

THE IMPACT OF INTERGOVERNMENTAL RELATIONS ON HEALTHCARE SERVICE DELIVERY IN EDO STATE: A CASE STUDY OF OFUNAMA COMMUNITY, OVIA SOUTH -WEST LOCAL GOVERNMENT AREA

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ABSTRACT

This study examines the impact of intergovernmental relationships on health services delivery in Edo State, with a focus on Ofunama community, Ovia South West Local Government Area. The objective of this study is to assess the extent to which intergovernmental relationships between the local government, state government and federal government influence healthcare delivery in the community. This study adopted qualitative research design; utilizing in-depth interviews and focus group discussions to gather data from healthcare providers, community leaders and government officials. This study was guided by the theoretical framework of cooperative governance, which emphasizes the importance of collaboration and coordination among different levels of government in the delivery of public services. The findings reveal that intergovernmental relationships have a significant impact on health care delivery on Ofunama community, with inadequate funding, poor infrastructure, and lack of coordination among government agencies hindering effective healthcare delivery. The study concludes that improved intergovernmental relationships, characterized by cooperation, coordination and collaboration, are essential for enhancing healthcare delivery in the community. The study recommends that the three tiers of government should work together to establish a functional primary healthcare system, provide adequate funding and ensure the provision of essential infrastructure for healthcare delivery.

Keywords: Edo State, healthcare, healthcare service delivery, intergovernmental relationship, Ofunama community, Ovia South-West LGA.

INTRODUCTION

Like most concepts in social science, governance has not lent itself to a universally accepted definition (Linus, n.d). Operationally, Sahni (2003) in Adejuwon (2012) opined that, governance is seen as a set of values, policies and institutions through which the society manages economic, political as well

as social processes at different levels, on the basis of interaction among the government, civil society and private sector. Srilatha (2003) defined governance as the act and manner of running public affairs. Through the process of governance, the essential link between the civil society and state is recognized, which gives the road map to the way decisions are made for serving public interest. The essence of the constitution and the laws are to provide the legal framework of governance.

The institutions embodying the governance process include the executive, legislature, judiciary, army, bureaucracy, political parties and interest groups. It is the moral principles and rules of conduct, having a bearing on both the legal framework and the institutions, which basically determine the government and the governed (Srilatha, 2003). Governance could also be viewed as the competence to ascertain and maintain workable relations between individual actors in order to promote collective goals. In the context of this paper, the definition of governance goes with the definition of Chazan (1992) where he defined governance as a process of organizing and managing legitimate power structures, entrusted by the people, to provide law and order, protect fundamental human rights, ensure rule of law and due process of law, provide for the basic needs and welfare of the people and the pursuit of their happiness.

Accordingly, Intergovernmental Relations (IGR) refer to “...the complex, interactions, and collaborative processes between or among different levels of government (federal, states and local governmental levels, for instance)”. These relationships are essential for service delivery, policy coordination, fiscal management, and conflict resolution, functioning across federal, unitary, and confederal systems. According to the Center for the Study of Federalism, the main aspects of IGR include levels of Interaction via national-local, state-local, interstate, and state-national interactions, all for the purposes of achieving the primary goal of fostering cooperation, reducing inter-jurisdictional conflicts, improving policy implementation, and managing fiscal interdependence. While the mechanisms of IGR include intergovernmental grants, shared responsibilities, and, according to the YouTube video, the administrative devolution of powers, the Common Issues emanate from the common challenges—including managing economic disparities, coordinating emergency responses, and managing the balance of power between central and local authorities.

It is common knowledge that the various levels of IGR interaction share issues in surrounding Conflict (which could or do arise over taxing jurisdictions and resource allocation); Service Delivery (where every Effective IGR strives to reduce service gaps and improves responsiveness; and Compliance (since national governments often need to ensure local authorities comply with national standards). It is noteworthy that IGR have common models which include Cooperative Federalism (this focuses on cooperation and the negotiation of concurrent powers, as described in the National Open University of Nigeria courseware); Fiscal Relations (which involves the sharing of revenues and grants between government levels, as explained in the Parliamentary Monitoring Group’s executive summary); and Devolution/Decentralization (concerning the transfer of power from higher to lower levels, which helps

in improving service delivery). Besides, every effective IGR often ensures a better balance of power, leading to enhanced democratic accountability and efficient service delivery (The Friedrich Naumann Foundation for Freedom publication).

On its part, healthcare delivery is a critical aspect of human development, and its effectiveness is influenced by various factors, including intergovernmental relationships. In Nigeria, healthcare delivery is a concurrent responsibility of the three tiers of government: The federal, state and local government. The federal government is responsible for tertiary healthcare, the state government for secondary healthcare, and the local government for primary healthcare (Federal Ministry of Health, 2017). However, the relationship between these levels of government can significantly impact healthcare delivery in communities. Now, every modern (civilized) state introduces and encourages IGR, the world-over. Nigeria is not an exemption. Several levels of IGR abound in Nigeria. Instances of such cooperation could be found in National Health Insurance Scheme (NHIS), and National Policy on the Prohibition of Trafficking in Persons (APTIP). And between Edo State and its local government areas (LGAs), there are instances of IGR. Take healthcare delivery, for instance. There appears a synergy between the State government and each of the LGAs. An example of such relationship is found in healthcare delivery in Ofunama community, Ovia South-West local government area.

Hence, there is the need to understudy such relationship in order to establish the nature and impact of that relation on the delivery of healthcare not only to the citizens of Edo and Ovia South-West local government area, but to those of Ofunama community in particular. Ofunama community is in Ovia South-West Local Government Area of Edo State; and it has been experiencing poor healthcare delivery, characterized by inadequate healthcare facilities, equipment, and personnel. Despite the efforts of the local government, state government and federal government to improve healthcare delivery, the community continues to face significant healthcare challenges. The problem is attributed to inadequate intergovernmental relationships, which hinder effective coordination, cooperation, and collaboration among the three tiers of government (Akpan, 2015).

Statement of the Problem

Edo State Government has made several efforts to improve healthcare delivery in Ofunama community. For instance, the Edo State government has implemented several initiatives, including the Edo state Health Insurance Scheme, which aims to provide affordable healthcare to residents of the state. (Edo State Government, 2020). Additionally, the federal government has implemented programs such as the National Primary Healthcare delivery in Nigeria (Federal Ministry of Health, 2017). The local government has also made efforts to improve healthcare delivery in Ofunama community, including the provision of healthcare facilities and equipment (Ofunama Local Government, 2019).

Objectives of the Study

Although the broad objective of the work is to investigate the impact of intergovernmental relations on healthcare service delivery in Edo State, using Ofunama community, Ovia South-West local government area as case study, its specific objectives include:

1. To assess the extent to which intergovernmental relationships between the local government, state government and federal government influence healthcare delivery in the community.
2. To investigate the impact of intergovernmental relationships on health services in Ofunama community.
3. To identify the challenges facing intergovernmental relationship in the delivery of health services in Ofunama community.

Research Questions

The following constitute the questions for the research.

1. What is the nature of intergovernmental relationship in Ovia South-West Local Government Area of Edo State?
2. How does Intergovernmental Relationship affect health services delivery in Ofunama community?
3. What are the challenges of IGR in the delivery of health services in Ofunama community?

CONCEPTUAL CLARIFICATION

Healthcare Health Care refers to medical care givers are also referred to as medical practitioners—whether as nurses, laboratory technicians or doctors. The common ground is that a medical care giver is anyone who is certified to and who actually gives attention to another (patient) for advice, treatment of any health condition or who is directly involved in the emergency and later management of women experiencing similar condition. The category might include patent medicines vendors, herbalists or traditional medicine practitioners or other (Pierson & Thomas, 2010).

Healthcare service delivery Service delivery is the part of a health system where patients receive the treatment and supplies, they are entitled to. All the other parts of the health system examined in this map support the delivery of healthcare services and, as a result, corruption in these other areas will indirectly impact on the quality of delivery. For example, unpublished harms data from clinical trials could lead to healthcare providers basing the treatments they give on unsound medical knowledge.

Intergovernmental Relationship Intergovernmental Relations (IGR) refer to “...the complex, interactions, and collaborative processes between or among different levels of government (federal, states

and local governmental levels, for instance)". These relationships are essential for service delivery, policy coordination, fiscal management, and conflict resolution, functioning across federal, unitary, and confederal systems.

LITERATURE REVIEW

There is copious literature on effective health care delivery (EHCD); EHCD has a significant on sustainable economic development. According to World Health Organisation (WHO) (2019) a "well-functioning healthcare system can contribute to economic development, economic growth, poverty reduction, and improved well-being. Similarly, according to the world bank, "a 10% increase in life expectancy can lead to a 0.3-0,4% increase in economic growth" (Bloom et al., 2018). Studies have shown that intergovernmental relationships play crucial role in healthcare delivery (Kibuka, 2018, Okafor, 2019). Now intergovernmental relationships play a crucial role in shaping healthcare systems, particularly in federal systems where multiple levels of government are involved (Watts, 1999). In Nigeria, the healthcare sector is a shared responsibility among federal, state, and local governments, requiring coordination and collaboration to achieve effective service delivery (Akindele & Olaopa, 2004). The key aspects of intergovernmental relationship include the following.

Elaigwu's research (2007, p. 235) reports that the Federal government sets national health policies, while states and local governments implement them. For instance, the National Health Policy provides a framework for healthcare delivery, with states and local governments adapting it to their contexts. *Funding*: While the Federal government provides funding for national healthcare programs, the States and local governments fund primary healthcare (Uzochukwu *et al.*, 2015, p. 442). However, disparities in resource allocation affect healthcare outcomes (Levesque *et al.*, 2013). *Service Delivery*: The research by Abimbola (*et al.*, 2017, p. 689) informs that States and local government areas manage primary healthcare facilities, while federal government focuses on tertiary care. Effective coordination is crucial for achieving universal health coverage. However, it is also reported that EHCD system encounter serious challenges too. These range from those concerning *Coordination*, i.e. lack of coordination between levels of government hinders effective service delivery (O'Toole, 1997); *Resource Allocation*, that is those of disparities in resource allocation affect healthcare outcomes (Levesque *et al.*, 2013); and *Jurisdictional Conflicts*—conflicts over jurisdiction and responsibility (Wright, 1988). Examples of such intergovernmental initiatives where such conflicts abound are the National Health Insurance Scheme (NHIS), the Federal government initiative with state-level implementation (Onwujekwe *et al.*, 2016); the Primary Healthcare Development Agency, and State-level agencies managing primary care (Abimbola *et al.*, 2017).

Even though the work is not about the specific challenges in Nigeria's healthcare intergovernmental relations, it, however, mention the three major strategies that had been deployed to improve healthcare access in Nigeria: First, strengthen primary healthcare—which major focus is on

primary care to improve access and reduce burden on secondary/tertiary facilities, introducing community-based approaches and task-shifting can enhance reach and effectiveness (such as Nigeria's Primary Health Care Development Agency initiatives) (Abimbola *et al.*, 2017); second, increase in health insurance coverage—which major focus is to expand coverage to reduce financial barriers, and to consider models like social health insurance or community-based health insurance despite the challenge of ensuring inclusivity and sustainability (Onwujekwe *et al.*, 2016); third, to improve Infrastructure and Human Resources, i.e. by investing in facilities, equipment, and training to enhance service quality and address urban-rural disparities in resource allocation, as in the partnerships for training and infrastructure development (Odeyemi & Nixon, 2013).

Accordingly, health care (as already alluded to) refers to medical care givers are also referred to as medical practitioners—whether as nurses, laboratory technicians or doctors. The common ground is that a medical care giver is anyone who is certified to and who actually gives attention to another (patient) for advice, treatment of any health condition or who is directly involved in the emergency and later management of women experiencing similar condition. The category might include patent medicines vendors, herbalists or traditional medicine practitioners or other (Pierson & Thomas, 2010). In summary, even though the much literature abounds concerning the nature, structure, and functions of EHCD, there is much to be desired about its effectiveness and performance among the levels of government, not only in Edo State, but particularly in Ofunama community, Ovia South-West LGA.

THEORETICAL FRAMEWORK

This work is guided by the theoretical framework of Cooperative Governance, which posits that effective governance requires collaboration, and cooperation among different levels of government (Bourgon, 2009). Cooperative governance emphasizes the importance of shared responsibility, mutual support, and coordination among government agencies in the delivery of public services, including healthcare. Cooperative governance is the act of steering cooperatively owned by enterprises towards economic, social and cultural success. It consists of answering key questions, defining roles and responsibilities, and establishing processes for setting expectations and ensuring accountability. Fundamental Theories of corporate governance are rooted in agency theory with the theory of moral hazard implications, developing further within stewardship theory and stakeholder theory and evolving at resource dependence theory, transaction cost theory and political theory. Later, to these theories was added ethics theory, information asymmetry theory or the theory of efficient markets. These theories are separated from the causes and effects of variables such as the configuration of the board of directors, audit committee, independence managers, the role of top management and their social relations beyond the legal regulator y framework.

These theories are defined based on the causes and effects of variables such as: configuration of the board of directors and audit committee; the independence of directors; the role of top management

and their social relations beyond the legal regulatory framework. Fundamental Theories of corporate governance rooted in agency theory were developed in the early 70s American literature. The theory refers to the relationships established between the owners of a company and its directors, relationships embodied in a mandate (agent) contract which consists in one first part (the principal) that engages the other part (the agent) to perform some services on their behalf. Agency theory has been developed from the theory of the firm, stated by Alchian and Demsetz (1972) and further developed by Jensen and Meckling (1976). Fundamentals of agent theory can be found even in the writings of Adam Smith (1976): "You cannot expect those who manage other people's money to be as careful and caring as it would belong to them. Waste and negligence are present, always, more or less, in the management of every business."

The theory of corporate governance based on maximizing the interests of all stakeholders has proved to be the most efficient in history, not only because it conducts to the economic success of the company, but also because it works to achieve a competitive advantage due to gain people's trust and consequently a goodwill on the market (European Commission, 2005); Resource Dependency Theory (Resource dependency is an explanatory model of organisation activities that emphasizes the fact that they are open systems and the environment in which they operate and the social relations are the basis in decision making about resources allocation. In this context, Pfeffer and Salancik (1978) highlighting the resource dependence perspective on inter-organisational behaviour, argue that: "To understand the organisation behaviour you must understand the context in which that behaviour occurs"); Political Theory (law and political aspects stressed by Roe, 1994; Thomsen, 2008); Ethics Theories In addition to fundamental theories of corporate governance such as agency theory, steward theory, hazard theory, stakeholder theory, resource dependence theory, transaction cost theory or political theory, the authors have identified the ethical theories that can be closely associated with corporate governance). History emphasized the development of theories and models of corporate governance and the fact there is no final, single or optimal form of effective governance. These theories are separated from the causes and effects of variables such as the configuration of the board of directors, audit committee, independence managers, the role of top management and their social relations beyond the legal regulatory framework. These theories are defined based on the causes and effects of variables such as: configuration of the board of directors and audit committee; the independence of directors; the role of top management and their social relations beyond the legal regulatory framework.

METHODOLOGY

This study adopted the qualitative research design, utilizing in-depth interviews and focus group discussions to gather data from healthcare providers, community leaders, and government officials. The study population consists of healthcare providers, community leaders, and government officials in Ofunama community, Ovia South–West Local Government Area of Edo State. The purposive sampling techniques was used to twenty (20) participants, comprising ten (10) healthcare providers, Five (5) community leaders, and five (5) government officials. Data were analyzed using thematic analysis. The interview respondents included health and other experts on policy/bureaucratic administration. Inclusion Criteria The inclusion criteria of the participants of the study were:

- i. participant must be 18 years and above (males/females);
- ii. they must be resident in the selected communities for a minimum of 6 years that is from the year 2020 to 2026;
- iii. they were willing to participate in the studies and give informed consent to willingly participate in the study areas;
- iv. must understand the phenomenon being investigated in details and to comprehend the questions in both the questionnaire and the interview guide.

The sample size for this study was 20 research participants chosen purposively and those included the community leaders, health practitioners, and community members who have in one way or the other have been affected by governmental health policies and accessed public health centers in the study area.

The study adopted the purposive sampling techniques in the selection of participants within the selected communities. The participants selected included the community leaders, health practitioners, and community members who have in one way or the other been affected by governmental health policies and accessed public health centers in the study area. The random sampling method was adopted to identify other expert-participants who have valuable insights into the issues; those included academics and bureaucrats. Among the total number of participants selected, 10 were selected for the in-depth interview and the focused group discussion (FGD). The FGD comprised two key informants from the community. Therefore, the sample size for the study as overwhelming was 20 participants. The instrument of data collection for this research is structured in-depth interview guide and focus group discussion guide. The interview sessions were conducted with the persons knowledgeable about environment, government and health administration, such as community leaders, social workers, development practitioners and members of the academic community. The interview guide was designed to explore participant’s opinions on the types of problems experienced by those affected by the cooperation; it also focused on the social work intervention strategies for the remediation of such issues and challenges.

FINDINGS AND DISCUSSION

Through the interview data, the work discovers that health care delivery has much impact on Sustainable Economic Development. About Increased Productivity, the interviewees claimed that a healthy workforce is more productive and can contribute to economic growth thereby confirming Finkelstein & Mcknight (2008) report. When they were asked whether they have access to quality healthcare, they are more likely to be able to work and earn a living, which could lead to increased economic activity, nearly all of them claim (as WHO, 2019 had reported), that “good health is power to work and contribute to economic growth” while a few were indifferent. Besides all the respondents and the roundtable were in unison concerning the relationship between good healthcare and *Reduced Poverty*: The roundtable particularly held that Healthcare can help reduce poverty by enabling people to work and earn a living, and reducing the financial burden of healthcare costs on households, which confirms Ravallion (2005) report. However, they observed that it “is unfortunate that neither the state government nor the LGA plays emphasis on this relationship beyond paper”.

Thus, while the idea of intergovernmental cooperation in health service delivery is laudable, its actual functioning is inadequate. They were of the opinion that improved popular education and skill could eliminate such lacunae. And good health can improve educational outcomes and future economic opportunities. An important finding is that the data shows a belief that an effective healthcare service delivery highlights several key factors that contribute to high-quality healthcare. Specifically, the respondents reasserted that a patient-centered approach to care is critical for effective, as were claimed by Epstein *et al* (2010) and the Institute of Medicine (2001); that access to good healthcare (presently lacked in the Ovia South-West LGA) is a critical component of effective healthcare service delivery, thereby confirming Starfield (2000) and Andersen *et al*, (2013) reports. Finally, all the respondents were in unison on the serious question of the necessity of intergovernmental relationship on healthcare delivery the citizens. The findings reveal that intergovernmental relationships have a significant impact on healthcare delivery in Ofunama community. Nevertheless, the respondents and the roundtable lamented the inadequacy of that relationship concerning Ovia South-West and Edo State government. On this, study identified three crucial areas, which areas.

Inadequate funding: All the participants noted that inadequate funding from the three tiers of government hinders effective healthcare delivery in the community.

Poor infrastructure: The participants related this challenge to “inadequate funding” and corruption. Participants identified poor infrastructure, including inadequate healthcare facilities, equipment, and personnel, as a major challenge to healthcare delivery in the community.

Lack of coordination Participants noted that lack of coordination among the relevant government agencies hinders effective healthcare delivery in the study area, with each level of government having different priorities and (political agenda).

CONCLUSION

The research primarily concerned with the impact of intergovernmental relations on healthcare service delivery in Edo state: a case study of Ofunama community in Ovia South -West local government area. The reveals the essential necessity of intergovernmental relationship on healthcare delivery the citizens. The study reveals that intergovernmental relationships have a significant impact on healthcare delivery in Ofunama community. On the other hand, the study identified three challenges to the optimum effectiveness of such in the study area, ranging from inadequate funding, poor infrastructure, corruption, and lack of coordination. Accordingly, the study concludes that improved intergovernmental relationships, characterized by cooperation, coordination, and collaboration, are essential for enhancing healthcare delivery in Ofunama community. The study highlights the need for the three tiers of government to work together to establish a functional primary health care system provide adequate funding, and ensure the provision of essential infrastructure for healthcare delivery.

RECOMMENDATIONS

Based on the findings, the study recommends that:

The three tiers of government should work together to establish a functional primary healthcare system in Ofunama community, particularly or infrastructural development and coordination.

Adequate funding should be provided for healthcare delivery in the Ofunama community and beyond.

Essential infrastructure, including healthcare facilities, equipment and personnel, should be provided for healthcare delivery in the community and beyond.

Coordination and cooperation among government agencies should be enhanced to ensure effective healthcare delivery.

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