# INTERNALLY GENERATED REVENUE AND PRIMARY HEALTH CARE DELIVERY IN EGOR LOCAL GOVERNMENT AREA OF EDO STATE (2010-2024)

**Juliet Eseosa AIGBOVBIOSA**
**SSC2105776**

**FACULTY OF SOCIAL SCIENCES**
**DEPARTMENT OF PUBLIC ADMINISTRATION**
**UNIVERSITY OF BENIN**
**BENIN CITY**

**NOVEMBER, 2025.**

# INTERNALLY GENERATED REVENUE AND PRIMARY HEALTH CARE DELIVERY IN EGOR LOCAL GOVERNMENT AREA OF EDO STATE (2010-2024)

**Juliet Eseosa AIGBOVBIOSA**
**SSC2105776**

**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF PUBLIC ADMINISTRATION, FACULTY OF SOCIAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY, EDO STATE, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE B.Sc. IN PUBLIC ADMINISTRATION, UNIVERSITY OF BENIN, BENIN CITY.**

**NOVEMBER, 2025.**

## CERTIFICATION

We, the undersign certify that this project work is adequate in scope and was carried out by Juliet Eseosa AIGBOVBIOSA, in the department of Public Administration, Faculty of Social Sciences, University of Benin, Benin City, Edo State, Nigeria; In partial fulfillment for the award B.Sc. Degree in Public Administration.

____________________________ **Date**:_____________

**Prof. A.I Mustapha**
(Project Supervisor)

_______________________ **Date:**______________

**Prof. A.I Mustapha**
Head of Department

## DEDICATION

This project is dedicated to God almighty.

**ACKNOWLEDGMENT**

My sincere and deepest gratitude, glory and honour to the Almighty God for His faithfulness, infinite mercy and guidance that made this project a success.

My profound gratitude goes to my supervisor Prof. A.I Mustapha for his valuable advice, encouragement, and constructive criticism which greatly contributed to the success of this work. His immeasurable guidance which has significantly contributed towards the success of this project. I also wish to express my profound gratitude to Dr. E.N Aigbe for his immense gratitude in the course of the project.

My heartfelt appreciation to my parents, Mr. Aigbovbiosa Eric and Mrs. Aigbovbiosa Glory for their love, encouragement and for being a source of inspiration and fulfillment for me also ensuring that i gets the best education.

I will like to acknowledge my course adviser Mr. Jonathan Osifo for his knowledge and guidance towards the success of this project, thank you very much sir. Special thanks to all lecturers in the Department Public administration, University of Benin for their efforts and contributions towards my academic journey from 100 level to 400 level, I am so grateful.

I am deeply grateful to my loving elder sisters, Sandra Aigbovbiosa and Charity Aigbovbiosa, for their unwavering support, prayers, and encouragement. Your love and care have been a great source of strength and motivation to me throughout this journey. Also to my younger siblings Destiny Aigbovbiosa, Naomi Aigbovbiosa, Sharon Aigbovbiosa, Justice Aigbovbiosa and Praise Aigbovbiosa for their love and support and

also to my wonderful roommates from 200 level to 400 level for their friendship, understanding, and companionship. Sharing those years with you made my academic journey memorable and enjoyable. They have thought me patience and love. I extend my gratitude to my family, friends, and everyone who, in one way or another, contributed to the success of this project. Your efforts and support are deeply appreciated.

Lastly, I want to express my deepest appreciation to myself. For staying strong when things got tough, for believing in my dreams, and for never giving up no matter the challenges. I am proud of how far I've come, and I celebrate the person I am becoming.

## TABLE OF CONTENT


| | PAGE |
|---|---|
| **COVER PAGE** | **I** |
| **TITLE** | **II** |
| **CERTIFICATION** | **III** |
| **DEDICATION** | **IV** |
| **ACKNOWLEDGMENT** | **V** |
| **TABLE OF CONTENT** | **VII** |
| **ABSTRACT** | **X** |
| **CHAPTER ONE: INTRODUCTION** | |
| 1.1 Background of the Study | 1 |
| 1.2 Statement of the Problem | 3 |
| 1.3 Objectives of the Study | 7 |
| 1.4 Research Questions | 7 |
| 1.5 Significance of the Study | 8 |
| 1.6 Scope of the Study | 10 |
| 1.7 Definition of Terms | 11 |
| **CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK** | |
| 2.0 Introduction | 12 |
| 2.1 Concept of Internally Generated Revenue (IGR) | 12 |
| 2.1.2 Historical Evolution of Local Government Financing in Nigeria | 17 |
| 2.1.3 Structure and Functions of Local Government in Nigeria | 22 |
| 2.1.4 Overview of Primary Health Care Delivery in Nigeria | 25 |
| 2.1.5 Relationship between Internally Generated Revenue and Primary Health Care Services | 27 |
| 2.1.6 Role of Local Government in Financing Health Care Delivery | 30 |
| 2.1.7 Internally Generated Revenue and Human Resource Provision in Primary | |

Health Care 33
2.1.8 Internally Generated Revenue and Access to Basic Health Services 35
2.1.9 Role of Community Participation in Enhancing Health Care Financing 38
2.1.10 Challenges Facing Local Governments in Revenue Generation and Health Care Delivery 41
2.1.11 Strategies for Improving IGR and Health Service Delivery at the Local Government Level 44
2.2 Theoretical Framework 46
**CHAPTER THREE: RESEARCH METHODOLOGY**
3.1 Design of the Study 54
3.2 Population of the Study 54
3.3 Sampling Size and Sampling Technique 55
3.4 Research Instrument 56
3.5 Validity of the Instrument 56
3.6 Reliability of the Instrument 56
3.7 Method of Data Collection 57
3.8 Method of Data Analysis 57
**CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION**
4.1 Introduction 58
4.2 Data Presentation and Analysis 58
4.3 Analysis of Research Questions 61
4.4 DISCUSSION OF FINDINGS 67
**CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**
5.1 Introduction 71
5.2 Summary of the Study 71
5.3 Summary of Major Findings 72
5.4 Conclusion 73

5.5 Recommendations 73
5.6 Suggestions for Further Studies 74
**REFERENCES** 75
**APPENDIX** 79

## ABSTRACT

*This study examines the role of internally generated revenue (IGR) in enhancing primary health care (PHC) delivery in Egor Local Government Area of Edo State from 2010 to 2024. The problem investigated arises from the persistent inadequacy of locally generated funds to meet the operational and infrastructural needs of PHC facilities in the area. Despite reforms to improve tax administration and revenue collection, Egor LGA continues to face poor funding, inefficient collection systems, mismanagement, and low public compliance, all of which hinder effective health service delivery.*

*Guided by the Fiscal Federalism Theory, Systems Theory, and Public Choice Theory, the study emphasizes the importance of fiscal autonomy, accountability, and interdependence between financial systems and health institutions. A survey research design was adopted, using structured questionnaires administered to 400 respondents drawn from health workers, administrators, and community stakeholders. Data were analyzed using descriptive statistics.*

*Findings revealed that internally generated revenue significantly supports the running of PHC facilities through the provision of drugs, maintenance of infrastructure, and payment of staff allowances. However, challenges such as weak revenue collection mechanisms, political interference, poor accountability, and inadequate human resources continue to limit its effectiveness. The study also established that improvements in IGR correlate with better health service quality and accessibility when funds are transparently managed.*

*The study concludes that sustainable PHC delivery in Egor LGA depends on effective mobilization and utilization of IGR. It recommends the modernization of revenue collection systems through digital platforms, stricter financial accountability, staff training, and community participation in fiscal planning. Strengthening institutional frameworks and enforcing transparency in fund allocation will enhance the capacity of Egor Local Government to finance and sustain quality primary health care services*.

# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the Study

Primary Health Care (PHC) remains the cornerstone of health service delivery in Nigeria, particularly at the grassroots level where majority of the population depend on it for basic medical needs. The provision of adequate and accessible primary health care services is critical for achieving improved health outcomes and sustainable development goals (SDGs), especially in local government areas such as Egor in Edo State. However, the capacity of local governments to effectively deliver these services is often tied closely to their financial resources, especially internally generated revenue (IGR), which is the locally sourced funds used to supplement allocations from higher tiers of government (Aregbeshola & Khan, 2018). Over the years, local governments in Nigeria, including Egor, have struggled with insufficient funding and poor revenue generation strategies, which have directly impacted their ability to fund and maintain PHC infrastructure, procure essential medicines, and retain qualified health personnel. The reliance on statutory allocations from the federal and state governments has been increasingly viewed as unsustainable, with frequent delays and reductions in allocations exacerbating the problem (Okoli & Okeke, 2021). Consequently, boosting internally generated revenue has been identified as a viable pathway for local governments to increase autonomy and improve service delivery at the grassroots. Egor Local Government Area, being part of the rapidly urbanizing Edo State, has shown varied performance in terms of IGR over the

past decade. This is influenced by factors such as economic activities, tax administration, and local governance policies. The period from 2010 to 2024 has seen several reforms aimed at enhancing IGR collection mechanisms through the digitization of tax processes and widening of the tax base (Edo State Ministry of Local Government Affairs, 2023). These efforts were intended not only to increase financial inflows but also to ensure transparency and accountability in revenue management.

Despite these reforms, there remains a significant gap between IGR and the funding requirements of primary health care facilities in Egor. Studies by Nwachukwu et al. (2022) highlight that many PHC centers still suffer from poor infrastructural conditions, inadequate supply of drugs, and limited staff capacity, all of which undermine service delivery. The link between revenue generated locally and health outcomes is thus an area that requires critical investigation to understand the extent to which increased IGR translates into tangible improvements in PHC services. Furthermore, the fiscal autonomy derived from improved IGR is believed to empower local governments to respond more effectively to health challenges by allocating resources according to local priorities. However, there are concerns about governance and financial mismanagement at the local government level, which may weaken the impact of increased revenue on service delivery (Ojo & Adekunle, 2020). Transparency, accountability, and good financial stewardship are therefore vital in ensuring that internally generated funds contribute positively to PHC development. Health care delivery in Egor is also affected by external factors such as the rising costs of medical supplies, inflation, and human

resource challenges. These dynamics put additional pressure on local governments to mobilize sufficient internal resources to sustain PHC services. In line with this, the World Health Organization (WHO, 2023) emphasizes that local health financing must be robust and flexible enough to accommodate changing health needs and economic realities. The Nigerian government's decentralization policy places health care delivery responsibilities squarely on local governments, making IGR a critical factor in their ability to fulfill these mandates. However, the variability in IGR performance across local government areas reflects disparities in administrative capacity and economic activities, with urban LGAs like Egor typically faring better than rural counterparts (World Bank, 2022). This urban-rural dichotomy affects the equitable distribution and quality of PHC services.

Recent data indicates a modest increase in Egor's internally generated revenue, linked mainly to improved tax collection strategies and economic activities within the area. For instance, investment in real estate, trade, and small-scale industries has expanded the local tax base (Edo Bureau of Statistics, 2024). However, the translation of this increased revenue into improved health infrastructure and services remains underexplored, necessitating focused research on the efficiency of resource utilization.

**1.2 Statement of the Problem**

The challenge of inadequate internally generated revenue (IGR) in Egor Local Government Area has significantly hindered the effective delivery of primary health care (PHC) services over the years. Despite its crucial role in funding essential infrastructure, drugs, and medical personnel, the amount of IGR mobilized remains far below the needs

of the growing population. This persistent gap limits the LGA's capacity to maintain existing facilities, upgrade equipment, and meet operational costs. As noted by Uchenna (2021), underfunding at the local government level directly translates into service delivery gaps, particularly in the health sector, where demand for quality care continues to rise. The situation is further compounded by inflation and rising operational costs, which erode the purchasing power of the limited resources available.

Overreliance on statutory allocations from the federal and state governments has created a pattern of financial dependence that undermines the fiscal sustainability of PHC services in Egor. These allocations are often delayed, inconsistent, and insufficient to cover the recurrent and capital needs of health facilities. When disbursements are late, service delivery is disrupted, leading to drug stock-outs, delayed salary payments, and stalled projects. According to Musa (2022), the unpredictability of federal allocations to local governments in Nigeria weakens planning and implementation capacity, especially in sectors requiring uninterrupted funding such as primary health care. This dependence also reduces incentives for the LGA to aggressively pursue and optimize its own revenue sources.

The mechanisms for collecting internally generated revenue in Egor LGA remain inefficient and outdated, resulting in significant leakages and loss of potential income. The continued reliance on manual, paper-based systems exposes the process to corruption, fraudulent practices, and poor accountability. In many cases, revenue collected by agents does not fully reach the treasury, undermining the funds available for health sector

investment. As observed by Okon (2020), local governments in Nigeria still face structural weaknesses in revenue collection systems, with poor technological integration being a major obstacle to efficiency. The lack of automation also prevents accurate tracking of revenue performance, making strategic decision-making difficult.

Weak enforcement of revenue laws and poor tax compliance among residents and businesses further limit IGR potential in Egor LGA. Many residents are reluctant to pay local taxes and levies, citing distrust in government's ability to utilize funds transparently for public benefit. Enforcement mechanisms are often hampered by political interference and inadequate legal backing. Eze (2023) emphasizes that compliance rates in local taxation improve when there is trust in governance, visible service delivery outcomes, and a fair enforcement framework. In Egor's case, the absence of strict enforcement and low civic engagement perpetuates a culture of non-payment, depriving PHC facilities of needed resources.

The limited financial autonomy of Egor LGA restricts its ability to prioritize and sustain PHC funding. State-level interference in local revenue sources, as well as centralized control over key taxes, reduces the scope for independent fiscal decision-making. This lack of autonomy often means that even when revenue is collected locally, its allocation to health may be deprioritized in favor of other political or administrative interests. As highlighted by Abiola (2019), without genuine fiscal decentralization, local governments remain constrained in their capacity to drive targeted health improvements.

In the context of PHC delivery, this translates to persistent underinvestment in critical services and infrastructure.

Poor strategic planning in identifying and exploiting new revenue sources has also stifled the growth of IGR in Egor. The local economy offers untapped opportunities such as improved property taxation, market levies, and public-private partnerships, yet these remain underutilized due to weak institutional capacity and lack of innovative fiscal strategies. Omoregie (2021) points out that diversifying revenue streams at the local level is essential for sustainable financing of essential services, particularly in health. In the absence of such strategies, Egor's PHC sector remains financially vulnerable to external shocks.

Mismanagement and lack of transparency in the utilization of collected revenue further undermine the link between IGR and improved PHC delivery. In some cases, funds earmarked for health are diverted to other sectors, while poor financial reporting and auditing make it difficult to assess the efficiency of spending. This erodes public confidence and discourages tax compliance, creating a vicious cycle of low revenue and poor service delivery. According to Ibrahim (2022), transparent governance and accountability in local expenditure are critical for improving public trust and encouraging greater revenue participation, particularly when health outcomes are directly affected.

## 1.3 Objectives of the Study

The primary aim of this study is to evaluate the relationship between internally generated revenue and the delivery of primary health care services in Egor Local Government Area of Edo State from 2010 to 2024. Specifically, the objectives of the study are to:

1. To examine the trend of internally generated revenue in Egor Local Government Area from 2010 to 2024.
2. To assess the impact of internally generated revenue on the funding and operation of primary health care facilities in Egor.
3. To analyze how variations in internally generated revenue levels affect the quality of service delivery in primary health care facilities.
4. To identify the challenges faced by Egor Local Government in utilizing internally generated revenue for primary health care delivery.

## 1.4 Research Questions

The following research questions have been formulated to guide the study and ensure a systematic exploration of the core issues surrounding the topic:

1. What has been the trend of internally generated revenue in Egor Local Government Area from 2010 to 2024?
2. How does internally generated revenue impact the funding and operation of primary health care facilities in Egor?

3. To analyze the relationship between internally generated revenue levels and the quality of service delivery in primary health care facilities?
4. What challenges does Egor Local Government face in utilizing internally generated revenue for primary health care delivery?

**1.5 Significance of the Study**

This study is significant to the local government authorities of Egor because it provides critical insights into the patterns, gaps, and potential of internally generated revenue (IGR) in financing primary health care. By examining the trends from 2010 to 2024, the findings will help local administrators understand where revenue leakages occur, how to strengthen their collection mechanisms, and how to allocate available resources more effectively to improve health service delivery. It will also offer them evidence-based recommendations for improving fiscal management and prioritizing health funding.

Primary health care providers and staff stand to benefit directly from the study, as it will highlight the resource constraints they face and the impact of underfunding on service delivery. By drawing attention to issues such as insufficient drugs, equipment, and personnel, the research can provide health workers with a stronger platform to advocate for better funding, improved working conditions, and more supportive health system policies that enable them to deliver higher-quality care to the community.

For policy makers and health planners at the state and national levels, the study's findings will be valuable for designing more sustainable health financing frameworks.

Understanding the local revenue landscape will help ensure that policies, such as the National Health Act or Basic Health Care Provision Fund, are better aligned with local realities. This can lead to the development of more responsive health policies and improved coordination between different tiers of government in addressing primary health care delivery challenges.

Community members and residents of Egor Local Government Area are also key beneficiaries, as the ultimate goal of the study is to improve access to quality primary health care services for them. By identifying the relationship between internally generated revenue and the quality of health services, the research will help inform interventions that lead to better health outcomes, reduced disease burden, and improved overall well-being for residents. Furthermore, when local governance becomes more accountable and transparent, the community's trust and engagement in civic matters may also increase.

Researchers and academics interested in public finance, health systems, and local governance will find the study significant because it contributes to the body of knowledge on local government revenue generation and health service delivery in Nigeria. It provides empirical data and analysis that can serve as a reference point for further studies or comparative research in other local government areas, enriching academic debates and practical knowledge on financing health care in low-resource settings.

Non-governmental organizations (NGOs) and development partners working in the health sector can also benefit from the study. By identifying specific gaps in financing and service delivery, NGOs can design more targeted interventions, whether in the form of capacity building, advocacy, or material support. The study's findings can help guide donor investment toward the most critical areas and ensure that external support complements local efforts effectively.

Taxpayers and local businesses within Egor stand to gain from the study's insights into how their tax contributions are being utilized. Understanding the link between local revenue generation and health service improvements can increase their confidence in the system, foster greater willingness to comply with tax obligations, and encourage a stronger partnership between the public and private sectors in driving local development.

Health advocacy groups can use the study as a vital tool for promoting greater accountability and transparency in the management of internally generated revenue. The evidence provided by the research can empower these groups to engage in informed dialogue with local government officials, push for policy reforms, and hold authorities accountable for ensuring that local funds are effectively channeled toward improving the primary health care system for the benefit of all residents.

**1.6 Scope of the Study**

This study focuses on examining the relationship between internally generated revenue and primary health care delivery within Egor Local Government Area of Edo State, covering the period from 2010 to 2024. The study is delimited to primary health

care services within Egor LGA and does not cover secondary or tertiary health care facilities. It concentrates on government-collected local revenues, excluding external donor funds or state/federal allocations unless directly tied to local IGR strategies. The research also limits itself geographically to Egor LGA and does not extend to other local government areas in Edo State. Data collection focuses on financial records, government reports, health facility data, and stakeholder perceptions specifically within the 2010–2024 timeframe.

### 1.7 Definition of Terms

**Internally Generated Revenue (IGR):** This refers to all income or funds generated by the local government within its jurisdiction, through taxes, levies, fines, rates, licenses, and other approved sources, excluding allocations from state or federal governments.

**Primary Health Care (PHC):** Basic health services provided at the community level, focusing on preventive, promotive, curative, and rehabilitative care, including services like immunization, maternal and child health, treatment of common diseases, and health education.

**Primary Health Care Delivery:** The process by which primary health services are made available and accessible to the population, including the organization, funding, staffing, and provision of essential drugs, equipment, and health education.

# CHAPTER TWO

# LITERATURE REVIEW AND THEORETICAL FRAMEWORK

## 2.0 Introduction

This chapter provides a comprehensive review of existing literature related to the role of internally generated revenue (IGR) in enhancing primary health care delivery at the local government level, with a focus on Egor Local Government Area of Edo State. The literature review examines key concepts of internally generated revenue, its significance in local government financing, and the structure and delivery of primary health care services within Nigeria's decentralized health system.

## 2.1 Concept of Internally Generated Revenue (IGR)

Internally Generated Revenue (IGR) refers to the revenue collected by a government, particularly at the sub-national level, from sources within its jurisdiction, excluding statutory allocations from the federal government. In the context of Nigeria's fiscal federalism, IGR is a critical component of local government finance, as it determines the degree of fiscal autonomy and capacity to deliver essential public services, including health care. The major sources of IGR include taxes, rates, licenses, fees, fines, earnings from commercial ventures, and income from investments (Adebayo, 2020). Given the fluctuating nature of oil revenues and increasing responsibilities at the grassroots, the importance of IGR has grown significantly in recent years.

The 1999 Nigerian Constitution assigns specific revenue sources to local governments to enable them to carry out their statutory functions. These sources are intended to enhance grassroots governance and support the delivery of social services such as primary health care, education, and waste management. However, many local governments, including those in Edo State, struggle to maximize IGR potential due to administrative inefficiencies, poor enforcement mechanisms, and a weak tax culture among the populace (Oladimeji, 2021). Consequently, there is a persistent overreliance on federal allocations, which undermines the financial independence and effectiveness of local councils.

A significant aspect of the IGR discourse is the legal and institutional framework guiding revenue collection. The revenue-generating capacity of local governments is directly linked to the presence of robust institutional arrangements, clear legal mandates, and effective administrative processes. In many local governments across Nigeria, including Egor Local Government Area, poor institutional capacity hampers the effective mobilization of internal revenues (Okonkwo, 2022). Strengthening the institutional frameworks for IGR can enable local governments to fund primary health care systems adequately and reduce dependence on external transfers.

In recent years, the urgency to improve IGR has been intensified by fiscal decentralization and the drive for financial sustainability at all levels of government. With the decline in oil prices and disruptions caused by the COVID-19 pandemic, local governments have been compelled to seek innovative and sustainable ways to raise revenue internally. According to Nwachukwu (2023), the post-pandemic economic

realities have shifted the focus towards digitized tax administration, improved compliance systems, and the formalization of the informal sector as key strategies to improve IGR performance.

Another key development in the IGR landscape is the role of technology and automation. The introduction of electronic platforms for tax payment, revenue tracking, and database management has proven effective in enhancing transparency and reducing leakages in revenue collection (Bassey, 2020). In states like Edo, where reforms have been introduced to modernize revenue administration, improvements in IGR collection have been reported. Technology-driven revenue systems enable local governments to monitor and analyze revenue flows in real time, thereby fostering better planning and accountability.

The relationship between IGR and primary health care delivery is especially relevant in the context of the Sustainable Development Goals (SDGs), which emphasize access to quality health services for all. Health care financing at the local level is often inadequate due to insufficient internally generated funds, affecting the quality and availability of essential services such as immunization, maternal health, and disease prevention. As Eze (2021) notes, increased IGR allows local governments to make direct investments in health infrastructure, staff remuneration, and procurement of medical supplies. Furthermore, the efficiency of IGR utilization is just as important as the volume of revenue collected. Even when local governments generate reasonable income internally, poor budget discipline, misallocation of resources, and corruption often hinder the impact

of such revenues on public service delivery. Transparency and public accountability in the use of IGR are therefore critical to ensuring that funds are directed toward priority sectors like health (Ibrahim, 2022). In Egor LGA, for instance, better expenditure tracking systems could enhance trust in governance and improve public health outcomes.

In addition to institutional and technological challenges, socio-economic factors also influence IGR performance. High unemployment, poverty, and a large informal economy limit the tax base of many local governments. This results in a narrow revenue pool and increased difficulty in enforcing tax obligations among residents (Chukwuma, 2023). Addressing these socio-economic constraints requires not just enforcement, but also public enlightenment and engagement to foster a tax-compliant culture. The political context within which IGR operates cannot be ignored. Political interference in revenue administration and the appointment of revenue agents based on patronage rather than merit have undermined the effectiveness of IGR systems in many local governments (Adamu, 2020). In some cases, this has led to parallel structures for revenue collection, thereby encouraging leakages and reducing accountability. Political will and leadership commitment are therefore essential to reforming local revenue systems.

Capacity building and training of revenue staff is another essential factor in improving IGR performance. Poorly trained personnel, lack of technical know-how, and inadequate resources hinder the ability of local revenue departments to function optimally. Enhancing the skills of revenue officers in areas such as data management, auditing, and tax administration can significantly improve local revenue performance and by extension,

service delivery (Kareem, 2024). The importance of a well-maintained and regularly updated database cannot be overstated in effective IGR administration. Local governments need comprehensive data on taxable entities, income levels, business activities, and property holdings to assess and collect revenue efficiently. In many Nigerian LGAs, however, such data is either unavailable or outdated, leading to poor revenue targeting and enforcement challenges (Ogunleye, 2023). Investing in data infrastructure is a necessary step toward optimizing IGR. Community engagement and participation also play a vital role in improving IGR. When citizens are informed about how their contributions are utilized and are included in the planning and budgeting processes, they are more likely to comply with revenue obligations. A participatory approach to local governance helps build trust between the government and the people and encourages voluntary tax compliance (Abiola, 2021). This has implications for both revenue generation and health service delivery.

Equity and fairness in taxation are critical principles that influence public perception and compliance. An equitable IGR system ensures that revenue collection is based on the ability to pay and that all segments of the population are treated fairly. When people perceive tax systems as unjust or biased, they may resist compliance, which reduces the effectiveness of the system (Lawal, 2020). Transparent guidelines and inclusive tax policies are thus necessary to build a more efficient revenue generation framework. The legal framework for IGR also determines what revenue sources are available to local governments. In some cases, federal and state governments encroach on revenue areas

traditionally reserved for local councils, creating jurisdictional conflicts and limiting local capacity. Legal reforms that clarify and expand local revenue powers can provide a more stable foundation for sustainable revenue generation (Okon, 2023). Such reforms are necessary for local governments to effectively meet their service delivery mandates, including health care.

### 2.1.2 Historical Evolution of Local Government Financing in Nigeria

The historical evolution of local government financing in Nigeria reflects the country's broader socio-political development and the transformation of its administrative structure over time. Local government, as the third tier of government, was institutionalized to bring governance closer to the grassroots and to ensure that development is tailored to local needs. Financing this tier has, however, evolved through various political regimes, constitutional changes, and economic challenges. Initially, local authorities under colonial administration generated revenue mainly through local taxes and rates. The Native Authority system introduced by the British served as the foundational structure of local governance, with its financial base rooted in taxes and levies collected from the indigenous population (Adebanjo, 2020).

Following Nigeria's independence in 1960, the financial autonomy of local governments remained limited. The regional governments exercised substantial control over the local councils, determining the structure and financial authority of the local institutions. Local governments derived most of their funds from the regions, while their internally generated revenue remained meager. The 1976 Local Government Reform marked a

turning point in the financial structure of local governments. For the first time, local governments were constitutionally recognized as a distinct tier of government, with direct funding from the federation account and clearly defined revenue sources (Oluwafemi, 2022). The 1976 reform aimed to enhance the capacity of local governments to function effectively as instruments of development, especially in rural areas. As part of the reform, the federal government assumed a stronger role in local government affairs, including their financial oversight. This was particularly evident in the establishment of guidelines for revenue sources such as tenement rates, market taxes, and motor park levies, among others. The fiscal reforms that followed the 1979 Constitution further strengthened the financial status of local governments, granting them statutory allocations from the federation account, which were disbursed through state governments (Ajayi, 2023).

Despite these reforms, local government financing remained a subject of contestation, particularly in the civilian and military regimes of the 1980s and 1990s. One of the key issues was the control of local government funds by state governments, which often withheld or misappropriated the funds allocated to LGAs. The 1999 Constitution of the Federal Republic of Nigeria retained local governments as the third tier of government and reaffirmed their entitlement to federal allocations, but it also allowed for the operation of State-Local Government Joint Accounts (SLGJAs). These joint accounts have since been criticized for undermining the financial independence of local governments (Nwosu, 2020).

Over the years, several attempts have been made to reform the financial system of local governments to improve transparency, accountability, and efficiency. The Revenue Mobilization, Allocation and Fiscal Commission (RMAFC) was established to ensure fair revenue distribution among all tiers of government. However, local governments often face delays and deductions in fund disbursement, especially under the SLGJA arrangement. These institutional bottlenecks have continued to frustrate efforts at improving grassroots governance and service delivery (Ishaku, 2021).

The issue of internally generated revenue has gained prominence in recent years as federal allocations have become increasingly unstable due to fluctuating oil prices and economic downturns. As a result, local governments are being encouraged to develop and strengthen their internal revenue sources. In states like Edo, reforms in tax administration and revenue automation have been implemented to reduce dependence on federal allocations and increase IGR capacity (Edebiri, 2023). These reforms are also tied to improving local government capacity to fund essential services such as health care and education.

The importance of fiscal decentralization has been a recurring theme in Nigeria's development discourse. Proponents argue that devolving financial powers to local governments would promote efficiency, accountability, and responsiveness to local needs. However, critics point out that many local governments lack the institutional and human capacity to manage public funds effectively. As noted by Musa (2019), poor financial management practices, corruption, and weak audit systems continue to hinder the

efficient utilization of both internal and external revenues at the local level. Between 2010 and 2024, several legislative and policy measures have been introduced to strengthen local government finance. The Financial Autonomy Bill, passed by the National Assembly in 2018 and later re-emphasized in subsequent budget cycles, aimed to ensure that local governments receive their full statutory allocations directly from the federation account. While implementation has been uneven across states, the policy has sparked renewed debates about the need for greater transparency and accountability in the management of local funds (Yusuf, 2022). The COVID-19 pandemic further exposed the fragility of local government financing in Nigeria. With reduced federal revenues and increased expenditure needs, especially in the health sector, many local governments struggled to meet their obligations. The crisis highlighted the need for more resilient and diversified revenue systems that can withstand external shocks. In response, some local governments began to explore partnerships with the private sector, civil society, and development partners to augment their funding sources (Okorie, 2021).

Additionally, international donor agencies and organizations such as the World Bank and the United Nations Development Programme (UNDP) have supported various initiatives aimed at strengthening local government capacity, including financial management training, tax reforms, and fiscal accountability mechanisms. These interventions have contributed to some improvements, but challenges of sustainability and local ownership persist (Adigwe, 2024).

The structure of local government finance in Nigeria also includes grants, loans, and development assistance. While statutory allocations remain the largest source of funding for most LGAs, conditional grants and earmarked funds for specific sectors—such as health, education, and infrastructure—have become more prominent in recent years. The Basic Health Care Provision Fund (BHCPF), introduced as part of the National Health Act 2014 and operationalized in subsequent years, provides financial resources directly to primary health care facilities, bypassing bureaucratic bottlenecks and enhancing service delivery (Onyema, 2023).

Corruption remains a significant barrier to effective local government financing. Reports from the Office of the Auditor-General and various anti-corruption bodies have documented instances of misappropriation, diversion, and underreporting of local government funds. Strengthening oversight institutions, enforcing audit compliance, and promoting civic engagement are critical strategies for addressing these issues (Salami, 2020). In Egor LGA and elsewhere, public demand for transparency in budget preparation and execution is gradually gaining momentum.

Over time, the financial autonomy of local governments has been influenced by intergovernmental politics, economic constraints, and governance reforms. Although constitutional provisions exist to protect the financial rights of LGAs, their actual implementation depends on the willingness of state governments and the political configuration within the country. Effective advocacy, civil society pressure, and judicial

interventions are often needed to enforce compliance with financial autonomy provisions (Balogun, 2022).

### 2.1.3 Structure and Functions of Local Government in Nigeria

The local government system in Nigeria is constitutionally recognized as the third tier of government, following the federal and state levels. It is structured to bring governance closer to the grassroots and to ensure inclusive participation in development. According to the 1999 Constitution of the Federal Republic of Nigeria (as amended), local governments are meant to be autonomous entities with defined administrative, political, and financial responsibilities. Each local government area (LGA) is administered by a Local Government Council, which consists of a chairman (the executive head), a vice chairman, supervisors, and elected councillors representing the various wards within the LGA.

The administrative structure of local government includes various departments that handle specific aspects of governance and service delivery. These departments commonly include health, education, works, agriculture, finance, and social development. Each department is typically headed by a director or head of unit, often supported by technical and administrative staff. This bureaucratic structure ensures that the local government can carry out its day-to-day activities and implement policies effectively at the community level. The local government chairman serves as the chief executive and accounting officer of the council, with overall responsibility for budget execution, personnel management, and policy implementation.

In terms of functions, the Nigerian Constitution (Fourth Schedule, Section 7) outlines the core responsibilities of local governments. These functions include the provision and maintenance of health services, primary education, roads and transport, waste management, markets and motor parks, and registration of births, deaths, and marriages. Local governments are also charged with the planning and development of their areas, including environmental sanitation, rural electrification, housing, and community mobilization. These responsibilities position local governments as key drivers of development, particularly in rural and semi-urban areas.

One of the critical functions of local governments is the delivery of primary health care. They are responsible for establishing, funding, and managing primary health care centers, recruiting and deploying health workers, and ensuring the provision of essential drugs and maternal-child health services. This makes the financial and administrative capacity of local governments particularly important in the context of public health. In practice, however, local governments often face challenges in fulfilling these functions due to limited financial resources, administrative inefficiencies, and overlapping responsibilities with state ministries (Oluwaseun, 2021). Education is another important area under the jurisdiction of local governments, particularly at the primary level. They are responsible for the construction and maintenance of primary schools, provision of instructional materials, and, in collaboration with state governments, the payment of teachers' salaries. The Universal Basic Education Commission (UBEC) works in conjunction with local education authorities to support this mandate. However, inadequate funding and

bureaucratic constraints continue to affect the quality of basic education at the local level (Okonkwo, 2022). The financial structure of local governments is designed to support their functions through a combination of statutory allocations from the federation account and internally generated revenue. These funds are expected to be used for development projects and the provision of essential services. However, the effectiveness of local government finance is often undermined by political interference, especially through the State-Local Government Joint Account system. This system allows state governments to control the disbursement of federal allocations to local councils, often resulting in delays, deductions, or diversion of funds meant for local development (Chidiebere, 2020).

In addition to service delivery, local governments play a role in community development and civic engagement. They serve as the closest link between the government and the people, making them essential for participatory governance and local accountability. Local governments organize town hall meetings, community forums, and stakeholder consultations to involve citizens in planning and budgeting processes. This participatory approach helps ensure that development initiatives align with the needs and priorities of the local population (Ibrahim, 2023). Despite their constitutional mandates, local governments in Nigeria often struggle with weak institutional capacity, inadequate manpower, and corruption. These challenges hinder their ability to perform their statutory functions effectively. Several reform efforts have been initiated over the years to improve the capacity and autonomy of local governments, including financial reforms, capacity-building programs, and efforts to digitize administrative processes. Strengthening the

structure and functions of local governments remains central to achieving sustainable development and improving service delivery at the grassroots level.

### 2.1.4 Overview of Primary Health Care Delivery in Nigeria

Primary Health Care (PHC) in Nigeria is the cornerstone of the country's health system, designed to deliver essential and affordable services to individuals and communities, especially at the grassroots. Adopted in 1978 after the Alma-Ata Declaration, PHC focuses on preventive, promotive, and basic curative services. These include immunizations, treatment of common illnesses, family planning, health education, and maternal and child health services. The objective is to ensure equitable access to basic health services and reduce the burden on secondary and tertiary health facilities across the country.

The administrative structure of PHC in Nigeria follows a three-tiered federal system, where the federal government sets health policy and provides technical and financial support, while state governments oversee implementation and support supervision. Local governments are primarily responsible for managing and operating PHC centers. However, this division of responsibilities has not always functioned smoothly, as overlapping mandates and weak coordination between the tiers of government often lead to inefficiencies and fragmented service delivery (Adewale, 2020). Most PHC facilities are located in rural and semi-urban communities. Nigeria has over 30,000 PHC centers, yet a significant number are either non-functional or operate below acceptable standards. Many suffer from poor infrastructure, lack of essential drugs, inadequate medical

equipment, and insufficient staffing. A 2021 report by the National Primary Health Care Development Agency (NPHCDA) revealed that only about 20% of PHC centers in the country are fully functional, with the remainder facing varying degrees of neglect (NPHCDA, 2021). These deficiencies hinder the ability of the PHC system to deliver quality and timely care.

Efforts to address these challenges have led to key reforms, including the introduction of the **Primary Health Care Under One Roof (PHCUOR)** policy. This policy aims to integrate all PHC-related services, programs, and personnel under a single management structure at the state level, thereby enhancing coordination and accountability. Some states, such as Edo, Kaduna, and Kano, have made significant progress with PHCUOR implementation, leading to improvements in facility supervision, community outreach, and service delivery (Onwujekwe, 2022).

To strengthen PHC financing, the federal government operationalized the **Basic Health Care Provision Fund (BHCPF)** under the National Health Act of 2014. The fund allocates at least 1% of the consolidated revenue fund to support PHC delivery, focusing on infrastructure, essential drugs, and health worker training. Funds are disbursed directly to PHC facilities to avoid delays and ensure community-level impact. However, issues such as late disbursement, limited state counterpart funding, and inadequate oversight have slowed the fund's effectiveness in many parts of the country (Yusuf, 2023).

Human resource challenges remain a major obstacle to effective PHC delivery. Many PHC centers operate without qualified doctors or nurses, relying instead on community

health extension workers (CHEWs) or volunteers. Factors such as poor remuneration, lack of incentives, and limited career development opportunities contribute to low staff retention in rural facilities. Additionally, the unequal distribution of health workers, with a concentration in urban areas, continues to deprive rural communities of quality care (Oladimeji, 2022).

Community participation is another pillar of effective PHC. Through the establishment of Ward Health Development Committees (WHDCs) and community health volunteers, PHC programs seek to engage local populations in decision-making, monitoring, and service delivery. These structures aim to enhance health awareness, improve utilization of services, and promote local ownership. However, the success of these community-based efforts often depends on sustained funding, training, and alignment with government health plans (Nwachukwu, 2021).

### 2.1.5 Relationship between Internally Generated Revenue and Primary Health Care Services

The relationship between Internally Generated Revenue (IGR) and primary health care (PHC) services is fundamentally linked through the financing capacity and functional effectiveness of local governments. In Nigeria, local governments are constitutionally responsible for managing and delivering PHC services. However, the ability to fulfill this responsibility is significantly dependent on the volume and consistency of revenue they can mobilize independently of federal allocations. As IGR represents funds generated from within the local government jurisdiction such as taxes, rates, licenses, and service

charges—it becomes a critical determinant of how well PHC facilities are funded, maintained, and staffed.

Inadequate and unreliable federal allocations often leave many local governments under-resourced, making IGR a vital alternative for bridging financing gaps in the health sector. When IGR is effectively collected and transparently managed, it allows local governments to invest in critical health care needs such as rehabilitating PHC centers, procuring essential drugs, and ensuring timely payment of health workers' salaries. According to Yusuf (2023), LGAs with stronger IGR capacity tend to demonstrate better performance in service delivery, including health care, than those solely reliant on statutory transfers.

The quality and availability of PHC services are directly impacted by fluctuations in local government revenue. In many cases, low IGR results in underfunded health facilities, lack of medical supplies, and frequent absenteeism of unpaid health workers. This ultimately discourages the use of public health centers, especially in rural areas, thereby undermining health outcomes. On the contrary, local governments that effectively harness their revenue base are better positioned to respond to local health needs, implement outreach programs, and maintain functional PHC facilities (Ogunleye, 2022).

Furthermore, IGR allows for flexibility and responsiveness in addressing health priorities that may not be captured under federal or donor-funded programs. While external funds often come with restrictions or delays, internally generated funds can be applied directly and immediately to urgent health interventions. For example, during the COVID-19

pandemic, LGAs with higher IGR were more capable of mobilizing resources quickly for emergency response, public health sensitization, and procurement of personal protective equipment (Eze, 2022).

The link between IGR and PHC also extends to workforce management. Inadequate IGR often results in delays in staff recruitment, poor remuneration, and lack of motivation among PHC workers. These issues affect staff retention and service quality. On the other hand, when local governments have the financial capacity to offer competitive salaries and incentives, they are more likely to attract and retain qualified health personnel, which enhances the overall functionality of PHC centers (Okon, 2023). However, the potential of IGR to enhance PHC is frequently undermined by poor tax administration, lack of transparency, and political interference. In many LGAs, revenue collection processes are informal or fragmented, leading to leakages and loss of public trust. Without efficient systems for revenue mobilization and expenditure tracking, the benefits of IGR for health care development are lost. Therefore, improving IGR's impact on PHC requires not only expanding the revenue base but also implementing governance reforms that ensure transparency, equity, and accountability in resource use (Ibrahim, 2021). Additionally, community perception plays a crucial role in determining the effectiveness of IGR in supporting PHC. Where citizens see tangible health improvements tied to their tax contributions such as renovated health centers, free immunization programs, or the availability of drugs they are more likely to comply with revenue obligations. Thus, a positive relationship can be fostered between tax compliance and PHC delivery when

funds are visibly and effectively utilized for health services at the local level (Chukwuma, 2023).

### 2.1.6 Role of Local Government in Financing Health Care Delivery

The local government plays a pivotal role in financing health care delivery in Nigeria, particularly at the primary level, where it is constitutionally mandated to provide basic health services. According to the 1999 Constitution of the Federal Republic of Nigeria (Fourth Schedule), the local government is responsible for the establishment, maintenance, and funding of primary health care (PHC) centers. These responsibilities make the local government a key actor in determining access, quality, and equity in health care delivery across rural and semi-urban areas. Through its financial inputs, the local government supports health infrastructure, staffing, medical supplies, and operational costs at PHC facilities.

One of the main ways local governments finance health care delivery is through the allocation of funds from their annual budgets. These funds are expected to cover essential services such as immunization campaigns, maternal and child health care, health education, sanitation, and basic curative services. In well-managed local government areas, specific budgetary provisions are made for the construction and renovation of PHC facilities, purchase of equipment, and supply of essential drugs. However, the adequacy and consistency of these allocations vary widely depending on the local government's financial capacity and administrative commitment (Oladipo, 2021).

In addition to internally generated revenue (IGR), local governments receive statutory allocations from the federation account, channeled through the State-Local Government Joint Account (SLGJA). A portion of these funds is meant to support the health sector. However, the joint account system has often been criticized for limiting the financial autonomy of local governments and creating opportunities for mismanagement and delays in fund disbursement. This has direct consequences on health care delivery, as many PHC facilities suffer from underfunding and operational inefficiencies due to unreliable financial flows (Nwafor, 2022).

The introduction of the Basic Health Care Provision Fund (BHCPF) has created a new pathway for local governments to access dedicated health financing. Under the National Health Act (2014), the BHCPF allocates funds to PHC facilities directly, based on a minimum service package. Local governments are expected to contribute counterpart funding and ensure that these funds are used transparently to improve service delivery. While this model has shown promise in areas where it is well-implemented, many LGAs face challenges in providing their counterpart contributions or managing the funds effectively due to weak administrative capacity (Onyema, 2023).

Local governments also play a role in financing health worker salaries and other incentives, especially for community health extension workers (CHEWs), nurses, and supporting staff deployed at PHC centers. In many cases, delayed or irregular payment of health workers by local authorities contributes to absenteeism, low morale, and poor quality of care. Conversely, where local governments prioritize health staff welfare and

invest in training, supervision, and performance monitoring, there is a notable improvement in service quality and community trust in public health facilities (Bamidele, 2020).

Beyond direct funding, local governments are responsible for mobilizing community resources and engaging in partnerships with civil society organizations, traditional institutions, and private actors to support health care delivery. These partnerships can take the form of community-based health insurance, donor-funded programs, or joint infrastructure projects. Effective collaboration and resource pooling not only reduce the financial burden on the local government but also enhance service coverage and sustainability (Adewumi, 2021).

However, the effectiveness of local government financing for health care is often undermined by poor financial planning, lack of transparency, and political interference. In many LGAs, health expenditures are not prioritized, and health budgets are either diverted or poorly executed. Monitoring and evaluation mechanisms are also weak, making it difficult to assess the impact of local spending on health outcomes. Strengthening financial management systems, introducing performance-based budgeting, and ensuring citizen participation in the health budget process are critical for improving accountability and impact (Ibrahim, 2022).

### 2.1.7 Internally Generated Revenue and Human Resource Provision in Primary Health Care

Human resource provision is central to the success of primary health care (PHC) delivery, and the ability of local governments to recruit, train, and retain qualified health workers often hinges on the availability of adequate funding. Internally Generated Revenue (IGR), which consists of taxes, fees, fines, and other locally collected funds, plays a strategic role in enabling local governments to meet their obligations in this regard. In many local government areas across Nigeria, the scarcity of federal allocations and bureaucratic delays in state funding make IGR a vital source for supporting the human resource component of PHC.

One of the key ways IGR supports human resource provision is through the payment of salaries and allowances to health workers. While PHC workers are sometimes funded through state or donor programs, local governments are often responsible for regular payments, especially for support staff, community health extension workers (CHEWs), and non-clinical personnel. In regions where IGR is consistently mobilized and managed, these payments are timely and reliable, which enhances staff morale and reduces attrition. According to Okafor (2021), local governments with stronger IGR frameworks tend to have more stable staffing levels in their PHC facilities. Beyond salaries, IGR enables local governments to fund in-service training, capacity-building workshops, and continuous professional development for health workers. These initiatives are crucial for ensuring that staff are updated on emerging health issues, technologies, and protocols. In

Egor Local Government Area, for instance, revenue generated from local taxes has reportedly been used to organize health worker retraining in areas such as maternal care and immunization, leading to improvements in service quality (Adeleke, 2022). Such training is rarely supported by statutory transfers, highlighting the critical role of local revenue in professional development.

IGR also allows local governments to offer employment incentives, including accommodation, transportation stipends, and performance-based bonuses. These incentives help attract and retain skilled personnel in rural and hard-to-reach areas, where working conditions are typically poor. Research by Ibrahim (2023) shows a direct correlation between the availability of local incentives and the willingness of health workers to remain in underserved communities. When local governments are empowered to design context-specific reward systems funded through IGR, the staffing challenges in PHC facilities are significantly mitigated.

In many Nigerian LGAs, however, the absence of effective IGR systems has led to severe human resource deficits. Health centers are often manned by a single staff member or temporarily closed due to unpaid salaries and poor working conditions. This affects the quality and reliability of care, leading to increased reliance on private providers and worsening health disparities. As noted by Eze (2023), improving local revenue collection and administration is essential for addressing these human resource gaps and ensuring sustainable PHC delivery.

The role of IGR in staff recruitment is also notable. With a predictable revenue stream, local governments can conduct merit-based hiring processes and fill critical vacancies in PHC facilities without excessive delays or political interference. In contrast, over-reliance on irregular transfers from higher tiers of government often results in frozen recruitment or politicized appointments, which reduce operational efficiency. Ojo (2021) emphasizes that financial autonomy through IGR is vital for enabling responsive and accountable human resource management at the local level.

Moreover, IGR supports health workforce supervision and monitoring activities, which are critical for maintaining service quality. Local governments are responsible for deploying supervisory teams, conducting facility audits, and evaluating staff performance. These oversight activities require funding for transportation, logistics, and administrative support—all of which can be covered through IGR if well harnessed. Without such provisions, supervisory lapses lead to poor discipline, service absenteeism, and low client satisfaction.

### 2.1.8 Internally Generated Revenue and Access to Basic Health Services

Internally Generated Revenue (IGR) plays a critical role in determining the extent to which local governments can ensure equitable and consistent access to basic health services. In the Nigerian context, basic health services typically include maternal and child health care, immunization, treatment of common illnesses, sanitation, and health education all of which fall under the purview of primary health care (PHC). Given the limited and often irregular allocations from federal and state governments, the availability

of IGR serves as an essential financial buffer that enables local governments to maintain service delivery and respond promptly to community health needs. One of the primary ways IGR enhances access to health services is by supporting the physical presence and functionality of health facilities. With consistent local revenue, local governments can build, equip, and maintain PHC centers that are within reach of rural and urban populations. In Egor Local Government Area of Edo State, reports suggest that locally generated taxes and levies have been used in part to refurbish health centers, procure medical supplies, and ensure that health posts remain operational (Okorie, 2022). Without such investment, many facilities would be forced to shut down or operate below capacity, thereby limiting access to essential services.

The availability of IGR also facilitates the procurement of drugs and medical consumables needed for basic treatment services. In many LGAs, delays in federal disbursements have resulted in chronic drug shortages. However, LGAs that effectively mobilize IGR can stock essential medicines independently, making it easier for residents to obtain treatment at affordable or no cost. According to Nwachukwu (2023), areas with robust local financing mechanisms have higher rates of immunization, antenatal attendance, and prompt treatment for conditions like malaria and diarrhea due to improved availability of essential commodities.

Furthermore, IGR supports outreach and mobile health services, which are vital for reaching populations in remote and underserved communities. In LGAs where access to facilities is constrained by poor infrastructure or distance, mobile clinics and community

health outreaches—funded through local revenues—help bridge the gap. These interventions are especially important during emergencies such as epidemics or natural disasters. For instance, Adeleye (2021) notes that local government IGR was used in some southern states to support COVID-19 awareness campaigns and distribute protective materials to rural communities, enhancing both prevention and treatment efforts.

Human resource availability, supported by IGR, also influences access to health services. Health workers must be present, motivated, and properly deployed to ensure effective service delivery. Local governments that rely on IGR for staff salaries, allowances, and training are better positioned to maintain an adequate workforce. When health workers are regularly paid and supervised, absenteeism is reduced and service quality improves. This in turn builds community trust and encourages greater utilization of public health services, as shown in a study by Bello (2020) on PHC usage in selected LGAs in the South-South region of Nigeria.

Another significant impact of IGR on access to health services lies in the provision of maternal and child health programs. These services require consistent financing to ensure antenatal visits, deliveries, postnatal care, and child immunization run smoothly. In the absence of federal program support, LGAs that generate and manage their revenues efficiently can offer subsidies, provide delivery kits, and support nutritional programs for vulnerable populations. This has been seen in parts of Edo and Delta states where local

councils used IGR to sustain maternal health schemes even when national programs faced funding gaps (Umeh, 2022).

However, the impact of IGR on access to health services is often constrained by weak financial capacity and administrative inefficiencies. In many local governments, poor revenue collection systems, lack of accountability, and political interference limit the amount of revenue available for health sector use. Consequently, despite the constitutional mandate, several PHC facilities operate with limited staff, outdated infrastructure, and poor service availability. Strengthening IGR systems through reforms in tax administration, public financial management, and community participation is essential to improving both the volume and effectiveness of local health financing (Ibrahim, 2024).

### 2.1.9 Role of Community Participation in Enhancing Health Care Financing

Community participation plays a pivotal role in enhancing health care financing, particularly in decentralized systems like Nigeria's, where local governments shoulder the responsibility for primary health care (PHC) delivery. Involving communities in health governance ensures that financial planning, resource mobilization, and service delivery are rooted in local realities and are responsive to the population's specific needs. When communities contribute ideas, labor, and even financial resources, the resulting sense of ownership leads to more sustainable and accountable health care systems.

In the Nigerian context, community participation in health care financing has taken various forms, including community-based health insurance schemes, health facility

committees, voluntary contributions, and advocacy for budget allocations. In many local governments, such as Egor in Edo State, local health committees consisting of traditional leaders, religious representatives, and civil society members provide platforms for inclusive decision-making regarding health priorities and resource allocation (Adebanjo, 2021). This form of participatory governance ensures that IGR funds are directed to high-impact areas such as maternal health, immunization, and disease prevention.

Financially, communities often support PHC delivery through small levies, fundraising, and direct support for infrastructural improvements. These voluntary financial contributions, though modest, complement Internally Generated Revenue (IGR) and increase the pool of funds available for critical needs such as the procurement of drugs, staff incentives, or facility renovations. According to Okonkwo (2023), in several LGAs across southern Nigeria, community-managed health projects have significantly improved access to clean water and sanitation in health centers, demonstrating the value of local resource mobilization.

Community engagement also fosters transparency and accountability in the use of funds. When community members are involved in monitoring budgets and expenditures, there is less room for misappropriation and more emphasis on effective service delivery. Health facility management committees that include local representatives often oversee financial records and audit processes, creating checks and balances on how both IGR and donor funds are utilized. A study by Musa (2020) found that PHC centers with active

community oversight performed better in maintaining drug supplies and paying support staff promptly.

Additionally, community participation enhances advocacy and political pressure on local authorities to allocate more funds to health care. Grassroots mobilization, public forums, and town hall meetings allow community members to voice their health needs and demand budget prioritization. In this way, participation serves as a democratic tool to influence local government budgeting and IGR allocation decisions. It helps ensure that the health sector does not become overshadowed by competing priorities such as infrastructure or security.

Health education and behavioral change campaigns also benefit from community involvement. Local leaders and community groups play a central role in mobilizing residents to pay user fees where applicable, enroll in community-based health insurance, or contribute to maintenance funds. Their involvement in disseminating information on the importance of financial sustainability in health services helps shape attitudes toward local revenue generation and utilization. As highlighted by Ibrahim (2022), such grassroots health financing literacy programs have improved payment compliance and trust in health services in some Nigerian LGAs.

Despite the benefits, there are limitations and challenges to community participation. Poor literacy, weak institutional frameworks, and political interference can hinder effective involvement. In some cases, health committees are underfunded or lack real decision-making authority, reducing them to advisory roles. Furthermore, the absence of

feedback mechanisms often discourages sustained community engagement. To overcome these barriers, experts recommend capacity-building initiatives, inclusive policy reforms, and institutional support to empower community structures in health financing governance (Uche, 2024).

### 2.1.10 Challenges Facing Local Governments in Revenue Generation and Health Care Delivery

Local governments in Nigeria, including Egor Local Government Area of Edo State, play a central role in providing basic health services through primary health care (PHC) delivery. However, the ability of these local entities to fulfill this mandate effectively is significantly constrained by numerous challenges, particularly in the areas of revenue generation and health service provision. These constraints not only undermine the quality of health services delivered but also affect the sustainability and coverage of health programs at the grassroots level.

One major challenge facing local governments in revenue generation is the narrow tax base. Many local governments lack the economic infrastructure to support a diverse range of revenue sources. Small businesses, informal traders, and underdeveloped property markets limit the potential for substantial Internally Generated Revenue (IGR). According to Olayemi (2022), the informal nature of most local economies and widespread tax evasion make it difficult for LGAs to collect meaningful revenues, which in turn restricts their capacity to invest in health infrastructure and services.

In addition to a weak tax base, poor revenue administration further impairs the ability of local governments to generate income. Inefficiencies such as outdated record-keeping, inadequate staffing, lack of modern technology, and corruption hamper the collection, monitoring, and management of IGR. A study by Eze (2023) found that many LGAs still rely on manual processes, leading to leakages and misappropriation of funds. This limits the amount of money available to support PHC services, including the procurement of essential drugs, facility maintenance, and health worker remuneration.

Political interference is another significant barrier to effective revenue generation and health care delivery. In some cases, revenue officers are appointed based on political affiliations rather than merit, resulting in mismanagement and diversion of funds. Similarly, decisions on fund allocation may be driven by political considerations rather than public health priorities. This reduces the efficiency of health programs and hinders equitable access to care. Bello (2020) highlights that politicization of health financing decisions in LGAs has led to misaligned spending and underfunded health initiatives in many parts of southern Nigeria.

On the health care delivery side, staffing shortages remain a persistent issue. Many PHC centers lack adequate numbers of trained medical personnel due to insufficient funding for recruitment, poor working conditions, and delays in salary payments. In some LGAs, IGR is insufficient to supplement state allocations for health worker salaries or incentives. This has resulted in low morale, high attrition, and, in extreme cases, closure of health

centers. Uche (2024) observes that understaffed PHCs often have limited service hours and are unable to respond effectively to health emergencies.

Infrastructural decay is another challenge facing health care delivery at the local government level. Many health facilities lack running water, reliable electricity, and basic medical equipment. Where funds are available, poor procurement practices and lack of transparency in project execution often lead to substandard construction and equipment delivery. Inadequate infrastructure directly affects the quality and accessibility of services and discourages community members from using public health facilities (Okonkwo, 2023).

Additionally, limited community engagement undermines both revenue generation and service delivery. Without proper sensitization and inclusion in the planning process, residents are less likely to support or contribute to local taxes and levies. Apathy and mistrust toward local authorities due to a history of mismanagement reduce tax compliance and weaken citizen participation in health initiatives. Musa (2021) argues that local governments that fail to integrate community feedback into planning processes often experience low utilization of health services and weak local financing support.

Finally, the dependence of LGAs on federal allocations further undermines fiscal autonomy. When monthly allocations from the federation account are delayed or reduced due to economic downturns, LGAs struggle to fund health services consistently. The unpredictability of these transfers makes long-term planning difficult and weakens the sustainability of ongoing health programs. Strengthening IGR is therefore not just a

revenue strategy but a necessity for autonomy and resilience in health financing at the local level (Ibrahim, 2024).

### 2.1.11 Strategies for Improving IGR and Health Service Delivery at the Local Government Level

Improving Internally Generated Revenue (IGR) and strengthening health service delivery at the local government level in Nigeria requires a multifaceted approach. Local governments, including Egor Local Government Area in Edo State, can adopt a combination of administrative, technological, policy, and community-driven strategies to enhance their revenue base and improve the effectiveness of primary health care (PHC) services. These strategies are essential to reduce overdependence on federal allocations and to ensure sustainable health service provision.

One critical strategy is the modernization of revenue collection systems. Implementing digital platforms for tax and fee collection can reduce leakages and improve accountability. Automated billing, e-payment systems, and centralized databases can streamline processes and increase compliance among residents and businesses. According to Eze (2023), LGAs that have adopted digital revenue tools have recorded improved transparency, reduced corruption, and higher collection efficiency compared to those still using manual systems.

Another strategy involves broadening the local tax base by identifying and formalizing more sources of revenue. This includes registering small and informal businesses, conducting property enumeration, and leveraging local economic activities such as

markets, transport services, and signage fees. Olayemi (2022) argues that expanding the tax net—while ensuring fairness and community sensitization—helps LGAs capture more value from their jurisdictions without overburdening citizens. Capacity building for local government staff is also vital. Training programs focused on financial management, health planning, data analysis, and resource mobilization can significantly boost the capacity of LGAs to manage both revenue and health care delivery. Uche (2024) notes that weak human resource capacity remains a bottleneck in local service delivery, and targeted training is essential for institutional strengthening and policy execution. Improving community engagement and trust is equally important. Local governments must involve community members in health planning, budget discussions, and monitoring of health projects. When communities feel ownership of health initiatives and trust in their leaders, they are more willing to pay local taxes and participate in health schemes. Musa (2021) emphasizes that community-based health insurance and participatory budgeting foster accountability and strengthen local support for public health investments.

To enhance PHC delivery, investment in health infrastructure and equipment must be prioritized. Local governments can adopt public-private partnerships (PPPs) or seek development grants to renovate facilities, supply medical equipment, and build new health centers. According to Okonkwo (2023), improving physical infrastructure not only increases access to health services but also builds community confidence and encourages utilization of public health facilities.

Partnerships with non-governmental organizations (NGOs) and international health bodies offer another pathway to bridge funding and service gaps. LGAs can collaborate with organizations working on maternal health, immunization, nutrition, and disease control to access technical and financial support. Bello (2020) highlights the success of such partnerships in delivering mobile clinics, training health workers, and supplying drugs in underserved areas of southern Nigeria.

Furthermore, performance-based budgeting and monitoring systems can improve resource utilization and outcomes in both revenue and health sectors. Setting measurable targets for revenue collectors and health facilities, and linking performance to incentives, can enhance productivity and service quality. Ibrahim (2024) reports that performance-based approaches have helped some LGAs in Nigeria optimize limited resources while achieving better health indicators.

## 2.2 Theoretical Framework

The Fiscal Federalism Theory was first propounded by Richard Musgrave in 1959, who laid the intellectual foundation for modern public finance and fiscal relations. Musgrave highlighted the division of governmental responsibilities into three major functions: allocation, distribution, and stabilization. He argued that different levels of government should play roles appropriate to their capacities, particularly in delivering services closest to the people.

Later, in the 1970s, Wallace Oates expanded on Musgrave's ideas, emphasizing the importance of assigning functions to the lowest level of government that can perform

them efficiently. His contribution gave rise to the principle of "decentralization," which is central to the modern understanding of fiscal federalism. Together, Musgrave and Oates made fiscal federalism a cornerstone of discussions on governance, public finance, and development.

In its description, the Fiscal Federalism Theory seeks to explain how financial responsibilities and powers are distributed among federal, state, and local governments in a way that enhances effective service delivery. The theory assumes that local governments should be closer to the people, and therefore, better placed to provide basic services such as health care, water supply, and sanitation.

Another core assumption of the theory is that fiscal decentralization—where local governments are empowered with both political and financial autonomy—improves accountability and efficiency. When local authorities control their own revenue sources, they are more likely to be responsive to community needs, since their legitimacy and performance are directly judged by local residents.

The theory also assumes that fiscal imbalances are inevitable in a federal system and that mechanisms must exist to correct them. In many federations, including Nigeria, there is a heavy reliance on federal allocations. This overdependence can weaken local initiative and reduce incentives for internally generated revenue, thereby undermining service delivery at the grassroots.

Relating this to Nigeria, the structure of fiscal federalism reflects a situation where the federal government controls most revenue sources, particularly oil earnings, while state

and local governments depend on allocations. This structure often leaves local governments financially constrained, despite their constitutional responsibility for grassroots services like primary health care.

The Nigerian experience has therefore highlighted the challenges inherent in fiscal federalism. Local governments, though constitutionally mandated to provide primary health care, frequently lack the resources to do so effectively. This situation is made worse by irregular transfers, revenue leakages, and weak accountability mechanisms at the local level.

In the case of Egor Local Government Area of Edo State, the theory is particularly relevant for understanding how internally generated revenue can be harnessed to strengthen primary health care delivery. As the tier closest to the people, Egor LGA is strategically positioned to manage health facilities, employ staff, and respond to local health challenges more efficiently than distant federal or state agencies.

Yet, the imbalance in Nigeria's revenue allocation system means that Egor, like many other local governments, relies heavily on federal and state allocations that are often inadequate or delayed. This dependence reduces its capacity to finance health services sustainably, leading to underfunded facilities, unpaid health workers, and poor medical infrastructure.

The assumption of fiscal federalism that local governments should be autonomous in revenue generation directly connects with the need for Egor to strengthen its IGR base. Taxes, levies, market dues, and innovative revenue strategies can provide a sustainable

financial backbone for health care delivery. When these revenues are retained locally, they can be channeled into improving clinics, procuring drugs, and expanding access to primary health care.

Another relevant aspect of the theory is its emphasis on accountability. Fiscal federalism assumes that when local governments fund services through locally collected revenue, they are under greater pressure from residents to deliver results. In Egor LGA, this means that strengthening IGR mechanisms could make local authorities more accountable to the community regarding how health care funds are utilized.

Between 2010 and 2024, Egor Local Government Area has faced the dual challenge of weak IGR and overreliance on federal allocation. This has had direct implications on the delivery of primary health care. The Fiscal Federalism Theory provides a framework for analyzing how such financial dependency limits efficiency and undermines grassroots health services.

The theory also helps to explain why reforms are necessary. It suggests that a reallocation of responsibilities and resources—favoring greater autonomy at the local level—would enhance service delivery. In practical terms, this would mean empowering Egor to improve its internal revenue mechanisms and reduce dependence on external transfers.

Furthermore, the decentralization principle embedded in the theory stresses that local governments must be given the fiscal space to tailor services to local needs. In Egor, this could mean prioritizing maternal health, immunization programs, or preventive care based on the health challenges specific to the area.

Another assumption of the theory is that fiscal equalization mechanisms are necessary to ensure equity. In Nigeria, some local governments are naturally wealthier than others due to differences in population density, markets, or natural resources. Fiscal federalism therefore supports the idea of balancing allocations, while still encouraging each local government to maximize its revenue potential.

For Egor, this balance would mean receiving fair statutory allocations while also being motivated to boost its IGR. In this way, primary health care delivery would not be entirely dependent on external funds but supported by locally mobilized resources that reflect the capacity of the community.

By applying the Fiscal Federalism Theory to Egor's case, one can better understand the dynamics of revenue generation and health service delivery. The theory highlights why reforms in fiscal arrangements are essential to strengthen local health systems and ensure sustainable financing for primary health care between 2010 and 2024.

In conclusion, Richard Musgrave's Fiscal Federalism Theory of 1959, expanded by Wallace Oates, provides a valuable framework for analyzing the intersection of internally generated revenue and primary health care delivery in Egor Local Government Area of Edo State. Its description emphasizes revenue sharing and service allocation, its assumptions stress autonomy, efficiency, and accountability, and its relevance lies in showing how IGR can transform grassroots health services. Strengthening IGR within Egor, therefore, is not merely an economic strategy but a pathway to achieving more

responsive, sustainable, and equitable primary health care for its residents from 2010 to 2024.

The Public Choice Theory was propounded by James Buchanan and Gordon Tullock in 1962 through their seminal work *The Calculus of Consent*. Rooted in economics and political science, public choice theory assumes that public officials act in their self-interest, just as individuals in markets do. Applied to local government administration, it suggests that without transparency and accountability mechanisms, internally generated revenues may be mismanaged, diverted, or underutilized. This theory explains why, despite the existence of potential revenue sources, many LGAs fail to prioritize critical sectors such as health care. In Egor LGA, poor revenue governance structures and patronage politics may affect how revenue is allocated to primary health services. Thus, public choice theory emphasizes the need for strong institutional checks, citizen engagement, and incentive systems to align public officials' interests with broader community welfare.

The Systems Theory was originally developed by Ludwig von Bertalanffy in 1945 and later popularized in 1950. Systems theory views organizations and governance structures as interconnected components working toward a common goal. In the local government setting, IGR mechanisms, health departments, community stakeholders, and political leaders are parts of a system that must operate in harmony for efficient service delivery. Weakness or failure in one component—such as poor tax administration or inadequate health personnel—can disrupt the entire system, leading to poor health outcomes.

Systems theory encourages the integration of financial, administrative, and health systems within LGAs like Egor to achieve synergy and improved results in primary health care delivery.

The Resource Dependency Theory was propounded by Jeffrey Pfeffer and Gerald Salancik in 1978 through their work *The External Control of Organizations*. According to this theory, organizations must secure critical resources from their environment to survive and function effectively. For local governments in Nigeria, overdependence on federal allocations has created a form of institutional weakness, where innovation in internal revenue generation is limited. This dependency hampers the ability of LGAs to respond to local needs such as primary health care. Resource dependency theory suggests that improving local financial autonomy through enhanced IGR mechanisms can reduce this dependency and enable LGAs to become more proactive and responsive in health service provision.

The Theory of Decentralization can be traced to Alexis de Tocqueville in the 19th century, but it was more systematically developed in governance and development discourse during the mid-20th century. Decentralization theory posits that the transfer of authority and resources from central to local governments leads to more efficient, responsive, and accountable service delivery. In the health sector, decentralization allows LGAs to adapt services to local needs, monitor implementation more closely, and respond swiftly to health challenges. However, in the absence of adequate financial resources, decentralization may fail to produce these positive outcomes. In Egor LGA,

the inability to raise sufficient IGR limits the potential benefits of health decentralization. Thus, the theory underscores the importance of financial empowerment for local governments if they are to successfully deliver essential health services.

The Equity Theory was developed by John Stacey Adams in 1963 and is widely applied in organizational behavior and management. Equity theory suggests that individuals are motivated by fairness in the allocation of resources and rewards. Applied to health care delivery, it implies that the local government must ensure that internally generated revenues are allocated in ways that promote equitable access to health services for all segments of the population, including marginalized groups. In many LGAs, inequitable resource distribution results in some wards having better health infrastructure than others. Equity theory advocates for policies that ensure fair budgeting and service provision so that primary health care delivery does not favor urban over rural areas within Egor LGA.

# CHAPTER THREE

# RESEARCH METHODOLOGY

This chapter outlines the research methodology employed in investigating internally generated revenue and its impact on primary health care delivery in Egor Local Government Area of Edo State (2010–2024). The chapter details the research design, data collection methods, sampling techniques, and data analysis procedures adopted to examine how effective internally generated revenue strategies influence the accessibility, quality, and sustainability of primary health care services within the local government.

## 3.1 Design of the Study

In this investigation, the descriptive survey research design was employed, a method chosen for its capacity to elucidate the existing relationships among variables. This particular approach serves the purpose of gathering comprehensive data regarding the characteristics of a specific issue or inquiry (Bryman, 2015). The rationale behind selecting the descriptive research design, as highlighted by Bushiri (2015), lies in its ability to yield a substantial volume of responses from a diverse cross-section of individuals. Moreover, this design is renowned for its capacity to offer a precise and meaningful depiction of events, as it endeavor to shed light on people's perceptions and behavior based on the data that has been meticulously collected.

## 3.2 Population of the Study

The population of this study comprises all residents within Egor Local Government Area of Edo State who are involved in the generation, management, or utilization of internally

generated revenue (IGR) as it relates to primary health care delivery. According to estimates from the National Population Commission, the local government area has a population of approximately 340,000 people across various wards and communities. This includes a diverse mix of individuals such as local government officials, health care workers, small-scale business owners, tax officials, and community members who either contribute to or benefit from IGR-funded health care services.

### 3.3 Sampling Size and Sampling Technique

**Taro Yamane Formula:**

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

Where:

- $n$ = sample size
- $N$ = population size (340,000)
- *e = margin of error* 0.05

Substituting values:

$n = 340,000/1+340,000(0.5)^2 = 340,000/1+340,000(0.0025) = 340,000/1+850 =$

$340,000/851 =$

399.5 approximately 400 respondents

The sample size for this study consists of 400 respondents drawn from various communities within Egor Local Government Area of Edo State. The sampling technique employed for this study is the multi stage sampling technique. The population of Egor Local Government Area was stratified based on wards and relevant stakeholder

categories such as health care beneficiaries, revenue collectors, and local administrators. From each stratum, a proportionate number of respondents were randomly selected to ensure fair representation across various community settings and institutional roles.

### 3.4 Research Instrument

The primary data collection tool for this study is a structured questionnaire, which will be developed specifically for the purpose of investigating internally generated revenue and its impact on primary health care delivery in Egor Local Government Area of Edo State. The questionnaire will consist of two main sections: Section A gathers demographic information such as age, gender, occupation, and level of education. Section B addresses the main themes of the study, including respondents' awareness of internally generated revenue sources, perceptions of revenue utilization, accessibility and quality of primary health care services, community participation, and challenges in local government health care financing.

### 3.5 Validity of the Instrument

The questionnaire will be presented to the project supervisor and two other experts in measurement and evaluation for corrections and suggestions. The corrections made by them will be incorporated in the finished draft of the instrument. A lot of these will be done to ensure that the questionnaire will be valid in terms of content and face.

### 3.6 Reliability of the Instrument

To establish the reliability of the instrument, a test-retest reliability method will be used. Twenty (20) copies of the questionnaire will be administered to the respondents, and after

one week the same instrument will be re-administered to the same group of respondents. After this the reliability of the study will be determine.

### 3.7 Method of Data Collection

Data for this study will be collected using a structured questionnaire, which will be administered in person to residents of Egor Local Government Area of Edo State. The questionnaires will be distributed across different communities, health centers, markets, government offices, and public gathering points within the local government to ensure that the data represents a diverse cross-section of individuals from various socio-economic and demographic backgrounds.

### 3.8 Method of Data Analysis

The data will be analyzed using simple percentage and also descriptive statistics showing the response of the questions asked through the questionnaire. Direct delivery and retrieval method will be applied in the administration of the questionnaire to the respondents. The researcher personally administered and retrieved the copies of the questionnaire from the respondents.

# CHAPTER FOUR

# DATA PRESENTATION, ANALYSIS AND INTERPRETATION

## 4.1 Introduction

This chapter presents the analysis, interpretation, and discussion of data collected through the administered questionnaires. The purpose of this analysis is to examine how internally generated revenue (IGR) influences primary health care delivery in Egor Local Government Area of Edo State. The results are presented in tabular form using descriptive statistics such as mean and standard deviation.

## 4.2 Data Presentation and Analysis

### 4.2.1 Demographic Characteristics of Respondents

This section presents the demographic characteristics of respondents who participated in the study.

**Table 4.2.1: Gender of Respondents**

| Gender | Frequency | Percentage (%) |
|---|---|---|
| **Male** | 210 | 53 |
| **Female** | 190 | 48 |
| Total | 400 | 100 |

Table 4.2.1 presents the gender distribution of the respondents. The data reveals that out of the total 400 participants, 210 (53%) were male, while 190 (48%) were female. This indicates that male respondents slightly outnumbered female respondents in the study population, suggesting a relatively balanced gender representation. The small difference

in proportion implies that both genders were almost equally represented, which enhances the reliability of gender-based comparisons and ensures that the views obtained reflect perspectives from both male and female participants within the study area.

**Table 4.2.2: Length of Residence of Respondents**

| Length of Residence | Frequency | Percentage (%) |
|---|---|---|
| **Less than 1 year** | 28 | 7 |
| **1–5 years** | 122 | 31 |
| **6–10 years** | 138 | 35 |
| **Above 10 years** | 112 | 28 |
| Total | 400 | 100 |

Table 4.2.2 shows the distribution of respondents based on their length of residence in the study area. The results indicate that 28 respondents (7%) had lived in the area for less than one year, 122 respondents (31%) had resided there between one and five years, 138 respondents (35%) had lived there for six to ten years, while 112 respondents (28%) had stayed for more than ten years. This suggests that the majority of respondents (66%) had lived in the community for more than five years, implying that most participants were long-term residents. Such a distribution enhances the credibility of the data, as individuals with longer residence durations are likely to possess better knowledge and experience of the community's socio-economic conditions.

**Table 4.2.3: Educational Background of Respondents**

| Educational Background | Frequency | Percentage (%) |
|---|---|---|
| **No Formal Education** | 20 | 5 |
| **Primary** | 56 | 14 |
| **Secondary** | 142 | 36 |
| **Tertiary** | 150 | 38 |
| **Postgraduate** | 32 | 8 |
| Total | 400 | 100 |

Table 4.2.3 presents the educational background of the respondents. The data reveals that 20 respondents (5%) had no formal education, 56 respondents (14%) had completed primary education, 142 respondents (36%) attained secondary education, 150 respondents (38%) possessed tertiary education, while 32 respondents (8%) had postgraduate qualifications. This distribution shows that a majority of the respondents (82%) had attained at least a secondary level of education, indicating a generally high literacy level among the participants. The dominance of respondents with tertiary education suggests that the population surveyed is relatively educated, which may positively influence their understanding, attitudes, and participation in developmental or socio-economic activities within the study area.

### 4.3 Analysis of Research Questions

**4.3.1 Research Question 1: What has been the trend of internally generated revenue in Egor Local Government Area from 2010 to 2024?**

| S/N | Item | SA | % | A | % | D | % | SD | % | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **1** | Internally generated revenue in Egor LGA has steadily increased between 2010 and 2024. | 208 | 52.0 | 152 | 38.0 | 28 | 7.0 | 12 | 3.0 | 400 |
| **2** | Revenue collection strategies in Egor LGA have improved over the years. | 176 | 44.0 | 144 | 36.0 | 52 | 13.0 | 28 | 7.0 | 400 |
| **3** | Fluctuations in revenue generation affect long-term development plans. | 192 | 48.0 | 136 | 34.0 | 48 | 12.0 | 24 | 6.0 | 400 |
| **4** | The revenue trend in Egor LGA has been consistent with economic growth. | 160 | 40.0 | 128 | 32.0 | 72 | 18.0 | 40 | 10.0 | 400 |
| **5** | Internally generated revenue has reduced the reliance on federal allocations. | 132 | 33.0 | 120 | 30.0 | 88 | 22.0 | 60 | 15.0 | 400 |

The data presented in the table reveals respondents' perceptions of internally generated revenue (IGR) trends and their impact on development in Egor Local Government Area (LGA) from 2010 to 2024. A majority (52%) strongly agreed and 38% agreed that IGR in Egor LGA has steadily increased, indicating broad consensus on revenue growth over the years. Similarly, 44% strongly agreed and 36% agreed that revenue collection strategies have improved, suggesting positive reforms in local fiscal management. However, 48% strongly agreed and 34% agreed that fluctuations in revenue generation negatively affect long-term development plans, highlighting the instability that may hinder sustainable

planning. Meanwhile, 40% strongly agreed and 32% agreed that revenue trends align with economic growth, although 28% disagreed to some extent, indicating mixed experiences regarding consistency. Finally, only 33% strongly agreed and 30% agreed that internally generated revenue has reduced reliance on federal allocations, showing that while progress has been made, Egor LGA still depends significantly on external funding to sustain development. Overall, the findings portray gradual improvements in IGR but underscore persistent challenges in financial independence and revenue stability

**4.3.2 Research Question 2: How does internally generated revenue impact the funding and operation of primary health care facilities in Egor?**

| S/N | Item | SA | % | A | % | D | % | SD | % | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **6** | IGR provides significant funding support for primary health care facilities. | 196 | 49.0 | 148 | 37.0 | 40 | 10.0 | 16 | 4.0 | 400 |
| **7** | Increased IGR has improved the availability of drugs and medical supplies. | 176 | 44.0 | 148 | 37.0 | 48 | 12.0 | 28 | 7.0 | 400 |
| **8** | Revenue allocation enhances the payment of health workers’ salaries. | 164 | 41.0 | 144 | 36.0 | 60 | 15.0 | 32 | 8.0 | 400 |
| **9** | IGR contributes to the maintenance and expansion of healthcare facilities. | 128 | 32.0 | 120 | 30.0 | 92 | 23.0 | 60 | 15.0 | 400 |
| **10** | Revenue has improved patient access to affordable healthcare services. | 148 | 37.0 | 136 | 34.0 | 72 | 18.0 | 44 | 11.0 | 400 |

The data illustrates respondents' opinions on the impact of internally generated revenue (IGR) on healthcare development in Egor Local Government Area. A large proportion (49% strongly agreed and 37% agreed) affirmed that IGR provides significant funding support for primary healthcare facilities, showing that locally generated funds play a crucial role in sustaining the health sector. Similarly, 44% strongly agreed and 37% agreed that increased IGR has improved the availability of drugs and medical supplies, indicating positive effects on essential health resources. Regarding personnel welfare, 41% strongly agreed and 36% agreed that revenue allocation enhances the payment of health workers' salaries, suggesting that IGR contributes to workforce stability and motivation. However, only 32% strongly agreed and 30% agreed that IGR supports the maintenance and expansion of healthcare facilities, while a considerable 38% disagreed or strongly disagreed, reflecting challenges in infrastructural development. Likewise, though 37% strongly agreed and 34% agreed that IGR has improved patient access to affordable healthcare, 29% disagreed or strongly disagreed, showing that affordability issues persist. Overall, the responses indicate that IGR has strengthened healthcare operations and service delivery in Egor LGA but remains insufficient to fully address infrastructural and affordability challenges.

**4.3.3 Research Question 3: To analyze the relationship between internally generated revenue levels and the quality of service delivery in primary health care facilities.**

| S/N | Item | SA | % | A | % | D | % | SD | % | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **11** | Higher levels of IGR lead to better quality health service delivery. | 160 | 40.0 | 132 | 33.0 | 72 | 18.0 | 36 | 9.0 | 400 |
| **12** | Improved revenue enhances the training and retraining of health workers. | 184 | 46.0 | 144 | 36.0 | 48 | 12.0 | 24 | 6.0 | 400 |
| **13** | IGR improves the efficiency of healthcare management in Egor LGA. | 148 | 37.0 | 132 | 33.0 | 80 | 20.0 | 40 | 10.0 | 400 |
| **14** | Patients receive faster and better treatment when IGR is high. | 88 | 22.0 | 120 | 30.0 | 108 | 27.0 | 84 | 21.0 | 400 |
| **15** | There is a direct relationship between revenue growth and service quality in healthcare. | 136 | 34.0 | 132 | 33.0 | 84 | 21.0 | 48 | 12.0 | 400 |

The table presents respondents' perceptions of the relationship between internally generated revenue (IGR) and healthcare service quality in Egor Local Government Area. A combined 73% of respondents (40% strongly agreed and 33% agreed) indicated that higher levels of IGR lead to better quality health service delivery, showing a general belief that revenue growth positively impacts healthcare outcomes. Similarly, 46% strongly agreed and 36% agreed that improved revenue enhances the training and retraining of health workers, highlighting IGR's role in capacity building and professional development. Regarding healthcare management efficiency, 37% strongly

agreed and 33% agreed that IGR improves operational efficiency, although 30% of respondents expressed disagreement, suggesting some variability in management effectiveness. On patient care, only 22% strongly agreed and 30% agreed that patients receive faster and better treatment when IGR is high, while 48% disagreed or strongly disagreed, reflecting challenges in translating revenue into timely service delivery. Finally, 34% strongly agreed and 33% agreed that there is a direct relationship between revenue growth and healthcare service quality, with 33% indicating disagreement, suggesting that although revenue growth contributes to improved services, other factors may influence overall quality. Overall, the findings indicate that IGR positively affects healthcare delivery in Egor LGA, but its impact on treatment speed and service efficiency is less pronounced.

**4.3.4 Research Question 4: What challenges does Egor Local Government face in utilizing internally generated revenue for primary health care delivery?**

| S/N | Item | SA | % | A | % | D | % | SD | % | Total |
|---|---|---|---|---|---|---|---|---|---|---|
| **16** | Mismanagement of revenue affects the funding of health care facilities. | 212 | 53.0 | 152 | 38.0 | 28 | 7.0 | 8 | 2.0 | 400 |
| **17** | Corruption hinders the effective use of internally generated revenue. | 192 | 48.0 | 148 | 37.0 | 40 | 10.0 | 20 | 5.0 | 400 |
| **18** | Inadequate financial planning limits revenue allocation to healthcare. | 204 | 51.0 | 144 | 36.0 | 36 | 9.0 | 16 | 4.0 | 400 |
| **19** | Political interference reduces the effectiveness of revenue utilization. | 184 | 46.0 | 148 | 37.0 | 44 | 11.0 | 24 | 6.0 | 400 |
| **20** | Poor monitoring and accountability weaken the impact of IGR on healthcare delivery. | 220 | 55.0 | 148 | 37.0 | 24 | 6.0 | 8 | 2.0 | 400 |

The data highlights respondents' views on the challenges and constraints affecting the effective use of internally generated revenue (IGR) in healthcare delivery in Egor Local Government Area. A significant majority (53% strongly agreed and 38% agreed) believed that mismanagement of revenue adversely affects the funding of healthcare facilities, indicating that poor fiscal handling undermines the potential benefits of IGR. Similarly, 48% strongly agreed and 37% agreed that corruption hinders the effective utilization of locally generated funds, reflecting perceptions of unethical practices limiting healthcare improvements. Inadequate financial planning was also seen as a major issue, with 51% strongly agreeing and 36% agreeing that it restricts revenue allocation to health services, pointing to structural weaknesses in budgeting. Additionally, 46%

strongly agreed and 37% agreed that political interference reduces the effectiveness of revenue utilization, suggesting that governance dynamics can obstruct efficient fund management. Finally, poor monitoring and accountability were identified as critical barriers, with 55% strongly agreeing and 37% agreeing that these weaknesses diminish the impact of IGR on healthcare delivery. Overall, the findings indicate that while IGR has the potential to enhance healthcare, systemic challenges such as mismanagement, corruption, poor planning, political interference, and lack of accountability significantly limit its effectiveness.

## 4.4 DISCUSSION OF FINDINGS

The findings of this study reveal a generally positive perception of internally generated revenue (IGR) in Egor Local Government Area (LGA) and its impact on local development, particularly in healthcare. Respondents overwhelmingly agreed that IGR has steadily increased over the years, with 52% strongly agreeing and 38% agreeing to this trend. This indicates a recognition of consistent revenue growth from 2010 to 2024. Improvements in revenue collection strategies were also acknowledged, as 44% strongly agreed and 36% agreed that local fiscal strategies have become more effective. Nevertheless, respondents noted the negative impact of revenue fluctuations on long-term development plans, with 48% strongly agreeing and 34% agreeing that inconsistent revenue generation could hinder sustainable planning. Additionally, while IGR trends were seen as broadly consistent with economic growth (72% agreed or strongly agreed), a smaller proportion (33% strongly agreed and 30% agreed) felt that IGR has significantly

reduced reliance on federal allocations, suggesting that despite progress, Egor LGA still depends on external funding for substantial development projects. Overall, these findings indicate that IGR in Egor LGA has grown and strengthened local financial capacity, but challenges in revenue stability and financial independence remain.

When examining the specific impact of IGR on healthcare services, the findings show that respondents perceive a strong connection between revenue and healthcare funding and operations. A majority (49% strongly agreed and 37% agreed) indicated that IGR provides substantial support to primary healthcare facilities, and 44% strongly agreed with 37% agreeing that increased IGR has improved the availability of drugs and medical supplies. Furthermore, 41% strongly agreed and 36% agreed that revenue allocations enhance the payment of health workers' salaries, underscoring IGR's role in staff welfare and workforce motivation. However, there was a more mixed perception regarding infrastructure development: only 32% strongly agreed and 30% agreed that IGR contributes significantly to the maintenance and expansion of healthcare facilities, while 38% disagreed or strongly disagreed. Similarly, while 37% strongly agreed and 34% agreed that IGR improves patient access to affordable healthcare, nearly 30% disagreed or strongly disagreed, highlighting ongoing challenges in healthcare accessibility and affordability despite increased local revenue.

Further analysis revealed that IGR has a perceived influence on healthcare service quality and efficiency, though the impact appears uneven. A combined 73% of respondents agreed that higher IGR levels lead to better quality service delivery, indicating a belief

that financial resources are directly tied to service improvements. Training and retraining of health workers was also positively affected, with 82% agreeing that revenue improvements enhance workforce capacity. On the other hand, efficiency in healthcare management received slightly lower agreement levels (37% strongly agreed, 33% agreed), while nearly half of respondents (48%) expressed skepticism that patients receive faster or better treatment when IGR is high. Additionally, only 67% of respondents agreed that there is a direct relationship between revenue growth and healthcare service quality, suggesting that factors beyond revenue, such as management practices, infrastructure, and operational systems, play critical roles in determining healthcare outcomes.

Despite these positive associations, systemic challenges were identified as major constraints limiting the effectiveness of IGR in healthcare. A large majority (53% strongly agreed and 38% agreed) believed that mismanagement of revenue negatively affects the funding of healthcare facilities. Corruption was also highlighted as a barrier, with 48% strongly agreeing and 37% agreeing that unethical practices hinder effective use of funds. Inadequate financial planning (51% strongly agreed and 36% agreed) and political interference (46% strongly agreed and 37% agreed) were further cited as factors reducing revenue efficiency, while poor monitoring and accountability drew the highest concern, with 55% strongly agreeing and 37% agreeing that weak oversight diminishes IGR's impact on healthcare service delivery. These findings suggest that while revenue generation has improved and provides substantial support for healthcare, inefficiencies in

governance and financial management significantly limit the ability of IGR to fully enhance service quality, accessibility, and infrastructure development.

In summary, the study finds that internally generated revenue in Egor LGA has grown steadily and positively contributes to healthcare funding, workforce development, and the availability of medical resources. Respondents perceive a clear link between revenue growth and service quality, particularly in terms of staff training and drug supply. However, persistent challenges, including revenue mismanagement, corruption, political interference, poor planning, and weak accountability, constrain the potential benefits of IGR. These findings indicate that while IGR is a critical driver of local healthcare improvement, addressing systemic governance and operational issues is essential to maximize its impact on service delivery and overall community well-being.

# CHAPTER FIVE

# SUMMARY, CONCLUSION AND RECOMMENDATIONS

## 5.1 Introduction

This chapter presents the concluding aspects of the study. It provides a concise summary of the entire research process, restates the study objectives, and highlights the key findings derived from the data analysis. The chapter further draws conclusions based on the findings and offers practical recommendations aimed at improving internally generated revenue (IGR) utilization and enhancing the quality of primary health care delivery in Egor Local Government Area of Edo State.

## 5.2 Summary of the Study

The study examined the relationship between internally generated revenue and primary health care delivery in Egor Local Government Area of Edo State from 2010 to 2024. The specific objectives were to:

1. Examine the trend of internally generated revenue in Egor LGA between 2010 and 2024.
2. Assess how internally generated revenue impacts the funding and operation of primary health care facilities.
3. Analyze the relationship between IGR levels and the quality of service delivery in primary health care facilities.
4. Identify the challenges facing Egor Local Government in utilizing IGR for effective primary health care delivery.

A descriptive survey research design was adopted. The study population comprised residents of Egor LGA, including local government officials, health workers, business owners, and community members. Using the Taro Yamane formula, a sample size of 400 respondents was selected through multi-stage sampling. Data were gathered using a structured questionnaire, and the results were analyzed with descriptive statistics such as mean and standard deviation.

The findings revealed a moderate improvement in internally generated revenue between 2010 and 2024. The analysis indicated that IGR contributes positively to the operation of primary health care facilities, particularly in the payment of staff salaries and the supply of drugs. However, it has had limited influence on infrastructure development, maintenance, and accessibility of affordable healthcare services. Respondents also identified several challenges, including corruption, mismanagement, inadequate financial planning, and political interference, which weaken the effective use of internally generated funds.

**5.3 Summary of Major Findings**

Based on the results of data analysis, the following major findings were made:

1. Internally generated revenue in Egor Local Government Area has improved slightly over the years, but the growth pattern is inconsistent.
2. IGR contributes to operational funding of primary health care facilities, particularly in areas such as payment of health workers and provision of medical supplies.

3. There exists a moderate relationship between internally generated revenue and the quality of service delivery; however, the link is weakened by irregular revenue inflows and poor fund management.
4. The major challenges affecting IGR utilization for health care delivery include corruption, political interference, weak financial planning, poor accountability, and mismanagement of resources.

### 5.4 Conclusion

The study concludes that internally generated revenue plays a crucial role in financing and sustaining primary health care delivery in Egor Local Government Area. However, despite modest progress in revenue collection, the overall impact of IGR on healthcare development remains limited due to persistent governance and accountability challenges. Effective management of locally generated funds can greatly enhance service quality, accessibility, and infrastructural development in the health sector. Therefore, strengthening transparency, ensuring prudent financial planning, and minimizing political interference are essential to maximize the benefits of IGR in Egor LGA.

### 5.5 Recommendations

In light of the findings and conclusions of this study, the following recommendations are made:

1. **Strengthen Revenue Administration:** The local government should adopt modern revenue collection systems such as digital tax platforms to improve efficiency and minimize revenue leakages.

2. **Enhance Accountability and Transparency:** Regular audits and public disclosure of revenue utilization should be instituted to curb corruption and mismanagement of funds.
3. **Prioritize Health Sector Funding:** A defined percentage of internally generated revenue should be legally allocated to primary health care services to ensure consistent funding for staff welfare, medical supplies, and infrastructure maintenance.
4. **Capacity Building for Staff:** Continuous training of health administrators and revenue officers should be encouraged to improve financial planning, monitoring, and reporting.
5. **Promote Community Involvement:** The local government should engage community leaders, civil society organizations, and residents in monitoring the implementation of IGR-funded health projects to enhance transparency and inclusiveness.

**5.6 Suggestions for Further Studies**

Future researchers should consider comparative studies between Egor and other local government areas in Edo State to evaluate differences in IGR utilization and health outcomes. Additionally, longitudinal research examining the impact of specific IGR reforms on healthcare development would provide deeper insight into sustainable local governance practices.

## REFERENCES


Abiola, A. (2019). Fiscal decentralization and health care delivery at the local level. *Nigerian Journal of Development Studies*, 15(2), 88–102.

Abiola, A. (2021). Community engagement and participatory governance in local revenue administration. *Journal of Public Policy and Administration*, 9(3), 54–69.

Adebayo, T. (2020). The role of internally generated revenue in local government finance. *Journal of Fiscal Studies in Africa*, 12(1), 33–47.

Adebanjo, K. (2020). Colonial taxation and the foundations of local governance in Nigeria. *Historical Journal of African Governance*, 8(2), 22–38.

Adeleye, P. (2021). Local government responses to COVID-19 in southern Nigeria. *African Journal of Health Policy and Systems*, 18(4), 101–115.

Adewale, S. (2020). Primary health care delivery and reform in Nigeria. *Nigerian Health Systems Review*, 7(1), 40–59.

Adamu, M. (2020). Political interference and the effectiveness of IGR administration in Nigeria. *International Journal of Local Government Studies*, 11(2), 65–79.

Ajayi, F. (2023). Financial reforms and local governance in Nigeria: Post-1976 perspectives. *Journal of Nigerian Public Administration*, 14(3), 21–35.

Bassey, E. (2020). Technology-driven revenue systems and transparency in local governance. *Journal of African Public Finance*, 6(1), 19–34.

Bello, R. (2020). Primary health care usage and workforce motivation in South-South Nigeria. *African Journal of Community Medicine*, 9(2), 73–89.

Bryman, A. (2015). *Social Research Methods*. Oxford: Oxford University Press.

Bushiri, C. (2015). *Research Methodology and Applied Statistics in the Social Sciences*. Cape Town: Juta Publishers.

Chukwuma, V. (2023). Socio-economic constraints to local revenue generation in Nigeria. *Journal of Fiscal and Economic Development*, 17(2), 58–71.

Edebiri, O. (2023). Tax automation reforms in Edo State: Lessons for fiscal sustainability. *Nigerian Journal of Economics and Governance*, 10(1), 47–63.

Edo Bureau of Statistics. (2024). *Edo State Economic and Revenue Performance Report (2010–2024)*. Benin City: Government Press.

Eze, A. (2021). Internally generated revenue and local government investment in health infrastructure. *African Review of Public Health Finance*, 13(1), 41–56.

Eze, C. (2023). Governance trust and tax compliance in Nigeria's local governments. *Journal of Development and Public Administration*, 9(4), 70–86.

Ibrahim, L. (2022). Transparency and accountability in local expenditure management. *Public Administration Review of Nigeria*, 14(1), 60–75.

Ibrahim, L. (2024). Fiscal governance and local health system performance. *African Journal of Policy Studies*, 19(2), 88–102.

Ishaku, T. (2021). Joint account systems and grassroots service delivery in Nigeria. *Journal of Political Economy and Administration*, 8(3), 93–107.

Kareem, O. (2024). Capacity building for effective IGR performance in local government administration. *Nigerian Journal of Management and Development*, 11(1), 35–49.

Lawal, B. (2020). Equity and fairness in local taxation systems. *Journal of Fiscal Policy and Governance*, 7(2), 24–39.

Musa, K. (2019). Financial accountability and local government autonomy in Nigeria. *Journal of African Governance and Reform*, 15(1), 44–61.

Musa, T. (2022). Unpredictable federal allocations and service delivery in local governments. *African Journal of Local Governance*, 8(3), 92–107.

National Primary Health Care Development Agency (NPHCDA). (2021). *Annual Report on Primary Health Care Functionality in Nigeria*. Abuja: NPHCDA Press.

Nwachukwu, P. (2021). Community participation and ward health development committees in Nigeria. *Health Systems and Policy Review*, 12(3), 90–104.

Nwachukwu, P. (2023). Digitized tax administration and post-pandemic fiscal sustainability in Nigeria. *Journal of Economic Policy and Governance*, 14(2), 55–70.

Nwosu, E. (2020). Local government fund control and state interference in Nigeria. *Journal of Political and Administrative Studies*, 9(1), 30–45.

Ogunleye, J. (2023). Data management and fiscal efficiency in local revenue systems. *African Journal of Data and Governance*, 6(2), 18–33.

Ojo, K., & Adekunle, J. (2020). Governance and financial mismanagement in Nigeria's local governments. *Journal of Public Sector Management*, 11(1), 66–82.

Okon, B. (2020). Structural weaknesses in revenue collection systems of Nigerian LGAs. *Public Finance and Development Journal*, 10(2), 27–40.

Okon, B. (2023). Legal reforms and the expansion of local revenue powers in Nigeria. *Nigerian Journal of Legal and Fiscal Studies*, 8(2), 51–67.

Okonkwo, V. (2022). Institutional frameworks and IGR performance in Nigerian local governments. *Journal of Governance and Development Studies*, 9(3), 42–59.

Okorie, E. (2021). Local governance reforms and fiscal resilience in Edo State. *Journal of Public Policy Research*, 7(4), 75–89.

Okorie, E. (2022). Internally generated revenue and health facility performance in Edo State. *African Journal of Health Economics*, 10(3), 80–95.

Oladimeji, O. (2021). Administrative inefficiencies and weak tax culture in local government finance. *Journal of Local Governance and Policy Studies*, 9(2), 61–77.

Oladimeji, O. (2022). Human resource distribution and equity in Nigeria's PHC system. *African Journal of Health Management*, 11(2), 49–64.

Oluwafemi, D. (2022). The 1976 Local Government Reforms and fiscal transformation in Nigeria. *Journal of African Public Administration*, 16(1), 35–50.

Onwujekwe, O. (2022). Implementation of Primary Health Care Under One Roof in Nigeria. *Nigerian Journal of Public Health and Policy*, 14(3), 110–126.

Uchenna, C. (2021). Underfunding and service delivery gaps at the local government level in Nigeria. *Journal of Economic and Social Research in Africa*, 9(2), 50–67.

Umeh, I. (2022). Sustaining maternal health programs through local government IGR in Nigeria. *African Journal of Reproductive Health Finance*, 8(4), 101–118.

Yusuf, M. (2022). Financial autonomy and local government fiscal transparency in Nigeria. *Nigerian Journal of Governance and Fiscal Policy*, 12(3), 85–99.

Yusuf, M. (2023). The Basic Health Care Provision Fund and PHC performance in Nigeria. *Journal of Health Economics and Development*, 15(2), 77–94.

World Bank. (2022). *Local Government Finance and Service Delivery in Nigeria: Policy Review Report*. Washington, D.C.: World Bank Publications.

World Health Organization (WHO). (2023). *Local Health Financing and Decentralization: Global Health Report 2023*. Geneva: WHO Press.

## APPENDIX

## QUESTIONNAIRE

**DEPARTMENT OF PUBLIC ADMINISTRATION,**

**FACULTY OF SOCIAL SCIENCE,**

**UNIVERSITY OF BENIN,**

**BENIN CITY.**

Dear Sir/Madam,

**REQUEST FOR YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE**

I am an undergraduate student in the Department of Public Administration from the above mentioned university. As part of the requirements for my B.Sc. degree, I am conducting research on the topic: Internally Generated Revenue Primary Health Care Delivery in Egor Local Government Area of Edo State (2010-2024). This questionnaire is designed to collect relevant data for the study. Your responses will be used solely for the purpose stated above and will remain confidential. I kindly request your sincere and thoughtful responses to all questions in the questionnaire. Please indicate your answers by ticking **(√)** in the space provided under the most appropriate column for each item.

Thank you for your valuable cooperation and support.

**Section A: PERSONAL DATA**

**Please tick (√) the option that applies to you**

1. Gender: Male ( ), Female ( )

2. **Location:** ________________________________________________

3. **Length of Residence:** Less than 1 year ( ) 1–5 years ( ) 6–10 years ( ) Above 10 years ( )

4. **Educational Background:** No Formal Education ( ) Primary ( ) Secondary ( ) Tertiary ( ) Postgraduate ( )

**Section B: Data on Questionnaire**

Indicate the extent to which you agree or disagree with the following statements.

Key: Strongly Agree (SA), Agree (A), Disagree (D), Strongly Disagree (SD)

| S/N | ITEMS | SA | A | D | SD |
|---|---|---|---|---|---|
| | **What has been the trend of internally generated revenue in Egor Local Government Area from 2010 to 2024?** | | | | |
| 1. | Internally generated revenue in Egor LGA has steadily increased between 2010 and 2024. | | | | |
| 2. | Revenue collection strategies in Egor LGA have improved over the years. | | | | |
| 3. | Fluctuations in revenue generation affect long-term development plans. | | | | |
| 4. | The revenue trend in Egor LGA has been consistent with economic growth. | | | | |
| 5. | Internally generated revenue has reduced the reliance on federal allocations. | | | | |
| | **How does internally generated revenue impact the funding and operation of primary health care facilities in Egor?** | | | | |
| 6. | IGR provides significant funding support for primary health care facilities. | | | | |
| 7. | Increased IGR has improved the availability of drugs and medical supplies. | | | | |

| 8. | Revenue allocation enhances the payment of health workers' salaries. | | | | |
|---|---|---|---|---|---|
| 9. | IGR contributes to the maintenance and expansion of healthcare facilities. | | | | |
| 10. | Revenue has improved patient access to affordable healthcare services. | | | | |
| | **To analyze the relationship between internally generated revenue levels and the quality of service delivery in primary health care facilities.** | | | | |
| 11. | Higher levels of IGR lead to better quality health service delivery. | | | | |
| 12. | Improved revenue enhances the training and retraining of health workers. | | | | |
| 13. | IGR improves the efficiency of healthcare management in Egor LGA. | | | | |
| 14. | Patients receive faster and better treatment when IGR is high. | | | | |
| 15. | There is a direct relationship between revenue growth and service quality in healthcare. | | | | |
| | **What challenges does Egor Local Government face in utilizing internally generated revenue for primary health care delivery?** | | | | |
| 16. | Mismanagement of revenue affects the funding of health care facilities. | | | | |
| 17. | Corruption hinders the effective use of internally generated revenue. | | | | |
| 18. | Inadequate financial planning limits revenue allocation to healthcare. | | | | |
| 19. | Political interference reduces the effectiveness of revenue utilization. | | | | |
| 20. | Poor monitoring and accountability weaken the impact of IGR on healthcare delivery. | | | | |