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**SERVICE COMPACT (SERVICOM) AND SERVICE DELIVERY IN
NIGERIAN PUBLIC TEACHING HOSPITALS: A STUDY OF USMANU
DANFODIYO UNIVERSITY TEACHING HOSPITAL (UDUTH) SOKOTO**

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ABSTRACT

The theme of this research work is to examine the impact, efforts in terms of policy intervention, which was promulgated in 2005 for the purpose of eradicating inefficiency and corruption, and inculcating customer orientation in the Nigerian public sector. The policy goes by the acronym ‘SERVICOM’ - ‘service compact with all Nigerians’. We draw on existing information in describing workplace behaviours in the Nigerian public sector that necessitated this policy intervention, the extent of its implementation, and in enumerating related interventions that are being implemented concurrently with SERVICOM. Survey and documentary method of data gathering were employed; data for the study was analyzed qualitatively and quantitatively with more emphasis on the later. Drawing empirical strength from a population of Two thousand five hundred and fifty six (2556) and administering questionnaires on One and a hundred and thirty (130) respondents, constituting twenty per cent (20%) with only one hundred (100) questionnaires returned, the paper found out that the objectives and delivery mechanisms of SERVICOM are appropriate remedies for poor service delivery in the Nigerian public sector. The study recommended that improvements in physical infrastructure must be undertaken, since changed work attitudes cannot substitute inadequate SERVICOM policy must be sustained, for better services not only in Nigerian Universities Teaching Hospitals but Nigerian public sector at large.

KEYWORDS: Service Compact, Service Delivery, Bureaucracy, Clients’ Satisfaction, Teaching Hospital

INTRODUCTION

In the context of SERVICOM, poor or 'bad' services mean, in practical terms, that "someone has done what should not be done, or left undone what should have been done" (The SERVICOM Book, 2006:7). Specific problems identified by the President pertain to consumers having to struggle for public services, by exerting influence through important individuals within the system and budgeting time and money to pursue services from desk to desk through entire service chains in a bid to procure due service.

The overall effect then was that consumers lost faith in public services in Nigeria (The SERVICOM Book, 2006). In other words, the key motivators of the SERVICOM policy intervention are the needs and rights of Nigerians to quality services delivered in a timely, fair, honest, effective and transparent manner, and the vision that national development is underpinned by an efficient civil service (The SERVICOM Book, 2006).

The SERVICOM policy is implemented, effective from March, 2005, through establishment of a SERVICOM Unit (SU) in every Ministry (MSU), Extra-ministerial departments (EMSU), and Parastatals (PSU). These units are to establish within their domains, procedures for the key activities entailed in service delivery: customer relations; customer feedback on services; and complaints procedure/grievance redress mechanisms; using market research techniques to identify customer needs and expectations; promoting quality assurance and best practices; providing training policy for frontline staff on customer relationships, and facilitating a safe and conducive working environment for staff at levels of service delivery (The SERVICOM Book, 2006).

SERVICOM seeks to incorporate quality into government services, using basically the Total Quality Management (TQM) philosophy. Each MSU is expected to draw up a number of charters encapsulating the services the public should expect, which are to be couched in simple language and displayed conspicuously for the benefit of the public (The SERVICOM Book, 2006). The charters provide for customer satisfaction in these ways: designing quality service around customer's requirement; listing fees payable in a department and prohibiting illegal demands; ensuring provision of services within realistic timeframe; specifying officials to whom complaints may be addressed; and conducting and publishing surveys of customer

satisfaction (The SERVICOM Book, 2006). The day-to-day responsibilities of SERVICOM units therefore entail the implementation of these charters. At intervals, every service frontline in each government department is to be assessed for SERVICOM compliance for the quality of services being rendered, and hence, customer satisfaction in improving service delivery using Usmanu Danfodiyo University Teaching Hospital (UDUTH), Sokoto as a study base becomes the focus of this research.

Federal Universities Teaching Hospitals are the apex health institutions in the referral system inherent in the health care delivery and thus providing tertiary level health care. They are established to serve as teaching institutions for medical and related training. As part of the university educational system in the country, they are therefore present in States with Federal Universities and which also offer various forms of medical and health education in their curricular Usmanu Danfodiyo University Teaching Hospital Sokoto inclusive. The institution of study (UDUTH) is committed to effective and efficient health care services delivery in Sokoto region and Nigeria at large.

It is possible to treat every service misfortune if the Nigerian public service sub-sector by sub-sector is critically analyzed. For our purpose however, it suffices to say that the problem manifests as corrupt practices and service failure across the entire public sector (Daily Independent, 2006; Vanguard Newspaper, 2006 (b)). Low quality expectations and trust in public services on the part of consumers, and ultimately, in the failure of government programmes and institutional development (Akerle, 1990; Adamolekun, 2006 and Fanimo, 2006). With particular reference to corruption, the problem is usually conceived of as fraudulent misappropriation of public funds by public officers (Ulayi, 2006). Those who hold this view further assert that as lower-cadre civil servants watched the political class misappropriate public funds, they too began commercializing whatever they work with, keeping the proceeds for themselves; or poaching office hours to pursue private economic activities. The overall result then is that hardly is any public service rendered free without a consideration of something in return (Sanusi, 2006). Over time, Nigerians were typified as a people averse to rules and proper procedure (Jason, 2006). Having taken a macro-level view of the problems of the Nigerian public sector, we now have to take a micro level view to the study area.

The question begging for an answer is: in spite of the existence of Service Compact Unit in UDUTHS has the performance of UDUTH greatly improved in terms of health care delivery over the years? And has the SERVICOM unit served as a control measure in efficient service delivery in UDUTH?

Correspondingly, the main objective of this research is to assess the impact of SERVICOM in improving service delivery in UDUTH. Specifically, the objective is to find out whether or not Service Compact (Servicom) serves as control measures in the process of service delivery in UDUTH.

This paper is divided into four (4) sections. Section one (1) introduces discussion on frame of reference while the second presents a short review of literature. The third section is concerned with data methods of data collection while the fourth section attempts an analysis of the collected information on the basis of which the paper presents findings, concludes and suggest workable recommendations.

LITERATURE REVIEW

2.2.1 CONCEPT OF SERVICOM

SERVICE: ‘service is what we offer our self for and service is what the people are entitled to expect from us’ (Obasanjo, 2004). COMPACT: predominantly formed or filled, having dense structure or parts or unit closed packed or joined. (Merriam-Webster’s 11th collegiate Dictionary meaning) The concept ‘quality’ intuitively conjures pictures of a thing that is “exceptionally good among its kind” (Answers.com, 2006). In management, quality refers to the features of a product or service that bears on its ability to satisfy stated or implied needs (Van Fleet, 1991); or reliability of performance, ease of use, value for money, speedy delivery, and so on (Johns, 1996). While some people believe that quality does not fit in with how government works, others insist that until quality is ingrained into government services, government will continue to lose the respect and trust of its citizens (Quality Digest, 2001). Regarding public services in Nigeria such as health care and electricity, quality would mean availability, efficiency, reliability, not giving preferential treatment to any private organization/individual; and absence of hidden costs, that is, corruption.

Over time, inefficiency and corruption became rife in the Nigerian civil service. The onset of these ills has been traced to various events. Some writers trace it to civil service reforms implemented in 1987. One major element of the reforms is the

change in designation of the office of Permanent Secretary to Director General, which is believed to have elevated political expediency above rationalism and made the service vulnerable, as senior positions became political and lost their erstwhile career status (Hamalai, 1999; Enogholas, 2006; Vanguard Newspaper, 2006 (c). The political head of a department/ministry thereafter functioned as the Chief Accounting Officer without recourse to the Director General (Fanimu, 2006). Another perceived precipitating event was the integration of the federal character clause into the 1979 Constitution, by which considerations of ethnic balancing/representation were given equal (if not greater) importance as merit and qualification in the distribution of public offices and privileges (Hamalai, 1999; Enogholas, 2006). The advent of military rule in the country in 1966, and its dominance of governance thereafter for the next thirty-three years, albeit with a brief period of democratic governance from 1979 to 1983, has also been blamed for the ills in the civil service (Adamolekun, 2006). The popular opinion is that most of the leaders who governed the country during those years lacked the levels of experience and education that were crucial for effective State leadership. The overall effects of these types of ill-advised government systems were the institutionalization of mediocrity, subjectivity, corruption and inefficiency (Fanimu, 2006).

THE BUREAUCRACY AND SERVICE DELIVERY IN NIGERIA

It is important to state at this point that for several years, the Nigerian public service was the epitome of an ideal bureaucracy. At independence in 1960 for example, the public service was regarded as one of the most important legacies of British colonial rule. Having been developed on the model of the British Civil service, with its doctrine of non-partisanship and neutrality, the public service of the post-independent period "... was noted for its high technical standards, impartiality, anonymity and dedication" (UNDP 2001:64). It has also exhibited the potential to accelerate the development of the country. Thus, in addition to being the core policy interpretation and implementing organ for government, the public service had the key responsibility of delivering services which included the provision and management of water, electricity, postal services, transportation including rail services etcetera (Akpan, 1992).

However, with several military incursions in the governance of the country starting from the late 1970s, the growth of corruption in the system, which

“...provided for [the] enrichment and empowerment of individuals who managed to make it to the top echelons of the structure” (Shehu, 2001:3) and the disruptive effect of massive purge of public servants from employment among other factors, the public service over time systematically declined as an effective instrument of governance. By the 1980s, the public service had deteriorated to the extent that it showed signs of decay. Two reasons have been deduced for these. The first was the structural unprecedented growth lapses of the oil boom driven era of the 1970s, when there was an expansion of the service without commensurate improvement of the administrative and professional capabilities of public servants. The second was a combination of human resources defects that crept into the system resulting in over-centralization, incessant conflicts among cadres, inappropriate staff development practices, little emphasis on results and performance among others (Obasanjo Reforms, 2004).

Other ills of the Nigerian Public Service identified by the Ayida Panel (cited in Adegrooye, 2005:1), which was instituted to review past Public Service reforms in Nigeria , with a view to proffering measures of further re-invigorating the service, included the following: politicization of the top hierarchy of the Civil Service, lack of financial accountability and probity, perpetual breakdown of discipline, virtual institutionalization of corruption at all levels and segments of the Service, disregard for rules among others. Thus, by 1999 when a democratic government was sworn into office, the public service was riddled with inefficiencies. In addition to the low morale of its workers most of whom were found wanting in every aspect of the services they rendered, most ministries, departments, agencies, and institutions within the public service exhibited corrupt tendencies and insufficient transparency and accountability.

Moreover, there was undue bureaucratization in public service activities as a result of laziness and idealness of staff, loss of direction, red-tapism in the performance of duty, general decline of efficiency and effectiveness, sluggishness in official decision and action, insensitivity to the value of time, irregular attendance at work, the prevalence of nepotism, subjectivism and favouritism in processes such as staff recruitment, performance assessment, promotion, contract award, wastefulness of government resources, slowness to change, discourtesy to the public, fraud and corruption (Adegrooye and, El-Rufai 2006).

These were some of the factors that prompted President Obasanjo to declare that “...the unpleasant manifestations of the appalling standard of service delivery in our country” and “the Nigerian way of doing things” had to stop because it was “no longer business as usual” especially in the way the public service performed or offered services (cited in Adegoroye 2006). In fact, the President’s statement shortly after his inauguration in 1999 was that a reform of the public service was unavoidable and that:

We are geared to the construction of the Public service into a creative information-based and productive change agent. A civil service that is modern, efficient and effective. The public Service that will meet the challenges of the next millennium will be one that is people-oriented rather than self serving innovative rather than rule-bound; capable of forging constructive partnership with outside groups rather than being insular.

The Public service reform agenda stressed that:

The reform of the Public Service is one of the central themes of the Government’s development Agenda. For without a transparent and effective Public Service, government business and service delivery to the public will be crippled and mired in dishonesty and graft. I am convinced that an efficient, transparent and accountable Public Service should be the hallmark of our democratic transformation and development. The Nigerian people deserve nothing less. (Obasanjo 2005)

This was the case in Nigeria when democratic governance was reintroduced in 1999. Service then and in turn, results in the loss of confidence in the government institutions and then in government itself that owns or sustains such institutions. When a government and the citizens lose confidence in the public service as a result of the poor quality service rendered, by the institutions of government, That loss of

confidence, expectedly reverberates and affects the major strategy of the present BPSR leadership is to respond to the challenges of Public Service Reform by subjecting every emerging issue to extensive debates, drawing from the in-depth knowledge and hands-on experience of critical stakeholder members of the Team. That which gave birth to SERVICOM in Nigeria public service Servicom principles: are **Conviction** that Nigeria can only realize its full potential if citizens receive prompt and efficient services from the State;

Renewal of commitment to the service of the Nigeria as a nation;

Consideration for the needs and rights of all Nigerians to enjoy social and economic advancement;

Avowal to deliver quality services based upon the needs of citizens;

Dedication to providing the basic services to which each citizen is entitled in a timely, fair, honest, effective and transparent manner;

A service frontline in the SERVICOM context refers to a point where service is being rendered with clear identification of the service and the clientele being served. As depicted in the table below (see page 29), customer satisfaction hinges on a number of ‘drivers’ (determinants). Each driver in itself is made up of critical elements; and each critical element is made up of a number of criteria. The criteria are scored and summed up for SERVICOM Compliance. The summated score gives the SERVICOM Index for a government agency. Each criterion is to be rated on a scale ranging from zero (0) to four (4). A score of 0 means nothing has been done to satisfy the particular requirement, while a score of 4 means all aspects of the criterion being evaluated have been satisfactorily covered. A criterion is not to be scored above 0 without supporting evidence such as survey reports, discussion with customers, and evaluator’s observations (The SERVICOM Book, 2006).

Table 1: Drivers of Customer Satisfaction

DRIVER	WEIGHT OF IMPORTANCE
Service Delivery	30
Timeliness	24
Information	18
Professionalism	16
Staff Attitude	12
TOTAL	100%

Source: The SERVICOM Book, 2006: 17-19

Assessment of SERVICOM'S performance: In this section, we outlined the achievements of SERVICOM over the first two years of its promulgation (2005 and 2006). Three additional issues are discussed which are pertinent to the broader policy environment within which the intervention is being implemented and to the attainment of its goals. These issues covered staff retrenchment, reforms within civil services, and some evidence of resistance to change.

THE REVIEW OF SERVICOM CHARTERS IN FEDERAL UNIVERSITIES TEACHING HOSPITALS

There are a total of fourteen (14) Federal University Teaching Hospitals all over the country, mostly situated in the State capitals, since most of the universities are so situated. This arrangement also took into cognizance, the availability of necessary infrastructure and other high level resources. There are a number of situations where the hospitals are located outside the State capital. These arose as a result of the original locations of the parent Universities, or the need to equitably distribute health facilities in the State. The rural and semi-urban areas are covered by the primary and secondary health institutions run by the Local and State Governments respectively, such that relative demands for specialist health care by the citizenry are met. The fifteen (15) Teaching Hospitals are:

S/N	STATE	TEACHING HOSPITAL	LOCATION	REMARKS
1.	Akwa Ibom	University of Uyo Teaching Hospital (Uyo TH)	Uyo	State Capital
2.	Anambra	Nnamdi Azikiwe University Teaching Hospital (NAUTH)	Awka	Non-State Capital
3.	Borno	University of Maiduguri University Teaching Hospital (UMTH)	Maiduguri	State Capital
4.	Cross Rivers	University of Calabar Teaching Hospital (UCTH)	Calabar	State Capital
5.	Enugu	University of Nigeria Teaching Hospital (UNTH)	Nsukka	Non-State Capital
6.	Kaduna	Ahmadu Bello University Teaching Hospital (ABUTH)	Zaria	Non-State Capital
7.	Kano	Aminu Kano Teaching Hospital (AKTH)	Kano	State Capital

8.	Kwara	University of Ilorin Teaching Hospital (UITH)	Ilorin	State Capital
9.	Lagos	Lagos University Teaching Hospital (LUTH)	Idi-Araba	Non-State Capital
10.	Osun	Obafemi Awolowo University Teaching Hospital (OAUTH)	Ile-Ife	Non-State Capital
11.	Oyo	University College Hospital (UCH)	Ibadan	State Capital
12.	Plateau	Jos University Teaching Hospital (JUTH)	Jos	State Capital
13.	Rivers	University of Port-Harcourt Teaching Hospital (UPTH)	Port-Harcourt	State Capital
14.	Sokoto	Usman Danfodio University Teaching Hospital (UDUTH)	Sokoto	State Capital
15.	Edo	University of Benin Teaching Hospital (UBTH)	Benin	State Capital

Source: Federal Ministry of Health (SERVICOM) Charters for Federal University Teaching Hospitals, 2006).

FUNCTIONS OF USMANU DANFODIOYO UNIVERSITY TEACHING HOSPITAL:

The Hospital is required to provide the following services among other functions also:

- a. Provide dynamic, efficient, timely and quality health care services, with prompt response to its patient's health care needs in a multi-professional and multi-disciplinary areas
- b. Provide clear and concise general information about the hospital to its patients/visitors/relatives, including monitoring and publishing arrangements.
- c. Promote active research in specialized areas to further enhance quality patient management at the tertiary level.
- d. Offer on continuous basis, qualitative training and retraining of medical and paramedical personnel for efficient and effective service delivery.
- e. Promote civil and personal rights of patients/users and their privacy.
- f. Provide an enabling environment for the delivery of health care services as an adjunct to promoting, healing and improving care outcome.

- g. Provide means of redress against failure and patients' grievances and complaints.
- h. Provide 24 hours emergency care.
- i. Ensure regular provision of quality, efficacious, affordable, high potency drugs.
- j. Make provision for those with special needs, including establishing funds to assist destitute patients.

iii. Customer Relations and Grievance Redress Mechanisms

In all the hospitals, mechanisms are in place relating to customers, including receipt of complaints and grievances on the one hand, and mechanisms for redressing these grievances on the other hand. These are as follows:

Every patient/visitor shall have the right to be heard regarding his/her grievances/complaints.

Grievances/complaints are to be channelled through the Desk Officer, Customer Relations of the SERVICOM Service Delivery Unit (SDU) of the hospital, who shall serve as the first arbitrator. In some of the hospitals, this position is occupied by a designated hospital secretary/matron, whose name, location and telephone numbers are distinctly and conspicuously displayed at the reception and other strategic locations.

The Chairman, Medical Advisory Committee (C-MAC), is designated to receive and attend to all grievances/complaints as the final arbitrator, which will be acknowledged immediately and then finally concluded and disposed of within 7 working days.

Where the complainant is still not satisfied, he shall have the right of access to the Chief Medical Director of the hospital as the chief executive, and thereafter, the Board of Management.

Generally, a Hospital Management Committee consisting of the Deputy Chairman of the hospital, the Hospital Secretary, Head of Department, Representative of Consumer Organizations etc., is in place to periodically review the overall performance of the terms of patient care and treatment. This is called the Advisory Committee.

iv. Obligations

The Charter of Usmanu Danfodiyo University Teaching Hospital clearly states the Rights and Duties, as well as the Obligations and expectations of the customer, staff, management, and Governing Board for effective services to be provided.

v. Stakeholders Participation

The participation of stakeholders in the affairs of each Teaching Hospital is captured by the representation of each interest group on the Board of Governing Council of the institution. From community representation, to private interest and professional groups, the constitution of the Board is broad-based. The Honorable Minister of Health as the chief health officer of the country is fully represented on every Board of all the University Teaching Hospitals.

Representatives of the various communities with stakes in the Teaching Hospital in the State are usually part of the decision making processes in the centre. This is to particularly facilitate harmonious co-existence with the host community. Additionally, special considerations are also often given to employment opportunities for indigenes of the host communities, when vacancies become available. These mechanisms have engendered a lot of goodwill for the centre, paving smooth paths for its activities.

METHODOLOGY

This section discusses the operational principles and intensively deals with the method used in carrying out this research work.

This research work is explanatory based on survey of people who have relevant practical experience on the subject matter. The target population of this study is the entire employees of UDTH, Sokoto whom are believed to have acquired vast experience in UDUTH routine work. UDUTH, Sokoto has a total staff population of two thousand five hundred and fifty six (2556). In a nutshell, the research is designed in such a way that it minimizes bias and maximizes the reliability of the evidence collected in the process.

SAMPLE AND SAMPLING TECHNIQUE

Since studying the entire population of Sokoto will be cumbersome, a sample unit therefore was selected; the sample selected will also be as nearly representative as of the entire population. Here we generated One and a hundred and thirty (130)

respondents using simple random or sampling of UDUTH staff In conducting the real research to source out information from each respondent, systematic sampling was used.

SOURCE OF DATA COLLECTION

In order to make data collection uniform for investigation purpose, the major instrument of data collection used is the questionnaire, personal interview with some workers in order to enable the researcher to set reliable fact for drawing conclusions, discussions were also held with some members of staff, questionnaire was chosen as the instrument of collecting data because it was able to cover a wider distance and can be send to various employees from whom information is required. Advantage of this method is that many problems might be solved by drawing question. Also results gotten through questionnaire are easier to analyze.

METHODS OF DATA ANALYSIS

The information gathered and collected from the questionnaire administered was analyzed using the following method of data analysis.

Tabulation method: Here the researcher put responses of the question asked in tabulation form. Percentage score: Each item is put into percentage in relation to the whole items in the question.

DATA ANALYSIS

At this level, the returned questionnaires have been organized, analyzed and presented thus:

Table 4.10 Respondents view on whether Servicom Serve as Control Measure in efficient Service Delivery in UDUTH

Control measure	Frequency	Percentage %
No	46	46
Yes	54	54
Total	100	100

(i)Source: Field Research, 2011

(ii)Majority of the respondents in the table above said yes that Servicom serve as control measure in UDUTH in terms of service delivery i.e. 54% while 46% indicated that it did not serve as a control measure. Because they believed it is duplication of duty, multiplicity of functions and waste of resource.

Table 4.11 Respondents view on Patient/Staff level of work attendance

Attended to	Frequency	Percentage %
Well attended	53	53
Partially attended to	40	40
No response	7	7
Total	100	100

Source: Field Research, 2011

The above table, indicates clearly that customers or patients are been well attended to by the staff of UDUTH (53%) tells us that, that the performance of UDUTH, Sokoto in provision of health care delivery does not largely depends on efficiency of Servicom, as opposed to the null hypothesis for the study.

Table 4.12 Respondents view on whether Servicom is Effective

Effectiveness of Servicom	Frequency	Percentage %
Positive response	50	50
Negative response	14	14
No response	36	36
Total	100	100

1. Source: Field Research, 2011

2. The above table clearly indicates that Service Compact (Servicom) is operating and effective as indicated in the table. They further assert that Servicom improves service delivery without which service will be halt.

Table 4.13 Distribution of Respondents that No Servicom in UDUTH

Presence of Servicom	Frequency	Percentage %
Strongly agreed	40	40
Disagreed	36	36
No response	24	24
Total	100	100

1. Source: Field Research, 2011

2. In the table above, it shows that most of the public were aware of the existence and operation of Servicom as 40% of the respondents assert to that. 36% are not aware of the existence of Servicom in UDUTH, Sokoto

Table 4.14 Whether Poor Attitude to Work Affects Service Delivery

Poor attitude to work/Effective Service Delivery	Frequency	Percentage %
Strongly agreed	56	56
Partially agreed	43	43
No response	0	0
Total	100	100

Source: Field Research, 2011

From the above table majority of respondents believed that poor attitude to work is a major hindrance for effective and efficient service delivery in the Nigerian public sector e.g. UDUTH, sokoto. This is because 56% proved to that 43% partially agreed. This is a clear indication that poor attitude affect service delivery.

Summary of Findings

Based on the data collected, presented and analyzed, the following research findings appeared more glaring; Using UDUTH, Sokoto as a study base, the study discovered that the objectives and delivery mechanisms of SERVICOM are appropriate remedies for poor service delivery in the Nigerian Public Sector. Hence, SERVICOM Unit of UDUTH, Sokoto served as a control measure in service delivery (60% of the respondents) attest to that effect.

It is also found that working incentives such as hazard allowances, refurbishing loan, vehicle, mortgage loan, overtime, transport allowance, accommodation etcetera do motivate staff of UDUTH, Sokoto in putting in their very best for efficient and effective service delivery.

The study also discovered that poor attitude to work negatively affect service delivery and therefore, the principles of work ethics as contained in the reviewed Public Service Rules of 2008 be upheld.

More so, the study revealed that with SERVICOM Unit in UDUTH, Sokoto, patients have greater opportunity to get the right Service and are well attended to. This therefore, indicate that the existence of SERVICOM Units is necessary and inevitable in all Public and Private Organizations'

On the whole, the study observed that SERVICOM is an essential element for effective and efficient Service delivery in the Nigerian public and private Sector

Organizations and therefore SERVICOM principles are expected to be adhered to, if, meaningful service are to be provided to the citizens whom have the right to be served.

CONCLUSION

The changes envisioned by the SERVICOM policy will likely take some time in getting accomplished simply because the reforms touch upon the core of public sector malfunctioning in Nigeria - poor work performance. A lot of political will is required to tackle this pervasive and longstanding problem.

Moreover, the problem is accompanied by much buck passing between the government and workers. But studies by Nigerian academic and international economists strongly assert that the problem lies with the government, which must put in place merit-based and transparent governance systems, including adequate reward systems, to motivate civil and public servants to put in utmost efforts into their jobs. Attitudinal change from the civil servants and value orientation in public service will also be of greater help in service delivery in Nigeria public sector organizations.

The right steps however have been taken in the conceptualization of the intervention. With continued support from international donor agencies, the country will likely sustain the SERVICOM initiative. Further empirical studies that investigate detailed implementation of SERVICOM and its impact within particular health institution ie Usmanu Danfodiyo University Teaching Hospital, Sokoto, (UDUTH) will further enhance our understanding of the relevance of this initiative.

RECOMMENDATIONS

The following recommendations were put forward with a view of enhancing service delivery in UDUTH, Sokoto and Nigerian Teaching Hospitals at large.

There is need for training and re-training of staff and officials of UDUTH, Sokoto for effective and efficient service delivery and change should be a welcome idea not to be traditional custom base, or conservative because change is constant and they should be ready to alter the way they do things for better services;

There should be a legal backing to SERVICOM operations in Nigerian public sector and sanctions be provided for those that violated service provision for effective service delivery;

Government should also put in place merit-based and transparent governance system which include adequate reward system to motivate civil servant to put in more effort in their jobs;

For effective and efficient service delivery, change in attitude of public servants, value re-orientation, political and religious neutrality, absence of tribalism, sectionalism, nepotism, favoritism and all sort of immoral acts;

The public servants in public sector Organizations be made to work in line with the public service rules and regulations to ensure that work ethics are observed. This will reduce the prevalent poor attitude to work and other gross inefficiencies and by extension the quality the quality of service rendered by the public servants would improved to a more satisfactory level;

Government should ensure continued commitment toward efficient service delivery by providing adequate funds and ensure proper accountability in provision of public goods that are most desired by the by the generality of the populace hence, performance every government is measured by it capacity to meet up with public expectations and demands; Finally, public servants should be God fearing, accountable to the public, accountability on the basis of managerial, fiscal responsibility, individual accountability and programmed for a better service delivery in the Nigerian public sector

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