



NARRATIVE REPORT ON THE
ASSESSMENT OF NUMAN LOCAL GOVERNMENT
SERVICE DELIVERY

ON EDUCATION, HEALTH, SECURITY, **AND** SOCIO-ECONOMIC WELFARE

August 2020 – September 2020

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ACKNOWLEDGEMENT

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 Numan Local Government Area Honourable Innocent Koto, the Secretary of the Local Government–Honorable Foreadan Nagapiya and other 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 ten (10) 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 – Nkem Okereke, Ijeoma Igwe, and Nneka Odenigbo, reviewed by the Citizen's Security Program Officer, Tolu Ojeshina. Finally, we appreciate the guidance and leadership of the Executive Director of PWAN- 'Kemi Okenyodo-for commitment to the assessment.

Introduction

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, Security, and Socio-economic Welfare of the citizens. The assessment was conducted in Local Education Authorities (LEAs), Primary HealthCare Centers (PHCs) and the communities of Numan Local Government Area (LGA) of Adamawa State.

Background

Local Governments, as the third tier of government, were created to bring government closer to the people at the rural communities and for the transformation of lives at that level. The local government is constitutionally responsible for the provision of basic social and public services to the citizens at the local level. An effective local government administration plays a vital role in ensuring efficient provision of public services at the grassroots.¹

Government's service delivery in the Nigerian structure is a complex one and there is concern that services rendered to citizens by the local governments are not being seen. Local governments are faced with challenges which has led to

ineffectiveness and inefficiency of basic service delivery to citizens. One of such challenges is that they have become attachments of states' governments as there is no administrative, financial, and political autonomy for local government administrations. The lack of adequate funding of local governments is another challenge which has made the local governments to be financially constrained to effectively perform their responsibilities to the citizens at the grassroots.²

In a bid to strengthen and improve service delivery within the local government structure, PWAN through the ACCESS Nigeria II project partnered with 2 LGAs in Adamawa State – Numan and Demsa – to conduct an assessment of their services delivered to citizens. This report details the findings from Numan LGA.

Observation Process

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

1. An advocacy visit was carried out to the LGAs in order to get buy in of the project;
2. Development of Assessment Scorecard which was used to assess the effectiveness of service delivery in the LGAs;
3. Organized a collaborative meeting with the LGAs and citizens to jointly review the content of the scorecard;
4. A total of 20 citizens observers were recruited and trained across the 2 LGAs

¹ <https://www.legit.ng/1130224-structure-functions-local-government-nigeria.html>

² <https://iiardpub.org/get/PSLR/VOL.%203%20NO.%202%202017/Local%20Government.pdf>

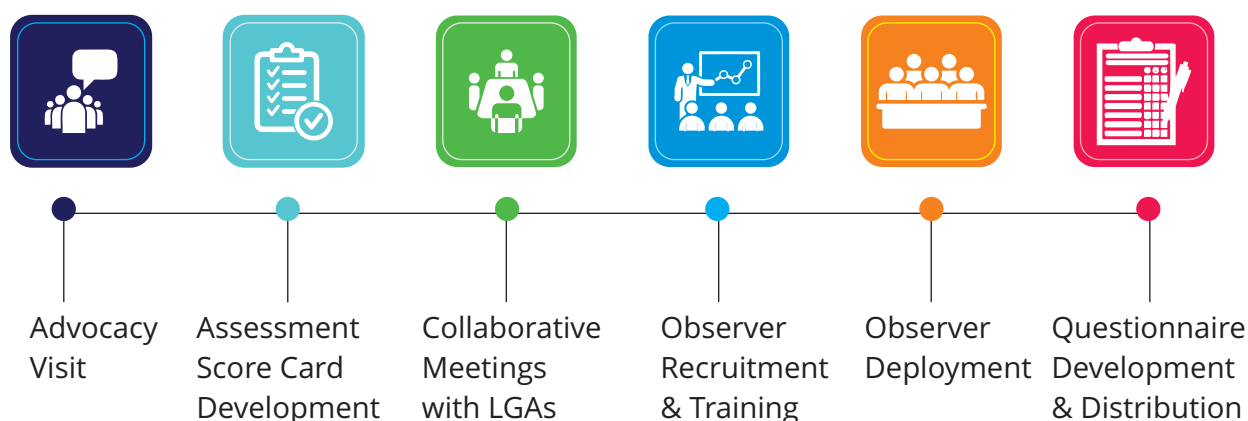
namely 8 for Numan³ and 12 for Demsa to assess service delivery across the Area Councils in three areas – education, health and environmental sanitation;

5. In Numan, 8 citizen observers were deployed using an online application known as “Kobo Toolbox” to assess the level of Numan's service delivery to

citizens for a period of 2 months (August 2020 – September 2020) in the areas earlier mentioned.

6. Different questionnaires were made for head of schools, teachers, students, medical staff, Local Government officials and other citizens for accurate responses

Observation Process



³ A total of 52 Primary Schools, 32 PHCs, and 27 communities were assessed in the Local Government.



EDUCATION

Education at The
Local Education Authorities
Primary Schools

EDUCATION AT THE LOCAL EDUCATION AUTHORITIES PRIMARY SCHOOLS

The concept of primary education is commonly observed to be an education given to children within their late childhood as the foundation laying level. This usually comes after the preschool as the first stage of formal education and it is geared towards enabling students to develop essential learning skills and providing them with basic learning content.⁴

In Nigeria, the Local Government has the constitutional responsibility in primary education⁵. According to decree no 31 of 1988, the federal government was to be responsible for 65% of fund for primary education while the state and local government were responsible for 25% and 10% respectively. The decree established the National Primary Educational Management Board, Local Government Education Committee, District and Village Education Committee, and Primary School

Management Board at the state level. The decree No 3 promulgated by the former Head of State General Ibrahim Babangida in 1991, introduced the primary education management in Nigeria thus restoring the management of primary schools to local governments. The decree established a Local Government Educational Authority (LGEA) or Local Education Authority (LEA) in each of the local government area 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 financial and management of education within their local government areas. The responsibilities of the LEAs as stated in the NPE 2004 includes:

1. The appointment promotion, discipline



In Nigeria, the Local Government has the constitutional responsibility of providing primary education. According to decree no 31 of 1988, the federal government was to be responsible for 65% of funds for primary education while the state and local government were responsible for 25% and 10% respectively.

⁴https://www.researchgate.net/publication/314544038_Primary_Education_as_a_Foundation_for_Qualitative_Higher_Education_in_Nigeria (Accessed 04/11/2020 09:45am)

⁵<https://www.ajol.info/index.php/ijah/article/view/191454> (Accessed 04/11/2020)

Pensions

The payment of pensions and graduates



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

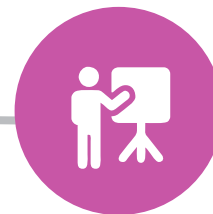
Supervision

Supervision and quality control in all primary school in their area in conjunction with



Management

The overall management of their educational plans



Retraining

The retraining of teachers.

The responsibilities of the LEAs as stated in the NPE 2004

and transfer of primary school teachers and non-teaching staff within their areas of jurisdictions.

2.The payment of primary school teachers' salaries and allowances.

3.The payment of pensions and gratuities.

4.The retraining of teachers.

5.The overall management of their educational plans.

6.Supervision and quality control in all primary school in their area in conjunction with the federal and state authorities⁶.

However, in north-eastern part of the country, education has been confronted with the challenges of Boko Haram insurgency. This is because the Boko Haram insurgency has led to the destruction of many schools which have made the affected states to close down school and colleges for a long period of time. In Adamawa state, analysis done showed that educational output is affected by low school enrolment, school attendance and educational infrastructure as well as high number of out of school children⁷.

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

Accessibility

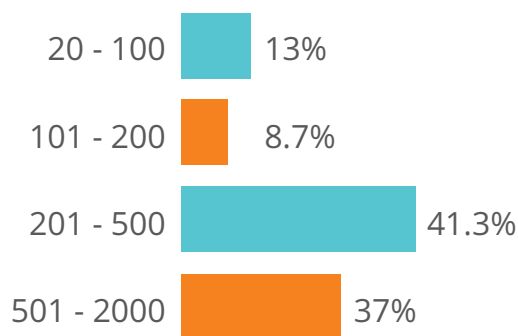
One of the functions of the LEAs is to provide free basic education for the children local communities. Therefore, to understand the volume of enrollment in the schools, the head teachers were asked the number of pupils in the schools, 37% of the schools assessed reported they have 501-2000 pupils in the schools, 41.3% responded that they have 201-500 pupils in the school, 8.7% responded that they have 101-200 pupils while 13% reported they have between 20-100 pupils in their schools.

Further questions were asked on if the schools assessed are located within the community, it was observed that 86.8% of the schools assessed are located within the community while 13.2% are not within the communities. With regards to accessibility of the roads, it was noted that 65.8% of the schools have accessible roads while 34.2% of the schools have inaccessible roads. Further assessment revealed that 89.5% of the pupils in these schools walk to the school while the remaining 10.5% use transportation. From the reports majority of the children walk to school and this might involve walking a long distance to get to these schools. It could affect the children's punctuality to school or make them exhausted in schools leading to low academic performance. Considering the vulnerability of the communities to insecurity, children can equally get attacked or kidnapped on their way to the schools. Therefore, to aid easy and safe transportation for the children to and

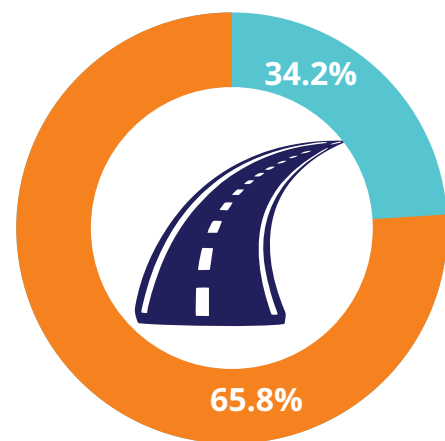
from school, there is a need for the provision of school buses operated by the Local Government. There is also a need for the Local Government to engage with the appropriate construction agencies to ensure that the roads leading to the schools are easily accessible.

From the assessment, it was observed that majority (92.1%) of the schools do not have sign posts indicating the schools while only 7.9% have signposts. This might result to poor enrollment of students in the schools especially for the schools not located within the communities.

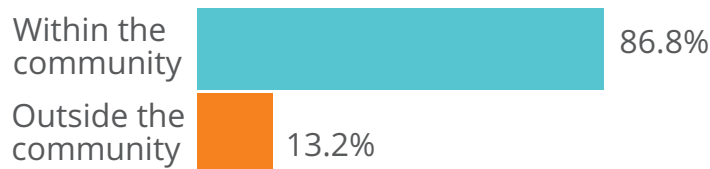
How many Pupils do they have in the schools?



Are the roads accessible?

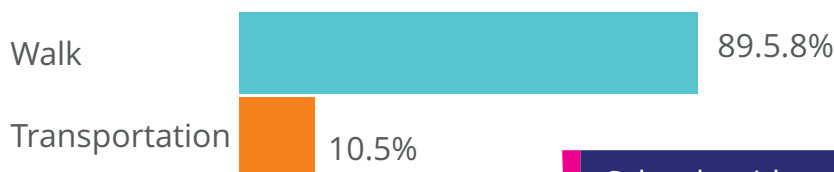


Proximity of Schools to the Community



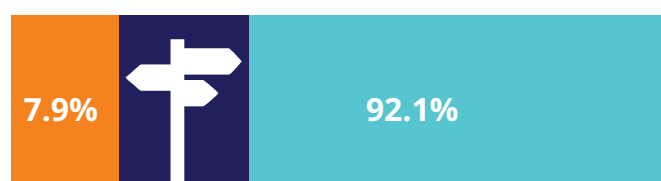
■ accessible roads
■ no accessible roads

How do pupils go to school?



Schools with or without signpost

■ With Signposts
■ Without Signposts



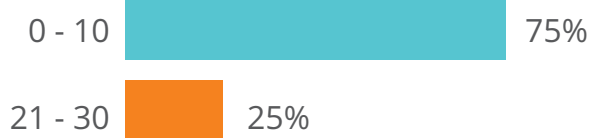
Infrastructure/ Physical Condition

The teachers were asked on how many classrooms existed in their schools, 75% of the schools had less than 10 classrooms while 25% of the schools assessed had 21-30 classes in their schools. Further questions were asked if there are enough classrooms for the pupils in the schools, from the responses, 89.5% of the schools assessed do not have enough classrooms while 10.5% of the schools have enough classrooms for the pupils. Since the local government is responsible with building and

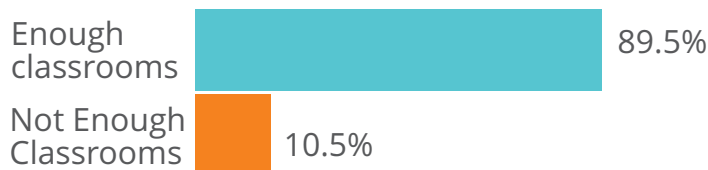
maintenance of primary schools, it is recommended that more classrooms are provided for the students to accommodate the pupils in the schools, this will ensure proper spacing in the classrooms especially as physical distancing is compulsory in curbing the spread of the COVID-19 pandemic.

In order to ensure health and safety of the pupils in the schools, there were questions on if the classrooms were ventilated, 49.8% of the schools assessed have poorly ventilated classrooms while 50.2% have ventilated classrooms. The Local Government and heads of schools

Number of Classrooms in schools



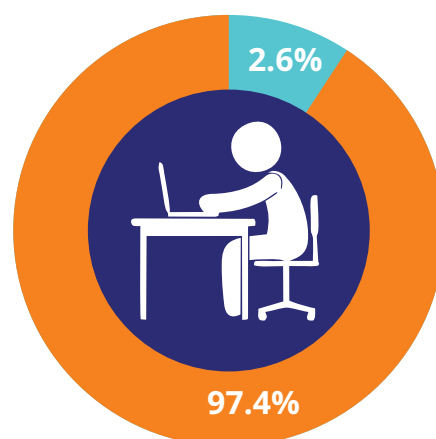
Are there enough classrooms?



Classroom Ventilation



Are there enough desks?



Not enough Desk & Chairs
Enough Desk and Chairs

are therefore advised to ensure proper ventilation of all classrooms in the schools.

With regards to the desks and chairs available for proper learning, 97.4% of the schools assessed do not have enough desks and chairs while 2.6% of the schools have enough desks and chairs. Further questions on how many desks and chairs the schools have available showed that all the schools assessed have like 6-10 desks and chairs each in their classes. Since majority of the schools don't have enough desks and chairs for pupils, the head teachers can collaborate with the LEAs to provide more in the classes as it contributes to enrolment and attendance.

School Population and Enrolment

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 teachers were asked the teacher-pupil ratio and the response shows that 74.4% of the schools have 21-40 pupils in a class, 17.4% have 41-60 pupils in a class, 5.8% of the schools have 61-80 pupils while the remaining 4.9% have more than 80 pupils in a class. This is commendable for effective learning.

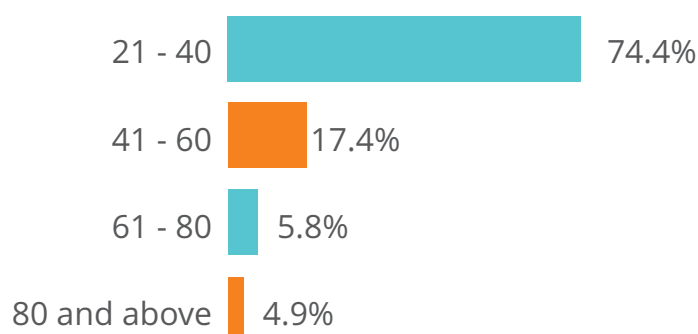
With regards to the classroom sizes and the number of students the classrooms could accommodate, it was reported that

69.2% of the schools assessed have classrooms that can accommodate 21-50 pupils, 2.5% of the schools have classrooms that can accommodate 5-20 pupils while 28.3% of the schools have classrooms that will accommodate 51-110 pupils. This is equally commendable.

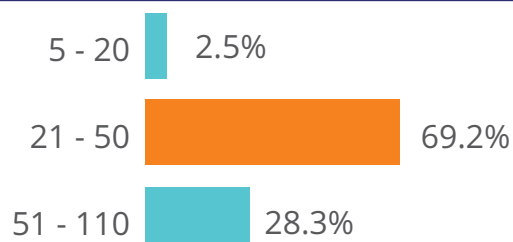
Renovation and maintenance of public property has always been a source of concern, therefore, this prompted the question of how often the schools, 40.5% of the schools assessed are being renovated occasionally while 59.5% of the schools have never been renovated. According to the provisions of the 1999 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. The local government is therefore advised to always ensure the primary schools are in good physical conditions by maintaining and renovating as at when due.

With regards to electricity, it was observed that 94.7% of the schools do not have electricity supply, while 5.3% have electricity supply. From a similar assessment carried out in FCT, the reason for absence of electricity was majorly due to outstanding bills owned by the schools. However, if that is the case, there is a need for the Local Government to engage with the Yola Electrical Distribution Company (YEDC) to ensure that there is electricity in the LEAs

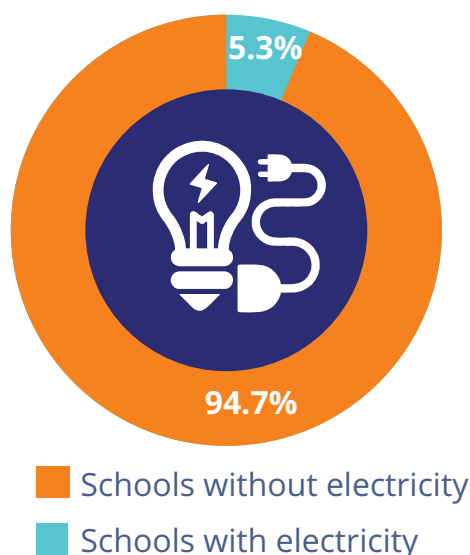
How many Pupils do they have in the schools?



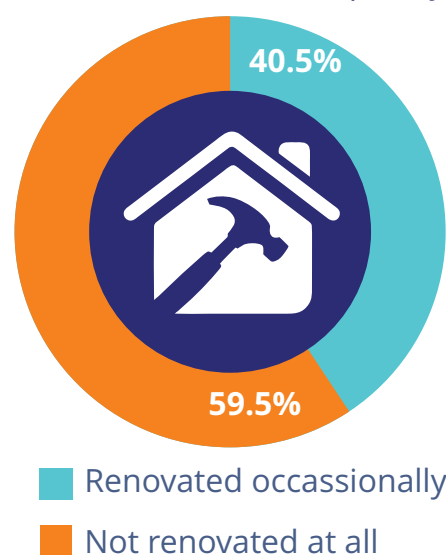
How many Pupils can the classrooms take?



Schools electricity supply



Schools renovation Frequency



Security and Safety

On safety and security structures put in place in the schools, it was observed from the assessment that 86.4% of the schools assessed were not fenced while 13.6% were fenced. 93.9% of the schools do not have security guards while 6.1% have security guards at the gate. This could be attributed to the fact that majority of the schools assessed are not fenced and thus do not have gates.

Pupils in schools are regarded as the responsibility of the teachers and head teachers since they are being cared for by them. It is therefore imperative that they also have the responsibility of ensuring the safety and security of the people hence the assessment on safety measures (fire extinguishers) put in place for protection of pupils. From the responses 100% of the schools assessed



89.5% of the schools assessed do not have enough classrooms while 10.5% of the schools have enough classrooms for the pupils.

do not have safety measures put in place for protection of children. The head teachers can liaise with the government to ensure there are supplies like fire extinguisher and first aid boxes in the schools.

The observers assessed the school environment and report showed that 97.3% of the schools do not have injurious objects such as manholes or open drainages in the school compounds while 2.7% of the schools have such injurious objects in the school compounds. This is commendable as it shows the majority of the schools are kept safe and harmless for the pupils.

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

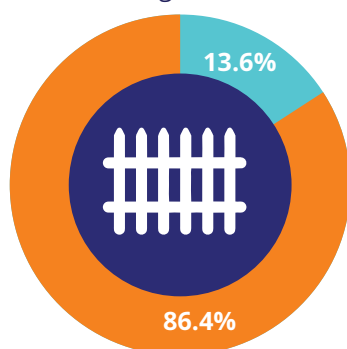
abuse including sexual gender-based violence and neglect to mention a few. 89.7% of the schools do not have any framework designed for child protection. This leaves a question of how the children are being protected.

Staffing and Qualification

The importance of qualified teachers in the schools for better learning cannot be overemphasized. Therefore, to understand the qualifications of staff in the schools, the head teachers were asked the educational qualifications of teachers in the school. In their responses, it was recorded that 23.7% of the teachers in the primary schools have certificates from the National College of Education (NCE), 39.5% have ordinary diploma, 26.3% have their B.Sc., 7.9% have their HND while the remaining percentage have other certificates not specified. There were further questions whether the graduates without education background have their PGD in education, in response to that, 76.3% do not have their PGD in education while 23.7 have their PGD in education. According to the policy from Teachers Registration Council of Nigeria, PGDE is compulsory for graduates who wish to become teachers but do not have education background.

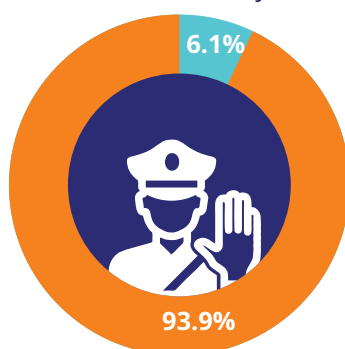
The Teachers Registration Council of Nigeria (TRCN) was established in 1993 and saddled with the responsibilities of controlling and standardizing education in Nigeria. They also provide the best and well-trained teachers into the Nigerian Education Institutions. In line with this,

School Fencing



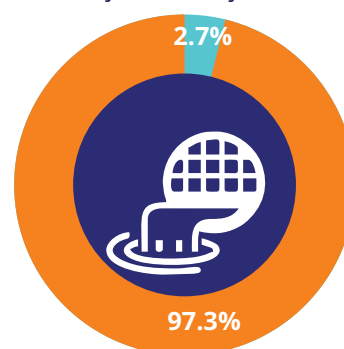
■ Schools not fenced
■ Schools fenced

School Security



■ Schools without security
■ Schools with security

Injurious Objects



■ Schools without Injurious objects
■ Schools with Injurious objects



89.7% of the schools do not have any framework designed for child protection

questions were asked on whether teachers are registered with TRCN with evidence of certificates of registration, it was observed that 60.5%% of teachers are registered while 39.5% are not registered. For continuous capacity building for the teachers, head teachers and the LEAs in the local government are encouraged to mandate teachers to register with the TRCN.

With regards to the welfare of the teachers in these schools as it plays a major part in motivation, the teachers were asked if their salaries are being paid as at when due, all the schools (100%) affirmed they get their salaries as at when due. This is commendable and the Local government is advised to keep this up.

Educational Materials/ Resources and Library conditions.

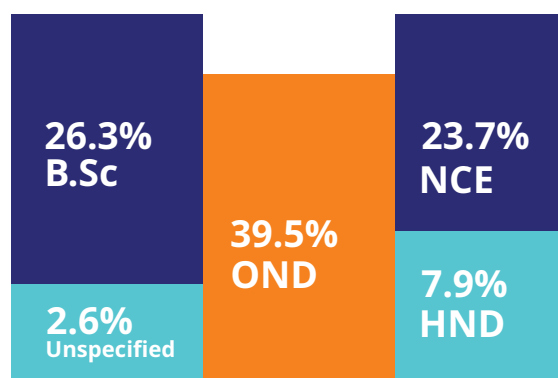
PWAN categorized educational materials as textbooks, exercise books and other writing materials for the purpose of the assessment. The parents of the pupils in the schools were asked if the pupils' educational materials are bought in the school, 99.8% reported that educational materials are not bought in the schools while 0.2% reported that the educational materials are bought in schools. The pupils and parents were further asked if the pupils get free educational materials in the schools, 95.1% responded that they do not get free educational materials in the schools while 4.9% responded that they get free educational

materials in the schools. Among the few that responded that they get free educational materials in the schools, it was further observed that 33% of the educational materials are textbooks while 67% are exercise books. The above data shows that majority of the schools neither sell educational materials nor give the materials free in schools. This might affect the quality of learning for the children and its recommended that the head teachers collaborate with the LEAs to provide the basic educational materials for students.

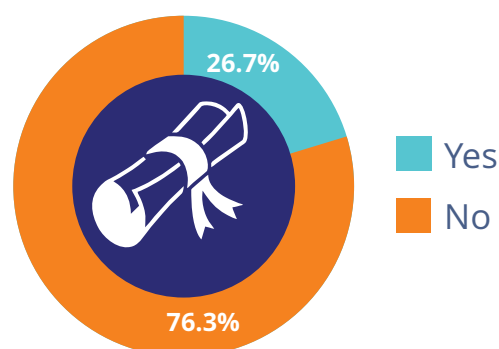
To ascertain the quality of learning in the schools, the observers asked if the schools have library facilities, 82.3%

responded that there are no library facilities in the school while 17.7% responded that there are libraries in the schools. The observers further asked the schools with libraries if the libraries are equipped but the majority (98.6%) reported that the libraries are not equipped and functional while 1.4% responded that the libraries are well equipped and functional. The report for this isn't commendable therefore, to improve the quality of learning, the Local Government is advised to collaborate with the appropriate authority e.g. the State Universal Education Board to erect and equip libraries in the LEAs.

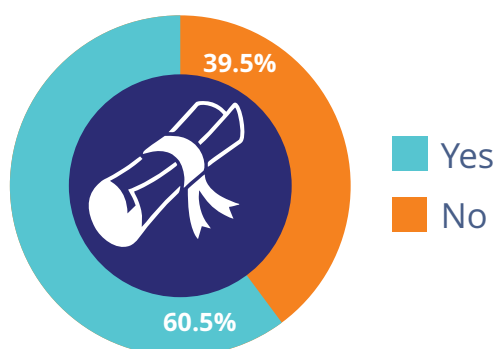
Educational Qualification of teachers



Do Graduates have PGD in Education?



Are teachers registered with TRCN?



For other educational materials like blackboards, dusters, chalks, and markers, the teachers in the schools were asked if they have them available and enough for learning, from their response, the observers noted that 94.7% of respondents said they don't have enough available while 5.3% affirmed to have

them available. For proper and effective learning, the LEAs are advised to work with the local government to get the needed supplies for the schools.

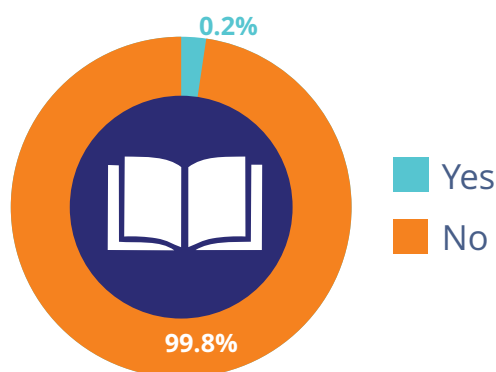
Free and compulsory education is the educational policy for the Federal Republic of Nigeria, and this is from primary to secondary schools. In line with this, the observers asked the parents and pupils if they pay school fees 99% of the parents interviewed responded in negation while 1% of the parents affirmed that they pay school fees. This could mean that a few schools pay some sort of fees and should be monitored.

In line with the quality of learning, observers inquired from parents to understand their views on the quality of learning the children receive from the school and it was gotten that only 13% are satisfied with the quality of learning

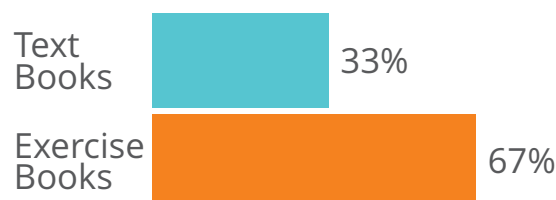
while 87% are not. To understand further why majority of the parents interviewed are not satisfied with the quality of learning, 4% responded that the kids are not learning effectively, 11% stated that the schools lack teachers 41% stated that the schools lack learning materials, 38% stated that it could be due to lack of classrooms while the remaining 3% stated that it could be the poor learning environment. When the environment is conducive, it will aid the kids in learning. The LEAs and head teachers are advised to take note of that and improve on the quality of learning.

During the lockdown caused by the global pandemic COVID-19, many schools were shut, some of the schools had contingency measures to ensure continuous learning for the kids while others did not. Based on this, the parents were asked if learning continued for their

Are educational materials bought in school ?



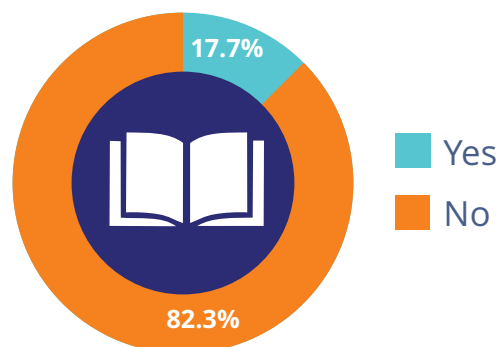
What type of educational materials?



Are there free educational materials?



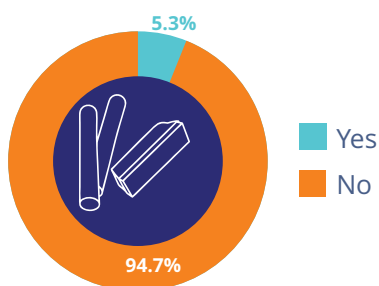
Do the schools have Library Facilities?



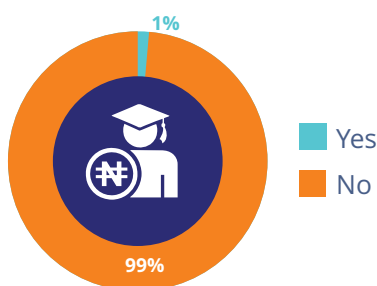


98.6% reported that the libraries are not equipped and functional while 1.4% responded that the libraries are well equipped and functional.

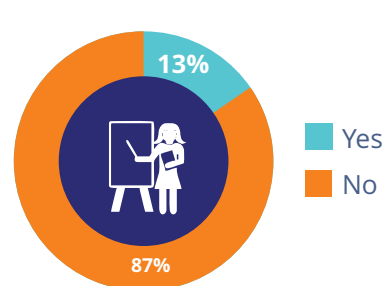
Are other materials like chalk, duster, boards etc enough?



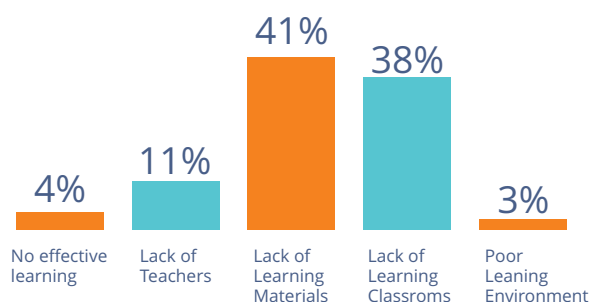
Do you pay fees?



Are you satisfied with the quality of learning?



Why are parents not satisfied with quality of Learning?



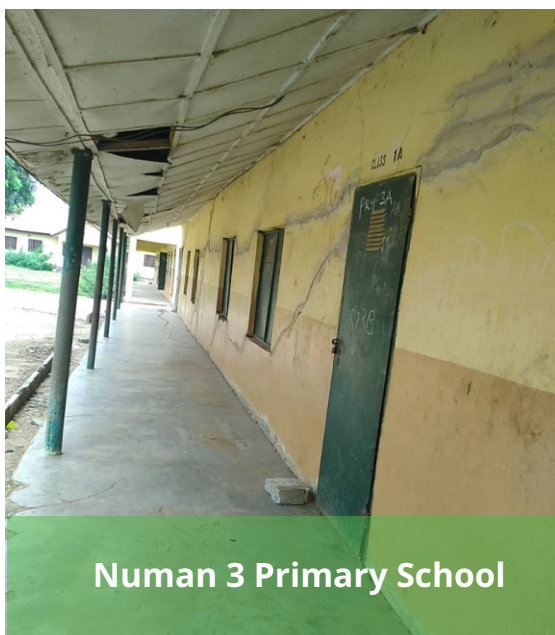
children with the lockdown of schools, 99% did not get continuous learning while 1% did and they got this education by revision and parents' assistance with school works.

Equal treatment of persons (special needs)

In a place of learning, equal treatment of

persons and inclusive education is always considered paramount. The assessment of children's and young people's developmental needs is one of the main responsibilities of teachers and specialists working with them. In line with this, the head teachers were asked if there is counselling clinics in the school, only 5.4% of the schools assessed had counselling clinics while 94.6% do not have counselling clinics. It is recommended that the LEAs ensure that trained teachers are available in all primary schools specifically for guidance and counselling.

Inclusive education is when all students regardless of any challenges they may have are placed in age-appropriate general education classes. This helps improve their physical, social, academic and emotional well-being and aids in promoting the child's right to education.



Numan 3 Primary School

the schools run an inclusive education, 15.8% of the respondents reported that the schools run an inclusive education while 84.2% refuted. The observers went on to ask the head teachers if there are special need students enrolled in the schools, 92.1% said there are no special needs in their schools while 7.9% of the schools assessed have special needs pupils in the schools. It was further gathered from the assessment that only 18.9% of the schools have basic needs for the special needs pupils while the remaining 81.1% do not have them in place. All the schools assessed do not have classes nor educators for the special needs. This calls for recruitment of qualified educators for special needs as it will improve the enrolment of special needs students in the schools.

For policies put in place with regards to sexual harassment, 71.1% of the schools assessed do not have policies put in place

for sexual harassment, 26.3% affirmed of having policies put in place while 2.6% of the respondents can't tell if there are such policies. The head teachers were further asked if there have been any cases of sexual harassment in the school, 81.6% responded that there have never been any cases of sexual harassment, while 18.4% could not tell if there has been since they have not witnessed any reported case. The head teachers were also asked if there are units where pupils can report cases of harassment, 29% responded in negation while 71% affirmed to that. This was to ensure the safety of children in the schools. This is commendable but the LEAs are encouraged to make this a priority.

Physical and health education is very vital for physical and mental health, social assimilation and better academic performance. Based on this, the teachers were asked if there are set days for physical and health education in the schools, it was gotten that 68.4% of the schools assessed have a set day for this activity while 31.6% do not. For the psycho-social well-being of the children it



During the lockdown, 99% of Children did not get continuous learning while 1% did and they got this education by revision and parents' assistance with school works.

is therefore, advised that all schools make it a duty to include this in their curriculum.

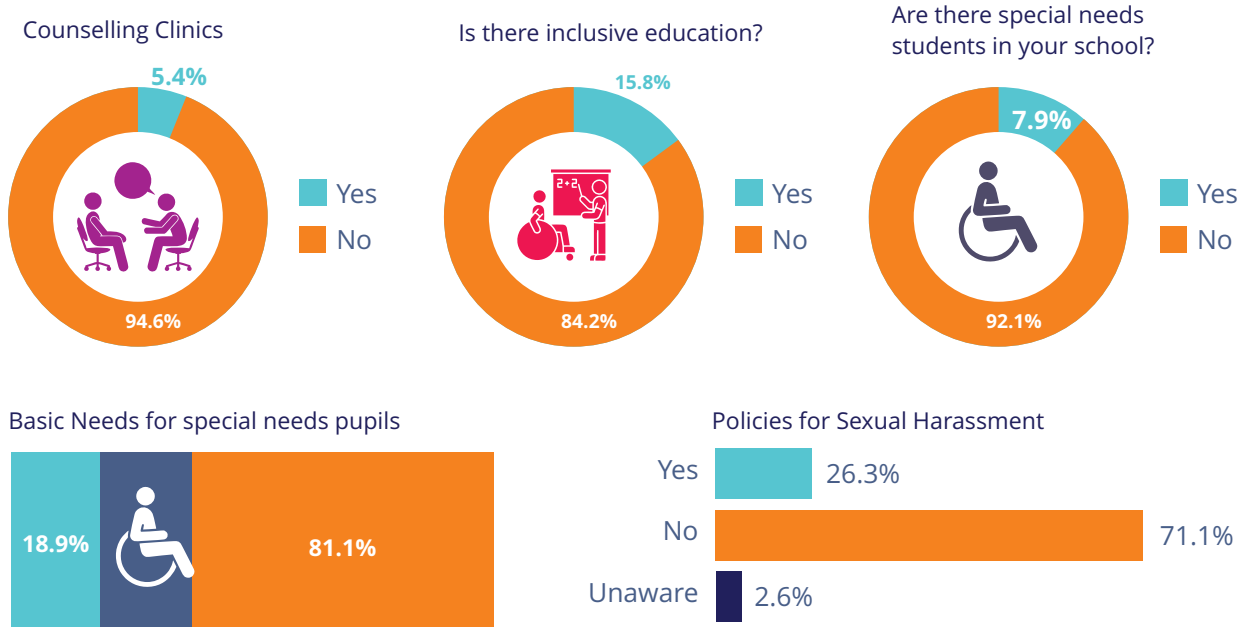
Hygiene and water supply

Water, Sanitation and Hygiene is very essential especially in this period of COVID-19 which has deemed it necessary and compulsory to engage in proper hygiene and regular washing of hands. From the assessment, 91.9% of schools do not have provision for clean water supply while 8.1% have provision for clean water supply. The few schools that have provision for clean water supply were asked the source of the water and from their response, 66.7% have their own from boreholes, while 33.3% get their water from water board.

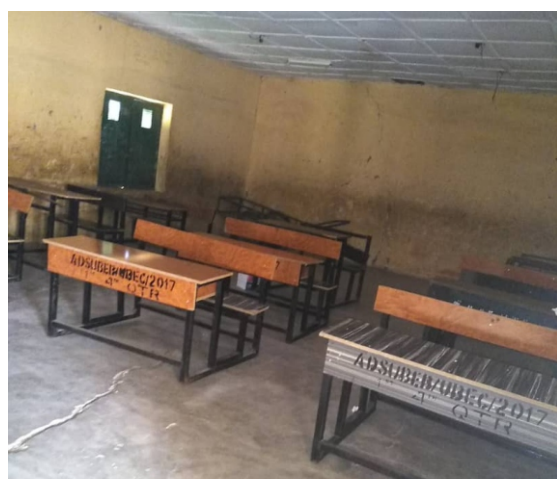
There were questions about toilets and

hygienic hand washing facilities put in place for the students, it was understood that 86.8% of the schools assessed do not have it in place while 13.2% have such in place. For the schools that have them in place 40% have less than four toilets and washing facilities in while 60% have between 4-6. The school is seen as another place a child spends a lot of time in, the local government saddled with the responsibility of maintaining the primary schools are encouraged to make suitable the schools for the comfort of the pupils. On whether males and females share same toilets in the schools, all the schools (100%) assessed have separate toilets. This is commendable as it will aid in disease control.

To understand the hygiene policy with regards to the toilet facilities, the observers inquired from the teachers



how often the toilets are cleaned and it was noted that 86.8% of the schools have a day set aside for cleaning while 13.2% do not. Further assessment showed that 60.6% clean weekly, 21.2% clean monthly while 18.2% clean monthly. This could



Numan 3 Class Room

mean that many of the schools assessed don't have their toilets in clean conditions.

Refuse disposal is an integral part of ensuring clean sanitary and hygienic practices, based on this, the schools were assessed on whether there are refuse baskets present in each classroom and from the response, 94.7% of the schools do not have refuse baskets in the classrooms while 5.3% of the schools assessed have refuse baskets in their classrooms.

The observers inquired about who provides sanitary items (soaps, detergents, disinfectants) for the schools and it was noted that in 39.5% of the schools assessed, the pupils provide the sanitary materials, head teacher provides



The head teachers were further asked if there have been any cases of sexual harassment in the school, 81.6% responded that there have never been any cases of sexual harassment, while 18.4% could not tell if there has been since they have not witnessed any reported case. The head teachers were also asked if there are units where pupils can report cases of harassment, 29% responded in negation while 71% affirmed to that.

for those in 36.8% of the schools assessed, 18.4% of the schools reported that the school management provides for the sanitary items while 5.3% of the schools get theirs from the government. With respect to sanitary towels for the girls in the schools, all the schools

assessed don't have provisions for that. This could be some of the things the local government in collaboration with Civil Society Organizations make available for the girl child in the schools.

Transparency/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 output s of the education system meet the set standards. It 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.

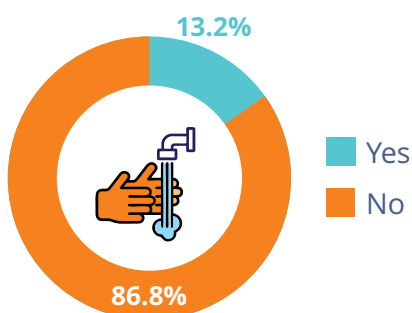
Based on that observers inquired if there are yearly accomplished projects existing in the local government and to this, the response was in affirmation, citing the rehabilitation of schools. Furthermore,

they were asked if there were abandoned education project and to this the response was No. There were further questions of if there were reported accomplished education project non-existent in the community and to this the respondents replied in negation.

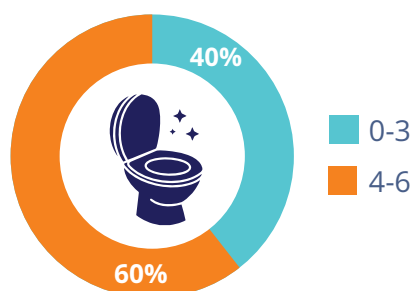


From the assessment, 91.9% of schools do not have provision for clean water supply while 8.1% have provision for clean water supply. The few schools that have provision for clean water supply were asked the source of the water and from their response, 66.7% have their own from boreholes, while 33.3% get their water from water board.

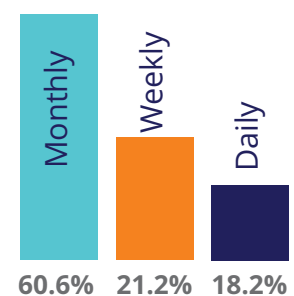
Handwash facilities



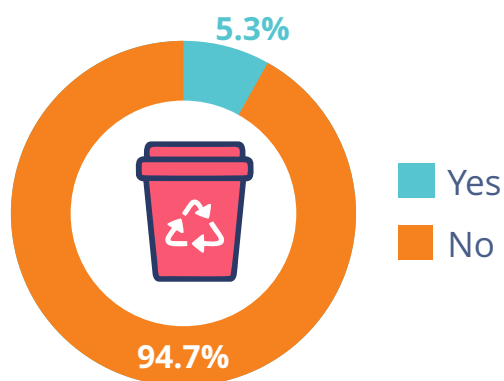
Number of Toilets



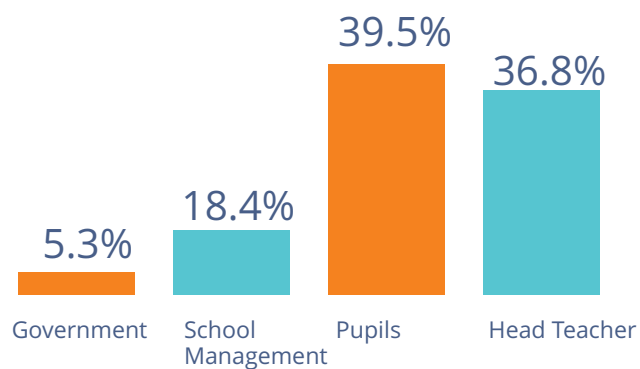
Cleaning Days



Refuse Basket



Who Provides Sanitary Items





HEALTH

PRIMARY HEALTHCARE CENTERS (PHCs)

PRIMARY HEALTH CENTRES (PHCs)

The Primary Healthcare Centers (PHCs) is the first point of contact citizens have with the health care system and is responsible for the and provision of comprehensive, accessible, community-based care that meets the health needs of individuals throughout their lives.

In Nigeria, the primary health care concept was adopted in the National Health Policy of 1988 as part of an effort to improve the equity in access and utilization of basic health services. The policy also aims to achieve the Sustainable Development Goal (SDG) 3 which is to ensure healthy lives and promote the wellbeing of all and for all and particularly to:

- Provide continuous and comprehensive care to the patients.

- Assist patients by providing them with the various social welfare and public health services initiated by the concerned governing bodies and other organizations.

- Offer quality health care and social services to the underprivileged sections of society.

- Refer patients to specialists and or hospital services.

As a result of the adoption of primary health care into the National Health Policy, the National Primary Health Care Development Agency (NPHCDA) was established in 1992 with the primary responsibility of ensuring that adequate primary health care services are available for all Nigerians; by administering vaccines for the control of preventable diseases, improving access to basic health facilities and health insurance, promoting community participation ownership and responsibility for health through ward development, committees, communication, and programs, etc.

Over the years, the PHC policy based on the Alma Ata Declaration for the benefit of the Nigerian population has not been effectively implemented due to the



In Nigeria, the primary health care concept was adopted in the National Health Policy of 1988 as part of an effort to improve the equity in access and utilization of basic health services.



existence of multiple administrative structures at the State level and overlapping responsibility for primary health care, which has further put barriers for citizens especially at the grassroots not to benefit from the service. In response to the identified challenges, the National Primary Health Care Development Agency (NPHCDA) with the support of PRRINN-MNCH(Partnership for reviving Routine Immunization in Northern Nigeria- Maternal Newborn and Child Health) and Health partners introduced the “Bringing PHC Under One Roof (PHCUOR)” policy which aims at reducing fragmentation in the delivery of Primary Health Care (PHC) services. The policy was approved by the National Council of Health in 2011 and has since been implemented in at least 23 states (Including Adamawa state) in Nigeria.

Another problem that has also affected the effective implementation of the PHC policy is the poor and slow response of the government on issues (especially

funding) that relates to the health sector. The health sector in Nigeria is a concurrent responsibility of the three tiers of government (Federal, State, and Local). However, the local government is responsible for overseeing the operations of primary health care facilities within their geographic areas by providing basic health services, community health, hygiene, and sanitation. The Local government has however been greatly criticized by the masses for not effectively carrying out their responsibility as it relates to the PHCs. This is evident in the appalling state of the PHC system in Nigeria; with only about 5% of the over 25,000 PHC facilities across the country functioning. Most of the PHCs facilities have been abandoned, while some of the functioning ones cannot provide essential health-care services and are faced with issues such as; poor staffing, inadequate equipment, poor distribution of health workers, poor quality of health-care services, poor condition of infrastructure, as well as the lack of essential drug supply.

The local governments in Adamawa State are not left out of this criticism as they have also been found guilty of not effectively carrying out their duties as it concerns the PHCs. Due to the poor condition of the primary health care centers as well as part of an effort to strengthen the weakened healthcare system in the state, the World Health Organization (WHO) with funding support from the European Union and Global Affairs Canada is rehabilitating selected health facilities in Adamawa state.

Given the above, an assessment was carried out in varied communities in Numan Local government in Adamawa State to ascertain the Local government's service delivery concerning Primary Healthcare Centers. Below are the findings from the assessment.

Accessibility

When the citizens were asked how far the PHCs were from their communities, 65.3% responded that the PHCs are not far from the communities, while 34.8% acknowledged that the PHCs are located far from their communities.

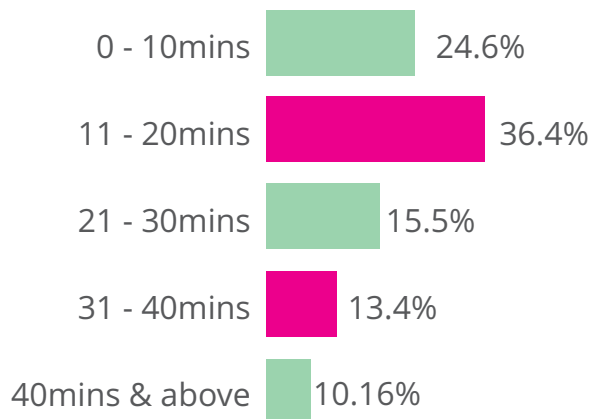
To further understand the distance of the PHCs to the community, 36.4% stated that it will take between 11-20 mins to get to the PHCs. 24.6% responded that it takes them less than 10 minutes to get to the PHCs, 15.5% of the community asked confirmed that It will take about 21-30 mins to get to the PHCs, 13.4% responded that it will take between 31-40

minutes to get PHCs while 10.16% asserted it takes above 40minutes to get to the PHCs.

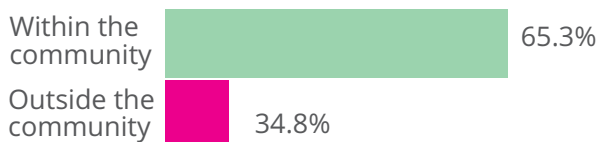
When asked how accessible the roads to the PHCs are; 67.4% responded that the roads to the PHCs in their community are easily accessible; while 32.6% acknowledged that the roads to the PHCs in their communities are not easily accessible. To further ascertain their means of transportation to the PHCs, responses show that 59.4% walk down to the PHCs, 25.2% of the community members uses motorcycles as a means to get to the PHCs, 8.6% use tricycles popularly known as Keke, 5.4% use cars, while, 1.6% affirmed that they use other means.

In as much as most of the communities confirmed to having good access road, 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, farmer headers attack that occurs on most of the roads). In addition, when it rains, some members of the communities are cut off due to flooding which makes the PHCs inaccessible. Due to this, such community members who are in dire need of these services will be restricted and will not enjoy the services provided. The Local government 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 benefit from the services rendered.

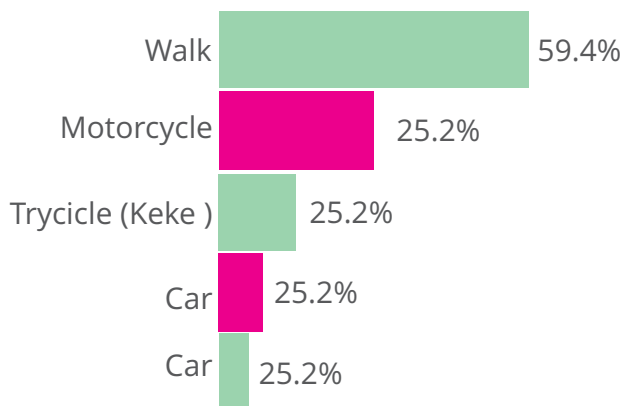
How far is the PHC to the community?



Proximity of PHCs to the community



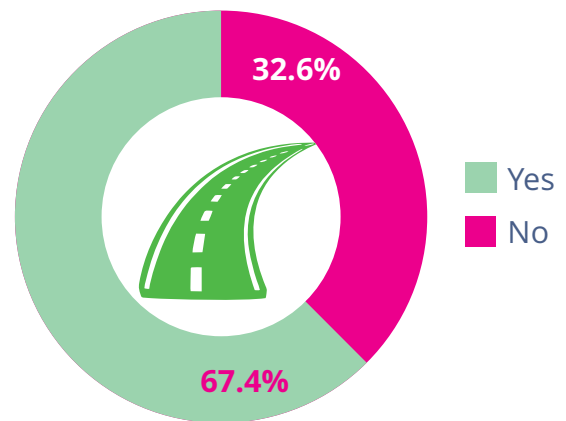
How do people go to the PHCs?



Infrastructure/ physical condition

The staff of the PHCs was asked how often their facilities are renovated and

Are the roads accessible?

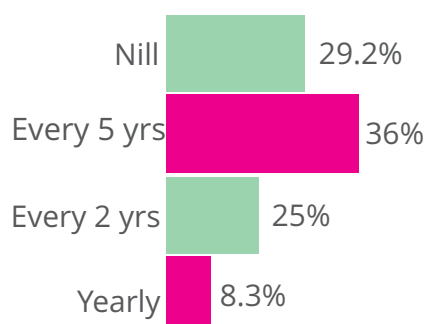


maintained. From their responses, 36% of the PHCs asserted that their facilities are renovated and maintained every five years, 29.2% of the PHCs do not have any renovation and maintenance carried out on their facilities, 25% of the PHCs are being renovated and maintained every 2 years while 8.3% of the PHCs accessed confirmed that renovation and maintenance are carried out every year. The above statistics have revealed that maintenance culture is very low which has resulted in dilapidated structures as well as malfunctioning facilities. Numan Local government is encouraged to collaborate with the Ministry of Works for proper renovation and maintenance of the PHCs. Also, the Local government can work together with NGOs in the state who can support in renovating and maintaining the PHCs.

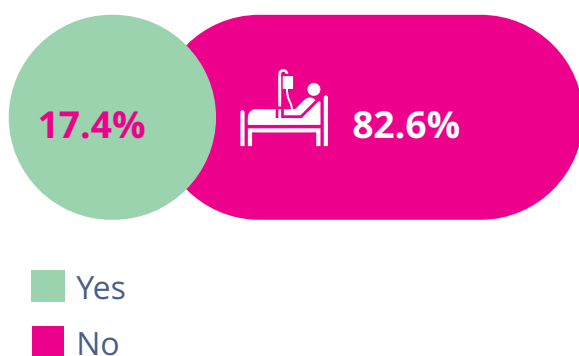
The PHCs were also assessed on if they have enough wards, the capacity of a ward, and how many patients should occupy a ward. From their responses, 82.6% admitted to not having enough wards, while 17.4% confirmed to have



How often are the PHCs renovated?



Are there enough wards in the PHCs?



enough ward. A further assessment also showed that 95.9% of PHCs have less than 5 wards, while 4.2% have 5-10 wards. Also, based on the capacity of the ward, 70.8% of the PHCs acknowledged that less than 3 patients should occupy a ward, while 29.2% of the PHCs confirmed that 3-5 patients ought to occupy a ward. An assessment was also carried out to understand the present reality of how many patients are in the ward and the findings show that in 87.5% of PHCs' assessed, less than 3 patients occupy a ward, 8.3% of PHCs assessed have between 3-5 patients in a ward while 4.2% of PHCs assessed have about 6-9 patients in a ward.

In addition to the above assessment, questions were also asked to find out if the wards are ventilated and 61.3% of the patients asked confirmed that the wards are not ventilated, while 38.7% of the patients affirmed that the wards are ventilated. In assessing the source of ventilation in the wards, 41.7% of the PHCs do not have fans, 38% of the assessed PHCs have just one fan, while

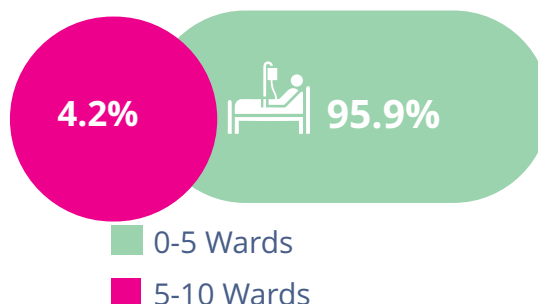
4.2% of the PHCs have only 2 fans.

With over 82.6% of the PHCs admitting to not having enough ward, there is a possibility of overcrowding at the PHCs. Overcrowded wards could increase the spread of diseases amongst patients and with the COVID- 19 pandemic in view, it is very critical that more wards with a good source of ventilation be constructed in the PHCs as this will help reduce the spread of diseases, clustering of patients and encourage social distancing. Thus, it is recommended that the Local government 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.

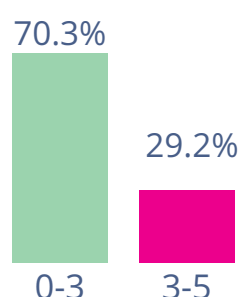
Power Supply

The importance of power supply at PHCs cannot be overemphasized as it is key to effective health service delivery. It is based on this that the availability of electricity in the PHCs at Numan Local government was also assessed. From the assessment, 66.7% of the assessed PHCs do not have electricity, while only about 33.3% of assessed PHCs 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. 71.4% responded that the major source of their backup is a generator, 70.8% of the PHCs responded that they do not have backed up electricity, while 28.6% have other sources of back-up.

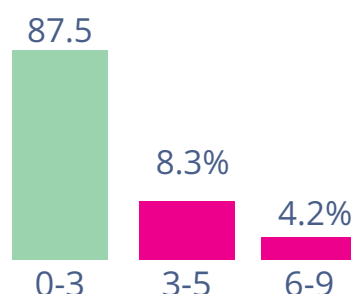
How many wards are in the PHCs



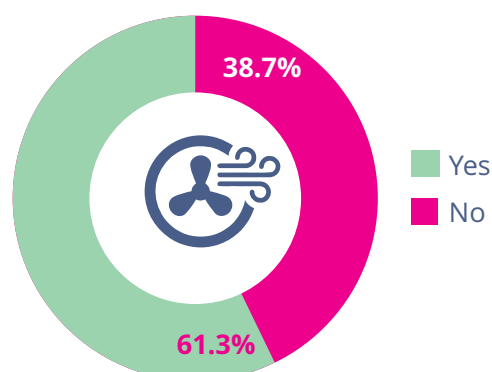
How many patients should be in a ward?



How many patients are actually in a ward?



Are the wards ventilated?



With the above statistics, it is evident that the majority of the PHCs in the Local government lack electricity which limits their ability to provide quality care and treatment services to the citizens. Without a 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 view of this and with Adamawa state located within one of the warmest regions of the country, this makes it a prime candidate for the use of solar power. It is thus economical for the local government to invest in solar inverters rather than depend on the country's overstretched electricity grid. This will help mitigate the issue of electricity and improve the quality of services at the PHCs.

Facilities and Equipment

The 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 is maintained. 79.2% of the PHCs asserted that their cold chain is not well maintained and 20.8% of the PHCs responded that their cold chains are well maintained as they

have good cooling facilities. Of the number of PHCs that admitted to having a well-maintained cold chain, 80% of the PHCs affirmed that solar fridges are mostly used to keep and maintain the vaccines and 20% of the PHCs acknowledged that chest fridge is also used to maintain and keep the vaccines.

Vaccination is a primary service rendered by the PHCs, and for continuous and effective delivery of this service, the cold chain at the PHCs needs to be well maintained. The Local government should ensure all PHCs have a well-maintained cold chain for the effective storage of drugs and vaccines. Constant power supply (through a solar inverter) as earlier discussed will also aid the effectiveness of the cold chain.

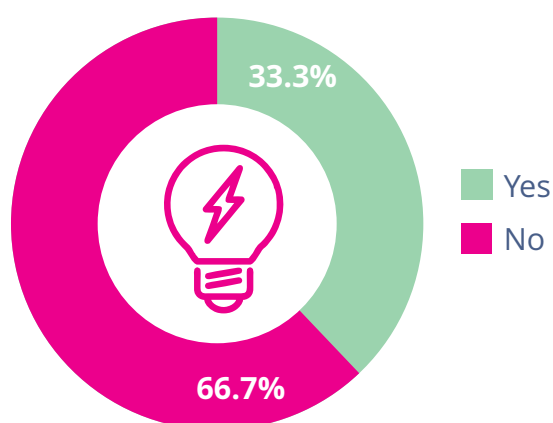
In terms of clinical facilities and equipment, 50% of the PHCs have functional laboratories while 50% of the PHCs do not have functional laboratories. Also, 70.8% of the PHCs consented to lack essential equipment such as beds, mattress, first aid kit, mosquito nets, delivery packs, cold chain for vaccines, etc., 29.2% of the PHCs confirmed to having enough equipment.

For PHCs to render effective service to the



In assessing the source of ventilation in the wards, 41.7% of the PHCs do not have fans, 38% of the assessed PHCs have just one fan, while 4.2% of the PHCs have only 2 fans.

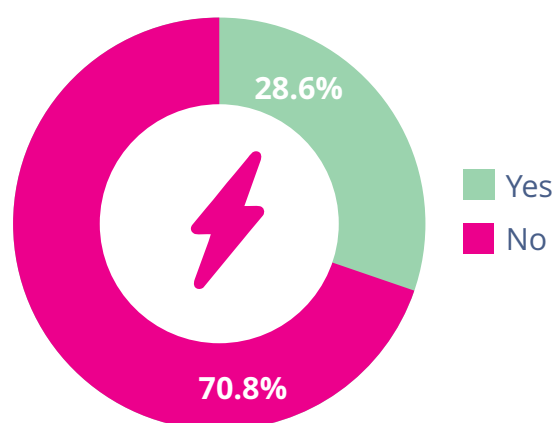
Do PHCs have electricity?



citizens, all essential equipment would have to be provided. Given the above and in relation to the current pandemic (COVID 19) that is causing health challenges worldwide, the provision of essential equipment cannot be overemphasized as it will help curb the 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 Local government so that they can assist in the provision of these essential needs. Numan Local government secretariat can also identify and partner with NGOs, philanthropists, religious organizations (who in a bid to curb the spread of the pandemic) is currently supporting the government in the provision and distribution of essential equipment to varied hospitals and health centers; to also provide and distribute to PHCs in the local government.

Questions were also directed to the availability and functionality of Ambulances in the PHCs. 98.93% of the PHCs admitted to not having ambulance

Is there a back-up power?



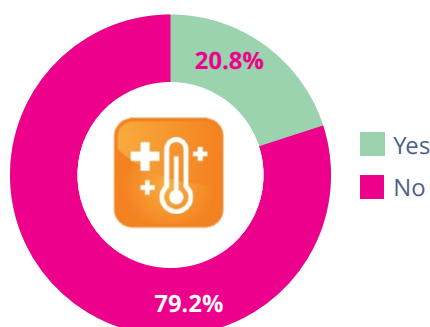
services while 1.1% of the PHCs have ambulance services. When further asked about the functionality of the ambulance services, 71.4% of the ambulance services are not functional, while 28.6% are functional.

From the above analysis, most of the PHCs do not have functional ambulances, thus cannot offer urgent medical services to citizens that need it. The Local government 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 a vital service to the citizen.

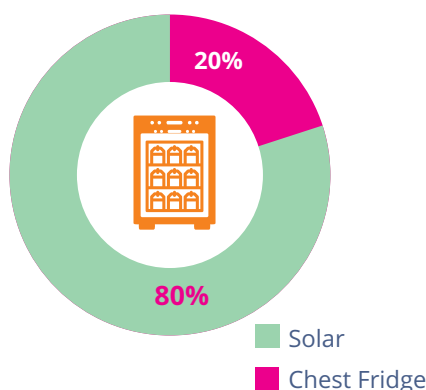
With regards to clinical consumables (gloves, syringes, face masks et c); 29% of the PHCs provide their consumable themselves, 33% of the PHCs receive their consumables from the Local Government, 33% receive their consumables from clinics and 4% of the PHCs receive their consumables from NGOs.

When consumables are provided by the Local government, most of the PHCs offer

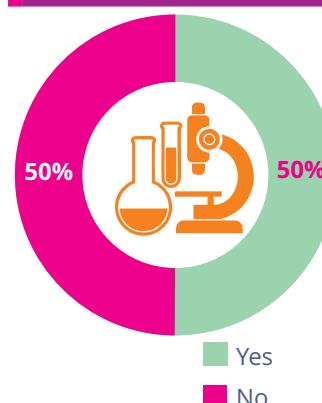
Is there a well maintained cold Chain



How do PHCs maintain their vaccine?



Do PHCs have functional laboratories?



free services to the citizen. However, when the PHCs provide the consumables themselves, they tend to charge patients some certain fee to cover the cost of providing the consumables. Patients who are not able to afford such fees tend to be deprived of the services rendered. Therefore, service delivery is sometimes not available for all. To make the services rendered at the PHCs available for everyone, the Local government will have to constantly provide these consumables to the PHCs. Also, the Local government can identify and collaborate with NGOs and corporate organizations that are willing to support and provide consumables for the PHCs.

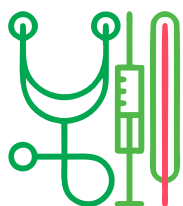
Hygiene/ Water Supply

With regards to the availability of clean water supply, 83.3% of the PHCs in Numan do not have water supply, while 16.7% admitted to having a clean water supply. Of the PHCs that admitted to having clean water supply, 50% agreed that their main source of water supply is

via water vendor, 25% of the PHCs asserted that borehole is the main source of their water supply, while 25% confirmed that their main water supply is from water board.

Concerning the Water, Sanitation, and Hygiene (WASH) program, 62.5% of the PHCs do not observe the program, while 37.5% of the PHCs do observe the WASH program.

From the findings above, it is observed that water supply is insufficient at the PHCs and this could be a major 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, thus, the provision of clean water supply by the Local government is of utmost importance as it will help ensure PHCs observe the WASH program which will further encourage patients and visitors at the PHCs to practice handwashing and at the same time curb the spread of COVID-19.



70.8% of the PHCs lack essential equipment such as beds, mattress, first aid kit, mosquito nets, delivery packs, cold chain for vaccines, etc., Only about 29.2% of the PHCs have enough equipment.

Furthermore, questions around provision for sanitary materials (soaps, disinfectants, sanitizers, detergents) and toiletries revealed that 62.5% of the PHCs do not provide sanitary materials/toiletries while 37.5% of PHCs provides these items. In addition, 87.5% of the PHCs do not provide free sanitary towels for women and girls, while only about 12.5% admitted to providing free sanitary towels for women and girls at their PHCs.

From the above findings, most of the PHCs do not provide sanitary materials/toiletries and this implies that patients will bear the cost of having to provide these materials/toiletries by themselves. Patients who are not able to afford these costs might be deterred from going to the

PHCs. It is advised that the Local government provide these materials/toiletries to the PHCs to avoid patients bearing the extra cost. With regards to sanitary towels and to improve menstrual hygiene for women and girls, the Local government is advised to collaborate with the Ministry of Humanitarian Affairs, Disaster Management and Social Development to ensure that the Conditional Cash Transfer (CCT) program being implemented to support women and girls with the purchase of hygiene materials for their monthly menstrual period, is made accessible to the women and girls in Numan LGA. The local government is further encouraged to partner with sanitary towel manufacturers such as Procter and Gamble (P&G), Sankin



98.93% of the PHCs do not have ambulance services while 1.1% of the PHCs do. and 71.4% of the ambulance services are not functional, while only about 28.6% are functional.





Nigeria Limited, Femina Hygienical Products Nigeria limited, e t c, to either provide free sanitary towels to the PHCs as part of their CSR (Corporate Social Responsibility) or supply at a giveaway price to the PHCs so that more women and girls can afford to buy them.

During the observation, the number of available toilets in the PHCs was also assessed and it was reported that 50% have 2 toilets, 16.7% of the PHCs have 1 toilet and 4.2% have 3 toilets. 91.3% of the PHCs do not have toilets designated for staff and patients while 8.7% of the PHCs have such designation. It was also observed that 83.3% 16.7% of the PHCs do not have toilets for males and females while 16.7% have such gender proportions.

From the above observation, it is evident that the PHCs lack toilet facilities and this can increase the infection rate of patients that visits the centers. To prevent this, the Local government is advised to build more toilets separately for staff and patients (female and male). However, in

other to maintain the hygiene of the toilets, the local government is also to ensure that water supply is constant at the PHCs to help keep the toilet facilities clean.

The general sanitary conditions of the PHCs were also assessed and it was observed using a scale of 1-5. 62.3% of the PHCs scored 1 in sanitation, 12.0% scored 4 in sanitation, 10.9% scored 5 in sanitation, 6.9% scored 2 in sanitation while 8.0% scored 3 in sanitation. A further question requesting the existence of sanitary regulations was also asked during the assessment and 62.5% of the PHCs do not have sanitary regulations in existence while 37.5% of the PHCs have sanitary regulations in existence.

From the analysis, the sanitary condition of the PHCs are not commendable and this shows that the PHCs are not doing enough about their hygiene. This can be attributed to fact that most of the PHCs are not implementing the sanitary regulations that are in existence.

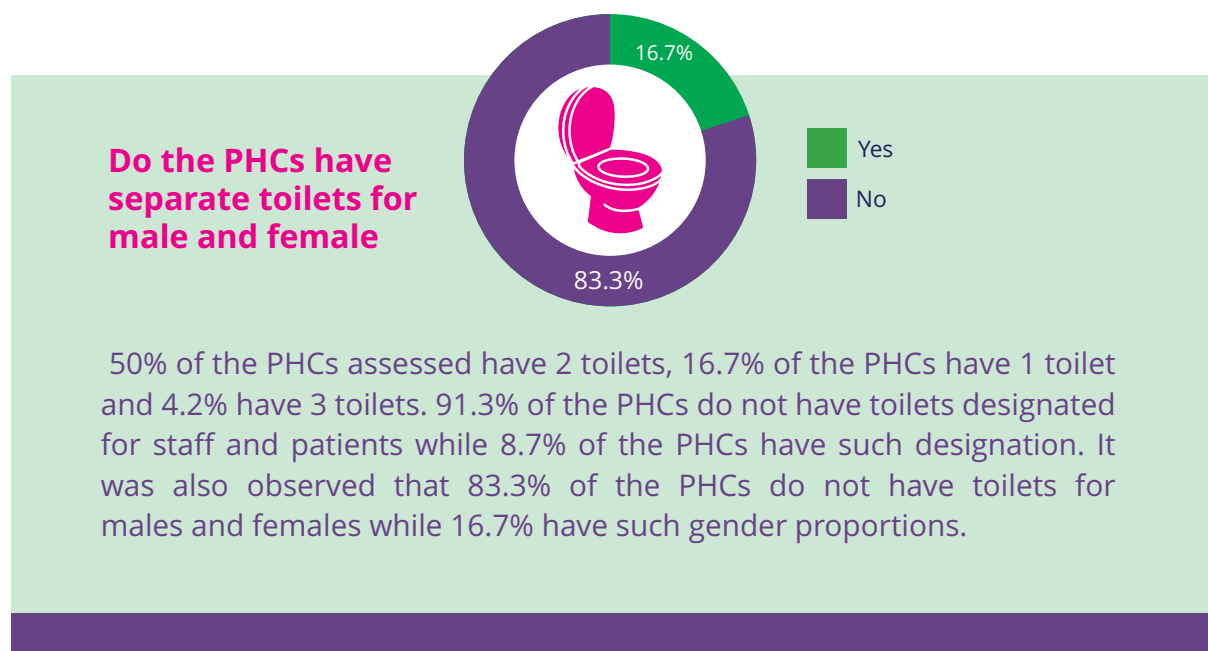
In furtherance to ascertain the sanitary wellness of the PHCs, the PHCs were asked questions on how hospital wastes such as used syringes, bandages, used pads etc are disposed of. 90.5% of the PHCs acknowledged that their wastes are disposed of by burning. Further response from 4.8% of the PHCs admitted that they take their waste to the Local government while 2.4% PHCs assessed confirmed that their wastes are dumped in a pit. The PHCs were also assessed on how often the wastes are disposed of. 62.5% of the PHCs dispose of wastes occasionally, 33% of the PHCs acknowledged that they dispose of waste frequently, while 4.2% of the PHCs never dispose of their wastes.

From the analysis above, it can be observed that most of the PHCs dispose

of their waste by burning which pollutes the air and when inhaled, can become harmful to the health of the community members. This could be because the PHCs are remotely located and the waste management agencies do not get to their locations. In order to stop indiscriminate waste disposal, the local government can collaborate with truck waste carriers to serve as middlemen between the PHCs and waste management agencies to help in proper waste collection and disposal.

Services Rendered to Citizens

Responses from the citizens confirmed that basic health services (such as immunization, family planning, provision of basic medications, etc.) are been provided for by the PHCs. 100% of the



PHCs provides these basic immunization services to the citizens in Numan. When further asked how often the services are being provided, 60.9% of the PHCs assessed confirmed it is occasionally provided, while 39% of the assessed PHCs confirmed that it is provided frequently.

Family planning is another service that 91.30% of the PHCs acknowledged that they provide, while 8.7% of the PHCs assessed stated that they do not provide this service. 8.7% of the PHCs that do not provide the family planning services ensure they refer patients to PHCs that are well equipped to provide the service. 51.1% of the PHCs do not issue birth certificates while 40.9% of the PHCs issue birth certificate. 54.6% of the PHCs run child health clinics frequently while 45.5% of the PHCs run the clinic occasionally. 52.2% of the PHCs run antenatal care clinics frequently while 47.8% of the PHCs run antenatal care clinics occasionally.

54.6% of the PHCs do not provide free HIV services while 45.5% of the PHCs

confirmed that they provide free HIV services. 83% of the PHCs provide Prevention of Mother to Child Treatment (PMTCT) and HIV Counselling and Testing (HCT) services while 17.4% of the PHCs do not provide these services. 65.2% of the PHCs do not provide adolescent health services while 34.8% of the PHCs provide these services.

Laboratory services provided by the PHCs were also assessed and the findings show that 52.2% of the PHCs do provide laboratory services while 47.8% of the PHCs do not provide laboratory services. 67.4% of the community members further acknowledged that their laboratory experience has not been postponed due to lack of staff or equipment while 32.6% of them responded in the affirmative.

During the assessment, findings further revealed that all the PHCs in Numan provide counseling on sexually transmitted disease management including the signs and symptoms. 50% of the citizen further confirmed that the counseling is very good, 35.7% of the



citizens asserted that the counseling on sexually transmitted disease management is good, 7.14% of the citizens rated the counseling to be excellent while about 7.14% stressed that the counseling is very bad. In addition, 87% of the PHCs assessed do not provide mental health services while 13.04% PHCs that were assessed do provide mental health services.

Considering the basic health services provided above by the PHCs in local government, members were asked to find out if these services are offered for free or if they pay for them. 67.6 % of the respondent said no while 32.4% affirmed that they pay for the basic health services. Amongst the community members that admitted to having paid for these basic services, 69.5% of them think what they paid is cheaper when compared to other hospitals, 28.8% don't know if it is cheaper or more expensive in other hospitals, while 1,7% confirmed it is not cheaper.

Questions on the operational services of the PHCs and the efficiency of the workers were also assessed. 78.26% of the PHCs assessed in Numan admitted to running for 24 hours, while 21.7% of the PHCs do not operate 24 hours. When asked about the availability of doctors and nurses, 59% of the PHCs asserted that nurses are available, 21.5% of the PHCs acknowledged that doctors and nurses are not always available for 24hours, 14.58% of the PHCs agreed that doctors and nurses are available while 4.8% of the PHCs affirmed that doctors

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. 96.8% responded no, while 3.3% 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, Mental and Adolescent Health Services are not being provided in most of the PHCs and with some of the communities having experienced armed conflict attacks (which would have affected the mental health and wellbeing of the adolescents), the Local government must ensure that Adolescent Health Services are provided in all PHCs to help promote healthy behaviors among adolescent/youths across the Local government.

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 not enough doctors and nurses are available for 24 hours. In view of this, the local government 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 an effective 24-hour operation. With a 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

In assessing the staff strength and capacity of manpower concerning service delivery at the PHCs, responses gotten from the PHCs varied. 67% of the PHCs admitted that their staff strength is between 0-10, 20.9% acknowledged that their staff strength is between 11-20, while 4.2% stated that their staff strength is between 21-30. A further assessment was carried out to know how many Community Health Workers are available in each PHCs. Response from 100% of the PHCs assessed affirmed that they have between 1-10 community health workers.

With regards to the availability of nurses at the PHCs, 87.5% of the PHCs assessed confirmed that they do not have nurses on duty while 12.5% of the PHCs assessed asserted that they always have nurses on duty. Of the PHCs that agreed that they always have nurses in their PHCs, 66.7% confirmed that at least one nurse is always available, while 33.3% of the assessed PHCs also confirmed that they have 4 nurses always present on duty.

With regards to the availability of doctors,

91.7 % of the assessed PHCs do not have doctors, while 8.3% of assessed PHCs have doctors. Out of the number of PHCs that admitted to having doctors, 100% of them confirmed that they have at least one doctor in the PHCs. In order to ascertain how often the doctors' visit the PHCs, 54.2% acknowledged that doctors do not visit their PHCs at all, 33.3% admitted that the doctors' visits occasionally while 12.5% of the PHCs confirmed that the doctors' visit frequently.

With regards to other medical professionals available at the PHCs, 83.3% of the assessed PHCs asserted that there are no medical professionals in the PHCs while 16.7% of the PHCs assessed confirmed that they have environmental health assistant, community health, one J CHEW (Junior Community Health Extension Workers), Health attendant, social welfare, lab technicians, pharmacists, environmental health technician, one lab technicians, one medical record, lab scientist, health educator, principal medical officers and medical laboratory in their PHCs.

The analysis from staffing has shown that the number and proportion of the various groups of healthcare workers that provide services at the PHCs are insufficient which could be affecting the delivery of services. Given this, the Local government is advised to employ an adequate number of highly motivated health care workers (especially doctors and nurses) in the right proportion to the PHCs to help improve the services offered at the PHCs.

Primary HealthCare Centre Services during the peak of COVID-19 Pandemic Outbreak



The outbreak of the COVID-19 pandemic overstretched the healthcare services due to the increased number of affected patients that need to be catered for in the hospitals/clinics. Also, with the increased community transmission of the pandemic in the country, Primary Health Care (PHC) Centres remain the first point of call for community members who develop symptoms that could be

suggestive of COVID-19. Given the above, an assessment was also carried out to further ascertain service delivery of the PHCs in Numan Local government.

During the peak of the COVID-19 pandemic, the PHCs were asked if there was any recorded case of the COVID-19 pandemic 95.8% of them responded there was none, while 4.2% of PHCs acknowledged they do not know. In other to ascertain if PHCs offered services to non- COVID-19 patients during the peak of the pandemic, an assessment was carried out and findings showed that 75% of the PHCs continued to offer services to non-COVID-19 patients, while 25% affirmed that they did not offer services to non-COVID-19 patients. The PHCs were further asked if they also offered services to COVID-19 patients and 91.7% confirmed that such services were not offered as no COVID-19 patient visited the PHCs, while 8.3% of the PHCs asserted to have offered services to COVID-19 patients that came to their PHCs.

The PHCs were also assessed to find out if they had adequate medical supply to address COVID-19 emergencies. Findings from the assessment confirmed that 79.2% did not have adequate medical supply to address COVID-19 emergencies, while 20.8% admitted having had enough medical supply available to address COVID-19 emergencies. Similarly, for preventive measures in line with the NCDC guidelines, the PHCs were also asked if they had enough space to separate COVID-19 positive patients from

non-COVID-19 patient. 79.2% of the PHCs responded no, while 20.8% PHCs responded yes.

From the above statistics, there was no recorded number of COVID-19 cases and this could be the reason why there is no adequate medical supply to address COVID-19 emergencies. However, with the increased community transmission of the pandemic in the country, it is highly recommended that the Local government ensures that adequate medical supply is made available in all PHCs so that when such cases arise, they can be well managed.

Transparency and Accountability

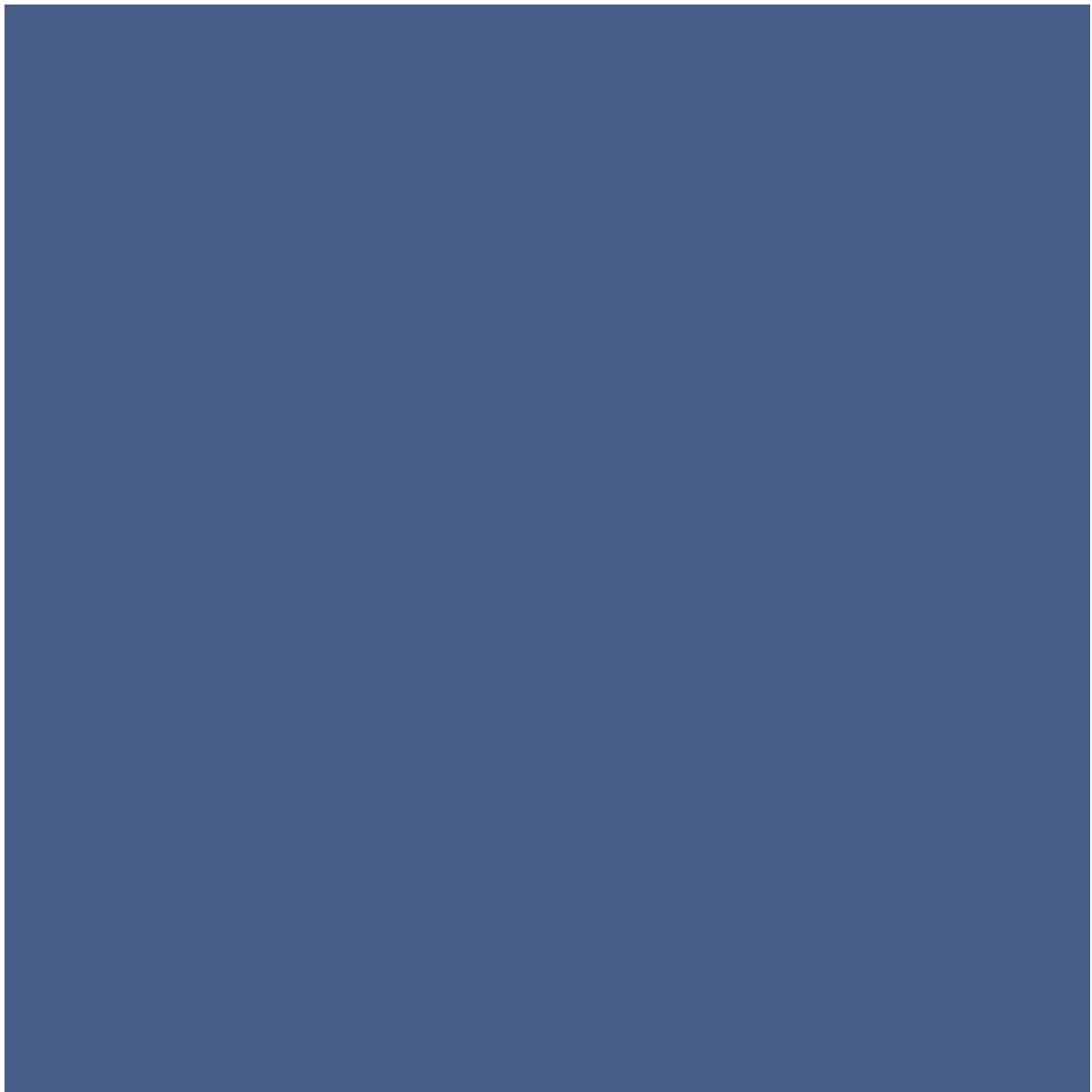
Relevant questions were also directed to the Numan Local Government Secretariat; specifically, to the quality control department (responsible for assessing the service delivery provided by the PHCs) under health to ascertain if they have data tools that capture or check the services provided by the PHCs. 91.3% responded that they have data tools such as Quality control assurance checks (by conducting patient satisfaction surveys) and Health Information System (a database where patient details are being inputted 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 100% responded in affirmation. When assessed on the rate of recurrence of

data capturing, 47.8% reported that the data is occasionally captured, 43.5% of the respondents reported that data is being captured frequently while 8.7% 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.

An assessment was also carried out to enquire if there are yearly unaccomplished health projects and responses from the Local government officials showed there are yearly accomplished health projects existing in the Local government and they can be found in Nzorwe and Shafuron under Kodomti Ward, Numan Local Government. The Local government was further asked if there were yearly accomplished health projects that are non-existent in the Local government as well as if there are uncompleted or abandoned Health projects in the Local Government Area, the Local government officials responded that there are uncompleted/ abandoned projects and they can be found in Gbalapun, and Salti in Vulpi Ward, in Numan Local government. They also asserted that there were no yearly accomplished health projects that are non-existent in the Local government.

In as much as there are no yearly accomplished health facilities that were non-existent in the Local government, there is a need for the Local government to ensure that the functional PHCs are well maintained to provide effective and efficient services so that they don't become non-existent in the future.





SAFETY AND SECURITY

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Security refers to the measures taken to ensure protection of people and property. Good security can be referred as a state of being free from fear and anxiety. National security is defined both in terms of the nation's capability to defend their territorial integrity and more importantly ensure peace and stability. To achieve this, it requires reduction of threats, actual and potential, that are capable of generating insecurity for the country such as poverty, unemployment, and inequality.

In Northeast Nigeria, the security situation has continued to be precarious, volatile and highly unpredictable. The increased level of criminality in the area over the past few years has created untold hardship on the civilian population, exacerbate the food crisis situation, sexual molestation/slavery, and increasing wave of Internally Displaced Persons. Some of the causes of insecurity are outlined as follows:

- Internal security disorder-lack of collaboration amongst the security agencies

- Bribery and corruption

- Unemployment

- Religious fanaticism

- Land space management.

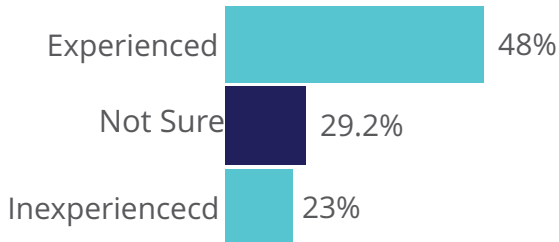
There have been herders' attacks in the

local government in recent times. There have been recommendations to equip the security apparatus of the state, arrest and prosecute individuals found guilty of aiding and sponsoring insurgents and community policing to aid in gathering intelligence to stem the rising incidence of internal security. It is in the light of this, that the community heads and the leaders of "Miyetti Allah Cattle Breeders' Association" have collaborated to address these cases especially in Numan and Demsa local Government Areas of Adamawa state yet the attacks and the killings still persist.

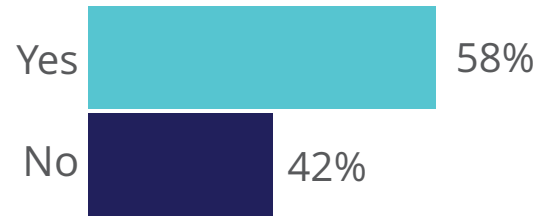
In assessment of the Local Government's service delivery to citizens in Numan and Demsa Local Governments, PWAN engaged with the representatives of these Local Governments to seek their buy-in and understand the challenges being faced in the Local Governments. The representatives of the Local governments stressed on the insecurity in the areas and led to the inclusion of "security condition" as one of the focal areas of the assessment.

In line with the above, the residents in the community were asked to name the security agencies in the community, 63% of the respondents said there was no security agencies in the community, 30% mentioned the Nigeria Police Force (NPF) while 7% mentioned other security agencies not specified. They were further asked if there are other civilian outfits

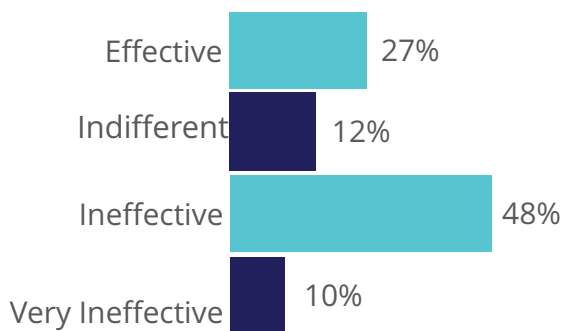
How experienced are your security agents?



Do they respond quickly to security threats?

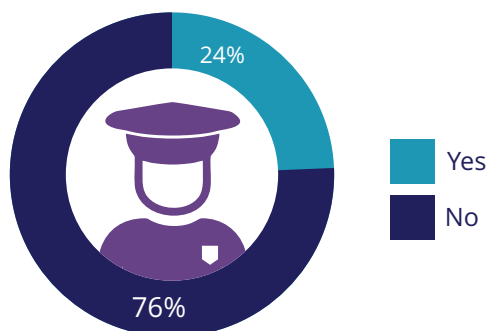


How effective are your security agents?

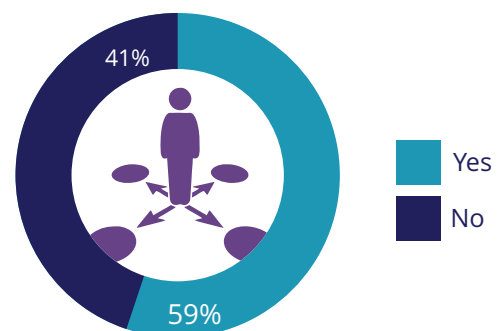


Further questions on why the security agencies don't effectively respond to threats showed that 74% of the respondents stated that there is lack of equipment and resources 25% stated that the security agencies are overwhelmed by the security threats while 1% responded that the security agents are overwhelmed

Do you feel safe around security agents?



Was there restriction of movement during the lock-down?



that exist in the community and to this the majority (83%) affirmed while the remaining 17% refuted. From these reports, it can be deduced that the main security agents in the communities are the civilian security outfits followed by the officers of the NPF.

A well-trained security personnel is important for discreet communication as well as protection of lives and property. To understand the level of expertise of these security agencies, the respondents were asked if the security agents are experienced, and to this, 48% responded in affirmation, while 23% could not tell how experienced the security agents are, 29% stated that the security agents are not well experienced.

The observers inquired from the resident of the community if the security agencies and personnel in the communities respond to security threats and in their response, 58% affirmed while 42% refuted. The respondents were further asked to rate the effectiveness of the security agents, 27% responded that they are effective, 12% stated that they are indifferent, 41% responded that the security agencies are ineffective while 10% affirmed that they are very effective, the remaining 10% stated that the security agencies are very ineffective. Further questions on why the security agencies don't effectively respond to threats showed that 74% of the respondents stated that there is lack of equipment and resources 25% stated that the security agencies are overwhelmed by the security threats

while 1% responded that the security agents are overwhelmed by demands of the community.

To understand the overall security situation of the communities, 41% of the community respondents stated that the security condition is on the average, 15% stated that the security condition is good, 6% stated that mentioned that its very good while 33% stated that it is bad. It can be deduced from this that the security situation is fair.

One of the importance of security in the community is to protect and keep safe the property and people and based on this, the community residents were asked how safe they feel with the presence of the security agents available in the community and in response, 76% reported that they don't feel safe while 24% reported that they feel safe around the security agents. Further questions were asked on why they don't feel safe and it was observed that 70% don't feel safe because the security agencies are not effective, 12% don't feel safe because the security agents lack good working relationship with the community, 19% mentioned that there are no security agencies existent in their community. The respondents that reported that they feel safe with the security agencies were asked their reason and the reports showed that 47.5% of the respondents reported that security agencies are very effective, 51.3% of the respondents mentioned that the security agents have good working relationship with residents of the community while the rest

mentioned that the hunters in the community are more like their security. It can be deduced from these findings that many residents of the communities do not feel the effect of the security agencies existent in the communities.

However, there were further questions on how the residents feel alone in the neighborhood 47% of the respondents stated that they feel unsafe when alone in the neighborhood, 8% expressed that they feel very unsafe in the neighborhood, 39% mentioned that they feel safe in the neighborhood while 6% mentioned that they feel very safe. The observers further inquired from the respondents that feel unsafe the security threats they get in the communities and in their response, 19% mentioned armed robbery, 30% mentioned burglary, 40% mentioned herdsmen attack and 11% mentioned the Fulani herdsmen and kidnappers.

In terms of support for the security agencies, the observers inquired from the community respondents if the security agents receive enough support to carry out their activities, 96% responded in negation while 4% affirmed. This goes a long way to explain why the security agents don't effectively respond to security threats. Further questions were asked on who gives the little support to the security agents and 100% of the respondents replied that the community gives this support.

There were questions on if there is a stipulated fee paid by the community for security, 77.4% of the respondents

replied in the negative, 1.2% affirmed while 21.4% of the respondents could not ascertain. However, the few that affirmed to be paying some fee for security said that they do that to assist the government.

The residents of the communities were asked of their opinion on the comparison of the security condition between their community and the neighboring communities. In their response, 29% of the respondents stated that their community is more secured than the neighboring communities while 71% stated that their communities isn't safer than the neighboring communities. For the respondents that replied that their community is more secured, 95% reported reduced crime rate while 5% reported that the presence of security outfit has a great advantage. However, among the respondents that reported that their community isn't safer than neighboring communities, 51% stated that the reason is constant fear of kidnapping and thuggery, 37% stated that there is increased crime rate, 3% stated that there is restriction of movement while 8% stated that there is a constant fear of the herdsmen.

In line with the NCDC COVID-19 rules on restricted movement and self-isolation the observers inquired from the community residents if their movement was restricted, 59% of the residents affirmed that their movement was restricted while 41% refuted, this was to understand the security condition in the community. It was reported that during

the lockdown resulting from COVID-19 pandemic there was increase in violent and crime rate due to restriction of movement and loss of income. Based on this, the observers inquired from the residents if they experienced increased crime rate during the lockdown and the reports showed that 62% experienced increased crime rate while 38% did not. Further questions were asked on the types of crimes they experienced and in their response, 42% experienced robbery, 21% experienced domestic abuse, 20% experienced thuggery, 14% of the respondents experienced

herdsmen attack, while 3% experienced kidnapping and cultism. To understand how the community responded to these crimes, it was noted from the 55% of the respondents that the community vigilante intervened while 31% responded that the crimes were reported to the security agencies, while 12% reported the cases to the village heads. This explains that majority of the crimes experienced in the communities are being handled by the vigilante group and further explains that the government security agencies have no full effect in the communities.



SOCIO ECONOMIC WELFARE

SOCIO ECONOMIC WELFARE

Social-economic welfare is a very crucial aspect of any economy as it looks at how quality care can be provided to the citizenry. It further measures “the level of prosperity as well as the quality of the standard of living” in society. In other words, social-economic welfare looks at the general well-being of the citizens.

Following the sudden outbreak of the COVID-19 pandemic and the subsequent lockdown measures put in place by the government to curb the spread of the pandemic in the country, the social-economic welfare of people in the society was greatly affected. Businesses (especially small and medium scale businesses) were forced to close and has given rise to unemployment which has further made them unable to fend for themselves and their families.

To cushion the effect of the pandemic on the social welfare of the people during the lockdown, the Federal government

and other organizations (NGOs) set up certain structures. The government through the Bank of Industry, Bank of Agriculture, and the Nigeria Export and Import Bank rolled out some palliative measures for targeted groups by offering three months interest holidays for those holding Tradermoni (interest-free loans to support petty traders and artisans), Marketmoni (interest-free loan to support market women and traders) and Farmermoni (interest-free loan to support farmers). In addition, the government also distributed palliatives in form of cash transfer/food items to the poor and vulnerable households in various parts of the country. In Adamawa state, for example, the Federal government delivered food items such as bags of rice and beans, as well as maize, millet, and sorghums to the state government for onward distribution to the poor and vulnerable households in the state.



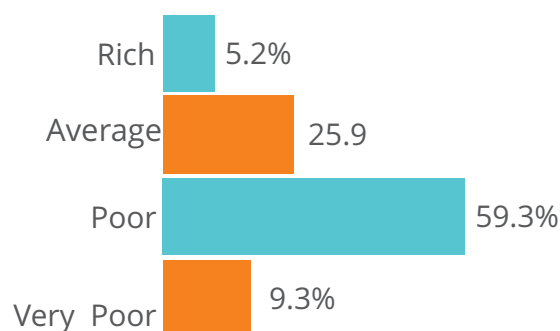


67.9% are unsatisfied with the financial state of their family, 20.7% affirmed that they are satisfied with the financial state of their family 8.3% responded that they are very unsatisfactory while 1.5% of the assessed households admitted to being very satisfied with the financial state of their family and 1.5% asserted that they do not know.

What is the employability status of the community



Family financial states



In Adamawa state, for example, the Federal government delivered food items such as bags of rice and beans, as well as maize, millet, and sorghums to the state government for onward distribution to the poor and vulnerable households in the state.

The Federal/Local governments' effort to ensure that the masses are well supported through the palliative measures, had little or no impact on as the condition of the citizens' social-economic welfare remains appalling. Many citizens alleged that they never benefited from any of the palliative

measures and are still struggling to survive with their families, many are still unemployed and are surviving majorly by borrowing from friends. For citizens who admitted having received the distributed food items, they claimed that the food items were expired and not fit for consumption.



In view of the above and considering the fact that Numan Local government has also been affected by violent attacks, an assessment was carried out to determine the effects of this on the social and economic welfare of residents.

An assessment was carried out to find out the employability status of the members of the community and from the findings, 52% declared that they were unemployed while 48% of the respondents affirmed that they were employed. Of the respondents that confirmed that they were employed, 42% asserted that they are farmers, 19% are okada (motorcycle) /keke (tricycle) riders, 10% are traders, 9% are civil servants, 7% are teachers, 4% are hunters, 4% are hairdressers/barbers, 3% are drivers and

2% are tailors.

The respondent that affirmed that they are currently unemployed, further stated they have been surviving and getting income through varied means. 77% stated that they have been surviving through assistance from friends or relatives, 17% of them affirmed that they have been surviving by borrowing, 3% asserted that they have been receiving assistance from NGOs or religious organizations /bodies for survival, while 2% stated that they got assistance from the Local government,

The above statistics reveal that urgent interventions to create employment are needed in the region to improve economic conditions and reduce susceptibility to radicalization. Although the social protection policy of the country is still a work in progress, the Local/ State government is advised to unlock the potentials of the members of the community by empowering and encouraging them to take advantage of opportunities (such as Formal and Informal education e t c), which will, in turn, break the cycles of poverty in the community. By so doing, members of the community will become self-reliant rather than depending on family and friends for survival. In addition, the Local government should also provide incentives as well as infrastructural facilities to support those that are already employed/self-employed (such as farmers, hunters, hairdressers/barbers, e t c).



Considering the current condition of the households, a further question was asked to understand how satisfied the households are with the financial state of their family. 67.9% are unsatisfied with the financial state of their family, 20.7% affirmed that they are satisfied with the financial state of their family 8.3% responded that they are very unsatisfactory while 1.5% of the assessed households admitted to being very satisfied with the financial state of their family and 1.5% asserted that they do not know. The community members were further asked to best describe their current family's situation. 59.3% of the respondent asserted that their current family condition is poor, 25.9% of the respondents described their current family situation as average while 9.3% of the respondent stated their current family condition is very poor and 5.2% confirmed their family's current condition to be rich.

An assessment was also carried out to understand the condition that the households in the communities are

currently facing. Responses showed that 46% of the assessed households are striving to provide basic needs (such as food, water, clothing), 30% of the household assessed acknowledged that their income is not enough for basic needs, 14% of the assessed households affirmed that they could provide daily and other basic needs, while 10% of the assessed households confirmed that their income is enough for only food. The community members were further asked how the economic situation of their family has changed over the last one year., 61% of the respondents stated that there is no improvement while 24% of the respondents affirmed that it has worsened and 16% of the respondent affirmed that it has improved.

In line with the current economic situation of varied families in the community, community members were also asked what their additional source of income has become. 55% of the respondents affirmed that borrowing from friends and relatives have been a source of livelihood for their families,

24% of the assessed household said they have been supported via other means, 10% of the respondent acknowledged that they have been receiving support from religious organizations, 9% of the respondents stated that the additional source of livelihood for their family has been support from the Local government while 2% of the respondents affirmed that support has been from NGOs.

With the above statistics, it is very glaring that the condition faced by most of the households over the years is appalling. Most of them are struggling to afford basic needs such as food, water, and clothing, while the income of some other respondents is not even enough to provide these needs. In view of the above, the local government should work together with the Ministry of Social Development Youth and Sports (to ensure the continuous improvement and transformation in the quality of life of the citizens), Adamawa State Ministry for

Entrepreneurship Development (to identify and collect the credentials of all the unemployed members of the community (especially youths) and train them on various skills in vocational training schools and other hands-on training). Also, with the social protection policy and programming in the country still a work in progress, the Local government is encouraged to collaborate with the State Ministry of Women Affairs and Social Development (WASD) to ascertain how women in the community can be socially and economically empowered to enable them to support their families.

The households were further asked if any of their family members received any form of social or economic assistance from any individual, government, or any other organization. 31.9% of the household respondent in the affirmative, while 68.1% asserted that they did not receive any form of social or economic assistance from any individual,



government, or any other organization. Of the 31.9% of the respondent that affirmed that they received assistance, 8% of the respondent confirmed they received cash assistance, 88% of the respondents affirmed that they received food assistance and 4% admitted to having received health assistance.

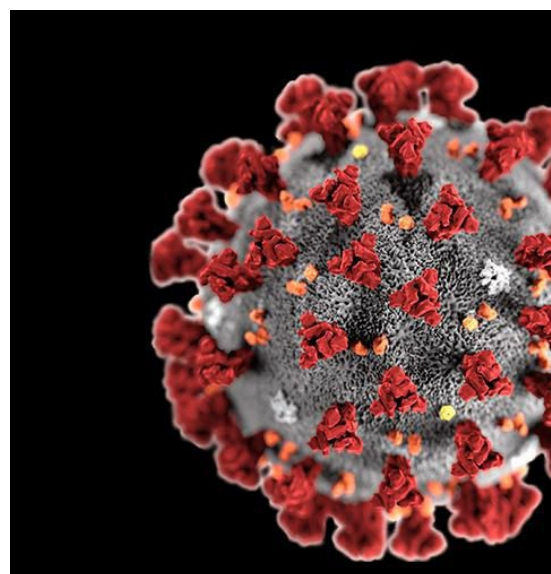
In view of the above, the number of people who did not receive any form of assistance is more than those who received it. Thus, the Local government is encouraged to work together with NGOs, philanthropists, and religious bodies who might be willing to provide social, economic, and financial support to the members of the community.

The households were further asked to give their opinion on what can be done to improve the socio-economic situation of families in their community. 44% of the respondent advised that the provision of farming implements (seedlings, fertilizers, tools, etc) is very important in improving the socio-economic situation of families in the communities, 20% of the respondent opined that the provision of skills acquisition would improve the socio-economic situation of families in their communities, 16.2% of the respondent also suggested that loans should be provided, 7.6% of the respondents further suggested that the provision of palliative would improve the socio-economic situation of families in their communities, 3.7% of the respondents advised that access to educational opportunities can be used to improve the socio-economic situation,

0.6% of the respondent suggested that skills acquisition and farming implementation should be provided while 0.3% of the respondent gave their opinion by suggesting that farming should be provided.

In view of the above, the Local government is advised to be proactive and ensure that the opinion of the community members as well as the recommendation suggested are being implemented to positively improve the social welfare of the people in the Local government.

Impact of COVID- 19 on the socio-economic welfare of community members



The COVID-19 pandemic has had a devastating impact on the socio-economic wellbeing of Nigerians (especially those in the rural

communities) and with the lockdown measures put in place by the government to curb the spread of the pandemic, many citizens working in informal sectors (such as street traders, Keke / taxi drivers, tradesmen, artisans, food vendors, and barbers/hairdressers) were prevented from traveling to work or running their businesses which has resulted in the loss of their source of livelihood. Many of them are now struggling to provide basic needs for their families and resorts to borrowing from friends for survival.

In view of the above and in order to evaluate the socio-economic impact of COVID-19 in Numan Local government, various households were asked questions to help understand the current situation in which they are facing, as well as to find out how the Local/State government have been supporting them through these trying times.

Community members were asked how the coronavirus have affected their social-economic welfare; 37.8% confirmed that they are unable to attend religious/ social gatherings due to the lockdown measures placed by the government to curb the spread of the pandemic, 24.8% respondent said that the Coronavirus affected their ability to continue their business, 17.6% of the respondent confirmed that they are unable to farm, 15% of the respondents claimed it affected their ability to go to school, 4.3% of the respondent acknowledged that they lost their job, while 0.3% of the respondent admitted that the coronavirus has affected their

ability to buy fertilizers and do business due to the lockdown measures placed by the government.

The members of the community were further asked if they received palliative; 60% of the respondent asserted that they did not receive any form of palliative, 40% responded in the affirmative. Members of the community were further asked whom they received the palliative from and 38% acknowledged that they received palliative from the Numan Local government, 2% respondent that they received their palliatives from NGOs while 2% of the respondent confirmed that they received palliative from the federal government. Respondents who claimed to have received palliatives from the government were further asked to declare what they actually received in the form of palliative and 92% of the respondent acknowledged to have received food items (rice, stock cubes, vegetable oil, etc), 4.5% of the respondents confirmed they received cash palliatives while 3% of the respondents affirmed that they received food items/cash.

In a bid to cushion the effect of the lockdown measures taken at the peak of the COVID-19 pandemic, the Federal government commenced the payment of 5000 Naira cash transfer to the poorest and most vulnerable households in the country. Given the above, community members in Numan Local government were also asked if they received the stipends; 99% of the respondents affirmed that they did not receive the

stipends, while 1% confirmed they received the stipends. The community members were further asked if they knew anyone who have received the stipends from the Federal government monthly and 92% respondent answered no, while 8% responded to the affirmative.

From the above statistics, it is evident that residents of Numan LGA did not access the cash stipends said to be provided by the Federal government and this could be because the register has not been updated to include members of the community. The Numan Local government is thus advised to call the attention of the State and Federal government to the none distribution of the cash palliatives and also to ensure that the register is updated so that Local government like Numan can be included when next the stipends are been disbursed.

The COVID-19 pandemic has had a devastating impact on the socio-economic wellbeing of Nigerians (especially those in the rural communities)

RECOMMENDATIONS

The following were the recommendations made from the assessment:

1. Majority of the schools assessed are not fenced and therefore do not have gates. Owing to the fact that the Local Government has been exposed to insurgency and Fulani herders attack, it is recommended that the local government in collaboration with construction companies existent in the state fence these schools as this will provide security to the pupils to a large extent.

2. It can be deduced from the assessment that the parents of the pupils are dissatisfied with the quality of learning in the schools. Many of them reported that the teachers are not qualified while others mentioned that there are not enough learning materials/ learning environment. The LEAs should consider proper registration of teachers with the TCRN as this will ensure constant training of the teachers to improve quality of learning.

3. Majority of the schools assessed do not have provisions for special needs, to ensure inclusive learning, it is recommended that the LEAs and the

Local Government collaborate to ensure this is provided for in the schools.

4. Numan Local government is advised to collaborate with the Ministry of Works and Housing to renovate and maintain existing PHC structures, as well as the roads leading to the PHCs. Also, the Local government should work together with construction companies within their locality to support the renovation and maintenance of the PHCs as well as the access roads as part of their Corporate Social Responsibility (CSR).

5. It is very critical that more wards with a good source of ventilation be constructed in the PHCs as this reduces the spread of infectious and airborne diseases, clustering of patients, and encourage social and personal distancing as given in the NCDC (Nigeria Center for Disease Control) guidelines.

6. Adamawa state is located within one of the warmest regions of the country, this would make it a prime candidate for the use of solar power. It is thus economical for the local government to invest in solar inverters rather than depend on the country's overstretched electricity grid. This will help mitigate the issue of

electricity and improve the quality of services at the PHCs.

7. It is recommended that the Local government collaborates with the Ministry of Health, 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.

8. Findings from the assessment showed that many of the community members are unemployed. Therefore, the Local /State government is advised to work with the Adamawa State Ministry for Entrepreneurship Development (to identify and collect the credentials of all the unemployed members of the community (especially youths) and train them on various skills in vocational training schools and other hands-on training). This will further keep the youths positively engaged and prevent them from becoming potential recruits of armed groups.

9. The local government is advised to work together with the Ministry of Social Development, Youth and Sports to ensure the continuous improvement and transformation in the quality of life of the citizens. Also, the Local government is encouraged to collaborate with the State

Ministry of Women Affairs and Social Development (WASD) to ascertain how women in the community can be socially and economically empowered to enable them to support their families.

10. From the assessment, it can be deduced that security isn't a major priority in the Local Government, considering the vulnerability of the state to insurgency, all authority present in the local government can collaborate to beef up security in the communities to ensure the safety of the citizens at all times.

CONCLUSIONS

Findings from the assessment have shown that there are avenues for improvement on the effectiveness of the local government service delivery as it relates to education, health, socio-economic welfare, and security to the citizens. Areas of focus in this regard include lack of

quality learning due to the absence of qualified teachers and insufficient learning materials in the primary schools, absence of structural maintenance on local government structures, and little to no security frameworks/ strategies leading to heightened insecurity across the communities.

It is evident, that there needs to be restructuring as regards maintenance, quality control, and oversight mechanisms at the local government level to improve the issues and improve service delivery.

To improve service delivery and quality of life for local government residents, the local government is encouraged to collaborate with relevant agencies such as the Universal Basic Education Board (UBEB), State Universal Basic Education Board (SUBEB) (to improve the infrastructures of the LEAs), and NUT/TRCN (to build the capacity of teachers and improve the quality of teaching). Engagement with the NPHCDA will ensure that adequate


primary health care services are available for all citizens in the communities as it will improve access to basic health facilities such as Immunizations, mental health clinics, antenatal, family planning et c. . It is necessary for recent police reform initiatives such as community policing that encourage engagement with grassroots communities to be put in place within the state. The LGAs can also engage with known non-state security outfits such as the Civilian Joint Task Force who interface more closely with residents to ensure the security of LEAs, PHCs, and the community in general. Ensuring improved healthcare, education, safety, and security within the LGA will consequently lead to improved socio-economic welfare.

An improved Local government service delivery in the above-identified areas would be impactful to the community members, promote national policy goals on education, health, security, as well as contribute to the Sustainable Development Goals (SDGs), 2, 3, 4, 6, and 12 which aims to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture, Good Health, and Well-Being, Quality Education, Clean Water, and Sanitation, and Responsible Consumption and Production respectively.

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