the medical profession. More importantly insincerity of the governing elites to the public and bad governance are also another reason for the controversy and negative response to the program.
The study also find out that, the success in the immunization service delivery is as a result of public-private partnership with NGOs, religious leaders and traditional authorities, LGs in collaboration with federal state government, NGOs embarked on sensitization campaign on the dangers of five killer diseases. However, where it did not record the desired results was as a result of government failure in delivering other services, allegations/rumors on immunization. The study also indicates that, in adequate finance, logistic support (especially transportation facilities) trained health personnel which necessitated the recruitment of ad-hoc staff for campaign immunization exercise. The need for enough trained health personnel that would effectively monitor the execution of the program in the future is very necessary.

**Recommendations**

Nigeria solely depends on UN and UNICEP for vaccine, the need to develop indigenous vaccines is necessary, this will reduce suspicion on foreign vaccines. Nigeria can reduce suspicion on the vaccines by developing its indigenous vaccines, this will also improve indigenous companies, revenue, employment, country’s prestige within and outside the country and will also reduce over dependence on foreign countries for its survival. Government should increase its budget on agriculture and make sure all funds invested on agriculture are judicially utilized. This can be achieved by making sure that due process is followed in fertilizer procurement and distribution. This to a large extent will overcome increasing politicization of fertilizer procurement and supply at the grassroots level.

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