An Assessment of Local Government Performance in Relation to the Achievement of Good Health and Well-Being (SDG 3) In Federal Capital Territory (FCT)

Enitan Grace Wale-Odunaiya, Oyinlola Olaniyi, Modestus Nsonwu, Oluwatosin Olushola

Department of Economics, Veritas University Abuja, Nigeria

DOI: https://dx.doi.org/10.47772/IJRISS.2024.8110163

Received: 15 October 2024; Revised: 08 November 2024; Accepted: 11 November 2024; Published: 13 December 2024

ABSTRACT

The role and performance of local government in sustainable development is very crucial and cannot be over emphasized. The SDGs are an integrated and indivisible framework of human, economic, social and environmental dimension of development. The objective of this study is to assess the performance of local governments in relation to the achievement of good health and well-being (SDG 3) in FCT. The study applied a survey research design with the use of structured questionnaire and the ordered logistic regression model. The Taro Yamane formula was applied to determine the optimum sample size. The findings show that there is a positive relationship between the performance of local government and good health, though their performance is below average and insignificant. Furthermore, there is a robust relationship between EQH, SHW and NRM and the outcome variable, GDH except for CPN, a robust relationship between it and the outcome variable is lacking since the changes in probability are statistically less significant. The conclusion is for local governments have proper strategies and plans for effective and efficient implementation, monitoring and evaluation of all social and economic activities in the local areas that will bring about good health and well-being.

Key Words: Local government, Health, Sustainable Development Goals

INTRODUCTION

There is a worldwide consensus on the existence of local government though with distinct operational models determined by the constitutional status, historical background and reform policies (Ezeozue, 2020). Bello and Mackson (2024) posits that, local government must have policies and institutional frameworks that will support and sustain rural or grassroot development in any system of government. That is, effective local government administration plays a crucial role in ensuring effective and efficient provision of public goods and services to vast rural dwellers.

Local government, in contemporary Nigeria, can be traced to the colonial period or to the system of indirect rule. It was created by the British government because of the need for the preservation and adaptation of the traditional political institutions. (Olaniyi, 1999; Ezeozue, 2020). The military government between 1975 – 1979 carefully crafted a viable local government in the constitution, bringing it to limelight with the 1976 local government reforms. Ezeozue (2020) opined that the institutional reformations of third tier governments by the militarily was to reorganise the institution so as to provide a clearly defined scope of authority, responsibility and functions while at the same time maintaining an effective central presence in the localities in order to be able to determine and control the pace and quality of development largely initiated or generated at the local level. The constitutional function of the local government is the provision of basic social and economic services such as; economic recommendations to the State, the provision and maintenance of primary, adult and vocational education; the development of agriculture and natural resources, the provision and maintenance of health services, and so on (Constitution of the Federal Republic of Nigerian, 1999). From this, it is clear that the provision of primary healthcare services is one of the major functions and responsibilities of local

governments in Nigeria. Adesiyan (2018) assert that local government facilitates even development of social services, including primary healthcare services, infrastructure, maternity centers, clinics and community policing, provision of markets, portable waste refuse disposal, agricultural extension services; all of which are pre-requisites of any meaningful development. The primary healthcare services cut across infant and maternal health, individual, family and community health care needs and is generally expected to integrates preventive, promotive, curative and palliative health care services

(Nwakama, Iloanya & Taiwo, 2024). Furthermore, it is opined that primary health care services, implemented by local governments, are more efficient when it is closer to the people (Irabor, Ebirim & Aloba, 2022). Irabor et al (2022) explained that equity, community participation, use of appropriate technology, self-reliance, and intersectoral collaboration are identified as the five universal principles of PHC which are essential for health care. That is, as a rural or grassroots approach, PHC addresses the major health problem in the community by providing rehabilitative and curative services, as well as equitable health care for the people. Again, the United Nations sustainable development goal for good health and well-being is to substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all by 2030.

However, there are many researchers with varied findings on the performance of local governments in Nigeria. Some researchers posit the effectiveness of third tier governments in performing the pivotal role in rural development has been limited because the fiscal structure in the country concentrates too much fiscal powers in the federal government. Others opined that local government development projects programs are hampered by inadequacy of funds and other obstacles such as lack of accountability, proper planning, implementation and monitoring and so on. (Olaniyi, (1999); Agiobenebo, (1999); Taiwo, (1999); Diejomaoh & Eboh (2012); Commonwealth local government forum [CLGF], (2019)). Specifically, Irabor et al (2022) and Nwakama et al (2024) posits that local government performance in PHC service delivery is also undermined by structural and institutional weaknesses in health sector, poor management services, inadequate staff and funds, lack of broad-based data bank for target beneficiaries and so on.

While most studies have looked at the performance of third tier governments as it affects their functions and other economic and development initiatives, aligning those functions with global initiatives like that of the United Nations (UN) 2030 agenda is yet to be determined. The UN's 2030 agenda for sustainable development, a plan of action for people, planet and prosperity which aims at "leaving no one behind", is aimed to achieve decent lives for all on a healthy globe by 2030. They are a universal call to action to end poverty, protect the planet and improve the lives and prospects of everyone everywhere. They are interconnected and form an indivisible whole, that is, when you contribute to one goal, you also make progress on other SDGs. Furthermore, the roadmap for localising SDGs explains that local and regional governments must be at the heart of the 2030 agenda because "all of the SDGs have targets directly related to the responsibilities of local and regional governments, particularly to their role in delivering basic services" (Global Task Force of Local and Regional Government, UN-Habitat and UNDP, 2016). Therefore, local government PHC function is aligned with sustainable development goals 3: good health and well-being is aligned with the provision and maintenance of health services. Consequently, the objective of this study is to assess the performance of local government in the achievement of good health and well-being in Federal Capital Territory (FCT) through the perception of residents of their ability to make available various healthcare inputs such as skilled health workers, equipped health centres, community planning, public transport, water and natural resources.

LITERATURE REVIEW

The word 'local' is said to connotes small communities and government means having certain attributes of government (Majekodunmi, 2012). In 2018, the UN Office for Public Administration in an update on SDG indicators, posit that local government is one of the sub-national spheres of government and a result of decentralisation, a process of transferring political, fiscal, and administrative powers from the central

government to subnational units of government distributed across the territory of a country to regulate and/or run certain government functions or public services on their own. It was, therefore, defined as an "institutional unit whose fiscal, legislative and executive authority extends over the smallest geographical areas distinguished for administrative and political purposes." Anayochukwu, Anayochukwu and Nsah (2022) explained that the local government in Nigeria were once the creation of the regional government and later, the state government, their functions were assigned by the state government, their autonomy varied in degree and pattern from state to state.

Health, from extant literatures, is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Today, health is the absence of any disease or impairment; it is a state that allows the individual to adequately cope with all demands of daily life and a state of balance, an equilibrium that an individual has established within himself and between himself and his social and physical environment (Sartorius, 2006). Health is a dynamic condition ensuing from a body's constant adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium (Business Dictionary). These three perspectives simply show that health is a state of complete physical, mental, social well-being, growth and development.

The word "sustainable" was first used in the published work of the Club of Rome titled "*The Limits of Growth"* in 1972 where the world system should, first, be sustainable without sudden and uncontrollable collapse and secondly, be capable of satisfying the basic material requirements of all of its people (Enders & Remig, 2015). Jaksic, Peschner and Pisiotis (2020) posits that sustainability is the ability of a system, organism or man-made product, to endure indefinitely. It also "reflects the need for careful balance between economic growth and environmental preservation" (Todaro & Smith, 2011). Development, on the other hand, according to Sen (1999) *'is a process of expanding real freedoms that people enjoy'*. Freedom in this definition is determined by social and economic arrangements such as good educational facilities and health care as well as political and civil rights. For development to exist, poverty, tyranny, poor economic opportunities, systemic social deprivation and neglect of public facilities have to be removed. The words together, Jhingan (2012) asserts that sustainable development is closely linked to economic development in that "it emphasises the creation of sustainable improvement in the quality of life of all people through increases in real income per capita, improvements in education, health and general quality of life and improvements in quality of natural environmental resources." Furthermore, he explained that "sustainable development is development that is everlasting and contributes to the quality of life through improvements in natural environments which supply utility to individuals, inputs to the economic process and services that support life." From all of the foregoing, the UN affirm that sustainable development is "how we must live today if we want a better tomorrow.''

Findings from the empirical literature made up of cross-country and single country studies on the performance of local governments as economic agents in the achievement of economic growth and sustainable development have had varied opinions and conclusions depending on the area of interest. Nwakama, Iloanya and Taiwo (2024) posits that rural areas in Ebonyi State suffer from inadequate provision of primary healthcare services because poor healthcare financing, dilapidated primary healthcare infrastructure, shortage of qualified healthcare personnel, corruption in the healthcare sector, and lack of broad-based data bank for beneficiaries of primary healthcare services in the area. Ndamobissi, Castrillo and Yusf-Yinusa (2023) in investigating the progress towards SDG 3, healthy lives, in Nigeria found that Nigeria is unlikely to achieve the global agenda of SDG 3 by 2030. This, he explained, is due to the very low level of health public financing, limited access and poor quality of primary health care (PHC), weak capacity of local governance of PHC, huge household out of pocket payment for health services, demographic burden and poverty. Aliyu and Abubakar (2022) in investigating the impediments to realistic implementation of sustainable development goal 3, good health, in Nigeria, concluded that without drastic efforts in place, the achievement of SDG 3 in Nigeria may just add to the number of unfulfilled dreams. Adegoke, Mbonigaba and George (2022) examined the combined effect of health expenditure and other key macroeconomic factors on health indices such as maternal and newborn and child mortality in Nigeria. The finding showed a significant negative relationship between health outcomes and macro-economic determinants namely, household consumption, total health expenditure, and gross fixed capital while there is a significant positive relationship between health outcomes and unemployment. Ezeosue (2020) examined local government reforms as instruments for national development

in Nigeria. He posits that the current state of Local Government in Nigeria is characterised by unbridled interference of the State Government which is quite dismal largely due to poor management of resources, lack of autonomy, inadequate local leadership among others. Thus, to fully realise the intended development using Local governments as instruments, Local governments should be democratised and adequate measures provided to check the syphoning tendencies of its management. Jooji (2018) examined the extent to which governance at the local government level has enhanced the mobilisation of its citizens for purposes of sustainable development and concluded that the local government administration in Nigeria has not lived up to the expectation of being an effective mobilizer of the masses for sustainable development. Dibie and Quadri (2017) in their analysis of local governments proactive sustainability strategy in Nigeria and South Africa posit that local group advocacy, education and engagement programs are important elements to local government proactive sustainability initiative. They opined that local governments of both countries must encourage more community participation in sustainable development initiatives. This is because participation offers new opportunities for creative thinking and innovative planning toward economic growth and sustainable development. Guha and Chakrabarti (2019) in their study on the role of local democracy and governance to achieve the sustainable development goals (SDGs) and concluded that Local government is in a unique position of being able to draw on a network of partners from across the community to deliver development. It is impossible to see how the SDGs could be implemented without recognition of the local government's role. Abdullahi and Ahmad (2018) argued that the non-performance of local government at grass root development in Nigeria is due to poor management of resources, lack of autonomy and inadequate local leadership. Adesiyan (2018) asserts that the attainment of the SDGs in Nigeria is by addressing the weaknesses in the implementation of the millennium development goals (MDGs). Those weaknesses include limited consultation and ownership, leaving the poorest behind and problem with data gathering. Moyer and Hedden (2020) asked: Are we on the right path to achieve the sustainable development goals? They highlighted the special difficulty in achieving targets on some SDG indicators such as access to safe sanitation, upper secondary school completion, and underweight children. These represent persistent development issues that will not be solved without a significant shift in domestic and international aid policies and prioritisation.

Theoretical Framework

This study adopts the efficient-service theory by William Mackenzie and James Sharpe, (1954). They argued that the purposes of local government are to provide services that are locally characterised to the people at the grassroots, cater for the people and construct local roads, maintain law and order, provide water, build community health centres and so on. This theory explained that since local government is the closest government to the people, it should be justified with its responsibilities. Boris, (2015) explained that the central point of the efficiency-service theory is that the primary purpose of the local government systems is to provide social services such as law and order, local roads, primary education, sanitation and others efficiently. The theory, according to Olusadum and Anulika (2021), expresses the following tenets; provision of opportunity for political participation to the rural people; helps to ensure efficient service delivery to the rural people which is their major source of livelihood and development; express a tradition of opposition to an overly centralised government. This simply means yearning for local autonomy. Khalil and Adelabu (2012) in designing the Modified Quantitative Service Delivery Model (MQSDM), embraces all the attributes of efficient service delivery such as managerial accountability, funding and management of resources and leadership quality and structure. They explained that with this model efficient and effective service delivery to the citizens are taken care of.

Research Design

Data Sources

This study relied on primary sources of data from the responses to the test instrument administered in 3 Area Councils, Abuja Municipal Area Council (AMAC) an urban area council, Bwari Area Council – a semi urban area council and Kwali Area Council – a rural area council, in Federal Capital Territory, Abuja with total population of 2,381,500. The respondents are local government staff, community members and advocacy groups in each area councils. The Taro Yamane (1973) formula which is specified as: $n = \frac{N}{1+N(e)^2}$ was used to

determine the sample size. Where n = sample size; N = Population Size; e = Level of precision always set at the value of 0.05

n = 2,381,500/1+2,381,500(0.05)^2 = 2,381,500/5953.75 **= 400**

Model Specification

In models where Y is qualitative, the objective is to find the probability of something happening, such as this study which seeks to assess the performance of local government in relation to the achievement of good health and well-being. When a dependent variable has more than two categories such as strongly disagree, disagree, neutral, agree, or strongly agree and the values of each category have a meaningful sequential order where a value is indeed 'higher' than the previous one, then ordered logit can be used. When modeling these types of outcomes, numerical values are assigned to the outcomes, but the numerical values are ordinal and reflect only the ranking of the outcomes. In this study, the dependent variable y is assigned the values:

$y = \{ 1 = \text{Strongly disagree}, 2 = \text{Disagree}, 3 = \text{Neutral}, 4 = \text{Agree}, 5 = \text{Strongly agree}$

Thus the logistic regression model is given as:

$$Y_{it} = \varphi_0 + \varphi_1 EQH + \varphi_2 SHW + \varphi_3 CPN + \varphi_4 NRM + \varphi_5 Loc + V_t \quad (1)$$

Where: $Y = log\left(\frac{p}{1-p}\right)$ for 0 < p < 1 = GDH (Good Health), log odd ratio

Thus, the link function is termed as the logit function and shown as $logit\ E(Y) = \varphi_0 + \varphi x$ (2)

Where: EQH is equipped health centres, SHW is skilled health worker, CPN is community planning and public transport, NRM is water and natural resources management, Loc is Location and V_t is the error term

Estimation Technique

The study adopted the ordered logistic technique because: i) models where Y is qualitative, such as this study which seeks to assess the performance of local government in relation to the achievement of good health and well-being, the objective is to find the probability of something happening. The questionnaire used for the research was structured in rank ordering category and ordered logistic technique handles ordered outcomes and retains more information about the dependent variable. Thus the effect of a predictor (X) will shift the distribution of cases across the categories of the dependent variable (Y) in a systematic direction toward higher or lower categories. Specifically, the relative frequency distribution of cases will systematically shift toward higher categories if X has a positive effect and it will systematically shift toward lower categories if X has a negative effect. Also, effects of independent variables (X's) are estimated by a single coefficient. The coefficient changes the relative frequency distribution of Y by increasing (or decreasing) the values of a set of "cut-point" or "threshold'' coefficients. The "cut-point" coefficients reflect the expected ratios of cases across the "cut-points" in the distribution of Y when all X's are zero. This can be understood as the "baseline" or "reference" shape of the relative frequency distribution of cases across categories of Y.

RESULT AND DISCUSSION

Questionnaire Distribution by Area Council

600 questionnaires were distributed to the respondents using the percentage proportion of the population for each local area council, 71% of the questionnaires was administered at AMAC being urban area council, 21% was administered at Bwari area council being a semi-urban area council and 8% was administered at Kwali area council, a rural area council. A total of 471 filled questionnaires were returned. On Table 1 below, 459 questionnaires are presented as valid, that is, these questionnaires were correctly filled, AMAC has 267 or 58.2%, Bwari has 149 or 32.5% and Kwali has 43 or 9.4%, signifying a 100% administered questionnaire

ISSN No. 2454-6186 | DOI: 10.47772/IJRISS |Volume VIII Issue XI November 2024

responses success rate.

Table 1 Frequency Distribution of Questionnaire by Area Council

Description		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	AMAC	267	56.7	58.2	58.2
	BWARI	149	31.6	32.5	90.6
	KWALI	43	9.1	9.4	100
	Total	459	97.5	100	
Missing	System	12	2.5		
Total		471	100		

Source: Generated using SPSS IBM 21

Response by various Classification

On Table 2 below, it can be seen that across the study locations, 280 respondents or 59% of the respondents were males while 191 respondents or 41% of the respondents were females. This shows a fair spread between genders.

Table 2 Respondents Gender

Description		Frequency	Percent	Cumulative Percent
Valid	Male	280	59.4	59.4
	Female	191	40.6	100
	Total	471	100	

Source: Generated using SPSS IBM 21

Table 3 below presents questionnaire responses by age. While the age group between 61-70 had the least response rate of 4% or 19 responses, the highest responses was received from the age group between 41 to 50, which has the rate of 32.7% or 154 responses. This spread is said to be fair among the adult population of the selected area councils.

Table 3 Respondents Age

Description		Frequency	Percent	Cumulative Percent
Valid	18 - 30	66	14	14
	31 - 40	127	27	41
	41 - 50	154	32.7	71.3
	51 - 60	105	22.3	96

	61 - 70	19	4	100
	Total	471	100	

Source: Generated using SPSS IBM 21

The questionnaire responses by qualification or respondents level of education is presented on Table 4 below where the first school leaving certificate (FSLC) had the least response with only 1 response or 0.2% response rate. Those with BSc/BA/HND, MSc and PhD had 225, 145 and 39 responses respectively or 47.8%, 30.8% and 8.3% response rate respectively. There is a good spread in the educational level of respondents. It can be said that this had an effect on the response rate and more accurate answers were provided.

Table 4 Respondents level of Education

Description		Frequency	Percent	Cumulative Percent
Valid	FSLC	1	0.2	0.2
	SSCE	24	5.1	5.3
	OND/NCE	37	7.9	13.2
	BSc/BA/HND	225	47.8	60.9
	MSc	145	30.8	91.7
	PhD	39	8.3	100
	Total	471	100	

Source: Generated using SPSS IBM 21

On Table 5 below, the frequency and percentage response for all variables in estimation regression for good health according to the likert-scale questionnaire. The dependent variable, GDH, has only 19 respondents or 4% of the total respondents who strongly agree that good health and well-being is achieved while 48 respondents or 10.2% of the respondents strongly disagree that good health and well-being is achieved. Respondents who disagreed that good health and well-being is achieved were 140 or 29.7% of the total respondents. 131 respondents or 27.8% of total respondents agree that good health and well-being is achieved and 129 respondents or 27.4% of the total respondents were neutral, that is, they were not certain that good health and well-being is achieved in FCT.

Table 5 Frequency and Percentage Distribution for Good Health

Variables	**Strongly Disagree**		**Disagree**		**Neutral**		**Agree**		**Strongly Agree**		**Total**
	Freq	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	
GDH	48	10.2	140	29.7	129	27.4	131	27.8	19	4	467
EQH	36	7.6	147	31.2	110	23.4	152	32.3	25	5.3	470
SHW	25	5.3	119	25.3	135	28.7	168	35.7	23	4.9	470
CPN	54	11.5	195	41.4	112	23.8	99	21	10	2.1	470
NRM	53	11.3	172	36.5	105	22.3	124	26.3	14	3	468

Source: Generated using SPSS IBM 21

Good Health (GDH), equipped health centres (EQH), skilled health worker (SHW), community planning and public transport (CPN), water and natural resources management (NRM).

Of all the independent variables, CPN had the least number of respondents at 2.1% and 21% who strongly agreed and agreed that there was community planning and public transport for the achievement of good health and well-being by the local government. NRM had 3% and 26.3% of the total respondents who strongly agree and agree that there was water and natural resources management. EQH had 5.3% and 32.3% of the total respondents who strongly agree and agree that there was equipped health centres. SHW had 4.9% and 35.7% of the total respondents who strongly agree and agree that there were skilled health workers. Likewise, SHW has 5.3% and 25.3% of the total respondents who strongly disagree and disagree that skilled health workers were available. EQH had 7.6% and 31.2% of the total respondents who also strongly disagree and disagree that there was equipped health centres. NRM had 11.3% and 36.5% of the total respondents who also strongly disagree and disagree that there was water and natural resources management for the achievement of good health and well-being. CPN had 11.5% and 41.4% of the total respondents who strongly disagree and disagree that there was community planning and public transport was provided. Finally, NRM with 22% of the total respondents who were not certain that there was water and natural resources management for the achievement of good health. EQH had 23% of the total respondents who were not certain that equipped health centres are available for the achievement of good health. CPN had 24% of the total respondents who were not certain that there was community planning and public transport and SHW had 28% of the total respondents who were not certain that there are skilled health workers.

Table 6 Reliability of Research Instrument

S/N	Description	Number of Items	Cronbach's Alpha (α)	Internal Consistency	Cronbach's Alpha (α) if Item Deleted
1	Questionnaire	52	0.953	Excellent	0.951 - 0.957
2	Model: Good Health	5	0.880	Good	0.841 - 0.864

The Cronbach's Alpha, a pre-estimation test, is presented on Table 6 above. The Cronbach's Alpha reflects the extent to which items within the research questionnaire measure various aspects of the same characteristics or construct. Put simply, Cronbach's Alpha will tell you how closely related a set of test items are as a group. The decision rule: If $\alpha \geq 0.9$, the internal consistency is said to be excellent, when score is $0.9 > \alpha \geq 0.8$, internal consistency is good, when score is $0.8 > \alpha \geq 0.7$, the internal constancy is said to be acceptable. A score of $0.7 > \alpha \geq 0.6$ gives a questionable internal consistency while a score of $0.6 > \alpha \geq 0.5$ presents a poor internal consistency and a score of $0.5 > \alpha$ is presenting an unacceptable internal consistency. Consequently, the reliability of our research instrument is 0.953 implying that the internal consistency of all test items as a group is excellent. However, if any of the items is removed, α will range between 0.951 and 0.957 which implies that the removal of any of the items in our instrument does not affect the reliability or the internal consistency. Also there is a good reliability for the items in good health model as α is 0.880. Again, α will range between 0.841 and 0.864 which implies that the removal of any of the items in our instrument does not affect the reliability or the internal consistency.

Table 7 presents another pre-estimation test, the Pearson correlation test for validity of the research instrument. By comparing the Pearson's correlation coefficient (r) which is the calculated value to the tabulated Pearson's critical (α) values for each question the validity of the instrument can be decided. The Degrees of freedom for the tabulated Pearson's values equals N – 2 where N is the sample size. The decision rule is a significant calculated Pearson's value must be greater than the tabulated Pearson's value for a question to be valid. All the questions related to good health are valid and significant because the value of r, the calculated value is greater than the α, the tabulated value at N-2 degrees of freedom. GDH is valid at $0.765 > 0.092$, EQH is valid $0.72 > 0.092$, SHW is valid at $0.701 > 0.092$, CPN valid at $0.650 > 0.092$ and lastly, NRM, is valid at $0.726 > 0.092$.

Table 7 Validity of Research Instrument

S/N	Items	N	Sig. (2-tailed)	Pearson Correlation (r)	Critical Value (α)	Significant Level	Decision
1	GDH	467	0	0.765	0.092	Significant	Valid
2	EQH	470	0	0.72	0.092	Significant	Valid
3	SHW	470	0	0.701	0.092	Significant	Valid
4	CPN	470	0	0.65	0.092	Significant	Valid
5	NRM	468	0	0.726	0.092	Significant	Valid

Table 8 we present the regression estimates for Good Health (GDH). The threshold estimates for GDH = 1 is 2.810 which is the cut off value between strongly disagree and disagree responses in the research questionnaire. GDH = 2 has 5.503 as its threshold estimate and represents the cut off value between disagree and neutral responses. GDH = 3 has the threshold estimate 7.381 which is the cut off value between neutral and agree responses. Finally, GDH = 4 has the threshold estimate of 10.648 and represents the cut off value between agree and strongly agree responses in the research questionnaire.

Table 8: Good Health Parameter Estimates

	Variables	Estimate/ Coefficient	Std. Error	Sig.	95% Confidence Interval		Odds Ratio
					Lower Bound	Upper Bound	
Threshold	[GDH = 1.00]	2.810	.386	.000	2.053	3.567	
	[GDH = 2.00]	5.503	.430	.000	4.659	6.347	
	[GDH = 3.00]	7.381	.492	.000	6.416	8.346	
	[GDH = 4.00]	10.648	.617	.000	9.438	11.858	
Location	EQH	.693	.136	.000	.426	.961	2.001
	SHW	.527	.141	.000	.250	.803	1.693
	CPN	.244	.126	.052	-.002	.490	1.276
	NRM	.642	.125	.000	.398	.886	1.900
	Loc	.093	.143	.516	-.187	.373	1.097
Link function: Logit.							

Source: Generated using SPSS IBM 21

The estimate of 0.693, 0.527, 0.244, 0.642 and 0.093 for EQH, SHW, CPN, NRM and Loc respectively implies that there is a positive and significant relationship between these predictors and the response variable, GDH. Also the positive estimates are associated with an increased likelihood of falling into a higher category of the response variable. The probability to fall in any of the given categories of the response variable is given by the estimates of the predictors. That is, given any one predictor and holding other predictors constant, the probability of falling in any of the given categories of the response variable is the percentage of the respective estimate of the given predictor. Also it can be said that with a unit increase in any given predictor, GDH is likely to change and fall into any of the given category by 69.3%, 52.7% 24.4% and 64.2% respectively or there is a chance for GDH to likely change by its respective regression estimates in the ordered log odds scale. Loc with an estimate of 0.093 shows that the probability of falling into any of the given categories of the

response variable is 9.3%. The possible conclusion is that there is a 9.3% chance for GDH to likely change by its respective regression estimates in the ordered log odds scale in FCT. This simply mean that with an insignificant value of 0.516, the performance of local government at 9.3% is said to have an insignificant effect on the achievement of good health in FCT. In fact, this performance is closer to zero (0) implying that good health is less likely to be achieved in FCT. Also, local government's ability to provide each of the necessary inputs to good health, but one, are all above average. While their ability to make available equipped health centres, skilled health workers, water and natural resources management are above average and significant, their ability to provide community planning and public transport is below the average and insignificant. Furthermore, the underlying implication is that the input does not match the output and outcome which can be seen by the negative lower bound of the 95% confidence interval, which says we have 95% confidence that the performance of local government to effect good health in FCT is between -0.187 and 0.373 given all the resources and inputs available. However, because the estimates for equipped health centers, skilled health worker, water and natural resources management, community planning and public transport are positive, there is a higher likelihood of achieving good health if there is an improvement in the various inputs, particularly to community planning and public transport. Similarly, the odds ratio (OR) greater than 1 (OR > 1) for all the predictors shows that there is an increasing odd of being in a higher category of good health (GDH) with a unit increase in equipped health centres, skilled health workers, community planning, public transport, water and natural resources management.

Table 9 presents the marginal effects for good health. A marginal effect is a partial derivative (dydx) from a regression equation which describes the instantaneous rate of change of GDH with respect to any of the independent variables, EQH, SHW, CPN and NRM. That is, for each category, 1, 2, 3, 4 and 5, there is an effect of EQH, SHW, CPN and NRM on GDH at that instant in time. Also, EQH, SHW and NRM increases the probability of being in the higher outcome categories 4 and 5 but decreases the probability of being in the lowest outcome category 1 and 2. Furthermore, the changes in probabilities for each are statistically significant, indicating a robust relationship between EQH, SHW and NRM and the outcome variable, GDH. However, while CPN increases

Table 9 Marginal Effects

S/N	Variables	Category 1			Category 2			Category 3			Category 4			Category 5		
		dydx	%	P>|z|	dydx	%	P>|z|	dydx	%	P>|z|	dydx	%	P>|z|	dydx	%	P>|z|
1	GDH															
2	EQH	-0.0452433	-4.52	0.000	-0.0560726	-5.61	0.000	0.0067006	0.67	0.010	0.0699841	7.00	0.000	0.0246311	2.46	0.000
3	SHW	-0.0343526	-3.44	0.000	-0.0425751	-4.26	0.000	0.0050877	0.51	0.009	0.053138	5.31	0.000	0.0187021	1.87	0.002
4	CPN	-0.0158984	-1.59	0.062	-0.0197038	-1.97	0.062	0.0023546	0.24	0.114	0.0245923	2.46	0.061	0.0086553	0.87	0.073
5	NRM	-0.0418719	-4.19	0.000	-0.0518942	-5.19	0.000	0.0062013	0.62	0.019	0.0647691	6.48	0.000	0.0227957	2.28	0.000

the probability of being in the higher outcome categories 4, and 5 but decreases the probability of being in the lowest outcome category 1 and 2, a robust relationship between it and the outcome variable is lacking since the changes in probability are statistically less significant.

On perception, the negative marginal effect for the lower categories 1 and 2 for EQH, SHW, CPN and NRM indicate that access to equipped health centres, skilled health worker, community planning, public transport, water and natural resources management reduces the likelihood of respondents strongly disagreeing or disagreeing that good health can be achieved in FCT, the positive marginal effects for the higher categories 4 and 5, agree and strongly agree, suggest that better access to equipped health centers, skilled health worker, community planning, public transport, water and natural resources management increases the likelihood of respondents agreeing or strongly agreeing that good health can be achieved. From this, it can be said that access to an equipped health centre plays a significant role in improving health care service, which directly contributes to the achievement of good health and well-being. The results show that as access to an equipped health centre improves, people are more likely to believe in the possibility of good health and well-being. The smaller and less significant marginal effects for CPN, indicate a weaker relationship with the perception of

good health and well-being. Though community planning and public transport are crucial for well-being, their impact on the perception of good health may be less direct and could imply that other factors have a more immediate or noticeable impact on the achievement of good health and well-being perceptions. However, the marginal effect for skilled health workers is higher and significant indicating a strong relationship with the perception of good health and well-being, implying that the availability of skilled health workers is key for the effective and efficient running of the health care centres and the achievement of good health and well-being. Finally, the significant positive relationship between increased water and natural resources management and the perception of good health highlights the fundamental role of addressing health care challenges.

CONCLUSION, RECOMMENDATION AND LIMITATION

The results have shown that there is a positive relationship between the performance of local governments and the achievement of good health and well-being, however their low and insignificant contribution and performance are not likely to achieve this goal unless there is an adequate boost to their capability. The local governments as an institution of government need to have proper strategies and plans for effective and efficient implementation, monitoring and evaluation of all social and economic activities in the local areas that will bring about good health and well-being. There is the need to focus more on community planning and public transport.

It is important to note that the study's geographic limitation to Abuja FCT might result in region-specific findings. Abuja, being the capital city, has a different governance and fiscal structure compared to other parts of Nigeria. As a result, the findings may not apply to other local governments across Nigeria, where governance and resources vary widely. Note that measurement of SDGs at the local government level lack specificity or standardization, leading to challenges in data comparison across local governments. Other limitations arise from circumstances such as inaccessibility to chairmen and key staff of the area councils, non-cooperative attitude of respondents particularly the area council staff, time and funding constraints. Finally, while these limitations are weaknesses for this study, they also present a foundation for future study.

REFERENCES

1. Abdullahi, A., & Ahmad, S. (2018). Good governance and local government administration in Nigeria: An imperative for sustainable development. In International Journal of Development and Sustainability (Vol. 7, Issue 4).
2. Adegoke, Y. O., Mbonigaba, J., & George, G. (2022). Macro-economic determinants, maternal and infant SDG targets in Nigeria: Correlation and predictive modeling. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.999514
3. Adesiyan, E. A. (2018). Local government and the attainment of sustainable development goals in Nigeria: lessons from the millennium development goals. African Journal of Governance and Development, 7(1).
4. Agiobenebo, T. J. (1999). Assignment, criteria and the fiscal constitution: An excursion into a theory of rational fiscal federalism. (B. E. Aigbokan, Ed.). Nigerian Economic Society.
5. Aliyu, M. B., & Abubakar, A. D. (2022). Nigeria and Sustainable Development Goal 3: Impediments to Realistic Implementation. International Journal of Intellectual Discourse (IJID), 5(1).
6. Anayochukwu, G. I., Anayochukwu, V. A., & Nsah, B. (2022). (2022). Assessment of local autonomy and governance: A case study of Nigeria. Journal of Governance and Accountability Studies., 2(1), 15–28.
7. Bello, M. F., & Mackson, A. M. (2024). Competent and qualified personnel and service delivery at local government level: A conceptual review. Journal of Public Administration Studies (JPAS), 7(2), 25 -36.
8. Boris, O. H. (2015). CHALLENGES CONFRONTING LOCAL GOVERNMENT ADMINISTRATION IN EFFICIENT AND EFFECTIVE SOCIAL SERVICE DELIVERY: THE NIGERIAN EXPERIENCE. Research Centre for Management and Social Studies International Journal of Public Administration and Management Research (IJPAMR), 2(5).
9. Commonwealth Local Government Forum. (2019). Country Profile 2019-The local government in

Nigeria.
10. Constitution of the Federal Republic of Nigeria, 1999 (1999).
11. Dibie, R., & Quadri, O. (2017). Analysis of local governments proactive sustainability strategy in Nigeria and South Africa. Journal for Sustainable Development in Africa, 19(2).
12. Diejomaoh, I., & Eboh, E. (2012). Local governments in Nigeria: Relevance and effectiveness in poverty reduction and economic development. Journal of Economics and Sustainable Development, 1.
13. Enders, J. C., & Remig, M. (2014). Theories of sustainable development. In Theories of Sustainable Development. https://doi.org/10.4324/9781315757926
14. Ezeozue, C. (2020). Local Government Reforms as Instrument for National Development in Nigeria. International Journal of Trend in Scientific Research and Development, 4(3).
15. Global Task Force of Local and Regional Government, & UN-Habitat and UNDP. (2016). Roadmap for localizing the SDGs: Implementation and monitoring at subnational level.
16. Guha, J., & Chakrabarti, B. (2019). Achieving the Sustainable Development Goals (SDGs) through decentralisation and the role of local governments: a systematic review. Commonwealth Journal of Local Governance. https://doi.org/10.5130/cjlg.v0i22.6855
17. Irabor, P. O., Ebirim, S. I., & Aloba, I. F. (2022). Local Government and Primary Health Care service delivery in South-Western Nigeria 2010–2015. Acta Politica Polonica, 54. https://doi.org/10.18276/ap.2022.54-08
18. Jaksic, K., Peschner, J., & Pisiotis, A. (2020). Sustainable growth and development in the EU: Concepts and challenges.
19. Jhingan, M. L. (2012). The Economics of Development and Planning.
20. Jooji, I. T. (2018). Local government system in Nigeria and the quest for sustainable development. International Journal of Strategic Research in Education, Technologies and Humanities (IJSRETH), 5(1).
21. Khalil, S., & Adelabu, S. A. (2012). Model for Efficient Service Delivery in Public Service. Journal of Public Administration and Governance, 2(3). https://doi.org/10.5296/jpag.v2i3.2157
22. Majekodunmi, A. (2012). The State of Local Government and Service Delivery in Nigeria: Challenges and Prospects. Africa's Public Service Delivery and Performance Review, 1(3). https://doi.org/10.4102/apsdpr.v1i3.37
23. Michael P. Todaro, & Smith, S. C. (2011). Economic Development 11th Edition. In Addison-Wesley.
24. Moyer, J. D., & Hedden, S. (2020). Are we on the right path to achieve the sustainable development goals? World Development, 127. https://doi.org/10.1016/j.worlddev.2019.104749
25. Ndamobissi, R., Castrillo, M., & Yusuf-Yinusa, B. (2023). Progress towards SDG 3 healthy lives in Nigeria. Research Gate Publication.
26. Nwakama, M. C., Iloanya, K. O., & Taiwo, O. S. (2024). Challenges of local government in the provision of primary health care services in Ebonyi State. NG-Journal of Social Development., 13(1).
27. Olaniyi, O. (1999). Fiscal federalism and the performance of local government in Nigeria's economic development: An impact analysis. Nigerian Economic Society 1999 Annual Conference.
28. Olusadum, N. J., & Anulika, N. J. (2021). Crisis of good governance and service delivery at the grassroots: Interrogating the mishap of misappropriation of funds, lack of consultation and accountability in the vertical intergovernmental relations in Imo State. Global Journal of Political Science and Administration, 9(3), 16–26.
29. Sartorius, N. (2006). The meanings of health and its promotion. In Croatian Medical Journal (Vol. 47, Issue 4).
30. Sen, A. (1999). Development as freedom. OUP Oxford.
31. Taiwo, I. O. (1999). Fiscal federalism: A theoretical framework. In B. E. Aigbokan (Ed.), Fiscal Federalism and Nigeria's Economic Development. Nigerian Economic Society.