

Assessment of Urban Poverty and Service Provision in Ekiti State, Nigeria

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Abstract: Our Earth is becoming increasingly urbanized and the provision of urban service delivery cannot meet the urgent needs of these rapidly growing new population. The consequence of this has led to urbanization of poverty, hence, the study assessed urban service delivery and the priority needs of urban poor. The data used for the study were collected through the administration of 850 copies of a well structured questionnaire. The Stratified Random Sampling technique was used in the analyses. ANOVA statistical method was used to test the set hypothesis and it was revealed that there were significant variations in service delivery and the priority needs of the people. For example, the following service delivery were termed significant at 100%, 100%, 95%, 98.5% and 100% levels for education, water supplies, roads provision, electricity supplies and health facilities respectively. The study concludes that the provision of necessary social infrastructure in the State should increase to meet with the high level of urbanization and that the provision should be based on Community Driven Development approach since those who care most about reducing poverty are the poor people themselves.

Keywords: Community driven development, absolute poverty, relative poverty, urbanization, environmental degradation, public goods and private goods

INTRODUCTION

A concise and universally accepted definition of poverty is elusive largely because it affects many aspects of human conditions, including physical, moral and psychological. Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is powerlessness, lack of representation and freedom. It has many faces, changing from place to place and across time, and has been described in many ways [1]. There are two levels of poverty, which are usually defined in either absolute or relative terms [2]. Absolute poverty denotes a condition in which a person or group of persons are unable to satisfy their most basic and elementary requirements of human survival in terms of good nutrition, shelter, footwear, electricity, transport, health, education and recreation. Relative poverty on the other hand, is defined as the economic, social, political and cultural goods needed to maintain an acceptable way of life in a society [2].

The planet Earth, is fast becoming a predominantly urban world. Projections call for about two-thirds of the world's population to be living in cities by around 2025 [3]. At the end of the year 2000, about half of the world's population live in urban areas: in 1975, this was only 28%. In 1970, developing countries level of urbanization was 25%. In 1994, it has increased to 37% and it is projected to be 57% in 2025 [4].

Migration from rural to urban areas has increased in the last few decades, especially in the developing world. The rural poor usually come to large cities to take advantage of job opportunities and improving living standards not available in their previous areas of residence [5]. Moving to cities is also often the primary method of income diversification for rural agricultural workers [6]. Indeed, it can be a very productive move, even for temporary migrants [7].

However, cities and sub -urban centres have often been prepared to absorb expanding populations and provide adequate urban service- housing, sanitation, health and education among others - to meet the needs of these rapidly growing new population. Consequently, migration has shifted the focus of global poverty to cities, a process now recognized as the "urbanization of poverty" [8]. The problem of overcrowded cities with inadequate urban services is getting more serious. From 1975 to 2007, the growth rate of urban populations in the developing world was 3.35% annually- more than three times larger than the growth of rural population. In 2007, the world's urban population surpassed the rural population. In Africa and Asia, over 2 billion people live in cities, and this number is expected to increase by 150% by 2025 [9]. The urban poor face enormous challenges in their daily lives. A billion people (more than one-third of the urban population), primarily in the developing world live in slums. Living conditions in slums are characterised by overcrowding,

high levels of unemployment or underemployment, deficient urban services (water, sanitation, education and health) and widespread insecurity, including violence against women [10].

Urbanization has been a major demographic trend in Nigeria and most especially in the major cities across the country in the last half of the century because of the relative increase in both social and economic development that is presently resulting in the uncontrolled population growth of Nigeria major cities, some of which are manifesting in the 2 unnecessary pressures on available infrastructure, environmental degradation, traffic congestion, housing shortages and high level of crimes [11]. Indeed, urban poverty has been massive, pervasive, and engulfs a large proportion of the Nigerian society [12].

Urban service is defined as "-- - one which serves the public interest by accomplishing one or more of the following purposes: preserving life, liberty and property; and promoting public enlightenment, happiness, domestic tranquillity and the general welfare. It is provided by one or more of the sectors in the economy through government regulation, co-production, or direct provision" [13]. This definition presents more than one category of provider, states the goals of urban service delivery and sets its importance for citizens. It highlights that urban service delivery involves a purpose, a provider, and a mean or method of its provision. The dimension of citizens' needs satisfaction for well-being introduces the recipient's involvement in the mechanism as a fourth characteristic. It has been noted that the supply-driven method of service delivery alone will not solve infrastructural problems and, increasingly, service users are encouraged to get involve in service delivery [14]. This is more so as the role of people in community development paradigms is fast increasing in importance. Therefore, Service delivery is a dynamic in which the provider and the receiver are supposed to play each an important role regulated by government for the satisfaction of all.

The spatial distribution of these facilities are unevenly in our urban set-up. Urban system could be "seen as pools of scarce and unevenly- spread resources and facilities.... from which residents benefit to varying degrees according to their willingness and ability to overcome the physical barriers of distance as well as financial barriers to resources in the market economy and the social, psychological and educational barriers to resources in the public domain" [15]. Indeed, bureaucratic decision rules largely account for service levels and distribution pattern in urban areas. Hence, service allocation is strongly influenced by governance or bureaucratic rules and socio-economic status or social power: the powerless and urban socio-economic

poor experience deprivation. The research study therefore, assesses urban poverty and service provision with the intention of examining households' perceptions about urban service delivery in the State and the agencies responsible for these provisions.

AIM OF THE STUDY

The study aims at examining urban poverty and service provision in the State. This would be done by analysing households' perception about urban service delivery and the necessary providers of the services.

TESTED HYPOTHESIS

That there is no variation in service provision/delivery and the priority needs of urban poor in the State.

THE STUDY AREA

Geographically, Ekiti State is found between Longitudes 4⁰45' to 5⁰ 45' East of the Greenwich Meridian and on Latitudes 7⁰15' to 8⁰ 5' North of the Equator[17].

Ekiti State shares boundaries with Kwara State in the north, Kogi State in the north- east, Osun state in the west and Ondo in the south and south- east (Fig. 1). The state is generally an upland area. It is underlain by metamorphic rocks of the basement complex rocks. It is, thus, an undulating surface consisting of old plains with outcrops dome rocks that may either be found in group or in isolation. These groups of rocks are found in Ado, Eyio, Erinmope, Ikere, Efon and Okemesi. All these areas have distinctively hilly terrain, although most parts of the state are dotted with rugged hills. The nature of the terrain has particularly affected the construction of roads cutting across the hills and in some cases try to boycott the obstructions. This is responsible for the meandering of the roads found across most parts of the State. Ekiti state is located in the tropical climate with distinct wet and dry seasons[17]. The State benefits from the double maxima of rainfalls. The rainy season usually commence from April to October while the dry season resume from late October or at times from November to March with temperature ranges between 21°C and 28°C. The southern part of the State is dominated by the tropical rainforest while the guinea savannah forests are found in the northern part of the State.

The state has a total number of 1,628,762 inhabitants in 1991 head counts[18] and with a population of 2,398,957 in 2006[19]. In 2011, Ekiti State population was put at 2,837,814 [18]. Ado - Ekiti, the state capital and some other Local Government Headquarters (LGHs) have continued to record a progressive influx of migrants since creation. This situation has tremendous demand for more water supply, housing, employment, electricity as well as the

by digging wells at their residences. Provision of water from wells accounted for the highest source of getting water in Ado- Ekiti and Ikere- Ekiti, but only second in Otun- Ekiti (Fig. 1.0). The government still needs to do a lot by making water accessible to the majority of

urban population to assuage the problem of water scarcity. This will go a long way in reducing water borne diseases which when the effects are aggravated will only deepen urban poverty.

Table 1: Sources of water

Source	Ado (%)	Ikere (%)	Otun (%)
Tap	8.5	8.1	59.2
Well	59.8	65.9	37.6
Borehole	15.6	4.8	3.2
Stream/river	9.1	21.0	0.0
Tap and well	7.0	0.2	0.0
TOTAL	100.0	100.0	100.0

Source: Field work, 2014

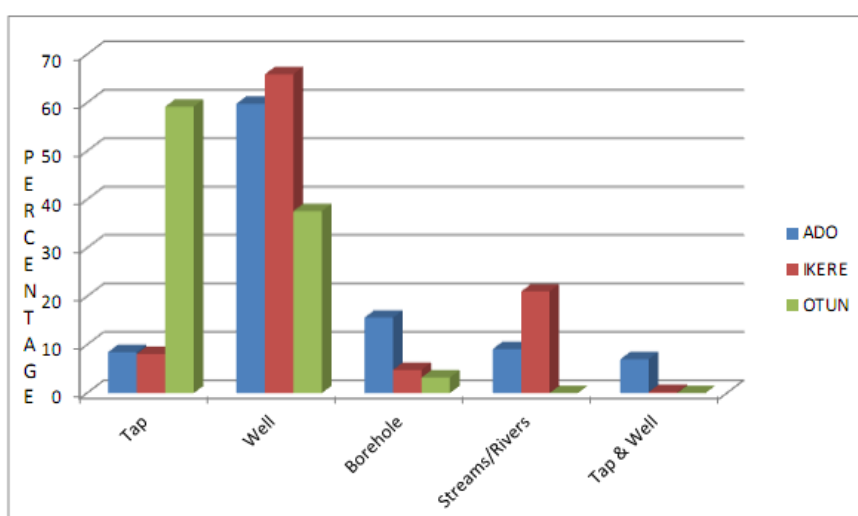


Fig-2: Sources of Water

Source: Data Analysis, 2014

In the study areas, electricity supplies were either from Power Holding Company of Nigeria (PHCN) or through generating sets. Today, many government establishments and business outfits depended solely on generating sets to get electricity. The banks were not excluded from this scenario. The means for groups in homogenous subsets was calculated using Harmonic Mean Sample Size of 194.482. The three towns were not significantly different in the sources of electricity supply and equally, it showed a lot of similarities in many aspects of the distribution.

For example, in Ado- Ekiti, 65.3% of the respondents sourced electricity from PHCN while 22.6% depended on generating sets and 12.1% neither had electricity from PHCN nor generating sets. These were likely to be the poor people. In Ikere -Ekiti, 57.8% respondents claimed that they depended on PHCN whilst 33.0% relied on generating sets and 9.2% neither had electricity from PHCN nor generating sets. Another set of poor people!. In Otun- Ekiti, 68.8% relied on PHCN while 20.6% used generating sets and 10.6% had none (neither electricity from PHCN nor generating sets). These poor people must have relied on traditional way of generating light like using lanterns, candles etc.

Table 2: Sources of Electricity Supply

Source	Ado (%)	Ikere (%)	Otun (%)
PHCN	65.3	57.8	68.8
Generators	22.6	33.0	20.6
None	12.1	9.2	3.2
TOTAL	100.0	100.0	100.0

Source: Field work, 2014

Poor people impact less on the forces causing environmental degradation in urban areas. Urban environmental degradation is primarily associated with health impacts. The initial phase is the dominance of biological pathogens or micro-organisms which may result from inadequate sanitation, poor water supplies and waste disposal. The inadequate treatment of excreta for example, is a significant problem. Poor people may continue to find themselves subjected to biological pathogens after more affluent part of a city have adopted better sanitation. In the State, it was revealed through the study that there were poor sanitary facilities and waste disposal methods. It is on record that there were many places in the urban centres of the State where open defecation was the practice because housing units lacked the necessary sanitary facilities. Some defecate at the back of their houses openly leaving for pests like pigs and dogs to eat up as food! Pigs were reared openly to help devour some of the unwanted wastes. This practice was common in the buildings constructed as face-to-face. However, this type of structure still formed more than 70% of building in the study areas. At most, some had communal open dumping sites that were burnt at every environmental

sanitation days. Solid wastes pollution is common in many cities and high density populated towns in Ekiti State, Nigeria. Pollution is a very dangerous phenomenon which often results to the development of sickness or even outright death, therefore, there is need to control waste pollution all over Ekiti State especially in high density populated town and cities in the State like Ado - Ekiti, Ikere- Ekiti, Ilawe- Ekiti, Otun- Ekiti, Ikole -Ekiti etc.

Health Facilities

Both public and private ownerships of health facilities dominated the study areas. For example, in Ado-Ekiti, 61.6% attested to public ownership of health facilities while, 91.4% confirmed the same statement in Ikere-Ekiti and in Otun-Ekiti, 76.0 affirmed the fact of public ownership of health facilities. In case of private ownership of health facilities, 38.4% corroborated this fact in Ado-Ekiti while only 8.6% of the respondents in Ikere-Ekiti attested to this and in Otun-Ekiti, 24.0% of respondents alluded to this. Indeed, there was a significant variation in the ownership of health facilities in the study areas as shown in Table 3.

Table 3: Ownership of Health Facilities

	Ado-Ekiti		Ikere-Ekiti		Otun-Ekiti	
	Frequency	%	Frequency	%	Frequency	%
Public	302	61.6	165	91.4	91	76.0
Private	88	38.4	15	8.6	29	24.0
TOTAL	490	100	180	100	120	100

Source: SPSS Output, 2014

Another revelation from the study equally was that among other things, hospitals and other health facilities were unevenly distributed both spatially and in the socio-economic context of the study areas. There were limitations in both geographical and financial access to health care services especially by the poor in the urban space of the State. The conditions of the health care services were compounded by inadequate maintenance of buildings, equipments, vehicles and infrastructure resulting in unreliable supply of water, electricity, medical supplies and drugs. The urban poor are more prone to ill-health therefore, negatively affected by the pattern of health and health facilities' distribution, considering their changing health needs. This was because there were different levels of accessibility of both poor and rich that reside in urban centres of the State to health facilities.

Sanitation Facilities

In the study areas, sanitation facilities were analyzed for spatial comparison in terms of location of bathrooms, number of households using bathroom, location of toilets and the number of households using

toilets and the waste disposal methods. In the study areas, location of bathrooms could either be indoor or outdoor. Table 3.0 showed that in Ado-Ekiti, 34.7% of the respondents had their bathroom located within the houses while, in Ikere-Ekiti, 38.9% located their bathrooms in the houses and lastly, in Otun-Ekiti, 36.7% located their bathrooms in the houses. However, in Ado-Ekiti, 65.3% respondents confirmed that they had their bathrooms located outside the main buildings whereas, 61.1% attested to this statement in Ikere-Ekiti. But in Otun-Ekiti, 63.3% corroborated this fact (Table 4.0). The implication of the location of bathrooms was that majority of those who located their bathrooms inside the main structures must have built modern and new structures whilst those having their bathrooms outside the main structures had old and perhaps, traditional structures. This meant that the poor ones could not afford to build structures on flat or duplex bases wherein, bathrooms are located within the structure.

Table 5.0 showed that there were variations in the locations of bathrooms in three Urban centres of the

State. For example, the mean for groups in homogenous subsets with Harmonic mean sample size was 194.482. Although, there were similarities in the occurrences and locations of bathrooms in subset ‘A’, there were still significant variations in the distributions.

Ikere- Ekiti had the least mean distribution of 1.64 whereas, Ado-Ekiti and Otun-Ekti had 1.65, respectively hence, both Ado-Ekiti and Otun-Ekiti could be said to have a better distribution than Ikere-Ekiti. The number of households using a bathroom was

considered. In Otun-Ekiti, the mean number of households using a bathroom was 1.78, while it was 1.67 in Ado-Ekiti and 1.65 in Ikere-Ekiti (Table 6.0). With the mean households’ number for the study area at 1.70, Otun-Ekiti fell above the mean. The implication of this is that Otun-Ekiti had the highest number of households (1.78) using a bathroom whilst Ikere-Ekiti has the least number of households using a bathroom. The higher the number of households using a bathroom, the higher the poverty status and vice versa.

Table 4: Location of Bathrooms

Location	Ado - Ekiti		Ikere - Ekiti		Otun - Ekiti	
	Freq.	%	Freq.	%	Freq.	%
Indoor	170	34.7	70	38.9	44	36.7
Outdoor	320	65.3	110	61.1	76	63.3
	490	100.0	180	100.0	120	100.0

Source: Computer Output (SPSS/pct), 2014

Table 5: Mean Location of Bathroom

Town	N	Subset for alpha =0.05
		A
Ikere-Ekiti	180	1.64
Ado-Ekiti	490	1.65
Otun-Ekiti	120	1.65
Sig.		0.848

Source: Computer Output (SPSS), 2014

Table 6: Mean Number of Users of Bathroom

Town	N	Subset for alpha =0.05	
		A	B
Ikere-Ekiti	180	1.65	
Ado-Ekiti	490	1.67	
Otun-Ekiti	120		1.78
Sig.		0.685	1.000

Source: Computer Output (SPSS), 2014

By the same token, toilets were either located within or outside the main buildings. There were variations in the locations of toilets in the urban space of the State. Mean for groups in homogenous subsets with Harmonic Mean Sample Size was 194.482. The three urban centres were significantly different in terms of the location of toilets even though, Ikere-Ekiti and Ado-Ekiti showed some similarities in some aspects of the distributions. As per the number of households using a toilet, Otun- Ekiti had a mean household's usage of toilet of 2.42 with Ado-Ekiti, having 2.71 while Ikere-Ekiti had 2.82. The overall average household's usage of toilets for the three urban centres was 2.69.

It's only Otun-Ekiti that fell below the mean household's usage of toilets hence, lesser number of households using a toilet in Otun-Ekiti compared to other two towns. Ikere-Ekiti has the highest number of households using a toilet. This implied that more poor

people were found in Ikere-Ekiti compared to Otun on the basis of household's usage of a toilet.

Types and sources of Energy

Another important variable of poverty measurement was the types of energy used in kitchen. In the study area, the types of energy ranged from firewood to kerosene, gas, charcoal (Table 7.0). In Ado -Ekiti, 35.3% of the respondents attested to the number of households using firewood whereas, 47.2% respondents confirmed the statement in Ikere-Ekiti while 45.8% agreed to the same statement in Otun-Ekiti. As far as the usage of kerosene as energy source being used in kitchens, 29.6% of the respondents confirmed this in Ado-Ekiti while, it was 33.3% of respondents in Ikere-Ekiti and lastly, in Otun-Ekiti, 33.3% affirmed the statement. Some used both firewood and kerosene and this group belonged to 14.2% of respondents in Ado-Ekiti, 4.5% in Ikere-Ekiti

and 8.4% in Otun-Ekiti. In the usage of gas as source of energy, 18.0% attested to the usage of gas in Ado-Ekiti,

while 10.0% confirmed same in each of the two remaining urban centres (Table 7.0).

Table 7: Types of Energy Used in Kitchen

Energy Types	Ado-Ekiti		Ikere-Ekiti		Otun-Ekiti	
	Frequency	%	Frequency	%	Frequency	%
Firewood	173	35.3	85	47.2	55	45.8
Kerosene	145	29.6	60	33.3	40	33.3
Gas	88	18.0	18	10.0	12	10.0
Charcoal	14	2.9	9	5.0	3	2.5
Firewood &	70	14.2	8	4.5	10	8.4
Total	490	100.0	180	100.0	120	100.0

Source: Field work, 2014

There were significant variations in the energy usage in the kitchens of the urban centres (Table 8.0). The mean for groups in homogenous subsets and Harmonic Mean Sample Size was 194.482. Although, there were similarities in the usage of energy in kitchens between Ikere-Ekiti and Otun-Ekiti in subset

‘A’ as well as there were similarities in the usage of energy in the kitchens between Otun-Ekiti and Ado-Ekiti in subset ‘B’, but there were significant differences in the distributions of energy types being used in the study areas (Table 8.0).

Table 8: Mean Distributions of Energy Used in Kitchen

Town	N	Subset for alpha =0.05	
		A	B
Ikere-Ekiti	180	1.93	
Ado-Ekiti	120	2.09	2.09
Otun-Ekiti	490		2.32
Sig.		0.241	0.092

Source: Computer Output (SPSS), 2014

Waste Disposal Methods

There were significant variations in the methods of waste disposals in the urban centres. While the mean score for the methods of waste disposal for Ado-Ekiti was 3.60, Ikere-Ekiti scored 5.00 while Otun-Ekiti had 5.41. The mean score for the three urban

centres was 4.20 (Table 9.0). The implication of this was that Ado-Ekiti had the best methods of waste disposals, followed by Ikere-Ekiti and lastly, Otun-Ekiti. Although, the last two urban centres scored above the overall mean, they had poor methods of wastes disposals.

Table 9: Methods of Wastes Disposal

Town	N	Subset for alpha =0.05		
		A	B	C
Ado-Ekiti	490	3.60		
Ikere-Ekiti	180		5.00	
Otun-Ekiti	120			5.41
Sig.		1.000	1.000	1.000

Source: Computer Output (SPSS), 2014

Perception of Respondents on Urban Service Delivery.

An important observation is that in the provision of urban social services in the State, users’ priority needs were not considered. The process has been top-down approach and supply driven. The community people were not put into the project initiation, design and implementation. In the study areas, urban service delivery were provided by the governments - local, state and federal - on one hand and

international bodies (Donor agencies) and Non Governmental Organizations (NGOs) and the respective communities through the Communities Development Organizations (CDOs) on the other hand. The services provided range from water supply, waste collection, health facilities, educational facilities, roads to electricity projects.

In Ado- Ekiti, 1.6% expressed that service provision was excellent, while 10.0% believed that

urban service delivery was good. Those that rated urban service delivery to be fair was 50.4% and 38.0% rated same as poor (Table 10). In Ikere- Ekiti, none rated urban service delivery as excellent and only 5.0% rated same as good. Those that said the provision of service delivery was fair accounted for 45.5% while 49.5% attested that the status of service delivery was poor. At the same rate, in Otun-Ekiti, there was no person that rated urban service delivery as excellent and just 5.0% rated same as good. But the status of service delivery was said to be fair by 60.2% of the respondents while 34.8% enthused that urban service delivery was poor (Table 10).

A cursory look at this information shows that the level of urban service delivery was only fair as

majority in the study areas attested to by their responses. A lot, therefore, still needs to be done in this area of urban service delivery as effective and efficient provision remain a *sin qua non* to the enhancement of development and improvement in the living conditions of the urban poor.

It is a truism that governments at the three levels cannot provide enough urban service delivery as the rate of urban expansion is higher than the available urban social and infrastructural services. At some point, the available social services were being over-stretched beyond limit by the ever increase population in urban areas. Other sources of urban service provision were the communities, Donors Agencies and NGOs.

Table 10: Rating of the level of urban service delivery provided

Ratings	Ado (%)	Ikere (%)	Otun (%)
Excellent	1.6	-	-
Good	10.0	5.0	5.0
Fair	50.4	45.5	60.2
Poor	38.0	49.5	34.8
TOTAL	100	100	100

Source: Field work, 2014

Table 11: Priority projects in Communities

Projects	Ado (%)	Ikere (%)	Otun (%)
Road	20.0	24.3	28.8
Water supply	53.1	39.5	12.0
Electricity	9.9	9.7	9.6
Health	11.3	21.1	29.6
Education	5.7	5.4	20.0
TOTAL	100	100	100

Source: Field work, 2014

Table 11.0 showed that in Ado Ekiti, water supply was rated highest (53.1%) by the respondents as their priority need while road came second (20.0%) and health services was third with 11.3%. Electricity supply was rated fourth as 9.9% of respondents attested to it, while education came fifth with 5.7% of the respondents. Equally, in Ikere -Ekiti water supply was rated highest by 39.5% of the respondents and road came second as rated by 24.3% of the respondents. Health services came third (21.1%) while electricity came fourth having 9.7% and education came fifth with 5.4% of the respondents. In Otun- Ekiti, there was a little change in the priority projects as health facilities were rated highest at 29.6% while road came second as attested to by 28.8% of the total respondents. Education was rated third with 20.0% of the respondents whilst water and electricity came fourth and fifth (12.0% and 9.6%) respectively (Table 11.0).

One can deduce from Table 11.0 that the priority or preferences for the felt needs of the communities actually show their sincere deprivations,

thereby explaining, to a large extent the urban poverty space. For example, Otun-Ekiti unlike the two other towns (Ado-Ekiti and Ikere- Ekiti), did not make water highest in her priority needs because there is the presence of Ero Dam in the Local Government Area that provides water 24hours in 7days. Without or barring any major break down of the machines at the dam, one can always be sure of getting water at any time of the day. Equally, electricity supply in the town remained uninterrupted, hence, both water and electricity were rated in the fourth and fifth positions respectively.

In Ado- Ekiti and Ikere- Ekiti, water remains a very scarce commodity especially in the dry season. No wonder, we find people (urban dwellers) carrying cans and buckets all around to fetch water, especially early in the mornings. This explained why the urban dwellers rated water as the highest priority. Education services remained the least in their priority, may be, because of the presence of high numbers of primary and secondary education both provided by the government and private

individuals. Today, in the two urban centres, there are lots of private investments in education to cope with the general demands of the populace.

However, access to private education may be termed to be relatively high as only those, especially government workers, who earn high income could afford sending their children and wards to these institutions. The provision of private source of accessing education has left a huge gap in feeding public primary and secondary schools with enough

pupils. Those that cannot afford private education, especially the urban poor, took solace in public education. As at date, there are many primary and secondary schools that do not have enough children as expected. On the issue of post secondary education, Ado-Ekiti, as the state capital has Ekiti State University, the Federal Polytechnics and Afe Babalola University apart from the School of Nursing etc. Ikere- Ekiti equally has Ekiti State College of Education. All these higher institutions are able to provide the necessary educational training for prospective students.

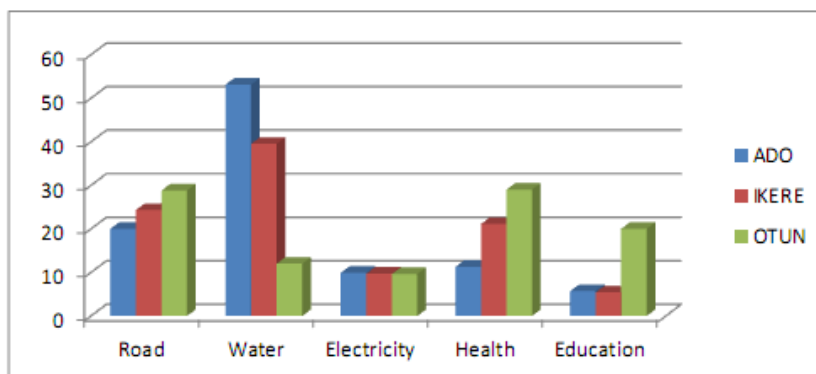


Fig-3: Priority Projects in the Communities

Source: Data Analysis, 2014

Table 12: Community Participation in Service Delivery

	Ado (%)	Ikere (%)	Otun (%)
Yes	8.7	9.7	23.2
No	91.3	90.3	76.8
TOTAL	100.0	100.0	100.0

Source: Field Work, 2014

In Ado- Ekiti, just 8.7% of the respondents confirmed that they were consulted before the provision of some urban service delivery while 91.3% said they were never consulted (Table 12.0). In Ikere- Ekiti, 9.7% of responses agreed that they were consulted and the remaining 90.3% said they were not consulted in the course of providing service delivery while in Otun- Ekiti, 23.2% confirmed a “yes” response while 76.8% confirmed a ‘No’ response (Table 12.0).

There is need to involve the end-users of the urban service delivery in projects’ initiation and implementation at times in projects that will help reduce the level of poverty of urban poor. This will only enhance the level of development. It was evidenced that the new paradigm shift of development-participatory and all-inclusiveness-approach will go a long way to really tackle the needs of the urban poor. Unlike the supply-driven and top-down approach of most government’s provision, a new approach called bottom-up and demand driven should be embraced so as to reduce the level of urban poverty.

In the study areas, it was found out that only projects that were funded by NGOs and Donor Agencies actually involved the community people in the process of projects initiation, planning and at times, implementations. Table 13.0 depicted that, Donor Agencies like Ekiti State Community-based Poverty Reduction Agency, Ekiti State Community and Social Development Agency, FADAMA, Health Systems and the likes played a major role in the supply of urban social services like construction of Health Centres, construction of educational centers, extension of electricity, production of water from boreholes and wells, construction of culverts and drainages, construction of lock-up shops, community viewing centre and information centres. These projects were noticed in Upperland, Ayoko, Olorunda, Ologede, Igbaaye Aye, to mention a few in Ado Ekiti.

In Ikere Ekiti, we have some of these projects in Kajola, Afao-Ikere, Ayetoro, Ogba- Odi etc, while in Otun Ekiti, there existed some of these service delivery at Oke Oja, Oke Aafin, Amututu etc. The interventions were based on community needs and preferences. There were sensitizations, consultations in the projects’

planning processes as enunciated by the respondents. The choice of projects were all-inclusive. The Community Driven Development approach should be

used in order to get the real and actual needs of the urban poor.

Table 13: Agency Responsible for Service Delivery

Agency	Ado (%)	Ikere (%)	Otun (%)
Federal Government	6.0	1.6	2.1
State Government	30.4	49.7	50.4
Local Government	5.7	3.5	6.1
Community	5.2	4.9	6.0
NGOs/Donor Agencies	52.7	40.3	35.4
TOTAL	100.0	100.0	100.0

Source: Field work, 2014

Testing of Hypothesis

To test the hypothesis that there is no significant variation in service provision delivery and the priority needs of the people in urban centers. Table 14.0, provided answers to this, using the Analysis of Variance (ANOVA). The alpha level was set at 0.05 or 5% level and confidence level at 95%. From Table 14.0, educational facilities was said to be significant at almost 100% confident level ($p < 0.001$). Equally provision of water was very significant at almost 100% confidence level ($p < 0.001$) whereas, roads provision was significant at 95% confidence level ($p < 0.001$). But the provision of electricity supplies was significant at 98.5% confidence level ($p < 0.015$) and finally, health facilities provision was significant at almost 100% confidence level ($p < 0.001$). The interpretation of this is that the Null hypothesis (H_0), that there was no significant variation in service provision delivery and

the priority needs of the people was rejected for the alternative hypothesis (H_1); that there is a significant variation in service provision delivery and the priority needs of the people.

People's perception about service delivery as against their felt needs have been examined and findings revealed that most of the facilities were provided by the government without necessarily asking for the felt needs of the people. Service provisions have been more of a supply-driven and top-down approach as against demand-driven and bottom-up approach. The concept of service provisions have not been participatory and all-inclusive except for some few social services that were funded by international bodies (Donors). Thus, the result of the hypothesis affirmed the present perception of people about service delivery and the felt needs of the respondents.

Table 14: Analysis of Variance (ANOVA)

Service delivery	Source of variance	Sum of squares	df	Mean square	F	Sig.
Educational facilities available	Between Groups	61.016	2	30.58	32.545	0.000
	Within Groups	751.797	802	0.937		
	Total	812.813	804			
Water available	Between Groups	113.785	2	56.892	58.492	0.000
	Within Groups	780.071	802	0.973		
	Total	893.856	804			
Road provision and condition	Between Groups	4.653	2	2.326	7.501	0.001
	Within Groups	248.746	802	0.310		
	Total	253.399	804			
Electricity supply	Between Groups	6.550	2	3.275	1.868	0.015
	Within Groups	1406.349	802	1.754		
	Total	1412.899	804			
Health facilities	Between Groups	153.000	2	76.500	65.481	0.000
	Within Groups	936.955	802	1.1168		
	Total	1089.955	804			

Source: Data Analysis(Computer Output, SPSS), 2014

CONCLUSION AND RECOMMENDATIONS

Based on the results that ensued in the compilation of the findings, some useful and practical recommendations were suggested for the State and

Nigeria in general. The government at the three tiers should mainstream the concept, practices and principles of participatory and all-inclusive approach (Community Driven Development) to their developmental strategies.

The trend of projects dispensation by the governments has majorly be that of non-participation of would-be end-users. Such projects and programmes lacked the element of ownership hence, could not be sustained. Governments used the 'supply- driven' and 'top-down' approaches to plan and implement projects and programmes. Usually, the users of these projects did not see the projects as their own since they were not brought into the planning stage, hence, there would sometimes be civil protests against the implementation of such projects. Even, the ones that were in implementation stage were destroyed and vandalized by the host communities.

The new trend should be concept of community budgeting and planning where the government in power allowed the community members to discuss about their own felt- needs. They participated at the planning stage and such method had been more rewarding than for the government to just dole out projects to her subjects whether it met their demands or not. In preparing the State annual budgets, Communities' needs should be collated to form the main basis of preparing such budgets. Although, Community Driven Development was not a policy area, but a model or tool of development which primarily could lead to empowerment of the urban poor and poor communities.

There was the need to move up the water access rating to cover a larger proportion of the urban population as well as the number of people who had access to modern sanitation in order to enhance the quality of life. The logical framework of the strategy to be adopted must recognize the need for the interdependence between resources sustainability and the development process.. Institutional strengthening and a sound regulatory framework were also essential to support long term State investment directly at optimal exploitation of water resources, while a reliable hydrological data base was a sine qua non for such long- term planning.

Those who care most about reducing poverty are the poor people themselves. Hence, effective poverty reduction must tap into the motivation, desire, determination, imagination, knowledge, networks and organizations of poor women, men and children. Any poverty reduction strategy must therefore mobilize the energy of poor people to take effective action and make them essential partners in development. This can be done through promoting pro-poor economic policies, invest in poor people's assets and capabilities, support partnerships with poor people, address gender inequality and children's vulnerability and protect poor people's rights.

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