GENERATION OF LOCAL GOVERNMENT REVENUES AND THEIR USE FOR HEALTHCARE IN ENUGU STATE

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Abstract

The study examined the generation of local government revenues and their use for healthcare in Enugu state: A survey of selected local government areas. The specific objectives were to: Determine the effect of local government revenue generation on the care teams in medical areas in Enugu State and to assess the effect of local government revenue generation on the medical monitory system in Enugu State. The actual population was Nine thousand, three hundred and thirteen staff (906). The population of the study was drawn from the entire members of the local government staff and, executives of the town union leaders and selected individuals. The sample size of 537 was drawn using Freund and William's formula at 3 percent error margin. A survey design was adopted for the study. Instrument used for data collection was the questionnaire and interviews. A total of five hundred and thirty-seven (537) copies of questionnaire were distributed while four hundred and seventy-three (473) copies of questionnaire were returned. Z – test was used to test the hypotheses and determine the nature, and strength of the research variables. The findings indicated that Local government revenue generation had positive significant effect on the care teams in medical areas in Enugu State $Z(95, n = 473) = .252 < .361, p < 0.03$. Local government revenue generation had positive significant effect on the medical monitory system in Enugu State $Z (95, n = 473) = .297 < .362, p < 0.03$. The study concluded that Local government revenue generation had positive influence on care teams in medical areas and positive influence on medical monitory system in Enugu State. The study recommended that among other things that government should improve on the manpower by equipping and employing more hands-on health workers to enhance the adequate coverage of the various areas and state and more effort should be in place towards tackling the health challenges facing the frontline LGAs.

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1.1. Introduction

In Nigeria, local government revenue generation and utilization on healthcare plays a crucial role in the provision of health services to the citizens. The revenue generated by local government councils is mostly used to provide basic health services, purchase of medical supplies and equipment, and construction and maintenance of health facilities.

One of the major sources of revenue for local government councils is through the collection of taxes and levies from the citizens. This revenue is used to finance various health projects such as the construction of primary health centers, rehabilitation of existing health facilities, and provision of medical equipment (Alhaji & Faruna, 2019).

Another source of revenue for local governments is through the allocation from the federal government. The Federal Government of Nigeria allocates a portion of its annual budget to local governments to support the provision of health services. The allocation is used to finance the provision of basic health services, purchase of medical equipment, and construction of health facilities.

In addition to the revenue generated by local government councils, private organizations and non-government organizations also contribute to the financing of healthcare services in Nigeria. These organizations provide funding for specific health projects such as the construction of health facilities, purchase of medical equipment, and the provision of medical supplies (Ogbeifun, Ajetunmobi, Moronkeji and Adindu, 2019).

The revenue generated and utilized by local government councils on healthcare plays a significant role in the provision of health services to the citizens of Nigeria. The combination of revenue generated by local governments, federal allocation, and contributions from private organizations and non-government organizations has helped to improve the healthcare system in Nigeria (Olorungbemi, 2015).

Olorungbemi, (2015) opine that, Local Government Administration in Nigeria today, faced with varieties of problems. There are the problems of sourcing for adequate revenue from the federal and state governments. And there are also the problems associated with sourcing for funds via internally generated revenue. These mired problems are cogwheels to smooth running of local government administration in Nigeria. There are the problems of dishonesty on the part of revenue officers who often times, divert council's money for personal use; there is also the encroachment of other levels of government by diverting local government funds. There is therefore, an urgent need to review local government revenue generation

Local governments in Enugu State derive their revenue from property, sales, and other taxes, fees and charges. This encompasses sources like taxes, user fees, intergovernmental transfers, and infrastructure financing through operating revenues, borrowing, charges on developers and public-private partnerships. The generation of local government revenue also entails discussions on local level expenditures, accountability for revenue and expenditure decisions, the municipal budgeting process, and capital investment planning.

1.2. Statement of Problem

Revenue generation is the key to modern progress. Local governments, as the closest tier of government to the people, especially in rural areas, require revenue to provide basic necessities and social services. Unfortunately, local government management has fallen short in fulfilling this responsibility. Improved revenue for local governments can be achieved through the collective efforts of all stakeholders, as the local government operates as a structure with interdependent parts.

Generating revenue requires expertise and experience, as all advantages come with their own drawbacks. The success of revenue generation and utilization can be hindered by poor performance in local government,

corruption, and interference from state or federal government. Inadequate resource allocation is also a result of these factors.

The study also revealed that revenue generation in Enugu State faces a lot of challenges which includes but not limited to unavailability of care givers in medical areas and insufficient medical monitory system. It is in the face of the above problems that this study seeks to evaluate revenue generation and its uses in local government systems in Nigeria, with a focus on selected local government areas in Enugu State.

1.3. Objectives of the study

➤ Determine the effect of local government revenue generation on the care teams in medical areas in Enugu State.

➤ Assess the effect of local government revenue generation on the medical monitory system in Enugu State

1.4 Research Questions

The following research questions guided the study;

➤ What is the effect of local government revenue generation on the care teams in medical areas in Enugu State?

➤ iv. What is the effect of local government revenue generation on the medical monitory system in Enugu State?

1.5 Research Hypotheses

The following hypotheses guided the study;

Ho1: Local government revenue generation does not have positive significant effect on the care teams in medical areas in Enugu State

Ho2: Local government revenue generation does not have positive significant effect on the medical monitory system in Enugu State

1.6 Significance of the Study

The outcome of the study will promote not only revenue generation but also its utilization and how it will help in boosting the economy of the state. The study will also enhance a broader understanding of the importance of local government in developing and enhancing the economy of the state and also the country. The study would also be beneficial to other local governments in the country in mapping out structure and administrative policies to guide their revenue collectors. The study would also assist policy makers in the local government in formulating and periodically receiving basic financial resource management policies, plans and programmes which constitute the framework within which would daily management operations would function.

Also, this study would be significant to other government parastatals as a guide to financial resources administrative policy and management. It would also benefit academics, students and researchers who would use it as a guide when studying a similar topic.

2.1 Conceptual Framework

2.1.1 Local Government

A local government refers to a public administration entity, which is typically the lowest level of governance in a state. Local Government is one of man's oldest institutions. The earliest form of Local governments exists in the form of clan and village meetings. In fact, democracy itself originated and developed along the lines of local governance initiatives in the ancient Greek city states. One of the major functions of LG is to bring about meaningful development in the rural areas. As agents of rural development, LGs are to utilize the funds obtained from Federal and State Governments and their internally generated revenue to improve the lives of the people within their areas of operation such as: Initiating and attracting developmental projects to the Local Government, provision of access roads, water and rural electricity (Abdullahi, 2015). The federal and state governments are responsible for setting and collecting taxes, the local authorities for collecting licence fees. All collected revenue is held in a federal account before being distributed among the three spheres of government. As the third tier of

government in Nigeria, the local government is often paid scant attention by political pundits, the media, policymakers and the general public alike. Local Government Chairmen walk the streets unnoticed because no one gives a hoot about them. Governance at the local level has been relegated to the background in an era when the president, federal legislators and state governors, suck all the air in the Nigerian political space (Egbas, 2019). The Nigerian voter ought to be more alive to his civic responsibilities and enlightened on the importance of the local council administration. Local government is the third tier of government and ideally, should be the closest rung to the people but more often than not, the Nigerian voter tends to hold his elected executive in far away State Government House more accountable than the chairman next door (Ayodele, 2017). In the U. S. local governments typically provide law enforcement; fire protection; public schools at the elementary and secondary levels; construction and maintenance of roads; assure public utilities such as electricity, water, and sewage service are available; regulating business and commerce through licensing and enforcement of standards; collecting taxes to finance the other functions of government; and providing courts for the settling of disputes and adjudicating criminal cases. However, the politicians who hold those elected local jobs are integral to the political parties. They can help candidates for state-wide office in various ways. A state government official who proposed abolishing the elected posts of mayor and council member might have a hard time getting re-elected without the support of those local elected officials. A governor who suggested abolishing those elective posts would find the mayors or ex-mayors whose jobs he wanted to abolish campaigning for the governor's opponent in the next election (Ray, 2018).

2.1.2 Early and Late Military Era (1960-1983), Local Government Administration in Nigeria

It is important to note that a sense of far-reaching administrative autonomy at the regional level marked the early post-independence local administration in Nigeria. Nevertheless, there were clear compositional and functional differentials. Thus, the Northern Native administrative system characterized by feudalism was maintained as an inherent status quo from the colonial entities. Significantly, it can be argued that the incumbent Northern Peoples Congress (NPC) had its political base tied to the Northern oligarchy which is a product of imperialism. This was a plausible reason for the survival of grass-root politics at that level in the North (Gboyega, 1987). Conversely, the local administration in the East was quite different in its outlook. In the Eastern region, both the District and the local council system were created in the rural areas. This was done to enhance the principles of representative government through elective processes. However, elected office holders were strictly kept in check by the party in power, thereby distorting the much expected autonomy of members of the country councils as it was the duty of both the Ministry for Local Government, the Local Service Board as well as the local government inspectorate offices to checkmate the powers of the country council. Like the East, the western region was not different in terms of its operational dynamics (Erunke, 2011). Thus, the Action Group (AG), a political party in control of affairs of government at that time, through its party surrogates, became fully involved in local government affairs. This was further enhanced by the creation of a three-tiered local council which was later short-lived by the 1962 crisis in the west leading to the declaration of state of emergency by the federal government of Nigeria (Nwatu, 1995).

Similarly, the early military era as at 1966 marked a turning point in the affairs of local government in Nigeria as a result of its policy formations. The local representation at this time was in the form of care-taker committee which was rather imposed on the people rather than asking for consensus candidates. Suffice it to say that the nature of the military regimes which was usually centralized and authoritarian affected the councils since the various regional governments made no pretence of allowing the councils any trace of autonomy. Egurube, (1991) wrote that the military junta was so dictational: to the extent that local government actors, derive their legitimacy not from the people but from state governors during this period. The conclusion that these served more as

watchdogs for their military bosses at the state level can hardly be faulted. Local government institutions were thus from all intents and purposes governed by predominantly instrumental and penetrative objectives (1991). We may deduce from the aforementioned that neither the post-colonial nor the early military attempt at revamping the local authorities yielded any meaningful result. It is equally important to stress that the late military era, however, marked the watershed in its reformation process as it relates to local government affairs. Thus, the main policy thrust in the affairs of grass-root politics was the total reformation and standardization of local councils nationwide. Thus the reform objects of this regime types was, amongst others, the tendency to enhance even development at local levels nationwide, the need to evolve programmes and policies responsive to the yearnings of the people and strictly manned by the same, to facilitate democratic values as well as enhance leadership potentials at the grass-root, to encourage resource mobilization through local participation and to provide a reciprocal links of communication processes to and from the people to government (Erunke, 2011). Thus, local entities and their corporate existence was an irony considering high level political patronage, nepotism, indolence and all forms of corruption and maladministration respectively. Therefore, this tendency was capable of breeding tension between the local and state government with the latter having no constitutional regard for the former. We can rightly say that this period was a dark age for local authority as all genuine avenues for revival of the local administration was neglected, abused, politicized and marginalized in the scheme of things in Nigeria. Finally, the system now reached its anti-climax for total collapse as it was highly ineffective, unnoticed as it made meager impact on the peoples as a whole.

2.1.3 Structure of Local Government in Nigeria

Localization is necessary to ensure that government officials do not lose touch with people, and such management styles are extremely effective in democratic systems. In accordance with the constitution of 1999, local government in Nigeria is carried out on one level; power is divided in accordance with a single order.

Executive Arm

The executive arm consists of the Chairman, Vice Chairman, Secretary, Supervisor and Executive Committee.

Chairman

The Chairman performs the duties of an accountant and CEO of local government administration in Nigeria. Even though he is an accounting officer, he only has to authorize payments; he does not have to sign vouchers and cheques.

Responsibilities:

a) He monitors compliance with the rules described in the financial regulations governing cash receipts

b) He supervises accountability and is liable for his actions not only during office hours, but also after his shifts.

c) Periodically he conducts inspections and monitors compliance with financial laws.

d) Each month the chairman makes reports on cash receipts and expenses. The local government council receives studies and discusses information received from him annually.

e) He directs the costs and revenues of local governments to higher authorities. Several decisions are made based on the information he provides to these authorities.

f) The Chairman manages the local government and dictates the duties of its members.

g) He chairs meetings of the executive committee at least once a week.

h) He communicates with representatives of local governments, appeals to the council at once a year, comes forward with a report on his achievements and informs them of urgent tasks that need consideration.

i) The Chairman provides annual reports assessing the effectiveness of local government leaders.

j) At the beginning of the year, the annual budget of the local authorities is compiled by the Chairman, after which it is reviewed and approved.

k) The Chairman must consult with other representatives of the Executive Arm while carrying out his official duties.

Vice Chairman

In the absence of the Chairman, the Vice Chairman performs his duties and takes overall responsibility for administration activities.

Executive Committee

This committee comprises of the Chairman's deputy, supervisory advisers and secretary. He directs the meetings of the committee, which are held at least once a week. The different departments in the local government provide the Chairman with their memoranda, which can be discussed by the committee and the heads of departments if the need be.

Secretary

This person is appointed by the Chairman. The Secretary is present at meetings of the executive council and maintains protocols, coordinates the work of departments and supports communication on behalf of the Chairman. He maintains relations with officials and performs other duties assigned to him periodically.

Supervisors

These persons are appointed by the local authorities. Each of them is responsible for a certain department and helps fulfill the goals of its political leaders. They also participate in affairs of Executive Committee and provide directives to heads of the departments on general political issues.

Supervisors assist the Chairman in executing projects of local authorities and acting from their departments. The Chairman periodically appoints additional functions and responsibilities to them.

Heads of departments of local government all have equal status, and are involved in affairs of the executive power. The director of administration is the head of personnel management, while the role of director for finance is performed by a local treasurer.

Legislative Arm

This institution consists of a leader, his deputy and councilors. All advisers undergo election procedure and then the leader and deputies are chosen amongst them.

Representatives of the Legislature fulfill the following duties:

a) Correct and approve the annual budget of local authorities. A veto of Chairman is taken into consideration, which can be canceled by 2/3 of the members of government council.

b) Control implementation of projects and programs envisaged in the annual budget.

c) They study the reports on monthly expenses and income supplied by the local government Chairman.

d) Consult and work with the heads of local governments.

In order to achieve positive results in Nigeria, it is extremely important to deal with the problem of corruption; it is also necessary to take into account the interests and needs of the general population. The proper management of money will lead to a prosperous life of people in various regions of Nigeria. The states authorities have to work hard to make the local government more efficient; such structure needs more freedom and independence, as well as monetary support. Insufficient financing is the main reason for the decline in the quality of the services they provide. The local government also needs to be accurate and transparent in terms of accountability. It is also necessary to develop a new ethical orientation of local citizens regarding local government to achieve a greater level of trust (Ikande, 2018).

2.1.4 Problems of Revenue Generation in Local Government Administration in Nigeria

a) Another factor as noted by Gunman (1984) which has been significantly responsible for low internal revenue generation is that, for fear of incurring the anger of the communities in the constituency they represent, quite

a number of councillors prefers to play it safe by dissociating themselves from any move by the council to revise taxes upward, even when desirability of such revision is obvious (Ola & Tonwe 2005).

b) Another problem that has been identified is citizens'cynicism and reduction/refusal to pay rates, charges etc. due to poor record of performance of Local Government in Nigeria (Ojofieitimi, 1998). This view point was corroborated by Ola and Tonwe (2005) when they said that there have been incidents by violent attacks by angry villagers on tax collectors of Local Government because of their opinion, Local Government's officials are only seen when they want to collect taxes and not return to render any services. There have been organized agitations to boycott the payment of taxes, with the slogan _no service no pay', such as an anti-tax campaign by agitators in Epee Local Government Area of Lagos State (Gunman 1984).

c) Embezzlement of revenue by Local Government revenue collectors have also resulted in widespread unwillingness by communities to pay taxes. There have been reported cases of revenue collectors helping themselves with funds collected for the councils, thus discouraging would –be tax payers' from taking this civic responsibility seriously. Thus, tax evasion becomes common place.

d) Orewa and Adwoman (1992) posited that one of the factors responsible for Local Government poor revenue collection is the casual attitude of the revenue collectors and other treasury staff. They labour under the illusion that (no matter) whatever revenue they collect directly, the _father Christmas'of Federation Account will provide adequate funds for the payment of personal emoluments of the staff. This assumption is deceptive in that with poor revenue generation efforts, some council have found themselves unable to pay salary after deductions made by the State Governments. For example, some Local Government Council more often finds itself in this situation, sometimes leading to unpaid salaries for upwards of two or three months.

e) Misplacement of council funds by Local Government chairmen is yet another problem. Some Local Government chairmen deposited Local Government allocations into private savings account and loan companies in which the Local Government had no Account. This is done with the intention to collecting the accruable interests on such funds on maturity. These ugly practices well described by Ugwu (2009) when he states that leadership failure and bad governance at all levels of government inhibits attracting external development assistance. This is also coupled with the high level of corruption levelled at local government functionaries of handling local government funds.

2.1.5 Provision of Health Centres in L.G.A

Government is the bedrock of sustainable human development. This is because government emerged from the exigencies of needs. One of the social challenges of the ordinary people in Nigeria is primary healthcare. Comprehensive health care system based on primary health care that is promotive, protective, preventive, restorative and rehabilitative to all citizens within the available resources to those individuals and communities are assured of productivity, social-well-being and enjoyment of living (Uzochukwu, Onwujekwe and Nkoli, 2014). Health care is a vital in any community. Any health centre with a well implemented PHC program can stand the test of time in curbing less than five mortality and morbidity (Chinawa and Awoere, 2015). There is an immediate need to improve and provide quality health care among children in rural areas and suburban. This is necessary so as to avert the number of death that comes from that part of the country. Various health programs have been instituted in Enugu state aimed at providing and carrying out health care services in remote communities in Enugu and states where PHC operates (Chinawa and Awoere, 2015).

Health care is based on the overlap of mutuality, social justice and equality. As a strategy, primary health care focuses on individual and community strengths (assets) and opportunities for change; maximizes the involvement of the community; includes all relevant sectors but avoids duplication of services; and uses only health technologies that are accessible, acceptable, affordable and appropriate (WHO, 2014). Health care

involves providing treatment for common illnesses, the management of long term illnesses such as diabetes and heart disease and the prevention of future ill-health through advice, immunisation and screening programmes. The role local government play in health centre includes the (1) protecting the health of the community, (2) providing health care for low-income and uninsured residents, (3) providing health benefits for their employees and retirees, and (4) helping states finance.

However, a health centre is a building in which a group of doctors have offices or surgeries where their patients can visit them. World Health Organisation (WHO, 1974) health is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans. Health centers integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care. By emphasizing coordinated care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology, health centers reduce health disparities (HRSA, 2020).

2.1.6 Provision of Health Care Teams

Care teams are groups of primary care staff members who collectively take responsibility for a set of patients. Care teams blend multidisciplinary skills, focusing several people's insights, rather than a single physician's, on each patient's problems. The role of the care team, depending on a patient's needs a social worker may help coordinate services like housing, transportation, financial assistance, meals, long-term care, or hospice care. Each of these care team members play an important role in coordinating and delivering care, and supporting each patient based on their needs

Care teams involve the efficient delegation of responsibilities such that no team members perform duties that do not require their skills. A number of practices have demonstrated that many primary care visits, especially for chronic disease, involve relatively simple matters that could be handled by non-physician team members via protocols or standing orders (Bodenheimer, 2017). The composition of a care team will depend on the size and resources of the practice and the needs of the patient population (Coleman & Reid, 2010). Teams are generally organized around a primary care provider (e.g., physician, advanced practice nurse, physician assistant). Nurses, pharmacists, nutritionists, social workers, educators, and care coordinators may also be part of the care team. In smaller practices, care teams have fewer members. Such practices may also build virtual teams by linking themselves and their patients to providers and services in their communities Coleman and Reid, 2010). Working as a care team to improve patient care and **i**n delivering health care, an effective teamwork can immediately and positively affect patient safety and outcome. The need for effective teams is increasing due to increasing co-morbidities and increasing complexity of specialization of care. An effective teamwork is now globally recognized as an essential tool for constructing a more effective and patient-centred health care delivery system (Amir, Maha, Nmri, Frayh, Nasir, Mohamed, Assiri, Saadi, Sharikh and Zamil, 2014).

2.1.6 Medical Monitoring System

A medical monitoring system is a wearable computing device, including a microcontroller and a transceiver to record human body activities and statuses (Otto, Milenkovic, Sanders and Jovanov, 2016). Such systems are initially applied in the field of healthcare, especially for continuous monitoring and logging patient's vital parameters. To monitor the patient behavior, data are collected from patient's body by a medical monitoring device so as to calculate the output using embedded software. Incorrect calculations may endanger the patient's life if the software fails to meet the patient's requirements (Negar and Seyed, 2014). Health monitoring systems

(HMS) are based on new generation transducers, such as multifunctional optic fibers embedded in the elements, linked together in a tight network. Monitoring is the observation of a disease, condition or one or several medical parameters over time. It can be performed by continuously measuring certain parameters by using a medical Monitor (for example, by continuously measuring vital signs by a bedside monitor), and/or by repeatedly performing medical tests (such as blood glucose monitoring with a glucose meter in people with diabetes mellitus). The health monitoring system is employed as the method to measure the observation data. The experimental modal analysis is one of the effective health monitoring systems for the case where the modal parameters such as natural frequencies are adopted as the observations (Pachmann, Camara, Kohlhase, Rabenstein, Kroll, Runnebaum and Hoeffken, 2010).

The medical monitoring system provides multiple options to change the traditional management of patients. Moreover, this solution reduces the cost of health care and helps the hospital to improve the treatment process, and provides a remote health monitoring system. A medical monitoring system is a sophisticated technology and an alternative to the traditional management of patients and their health. It consists of a wearable wireless device like a bracelet with sensors that are paired with an application for a doctor to access the medical information Pachmann *et al.,* 2010).

2.2 Theoretical Framework

The following theory guided the study.

2.2.3 Theory of Fiscal Federalism

The theory of fiscal federalism was originally developed by German-born American economist Richard Musgrave in 1959. Musgrave argued that federal government systems have the ability to solve many of the issues local governments face by providing the balance and stability needed to overcome disruptive issues like uneven distribution of wealth and lack of widely available resources. Musgrave further theorized that federal governments should manage a nation's money from the top and give it to states, who can distribute it locally as needed. Applying the theory of fiscal federalism in health care system, political choice in economic life of the people has a circular flow. The theory of fiscal federalism was developed by Musgrave (1959) and Oates (1972), concerns the division of public sector functions and fiancés in a logical way among multiple layers of government. Fiscal federalism is part of broader public finance discipline. The theory of fiscal federalism assumes that a federal system of government can be efficient and effective at solving problems governments face today, such as just distribution of income, efficient and effective allocation of resources, and economic stability. Economic stability and just distribution of income can be done by federal government because of its flexibility in dealing with these problems. Because states and localities are not equal in their income, federal government intervention is needed. Allocation of resources can be done effectively by states and local governments (Ibeogu and Ulo, 2015).

Tenets of the Theory

The following are beliefs of fiscal decentralization:

There are several disadvantages of fiscal federalism as well: the lack of accountability of state and local governments to constituents; the lack of availability of qualified staff; the possibility for people to choose where to reside; a certain degree of independence of the local governments from the national government; and unavailability of infrastructure of public expenditure at the local level. This is affected by the relationship between levels of government and thus by the historical events that shape this relationship. For instance, in the early years of American federalism, geographic separation, slow communication, and clear division of labour made it possible for each level of government to function without significant interactions with other levels (Yunana, Yunana and Muhammad, 2019).

2.3 Empirical Review

Menizibeya (2011) conducted a study on The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. The study aims to review the state of the Nigerian health care system and to provide possible recommendations to the worsening state of health care in the country. The study adopted a qualitative approach. The result showed that there is increasing role of automated-based medical intelligence and surveillance systems, in addition to the traditional manual pattern of document retrieval in advanced medical setting such as those in western and European countries. The study concluded that the Nigerian health care system is poorly developed and has suffered several backdrops, especially at the Local Government Levels. The study recommended that Nigerian health care system, the dynamics of health care in the United States and Europe with regards to methods of medical intelligence and surveillance.

Rosen, DiazGranados, Dietz, Benishek, Thompson, Pronvost and Weaver (2018) conducted a study on Teamwork in Healthcare: Key Discoveries Enabling Safer, High-Quality Care. The objectives of the study were to examine the relationship between teamwork and multilevel outcomes, effective teamwork behaviors, competencies, teamwork interventions, team performance measurement strategies, and the critical role context plays in shaping teamwork and collaboration in practice. The result shows that health care delivery systems exemplify complex organizations operating under high stakes in dynamic policy and regulatory environments. The study concluded that the practical need for knowledge about teams has never been more salient, and the opportunities to contribute to the general science of teams are unparalleled. The health care system touches all of our lives, and the quality of the teamwork within that system impacts the experiences we have and the outcomes we see. The study recommended that psychologists can have a large and positive impact in this industry in transition both for those who work in it and those whose well-being depends upon it.

In the opinion of Tayebeh, Sharareh, Niakan, Seyed, Somayyeh and Marjan (2018) examine on the Study of challenges to utilise mobile-based health care monitoring systems: A descriptive literature review. The study sough to investigate on the challenges involved in applying mHealth-based monitoring systems. The study made use of Scopus, PubMed, Embase, and Web of Science. Among the 105 papers obtained, eight works were selected. The revealed challenges were categorised into six main branches across a tree (with 55 nodes, four levels) including user-related, infrastructure, process, management, resource and training challenges. The finding shows that identifying the resolvable and preventable challenges, such as those related to training, design might play a crucial role in preventing loss of resources and in growing the success rate of a project, particularly if considered in national level projects. The Study concluded that technical issues, including hardware and software considerations, can also be problematic. Lack of developer knowledge about system requirements, sustainable financial support and proper infrastructure also might be important. The study recommended that applied hardware for interventions such as patient monitoring tools need to be considered according to standards principals. Factors such as size, weight, energy consumption, potential risk and threat for patient safety should be tested in a pilot survey by a specialised team.

Kayode and Adegbesan (2021) conducted a study on Health information system as correlate of monitoring and evaluation of primary health care services in Ife Central Local Government Area, Ileife, Osun State, Nigeria. The objectives of the study are to; examine the relevance of health information system in the monitoring and evaluation of health care service delivery; highlight the basic health information system in monitoring and evaluation of health care services in Ife Central Local Government Area; mention the factors hindering health information system as an indicator for monitoring; evaluation of health care series; and identify effectiveness of health information system in health care delivery service; and identify the impact of Health Information Managers in health care services. The study adopted descriptive survey. The target population consists of one hundred and

twenty (120) respondents (Staff of Primary Health Care Department of Ife Central Local Government, Ile-Ife). The study shows that Health Information System has great impact on healthcare service delivery, the system captures, transmits and stores information related to patient care and the activities of the health institution. The study concluded that incorporates routine information system, disease surveillance system, laboratory information system, hospital patient administrative system which is used to process reports and create awareness in order to make policy action programmes effective for quality monitoring and evaluation activities. The study recommended that were made includes: The provision of sufficient and well trained staff, training and seminar, caution against paucity in information gathering, adequate funding, setting up supervisory committee and computerization of various sections.

METHODOLOGY

3.1 Research Design

The study adopted cross-sectional survey research design. This enabled the researcher ascertain the local government and effective utilization of revenue generation in Enugu state as case study. The study dealt with a cross-section of the population of seventeen local governments in Enugu State which was used for classification, generalization and interpretation.

3.2 Location of Study

The study was conducted in Enugu State, Nigeria. Enugu State is one of the five South-Eastern states out of 36 states of Federal Republic of Nigeria. It came into being on August 27, 1991 when the administration of the then military president, General Ibrahim Babangida, finally acquiesced to the long agitations of Waawa people for a state they could truly call their own. Enugu State derives its name from the capital city Enugu (top of hill) which is regarded as the oldest urban area in the Igbo speaking area of south-east Nigeria. The city owes its geopolitical significance to the discovery of coal in 1909 by a team of British geologists. The discovery of the solid mineral in the area brought about the emergence of a permanent cosmopolitan settlement which influenced the construction of a railway line to link the Enugu coal fields with the seaport in Port Harcourt for the evacuation of the mineral to Europe. In fact, by 1917 Enugu had acquired township status and assumed strategic importance to British interest. Foreign business began to move into Enugu, the most notable of which were John Holt, Kingsway Store, United Bank of West Africa and United Africa Company. By 1929 Enugu had become the capital of the former Eastern Region, and has since then retained its old status as the regional industrial and business hub as well as the political capital and rallying point of the Igbo people. Enugu state has a population of 3,257,798 (2006 census). The vernacular spoken is Igbo but English is widely used and a visitor can make himself understood even in the humblest hamlet if he can speak a modicum of English. Economically, the state is predominantly in service. The state situated on much of the highlands of Agwu – Udi – Nsukka hills and the rolling low hands of the Idodo River basin to the east and Oji River basin to the west, the state is bounded by five other states with which it share common boundaries. It spreads southwards to the borders with Abia and northwards to Benue state. Enugu state has rich agricultural land as a result of its location within the tropical forest and savanna belts.

3. 10   Analytical Technique

In the analysis, therefore, response table simple percentage tables and bar chart was used to present the collected data. Z **-** Test statistics was applied to test the hypotheses postulated and for decision making.

Decision Rule: The study adopted a decision rule that the results obtained from the Z- test would be compared with the table value or figures accessed from statistical table. It was decided that we reject Ho (null hypotheses) if computed value is less than the tabulated value, otherwise accept.

4.1. DATA PRESENTATION AND ANALYSES

4.1.1 The effect of local government revenue generation on the care teams in medical areas in Enugu State.

Table 4.1.1 Responses to research question one on local government revenue generation on the care teams in medical areas in Enugu State.

		5 VLE	4 LE	3 N	2 LW	1 VLW	∑FX	-X	SD	Decision
1	Primary care staff members are always available in the community.	50 10 46.1	472 118 23.9	84 28 13.3	588 294 3.4	23 23 13.3	1217 473 100%	2.57	1.722	Agree
2	There are coordinating and effective monitoring of the delivering staff in the communities	525 105 22.2	156 39 8.2	48 16 3.4	16 8 1.7	305 305 64.5	1050 473 100%	2.22	1.705	Agree
3	There is efficient delegation of responsibilities of health care teams in the communities.	525 105 22.2	120 30 6.3	54 18 3.8	30 15 3.2	305 305 64.5	1034 473 100%	2.19	1.426	Agree
4	My local government has primary care visits to communities especially for chorionic diseases	45 9 1.9	572 143 30.2	18 6 1.3	26 13 2.7	302 302 63.8	963 473 100%	2.04	1.819	Agree
5	Physicians, advanced nurse and community health workers link themselves and their patients to providers and services in the communities in our local government areas.	700 140 29.6	40 10 2.1	18 6 1.3	34 17 3.6	300 300 63.4	1092 473 100%	2.31	1.845	Agree
	Total Grand mean and standard deviation							**2.266**	**1.7034**	

Source: Field Survey, 2021

Table 4.1.1, 128 respondents out of 473 representing 70.5 Primary care staff members are always available in the community 2.57 and standard deviation of 1.722. There are coordinating and effective monitoring of the delivering staff in the communities 144 respondents representing 30.4 percent agreed with mean score of 2.22 and standard deviation of 1.705. There is efficient delegation of responsibilities of health care teams in the communities 135 respondents representing 28.5 percent agreed with mean score of 2.19 and standard deviation of 1.426. Access to life savings medical care in the rural areas is provided in the communities 132 respondents representing 19.7 percent agreed with mean score of 1.55 and 1.819. Physicians, advanced nurse and community health workers link themselves and their patients to providers and services in the communities in our local government areas 150 respondents representing 31.7 percent agreed with a mean score of 2.31 and standard deviation of 1.845

4.1.2 The extent of the effect of local government revenue generation on the medical monitory system in Enugu State

Table 4.1.2.1 Responses to research question one on the local government revenue generation on the medical monitory system in Enugu State

		5 VLE	4 LE	3 N	2 LW	1 VLW	∑FX	- X	SD	Decision
1	My local government install systems in our health centres to provide valuable insight into the conditions of the patients	715 143 30.2	120 30 6.3	18 6 1.3	16 8 1.7	286 286 60.5	1155 473 100%	2.44	1.457	Agree
2	There is effective measuring equipment provided by local government.	50 10 2.1	632 158 33.4	15 5 1.1	32 16 3.4	284 284 60.0	1013 473 100%	2.14	1.439	Agree
3	There is early detention of diseases with the monitory Systems in my communities	65 13 2.7	576 144 30.4	18 6 1.3	52 26 5.5	284 284 60.0	995 473 100%	2.10	1.774	Agree
4	The proper monitoring system in my communities reduces suffering and medical costs.	640 128 27.1	84 21 4.4	18 6 1.3	60 30 6.3	288 288 60.9	1090 473 100%	2.30	1.214	Agree
5	The diagnosis and prompt treatment in the communities improves alternatives for the medical treatment of the patients in the communities.	415 83 17.5	1060 265 56.0	30 10 2.1	138 69 14.6	46 46 9.7	1689 473 100%	3.57	1.452	Agree
	Total Grand mean and standard deviation							**2.51**	**1.4672**	

Source: Field Survey, 2021

Table 4.3.2, 173 respondents out of 473 representing 36.5 My local government install systems in our health centres to provide valuable insight into the conditions of the patients 2.44 and standard deviation of 1.457. There is effective measuring equipment provided by local government 168 respondents representing 35.5 percent agreed with mean score of 2.14 and standard deviation of 1.439. There is early detention of diseases with the monitory Systems in my communities 157 respondents representing 33.1 percent agreed with mean score of 2.10 and standard deviation of 1.774. The proper monitoring system in my communities reduces suffering and medical costs 149 respondents representing 31.5 percent agreed with mean score of 3.57 and 1.214. The diagnosis and prompt treatment in the communities improves alternatives for the medical treatment of the patients in the communities 348 respondents representing 73.5 percent agreed with a mean score of 3.57 and standard deviation of 1.452.

4.2 Test of Hypotheses

4.2.1 Local government revenue generation has no positive significant effect on the care teams in medical areas in Enugu state.

Table 4.2.1 Contingency table of cumulative responses of Research Question One

	The effect of local government revenue generation on the care teams in medical areas in Enugu State.	SA	A	N	D	SD
1.	Primary care staff members are always available in the community.	10	118	28	294	23
2.	There are coordinating and delivering staff in the communities	105	39	16	8	305
3.	There is efficient delegation of responsibilities of health care teams in the communities	105	30	18	15	305
4.	My local government has primary care visits to communities especially for chorionic diseases	9	143	6	13	302
5.	Physicians, advanced nurse and community health workers link themselves and their patients to providers and services in the communities in our local government areas.	140	10	6	17	300
	Total	**369**	**340**	**74**	**347**	**1235**

4.2.2 Local government revenue generation has no positive significant effect on the care teams in medical areas in Enugu State

Statement of Hypothesis

H_1: Local government revenue generation have positive significant effect on the care teams in medical areas in Enugu State

H_o: Local government revenue generation does not have positive significant effect on the care teams in medical areas in Enugu State

One-Sample Kolmogorov-Smirnov Test

		Primary care staff members are always available in the community	There are coordinating and delivering staff in the communities.	There is efficient delegation of responsibilities of health care teams in the communities.	My local government has primary care visits to communities especially for chorionic diseases	Physicians, advanced nurse and community health workers link themselves and their patients to providers and services in the communities in our local government areas
N		473	473	473	473	473
	Mean	3.86	3.82	3.80	4.02	3.96

Normal Parameters[a],[b]	Std. Deviation	1.383	1.394	1.289	1.434	1.117
Most Extreme Differences	Absolute	.256	.252	.332	.361	.348
	Positive	.205	.199	.177	.248	.177
	Negative	-.256	-.252	-.332	-.361	-.348
Test Statistic		.256	.252	.332	.361	.348
Asymp. Sig. (2-tailed)		.000[c]	.000[c]	.000[c]	.000[c]	.000[c]

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Decision Rule

If the calculated Z-value is greater than the critical Z-value (i.e $Z_{cal} > Z_{critical}$), reject the null hypothesis and accept the alternative hypothesis accordingly.

Result

With Kolmogorov-Smirnon Z – values ranging from .252 < .361 and on Asymp. Significance of 0.000, the responses from the respondents as display in the table is normally distributed. This affirms that the assertion of the most of the respondents that local government revenue generation had positive significant effect on the care teams in medical areas in Enugu State

Decision

Furthermore, comparing the calculated Z- values ranging from .252 < .361 against the critical Z- value of .000 (2-tailed test at 97% level of confidence) the null hypothesis were rejected. Thus the alternative hypothesis was accepted which states that local government revenue generation had positive significant effect on the care teams in medical areas in Enugu State

4.2.3 Local government revenue generation has no positive significant effect on the medical monitory systems in Enugu State.

Table 4.2.3 Contingency table of cumulative responses of Research Question Two

	Local government revenue generation on the medical monitory system in Enugu State	SA	A	N	D	SD
1.	My local government install systems in our health centres to provide valuable insight into the conditions of the patients	143	30	6	8	286
2.	There is effective measuring equipment provided by local government.	10	158	5	16	284
3.	There is early detention of diseases with the monitory Systems in my communities	13	144	6	26	284
4.	The proper monitoring system in my communities reduces suffering and medical costs.	128	21	6	30	288
5.	The diagnosis and prompt treatment in the communities improves alternatives for the medical treatment of the patients in the communities.	83	265	10	69	46
	Total	**377**	**618**	**28**	**149**	**1188**

4.2.4 Local government revenue generation has no positive significant effect on the medical monitory system in Enugu State

Statement of hypothesis

H₁: Local government revenue generation have positive significant effect on the medical monitory system in Enugu State

Ho: Local government revenue generation does not have positive significant effect on the medical monitory system in Enugu State

One-Sample Kolmogorov-Smirnov Test

		My local government install systems in our health centres to provide valuable insight into the conditions of the patients	There is effective measuring equipment provided by local government	There is early detention of diseases with the monitory Systems in my communities.	The proper monitoring system in my communities reduces suffering and medical costs	The diagnosis and prompt treatment in the communities improves alternatives for the medical treatment of the patients in the communities.
N		473	473	473	473	473
Normal Parameters ^{a,b}	Mean	3.73	3.74	3.66	3.57	3.35
	Std. Deviation	1.216	1.250	1.310	1.214	1.452
Most Extreme Differences	Absolute	.325	.321	.265	.374	.304
	Positive	.149	.156	.154	.186	.155
	Negative	-.325	-.321	-.265	-.374	-.304
Test Statistic		.325	.321	.265	.374	.304
Asymp. Sig. (2-tailed)		.000^c	.000^c	.000^c	.000^c	.000^c

a. Test distribution is Normal.

b. Calculated from data.

c. Lilliefors Significance Correction.

Decision Rule

If the calculated Z-value is greater than the critical Z-value (i.e $Z_{cal} > Z_{critical}$), reject the null hypothesis and accept the alternative hypothesis accordingly.

Result

With Kolmogorov-Smirnon Z – values ranging from .265 < .374 and on Asymp. Significance of 0.000, the responses from the respondents as display in the table is normally distributed. This affirms that the assertion of

the most of the respondents that local government revenue generation had positive significant effect on the medical monitory system in Enugu State

Decision

Furthermore, comparing the calculated Z- values ranging from .297 < .362 against the critical Z- value of .000 (2-tailed test at 97% level of confidence) the null hypothesis were rejected. Thus the alternative hypothesis was accepted which states that local government revenue generation had positive significant effect on the medical monitory system in Enugu State

4.3 Discussion of Findings

In the result of hypothesis one, the calculated Z- values ranging from .252 < .361 against the critical Z- value of .000 which implies that local government revenue generation had positive significant effect on the care teams in medical areas in Enugu State, Menizibeya (2011) conducted a study on The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. In the support of the result, the study concluded that the Nigerian health care system is poorly developed and has suffered several backdrops, especially at the Local Government Levels. Rosen, DiazGranados, Dietz, Benishek, Thompson, Pronvost and Weaver (2018) conducted a study on Teamwork in Healthcare: Key Discoveries Enabling Safer, High-Quality Care. The result shows that health care delivery systems exemplify complex organizations operating under high stakes in dynamic policy and regulatory environments. The study concluded that the practical need for knowledge about teams has never been more salient, and the opportunities to contribute to the general science of teams are unparalleled. The health care system touches all of our lives, and the quality of the teamwork within that system impacts the experiences we have and the outcomes we see.

In the result of hypothesis two, the calculated Z- values ranging from .297 < .362 against the critical Z- value of .000 which implies that local government revenue generation had positive significant effect on the medical monitory system in Enugu State. In the opinion of Tayebeh, Sharareh, Niakan, Seyed, Somayyeh and Marjan (2018) examine on the Study of challenges to utilise mobile-based health care monitoring systems: A descriptive literature review. The revealed challenges were categorised into six main branches across a tree (with 55 nodes, four levels) including user-related, infrastructure, process, management, resource and training challenges. The finding shows that identifying the resolvable and preventable challenges, such as those related to training, design might play a crucial role in preventing loss of resources and in growing the success rate of a project, particularly if considered in national level projects. The Study concluded that technical issues, including hardware and software considerations, can also be problematic. Lack of developer knowledge about system requirements, sustainable financial support and proper infrastructure also might be important. Kayode and Adegbesan (2021) conducted a study on Health information system as correlate of monitoring and evaluation of primary health care services in Ife Central Local Government Area, Ileife, Osun State, Nigeria. The study shows that Health Information System has great impact on healthcare service delivery, the system captures, transmits and stores information related to patient care and the activities of the health institution. The study concluded that incorporates routine information system, disease surveillance system, laboratory information system, hospital patient administrative system which is used to process reports and create awareness in order to make policy action programmes effective for quality monitoring and evaluation activities.

5.1 Summary of Findings

The findings at the end of the study include the following:

i. Local government revenue generation had positive significant effect on the care teams in medical areas in Enugu State Z (95, n = 473) = .252 < .361, p < 0.03

ii. Local government revenue generation had positive significant effect on the medical monitory system in Enugu State Z (95, n = 473) = .297 < .362, p < 0.03

5.2 Conclusion

The study concluded that the ability of local governments to generate revenue had a negative effect on the provision of health centers, emergency medical services, and care teams, but a positive effect on the medical supply systems in Enugu State. The choice of healthcare facilities among individuals can vary based on personal and location-based factors. High-quality healthcare utilization leads to improved health outcomes in society. People seek healthcare services for diagnosis, treatment, improvement of medical conditions, or to learn about their health status. The quality, appropriateness, and cost of healthcare utilization can vary and can be provided at facilities or through the use of prescription drugs and medical products, which can be managed by local governments. Local governments play a crucial role in providing essential services to the community as they have a better understanding of local needs and conditions.

5.3 Recommendations

Based on the findings, the following recommendations are proffered:

➢ The government official with corrupt mentality history should not be giving chance to handle responsibilities rather; people with better integrity should be given the position to occupy government positions that are sensitive and could help achieve economic development objectives especially the provision of roads in the rural areas.

➢ Government should improve on the manpower by equipping and employing more hands on health workers to enhance the adequate coverage of the various areas and state and more effort should be in place towards tackling the health challenges facing the frontline LGAs.

References

Abdullahi, A.A. (2015), Local government autonomy and its effectiveness in Nigeria. *The Journal of African & Asian Local Government Studies.* https://www.researchgate.net/publication/318653002

Alhaji, K. & Faruna, S. F. (2019). Revenue Generation in Nigeria Local Governments: Issues, challenges and solutions. *International Journal of Innovative Social Sciences & Humanities Research*, 7(1);12-17.

Amir, B., Maha, E.H., Nmri, A., Frayh, A., Nasir, J., Mohamed, O.F., Assiri, A., Saadi, N., Sharikh, F. and Zamil, F. (2014). Health care professional development: Working as a team to improve patient care. *Sudan Journal of Paediatrich*, 14(2);9-16.

Ayodele, O. (2017), *The importance of local governments.* Retrieved from https://www.sunnewsonline.com/the-importance-of-local-governments/

Chinawa, J.M. and Awoere, T.C. (2015). Assessment of primary health care in a rural health centre in Enugu South east Nigeria. *Pakistan Journal of Medical Sciences*, 31(1);60–64.

Coleman, K and Reid, R. (2010). *Safety net medical home initiative. Continuous and team-based healing relationships: improving patient care through teams. Implementation guide.* 1st ed. Burton T, ed. Seattle, WA: MacColl Center for Health Care Innovation at the Group Health Institute and Qualis Health.

Constitution of the Federal Republic of Nigeria (1979). Retrieved from *http://www.constitutionnet.org/vl/item/constitution-federal-republic-nigeria-1979*

Constitution of the Federal Republic of Nigeria (1999). Retrieved from http://www.nigeria-law.org/ConstitutionOfTheFederalRepublicOfNigeria.htm

Egbas, J. (2019), *Pulse opinion: importance of local governance and why Nigerians need to be more involved.* Retrieved from https://www.pulse.ng/news/politics/importance-of-local-governance-and-why-nigerians-need-to-be-more-involved/h5hn9s0

Egurube, J.O. (1991). *The Evolution of Local Government in Nigeria: A Systematic Perspective" in Nzeibe C.G.O. (eds):* Current Issues in Public and Local Government Administration. Enugu. Fourth Dimension Pub.

Erunke, C. (2011), *Local government system in Nigeria.* Retrieved from https://www.researchgate.net/publication/233762507_local_government_system_in_nigeria

Gboyega, A. (1997). *Political Values and Local Government in Nigeria.* Lagos: Malthouse Press

Government of Enugu State (2007), *Policy Brief on Free maternal and Child Health Care Services in Enugu State.* Enugu, Ministry of Health.

Gunman, J. A. (1984), *Principle and Practice of Local government in Nigeria.* Benin City: S. M.O. Aka and Brother Press

HRSA (2020). *What is a health center*? Retrieved from https://bphc.hrsa.gov/about/what-is-a-health-center/index.html.

Ibeogu A. and Ulo F. (2015). Internally generated revenue in the Local Government System and sustainable community development in Nigeria: A Study of Abakaliki Local Government Area Ebonyi State, Impact: *International Journal of Research in Business Management,* 3(11);111-120.

Ikande, M. (2018), *Structure and functions of local government in Nigeria.* Retrieved from https://www.legit.ng/1130224-structure-functions-local-government-nigeria.html

Kayode, S. O. and Adegbesan, B. (2021). Health information system as correlate of monitoring and evaluation of primary health care services in Ife Central Local Government Area, Ileife, Osun State, Nigeria. *African Journal of Business and Economic Development*,1(1);1-10.

Menizibeya, O.W. (2011). The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. *Journal of Pharm Bioallied Science*,3(4);470–478.

National Population Commission (NPC), (2003), *Nigeria Demographic and Health Survey. Calverton, Maryland:* NPC and ORC Macro/USAID

Negar, M. and Seyed, M. B. (2014). Specification and verification of medical monitoring system using petri-nets. *Journal of Medical Sens*, 4(3);181-193.

NPC and ICF Macro (2009), *Nigeria Demographic and Health Survey 2008.* Abuja, Nigeria, National Population Commission and ICF Macro.

Nwatu, D.N. (1995), *Local Government in Nigeria: An Introduction.* Enugu: Agartha Service Pub Ltd.

Ogbeifun, I. E., Ajetunmobi, T. P., Moronkeji, T. A. and Adindu, G. C. (2019). Revenue generation and economic growth of Nigeria. *International Journal of Current Research*, 11(07);5786-5792.

Ola R. O. & Tonwe D.A (2005). *Local Administration and Local Government in Nigeria, Lagos:* Amfitop Nig. Ltd.

Olorungbemi, S. T. (2015). Revenue generation and local government administration in Nigeria (1999-2007): The Case of Ijumu Local Government Area of Kogi State. *International Journal of Business and Social Science*,6(10);1-23.

Olorungbemi, S.T. (2015), Revenue generation and local government administration in Nigeria (1999-2007): the case of Ijumu local government area of Kogi State. *International Journal of Business and Social Science,* 6(10): 137-15

Orewa, G. O. & Adewumi, J. B. (1992), *Local Government in Nigeria – The Changing Scene.* Benin City: Ethiope Publishing Corporation.

Otto C, Milenkovic A, Sanders C, Jovanov E. (2016). System architecture of a wireless body area sensor network for ubiquitous health monitoring. *Journal of Mob Multimed,* 1(3);1-10.

Pachmann, K; Camara, O; Kohlhase, A; Rabenstein, C; Kroll, T; Runnebaum, I. B. and Hoeffken, K. (2010). Assessing the efficacy of targeted therapy using circulating epithelial tumor cells (CETC): the example of SERM therapy monitoring as a unique tool to individualize therapy. *Journal of Cancer Research and Clinical Oncology*, 137(5); 821–828.

Ray, T. (2018), *What is the importance of the local government?* Retrieved from https://www.quora.com/What-is-the-importance-of-the-local-government

Rosen, M.A., DiazGranados, D., Dietz, A.S, Benishek, L.E., Thompson, D., Pronvost, P.J. and Weaver, S. (2018).Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *Am Psychol*, 73(4);433–450.

Tayebeh, B., Sharareh, R., Niakan, K., Seyed, M.A., Somayyeh, Z. and Marjan, P. (2018). Study of challenges to utilise mobile-based health care monitoring systems: A descriptive literature review. *Journal of Telemedicine and Telecare*, 24(10);1-9.

Ugwu. J. A. (2009). *Strategies for Local Government Management in Nigeria being unpublished M.Sc Thesis submitted to the Department of Political Science and Public Administration,* University of Benin.

Uzochukwu, B., Onwujekwe, O. and Nkoli, E. (2014). The district health system in Enugu State Nigeria: An analysis of policy development and implementation. *Journal of Health Economics*, 1(5);1-20.

WHO (2014). *Health systems strengthening glossary world.* Obtaianable from www.who.int/healthsystems/hss_glossary/en/index8.html.

Yunana, T. W; Yunana, Y.A. and Muhammad, D. A. (2019). Impact of internal revenue generation on the development of Local Government Areas In Kaduna State: (A Case Study of Chikum Local Government). *Dutse Journal of Economics and Development Studies (Dujeds)*, 1(1);1-4.