THE EFFECTS OF COVID-19 ON THE SERVICE DELIEVRY IN KWARA STATE, MINISTRY OF TERTIARY EDUCATION

BY

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CERTIFICATION

This is to certify that this research work has been read and approved by the undersigned on behalf of the Department of Public Administration, Institute of Finance and Management (IFMS), Kwara State Polytechnic, Ilorin as meeting the requirement for the award of National Diploma in Public Administration.

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This work is dedicated to Almighty God for His guidance, wisdom, and strength throughout this journey.

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Abstract

The study sought to ascertain the effect of Covid-19 pandemic on the service delivery in Kwara State, Ministry of Tertiary Education. The study adopted survey design. In this study structured questionnaires were administrated to Nigerians of different ranks in the Kwara state ministry of tertiary education, Kwara state, Nigeria. The data collected with the questionnaires were analyzed using statistical package for social sciences (SPSS) version 20. Two hypotheses were formulated and tested using Godden Statistical tool for analysis and 50 respondents randomly sampled. The result of the study revealed that there is a significant positive relationship between Covid-19 and service delivery in Kwara State ministry of tertiary education. The study also found out that Covid-19 has a significant effect on the educational system in Kwara State, Nigeria. It was then recommended that, because of globalization Covid-19 has to gain way for best practice in

global health management and government policies along with other Covid-19 activities should be strictly observed in practice. The government needs to restructure the civil service, implement a national development plan, overhaul the country's budgeting, overhaul the social investment programme and develop a realistic fiscal plan.

CHAPTER ONE
INTRODUCTION

1.1 Background of the Study

The eruption of the worldwide pandemic Covid-19 has raised deep concern among all stakeholders in the education industry globally. This has indisputably taken the world unconscious, ill-equipped, and imprudent thus leaving the countries affected to experience the overwhelming consequences of the loss of lives, political, economic, and social disorder. The virus, which is known as Severe Respiratory Syndrome (SAR) was detected in Wuhan City, China Central Province of Hube during the traditional Chinese Springe Festival on December 31st, 2019. It extends to more than 200 Countries worldwide at a disturbing degree with major outbreaks in China, Italy, India, the United States, Brazil, and United Kingdom.

Since the advent of the Coronavirus (Covid-19) pandemic in the global village, the realm of world education and labour have been profoundly impacted. In addition to the severe implications for public health, the economic and social interaction posed a long-term threat to the well-being of millions of people worldwide; Its impact on the world labour, as well as in every other spheres of life, has been devastating. This however has prompted the vital role of social partners in combatting this pandemic to ensure peoples' health are safe and to also maintain continued sustainability of learning and businesses.

Although, the twenty-first century has witnessed at least five other pandemics including, H1N1 in 2009, Polio in 2014, Ebola outbreak in West Africa in 2014, Zika virus in 2016 and Ebola outbreak in Democratic Republic of Congo in 2019 (Chakraborty & Maity, 2020), COVID-19 remains the greatest threat to human civilisation in the century (WHO, 2020a). According to Shereen et al. (2020, p. 91), 'COVID-19 is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus emerged from Wuhan in China and spread throughout the world within few months' (Chakraborty & Maity, 2020; Kumar et al., 2020; Shereen et al., 2020). As at 28th March 2021, Worldometer (2020) reported 127,796,656 confirmed cases of COVID-19 and 2,796,801 deaths globally with 162,593 and 2,048 reported or confirmed cases and death respectively in Nigeria. Meanwhile, the number of COVID-19 infections and fatalities continue to rise despite with the recent approval of vaccine for its cure by the World Health Organization.

According to the International Labour Organisation (ILO), in its January 2021 update, "71 per cent of global employment losses, inactivity increased by 81 million, which resulted in a reduction of the global labour force participation rate by 2.2 percentage points in 2020 to 58.7 per cent. Global unemployment increased by 33 million in 2020, with the unemployment rate rising by 1.1 percentage points to 6.5 per cent."

In Nigeria, although no reported lay-offs of public sector workers have taken place, many have had to work from home and encounter the hardships of declining income and psychological challenges. The Presidential Task Force (PTF) has been very effective with their activities and regulation to assist workers, but while this is welcome, it is a one-off payment. The continued partial lock-down of selected communities and most at the economy hub of the country. With the increase in the numbers of confirmed cases, concerns mount as to how long this is going to last? What is likely to happen with the second wave if the crisis continues unabated?

Nigeria reported the first index case of COVID-19 on Feb 27 2020 and the number of infections rose to 162,593 with 2,048 deaths on 28th March 2021 (Nigeria Centre for Disease Control, 2021). Since April 2020, the mode of transmission of COVID-19 in Nigeria became community transmission. Both federal and state governments have adopted several measures in response to COVID-19 (Buhari, 2020a, 2020b, 2020c; Olaniyi, 2020). These measures include lockdowns, restriction of inter-state movement, social and physical distancing measures, as well as public health measures (Martinez-Alvarez et al., 2020; Wu et al., 2020). Despite these measures to mitigate the spread of the virus in Nigeria, compliance has become a challenge largely due to ignorance (Agusi et al., 2020) as well as the quest of the urban poor and informal workers, who depend on daily earnings and interactions to survive (Onyishi et al., 2020). More than 80 percent of Nigerians are employed in the informal economy. They include street traders, waste pickers, taxi drivers, food vendors and hairdressers who have very low income without savings, health insurance and pensions. Often the informal workers do not comply with lockdown orders due to their dependence on daily income and this heightens their risk of being infected with COVID-19 infections (Human Rights Watch, 2020). Greer et al. (2020, p. 1414) rightly observe that 'compliance requires not just things like good communication and trust, but also a political economy that permits people to stay at home without starving'. For many public sector workers, COVID-19 has changed the location of their work, their work tasks, the demands at work, and the

demands they face beyond work. Prior research suggests that these changes create both unique challenges and significant strain on public sector workers, risking burnout, sick leave, demotivation, and lower performance.

Different countries have engaged in various measures to implement physical distancing, such as complete closure of the economy, including educational institutions (Nicola et al., 2020; UNESCO, 2020). The pandemic is affecting all levels of the education system, from pre-school to higher education, in a manner that is of irreparable educational and economic implications (Lindzon, 2020). For instance, a four-week school closure in New York City translated to an economic impact of about $10.6 and $47.1 billion (Lindzon, 2020). A 12-week nationwide school closure cost 1% of GDP (Araz et al., 2012), while protracted closures could cost 3% of UK GDP (Keogh-Brown et al., 2010).

Though school closure is intended to control the spread of the virus within schools, prevent carriage to other vulnerable individuals, and sustain public health, these closures have had widespread socioeconomic impacts (Lindzon, 2020; Wren-Lewis, 2020; Cauchemez et al., 2009). Furthermore, the far-reaching effects of social/physical distancing and the associated lockdown measures, as well as school closures, have thwarted the education sector and are expected to leave an indelible mark on the education system (Impey, 2020; Yinka & Adebayo, 2020; Nicola et al., 2020). Over 188 out of 195 countries have been implementing nationwide school closures and restricted education facilities (Nicola et al., 2020; UNESCO, 2020). It is estimated that more than 1,576, 021, 858, which constitute about 91.3% of all the learners across the globe, have been affected by the closure of educational institutions (Fong et al., 2020; Nicola et al., 2020; Sadique Adams & Edmunds, 2008; Brown et al., 2011; UNESCO, 2020). Apart from the impact on learners, school closures have high economic, health and social costs (Cauchemez et al., 2009; Brown et al., 2011; Wu et al., 2010).

Public sector institutions across the globe share a common challenge that is weak performance in the area of service provision. Despite this, the outbreak of the COVID-19, has further crippled the performance of public sector institutions as nations have been ushered into an unprecedented recession. In an effort to curtail the effects of the COVID19 pandemic, developed, developing and even resource constrained states have all implemented various measures to ensure that their public sectors do not collapse. While the degree of the impact varies, at some point all

nations have had their economies on halt. Like all nations across the globe, Nigeria was not spared by the COVID-19 pandemic, and its impacts have manifested in varying magnitudes across the public sector. Organisational or institutional capacity has been undermined, employees have been psychologically affected, horizontal accountability has been compromised culminating in the mushrooming of corruption and revenue collection has decreased due to the on-going moratorium of key economic activities among others. The health sector has been completely overwhelmed with the frontline workers being exposed to the invisible enemy as a result of inadequate personal protective equipment (PPE) and dilapidated equipment (Onyishi et al., 2020). This has led to industrial action by the health workers across the nation. It is against this backdrop that the research seeks to interrogate the impact of COVID-19 on the Nigeria public sector. The research takes a holistic investigation of the entire public sector in a bid to present a glimpse of the effects caused by the COVID-19 pandemic and proffer recommendations on how best the pandemic can be curtailed in the Nigerian public sector.

1.2 Statement of the Problem

The COVID-19 pandemic is one of the greatest challenges to face society in generations. As the public sector takes the lead in responding to, mitigating, and helping resolve the crisis, we are reminded of the fundamental importance of an effective state. States not only are expected to craft and deliver high-quality public health systems during this pandemic but must also address the strains on ordinarily routine processes of governance. In economically developed states, for instance, welfare administrators are processing unprecedented numbers of requests for social support, and officials are crafting policies to minimize economic damage (United Nation 2020).

In the developing world, government agencies are coordinating the delivery of essential items to the poor, such as food and medicine, as social safety net systems collapse (Kazmin et al. 2020). An effective response to the COVID-19 pandemic thus requires effective administration. Effective administration, in turn, crucially depends on the effort and capacity of the millions of public sector workers from the front line to central administration. However, for many public sector workers, COVID-19 has fundamentally changed where and how they work, the demands their job places on them, and the demands they face outside their jobs.

Prior to COVID-19, Nigeria accounts for one in every five of the world's out-of-school children. About 10.5 million children aged 5-14 years in Nigeria were out of school, and only

about 61 % of 6 to 11-year-old children receive primary school education on a regular basis (UNICEF Nigeria, n.d.). Hence, while Nigeria is battling with underlying educational challenges that have kept the country behind in getting young people ready for the dynamic workplace (Dan-Nwafor et al., 2020; Obiako & Adeniran, 2020; Yinka & Adebayo, 2020), COVID-19 impacts further exacerbate this problem.

Following the COVID-19 pandemic, all schools in Nigeria were closed from March 27, 2020, as one of the Federal Government measures to limit the spread of the disease. This translated to a contextualized state-wide school closure across the 36 states in the country. In response, different states' Ministries of Education have been releasing modalities for radio and TV schooling and internet-based learning for students in public primary and secondary schools. Though these efforts could be effective, with experience from developed countries, it can amount to a far-reaching negative impact on the education system in developing low-income countries like Nigeria (Obiako & Adeniran, 2020). For instance, as the COVID-19 pandemic is revolutionizing digital and online education globally, primary and secondary school learners in rural and under-served communities remain behind due to lack of skills and resources to adapt or transition to the new learning avenues. In addition, university students who may have the skills to undertake internet-based learning face poor internet infrastructure and a lack of reliable electricity supplies (Crawford et al., 2020; Zhong, 2020). Thus, learning remotely (including ratio, TV schooling, and online learning apps for primary and secondary learners, virtual libraries and online classes in the universities) is practically not feasible in most Nigerian communities.

Poorly resourced institutions and socially disadvantaged learners where limited access to technology and the internet, as well as students' inability to engage in an online environment, undermine Government response.

Various studies explored have showed how health sector corruption, weak healthcare system, large-scale immune compromised population, misinformation and the prevalence of highly congested and unsanitary slums contribute to the spread of COVID-19 in Nigeria, they have glossed over the impact of political distrust at the public sector on the rapid spread of COVID -19 in Nigeria. Meanwhile, political distrust is a widespread phenomenon (Hartley & Jarvis, 2020).

World Economic Forum (2018) ranked Nigeria among the top seven countries with the highest level of citizen distrust of government officials. Although scholars have shown that

political distrust undermines public cooperation and promoted rapid spread of viral diseases such as Ebola in West Africa (Richardson et al., 2019; United Nations, 2020), scholars have glossed over the impact of political distrust on rapid spread of COVID-19. However, it has been argued that understanding the dynamic relationship between political corruption and political mistrust is relevant for mitigating the spread of COVID- 19 in Nigeria.

1.3 Research Objectives

The broad objective of this study is to evaluate the effect of Coronavirus on service delivery of Kwara State Ministry of Tertiary Education. Specifically, the study seeks:

i. To examine the effect of Coronavirus on Kwara State Ministry of Tertiary Education
ii. To ascertain how covid-19 has reshaped the behaviour of the Kwara Civil Servants towards their job activities.
iii. To evaluate the awareness of Covid-19 virus among the civil servants and students in Kwara State.
iv. To evaluate the effects of Covid-19 virus pandemic on education system in Nigeria.

1.4 Research Questions

i. What are the effects of the coronavirus on Kwara State Ministry of Tertiary Education?
ii. How has covid-19 reshaped the behaviour of the Kwara civil Servants towards their job activities?
iii. Are there any awareness programmes on Covid-19 virus among the civil servants and students in Kwara State?
iv. Does Covid-19 virus pandemic have any effect on education system in Nigeria?

1.5 Research Hypotheses

H_0: Covid-19 pandemic does not have any significant effect on service delivery in Kwara State Ministry of Tertairy Education.

H_1: Covid-19 pandemic has significant effects on service delivery in Kwara State Ministry of Tertiary Education.

H_0: Covid-19 pandemic does not have significant impact on educational system in Kwara State, Nigeria

H_1: Covid-19 pandemic has significant on educational system in Kwara State, Nigeria.

1.6 Significance of the Study

The study scrutinizes the impact of Covid-19 on the Nigeria public sector with focus on Kwara State Ministry of Tertiary Education. The study is not only timely but rather worthwhile and relevant as researches pertaining to the impact of Covid-19 on the Nigeria public sector are still few and nascent. The study is imperative as it interrogates events as they unfold and provide an exploratory, explanatory and descriptive research that stimulates further studies on how Covid-19 has affected the Nigerian public sector. The findings of the study will play a pivotal role in informing public administrators and the policy making machinery on the protocols to adopt and implement in dealing with future pandemics.

1.7 Scope of the Study

This study focuses on coronavirus and its effects on public sectors in Nigeria from 2019-2021. Because there are a number of agencies in Nigeria and studying all in a single study such as this is extremely difficult, the study is delimited to the civil servants in Kwara State Ministry of Tertiary Education The interest of these agencies is deliberate owing to their swift response to lockdown and other movement to curtail the pandemic ever since its first experience in Nigeria.

1.8 Operational Definition of Terms

Covid-19: This is a disease caused by a new strain of coronavirus. 'CO' stands for corona. 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCov.'

Service Delivery: Service delivery refers to the actual delivery of a service and products to the customer or clients (Lovelock & Wright, 2002). It is therefore concerned with the where, when, and how a service product is delivered to the customer and whether this is fair or unfair in nature.

Educational System: this comprises of everything that goes into educating public school student at the federal, state, or community levels.

1.9 Organization of the Study

The project is organized around the following chapters;

Chapter One gives an introduction to the research work. It gives the basic information about the work and the process to that will guide the research to have a focus and the research being undertaken. This chapter therefore consists of the background of the study and organizational profile, statement of the problem, objectives, research questions, significance of the study and the scope of the study.

Chapter Two consists of the literature review and the theoretical framework

Chapter Three gives details of the research methodology. The research methodology represents the various ways and methods which the researcher used in order to gain his information.

Chapter Four gives the analysis and interpretation of the information gathered by the researcher.

Chapter Five gives the findings and conclusion of the researcher. Hence, conclusions are drawn based on the findings and their implications are also given.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter reviews appropriate literature from referenced books, journal articles, reports, dissertations and other publications. It examines the effects of Covid-19 on the service delivery in Kwara state, ministry of tertiary education. This chapter is arranged under the sub sections that include the concept of covid-19 and service delivery. Assess relationship between the outbreak of covid-19 pandemic and service delivery performance and summarizes the theoretical and related literatures.

2.1 Conceptual Review

2.1.1 COVID-19

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by a virus, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China, in December 2019. The disease quickly spread worldwide, resulting in the COVID-19 pandemic.

The symptoms of COVID-19 are variable but often include fever, cough, headache, fatigue, breathing difficulties, loss of smell, and loss of taste. Symptoms may begin one to fourteen days after exposure to the virus. At least a third of people who are infected do not develop noticeable symptoms. Of those who develop symptoms noticeable enough to be classified as patients, most (81%) develop mild to moderate symptoms (up to mild pneumonia), while 14% develop severe symptoms (dyspnea, hypoxia, or more than 50% lung involvement on imaging), and 5% develop critical symptoms (respiratory failure, shock, or multiorgan dysfunction). Older people are at a higher risk of developing severe symptoms. Some people continue to experience a range of effects (long COVID) for months after recovery, and damage to organs has been observed. Multi-year studies are underway to further investigate the long-term effects of the disease.

COVID-19 transmits when people breathe air contaminated by droplets and small airborne particles containing the virus. The risk of breathing these is highest when people

are in close proximity, but they can be inhaled over longer distances, particularly indoors. Transmission can also occur if contaminated fluids are splashed or sprayed in the eyes, nose, or mouth, or, more rarely, via contaminated surfaces. People remain contagious for up to 20 days and can spread the virus even if they do not develop symptoms.

Testing methods for COVID-19 to detect the virus's nucleic acid include real-time reverse transcription polymerase chain reaction (rRT-PCR), transcription-mediated amplification, and reverse transcription loop-mediated isothermal amplification (RT-LAMP) from a nasopharyngeal swab.

Several COVID-19 vaccines have been approved and distributed in various countries, which have initiated mass vaccination campaigns. Other preventive measures include physical or social distancing, quarantining, ventilation of indoor spaces, use of face masks or coverings in public, covering coughs and sneezes, hand washing, and keeping unwashed hands away from the face. While work is underway to develop drugs that inhibit the virus, the primary treatment is symptomatic. Management involves the treatment of symptoms through supportive care, isolation, and experimental measures.

During the initial outbreak in Wuhan, the virus and disease were commonly referred to as "coronavirus" and "Wuhan coronavirus", with the disease sometimes called "Wuhan pneumonia". In the past, many diseases have been named after geographical locations, such as the Spanish flu, Middle East respiratory syndrome, and Zika virus. In January 2020, the World Health Organization (WHO) recommended 2019-nCoV and 2019-nCoV acute respiratory disease as interim names for the virus and disease per 2015 guidance and international guidelines against using geographical locations or groups of people in disease and virus names to prevent social stigma. The official names COVID-19 and SARS-CoV-2 were issued by the WHO on 11 February 2020 with COVID-19 being shorthand for "coronavirus disease 2019". The WHO additionally uses "the COVID-19 virus" and "the virus responsible for COVID-19" in public communications.

2.1.2 Service Delivery

Service delivery is the end-to-end process of providing a service to customers or the internal clients of an organization. This typically includes processes to design, develop, deploy

and operate services. In many cases, service delivery also includes management of the contractual and financial aspects of service level agreements.

Service delivery in public administration involves engagement of civil servants with citizens, residents or any such stakeholder as a service provider**.** Quality service delivery ensures the commitment of public organisations or public service providers to provide quality, high-standard services, including mechanisms for grievance redressal.

The state has a vital role in the delivery of a wide array of public services from justice and security to services for individual citizens and private enterprises. Besides traditional public services, such as health care or education, there are administrative services, such as delivery of licences and permissions, which are subject to regulation of administrative proceedings. Service delivery can be defined as any contact with the public administration during which customers – citizens, residents or enterprises – seek or provide data, handle their affairs or fulfil their duties. These services should be delivered in an effective, predictable, reliable and customer-friendly manner. Due to rapid expansion of the use of information and communication technologies, electronic service delivery is an effective means to reduce costs, both in time and money, for the customer as well as the government.

Good service delivery requires that:

i. The government understands the need to promote citizen-oriented administration.
ii. Good administration is a policy objective put into practice coherently, through various regulatory and other mechanisms, to ensure quality public services.
iii. Accessibility to public services is ensured.

2.2 Literature Review

2.2.1 Global Economic Impact of COVID-19

COVID-19`s impact on the global economic arena has remained highly fluid. Developing and developed states have all been taken aback by the devastating impacts of COVID-19 on the global economy (Ozili 2020 and Chinazzi et al, 2020). The once celebrated globalisation and technological advancement has done little to redeem or recalibrate global economies to circumvent COVID-19. Uncertainties concerning the depth and length of the health induced crisis have

increased the degree of alertness of risk and instability, volatility, unpredictability in financial markets as well as corporate decision-making.

Congressional Research Services Report noted that: “the pandemic is undesirably affecting universal economic growth beyond anything witnessed in almost a century. Projections point out that the virus could dwindle economic growth by 3.0% to 6.0% in 2020, with a partial recovery in 2021, supposing there is not a second wave of infections. The economic fallout from the virus increases the threats of a worldwide economic recession with levels of unemployment not experienced since the Great Depression of the 1930s.”

Similarly, the Africa Union reinforces the above narrative by articulating that: “the European Union, the United States and Japan account for half of the world’s Gross Domestic Product (GDP). These economies are based on trade, services and industries. However, measures to halt the pandemic have forced them to close their borders and drastically reduce economic activities; which will lead to recession in some of these developed economies. The Chinese economy accounts for about 16% of the global GDP and it is the largest trading partner of most African countries and the rest of the world. The OECD forecasts a decline in economic growth rates for these major economies as follows: China 4.9% instead of 5.7%, Europe 0.8% instead of 1.1%, the rest of the world 2.4% instead 2.9%, with world GDP falling by 0.412 from the first quarter of 2020. United Nations Conference on Trade and Development (UNCTAD) forecasts downward pressure on foreign direct investment from -5% to -15%. The International Monetary Fund has announced on the 23 March 2020 that investors have withdrawn 83 billion US Dollars ($USD) from emerging markets since the start of the crisis.”

This implies that the pandemic has negatively affected economic growth in different countries across the globe. The International Monetary Fund (IMF) and Mutizwa 2020, argued that the pandemic has robbed the globe of the much needed human capital. Congressional Research Services Report, SADC 2020 and Pineda & Musacchio 2020 reinforce the above view by noting that, the lost human capital impacts negatively on global economic growth coupled with the disruption of careers, social unrest and a rise in poverty and destitution. The Economic Commission for Latin America and the Caribbean (ECLAC) postulates that the pandemic has also affected trade growth in Latin America and the Caribbean region, economies are going down with little hope of them recovering in 2020. According to the Congressional Research Services Report,

Pineda & Musacchio depending on the length, extent and depth of the pandemic, global trade might “fall by 13% to 32%”, with developing states for example those in the Latin America and the Caribbean likely to be affected the most.

National imposed lockdowns, the closure of boarders, airspaces, industries and schools as ways of curbing COVID-19 also had devastating effects on trade, tourism and oil related industries (Mutizwa 2020). Equally, Ozili 2020, noted that the lockdown measures by various nations lead to in the reduction of oil, coal and aviation fuel demand on the global market. The implemented measures to curtail the virus come with economic ramifications as evidenced by the loss of incomes due to reduction in labour task forces, absenteeism increase at workplace culminating in low productivity globally.

2.3 Theoretical Framework

The theoretical frameworks described below were selected for their potential to describe the critical care work system, processes of service delivery, and subsequent outcomes. The first model described in this study is Donabedian's (1988) Quality Model, which is broadly considered the first model describing the healthcare system structures, processes, and patient outcomes. The subsequent models are predicated on the structures, processes, and outcomes as described in Donabedian's (1988) Quality Model. Mitchell et al. (1998) Quality Health Outcomes Model, Brewer and colleagues' (2008) Systems Research Organizing Model, and Holden et al. (2013) Systems Engineering Initiative for Patient Safety 2.0 Model are critiqued below using Reed's (2018) Intermodern approach in order of chronology.

2.3.1 Donabedian's Quality Model

Donabedian's Quality Model (1988) is a theoretical framework for evaluating the quality of healthcare. The model depicts the relationship between the structures and processes that contribute to the outcomes of care. The *structures* construct in the model represents the attributes of the setting where care occurs; for example, organizational structures refer to settings such as teaching, urban, or rural hospitals and the processes of each involved in giving and receiving care. These settings in turn impact the *processes* that occur in giving and receiving care. The *outcomes* construct denotes the impact of care processes on the health status of patients (Donabedian, 1988). The Quality Model has mechanistic philosophic roots as evidenced by the

simple, unidirectional, and linear relationships (Pepper, 1942) proposed among the structures, processes, and outcomes.

The constructs within the model are sufficiently broad, allowing for consistency with the metaparadigm of nursing, and inclusion of the patient's family/caregivers, the environment beyond where care occurs, and the impact on clinicians. However, the model lacks an explicit focus on professional practices that promote health and well-being for professionals.

Donabedian's Quality Model (1988) has been used in many research studies and supported by many research studies in healthcare research (Berwick & Fox, 2016), particularly in reference to promoting understanding phenomena in healthcare research of quality patient outcomes (Ayanian & Markel, 2016). The Quality Model has stimulated new thinking and generated development of models based loosely on this model.

2.3.2 Quality Health Outcomes Model

The Quality Health Outcomes Model (QHOM) (1998) is a theoretical framework of the relationships between multiple factors that affect care quality. Proposed in 1998, the QHOM was built on Donabedian's Quality Model (1988) by the American Academy of Nursing Expert panel on Quality to guide quality of care evaluation and research (Mitchell et al., 1998). When the QHOM was first published, it challenged the status quo through its consideration of the reciprocal relationships between system and client characteristics to produce outcomes, and its inclusion of policy implications (Mitchell et al., 1998). The QHOM has been used widely in nursing quality research and improvement efforts (Aiken et al., 2018), although the model is nearly a quarter century old.

The model is comprised of four main concepts including: *system characteristics* (structure and process elements), *interventions* (clinical processes), *client characteristics* (to whom interventions are directed), and *outcomes* (impact of clinical processes on patients) (Mitchell et al., 1998). The QHOM reflects an organismic philosophical view (Pepper, 1942) in that health outcomes are depicted within an organization of dynamic, interrelated factors, and the whole system is not necessarily predictable by the sum of its parts.

The model has several weaknesses. The interventions construct is not directly related to outcomes, but rather indirectly related through system and client characteristics (Pepper, 1942). The constructs of the QHOM are quite broad for applications in databases used for quality

improvement and intervention research (Mitchell et al., 1998). While the theoretical ideas are consistent with the metaparadigm of nursing, there is an internal inconsistency in the model's theoretical separation of the system characteristics processes from clinical intervention processes; in reality, the system has considerable influence over clinical processes. Further, similar to the Quality Model (1988), the QHOM lacks consideration of environment beyond the immediate context of care. The model does not address professional practices in promoting health and wellbeing, however it has been cited over 500 times.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

The study deals on the coronavirus and its effect on public sector. It was carried out to determine the effect of coronavirus on public sector in Kwara State. This chapter describes the general method the researcher used in carrying out the study. The areas covered includes; research design, population, Sample of the study, instrument for data collection, procedure for data collection, data analysis procedure, material resources and validation of research instrument.

3.1 Research Design

The study adopted a survey-research, designed to expose the effect of covid-19 on work ethics of civil servants in Kwara state ministry of tertiary education. According to Olaitan and Nwoke (1999) in Okoronkwo (2005) a survey research design is one which the entire population or a representative sample is studied by collecting and analysing data from the group through the use of the questionnaire. This design is chosen to be the most appropriate for the study because it permits the use of questionnaire to determine the opinions of the people in the study area.

3.2 Population of the Study

According to silver throne (1980:12) "population is the totality of any group, person or objects which is defined by some unique attributes". This is to say that population is any group of being the researcher has focused attention on and chosen as approved topic of study.

According to Leedy and Ormrod (2019), population can be seen as the target group about which the researcher is interested in gaining information and drawing conclusions.

Since it is usually not possible to study the entire larger population of Kwara State Civil Service, the researcher has chosen the Kwara State Ministry of Tertiary Education as the studied population in order to find a possible solution to which involve a random total of 91 and more employees including top and junior staff.

3.3 Sample Size and Sampling Techniques

Sampling is a process of selecting a given number or any portion of that population for the purpose of obtaining information for generalization about the large population Nwabuokei (1986:47). Sampling population is used to avoid possible errors in dealing with population. The population size was narrowed down to determine the sample size. A statistical formula was used in determining the sample size. 59 staff from the Kwara State Ministry of Tertiary Education are randomly selected for the study.

3.4 Method of Data Collection

The researcher made use of structured interview and questionnaire and it was distributed to the respondents by the researcher accordingly. Both primary and secondary data are used. The secondary data includes textbooks, journals, newspapers, magazines, and other publications.

The structured questionnaires with open and closed ended questions are administered. The structures of the questions mostly with the multiple-choice questions were distributed. The respondents are restricted to the choice of one answer to each question. A pilot study is equally undertaken through the sampling of the opinion of selected respondents. The use of the questionnaires is to ensure accurate, reliable and valid data. The data obtained are carefully analyzed statistically. A survey of existing documents relevant to this study is also concluded.

3.5 Research Instrument

The instrument developed by the researcher for use in the study was a structured questionnaire designed to tap information on public sectors in relation to coronavirus, using Kwara State. The questionnaire is in two sections. Sections A and B. Section A is made up of five (6) questions aimed at sourcing information on the respondents' personality. (Some of the questions under this section are optional). Section B is made up of Twelve (12) items questionnaire designed from the research questions to source information from the respondents for the research proper.

The five (5) point rating scale was used as:

A	representing	agreed
SA	representing	strongly agreed
D	representing	disagreed

SD representing strongly disagreed

U representing undecided

3.6 Validity of Research Instrument

Denga and Ali (1983) stated that validity means the degree to which a test measures what it purports to measure. This implies the ability of an instrument to measure correctly what has been measured. The instruments used for this study will be presented to the supervisor for perusal, correction and necessary adjustment. His useful inputs reflected in the final instrument that is administered. Particularly, effort is made by the researcher to incorporate related variables to the concepts of study in the instrument.

3.7 Reliability of Research Instrument

For the purpose of this study, the dataunder this study for the various years will be collected from the staff in Kwara State Ministry of Tertiary Education, Kwara State. Hence this data are highly reliable and expected to achieve the objective of the study. Questionnaires are distributed the questionnaire and anonymity of the respondents is protected.

3.8 Method of Data Analysis

Saunders et al (2000) defines data analysis as consisting of three concurrent flows of activity that is data reduction, data display and a conclusion drawing/verification part. Various analytical tools and soft wares such as pie charts, tables, and Statistical Package for Social Science (SPSS) will be used in analyzing data for this study.

Data collected will be analyzed using frequencies and percentages. These frequencies and percentages will enable the researcher to clearly represent true data characteristics and findings with a great deal of accuracy. Interpretation and analysis of data will also be used to describe items in tables used for this study.

3.9 Ethical Consideration

Ethical issues are considered to be very important in conducting a research of this kind. For this reason, the researcher took into considerations the ethical issues in the study. This is done

in an ethical manner, and is in line with both moral and practical issues in a research. The consent of the respondents are sought before the study was carried out. In gathering data for the study, the respondents are about the purpose of the research and the objective it meant to achieve. Respondent are encouraged to feel free and be objective as possible in given out their responses as outmost confidentiality was assured and they had the option to either participate or not. The participants for the study are also assured of anonymity and confidentiality in terms of how the findings are revealed. Participants are also assured that names will not be used and specific reference will not be made to individuals to allow anyone to discern the real persons being referred to in the study.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

This chapter deal with the presentation and analysis of data. Hence, in this chapter an attempt is made to present and analyze the data collected from questionnaire through descriptive and statistical tools with the aid of statistical package for the social science (SPSS). The chapter is sub-divided into three parts, the first part discusses the frequency distribution analysis of responses relating to the demographic characteristics of respondents. The second part features analysis of variables relating to the study, while the third part deals with hypothesis testing, interpretation and application of results.

Table 4.0 Analysis of Responses

Description	**Frequency**	**Percentage**
Administered	50	100%
Returned	50	100%
Not returned	0	0

Source: Field Survey, 2025

Table 4.1.0 shows that a total of fifty (50) questionnaires were administered to the five different ministries under Kwara State Ministry of Tertiary Educaion. The respondents responded adequately, the 50 questionnaire were all filled and returned representing 100% making it suitable for the analyses of the study.

4.1 Bio-Data of Respondents

Table 4.1.1 Sex Distribution of the respondents

Responses	**Frequency**	**Percentages %**
Male	27	54.0%
Female	23	46.0%
Total	50	100%

Source: Field Survey, 2025

Table 4.1.1 shows that majority of the respondents are male with 54% (27 respondents) while 23 female respondent (46%) responded to the questions attached to the questionnaire. This implies that there were more of male respondents in the study.

Table 4.1.2 Distribution of the respondent by marital status

Responses	Frequency	Percentages %
Single	15	30.0%
Married	35	70.0%
Total	50	100%

Source: Field Survey, 2025

Table 4.1.2 shows 15 singles respondents to be 15% and 35 married respondents to be 70% of the populace. This simply implies that the higher number of respondents are married, stable at work, which means their decision can be trusted.

Table 4.1.3 Age distribution of the respondents

Responses	Frequency	Percentages %
21-30 yrs	28	56.0%
31-40 yrs	15	39.0%
41-50 yrs	7	14.0%
Total	50	100%

Source: Field Survey, 2025

The above table 4.1.3 shows 28 respondents (56%) range within the age 21-30years old, also 15 respondents (30) reports to be between the age range of 31-40years, whereas only 7 respondents (14%) are in the minority. This implies that majority are in vibrant age of 21-30 years, which means that efficiency is expected in this report with the active age of the civil servant in the respondents.

Table 4.1.4 Highest educational qualification of the respondents

Responses	Frequency	Percentages %

SSCE	5	10.0%
HND/B.Sc/B.A	30	60.0%
M.Sc/M.BA	15	30.0%
Total	50	100%

Field Survey, 2025

Table 4.1.4 unveils different respondents with different educational qualifications, only (10%) respondents have a secondary school certificate, 30 different respondents (60%) identified to be HND, B.Sc & B.A holders, 18 respondents (36%) are B.Sc. holders, whereby 15 different respondents (30%) are master holders. This definitely implies that there are many educated staff: majority holds qualitative level of education.

Table 4.1.5 Length of service with the organization

Responses	**Frequency**	**Percentages**
Below 1 year	5	10.0%
1-4 years	18	36.0%
5-8 years	11	22.0%
9-12 years	16	32.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4:1:5 explains the length of service of different staff, 5 respondents (10%) are below 1year, and about 18 respondents (36%) ranges between 1 and 4 years of working experience, 11 respondents (22%)have used within 5 and 8 years and 36 (32%) people have stayed up to 9 and 12 years. This simply means that majority of the respondents. Up to 32 % only have worked over 9 years.

Table 4.1.6 Organisational Position of the Respondents

Responses	**Frequency**	**Percentages**
Casual workers	7	14.0%
Core Staff	35	26.0%

Senior Civil Servants	8	16.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.1.6 shows the exact organizational position, only 7 respondents (14%) dominate casual staff. Whereas 35 respondents (70%) are core staff (Level 6-12), and 8 (16%) respondents were senior civil servants, this shows that there are different combination of people with different position, but the research got more attention from the middle level (core staff) of the civil servant contract staffs.

4.2 Objectives and Analysis of Information Related to the Impact of Corona Virus on the Service Delivery

Table 4.2.1 Coronavirus effect change the Organization Behavior.

Responses	**Frequency**	**Percentages%**
Strongly Agreed	5	10.0%
Agreed	37	73.0%
Undecided	4	8.0%
Disagreed	3	7.0%
Strongly Disagreed	1	2.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.2.1. shows the reaction of respondents on the distinct role of coronavirus pandemic on the organization behavior of public sectors in Nigeria. 83% (5 strongly agreed and 37 agreed) of the respondents, while 2% (1 respondent) strongly disagreed, 7% (3 respondents) disagreed to the above stated. 8% of the respondent where inconclusive. This implies that employee also recognize that the novelty virus has an effect on the change of behavior in Nigeria public sectors.

4.2.2 There is a proper awareness on how to contain the virus in public sectors

Responses	**Frequency**	**Percentages %**
Strongly Agreed	12	20.0%

Agreed	22	41.0%
Undecided	15	27.0%
Disagreed	5	10.0%
Strongly Disagreed	1	2.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.2.2 shows the reaction of respondent to the idea of containment of the virus within public sectors. 66% (12 strongly agreed and 22 agreed) of the respondents, while 10% (5 respondent) disagreed, 2% (1 respondent) strongly disagreed to the above stated statement, 32% of the respondent where inconclusive. The implication therefore reveals how much there was an awareness on how to contain the virus within public sectors.

Table 4.2.3 The people adhere to information on the virus

Responses	**Frequency**	**Percentages%**
Strongly Agreed	6	12.0%
Agreed	15	30.0%
Undecided	9	18.0%
Disagreed	10	20.0%
Strongly Disagreed	10	20.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.2.3 uncovers the reaction of respondents to the adherence of the civil servants to the details of information on how to contain the virus. 42% (6 strongly agreed and 15 agreed) of the respondents, while 20% (10 % respondents) disagreed, 20% (10% respondents) strongly disagreed to the above stated statement. 18% of the respondents were inconclusive. The implication therefore unveils how much people deal with the information about the virus in the public sector.

4.2.4 There was practice of social distance within the ministry premises.

Responses	Frequency	Percentages%
Strongly Agree	22	44.0%
Agreed	7	14.0%
Undecided	6	12.0%
Disagreed	9	18.0%
Strongly Disagreed	6	12.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4:2:4 exposes the reactions of the respondents to the level at which social distance are well practiced within public sectors premises. 58% (22 strongly agreed and 7 agreed) of the respondents, while 18% (9 respondents) disagreed, 12% (6 respondents) strongly disagreed to the above stated statement. 12% of the respondents were inconclusive. The implication therefore reveals that social distancing is maintained to certain level.

Table 4.2.5 Hygiene Practice within the public sector premises

Responses	Frequency	Percentages%
Strongly Agreed	10	20.0%
Agreed	19	38.0%
Undecided	14	28.0%
Disagreed	4	4.0%
Strongly Disagreed	5	10.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4:2:5 explains the reactions of respondents on how 58% (10 strongly agreed and 19 agreed) of the respondents, while 4% (4 respondents) disagreed, 10% (5 respondents) strongly disagreed to the above stated statement. 28% of the respondents were inconclusive. This implies that majority of the respondents believed that public servant still maintained hygiene in the process of containing the virus.

4.2.6 The remote working is ineffective compare to the conventional physical working

Responses	Frequency	Percentages %
Strongly Agree	32	64.0%
Agree	32	22.0%
Undecided	12	8.0%
Disagreed	2	4.0%
Strongly Disagreed	1	2.0%
Total	50	100.0

Source: Field Survey, 2025

Table 4.2.6 exposes the reaction of respondents on how 86% (32 strongly agreed and 12 agreed) of the respondents, while 4% (2 respondents) disagreed, 2% (1 respondent) strongly disagreed to the above stated statement 8% of the respondents were inconclusive. This implies that there is low level of acceptance to the remote working by the civil servant in Kwara State.

Table 4.2.7. There was a low outcome of productivity while working remotely compare to the physical working

Responses	Frequency	Percentages %
Strongly Agreed	16	32.0%
Agree	9	18.0%
Undecided	12	22.0%
Disagreed	2	8.0%
Strongly Disagreed	10	20.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.3.7 shows the reaction of respondents on how 50% (16 strongly agreed and 9 agreed) of the respondents, while 8% (2 respondents) disagreed, 20% (10 respondents) strongly disagreed to the above stated statement, 22% of the respondents were inconclusive. This is the implication that it is difficult for some staff in Kwara Civil Servants to work efficiently from home.

Table 4.2.8. There were numbers of official meetings conducted virtually with convenience

Responses	Frequency	Percentages %
Strongly Agreed	30	70.0%
Agreed	5	7.0%
Undecided	1	2.0%
Disagreed	10	13.0%
Strongly Disagreed	4	8.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.2.8 shows the reaction of respondents on the better means of assessment in the course of virtual meeting. 70% (30 strongly agreed and 5 agreed) of the respondents, while 13% (10 respondent disagreed, 8% (4 respondents) strongly disagreed to the above stated statement, 2% of the respondents were inconclusive. This implies that, the idea of virtual meeting worked better in Kwara State during the lockdown.

Table 4.2.9. There was no proper training for the remote activities before adoption and that affected productivity

Responses	Frequency	Percentages %
Strongly Agreed	12	22.0%
Agreed	20	42.0%
Undecided	15	30.0%
Disagreed	2	4.0%
Strongly Disagreed	1	2.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.2.9 shows the reaction of respondents to the idea of civil servants on training for the remote job. 64% (12 strongly agreed and 20 agreed) of the respondents, while 4% (2 respondents) disagreed, 2% (1 respondent) strongly disagreed to the above stated statement, 30% of the

respondents were inconclusive. The implication therefore reveals how much training that the civil servant undergo for the remote working and the effect on productivity.

4.2.10 The Government provided enough resources for the remote working

Responses	Frequency	Percentages %
Strongly Agreed	6	12.0%
Agreed	15	30.0%
Undecided	9	18.0%
Disagreed	10	20.0%
Strongly Disagreed	10	20.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.2.10 uncover the reaction of 42% (6 strongly agreed and 15 agreed) of the respondents, while 20% (10 respondents) disagreed, 20% (10 respondent) strongly disagreed to the above stated statement, 20% of the respondents were inconclusive. The implication therefore unveils how much support from the government for the efficiency of the remote working.

4.2.11 Covid-19 pandemic has significant effects on service delivery in Kwara State Ministry of Tertiary Education

Responses	Frequency	Percentages%
Strongly Agree	22	44.0%
Agreed	7	14.0%
Undecided	6	12.0%
Disagreed	9	18.0%
Strongly Disagreed	6	12.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4:2:4 exposes the reactions of the respondents to the level at which social distance are well practiced within public sectors premises. 58% (22 strongly agreed and 7 agreed) of the respondents, while 18% (9 respondents) disagreed, 12% (6 respondents) strongly disagreed to the

above stated statement. 12% of the respondents were inconclusive. The implication therefore Covid-19 pandemic has significant effects on service delivery in Kwara State Ministry of tertiary education.

4.2.12 Covid-19 pandemic has significant impact on educational system in Kwara State, Nigeria

Responses	Frequency	Percentages %
Strongly Agreed	10	20.0%
Agreed	20	40.0%
Undecided	8	10.0%
Disagreed	7	14.0%
Strongly Disagreed	5	12.0%
Total	50	100.0%

Source: Field Survey, 2025

Table 4.2.10 uncover the reaction of 60% (10 strongly agreed and 20 agreed) of the respondents, while 14% (7 respondents) disagreed, 5% (12 respondent) strongly disagreed to the above stated statement, 10% of the respondents were inconclusive. The implication therefore unveils how much Covid-19 pandemic has significant impact on educational system in Kwara State, Nigeria

4.3 Test of Hypotheses

Hypothesis One

H_0: There is no significant relationship between COVID 19 and service delivery in Kwara state ministry of tertiary education

H_1: There is a significant relationship between COVID 19 and service delivery in Kwara state ministry of tertiary education.

In testing this hypotheses, question 3 and 5 were selected from section B in the questionnaire. This is because the questions were directly related to hypothesis as shown in table 4.3.1

Table 4.3.1 Model summary

Model	R	R Squre	Adjusted R Squre	Std. Error of the edtimate
1	841	707	701	63703

Source: Field Survey, 2025

Predicators: (constant), COVID 19 and service delivery

From the table above, this indicate that 70.7% of the variation in COVID 19 effect can be explained by variability in service delivery performance.

Table 4.3.2

Model	Sun of squares	Df	Mean square	F	Sig.
Regression	46.941	1	46.941	115.673	.001[b]
Residual	19.479	49	406		
Total	66.420	50			

Source: Field Survey, 2025

Dependent variable: Service Delivery

Predictors: (constant), Covid-19

The statistical decision rule of p – value states that the null hypothesis should be accepted if p – value is greater than alpha value (i.e. level of significant which is 0.05), otherwise it should be rejected and the alternative hypothesis is adopted from table 4.3.2, it is established that the p – value is 0.01 which is less than alpha value (0.05). Hence, this indicates that the result is statistically significant at 0.05 level of significant

Therefore, the null hypothesis which states that there is no significant relationship between Covid-19 and service delivery in Kwara state ministry of tertiary education will be rejected while we

adopt alternative hypothesis which represents that there is a significant relationship between Covid-19 and service delivery in the Kwara State ministry of tertiary education.

Model	Coefficient		Standardization coefficient	1	Sig.
	B	Std. Error	Beta		
(constant)	.300	.220		1.365	.179
COVID19	.812	.075	.841	10.755	.000

Source: Field Survey, 2025

Dependent Variable: public sector performance

$Y = a - bX$

Y refers to the value of the dependent variable for a given case, a is the Y –intercept (the point where the line crosses the Y-axis listed as constant on your computer), b is the slope of the line which describe the relationship between the independent and dependent variables (B for Covid-19), and service delivery is the value of the independent variable for a given case.

We know that the linear relationship between X and Y (COVID19 and performance) is not perfect. Thus, it is clear to jus that there is a relationship between Covid-19 and service delivery, Y = 0.3000 + 0.812X 0.300, the Y –intercept (or constant), is interpreted as effective training for staff (our dependent variable), holding constant the impact of organization performance (our independent variable). 0.812 is the slope of the line.

Therefore, this implies that the impact of Covid-19 on service delivery is associated with 81.2% increase on civil servants; which means that there will be 81.2 % increase. We therefore reject the claim that there is no significant relationship between Covid 19 and service delivery in the Kwara State ministry of tertiary education

Hypothesis Two

$H0_{2:}$ There is no significant relationship between Covid-19 and educational system in Kwara State

$H1_2$**:** There is a significant relationship between Covid-19 and educational system in Kwara State In testing this hypothesis, question 7 and 9 were selected because they are related to the subject matter.

Table 4.3.4 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	963[n]	.928	.927	.37914

Source: Field Survey, 2025

Predictors: (constant), educational system

Table 4.3.4 indicates that 92.8 % of the educational system performance during the lockdown can be explained by variability of incident of Covid-19.

Table 4.3.5 ANOVA

Model	Sum of squares	DF	Mean Square	F	Sig
Regression Resident Total	89,000 6,900 96,000	1 48 49	89,100 144	619,826	000[2]

Source: Field Survey, 2025

Dependent variable: Covid-19

Predictors: (constant), Educational system

The statistical decision rule of p-value states that the Null hypothesis should be accepted if P-value is greater than alpha value (i:e, level of significant which is 0.05, otherwise it should be rejected

and the alternative hypothesis is adopted from table 4.3.5, it is established that the P-value is 0.000 which is less than alpha value (0.05). hence, this indicates that the result is statistically significant at 0.05 level of significant. Therefore, the null hypothesis which states there is no significant relationship between Covid-19 and educational system in Kwara Stateis rejected while we adopt alternative hypothesis which represent relationship between Covid-19 and educational system in Kwara State

Table 4.3.6

Model	Unstandardized coefficient		Standardized coefficient	T	Sig
	B	Std. Error	Beta		
(Constant) Educational system performance	.040 .900	102 .036	.963	.392 .24.89 .6	.697 .0000

Source: Field Survey, 2025

Dependent variable frequency of Covid-19

$Y = a + bx$

Y refers to the value of the dependent variable for a given case, a is the Y-intercept (the point where the crosses the Y axis, listed as Constant on your output), b is the slope of the line which describe the relationship between the independent and dependent variables (B for educational system performance), and the educational system performance in an organization the value of the independent variable for a given case. Thus, it is clear to us that there is a relationship between COVID19 and educational system Y = 0.04 +0.900 X 0.040, the Y intercept (or constant), is interpreted as educational system (our dependent variable), holding constant the frequency of training (our independent variable). 0.900 is the slope of the line. Therefore, this implies that Covid-19 pandemic is associated with 90% rate of setback in educational system in Kwara State. Thus, we accept the alternative hypothesis that there is a significant relationship between Covid-19 and educational system in Kwara State

4.4 Discussion of Findings

The study concluded that coronavirus effect change the organization behavior; there is a proper awareness on how to contain the virus in public sectors; the people adhere to information on the virus; there was practice of social distance within the ministry premises; hygiene Practice within the public sector premises; the remote working is ineffective compare to the conventional physical working; there was a low outcome of productivity while working remotely compare to the physical working; there were numbers of official meetings conducted virtually with convenience; there was no proper training for the remote activities before adoption and that affected productivity and the government provided enough resources for the remote working.

From the study, two hypothesis were tested; Hypothesis one revealed that p –value states that the Null hypothesis should be accepted if p –value is greater than alpha value (i.e. level of significant which is 0.05), otherwise it should be rejected and the alternative hypothesis is adopted that there is a significant relationship between Covid-19 and service delivery in the Kwara State ministry of tertiary education.

Hypothesis one, from table 4.3.5 it is established that the p –value is 0.000 which is less than alpha value (0.05). Hence, this indicates that the result is statistically significant at 0.05 level of significant. Therefore, the Null hypothesis which states there is no significant relationship relationship between Covid-19 and educational system in Kwara State is rejected while we adopt alternative hypothesis which represents the significant relationship between Covid-19 and educational system in Kwara State

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The purpose of this study is to discover the relationship between Covid-19 pandemic and service delivery. The study found that all the respondents have experienced the effects of Covid-19 in their office in one way or the other. The objectives of the study were to examine the effect of Coronavirus on Kwara State Ministry of Tertiary Education; to ascertain how covid-19 has reshaped the behaviour of the Kwara Civil Servants towards their job activities; to evaluate the awareness of Covid-19 virus among the civil servants and students in Kwara State; to evaluate the effects of Covid-19 virus pandemic on education system in Nigeria.

From the research conducted on the sampled organization in Kwara State Area. The study concluded that coronavirus effect change the organization behavior; there is a proper awareness on how to contain the virus in public sectors; the people adhere to information on the virus; there was practice of social distance within the ministry premises; hygiene Practice within the public sector premises; the remote working is ineffective compare to the conventional physical working; there was a low outcome of productivity while working remotely compare to the physical working; there were numbers of official meetings conducted virtually with convenience; there was no proper training for the remote activities before adoption and that affected productivity and the government provided enough resources for the remote working.

From the study, two hypotheses were tested; Hypothesis one revealed that p –value states that the Null hypothesis should be accepted if p –value is greater than alpha value (i.e. level of significant which is 0.05), otherwise it should be rejected and the alternative hypothesis is adopted that there is a significant relationship between Covid-19 and service delivery in the Kwara State ministry of tertiary education.

Hypothesis one, from table 4.3.5 it is established that the p –value is 0.000 which is less than alpha value (0.05). Hence, this indicates that the result is statistically significant at 0.05 level of significant. Therefore, the Null hypothesis which states there is no significant relationship relationship between Covid-19 and educational system in Kwara State is rejected while we adopt

alternative hypothesis which represents the significant relationship between Covid-19 and educational system in Kwara State

5.2 Conclusion

The interpretation of the data gives great insight into the thought process of public sector workers. It also provides an understanding of the effort required to formulate a national response that will get us on the road to recovery in the most efficient way. The data reveal that some public sector workers are in support of deeper engagement so they can have a better understanding of the impact of COVID-19 on employment relationship and the wider implications for the world of work.

The response must be people centered, underpinned by social partnership commitment as we focus on the future of work in a post-Covid reality. The reform of the legislative framework to meet the challenges will have to place considerable emphasis on social, employment and income protection, and design deliberate policy responses that ensure the sustainability of businesses

5.3 Recommendations

Below listed are some recommendations that could be pursued by the Government in addition to existing strategies:

Restructure the Civil Service

The need to overhaul Nigeria's civil service is critical to the overall re-engineering process. Truth is, this situation gives us an opportunity to reset the country, placing it on a trajectory that guarantees equality and equitable distribution of resources and opportunities to all irrespective of your ethnicity, religion or social standing. The civil service by virtue of the important role it plays should be overhauled for improved service delivery and efficiency. It should be weeded of rent-seekers who have no contribution to make to the development of our nation, it should be rid of incompetence, nepotism, tribalism and every other phenomenon that has plagued it for the past couple of decades. The Nigerian civil service should enjoy first pick of the best Nigerian tertiary institutions have to offer. In order to be able to do so, the civil service must be restructured in such a way that it harnesses the talent and creativity of civil servants, the remuneration must be competitive, selection must be devoid of ethnic and religious bias, and career progression must be

devoid of tribalism, nepotism, or any form of favouritism. Again, as explained below, the development of a National Development Plan (NDP) will greatly help in shaping the civil service into a lean and mean machinery that will propel the nation to greater heights.

Overhaul the Country's Budgeting

System What a nation, seeks to achieve with their lives or within a given period, should be the key driver of the budget. A purpose-driven budget therefore allows the country to double down on what matters most, whilst cutting waste. So for Nigeria, such our budget should cause us to determine down to the minutest detail, how many Nigerians we need to provide for, how many work in our public service, the size of public service we need and how they should add value, the roads we need and what value they will add, the transportation links between our cities and at what cost, the hospitals that need to be built, how we would develop our education sector etc. It should itemize our "objectives to be achieved for the fiscal year", which in turn should be guided by our long-term goals as outlined in our national development plan.

Implement a National Development Plan

Strategic planning is the art of formulating strategies, implementing them, and evaluating their impact based on organisational objectives. The concept focuses on integrating various departments to achieve organisational goals (CFI, 2020). In this instance, the strategic plan is referred to as the National Development Plan, and the Ministries, Departments and Agencies will form the integrating departments. It is important to note that although the country developed a medium term expenditure framework called the Economic and Recovery Growth Plan (ERGP), the need for long-term strategic planning is of utmost importance. The National Development Plan (NDP) would provide strategic goals to each Ministry, Department and Agency of the Federal Government. In this wise, the NDP will determine the MDAs that will constitute the Federal Civil Service, which in turn will eliminate duplication of activities, ultimately reducing wastages. Furthermore, the NDP will outline the mandate of each MDA, which in turn will guide budgeting and implementation. These will all be geared towards achieving the strategic goals as set in the National Development Plan. Consequently, this will lead to the development of purpose-driven budgets where all MDAs are working in a concerted manner to bring about sustainable development to Nigeria.

Overhaul the Social Investment Programme

Since the outset of the Coronavirus pandemic in Nigeria, the Ministry had been engaged in providing palliatives to Nigerians. This palliative is comprised of cash transfers, distribution of relief materials such as food, etc., although laudable, is not reaching those most in need of it as when due. It is therefore necessary for the Federal Government to improve the efficiency and effectiveness of the distributive mechanisms to reach households that are worst-hit by the pandemic. This will ensure the lock-down is strictly adhered to, giving the NCDC ample time to identify the infected, isolate, and treat them.

Develop a Realistic Fiscal Plan

As Dr. Akinwunmi Adesina, President of the African Development Bank posited, "in the face of this pandemic, we must put lives above resources and health above debt. Why? Because developing economies are the most vulnerable at this time…" At this moment in time, with the prevailing economic situation, the Federal Government should have developed a lean and mean fiscal plan aimed at targeting critical infrastructure such as health, education, rail transport, banking, agriculture, social investment and ICT amongst others. These should be focused on for the 2021 fiscal year whilst providing other MDAs with maintenance budgets, but no serious capital outlay for the year. This will enable the Government channel scarce resources to the most critical needs required to eliminate the pandemic.

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