



ASSESSMENT OF ABUJA MUNICIPAL AREA COUNCIL (AMAC) SERVICE DELIVERY ON

Education, Health **and** Environmental Sanitation

by



Rule of Law And Empowerment Initiative
also known as
PARTNERS WEST AFRICA NIGERIA



PARTNERSGLOBAL
Together for Democratic Change



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About PWAN

The Rule of Law and Empowerment Initiative also known as Partners West Africa Nigeria (PWAN) is a non-governmental, women-led organization working towards enhancing citizens' participation and improving security governance in Nigeria and West Africa broadly. PWAN is part of a network of 22 national organizations and carry out projects in three program areas; Rule of Law, Citizens' Security and CSO Accountability.

ACKNOWLEDGMENT

The administration of Local governments in Nigeria has been faced with challenges despite being the third tier of government and the closest to the citizens. With 774 LGAs across the country it has become increasingly difficult to differentiate between the duties of States and even the Federal Government as a whole, which has led to ineffectiveness and inefficiency of basic service delivery.

The Rule of Law and Empowerment Initiative also known as Partners West Africa Nigeria (PWAN) with support from the United States Bureau of International Narcotics and Law Enforcement (INL) conducted an assessment of Local Government's service delivery to evaluate the level and effectiveness of service delivery, and to educate citizens on which services are provided by the Local Government.

This assessment was possible with the support of the Chairman of the Abuja Municipal Area Council (AMAC) – Honorable Abdullahi Adamu Candido, ably represented by his Special Adviser on Donor Agencies and Civil Society – Honorable Abiodun Essiet and staff from the Education and Health Departments for their access to the different councils including the LEAs and PHCs.

PWAN appreciates the effort of the twenty (20) young women and men who served as observers during the data collection process.

Also acknowledging the commitment of PWAN's Citizen's Security Program team who made this report possible – Nneka Odenigbo, Nkem Okereke, and Ijeoma Igwe, closely managed by the Citizen's Security Program Manager, Ms. Valkamiya Ahmadu-Haruna.

Finally, we appreciate the guidance and leadership of the Executive Director of PWAN- 'Kemi Okenyodo-for commitment to the assessment.

Introduction

PWAN with support from the United States Bureau of International Narcotics and Law Enforcement (INL) under the Promoting Civil Society Participation in Anti-Corruption Efforts in Nigeria (Access Nigeria) project, carried out an assessment of Local Government's service delivery as it relates to education, health and environmental sanitation. The assessment was conducted in Local Education Authorities (LEAs), Primary HealthCare Centers (PHCs) and the Environmental Sanitation of Bwari Area Council.

Background

Service delivery in the Nigerian public service structure is complicated and has created concerns about services rendered to citizens by the local governments (LGs) as inaccessible and inadequate.

Local governments or area councils, constitutionally created as the third tier of government (government at the grassroots) have become appendages of states'

Most LGs have become appendages of states' government leading to ineffectiveness and inefficiency of basic services to citizens.

government, leading to ineffectiveness and inefficiency of basic services to citizens.

In a bid to strengthen and improve service delivery within the local government structure, PWAN through the ACCESS Nigeria II project partnered with two Area Councils in the Federal Capital Territory (FCT) – AMAC and Bwari Area Council – to conduct an assessment of services delivery.



A building inside LEA Lugbe



In a bid to strengthen and improve service delivery within the local government structure, PWAN through the ACCESS Nigeria II project partnered with 2 Area Councils in the Federal Capital Territory (FCT) – AMAC and Bwari Area Council – to conduct an assessment of services delivery.

Observation Process

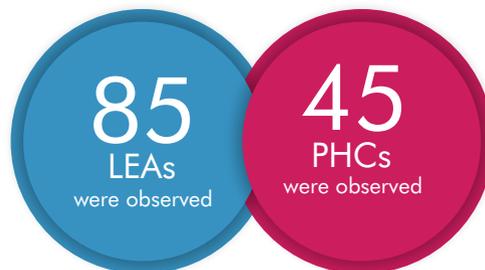
The following steps were taken in the process of carrying out the observation:

- An advocacy visit was carried out to the Area Council in order to get their buy in on the project;
- An Assessment Scorecard was developed which was used to assess the effectiveness of service delivery in the Area Council;
- A collaborative meeting was organized with the Area Council to jointly review the content of the scorecard;
- A total of 22 citizens observers were recruited

and trained across 2 Area Councils; 12 for AMAC¹ and 10 for Bwari to assess service delivery across the Area Councils in three areas – education, health and environmental sanitation;

- In AMAC 12 citizen observers were deployed using an online application known as “Kobo Toolbox” to assess the level of AMAC's service delivery to citizens for a period of 4 months (November 2019 – February 2020) in the areas earlier mentioned.

Observation Process



Education at The Local Education Authorities Primary Schools

Primary education is designed to meet the rudimentary learning needs of students. In doing so, it is also intended to prepare students to benefit from secondary education. Primary education is geared towards enabling students to develop essential learning skills and providing them with basic learning content.²

For effective management of primary schools in Nigeria, the federal government put in place decree No 31 of 1988. According to this decree, the federal government was to be responsible for 65% of funding for primary education while the state and local government were responsible for 25% and 10% respectively.

The decree established the National Primary Educational Management Board, Local Government Education Committee, District and Village Education Committee, and Primary School

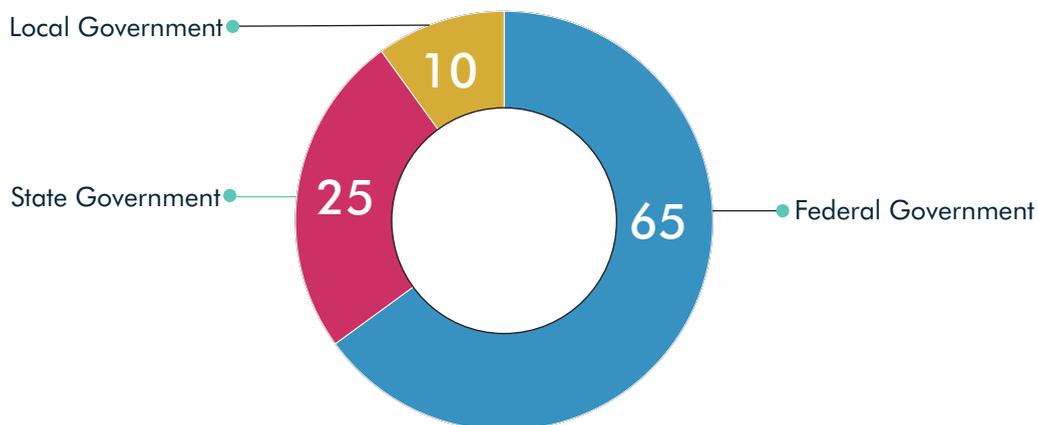
Management Board at the state level.

The decree No 3 promulgated by the former Head of State, General Ibrahim Babangida in 1991, introduced the primary education management in Nigeria thus restoring the management of primary schools to local governments.

The decree established a Local Government Educational Authority (LGEA) or Local Education Authority (LEA) in each of the local government areas under which the local government education was founded and manages primary schools in each local government area of the Federation.

According to the National Policy on Education (NPE), 2004, local governments through their Local Education Authorities have responsibilities for the financing and management of education within their local government areas. The responsibilities of the LEAs as stated in the NPE 2004 include:

Funding Share across tiers of Government



Source: LG Observers

Pensions

The payment of pensions and gratuities.



Salaries

The payment of primary school teachers' salaries and allowances.



Appointment

The appointment, promotion, discipline and transfer of primary school teachers and non-teaching staff within their areas of jurisdictions.

- The appointment, promotion, discipline and transfer of primary school teachers and non-teaching staff within their areas of jurisdictions.
- The payment of primary school teachers' salaries and allowances.
- The payment of pensions and gratuities.

Supervision

Supervision and quality control in all primary school in their area in conjunction with the federal and state authorities.



Management

The overall management of their educational plans.



Retraining

The retraining of teachers.

- The retraining of teachers.
- The overall management of their educational plans.
- Supervision and quality control in all primary school in their area in conjunction with the federal and state authorities.³

Providing quality primary education for children in Nigeria involves having qualified primary school



teachers by training and retraining them, providing quality programs and services to students as well as providing basic infrastructure and facilities to promote effective learning environments.

By so doing, this will contribute to the implementation of the Sustainable Development Goal 4 which seeks to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, as well as achieving the global development agenda which seeks to eradicate poverty and achieve sustainable development globally.

Quality education is an essential factor of development. As stated in the NPE 2004, the federal government has adopted education as an instrument per excellence for affecting national development.

In Nigeria, for education to contribute meaningfully to national development; there should be proper funding of the three tiers of government in order for there to be improved infrastructure in the primary, secondary and post-secondary schools as well as continuous professional development for teachers.

In the light of above, an assessment was carried out in AMAC to ascertain the local government's service delivery as it relates to primary education.

Existence and Functionality

The citizens observers stated that 7.4% of the schools assessed have been in existence for less than 10 years, 31.4% of the schools have existed for 10-19 years, 15.4% of the schools have existed for 20-29 years, 9% of the schools have existed for 30-39 years, 29.3% of the schools have existed for 40-49 years, while 7.4% of the schools have existed for 50 years and above.

On the average, 54.2% of the schools in AMAC have been in existence for less than 30 years. Therefore, it is expected that schools that have been in existence for 20 years and above should have good facilities such as laboratories, libraries, etc. and improved standard of teaching.

Accessibility

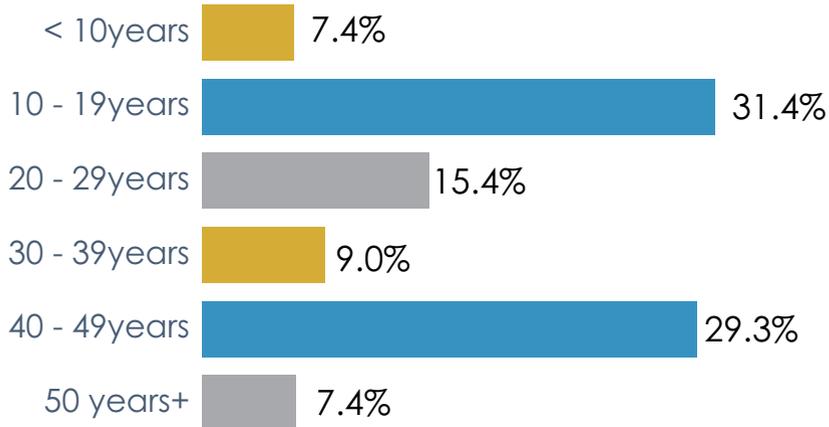
98.1% of the schools are close enough for pupils to attend while 1.9% of the schools are not close enough for the pupils to attend. Of the 98.1% of the schools that are close enough for the pupils to attend, 19.2% of the citizens said the schools were less than 1km from the communities, 73.1% responded that the schools were about 1km from the communities, 5.8% stated that schools were 2km from the communities and 1.9% reported that the schools were about 3km from the communities.



54.2% of the schools in AMAC have been in existence for **less than 30 years.**

Existence and Functionality

How Long Has the School been in Existence ?

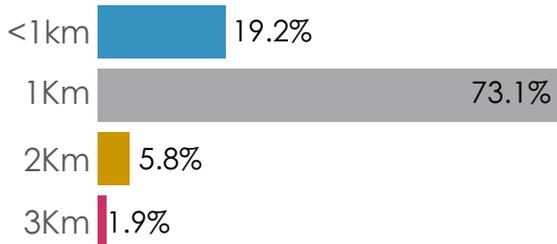


Are These Schools Close Enough For Pupils To Attend ?

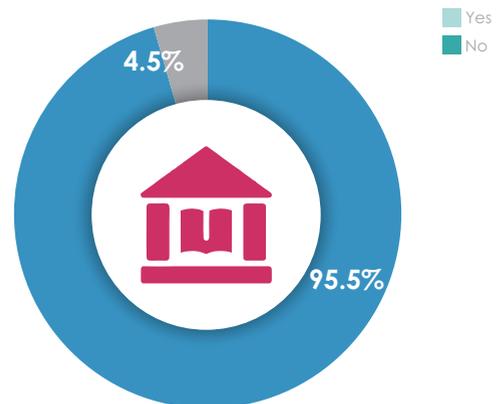


83.3% of the respondents who reported that the **roads are not accessible**, stated that they are not assessable **because they are bad**

How Close Are These Schools



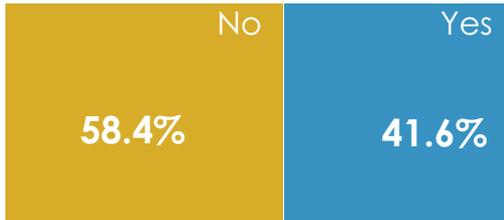
Are The Roads To The Schools Easily Accessible?



30.8% of the citizens said the schools were **at least 1km from the communities**

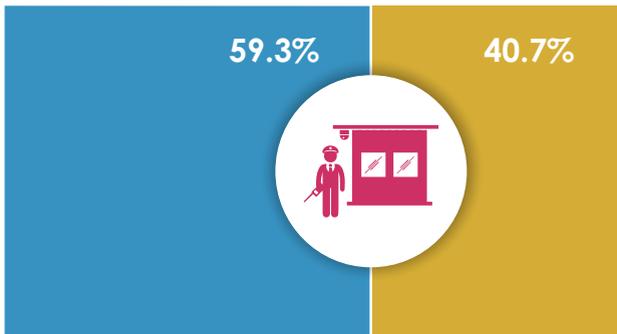
One of the major factors responsible for out-of-school and dropout of Nigerian children, especially amongst the rural population, is having to walk long distances to school.

Are the Schools fenced?

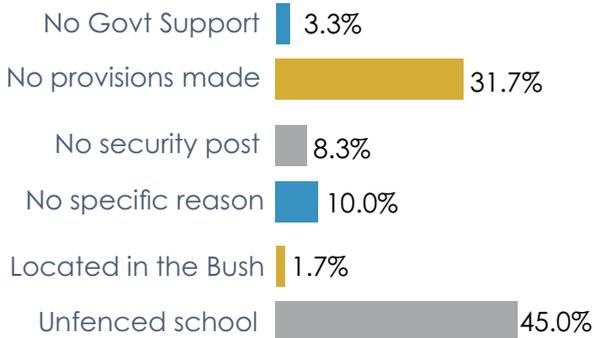


Are there Security Guards at the School Gates?

■ Yes ■ No

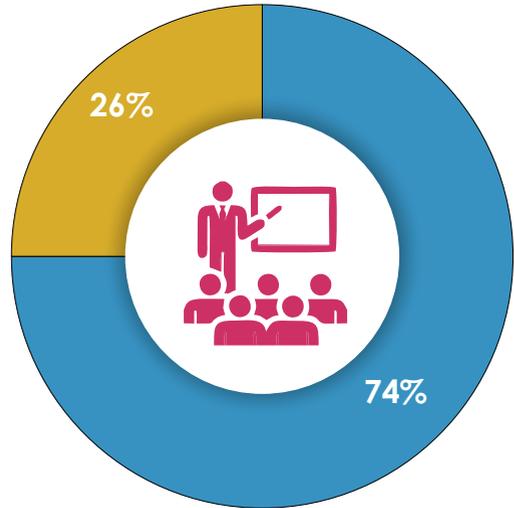


Why are there No Security Guards?

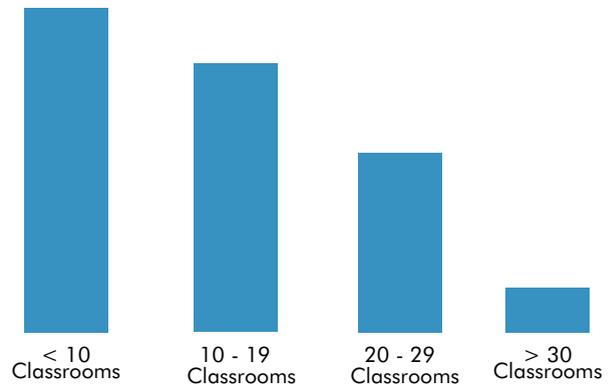


Availability of Classrooms

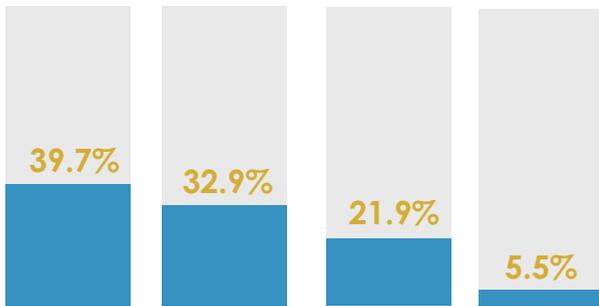
■ Yes ■ No



NUMBER OF CLASSROOMS

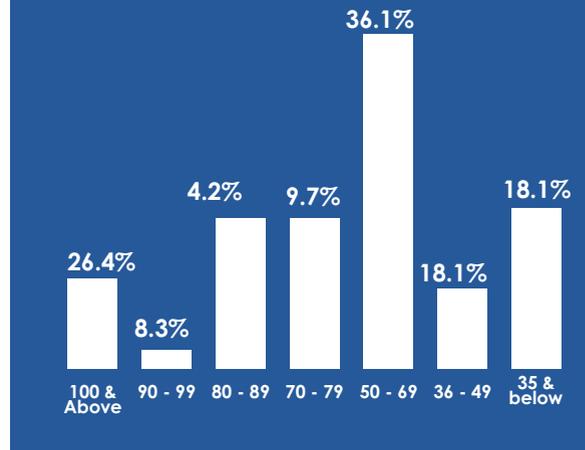


Number of Classrooms



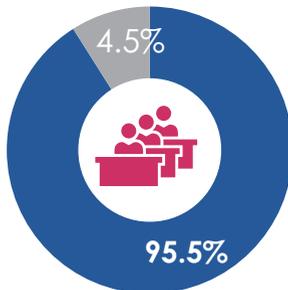
No. of Pupils in Class

For effective learning, the recommended teacher-pupil ratio should be 1:35.

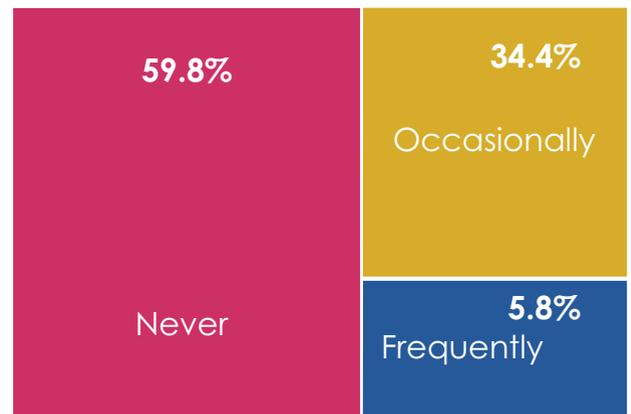


Are the Furniture Enough?

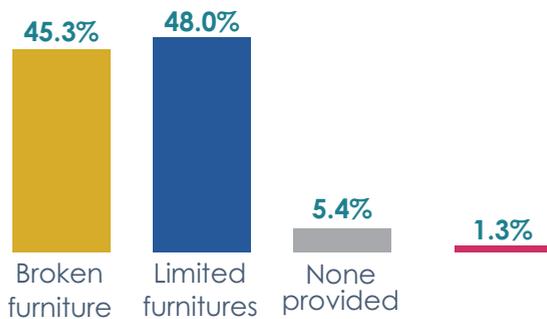
■ Yes ■ No



Maintenance of Facilities



The Nature of Furnitures



The observers went further to assess the accessibility of the roads to the schools and 95.5% of the respondents reported that the roads to the schools are easily accessible while 4.5% reported that the roads to the schools are not easily accessible.

Upon further interrogation, 83.3% of the respondents who reported that the roads are not accessible stated that they are not accessible because they are bad while 16.7% stated that the roads are far and busy.

One of the major factors responsible for several out-of-school Nigerian children or drop-outs, especially amongst the rural population, is having to walk long distances to school. This could make the children get to school late, lose focus as well as affect their performance. Children who walk the distance to school are also at risk of being kidnapped. Some of the children take public transport (bikes) to school which is not a safe means of transportation for children as they could fall off if they are not careful.

To aid easy and safe transportation for the children to and from school, there is a need for the provision of school buses operated by the Area Council. There is also a need for the Area Council to engage with the Federal Roads Management Agency (FERMA) and the Ministry of Works and Housing to ensure that the roads leading to the schools are easily accessible

Infrastructure/ Physical Condition

The observers deployed reported that 74% of the schools in AMAC do not have enough classrooms to accommodate the children while 26% of the schools have enough classrooms.

Further breakdown of the data on the physical conditions /infrastructure in the LEA Primary schools show that 39.7% of the schools have less than 10 classrooms, 32.9% have 10-19 classrooms, 21.9% have 20-29 classrooms while 5.5% have more than 30 classrooms.

This means that 65.9% of the schools have overcrowded classrooms, 22.8% have insufficient classrooms, 10.2% of the schools have bad classrooms, while 1.2% do not have classrooms at all.

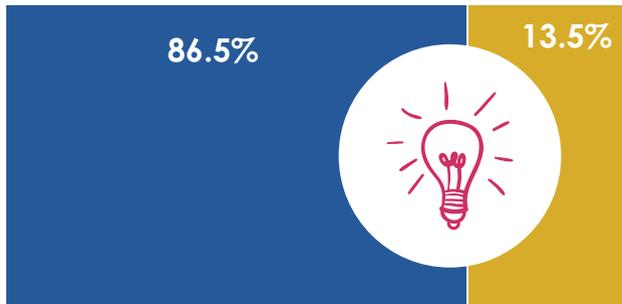
In light of the COVID-19 pandemic, the practice of social distancing has become an essential part of daily living. Having overcrowded classrooms can lead to the spread of any form of contactable virus as well as obstruct the flow of ventilation. In line with the COVID-19 guidelines issued by the Federal Government, it is necessary to maintain at least 5 feet (2 meters) between each student to prevent the spread of any kind of disease.

For effective learning, according to section 4 (19)(g) of the National Policy on Education, 2004, the teacher-pupil ratio should be 1:35. Using this

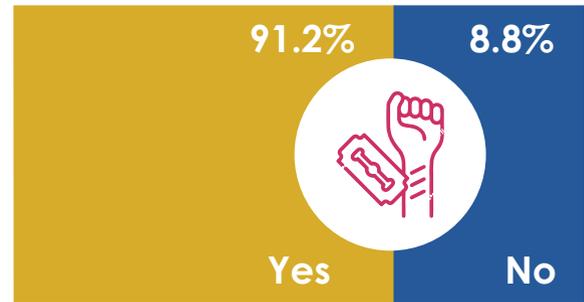


Electricity Supply in Classrooms

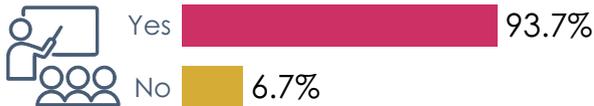
■ Yes ■ No



Injurious objects in Schools

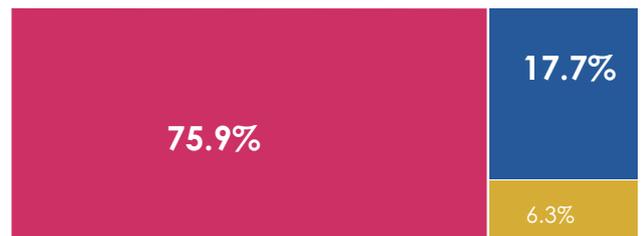


Ventilation of Classrooms



Framework For Child Protection

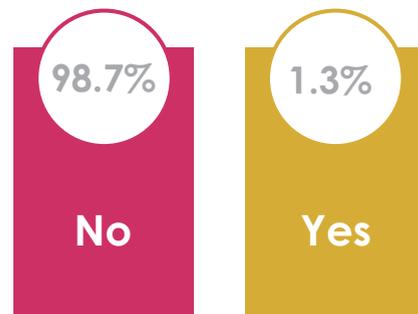
■ Maybe ■ No ■ Yes



Safety Measures in Schools



Do Schools Run Two Sessions in a Day?



In light of the COVID-19 pandemic, the practice of social distancing has become an essential part of daily living.

policy document as our benchmark, the teacher-student population ratio in the classes in the schools were recorded as follows:

16.3% of the schools have 35 pupils and below in each class, 8.1% have 36-49 pupils in each class, 34% have 50-69 pupils in each class, 15.3% have 70-79 pupils in each class, 15.3% have 80-89 pupils in each class, 1.9% have 90-95 pupils, while 9.1% have 100 pupils and above in each class.

In order to promote effective learning and effectively monitor students' performance, there is a need to maintain the teacher-pupil ratio as stated in the National Policy on Education 2004 by reducing the number of students in the classrooms. For this to be achieved, there is a need for the Area Council to engage with the Universal Basic Education Commission to construct extra blocks of classrooms in the schools.

In respect of furniture, 95.5% of the schools do not have enough furniture in the classrooms while 4.5% of the schools have enough furniture in the classrooms.

Where there is a semblance of furniture available in the schools, 48% of the classrooms have limited furniture, 45.3% of the classrooms have broken furniture, 5.4% of the classrooms are not provided furniture. 1.3% of the furniture that were broken were damaged by the students.

Maintenance of public property has been a consistent cause for concern, the observation carried out showed that 59.8% of the schools have never being maintained, 34.4% of the schools are occasionally maintained, while 5.8% are frequently maintained.

As stated in the Fourth Schedule of the 1999 Constitution of the Federal Republic of Nigeria (as amended), and the National Education Policy 2004, the Local Government Council is responsible for the provision, financing and maintenance of primary education within their local government areas. 75.8% of the schools do not have electricity supply, while 24.2% have electricity supply.

The lack of electricity in 75.8% of the schools is as a result of the absence of electricity in some of the communities, and some of the schools have been disconnected as a result of accumulated bills and the inability to pay electrical bills. However, there is a need for the Area Council to engage with Abuja Electrical Distribution Company (AEDC) to ensure that there is electricity in the LEAs. This can be done by paying off outstanding bills as well as reconnecting the electricity.

93.7% of the classrooms are ventilated while 6.3% of the classrooms are not ventilated. In the classrooms with poor ventilation, for instance, in LEA Primary School Angwan Ajiya in Orozo Ward, there is a block of classroom built by the community with mud blocks, the classrooms have small windows and due to the classrooms being overcrowded, there is no flow of ventilation.

Safety of lives and property is the one of the primary responsibilities of government. There are government agencies tasked with the responsibility of ensuring the safety and security of the people.

Fire outbreak is one of the most common safety challenge an individual or community can face. 95.8% of the schools do not have safety measures (fire extinguisher, etc.) put in place, while 4.2% of the schools have safety measures put in place.

The observers reported that 91.2% of the schools do not have injurious objects such as manholes or open drainages in the school compounds while 8.8% of the schools have such injurious objects in the school compounds.

In order to ensure child protection, certain responsibilities are put upon the parents and/or guardians of the students and this by extension includes the school authorities, for example CCTVs being installed on the premises with a trained person to man it.

The child protection framework should also include trained and designated persons to handle issues relating to bullying, physical or emotional abuse including sexual or gender-based violence and neglect to mention a few. 89.7% of the schools do not have any framework designed for child protection while 10.3% of the schools have 'some form' of child protection framework designed.

Further on the safety and security structures in place in these schools, 58.4% of the schools are not fenced while 41.6% of the schools are fenced. 59.3% of the schools do not have security guards while 40.7% of the schools have security guards. Where security guards do not exist, it is because 45% of the schools are unfenced.

The observers reported that 31.7% of the schools have no provisions for security guards, 10% of the schools do not have any specific reason for not having security guards. 8.3% of the schools do not have security posts, 3.3% of the schools do not have government support for provision of security guards and 1.7% of the schools are located in the bush.

During the course of the assessment, the observers reported that schools without fence and

security guards are being vandalized and misused after school hours and during holidays. In addition, in this age of kidnapping, schools without fence and security guards can be targets for kidnappers to pick up children. However, in order to ensure the safety of the children and to prevent the schools from being vandalized and misused, there is a need for fences to be constructed in the schools as well as the area Council employing the services of security companies.

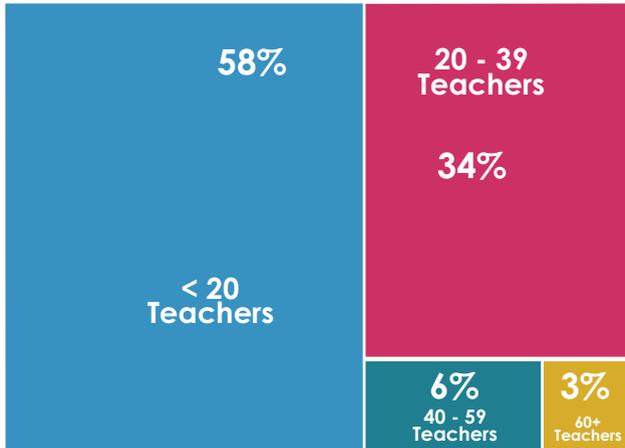
Staffing and Qualification

The importance of qualified staffs in the schools cannot be overestimated. The observers reported that fifty-eight per cent (58%) of the schools have less than 20 teachers, 34% have 20-39 teachers, 6% have 40-59 teachers, while 3% have 60 teachers and above.

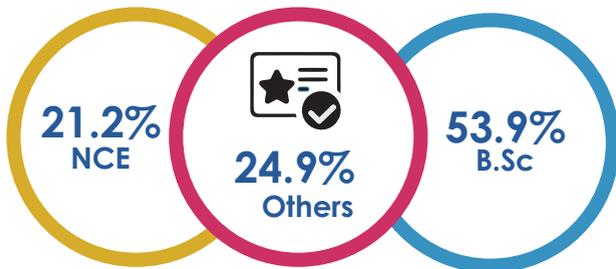
In the schools, 53.9% of the teachers have BSc qualifications, 21.2% of the teachers have NCE qualifications, while 24.9% have other qualifications like HND/OND. In 2019, the Ministry of Education made it mandatory for teachers to register with the Teachers Registration Council of Nigeria. In AMAC, the observers found 99% compliance rate with only 1% non-compliance rate.

In the schools, 62.7% of the non-education graduate teachers have Post Graduate Diploma in Education (PGDE) while 37.3% do not have PGDE qualification. 94.9% of the teachers are sent for Continuous Professional Development (CPD), while 5% of the teachers are never sent for CPD. To contribute to the implementation of the SDG 4 2030 global development agenda, there is a need for teachers to frequently undergo trainings to ensure that there are qualified teachers to provide quality education to the students.

Number of Teachers in Schools



Teachers' Qualifications

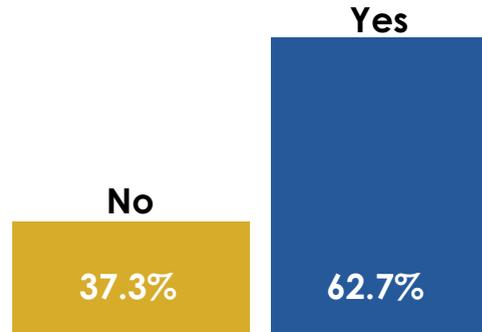


Are Teachers Registered?

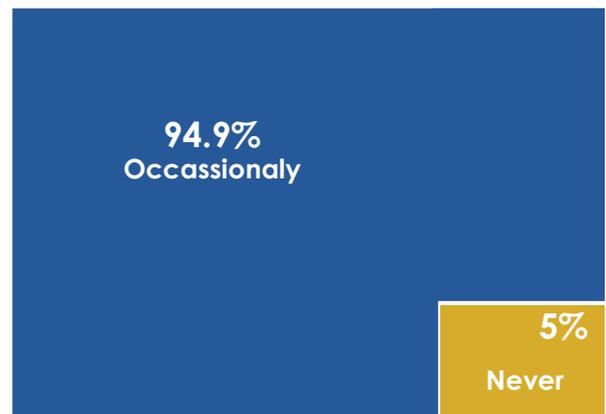
● Yes ● No



Non-education Graduates With PGDE



How often Teachers are sent For CPD?



To contribute to the implementation of the SDG 4 2030 global development agenda, there is a need for teachers to frequently undergo trainings to ensure that there are qualified teachers to provide quality education to the students.

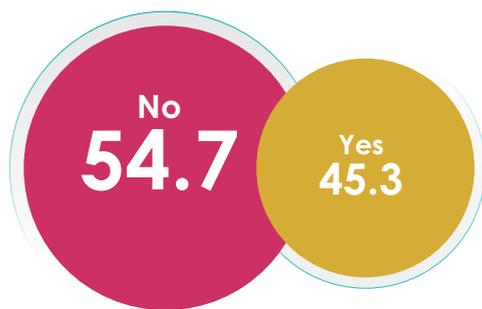
Are Educational Materials Bought In Schools?



Are Educational Material Affordable?



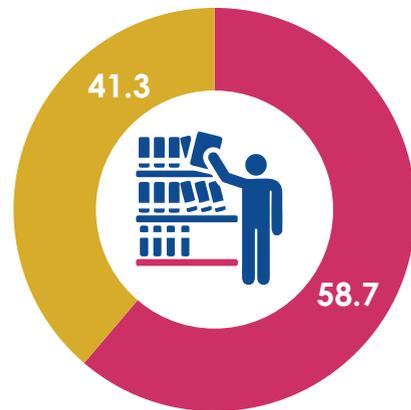
Pupils getting free Educational Materials



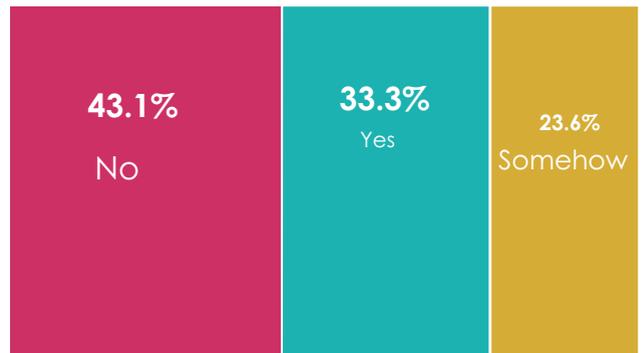
Types of Free Educational Materials



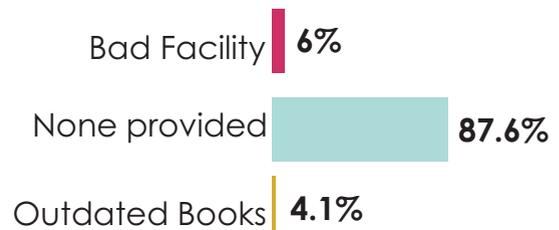
Is there Library Facility in Schools?



Are Libraries well Equipped?



Challenges with Library Facilities



Educational Materials/ Resources and Library Facilities

PWAN has categorized exercise books and textbooks as educational materials for the purpose of these observation. The observers asked the parents and pupils if the students' educational materials are bought in the schools, 63.8% of the respondents reported that the educational materials are not bought in the schools while 36.3% reported that the educational materials are bought in the schools.

Of the educational materials bought in the schools, 69.7% of the respondents reported that the materials are not affordable, while 30.3% of the respondents reported that the materials are affordable.

When asked if the students get free educational materials, 54.7% of the respondents reported that the students do not get free educational materials while in 45.3% of the respondents reported that the students receive free educational materials.

53.1% of the free educational materials are textbooks, 8.8% are exercise books, while 37.2% are both textbooks and exercise books. 73.4% of the schools do not have enough blackboards, dusters, and chalks available, while 26.6% of the schools have enough blackboards, dusters, and chalks available.

Free and compulsory education is the educational policy for the Federal Republic of Nigeria, and this is from Primary to Secondary Schools. The observers asked the parents and pupils if they pay school fees, 78.8% of the respondents stated that they are not paying school fees while 21.2% of the respondents stated that they are paying school fees.

In most of the schools, the students are required to pay for books and PTA levies, but in some, they are also required to pay school fees. Also, in some schools, the school management provide for Early Child Education. It was stated by the respondents that the government does not provide for Early Child Education in the schools and the school managements are required to hire and pay teachers.

As a result of this, parents whose children are in this stage are required to pay fees. When asked if the quality of learning is satisfactory, 50.3% of the respondents noted that they are not satisfied while 49.7% of the respondents noted that they are satisfied with the quality of learning.

When asked if they are paying for books, 57.2% of the respondents noted that they are paying for books while 42.8% of the respondents noted that they are not paying for books. 61.3% of the schools do not have libraries while 38.8% of the schools have libraries. Where the libraries exist, 43.1% of the libraries are not well equipped, 33.3% of the libraries are well equipped, while 23.6% of the libraries are somewhat equipped.

In the libraries that are well equipped, there are good numbers of updated books, furniture, and computers/laptops. Most of these items were donated by Non-Governmental Organizations (NGOs). In 87.6% of the libraries that are not well equipped, there are no books and where there are books, 4.1% of them are outdated and 6.6% of the schools' library structures leave nothing to be desired.

“
In the libraries that are well equipped, there are good numbers of updated books, furniture, and computers/laptops. Most of these items were donated by Non-Governmental Organizations (NGOs).
”

Equal Treatment of Persons (Special Education Needs)

Equal treatment of all pupils is important irrespective of if they are special needs children. The observers found that the LEA do not operate an integrated educational system – 91.3% of the schools do not have provisions for Special Education Needs students structurally and this extends to learning and educational tools that are available, among other things.

Only 8.8% of the schools have provisions for Special Education Needs students. 61.6% of the schools do not have Special Education Needs students enrolled while 38.4% of the schools have Special Education Needs students enrolled. 95.1% of the schools do not have classes for special needs students while 4.9% of the schools have classes for special needs students.

In 91.4% of the schools, there are no Special Education Needs unit or coordinators available, 8.1% of the schools have Special Education Needs unit or coordinators available, while 0.5% of the schools may or may not have Special Education Needs unit or coordinators available.

For the schools where there are special needs children, 91.3% of the schools do not have qualified teachers who handle special needs children only 8.7% of the schools have qualified special needs teachers. 79.8% of the schools are not meeting the basic needs of special needs students while 20.2% of the schools are meeting

the basic needs of special needs students.

73.1% of the schools do not have safeguarding protocols or frameworks in place to strengthen service delivery and accountability between the stakeholders. 74.5% of the schools do not have counselling clinics while 25.5% of the schools have counselling clinics.

51.3% of the schools have sexual harassment policies while 48.8% of the schools do not have sexual harassment policies. 93.3% of the schools have not recorded any issue of sexual harassment while 6.7% of the schools have recorded cases of sexual harassment. 54.6% of the schools have units to report cases of sexual harassment, 44.1% of the schools do not have units to report cases of sexual harassment, while 1.3% of the schools cannot say if such units exist.

Hygiene/ Water Supply

Water, Sanitation and Hygiene is an essential amenity particularly in this climate of COVID-19. The observers found that 55.4% of the schools have clean water supply while 44.6% of the schools do not have clean water supply. 73.5% of clean water comes from a borehole, while 26.5% comes from water board. For the schools that do not have clean water supplies, 51.8% of the schools do not have any source of water supply while 48.2% of the schools have boreholes that have gone bad. There is a need for the Area Council to engage with the FCT Water Board to

provide clean water for schools where there is no water supply. By so doing, the students and teachers will be able to adhere to the COVID-19 prevention guidelines to wash hands regularly as directed by the Federal Government.

67.1% of the schools have clean toilets and handwashing facilities while 32.9% of the schools do not have clean toilets and handwashing facilities. In 84.1% of the schools, boys and girls do not share the same toilet facilities while in 15.9% of the schools, boys and girls share the same toilet facilities. In 88.5% of the schools, the toilets are cleaned weekly; in 11% of the schools, the toilets are cleaned monthly; while in 0.5% of the schools, the toilets are cleaned quarterly.

Having separate toilet facilities for the boys and girls and having the toilets cleaned regularly can prevent any form of infection especially for the girl-child. People with infections are susceptible to contracting the virus.

There is a need for the Area Council to engage with the Ministry of Water Resources to construct blocks of toilets in the schools in order to accommodate the gender dynamic.

Refuse disposal is an integral part of ensuring clean sanitary and hygienic practices, 59% of the classrooms have refuse baskets while 41% of the classrooms do not have refuse baskets. In 83% of the schools, the students are responsible for the general sanitation; in 7.4% of the schools, the teachers and students are responsible; in 4.3% of the schools, the students and cleaners are responsible; in 3.2% of the schools, the guards and students are responsible; while in 2.1% of the schools, the cleaners are responsible for the general sanitation of the schools. 87.2% of the schools have a set day for school cleaning while 12.8% of the schools do not a set day for school cleaning.

In order to practice proper hygiene while staying safe and adhering to the COVID-19 prevention guidelines, there is a need for the Area Council to make available soaps and hand sanitizers for the schools as well as refuse baskets to maintain personal and environmental cleanliness during school hours.

In 89.6% of the schools, the school managements provide the sanitary items; in 6.1% of the schools, the Parent Teacher's Associations (PTAs) provide the sanitary items; in 1.3% of the schools, the students provide the sanitary items; in 1.3% of the schools, Non-Governmental Organizations (NGOs) provide the sanitary items; in 0.9% of the schools, churches and NGOs provide the sanitary items; in 0.4% of the schools, NGOs and the head teachers provide the sanitary items; while in 0.4% of the schools, the parents provide the sanitary items.

In 88.7% of the schools, girls are not provided free sanitary towels while in 11.3% of the schools, girls are provided free sanitary towels.



Transparency and Accountability

According to the National Education Quality Assurance Policy 2014, the aim of Education Quality Assurance is to set and maintain quality standards and to ensure that the inputs, processes and outputs of the education system meet the set standards.

It involves the process of monitoring, assessing, evaluating and quality controlling (remediation, counseling, supervision, provision, and maintenance of resources, etc.). It also involves accreditation of the education system and communication of judgements obtained to all concerned in order to ensure quality with integrity, public accountability and consistent improvement.

92.5% of the schools frequently undergo quality assurance checks, 7.1% of the schools occasionally undergo quality assurance checks, while 0.4% of the schools never undergo quality assurance checks.

The Quality Assurance Department is responsible for;

- Scheduling of Quality Assurance Evaluations, selection of schools, cycle for readers, mentors and time for Continuous Professional Development (CPD).
- Organization of accreditation, mentoring programme, CPD training for readers and mentors.
- Managing evidence bases, Information Communication Technology (ICT) and data input.

The observers asked the teachers and head teachers about the effectiveness of the Quality

There is a need for the Area Council to engage with the Ministry of Water Resources to construct blocks of toilets in the schools in order to accommodate the gender dynamic.

Assurance Department under the LEA, 96.8% of the respondents reported that the department is very effective, 2.2% reported that the department is somewhat effective and 1.1% said that it is not effective.

68% of the respondents reported that there are no uncompleted or abandoned education projects in the Area Council while 32% of the respondents reported that there are uncompleted or abandoned education projects in the Area Council.

Examples of uncompleted or abandoned education projects are located in LEA Gwagwa (uncompleted structure abandoned for 3 years), LEA Angwan Hakimi (abandoned block of classrooms), and LEA Apo (abandoned classrooms as a result of rain with no form of renovation). A peculiar situation is that of LEA Nomadic Kugbo which has no land or school building.

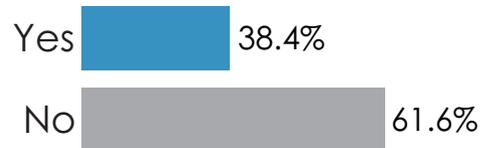
The students are being taught under a mango tree with electrical high-tension wire above the tree, on a land that belongs to the Abacha Barracks. This location is far from the community and during raining season, the students do not go to school.

56.8% of the respondents reported that there are no yearly accomplished education projects exist in the Area Council while 43.2% of the respondents reported that there are yearly accomplished education projects exist in the Area Council.

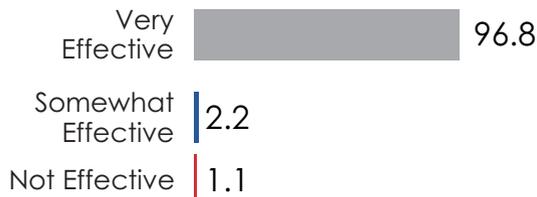
Schools undergoing Quality Assurance Checks



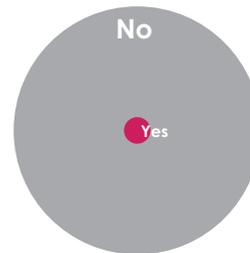
Are Special Education Needs Students Enrolled In The Schools?



Effectiveness Of Quality Assurance Under LEA



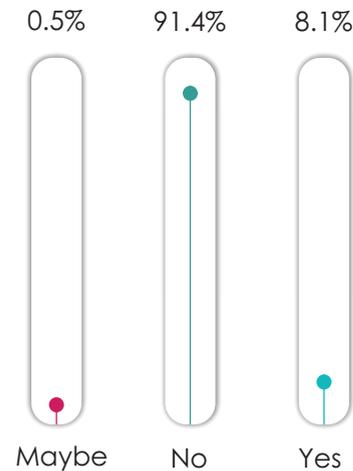
Do Schools Have Classes For Special Needs Students?



Provisions For Special Education Needs Students



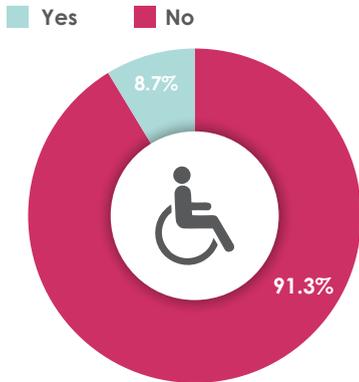
Availability of Special Education Needs Unit or Coordinators?



Are there Qualified Special Needs Teachers?



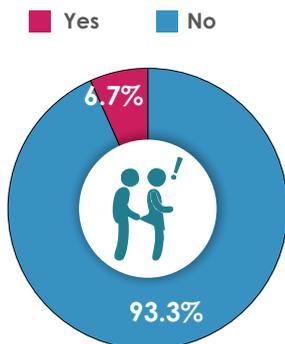
Are Schools meeting the basic needs of Special Need Students?



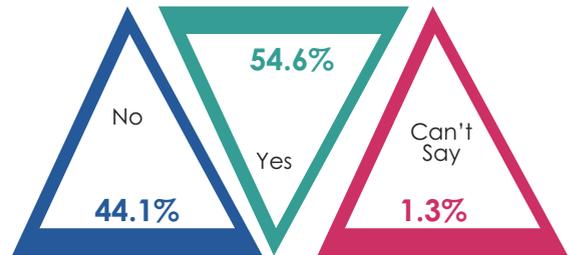
Is there a sexual harassment policy in the school?



Has there been any issues of Sexual harassment?



Is there unit to report cases of Sexual harassment?

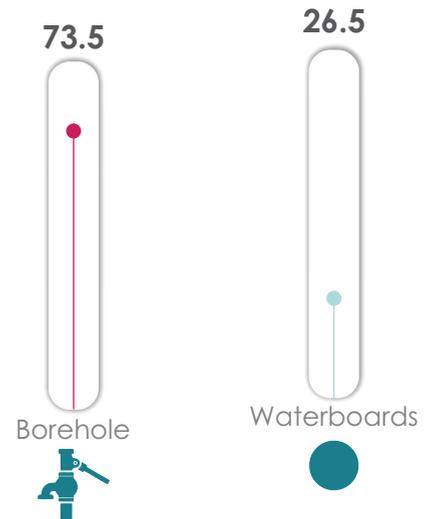


Hygiene/ Water Supply

Availability of clean water in schools



Sources of clean water



The accomplished projects are located in LEAs Iddo Sarki, Galadima, Gosa, Aleiyta and Festival Primary school (construction of fences), and LEA Building Material (provision of furniture by UBEC). 96.4% of the respondents reported that there are no reported accomplished education projects that are non-existent in the Area Council while 3.6% of the respondents agree that there are reported accomplished education projects that are non-existent in the Area Council.

An example of reported accomplished projects that are non-existent is LEA Lokogoma. 98.4% of the respondents noted that teachers' salaries are paid as at when due while 1.6% of the respondents noted that teachers' salaries are not paid as at when due.

82.1% of the respondents reported that the Area Council's budget is accessible to the public while 17.9% of the respondents reported that the Area Council's budget is not accessible to the public.





Health

PRIMARY HEALTHCARE CENTRES (PHCs)

Primary Health Care (PHC) is essential health care based on practical, scientifically sound and socially acceptable methods

Infrastructure/ Physical Condition

“Primary Health Care (PHC) is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development.

It calls for the integration of health services into the process of community development, a process that requires political commitment, inter-sectoral collaboration and multi-disciplinary involvement.”

PHCs are the first level of contact that individuals, the family and community have with the national health system, this brings health care as close as possible to where people live and work and constitutes the first element of a continuing health care process.

PHCs are aimed at achieving the Sustainable Development Goal (SDG) 3 which is to ensure healthy lives and promote wellbeing of all and for all. This can be achieved by:

- 01 Providing continuous and comprehensive care to the patients.
- 02 Assisting patients by providing them with the various social welfare and public health services
- 03 Offering quality health care and social services to the under privileged sections of the society.
- 04 Referring patients to specialists and or hospital services.

In Nigeria, Primary Health Care was adopted in National Health Policy of 1988 as the backbone of the Nigerian health system as parts of efforts to improve the equity in access and utilization of basic health services.

It plays a vital role in deployment of all resources through appropriate channels in promoting, maintaining, and improving health. PHCs in Nigeria are under the auspices of the Local Government.

The National Primary Healthcare Development Agency (NPHCDA) was established in 1992 to make basic health care accessible to the grassroots. Its primary responsibility is ensuring adequate primary health care services for all Nigerians through the administration of vaccines for the control of preventable diseases, improving access to basic health facilities and basic health insurance, promote community participation, ownership and responsibility for health through ward development, committees, communication and programs e t c.

However, the current state of PHC system in Nigeria is appalling with only about 20% of the 30,000 PHC facilities across Nigeria working. Presently, most of the PHC facilities in Nigeria lack the capacity to provide essential health-care services, in addition to having issues such as poor staffing, inadequate equipment, poor distribution of health workers, poor quality of health-care services, poor condition of infrastructure, and lack of essential drug supply.

Therefore, the National Primary Health Care Development Agency (NPHCDA) in Nigeria, Health Partners International, and partners on the Partnership for reviving Routine Immunization in Northern Nigeria-Maternal Newborn and Child

Health (PRRINN-MNCH) programme, launched the Primary Health Care Under One Roof (PHCUOR) initiative. The PHCUOR is a policy to reduce fragmentation in the delivery of Primary Health Care (PHC) services which involves the integration of all PHC services under one authority. Fragmentation has been identified as the most significant problem facing PHC services, and this significantly affects utilization rates and health indices. The policy was approved by the National Council of Health in 2011 and has since been implemented in at least 23 states in Nigeria.

Although Abuja is among the implementing states, the impact has not been felt. Based on this and in the assessment of the local government service delivery to citizens, the PHCs were assessed and the following were observed:

Existence and Functionality

From the assessment carried out, the citizen observers stated that 38.8% of the Primary Healthcare Centers (PHCs) that were assessed have been in existence for less than 10 years, 30.6% have existed for 10-19 years, 17.2% have existed for 20-29 years, 6% have been in existence for 30-39 years and 7.5% of the PHCs have been in existence for over 50 years.

This implies that more than 50% of the PHCs assessed have been in existence for more than 10 years and also means that they are supposed to make available the basic services.

77.3% of the respondents reported that less than 20 PHCs are functional, 1.1% of the respondents reported that 20-44 PHCs are functional, while 21.6% of the respondents reported that more than 44 PHCs are functional.

Accessibility

Based on the distance from the communities, 95.6% of the PHCs assessed are close and located within the communities while 4.4% of the PHCs are far from the communities. It was further analyzed by 21.2% of the respondents who reported that the PHCs assessed are less than 1km from the communities while 78.8% reported that the PHCs are 1-2km away from the communities.

On accessibility of the roads to the PHCs, 97.8% of the respondents reported that the roads to the PHCs are accessible while 2.2% responded that the roads to the PHCs are not easily accessible, this is due to the bad state of the roads and bushy paths.

This means that the hospitals were built at strategic places and are easily accessible by the communities. However, few of the roads not easily accessible due to bad roads would require that the Area Council collaborate with the Federal Roads Maintenance Agency (FERMA) for construction of the roads leading to these PHCs.



Power Supply

Due to the importance of electricity in PHCs, the availability and frequency was assessed, and it was reported that in 67% of the PHCs assessed have electricity while 33% do not have electricity.

76.7% of the PHCs assessed have back up electricity while 23.3% do not have back up. Among the PHCs that have back up electricity, 84.5% use generator as a means of back up, 9.3% use solar inverter as a means of back up while 6.2% of the PHCs assessed use other forms of back up electricity not specified.

This implies that most PHCs and not all have electricity. Although majority of the PHCs have back-up, it is recommended that the Area Council collaborate with the Abuja Electricity Distribution Company (AEDC) to provide electricity in all the PHCs to improve their service delivery to the community.

Infrastructure/ Physical condition

Staff of the PHCs were asked on the frequency of maintenance carried out on the PHC facilities, from their response, 9.8% of the PHCs are being maintained every two years, 8.9% are being maintained every five years and 81.3% get little or no maintenance.

This shows that maintenance culture is very low resulting to dilapidated structure as well as malfunctioning facilities. The Area Council is encouraged to collaborate with the Ministry of Works for proper renovation and maintenance of the PHCs.

In reference to number of wards in the PHCs, it was recorded that 72.4% of the PHCs do not have enough wards for patients, while 27.6% have enough wards.

This could result from the size of the PHCs, and therefore it is recommended that provisions are made for more wards in line with the National Center for Disease Control (NCDC) preventive measures for COVID-19 to maintain a distance of at least two meters between patients in the wards.

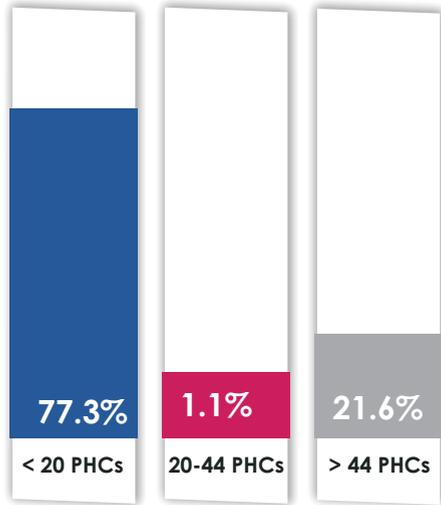
It was further observed that 89.2% of the PHCs have ventilated wards while 10.8% of the PHCs do not have ventilated wards. In assessing the source of ventilation in the wards, 94.8% of the PHCs do not have air conditioners while 5.2% have air conditioners. 3.5% of the PHCs have 6 fans in each ward, 2.7% of the PHCs have 3 fans in each ward, 25.7% have 2 fans in each ward, 42.5% have 1 fan in each ward, while 25.7% of the PHCs do not have fans in the wards.

This is commendable but more efforts should be made to provide fans and ACs to the PHCs that have poorly ventilated wards. According to the staff of the PHCs observed, the standard number of occupants in a ward in the PHC is 3-5 depending on the size of the ward so this prompted the assessment of the number of patients that occupy a ward.

It was gotten from the assessment that, 42% of the PHCs have less than 3 patients in a ward, 54.5% of the assessed PHCs have 3-5 patients in a ward, 2.7% have 6-8 patients in a ward, while 0.9% of the PHCs have over 9 patients in a ward.

Meanwhile 37.8% of the PHCs assessed should have less than 3 patients in a ward, 46.8% should have 3-5 patients in a ward while 16.2% should have more than 5 patients in a ward.

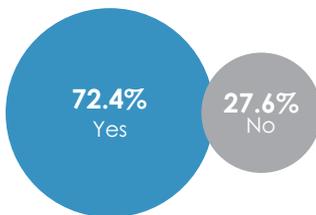
Existence of functional PHCS in the LGA



Frequency of maintenance of PHCS facilities



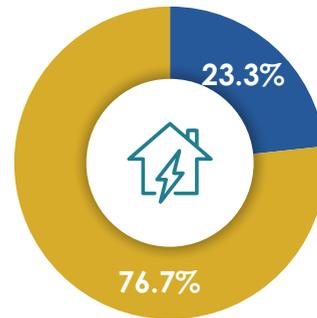
Are there enough wards in each PHCS?



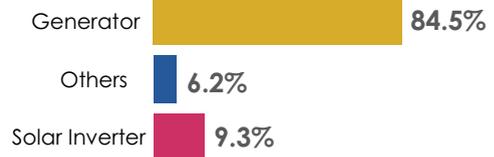
Do you have electricity in the PHC?



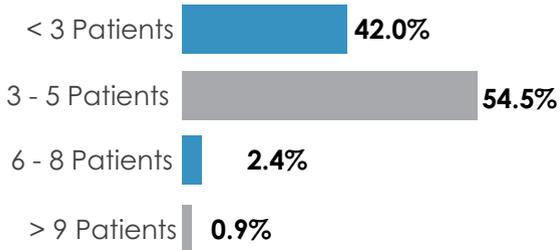
Availability of backup electricity



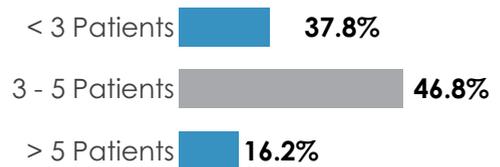
What is the source of the backup?



How many patients occupy a ward?



How many patients should occupy a ward?



Is there clean water supply available in each PHC?



Is the W.A.S.H program observed in the PHC?



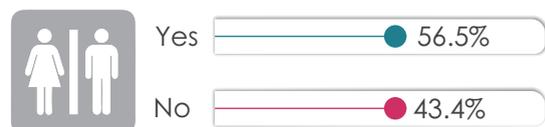
How many toilets exist in each PHC?



Are there designated toilets for Staff and patients?



Are there toilets for Male & Female?



Equipment/ Facilities

Immunization is a major function of the PHCs so an assessment was carried on the maintenance of the cold chain for vaccines, it was observed that 75.7% of the assessed PHCs maintain their cold chain for vaccines while 24.3% do not maintain their cold chain for vaccines.

The means of maintenance of these vaccines were also assessed and it was observed that 94.3% put it in refrigerator, 2.9% of the PHCs take their vaccines to other PHCs while 1.4% make use of icepacks.

From results, it is commendable and recommended that the Area council ensures that other PHCs maintain their cold chain for vaccines. This could be done by providing functional refrigerators and electricity as this will improve the service delivery to community.

In reference to laboratories and other PHC equipment like mattresses and consumables like syringes, gloves, face masks etc., it was observed that 76.7% of the PHCs assessed have functional labs while 23.3% do not have functional labs.

For availability of other equipment, it was observed that 89% of the PHCs do not have enough hospital equipment while 11% have enough equipment to run the PHCs. This is poor and may reduce the efficiency of the PHCs.

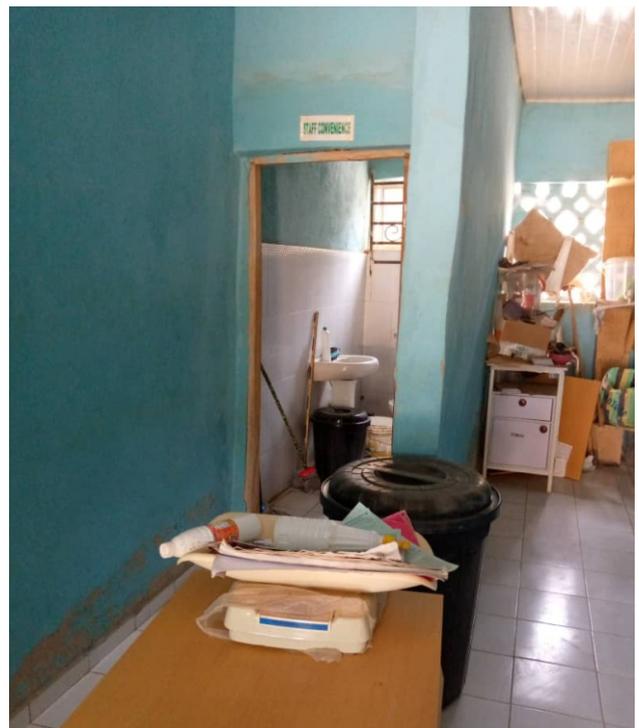
It is recommended that the Area Council work with the relevant agencies to provide the basic PHC equipment and the relevant consumables to aid in prevention against the novel corona virus and other infectious diseases.

The PHCs were further assessed on who provides the consumables being used, it was observed that

63.8% of the PHCs provide the consumables themselves, 28.4% of the PHCs get the consumables from clinics, 4.3% of the PHCs get the consumables from the Area Council, 2.6% get their consumables from NGOs, while 0.9% of the PHCs provide the consumables themselves as well as receive from NGOs.

This means that most patients may pay a certain amount of money before they can be attended to. Therefore, service delivery is dependent on who provides consumables to the PHCs. However, only few patients enjoy free health service delivery.

For availability of ambulances, 96.5% of the PHCs do not have ambulances available, while 3.5% have ambulances available. The Area council is advised to provide vehicles for ambulances for the PHCs, this is very crucial especially in cases of emergency.



Hygiene and Water Supply

The importance of clean water cannot be over emphasized. One of the recommendations of the NCDC on preventive measures against COVID-19 is the regular and thorough washing of hands with soap and running water.

In the assessment of the PHCs on availability of clean water, it was observed that 56% of the PHCs have provision for clean water while 44% do not have access to clean water. It was further observed that among the PHCs that have access to clean water, 97% percent have borehole while 3% get their water through vendors.

The Water Sanitation Hygiene (WASH) program is being observed in 69.3% of the PHCs while 30.7% of the PHCs do not observe the WASH program. With the global pandemic (COVID 19) and the importance of hygiene, it is recommended that the Area Council collaborate with the FCT water board to provide constant clean water supply in the PHCs.

With that, more awareness can be created on the WASH program which is necessary for general hygiene maintenance and disease prevention.

For availability of sanitary materials (soap, detergent, disinfectants, sanitizers e t c), it was observed that 50% of the PHCs assessed have sanitary materials and toiletries available while 50% do not have sanitary materials and toiletries. The Area Council is encouraged to have a routine for supply of these materials to the PHCs. These will aid proper sanitation and prevention against infectious diseases.

In assessing the availability of toilets in the PHCs, it was observed that 75.7% of PHCs assessed have

0-5 toilets, 17.4% have 6-10 toilets, while 7% have over 10 toilets. 79.6% of the PHCs have designated toilets for staff and patients while 20.4% do not have such designation.

56.6% of the PHCs have designated toilets for male and female while 43.4% do not have such gender proportion. It can be interpreted that most of the PHCs assessed do not have enough toilet facilities. Building more toilets and having it designated is necessary for improved hygiene in the PHCs.

The overall sanitary conditions of the PHCs were equally assessed and observed that 2.8% of the PHCs score between 0-3 in sanitation, 36.8% score between 4-6 in sanitation while 60.4% score between 7-10 in sanitation. In terms of sanitary regulations, 70.3% of the PHCs have sanitary regulations in existence while 29.7% do not have existing sanitary regulations.

This shows that more than half of the PHCs assessed are in good sanitary conditions which can be attributed to the fact that over 70% of the PHCs assessed have sanitary regulations and are implementing them. Other PHCs are encouraged to have specific sanitary regulations.

In reference to waste management and disposal, it was observed that 79.5% of the PHCs dispose hospital waste (used pharmaceutical items like drip bottles, tubes, tissue) by burning, 9.8% of the PHCs dispose the wastes in a pit, 6.3% of the PHCs dispose the wastes through waste management agencies, 2.7% of the PHCs dispose the wastes by evacuation, 0.9% of the PHCs dispose the wastes through Private Sector Participation (PSP) and incinerators, while 0.9% of the PHCs dispose the refuse in front of the PHCs. 93.9% of the PHCs dispose wastes frequently while 6.1% of the PHCs dispose wastes occasionally.

The Area council can collaborate with the waste carriers to serve as middlemen between the Private Sector Participation (PSP) and the PHCs for frequent disposal of wastes.

This is because burning hospital refuse does not guarantee proper disposal of wastes.

On the location of waste disposal, the staff of the PHCs were asked where their wastes are disposed. From their response, it was observed that 70.5% of the PHCs have their dump sites behind the PHCs, 20.5% have theirs outside the PHCs, 5.4% have theirs in front of the PHCs, 2.7% have indiscriminate dump sites, while 0.9% have their dumps in the river.

This could contribute to poor sanitary condition of the PHCs and expose the people in the PHCs to diseases like Lassa fever and other infectious diseases. 75% of these dump sites are easily located and accessible to the waste management agencies while 25% of the dump sites are not easily located and accessible.

Services Rendered to Citizens

The PHCs were also assessed based on the services they rendered; it was observed that 100% of the PHCs provide basic immunization services to citizens. While 99.1% frequently provide these services, 0.9% provide the basic immunization services occasionally.

This is highly commendable, and the Area Council is encouraged to keep it up. Basic medications can serve as a form of first aid to patients and therefore very important that PHCs always have them available.

From the assessment, 57.3% of the PHCs have enough basic medications while 42.7% do not

have enough basic medication. This will require the Area Council to make adequate provisions for these drugs.

Citizens were asked if they had to induce workers to access medical services in the PHCs, 2.2% responded in affirmation while 97.8% refuted which is commendable as this shows that the workers are ready to provide services to the people. It was also observed that all functional PHCs assessed provide family planning services.

In assessment of provision of birth certificates by the PHCs, it was observed that 91% of the PHCs assessed give birth certificates while 9% do not give birth certificates. It is important that all the PHCs provide birth certificate after childbirth.

For childcare and ante-natal services, it was observed that 75.2% of the PHCs assessed frequently offer child health clinic, 22% of the PHCs never offer childcare clinic, while 2.8% of the PHCs occasionally offer child health clinic. 97.3% of the PHCs assessed frequently run ante-natal clinic, 1.8% of the PHCs occasionally run ante-natal clinic, while 0.9% PHCs never run ante-natal services.

This is highly commendable and shows that the PHCs are meeting with some of the basic services to the community.

In providing services to HIV patients and other related services, the citizen observers recorded that 92.2% of the PHCs provide free HIV services for citizens while 7.8% of the PHCs do not provide free HIV services. 63.4% do not offer Prevention of Mother to Child Treatment (PMTCT) and HIV Counselling and Testing (HCT) services while 36.6% of the PHCs offer these services. 83.9% of the PHCs offer adolescent health services while 16.1% of the PHCs do not offer adolescent health services.

The Area Council can collaborate with medical professionals to create awareness on PMTCT and HCT as they are among the basic needs of the community. In order to find out how effectively the PHCs operate generally, assessment was done on whether the PHCs run for 24 hours and it was observed that 55.4% of the PHCs do not run for 24 hours while 44.6% of the PHCs assessed run for 24 hours.

Staffing

To find out the availability of staff in the clinic questions were asked on if doctors and nurses are available especially at night for the PHCs that run for 24 hours and it was observed that 61% out of the PHCs that run 24 hours do not have doctors and nurses while 39% always have doctors and nurses available for the 24 hours.

This defeats the aim of 24-hour operation. In order for the 24-hour service delivery to be effective, it is necessary to deploy more community health workers and nurses to the PHCs in the community.

Assessed on the number of Community Health Extension Workers (CHEWs), it was observed that 87.4% of the PHCs assessed have 0-5 CHEWs, 10.8% have 6-10 CHEWs while 1.8% have more than 10 CHEWs. On the availability of health workers, it was observed that 77.5% of the PHCs have CHEWs always on duty while 22.5% of the PHCs do not have CHEWs always on duty.

This implies that more qualified community health workers and nurses are needed in these PHCs so that patients can get the relevant medical attention.

In reference to staff strength and composition, it was observed that 32.1% of the PHCs have 0-5 total of staff, 50.5% have 6-10 staff, while 22% have more than 10 staff in total. 33% of the PHCs do not have nurses, 35.8% have one nurse, 28.4% have two nurses, while 2.8% of the assessed PHCs have 3 nurses.

For availability of doctors, it was gathered that 73% of the PHCs do not have doctors while 27% of the PHCs have doctors. Out of the PHCs that have doctors, 20.4% have 1 doctor, 1% have 2 doctors, 1% have 3 doctors, while 4.9% of the PHCs have 4 doctors. This information complements the previous analysis on staff strength and composition and only implies that many PHCs assessed are almost run by the CHEWs.

According to the assessment done, 66.1% of the PHCs have other medical professionals while 33.9% of the PHCs do not have other medical professionals. Of the PHCs that have other medical professionals, 28.3% have lab scientists, 17.6% have lab technicians, 9.4% have volunteer workers, 6.9% have microbiologists, 6.3% have scientific officers, 5.7% have lab technologists, 4.4% have opticians, 3.8% have CHEWs, 3.8% have health educators, 3.1% have environmentalists, 2.5% have midwives, 1.9% have nurses, 1.9% have lab assistants, 1.9% have dentists, 1.3% have CHOs, 0.6% have medical officers, while 0.6% have nutritionists.

Transparency and Accountability

Questions were directed to the quality control unit under the health department in the Area Council on the availability of data tools to capture services provided. 95.5% of the respondents reported that they have data tools such as Quality control assurance checks (by conducting patient satisfaction surveys) and Health Information System (a database where patient details are being input at every visit) that captures the services provided by the PHCs.

The question on if data is being captured, 97.1% of the respondents responded in affirmation while 2.9% refuted. When assessed on rate of recurrence of data capturing, 67% of the respondents reported that data is being captured frequently, 29.4% reported that data is occasionally captured, while 3.7% reported that data is never captured.

With the data captured, the quality control assurance would be able to ascertain the quality of services being provided by the PHCs and this improves accountability.

In reference to uncompleted projects in the community, citizens were asked if there are accomplished projects existing in their community, 74.2% of the citizens responded that there are yearly accomplished projects in the community while 25.8% responded that there are no yearly accomplished projects in the communities.

They were further asked if there were reported accomplished health facilities that were non-existent in the local government councils, 14.1% responded in affirmation while 85.9% refuted.

Assessed on whether there are abandoned health projects in the LGC, 53.7% refuted while 46.3% affirmed. One of the abandoned PHCs is located at Nyanya Angwan.





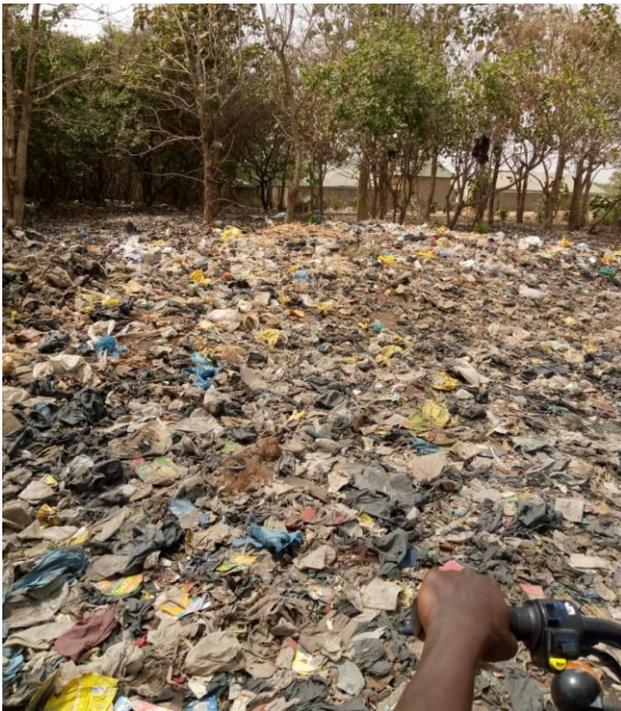
Environmental Sanitation

Environmental Sanitation

The World Health Organization (WHO) defines environmental sanitation as the “promotion of hygiene, the prevention of disease and other consequences of ill-health, relating to environmental factors”.

According to WHO, environmental sanitation covers two basic factors; the environment factors (such as household waste, disposal of human excreta, sewage, water drainage and other waste likely to contain infectious agents, water drainage etc.) and sanitation practices (such as personal hygiene household cleanliness and community cleanliness).

In view of the above, the importance of environmental sanitation cannot be over-emphasized as an improved hygienic condition in the environment as well as good sanitation practices will improve health, quality of life and ensure a sustainable environment.



Nigeria has had a great increase in human population over the years and this has earned her the most populous country in Africa. This swift population growth without proportionate provision of infrastructure and services has led to poor environmental sanitation characterized by a rise in urban slums, overstrained sanitary facilities and the production of immense waste.

This has also resulted to a high occurrence of infectious diseases such as cholera, tuberculosis, malaria, typhoid, diarrhea, and severe respiratory infections which has reduced the quality of life of people.

In order to tackle the issue of sanitation in the country, all levels of government have developed varied legislative/regulatory instruments of which the National Environmental Sanitation Policy is one of such.

The Policy signifies Nigeria's eagerness to provide a suitable level of environmental sanitation in the country. The policy also aims to achieve sustainable development goal (SDG) 6, which is to ensure availability and sustainable management of water and sanitation for all and particularly to:

- Secure quality environment adequate for good health and welfare
- Conserve and use the environment and natural resources for the benefit of existing and future generations.

The WASH (Water Sanitation and Hygiene) program which is also in line with Sustainable Development goal (SDG) 6 was introduced to further tackle the issues of sanitation in the country. The program aims at improving access to water, adequate sanitation and enhance hygiene, which will in turn improve health, life expectancy and the quality of life of the people.

In Nigeria, the National Environmental Standards and Regulations Enforcement Agency (NESREA) is responsible for enforcing all environmental laws, regulations, standards and policies.

At the state level, each state has an environmental protection agency or board which works in line with NESREA to ensure the implementation of the environmental sanitation laws regulations and policies. In Abuja, the AEPB (Abuja Environmental Protection Board) is charged with waste management and provision of a safe and hygienic environment for residents of the FCT. The AEPB also works in partnership with other public-private sector waste management to ensure a clean and health hazard free environment.

The local government in each state works collectively with the state government in the implementation of the environmental laws, regulations and polices especially at the grassroot level.

Although the NESREA, environmental protection agencies/ boards and even the local governments strive to ensure that the environment is adequate and conducive for all, their engagements have not been impactful in ensuring a clean and conducive environment.

Nigeria is still at the top of the list of the most polluted country in the world. The NESREA has been criticized for not enforcing the environmental laws and policies effectively; and this has led to the failure of the environmental sanitation law and regulations across the country.

Also, the environmental protection boards/agencies in various states and even the local governments have been criticized for ineffectively carrying out their functions as it

relates to environmental sanitation issues and this has resulted to an increased poor environmental condition in the states.

The area councils in the FCT are not left out of this criticism as they have also been found guilty of providing poor and inefficient services in relation to environmental sanitation which has resulted to a dirty and polluted environment.

In view of the above, an assessment was carried out in varied communities in Abuja Municipal Area Council (AMAC) in the FCT to ascertain the local government's service delivery in relation to environmental sanitation.

Waste Disposal or Management Services

Wastes are unusable materials or substances that are thrown away after initial use. Wastes are commonly divided into biodegradable (derived from agricultural and sewage waste, human excreta, as well as household wastes that come from our kitchen) and Non-biodegradable (sourced from industrial and commercial wastes).

The waste management services are responsible for the appropriate handling, collecting, transporting, and disposal of waste products in line with the environmental sanitation laws and regulations.

In order to assess the availability of waste bins in the community, indigenes were asked if the waste bins are available and strategically located (not so close to residential area and easily accessible by the community).

It was gathered from their response that 64.1% of the communities in the Area Council do not have

provisions for waste bins in strategic locations giving example with the dumpsite at Gwarimpa 3rd avenue while 35.9% have provisions for waste bins in strategic locations.

From the analysis, it is evident that waste could be indiscriminately disposed due to the absence of waste bins. This could result in a dirty and polluted environment which can increase the spread of infectious diseases such as malaria, tuberculosis, Avian Influenza, Lassa fever and even COVID-19.

In view of the above and in line with the NCDC (Nigeria Centre for Disease Control) recommendation of maintaining a clean environment to curb the spread of infectious diseases, the area council is therefore advised to collaborate with the Federal Ministry of Environment to provide waste bins in strategic locations in the communities as it will control indiscriminate waste disposal and allow for a clean environment free from all forms of health hazard.

It was further analyzed that 79.9% of the communities in AMAC have their waste disposed indiscriminately while 20.1% of the communities have their waste disposed properly. 55.1% of the communities have their disposed waste evacuated occasionally, 27.5% have their waste evacuated frequently, while 17.4% never have their wastes evacuated.

From this analysis, major communities in AMAC dispose of waste indiscriminately and this could be as a result of absence of waste bins in strategic locations as earlier mentioned. Another reason could be that the waste management agency cannot get to those communities.

The Area council is therefore advised to take the

provision of waste bins for the communities seriously and also employ the services of truck pushers to get to the communities where the PSP cannot reach.

With regards to the frequency of waste disposal at the area council, responses show that it is not done regularly, and this can pose a serious health hazard to members of the communities. In view of this and in line with the surge in the spread of COVID 19, waste (especially infectious ones) should be disposed frequently to curb the spread of infectious diseases.

The NESREA guidelines also emphasis that direct contact (without gloves) with bins or bags should be avoided.

Hence, all waste workers are also expected to wear PPE (Personal Protective Equipment) such as: facemasks, boots and gloves during waste collections. The waste workers are also to adhere strictly to hygiene norms as stipulated by NCDC such as frequent change and cleaning of PPE, frequent handwashing and regular use of disinfectants and hand sanitizers.

Assessment was further carried out on methods of waste disposal and was observed that 80% of the refuse is disposed by burning, 7.3% is disposed by Waste Management Agency, 6.4% is disposed in septic tank, 3.6% is disposed by Private Sector Partnership (PSP) and incineration, 0.9% is disposed at a Dump Site, while 1.8% is disposed indiscriminately.

This further complements the previous assessment. The indigenes responded that 63.8% of waste is disposed in the morning, 32.5% is disposed at mid-day while 3.8% is disposed at night. 56.2% of the communities do not have provision for waste management services and

disposal while 43.8% have provisions for management services and disposal.

From the above assessment, majority of wastes in the area council are disposed by burning and constant burning of waste can result to air pollution. When such air is inhaled into the lungs it may cause all kinds of respiratory problems such as pneumonia, Avian influenza, whooping cough etc.

In other to mitigate this, the area council should support public awareness about the health risk associated with refuse burning and also enlighten the public on symptoms, prevention and control of the above listed respiratory problems using the guidelines provided by NCDC (Nigerian Centre for Disease Control).

Availability of Good Public Conveniences

84.8% of the respondents reported that good public conveniences are not available while 15.2% responded that good public conveniences are available. This can only result in open and indiscriminate defecation in the public environment and efforts should be made by the Area Council to provide the facilities.

In light with the pandemic COVID 19 and to curb its spread, the hygiene of these public conveniences is paramount. To keep up with the hygiene, adequate water supply will be needed to constantly clean the toilets and surfaces.

Thus, the area council should collaborate with the Federal Ministry of Water Resources to assist in the constant provision of water as this will aid adequate implementation of the WASH (Water Sanitation and Hygiene) program as well as improve the hygiene of people in the communities.



Sanctions against Citizens and Service Providers for Indiscriminate Waste Disposal

On supporting sanctions against citizens and service providers on indiscriminate waste disposal, 91.7% of respondents responded in affirmation while 8.3% opposed. It is therefore in the onus of the Area Council to make the sanctions as this will improve the general hygiene of the environment.



Recommendation

- As the world faces the COVID-19 pandemic and strives to find a cure, it is necessary that the Area Council engage with the Ministry of Water Resources and FCT Water Board to ensure that there is clean water supply available in the LEAs and PHCs. This is in line with the Nigeria Center for Disease Control (NCDC) guidelines on maintaining proper sanitation and hygiene.
- AMAC can also work with the Ministry of Works and Housing to provide adequate renovation and maintenance in the PHCs as 81% of the assessed PHCs do not get proper maintenance. They will also make an addition to the number of wards already existing in the PHCs
- The Area Council can collaborate with the Ministry of Health to provide basic medications for the PHCs as the Area Council's primary aim is to provide basic medical care to citizens as well as provide ambulances for the PHCs to aid the citizens' access to the PHCs during emergencies.
- The Area Council can work with the Universal Basic Education Commission (UBEC) to ensure that the number of pupils in each classroom are reduced in line with the NCDC's guidelines on social distancing to curb the spread of the virus. This will lead to the construction of additional classroom blocks in the LEAs.
- Corporate organizations and Non-Governmental Organizations (NGOs)/ Civil society Organizations (CSOs), can as part of their Corporate Social Responsibility (CSR), supply sanitary materials to the LEAs such as: disinfectants, soaps, tissue paper, hand sanitizers; as well as providing a source of clean drinking water and first aid kits for the LEAs.
- The Area Council should work with the Ministry of Health and Ministry of Water Resources to construct blocks of toilets in the LEAs and PHCs to accommodate the gender dynamic.
- The Area Council can work with the Ministry of Environment to provide waste bins for the LEAs and PHCs as well as the environments to achieve total cleanliness.
- The Area Council should work with the Ministry of Education to ensure that subjects on hygiene and public health education is embedded into the curriculum.
- The Area Council should work with specialized health officials for sensitization on Prevention of Mother to Child Treatment (PMTCT) and HIV Counselling and Testing (HCT) services, so that many PHCs can equally render such services.
- It is recommended that AMAC collaborates with Ministry of Health to deploy more health workers to the PHCs as many of them do not have access to medical professionals.

- AMAC need to engage with the Federal Roads Management Agency (FERMA) and the Ministry of Works and Housing in order to ensure that the roads leading to the LEAs are accessible to the communities.
- The Area Council can work to ensure that fences are constructed in the LEAs as well as engage security companies in order to employ their services to ensure the safety of the children in the schools as well as to avoid the LEAs from being vandalized and misused.
- The Area Council should engage with Abuja Electrical Distribution Company (AEDC) to ensure that there is electricity in the LEAs and the PHCs. This can be done by paying off outstanding bills of the facilities and/or reconnecting the electricity.
- Corporate and non-governmental organizations can assist with the provision of alternative power supply to the LEAs. These institutions can also provide fans for the LEAs.
- The Area Council can work with UBEC to ensure suitable continuous teacher professional development which will help improve the quality of teaching in the LEAs as well as ensure that permanent teachers are employed in each school.
- The Ministry of Education, UBEC, NGOs and CSOs can also assist with educational materials/ teaching aids for teachers and maybe educational supplies to the library to improve the standard of education of the LEAs. The Ministry and UBEC can also ensure that there are sufficient updated learning materials. These institutions and organizations can also assist in the provision of furniture in the LEAs.
- There is need for increased awareness and sensitization on waste management practices and environmental hygiene to reduce open defecation, indiscriminate waste disposal, and other harmful sanitation and hygiene practices.

OBSERVATIONS

1 At the planning stage, the Area Council officials were not eager to carry out the assessment as they thought the result would be used against them.

2 Prior to the assessment, some of the observers had the understanding that the Federal Government is responsible for providing all services to the citizens at the grassroots. However, during the course of the assessment, they gained knowledge on the functions and responsibilities of the Local Government with the realization that the Local Government can be held responsible for lack of service delivery to the citizens at the grassroots level.

3 It was observed that the school managements did not take the assessment seriously as they thought no result will be yielded. This is as a result of the fact that previous assessments carried out by other organizations have not brought about positive change in the LEAs.

CONCLUSION

The assessment of Local Government service delivery was carried out in order to ensure that the Area Councils provide efficient service delivery to the citizens as well as contributing to the Sustainable Development Goals (SDGs) 3, 4, 6, and 12 which aim for Good Health and Well-Being, Quality Education, Clean Water and Sanitation, and Responsible Consumption and Production respectively.



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