




ASSESSMENT OF BWARI AREA COUNCIL  
SERVICE DELIVERY ON

# Education, Health and Environmental Sanitation

 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) 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.

## 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 Bwari Area Council – Honorable John Gabaya, ably represented by the Head of Personnel Management of the Council – Mrs. Mary Ishaya 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.

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## 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' 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.

## 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 buy in of the project;
- Development of Assessment Scorecard which was used to assess the effectiveness of service delivery in the Area Council;
- Organized a collaborative meeting with the Area Council to jointly review the content of the scorecard;
- A total of 22 citizen observers were recruited and trained across two Area Councils: 12 for AMAC and 10 for Bwari<sup>1</sup> to assess service delivery across the Area Councils in three areas – education, health and environmental sanitation;

<sup>1</sup> A total of 72 LEAs and 48 PHCs were assessed in the Area Council.



## Observation Process



Advocacy  
visit



Assessment  
Scorecard



Collaborative  
meeting



Citizen's  
training



Observer  
Deployment

72

LEAs  
were observed

48

PHCs  
were observed





# Education

## **Education at the Local Education Authorities Primary Schools**

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*According to the National Policy on Education (NPE), 2004, local governments through their Local Education Authorities have responsibilities for the financials and management of education within their local government areas.*

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The decree No. 3 promulgated by a previous 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.

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## 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.

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 the funds for primary education while the state and local governments 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 a previous 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 financials and management of education within their local government areas. The responsibilities of the LEAs as stated in the NPE 2004 includes:

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

Primary education is geared towards enabling students to develop essential learning skills and providing them with basic learning content.

<sup>2</sup> [https://www.moeskn.org/index.php?option=com\\_content&view=article&id=71:primary-education&catid=2&Itemid=175](https://www.moeskn.org/index.php?option=com_content&view=article&id=71:primary-education&catid=2&Itemid=175)

<sup>3</sup> <https://www.projectwriters.ng/project-topic-11/>

## 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.

## 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.



Classroom at Kugbokokun, Bwari LEA







School building at Gudupe, Bwari LEA

- The payment of primary school teachers' salaries and allowances.
- The payment of pensions and gratuities.
- 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.

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 Bwari Area Council to ascertain the local government's service delivery as it relates to primary education.

## Existence and Functionality

The citizens observers stated that 6.8% of the schools assessed have been in existence for less than 10 years, 32.9% of the schools have existed for 10-19 years, 6.8% of the schools have existed for 20-29 years, 8.2% of the schools have existed for 30-39 years, 30.1% of the schools have existed for 40-49 years, while 15.1% of the schools have existed for 50 years and above.

On the average, 54.7% of the schools in Bwari have been in existence for less than 40 years. Therefore, it is expected that schools that have been in existence for 20 years and above should have good and equipped facilities such as laboratories, libraries, etc. and improved standard of teaching.

## Accessibility

89.4% of the schools are close enough for pupils to attend while 10.6% of the schools are not close enough for the pupils to attend.

Of the 89.4% of the schools that are close enough for the pupils to attend, 30.8% of the citizens said the schools were less than 1km from the communities, 61.5% responded that the schools were about 1km from the communities, and 7.7% reported that the schools were about 3km from the communities.

no signboards to give direction to the schools.

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. 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 walk long distances to schools as well as take

## Accessible roads



81.8% of the respondents reported that the roads to the schools are easily accessible

## Overcrowded classrooms

Having overcrowded classrooms can lead to the spread of any form of contactable virus as well as obstruct the flow of ventilation

The observers went further to assess the accessibility of the roads to the schools and 81.8% of the respondents reported that the roads to the schools are easily accessible while 18.2% reported that the roads to the schools are not easily accessible.

Upon further interrogation, 81.8% of the respondents who reported that the roads are not assessable stated that they are not assessable because they are bad, 9.1 stated that the roads are bush paths and erosion while 9.1% stated that there are

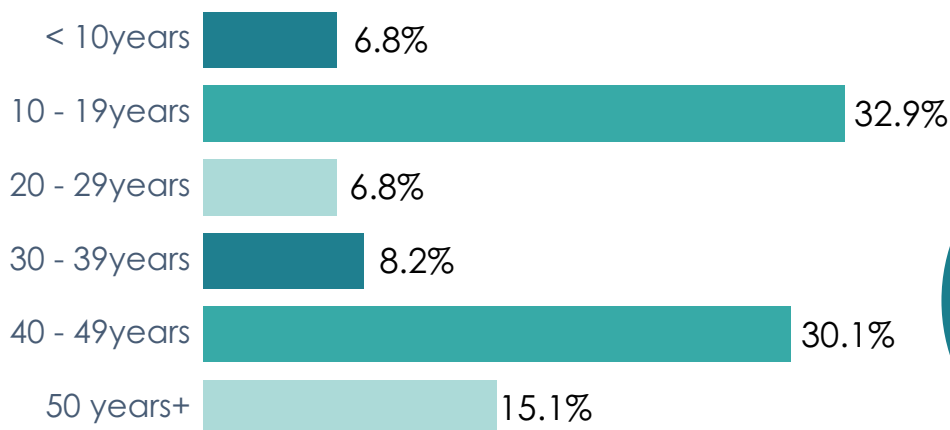
public transportation (bike) which is not a safe means of transportation for the children as they could fall off if they are not careful.

For the roads with erosion, during raining season, the children do not go to school because of the stream formed by the rain. 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.

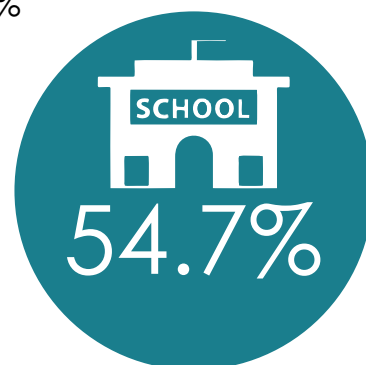
There is also a need for the Area Council

### Existence and Functionality

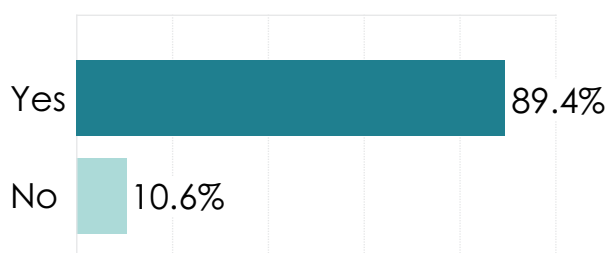
How Long Has the School been in Existence ?



54.7% of the schools in Bwari have been in existence for less than 40 years.

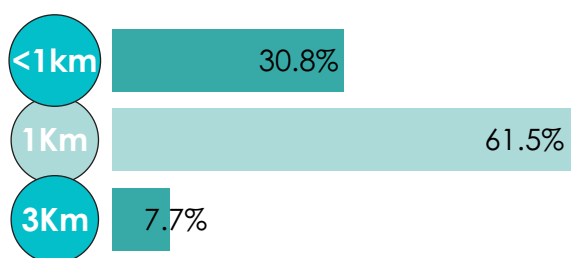


Are These Schools Close Enough For Pupils To Attend ?



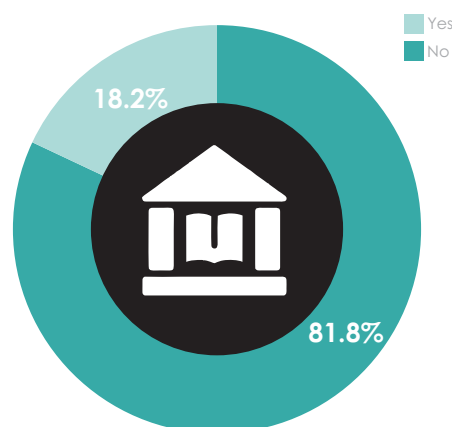
81.8% of the respondents who reported that the **roads are not assessable** stated that they are not assessable **because they are bad**

How Close Are These Schools



30.8% of the citizens said the schools were **less than 1km from the communities**

Are The Roads To The Schools Easily Accessible?



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.



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 75% of the schools do not have enough classrooms to accommodate the children while 25% of the schools have enough classrooms.

Further breakdown of the data on the physical conditions /infrastructure in the LEA Primary schools show that 50% of the schools have less than 10 classrooms, 20% have 10-19 classrooms while 30% have 20-29 classrooms.

This means that 60.7% have insufficient classrooms, 32.1% of the schools have overcrowded classrooms, while 7.1% of the schools have bad classrooms. 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 five feet (two meters) between each student to prevent the spread of any kind of



## Classrooms

75% of the schools  
do not have enough  
classrooms

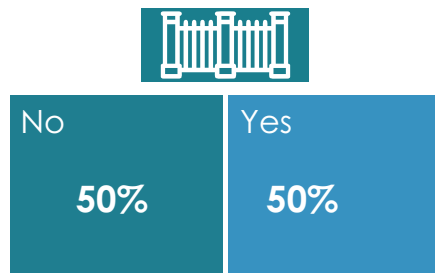
disease.

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 policy document as our benchmark, the teacher student population ratio in the classes in the schools were recorded as follows: 18.1% of the schools have 35 pupils and below in each class, 9.7% have 36-49 pupils in each class, 36.1% have 50-69 pupils in each class, 4.2% have 70-79 pupils in each class, 8.3% have 80-89 pupils in each class, while 26.4% have 100 pupils and above in each class.

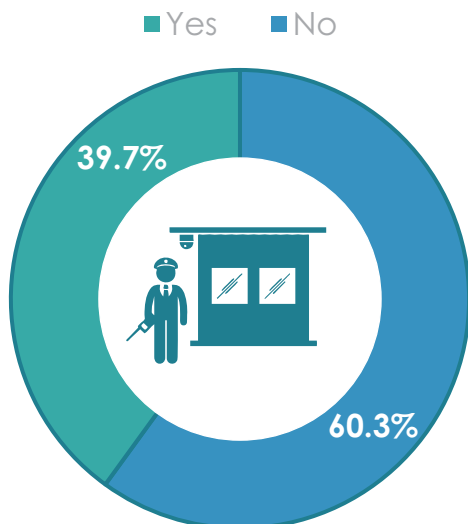
In order to promote effective learning and effectively monitor students' performance, there is a need to maintain the teacher-pupil ratio as stated in the National Policy on Education 2004 by reducing the number of students in the classrooms. For this to be achieved, there is a need for the Area Council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

In respect of furniture, 91.3% of the schools do not have enough furniture in the classrooms while 8.8% of the schools have enough furniture in the classrooms. Where there is a semblance of furniture available in the schools, 54.3% of the

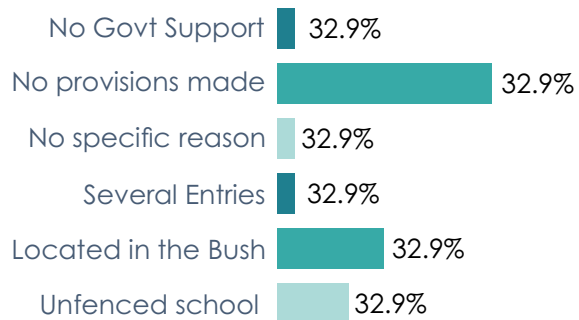
### Are the Schools fenced?



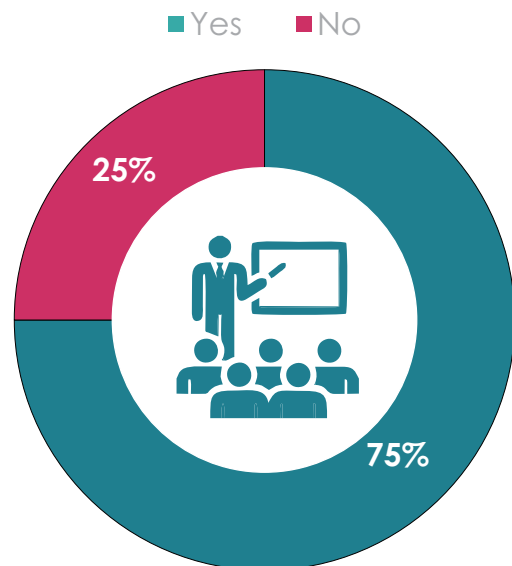
### Are there Security Guards at the School Gates?



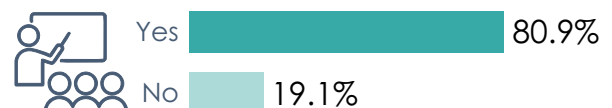
### Why are there No Security Guards?



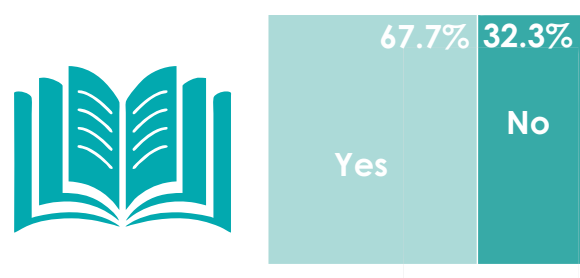
### Available of Classrooms



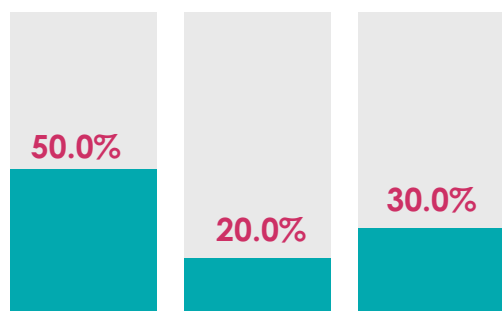
### Are You satisfied with the Quality of Learning?



### Are you paying for Books?



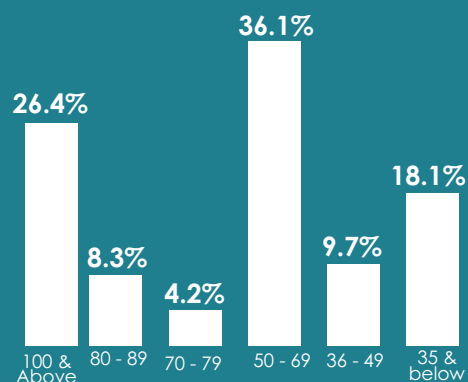
### Number of Classrooms



54.3% of the **classrooms have broken furniture**, 44.3% of the classrooms have limited furniture, while **1.4% of the classrooms are not provided with furniture.**

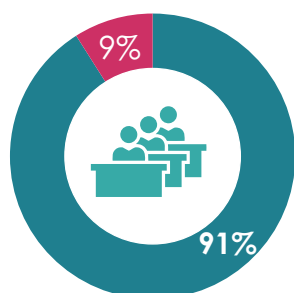
### No. of Pupils in Class

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



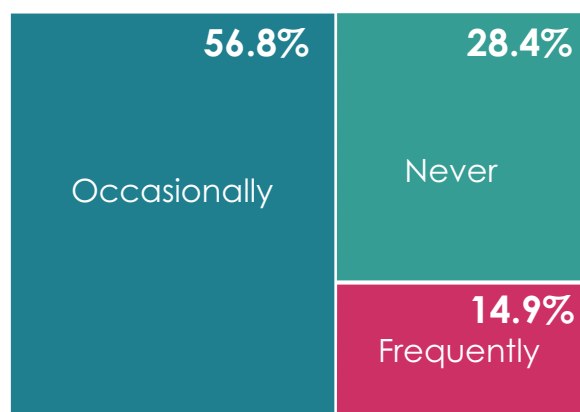
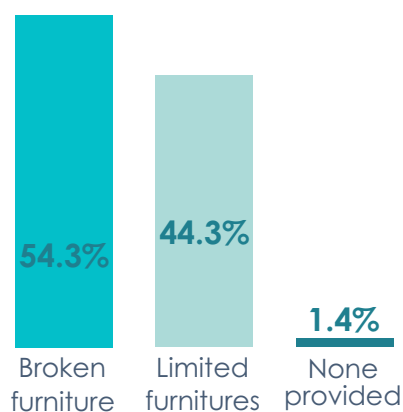
### Are the Furniture Enough?

■ Yes ■ No



### Maintenance of Facilities

### The Nature of Furnitures



classrooms have broken furniture, 44.3% of the classrooms have limited furniture, while 1.4% of the classrooms are not provided with furniture.

Maintenance of public property has been a consistent cause for concern, the observation carried out showed that 56.8% of the schools are occasionally maintained, 28.4% have never being maintained, while 14.9% 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. 86.5% of the schools do not have electricity supply, while 13.5% of the schools have electricity supply.

The lack of electricity in 86.5% of the schools is as a result of the absence of electricity in most of the communities, some schools have been disconnected because of the inability to pay electrical bills and in some of the communities do not see the need for the schools to have electricity.

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. 97.3% of the classrooms are ventilated while 2.7% of the classrooms are not

ventilated. For the classrooms with poor ventilation, despite the big windows in each classroom, the fence is too close to the building and this obstructs the flow of ventilation especially in situations where the classrooms are overcrowded.

Safety of lives and property is 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. 98.7% of the schools do not have safety measures (fire extinguisher, etc.) put in place, while 1.3% of the schools have safety measures put in place.

The observers reported that 69.6% of the schools do not have injurious objects such as manholes or open drainages in the school compounds while 30.4% of the schools have such injurious objects in the school compounds.

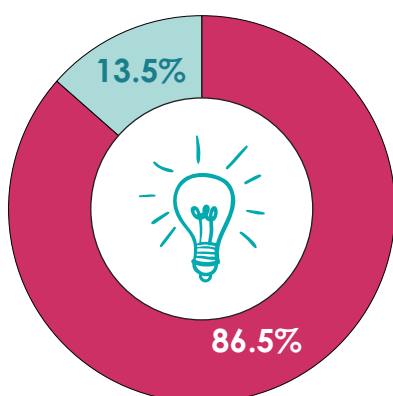
In order to ensure child protection certain responsibilities are put upon the parents and/or guardians of the students and this by extension includes the school authorities, for example CCTVs being installed on the premises with a trained person to man it.

The child protection framework should also include trained and designated persons to handle issues relating to bullying, physical or/emotional abuse including sexual gender-based violence and neglect to mention a few. 75.9% of

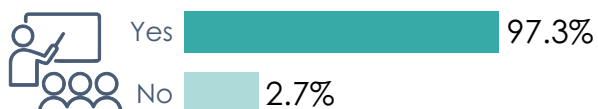


### Electricity Supply in Classrooms

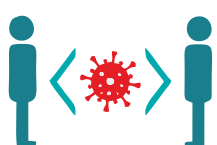
■ Yes ■ No



### Ventilation of Classrooms

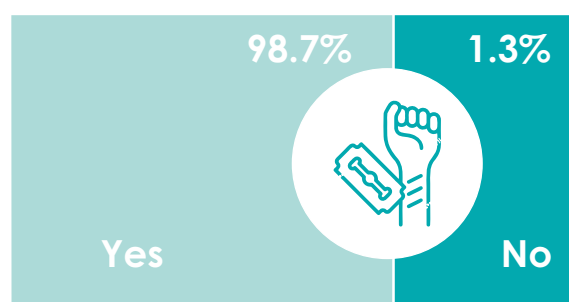


### Safety Measures in Schools



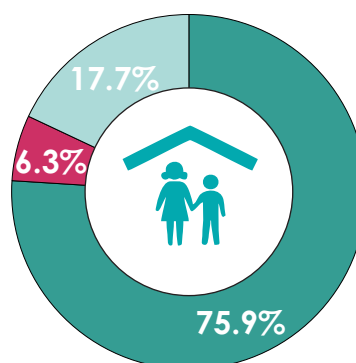
In light of the COVID-19 pandemic, the practice of social distancing has become an essential part of daily living.

### Injurious objects in Schools

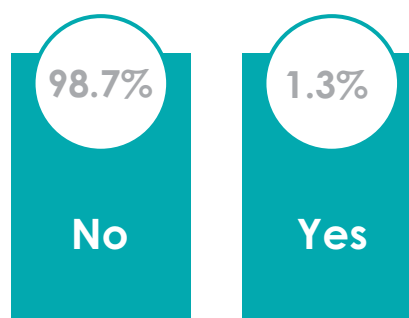


### Framework For Child Protection

■ Maybe ■ No ■ Yes



### Do Schools Run Two Sessions in a Day?



there is a need for fences to be constructed in the schools as well as the Area Council employing the services of security companies.

the schools do not have any framework designed for child protection, 17.7% of the schools have some form of child protection framework designed, while 6.3% of the schools may or may not have any framework designed.

Further on the safety and security structures in place in these schools, 50% of the schools are fenced while 50% of the schools are not fenced. 60.3% of the schools have security guards while 39.7% of the schools do not have security guards. Where security guards exist, it is because 48% of the schools are unfenced.

The observers reported that 24% of the schools have no provisions for security guards, 16% of the schools do not have government support to provide security guards. 4% of the schools do not have any specific reason for not having security guards, 4% of the schools have several entry points, and 4% of the schools' security gates are under construction.

During the course of the assessment, the observers reported that schools without fences and security guards are being vandalized and misused after school hours. 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 staff in the schools cannot be overestimated. The observers reported that 33% of the schools have less than 20 teachers, 13% have 20-39 teachers, 18% have 40-59 teachers, while 37% have 60 teachers and above. In the schools, 45.9% of the teachers have NCE qualifications, 31.1% of the teachers have BSc qualifications, while 23% have other qualifications like HND.

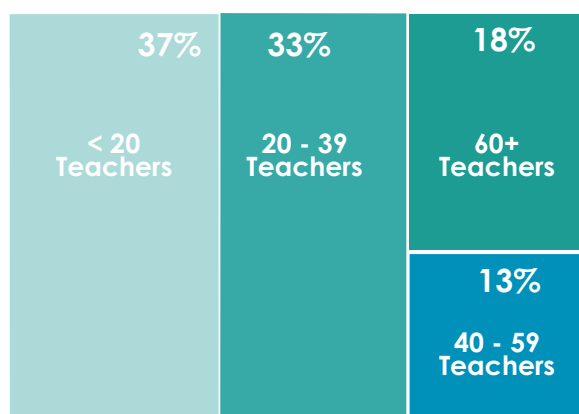
In 2019, the Ministry of Education made it mandatory for teachers to register with the Teachers Registration Council of Nigeria, in Bwari the observers found 100% compliance rate. In the schools, 72.2% of

92% of the teachers are sent for Continuous Professional Development (CPD).



## Number of Teachers in Schools

■ Yes ■ No



## Teachers' Qualifications

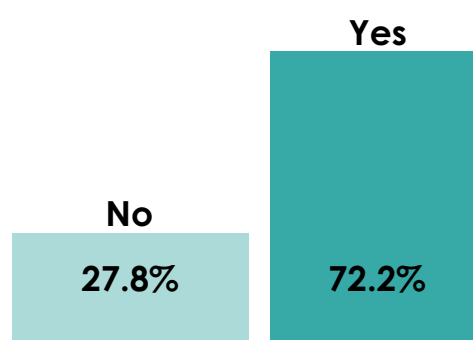


## Are Teachers Registered?

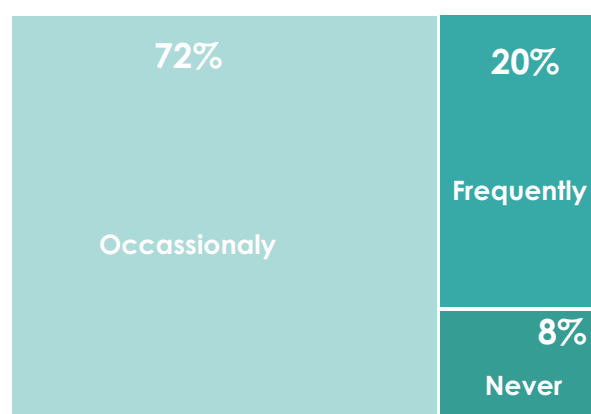


72.2% of the **non-education graduate teachers** have Post Graduate Diploma in Education (PGDE) while 27.8% do not have PGDE qualification.

## Non-education Graduates With PGDE



## How often Teachers are sent For CDP



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.

the non-education graduate teachers have Post Graduate Diploma in Education (PGDE) while 27.8% do not have PGDE qualification.

92% of the teachers are sent for Continuous Professional Development (CPD), while 8% 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.

## 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; 54.7% of the respondents reported that the educational materials are not bought in the schools while 45.3% reported that the educational materials are bought in the schools.

Of the educational materials bought in the schools, 70.3% of the respondents

reported that the materials are not affordable, while 29.7% of the respondents reported that the materials are affordable.

When asked if the students get free educational materials, 65.3% of the respondents reported that the students do not get free educational materials while in 34.7% of the respondents reported that the students receive free educational materials.

72% of the free educational materials are textbooks, 20% are exercise books, while 8% are both textbooks and exercise books. 62.7% of the schools do not have enough blackboards, dusters and chalks available, while 37.3% 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, 63.6% of the respondents stated that they are not paying school fees while 36.4% of the respondents stated that they are paying school fees.

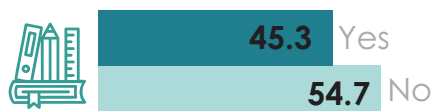
In these schools, the students are required to pay books and PTA levies. When asked if the quality of learning is satisfactory, 80.9% of the respondents noted that they are satisfied while 19.1% of the respondents noted that they are not satisfied with the quality of learning.



40.8% of the  
libraries that are  
not well equipped,  
there are no books.



### Are Educational Materials Bought In Schools?



### Are Educational Material Affordable?



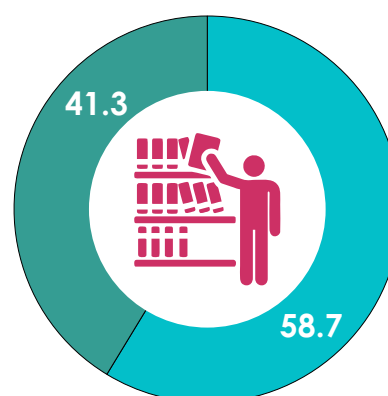
### Pupils getting free Educational Materials



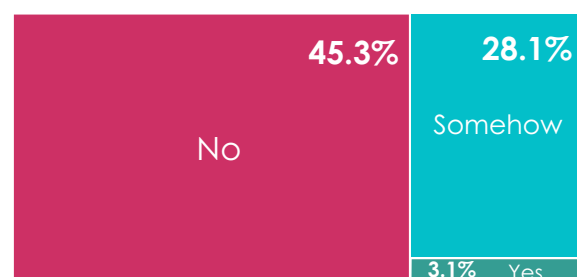
### Types of Free Educational Materials



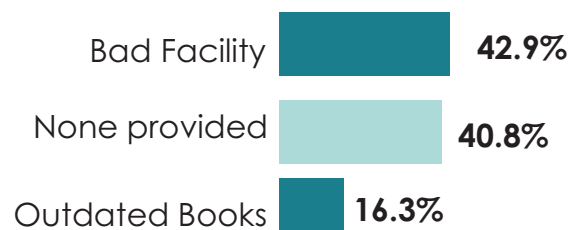
### Is there Library Facility in Schools?

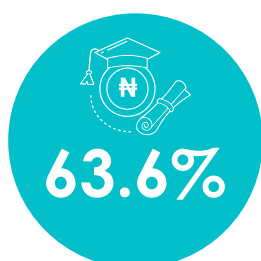


### Are Libraries well Equipped?



### Challenges with Library Facilities





63.6% of the respondents stated that they are not paying school fees

When asked if they are paying for books, 67.7% of the respondents noted that they are paying for books while 42.8% of the respondents noted that they are not paying for books.

58.7% of the schools do not have libraries while 41.3% of the schools have libraries. Where the libraries exist, 68.8% of the libraries are not well equipped, 3.1% of the libraries are well equipped, while 28.1% of the libraries are somewhat equipped.

In the libraries that are well equipped, there are good numbers of updated books donated by Non-Governmental Organizations (NGOs).

In 40.8% of the libraries that are not well equipped, there are no books, and where there are books, 16.3% have outdated books, and 42.9% of the schools' library structures leave nothing to be desired.



## Equal Treatment of Persons (Special Needs Education).

Equal treatment of all pupils is important irrespective of whether they are special needs children. The observers found that the LEA do not operate an integrated educational system – 89.2% 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 10.8% of the schools have provisions for Special Education Needs students. 56.2% of the schools do not have Special Education Needs students enrolled while 43.8% of the schools have Special Education Needs students enrolled.

96% of the schools do not have classes for special needs students while 4% of the schools have classes for special needs students.

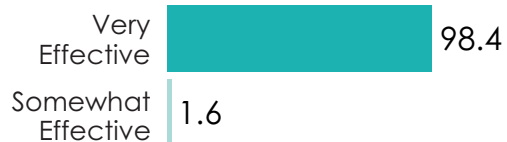
In 59.4% of the schools, there are no Special Education Needs unit or coordinators available, 28.1% of the schools have Special Education Needs unit or coordinators available, while 12.5% of the schools may or may not have Special Education Needs unit or coordinators available.

In the schools where there are special needs children, 70.4% of the schools do not have teachers who handle special needs children only 29.6% of the schools have qualified special needs teachers. 53.5% of the schools are not meeting the

### Schools undergoing Quality Assurance Checks



### Effectiveness Of Quality Assurance Under LEA



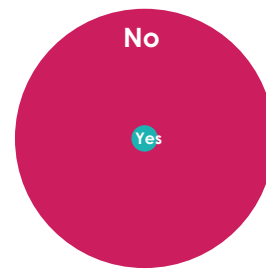
### Provisions For Special Education Needs Students



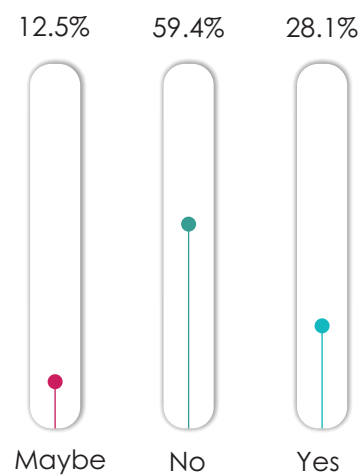
### Are Special Education Needs Students Enrolled In The Schools?



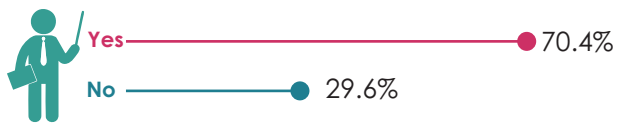
### Do Schools Have Classes For Special Needs Students?



### Availability of Special Education Needs Unit or Coordinators?

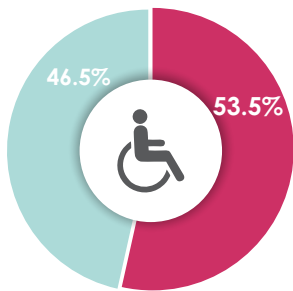


Are there Qualified Special Needs Teachers?

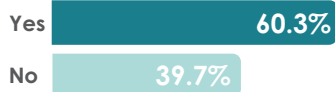


Are Schools meeting the basic needs of Special Need Students?

Yes No

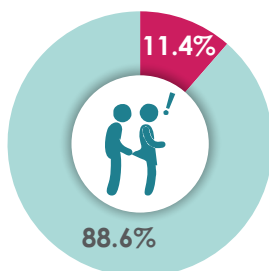


Is there a sexual harassment policy in the school?

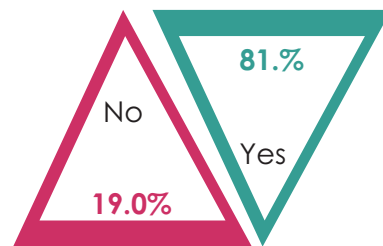


Has there been any issues of Sexual harassment?

Yes No



Is there unit to report cases of Sexual harassment?

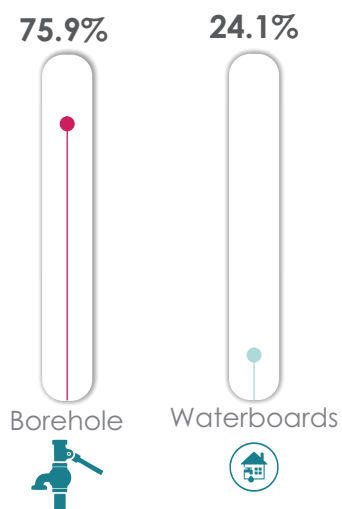


Hygiene/ Water Supply

Availability of clean water in schools



Sources of clean water



basic needs of special needs students while 46.5% of the schools are meeting the basic needs of special needs students.

56% of the schools do not have safeguarding protocols or frameworks in place to strengthen service delivery and accountability between the stakeholders. 53.3% of the schools have counselling clinics while 46.7% of the schools do not have counselling clinics. 60.3% of the schools have sexual harassment policies while 39.7% of the schools do not have sexual harassment policies.

88.6% of the schools have not recorded any issue of sexual harassment while 11.4% of the schools have recorded cases of sexual harassment. 81% of the schools have units to report cases of sexual harassment while 19% of the schools do not have units to report cases of sexual harassment.

## Hygiene/ Water Supply

Water, Sanitation and Hygiene are essential amenities particularly in this climate of COVID 19. The observers found that 63.3% of the schools do not have clean water supply while 36.7% of the schools have clean water supply.

75.9% of clean water comes from borehole while 24.1% comes from water board. For schools that do not have clean water supplies, 58.1% of the schools use any source of water supply while

41.9% 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 are no water supplies. 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.

50.6% of the schools have clean toilets and handwashing facilities while 49.4% of the schools do not have clean toilets and handwashing facilities. In 84.4% of the schools, boys and girls do not share the same toilet facilities while in 15.6% of the schools, boys and girls share the same toilet facilities.

In 85.3% of the schools, the toilets are cleaned weekly; in 7.4% of the schools, the toilets are cleaned monthly; while in another 7.4% 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, 62.3% of the classrooms have refuse baskets while 37.7% of the classrooms do not have refuse baskets.

In 70.9% of the schools, the students are responsible for the general sanitation; in 25.5% of the schools, the teachers and students are responsible; while in 3.6% of the schools, the cleaners are responsible for the general sanitation of the schools. 84.8% of the schools have a set day for school cleaning while 15.2% 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 soap and bottles of hand sanitizer for the schools as well as refuse baskets to maintain personal and environmental cleanliness during school hours.

In 95.8% of the schools, the school managements provide the sanitary items while in 4.3% of the schools, the students provide the sanitary items. In 84.2% of the schools, girls are not provided free sanitary towels while in 15.8% of the schools, girls are provided free sanitary towels.

 **63.3%** No clean water supply

The observers found that 63.3% of the schools do not have clean water supply while 36.7% of the schools have clean water supply.

## 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.

94.6% of the schools frequently undergo quality assurance checks while 5.4% of the schools occasionally 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; and



- Managing evidence bases, Information Communication Technology (ICT) and data input. The observers asked the teachers and head teachers about the effectiveness of the Quality Assurance Department under the LEA; they found it to be 98.4% very effective and 1.6% somewhat effective.

72.2% of the respondents reported that there are no uncompleted or abandoned education projects in the Area Council while 27.3% of the respondents reported that there are uncompleted or abandoned education projects in the Area Council.

An uncompleted or abandoned project is located in LEA Byazhin. 51.2% of the respondents reported that there are yearly accomplished education projects that exist in the Area Council while 48.8% of the respondents reported that there

are no yearly accomplished education projects that exist in the Area Council. Accomplished projects are located in LEAs Tokulo, Gaba, Igu, and Sunte (renovation of schools).

97.5% of the respondents reported that there are no reported accomplished education projects that are non-existent in the Area Council while 2.5% of the respondents agree that there are reported accomplished education projects that are non-existent in the Area Council.

100% of the respondents noted that teachers' salaries are paid as at when due. 50.8% of the respondents reported that the Area Council's budget is not accessible to the public while 49.2% of the respondents reported that the Area Council's budget is accessible to the public.

## Quality Assurance Department

**Scheduling of  
Quality Assurance  
Evaluations**



**Managing evidence  
bases, Information  
Communication  
Technology**



**Organization of  
accreditation,  
mentoring  
programme**



# Health

## **PRIMARY HEALTHCARE CENTRES (PHCs)**

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

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

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## PRIMARY HEALTHCARE CENTRES (PHCs)

“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 of individuals, the family and community 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:

- Providing continuous and comprehensive care to the patients.
- Assisting patients by providing them with the various social welfare and public health services initiated by the concerned governing bodies and other organizations.
- Offering quality health care and social services to the under privileged sections of the society.
- 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 the 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 primary responsibility of NPHCDA is ensuring adequate primary health care services for all Nigerians



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 etc.

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 (PRINN-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 it 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.

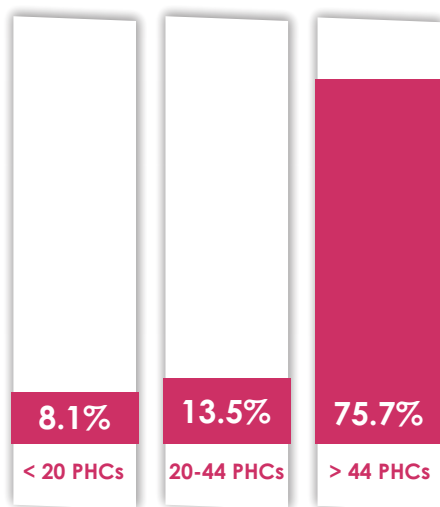
Although Abuja is among the implementing states, the impact has not been felt. Based on this and in the assessment of the local government service delivery to citizens, the following were observed:

### Existence and functionality of the PHCs

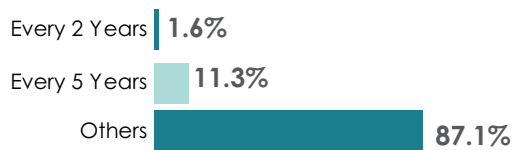
council have been in existence for a very long time. 35.3% of the respondents stated that the PHCs in their locality have existed for less than 10 years. 29.4% also mentioned that the PHCs in their locality have been existing for between 10-19 years. 23.5% of the PHCs in their locality have existed for between 20-29 years, 7.4% of the PHCs in their locality have existed for between 30-39 years, while 4.4% of the PHCs have existed in their communities for over 40 years.

From the assessment, many of the PHCs on average have been in existence for over 10 years and out of the existing PHCs

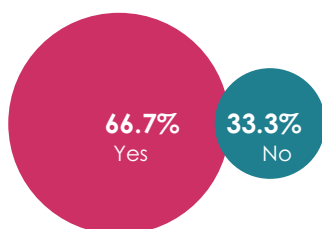
### Existence of functional PHCS in the LGA



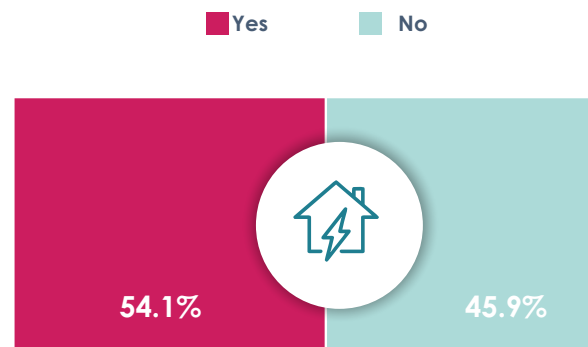
### Frequency of maintenance of PHCS facilities



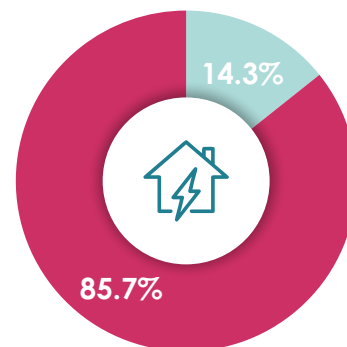
### Are there enough wards in each PHCS?



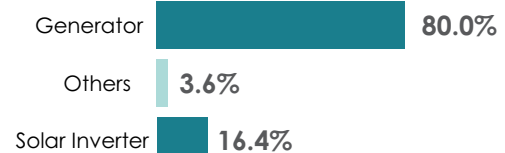
### Do you have electricity in the PHC?



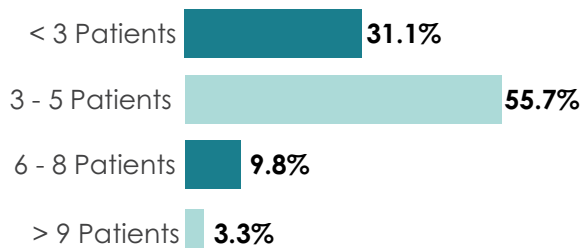
### Availability of backup electricity



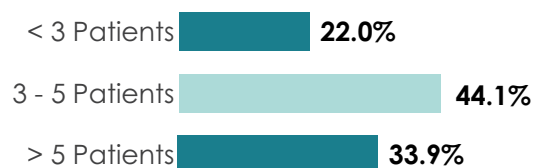
### What is the source of the backup?



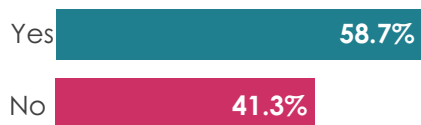
How many patients occupy a ward?



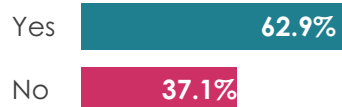
How many patients should occupy a ward?



Is there clean water supply available in each PHC?



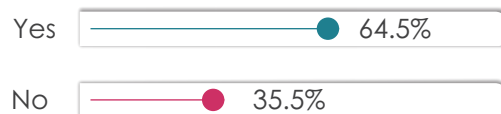
Is the W.A.S.H program observed in the PHC?



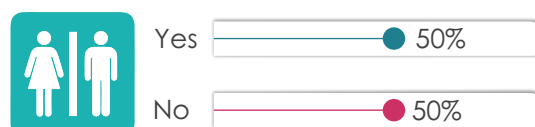
How many toilets exist in each PHC?



Are there designated toilets for Staff and patients?



Are there toilets for Male & Female?





in Bwari Area Council, 75.7% of the respondents affirm that over 44 of the PHCs are functional. This implies that the number of years a PHC has existed does not determine its functionality.

This assessment shows that most of the existing PHCs are not functioning, and the ones that are functional are not operating in their full capacity. This could be as a result of lack of maintenance culture on the PHCs and the inability of the Area Council to provide essential materials to these PHCs as at when due.

## Accessibility

When the citizens were asked how far the PHCs were from their communities, 94.6% responded that the PHCs are very close and centrally located in their communities while 5.4% acknowledged that the PHCs are located far from their communities.

To further understand the distance of the PHCs to the community, 12.8% responded that the distance between the PHCs and their community is less than 1km, while 74.5% confirmed that the distance from the PHCs and their community is between 1-2km, 8.5% confirmed that the distance from the PHCs and their community is between 2-3km, and 4.3% responded that the distance between the PHCs and their community is over 3km.

When asked how accessible the roads to the PHCs are; 85.7% responded that the

roads to the PHCs in their communities are easily accessible; while 14.3% acknowledged that the roads to the PHCs in their communities are not easily accessible.

In as much as most of the communities attested to having good accessible roads, there are still some PHCs that the members of the communities cannot access due to the bad state of the road and security issues (such as kidnapping that occurs on most of the roads).

Due to this, such community members who are in dire need of these services will be restricted and will not be able to enjoy the services provided.

The Area Council is therefore advised to work on the roads and work with security agencies to provide some form of security to the roads that lead to the PHCs so that community members can also enjoy the services rendered.

## Power supply

Assessment was also carried out to find out how effective and stable the power supply in the PHCs are. 54.1% of the PHCs assessed confirmed that they do not have any electricity, while 45.9% acknowledged that they have electricity.

To further understand how the PHCs coped with the problems of electricity, the PHCs were asked if they have any available backup electricity. 85.7% of the PHCs responded that they have backed

up electricity while 14.3% acknowledged that they do not have any back up.

Out of the PHCs that have back up electricity, 80% responded that the major source of their backup is generator, while 16.4% confirmed that their source of back-up is solar inverter and 3.6% have other sources of back-up.

From the above assessment, it is evident that most of the PHCs do not have stable power supply. The unstable power supply has led most of the PHCs to rely on back up electricity which cannot count as a constant power supply as this back up electricity does not run for 24 hours due to the cost of maintenance, repairs and fueling associated with it.

Without stable power supply, PHCs cannot deliver efficient and effective service delivery to the citizens as electricity is needed to run the day to day activities of the PHCs. In order to mitigate this, the Area Council should invest more on solar inverters that can provide 24hours electricity since the country's electricity grid is overstretched and limited.

This will improve the quality of services delivered and encourage 24-hour service at the PHCs.

## Infrastructure/ Physical condition

Staff of varied PHCs were asked on the frequency of maintenance carried out on the PHC facilities. Their responses showed that the maintenance of the functional PHCs are extremely poor. 11.3% of the PHCs are maintained every five years, while 1.6% of the PHCs are maintained every two years.

An alarming response of 87.1% of the PHCs have little or no maintenance resulting to a dilapidated structure, as well malfunctioned facilities.

The Bwari Area Council is encouraged to take the maintenance of the functional PHCs seriously; this they can do by drawing the attention of the Ministry of Works and Housing to assist in the renovation and maintenance of the PHCs.

During assessment, the PHCs were asked on the standard number of patients that should occupy a ward. From their response, 44.1% of the PHCs confirmed that 3–5 patients ought to occupy a ward, while 33.9% of the PHCs acknowledged less than three patients should occupy a ward and 22.0% of the PHCs acknowledged that over five patients should occupy a ward.

In order to ascertain if the PHCs apply the above information given in their respective clinics, an assessment on the number of wards and the number of patients they admit in their wards was also carried out. 66.7% of the PHCs admitted

to not having enough wards, while 33.3% of the PHCs asserted to having enough wards for patient.

It was further observed that in 31.1% of the PHCs assessed, less than three patients occupy a ward; 3–5 patients occupy a ward in 55.7% of the PHCs assessed. In 9.8% of the PHCs, 6–8 patients occupy a ward; while in 3.3% of the PHCs, over nine patients occupy a ward.

It is recommended that the Area Council make provision for wards in line with the NCDC (National Center for Disease Control) preventive measures for COVID-19 to maintain a distance of at least two meters between the patients in a ward.

In addition to the above assessment, how ventilated the wards at the PHCs' are were also assessed. It was observed that 76.2% of the PHCs have ventilated wards while 23.8% of the PHCs do not have ventilated wards. In assessing the source

of ventilation in the wards, 98.4% of the PHCs do not have air conditioners while 1.6% have air conditioners.

1.6% of the PHCs have six fans in each ward, 1.6% of the PHCs have four fans in each ward, 3.3% have three fans in each ward, 26.2% have two fans in each ward, 26.2% have one fan while 41.0% of the PHCs do not fans in the wards.

From the assessment above, although 56% of the PHCs meet the standard of having 3–5 patients in a ward, it is evident that some of the PHCs do not have enough wards which explains why some of their wards are overcrowded. Overcrowded wards could increase the spread of diseases among patients and with the COVID-19 pandemic in view, it is very critical that more wards with good sources of ventilation be constructed in the PHCs as this will help reduce the spread of diseases, clustering of patients and encourage social distancing.



## Facilities and Equipment

Cold chain is one of the vital amenities used at the PHCs to store vaccines. The PHCs were assessed on how well their cold chain are maintained, 76.2% of the PHCs responded that their cold chains are well maintained as they have good cooling facilities and 97.4% of the PHCs asserted that refrigerators are mostly used to keep and maintain the vaccines. 23.8% of the PHCs on the other hand, acknowledged that their cold chains are not well maintained and 2.6% of the PHCs confirmed taking their vaccines to other PHCs that have better and bigger cold chain.

Vaccination is a primary service rendered by the PHCs, and for a continuous and effective delivery of this service, the cold chain at the PHCs needs to be well maintained. The Area Council should ensure all PHCs have a well-maintained cold chain for effective storage of drugs and vaccines.

Constant power supply (through solar inverter) as earlier discussed will also aid the effectiveness of the cold chain.

In terms of clinical facilities and equipment, 67.7% of the PHCs have functional laboratories while 32.3% of the PHCs do not have functional laboratories.

While 79.6% of the PHCs lack enough essential equipment such as beds, mattresses, first aid kits, mosquito nets, delivery packs, cold chain for vaccines etc., 20.4% of the PHCs do have enough equipment.

For PHCs to render effective services to

the citizens, all essential equipment would have to be provided for. In view of the above and in relation to the current pandemic (COVID 19) that is causing health challenges worldwide, the provision of essential equipment cannot be over emphasized as it will help curb possible spread and reduce infection rate at the PHCs.

To be able to achieve this, the attention of the Ministry of Health should be drawn to the Area Council so that they can assist in the provision of this essential needs. Bwari Area Council can also identify and partner with NGOs, philanthropists, religious organizations (who in a bid to curb the spread of the pandemic) are currently supporting the government in the provision and distribution of essential equipment to various hospitals and health centers, to also provide and distribute to the PHCs in the Area Council.

Questions were also directed to the availability and functionality of ambulances in the PHCs. 85.7% of the PHCs do not have ambulance services while 14.3% of the PHCs have ambulance services. When further asked on the functionality of the ambulance services, 71.4% of the ambulance services are not functional, while 28.6% are functional.

From the above analysis, most of the PHCs do not have functional ambulances, thus cannot offer urgent medical services to citizens when they need it. The Area Council can draw the attention of the Ministry of Health to provide at least one ambulance to all

functional PHCs so that they can carry out such vital service to the citizen.

With regards to clinical consumables (gloves, syringes, face masks etc); 37.1% of the PHCs provide their consumable themselves, 37.1% of the PHCs receive their consumables from the Area Council, 22.6% receive their consumables from clinics, 1.6% of the PHCs receive their consumables from NGOs, while 1.6% of the PHCs provide the consumables themselves as well as receive from NGOs.

When consumables are provided by the Area Council, most of the PHCs offer free services to the citizen. However, when the PHCs provide the consumables themselves, they tend to charge patients certain fees to cover the cost of providing the consumables.

Patients who are not able to afford such fees tend not to enjoy the services rendered. Therefore, services delivery is sometimes not available for all. To make the services rendered at the PHCs available for everyone, the Area Council will have to constantly provide these consumables to the PHCs.

The Area Council can also identify and collaborate with NGOs and corporate organizations who are willing to support and provide consumables for the PHCs.

## *Services Rendered to Citizens*

Responses from the citizens confirmed that basic health services (such as immunization, family planning, provision of basic medications, etc.) are being provided for by the PHCs. 98.4% of the PHCs provide basic immunization services to the citizens while 1.6% of the PHCs do not provide basic immunization services to the citizens.

While 95.2% of the PHCs frequently provide this service, 4.8% of the PHCs occasionally provide this service. 64.8% of the PHCs have enough basic medications while 35.2% of the PHCs do not have basic medications available.

Family planning is another service that 96.3% of the PHCs acknowledged that they provide, while 3.7% of the PHCs do not provide this service. 95.1% of the PHCs issue birth certificate while 4.9% of the PHCs do not issue birth certificates.

96.8% of the PHCs run child health clinic frequently while 3.2% of the PHCs run the clinic occasionally. 96.8% of the PHCs run antenatal care clinic frequently while 3.2% of the PHCs run antenatal care clinic occasionally.

90.5% of the PHCs also confirmed that they provide free HIV services while 9.5% of the PHCs do not provide free HIV services. 79% of the PHCs provide Prevention of Mother to Child Treatment (PMTCT) and HIV Counselling and Testing



(HCT) services while 21% of the PHCs do not provide these services. 90.3% of the PHCs provide adolescent health services while 9.7% of the PHCs do not provide adolescent health services.

Questions on the operational services of the PHCs and efficiency of the workers were also assessed. 52% of the PHCs in Bwari admitted to operating for 24 hours, while 48% of the PHCs do not operate for 24 hours. When asked of the availability of doctors and nurses, 60% of the PHCs acknowledged that doctors and nurses are not always available for 24 hours. While 40% confirmed that the doctors and nurses are available.

With regards to how efficient the workers at the PHCs are, respondents were also asked if they have ever induced workers to access treatment. 96.2% responded no, while 3.8% responded to having induced workers to access treatment as there have been instances where the workers felt reluctant and unwilling to provide the services to them.

Analysis carried out here shows that most PHCs offer basic health services and this is commendable. However, the Area Council should ensure some basic health services such as Prevention of Mother to Child Treatment (PMTCT), HIV Counselling and Testing (HCT) are provided in all PHCs as there are also very essential services needed by the citizens.

The PHCs operating 24 hours means they can provide 24-hour service to the citizens. However, for this to be possible, health workers should be available for 24

hours at the PHCs. From the assessment, it is evident that doctors and nurses are not available for 24 hours.

In view of this, the Area Council should work towards deploying more health workers (with at least one doctor and nurse) in all PHCs and make them available to provide services round the clock to the citizens. This will mean swift response to patients with emergency cases especially at odd times.

Constant power is another factor that will aid effective 24-hour operation. With constant supply of electricity (which can be achieved through the installation of solar inverters), the PHCs will be able to provide longer services even at night and odd times to the citizens.

## Staffing

The staff strength at the PHCs comprises nurses, doctors, Community Health Extension Workers (CHEWs) and other medical professionals such as; lab scientists, lab technicians, volunteers, midwives, lab assistants, medical records, scientific officers, CHO (Community Health Officer), opticians, medical officers, microbiologist etc.

In assessing the staff strength and capacity of manpower in relation to service delivery at the PHCs, responses gotten from the PHCs varied. 53.1% of the PHCs admitted that their staff strength is between 0-5; while 29% acknowledged that their staff strength ranges from 6-10.



22% acknowledged that their staff strength is less than 10.

Further assessment to find out the number of Community Health Extension Workers available at the PHCs was also carried out. When assessed on the number of Community Health Extension Workers (CHEWs), it was observed that 67.2% of the PHCs have 0-5 CHEWs, 16.4% have 6-10 CHEWs while 16.4% have more than 10 CHEWs.

Assessment to find out if the CHEWs are always on duty at the PHCs was further carried out and it was observed that 80.6% of the PHCs have CHEWs who are always on duty while 19.4% of the PHCs do not have CHEWs always on duty.

With regard to the number of nurses at the PHCs, 54.2% of the PHCs assessed do not have nurses, while 25.4% of the PHCs have at least one nurse and 13.6% of the assessed PHCs have over three nurses. With regard to the availability of doctors, 92 % of the assessed PHCs do not have doctors, while 7.4% of assessed PHCs have at least one doctor while 1.9% have two doctors.

With regard to other medical professionals (as mentioned above), 67% of the PHCs, acknowledged that they have these medical professionals, while 32.3% of the PHCs do not have. Out of the percentage of PHCs that have other medical professionals available, 30.4% of the PHCs have CHEWs, 20.6% have lab technicians, 16.7% have volunteer workers, 9.8% have lab scientist, 3.9%

have midwives, 2.9% have Community Health Officers, 2.9% have medical officers, 2% have scientific officers, 2% have nutritionists, 2% have pharmacy technician, 1% have medical records officers, 1% have lab technologists, 1% have opticians, 1% have microbiologists, 1% have health attendants, 1% have health educators, while 1% have pharmacists.

The analysis from staffing have shown that the number and proportion of the various groups of healthcare workers that provide services at the PHCs are insufficient. CHEWs are the most available health workers amongst the overall staff.

However, there is a limit to the range of services that they are allowed to provide. In view of this, the Area Council are advised to employ adequate number of highly motivated health care workers (especially doctors and nurses) in the right proportion to the PHCs to improve effective service delivery.

## Hygiene/ Water Supply

With regards to clean water supply, 58.7% of the PHCs in Bwari have water supply available with the main source being from borehole, while 41.3% of the PHCs do not have any clean water supply.

In relation to the Water, Sanitation, and Hygiene (WASH) program, this program is observed in 62.9% of the PHCs, while 37.1% of the PHCs do not observe the WASH program.



From the findings above, it is observed that water supply is insufficient at the PHCs and this could be a reason why most of them are not observing the WASH program. One of the recommendations of the NCDC on COVID-19 prevention is regular washing of hands with soap and running water, the provision of clean water supply by the Area Council is of utmost importance.

The provision of clean water supply will also help most PHCs observe the WASH program which will encourage patients and visitors at the PHCs to practice handwashing and at the same time curb the spread of COVID-19.

Furthermore, questions around provision for sanitary materials (soap, disinfectants, sanitizers, detergents) and toiletries revealed that 76.2% are provided these items by the Area Council while 23.8% of the PHCs are not provided sanitary materials/ toiletries.

The provision of sanitary materials/toiletries by the Area Council to the PHCs are commendable as citizens will also benefit from it. However, more of these sanitary materials/toiletries should be distributed to reach PHCs that have not been provided for.

During observation, the number of available toilets in the PHCs were also assessed and it was reported that 73% of the PHCs have 0-5 toilets while 27% have 6–10 toilets. 64.5% of the PHCs have toilets designated for staff and patients while 35.5% of the PHCs do not have such designation.

It was also observed that 50% of the PHCs have toilets for male and female while 50% do not have such gender proportion. The toilets available at the PHCs are impressive.

However, more toilets should be built by the Area Council to increase the number of toilets that can be designated for staff, patients, male and female. The supply of water is also very crucial here as it will help with the hygiene of the toilet facilities.

The general sanitary conditions of the PHCs were also assessed and it was observed that 13.3% of the PHCs score between 0-3 in sanitation, 60% score between 4-6 in sanitation while 26.7% score between 7–10 in sanitation.

Further questions requesting the existence of sanitary regulations were also asked during the assessment and 72.6% of the PHCs have sanitary regulations in existence while 27.4% of the PHCs do not have sanitary regulations in existence.

From the analysis, the sanitary condition of the PHCs are very commendable as this shows that the PHCs do care about their hygiene. This can be attributed to fact that the PHCs are implementing the sanitary regulations put in place.

In furtherance of ascertaining the sanitary wellness of the PHCs, the PHCs were asked questions on how hospital wastes such as used syringes, bandages, pads etc are disposed. 63.9% of the PHCs acknowledged that their waste is disposed by burning.

Further response from 14.8% PHCs confirmed that the waste is disposed in a pit, 4.9% of the PHCs dispose the waste through waste management agency, 3.3% of the PHCs dispose the waste in front of the PHCs, while 3.3% of the PHCs dispose the waste behind the clinic.

Private Sector Participation (PSP) and Incinerators were also used in some cases according to 9.8% PHCs assessed. The PHCs were also assessed on how often the waste is disposed and 90.5% of the PHCs acknowledged that they dispose their waste frequently, 7.9% of the PHCs dispose waste occasionally, while 1.6% of the PHCs never dispose their waste. From the analysis above, it can be

observed that most of the PHCs dispose of their waste indiscriminately. This could be because the PSPs and waste management agencies do not get to where the PHCs are. In order to stop indiscriminate waste disposal, the Area Council can collaborate with truck waste carriers to serve as middlemen between the PHCs and PSP/ waste management agencies to help in proper waste collection and disposal.

On the location of the dump sites, 46% of the PHCs affirmed that they have their dump sites behind the PHCs, while 32% have indiscriminate dump sites, 18% have theirs in front of the PHCs, 2% have theirs outside the PHCs, while 2% have their dumps in the river. 78.7% of these dump sites are easily located and accessible to the waste management agencies while 21.3% of the dump sites are not easily located and accessible.

The location of the dumpsites within the PHCs are hazardous to human health. It is therefore advised that dumpsites be situated at a strategic location outside the hospital where truck waste carriers can easily access to collect the waste for onward disposal to waste management agencies or PSP.

## Transparency and Accountability

Relevant questions were also directed to the Bwari Area Council; specifically, the quality control department (responsible for assessing the service delivery provided by the PHCs) under health to ascertain if they have data tools that captures or check the services provided by the PHCs.

98.3% responded that they have data tools such as Quality Control Assurance Checks (by conducting patient satisfaction surveys) and Health Information System (a database where patients' details are input at every visit to the PHCs) that captures the services provided by the PHCs.

Respondents were further asked if these data are being captured and 96.5% responded in affirmation while 3.5% refuted. When assessed on rate of recurrence of data capturing, 75% of the respondents reported that data is being captured frequently, 21.7% reported that the data is occasionally captured, while 3.3% reported that data is never captured.

The assessment shows that the quality control department is effectively monitoring the services rendered by the PHCs. This helps put the PHCs in check and prompt them to offer quality services to the citizens. Having said that, the quality control department is also advised to visit more PHCs so that more data can be captured frequently.

Assessment was also carried out to enquire about health projects in the Area Council. 45.5% respondents admitted that there were yearly unaccomplished health projects; while 54.5% of the respondents acknowledged that there were no yearly accomplished health projects existing in the Area Council. Respondents were further asked if there were reported accomplished health facilities that were non-existent in the Local Government councils, 3.1% responded in affirmation while 96.9% refuted.

Questions relating to abandoned or uncompleted health projects were also asked and 93.8% responded by acknowledging that there are no abandoned or uncompleted health projects, while 6.3% respondents confirmed that there are uncompleted or abandoned health projects in the Area Council.

This uncompleted or abandoned projects can be found at Ushafa, Igu and Baragoni communities.



# Environmental Sanitation

In Nigeria, the National Environmental Standards and Regulations Enforcement Agency (NESREA) is responsible for enforcing all environmental laws, policies (such as the National Environmental Sanitation Policy) as well as environmental sanitation standards and regulations in Nigeria

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## ENVIRONMENTAL SANITATION

Environmental sanitation is described as a way of bringing about healthy and hygienic conditions in the environment to encourage public health and well-being, improve quality of life and ensure a sustainable environment.

Environmental sanitation is divided into vital parts which include but are not limited to solid waste management, medical waste management, sanitary inspection of premises, school sanitation, management of urban drainage, market, abattoir sanitation etc.

Inadequate environmental sanitation has been known to be a public health threat globally and if not taken seriously could result to deteriorating quality of life and well-being.

In Nigeria, poor environmental sanitation condition has contributed to a high occurrence of infectious diseases such as cholera, tuberculosis, malaria, typhoid, diarrhea, and severe respiratory infections. These diseases account for a substantial proportion of sickness and death rate in the country.

In order to address the issues of sanitation in the country, the National Environmental Sanitation Policy was introduced. The policy aims to achieve Sustainable Development Goal (SDG) 6,

which is to ensure availability and sustainable management of water and sanitation for all and specifically to:

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

In other to further tackle the concerns of sanitation in the country, the WASH (Water Sanitation and Hygiene) program was introduced which is also in line with the Sustainable Development Goal (SDG) Goal 6.

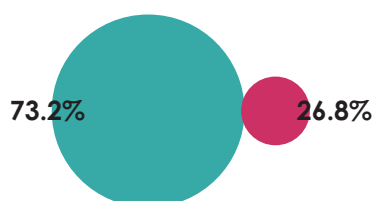
The program was introduced to help improve access to water, adequate sanitation and enhance hygiene, which will in turn improve health, life expectancy and the quality of life of the people.

In Nigeria, the National Environmental Standards and Regulations Enforcement Agency (NESREA) is responsible for enforcing all environmental laws, policies (such as the National Environmental Sanitation Policy) as well as environmental sanitation standards and regulations in Nigeria.



Are there provisions for waste bins in strategic location in the LGA?

Yes No



Are there good provisions of public conveniences in the LGAS?

Yes 12.5%

No 87.5%

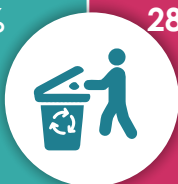
Are waste disposed indiscriminately?

71.8%

28.2%

Yes

No



How often are the wastes disposed or evacuated?

38%

31%

31%

Frequently

Never

Ocassionally

How is the sewage/refuse dispose?

32.7%  
Burning

30.9%  
Septic Tank

18.2%  
Indiscriminately

10.9%  
By PSP & Incineration

5.5%  
Waste Mgmt Agency

1.8%  
Dump Site

What time of the day are the refuse disposed?

17.5%

7.5%

75.0%

At midday

At night

In the morning

Is there provision for waste mgmt & disposal?

Yes 38.9%

No 61.1%

At the state level, each state has an environmental protection agency or board that ensures the implementation of the environmental sanitation policy in line with NESREA.

In Abuja, the AEPB (Abuja Environmental Protection Board) is committed to waste management and to provide 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 National Environmental Sanitation policy especially at the grassroots level. In as much as the NESREA, environmental

protection agencies/ boards and even the local governments strive to ensure that the environmental sanitation is adequate and conducive for all, they have however been criticized for lack of effective and efficient execution of their responsibilities.

The NESREA has been slammed for not effectively enforcing the environmental laws and policies which has led to non-compliance of the environmental sanitation law and regulations all over the country.

Also, the environmental protection boards/agencies in different states and even the local governments have been critiqued for not effectively 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 backlash as they have also been found guilty of not providing effective and efficient service delivery in relation to environmental sanitation which has resulted to a filthy and polluted environment.

In view of the above, an assessment was carried out in varied communities in Bwari Area Council to ascertain the local government's service delivery in relation to environmental Sanitation.

Area Councils in the FCT have also been found guilty of **not providing effective and efficient service delivery in relation to environmental sanitation** which has resulted to a filthy and polluted environment.



## Waste Disposal/ Management Services

Wastes are unwanted and unusable materials and are considered as substances which are not viable. Sources of wastes include industrial, commercial, domestic (household), agricultural, sewage and waste from human excreta.

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

In order to ascertain the availability of waste bins in the Area Council, community members were asked if they had waste bins strategically located in their vicinities. From their responses, it was obvious that the waste bins available in the locality are limited.

About 73.2% of the communities in Bwari Area Council do not have provisions for waste bins in strategic locations while 16.8% have provisions for waste bins in strategic locations.

The unavailability of proper waste bins in strategic locations in the communities could result to indiscriminate waste disposal which will in turn lead to a littered and filthy environment. A littered and filthy environment can increase the spread of infectious and airborne diseases such as cholera, malaria, tuberculosis, lassa fever and even the current pandemic, COVID 19.

In view of the above and in line with the Nigeria Centre for Disease Control (NCDC) 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 facilitate the provision of proper waste bins in strategic locations in the communities in order to curb indiscriminate waste disposal which will subsequently result in having a consistently clean environment free from all forms of infectious diseases and conducive enough for all.

Questions on how wastes are disposed and the frequency at which they are disposed in the communities were also asked. About 71.8% of the communities confirmed that their waste is disposed indiscriminately while 28.2% of the communities have their waste disposed properly. 38% have their waste evacuated frequently, 31% of the communities have their disposed waste evacuated occasionally, while 31% never have their waste evacuated.

From the analysis above, most communities in the Area Council dispose of their waste indiscriminately. This could be due to the absence of waste bins in strategic locations as earlier discussed. The analysis also shows that the frequency at which waste is been disposed is inadequate and this could also be as a result of the waste management agencies not being able to get to all the communities.



In light of the increased spread of the pandemic, COVID 19 and according to the guidelines of NCDC, waste disposal should be done regularly and accurately to curb the spread of infectious diseases.

In this case, Bwari Area Council would have to increase private sector participation in waste management as this will ensure regular and extensive waste collection in all communities.

Truck waste carriers can serve as middlemen to collect waste from the communities for onward disposal to the PSP/waste management agencies.

In other for the waste workers/ collectors to remain safe and protected, they are also to adhere to some guidelines that will prevent them from being infected

from any form of infectious diseases. The NESREA guidelines emphasizes that the waste workers avoid direct contact (without gloves) with bins or bags.

Hence, all waste workers are also expected to wear Personal Protective Equipment (PPE) 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.

With regards to sewage disposal, 30.9% affirms that they dispose of their waste through septic tanks. This percentage is really low as this could imply that most people in the communities, dispose of such waste indiscriminately.



Sewage waste that is not properly disposed leads to unhygienic conditions that could result to serious health hazard. In other to mitigate this, Bwari Area Council can place sanctions on residences that do not have toilet facilities or a proper sewage disposal mechanism.

30.9% refuse is disposed by burning, 18.2% is disposed indiscriminately, 10.9% is disposed by Private Sector Partnership (PSP) and incineration, 5.5% is disposed by Waste Management Agency, while 1.8% is disposed at a dumpsite.

The respondents reported that 75% of waste is disposed in the morning, 17.5% is disposed at mid-day while 7.5% is disposed at night. 61.1% of the communities do not have provision for waste management services and disposal while 38.9% have provisions for management services and disposal.

From the above analysis, it is obvious that the majority of the waste in the Area Council are disposed by burning. Frequent burning of waste can cause air pollution, which may result to the spread of some common airborne diseases like measles, influenza, whooping cough, etc.

In other to mitigate this, the Area Council should support public awareness and enlightenment on the health hazard caused by refuse burning.

Bwari Area Council can also enlighten

the public on preventive measures (such as vaccination, regular handwashing, covering sneezes and coughs with an elbow or tissue) on the aforementioned airborne diseases using the guidelines provided by NCDC (Nigerian Centre for Disease Control).

### Availability of Good Public Conveniences

87.5% of the respondents reported that good public conveniences are not available while 12.5% responded that good public conveniences are available.

The unavailability of good public conveniences will lead to indiscriminate disposal of human waste. It is therefore advised that the Area Council in collaboration with the Federal Ministry of Environment facilitates the building of more toilet facilities and maintain the already existing ones in strategic public places.

With consideration to the pandemic COVID 19, the hygiene of the public conveniences would have to be taken extremely seriously as stipulated in the NCDC guidelines by ensuring routine cleaning of high contact areas such as toilets, door handles, hand wash facilities and the constant provision of water, soap and hand sanitizers for use at the public conveniences.

Bwari Area Council should therefore work in partnership with the Federal Ministry of

Water Resources (as the lead agency for WASH activities in Nigeria) to provide constant water supply for the effective implementation of the WASH program which will also help improve the hygiene of the people in the communities as well as curb the spread of COVID 19.

### Sanctions against Citizens and Service Providers for Indiscriminate Waste Disposal

On supporting sanctions against citizens and service providers on indiscriminate waste disposal, 100% of the respondents agreed to this.

100% respondents agreeing to this implies that they all hope that these sanctions would help caution people to keep their environment clean.

**Majority of the waste in the Area Council are disposed by burning. Frequent burning of waste can cause air pollution, which may result to the spread of some common airborne diseases like measles, influenza, whooping cough, etc.**



## Recommendations

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1. With the COVID- 19 pandemic in view, the provision of clean water supply by the Area Council is of utmost importance to the LEAs and PHCs as this will ensure that the WASH program is observed as well as encourage the practice of handwashing which will help in curtailing the spread of the virus.

2. Bwari Area Council is also encouraged to draw the attention of the Ministry of Works and Housing to assist in the renovation and maintenance of the PHCs as well as the access road leading to the PHCs. In addition, the Area Council should collaborate with construction firms operating within their locality to assist in the maintenance of the access roads and the structure of the PHCs and LEAs.

3. In other to mitigate the issue of electricity faced by the LEAs and PHCs, the Area Council is advised to invest more in solar inverters that can provide 24 hours electricity as the country's electricity grid is overstretched and limited. This will improve the quality of services delivered and encourage 24-hour service, especially at the PHCs.

4. It is recommended that the Area Council should collaborate with the Ministry of Health, Non-Governmental Organizations (NGOs), and philanthropists, to assist in the provision of

basic clinic essential equipment such as beds, mattresses, first aid kit, mosquito nets, delivery packs, cold chain for vaccines, etc. as it will aid effective service delivery.

5. The Area Council should liaise with relevant authorities to ensure that key staff such as doctors and nurses are also posted to the grassroots where the people need them the most.

6. It is very critical that more wards with good source of ventilation be constructed in the PHCs as this will help reduce the spread of diseases (such as the COVID-19), clustering of patients, and encourage social distancing as given in the Nigeria Center for Disease Control (NCDC) guidelines.

7. Bwari Area Council should identify and partner with NGOs, philanthropists, religious organizations, who in a bid to curb the spread of COVID-19, are currently supporting the government in the provision and distribution of essential equipment and clinical consumables to varied hospitals and health centres; to also provide and distribute to the PHCs in the Area Council.

8. The unavailability of wastes bins at strategic locations in the communities will result in indiscriminate waste disposal



which will in turn lead to a littered and filthy environment. There is a need for the Area Council to provide waste bins at strategic locations in the communities in order to curb indiscriminate waste disposal which will subsequently lead to a clean environment conducive for all.

9. The location of the dumpsites within the PHCs are hazardous to human health. It is therefore recommended that the Area Council should work with the Federal Capital Territory Administration (FCTA) to ensure that dumpsites be situated at a strategic location outside the PHCs where waste management agencies can have easy access to the wastes for onward disposal to the dump sites.

10. The Area Council should 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.

11. The Area Council should engage with Abuja Electrical Distribution Company (AEDC) to ensure that there is electricity in the LEAs and the PHCs. This

should be done by paying off outstanding bills of the facilities and/or reconnecting the electricity.

12. The Area Council should 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 and prevent vandalism of property.

13. The Ministry of Education, UBEC, NGOs and CSOs should 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 should ensure that there are sufficient updated learning materials. These institutions and organizations should also assist in the provision of furniture in the LEAs.

14. The Area Council needs 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.

## Observation and Conclusion

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### OBSERVATIONS

- 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.
- 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.
- 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.



Most 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.

## CONCLUSIONS

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 and 6 which aims for Good Health and Well-Being, Quality Education, Clean Water and Sanitation respectively.



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