



Research Article

PERCEPTION OF LOCAL GOVERNMENT OFFICIALS ABOUT ROLE OF LOCAL GOVERNMENT SYSTEM IN ACHIEVING MDG'S SPECIFIC TO EDUCATION AND HEALTH

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Article History**Submission:** August 29, 2020**Revised:** October 7, 2020**Accepted:** October 9, 2020**ABSTRACT**

The local government system is the most efficient administrative unit to directly observe and deliver the basic needs of the public in any country. Millennium Development Goals specific to education and health should also come under the prerogatives of local government based on their success indicators. But in Pakistan, MDG's have not been treated by politically and administratively decentralized local governments. This qualitative research study investigates the possible role of local government as per the perception of real actors, which could have been played in augmenting the scope of primary education and health. The data was collected through interviews from officials working in education, health, and local government departments. Purposive sampling technique helped to select participants who have witnessed the changes in the governing system before and after the promulgation of Local Government Ordinance, 2001. A semantic approach of thematic analysis was used to analyze the Qualitative data. The analysis discovered the overlooked merits of decentralized local governments in regards to indicators defined by MDG's. The analysis also found the reasons that hindered the process of obtaining the MDG's specific to education and health, and factors to improve service delivery in both of these sectors. More than 80% of respondents have validated the unconditional need for politically decentralized local governments to deliver the basic needs of the public.

Keywords:

Local Government, Millennium Development Goals, Education, Health, Public Participation, Decentralization

Abbreviations: NIL

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INTRODUCTION

The framework of the global village demands the shift of efforts from the national level to local levels for development goals. In the past 50 years, international cooperation for development throughout the globe couldn't serve the most of population in underdeveloped countries due to unaddressed local problems as per their prerequisites. Theorists from the modern world have recognized the decentralized local governments as a means to ensure localized solutions by the empowered and capable public. Practitioners suggest the role of local government should be understood in relevance to MDG's and other global development responsibilities (Boex & Yilmaz, 2010).

An international call for action was disseminated to re-locate and restructure the local governments in underdeveloped countries for enhancing community

participation as a front-line force after devising the MDG's (Ezeani, 2012). And realistically, MDG's went as appropriate targets to increase worldwide development in regards to moral imperatives like increasing awareness for gender disparity, decreasing poverty, and ensuring basic health and education for all (Kharas, Prizzon, & Rogerson, 2014; European Commission, 2015) by reassuring governance at local levels and nurturing the intersectoral collaboration (ISC) (World Health Organization, 2015)

The present research study is conducted to investigate the perceived and possible role of local government that holds responsibility for the best management of financial, political, and administrative activities in local territorial divisions for achieving the prescribed Millennium Development Goals (MDG's) related to health and education.

Local governments work to ensure the fulfillment of basic needs at a local level by responding immediately to these needs. The study inquires what role could have been played in past and can be played in the future in the context of fiscal, administrative, and political empowerment to local governments at the most possible lower tiers of society for augmenting the service delivery in primary health and education sector that also come under the framework of MDG's. The selection of three MDG's is primarily done to simplify the research scope and disentangle the subsequent indicators of goals from complexity.

UN general assembly has agreed in 2000 that 8 MDG's need to be accomplished by 2020 at a global level from which two goals are specifically related to education while three of these goals are related to health. The eight-millennium goals are:

- a) to eradicate extreme poverty and hunger;
- b) to achieve universal primary education;
- c) to promote gender equality and empower women;
- d) to reduce child mortality;
- e) to improve maternal health;
- f) to combat HIV/AIDS, malaria, and other diseases;
- g) to ensure environmental sustainability; and
- h) to develop a global partnership for development". (MDGs, 2000).

The goals related to universal primary education, reduction in child mortality, and improvement of maternal health come under the scope of this research, which is specifically related to education and health. The indicators of these goals have clarified the needed extent of contribution of national and sub-national governments as education MDG would pursue the equal enrolment of all boys and girls in primary and secondary levels and health MDG would follow the minimized cases of child and maternal mortality. Achieving universal primary education was considered to be followed by the enrollment of all boys and girls in primary schools everywhere in the world and they must be graduated after a specific course of time. Reducing the child mortality rate was assigned meaning that the under-five mortality rate should be reduced at a rate of 67 percent from 1990 to 2015. In the same way, an indicator associated to improvement of maternal health was set to alleviate the rate of maternal mortality at least 75 percent in comparison with 1990, till 2015 (Jacob, 2017) Goals related to overcoming cases of HIV AIDS, malaria, and tuber clauses are deliberately avoided on basis of exceptional disease frequency

while issues about child and maternal health are considered inevitable for all the families living in a compact territorial division.

The alarming situation of education at the primary level in Pakistan was considered so pitiable where more than 58 percent of children were not enrolled in 2000 and the majority of children belonged to rural areas (Shaukat, Javaid & Majeed, 2017). Besides that, all the enrolled students in 2001-2002 have not completed the courses from grades 1 to 5 because of several reasons including lack of educational facilities and utilities, parental support, and essential resources to support the children (Planning Commission, Govt. of Pakistan, 2013). The consequences of low literacy rates in rural and urban areas became a reason for the lack of knowledge about changing technological trends and efficient resource utilization. This issue also pertains to the unaware behavior of citizens about health care and the irony is the unavailability of proper and much need health resources like hospitals, maternity centers, and dispensaries. It is observed that 70 to 80 % population in rural areas doesn't have access to accurate health facilities (Pirzada, 1999).

The establishment of district-level authorities lately for education and health couldn't enhance the scope of public service delivery. Critical assessments have drawn some repercussions about these authorities and showed that they remained to fail to enhance the quality of education and presumed overall literacy rate in Punjab because they relied exclusively on supervising the already standing financial, social, and physical resources (Rana, 2017). It seemed that the provision of primary education was merely a formal assignment and not a binding preference of district-level authorities as 30 percent of children remained unexposed to primary schools and 40 percent of Punjab's population remained illiterate even after many years of efforts for achieving MDG's (Rana, 2015). In the same way, the precedent decentralization of LGO (2001) that became the base for the establishment of district authorities has not delivered enough to ensure the progressive fulfillment of MDG's. According to the National Institute of Population Studies (2006-2007) fertility rate slightly grew from 3.9 percent to 4 percent in comparison with the last seven years. In 2001, the child mortality rate was 78 per 1000 children while in 2010; it had only reduced to 70 per 1000. The same stagnant progress has been observed in maternal mortality rate that was only decreased from 350 per 10,000 (2001) to 260 per 10,000 in 2010 (Shaikh et al, 2012)

This research inquiry contributes to established literature the perception of real actors, who are responsible for public service delivery, towards the failures or shortcomings that have caused repercussions in regards to the devolution plan in 2001, and enablement of district authorities for education and health lately in 2017. The study has identified the underlying perspectives behind failure in the required level of achievement of MDG's specific to education and health, as per prescribed standards and indicators. Although, established literature has already recommended the decentralized patterns of governance and administration in the context of local administration and management; however, contextual preferences of Punjab, Pakistan haven't been followed by such scholarly recommendations that are tried to be constructed in this study. Sensory perceptions of state officials who have particularly performed under local government and authorities as well helped to realize the requirements, scope, and implications of adequately decentralized local government for supplementing the primary education and primary health facilities.

The MDG's should have been majorly achieved by 2015 while an extension of five years will also be completed by 2020. A transformed progression of MDG's is evolved after contemplating the fact that the global development agenda needed more refined development patterns to be adopted. According to Kumar, Kumar, and

Vivekadhish (2016), MDG's have projected the ultimate basic needs relating to hunger, gender, and education and helped to reduce the associated casualties but several developing countries failed to produce the demanded outcomes. Moving forward to Sustainable Development Goals (SDGs) that include 17 main goals and 170 sub-objectives, the global development framework also implies underdeveloped countries to sort out the basic reasons that hindered the achievement of MDG's. Several world forums joined hands together with development practitioners, scientists, public representatives, and citizens to formulate SDGs in order to relocate the targets while completely responding to the deterrence that did not support third world countries to achieve MDG's as per expectations. (UN General Assembly, 2015). The study has tried to find the connection between the MDGs and local government administration and the most indigenous and locally required solutions for a local government system that could have been well implemented to achieve MDGs in Punjab.

This research inquiry has also tried to explain the perceived reasons behind considering the education and health as a district-level subject and also the causal wisdom behind the devolution plan (2001). In a nutshell, this research study provides empirical pieces of evidence for clarifying the scope and need of local government in relevance with political collaboration with state institutions at most possible lower levels of administration while projecting some future directions for upcoming local government acts in regards to appropriate kind of decentralization.

As per the findings of the study, the union council level is a strongly supported administrative unit where a certain range of population can be served with the basic needs of life. The not only provision of services but also the generation and management of resources can be ensured at this level. The only sound reservation that is heard is the need for capacity building. The government can plan capacity building at lower levels while mapping ways to safeguard decentralization at this level.

This section provides a basic introduction in regards to the importance of local-level governance and how it can be related to the achievement of MDG's studied in this research. Chapter 2 explores the established literature vis importance of local governance in the national context while highlighting the historical prospects chronologically. Chapter 3 is about the conceptual framework on which the basis of the theory is being explored. The conceptual framework expresses the local government as an already recognized tier of local-level governance, empowered to disburse resources at local levels. Chapter 4 covers the research methodology and research design of this qualitative study. Chapter 5 is about the analysis of qualitative data collected through interviews and the interpretation of results. Chapter 6 discusses the inferred results and proposed theory on basis of result while Chapter 7 concludes the findings and overall research study.

LITERATURE REVIEW

The idea of local government was established to share the authoritative and financial power of central government with lower levels of society so the individuals can play their role in the day to day socio-economic activities and their input can enhance the ultimate collective outcomes of overall governmental activities. Local government system also provides the framework, for the decentralization and devolution of central powers within constitutional provisions, which enables the citizens of a state to practice their democratic rights by involving themselves in the political process for the deepest application of democracy and participatory development to ensure the overall and central economic, social and political development target (Mboga,

2009). The process of devolution of power to govern, from the center to local levels of community is being practiced globally for almost many decades and many external factors i.e. globalization, economic linkages among nations, technological dynamics, and increased political awareness have triggered this change (Andrew & Goldsmith, 1998).

The reason for setting up the local government system demonstrates the consideration for participatory development, public engagement, and social constructionism. The local government level, in contrast with federal or provincial levels, possesses the more certainty and proximity in assuming and analyzing the public needs and demands which may vary in a broader array from health, education, safety, food, shelter, employment to street crimes, debris collection, ownership rights, communication, and infrastructure development (Baker, Addams & Davis, 2005; Barnes & Mann, 2010; Irfan, Rasli, Sami, & Liaquat, 2017).

LOCAL GOVERNMENT AS POLITICAL DECENTRALIZATION OF GOVERNANCE

Nalbandian (1991) has identified that city management has transformed its role during past some decades in three dimensions as it has moved; a) from conventional perception of division about politics and administration to the concept of collaboration between the elected representative and employed state officials; b) from strict accountability of government servants to consciousness about public norms and; c) from the efficient management to efficient identification of individual rights, community demands and social values which construct professionalism.

Due to these trends, several emerged roles of local government and city managers have been identified that include community building, supporting participatory development and partnerships, promoting the collaborative citizenship rather than practicing “one best method”, and procedural reforms as per the identified needs of public (Nalbandian, 1991). The increased distance between the public and government instigated deterrence ineffective modes of governance (Afonso and Fernandes, 2008).

In a general sense, decentralization and democratization are considered to be the ways to political stability. In addition to that, Paracha (2002-3) states that decentralization also provides support in the achievement of highly targeted economic efficiency, broader resource utilization, and culpability in the public sector by calculating the valid local needs at a lower cost than consequently ensures public satisfaction at large. Ostrom, Bish, and Ostrom (1988) have related this satisfaction with the confidence of the public in their intelligence for identifying their needs and respective solutions. This involvement of the public in administrative affairs is referred to as “downward accountability” which empowers citizens to get engaged in public policymaking and its implementation.

ADMINISTRATIVE DECENTRALIZATION AS DIMENSION OF LOCAL GOVERNMENT

According to Bolton (1997), political and economic theorists have witnessed the increased efficiency of decentralized political institutions. Decentralization in all forms distributes the authoritative powers and capacity to use resources by making lower tiers of government independent to foresee, validate, and use these powers and resources as per their need and jurisdictions.

Paracha (2002-3) has also used the related conventional definition of decentralization that is “the extent to which power is held by an autonomous elected subnational government capable of taking binding decisions in at least some policy areas”. It is

inevitable to understand the degree of empowerment while discussing the impact of local government system in terms of administrative decentralization.

The empowerment is to be considered as analogies of participative management, commitment, and involvement of individuals in organizational activities (Pardo Del Val & Lloyd, 2003). According to Stohr (1981), decentralized authoritative powers through a local model of governance are also acknowledged by international donor agencies for ensuring the bottom-up community development schemes through participatory development and shared decision making.

Administrative decentralization shouldn't be merely considered as a dismissal of the top-down approach of decision making. Rather, it is worth understanding as to the collaborative interaction among empowered decision-makers or government officials and the general public or villagers who are deeply and directly observing the emerging needs and problems of society (Baviskar, 2004).

FISCAL DECENTRALIZATION AS DIMENSION OF LOCAL GOVERNMENT

Fiscal decentralization should be considered as separate from administrative decentralization, proved to be a constitutive step in achieving economic and political efficiency and effectiveness as it disperses the financial resources collected and withheld by the central or national government to sub-national and sub-regional governments (Khattak, Ahmad, & Khan, 2010). It is also observed that the measures of fiscal decentralization draw the elements and extents how the central government will share the finance with provincial or local governments to exercise good governance, administration, and service delivery (Peterson, 2002).

Fiscal decentralization needs a resilient accountability framework because it will be practicing under the multiple social, political, economic, and institutional factors as social capital (Isham & Kahkonen, 1999), social and ethnic heterogeneity (Bardhan, 2000), economic inequality (Khawaja, 2001) and it may exert adverse effects on these factors while moving beyond the scope of economies of scales and balanced externalities.

Answering the same question about fiscal decentralization in the case of local governments can never be possible without identifying the mechanism through which this decentralization takes place. Literature in this regard, explains two main ways including; a) tax collection at local levels and; b) Inter-governmental transactions, which also enlarges the scope of accountability and responsibility at the sub-regional level (Sharma, 2006). Theorists also believed that fiscal decentralization let the central government abstain from unnecessary financial activities that can be and should be handled at a lower level of governance. As Bird and Smart (2002) have noted that institutions and bodies need adequate support and resources for effectively delivering the services these are established for.

So fiscal decentralization doesn't only help in the improvement of living standards at a lower level, but also shares an abundance of work and activities regarding tactical or routine decisions related to the daily life of citizens i.e. Pavements, Sanitation, Street Lights, etc. (Gordin, 2004).

LOCAL GOVERNMENT IN PAKISTAN

The history of local government in Pakistan is linked with the All India Municipal Act, 1850 that formulated the foundations of local government legislation (NRB, 2006). After many years of independence, the central government in Pakistan decided to proceed with the deepest democracy at the grassroots level by a) enabling district level local governments b) operationalizing the Panchayat system all around

Pakistan (Quddus, 1981) but still, the community participation remained discontinued due to inadequacies of outputs.

As from the dictatorial rule of Field Marshal Ayub Khan in the 1960s to Marshal Law of General Musharraf, the mechanism of local governments seems same that tries to legitimate the non-democratic governments by empowering the local echelons of society in name of building local governments and after the termination of these dictatorships, restructured democratic governments have wiped out this system from the political screen of Pakistan (Haider & Badami, 2010).

It is worth noticing that the local government ordinance (2001) has been recognized as a trigger to devolution of power from provincial to district level but the fact was overlooked that achievement of MDG's specific to education and health required a more appropriately designed decentralization style vis a vis. National Reconstruction Bureau (NRB) has initiated the design of devolution in 2000 and thousands of public representatives at district, tehsil, and union council levels were elected along with EDO's recruited in 96 districts but most of the public sector employees did not even realize their job description and organizational chart. The questions arise about the role of district governments concerning indicators of education and health MDG's that which level of government would be accountable to identify and solve the problems related to primary health and education? (Winkler & Hatfield, 2002).

Administrative and Fiscal power is decentralized in Pakistan through federal and provincial governments while local government works as the third tier of government and it remained as an extension to provincial governments. It is categorized in four tiers in Pakistan which are mainly divisions, districts, and tehsils (Sub-districts), and union councils (Kharl, Abbas & Oghai, 2018).

The general Musharraf's devolution plan (2001) used the bottom-up approach to decentralize the power by enabling districts to perform ultimate authority as a lower tier of government where DCO was entitled to the role of administering, managing, and improving the district matters in accordance with administrative jurisdictions and district chairman (DC) was responsible to implement the government policies as a representative of the public in the district. In the same way on a tehsil level, which covered several union councils and worked as a definitive authority of land records, there was an Assistant Coordinator (AC) to assist the DCO and a Tehsil Chairman to assist the DC (The Punjab Local Government Ordinance, 2001).

Discussion about the devolution plan encompasses some important points to be noticed. First; the decentralization varies across administrative decision making authorities, accountability of these authorities by public representatives and executives, and fiscal empowerment to local governments (Nasim, 1999). Second; decentralization was not seen undeviating among and within administrative departments. (Cheema, Khawaja, & Qadir, 2006)

It should be clarified that the authorities and duties mentioned in the local government ordinance (2001) of district government officials are different from those of mentioned in the Punjab local government Act (2013) and some other differences in both documents can be found regarding multiple terms (Khan & Jamshed, 2019). For managing the rural sector, two-tier systems of Union Council and District Council was enabled while as per the LGO (2001), the office of Tehsil Municipal Administration (TMA) that was operating under Tehsil Council was abolished yet several features of the devolution plan remained there and functions were added into them. Even after 3 years of this act, the misunderstanding in regards to offices and responsibilities of DC and CO can be found.

District Health Authorities (DHAs) and District Education Authorities (DEA's) was already handed over to the DC office and these authorities have been kept separate

from the district government (Section 32, PLGA 2013). Though technocrats were also appointed to enhance the subjective performance of authorities, still chairmen of authorities were to be appointed by the government, which completely set them out of the scope of public participation and community contribution as well as monitoring and evaluation of public representatives.

DECENTRALIZATION OF HEALTH AND EDUCATION

The implementation of the devolution plan, 2001 took extensions, and still, there are several basic needs like health and education, for the fulfillment of which, local government can be held accountable are out of the scope of real local governments that operate on a grassroots level. Even after enforcement of The Punjab LGO 2001, education remained a subject of district level where new positions and lately in 2017 new authorities like DEA over headed by EDO Education who subordinates to another lately formed position Chief District Officer (CDO). This CDO was responsible to report to the Mayor and district council. The fiscal as well as administrative decentralization in this regard, remained concentrated among districts from the provincial level, as the sub-districts level was not considered integral in receiving, allocating, or at least suggesting advice for funds for immediate local needs relevant to education (Winkler & Hatfield, 2002).

Even though the 18th amendment has triggered the devolution of health and education, the required public support and participation couldn't be provided and practiced due to the rapidly changing needs of the environment and political mapping in Pakistan and there is still a need to reorganize the government support and public contribution structure for equitable resource sharing plans and achieving universally admitted standards for primary health and education (Nishtar et al, 2013).

The health system in Pakistan was reported as ineffective and fails to produce intended improvements due to a lack of provided resources and coordination among public sector officials and politically elected public representatives (Mehmood, Moss, & Karmaliani, 2003). As per recent research findings after the administrative devolution of health to the district level and enactment of health and education authorities the system is facing the issues of inadequate budget, public participation, political check and balance, and weak communication (Nasim & Janjua, 2014; Javed, Lie, Mehmoudi & Nawaz, 2019).

Though decentralization was practiced in regards to devolve powers in both sectors the investigation of that devolution exposes the prime focus on the change of organizational structure, organograms, and authorities (Zaidi et al, 2019). Comparative study of local government systems from several countries has shown that in contrast with Pakistan, the other countries have managed well their local jurisdictions in regards to allocation of resources and administrative staff in accordance with the population being resided in a territory (Khan, 2000).

MILLENNIUM DEVELOPMENT GOALS

Eight MDG's were proposed and ratified in the UN General Assembly in 2000 to be accomplished by 2020 and all of these goals possess many other directions to proceed with (Sachs & McArthur, 2005). One of which is primarily related to employment, two are related to education, and three are related to health in general (Sachs & McArthur, 2005; Barret, 2009). Table 1 (Satterthwaite, 2005) is showing the summary of overall MDG's and associated indicators with those goals.

Table 1: Summary of Millennium Development Goals and Associated Targets (Satterthwaite, 2005):

| Eight MDG's | 18 Millennium Development Targets |
|--|---|
| 1. Eradicate extreme poverty and hunger | 1-2) Between 1990 and 2015, halve the proportion of people <ul style="list-style-type: none"> • Whose income is less than US\$1 a day • Who suffer from hunger. |
| 2. Achieve universal primary education | 3) By 2015, all boys and girls should be able to complete the full course of primary school. |
| 3. Promote gender equality and empower women | 4) Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. 5) Between 1990 and 2015, reduce by two-thirds the under-five mortality rate. |
| 4. Reduce child mortality | 6) Between 1990 and 2015, reduce by three-quarters the maternal mortality ratio. |
| 5. Improve maternal health | 7-8) By 2015, halt and begin to reverse |
| 6. Combat HIV/AIDS, Malaria and other diseases | <ul style="list-style-type: none"> • The spread of AIDS • The incidence of malaria and other major diseases |
| 7. Ensure environmental sustainability | 9-11) <ul style="list-style-type: none"> • Integrate principles of sustainable development into country policies • Between 1990 and 2015, halve the proportion of people without safe, drilling water and basic sanitation • Make significant improvements in the lives of at least 100 million slum dwellers by 2020. |
| 8. Develop a global partnership for development | 12-18) <ul style="list-style-type: none"> • Implement fairer trading and financial systems • Address special needs of least-developed, land-locked and small island states • Deal with debt problems (and make debt sustainable in the long term) • Develop strategies for productive work for youth • Provide access to affordable essential drugs • Provide access to benefits of new technologies, especially Information-communications technology. |

The education in the framework of MDG's was given critical importance to support other MDG's in the framework, which pledges the provision of universal education to all boys and girls in the world. The three measurement indicators which represent the whole of this target are:

- a) Net enrolment ratio in primary education
- b) The proportion of pupils starting grade 1 who reach the last grade of primary school
- c) Literacy rate of 15-24-year-old women and men (Unterhalter, 2013, p.4)

The question is that what extent of decentralization from central to local government can ensure the achievement of education MDG as per the prescribed standards, this question may be addressed in terms of; a) local preferences for the basic needs i.e. either public of a territory wants primary education and its quality or infrastructure

building and communication & works; (b) demanded excellence of service i.e. graduation of students or well-constructed roads and bridges. (Helmsing, 2002)

As per recent surveys, Punjab is having more than 110 million population maintaining a ratio of 100:105 with respect to sex (Farooq, 2018) and that is more than half of the total population of Pakistan. The primary school-going children are 16.7 million that is 15.2 percent of the total population of Punjab and 51.8 percent of these children are males while females are 48.2 percent. In relation to these stats, about 3.2 million children are not getting primary education and 52 percent of these deprived children are males while 48 percent are females (Hameed & Dahar, 2017). Even the district coordination committees and lately formed district education authorities couldn't even abolish the deficiency of infrastructure in 9 districts of Punjab (Hameed & Dahar, 2017). There is a need for qualitative assessment of suitable administrative levels and the extent of community participation in enhancing awareness about quality education at the primary level so whatever the international goals are, they must be reshaped and achieved in local settings (Barret, 2009).

Sachs and McArthur (2005) validated the findings of Lancet studies (2005) that is the domain of public health, enabling the poor to approach low cost and effective interventions for child and maternal care can help out in reducing the child mortality rate. It is a matter of prime importance that poor or low-income classes are only unswervingly visible to government tier near to them (Khan, 2006; Zaidi, 2005; Khan, 2002). In this way, the local government can help the poor class in a better position (Rondinelli et al, 1989; Oates, 1972). Prevailing the health MDG, the WHO commission on macro-economic and health had identified in 2000-2001 that financial deficiencies in developing countries also act as constraints in achieving reduced child and maternal mortality, and in regards to it, supportive governance requires providing financial assistance not only to health authorities but directly to poor to set targets in range (Sachs & McArthur, 2005).

LOCAL GOVERNMENT AND ACHIEVEMENT OF MDGS

Finding links between the achievement of MDG's and local government capacity is seen differently in multiple regions. United Nations Department of Economic and Social Affairs, Division for Public Administration and Development Management (UNDESA/DPADM) has also supported the link between local governments and achievement of MDG's while initiating a project in 2011, on "Strengthening Public Administration and Leadership for the Achievement of the MDGs at Local Level". They developed a collaborative committee for finding the existing capacity and needs for more capacity building at local levels to manage and align the performance of local government with objectives associated with MDG's (Reddy, Nemece, & Di Vries, 2015).

The role of local government in the achievement of MDG's shouldn't be underestimated and its level of adequacy is already recognized. Local government can better understand, forecast, manage, communicate, and monitor the needs and solutions with the help of public participation at the most grassroots level. Evidence

from several studies is also supporting the fact that in many countries, the achievement of MDG's remained positive enough without any external support and broader interventions of central government where local governments are effective to a needed extent (Satterthwaite, 2005).

Results drawn from UN Millennium Project have demonstrated four extensive categories of constraints in chasing MDG's, which include (a) Poor governance; (b) Ubiquitous problem of poverty deceptions; (c) Financial deficiencies of governments; (d) Shortfalls of policy-making, while poor governance in countries held responsible for not meeting the MDG's at a fullest or partial extent because of inequalities among enforcement of the law, allocation of resources, practical provision of social needs, better management of funds and human resources, and effective public administration (UN Millennium Project, 2005). Identification of locally oriented framework of needs and associated activities will help underdeveloped countries to construct a more detailed and realistic report of efforts and activities. This is to be understood that developmental activities that are strongly affiliated with the basic needs of humans, should be mapped upon the local agendas as per customized needs, solutions, and suggestions. This is the only way to maximize the achievement of globally acknowledged development targets (Westphal, Franceschini, & Setti, 2018).

CONCEPTUAL FRAMEWORK

The conceptual framework of this research study presents administrative, Political, and fiscal decentralization as dimensions of local government that hypothetically has a direct relationship with the achievement of MDG's specific to education and health. Subletting the state responsibility to sub-national (sub-regional) administrative units is observed as more accountable, efficient, and democratic. All of these are considered as the dimensions of local government which enhance the practical impact of local governments can better perform in regards to the achievement of indicators of MDG's specific to education and health, which should be managed, monitored, and evaluated at the most basic and grassroots level of society.

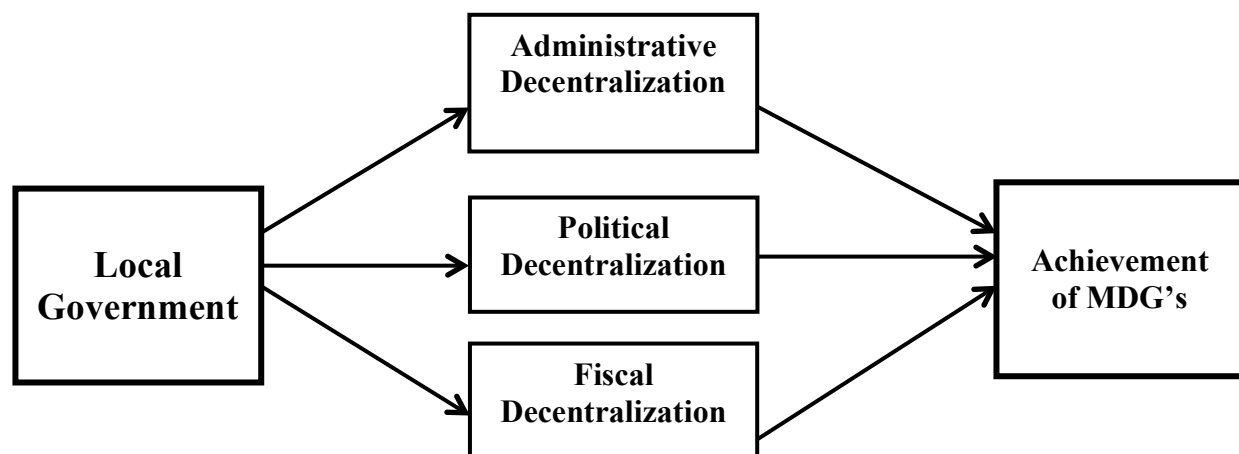


Figure 1: Conceptual Model of Study

RESEARCH METHODOLOGY

The present research study investigates the perception of local government officials about the role of decentralized local government in the achievement of MDG's specific to education and health. The qualitative research method is used in the conduct of this study in relevance to the interpretivism paradigm and exploratory nature of research inquiry. Qualitative research discovers the underlying factors in natural settings (Creswell, 1994), and examining participant's intuition, perception, or knowing his or her perspective for getting answers to research questions denotes that the qualitative method is well-suited and being used in the study (Williams, 2007). The interpretive philosophy is selected that also supports observing the reality through social constructionism where contextual phenomena and local settings are important for the occurrence of subjective reality and that reality and knowledge is obtained from human activity.

The phenomenological aspect as an interpretivism variation is selected to learn from the subjective understanding and lived experiences of the participants of this study. In this study, the perspective of the participants, who have played their role in local government before and after the promulgation of LGO 2001, can lead towards the unearthed facts related to the expected performance of decentralization of local government while considering the primary education and health, which were the responsibility of local government.

The phenomenological aspect of qualitative inquiry remained helpful in uncovering and understanding the perceptions of local government officials. They expressed their views in regards to the possible role of effective and decentralized local government for both purposes either simply augmenting the scope of primary education and basic health services or achievement of specified indicators of MDG's. The constructed interview guide served the purpose through which participants were able to demonstrate their intuitions and perceptions about the working of local government and visible root causes for not meeting the MDG's in a given time frame. Education and health measures were established as dimensions of achievement of MDGs which are interpreted as per specified criteria of MDG's. The same indicators that are mentioned in the introductory section of this research were used to identify the possible role of LG. The reason for the selection of specific indicators from both domains is inquiring about the generalized and basic scope of LG's working and desired decentralization in regards to its perceived consequences. Main research questions were used to develop sub-questions where the scope of decentralization in relevance with the augmented service delivery, perception of state officials about the role of local government for delivering services in the education and health domain, and reasons or rationale behind limiting the decentralization till district level was evaluated through these questions. One interview had contained a total of 10 questions and the average duration of one interview remained almost 30-40 minutes while a total of 12 interviews was conducted because of adequate saturation of responses in the last interviews.

Considering the fact that the researcher was confronted with a broader framework of the evolution of local government structure in Pakistan specifically in Punjab and had unassertive knowledge of the subjects and topics in the study, an explorative and qualitative approach was more suitable. The objective was to combine the analysis of established literature and practices as well as semi-structured interviews to deliver with a more multifaceted and explanatory understanding of the perceived importance of the local government system and its influence on public sector service delivery in regards to primary health and education, more specifically in the achievement of education and health MDGs.

The population of this study consists of local government sector employees who experienced live changes in structure, governance style, and decentralization of local government. The sampling frame consisted of employees not less than grade-17 from local government boards, education, and health departments. Purposive sampling technique is used to select the 12 respondents from the local government sector who are still serving in 2019 and having experience of at least 20 years. The ultimate intention was to interview the officials who have witnessed the devolution plan back in 2001 after which education and health became district subjects. A cross-sectional data set was gathered through semi-structured interviews to gather perception-based data from local government officials about the area of interest (Turner III, 2010).

Data was transcribed manually to lead the process of familiarization with data. The data were analyzed using a thematic analysis method and descriptive codes were developed to identify the nodes and categories in transcriptions. These categories helped in recognizing the correlations between interviews. And in this way, it was also easy to group the relevant codes under one category to answer one research question. After codification and categorization of data, visible themes were identified in the data set on basis of which, the researcher proceeded with report writing of analyzed data.

All the process of data analysis was followed by writing and formation of notes with a semantic approach of thematic analysis where explicit data holds actual senses and the researcher doesn't opt to find out the hidden patterns behind the assumptions of participants (Braun and Clarke, 2006). As the initial themes began to appear; the recursive, back and forth process has been used that is similar to constant comparative analysis in nature. Themes became refined after comparison of "incidents" again and again and transcripts were read again to disconfirm redundant information (Glaser, Strauss, & Strutzel, 1968).

DATA ANALYSIS AND RESULTS

Following are the main themes that are identified from the interviews of public sector officials:

DECENTRALIZATION ENSURES PUBLIC SERVICE DELIVERY

Almost all the participants have validated the fact that all kinds of decentralization help managing public service delivery to a better extent. Sticking to the routine and

basic needs of general public service delivery, participants named a lot of factors including community participation (Ugwuanyi & Ogbuene, 2018), close communication (Alizadeh, Sarkar, Burgoyne, 2019), and practiced impact of local representatives that help decentralized local governments to deliver the service quality efficiently. More than 7 respondents recognized the local government structure for creating public awareness in regards to primary health, education, and rights of public and local government's ability to deliver public service efficiently. Administrative and political decentralization is supported by almost all the officials. Although 50% of people have given arguments in support of fiscal decentralization but the question about fair enough competencies to spend funds appropriately at lower levels are raised and reservations were presented in this regard. A lady health worker from primary health care said: "Local government structure has more devolution of authority in terms of administrative and fiscal powers; it can perform better than district authorities. The corruption rate and scope were minimal in the local government system, in authorities, the scope of corruption is increased because the authoritative concentration is limited at district levels among highly official staff". All participants strongly recommended the political decentralization with different extents of authority. A senior health vaccinator from primary health care said "The power of central purchase committee is handed over to Secretary Primary and Secondary Health Care, due to which the process is too slow now because there are 36 districts in Punjab, now the things that are required at primary level should be approved by a local level authority rather by a secretary working for 36 districts".

If procedural improvements are taken into the account, the process of public service delivery will be more efficient and fast-paced. An employee from the district education authority said "In a local government system, the Zila Nazim was authorized to resolve the issues of public sector employees of Grade 1 to Grade 19. If a teacher faces a problem in Rajanpore, he can simply approach the Zila Nazim of his district but now after the transfer of responsibilities, all these powers are again handed over to Secretary and you can understand now, what issues can be faced by a person who belongs to Rajanpore or Remote areas because secretary office is in Lahore".

FUTURE DIRECTIONS FOR LOCAL GOVERNMENT

Few of the respondents have raised questions about lack of capacity building at lower levels especially for identifying fair needs and spending on these needs. Prior research is worth to be mentioned as international public policy noted and directed the need for capacity building at local levels of society for subletting the responsibilities to more appropriate levels of communities (Tomas, 2020). Many respondents specifically said that fiscal authority can be misused at lower levels due to several reasons including lack of awareness and insufficient accountability. An officer from LG said "People in our backward areas and villages are not that much capable to get empowerment in all regards of public policy and administration. They may set inappropriate goals for establishing their goodwill and ignore issues about health and education."

CAPABILITIES OF LOCAL GOVERNMENT TO AUGMENT PRIMARY EDUCATION

Almost all the respondents supported grassroots level planning and management for primary education to increase enrolments and the overall literacy rate of the province. Officials from the education sector have supported the idea that local representatives can join hands together with state institutions to identify the appropriate targets and means to achieve those targets. Ignorance about the need for education in underdeveloped areas and the role of political people in those areas in creating that awareness is a big obstacle in achieving MDGs. A principal of primary school noted “local representative knows exactly about a specific population in a local territory, he or she can present absolute figures that how many families are not getting their children enrolled in primary school”

Respondents have recognized the fact that it is public awareness that encourages them to get their children enrolled in obtaining an education. Besides that, the role of local government is worth remembering in regards to creating awareness by awareness campaigns and politically authorized elected members who can influence the parents in their locality. Officials from the education department stressed the importance of “elected representative’s influence over parents to let their children enroll in elementary schools”.

The majority of respondents have validated the need of involving union council level administration for better development of policy after closely practiced communication. While few of the participants have also declared the elected representatives as an ultimate possessor of authority who can monitor and evaluate the performance at the most possible lower level.

NEED OF SEQUENTIAL PLANNING FOR NATIONAL AND SUB-NATIONAL LEVELS

Few of the respondents have also raised questions about related concerns that completely depend on the national economy scale. For example, an official from MCL said “Poverty alleviation is foremost important to increase literacy rate at primary level because due to poverty, most parents want their children to become their earning hands as soon as possible”.

Another point was raised about the current curriculum and educational discourse in the whole of Pakistan considering it as multilayer concern that should be managed at all levels and a unified curriculum should be introduced for all government and private schools. An official from LG said “Central government should ensure the uniformity of education curriculum at least till matriculation. The different academic discourse creates deterrence in evaluating the children who have completed their primary or middle education”.

CAPABILITIES OF LOCAL GOVERNMENT TO AUGMENT PRIMARY HEALTH

Almost all the participants stayed confident about the local government's ability to create product awareness in regards to pre-birth and post-birth maternal and child health. A senior doctor from District Education Authority (health) said: “the primary

health-related concerns are strongly associated with information, awareness, and nutrition. If these awareness campaigns are managed with the collaboration of local-level administration and political representatives of people, the unexpectedly positive outcomes shall be observed”

The majority of respondents have accepted the importance of grassroots level management of primary health in relation to the requirements of instant and consistent health care support and facilities. An official from primary health care gave an example of American community health care policy by saying “they have identified a certain range of population at the local level that should be facilitated with one hospital, Community Park, school, and library, etc. All these things can only be handled at the union council level. While here, even after 18 years of establishing the district level committees, in the union council of more than 45,000 population counts, we have only one maternity center that is also running out of facilities.”

Another senior vaccinator has even disconfirmed the union council because of a huge population and suggested that primary health should be managed at Ward level having a population not more than 10,000. He said “union councils are overpopulated areas now; we observe population count more than one hundred thousand at UC level”

Few respondents have also validated the local government's ability to provide instant health facilities in critical situations. The maternity care center or hospital should only be counted as an appropriate facility if a pregnant woman doesn't have to travel a lot to reaching up there. Another official said “when health was under jurisdictions of local government, the mother and child care centers were established at union council levels. Normal deliveries were observed at a rate of 100 deliveries per day. Now the main reason for infant and child mortality is lack of availability of instant and adequate facility”

NEED FOR SEQUENTIAL PLANNING OF HEALTH AT NATIONAL AND SUB-NATIONAL LEVELS

Just like education, responses about health were also followed by the comments regarding national and domestic level institutional collaboration. Few of the respondents said that district-level authorities can work far better than the current level if they take benefit of a direct communication of local government with the general public. An official from the health sector told the researcher that “SOP's of district authorities also included the political chairman of authorities who cannot be appointed officially but they are not elected yet”.

Few participants also considered the health as a specialized subject for which experts and technocrats possess the required competencies but as a matter of collaboration, the suggestions are given to distribute responsibility at all levels as a local council officer said “district-level authorities should monitor and evaluate the prescribed level of performance, public representatives should communicate the concerns of the

public, and local level administration should be given adequate authorities to propose suggestions and take immediate decisions”.

ADMINISTRATIVE AND POLITICAL WISDOM BEHIND DISTRICT LEVEL MANAGEMENT

The majority of respondents have declared the district level management of health and education services as administrative wisdom. Few of the respondents have denoted the factors relating to employee accountability as a senior officer from MCL said “employees in education and health sector were used to show disinterest because of lack of accountability. Now there are several stations for them to be held accountable at”.

As a whole, the majority of respondents have identified incompetence at a lower level to plan and manage a specialized subject as an aspect of administrative wisdom. While few respondents have named it “Resource Management” a senior officer said, “we cannot leave specialized subjects on the shoulders of people who are not supposed to be experts in the field”.

UNDERLYING HIDDEN AGENDAS IN PUBLIC POLICY DEVELOPMENT

Another aspect of policy development was found as an imposed rule from the learners of western democracy. Respondents were concerned about the need for locally made and devised policies. An official from LG said, “from district level management of health and education in devolution plan, 2001 to establishment of district-level authorities, all the administrative wisdom imposed on our nation came from the western models, ideologies, and efforts to copy the western governance style”.

Few of the participants have also considered the establishment of authorities to abduct public participation from health and education while welcoming the agenda of international NGOs and donors. An official from education named authorities as “a new piece of advice for local agents”.

DISCUSSION

Decentralization of power has always a subsequent progression of service flow from multiple sources that are empowered not only to take decisions but shall be held accountable in regards to assigned responsibilities and outcomes. Research has found that decentralization always has more benefits than costs (Bolton, 1997). And if costs are managed by nullifying the risk factors, efficient performance will be ensured consequently.

HOW DECENTRALIZATION IN LOCAL GOVERNMENT HAS A RELATIONSHIP WITH THE AUGMENTED SCOPE OF PUBLIC SERVICE DELIVERY?

The study has found that political decentralization is mainly important because of two-way correspondence between state and people (Bolton, 1997). It serves as a platform for self-governance (Hankla, 2008). Administrative and political decentralization is strongly suggested at all levels of governance for ensuring public participation in decision making (Bolton, 1997).

Direct communication and observation is one side of decentralization while empowerment to take immediate decisions is another positive aspect of decentralization that makes public service delivery efficient and responsive. It also helps the public to know their rights and duties. If political representatives of the public possess power, they cannot only drive suggestions from the lower levels of society but also they can evaluate the existing performance of administrators and provide feedback about the shortcomings to make it better (Oates, 1972).

Yet fiscal decentralization at lower levels is not recommended by the majority of participants on account of misuse of resources and occurrence of unnecessary objectives as if the national government starts to serve heterogeneous interests by devolving fiscal powers, it may face several shortages and failure to maintain macroeconomic factors (Hankla, 2008). The obstacles that can encounter the performance scope of decentralization at lower levels include the need for capacity building at lower levels so decentralization of power can be practiced as per determined objectives.

WHAT IS THE PERCEIVED ROLE OF LOCAL GOVERNMENT IN THE ACHIEVEMENT OF EDUCATION MDG?

According to Reddy (2016), post-MDG's development agenda counts the role of LG even more than before. MDG's related to education specifically come under the scope of local government. The understanding was brought into being that primary education is a constitutional responsibility of local government and matters related to primary education should be planned and monitored by local government at the union council level (Constitution of Pakistan, 1973)

According to participants of the study, a politically and administratively decentralized local government can identify more visible and proximal targets to achieve in this regard (Raddy, 2016). For this purpose, political representatives serve on both sides (Rana, 2014). They don't only communicate awareness about education on account of government but also monitor and evaluate the provided facilities on behalf of the general public to overcome routine problems.

Grassroots level of management could serve as the indicators of education MDG while enrolments in primary schools can be increased by creating awareness and influencing parents to get their children enrolled in schools (Alemayahu, 2018). On the other side, these representatives can also identify the gaps in the education system including infrastructure development, evaluation of reasons that hinder parents to get their children enrolled in schools, and obstacles related to human capital such as the performance of teachers and school staff (Nazar, Chaudhary, Ali, & Faheem, 2018). This is also a remarkable strength of public representatives that they have deep information about family structures in their areas and using this information they can also play their role in ensuring equal educational opportunities for all boys and girls in those areas.

In the same way, administrative decentralization can also play a role in taking right and immediate decisions without any delays and resistance. The data about births

and deaths can be used to determine the targets and measure the consequences. The study has discovered the fact that after the establishment of district-level authorities, the private sector availed more space in the education industry. As a senior teacher told “Primary schools and other buildings of local government were ignored and mishandled by authorities resulting in termination of operations and many schools went out of function”.

WHAT IS THE PERCEIVED ROLE OF LOCAL GOVERNMENT IN THE ACHIEVEMENT OF HEALTH MDG?

Being specific to primary health care, the indicators of health MDG included maternal and child care as a target to achieve for all countries (Kumar, Kumar, & Vivekadhish, 2016). The findings of this study express the importance of dealing with primary health at the union council, even at a lower level than the union council that is an award. Most of the participants declared it as the basic responsibility of local government. The officials emphasized the need for primary health to remain and operate under the jurisdictions of local government for getting the support of political and administrative decentralization. The study has found that local government can serve the different critical requirements for facilitating the infant and maternal health that include instant health care facilities and vaccines on a consistent and regular basis.

It is observed that health authorities failed to develop required close communication and methods for instant gratification. Even authorities have overburdened the deployed staff in health centers and hospitals by enriching and enlarging their jobs in the name of accountability and resource management.

WHY HEALTH AND EDUCATION HAVE BEEN KEPT AS DISTRICT LEVEL SUBJECT IN PUNJAB?

Participant’s practical exposure to the explicit model of governance has highlighted the sense of the major contribution of administrative wisdom and a minor sense of political wisdom behind district-level management and specialized authorities of health and education. This administrative wisdom is claimed on basis of increasing employee accountability by establishing several points of probation in regards to performance and strict measures to control performance. Enriching and enlarging the job descriptions of existing employees is considered as resource management of human capital.

The study also spotted the invisible phenomenon of the establishment of authorities as participants professed about the malafide intentions of the policymakers to practice foreign agenda on the advice of international donors. Almost half of the officials have stated the establishment of authorities as a deliberative concentration of power in few hands while leaving no one politically authorized to question the resource utilization.

CONCLUSION

The international development agenda pertaining to the achievement of MDG’s has been considered inevitably aligned with the divisible and domestic preferences of both developed and developing countries (Sakyi, 2019). It is unignorably true that

national-level policy development and governance cannot ensure the absolute proximity and estimation for the identification of public needs and resource utilization (Pierce, 2016). According to Shaikh et al (2012), public service delivery encompasses plenty of responsibilities in terms of necessities of life, and primary education and primary health are essential parts of them. Local government is supposed to provide both of these facilities to the fullest extent (Rana, 2014). The current research study has helped to project the supportive narrative from the real state actors that development goals like MDG's and any further extensions of such goals can never be obtained without an effective local government system.

The thought-provoking point in the context of Punjab is if health and education are said to be decentralized at district levels then why do local government officials don't consider health and education under jurisdictions of local government? The research has found the answer to this question that health and education are actually being operated under provincially centralized district authorities and no public participation is spotted due to the absence of political decentralization.

Considering the role of local government integral to achieve those MDGs that were particularly associated with primary health and education, the investigated perception of local government officials has clarified the ignored roles of local government that could be played in the achievement of education and health MDG's (Sachs & McArthur, 2005). The capabilities and functionalities of local government structures are found as the most appropriate and helpful model in planning, providing, managing, and monitoring the public service delivery in primary health and education.

More than 80% of respondents have indicated the fact that primary health and education should be planned and managed at lower levels of administration in collaboration with public representatives who ensure public participation in public policymaking. According to Foster (2018) without community participation, impressive gains completely in favor of the general public are impracticable because high-level authorities are at loss to observe, identify, and fulfill the needs promptly and instantaneously. In Punjab, the local government is the only option left to fit in with the concept of localized solutions and achievement of MDG's because district-level management previously and district level authorities lately have been failed to achieve these MDG's.

While sensing the reasons behind the establishment of district-level authorities for education and health, several administrative aspects are found that are generally depicted as resource management (Chen & Liu, 2020), performance management (Yusuf, 2017), handling specialized subjects to experts, and technocrats, and avoiding lack of capacity building at lower levels. But after 18 years of these accumulative practices, governance structure in Pakistan failed to achieve the MDG's specific to education and health for which governance structure and administrative flaws can be held accountable for multiple reasons (Crook, Crook, & Maner, 1998).

Some of the participants in this study have demonstrated the negative impact of value-free management style (Macaulay, 2020) of authorities that are completely

advocated and imposed by international donors and non-governmental organizations to giving free hands to the private sector and not for ensuring the public service delivery. These international donors provide funds in name of development to local agents and in lieu of it, play with the social and economic landscape of developing countries by suggesting and imposing public policy.

FUTURE RECOMMENDATIONS

Recommendations to be carried out in the future are strongly related to SDG's that identified capabilities of local government should be studied and tested in relevance with SDG's to propose proactive solutions and take immediate actions. The rest of the MDG's that are not primarily studied in this research should be evaluated in terms of national level and sub-national level administrative agendas with a broader base for a deeper understanding of the subject. Future research can also incorporate the mixed methodology/triangulation for designing the broader base of study for identifying and gathering the interests of all the stakeholders.

LIMITATIONS

Time constraints have caused deterrence to review and explain the several underlying phenomena related to functionalities of local governments in the rest of the world in comparison to Pakistan for taking a detailed account of types and extent of decentralization being practiced successfully. For the same reason, some indicators from health MDG were not taken into account that are related to cases of Malaria, TB, and AIDS and proper sanitation of water.

Identification of codes, sub-themes, and themes is done with data orientation, and relying on data also introduced the researcher with some unnecessary, underrated, and irrelevant information that was firmly attached with the required information and couldn't be discarded easily. The semantic approach of analysis remains limited to the derived meanings on the face of data. The interpretivism philosophy of research also shifts the inferences from data analysis downwards on the importance scale as the researcher's perspective may overemphasize or underemphasize several underlying patterns and themes. The understanding of an individual varies from the others and the extraction of codes and identification of themes may also be varied if the same data is analyzed by any other researcher. The data is collected generally from the local government officials and particularly from the health sector, education sector, and local government board. The selection of 4 employees from each sector has produced the issue of irrelevant or no information as health-related officials were not fully capable to answer the questions related to education and vice versa.

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