



NARRATIVE REPORT ON THE  
ASSESSMENT OF DEMSA 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 Demsa Local Government Area Honourable Chief Elkanah Kados Fwa, the Secretary of the Local Government- Honorable Hilary Philemon 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 has carried out an assessment of Numan and Demsa Local Governments, Adamawa state. The aim of the assessment is to ascertain the Local Government's service delivery to citizens and to educate citizens on which services should be provided, thereby reducing negative perceptions and attitudes towards government agencies. Areas of focus for the assessment include Education at the Local Education Authorities (LEAs), Health at the Primary Healthcare Centers (PHCs), Security, and Socio-economic welfare of citizens in the Local Government.

## Background

Service delivery in the Nigerian public service structure is complicated and has created concerns about services rendered to citizens by the local governments (LGs) as inaccessible and inadequate. Local governments or area councils were constitutionally created as the third tier of government (government at the grassroots). However, most LGs have become appendages of states' government leading to ineffectiveness and inefficiency of basic services to citizens.

In a bid to strengthen and improve

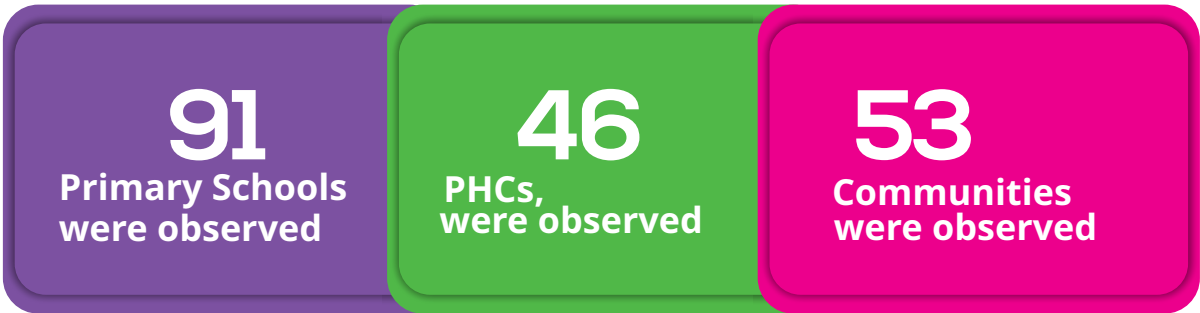
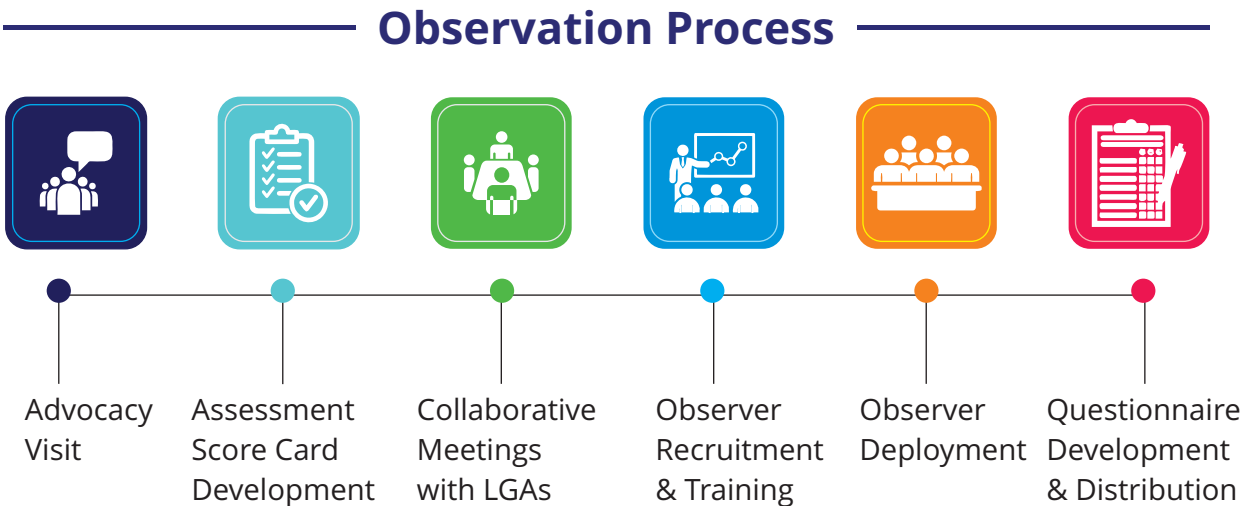
service delivery within the local government structure, PWAN through the ACCESS Nigeria II project partnered with two Local Governments in Adamawa state – Numan and Demsa to assess service delivery; this report details the findings from Demsa LGA.

## Observation Process

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

1. An advocacy visit was carried out to Demsa Local Government in order to get their support and buy-in of the project;
2. Development of Assessment Scorecard which was used to assess the effectiveness of service delivery in the Local Government based on their focal areas;
3. A collaborative meeting with the Local Government officials to jointly review the content of the scorecard;
4. Recruitment and training of 20 citizens' observers across the two Local Governments namely 10 for Numan and 10 for Demsa to assess service delivery across the Local Governments in four areas – education, health, security, and socio-economic welfare;
5. 10 citizen observers were deployed in Demsa using an online application known as "Kobo Toolbox" to input the findings from the assessment for a period of two months (August 2020 – September 2020) in the areas earlier mentioned.
6. Different questionnaires were also

made for the head teachers/ teachers, students' medical staff, patients, Local Government officials, and other citizens for accurate responses.





# EDUCATION

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Education at The  
Local Education Authorities  
Primary Schools

# EDUCATION AT THE LOCAL EDUCATION AUTHORITIES PRIMARY SCHOOLS

Primary education is universally accepted as the foundation laying the level of education in all nations of the world. It is typically the first stage of formal education, coming after pre-school and before secondary school and it is geared towards enabling students to develop essential learning skills and providing them with basic learning content.

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. 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.

However, decree No 3 promulgated by

the former Head of State General Ibrahim Babangida in 1991, introduced primary education management in Nigeria thus restoring the management of primary schools to local governments. The decree established a Local Government Educational Authority (LGEA) or Local Education Authority (LEA) in each of the local government areas under which the local government education was founded and manages primary schools in each local government area of the Federation. According to the National Policy on Education (NPE), 2004, local governments through their Local Education Authorities have responsibilities for the 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, and transfer of primary school teachers and non-teaching staff within their areas of jurisdictions.

2. The payment of primary school



The Boko Haram insurgency in the North-Eastern part of the country has posed a lot of challenges on education. Numerous schools have been destroyed, teachers and pupils displaced from their homes, and the fear of attacks and kidnapping have affected attendance.

## Pensions

The payment of pensions and graduates



## Salaries

The payment of primary school teachers' salaries and allowances.

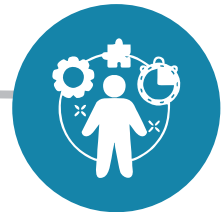


## Appointment

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

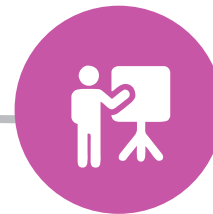
## Supervision

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**

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 schools in their area in conjunction with the federal and state authorities.

The Boko Haram insurgency in the North-Eastern part of the country has posed a lot of challenges on education. Numerous schools have been destroyed, teachers and pupils displaced from their homes, and the fear of attacks and kidnapping have affected attendance. In Adamawa state, analysis done showed that educational output is affected by low school enrolment, school attendance, and educational infrastructure as well as a high number of out of school children.

Based on the above, an assessment was carried out in Demsa Local Government to ascertain the local government's service delivery to citizens as it relates to primary education.

## Accessibility

To understand the volume of enrollment in the schools, the head teachers were asked the number of pupils in their school, 43.8% of respondents have 101-200 pupils in their schools, 35.2% have

201-500 pupils in their schools, 15.2% have 20-100 pupils in their schools and 5.7% have 501-2000 pupils in their schools. The data shows that a larger number of schools have an average of 100-200 students enrolled.

There were further questions on if the schools assessed are located within the community for easy accessibility, it was observed that 87.4% of the schools assessed are located within the community while 12.6% are not within the communities. 75.7% of the schools have accessible roads while 24.3% of the schools have inaccessible roads. Further assessment revealed that 81.4% of the pupils in these schools walk to the school while the remaining 18.6% 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.

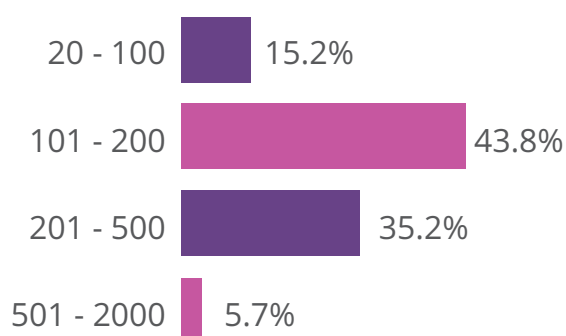
It was also observed from the assessment that the majority (82.9%) of

the schools do not have sign posts indicating the schools while only 17.1% have signposts. This might negatively affect the enrollment of students in the schools especially for the schools not located within the communities.

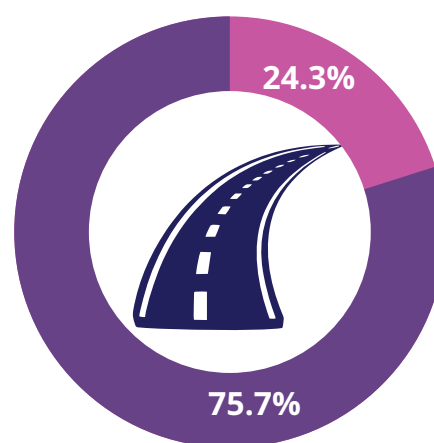
## Infrastructure/ Physical Condition

The teachers asked the number of classrooms that existed in the schools, 52.8% responded that there are less than 10 classrooms available in the school, 27.8% responded that they have between 11-20 classrooms available for the pupils while 19.5 have more than 20 classrooms in the schools They were further asked if the classrooms in the schools were enough for the students, from the responses, 67.6% responded that the classrooms

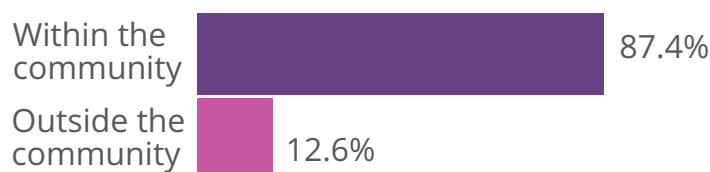
### How many Pupils do they have in the schools?



### Are the roads accessible?

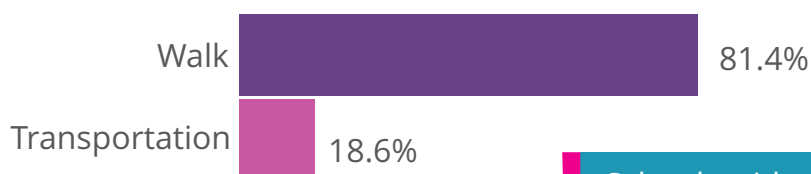


### Proximity of Schools to the Community



accessible roads  
no accessible roads

### How do pupils go to school?



### Schools with or without signpost

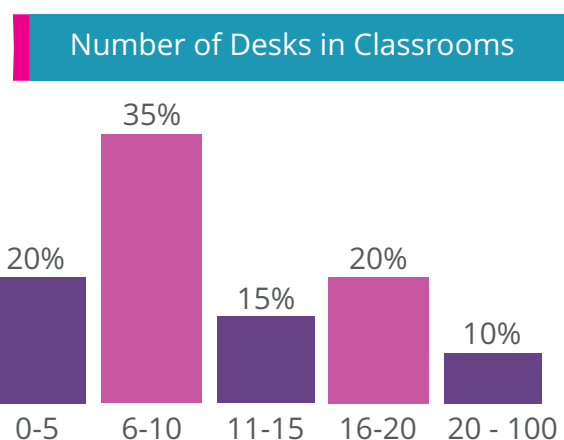
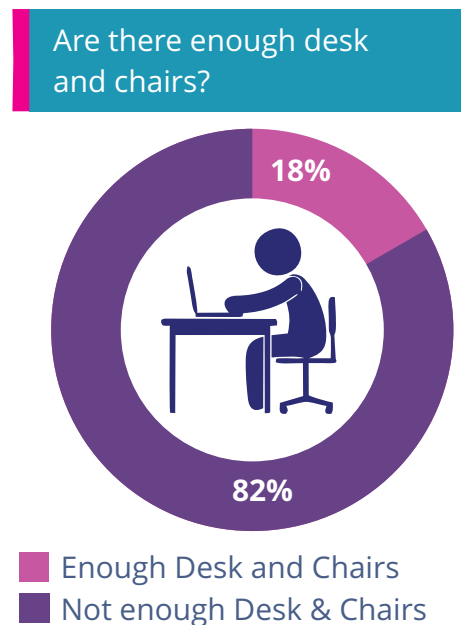
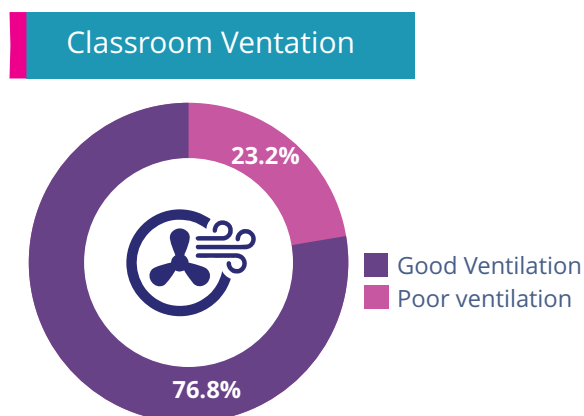
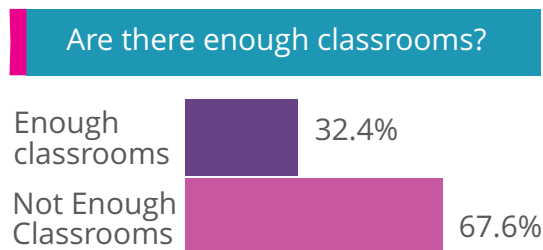
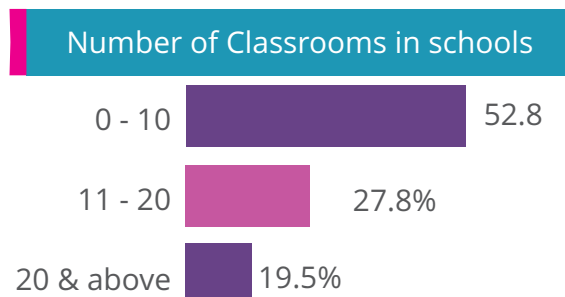
With Signposts  
Without Signposts



available are not enough for the pupils while 32.4% responded affirmed that there are enough classrooms for the pupils in the school. Further analysis of this data compared to the average number of pupils in each school reveals that schools within the LGA have less than 10 classrooms for about 200 students in each school. Since the local government is responsible for 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 the health and safety of students in the schools, the observers asked if the classrooms in the schools were properly ventilated, from the responses gotten, 76.8% of the respondents affirmed that their classrooms were properly ventilated



while 23.2% refuted. While this is commendable, the Local Government and heads of schools are advised to ensure that all classrooms in the primary schools are properly ventilated for the safety of the children.

The teachers were also asked if the pupils have enough desks and chairs available in the class, 82% responded that the desks and chairs available are not enough for the pupils while 18% affirmed to have enough desks and chairs for pupils in the class. They were further asked how many desks and chairs they had in class, 20% of respondents have less than five desks and chairs in the class, 35% have 6-10 desks and chairs in the class, 15% have 11-15 desks and chairs in the class, 20% have 16-20 desks and chairs in the class and 10% have more than 20 furniture in the classes. Further interrogation of this data vis a vis the average number of pupils within the school, and the number of classrooms available reveals that desks and chairs available are not sufficient. The LEA should work towards addressing this issue, as infrastructure and learning environment contribute directly 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 it was reported that 58.4% of the schools have 21-40 pupils in a class, 14.8% have 41-60 pupils in a class while 3.3% have 51-110 pupils. This is commendable for effective learning.

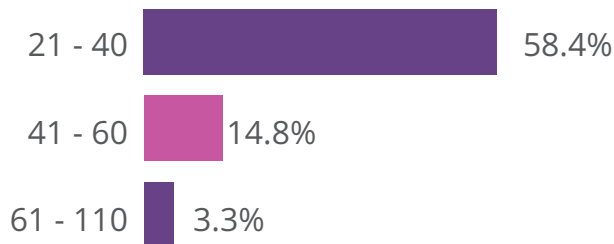
With regards to the classroom sizes and the number of students the classrooms could accommodate, the teachers were asked many pupils the classrooms could accommodate, it was observed that 82.5% of the schools assessed have classrooms that can accommodate 21-50 pupils, 14.2% of the schools have classrooms that can accommodate 5-20 pupils while the remaining 3% have classrooms that will accommodate 51-110 pupils. This is equally commendable.

Maintenance of public property has been a consistent cause for concern, the observation carried out on periodic renovations showed that 50.5% of the schools have never been maintained, 45% of the schools are occasionally maintained, while 4.5% are frequently maintained. As stated in the Fourth Schedule of the 1999 Constitution of the Federal Republic of Nigeria (as amended), and the National Education Policy 2004, the Local Government Council is responsible for the provision, financing, and maintenance of primary education within their local government areas. 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.

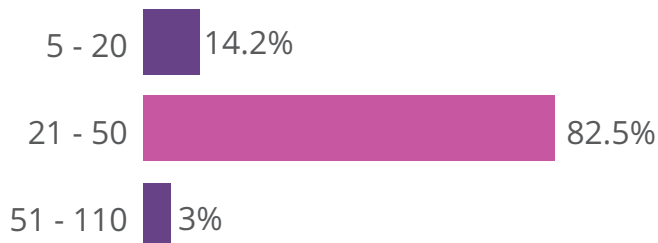
With regard to electricity, it was observed

## School Population

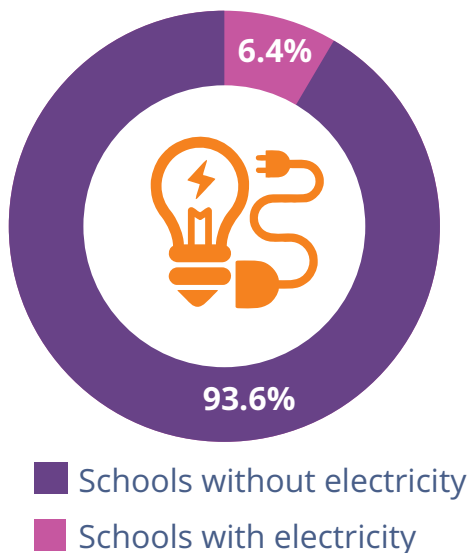
### How many Pupils do they have in a class



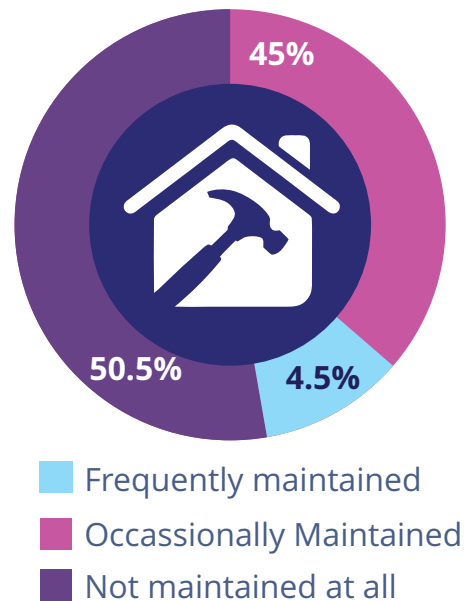
### How many Pupils can the classrooms take?



### Schools electricity supply



### Schools renovation Frequency

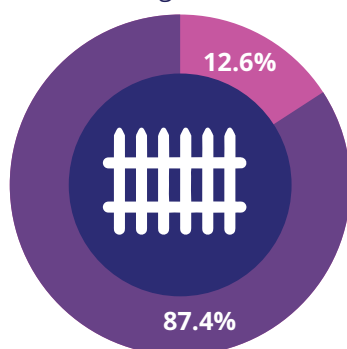


that 93.6% of the schools do not have an electricity supply, while 6.4% have electricity supply. From a similar assessment carried out in FCT, the reason for the absence of electricity was majorly due to outstanding bills owed by the schools. However, if that is the case in the schools, there is a need for the Local Government to engage with the Yola Electrical Distribution Company (YEDC) to ensure that there is electricity in the LEAs. This can be done by paying off outstanding bills as well as reconnecting the electricity..

### Security and Safety

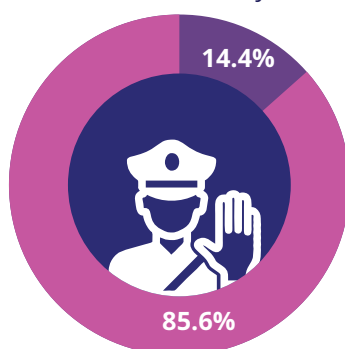
On safety and security structures put in place in the schools, it was observed from the assessment that 87.4% of the schools assessed were not fenced while 12.6% were fenced. 85.6% of the schools do not

School Fencing



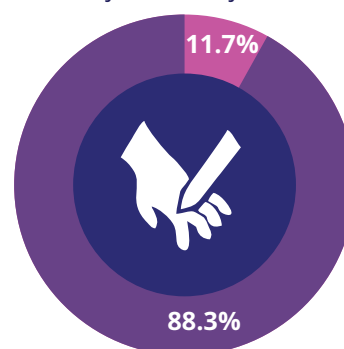
■ Schools not fenced  
■ Schools fenced

School Security



■ Schools without security  
■ Schools with security

Injurious Objects



■ Schools without Injurious objects  
■ Schools with Injurious objects



99.1% of the schools do not have any framework designed for child protection

have security guards while 14.4% have security guards at the gate. This could be attributed to the fact that 87.4% of the schools assessed are not fenced. This data shows that security within the schools is lacking. Considering that the LGA is one that has been affected by conflict and insecurity in the past, it is necessary for security to be improved to protect the children from danger.



Mbumara Primary School

The safety of lives and property is one of the primary responsibilities of government. There are government agencies tasked with the responsibility of ensuring the safety and security of the people hence the assessment on safety measures (fire extinguishers) is put in place for the protection of pupils. From the responses, 99.1% of the schools assessed do not have safety measures put in place for the protection of children while only 0.9% have safety measures put in place.

The observers assessed the school environment and the report showed that 88.3% of the schools do not have injurious objects such as manholes or open drainages in the school compounds while 11.7% of the schools have such injurious objects in the school

compounds.

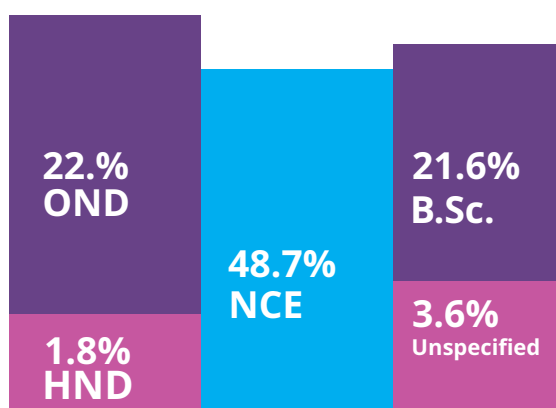
In order to ensure child protection, certain responsibilities are put upon the parents and/or guardians of the students and this by extension includes the school authorities, for example, CCTVs being installed on the premises with a trained person to man it. The child protection framework should also include trained and designated persons to handle issues relating to bullying, physical or emotional abuse including sexual gender-based violence and neglect to mention a few. 89.7% of the schools do not have any framework designed for child protection while 10.3% of the schools have 'some form' of child protection framework

designed.

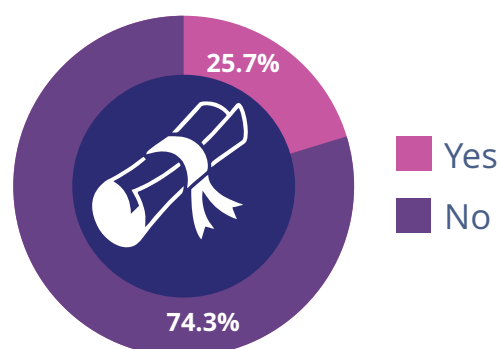
## Staffing and Qualification

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 headteachers were asked the educational qualifications of teachers in the school. In their responses, it was recorded that 48.7% of the teachers in the primary schools have certificates from the National College of Education (NCE), 22.5% have an ordinary diploma, 21.6% have their B.Sc., 1.8% have their HND while 3.6% have other certificates not specified. There were

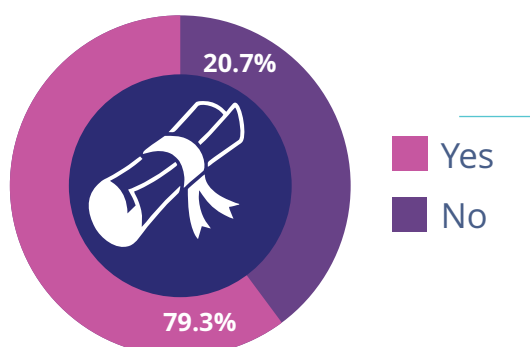
Educational Qualification of teachers



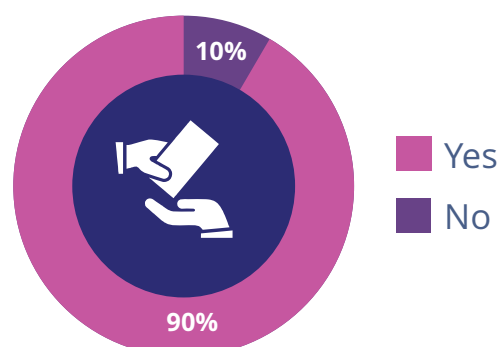
Do Graduates have PGD in Education?



Are teachers registered with TRCN?



Do salaries come as at when due?



further questions whether the graduates without first degrees in education have their PGD in education, in response to that, 74.3% do not have their PGD in education while 25.7 have their PGD in education. According to the policy from the Teachers Registration Council of Nigeria, PGDE is compulsory for graduates who wish to become teachers but do not have a first degree in an education-related course.

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. Based on this, further questions were asked on whether teachers are registered with TRCN with evidence of certificates of registration, the report gotten showed that 79.3% of teachers are registered while 20.7% are not registered. While this is commendable, it is advised that the headteachers and the LEAs in the local government mandate teachers to register since the TRCN is also responsible for the training and retraining of teachers.

In assessing the welfare of the teachers in these schools as it plays a major part in



**Dilli Primary School**

motivation, the teachers were asked if their salaries are being paid as at when due, although 90% affirmed they get their salaries when due while 10% refused. On asking what the reasons could be, 11% of the teachers noted that it could be due to poor government budgeting while 89% stated that the government simply delays the salaries.

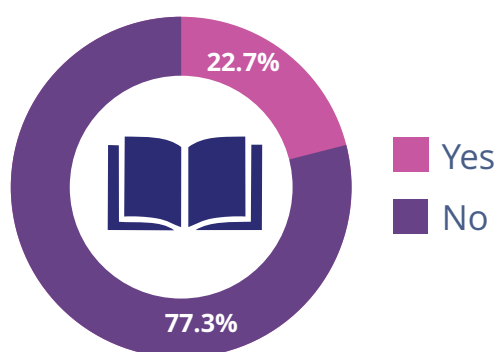
## Educational Materials/ Resources and Library conditions.

For the purpose of the assessment, educational materials were categorized as exercise books, textbooks, and other writing materials; 82% of the educational materials cited below are textbooks while 18% are exercise books. The pupils and parents were asked if the pupils get free

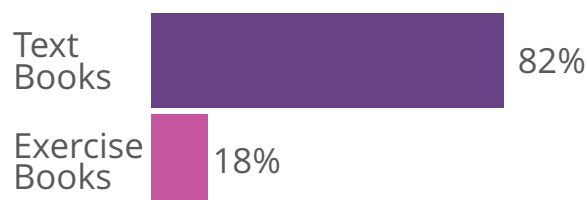
educational materials in the schools, 24.9% responded that they get free educational materials in the schools while 75.1% responded that they do not get free educational materials in the schools. Of those that do not get free educational materials, 77.3% reported that educational materials are not bought in the schools while 22.7% reported that the educational materials are bought in schools. The above data shows that the 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 it's recommended that the headteachers 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, 91.3%

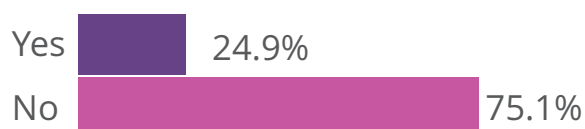
Are educational materials bought in school ?



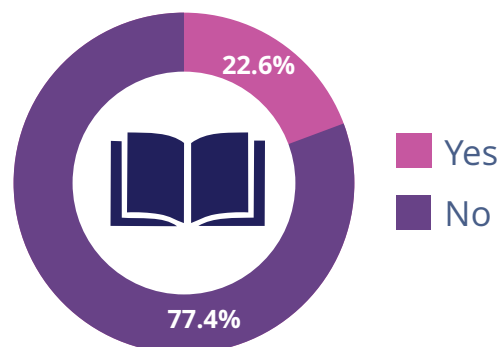
What type of educational materials?



Are there free educational materials?



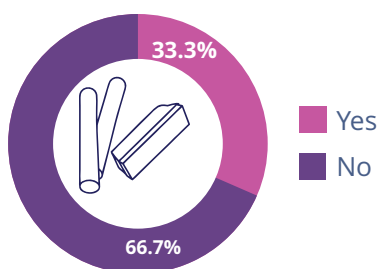
Do the schools have Library Facilities?



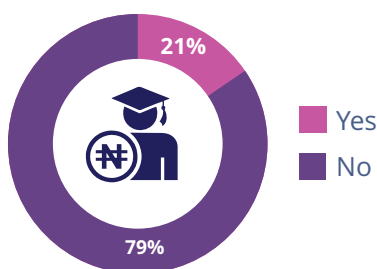


The report for this isn't commendable, therefore, to improve the quality of learning, the Local Government is advised to collaborate with the appropriate authority e.g. Adamawa State Universal Basic Education Board to erect and equip libraries in the LEAs.

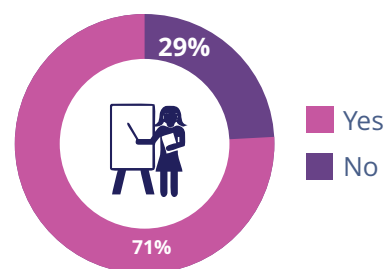
Are other materials like chalk, duster, boards etc enough?




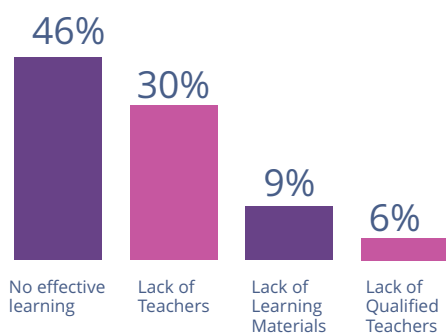
Do you pay fees?



Are you satisfied with the quality of learning?



Why are parents not satisfied with quality of Learning?



During the lockdown, 93% of Children did not get continuous learning while 7% did and they got this education by revision and parents' assistance with school works.

responded that there are no library facilities in the school while 8.7% responded that there are libraries in the schools. The observers further asked the schools with libraries if the libraries are equipped but the majority (77.4%) reported that the libraries are not equipped and functional while 22.6% 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. Adamawa State Universal Basic Education Board to erect and equip libraries in the LEAs.

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 66.7% of respondents said they don't have enough available while 33.3% affirmed to have them available. For proper learning, the LEAs are advised to work with the local government to get those 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- 79% of the parents interviewed responded in negation while 21% of the parents affirmed that they pay school fees.

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 71% are satisfied with the quality of learning while 29% are not. To understand further why some parents are not satisfied with the quality of learning, 46% responded that the children are not learning effectively, 30% stated that the schools lack teachers while 9% stated that the schools lack learning materials, the remaining 6% mentioned that the teachers are unqualified. This information speaks to the importance of continuous learning and training for teachers. The LEAs should engage with the Teachers Registration Council of Nigeria (TRCN) to

ensure this is provided.

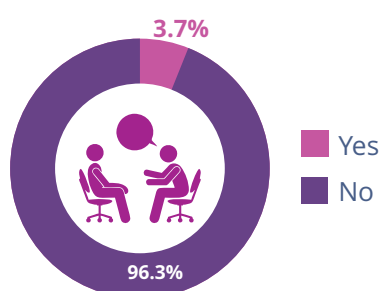
During the pandemic and subsequent lockdown, many schools were shut, some of the schools had contingency measures including online learning to ensure continuous learning for the kids while others did not. Based on this, the parents were asked if learning continued for their children with the lockdown of schools, 93% did not get continuous learning while 7% did and they got this education by parents' assistance with schoolwork. The heavy financial responsibilities that come with online learning including access to computers and the internet contribute to the low learning during the lockdown.

## Equal treatment of persons (special needs)

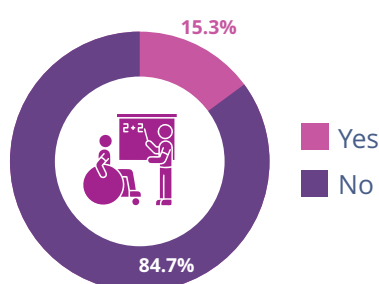
In a place of learning, equal treatment of persons and inclusive education is always considered paramount. The assessment of children's and young people's developmental needs is one of the main responsibilities of teachers and specialists working with them. In line with this, the head teachers were asked 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

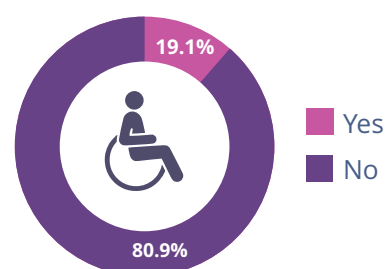
### Counselling Clinics



### Is there inclusive education?



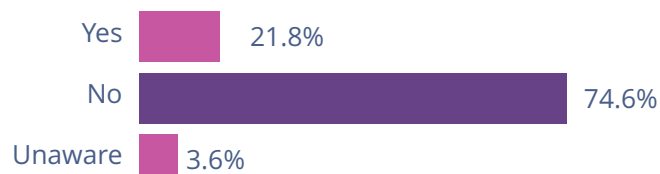
### Are there special needs students in your school?



Are there structures for Special needs children?



### Policies for Sexual Harassment



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. In light of this, there were questions on if 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 is therefore, advised that all schools make it a duty to include this in their curriculum.



**83.8% responded that there have never been any cases of sexual harassment, while 15.3% could not tell if there has been, 0.9% agreed to have had cases of sexual harassment which was handled by the Local Education Authority (LEA).**

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## Hygiene and water supply

Water, Sanitation, and Hygiene is essential amenity particularly in this clime of COVID-19 which has deemed it necessary and compulsory to engage in proper hygiene and regular washing of hands. From the assessment, 80% of schools do not have provision for clean water supply while 20% have provision for clean water supply. Amongst the schools with clean water supply, 86.4% have their own from boreholes, 9.1% constantly get from vendors while 4.5% source their water from the water board. Inquiring about toilets and hygienic hand washing facilities put in place for the students, 68.5% of the schools assessed do not have it in place while 31.5% have such in place. For the schools that have them in place, 94.3% have less than four toilets and washing facilities while 5.7% 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

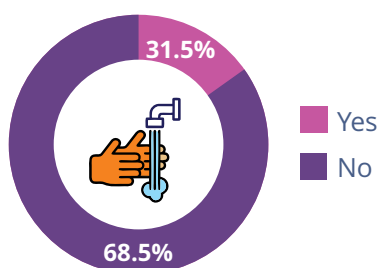


the schools for the comfort of the pupils. On whether males and females share the same toilets, 94.7% of schools assessed have separate toilets for males and females while 5.3% of the schools'

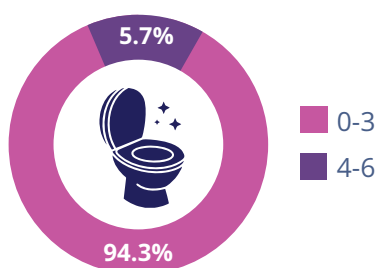


From the assessment, 80% of schools do not have provision for clean water supply while 20% have provision for clean water supply. Amongst the schools with clean water supply, 86.4% have their own from boreholes, 9.1% constantly get from vendors while 4.5% source their water from the water board.

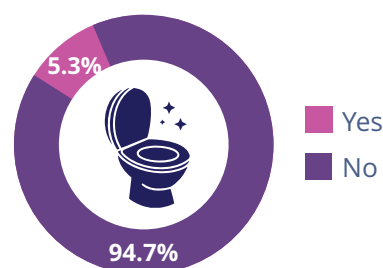
Handwash facilities



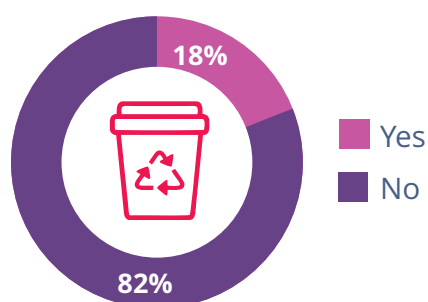
Number of Toilets



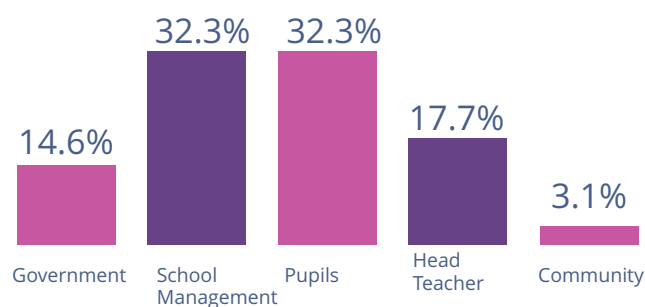
Do male and Female Share toilets



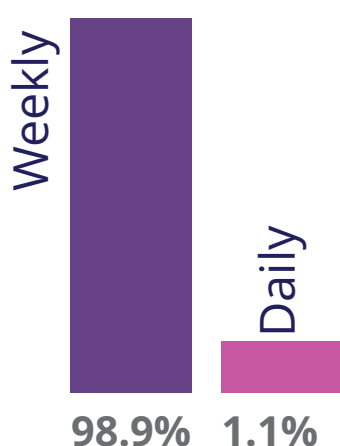
## Do Schools have refuse Basket?



## Who Provides Sanitary Items?



## Cleaning Days



assessed share the same toilet for males and females. 20% of the schools that share the same toilets do so because it's an open place while 80% have only one toilet available in the schools.

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 82% of the schools have a day set aside for cleaning while 18% do not. Further assessment showed that 98.9% clean weekly while 1.1% clean monthly.

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. From the response, 82% of the schools do not have refuse baskets in the classrooms while 18% of the schools assessed have to refuse baskets in their classrooms.

For the purpose of this assessment, sanitary items are soaps, detergents, disinfectants e t c. The observers inquired who provides these items for the schools and it was observed that in 32.3% of the schools assessed, the students provide

these materials, in 32.3% of the schools the school management provides the materials, the government provides for 14.6% of the schools assessed, headteachers provide for 17.7% of the schools assessed while the remaining 3.1% of the schools get their sanitary materials from the community. Concerning sanitary towels for the girls in the schools, 99% of 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

National Education Quality Assurance Policy 2014, states that the aim of Education Quality Assurance is to set and maintain quality standards and to ensure that the inputs, processes, and outputs of the education system meet the set standards. It involves accreditation of the education system and communication of judgments obtained to all concerned in order to ensure quality with integrity, public accountability, and consistent improvement.

In line with the above, the observers inquired if there are yearly accomplished projects existing in the local government and to this, the response was in affirmation. Furthermore, they were asked if there were abandoned education projects and to this the respondents affirmed. Examples given were – incomplete buildings in Mbumara primary school, incomplete toilets in New

Demsa 1 primary school, and incomplete libraries in some primary schools. There were further questions of if there were reported accomplished education projects which are non-existent in the community and to this the respondents affirmed, stating that the Renovations of Demsa LGEAs was reported to be accomplished but not.





# HEALTH

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## PRIMARY HEALTHCARE CENTERS (PHCs)

# PRIMARY HEALTH CARE CENTRES

The World Health Organization (WHO) defines Primary Health Care as “care for all at all ages. Thus, primary health care is to be made available for people of all ages, everywhere, and right in their community.

Primary Health Care is also the initial point of contact citizens have with the health care system and they provide comprehensive, accessible, community-based care that meets the health needs (which includes physical, mental, and social well-being) 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;

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, e t c.

Over the years, Nigeria has, however, not effectively implemented the PHC policy due to the existence of multiple administrative structures at the State level and overlapping responsibility for primary health care, which has further placed 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) as it 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 Demsa Local government in Adamawa State to ascertain the Local government's service delivery concerning Primary Healthcare Centers. Below are the findings from the assessment.

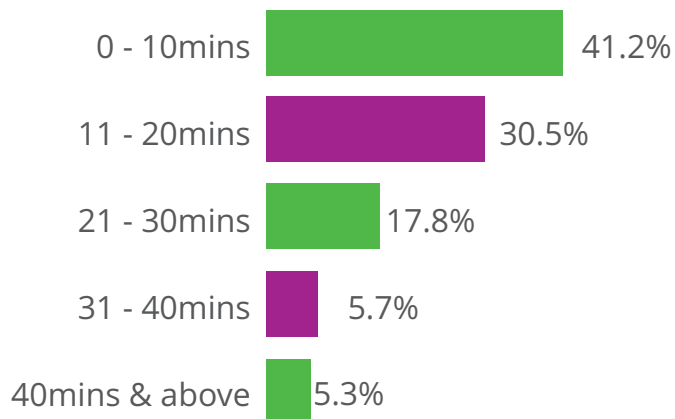
## Accessibility

When the citizens were asked how far the PHCs were from their communities, 75% responded that the PHCs are not far from the communities, while 25.3% acknowledged that the PHCs are located far from their communities. To further understand the distance of the PHCs to the community, 41.2% responded that it takes them less than 10 minutes to get to the PHCs, 30.5% stated that it will take between 11-20 minutes to get to the PHCs, 17.8% of respondents confirmed that it will take about 21-30 minutes, 5.7% responded that it will take between 31-40 minutes to get PHCs, 5.3% asserted it takes above 40 minutes to get to the PHCs.

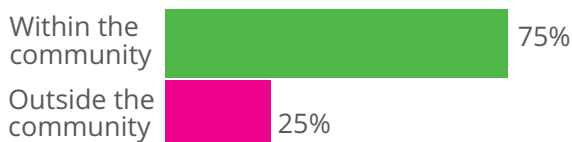
When asked how accessible the roads to the PHCs are; 77.7% responded that the roads to the PHCs in their community are easily accessible; while 22.3% acknowledged that the roads to the PHCs in their communities are not easily accessible. To further ascertain their means of transportation to the PHCs, responses show that 66.8% walk down to the PHCs, 24.6% of the community members use motorcycles as a means to get to the PHCs, 2.76% use tricycles popularly known as keke, 3.47% use cars, while, 2.1% 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 members of the communities cannot access due to the bad state of the road and security issues (such as kidnapping, farmer headers attack, e t c). In addition, when it

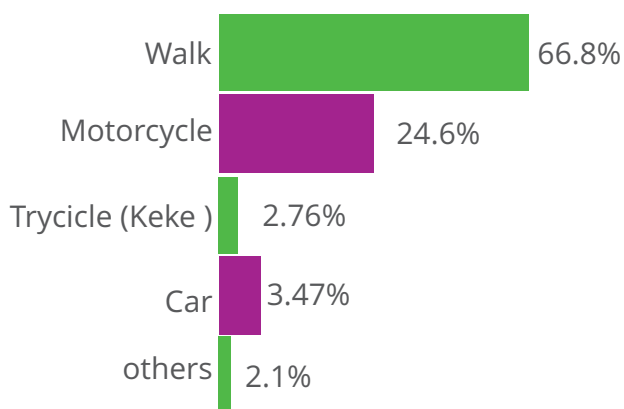
### How far is the PHC to the community?



### Proximity of PHCs to the community

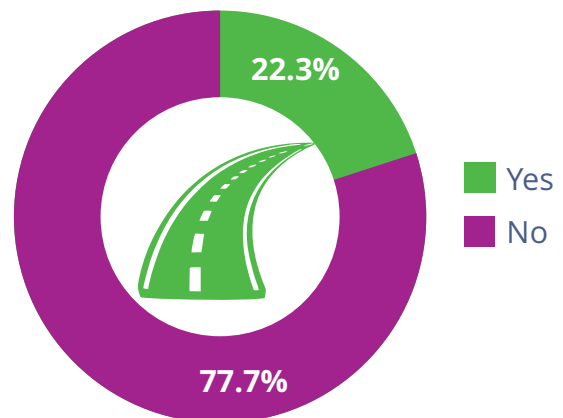


### How do people go to the PHCs?



rains, some members of the communities are cut off due to flooding which makes the PHCs inaccessible. Due to this, community members who are in dire need of these services, are restricted

### Are the roads accessible?

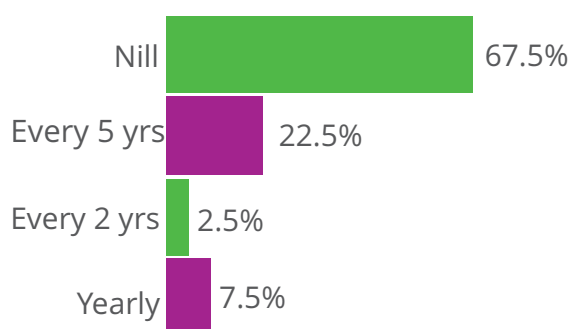


The staff of the PHCs was asked how often their facilities are renovated and maintained. From their responses, 67.5% of the PHCs do not have any renovation and maintenance carried out in their facilities, 22.5% of the PHCs are renovated and maintained every five years, 7.5% of the PHCs accessed confirmed that renovation and maintenance are carried out every year and 2.5% of the PHCs are being renovated and maintained every 2 years.

The above statistics have revealed that renovation and maintenance are hardly done on the facilities which have resulted in dilapidated structures as well as malfunctioning facilities. Demsa 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 who can support in renovating and maintaining the PHCs. Construction companies in the state (such as Jubrah construction company, PW construction, Jerry Home Consult Ltd, e t c) can also be liaised with to support



#### How often are the PHCs renovated?



#### Are there enough wards in the PHCs?



■ Yes  
■ No

the renovation and maintenance as part of their CSR (Corporate Social Responsibility).

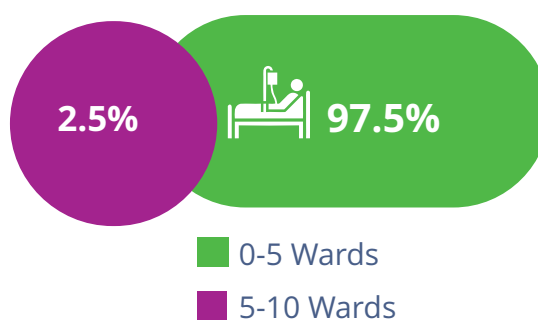
The PHCs were also assessed on if they have enough wards, the capacity of a ward, and how many patients should occupy a ward. From their responses, 90% admitted to not having enough wards, while 10% confirmed to have enough wards. A further assessment also showed that 97.5% of PHCs have less than 5 wards while 2.5% have 5-10 wards. Also based on the capacity of the ward, 56.4% of the PHCs acknowledged that less than 3 patients should occupy a ward, 38.5% of the PHCs confirmed that 3-5 patients ought to occupy a ward, while 5.13% of the assessed PHCs asserted that 6-9 patient should 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 83% of PHCs' assessed, have less than 3 patients occupy a ward, 10% of the PHCs confirmed to having 10 patients, and above in a ward, 5% of the PHCs asserted that they have 3-5 patient in a ward, while 3% of PHCs assessed have about 6-9 patients in a ward.

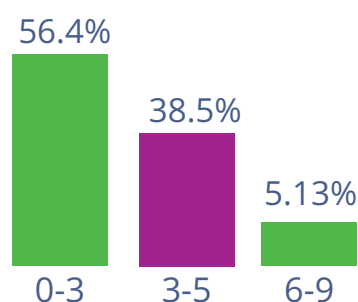
In addition to the above assessment, questions were also asked to find out if the wards are ventilated and 81.3% of the patients asked affirmed that the wards are ventilated while 18.75% of the patients confirmed that the wards are not ventilated. In assessing the source of ventilation in the wards, 63.2% of the PHCs do not have fans, 21.1% of the assessed PHCs have just one fan, 13.2% have 2 fans, while 2.4% of the PHCs have 4 fans.

With over 90% of the PHCs admitting to not having enough wards, 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

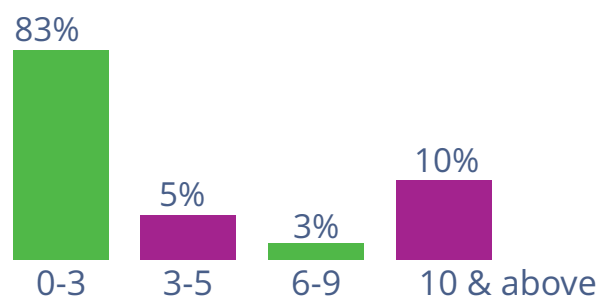
#### How many wards are in the PHCs



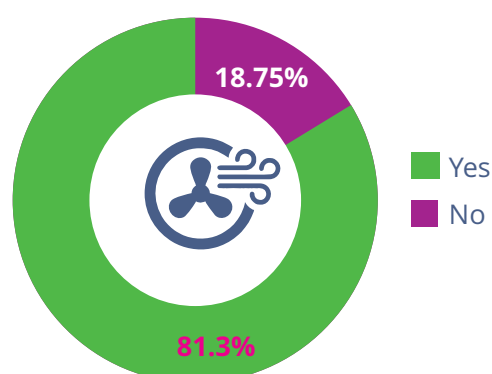
#### How many patients should be in a ward?



#### How many patients are actually in a ward?



#### Are the wards ventilated?



award.

## 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 Demsa Local government was also assessed. From the assessment, 75% of the assessed PHCs do not have electricity, while 25% 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. 65% of the PHCs responded that they do not have back up electricity, while 35% of the assessed PHCs responded in affirmation. Of the assessed PHCs that confirmed to having backed up electricity, 78.6% responded that the major source of their backup is a generator, and 21.4% responded that solar inverter is their main electricity backup.

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.

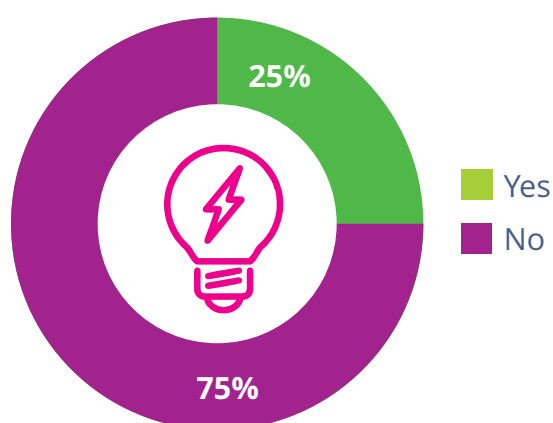
## Facilities and Equipment

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. 87.5% of the PHCs asserted that their cold chain is not well maintained while 12.5% 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, 100% of them affirmed that solar fridges are mostly used to keep and maintain the vaccines. Vaccination is a primary service rendered

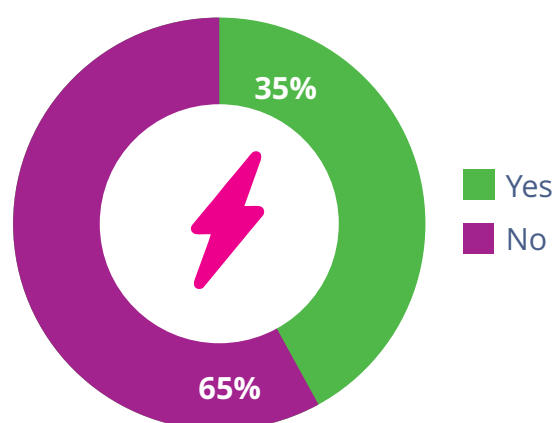


**In assessing the source of ventilation in the wards, 63.2% of the PHCs do not have fans, 21.1% of the assessed PHCs have just one fan, 13.2% have 2 fans, while 2.4% of the PHCs have 4 fans.**

### Do PHCs have electricity?



### Is there a back-up power?



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 stated will also aid the effectiveness of the cold chain.

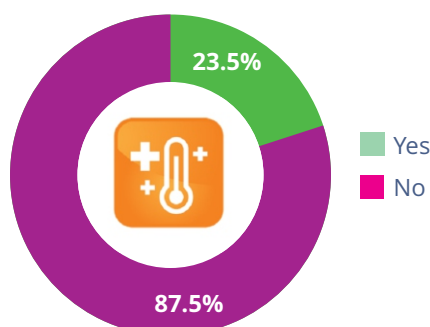
In terms of clinical facilities and equipment, 62.5% of the PHCs do not have functional laboratories while 37.5% of the PHCs do have functional laboratories. Also, 85% of the PHCs agreed that they lack essential equipment such as beds, mattresses, first aid kit, mosquito nets, delivery packs, cold chain for vaccines, etc., 15% of the PHCs confirmed to have enough equipment.

For PHCs to render effective service to the citizens, all essential equipment would have to be provided. Given the

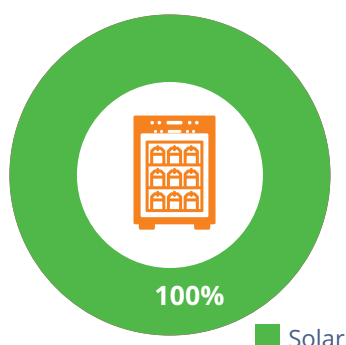
above and in relation to the current pandemic (COVID 19) that is causing health challenges worldwide, the provision of essential equipment cannot be overemphasized as it will help curb the possible spread and reduce infection rate at the PHCs. To be able to achieve this, the attention of the Ministry of health should be drawn to the Local government so that they can assist in the provision of these essential needs. Demsa 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. 97% of the PHCs admitted to not having ambulance services while 3.4% of the PHCs have

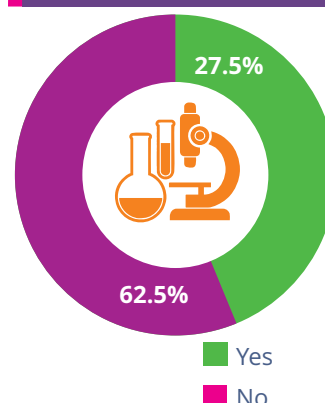
Is there a well maintained cold Chain



How do PHCs maintain their vaccine?



Do PHCs have functional laboratories?



ambulance services. When further asked about the functionality of the ambulance services, all the assessed PHCs confirmed that the ambulances 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 PHCs that do not have so that they can carry out such a vital service to the citizen.

With regards to clinical consumables (gloves, syringes, face masks etc); 30% of the PHCs provide their consumable themselves, 18% of the PHCs receive their consumables from the Local Government, 50% receive their consumables from clinics and 3% of the PHCs receive their consumables from NGOs.

When consumables are provided by the

Local government, most of the PHCs offer 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. Also, with the outbreak of the COVID-19, gloves, facemasks, sanitizers are very essential as prevention measures. The Local government is thus, encouraged to provide these consumables to the PHCs as well as identify and collaborate with NGOs/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, 78% of the PHCs in Demsa do not have water supply, while 23% admitted to having a clean water supply



With regards to clinical consumables (gloves, syringes, face masks e t c); 30% of the PHCs provide their consumable themselves, 18% of the PHCs receive their consumables from the Local Government, 50% receive their consumables from clinics and 3% of the PHCs receive their consumables from NGOs.

with 88.9% of the PHCs asserting that borehole is the main source of their water supply while 11.1% agreed that their main source of water supply is from the water board.

With regards to Water, Sanitation, and Hygiene (WASH) program, 60% of the assessed PHCs confirmed that the program is not been observed, while 40% of the PHCs affirmed to be observing 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. This will further encourage patients and visitors at the PHCs to practice handwashing and at the same time curb the spread of COVID-19.

Inquiry about provision for sanitary materials (soaps, disinfectants,



Murgaran Public Health Centre

**97% of the PHCs do not have ambulance services while 3% of the PHCs do and all ambulances available are functional.**





sanitizers, detergents) and toiletries revealed that 67.8% of the PHCs do not provide sanitary materials/toiletries, while 32.21% of PHCs assessed provides these items. In addition, 83.41% of the PHCs do not provide free sanitary towels for women and girls, while only about 16.6% 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 Demsa LGA. The local government is further encouraged to partner with sanitary towel manufacturers such as Procter and Gamble (P&G), Sankin

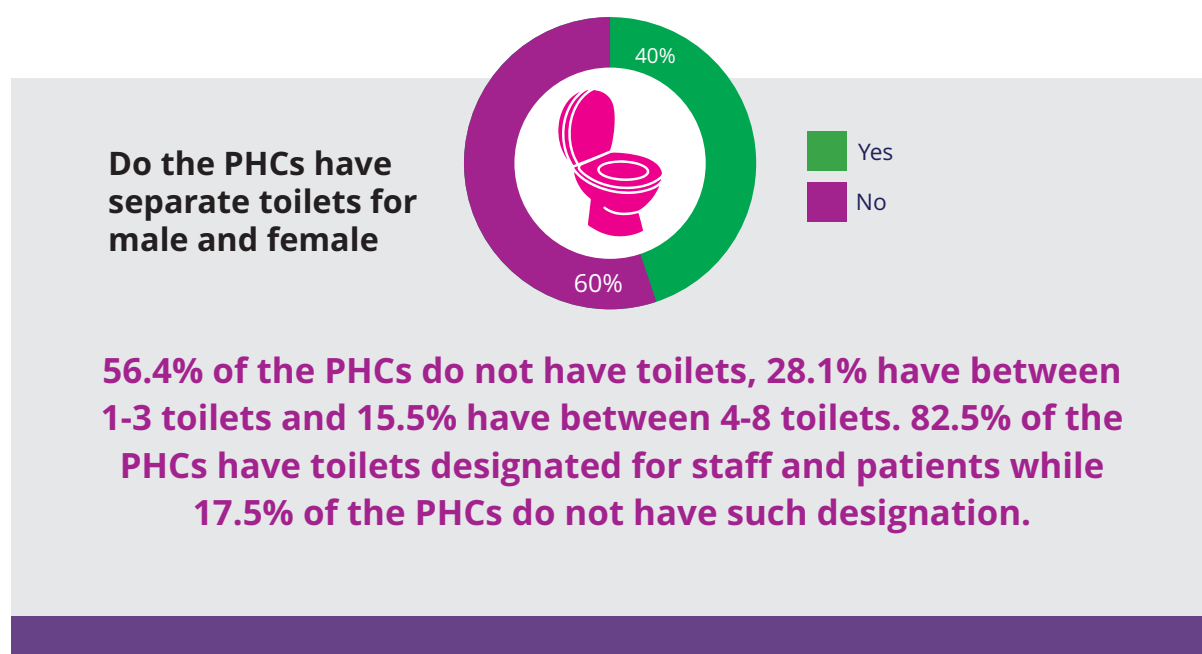
Nigeria Limited, Femina Hygienical Products Nigeria limited, e t c, to either provide free sanitary towels to the PHCs as part of their CSR (Corporate Social Responsibility) or supply at a giveaway price to the PHCs so that more women and girls can afford to buy them.

During the observation, the number of available toilets in the PHCs was also assessed and it was reported that 56.4% of the PHCs do not have toilets, 28.1% have between 1-3 toilets and 15.5% have between 4-8 toilets. 82.5% of the PHCs have toilets designated for staff and patients while 17.5% of the PHCs do not have such designation. It was also observed that 60% do not have such gender proportion while 40% of the PHCs have toilets for males and females.

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 order 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, 39.5% of the PHCs scored 1 in sanitation, 17.1% scored 2 in sanitation while 20.1% scored 3 in sanitation, 12.0% scored 5 in sanitation while 11.3% scored 4. A further question requesting the existence of sanitary regulations was also asked during the assessment and 52.5%



of the PHCs do not have sanitary regulations in existence while 48% 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 e t c are disposed of. 91.3% of the PHCs acknowledged that their wastes are disposed of by burning. Further response from 8.7% PHCs assessed confirmed that their wastes are dumped in a pit. The PHCs were also assessed on how often the wastes are disposed and 58% of the PHCs asserted that their waste is disposed of occasionally while 42.5% of the PHCs acknowledged that they dispose of waste frequently.

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 being provided for by the PHCs. 100% of the PHCs assessed provide these basic immunization services to the citizens in Demsa. When further asked how often the services are being provided, 58% of the PHCs assessed confirmed it is occasionally provided, while 43% of the



assessed PHCs asserted that it is provided frequently.

Family planning is another service that 76.9% of the PHCs acknowledged that they provide, while 23.1% of the PHCs assessed stated that they do not provide this service. Of the PHCs that provide family planning services, 11% affirmed that they provide the service to the women only if their husbands support it. Of the PHCs that do not provide this service, 67% of the PHCs asserted that it is due to the lack of equipment and insufficient materials and 11% of them stated that the community refused them from providing the service. With these findings, it is paramount that the Local government should sensitize the members of the community on the importance of family planning and also ensure that the equipment and materials needed to provide these services are made available.

70% of the PHCs do not issue birth certificates while 30% of the PHCs issue birth certificates. 45% of the PHCs run the clinic occasionally, 43% of the PHCs run child health clinics frequently, while 13% never run child health clinics. 47.8% of the PHCs run antenatal care clinics occasionally, 40% of the PHCs run antenatal care clinics frequently, 33% never run ante-natal clinic services while 28% of the PHCs run the ante-natal clinic occasionally.

83% of the PHCs also confirmed not to be providing free HIV services while 18% of the PHCs confirmed that they provide

free HIV services. 62.5% of the PHCs do not provide Prevention of Mother to Child Treatment (PMTCT) and HIV Counselling and Testing (HCT) services while 38% of the PHCs provide these services. 67.5% of the PHCs do not provide adolescent health services while 33% of the PHCs provide adolescent health services.

Laboratory services provided by the PHCs were also assessed and the findings show that 62.5% of the PHCs do not provide laboratory services, while 38% of the PHCs do provide laboratory services. 54.6% of the community members further acknowledged that their laboratory appointments have been postponed due to lack of staff or equipment while 45.4% of the community members asserted that their laboratory appointments have not been postponed due to lack of staff or equipment.

During the assessment, findings further revealed that 92.1% of the PHCs provides counseling on sexually transmitted disease management (including the signs and symptoms), while 7.89% do not provide this service. 66.7% of the citizens rated the counseling services provided to be good, 14.3% of the citizens rated the counseling services provided to be excellent, 14.3% of the respondents further confirmed that the counseling is very good while about 4.8% were indifferent about the counselling services provided.

Findings further revealed that no PHCs in Demsa Local government provides

mental health services, unlike Numan Local government where some of the PHCs provide these services to the citizens.

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. Response from 79.04% affirmed that they pay for the basic health services, while 20.9 % responded no. Amongst the community members that admitted to having paid for these basic services, 72.0% of them think what they paid is cheaper when compared to other hospitals, while 9.5% confirmed it is not cheaper and 18.5% don't know if it is cheaper or more expensive in other hospitals.

The operational services of the PHCs and the efficiency of the workers were also assessed. 54.4% of the PHCs assessed in Demsa admitted to running for 24 hours, while 45.6% of the PHCs do not operate 24 hours. When asked about the availability of doctors and nurses, 60.9% of the PHCs acknowledged that doctors and nurses are not available for 24 hours, while 0.44% confirmed that the doctors are available and 37.7% responded that nurses are available.

With regards to how efficient the workers at the PHCs are, respondents were also asked if they have ever induced workers to access treatment. 70.5% responded no, while 29.5% 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

The staff strength at the PHC's comprises of nurses, doctors, Community Health Extension Workers (CHEWs), and other medical professionals such as; lab scientists, lab technicians, volunteers, midwife, lab assistants, medical records, scientific officers, CHO (Community Health Officer), opticians, medical officers, microbiologist, etc. In assessing the staff strength and capacity of manpower concerning service delivery at the PHCs, responses gotten from the PHCs varied. 95% of the PHCs admitted that their staff strength is between 0-10, 2.5% acknowledged that their staff strength is between 11-20 while another 2.5% 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 92.5% of the PHCs assessed affirmed that they have between 0-10 community health workers while 7.5% of the PHCs assessed confirmed that they have between 11-20 community health workers available.

With regards to the availability of nurses at the PHCs, 74.4% of the PHCs assessed confirmed that they do not have nurses on duty while 26% 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, 50% confirmed that at least one nurse is always available, 30% affirmed to have 5 nurses, 10% agreed to have 2 nurses, while another 10% assessed PHCs asserted to 3 nurses always present on duty.

With regards to the availability of doctors, 97.5 % of the assessed PHCs do not have doctors, while 2.5% of assessed PHCs have doctors. Of the number of PHCs that admitted to having doctors, 100% of them confirmed that they have two doctors in the PHCs. In order to ascertain how often the doctors' visit the PHCs, 89.7% of the PHCs acknowledged that doctors do not visit their PHCs at all, 7.7% admitted that the doctors' visits occasionally while 2.3% of the PHCs confirmed that the doctors visit frequently.

With regards to other medical professionals available at the PHCs, 68% of the assessed PHCs asserted that there are no medical professionals in the PHCs while 32.5% 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 the service delivery of the PHCs in the Demsa 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 98% of them responded there

was none, while 2% of the PHCs responded they do not know. In order 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 83% of the PHCs continued to offer services to non-COVID-19 patients, while 17.5% 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 97.5% confirmed that such services were not offered as no COVID-19 patient visited the PHCs, while 2.5% 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 the adequate medical supply to address COVID-19 emergencies. Findings from the assessment confirmed that 95% of the assessed PHCs did not have adequate medical supply to address COVID-19 emergencies, while 5% of the assessed 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. 100% of the PHCs assessed responded no.

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 directed to the Demsa 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. 88% 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 while 12.5% of respondents confirmed that they do not have data tools for capturing or checking the services provided by the PHCs. Respondents were further asked if these data are being captured and 91% responded in the affirmative, while 7.9% responded no. When assessed on the rate of recurrence of data capturing, 65% of the respondent reported that the data is occasionally captured, 22.5% of the respondents reported that data is being captured frequently, while 12.5% reported that data is never captured. The assessment shows that the quality

control department is monitoring the services rendered by the PHCs. However, the absence of structures such as adequate personnel, medical supplies, and poor sanitation reveals a lapse in the effectiveness of said monitoring. It is necessary for the accurate picture of service delivery to be captured, or the findings from monitoring exercises to be taken seriously so PHCs can improve on service delivery. 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 Borrong, Bille, and Kodomun communities.

The Local government was further asked if there were yearly accomplished health projects that are non-existent in the Local government, they responded no. When asked if there are uncompleted or abandoned health projects in the Local Government Area, the Local government officials responded yes and noted that such projects can be found in Murgaran, Old Demsa, and Dakusung communities. In as much as there are no yearly accomplished health facilities that were non-existent in the Local government, the Local government must ensure that the functional PHCs are effective and efficient enough so that they don't



# SAFETY & SECURITY

# SAFETY AND SECURITY

Security refers to the measures taken to ensure protection of people and property. This can also 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

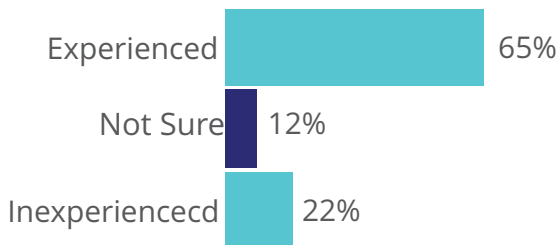
- Religious fanaticism

- Land space management.

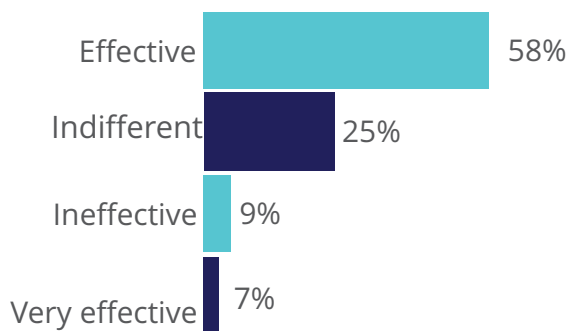
There have been herders' attacks in the local government in recent times. There have been recommendations to equip the security apparatus of the state, arrest and prosecute individuals found guilty of aiding and sponsoring insurgents and community policing to aid in gathering intelligence to stem the 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

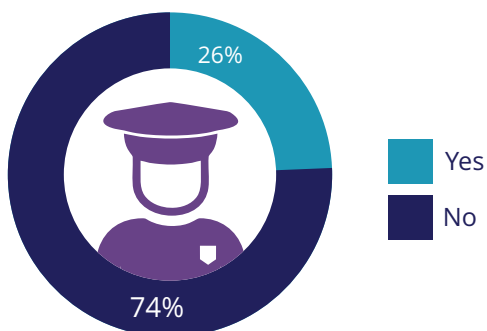
### How experienced are your security agents?



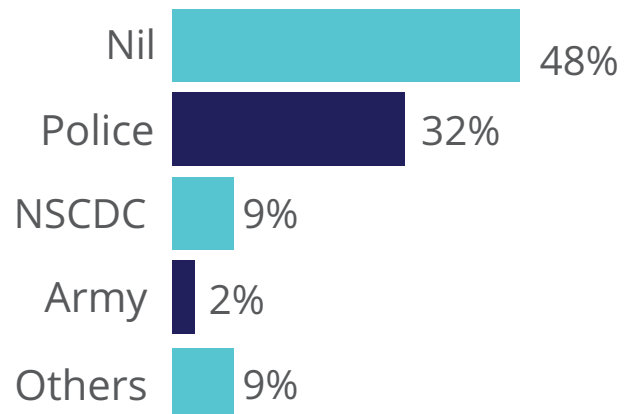
### How effective are your security agents?



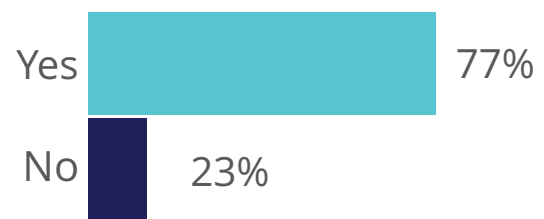
### Do the security agents receive enough support to do their duties?



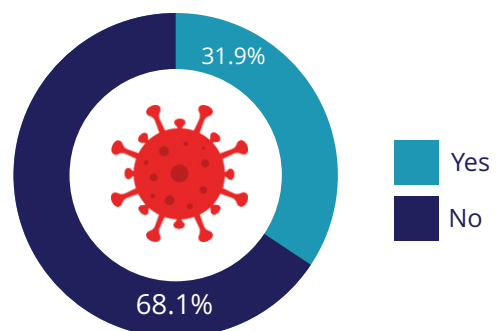
### Which security agent do you have in your community?



### Do they respond quickly to security threats?



### Was there an increased crime rate during the covid-19 lock-down



inclusion of “security condition” as one of the focal areas of the assessment.

Based on the above, the residents in the community were asked to name the existing security agencies in the community, 48% of the respondents said there were no security agencies in the community, 32% mentioned the Nigeria Police Force (NPF) 9% mentioned the Nigeria Security and Civil Defense Corps (NSCDC), 2% mentioned the Nigerian Army (NA), 9% mentioned other security agencies not specified. They were further asked if there are other civilian outfits that exist in the community and to this the majority (86%) affirmed while the remaining 14% refuted. The reports show that the main security agents in the communities are the civilian security outfits followed closely by 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, 65% responded in affirmation, while 12% could not tell how experienced the security agents are, 22% stated that the security agents are not well experienced.

The residents of the communities were asked if the security agencies and security personnel existent in their communities respond to security threats, 77% responded in affirmation while 23% denied. The respondents were further asked to rate the effectiveness of the security agents, 58% responded that they are effective, 25% stated that they are indifferent, 9% responded that the security agencies are ineffective while 7% affirmed that they are very effective. Further questions on why the security agencies don't effectively respond to threats showed that 55% 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 20% responded that the security agents are overwhelmed by demands of the community.

In terms of overall security situation of the communities, 46% of the community respondents stated that the security condition is on the average, 28% stated that the security condition is good, 12% stated that mentioned that its very good while 14% stated that it is bad. It can be deduced from this that the security situation is fairly good. However, 39% of the respondents stated that they feel unsafe when alone in the neighborhood, 6% expressed that they feel very unsafe in the

neighborhood, 48% mentioned that they feel safe in the neighborhood and 7% stated that they feel very safe in the neighborhood. The observers further inquired from the respondents that feel unsafe the security threats they get in the communities and in their response, 48% mentioned armed robbery, 22% mentioned burglary while 30% mentioned herdsmen attack.

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, 74% responded in negation while 26% affirmed. Further questions were asked on who gives the little support to the security agents and 43% responded that community supports, 35% replied that the support is majorly from the government while 22% responded that its usually from individuals.

There were questions on if there is a stipulated fee paid by the community for security, 75.4% of the respondents replied in the negative, 8.4% affirmed while 16.2% of the respondents could not ascertain. However, among the 8.4% that affirmed, 40% stated that they do so to encourage the security agents, some of them (32%) stated that it was for support while the remaining 28% stated 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, 52% of the respondents stated that their community is more secured than the neighboring communities while 48% stated that their communities isn't safer than the neighboring communities. For the respondents that replied that their community is more secured, 79% reported reduced crime rate while 21% 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, 26% stated that there is increased crime rate, 13% stated that there is restriction of movement while 10% stated that there is a constant fear of the herdsmen.

One of the importance of security is to protect and keep safe the property and people and in line with this, the community residents were asked how safe they feel with the presence of the security agents available in the community and in response, 41% reported that they don't feel safe while 59% 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 61% don't feel safe because the security agencies are not effective, 26% don't feel safe because the security agents lack good working relationship with the community, 14% mentioned that there are really no security agencies in their community and neighborhood. The respondents that reported that they feel safe with the security agencies were asked their reason and the reports showed that 44.7% of the respondents reported that security agencies are very effective, 54.7% 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 therefore be interpreted from this report that the impact of the security agencies is felt more in some communities of the local government than others.

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, 60% of the residents affirmed that their movement was restricted while 40% refuted. It was reported during the lockdown resulting from the COVID-19 pandemic that there was an

increase in violence and crime rate due to restriction of movement and loss of income. Based on this, the observers inquired from the residents if they experienced an increased crime rate during the lockdown and the reports showed that 31.9% experienced an increased crime rate while 68.1% did not. Further questions were asked on the types of crimes they experienced and, in their response, 56% experienced robbery, 23% experienced domestic abuse, 13% experienced thuggery, the remaining 8% experienced herdsmen attack, kidnapping and cultism. To understand how the community responded to these crimes, it was noted from the 57% of the respondents that the community vigilante intervened while 43% responded that the crimes were reported to the security agencies.



# SOCIO ECONOMIC WELFARE

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# 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.

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.



**46.4% of the respondent asserted that their current family condition is poor, 40.8% of the respondents described their current family situation as average, 12.0% of the respondent stated their current family's condition is very poor, 0.8% confirmed their family's current condition to be rich, while 0.3% acknowledged their current family's condition to be rich.**

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In view of the above and considering the fact that Demsa 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.

To ascertain the employability status of the members of the community, 59% of the respondents affirmed that they were employed, while 41% declared that they were unemployed. Of the respondents that confirmed that they were employed, 49% asserted that they are farmers, 11% are civil servants, 10% are teachers, 8% are okada/keke(tricycle) riders, 7% asserted that they are traders, 5% are tailors, 4% are hunters, 3% are hairdressers/barbers, and 3% are drivers

Of those that affirmed that they are currently unemployed, they

explained that they have been surviving and getting income through varied means. 55% stated that they have been surviving through assistance from friends or relatives, 35% of them affirmed that they have been surviving by borrowing, 7% 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

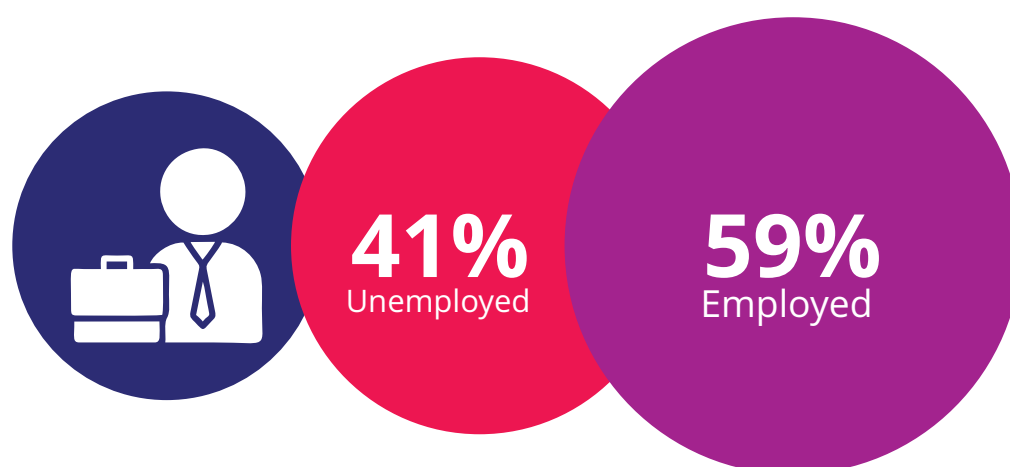
(such as Formal and Informal education e t c), which will, in turn, break the cycles of poverty in the community. By so doing, members of the community will become self-reliant rather than depending on family and friends for survival. In addition, the Local government should also provide incentives as 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. 66.3% are unsatisfied with the financial state of their family, 15.0% affirmed that they are satisfied with the financial state of their family, 13.5% responded that they are very unsatisfactory, 5.0% asserted that they do not know while 0.2% of the assessed households

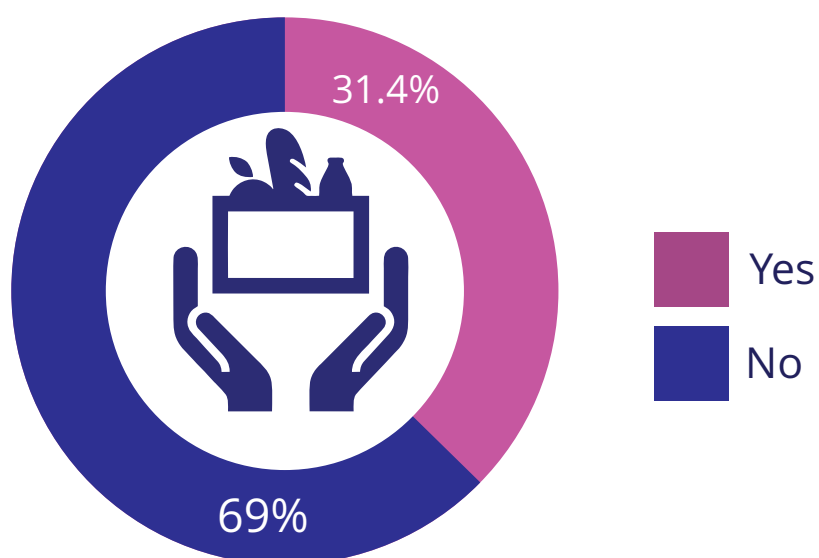
admitted to being very satisfied with the financial state of their family. The community members were further asked to best describe their current family's financial situation. 46.4% of the respondent asserted that their current family condition is poor, 40.8% of the respondents described their current family situation as average, 12.0% of the respondent stated their current family's condition is very poor, 0.8% confirmed their family's current condition to be rich, while 0.3% acknowledged their current family's condition to be rich. 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

An assessment was also carried out to

### Employability status of the community



## Did you receive any form of Socio economic assistance?



understand the condition that the households in the communities are currently facing. Responses showed that 48% of the household assessed acknowledged that their income is not enough for basic needs, 32% of the assessed households are striving to provide basic needs (such as food, water, clothing), 11% of the assessed households confirmed that their income is enough for only food while 9% of the assessed households affirmed that they could provide daily and other basic needs.

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. 69% asserted that they did not receive any form of social or economic assistance from any individual, government, or any other organization while 31.4% of the household respondent in the affirmative. Of the 31.4% of the respondent that affirmed that they received assistance, 90% of the respondents affirmed that they received food assistance, 6% of the respondent confirmed they received

cash assistance, and 2% admitted to having received health assistance, while 1% confirmed they received materials.

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.

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. 69% of the respondents affirmed that borrowing from friends and relatives have been a source of livelihood for their families, 14% of the assessed household said they have been supported via other means. 9% of the respondent acknowledged that they



have been receiving support from a religious organization, 7% 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, the income of some other respondents is not even enough to provide these needs, while the majority of respondents keep borrowing from friends and relatives as a source of livelihood. 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, the Local government is encouraged to collaborate with the State Ministry of Women Affairs and Social Development (WASD) to

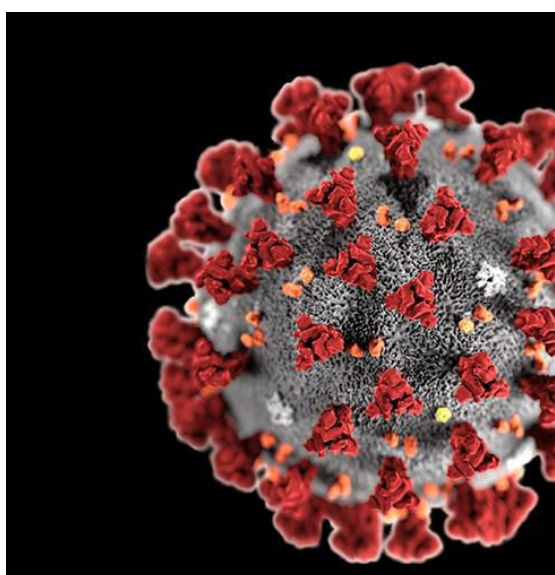
ascertain how women in the community can be socially and economically empowered to enable them to support their families.

The households were further asked to give their opinion on what can be done to improve the socio-economic situation of families in their community. 41.2% 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, 18.5% of the respondent suggested that skills acquisition should be provided, 14.2% of the respondents further suggested that the provision of palliative would improve the socio-economic situation of families in their communities while 10.6% of the respondent also suggested that loans should be provided and 1.0% of the respondents advised that access to educational opportunities can be used to improve the socio-economic situation.

In view of the above, and with most of the respondents asserting that the provision of farming implements will help improve the socio-economic situation of families in the community, the Local government is advised to be proactive and work closely with the Bank of Agriculture to ensure that the members of the community also

benefit from the farmermoni (interest-free loan to support farmers)program.

### **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(tricycle)/ taxi drivers, tradesmen, artisans, food vendors,

and barbers/hairdressers) were prevented from traveling to work or running their businesses which have 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 Demsa 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 has affected their social-economic welfare; 30.9% of respondent said that the Coronavirus affected their ability to continue their business, 30.7% of the respondent confirmed that they are unable to farm, 14.3% of the respondent acknowledged that they lost their jobs, 13.9% of the respondents claimed it affected their ability to go to school, and 9.6% 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.

The members of the community were further asked if they received

palliatives; 72% of the respondent asserted that they did not receive any form of palliative while 28% responded in the affirmative. Members of the community were further asked whom they received the palliative from and 29% of the respondent asserted that they received palliatives from individuals, 26% respondent that they received their palliatives from the State government, 25% of the respondent confirmed that they received palliative from the federal government while 20% acknowledged that they received palliative from the Demsa Local 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 84.9% of the respondent acknowledged to have received food items (rice, stock cubes, vegetable oil, etc) while 14.7% of the respondents affirmed that they received cash.

In a bid to cushion the effect of the lockdown measures instituted to curb the spread of the virus, 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

Demsa Local government were also asked if they received the stipends or knew anyone who have received the stipends from the Federal government monthly and 100% of the respondents affirmed that they did not receive the stipends.

From the above statistics, it is evident that residents of Demsa LGA did not access the cash stipends said to be provided by the Federal government and this could be because the register have not been updated to include members of the community. The Demsa 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 Demsa can be included when next the stipends are been disbursed.

# RECOMMENDATIONS

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The following are the recommendations made from the assessment:

1. One of the findings from the assessment showed that there are not enough classrooms in majority of the schools assessed and the ones available do not have enough furniture. In this clime of COVID-19 and schools reopening, it is recommended that that the Local government worth with the appropriate construction organization to these classrooms and enough furniture for proper physical spacing of children.

2. 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 farmer/herder clashes, 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.

3. It was also noted that majority of the schools do not have any form of child protection network. This calls for concern since the children in schools

are the responsibility of the teachers/ head teachers. The head teachers in collaboration with the LEAs can provide some of child protection framework like providing exists and permission cards to aid in monitoring the movement of pupils in school.

4. Demsa 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. Findings from the assessment showed that no PHC in Demsa Local government provides mental health services and considering the fact that some of the communities have faced violent attacks, most community members would have been mentally affected (resulting in stress, anxiety, despair). It is recommended that the Local government in collaboration with the Ministry of Health establish a community based mental health program, by scaling down the knowledge of mental health to the primary health managers within the community for early identification of people with mental health needs and referral to appropriate quarters. Similarly, trauma healing centres that will cater to the psychological needs of the community members should also be established at the PHCs.

8. 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.

9. Findings from the assessment showed that many of the community members are unemployed. 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 youth positively engaged and prevent them from becoming potential recruits of armed groups.

10. 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). The Local government is also 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.

11. 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 improve security in the communities.

# CONCLUSIONS

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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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