An Assessment of The Impact of Insecurity on The Provision of Health Services in North-Eastern Nigeria: Evidence from Maiduguri Metropolis.

ABDULKADIR ABUBAKAR[1], IBRAHIM MUSA IBRAHIM KIRFI[2], MOHAMMED AHMED GORKO[3]

[1] Department of Public Administration, Faculty of Arts and Social Sciences, Gombe State University
[2] Corporate Affairs Commission, Yola Office, Adamawa State, Nigeria
[3] Department of Public Administration, Federal University of Kashere, Nigeria

Abstract- *The continued destruction of lives and properties due to insecurity has become a matter of great concern to the Nigerian government and the international community at large. The activities of insurgents and bandits have grave effects on the economy and the delivery of public goods in the communities within which they operate. In fact, this has degraded the delivery of essential services especially Health care services. In view of the forgoing, the study seeks to assess the impact of insecurity on the provision of health services in north-eastern Nigeria drawing its evidence from Maiduguri metropolis. The study's population stood at 353,824 out of which a sample of 384 was drawn using Cregcie and Morgan. Data was collected using questionnaire and interview. Multi-stage sampling was adopted. Hypothesis was tested using chi-square. The study revealed that that there is a link between insecurity and poor health service delivery. This is expressed in the wanton destruction of health care centers across Maiduguri Metropolis and beyond causing a stall in the provision of health services. The study recommended that the government should as a matter of urgency rebuild and rehabilitate destroyed schools and at the same time ensure sanity in the process.*

Indexed Terms- Insecurity, Maiduguri Metropolis, Health Services, Insurgency.

I. INTRODUCTION

1.1 Background to the Study
Insecurity is a phenomenon that barrage the stability and orderliness of any organized society either in a developed, developing or underdeveloped context (Akpomera, 2013). Security is the prime responsibility of the state (Hobbes, 1996). The 1999 Constitution of the Federal Republic of Nigeria specifically states that "The security and welfare of the people shall be the primary purpose of government". Unfortunately, government on this constitutional responsibility seem to be very far below expectation in providing a secured and safe environment for lives, properties and the conduct of business and economic activities. The alarming level of insecurity in Nigeria has fueled the crime rate and terrorists attacks in different parts of the country, leaving unpalatable consequences for the nation's economy and its growth (Aliyu, Kirfi and Abdulsaam, 2022). The poor development status of Nigeria no doubt breeds atmosphere of frustrated expectations and foster widespread indignation on the part of those that are trapped in the vortex circle of abject poverty. The condition of hopelessness is further aggravated by impotent poverty eradication programs and conspiratorial neglect by the Nigerian state. In the face of this predicament, individuals and groups respond differently depending on situational factor and capacity. These responses are crystallized and find expression in various shades of antisocial behaviors including armed robbery, kidnapping, and insurgency among others (Omadjohwoefe, 2016).

In the midst of all these, Nigeria is confronted with daunting security challenges which include armed robbery, ethnic crisis, assassination, militancy, kidnapping and terrorism. Fuzan (2019) contended that the current and most disturbing insecurity problem especially in the Northeastern states of Borno, Yobe and Adamawa is the terror unleashed by Jama'atul

Alhul Sunnah Lidda' Wat, Wal Jihad - a dreaded militant Islamic sect popularly known as Boko Haram and now referred to as Islamic State of West Africa (ISWAP) . The mass media present to the public a multivaried image of dramatic acts of bombings with impunity and horrific portrayal of people slaughtered, amputated, burnt to ashes, maimed and property wantonly destroyed by this monsters`` (Folorunsho, 2018). Thus, everybody, especially in Maiduguri metropolis-the hotbed of terrorism, lives in constant fear. At this juncture, one begins to wonder how the people who live in these confines go about their socio-economic activities viz-a-viz the delivery of public services such as pipe-borne water, Health and Education by the state (Abdulkarim & Kirfi, 2014).

As Adamu, Kirfi and Aliyu, (2013) posited, the role of the state among other numerous roles as stated in the above paragraph and of course beyond include provision of roads, water, electricity, health, educational facilities etc. According to Ezeah and Osayi (2014), the level of destruction mated on the Northeast especially Maiduguri Metropolis is one that may be said to have disrupted the delivery of public services thereby making life extremely difficult for the inhabitants. As argued by Ezeah and Osayi, the influx of displaced persons from other terrified communities such as Baga, Martre, Madagali, and Gamborin Gala etc. into Maiduguri Metropolis has worsened the already epileptic condition of public service delivery. In Maiduguri metropolis where bombings are pervasive and properties destroyed in real terms, although abated recently, the standard of living of the people inhabiting the Metropolis manifesting in the delivery of some public services is taken far aback (Kirfi, M. M. W. 2011).. Boko Haram has destroyed incalculable number of social infrastructure especially health facilities leading to inadequate public service delivery in Maiduguri metropolis.

1.2 Statement of Problem

Insecurity in Maiduguri Metropolis, the Northeast and Nigeria at large especially book haram has in the last two decades become a serious challenge that has attracted concerns from across the world earning the country a dented image. According to Amnesty International (2011 and 2014), Boko Haram is rated as the world's second deadliest terrorist organization, this ranking was an indication of the outrageous nature of the group and the level at which lives and properties such as schools, hospitals and water supply infrastructure were destroyed. Anas and Mahmud (2018) asserted that the acute short supply of public goods typical of roads, bridges and power in the worst-hit zones of the Northeast is not unconnected to the terror unleashed by the dreaded boko haram sect.

In Maiduguri Metropolis, this problem has been compounded as a result of insecurity in the state (Ahmed, Kirfi & Ajadi, 2021) . Consequently, Government has shifted its focus from public service delivery to counter terrorism and insecurity in the state. Money that would have been budgeted for public service is now used in the fight against insecurity (Kirfi and Abdullahi, 2012). This has led to acute shortage if not lack of basic amenities especially health facilities in the state most especially in Maiduguri metropolis.

Scholars have written on insecurity in Nigeria in the likes of Mande, (2015) and Anthony, (2013) but most of them did not focus attention on the extent to which insecurities in Maiduguri Metropolis has affected the public service delivery in the context of Health service this study is carried out to fill the existing gap.

The study seeks to provide answers to the following questions:
 i. To what extent has insecurity affected the provision of Health services in Maiduguri metropolis?
 ii. How has insecurity afflicted damage on health service infrastructure in Maiduguri Metropolis?

1.3 Objectives of the Study
iii. To determine the extent to which insecurity has affected the provision of Health services in Maiduguri metropolis.
iv. To examine the degree of damage afflicted on health service infrastructure in Maiduguri Metropolis.

1.4 Research Hypotheses
Ho_1 Insecurity does not affect the provision of Health services in Maiduguri metropolis.
Ho_2 To examine the degree of damage afflicted on health service infrastructure in Maiduguri Metropolis.

1.6 Significance of the study

This study is on the assessment of the impact of insecurity on health service delivery in Maiduguri Metropolis. It will explain the possible effect of insecurity especially Boko-haram insurgency on the structures and institution related to public service delivery especially in the health sector in Maiduguri Metropolis.

The study is motivated by the fact that a lot of people have written about insecurity in Nigeria and Boko-haram insurgency in Borno state, however these writers did not pay attention to whether insecurity has affected the health service delivery in Maiduguri Metropolis. It is on this note that the study was carried out in order to fill the gap.

The study will be beneficial to researchers in the field of Public Administration and security studies as the literature utilized in the study is recent and more critical. Practically, the recommendations put forward will be of immense value to policy makers on the dangers of insecurity and policies on public services delivery. This research will increase or add to the existing literatures or body of knowledge in the area of public policies in Nigeria, and it will step-up further research.

II.   LITERATURE REVIEW

2.1   Concept of Insecurity

Insecurity is the state of being subject to danger or injury. The anxiety that is experienced when one feels vulnerable and insecure. Michael (2011) affirms the above definition of insecurity as "a state of being not secure, lack of confidence'. To enable us understand this term, we now turn to the meaning of the word 'insecure' which the Advance English Dictionary defines as 'not confident about yourself or your relationships with ^other people; not safe or protected'. This definition further expounds the meaning of the term to include not just the general meaning but it touches the individual person "not being confident about oneself" (Kirfi and Maishanu, 2014).

The word „insecurity‟‟ has myriads of connotations. It signifies danger; hazard; uncertainty; lack of protection, and lack of safety. Beland (2005) defines"

insecurity as "the state of fear or anxiety stemming from a concrete or alleged lack of protection." It refers to lack or inadequate freedom from danger. This implies that insecurity is an absence of peace, order and security. Achumba, Ighomeroho and Akpor (2013) defines insecurity from two perspectives. Firstly, insecurity is the state of being open or subject to danger or threat of danger, where danger is the condition of being susceptible to harm or injury. Secondly, insecurity is the state of being exposed to risk or anxiety, where anxiety is a vague unpleasant emotion that is experienced in anticipation of some misfortune.

These definitions of insecurity underscore a major point that those affected by insecurity are not only uncertain or unaware of what would happen but they are also vulnerable to the threats and dangers when they occur. People engaged in business activity, either directly or indirectly, to satisfy unlimited human wants. Therefore, business has become part and parcel of human existence in particular and global world in general. United Nations Development Programme (1994) defines Security as protection from hidden and hurtful disruptions in the daily activities, at homes, offices or communities etc. This implies that security borders on ensuring safety of lives and properties. Williams (2008) who sees security from the socio-political perspective opines that security involves the capacity to pursue cherished political and social ambitions. That is, security is socio-political in nature as without security there can be no political stability and consequently social activities will be in chaos.

2.1.1   Dimensions of Insecurity in Nigeria

In Nigeria, the achievement of desired level of internal security is elusive. Nigeria has witnessed the proliferation of different militia groups that posed serious security threat to the Nigerian government. Thus, such unwholesome behaviours has affected economic growth in Nigeria and resulted in loss of numerous lives and property of the Nigeria citizen. This pathetic situation is critically examined under five dimensions of insecurity in Nigeria.

a. Militant Dimension of Insecurity Challenge: Conflict in the Niger Delta arose due to tension between foreign oil corporation and some of Niger Delta's minority ethnic group who felt they were being exploited, particularly the Ogoni's and the

Ijaw (Osungade, 2008). Thus, ethnic and political unrest continued in the region throughout the 1990‟s and persisted despite the enthronement of democracy in 1999. However, competition for oil wealth in the region gave rise to agitation, violence and subsequent extra-judicial killing of Ken Saro-Wiwa and nine Ogoni leaders by the Abacha regime (Ogbodo, 2010). This action by Abacha's administration was condemned not only by many Nigerians, but also the international community. Thus, the inability of the Government to address the root causes of agitation (marginalization, poverty, unemployment, etc.), in the Niger Delta region, resulted in proliferation of ethnic groups causing the militarization of the entire region by ethnic militia groups. The agitation groups includes the Movement for the survival of the Ogoni people (MOSOP), founded by Ken Saro-Wiwa. Movement for the Emancipation of the Niger Delta (MEND), Niger Delta People Volunteer Force (NDPVF) led by Mujahid Dokubo-Asari and Niger Delta Vigilante (NDV) led by Ateke Tom (Amaizu, 2001).

b. Terrorism Dimension of Insecurity Challenge: Another major insecurity challenging Nigeria which has adversely affected the Nigerian economy growth is the activities of Boko Haram group (Olugbode, 2010). The Boko Haram is considered the most dangerous Militant Islamic group in the northern part of Nigeria that seeks the imposition of Sharia Law in the Northern States. Ideologically, the group opposes western education, culture and modern science. Historically, the Boko Haram group was founded in 2002 in Maiduguri by Utaz Mohammed Yusuf. In 2004, it moved to Kanama in Yobe state, where it set up base called „Afghanistan‟ used to attack nearby Police stations and killing police officers (Awowole, 2010). And lots of its members that speak Arabic comes from neighbouring Chad, the group strongly believe in the Quranic phrase which says "anyone who is not governed by what Allah has revealed is among the transgressors". The activities of the Boko Haram group constitute serious insecurity challenges in the contemporary Nigeria state. The activities of members of this group which have raised critical questions among investors on the safety of their investment in Nigeria, this ranges from killing of innocent Nigerians, raping of women, to bombing of major cities and police stations in the northern part of Nigeria, particularly, Borno, Kano, Bauchi, Yobe, Adamawa, Abuja, among others.

c. Kidnapping and Armed-Robbery Dimension of Insecurity Challenge: Kidnapping is the act of illegally taking somebody away and keeping him as a prisoner in order to get money or something in return before releasing him. This situation was pervasive shortly after 2007 general elections in Nigeria. This is partly because the youths that were used as political thugs by politicians during the 2007 general elections subsequently engaged in kidnapping as means of livelihood after the elections. Indeed, confession by those apprehended indicated that some politicians in these states supplied guns to youths for the purpose of rigging the 2007 general election. Unfortunately, these guns were not retrieved at the end of the elections. Subsequently, kidnapping later turned a profitable business mostly among youths in Abia, Imo, Ebonyi, Bayelsa, Rivers and other states (Nwogu, 2008), several prominent men in Aba and its environs were kidnaped for ransom. This adversely affected the economic growth in Nigeria as many business men and manufacturing companies relocated to other countries, this pathetic situation got to a crescendo, when school were closed for fear of kidnappers as several students and pupils were kidnapped in Aba in 2010.

d. Ethno-Religious Dimension of Insecurity: According to Oladoyinbo (2007) the nature of the crises in Jos, Plateau State and North Central part of Nigeria is a very complex one. It is tribal, religious and social. It is discovered that politics is the major cause of some of this crisis that erupted in that part of the country. There is no need for some people to use all means to dominate others or use people to subjugate others. Thus, this ethnic religious crisis has claimed numerous lives of Nigerians and property worth billions of naira. This crisis has resulted to several attacks on Christians by Muslims which over 10,000 Christians were slaughtered during the Jos crisis in 2010 (Oladoyinbo, 2010). Precisely, the Jos crisis has resulted in unimaginable confrontation, killing, bombings and other forms of violence. Many observers have argued that the root cause of the

crisis was the inordinate desire by Muslims to forcefully convert Christians in the area as Muslims faithful's. Others assert that the root causes of Jos crisis are culture and land disputes. A closely related cause of insecurity facing Nigeria currently is the activities of Fulani Herdsmen. Several attacks have been carried out by these herdsmen in all parts of the country. Killing people and rendering others homeless.

2.1.2 The Origin of Boko Haram

Mohammed (2014) narrates that Boko Haram is an Islamist movement which operated in north-eastern Nigeria and came to prominence in 2009. It was a fringe group under the leadership of Mallam Mohammed Yusuf, a fiery scholar resident in Maiduguri, who had not fully committed to violence before 2009. Through subtle and open harassment, Boko Haram was goaded into an open confrontation with the Nigerian state and violently suppressed in July 2009. Thereafter, it went underground, rebuilt, and resurfaced in October 2010 with a remarkable prison break at Bauchi and has since changed its tactics to targeted assassinations, drive-by shootings, suicide bombings, and massive deployment of improvised explosive devices (IEDs), vehicle-borne IEDs, and, lately, kidnapping and hostage taking. The message of the movement has transformed over the years. Before 2009, it was characterised by the blistering speeches of its leader Mohammed Yusuf. This period was characterised by proselytisation (dawah), which included verbal as saults on secular authority, both traditional and modern – democratic. However, from 2010 onwards, Boko Haram committed itself to asymmetric warfare. Since its re-emergence the group had tried to mimic and adopt the tactics and strategies of global Salafist movements such as Al-Qaeda. Although heavily influenced by the message of Al-Qaeda and external developments, Boko Haram's grievances remained local at inception; however, there have been attempts to link local grievances to international developments in Mali and beyond. Three distinct and yet overlapping phases can be discerned in the evolution of Boko Haram.

The first phase is what can be termed the Kanama phase (2003-05), when a militant jihadist group waged war on the Nigerian state but was repelled with casualties on both sides. This group was led by Muhammad Ali, a Nigerian who was radicalised by jihadi literature in Saudi Arabia and was believed to have fought alongside the mujahideen in Afghanistan. The second phase began with the collapse of the Kanama uprising and ended with the suppression of Boko Haram proper in July 2009. This period, which can be dubbed the dawah phase, was devoted to intensive proselytisation, recruitment, indoctrination, and radicalisation of its members. This phase involved extensive criticism of the extant secular system; debates with opposing ulama (clerics) on the propriety or otherwise of Western education, Westernisation, democracy, and secularism; and unceasing criticism of the corruption and bad governance under Governor Ali Modu Sheriff (2003-2011) of Borno State as well as the conspicuous consumption and opulence of the Western-educated elite in the midst of poverty. This concurs with an outright disobedience to rules in Nigeria`s public sector where deviation from the official mean is regarded as a fashion (Ajadi & Kirfi, 2013). The third phase began with the 2009 suppression of the movement and the killing of its leadership in gory and barbaric form by Nigerian security agencies. Boko Haram went underground, re-organised, and resurfaced in 2010 with a vengeance. They not only targeted their perceived opponents, but indiscriminately attacked security officials, politicians associated with the ruling All Nigeria Peoples Party (ANPP) government in Borno State, and resorted to bombing high profile targets in Abuja such as the Nigerian Police Headquarters as well as UN offices, in June and August 2011 respectively.

As the military crackdown intensified, according to Kirfi and Abubakar, (2019), they became desperate and more militant, thereby resorting to more desperate measures, which they had despised in the past, such as burning of school buildings, attacking telecommunications base stations, killing and kidnapping of foreigners, slaughtering as opposed to shooting of opponents, and killing of health officials at routine vaccination clinics, as well as random shooting of pupils and teachers at schools.

The above is an attempt on a reconstruction of the message and methods of Boko Haram before and after 2009, indicating the ebbs, flows, and nuances, as well as the contours of both the message and the methods. Boko Haram emerges as an amoebic group,

continuously shaping and remodelling itself and its message to changing local and international developments.

2.2 Concept of Service Delivery

According to Kirfi, Balarabe and Shantali, (2013) Service can be defined as the performance of work, duty by an official, an act of helping others, power to control and make use of resources, an organisation or system providing the public with something useful. The act of delivery can be defined as producing or performing, handing over, taking goods to the intended recipient, producing results as promised or expected (Mareli, 2002) and Abubakar & Kirfi, (2014).. Therefore, service delivery is concerned with the provision of a product or service, by a government or government body to a community that it was promised to, or which is expected by that community. Service delivery is a primary element of good governance. Efficient and effective service delivery is the "sine qua non" of government (Abdulsalam, Kirfi. & Idris, 2013). In this context, government services include the supply of water, electricity, provision of health, housing, security, infrastructures, management of waste and the regulation of business concerns. It is also a major part of government responsibility to ensure that these services reach the people for social and economic purposes (Felix, 2011).

2.2.1 Public Service Delivery and Its Features/Indices

Since the formation of civil society where men entered into an agreement on the basis of social contract with the government, the question of service delivery has become so pivotal. The social contract arrangement is the consequences of the envisioned state of nature by Thomas Hobbes in his state of nature without government and opines that the lives of men were brutish, nasty, and short. Hobbes (1994) thus suggests a social contract where men surrendered their rights under the sovereign authority with the ultimate goal of preserving their lives against violent death. As a result, the government is charged with the responsibility of preserving the lives and properties of the citizens against physical or imagined threats. The government therefore shoulders with enormous responsibilities that must be discharged effectively and efficiently. To actualize this enormous task, public service emerged as the main machinery of government. Public service

has therefore represented the building bridge for (government) to respond to the needs of the general public (citizens). In other words, public service carries the responsibility of formulating and executing policies and programs with the ultimate goal of delivering important welfare services that are capable of enhancing the standard living of the general public. Since the term "public" according to Jones (1970) refers to the citizens of a particular geography at a particular time, public service evokes the thought of government involvement in service delivery that is devoid of profit motives. Ogunna (2004) reiterates that the desire to satisfy the public through the implementation of public policies, enforcement of laws, and realization of public welfare culminates the effective public service delivery. Public service delivery becomes so paramount because it represents the fundamental structure of nation-building, it serves a tangible link between government and citizens to the government, and it also promotes the values of nations to the citizens and finally serves as a bond between the state and citizens (Walle and Scott 2009). Since effective service remains the overall outcome of public services, measuring the performance to keep them in line of duty is very essential.

On this note, Al-Ghazali (2008) identified the following features/indices for measuring the capabilities of public service for effective service delivery:

a. Public service should be able to demonstrate effective delivery of goods and services at a low cost and timely manner.
b. Public service should be able to demonstrate equitable distribution of the services to the people in a fairer and transparent manner.
c. Citizens should have the convictions that state institutions and public service respect the fundamental rights of the citizens and themselves demonstrate respect for the laws of the land.
d. Public service should be wary of physical force and coercion and the effective use of legitimate power to command submission.
e. The environment should secure citizens to carry out their daily routines without fear or hindrance.
f. Finally, equal treatment and dispensation of justice for all citizens without any bias.

2.3 Empirical Review of the Effect of Insecurity on Public Service delivery in Maiduguri Metropolis

Gassebner, (2005) in his study on insecurity and terrorism, he emphasized that Insecurity and terrorism has a huge economic, socio and physical cost. It is obvious that the loss of human lives and the suffering of survivors in the aftermath of an attack can be tremendous. Apart from the loss of lives, terrorist attacks are likely to have negative consequences on the investment behaviour. No meaningful growth and development can take place in the continuous face of insecurity. This will not only deter public service delivery and increase the level of suffering but also the deterioration of the society (Kwanga, Kirfi and Balarabe,2013) .

Coupland (2007) observed that insecurity has a far reaching impact on people's lives, well-being and access to public service for this reason the government has to be alive to its responsibility of guaranteeing security. When people's security are guaranteed, it gives them the freedom, physically and mentally to get on with the business of building their lives without fear of molestation or violent death. Thus, to experience a state of complete physical, mental and social well-being security is essential. (Meddings, 2001), maintained that without security, there can be no stable society rather there will be prevalent fear and danger from violent death. There are links between human security and health as insecurity leads to the collapse in the health care delivery which has concomitant effect on the people's well-being (Mori, Meddings and Bettcher, 2004).

Oladayo, (2014) found out that the continued destruction of lives and properties due to insurgency has become a matter of great concern to the Nigerian government and the international community at large. The activities of insurgents have effects on the economy and the delivery of public goods in the communities within which they operate. In fact, this has degraded the quality of livelihood which includes; Health, Education and Water. From 2009 to 2014 Boko Haram has killed more than 10,000 citizens despite the security measures taken by the federal government of Nigeria to contain the crimes committed by the sect against humanity. It was due to the inadequacy of government counter-terrorism drive that made youths in the north east of Nigeria to form a

youth vigilante movement called "Civilian JTF" to compliment the efforts of the government anti-terrorism strategy.

Bello, (2013) stated that during insecurity situation, access to Reproductive Health services, especially emergency obstetric care usually reduce due to depleted stocks and unavailable qualified health professionals, difficulty with transportation to health facilities, delay at military checkpoints and inability to afford the services are also jeopardizing timely interventions, particularly for safe delivery. Access to children during Supplemental Immunization Activities e.g. Polio and Measles has significantly declined in security compromised communities in Maiduguri Metropolis as well as in communities experiencing frequent attacks by boko haram elements. Disease surveillance and response activities have also been limited in these areas (Lawal, Kirfi and Balarabe,2013). In addition, there is low capacity among health workers in the frontline and inadequate number of health personnel who are poorly motivated available to attend to injured citizens during book haram attacks.

III.   THEORETICAL FRAMEWORK

Relative deprivation theory is a middle range contemporary theory in social sciences that is undistinguishably linked to poverty and social segregation. The theory date back to ancient Greece and it is largely associated with (Gurr, 1970). Thus, drawing inspiration from the principle of Aristotle that revolution is driven by a relative sense or feeling of inequality rather than an absolute measure, (Gurr, 1970) contends that instead of a total standard of deficiency, a breach between projected and accomplished wellbeing result in cooperative dissatisfaction. Therefore, the main root of human capacity for violence appears to be the frustration-aggression mechanism; the anger brought by frustration is an inspiring force that positions men to belligerence, regardless of its instrumentalities. The relative deprivation is the term employed to signify the strain or tension that emerges from a disagreement between the "ought" and the "is" of collective value satisfaction which prompts humanity to violence. Giving credence to this theory Runciman (1966) cited in Obah-Akpowoghaha (2013) as well as Kirfi.and

Aliyu, (2014) defined the prerequisite of "relative" deprivation as: (where individual A feels deprived of object X): individual A does not have X; individual A wants to have X; individual A knows of other persons who have X; individual A believes obtaining X is realistic.

The construct of this theory shows that systemic failure or structural defect in a given society is significantly connected with frustration and aggression that prompt criminality and violence which eventually leads to loss of lives and property thereby hindering the delivery of public service. In contemporary Nigeria, systemic failure manifests in high rate of unemployment among graduates and non-graduates. Unemployment is a correlate of poverty and violent conflicts- youth militancy in Niger Delta (Ibekwe and Ewoh, 2012), Boko Haram Insurgency in the Northeast (Adebayo, 2013a) and high rate of kidnaping in the southeast (Nwagwu, 2014) political assassination (Igbafe and Offiong, 2007) etc. Nigerians who involved in the above violent conflicts and others such as armed robbery (Adebayo, 2013a), smuggling, political thuggery (Adesina, 2013), assassination (Anzaki, 2014; Haruna and Jumba, 2011); ritual killing for wealth (Smith, 2001), human trafficking, (Shu-Acquaye, 2013) etc. must have been frustrated to join criminal gangs to fend for themselves and fulfil other obligations in the society. Relative deprivation theory also has some explanations concerning injustice and discrimination in Nigeria. When persons are caught for issues relating to violent conflicts and other crimes, the poor ones are usually brought to book, while the elite class is often set free or fined with ridiculous amount in the law court. This shows that justice, which is supposed to be the hope of common man has suddenly become the hope of the rich and the enemy of the poor. The theory went ahead to explain scenarios akin to that of the Boko Haram slain leader Mohammed Yusuf in 2006 as regards the oppression and depression of his members:

"In the process they will abuse you, call you names and some of you may even die. They will shoot some of you, and we will just pray "may Allah give you aljanna" (Paradise) and proceed without any qualms. Can we endure? We ought to endure. May Allah give us the will to endure? This is how our dawah is. Patience: this is what we need, brothers. And

perseverance upon the truth. Allah is watching us. Victory is certain. What we lack are the helpers. We are not yet primed for victory, but we are working towards getting ready for victory. This is what we are looking for, brothers. This is an incipient dawah, but it cannot be crushed. It cannot be killed. If we really stand by what the Prophet says we should stand by, even if we die in the process, this dawah will continue even after a hundred years. Once the truth comes out, you are in trouble".

It is admitted that the theory of relative deprivation has significant implications for behaviors and attitudes, including feelings of stress, political attitudes, and participation in collective action but scholars who subscribed to this theory are silent on reasons why some discontent persons normally fail to react negatively to deprivation either by joining revolutionary movements of involving in criminal activities. (

IV. METHODOLOGY

According to method Kirfi., Muazu & Abdulkadir, (2019), every research activity must be conducted on the basis of a specific method. In the light of this, the research design to be employed in the study is survey. The target population for this study will be made up of residents of Maiduguri Metropolis which is comprised of Jere and Maiduguri Municipal Local Governments. Maiduguri Municipal Local Government has a total of 15 wards while Jere Local Government has a total of 12 wards, making a total of 27 wards. The justification for the use of Jere and Maiduguri Municipal LGAs is based on the fact that Maiduguri Metropolis is made up of the two selected LGAs. Multi-stage sampling will be adopted in this study. The cluster sampling will also be adopted to cluster Maiduguri Metropolis into two clusters because the population of the study is large and geographically dispersed. 8 wards were randomly selected with a population of 353,824 out of which a sample size of 384 was drawn using Crejcie and Morgan sampling model. The study will utilize both primary and secondary sources of data collection. The primary data will be obtained using structured questionnaire. The study will use both descriptive and inferential statistics for data analysis. Descriptive statistics consists of frequency

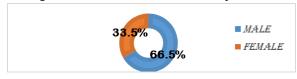distribution and simple percentage table. The formulated hypotheses will be tested using chi-square.

- Data Presentation and Analysis

Table 4.2.1 Analysis of Distributed Questionnaire

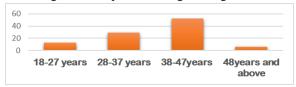| Classification	No.	Percentage (%)
Returned	373	97.1
Not-returned	11	2.9
Total	384	100

Source: *Field work, 2021*

In the course of data collection, a total of three hundred and eighty-four (384) copies of questionnaire were administered on respondents and only three hundred and seventy-three (373) were returned for analysis. However, in order to eliminate the factor of erroneous data coding, the researcher further screened the retrieved questionnaire and found out that two (2) questionnaire were filled incorrectly and therefore cannot be analyzable being that the respondents filled in multiple responses over one question. Therefore, the analyzable questionnaire stood at three hundred and seventy-one (371).

Figure 1: Gender Distribution of Respondents

The above figure presents the gender distribution of respondents where it shows that two hundred and forty-seven (247) respondents accounting for 66.5% of the sampled population, while one- hundred and twenty-four (124) respondents forming 33.5% of the sampled population are females.

Figure 1: Respondents' Age Background

The figure above gives an analysis of the age background of the sampled respondents where forty-seven (47) respondents representing 12.6% of the sampled population are between the ages of 18-27, one hundred and nine (109) respondents forming 29% of
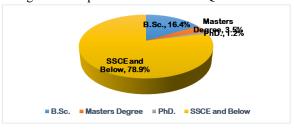
the sample population were between the ages of 28-37, one hundred and ninety-three (193) respondents representing 52 % of the sample population were between the ages of 38-47, and twenty-two (22) respondents accounting for 5.9% of the sample population were between the ages of 48 and above.

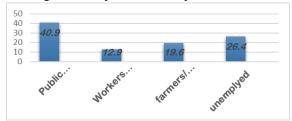Figure 3: Marital Status of Respondents

The figure above shows the marital status of the sampled population. Seventy-three (73) respondents representing 19.7% of the sample population were single, two hundred and sixty-one (261) respondents representing 70.3% of the sample population were married, twenty-nine (29) respondents representing 7.8% of the sample population were divorced and eight (8) respondents forming 2.2% of the sampled population were widowed.
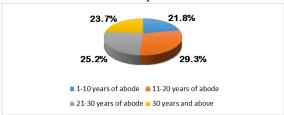
Figure 4: Respondents Educational Qualification

Regarding the respondents educational qualification, sixty-one (61) respondents constituting 16.4% of the sample population were B.Sc. holders, thirteen (13) respondents forming 3.5% of the sample population were Masters Degree holders, four (4) respondents constituting 1.2% of the sample population were having a Ph.D, two hundred and ninty-three (293) respondents forming 78.9% of the sample population had SSCE and below.

Figure 5: Respondents Occupational Status

Regarding the occupational status of respondents, one hundred and fifty-two (152) respondents representing 40.9% of the sample population are public servants, forty-eight (48) respondents representing 12.9% of the sample population work with corporate bodies, seventy-three (73) respondents representing 19.6% of the sampled respondents are farmers/traders and ninety-eight (98) respondents forming 26.4% of the sample population are neither employed in the public sector nor the private sector. This is in consonance with Kirfi, Ajadi and Aliyu, (2013) in their analysis of how blue ocean strategy works among samples.

Figure 6: Respondents Years of Abode in Maiduguri Metropolis

Looking at the respondents years of abode in Maiduguri Metropolis, eighty-one 81 respondents accounting for 21.8% of the sample population have lived for 1 to 10 years in Maiduguri Metropolis, one hundred and nine (109) respondents constituting 29.3% of the sample population have lived in Maiduguri Metropolis for 11 to 20 years, ninety –three (93) respondents forming 25.1% of the sample population have lived in Maiduguri Metropolis for 21 to 30 years and eighty-eight (88) respondents representing 23.7% of the sample respondents have lived in Maiduguri Metropolis for 31 years and above. This by implication shows that the responses from the respondents is reliable going by the number of years they have lived in the study area. It shows that about 78% of the respondents have witness the surge of insecurity orchestrated by Boko Haram elements from 2009 to date and how that has affected the delivery of public goods especially health services.

Table 4.2.2: Insecurity does not affect the provision of Health services in Maiduguri metropolis

		Freque ncy	Perc ent	Vali d Perc ent	Cumula tive Percent
Val id	Strongl y Agreed	43	11.5	11.5	11.5
	Agreed	29	7.8	7.8	19.3
	Undeci ded	13	3.5	3.5	22.8
	Disagr eed	139	37.4	37.4	60.2
	Strongl y disagre ed	147	39.6	39.6	100.0
	Total	371	100. 0	100. 0	

Source: *Survey 2021*

The table above shows that 43 representing 11.5 % of the sampled population strongly agree that insecurity does not affect the provision of Health services in Maiduguri metropolis, 29 respondents forming 7.8% of the sampled population agree that insecurity does not affect the provision of Health services in Maiduguri metropolis, 13 respondents constituting 3.5% of the sampled population did not decide whether to agree or not that insecurity does not affect the provision of Health services in Maiduguri metropolis, 139 respondents forming 37.4 % of the sampled population disagreed that insecurity does not affect the provision of Health services in Maiduguri metropolis, while the majority of the sampled population totaling 147 representing 39.6 % of the sampled population strongly disagree that insecurity does not affect the provision of Health services in Maiduguri metropolis. This by implication indicates that insecurity has affected the provision of Health services in Maiduguri metropolis as confirmed by the majority of respondents.

Table 4.2.3: The delivery of Health services has dropped tremendously as a result of the series of attacks on health facilities in Maiduguri metropolis.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agreed	189	50.9	50.9	50.9
	Agreed	111	29.9	29.9	80.8
	Undecided	6	1.6	1.6	82.4
	Disagreed	29	7.8	7.8	90.2
	Strongly disagreed	33	8.8	8.8	100.0
	Total	371	100.0	100.0	

Source: *Survey 2021*

The table above indicates that 189 respondents constituting 50.9% of the sampled population strongly agree that the delivery of Health services has dropped tremendously as a result of the series of attacks on health facilities in Maiduguri metropolis, 111 respondents forming 29.9% of the sampled population agree that the delivery of Health services has dropped tremendously as a result of the series of attacks on health facilities in Maiduguri metropolis, 6 respondents constituting 1.6% of the sampled population neither agreed nor disagree that the delivery of Health services has dropped tremendously as a result of the series of attacks on health facilities in Maiduguri metropolis, 29 respondents representing 7.8% of the sampled population disagree with the statement that the delivery of Health services has dropped tremendously as a result of the series of attacks on health facilities in Maiduguri metropolis, while fourteen 33 respondents representing 8.8% of the sampled population strongly disagree that the delivery of Health services has dropped tremendously as a result of the series of attacks on health facilities in Maiduguri metropolis. By implication, the majority of the respondents affirmed that the delivery of Health services has dropped tremendously as a result of the

series of attacks on health facilities in Maiduguri metropolis.

Table 4.2.4: Health facilities have been destroyed by boko haram elements in Maiduguri Metropolis.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agreed	193	52.2	52.2	52.2
	Agreed	142	38.3	38.3	90.5
	Undecided	9	2.4	2.4	92.4
	Disagreed	17	4.5	4.5	97.4
	Strongly disagreed	10	2.7	2.7	100.0
	Total	371	100.0	100.0	

Source: *Survey 2021*

The table above shows that 193 respondents representing 52.2 % of the sampled population strongly agree that Health facilities have been destroyed by boko haram elements in Maiduguri Metropolis, 142 respondents forming 38.3% of the sampled population agree that Health facilities have been destroyed by boko haram elements in Maiduguri Metropolis, 9 respondents constituting 2.4% of the sampled population did not decide whether to agree or not that Health facilities have been destroyed by boko haram elements in Maiduguri Metropolis, 17 respondents forming 4.5 % of the sampled population disagreed that Health facilities have been destroyed by boko haram elements in Maiduguri Metropolis, while 10 respondents representing 2.7 % of the sampled population strongly disagree that Health facilities have been destroyed by boko haram elements in Maiduguri Metropolis. By implication, this shows that Health facilities have been destroyed by Boko Haram elements as opted by the majority of respondents.

Table 4.2.5: Destroyed Health facilities have been put back to shape by the state government.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agreed	89	23.9	23.9	23.9
	Agreed	73	19.6	19.6	43.5
	Undecided	9	2.4	2.4	45.9
	Disagreed	122	32.8	32.8	78.7
	Strongly disagreed	78	21.2	21.2	100.0
	Total	371	100.0	100.0	

Source: *Survey 2021*

The table above indicates that 89 respondents constituting 23.9% of the sampled population strongly agree that destroyed Health facilities have been put back to shape by the state government, 73 respondents forming 19.6% of the sampled population agree that destroyed Health facilities have been put back to shape by the state government, 9 respondents constituting 2.4% of the sampled population neither agreed nor disagree that destroyed Health facilities have been put back to shape by the state government, 122 respondents representing 32.8% of the sampled population disagree with the statement that destroyed Health facilities have been put back to shape by the state government, while 78 respondents representing 21.2% of the sampled population strongly disagree that destroyed Health facilities have been put back to shape by the state government.

By implication, it can be seen that destroyed Health facilities have not been put back to shape by the state government as shown by the majority of the respondents. This concurs with (Kirfi and Nura, 2013)

Interview Responses

Ministry of Health

S/No.	Interview Questions	Responses from interview respondents
1.	What measures has the government taken to reduce the hardship inflicted on the masses especially in accessing Health Services?	Government has currently taken many steps in reducing the hardship inflicted on the masses by building many hospitals and providing more equipment into the hospitals. However the existing hospitals were also renovated and replaced the old equipment with new one. In Borno State we have about forty three (43) General Hospitals with exception of two that are not assessable, all the fully functioning so also the primary health care centers were also well functioning. This is to the fact that each ward in every local government has primary health care centers and was well equipped. Finally, Borno State government has put more professional health worker apart from the one that are in existence. Building of more structures and hospitals and equally supply more equipment's
2.	Does the ministry get the required budget to put destroyed health facilities back to shape?	Yes, Borno State ministry of Health after preparing her budget for the year 2022. His Excellency after taken the budget before him, he even increases the budget to required standard. This is to the fact that the one that has been prepared was now increase to have more that want the ministry expecting. Yes.
3.	Are the people having access to adequate health care services in Maiduguri Metropolis?	Yes, we have fifteen wards in Maiduguri metropolitan and apart from the General hospitals that we have there are primary health care centers in each of the fifteen wards (15) in Maiduguri equipped with medical facilities, doctors and nurses and that will make them easier to get access to health care services. Yes.

Source: field work 2021

Looking at the responses by the interviewees, it can be argued that the responses are tilted towards the fact that the Borno State government is making efforts towards restoring sanity to the troubled areas of Maiduguri Metropolis. Responses obtained from one of the interviewees in the health sector indicated that most of the destroyed hospital have been fully rehabilitated and functional as at the time of recording the interview. He mentioned that all health care facilities within Maiduguri Metropolis and beyond have been reactivated to cater for the medical needs of the people, with the exception of two general hospitals located in one of the no-go-areas. He added that the currents administration of Prof. Umara Zulum has done a tremendous job in bringing back Borno State to life. This was further confirmed by responses obtained in table *4.2.10*. From the above assertion, it can be argued that the Government has done quite a commendable job in restoring destroyed health facilities by Boko Haram insurgents.

Hypotheses Testing

On the extent to which insecurity has affected the delivery of three essential services, that is, education, health and pipe-borne water supply.

Hypothesis 1:

H_0 Insecurity does not affect the provision of Health services in Maiduguri metropolis.

Table 4.2.7: Insecurity does not affect the provision of Health services in Maiduguri metropolis

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agreed	43	11.5	11.5	11.5
	Agreed	29	7.8	7.8	19.3
	Undecided	13	3.5	3.5	22.8
	Disagreed	139	37.4	37.4	60.2
	Strongly disagreed	147	39.6	39.6	100.0
	Total	371	100.0	100.0	

Source: Field work, 2021

Test Statistics

	Insecurity does not affect the provision of Health services in Maiduguri metropolis
Chi-Square	115.467[a]
Df	4
Asymp. Sig.	.000

a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 26.8.

Source: Computed using SPSS 23: Primary Data Collected (2021)

- Decision

The chi-square computed result shown above, indicated that insecurity affects the provision of Health services in Maiduguri metropolis. This is proven by the P value (.000) suggesting that there is a level of significance in the relationship between insecurity and absolutely poor health service delivery. By implication, the greater the level of insecurity the lower the level of heath service delivery in Maiduguri Metropolis. Consiquent on the above, we reject the null and accept the alternative hypothesis which states that "insecurity does not affect the delivery of health services in Maiduguri Metropolis." The computed chi-square result is a further affirmation of the responses by the sampled population as indicated in table *4.2.7*

- Discussion

The study further revealed that there is a link between poor insecurity and poor health services. This is expressed in the wanton destruction of health care centers across Maiduguri Metropolis and beyond causing a stall in the provision of health services. Premised on the above contention, the P value obtained which was less the 0.05 and statistically indicating that there is a strong connection between insecurity and poor health service delivery in Maiduguri Metropolis. The above findings is

evidenced by the responses obtained in table *4.2.8* and *4.2.9* respectively.

CONCLUSION

Premised on the above, the study concluded that insecurity has to a significant extent affected the education sector especially primary and secondary schools. This has led to the closure of about 123 schools including primary and secondary schools in Maiduguri Metropolis, the director school services added. Students were out of school for a number of months and that can be said to have hindered access to education in Maiduguri Metropolis.

RECOMMENDATION

The government should as a matter of urgency rebuild and rehabilitate destroyed schools and at the same time ensure sanity in the process. Adequate security measure should also be put in place in schools to mitigate security breach which may lead to loss of lives and destruction of properties in Maiduguri Metropolis and the Borno State at large. Government should embark on target formulation of policies and effective implementation of programmes which are capable of addressing the root causes of insecurity in the society such as poverty, unemployment, ethnic conflict, religious conflict, illiteracy among others so as to protect lives and properties of the citizens by equipping the military with sophisticated gadgets in order to confront Boko haram.

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