Effect of Budgetary Allocation on Health Status of Beneficiaries in Maiduguri Metropolitan Council

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Abstract
Despite increasing budgetary allocation on health sector by the government of Borno State, the health status of the people have remained poor in MMC. The study therefore assessed the effects of budgetary allocation on health status of beneficiaries. Data was obtained by both primary and secondary sources. An open-ended questionnaire was distributed to respondents who are households and are health care beneficiaries with 96% retrieval rate, which was used for data analysis. The data collected was analysed using both descriptive and inferential statistics; the hypothesis was tested using chi-square at 0.05 level of significance. The study found out that there is no significant difference between adequate allocation on health and health status of beneficiaries. The study revealed that the major challenges facing the implementation of budget in MMC was political interference, corruption as well as poor knowledge in planning. The study concludes that budgetary allocation on health has not impacted positively on the health status of beneficiaries in MMC. The study therefore recommends among others that there should be oversight visit by relevant house committees to health establishments to ascertain compliance to budgetary implementation, eliminate corruption and train on proper planning for the future.

Keywords: *Allocation, Beneficiaries, Budget, Health Status*

Introduction

The ways government budgets are allocated have an important impact on economic development. This is because meaningful budgetary allocations to sectors of the economy could bring government closer to the people. According to Gupta, Clements, Guen-siuand Leruth (2001) budgetary allocations to some key sectors of the economy through its positive effects can enhance equity and reduce poverty. The productivity of these allocations depends on the efficiency of resource allocation within the sectors.

At the 58th World Health Assembly held in Geneva, Switzerland on May 16-25, 2005, developed and developing countries attention was drawn towards ensuring universal access and coverage in health services provision. Further recognition of the importance of universal coverage and equity in health services provision led WHO to propose at the 2010 World Health Assembly issues that will address budgetary allocation of health that will ensure universal coverage (Ataguba and Akazili, 2010).

In Nigeria, government places a lot of premium on agriculture, education, transport and health sectors. Because of the catalytic roles these sectors played in the development of the other sectors. The overriding budgetary objective is that these prime sectors will be able to grow the other sectors giving the enabling environment.Health care services helps the average citizens to cope considerably with the problems of solving and meeting his basic needs of foods, shelter, clothing and to learn how to utilize his own economic affairs as his role as a citizen in a given community and in the family life. Similarly, According to the article 25th of the United Nations (UN) declared that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including, food, clothing, housing, medical care and necessary social services. From the article it is clear that health care system must function to guarantee efficient and effective health care system to Nigerians, principally, it is the nature and level of health makes one to have formed a clear self-concept in fact no nation is expected to developed to its maximum so long as its populace remain starved and suffered malnutrition, because economic prosperity of an individual is function

of public health and a healthy country is a productive one.

The nature of budgetary allocation defines the structure, the behaviour of different stakeholders and quality of health outcomes. The pattern of health financial allocation is therefore closely and indivisibly linked to the provisioning of services and helps define the outer boundaries of the system's capability to achieve the overall goal of enhancing nation's economic development (Rao, Selvaraju, Nagpal and Sakthivel, 2009).

However, in some cases, these sectors return have not produced the desired result. The question that readily come to mind is that in spite of large fiscal space, why has budgetary allocations to health sector stillperform abysmally poor? This is the motivation for this study. Therefore, the objective-of this paper is to assess the effect of adequate budgetary allocation onhealth status of beneficiaries, examine the effect of poor budgetary allocation on the health status of the people and identify the factors affecting proper implementation of budget in MMC.

Hypotheses

HO_1: There is no significance relationship between adequate budgetary allocations on health and health status of the beneficiaries.

Conceptual Classification

The Concept of Budget

Budget is a quantitative expression of plan of action prepaid in advance of the period to which it relates, budget may be prepared for a business as a whole, for financial and resources items such as cash capital expenditure and power purchase (Suswan,2002). Budget is a plan quantified in monetary terms prepared and approved prior to defined period of time, usually showing planned income to be generated and or expenditure to be incurred during that period (Koleade, 1982). Budget is a plan of financial operation embodying as estimate of proposed expenditure for a given period and the proposed means of financing them. This is used to the legislative body for adoptation (Ibekwe, 2012).

Budget however is a plan which provides an organisation with certain objectives for a given period. Budget is a planning tool as well as a control mechanism which all organisation both private and public most put into use through budgeting standards are set which guides the actual performance (Mojekwu, 1975). Budget is a set of interlinked plans that quantitatively describe an entity projected future operations (Bakare, 2013).

Concept of Budgetary Allocation

Budgetary allocation is the process of procedures for allocating things especially money or other resources to the economic sector in an attempt to boost the living standard (Nilson, 2004). Budgetary allocation are financial proposal set annually and involve allocating anticipated income and resources between different departments, the amount of funding allocated to each area imposes restrictions on the scope of a department development for example if there is a reduction in funding then some staffs may have to be made redundant (Bennet,1999). Budgetary allocation is an outflow of resources from government to other sector of the economy such as health sector e.t.c. whether required or unrequired in other to boost the living standard of people (Mark, 2004).

Budgetary allocation are integral component to an annual financial plan as estimated in the proposal by the sector for period of 12 months to run it affairs within the sector for the improvement of such sector (Ryckman,1982). Budgetary allocation is an effort made by resources across the range of preference that contribute to poverty reduction and economic development (Frank, 2001).

Concept of health status

Health status is a holistic concept that is determined by more than the presence or absence. It is often and summarized by life expectancy or self-assessed health status and more broadly includes measures of functioning physically illness and mental well-being (Malesy, 2007). Health status is characterized by a person's ability to recognize their strength and values cope with daily stressors, and make a productive and positive contribution to the community, poor mental health may be adversely affect any or all of these areas and has consequences for an individual, their family and society (Polinadu, 2004).

Health status is the health outcomes of a group of individuals including the distributions of such outcomes within the group it is an approach to health that aims to improve the health of an entire human population (Moreso, 1958). Health status is the level of health of the

individual group or population as subjectivity assessed by the individual or by more objective measures (Kuli, 1991).

Many factors combine together to affect the health of individuals and communities whether people are healthy or not is determined by their circumstances and environmental to a large extent, factors such as where we live, the state of our environment genetics, our income and education level and our relationship with friends and family all have considerable factors such as access and use of health care services often less of an impact (Jackson, 1965). The determinant of health includes the social and economic environment, the physical environment and the person's individual characteristics and behaviours.

Effect of Budgetary Allocation on Health Status

Adequate budgetary allocation result to an extremely higher level of nutrition health status and national productivity and their by making them healthy and being far away distance with all disease (Ichoka, 2009).Adequate allocation to health make tangible improvement to quality of life and quality health care reduces unemployment and poverty which are the determinant of poor health status (Adacco, 1970). Adequate budgetary allocation to health improves the health status and therefore determines the level of human capital development which eventually leads to better skillful efficient and productivity economy (Riman, 2010)), nourishment sound education and health care which they have neither resources nor importance attached to regular check, therefore Adequate allocation to people or health institutions will resolve much more on them.

Poor budgetary allocation result extremely to negative health outcomes within a community (Wilson, 1977). However the level of households income, house hold demography and health behaviour can affect health status.Poor budgetary allocation to health sector result to lack of adequate nutritional, nourishment sound education and health care which they have poor health status due to poor allocation is the lack of full delivery of resources to the health sector in an attempt to uplift the status of the people -and to tackle diseases within or among individuals (Oyil, 2002).

Poor budgetary allocation is the situation where by policy makers or executives practice disparity in the allocation of resources to responsible health bodies is usually being diverted by this executive to their other business and selfish interest which latter obtain found difficult to uplift the living standard or status (Frederick, 2000).

Methodology

The study was conducted in Maiduguri Borno state. Maiduguri also called (Yerwa). The study used both primary and secondary data to achieve its objectives. The primary data were generated through questionnaire administrations while the secondary information was obtained from internet, journals, magazines, textbooks and other relevant documents. The study population comprises 1180 community leaders, budget official from the state ministries of finance and health, medical doctors, nurses and midwives.

The sample size of the study is 100. The study utilized the stratified sampling technique based the proportion of the respondents. Simple random sampling technique is used to select the respondents

Table 1: Sampling Frame

S/N	Categories of Respondents	population	Sample size	Percentage %
1.	Medical Doctors	300	100	33%
2.	Nurses	600	150	21%
3.	Mid-wives	500	150	30%
4.	Community leaders	900	450	5%
5.	Budget Officials	140	150	10%
	Total	1180	100	100%

Source: Field Survey, 2015.

The method employed is the questionnaire method which involves drawing questions to obtain responses from the respondents. One hundred (100) questionnaire were administered. The questionnaires that were administered to respondents were open and close ended questionnaires. The study used descriptive statistics and chi-square test to analyse the data collected for the study.

Data Presentation and Analysis

Data Presentation

This section deals on the presentation of data. This aspect focuses on the data gathered from the respondents in Maiduguri metropolitan council MMC which are selected. A total of hundred (100) questionnaires were administered out of these, 96 were filled and retrieved. These 96 questionnaires were used for data analysis.

RESULTS

The data analysis is done in line with the specific objectives of the study.

TABLE 2.Positive impact of adequate budgetary allocation on health status.

Health Status	Strongly agreed	Agree	Undecided	Strongly disagree	Disagree
Malaria	52.1	15.6	3.12	10.04	18.75
Diarrhea	46.87	20.8	5.20	17.7	9.37
Mental	31.25	26	8.33	15.62	18.75
Physical	20.83	41.66	2	20	14.58
Environmental	26.04	26.04	10.04	18.75	18.75

Source: Field survey 2015

Table 2 shows that majority of the respondents strongly agreed that budgetary allocation has reduced the effect of malaria, diarrhea, and mental care and environment sanitation in Maiduguri.

TABLE 3: Negative impact of poor budgetary allocation on health status.

Health Status	Strongly agreed	Agree	Undecided	Strongly disagree	Disagree
Poor water supply	15.25	15.62	10.41	51.45	6.25
Poor living condition	18.75	46.66	5.20	10.70	16.66
Poor government sanitation	60.87	15.62	3.12	9.62	10.75
Increase in illness of disease	20.83	51.45	5.41	13.75	8.54
Inadequate health clinics	26.04	46.04	7.29	10.41	10.20

Source: Field survey 2015

Table 3 shows that budgetary allocation has ensured adequate water supply to the inhabitants of MMC with 57.7% disagreeing that budgetary allocation has resulted in poor water supply. However, it has not improved on the living condition of the people in the study area. There is poor governmental sanitation, arising to increased illness and diseases in the study area and paucity of health clinics to cater for the people.

Table 4: factors affecting implementation of budget.

FACTORS	Strongly agreed	Agree	Undecided	Strongly disagree	Disagree
Corruption	46.87	20.83	5.20	17.7	9.37
Political interference	20.83	41.66	2	2 0	14.58
Poor knowledge in planning	48.95	36.45	2	9.37	4.16
Inadequate training of budget officers	26.04	38.54	5.20	15.62	14.58
Death of trained administrators	31.25	41.66	10.04	10.04	6.25

Source: Field survey 2015

Table 4 shows that budget implementation in MMC is affected by corruption, poor knowledge in budget planning, political interference, improper training of budget officials and death of the trained administrators.

TEST OF HYPOTHESES

HO_1 There is no significance relationship between adequate budgetary allocation on health and health status of beneficiaries.

Table 5: Evaluation of the effect of adequate budgetary allowance on health

O	E	O - E	O - E ²	
100,000,000	9 0	1 0	1 0 0	1 . 1 1
35,000,000	4 3 . 2 2	- 8 . 2 2	- 1 6	- 0 . 3 8
35,000,000	4 3 . 2 2	- 8 . 2	- 1 6 . 4	- 0 . 3 7
40,000,000	3 3 . 4 9	6 . 5 1	1 3 . 0 2	0 . 3 8
50,000,000	3 9 . 5 9	1 0 . 4 1	2 0 . 8 2	0 . 5 2
10,000,000	1 8 . 5 2	- 8 . 5 2	- 1 7 . 0 4	- 0 . 9 2
10,000,000	1 8 . 5 2	- 8 . 5 2	- 1 7 . 0 4	0 . 7 8
20,000,000	1 4 . 3 5	5 . 6 5	1 1 . 3	- 0 . 8 3
5,000,000	8 . 5 7	- 3 . 5 7	- 7 . 1 4	0 . 4 3
5,000,000	4 . 1 1	0 . 8 9	1 . 7 8	1 . 1 3
5,000,000	3 . 1 9	1 . 8 1	3 . 6 2	- 1 . 6 9
30,000,000	3 3 . 0 1	- 2 8 . 0 1	- 5 6 . 0 2	1 . 7 8
20,000,000	1 5 . 8 4	1 4 . 1 6	2 8 . 3 2	1 . 2 5
20,000,000	1 2 . 2 8	7 . 7 2	1 5 . 4 4	5 . 1 8
7,000,000	5 . 5 7	1 4 . 4 3	2 8 . 8 6	3 . 2 4
4,000,000	2 . 6 7	4 . 3 3	8 . 6 6	0 . 9 9
3,000,000	2 . 6 7	1 . 3 3	2 . 6 6	0 . 8 9
3,000,000	2 . 0 7	0 . 9 3	1 . 8 6	0 . 6 5
3,000,000	2 . 2 6	0 . 7 4	1 . 4 8	0 . 6 5
5,000,000	2 . 2 6	0 . 7 4	1 . 4 8	3 . 7 1
2,000,000	1 . 7 5	3 . 2 5	6 . 5	- 1 . 4 5
2,000,000	7 . 2 8	- 5 . 2 8	- 1 0 . 5 6	- 0 8 5
2,000,000	3 . 4 9	- 1 . 4 9	- 2 . 9 8	- 0 . 8 5
5,000,000	2 . 7 1	2 . 2 9	- 2 . 9 8	1 . 6 9
5,000,000	1 6 . 7 2	- 1 1 . 7 2	4 . 3 8	- 1 . 4 0
5,000,000	8 . 0 2	- 3 . 0 2	- 2 3 . 4 4	- 0 . 7 2
2,000,000	8 . 0 2	- 6 . 0 2	- 1 2 . 0 4	- 1 . 5 0
15,000,000	6 . 5 8	8 . 4 2	1 6 . 8 4	2 . 5 5
10,000,000	6 . 5 8	3 . 4 2	6 . 8 4	1 . 0 3
10,000,000	6 . 0 1	3 . 9 9	7 . 9 8	1 . 3 2
4,000,000	1 2 . 4 3	- 8 . 4 3	- 1 6 . 8 6	- 1 . 3 5
11,000,000	5 . 9 6	5 . 0 4	1 0 . 0 8	1 . 6 9
10,000,000	5 . 9 6	4 . 0 4	8 . 0 8	1 . 3 5
10,000,000	4 . 6	5 . 0 4	1 0 . 8	2 . 3 4
1,000,000	1 9 . 2	- 1 8 . 2	3 6 . 4	1 . 8 9
5,000,000	9 . 2	- 4 . 2	- 8 . 4	- 0 . 9 1
10,000,000	9 . 2	0 . 8	1 . 6	0 . 1 7
10,000,000	7 . 1 7	2 . 8 3	5 . 6 6	0 . 7 8
4,000,000	1 2 . 4 3	- 8 . 4 3	1 6 . 8 6	0 . 0 7
20,000,000	1 9 . 2 9	0 . 7 4	1 . 4 2	0 . 1 5
10,000,000	9 . 2 6	0 . 7 4	1 . 4 8	0 . 1 5
10,000,000	9 . 2 6	0 . 7 4	1 . 4 8	0 . 1 5
5,000,000	9 . 2 6	- 2 . 1 7	4 . 3 4	- 0 . 6 0
				X^2=24.45

The degree of freedom (DF) = (C-1) (R-1) T
= (4-1) (11-1) = 3 x 10 =30

Therefore at = 0.05 level of significance of df = 30 the table value = 43.77
Decision
Since calculated value (21.03) < the table value (43.77) the H0 Hypotheses is accepted and therefore concluded that poor budgetary allocation on health has impacted negatively on health status of beneficiaries in (MMC).

Discussion of Major Findings
The study found out that Maiduguri Metropolitan Council (MMC) have fail to provide adequate health care to the beneficiaries of almost all the wards as it shows in table 4.4 that the implementation of budget is being affected by many factors among which is corruption in (MMC). Which has impacted negatively on the health status of the beneficiaries. This collaborates the findings of Mathias and Dickson (2013) in a study conducted in Kaduna State that the state have fail to adequately provide health care. They found out that most health facilities do not receive sufficient impress from the government to run their clinics.
Furthermore, the study observed that the lack of and spatial dispersion of health facilities are far to beneficiaries of the area and often will need to trek or pay transport fare to reach the nearest health facility. The situation discourages the people from seeking health services from the government rather it encourages the clients to seek other forms of services available to them. The study corroborates the findings of Ataguba and Akazilli in Cross River State (2012) in their findings the state have fail to improve poor's access to health facility due to abolition of allocation of budget in the state.The populace results to household income and out- of – packet model payments which have continued to exert negative effect on the health status of the beneficiaries in both rural and urban areas. Particularly, payments for health services has continued to threaten the consumptions and livelihood pattern of the rural dwellers especially as payment for health services reduces the amount's available for other household consumption often throwing the families into perpetual borrowing habit that is if they must survive, thus further worsening the poverty level of the population.

Conclusion
One can conclude therefore that the implementation of the budget in MMC is a goal policy because the study has shown that majority of people in Maiduguri metropolis have agreed that they benefited from the budget allocation and also budgetary allocation has impacted positively on them and their society. By improving the health status of people through the allocation.
The study also revealed that the major problem or challenge that has hindered the implementation of the budget are corruption political interference and poor knowledge in planning. These factors have affected the effectiveness and efficiency of the programme.

Recommendations
Based on the findings of the study, the researchers will like to put forward the following recommendations which have we believe will go a long way in helping MMC and Borno state.
i. The state government should intensify high penalty for the perpetrators of crimes that can discourage those are in charge of implementing the programme.
ii. There should be a periodic oversight visit and inspection by relevant house and senate committees to ensure that policies that are formulated for the health sector are properly implemented.
iii. We recommend policy options for making the health care services universal and the system more relevant to poverty reduction and development needs.
iv. We also recommend public- private energy the role of the private sector in reducing maternal mortality and child morbidity.
v. We recommend the integration of health care expenditures into comprehensive and well conceived gender- sensitive strategies for human capital development including supportive measures in vital and related areas such as population, health, nutrition water, sanitation housing, communication, education, training and science and technology.
vi. Adoption of the appropriate capital building measures to ensure that health care resources and interventions are being directed to the needy and those that are at serious health risk.

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