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Local Governments and Management of Covid-19 In Lagos State, Nigeria

Aderogba Ademola
Centre for Enterpreneurship & Skills Acquisition
Lagos State University of Science and Technology
Ikorodu, Lagos State, Nigeria
E-mail: molaaderogba2019@gmail.com
ORCID ID: https://orcid.org/0000-0003-1732-1997

ABSTRACT

The study focuses on the effectiveness of decentralization at the local level in Nigeria. In recent times, there are divergent views on the effectiveness of Nigeria federal structure and the need to strengthen decentralization of the structure by granting more autonomy to local governments. To achieve this, the paper examines relevance of contributions of local governments towards the management of covid-19 outbreak in Nigeria, which is regarded as the responsibilities of the three tiers of government. In the process, study was conducted by administering structured questionnaires on Community Development Association officials who are partners to local governments as samples, to give alternative perspective on the effectiveness of local government involvement in the management of Covid-19 in Lagos state. The findings indicate that Local governments are relevant in the three action areas; prevention, treatment and monitoring and support, though, weak in some specific activities. Thus, the study identifies limitations to the effectiveness of local government within the decentralized Nigeria federal structure and recommends way by which its capacity can be enhanced; including improved IGR generation, more autonomy, and capable work force.

Keywords: Decentralization, Local Government (LG), Covid-19, Community Development
              Association (CDA), Autonomy.

1. INTRODUCTION

The challenges facing Nigeria since its return to democratic rule in 1999, which include security, poverty, corruption, and poor infrastructure for development attracts attention of various groups and individuals who are now strongly agitating for what they refer to as 'restructuring or true federalism'. This reveals that the objectives of decentralization of governance structure are not being realized. Hence, there is need to devolve more power and responsibilities to the local government, to be able to identify peculiar strategies, which can address developmental challenges in their respective localities.

Moreover, the research instrument (questionnaire) would be administered to CDA officials because, they are volunteers and development partners to local governments at the grassroots, to assess the effectiveness of local government contributions towards the management of covid-19 in three key action areas- Prevention, Treatment and Support. Hence, the study intends to examine the relevance of local governments towards managing covid-19 outbreak in Lagos state, Nigeria. Secondly, the study intends to identify hindrances to the effectiveness of local governments within the decentralized Nigerian federal structure. The structure of the paper include: introduction, theoretical framework, conceptual explanations, research procedure, findings and discussion, implications of findings, conclusion and recommendations.

2. THEORETICAL FRAMEWORK

The theoretical framework for this study is Decentralization political theory. The central goal of decentralization is co-sharing of power and responsibility in accordance to hierarchy among the national and sub national governments of a federation. It describes set of policies and rules that are constituted to transfer responsibilities, resources, or authority from higher levels to lower levels of government (Garman et al, 2006). According to Ghuman and Singh (2013) the proponents of decentralization argue that there is a nexus between decentralization and effective service delivery. Consequently, it confers on local governments the freedom to administer their own affairs, in order to promote development at the local level (Thaore, 2001), thus, facilitating effective governance of the country and enhanced service delivery of sub-national government (Muriu, 2013). Due to proximity to the grassroots, public officials at sub-national levels have access to verified information that can aid decisions, which can address peculiar felt-needs of their people (Leeson, 2013).

Decentralization entails the creation of more avenues and opportunities for individuals to participate in the political processes, thereby enhancing healthy political competition (Myerson, 2006). For Mbate (2017), effective decentralization depends on some basics, which include: inclusive and participatory systems that can accommodate the expressions and opinions of other federating units in decision-making processes, an enhanced social capital to strengthen consensus for problem solving, strong local bureaucratic capacity building, and opportunity for political competition at the local level. Therefore, for any nationally identified and adopted problem-solving programs can be implemented effectively by the federating units, it would depend on the extent to which the political structure is decentralized.

3. CONCEPT OF LOCAL GOVERNMENT (LG)

Local Government is one of the oldest institutions with clan and village meetings as earliest forms in Nigeria. The National Guidelines for Reforms of Local Government (1976:1) in Nigeria defines Local Government as Government at local levels, constituted by representative councils, with specific powers within defined areas. These powers confers on the council substantial control over local affairs, staffing, institutional and financial powers to provide services and implement projects, to complement the activities of the state and federal Governments in their areas, with active participation of the people and the traditional institutions (Ibietan & Ndukwe, 2014). Local government is the third tier of government, and the closest to the grassroots. The main rationale for local government is to bring governance and service delivery to rural communities, deepening democracy and devolution of power (Osakede et al, 2016).

In a federal system of government, LGs serve as an intermediary between the federal and state governments and people at the grassroots. It enhances local governance through adequate representations, policy formulations, implementations, and equitable distributions of resources and services (Ahmad, 2015). Basic features include; operating at the local or grassroots levels, governing within a defined geographical area, relative autonomy or discretion over its financial and administrative affairs, substantial constitutionally delineated function, and comprising of elected representatives (Ugwuanyi et al, 2016).

4. CONCEPT OF COVID-19

Covid-19 is a respiratory disease, with a zoonotic source, that started in a large animal and seafood market in China, in a city called Wuhan. A highly infectious disease, the virus can be easily contacted through close contact with infected person. The Corona virus spreads when an infected person's sneezed or cough droplets come into contact with another person's eyes, nose and mouth. Also, the virus can spread when a person touches a contaminated surface, such as desks, chairs, door handles, and phones, then touches eyes, nose and mouth (Ministry of Health, Uganda).

Since its outbreak in china, the Corona virus has spread to about 215 countries or territories worldwide. Due to its rapid transmission rate and the huge number of casualties, the WHO declared Covid-19 a "Public Health Emergency of International Concern" (PHEIC) on 30th January 2020, and subsequently, pronounced the virus as a pandemic on 11th March, 2020 according to the International Health Regulations (Clinical Management Protocol for Covid-19). The symptoms of covid-19 could range from mild symptoms like fever, cough and shortness of breath, to serious symptoms such as pneumonia, severe acute respiratory syndrome, and sometimes death (World Health Organization). According to a study of 55,924 confirmed cases, the World Health Organization-China Joint Mission on Corona virus Disease (2019), the most common signs and symptoms include: fever, dry cough, fatigue, sputum production, dyspnea, sore throat, headache, myalgia or arthralgia, chills, nausea or vomiting, nasal congestion, diarrhea, hemoptysis, and conjunctival congestion.

The clinical vaccines to combat the virus are still under laboratory process, thus, prompted global adoption of lockdown measures. It was first implemented by the central government of China in Wuhan on January 23, 2020, and was commended globally, particularly by the World Health Organization (WHO), describing it as "unprecedented in public health history" (Crossley, 2020).

Subsequently, there were widespread declarations of lockdown in over 100 countries between April and June 2020. Lockdown was globally embraced due to the anticipated and unanticipated consequences that the virus is likely to trigger.

5. COMMUNITY DEVELOPMENT ASSOCIATION (CDA)

Busari-Akinbode and Temilola (2020) defines Community Development Associations (CDAs) as groups formed by voluntary members of a given geographical territory, with the common interest of improving the living conditions in their society. CDAs refer to a group of people within the same geographical confines, having a common objective to work together to improve their area, to make it easier and safer to live (Adelesi, 2015). CDAs can also be referred to as Self-Help Groups, Community Development Unions, or Common Interest Groups.

Although CDAs have being in existence in Nigeria, they did not achieve a legal status until 2008 when the Lagos State Government passed the Community Development Associations Law of Lagos State. This law strengthened the ability and effectiveness of CDAs by enabling an inclusive structure to pursue their mandates effectively through regular meetings with the local and state government authorities. The executives of each CDA in an area jointly form Community Development Committee (C.D.C) whose function is to update the LGs on the operations of CDAs. At the state level, some selected officials among executives of CDC forms the Community Development Advisory Council (CDAC), who advises the state government on matters relating to community development (Community Development Associations Law, 2008).

CDAs serve as a means through which governance can be felt at the local level. Through their activities, the government is able to operate a bottom-up approach to community development, while the people enjoy the dividends of participatory and effective governance. According to Akinsorotan and Olujide (2007), the activities of CDAs have yielded positive results, in terms of the execution of the self-help projects which include the provision of health facilities, market stalls, roads, schools, post offices, wells, boreholes, pipe-borne water and electricity.

6. COVID-19 OUTBREAK IN NIGERIA

Nigeria, with a huge population of almost 200 million people, remains one of the ten countries most affected by COVID-19 on the African continent (IOM, 2020). Nigeria recorded its index case in February 2020, making it the third country in Africa to report an imported covid-19 case, with Egypt and Algeria being the first and second. The Federal Ministry of Health confirmed the first COVID-19 case in Ogun State, Nigeria. The index case was an Italian citizen who flew from Milan, Italy to Lagos, Nigeria on February 24, 2020, and proceeds to his company site in Ogun State the same day in a private vehicle. On February 26, 2020, he was admitted at the company clinic with symptoms consistent with COVID-19 and was referred to the Infectious Disease Hospital (IDH) in Lagos where a COVID-19 diagnosis was confirmed by real-time reverse transcription polymerase chain reaction test (RT-PCR) on February 27, 2020 (Dan-Nwafor et al, 2020).

The disease transmission during the first 30 days of COVID-19 in Nigeria was elitist as the majority of the confirmed cases were returnees from foreign countries (NCDC, 2020). Added to this are the political elites; three state governors and some political appointees tested positive. This gave citizens wrong initial perception that COVID-19 was associated with the political bourgeoisie, until there was evidence of community transmission (Amzat et al 2020). Thus, it became necessary for every Nigerian to take preventive responsibility.

7. RESPONSE OF THE FEDERAL GOVERNMENT

Federal Ministry of Health leads the Federal government's response team with the responsibility of formulating and implementing policies relating to COVID-19 in Nigeria, collaborating with relevant ministries and agencies, inspection of public and private treatment centers for COVID-19 confirmed cases, and overseeing the training guidelines, and distribution of personal protective equipment [PPE] to frontline workers (Oyeranti & Sokeye, 2020). The other institutions are Nigeria Centre for Disease and Control (NCDC) and the Presidential Task Force (PTF). The mandate of NCDC was to offer evidence-based prevention, integrated disease surveillance and response programs, adopting a single health strategy driven by research and professional workforce. On the other hand, the 12-member PTF led by the Secretary to the Federal Government, Boss Mustapha, was empowered to create a workable National Response Plan, to be revised on daily basis (Ailemen, 2020).

Another measure was Public health education and risk communication campaigns on coronavirus. Both conventional and social media, including WhatsApp, Twitter, and Facebook, were adopted in disseminating updates on the virus (Akinmayowa and Amzat, 2020). The NCDC also provided regular updates on the outbreak, guidelines and protocols to prevent coronavirus by regular broadcast through telecommunication help lines provided by major operators in the country. The National Orientation Agency (NOA), non-governmental organizations (NGOs), faith-based organizations (FBOs), and other development partners also embarked upon sensitization projects across the country (NCDC, 2020).

Just like many other countries battling with the corona virus, Nigeria also implemented and enforced lockdown due to the absence of vaccines. As a result of the spread, federal government imposes a nationwide lockdown on March 30, 2020, for an initial period of 14 days, in three states of the federation: Lagos, Ogun, and Abuja, where the confirmed cases were concentrated, but later extended by 14 days with kano state included (Ajide et al, 2020). The exercise entailed the closure of all activities-based centers and enforcement of directives such as social distancing, congregation of maximum of 20 people, and compulsory usage of the face masks, particularly, in public places where it was inevitable, (NCDC, 2020).

However, the federal government commenced easing of the lockdown on May 4, 2020, to alleviate the socio-economic consequents. This measure was in phases for an initial period of two weeks to create a balance between public health and economic consequences by progressively returning the population to normal activities. Additional measures include, increased testing, contact tracing by rapid response teams, testing centers, and supervised isolation of at least 14 days for repatriated citizens (Dan-Nwafor et al, 2020). Furthermore, federal government in June 2020 passed an Economic Sustainability Plan with budget of 87 Billion Naira ($211 million), to assist the daily-earners and to expand social investment programs in 12 months. The plan included support of cash transfers to households on the National Social Register of Poor and Vulnerable Households and an additional 1million households nationwide through a rapid response program, specifically targeting the urban poor (Budget Office of the Federation, 2021).

 The cash transfers were paid through the preexisting National Social Safety Nets Project (Okwumbu 2020). Most beneficiaries initially received a payment of 20,000 Naira ($49) to cover January to April 2020, but payments then reverted to 10,000 Naira ($24) every two months (Ministry of Humanitarian Affairs, 2021).

Testing capacity in terms of PCR machines as of mid-April was approximately 2500 tests per day and later increased to more than 5000 per day as three Mega PCR Laboratories were activated for testing in Lagos and FCT (Dan-Nwafor et al, 2020). Nigeria has 29 molecular laboratories spread across 19 states with additional two being constructed for Gombe and Kwara States (Oyeranti & Sokeye, 2020). The federal government also adopted pharmaceutical interventions through the procurement of vaccines. Nigeria received 3.94 million doses of AstraZeneca/Oxford vaccine from Mumbai on March 2nd, 2021 (UNICEF, 2021).

8. RESPONSE OF LAGOS STATE GOVERNMENT

Lagos state is the epicenter of covid-19 in Nigeria because it is the economic nerve center and the most populous state. By July 26, 2020, it accounted for 36% of the cases and 22% of deaths (Odukoya et al, 2020). Also, as at July 7, 2021, it accounted for 59,987 confirmed cases of 168,110 confirmed cases and 456 fatalities of the 2,122 confirmed deaths (NCDC, 2021). Thus, Lagos state government takes numerous healths, social and economic measures to contain the spread and impacts of covid-19.

The policies to cater for emergency preparedness and biosecurity which was provided during Ebola disease in 2014 aided the responses of state government. Lagos State articulated a Covid-19 Response Plan in June 2020; implemented by the Emergency Operations Centre (EOC), which identified and described the systems, activities, resources, and timelines required to combat the pandemic at the State and LGAs. Lagos state had set-up an Incident Command System (ICS) four weeks before the index case, which was led by the governor and assisted by the state's Commissioner for Health that would be providing strategic direction to the State's response. Also, the Governor as Incident Commander created a Covid-19 Think Tank which serves as human resource strategists, comprising a multidisciplinary team of subject matter experts (Abayomi et al, 2021).

The EOC was activated at the State and at LGA levels, to ensure the grassroots penetration. (Abayomi et al, 2021). The state government also ensures that the lockdown measures imposed by the federal government were completely implemented and enforced throughout the state, to flatten covid-19 curve (Ibrahim et al, 2020). However, the economic consequences, and subsequent increase in criminal activities forced the government to embark on gradual easing of the lockdown. Thus, the governor of Lagos state, Babajide Sanwo-Olu announced on April 29, 2020 the easing of the lockdown and covid-19 guidelines which must be strictly adhered to was put in place. These guidelines include: opening of the state borders to vehicles carrying food, public officers from level 13 and above were to resume work while others continued to work from home, opening food markets between 9 a.m. to 3 p.m. on alternate days, and malls and public transport to operate at 60% capacity. Also, people were enjoined to comply with the use of face masks and social distancing in the public (Ezeamalu, 2020).

The government intervenes in the socio-economic impacts of the lockdown measures by providing palliatives to affected residents of the state, as payback to tax payers (The Nigerian Guardian Newspaper, August 8, 2020). The distributions of palliatives assist in preserving the health status of the recipients, and curbing further increasing criminalities within the state due to the economic hardship triggered by the lockdown (Sarumi, 2020). The government increases testing capacity and numbers of laboratories in the state. This brought about the establishment of biobank with support of the Government of Canada. It was the only functional Biosafety Level 3 (BSL-3) laboratory in Nigeria and the only energy mix hybrid biobank in West Africa.

The testing capacity of Lagos state laboratories increased from 180 samples at the beginning of the outbreak and three months later to 2000 samples a day across six laboratories including Lagos State Biobank and 54 gene laboratory. To operate 24 hours daily additional human resources were recruited and trained, to support the activities of the laboratories across the State (NCDC, 2020). Furthermore, government draws on quarterly basis the budget to implement these measures. A budget of N10.8 billion (US$28.7 million) was estimated to actualize the incident action plan in the second quarter (May–July 2020). The allocation for case management was (N5.1 billion US$13.3 million), laboratory services (N1.6 billion /US$4.2 million) and human resources (N1.5 billion /US$4.0 million), (LSMOH, 2020).

9. RESEARCH PROCEDURE

The sample of study was 220 Community Development Association officials in Lagos State that responded and returned their questionnaires out of the 240 questionnaires distributed. The questionnaires were administered centrally at the three senatorial districts of the Lagos state 20 LGs namely: Lagos East, Lagos West and Lagos Central Senatorial Districts. Officials were contacted to assist in administering and retrieving the questionnaires during their Senatorial level CDC meetings where most officials at the local government converge, for purpose of simplifying the field process. Simple linear regression models statistical tool was used to measure three hypotheses, with each addressing different covid-19 action stage; prevention, treatment, and monitoring and support.

Test of Hypotheses

The simple linear regression model was used in the study. The decision criteria for the hypothesis tested is that, the null hypothesis (H_0) be rejected if the p-value is less than the stated level of significance ($\alpha = 0.05$), and accept alternative hypothesis, hence, conclude that there is a significant relationship. However, if H_0 is greater than α, then accept the null hypothesis and conclude that the relationship is not significant.

Hypothesis 1:

H_0:   Local government does not involve in the activities to prevent covid-19 in Lagos State
H_1:   Local government involves in the activities to prevent covid-19 in Lagos State
              Level of significance, $\alpha = 5\%$

The simple linear regression model for hypothesis (1) is given by: $E(Cp) = a + bSi_i + e_i$
Where: Cp = Covid-19 Prevention   & Si = Sensitizations

Analysis of the respondents' responses was as shown in the Table below

Table 1: Coefficient of Regression of relationship between Local Government (Sensitization) and Covid-19 Prevention

Model	B	Std. Error	T	P-value
(Constant)	0.36	0.044	0.821	0.412
Local Government (Sensitization)	0.975	0.015	64.312	0.000
Model Summary:R^2 = 0.950, $Adjusted R^2$ = 0.950, MSE = 370.991, F = 414.049, P =0.000				

Conclusion: From Table 1 above; it could be deduced that p-value=0.000 is less that the level of significance (α = 0.05), hence accept alternative hypothesis (H_1) which indicates that the null hypothesis (H_o) which stated that LGs does not involve in the activities to prevent covid-19 was rejected, while the alternative hypothesis (H_1) which stated that LGs involves in the activities to prevent covid-19 was accepted.

Hypothesis 2:

H_o: Local government does not involve in activities for the treatment in Lagos State
H_1:   Local government involves in the activities for the treatment in Lagos State
 Level of significance, α = 5%

The simple linear regression model for hypothesis (2) is given by: $E(CT_i) = a + bFD_i + e_i$

Where:
CT= Covid-19 Treatment
FD = Feeding and drugs

Table 2: Coefficient of Regression of relationship between Local Government (Feeding and drugs) and Covid-19 Treatment

Model	B	Std. Error	T	P-value
(Constant)	0.211	0.085	2.489	0.412
Local Government (Feeding & drugs)	0.724	0.032	22.513	0.000

 Model Summary:R^2 = 0.699, *AdjustedR*^{2} = 0.698, *MSE* = 170.474, *F* = 506.824, *P* =0.000

Conclusion: From Table 2 above; it could be deduced that p-value=0.000 is less that the level of significance (α = 0.05), hence accept alternative hypothesis (H_1) which indicates that the null hypothesis (H_o) which stated that Local government does not involve in activities for the treatment of Covid-19 was rejected while the alternative hypothesis (H_1) which stated that Local government involves in activities for the treatment of Covid-19 was accepted

Hypothesis 3:
H_o: Local government does not involve in the activities to monitor and support residents of Lagos state.
H_1: Local governments involves in the activities that monitors and supports residents of Lagos state.

Level of significance, α = 5%
The simple linear regression model for hypothesis (3) is given by: $E(CV_i) = a + bPD_i + e_i$

Where:
CV = Covid-19 Vaccination
PD= Palliatives distribution

Table 3: Coefficient of Regression of relationship between Local Government (Palliatives distribution) and monitor/support (Vaccination)

Model	B	Std. Error	T	P-value
(Constant)	0.282	0.056	4.995	0.000
Local Government (Palliatives distribution)	0.951	0.018	53.429	0.000

Model Summary: $R2 = 0.929$, $AdjustedR2 = 0.929$, $MSE = 387.376$, $F = 2854. 684$, $P = 0.000$

Sources: Field survey, 2022

Conclusion: From Table 3 above; it could be deduced that p-value=0.000 is less that the level of significance ($\alpha = 0.05$), hence accept alternative hypothesis (H_1) which indicates that the null hypothesis (H_o) which stated that Local government does not involve in the activities of monitoring/support during covid-19 outbreak was rejected while the alternative hypothesis (H_1) which stated that Local government involves in the activities of monitoring/support during covid-19 outbreak was accepted.

10. DISCUSSION OF FINDING

From Table 1, it could be deduced that p-value=0.000 of the regression analysis is less that the level of significance ($\alpha = 0.05$), hence accept alternative hypothesis (H_1) which meant that Local government involves in the activities to prevent covid-19. The R Square value is the value of the coefficient of determination; the value is 0.950. This value after interpolation 100 indicates that the selected regression line explains respondent opinion's variability to approximately 95%; the other part represents an unexplained variability.

Furthermore, from Table 2 above; it could be deduced that p-value=0.000 is less that the level of significance ($\alpha = 0.05$), H_0 which stated that Local government does not involve in the activities for treatment was rejected, hence, accept alternative hypothesis (H_1) which indicates that Local government actually involves in the activities for treatment From Table 3 above; it could be deduced that p-value=0.000 is less that the level of significance ($\alpha = 0.05$), H_0 which stated Local government does not involve in the activities of monitoring/support during covid-19 was rejected while the alternative hypothesis (H_1) which stated that Local government involves in the activities of monitoring/support during covid-19 was accepted.

The R Square value is the value of coefficient of determination; the value is 0.929. This value after interpolation 100 indicates that the selected regression line explains emotional components of the respondent's variability to approximately 93%; the other part represents an unexplained variability. However, while the test of hypotheses indicates involvement and relevance of local government in the management of Covid -19 in Lagos states, responses to some of the questions especially on treatment actions indicates that the involvement was not satisfactory.

For instance, 22.7% respondents rated local governments as satisfactorily supporting provision of foods and drugs in treatment process, while 30.9% respondents rated local governments as satisfactorily supporting the personnel in treatment process, thus, there is a need to identify the limitations affecting the effectiveness of local governments for policy implications. The above finding agrees with that of Ekpe (n.d) in his study on Local governments' role as catalyst of economic development. Finding indicates that LGs participate significantly in implementing development plan strategy adopted at both Federal and State Government levels, especially, in the areas of Adult Education, Agriculture and Primary Health Care programs as contain in the Local Economic Empowerment Development Strategy (LEEDS). In the same vein, finding of Belinda Vernyuy Uba et al (2021) also corroborates the submission in their study to assess National Stop Transmission of Polio (NSTOP) 2014-2015 program at LG level as a bottom-up, community-driven approach in Northern Nigeria.

It reveals that LGs as the third tier of government plays significant roles in sustainable national development in Nigeria. One year after its implementation by local government areas, immunization service delivery in primary health facilities was enhanced; improvements were recorded in the number of personnel and beneficiaries who received immunization (Belinda VernyuyUba et al, 2021). However, finding of Diejomaoh and Eboh (2012), in their study on the relevance and effectiveness of local government in poverty reduction, economic development and sustainable development in Nigeria contradicts the above findings. The finding shows that local governments' relevance and impact remains a mirage and have not justified the reasons for its established. Similarly, Abdulkareem et al (2017) argue that local government's effort toward economic development in Nigeria is not efficient. Finding in their study of LGs administration and national development in Nigeria reveals that due to some challenges, it has lost its footing in the developmental process.

Furthermore, in their study, Nnamani et al (2017) posit that many local governments have not perform up to expectations as the catalyst for rural and national development due to several constraints in Nigeria. The findings further reveal that the foundation of current Nigerian constitution has not in any way reflected true federalism, because the status of local councils within the federal structure is ambiguous. On the other hand, Othman et al (2021) insist that federalism remains the most viable system for Nigeria based on the past and present experiences. The finding indicates that though the heterogeneous nature and character of the Nigerian state necessitates a federal system of government the inefficient practice of 'true' federalism in Nigeria was due to prolonged military rule, manipulation of religious differences and regional diversity, revenue and resource allocation politics and conflict, including poor intergovernmental relations.

However, the role of local governments in Lagos state in the management and control of covid-19 seems to be minimal at best due to several constraints such as; insufficient personnel, insufficient funding, lack of autonomy, and lack of access to direct foreign support.

11. POLICY IMPLICATIONS
The following are policy implications for the Lawmakers and Policy Officials:

Lack of Personnel: The paucity of appropriate skilled workers in local government areas negates the effectiveness and efficiency of LGs in covid-19 management at the grassroots. Most local governments are plagued with unavailable or inadequate competent and professional manpower (Olley, 2011).

Insufficient Funding: Funding constrains significant participation of LGs in the management and control of covid-19 in the state, and the country as a whole. Although, there are constitutional financial provisions for the funding of LGs activities from the Federation Account and 10% of each state's IGR, LGs still suffer from insufficient funding due to the frequent sundry deductions by the federal and state governments from their monthly allocations (Odalonu, 2015). It equally constrains employment of specialists requires for effective implementation of rural development programs (Adedire, 2014).

Security Control: The security sector constitutes an essential part of an effective and comprehensive pandemic response team, which is responsible for enforcement of the public compliance to lockdown restrictions as in many parts of the world (Saferworld, 2020). Unfortunately in Nigeria, matters regarding the security sector belong only to the Exclusive Legislative List and Concurrent Legislative list. Thus, LGs cannot solely enlist the efforts of security sector in their contribution to covid-19 responses in Nigeria.

Communication Outfits: Federal government and other institutions like the Ministry of Health and the NCDC collaborates with the media and other communication outlets to sensitize members of the public, thereby, easing the anxiety and confusion raging among the public (Ekwunife et al, 2020). In partnership with the NCDC and the Nigerian Governors Forum, MTN, a telecommunication company provided a dedicated help line for the dissemination of health information to all their subscribers (Ndukwe, 2021). Local governments could not incorporate this factor into their covid-19 response because telecommunication companies preferred to collaborate with the federal and state governments, rather than local governments.

Foreign Support: Foreign aid and support played a huge role in the effective management and control of covid-19 in Nigeria. Federal government and some state governments like Lagos State received both technical and financial aid from both developed countries and international non-governmental organizations. The Federal Government of Nigeria received its first batch of covid-19 vaccine courtesy the COVAX Facility, a partnership between CEPI, GAVI, UNICEF and WHO (UNICEF, 2021). For Lagos state, the epicenter of the disease, the establishment of the only functional Biosafety Level 3 (BSL-3) laboratory in Nigeria and the only energy mix hybrid biobank in West Africa was with the support of Government of Canada (NCDC, 2020). However, LGs had no direct access to foreign aids or support, rather, they depends on their state government's bailouts and funding to participate in covid-19 responses.

Lack of Autonomy: Lack of political, financial and administrative autonomy remains one of the major constraints limiting the efficiency of local governments when it comes to public service delivery and involvement in national programs. Constitutional provisions reduce LGs to appendages of their state governments, as the functions and responsibilities assigned to them are determined by the state House of Assembly. Also, local governments in Nigeria operates a joint account with their respective state governments thereby making it difficult if not impossible

to discharge their constitutional duties and responsibilities without the approval of the state governments (Abdullahi, 2017). The central government (and state governments) retains responsibility for public services like immunization, vaccination and communicable diseases. Hence, the extent of participation of Local Government Authorities (LGAs) in the execution of these aspects is at the discretion of individual state governments (Eme, 2015).

12. CONCLUSION

The study examines how Nigeria decentralized federal structure can be enhanced for effectiveness at the local level. Therefore, the study was carried out to examine the relevance and contributions of local governments of Lagos state towards the management of covid-19 outbreak in three key action areas namely; Prevention, Treatment and Support at the grassroots where majority of Nigerians reside. Findings confirm moderate relevance and involvement of local governments. As a result of this finding, the study identified factors hindering the efficacy of local government as a tier within the federal structure, in the process of addressing national problems and nation building for policy decisions. Hence, there is a need for recommendations on how the capacity can be strengthened to address the policy implications.

13. RECOMMENDATIONS

The following are recommended to policy and law makers in strengthening the relevance of local governments as a decentralized federal structure in Nigeria:
1. There is the need for constitutional review to address all provisions affecting local government autonomy.
2. Government must intervene in Community Development Associations participation in governance by assisting in capacity building.
3. Local government must be allowed to recruit and train (right workforce) that can effectively drive administrative autonomy at the local level.
4. The challenges associated with covid-19 exposes how irrelevant local government is in Nigeria security architecture presently. Thus, there is a need to restructure and include local government in national security management at the local level.
5. There must be new and innovative strategy to increase Internal Generated Revenue (IGR) by local governments for effectiveness.

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