

Motivation

Following a decentralization of basic health services at the local government level in Nigeria, the government wanted to understand how institutional arrangements work in practice and impact service delivery.

Objectives

The survey was implemented in order to examine the flow of resources and incentives at the facility level and to examine the role of local governments and community based organizations in the delivery of primary health care services.

Main findings

There is evidence of capture of rent by local government officials and important problems of nonpayment of salaries of health workers. Lack of accountability of local government leads to public resources capture by local officials.

Leakage

Despite no firm estimates of leakage, a high degree of leakages in the more rural state (Kogi) is reported.

Other findings

Overall, 42% of staff experience salary delays, reporting not receiving salary for 6 months or more in the past year at the time of the survey. Extensive nonpayment of salaries is observed in one of the two states surveyed, Kogi. Regression results show significant differences between Kogi and Lagos in terms of the extent of nonpayment of salaries. Nonpayment of salaries had impact on provision of services: the greater the extent of nonpayment of salaries, the higher the likelihood that facility staff behaved as private providers. There is evidence of a general problem of accountability at the local government level in the use of public resources and capture of resources varies by states.

Sample

- 30 local government
- 252 health facilities
- 700 staff

Resources monitored

3 units (local government, facilities and staff)

Contact

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Main report

Das Gupta, M, V. Gauri and S. Khemani (2003) "Primary Health Care in Nigeria: Decentralized Service Delivery in the States of Lagos and Kogi," Africa Region Human Development Working Paper Series No. 70, The World Bank, Washington, DC. September.