

## **DEMOCRACY, TOWN UNIONS AND PROVISION OF HEALTH FACILITIES IN RURAL COMMUNITIES OF EBONYI STATE: EVALUATION OF SOME SELECTED COMMUNITIES**

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### **ABSTRACT**

This study evaluated the capacity of democratic governance to spur the town unions in Ebonyi State to provide health facilities in rural communities. The study was carried out in twelve selected rural communities chosen across the three senatorial zones of the state. The study was provoked by the need to empirical test the assertion that democracy has the magic wand to spur rapid development of the society. The data for the study were gathered through the use of questionnaire instrument, Focus Group Discussion (FGD), observation and documentary methods. The study adopted community action theory as its framework of analysis. The data were analyzed using simple percent, contingency tables, and histogram while chi square statistics was used for the test of hypotheses. The findings revealed that democratic governance has enhanced contributions of town unions in the provision of health facilities and promotion of health programmes in rural communities in Ebonyi State. The study equally revealed that lack of enlightenment, illiteracy, and poverty among the rural dwellers poses challenge to the contributions of town unions in the provision of health facilities. The study recommended that government should provide periodic subventions to town unions to enable them mobilize adequate funds for the provision of health facilities and promotion of health programmes. Besides, leadership trainings should be organized on regular basis to educate and enlighten town union executives on the best global practices on rural development.

**Keywords:** Democratic Governance, Development, Health Facilities, Rural Communities, Town Unions

### **INTRODUCTION**

There was a growing emphasis among development scholars, especially in the 1980s on the need to focus on rural development as key to overall economic development of third world countries. This emphasis was a remarkable shift from of the focus in the 1960s and 1970s during which economic theorists and development aid programmes focused on growth resulting from national economic development plans and the multiplier effects of massive capital investment. It was tacitly assumed that once the national economic development was featuring, the rural economy would automatically develop.

This shift was marked by the appearance during the seventies and eighties of numerous publications on the subject of rural development. These publications highlighted on rural development as a solution to most problems of third world countries such as; hunger, diseases, malnutrition, child mortality, among others. The shift in paradigm was a result of the failure of national development programmes in the period to attract the desired rural development.

This observation rekindled the interest of some scholars and other critical stakeholder to focus much emphasis on rural development in the 1980s. As a result various international governmental organizations embarked on survey and studies of aspects of rural development in third world countries. The surveys led to the availability of reliable reports which furnished the stakeholders on the up-to-date data and analysis

of rural development situations. The reports delved into such aspects of rural development as dimensions of rural poverty, the demographic factor in rural developing economy, nutrition and food security, health and literacy. The increased knowledge on rural development provided to these developmental organizations naturally led to better appreciation of the gaps in rural development, the dimensions of the problems and the policy options opened to Nigerian state.

From late 1980s to the late 1990s town unions took a centre stage as critical keys in rural development. Unarguably, poor performance of government development programmes in meeting the socioeconomic needs of the citizens was the reasons behind the proliferation of town in Nigeria during these periods. Some scholars have observed that people in developing nations have until recently looked up to their governments to meet their basic socio-economic demands. Of a truth, governments in African nations have evolved top-down and bottom-up approaches to achieve sustainable development of their people. These include establishment of lead industries at key centres so as to create job opportunities, provide basic infrastructure and utilize regional natural and man-made resources to stimulate growth and economic development that would spread to lagging regions (Perroux, 1955; Wahab, 2000; Abegunde, 2003). Besides, Agbola (2002) noted that successive Nigerian governments have responded to both rural and urban problems by evolving poverty alleviation programmes to help stir development simultaneously at the grassroots. These programmes include the National Directorate of Employment (NDE), Community Banks, Directorate of Foods and Rural Roads Infrastructure, Better Life for Rural Women, National Poverty Alleviation Programme (NAPEP) among others.

Invariably, the failure of governments' top-down approach and lack of involvement of the people at the grassroots have weakened the confidence of the public in the central authorities. Communities therefore seek solace in indigenous institutions, which pressurize government for attention to development problems in their communities and/or undertake development programmes and projects that they observe that are very needful in their immediate communities. The indigenous organizations are associated with self-help projects in their various communities (Ogundipe, 2003). They constitute the media for resources mobilization to confront their local challenges. These include the finance and execution of projects, lobbying and nomination of representatives to government offices to air their views and press their needs and developing human resources against future developmental needs of their immediate communities. Thus, their impacts have been felt in the areas of economic development, policy matters, health and infrastructure, environmental and physical development among others (Agbola, 1998; Akinola, 2000; Akinbode, 1974; Onibokun and Faniran, 1995).

There is assertion by scholars that democratic governance holds the key to popular participation of town unions in rural development programmes (Agbola, 1998; Kiyaga-Nsubuga, 2015). Although the town unions recorded some successes in rural development in these periods, the argument then, was that the failure of the town unions to achieve greater development in rural communities at the time was because the country was under military dictatorship. Logically, if the country embraces democratic governance, then it would spur the contributions of the town unions to rural development. Following the above assertion, despite the acknowledged accomplished achievements of town unions in the late 1990s there have been expectations that democratic governance that was ushered in 1999 would invigorate and spur more participation of town unions in rural development drive. This study evaluates the capacity of democracy to enhance the contributions of town union to the provision of health facilities and promotion of health programmes in Ebonyi State since the inception of democracy in 1999.

## **STATEMENT OF THE PROBLEM**

One of the challenges facing the Nigerian state since independence is how to improve the living standard of the rural dwellers. Even though about 70% of the country's population lives in the rural areas, the rural areas are yet to witness significant level of development. This is evident in the apparent lack of basic infrastructural facilities especially in the area of health and abysmal poor quality of life in the rural areas (Agbola, 1998; Akinola, 2000; Akinbode, 1974).

Indeed, Abah (2010) observed that the most evident display of Nigeria underdevelopment condition is the rural areas and that the deplorable condition of the Nigerian rural health sectors is emphatic. Very curious and most worrisome is that the rural health development policies and programmes initiated and implemented by governments at all levels over the years have not yielded the desired results. The rural dwellers in Nigeria still lack access to basic health facilities water, sanitation, hospitals and good laboratories despite all efforts made by both government and non-governmental organizations. The failure of rural development programmes at the period was blamed on the failure of Nigerian state to embrace democratic governance. Following this assertion, there have been expectations among academics and government officials that the realization of democratic governance in 1999 would invigorate and spur more participation of the town unions in the provision of health facilities. The above thinking logically becomes justifiable when weighed against the backdrop of the assertion that democratic governance is key to increased popular participation of town unions in rural development (Agbola, 1998; Kiyaga-Nsubuga, 2015) There is therefore the need to empirically test the assertion in Ebonyi State after seventeen years of democratic rule. To carry out this study, the researcher raises the following questions; (1) Has democratic improved the contributions of town unions to the provision of health facilities and programmes in Ebonyi State? (2) How could town unions be repositioned to enhance their contributions to the provision of health facilities in rural communities in Ebonyi State?

## REVIEW OF RELATED LITERATURE

### Town Unions and Rural Development

Modern concept of Town union as a tool for advancing rural development emerged during colonial era especially as result migration people to the colonial cities. The colonial masters had no welfare plan for the people migrating from rural to urban areas. The urban areas became difficult and strange for the hitherto rural people.

Eme *et al.* (2012) asserts that the idea of town union started as means of taking care of the welfare of their members far from home. Against this spirit many Africans that moved into the urban areas involved themselves in social relations to serve as the traditional society. They also attached themselves to their homes which made them believed they will come back to their ancestral home some day. Furthermore, they felt that the diverse infrastructural facilities and services these unions enjoyed in the urban centres; they would want to have and enjoy in their home Towns. This nostalgic feeling may be regarded as the magic wand that some communities have used in placing town unions as a useful instrument for achieving self-reliance and development rural areas in Nigeria (Ugwu, 2013).

The increasing underdevelopment crises have caused people to asked question on the actual function of Nigerian state and their related institutions in socioeconomic development. This is due largely to persistence of such underdevelopment crises which are seen as proof of poor performance of Nigerian state. Beginning from mid 1980s, academics and policy commentators have demonstrated profaned interest in the role of Town unions play in the social and economic development and local governance of communities in the third world countries (Ugwu, 2013). There have been multiplier consciousnesses of the people to see the need to place a more robust organization and administrative bodies which can provide and foster stable self-reliant development in their local communities.

Third world scholars and government actors are now realizing that town unions and indigenous institutions have proved to be more successful in engendering development in rural communities comparable what the state has done in socio-economic development. Richards, (1985) and Ake (1987) cited in Nwosu (1999) contended that in Nigeria, despite of the effort made in recent years to decentralize local governance, it remains insufficient to adequately address the development at the grass root reverse.

Nwankwo (1996) opined that participation by the community increases the probability that decisions will effectively be implemented. He pointed out that social scientists have come to understand that when target

groups are involved in the process of development, they are satisfied with such development, again such group will feel a sense of belonging and their initiatives and potentialities are effectively utilized.

In some African communities such as Nigeria, particularly, the Igbos being one of the major tribes in country, Town unions through their Age Grade Associations have performed various tasks depending on the felt need of the people and what was assigned to them by the Town union (Ugwu, 2013). Today in many Igbo societies like Ohafia, Abriba etc, these age grades have accomplished important tasks and are still accomplishing various strides in community development. According to Eme *et al.* (2012) in Okigwe, Ohafia, the Okpatemba being their age grade has constructed a state of the art two storey building town unions have achieve great development activities and are still doing more in their various communities.

The emergence of town unions and their involvement in rural community development have remained as old as Igbo nation. Honey *et al.* (1998) citing Chinua Achebe highlighted the programmes of Umuofia progressive union in one of Achebe's novel, which feature prominently the help the union rendered to one of the promising son of Umuofia, Obi Okonkwo. Eje (1988) cited in Nwosu (1999) has reiterated the significant impact in reconstruction of facilities and infrastructures at the end of the civil war. He asserted that health facilities, rural roads and bridges, various market and other projects were reconstructed and new constructed by various town union. Besides, primary and secondary schools' building and the equipment of new ones were also initiated by town unions. Therefore, town unions have continue to serve as veritable instrument for local governance.

Bonsu (1983) affirms that town development union's participation in rural development has been age long development approach in Africa. He maintains that this has led to development in many towns and villages. The idea is that since such development initiative comes from the people, it directly reflects their needs and aspirations, as such to make rural development work. Nwobi (2007) posits that the people of the localities should play the role of managers and entrepreneurs of development. This is because having the ingredients of development such as land, capital and labour is not enough to enhance development until a man tries to act on the biophysical environment to eke out something out of it.

Distilled from the analysis, it points to the fact that in all cases, each community in all the states of the South East has a town development union which may be called Community Development Association or Community Progressive Association, normally led by a president and works in concert with other elected members of the executive. Town development unions championed development projects, guarantee internal security and liaise with governmental authorities to attract social amenities to their communities.

### **Town Unions and Provision of Health Facilities in Rural Communities**

Agboola, Ifesanya & Akanmu (2012) explored the partnership between the community- based organizations and the local government for sustainable development of the rural areas in Oyo State. Both Akinyele and Kajola LGAs were chosen as case studies for the study because they are predominantly rural in nature. The findings indicated that CBOs in Akinyele LGA between 1996 and 2006 executed more of health centres and wells among others. Also, from the total of 47 projects undertaken by the CBOs in 15 settlements between the periods under study in Kajola LGA, it was observed that rehabilitation of roads has the largest proportion of 18, followed by construction of wells, buildings, town hall, pit laterine, market, health/maternity centre, wells and postal agencies. The study concludes that the CBOs have made some significant contributions to the development of rural areas in Oyo State in the area of health. However, the study failed to establish how the respondents were sampled, in addition to aggregating the contributions of CBOs to health sector alone, rather that undertaking a study of other sectors.

Ugwu (2013) investigated how town unions contribute to development of health and sanitation in Nigeria with a focus on Nsukka L.G.A. in Enugu state from 1995-2010. The study utilized survey method through

self report technique of data collection which deals mostly with sourcing information from the primary sources and analytical induction sourcing information from secondary sources. Data collected were analyzed using quantitative methods. The result showed that town unions in partnership with government have built health centres and provided boreholes/water to various communities in Nsukka Local Government.

Adebayo (1995) and Oyeyemi (1995) in separate studies on activities of CBOs in rural communities in Oyo State observed that social groups in Olorunda and Erunmu respectively were involved in the following programmes: rehabilitation of roads, constructions of market and shop, digging of deep wells, construction of classrooms and organising adult education classes. Egunjobi (1984) explained how the rural communities of Kajola and Igboho have evolved self-help strategy through CBOs in improving drinking water.

Adebayo (1995) and Oyeyemi (1995) in separate studies on activities of CBOs in rural communities in Oyo State observed that social groups in Olorunda and Erunmu respectively were involved in the following programmes: rehabilitation of roads, constructions of market and shop, digging of deep wells, construction of classrooms and organising adult education classes. The weakness of this study is that it did not examine how democratic governance could promote the increased contributions of town unions to funding of projects in the health sector which is the concern of this study.

## **THEORETICAL FRAMEWORK**

The researcher adopts “community action theoretical model” as its framework of analysis. The community action theoretical model was propounded by Freire in 1973. The theory emphasizes the need for communities to collectively strengthen their capacity to develop through educational (Kulig, 2000). Implicit in this theory is that residents in poor communities can team together to attain socio economic development (Boreham, 2004) through education. This means that community action model involves participatory action approaches and is asset based. That is to say that it builds on the strengths of a community to create changes from within (Racher, 2007). Its intention is to change by building community capacity, working in collaboration with communities and providing a framework for residents to acquire skills and resources necessary for assessing their socio economic conditions (Lavery, 2005). When they have done this, they can plan, implement and evaluate actions designed to improve those conditions.

This means that the model is designed to increase the capacity of communities and organisations in addressing their socio-economic determinants that will positively influence development in their rural communities (Anderson & McFarlane, 2004). The relevance of this theory to this study is hinged on the fact that it can help us to explain the contributions of town development unions in the funding of basic education and health facilities in rural communities in Ebonyi state. From the above theoretical proposition it is axiomatic to draw the following hypothesis: *Democratic governance has increased the contributions of town unions in the provision of basic education in rural communities in Ebonyi State.*

## **METHODOLOGY**

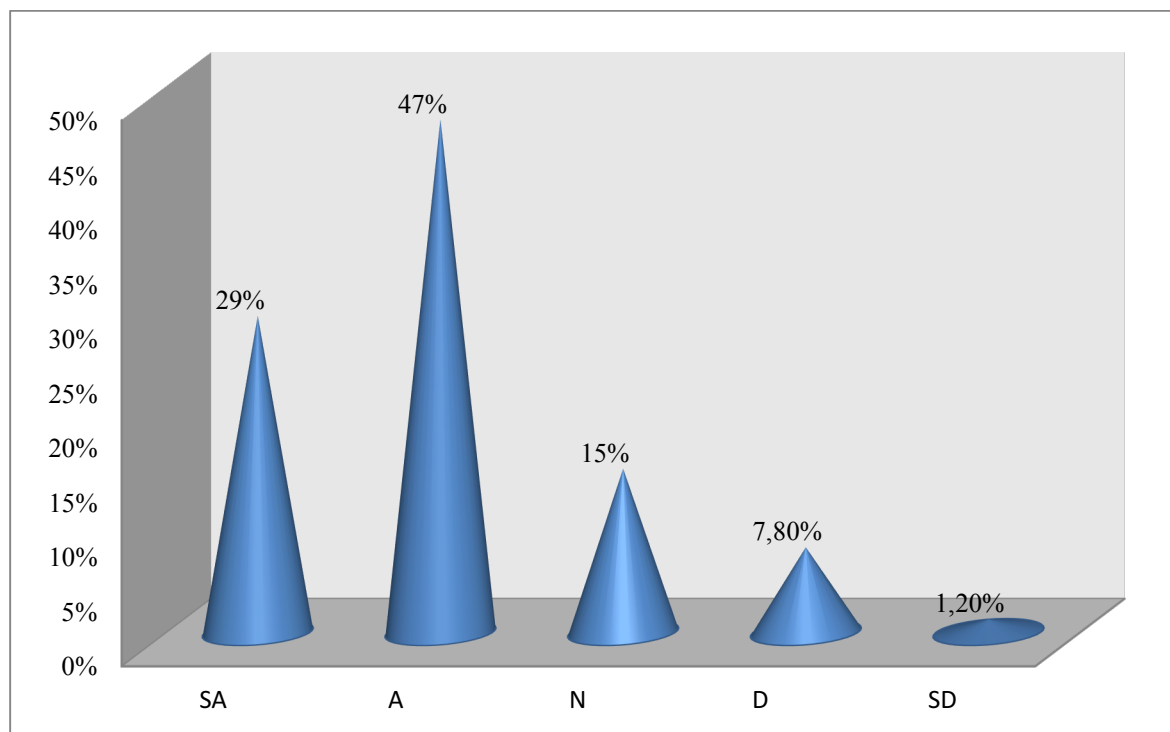
The research design adopted for this study is cross-sectional survey design. This study was carried out in twelve selected communities from the six Local Government Areas chosen from the three senatorial zones. These communities comprised Amagu and Enyibichiri communities in Ikwo LGA and Umuezeokoha and Eka communities in Ezza North Local Government Area located in Ebonyi Central Senatorial District. Others are: Igbeagu and Ezza-Inyimagu communalities in Izzi LGA, Umuogodo Akpu and Umuezeaka communities in Ohaukwu LGA in Ebonyi North Senatorial District while in Ebonyi South Senatorial District, Ugwulangwu and Okposi Ukwu communities in Ohaozara LGA and Owutu Edda and Nguzu Edda communities in Afikpo South LGA.

A population of four hundred and twenty two thousand four hundred and forty two (422,442) participated in the study. The participants were selected from religious leaders, women leaders, public office holders/civil servants, youths/students, community/town union leaders past and present from the selected communities. It is imperative to note that the study employed multistage sampling procedure.

The data for study were sourced through the use of questionnaire instruments, observation, and focus group discussions, while the other set of data were obtained from the internet, text books, journals, newspapers, and magazines. The statistics instrument used for the analysis and presentation of data were simple percentage frequency tables and histogram while chi-square was used for the test of hypothesis

### DATA PRESENTATION AND INTERPRETATIONS

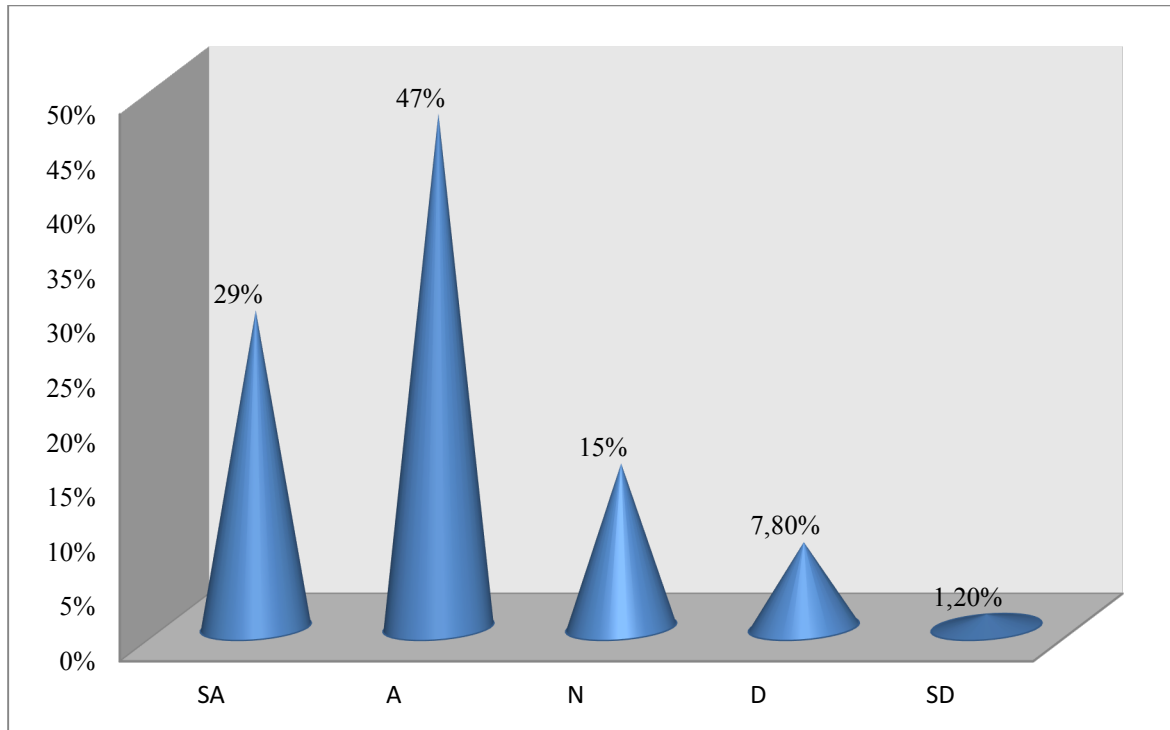
This section deals with the analysis and presentation of the sampled respondents' views on the major theme of the subject under study. The data were generated in line with the research questions and results presented in figures 1-5



**Figure 1:** Histogram on how town unions consulted with the community members in the choice of site of health centres under democratic dispensation.

Source: Humphrey Nwobashi and Anthony Itumo's Field survey, 2016

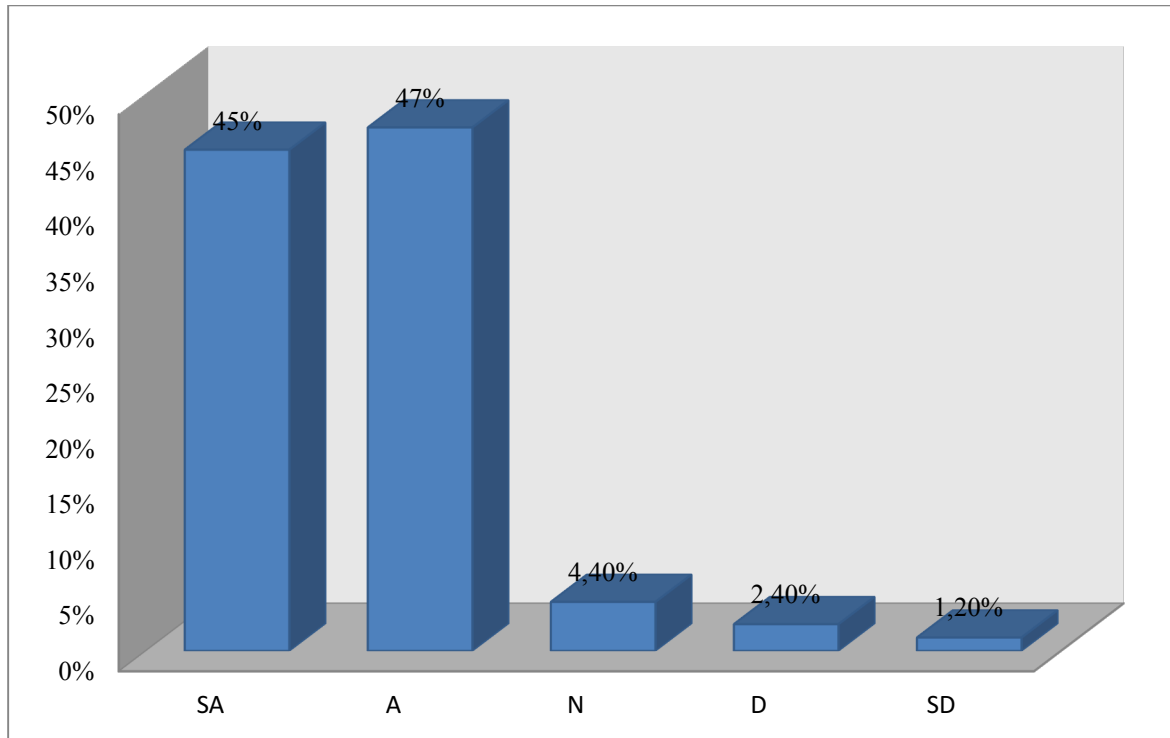
The analysis in figure 1 above shows that most of the sampled respondents (47.0%) representing 421 of them indicated agreed and 29.0% accounting for 682 of them strongly agreed, while 15.0% representing 218 of them were neutral, 7.8% accounting for 113 of them disagreed and least (1.2%) representing 17 strongly disagreed on questionnaire item 1. This implied that majority of the respondents accepted that under democratic dispensation, town unions consulted with the community members on the choice of situating health centres in rural communities.



**Figure 2:** Histogram on how town unions consulted with the community members in the choice of site of health centres under democratic dispensation.

Source: Humphrey Nwobashi and Anthony Itumo's Field survey, 2016

The analysis in figure 2 above, shows that most of the sampled respondents (47.0%) representing 421 of them indicated agreed and 29.0% accounting for 682 of them strongly agreed, while 15.0% representing 218 of them were neutral, 7.8% accounting for 113 of them disagreed and least (1.2%) representing 17 strongly disagreed on questionnaire item 2. This implied that majority of the respondents accepted that under democratic dispensation, town unions consulted with the community members on the choice of situating health centres in rural communities.

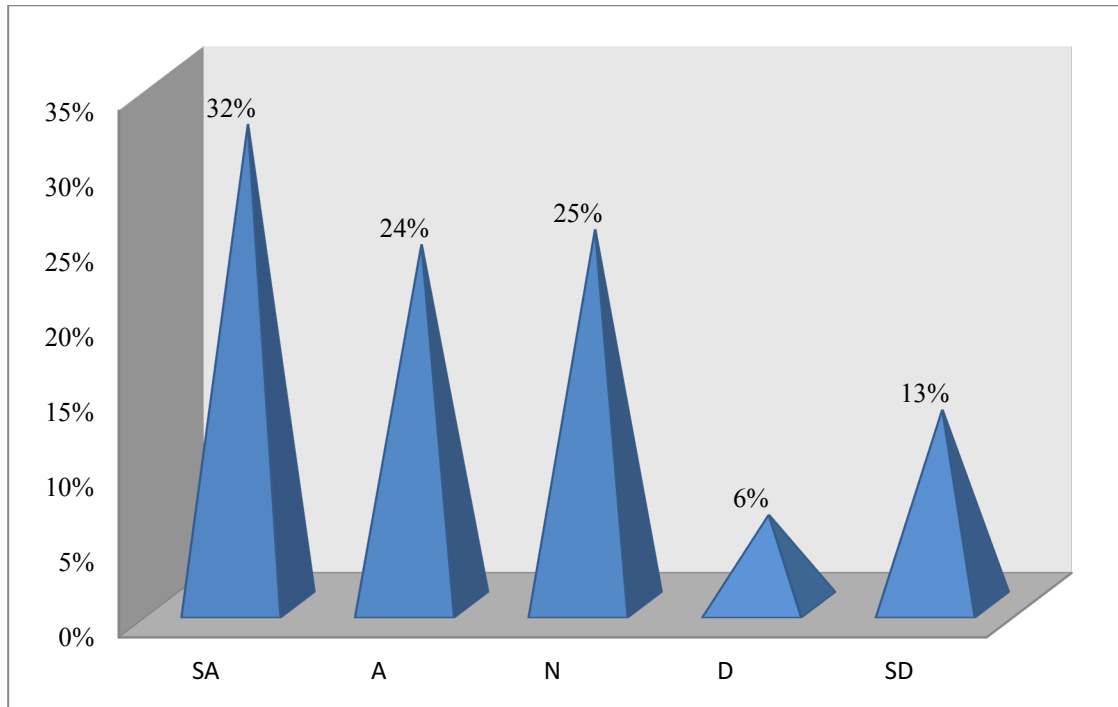


**Figure 3:** Histogram on how democratic governance has enhanced mobilization and public enlightenment by town unions for immunization and vaccination exercises

Source: Humphrey Nwobashi and Anthony Itumo's Field survey, 2016

The analysis in figure 8 indicates the responses of the respondents on questionnaire item 3 as follows: 653 accounting for 45.0% strongly agreed, 682 representing 47.0% agreed, 64 representing 4.4% were neutral, 35 accounting for 2.4% disagreed and 17 representing 1.2% of them strongly disagreed on the item. This means that the respondents agreed that democratic governance has enabled town unions to enhance mobilization and public enlightenment of rural people for immunization and vaccination exercises in their communities.

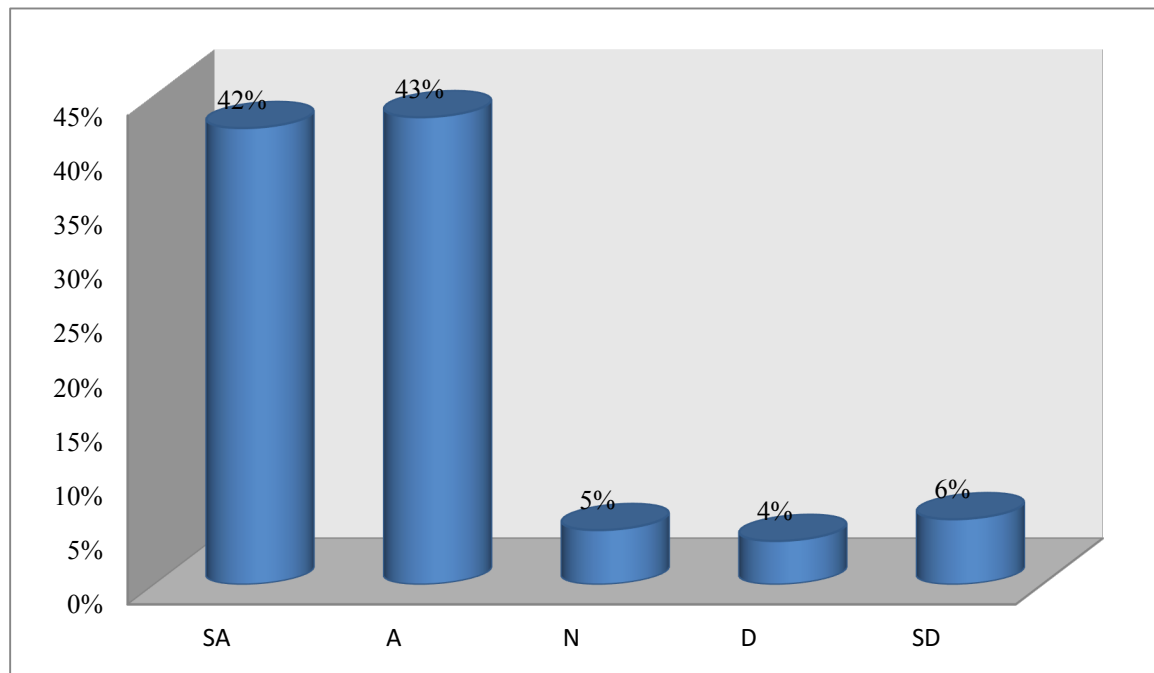




**Figure 4:** Histogram on how democratic governance has facilitated the participation of the community members in the procurement of drugs and dispensaries for health centres by town unions.

Source: Humphrey Nwobashi and Anthony Itumo's Field survey, 2016

The result of responses of the respondents as presented in figure 4 above shows that relatively highest percentage (32.0%) representing 464 of the sampled respondents strongly agreed, 24% accounting for 348 of them agreed while 25% representing 363 of them indicated neutral on the item. Also, 13% accounting for 189 of the respondents indicated strongly disagreed while only (6%) representing 87 of them disagreed on the item. Going by this analysis, it can be deduced that greater proportion of the sampled respondents agreed that democratic governance has facilitated the participation of the community members in the procurement of drugs and dispensaries for health centres by town unions in rural communities of Ebonyi State.



**Figure 5:** Histogram on how democratic governance has spurred town unions to educate and create awareness on HIV/AIDS prevention and control and effects of drug abuse

Source: Humphrey Nwobashi and Anthony Itumo's Field survey, 2016

The result in figure 5 above shows the ratings of the sampled respondents on questionnaire item 5. Their opinions on this are indicated as follows: 609 respondents representing 42% strongly agreed, 624 respondents accounting for 43% agreed, 73 respondents representing 5% were neutral, 58 respondents accounting for 4% disagreed and 87 respondents representing 6% strongly disagreed. This indicated that the democratic governance has spurred town unions to educate and create awareness on HIV/AIDS prevention and control and effects of drug abuse in rural communities of Ebonyi State.

### Test of Hypothesis

The hypothesis tested in this study states as follows:

*Democratic governance has spurred the contributions of town unions to the provision of health facilities and programmes in rural communities in Ebonyi State.*

**Table 1:** Chi-Square Test of Independence on the Contribution of Town Unions to Provision of Health Facilities and Programmes in Rural Communities in Ebonyi State

S/N	SA	A	N	D	SD	Total
1.	421	682	218	113	17	1451
	394.6	487.6	213.4	197.8	157.6	
2.	653	682	64	35	17	1451
	394.6	487.6	213.4	197.8	157.6	

3.	87	189	363	348	464	1451
	394.6	487.6	213.4	197.8	157.6	
4.	609	624	73	58	87	1451
	394.6	487.6	213.4	197.8	157.6	
5.	203	261	349	435	203	1451
	394.6	487.6	213.4	197.8	157.6	
Total	1973	2438	1067	989	788	7,255

Source: SPSS Analysed Field Survey Data, 2016

$$X^2\text{-cal} = 3048.67$$

$$DF = 16, P\text{-Value} = 0.05$$

$$X^2\text{-tab} = 0.000$$

Decision: Reject null hypothesis and accept alternative hypothesis

Summary of result in Table 1 indicates that the calculated Chi-Square value is 3048.67 while the critical value at an alpha level of 0.05 is 0.000. Since the chi-square calculated value is greater than the critical value at the given alpha level, we rejected the null hypothesis and accepted that there is significant increase in the contributions of town unions in the provision of health facilities and programmes in rural communities in Ebonyi State since the enthronement of democratic governance in 1999.

## DISCUSSIONS AND ANALYSIS OF RESULTS

Democratic governance in Nigeria has brought about progressive increase in the contribution of town unions in the provision of health facilities and programmes in rural communities in Ebonyi State. This assertion received strong statistical support in the analysis of data and test of hypothesis in this study. The majority of the respondents agreed that the town unions in the community contributed to the provision of health facilities and programmes. The finding is in line with the study carried by Agboola, Ifesanya and Akanmu (2012) which explored the nexus between town unions and funding of health facilities and programmes in Akinyele and Kajola LGAs of Oyo State. The outcome of the study indicated that town unions in Akinyele LGA between 1996 and 2006 executed more of health centres, pit latrines, and water projects. The study concludes that the town unions have made some significant contributions to the development of rural areas in Oyo State in the area of health.

This situation is the same in rural communities of Ebonyi State where town unions have financed health projects and programmes worth millions of naira between 1999 and 2015. This has been made possible due to the fact that democratic governance which came on board in 1999 has brought about increased consultation between the town unions and members of the community especially in the choice of the sites for the construction of healthcare centres in the rural communities in the State. This act made the entire community to see the healthcare projects as their own as such rekindled their interests in contributing to programmes in terms of funding and direct labour, advocacy, mobilization, enlightenment and awareness creation. To this feat, Ebonyi State has recorded zero prevalence of guinea worm and polio infestations.

In specific terms, town unions engaged in the mobilization, and public enlightenment during immunization and vaccination exercises in the rural communities in Ebonyi State. It was evident from the result that during immunization programmes, the town unions through the use of town criers and village

meetings supported by jingles from local radio and television programmes. This helped to inform the community members on the needs to immunize and vaccinate their children and wards against maternal and child killer diseases. During field survey the respondents unanimously agreed that under democratic governance, the participation of community members in Ebonyi State in procurement of drugs and dispensaries by town unions for use in their health centres has been enhanced remarkably. It equally spurred the town unions to educate and create awareness on the prevention and control of HIV/AIDS, Lassa fever, Ebola and Polio as well as campaign against drug abuse and female genital mutilation. It is evident from the field survey that the town unions in collaboration with the health workers educated the people on the need to avoid discriminations against people living with HIV/AIDS in their communities.

Moreso, under the present democratic dispensation, town unions have greater leverage to embark on procurement and distribution of mosquito nets in rural communities in Ebonyi State to prevent the spread of malaria and other diseases caused by mosquitoes. These assertions have been confirmed by the revelations made available by the opinion leaders and stakeholders of the communities under study in our interactions with the researcher during the FGD. The data collected during the FGD carried out in the twelve rural communities chosen for the study in the State apparently revealed that the town unions have contributed immensely to the provision of health projects and programmes in their various communities. For instance, in the FGD held in Ekka community, the interaction revealed that Ekka town union has contributed in the mobilization of women for the immunization of children. The town union also established five health centres in Ekka community and promoted campaign against female genital mutilation. The town unions equally provided accommodations for health workers posted to the community by the government, repaired and maintained the borne holes in the area (see FGD report, Nwobashi, 2016). This development has been confirmed by the observations made by the researcher during the field survey. The researcher visited the sites of the projects to see whether such projects were really on ground and they were confirmed to really available.

In another FGD held at Umuezekoha, the data revealed that town union funded health projects and programmes in the community. Specifically, the town union mobilized women for immunization, embarked on environmental sanitation and clean-up exercises in the community. To ensure strict compliance to these exercises, the town union imposes fines on defaulters. The town union also established health centre, built seven born holes, repaired and maintained existing borne holes in the area (figures 1- 5 & table 1).

The above discussion agrees with the extant studies that were surveyed during the review of literature (see, Agboola, Ifesanya and Akanmu, 2012; Ugwu, 2013; Adebayo, 1995 and Oyeyemi, 1995). These studies therefore have unanimously agreed that democratic governance spurs increase in the contributions of town unions in the provision of development projects in rural community. The logic is that through increased consultations and collaborations with the community members, the town unions under democratic governance accelerate the participation of rural people in development projects.

## **CONCLUSION AND RECOMMENDATIONS**

The enthronement of democratic governance in Nigeria has spurred the contributions of town unions to the provision of health facilities and programmes in rural communities in Ebonyi State. It has further facilitated increased collaboration between the town unions and members of the communities in the initiation, planning, funding, and execution of health projects in the rural communities. The people oriented nature of democratic governance has brought the town unions executive closer than ever to the people and as such increased the synergy between the people and members of the town unions in many rural communities in execution of health developmental projects. Following this positive development, the number of projects and programmes executed in under the democratic dispensation has increased remarkably.

This is evident in the areas of enlightenment of the community on immunization and vaccination exercises, distribution of mosquito nets and enlightenment on HIV/AIDS preventions and control. The people in the rural communities are now seen as partners in progress in the provision of rural development projects in many rural communities of Ebonyi State. Despite these modest efforts made by the town unions in rural development in Ebonyi State, they are still constrained by some factors such as lack of funds due to high prevalence of poverty in many rural communities, illiteracy and undue interference from political office holders in the affairs of town unions. Worse still, lack of regular trainings and retraining of the town executives have put limited town unions' capacities to function effectively in line with global best practices. The study recommends that government should provide periodic subvention to town unions to enable them have adequate fund for the provision of health projects in rural communities to meet the health challenges facing the rural dwellers. Again, there should periodic leadership training for town union through organization of regular seminar, workshops and symposia to increase the skills and knowledge required for effective and efficient smooth operations of town unions.

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