THE ROLE OF UNICEF IN POTABLE WATER SUPPLY AND ENVIRONMENTAL SANITATION IN SELECTED LOCAL GOVERNMENT AREAS OF ADAMAWA STATE.

BY

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DECLARATION

I hereby declare that the thesis titled "The Role of UNICEF in Potable Water Supply and Environmental Sanitation in selected Local Government Areas of Adamawa State" is a product of my rigorous intellectual exercise carried out in the Department of Political Science Ahmadu Bello University Zaria.

The work of other researchers is duly acknowledged and referenced. I also declare that no part of this research endeavour has been previously submitted elsewhere for the award of a degree or higher degree.

Signature	Date
Supervisor	Date
H.O.D	Date

CERTIFICATION

This thesis entitled "The Role of UNICEF in Potable Water Supply and Environmental Sanitation in Selected Local Government Areas of Adamawa state" meets the requirement for the award of the Degree of Master of Science of Ahmadu Bello University Zaria and is approved for its contribution to knowledge and intellectual endeavour.

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ABSTRACT

The research endeavour examines the role of UNICEF in Potable Water Supply and Environmental Sanitation in Adamawa State Specifically, emphases are on Girei, Fufore and Yola South Local Government Areas. It was proposed that the implementation of UNICEF assisted programmes of Potable Water supply and basic sanitation in the three L.G.As brings about improvement in health and economically productive life of the people but at the same time creates a form of dependence on external factors.

The work identifies the various stakeholders in project execution and the key role of international Agency in the provision of water and sanitary facilities. Data is collected through primary and secondary sources.

The provision of water and sanitation facilities through UNICEF assisted project, based on our findings, reveals that the health as well as socio-economic life of some beneficiary communities has been improved in the three Local Government areas examined. Also evident is the constant need to maintain projects for continuous benefits. This as revealed placed a kind of financial commitment on members of community. While dependence on external source for spare parts to maintain projects is also evident.

In some communities however their water problem remained the same even after the intervention of the International Agency. It was also discovered that the precondition for the provisions of facilities is based on full participation of members of community through the contribution in cash or kind of Ten- percent construction cost of project. International agency provides among others the drilling rigs, handpumps vehicles and spare parts. Local government contributes between fifteen to twenty five percent of the construction cost.

The study recommends among others that the federal government should endeavour to provide this fast moving spare parts at Local government level for easier accessibility. Provision of more boreholes and improved wells in communities to reduce stress placed especially on borehole" with handpumps as a result of over population was included.

DEDICATION

This work is dedicated to my late father David Calvin Alahira, my mother Naomi David and my brothers and sisters.

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CHAPTER ONE

1.0 BACKGROUND TO THE PROBLEM

Water is a vital resource to man's existence. It is required for both social and economic activities of man, such as cooking, general sanitation, for the production of energy, crops, and industrial goods. Water provides a relatively cheap source of transport particularly for bulky goods while recreational activities especially swimming, boating, etc are water-based.

The various ways in which man utilises this vital resource often pollutes it. Hence rendering it unsuitable for many, if not all use. Water is unequally distributed over any given region. Ayoade (1983) observes that "its availability in sufficient quantity and acceptable quality at a given geographical location may vary over time." (P.3). However, in the early history of mankind, there was no problem of water supply and sewage disposal, as the general practice was for a cluster of people to settle adjacent to water masses. Adekunle (1990) emphasises that, a casual observation of early settlement location before urbanisation reveals that people lived at close proximity to water sources, and there was ample space for man to dispose off his waste.

Industrialisation, subsequent urbanisation, and rapid population growth means increased demand for water. Its pollution in the process of usage by man also constitutes threat to human health and productive life.

Government has recognised the key role, which improved water supply could play in the elimination or control of common diseases related to poor quality of water, health level and general welfare of people. Governments therefore undertook water supply schemes to meet the ever increasing water demands of the population. However, schemes for improved water and waste disposal such as dam construction, borehole-sinking etc have been more urban than rural based. Despite this development, inadequate water supply and sanitation facilities still remain one of the major problems of the urban areas.

The rural population has not fared better than their urban counterpart in terms of water supply and human waste disposal. Perhaps the rural dweller experience more problems because this group

depends on ponds, streams, rivers, hand dug wells etc for their water supply. These sources are often polluted and thus threaten the healthy development of the required labour force of a nation, as those affected are mostly children of formative age and women whose responsibilities it is to collect water in most developing countries. This group often spends hours on end, and even trek long distance for water.

Rural development programmes often identify the diversification of agriculture as crucial in achieving rural development of developing nations while little attention is given to the health and social well being of the rural agricultural labour force.

Ohwona (1981), Achochi (1981), Adekunle (1990), Babasola (1996) while analysing the plight of the rural dwellers observe that potable water and sanitation, health facilities etc are still dreams yet to be realised by rural dwellers, while eighty (80%) percent of man's diseases has been linked with the ingestion of contaminated or poor quality of water and sanitary disposal, and that eighty percent (80%) of developing nations population reside in rural areas, living no doubt as to the fate of rural dwellers.

This situation therefore became a source of concern to not only the developing nations, but the United Nations system as well, which led to a joint conference in 1978. The United Nations special Agencies fourth decade opened with a revolutionary decision. Members undertook to make a giant effort to enable people everywhere become healthy enough to lead socially and economically productive lives. A goal referred to, as Health for All by the year 2000 was the main focus, while the vehicle for achieving this goal is Primary Health Care (PHC).

It was at Alma-Ata in the defunct Soviet Union in September 1978 that the World Health Organisation (WHO) and United Nations Children's Fund (UNICEF) jointly convened an international conference to discuss primary health care and define its main components. Unanimously the health ministers and other delegates of one hundred and thirty four (134) member countries signed the declaration. Leaving no doubt as to the universal value of Primary Health Care. Eight components were identified by the declaration as crucial in achieving the goal of Primary Health Care. One of which is, Adequate supply of safe water and basic sanitation (WHO 1988). Equally important is the fact that services of all the components identified were to

be provided to individuals and families in the community through full participation, in spirit of self-reliance and self-determination.

However, UNICEF (1997) observes that hopes for increasing assess to safe water and sanitation began to decline in the developing nations in the 1980s year that many called the lost decade of development when many poor countries found their budgets stretched thin from making payments on enormous international loans. Many economies underwent the shock therapy of the Structural Adjustments Programmes called for by the Bretton woods Institutions and donor nations. Nigeria belongs to this category of debtors and the shock therapy policies. Public expenditure, and often-basic services were cut. The programme known as Bamako Initiative launched in 1987 in Africa was to address the crisis in health care that came on the heels of budget cuts and the economics decline of the 1980s. A new strategy for improving health services by moving their control, management, and even some of their financing out of central jurisdiction and into communities was adopted.

In line with this development is the formation of a National Health Policy of 1988 which was adopted in 1989. The components identified and its implementation strategy of the 1978 Alma-Ata declaration was seen as central to this Health Policy as the goal of health for all by the year 2000. To achieve the goal of health for all by the year 2000 in Nigeria, International Organization Intervenes to ameliorate the plight of rural dwellers based on the components identified, through assisted programmes.

1.1 STATEMENT OF THE PROBLEM

The Alma-Ata declaration by international agencies and the subsequent policies especially Nigeria's National Health Policy of 1988, specified that the provision of basic services as outlined by the declaration to individuals and families and community is possible only through full participation by communities in spirit of self-reliance and self determination. That is the construction cost and management of projects needs to be shared among the international community, state, and local communities.

This study therefore examines the key role UNICEF is playing in potable water supply and sanitation improvement in Adamawa state particularly in Girei, Fufore, and Yola south Local Government Areas.

1.2 PROPOSITIONS

It is proposed for this study that:

1. The implementation of UNICEF assisted programme of potable water supply and basic sanitation in Girei, Fufore and Yola South Local Government Areas brings about improvement in the health and economically productive life of the people and in the long run social and economic development in general.

2. Implementation of UNICEF assisted projects of improved water supply and sanitation facilities in rural communities of Girei, Fufore and Yola South Local Government Areas, create a form of dependence on external factors rather than actual development.

1.3 OBJECTIVES OF THE STUDY

The study will attempt to examine the role of UNICEF in rural development in areas of potable water supply and sanitation improvement in Adamawa State with emphasis on Girei, Fufore, and Yola South Local Government Areas.

This is carried out in order to:

1. Assess the problem of water and sanitation in Nigeria especially in communities under study before UNICEF intervention.
2. To investigate the impact of the UNICEF assisted programme of improved water quality and sanitation on the rural community's health and productive life of Girei, Fufore, and Yola South Local Government Areas.
3. To find out how far international organisation assisted programmes succeeded in their goal of health for all by the year 2000

European and North American scholars have provided the most influential theories of social science, which evolved out of the political and social experience in these geographical areas. Subsequently applied to explaining development and lack of it in Third World countries, especially the modernisation theory.

Vicky (1985) observed that, modernisation theory's development is influenced by the works of scholars (sociologist) like Marx Weber in relationship to Protestantism and the development of capitalism which concentrates on the cultural level of the individual, as a psychological prerequisite of modernisation. Evident also in the works of Herbert Spencer, to Emile Durkheim, to contemporary sociologist- Neil J. Smelzer, Talcolt Parson etc, focuses upon social differentiation as central datum in social change. Argued that social evolution (development) manifests itself as a process of social differentiation as a result of which, societies become structurally more complexes. Weber posits that for capitalism proper to have developed in western Europe, appropriate economic conditions were in themselves not sufficient. In addition a capitalist spirit, a set of orientation and value, was required.

Consequently, she argued that many scholars following Weber's argument have emphasised the importance of values and attitudes in the achievement of industrialisation and development in the third world countries.

Modernisation theory is therefore strictly addressed to third world countries. Modernisation as argued is a process and not a stagnant position, or as a transition stage of development and that no society at one stage is stagnant, there has always been a continuos movement in all society Contended that all third world countries are in a process of modernisation.

Accordingly, emphasised that imperialism and colonialism have brought about normal and real capitalist development to third world countries. Colonialism they posit as a progressive and revolutionary force by placing and advancing capitalist formation and the development of production forces in the society.

The central argument is comparing and contrasting between third world countries prior to the coming of colonialism and after its departure. This they called Traditional and modern society.

Argued therefore that third world countries are in the process of modernisation and should thus borrow culture, value, political system, research, and development from advanced capitalist countries so as to achieve development.

The most influential model as observed was propounded by Rostow (1962) in his Stages of Economic Growth: a non-communist manifesto Vicky (1985).

According to Rostow, the advanced countries of the world today had once been in the position of the third world countries before reaching their contemporary stage of modernity and subsequent development.

The options for the development of third world countries is to follow the steps of these advanced countries by embarking on a wide capitalist expansion and ethics. Fundamentally he does not see any basic difference between the developed and developing countries other than of degree of development. Against this background Rostow outlined five stages of development from traditional to modernisation.

Traditional society: Characterised by low level of production due to lack of modern science, its application and frame of mind (pre Newtonian or pre science) that is world as not being subject to knowledge laws and therefore capable of manipulation. Political power as dependent on the amount of land acquired and in the hands of a few, majority of the population as farmer.

Pre-condition for take off: Characterised by a change due as a result of insight from science to agricultural and industrialisation (emerged in western Europe) production. However; Rostow contends that unlike Britain where the pre take off stage resulted from factors within society outside Europe, the pre-condition for take-off arise not indigenously but as a result of intrusion by the more advanced community. Economic progress is not only possible but desirable.New types of enterprising men come forward willing to mobilise savings and take risks in the pursuit of profit. Investment increases, in transports

communications modern manufacture and raw materials. These take a gradual process to take-off stage.

Take-off stage: Here traditional obstacles are overcome, new industries expand rapidly, yielding profits, a large proportion of which is reinvested in new plant, thus because of their expanding demand for factory workers and the goods and services to support them stimulate the growth of others. Hence fixed take off of Britain between two decades after 1783(1803), France and U.S. in the decade preceding 1860 (1870), Germany in third quarter of the 19th century (1875). And Russia and Canada during the 25 years prior to 1914(1889) while in the 1950s India and China in their quite different ways (Vicky 1985). A period of sustained growth follows as the expanding economy extends modern technology throughout the range of its activity while output continues to outstrip increase in population. 60 years after drive to maturity.

Drive to Maturity: The nature of economy broadens its base to include technologically more refined and complex processes and is thus able to move beyond the Industries that fuelled its take-off.

Age of mass consumption: Leading sectors of the economy shift into the manufacture of consumer durable and the provision of services. This stage, he argued, can only be reached when real income per head had risen to a point, at which the consumption needs of a large section of the population have moved beyond basic food, shelter and clothing.

This could only be found in western European societies Japan and US at the time of writing in the 1950s (Vicky 1985 P.20).

Thus all modernisation theorists compare pre-colonial society (Traditional) to colonial (modern). However, the theory is criticised by scholars like A.G Frank, Paul Baran etc in on the base that industrial revolution of Europe was internally initiated and not external as advocated as prerequisite for third world countries development.

Also its argued that there is no where in European history in which they were colonised nor exploited by external forces neither were their able or healthy labour force exported as slaves to another continent to cultivate on plantations.

Thus the modernisation theories therefore failed to grasp the implications of the third world countries economic dependence on the west.

Against this background therefore the underdevelopment and dependency theory came into being as a critic to the modernisation theory and to offer a more coherent analysis as to the predicament of underdeveloped third world nations.

The emergence of the underdevelopment and dependency theory in analysing international politics of the world capitalist system and its consequences has its root in Latin American historical experience.

Latin America had the longest contact with European colonialism. Having been colonised in the fifteenth century, the region did not regain political independence until the first two decades of the nineteenth century (1822). Latin America also had the longest struggle with underdevelopment. Thus both indirect and directly had been politically, militarily and economically subjected to interventions by dominant power.

The major proponents were Paul Baran Andre Gunder Frank, Theotonic Dos Santos etc. Other scholars like Samir Amin, Hamza Alavi, Walter Rodney, Claude Ake, and Bade Onimode later modified dependency theory to include internal or domestic factor contribution to the backwardness of third world countries.

Original version of dependency and underdevelopment theory as outlined by Paul Baran and made more popular by Andre Gunder Frank, and Theotonic Dos Santos concentrated in locating the cause of backwardness of third world countries initially in Latin America within the dynamics and contradicting growth of the world capitalist system.

Primary focus of dependency theory is the international economic order. No society can be understood they argued in isolation from this order, and in fact the condition of underdevelopment is precisely the result of incorporation of third world economies into the world capitalist system which is dominated by the developed North.

Accordingly the principal weakness of the modernisation approach from dependency perspective is the total neglect of the economic dimension and its practice of explaining social and political change in third world countries entirely in terms of factors internal to the third world countries.

Dependency theorist argued that as a result of penetration by colonial capitalist a distorted structure of economy and society had been created in the colonial countries which would reproduce overall economic stagnation and extreme pauperisation of the masses for all time. A situation of dependence is created during colonialism which structured the economy of the colonised as primary producers of goods and prevention of local industrialisation.

Baran (1985) argued that it is undoubtedly correct that if the natural resources of the under developed countries were not exploited, there would be no output to provide for the transfer of profits abroad. And its by no means to be taken for granted that the now underdeveloped countries, given an independent development would not at some point have initiated the utilisation of their natural resources on their own and on terms more advantageous than those received from foreign investors" (P. 200).

Citing the one crop culture of cane sugar in the Brazilian NorthEast, Baran observes that this area once had one of the few real fertile tropical soils. It had a climate favourable to agriculture and it was originally covered with a forest growth extremely rich in fruit trees. Today the all absorbing self destructive sugar industry has stripped all the available land and covered it completely with sugar cane, as a result this is one of the starvation areas of the continent. The failure to grow fruits, greens and vegetables or to raise cattle in the region has created an extremely difficult food problem in an area where diversified farming could produce an infinite variety of foods. He thus emphasised that most of Latin America, what helped in definitively running the native populations was the one-trade exploitation to which almost every region was dedicated. Some were given over to mining, coffee planting, some to tobacco, and others cocoa. This specialisation brought on

the deformed economy which is still found in such countries as El Salvador, (produces coffee), Honduras (exports bananas) etc.

Also in identifying imperialism with its economic causes Baran finds that contemporary imperialism expresses itself in comparador (or subservient) government in satellite states which enforce policies favourable to metropolitan sources of investment and aid making possible the continued exploitation of underdeveloped countries (David E. Apter 1985). Thus observed that the historical manner in which capitalism broke into the economics of the underdeveloped world, the nature of this penetration was such as to preclude the materialisation of classic conditions for growth far from serving as engine of economic expansion, its implantation resulted in economic stagnation and social backwardness. These outcomes are the effects of the appropriation by the imperialist powers. A view shared by Marxist theories of imperialism that expansion of capitalism in the west was predicated upon colonisation, destruction of indigenous economies and appropriation of their surplus.

Frank (an economist) influenced by Baran and the cuban revolution (experience) adopts a historical approach instead of his earlier attribution of economic backwardness to such factors as scarcity of capital and traditional institution. These impeded savings and concentration of power in the hands of rural oligarchies (bourgeoisie economics or orthodox) in explaining the development of under development in Chile and Brazil. In his work the sociology of development and the under developments of sociology (1917), Frank attacks what he understands to be the current sociological approaches to development. He singles out certain scholars for criticism such as Rostow (not sociologist) Rostow's five stages of economic growth Traditional, precondition for takeoff, drive to take off, maturity and age of mass consumption.

The initial stimulus to modernisation in underdeveloped world arrives from outside through the example of the industrialised world. For Rostow problem of take-off was totally internal to the economies concerned. To essentially produce individuals with entrepreneurial abilities (i.e. technological). Contemporary developed society represent the

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end-state towards which non-industrial world is evolving. Rostow scheme as not corresponding to historical reality.

It is impossible argued Frank to find anywhere in the world today a society, which exhibits the characteristics of Rostow's traditional stage. This he observes is because such traditional societies have for long disintegrated with their incorporation into the world capitalist economy. Thus emphasising that Rostow's scheme implies that developed world industrialised in isolation, where as in reality this development was predicated in the progressive incorporation of the multifarious economies of Asia, Latin-America, the middle East and tropical Africa.

The economic and political expansion of Europe since 15th century resulted in the now underdeveloped countries being drawn into a single stream of world history. The outcome of this process has been the present development of some countries and the present underdevelopment is opposite sides of the same coin.

In seeking to explain the underdevelopment of Brazil, he traces the character of that country's involvement with European economics, first settlement by the Portuguese in sixteenth century to military coup of 1964. Outlined colonial period up to 1822 when Brazil obtained formal independence.

The sixteenth century rapid expansion of European demand for sugar lead to establishment of plantation based on slave labour. North, East profits from sugar were transmitted back to metropolis rather than being reinvested in Brazil. This was hit by expansion in sugar cultivation in west Indies at the end of 17th century. Followed by gold discovery and a similar capitalist incorporation subsistence agriculture came to predominate. The demand for cacao, rice and especially cotton, necessitated by the wars of America independence and expansion in Napoleonic Europe, stimulated prosperity, became centre (North) for rubber cultivation. Overtaken by south East Asia (a century later). Consequently, the thwarting in 18th century of Brazils efforts in industrialization by decree from the queen of Portugal fearful of completion with her own country's manufacturer.

With independence, Brazil became deeply incorporated into world capitalist system now dominated by Britain. Force to accept the principle of the trade which did not change it's dependent economic status only the form and mechanism of dependence. This ensured Britain industrial monopoly. Imperial colonialism replaced free trade.With economic in depression in the middle years of 19th century put Brazil entirely out of development race. Hence became a satellite exporter of primary product, depending on imports for manufactured, and luxury goods. The bourgeoisie did not help matters since they could pay for imports with surplus they exploited from within Brazil.

Coffee boom in Sao Paolo region (19th century) as in all subsequent periods of economic expansion, was accompanied by domestic inflation and subjected to foreign take over. Faced problem of over-production, (20th century). In 1905 began a policy of subsiding coffee prices and stockpiling until 1960s.

Frank argued that by 1920s Brazil faced inflation and devaluation initially improving but then deteriorating terms of trade and growing reliance on external finance All these argued demage indigenous industry and brought Brazil ever deeper into debt and greater dependence on metropolis especially US.

Accordingly Theotonio Dos Santos streesed that " dependency is a situation in which the economies of certain countries are conditioned by the development and expansion of another economy to which the former is subjected. The relation of interdependence between two or more and between these and World trade, assumes the form of dependence when some countries (the dominant) can expand and gives impulse to their own development while other countries (the dependent) can only develop as reflection of this expansion.This can have positive and or negative effects on their immediate development. In all cases the basic situation in dependent countries that situates them in backwardness and under the exploitation of the dominant countries. The dominant countries have a technological, commercial, capital resources and socio-political predominance over the dependent countries (with predominance of some of the aspects in various historical moments). This permits them to impose conditions of exploitation and extract part of the domestically produced surplus". (Offiong 1980,73).

Dependency as a general approach was developed within the context of Latin America. However, similar historical experience obtained in Latin America, also obtain in other part of the developing countries.

In applying dependence theory to African's historical evolution. Amin (1974) like all other dependency theorist argued that underdevelopment is a product of capitalist penetration, and that development and under development must not be seen or address in isolation, for both are two sides of the same coin. Underdevelopment of third world countries makes sense when their historical process is examined.

Emphasised that the formation of the developed or advanced world (centre) and those of the underdeveloped world (periphery) are affected by transfer of value which he referred to as accumulation on a world scale maintained that whenever the capitalist mode of production, enters into a relation with pre-capitalist mode of production, and subjects these to itself, transfers of value take place from the pre-capitalist to capitalist formation as a result, this mechanism do not belong only to prehistory of capitalism they are contemporary as well.(p.3).

Rodney (1982) in analysing the causes of underdevelopment in third world countries (Africa) argued in line with other underdevelopment theorist that the superficiality of many of the approaches to underdevelopment are not only comparative terms, but that they also have a dialectical relationship one to the other, that is the two help to produce each other by interaction.

Western Europe and Africa had a relationship which ensured the transfer of wealth from Africa to Europe. The transfer was possible only after trade became truelly international and that takes one back to 15th century when Africa and Europe were drawn into common relations along with Asia and the Americans. The developed and underdeveloped parts of the present capitalist section of the world have been in continuous contact for four and a half centuries. A period Africa helped to develop western Europe, in same proportion as western Europe helped to underdevelop Africa"(85).

Accordingly, emphasised that exploitation of land and labour is essential for human social advance, but only on the assumption that the product is made available within the area where the exploitation takes place. Colonialism was not merely a system of exploitation but one whose essential purpose was to repatriate the profits to the so-called mother country. From an African view point, that amounted to consistant expatriation of surplus produced by African labour out of African resources. It meant the development of Europe is part of same dialectical process in which Africa underdeveloped (162).

Labour was cheap in Africa the employee under colonialism paid an extremely shall wage (especially plantation, mines and certain forms of Urban employment) while colonial governments discriminated against the employment of Africans in senior categories.

Besides colonial government seized African lands, thus achieving two things simultaneously

1. satisfied their own citizens (who wanted mining concessions or farming land)
2. Created conditions whereby landless Africans had to work not just to pay taxes but also survive. In settler areas such as Kenya and Rhodesia Rodney, submits that colonial government prevented Africans from growing cash crops, so that their labour would be available directly for the whites. A situation put bluntly by Kenya white settler.

   "We have stolen his land, now we must steal his limbs". Compulsory labour is the coroliary or our occupation of the country (P.180).

European slave trade was the direct block to development opportunities followed by free trade syndrome and aggravated by colonialism and its policies in all varying degree in different parts of Africa which created factors of dependence and underdevelopment. Instead of speeding up growth colonial activities mining, and cash crop farming speeded up the decay of traditional African life. (Labour force) (254).

Hence emphasised that "The factor of dependency made its impact felt in every aspect of the life of the colonies, and it can be regarded as the crowina vice among the negative social political and economic consequences of colonialism in Africa, being primarily responsible for the perpetuation of the colonial relationship into the epoch that is called neo-colonialism. Thus identified important consequences of colonialism on Africans development in stunting effect on Africans as a physical species. Colonialism created not just periodic famine but chronic undernourishment, malnutrition and deterioration in the physique of the African people (P. 259) And further argued that Nigeria was exploited by activities of Unilever and United Africa Company (UAC) when UAC Unilever brothers took over the Niger company in 1929 they became heirs to one of the most notorious exploiters of 19th century Africa. This company exploited Nigeria ruthlessly(230).

Vicky (1985) observed that in Nigeria we encounter a bourgeosie faction of which man the state apparatus, which seems to acquiesce readily the interest of metropolitan capital. Oil industry is absolutely central to Nigeria's economy, accounting for almost one-third of the country's GDP. Compared with less than one percent in late 1950's as well as for 85% of export earning.

1975-80 development plan saw the oil industry as the main engine of growth of Nigeria economy. Nevertheless this vital area is still over-whelmingly in the hands of expatriate oil companies. As of 1978 little progress had been made in the transfer of technology to Nigerians. Oil companies have continued to contract work abroad and have managed local operation without government involvement.

Turner writing at the end of 1970s argued that little had changed in Nigerian oil beyond a much larger transfer of money from companies to state. Government remain a passive tax collector which has been encouraged by incumbents in the upper echelons of the state bureaucracy in whose hands millions of naira in form of kicbacks paid out by oil companies through local intermediaries(comparadors), for access to strategic areas of the Nigerian expertise and give an institutional expression, then these lucrative channels would be by-passed or cut off. These has overriden attempts by Nigerian technocrates to promote the transfer of technology.

Thus the vast and diverse category in itself, were able to avail themselves of substantial prerequisites which flow in with oil money such as importing luxury goods- videos, colour television, mercedes cars and to the spectacularly lucrative building and renting of homes in the tree lined ex- colonial suburd of the major cities.

Opposition to comparador state has expressed itself in form of nationalist drive to loosen the grip of expatriate interest on the economy. The 1972 indigenisation decree reserved large areas of economic activity for Nigerians (Advertising, public relations blending and bottling alcoholic drinks etc).

The breath taking dissipation of Nigeria oil wealth by the politicians and bureaucrates of second republic (1979-85) alienated all levels of Nigeria society including substantial sectors of bourgeoisie struggling to freed off a rapidly shrinking economic pie Ake (1982) also argued that to political development we bear in mind the historical context of the theory. The theory he observed developed in the wake of the winning of formal independence by the colonies. The winning of independence jeopardized vital interest of the colonizing powers. They could not be certain that the fledgling capitalist economies which they had left behind would survive. It was barely possible that the newly independence countries might extend their independence in ways that might render them unavailable as sources of raw materials or markets for the export of capital or manufactured goods. The rise to independence of the colonies took place in the atmosphere of the cold war. Because the colonies were now formally independent it became somewhat easier for the Soviet Union to compete for influence in these countries.

The threat of penetration of Soviet influence was all the more real because its rapid economic development had left a deep impression on everyone including the counter elite of the newly independent countries. In the circumstances, the interest of the western powers added the consolidation of the fledging capitalist states that they had nurtured and the entrenchment of capitalist values.The theory of political development corresponds to and serves these interest, born in the context of a struggle for hegemony.

Accordingly stressed that the exponents of the theory were struggling to maintain the world in a condition. And that they were only concerned about the possibility that underdeveloped countries might reject liberal democratic values the political correlate of capitalism. Awareness and concern he emphasised as evident is Shils political development, in the new states, Pye's aspects of political development and hinligton's political order in a changing society. While in comparative politics; A development approach Almond and Powell insisting of on the necessisity of offering the underdeveloped countries a non-communist model of development, Apter's the politics of modernization, Rostow's stages of economic growth etc.

However, in analysing the post-colonial or independent Africa countries relation within the international capitalist system Ake (1981) posit that "The New government no longer enjoyed the freedom of fabricating an economy from the start. The fully formed economy that it inherited imposed a certain logic and rigidity on the course of future development, and this logic was essentially one that favoured the persistence and even the reinforcement of the sydrome of disarticulation "(89). A situation he identified as evident in development activity and social amenities as being concentrated in a few urban centres and reflected in relation to urban rural incomes.

In technology the pattern of dependence has not changed. African Countries continue to rely on the industrialized capitalist countries for their technology. While bulk of their exports go to former colonial power and other capitalist nations e.g Nigeria export oil to U.S.

Charles (1979) argued that Theotonio dos Santes outlined contemporary dependency, "as, The colonial relationship is only one form of dependency brought about by the search by capitalist elites from rich countries for new markets for goods and capital, other forms combine with indirect political independence and economic manipulation by the monopolies that control prices and supplies of manufactured goods and influence the distribution of aid and investment capital by foreign governments and international agencies(117).

The main arguments of underdevelopment dependency approach to the understanding of third world countries state of backwardness can be summarized as follows:

Incorporation of the third world countries under the support of imperialism and colonialism resulted in disarticulation of its economic, political and social development.

Third world countries are dependent on capitalist world for technology, capital finance and monetary system and trade, made so because of capitalist virtual monopoly.

All third world countries as being exploited and disarticulation of national economy which hinder linkage between what is produced and processed by setting up allied industries which caused backwardness.

Economy of third world as no longer self reliant, hence the need to import commodities and even capital for investment. While aid is seen as the only means of development resources.

See the ruling class as local bourgeoisie who are simply agents or transmission belts or comprador bourgeoises. A class that makes profit unconnected with production through (bribery corruption inflation, embezzlement etc. Thus the ruling class as incapable of bringing about development, but make policies and programmes of development that creates dependence on external forces.

Initially underdevelopment and dependency theorist advocates total breakup with advance capitalist system. Internal and domestic factors needs to be restructured for development to take place.

However, the weakness of underdevelopment and dependency approach is centred around the total break up advocated. The form to which third world countries have been shaped to play by the industrialized capitalist nations within the international capitalist system as producers of raw materials and as sources of market for their manufactured and technology cannot be broken radically or totally. The fact that third world countries

economics is predominantly agricultural, and therefore needs market for its products, as these countries produces similar products e.g Nigeria and Ghana produces cocoa. Also, the fact that these countries need foreign exchange to purchase development facilities. The need therefore to exchange perishable goods at a price determined by advance capitalist nations and the purchased of manufactured goods and industrial facilities at a price fixed by the same advance capitalist. The low income or revenue from the exports of primary goods is not enough to necessitate development in third world countries. Thus the dependence on the advanced capitalist nations for aid, investment and policies of development. The total break is therefore not a viable solution of under development.

The restructuring of the economic social and political system of third world nation is rather a viable suggestion.

However, the underdevelopment dependence theory is relevant to this research as outlined below:

1. The United Nation system was created as apolitical system by the powerfully developed capitalist states while majority of the third world countries were still under colonial rule. Thus had no much impact on its policy articulation.
2. At independence the newly independent states find themselves as observes even in the General Assembly where nations are suppose to be equal due as a result of their economic dependence on the advanced capitalist states for technology and subsequent economic development and also royalty.

A situation summarized by Olatunde (1985) as "The tragedy of slow growth in the African setting is that incomes are so low and access to basic services is so limited. Per capita income in 1979 was 329 US dollars, excluding Nigeria and 411 US dollars when Nigeria is included. Death rates are highest in the world and life expectancy is the lowest 47 years, fifteen to twenty percent of children die by their first birth day and only twenty percent of the population have access to safe water. Of the thirty (30) countries classified by United Nations conference on Trade and development (UNCTAD), as the poorest in the world, twenty are African States Nigeria inclusive. These development made African governments to put economic matters or issues to the forefront of their diplomatic

activities both in the United Nations and other fora . Thus international economic relations to bulk of African states is a matter of life and death.(P.19).

Furthermore the dismal performance of African economies (especially Nigeria in the last one half decade) contributes in no small measures to political instability and the fragility of regimes on the continent. Having regards to these factors the United Nations has been viewed by all African governments as a body which might significantly contribute to socio-economic development. Thus adhere to principle of the united Nation charter. Chapter X the economic and social council under which UNICEF was created.

With the dwindling nature of the nations economics, the heavy debt incurred in the 1980s and the pathetic condition of rural dwellers, the international agencies assisted programmes is thus viewed as the only means through which rural dwellers can attain self-reliance in terms of social and economic development.
However, the rural dwellers (sub-periphery) has fairly been left out from the main stream of the international capitalist system since independence.

It thus becomes imperative to examine whether the intervention of international agencies in rural development will serve as engine for attaining social and economic development of rural dwellers or a means to incorporate the rural dwellers social and economic life, fully into the international capitalist system as a dependent sub-peripheral unit of the National peripheral state.

METHODOLOGY

Potable water supply and sanitation has been identified by both UNICEF and WHO as crucial to human development and healthy productive labour force. As various diseases of children and even adult have been established as caused by poor quality of water supply and sanitation facilities.

The sources for data collection of the research is therefore based on both primary and secondary sources.

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Primary source of data collection include the interviewing of UNICEF officials at the zonal headquarters in Bauchi. The various leaders of beneficiary communities; some individuals both youth and adults were also interviewed in communities. State officials in charge of UNICEF assisted projects at the rural water supply and sanitation agencies are interviewed as well. While those at the local government are not left out.

The researcher visited some of the completed projects to ascertain their reliability by examining these projects.

The format for interview schedule of the research was both structured and unstructured. Structured (open ended) was conducted at the various offices. While unstructured interview schedule was for the various leader of the communities and individuals of beneficiary communities.

Samples for interview were drawn from officials in charge of water assisted projects at UNICEF zonal office in Bauchi. While that of the state officials were drawn based on their role in mobilizing communities, projects or programme manager's and their assisting officials.

Samples for interview among the various beneficiary communities were drawn as follows:

1 Some beneficiary community leaders were interviewed
2 Some individuals and families were interviewed based on water problems before and after UNICEF intervention
3 Some beneficiary communities in the three local government areas were visited, and project assessed. However, this was dependent on the number of UNICEF assisted projects.

Secondary source of data collection includes a detailed review of related materials. Reliance was made on published books, journals, periodic reports, newspapers, seminars/conference papers, as well as , UNICEF publications and reports. State document records and other unpublished or classified materials.

Data collected is presented in tabular form. Columns indicate years and types of assisted project either borehole with handpumps, improved hand dug wells, spring improvement, VIP latrine/sanplant, etc.

It also indicates the functional or services status of each assisted project and calculated in percentage form based on the number of functional projects. The number of persons per facilities are not left out in each L.G.A.

1.7 SCOPE AND LIMITATIONS

This work does not attempt to examine potable water supply and sanitation projects in its total context. This work rather limits itself to potable supply and sanitation through UNICEF assisted project among Sangere ,Daware,Yolde Pate,communities of Girei, Fufore and Yola South Local Government Areas respectively.

The scope of the study covers the period, the national health policy was adopted from 1989 to 1998 in the three local areas under study. All benefiting areas are covered based on records obtained from UNICEF and State rural water supply and sanitation agencies.

Emphasis is however based on success recorded, problems and prospect of UNICEF potable water supply and sanitation improvement. However, transportation problems, distance, financial constraints and most of all time to cover all communities in this local government areas are the limiting factors.

To minimise the effect of these drawbacks, reliance is made on the data available at the various offices in charge of UNICEF assisted projects.

SOME DEFINITIONS OF TERMS/CONCEPTS

DEVELOPMENT

This entails social progress in both economic and non-economic components of societal life. It also concerns planned and co-ordinated policies on the human capital .that is people's well-being, as assets in the development process.

HUMAN DEVELOPMENT

As defined by the human development report of 1996; A process of enlarging people's choices, choices can be infinite and change over time. But at all levels of development, the essential ones are:

1 For people to lead long and healthy life .

2 Acquire knowledge and have access to resources, needed for a decent standard of living.

it therefore means that human development has formation of capability through improved health. knowledge and skills and the use people made of these acquired capability. In this research, improvement in health of a people and their development in general centres around the provision of preventive health facilities especially improve water supply and sanitation facilities.

SOCIAL DEVELOPMENT

This is seen as the ability and willingness of an individual in a society or community to contribute his best in any for to the collective output of service from which he will in turn receive service that enrich him materially culturally and emotionally which includes things like health, education and medical service, social welfare, social security and a sense of belonging. Thus the whole community or society depend on the individual for his or her contribution to all these to able to function

smoothly. Individual and community participation in assisted water projects is therefore an aspect of social development.

POTABLE WATER/SAFE WATER

This refers to water that is free of contaminating element seen as harmful to human health. Such element include human waste, animal ,industrial waste,etc

Any water source free from such contaminating substances or inpurities not harmful to health is potable/safe water.

ENVIRONMENT SANITATION

The word sanitation refers to all conditions that affect health confort(1994)recognised that improved/good sanitation can produce major benefits for health and well-being of all people. The 1850 Expert committee of world health organisation defined environmental sanitation to include such things as food handling and atmospheres polution.Several scholars however expantiated on this definition to include the following which is central to this research as:

1 Protecting water sources
2 Community Participation
3 Hygiene education
4 Safe excretal disposal
5 not contaminate any drinking water supply.
6 not accessible to children or household pets.
7 Pollute the surface of the ground or be exposed to the atmosphere when inadequately treated
8 Not given rise to public health hazard by being accessible to mechanical carriers that may come in contact with drinking water,etc.

VENTILATED IMPROVED PIT LATRINE (VIP)

This refers to a modified traditional pit latrine in which vent pipes with a wire guaze fixed at the top of the pipe. This inturn prevents flies from escaping. This is recommended by international

agency(UNICEF) as adequate method of human waste disposal for less developed countries Nigeria inclusive.

CHILD

As defined by the Organisation of African Unity (OAU) means every human below the age of eighteen (18) years.

RURAL AREAS

This means the country-side environment that is often characterised by disease-breading surroundings, yet poorly provided with health facilities, and at the same time depend on streams, rivers, unprotected wells, etc for their drinking water (Ogwong 1981) and researcher's emphases.

HEALTHY PERSON

World Health Organization and as highlighted by Ohwona (1981) as one who is in a state of complete physical, mental and social well-being and not merely the absence of disease or inirmity. Any thing short of the above criterial means an unhealthy person.

HEALTH PROBLEMS

A condition which hinders the development and use of human capabilities to their fullest.

HYGIENE EDUCATION

Means public enlightenment with regards to the need for improved personnel health, proper method of human waste disposal, protecting water sources, etc. as a key to health development of children as well as the well-being of all people.

COMMUNITY DEVELOPMENT

This is defined by Adediji (1996) as the process by which the efforts of the people are united with those of government authotrities to improve the economic, social and cultural conditions of communities to integrate those communities into the life of the nation, and to enable them to contribute fully to national progress. Community participation is therefore seen in line with this definition.

SUMMARY OF CHAPTERS

The research work consists of five chapters. chapter one deals with background to the problem,statement of the problem, propositions, objectives, rationale, theorotical framework, methodology, scope and limitations.

Chapter two reviews related literature and UNICEF interest in water supply and sanitation improvement as aspect of social and economic development.

Chapter three however looks at the evolutiom of the national health policy taken by Government and the poeple for water supply and sanitation before UNICEF assisted programme.

Chapter four is the analytical chapter. This deals with analysis of the data on UNICEF assisted project in Adamawa state with emphasis on Girie, Fufore and Yola south local government areas.

Chapter five, the final chapter, summarises and concludes based on issues examined during course of the study especially on health of individuals and productive life in rural communities on social and economic development.

Finally,some recommendations are made taking into consideration, issues and problems encountered by international agencies assisted projects of potable water supply and sanitation improvement for future policy and strategies.

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CHAPTER TWO

UNICEF, WATER SUPPLY AND ENVIRONMENTAL SANITATION: A REVIEW OF RELATED LITERATURE.

2.0 INTRODUCTION

Water and sanitation are two major necessities to human existence and development.

The concept of human development is based on the principle of rural development, which is conceived differently at different times and places.

Prior to the turn of 1960s, rural development in Nigeria was equated with agricultural development. This presupposed increasing productivity of cash and food crops. Rural backwardness could be transformed if problems confronting agricultural production could be identified and eliminated. However, immediate post independence conception of rural development involved specifically planned sets of activities that would ultimately lead to increased export and food crops production. Such activities include food production, diversification of rural activities, marketing, provision of social services, education etc Adewuyi(1990).

Currently an integrated approach to rural development is being undertaken. This implies an outcome of a series of quantitative and qualitative changes occurring among a given rural population and whose converging effects indicate in time a rise in the standard of living and favourable changes in the way of life of the people concerned.

REVIEW

The provision of basic health care system is believed to qualitatively and quantitatively change the productive life of a nation and not just rural communities through potable water supply and sanitation improvement and disease elimination. The high cost of providing these essential services calls for close collaboration between Local, National and International communities.

In light of the above development, UNICEF (1998) stressed that "in terms of environmental health, the lack of ready access to safe water supply and proper sanitation and unhygienic conditions in and around homes, which causes most childhood diarrhoea, have significant implication for the spread of infectious diseases." This situation could lead to poor growth and malnutrition among children, youth, and even adult, hence unhealthy productive labour force of a nation.

Following the same line of argument, Achio-chi(1981) observed that the bulk of the population of developing countries are predominantly rural. The living condition of this vast majority are largely characterised by low quality residential units, unsanitary environment and lack of basic social facilities such as community water supply, roads, health and recreational centres, and electricity. The local inhabitants usually spend hours on end and much effort to obtain water from sources which are often polluted." He emphasised that, age greatly determines water demands. It is usually the responsibility of the young people to provide the water of the household, while the elderly assess information, adopt innovations and evolve new water schemes in rural areas. The time spent for water collection, if saved could be put to more productive activities such as cash and food crop production, since rural economic activity is predominantly agricultural in nature.

Also Akhtar Hameed Khan (1997) observes that adequate sanitation is the foundation of development, but a decent toilet or latrine is an unknown luxury to half the people on earth. The percentage of those with access to hygienic sanitation facilities has declined slightly over the 1990s, as construction has fallen behind population growth. The main result can be summed up in one deadly word diarrhoea. It kills 2.2 million children a year and consumes precious funds in health care costs, preventing families and nations from climbing the ladder of development. He went further to lament that how can any nation hope to advance if its people, its main resoruces are so diminished from the beginning of their lives.? How can leaders ignore the fact that their citizens are diminished not by an implacable enemy or an incurable disease but by something mundane and easily prevented as diarrhoea. And that how can civilized world tolorate the status quo, when it could be fixed with an investment equal to one percent of yearly world military expenditures (P.5).

The 1995 UNICEF publication placed population access to sanitation at 51% out of 108 Million population of Nigeria. Late Awolowo is quoted to have observed that, if we accept the proposition that man is the sole active

causative agent in production, then we will not hesitate to agree that causes of economic backwardness resides in man and man alone, in his physical, mental and psychological make-up and in manner, scope and extent in and to which he applies his time and energies to the exploitation and utilization of available natural resources, a view Olatubosun (1975) emphazised as an important aspect of rural development. If rural sector is to have future growth potential, current investment must be made not only in the narrow sense of public and private funds transformed into capital equipment but also investment in people that augment their future production and consumption capacities and opportunities. To this end, improvement in rural peoples health, education and nutrition and the provision of other social amenities becomes a Sine Qua non of rural development (152).

Also Babasola (1996) observed, access to health facilities has become the privilege of the rich as the cost of prescription of drugs has soared beyond the reach of the poor. Safe water is still a major problem and electrification of rural areas are still a dream. And that even where there is safe water, in urban areas its potability is not guaranteed without boiling or filtering it, as the state of the pipes is anything but safe.

In the middle of the 19th century for instance, basic advances were made in knowledge about the link between clean water, safe sanitation and disease. Only through a determined campaign was this knowledge converted into public health that are taken for granted in most countries.
Everywhere, writes the America social historian Micheal Katz, public health came through struggle. Debate surfaced first in France and later Germany, but took on a new urgency in Britain following four explosive outbreaks of cholera that claimed hundreds of thousands of lives in over crowded industrial towns. British scientist John Snow became the first to link the spread of infection to contamination of water by the faeces of cholera patients and to suggest that the disease might be caused by invisible organism. So determined was Snow to draw attention to the matter in the face of official indifference that in a widely publicized incident he removed the handle of a popular pump on london's Broad street.

Adekunle (1990) writing on current status of water supply and sewage disposal in urban and rural centres in Nigeria stressed that the provision of clean water and appropriate disposal of human waste will improve the health status of people in the developing countries. Accordingly she emphasised

that literature reports associating disease outbreak to ingestion of water contaminated by human waste cannot be doubted. A classical case she sighted being that of Snow on cholera.

She went further to assert that contaminated water has been incriminated for the outbreak of infectious hepatitis, poliomyelitis, gastroenteristic and other diseases of the intestinal tract.

A study conducted in Ife, reported that a good percentage of houses have their sockaway pits located at close proximity to dug well and that bacteriological analysis performed from samples show that many of the well waters have very high coliform counts, up to 5420 per 100ml. Thus the general assumption that about 80% of man's illness is related to water in form of water borne infection, water wash, water based and water associated. However, the provision of piped clean water is suggested can eliminate guinea-worm infection and also by enclosing the well so that cyclops wouldn't have access. A fact Adekunle reports has succeeded in some parts of Nigeria especially Ife. Where the annual occurance of cholera has been intervened through increased in water quantity and chlorination of individual wells.

Writing on health problems in rural areas Ohwona (1981) in agreement with world Health Organization observed that a healthy person is not just the mere absence of disease or infirmity, rather a state of complete physical, mental and social well-being. Accordingly he notes that a good number of African people especially Nigerians still live in rural areas, where there is poor health resulting from poverty and ignorance of the dangers of poor environmental conditions, and lack of adequate attention to personal hygiene and sanitation. Thus, he stressed that communities in rural areas become susceptible to various disease all year round. He identified major health problem of Okpara Inland Ethiope Local government of former Bendel state now in Delta state as lack of health facilities and trained health personnel. This he argued has resulted in all kinds of diseases associated with poor water, feeding and poor sanitation. While reviewing government health policies and programmes as identified in National development plans, he lamented that there is low financial allocation to health sector and little funds given, is usually expended in health services and facilities for effective functioning while high premium is placed on curative health delivery, and fund delivered for such purpose is usually announced by political leaders and never enjoyed by the rural masses but serves only some interest groups (52).

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For the goal of maximum health to be achieved in rural areas Ohwona suggest's there must be an improvement in personal and environmental conditions of the villages to enhance healthy agricultural productive labour force, the main occupation of the people for increased production of food the primary need of the nation.

On the agents responsible for water supply, Acho-chi (1981) notes that most developing country's water supply authorities are largely fragmented instead of responsibility of management being vested in one agency or institution. The consequences of this he stressed is a multiplicity of water authorities each of which is too small to operate efficiently. Accordingly he observed that Nigeria has taken a positive step by creating water Boards and corporations in all states. Also identified the primary sources of water found in Kano as rainfall and wells, but emphasised that these two are not adequate, due to climatic conditions of the area. His findings revealed that even the villages that have been supplied with improved wells, handpumps, cisterns and even piped water, the quality of service is still intermittent especially during the dry season, as a result the people still go back to old sources for water. And that due to this development (seasonal nature of streams) the people's choice is either to obtain water from stagnant pools in the river channels or dig into sandy bed to collect water with less impurities, a resource he notes as unhygienic.

Thus four different ways by which water is supplied to villages around Kano by government efforts is identified, these includes improved wells (boreholes), pipe born water through streets stand pipes, water lorry tankers and dams. However, despite this achievement, there exist shortage of water in the surveyed villages a more serious problem during dry season. Season therefore influences water use habits. Acho-Chi therefore recommended an increased desire for all season water storage.

Ayoade (1983.3) writes that water is so important and its uses are diversed thus clashes among the various uses by users and that this can be minimised through adequate planning or proper management. While analysing Nigeria's water resources he lamented that "Nigeria is well endowed with ground water resources whose quantity, quality and distribution patterns are controlled by geology and climate, past and present. Accordingly, he observes that about half of the land area of the country is underlain by crystalline igneous and metamorphic rocks which are poor in permeability except where rocks are cleared, shattered, jointed, fissured or deeply weathered. And the foults, joints and shear zones provide only small major avenues for percolation and storage of

water which varies widely in thickness from less than 15 metres to over 60 metres even over short distances. However, in many areas, he stressed that the weathered mantle is just too thin to retain enough water. While the distribution of ground water in Nigeria's Basement he analysis as complex and rather patchy owing to rapid local variation in the depth of the weathered mantle.

Traditional method of water exploitation in Nigeria he identified to include the following: direct collection of rain, water from roofs of buildings, extraction of groundwater by means of hand-dug wells, naturally through springs and extraction from streams, rivers and ponds. Many of these sources often dry up during the dry season, hence acute water shortages particularly in the drier northern parts of Nigeria. Not only are the sources irregular and unreliable, but are also of doubtful quality being susceptible to pollution by household and human waste. A situation which the human development report of 1996 agrees with as the poor, the woman in Niamy, drawing water from an open sewage channel, or the Bangladeshi child washing household utensils in a pool which is also used as latrine, who bear the burnt of risk from contaminated water. Accordingly, stressed that differences in access to safe water by income exist both within and across countries. The rural poor, it is believed are more likely to rely directly on rivers, lakes and unprotected shallow wells for their water needs and are least able to bear the cost of simple preventive measures such as boiling water to make it safe for drinking.

Access to uncontaminated water has barely kept pace with population growth. Official World Health Organization figures suggest that between 1980 and 1990 more than 1.6 billion additional people were provided with access to water of reasonable quality. In that, however many of those who officially have access still drink polluted water. At least 170 million people in urban areas still lack a source of potable water near their homes, and in rural areas, although access has increased rapidly in the past decade more than 855 million are still without safe water. While in many cities of developing countries poor households in neighbourhoods unserved by the municipal water system buy water from private vendors, at prices several times greater than the charges for households with municipal hook ups.

The efforts made by colonial government to improve quality and quantity of water he observes made only little impact as very meagre funds were allocated to such projects.

However, with the attainment of independence the provision of social amenities such as water and electricity record an increase. But despite this development water schemes were based on boreholes, surface rivers (direct intake) and construction of dams were minimal. He observed therefore that the management of water supply scheme has changed. Management of water has moved from the native authority during colonel rule to 'regional governments under the first republic to states and local governments and contemporarily the participation of the federal government trough various projects and schemes. Inspites of this he notes that provision of water and development of water schemes in the North and south especially that of pipe water has been largely urban based. Thus pattern of water supply provision and water use has been influenced by the settlement pattern and population distribution and the type of approach adopted to the development of water supply scheme. For instance in the southern states the tendency was for public water supply to spread over a large number of towns and surrounding villages so that a sizeable population could be served. In contrast, Ayoade write that states in the north have tended to concentrate investment in water supply only in a few large towns which are usually widely separated. Hence, to a large extent the development of water supply schemes in the country has depended on the number of large settlements that is urban based, therefore side landing the rural areas in terms of water supply and sanitation as outlined by various reports in water supply and sanitation.

The pathetic situation of the bulk of the world's population, the linking up of various disease with ingestion of contaminated water, its effect on healthy production life of nations therefore led to the declaration of 1978 by World Health Organization and UNICEF, UN special agencies with the mandates sorely on health and child rights and social development.

With this development its reported that WHO in an effort towards the eradication of water borne disease in rural communities in Nigeria has provided Amoru and Umuoru Amechi villages in Whaukwu Local Government area of Ebonyi state (WHO newsletter 1997(vol. 12 No1).It therefore becomes imperative to examine the progress made so far by UNICEF in Fufore and Gerei Local Goverment areas of Adamawa state

2.1 INTERNATIONAL ORGANIZATION(UNICEF) AN OVER VIEW

At the end of the first world war in 1919, the league of nations was established to maintain peace and order. However, this league could not effectively carry out this major role because of its inability to manage and control the differences existing among the then world powers. This failure led to second world war which ended in 1945 with its catastrophic consequences throughout the universe.

The world learnt her lesson from the devastating effects of the second world war. It was against this background that the league of nations metamorphosed into what is today known and called the United Nations.

The history of the United Nations can therefore be taken from the period between August and October 1944, as Ola (1997) observed when, indeed the world war II had commenced thus, the Dunbartion oaks conference, where the United states, Britain, the Soviet Union and China, met to decide the mode of operation of the United Nations Organisation. Subsequent to this meeting the United Nations conference of international organization specifically meant to outline and designed a working model of the United Nations met at San Francisco on April 25th 1945. This meeting was attended by fifty one states(51). Thus by October 24th the United Nation was formally born.

The United Nations organization was therefore formed with the same goal of maintaining world peace and order, but with a wider scope of operations. This primary role of the United Nation is thus clear from its opening statement about fifty-four years ago as Usman (1996) observes "we the peoples of United Nation determined to save succeeding generations from the scourage of war which twice in our life had brought untold sorrow to mankind."

Articles 55 of the United Nations charter, states that with a view to the conditions of stability and well being which are necessary for peaceful and friendly relation among nations based on respect for the principles of equal rights and self-determination of peoples the United Nations shall promote:

a. higher standards of living, full employment and conditions of economic and social progress and development.

b. solutions of international economic, social, health and related problems; and international cultural educational co-operation.

c. Universal respect for and observance of human rights and fundamental freedoms for all without distinction as to race sex, language or religion.

The implementation of this mandate has been carried out by the various United nations agencies like WHO, UNDP, UNICEF etc. The organization has continually explained its economic and social activities through the development agencies.

2.2 UNICEF

UNICEF as a body of the United nations development system(UNDS) was established on the 11th of December 1946 at the first session of the United nation general Assembly to meet the emergency needs of children in the aftermath of world war II in Europe. Under the economic and social council.

In October 1953, the organazation (then known as the United Nations International Children's emergencies Fund) became a permanent part of the United Nations system with a broadened role. To respond to the long term needs of children living in poverty in developing countries. Its name was shortened to United nations children's Fund retaining the original acronym by which it is known to this day.

UNICEF the only United nations organization dedicated exclusively to children, work with other United nation agencies, governments and non-governmental organizations (NGOS) to provide community based services, in primary health care nutrition, basic education and safe water and sanitation in over one hundred and fourty developing countries.

In adopting the convention on the rights of the child by the United Nation General Assembly in 1989 which expand the world's legal boundaries to embrace and legitimize the needs of children and provides the legal and moral basis for their well-being, the products of many years of study, discussing and negotiation by governments, UNICEF and numerous other organization, the convention sets out the rights of all children to healthy and productive lives. This has been ratified by one hundred and ninety one(191) countries as of 15th June 1997, making it the most widely and

most rapidly accepted human right convention in history. Once a country has ratified the convention, it commits itself putting the convention into effects through new or revised laws and other measures.

At the world summit for children in September 1990, representatives of more than one hundred and fifty one (151) countries including seventy-one(71) heads of state and government, made an extraordinary commitment to child survival and development. They endorsed twenty seven goals for the health and well-being of children and women to be achieved by governments by the year 2000.

Many of these goals have been written into policies and plans of governments world wide, ensuring that they will continue to make determined efforts to improve their children's welfare.

UNICEF which played an important role in organising the summit now helps government in their efforts to keep their promises to children.

Some of the articles of the convention states thus:

State parties shall ensure to the maximum extent the possible survival and development of the child (article 6)

State parties recognise the right of the child to the enjoyment of the highest attainable standard of health and the facilities for the treatment of illness and rehabilitation of health (Articles 24).

State parties shall take appropriate measures to combat disease and malnutrition through the provision of adequate nutrition food and clean drinking water (Article 24).

ORGANIZATION

UNICEF is a semi autonomous but integral part of United Nation system, with its governing body, made up of thirty six(36) member executive boards, establishes policies, reviews programme and approves budgets for the organization.

The UNICEF secretariat headquarters is in New York and carries out its work through more than 200 offices covering over one hundred and sixty (160) countries. It also has offices in Copenhagen, Geneva, and Tokyo and a research centre in Florence.

UNICEF works in close co-operation with National governments, as well as with non-governmental organisations and other United nation agencies to identify the needs of children and use the energies and capacities of individual, families communities and government to help countries address those needs.

Some eighty five percent (85%) of UNICEF staff work in the field assessing needs, evaluating plans and liasing with government authorities and development partners to provide services, secure supplies and stimulate local capacity.

The UNICEF supply division with its headquarters in Copenhagen, provides the logistical and supply requirements for programmes, shipping essential drugs and oral dehydration salts, vaccines and immunisation equipment and emergency supplies such as blankets tents and water pumping and storage sets. while greeting cards and related operations (GLO) commisions, produces and markets the well-known UNICEF cards, calendars and stationary to raise funds for programmes as well as awareness of UNICEF.

A key part of UNICEF's role in development is raising the world's awareness and mobilizing its resources in favour of children. In the industrializing world these efforts are directed at deepening understanding among individuals and government bodies about the needs of children in developing countries as well as raising funds to support programmes.

In the developing countries, social mobilization involving and mobilizing entire communities to support beneficial change, is increasingly used to spread the knowledge and use of simple strategies to improve people's lives.

UNICEF therefore operates on the principle that people together can work wonders. Co-operation is the key in its relations with governments, other United Nations agencies, Non-governmental Organizations and local communities.

2.3 UNICEF's Interest in safe Water and Sanitation

UNICEF's main mandate is to support governments protect and improve the welfare of children and women. In this respect, it supports all global initiative to prevent loud emergencies such as wars and the carnage they wreck. In particular, UNICEF is empowered by its mandate to prevent recruitment of child soldiers in any war effort as well as in silent emergencies such as poverty, malnutrition, poor health, lack of educational opportunities, inadequate asses to safe water and sanitary means of excreta disposal are just important if not more so.

UNICEF therefore wages war on two front, at the loud emergencies level and the silent emergencies. However the silent emergencies is the area of focus this research. More fundamentally, UNICEF has developed a systematic approach to meeting silent emergencies. Its framework of analysis moves from assesment and analysis of a given situation to taking action. In order for action to be most effective and sustainable over time, UNICEF is not content to dwell on manifestation but systematically explores the various underlying and structural causes of infant and under five (5) rates; how, for instance, poverty impacts on the health and well-being of children.

Water the essence of life can therefore be deadly if contaminated. Thus, a safe source of water is one of the fundamentals of good health everywhere. In developing world, it is argued that nearly four (4) million young children die every year from diseases associated with unsafe water.

UNICEF thus co-operates with governments to install tube wells, pumps and other sources of water. similarly it helps to provide sanitation facilities to the nearly 2.9 billion people around the world who lack them.

Water and sanitation, coupled with hygiene education, are key to achieving the world summit goals.

As noted by Gabriela (1997)

"Many things we need can wait, the child cannot.

Now is the time his bones are being formed, his

blood is being made, his mind is being developed.
To him we cannot say tomorrow, his name is today."
A child which the OAU charter on rights and welfare of
child sees as every human being below the age of eighteen
years (18 yrs).

Also the article xiv on health and health services 2(b) stated thus to ensure the provision of necessary medical and health care to all children with emphasis on the development of primary health care. While 2(c) is to ensure the provision of adequate nutrition and safe drinking water and 2(g) to *integrate basic health service programmes in national development plans etc.*

UNICEF interest in safe water and sanitation facilities based on the fact that poor water quality and sanitary disposal threatens the health and growth of children all over the world but the most affected are children and women whose role it is in most developing countries to collect the water needed for household consumption from sources which are often polluted a situation associated with declining economies and general poverty. Thus poor water and sanitation facilities has negative effects on health. A problem which UNICEF was established to ameliorate.

Growth and health is said to be determined by diet and illness status. Infectious illness spread more easily in unsanitary conditions which leads to poorer dietary intake and poor use of nutrients ingested. This in turn leads to lower resistance to infection. Unsanitary environment may therefore have effects beyond those associated with particular bouts of illness. various researchers have emphasised that children living in unsanitary conditions suffer from a fairly constant, low level challenge to their immune systems that impairs their growth.

Accordingly, Noel et al (1998) of the centre for studies of sensory impairment, ageing and metabolism suggest that along with classifying children as healthy (having no clinical illness) and acutely infected (with signs of illness readily detectable) there is also a category of inapparently *infected children who are apparently infected have no signs of clinical illness but do have abnormal* levels of some immunological indicators. Such in apparent infectious and the chronic low-level stimulation if the immune system associated with life in unsanitary conditions means that nutrients go to support the body's immune response rather than growth. Rates of malnutrition especially

stunting growth as found in south Asia and sub Saharan Africa are said to be due to poorer sanitation and hygiene practices (p.26).

Stunting, weakens immunity, impairs learning capacity and work performance and effects over all quality of life. For boys, it present an additional risk associated not only with smaller pelvic size, increasing the risk of obstructured labour and thereby of maternal mortality.

Lack of access to sanitary facilities indicates that most affected are the very poor who are forced to defecate in open spaces or to dispose of their waste in bear by gullies and streams vacant lots, in the shadows of high-tech office buildings etc. Such defects latrines become breading grounds for bacteria, ripe to contaminate the children who play in these open spaces and the families who wash and fetch drinking water from streams near them. These sites also encourage the growth of virulent strains of typhoid, typhus and dysentry and infestation by disease ridden carriers such as insects and vermin.

The water that collects in urban detritus such as discarded vehicle tyres, nurtures mosquitoes, which spread deadly malaria, yellow fever and dengue fever. Rats co-existing with people in this fragile environment thrive on the mountains of waste that accumulate around squatter settlements and are the principal carriers of bubonic and pneumonic plague (UNICEF 1997).

Guinea worm disease is associated with the ingestion of water contaminated by a parasite that grows 20 to 30 inches in a patients body, bringing debilitating pain, users fever and joint deformities (referred to as fiery serpent).

A disease reported by UNICEF(1997) to have affected 3 million adults and children in Africa and areas of India and Pakistan in 1990. UNICEF, WHO and other partners announced the virtual eradication in December 1995 and stressed that surveillance programmes and low cost water filters helps in reducing cases.

Various studies in recent years also reveals that provision of clean water and appropriate disposal of human waste will improve the health status of people. It is generally assumed therefore that eighty percent (80%) of man's illness is related to water inform of:

1. Water borne infections such as Typhoid, cholera, Dysentry gastroenterities infective hepatitis etc.

2. Water-washed infections for instance scabies, leprosy (skin)

3. Water-based infections (penetrating of skin) Shistosomiasis (Bilhaziasis infection of the bladder and blood; ingested guinea worm.

4. Water associated, insect borne infections (breeding in water) for example Onchocerciasis (river blindness) malaria, Filariasis etc

5. Biting near water; such as trypanosomiasis (sleeping sickness).i

It's also reported that diarrhoea kills about 2.2 million children a year and consumes precious funds in health care cost and thus preventing families and nations from climbing the ladder of development.

In Nigeria some states are reported to be problem areas of Guinea worm epidemic. These includes Ebonyi, Benue, Enugu, Cross river Abia etc. It is also revealed that the Abakaliki rice farmers loss about ₦440,000.000 (20 million dollars annually as a result of incapacitation from guinea worm infection. While states like Zamfara, Katsina, Kebbi, Niger, Ogun etc share similar problems of incapacitation from guinea worm infection. Thus access to safe water is seen as crucial in efforts toward guinea worm eradication .The problems however are due to low priority given to domestic water supply which has contributed to spread of water borne disease including guinea worm.

All these problems of diseases related to water quality and sanitation facilities affect children most. UNICEF instituted by United Nations Development System to carter for the welfare of children see it as a sole responsibility to help provide portable water and sanitation facilities to save the worlds growing majority especially in developing nations where access is less when compared with the developed world.

Generally, prevention of diseases involves breaking the chains of disease transmission. Such chains may be water related, excreta- related or both. Therefore clean water is seldom enough to realize

increased health, it has to go with organized sanitation and hygiene education to make people aware of the link between hygiene and health. A situation which UNICEF is concerned with through mobilization and creating awareness world wide towards the need for preventive health care rather than curative oriented health care system of nations.

2.4 The Role Of UNICEF In Some Assisted Water Supply And Sanitation Projects

UNICEF since its inception in 1946 under ECOSOC, with a mandate to carter for the welfare of Children all over the world has been able to assist some communities of the world in the provision of some basic facilities seen as crucial to child development and a healthy productive labour force most especially in areas of safe water supply and sanitation facilities. In communities that safe water was a problem.

According to UNICEF (1994), most Barrio dwellers buy water for washing and drinking from private vendors. This water is often unsafe and they pay ten times as much per gallon as residents who are connected to the public water system. However, lack of adequate water supply and safe sanitation means frequent illness and poor growth. One out of ten(10) children die before reaching the age of five (5 years), with a third of the deaths being from diarrhoea disease.

With this development, in 1987, Honduran national water and sanitation agency with UNICEF support launched an innovative programme using independent wells, communal tanks and trucks to provide water in poor neighbourhoods. Within five years more than fifty thousand people in twenty six barrios were getting water from safe, reliable permanent sources, cutting annual household water expenditure from fourty percent (40%) of income to four percent (4%). The cornerstone of the Honduras strategy is the community water board elected by each barrio.

In a parallel UNICEF project, many families showed willingness to pay for decent sanitation by taking out and repaying loans to build sanitary units. It's argued therefore that by means of such strategies including community participation cost sharing and cost recovery, universal access to clean water and sanitation can be achieved by the end of the century.

However it has been observed that the goal of universal access will not be achieved by current strategies. That, of the estimated ten billion dollars a year spent by governments and aid giving

countries on water supply only about two billion dollars is helping to finance schemes like the one in Honduras, which provide low cost services based on handpump equipped boreholes and street or yard water standpipes, serving primarily the poor. While the remaining eight billion dollars is allocated to relatively high cost systems water treatment plants pumping stations, individuals household water supply and highly mechanised sewage systems serving mostly the better off communities.

Also evident, is the fact that most governments are subsidizing the operation and maintenance cost by as much as seventy percent (70%). Accordingly it is approximated that 1.2 billion people in developing world are today denied access to a bare minimum of safe drinking water.

2.5 UNICEF Operation in Nigeria

In Nigeria, the living conditions of children even before the establishment of UNICEF operation the country in early 60s reflected both loud and silent emergencies resulting in declining health and longevity for both children and women. Children are ravaged by diseases and social conditions which under mine their welfare and health status. Generally reports reflect that many children and women die from preventable diseases and that much has not changed since independence. A situation said to be associated with poverty which affects all strata of society, individuals, households, all levels of government (Federal, State and Local) . UNICEF in collaboration with Government has therefore attempted to respond to the various emergency and development needs of the country.

In 1960, UNICEF made significant strides in disease control based on conviction that improving the situation of Nigeria's children and that of their mothers and families was a sine qua non to good health in the country . Thus, efforts were made at the control of diseases like leprosy, malaria, tuberculosis etc. UNICEF also supported the establishment of public health services to facilitate health care delivery (UNICEF 1997)

Another major area of concern was malnutrition which was considered the bane of Africa. Based on the report on the dreadful effects of malnutrition among African children and their mothers, UNICEF started a school feeding projects to meet the needs of children and mothers with the supply of vitamin capsules, distribution of 400,000 pounds of dry of skimmed milk for distribution to 5,000

per school age and 7,000 school aged children in the country. This also served as incentive for regular clinic attendance. (Partnership June 1997). UNICEF with the international commitee of Red Cross also supplied relief materials during the civil war of 1967 to 1970 and contributed in reconstruction efforts.

After the war the emergency nature of intervention metamorphosed into a more development oriented programme geared towards the welfare of Nigeria's children. The approval by the Executive Board in 1972 of a study on children and adolescents. Goals and priorities in the second development decade, UNICEF, global programme became more development oriented with emphasis on local support and popular participation. Special attention was however placed on water supply through provision of rigs and pumps health education and sanitation, food and nutrition and non-formal education. Several villages and communities were provided with hand pumps which alleviated the water supply situation and contributed to the gradual reduction of guinea worm and other epidemic diseases related to water quality.

However, at 1985 it was estimated that 200,000 children were dying every year from six childhood diseases such as tuberculosis, measles etc and a further 150,000 children were dying every year from diarrhoea and dehydration related causes. Data from Nigerian hospitals suggested that between 13 and 35 percent of all child deaths were attributed to vaccine preventable diseases. (Partnership June 1997)

Immunization against the major infectious disease, prevention and control of locally endemic diseases, and the appropriate treatment of common diseases constitute significant proportion of the eight components of a new programme on health care. EPI and ORT was instituted from 1986-1989 with UNICEF support, also water and sanitation was seen as crucial.

The structural adjustment programme (SAP) in 1989 had a far reaching effect particularly on health, environmental conditions, nutrition education etc of considerable hardship for the most vulnerable groups of children and women.

In the final communiqué of a consultative meeting held in Paris to mobilize foreign assitance for Nigeria, UNICEF presented a statement strongly advocating greater focus on social dimension of Structural Adjustment and more projects to assist vulnerable groups. This resulted in the 1991 - 1992 rolling plan.

Between 1991 and 1995 a new country programme of corporation between UNICEF and the Federal government of Nigeria was designed and implemented to achieve certain basic objectives and set targets relating to children and women's well being. This Programme cycle presented disquieting conditions for development of children and women. This was endangered to large extent by certain dramatic changes in the economic, social and political spheres.

Such as SAP meant to liberalize the economy, minimize economic distortion and enhance growth produce a number of adverse side effects (rapid inflation, unemployement, reduce budgetary allocation etc.). Incident of diseases, malnutrition and limited educational opportunities, limited asses to basic social amenities were evident among children and women due to low income earning.

Considering the overall goal of improving the welfare of children and women, this situation serve as a set back. However, some communities are reported to have benefited from UNICEF supported programme of water and sanitation despite these set backs.

At Igbo Ora, a South Western Nigerian town, said to be about one hundred Kilometres North of Lagos had its experience of guinea worm epidemic as lamented by various individuals as regards their experience. The guinea worm disease was traditionally believed to be caused by evil spirits and many have lost their lives, children, youth, women and men. However, report has it that the transmission season for the disease has just stopped in Igbo Ora one of Nigeria's most endemic area.

The absence of safe water supply was the primary reason for the problem. Potable water was a scarce commodity until 1995 when the UNICEF state assisted water and sanitation (WATSAN) project provided the Igbo Ora community with boreholes and handpumps. People can now enjoy a better live.

Abayomi (1996) in a study carried out in Wanze a village with about 2500 inhabitants in Benue state discovered that the villagers predominantly farmers and hunters, with productive labour force consisting mostly women have gone blind due to accumulated parasites from blackflies bite on their farms.Approximately 54.5% women in the village are already infected. While about 45.7% of the remaining population are infected as well. Children too while accompanying their parents either for farming or hunting, expose themselves to bites from these flies. In addition many of them bath in the rivers and streams and fetch the water for various household uses. Thus making about 40.9% of children aged between 5 to 9 infected.

To UNICEF the disease is a big worry and sources of concern especially regarding children who acquire infection by being espose to flies bites whilie accompanying their mothers to the farm. Survey shows that Wanze is hyperendemic with 87.2% infection. UNICEF and other donor agencies therefore
established the National Onchocerciasis Control Programme (NOCP) of four years (that is eight years) which provide treatment with Mectizan (R) tablets for the villages in the endemic state (UNICEF 1995).

Accordingly, UNICEF is said to have repaired handpumps and wells in Ehin Etiri which brought immediate solution to their problems. Also three members of the community attended a five day training workshop in Ibadan on sanitation and management techniques. They were trained on how to make pit latrine and manage deep wells. Two sample pit latrines is thus constructed by UNICEF, while the villages constructed an additional 12 pit latrines.

Reports as regard the problem of water and sanitation in Paikoro L.G.A. as examined by Rebecca (1998), primary source of water before UNICEF intervention were open dug wells used for all purposes, while some households collect their drinking water from exposed surfaces like lakes, ponds, canals or rivers and from the roof of buildings during raining season. All of which are either insufficient or polluted. On personal hygiene the area is said to be lacking, as inadequate social amenities and economic status of families are very low, a situation referred to as poverty induced.

Lack of potable water, poor sanitation services and lack of hygiene awareness has contributed to most of the sicknesses and diseases prevelent in the area. Children however are the most affected. With the advent of UNICEF in Paikoro L.G.A in the provision of water and sanitation facilities as a joint effort in late 1998 (under Changchaga L.G.A), the situation reveals a dramatic change in well-being and health of children, women, youth the productive labour force. UNICEF has assisted in the construction of about one hundred and thirty three (133) boreholes in some of the villages (5 districts and 90 villages) one hundred and seventeen (117) about eighty seven percent (87%) are functional and only sixteen i.e 12.3% are not functioning.

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CHAPTER THREE

THE EVOLUTION OF THE 1988 NATIONAL HEALTH POLICY

Nigeria as a country is located within the West African sub-region, with a total land area of about 923,768.64 square kilometres. The 1998 Human Development Report estimated its population to be about 108 million. However the 1991 census, puts the figure at 88,514,501 million. The country is called the Federal Republic of Nigeria, and therefore has 36 constituted states and a Federal capital territory, Abuja. The 1990 constitution part 1,3(1) lists the states as Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Edo, Ekiti, Enugu, Gombe, Imo, JIgawa, Kaduna, Kano, Katsina, Kebbi, Kwara, Lagos, Nasarawa, Ogun, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara.

As a Federation, governmental power is not concentrated in one place. There is the decentralization of power among the various levels as tiers of government. Nigeria thus operates the federal system of government, a government that shares power between the centre (federal) and the states. Furthermore, decentralization of powers also transfered to the local government, which is generally regarded as the third tier of government.

The constitution therefore provides for the powers and functions of the federal, state and local government. The legislative powers of federation is rested in a National Assembly which consists of Senate and House of Representatives.The National Assembly make laws for the peace, order and good government of the federation, which is further adapted at the state level by the state house of Assembly.

The primary function of government is however to ensure the security and welfare of the people. It is therefore the duty of the state to provide adequate facilities for and encourage free mobility of people, goods and services throughout the federation. Also to secure full residence rights for every citizen in all parts of the federation. The state is also empowered by the constitution to harness the resources of the nation and promote national prosperity and an efficient, dynamic and self-reliant economy in such manners as to secure the maximum, welfare, freedom and happiness of every citizen on the basis of social justice and equality of status, and opportunity. While state policies are to be directed towards the promotion of a planned and balanced economic development; and the

national resources of the nation are harnessed and distributed as best as possible to serve the common good.

The executive power of the federation is thus vested in the President, while that of the state in the Governor of the state. However the states shall not impede or prejudice the exercise of executive powers of the federation, endanger the continuance of the federal government in Nigeria etc.

The fourth schedule of the constitution outlines local government council functions as, the consideration and the making of recommendation to state commission on economic, planning or any similar body; collections of rates, radios and television licenses, establishment and maintenance of cemeteries, burial grounds and homes for the destitute or infirmed; the provision and maintenance of public conveniences, sewage and refuse disposal etc; and such other functions as may be conferred on a local government council by the House of Assembly of the state.

The National Assembly and House of Assembly both make provision for the statutory allocation of public revenue to local government council of the federation.Adamawa state, one of the constituted sates of the federation, therefore adopts policies and programmes for economic development as outlined by the federal government and implements them within the state in the various local government areas.

The period under study commences from 1988, The period National Health Policy was formulated to 1998. The evolution of National Health Policy therefore needs to be examined to assess how Nigeria in general has fared in health policy and programmes.

3.1 THE EVOLUTION OF THE 1988 NATIONAL HEALTH POLICY.

The latest health policy for the nation was adopted in 1988. Policy statements had been made over the years prior to this date, but they did not amount to a well articulated health policy with clearly stated goals and objectives, which would form the framework within which health activities can be planned throughout the nation. However, policy statements made within the context of the various development plans, launched by successive governments had influenced the decision to have a national health policy. Thus to understand the national health policy adopted in 1988, there is the need to review those earlier attempts.

During the colonial period, the 1946-1956 development plan recognised formally that other sectors other than health needed to be brought on board in order to promote the health of all Nigerians. The plan was thus conceived to achieve improved conditions for people through:

1. Progressive building up of environment hygiene.
2. Provision of adequate water for all Nigerians. Ohwona (1988) noted that only colonial administrative and a few commercial centres were served to the neglect of the rural areas.
3. Supervision of hospitals, maternity, child welfare and dispensary services coupled with a rigorous campaign of preventive medicine. However, Umaru (1996) observed that colonial bias for allocating resources to curative services was evident.

The development plan was further overtaken by political developments which divided the country into three regions (North, West and East).

The 1955-1962 economic development plan. This plan was launched in 1955, and consisted of separate plans for the regions which opted for the building of structures for the delivery of curative services, hence continuing the policy introduced by the British.

3.2 POST INDEPENDENCE PLAN

An economic development plan was launched in 1962. However, the health sector is observed to have fared very poorly as it was allocated according to Shehu (1996) 2.5% of the proposed expenditure but only about 1.39% of the total expenditure was received.(P.5)

Another development plan was launched in 1970-1974 following the end of the civil war, which focused on measures to restore the health facilities and services which were destroyed during the war; such as control of communicable diseases which were prevalent in the country ; programmes for promotion of environmental sanitation, manpower development, etc.

The financial provision was observed to be highest ever proposed -5.2% of the planned expenditure. However, actual situation report reveals that the target of 5.2% was never realised and what was made available was largely spent on expansion of hospitals and curative services.(Shehu, 1996).

The 1975-1980 development plan reviewed the country's health situation, outlined short commings of health system as:

1. Inadequate coverage of the population by the existing health services;
2. Urban-rural imbalance in the provision of health services to the detriment of the latter;
3. Lack of operational linkage of the various components of the health care delivery system;
4. Over-emphasis on curative health services which has contributed to the poor preventive health services, etc.

To address these identified problem, the National Development Plan (1975-1980) was ;

1. To establish comprehensive health centres all over the country to provide preventive and curative health services to the population.
2. To intensify the disease control activities particularly against malaria.
3. To develop and expand hospital services by taking responsibilities for one teaching hospital in each state of the federation.

The Basic Health Services Scheme (BHSS) emerged as a strategy for achieving the stated objectives. However, the only notable achievement of most of the objectives was observed to be in area of infrastructural and intermediate and manpower training (Shehu 1996, P.5; National Development Plan.1981-1988).These did not succeed in making any appreciable impact on the health status or the quality of life of the populace (1975-1980 Development Plan).

Umaru (1996) noted that two significant developments which were to influence the future course of events in the health field not only nationally but also globally, took place during the period of this development plan. In 1977, the 34th World Health Assembly, adopted a global strategy by a resolution on health for all by the year 2000 (HFA/2000). Nigeria being a member of the WHO participated and subscribed to the resolution which committed all the member states to the attainment by all peoples of the world by the year 2000, of a level of health that will permit them to lead a socially and economically productive life. The international conference on Primary Health Care

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(PHC) in Alma-Ata, in 1978 declared in its resolution, that Primary Health Care is the key to attaining the goal of HFA/2000.

The 4th(1981-1985) National Development Plan was designed to cover the period 1981-85. The BHSS was seen then as inadequate means for the provision of a comprehensive health care to all the people as it succeeded in addressing only a few of the problems facing the health system.

The advent of health for all by the year 2000(HFA/2000) and Primary Health Care (PHC) necessitated the review of the existing policies. The basic health services scheme had to be modified and re-oriented towards primary Health Care (PHC). This was pursued during this plan period (1981-1985). However, the transformation of the Basic Health Services Scheme into Primary Health Care proved difficult because little had been done to orientate the key players such as policy makers, managers, health workers, health manpower trainers and the public.

The problems as identified by Umaru (1996) were:

1. Lack of inter-sectoral co-ordination.
2. Lack/inadequacy of community mobilization and participaption
3. Poor determination of priorities.
4. Lack of equity in the allocation of resources.
5. Lack of an all embracing national health care policy, etc.

However, achievements recorded during this plan period as reported by Umar(1996) in the field of immunization with the launching of the Expanded programme on Immunization (EPI) and health manpower development through the intensification of training. An attempt was also made to establish inter-sectoral mechanism in the spirit of Primary Health Care (P.3). It was also emphasised that successive meetings of the national council on health devoted to a lot of time to primary health care and its implementation particularly with respect to the roles of the three tiers of government (Federal, state and Local). He noted that the new concept of National Development Planing was then adopted which abandoned the practice of five(5) years in favour of a long-range planing spanning over fifteen(15) to twenty(20) years with three rolling plans. Thus, the health sector under the Federal Ministry of Health made a rigorous attempt to ensure widespread consultations on where the nation should be heading in planing the health sector.

A commitee was appointed based on agreement at various fora that Primary Health Care holds the key to the equitable development of health services throughout the nation. The committee examines past and present attempts and proposed a National Health Policy based on Primary Health Care which would improve coverage nationwide and health status of Nigerians. The Armed Forces Ruling Council(AFRC) approved a new National Health Policy in 1988 and launched it in 1989(P.4).

The 1988 National Health Policy was therefore designed to chive health for all Nigerians based on the philosophy of social justice and equity. A National Health Policy which addressed the components identified and seen as crucial for the healthy development of a nation's population by the Alma-Ata declaration of 1978 the joint convention of WHO and UNICEF.

The National Health Policy declaration thereby states that: "The Federal, States, and local governments of Nigeria hereby commit themselves and all the people to intensify action to attend the goal of health for all citizens by the year 2000 and beyond, that is a level of health that will permit them leads socially and economically productive lives at the highest possible level" (P.1).

Also important is the fact that all governments agree to co-operate among themselves in a spirit of partnership and services to ensure Primary Health Care for all citizens, since the attainment of health by people in any one state directly concerns and benefits every other state in the federation.

Under chapter one, section seven(7), the Federal Government undertake:

1. To provide policy guidance and strategic support to states in their efforts at establishing health systems that are Primary Health Care and assessable to all their people.

2. To co-ordinate states efforts in order to ensure a coherent, nationwide health system.

3. To provide incentives in selected health fields to the best of its economic ability to promote this endeavour.

4. In collaboration with the state governments, to undertake the overall responsibility for monitoring and evaluation of the implementation of the health strategy.

Chapter three section one states that, the primary health care as defined in the Alma-Ata declaration shall be the key to development of National Health Policy in which full participation at all levels of government, individuals, families and communities as crucial in achieving the goals of Primary Health Care.

Chapter four section three, states the goals of Primary Health Care to include at least:

1. Education concerning prevailing health problems and the methods of preventing and controlling them.
2. Promotion of food supply and proper nutrition.
3. An adequate supply of safe water and basic sanitation.
4. Maternal and child health care, including family planning. In this context, family planning refers to services offered to couples to educate them about family life and to encourage them achieve their wishes with regards to:
   i. Preventing unwanted pregnancy;
   ii. Limiting the size of the family in the interest of the family health and socio-economic status. The methods prescribed shall be compatible with their culture and religious believes, etc.
5. Immunization against the major infectious diseases.
6. Prevention and control of locally endemic and epidemic diseases.
7. Appropriate treatment of common diseases and injuries.
8. Provision of essential drugs and supplies.

However, the third component, that is adequate water supply and sanitation is the central interest in this health policy as many (about 80%) diseases have been identified to be as related to poor quality of water supply and sanitation facilities. This improved water supply and sanitation facilities is advocated to reduce the effects of water and sanitary related diseases on health, social and economic development of the nation. This study therefore examines the policy implementation in terms of assisted water supply and sanitation projects of which UNICEF, an agency under United Nations systems, plays an active role in order to achieve the goal, of health for all by the year 2000.

3.3 THE DEVELOPMENT OF WATER SUPPLY AND SANITATION

The origin of modern water supply and sanitation schemes can be traced to the colonial era. However, in pre-colonial times, major cities depended entirely upon undeveloped sources, such as rivers, streams, hand-dug wells, ponds and direct rainfall for water supply. Many of these sources however, often dry up during dry seasons resulting in acute water shortages, especially in the Northern parts of the country. Not only are the water supplies from these sources irregular and unreliable, they are also of doubtful quality being susceptible to borne disease such as guinea worm and dysentery.

The colonial administration thus recognised the key role which improved water supply could play in the elimination or control of common diseases and health level and general welfare of people. The first water supply scheme was therefore commisioned in 1915 in Lagos, which supplies 2.95 mld to a population of about 115,000 people, a per capita water consumption of 26 litres per day. Between 1915 and 1953, twenty-seven other schemes were built all over the country with eleven in western Nigeria, ten in northern Nigeria and six in eastern Nigeria. Mabogunje(1965) in Ayoade(1981) observes that those in the north and west except Lagos and Akure were built with funds from the native authorities. While in eastern Nigeria, the water works were financed by the colonial government because all towns involved were founded by the British. He also emphasized that in 1953, 18 out of the 28 towns with modern water supply were on rail lines along navigable stretches of the Niger and Benue and that these towns were not always the largest nor the most deserving in terms of public health improvement(p.9). Thus transportation, trading or administrative post with resident colonial staff were the criteria considered before larger settlements without such attributes.

At independence, less than 70 settlements had modern water supply schemes. These increase to 261 by 1976 and only 18 million Nigerians out of a total estimates of population of 79.68 million had access to improved water supply.

Since 1976, the population has increased to about 108 million in 1990, water supply or distribution has been influenced by pattern of settlement and distribution types of approach adopted to develop water supply schemes. Southern states tendency was for investment in modern public water supply to be spread over a large number of towns and surrounding villages. Northern states however concentrated investment only in few large towns which are usually separated. The north and south

both concentrated on large settlement in each state (urban based water supply) of the federation, under the state water supply agency (SWA), while large dam construction was managed by River Basic Development Authority under the Federal Mininstry of Water Resources and rural development. The sanitation scheme for urban area is under environmental planning and protection agency except in the Directorate of Drainage of Environmental Pollution Control, Sewage and Water Waste in Lagos under the state ministry, while the sanitation scheme for rural areas is controlled by agencies managing rural water supply.

3.4 ACTIONS TAKEN BY GOVERNMENT FOR WATER SUPPLY OVER THE YEARS

In the last few decades, federal government has shown interest in the development and management of water resources. This interest is due to increasing magnitude of the country's water problem and the realisation that water is an important resource in the health and socio-economic development of the nation.

The following actions have been taken over the years in search for potable water supply and sanitation improvement:

1. The establishment of Federal Ministry of Water Resources in 1975 was to control water resources, dam development and irrigation, promote relation with international water organizations such as Lake Chad Basin Commission, River Niger Commission, etc.
2. Creation of River Basin Development Authority between 1973 and 1976 such as Sokoto-Rima Basin Development.
3. Award of grants to state governments to aid them in developments of their water resources to meet domestic, industrial and agricultural demands for water.
4. National Borehole programme under which the ground water resources will be surveyed and evaluated and eighty(80) boreholes is sunk in every state of the federation.
5. Establishment of National Water resources Data Bank.
6. In the 1980-1985, Development Plan, the federal government estimated N2 billion to be spent on agriculture irrigation, N3,116,850 million on provision of water supply. (Ayoade 1983).
7. In 1987, a nation wide rural water supply and sanitation programme was established known as the Directorate of Roads and Rural Infrastructure . The then Chairman noted that water

use is less than the World Health Organization minimum of 20 litres per capita per day and per quality. And a general lack of adequate sanitation thus frequent results in diarrhoea attacks, debilitating and crippling effects of guinea worm and cholera epidemics ravaged rural areas. policy objectives include among others:

i. To improve behavioural changes with respect to water use, personal hygiene and efficient means of waste disposal.
ii. To generally improve the standard of living in rural communities.
iii. To contribute the provision of portable water through simple community level operated and maintained.
iv. To increase the potential for higher productivity of the people in rural areas by reducing the possibility of their ill-health cause from poor drinking water and in some areas time spent in fetching water etc.
v. Programme was to be evenly spaced to all local government areas of each state.

Alternative for selection include surface water, spring, pond, lake, stream etc. Ground water, implementation of hand pump equipped borehole/bore-wells, upgrading of hand dug wells etc. However, low-cost solution to enable as many rural communities as possible to be given potable water is seen as crucial. while dependency on foreign exchange must to be minimised (chemical, expensive spare parts, etc) as such requirement are not easy to come by even in urban water system, and as such dependency on them in rural areas will render water system non-functional.

In 1994 a national rural water supply and sanitation (NRWS&S), scheme was outlined by the Federal ministry of water resources and rural development (National Water Resources Master Plan) draft part one. In an attempt to rationalise institutional, financial and technical aspects of rural water supply and sanitation (RWS&S) and to provide the basis for increased financing in the sector implementation of this programme however shifts to community based maintenance. With demand driven approach, each community is expected to buy their equipment on retail outlet, and local mechanics trained to service equipment. Each community is also expected to participate in all levels of the decision on rural water supply and sanitation.

The National Rural Water Supply and Sanitation programme would assist communities that are ready to provide at least 10% of construction cost in cash or kind. This action plan aims at dividing

into four planning zones, North-East, North-West, South-East, and South-West (NE,NW,SE, & SW) in line with Primary Health care (PHC) zones. The World Bank, United Nations Children's Fund (UNICEF) and other external support agencies will prepare and promote initial funding cycle in the first three(3) years and the following financing to scale of first phase and three local government areas in each state. First phase involves 3 million dollars per zone a year, increasing to five million per zone in the foreseeable future(1994 NRWS&S draft). All these actions taken by Federal government since independence have not achieved meaningful portable water supply and sanitation to meet up with increasing population demands. Rural areas are said to be the most affected by this inadequacy. The current rural water supply and sanitation programme in which UNICEF and other external support agencies play role with the division of the country into four planning zones in line with the primary Health care is the main focus.

3.5 ADAMAWA STATE

The 1991 states creation exercise of president Babangida's regime saw the Gongola State metamorphosed into Adamawa and Taraba state. Adamawa state with a total land area of 42,158 square kilometres lies between latitudes 7° 28` and 10° 55' North and longitudes 11.5° and 13.5° East.While the state capital Yola lies on latitudes 9° 14' North and longitude 12° 28' East. It has an estimated population of 2,124,049(1991 census).The state has various ethnic groups among them are Fulani, Kilba, Bwatiye, Chamba, Higgi, Mbula, Bille, Ga'anda Bura,Margi,Yandang,Yungur,Verre e.t.c distributed all over the twenty-one (21) local government areas, who live in segmented communities speaking different languages. However, Hausa and fulfulde are widely spoken throughout the state while English is the official language. The state has two tropical climate dry and wet seasons; the wet season commences from April to October .While the dry season starts in November and ends in April.

Majority of the people in Adamawa State are farmers producing cash and food crops. Cash crops produced include groundnuts and cottons. While food crops are maize, yam, rice, cassava, guinea corn, millet etc. The Fulani are however, the reknowned cattle rearers, while village communities living on the banks of River Gongola and Benue in the state engage in fishing and farming. Generally, Nigeria's rural dwellers are said to be lacking more than urban dwellers in terms of health facilities potable water supply and sanitation, education etc. Adamawa State is not an

exception with regards to the availability of such facilities. Diseases associated with poor water supply and sanitary disposal are not uncommon.

Tanko (1981) writing on health problems and policy solution in Gongola state (Adamawa and Taraba) identified several factors as been responsible for poor health in the state, which include lack of sanitation, poor ventilation, lack of clean and regular supply of water, etc, malaria and associated diseases and malnutrition. Also, the socio-economic position and ignorance perpetuated the deteriorating conditions of the people (p.74).

However, great disparity between states regarding the supply of potable water has been observed by Buki (1997). Seventy percent of households in Lagos state had access to safe; while in Taraba, there were only 5.6 percent of such boreholes. In kwara state, 55 percent, while in Benue, Kebbi, Katsina, Sokoto, etc, there were less than 20 percent. In a report regarding access to potable water between 1993 and 1994, Adamawa sate which falls within the North East Zone of Primary Health Care (PHC) and the National Water Supply and Sanitation Planning Zone is observed to have only 27.6 percent of household with access to potable water (Buki ponle 1997, p.24).

In an interview with present Democratic Governor of Adamawa state, Haruna Boni, Sani (1999) observed that, water is one of the problems affecting rural areas in the state, while millions of naira have been pumped into water projects. But to date, the issue of water is still stagnant (p.12).

The Nigerian nation as a whole has not recorded much achievements in its goals for potable water supply and sanitation facilities in her effort towards the improvement of health, social and economic development of its people despite the laudable policies and programmes. Thus Adamawa state has not fared better than the nation .The intervention by UNICEF to ameliorate the plight of the rural dwellers to enhance improved health, social and economic development in the state is of paramount importance. however, only three out of the twenty-one existing local government areas in the state will be studied.

3.6 ADAMAWA STATE RURAL WATER SUPPLY AND ENVIRONMENTAL SANITATION AGENCY(RWSEA)

The agency was established in 1983 (UNICEF assisted) as Rural Basic Services project(RBS) with the objective of improving the access of rural communities to potable/drinking water supply, improved sanitation services and hygiene habits, health/hygiene education campaign and community moblization. It was under the supervision of the Secretary to the State Government(SSG)

After the creation of the Directorate of Food, Roads and Rural Infrastructure(DFRRI),the project was placed as a department named RUWATSAN (Rural Water Supply and Sanitation)under DFFRI management. The objectives were similar except that more priority was given to the provision of rural water supply than other programme components. With the dissolution of DFFRI in 1993,the project was made a unit under the former Directorate of Rural Development(DRD) which was reduced to a department under the Ministry of Agriculture with the same objectives as DFRRI.This was so until 1995 when the unit project was excisd from the Directorate of Rural Development (DRD)and established as a parastatal under the supervision of the Ministry of Water Resources and development(MWR&RD).The edict establishing the agency as an independent parastatal was signed into law and gazetted as edict number 16 of the 18th April,1996.Adamawa State Report(19989)

The agency was created with the following objectives:

1 Increase access to potable drinking water to the rural populace of Amada State, through hand-pump, equipped boreholes, wells, spring development etc.

2 Increase access to safe sanitation in rural areas, through the construction of VIP latrines, samplant latrines and improvement in existing traditional latrines.

3 Increase or impart knowledge on the control of water borne diseases through health/Hygiene Education.

4 mobilize rural communities on ways and means of maintaining, operating and use of provide facilities for maximum benefits.

5 Achieve impact in terms of improved sustained health of rural women and children of Amada State.

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The agency therefore has seven departments which carry out the various programme objectives of the agency. These are water supply,sanitation development,health edcation and commuinty mobilization planning, monitoring and evaluation, workshop, personnel management and finance and supply.

The agency is funded by Adamawa State Government, through monthly allocation of recurrent and overhead charges, and state Annual Budget.Beside the technical assistance provided,UNICEF also provides the agency with all working equipment, machinery,tools,etc for programmes implementation. Other supporting bodies include local government councils, communities, Non-governmetal Orgasations (NGOs) and some eminent/prominent individuals.

How this agency or body implements its UNICEF supported potable water and sanitation programme in Gerei, Fufure and Yola South Local Government Areas in the State is what this study attempts to examine among beneficiary communities.

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CHAPTER FOUR

AN EMPIRICAL ANALYSIS OF THE ROLE OF UNICEF IN THE PROVISION OF WATER AND ENVIRONMENTAL SANITATION FACILITIES IN GIREI, FUFORE AND YOLA SOUTH L.G.A

The state creation exercise of 1991 by president Babangida's regime saw the then Gongola state rural water supply and environmental sanitation agency transformed into Amada state Rural water supply and environmental sanitation agency. The objective of the agency however remained the same. The agency since its creation in 1983 as UNICEF assisted Rural Basic Services Projects, has undergone several modifications and placed under various departments. Despite these modifications, the agency still maintained its initial objectives for which it was established.

As discussed in chapter three the agency became an independent parastatal and signed into law through edict number sixteen (16) of eighteen (18th) April 1996. It is a UNICEF assisted agency with seven departments through which its various assisted projects are implemented in various communities within the twenty-one local government areas of the state.

The seven departments and their functions are:

- Water supply; responsible for geophysical and hydro-geological survey of sites, drilling of boreholes platform constructions, handpumps installations, training etc.
- Environmental sanitation development; charged with the construction of ventilated improved pit latrines, fabrication of squat slabs, upgrading of traditional pit latrines by adding vent pipes and wire gauze, training of artisans etc.
- Health education and community mobilization; educates beneficiaries/communities in the field of hygiene, water security and waste disposal etc.
- Planing monitoring and evaluation; prepares the agency's budget, analysis and stores all programme data, water quality control etc.
- Administration; responsible for recruitment, promotion and discipline of staff, staff welfare, training etc

- Workshop; incharge of maintenance of vehicles and machineries.
- Finance and supply; responsible for all the finances and accounts of agency's activities, stock keeping and records of materials and supplies.

1) Source;

a) Adamawa State rural water supply and Environmental sanitation Agency monitoring department.

The agency is funded by the State Government through monthly allocation of recurrent and overhead charges while capital allocation is also provided in the State annual Budget.

As, a UNICEF assisted agency, UNICEF provides technical assistance such as working equipment, machinery (drilling rigs) tools and some materials for programme implementation through the WES Department at the Zonal office in Bauchi;

2) Source; UNICEF Zonal office Bauchi (WES Coordinator) and state RWS&SA.

This chapter is set out to give some data presentation and analysis of UNICEF activities and performance in these three local government areas (Girei, Fufore, Yola South) from 1989 to 1998 in areas of water and sanitation.

The data is obtained from both primary source personal interview of some stake holders;and secondary source-through some available documents at UNICEF zonal office Bauchi, Amada state rural water supply and sanitation agency and from the three local government coordinators of water and Environmental sanitation.

4.1 UNICEF activities in the provision of potable water in Girei, Fufore and Yola South L.G.A S

UNICEF assisted programme in these three local government areas centres around the drilling of boreholes, handpumps installations, improved wells, ventilated improved pit latrine and sanplat constructions, hygiene education training of village based artisans etc.

The facilities provided for communities through UNICEF assisted programme in each of the three local government areas under period of ten (10) years (1989-1998), are presented below

4.2 TABLE ONE

DISTRIBUTION OF UNICEF WATER FACILITIES IN GIREI L.G.A FROM 1989-1998

S/N	Facilities	B/4 1989	Total No. of facility provided btw 1989-1998	Total No. of *functional* facilities as at 1999	Total No. of *non-functional* facilities as at 1999	% of functional *facilities as at* 1999	% of non-*functional* facilities as at 1999	Total Pop of *L.G.A*	No.of persons per facility
1.	Boreholes with hand-Pumps	-	97	83	14	86	14.4	96,546	1,163
2.	Wells improved	-	15	10	5	67	33	96,546	9,654
3.	Spring developed	-	-	-	-	-	-	-	-

Sources: 1. Adamawa State rural water supply and sanitation agency monitoring departments.

2. Local Government Co-ordinators.

3. Communities

4. Population figure from Adamawa state 1997 and 1999 diary and census figure.

The information from table one above shows that about ninety-seven(97) boreholes with handpumps were as provided through UNICEF assisted project in Girei L.G.A between 1989 and 1998. Eighty-three(83) of these boreholes are functional representing about eighty-six(86) percent. While about fourteen percent(14%) are not functional as at 1999. Thus about one thousand, one hundred and sixty-three persons per facility.

In terms of improved wells only fifteen(15) was provided through UNICEF assisted programme. However as at 1999 only ten(10) out of the total figure of fifteen(15) were productive or functional, representing about sixty-seven percent(67%). While about five(5) are not functional representing about thirty-three percent(33%) with about nine thousand, six hundred and fifty-four persons per improved well.

In the interview conducted with some stake holders especially the beneficiary communities it was discovered that a number of projects said to be functional at the agency were actually not functioning. A typical example is found in Sangere where a borehole has been drilled, yet the community has not benefited from this endeavour even for a day. This situation has discouraged the community from embarking on another assisted water project but preferred to use their former sources of water supply which is a well, provided under the former Gongola state.

For the drilling of borehole in any community, the beneficiary community must contribute at least ten percent(10%) construction cost either in kind or cash. Additionally, community provides accommodation and feeding for the agency's staff deployed to drill and install handpumps. The community members also help in mixing the cement and gravels used to construct platform.

Local Government assistance to communities varies from fifteen to twenty percent (15-20%) of construction cost. The State provides about twenty-five percent(25%) or more. This however depends on the type of rig used for drilling and the location site of beneficiary community had the result of the geophysical and hydro-geological surveys of the intended sites.
UNICEF on the other hand provides the drilling rigs for project execution as well as handpumps, technical and other materials needed for execution of the project.

Completed projects are handed over to a trained maintenance village worker and under the supervision of the community leader. However, the trained maintenance worker can only service minor problems like changing of broken rubbers, cup or other minor repairs. In terms of major problems like changing of rusty pipes, cylinder, broken handpumps and fishing out of collapse handpump, communities have to contribute money to seek for help from the state rural water supply and sanitation agency. The agency in turn arranges for the provision of machinery and other tools for such major repairs.

Communities have deviced means of maintaining their UNICEF assisted borehole with handpump provided in 1996 specifically Vinikinlang through a monthly contribution between twenty to thirty naira(N20 - N30).

The community leaders however explain that such action was necessary as they live very close to the bank of River Benue but lack potable water, with UNICEF assistance they were provided with potable water source, a source which the leaders, maintenance workers and some individuals confirmed as to have improved their health and productive life. However maintaining the borehole has become a major problem and a source of concern. Since its provision in 1996, the borehole has undergone repairs more than seven(7) times, all major problems. These major problems render borehole non-functional and leads to lack of portable water source. In situation like this, community relies on the intervention of staff from the agency for repairs, which normally takes about three to four (3-4) weeks or more depending on when community is able to contribute money to effect the repairs.

To source for materials for major repairs or maintenance of borehole, the community approaches state agency while the agency approaches UNICEF for the provision of such needed materials.
UNICEF also arranges for the supply of what is called fast moving spare parts (handpums, rubber cups, cylinder, rods, etc) for maintenance of complete projects from international supplies or manufacturer when approached by community through the state. Some of the fast moving spare parts are however found locally but they are not of a durable quality as such when used does not last for more than four to five (4-5) weeks while the imported ones last for three to four (3-4) months or more depending on the stress placed on it. Handpumps are however imported by UNICEF and made available on demand.

4.3 **TABLE TWO**

SANITATION FACILITIES, TRAINED ARTISAN AND VILLAGE BASED MAINTENANCE WORKERS IN GIREI L.G.A

S/N	Facilities	Before 1989	Total No of facility provided 1989-98	Total no. of functional facilities as at 1999	Total no. of non-functional facilities as at 1999	% of functional facilities as at 1999	% of non-functional facilities as at 1999	Total pop. Of L.G.A	No. of persons per functional facility
1.	Ventilated improved pit latrine or sanplant construction	-	97	70	27	72	28	96,546	1,379
2.	Trained Artisan	-	97	94	3	97	3	96,546	1,027
3.	Trained Village based maintenance works	-	97	90	7	93	7	96,546	1,072
4.	Hygiene Education	-	All com-munities	-	-	-	-	-	-

Sources: Adamawa state water supply and sanitation agency's records

Girei local government water and sanitation records.

From table two above, ninety-seven ventilated/improved pit latrine/sanplat construction were provided through UNICEF assisted project, about seventy of these sanitary facilities provided are still functional representing about seventy-two percent(72%), while about twenty-seven are not functional representing twenty-eight percent(28%). Also about one thousand, three hundred and seventy-nine persons per facility or VIP latrine/sanplat provide for the L.G.A.

A total of ninety-seven village based maintenance workers were trained, corresponding with the total number of boreholes with handpumps provided. However only about ninety-three percent(93%). Seven of these workers have relocated representing seven percent(7%). About one thousand and seventy-two persons now depend on a trained village based maintenance worker in the L.G.A.

Also, a total of ninety-seven(97) artisans were trained for the construction of ventilated improved pit latrine/samplat in the L.G.A over a period of ten(10) year 1989-1998. As at 1999, only ninety-four are functional. Hence representing ninety-seven percent(97%). Three are however no longer functional thus representing three percent (3%). In the Local Government Area about one thousand and twenty-seven persons depend on a trained functional artisans. Trained artisans, after UNICEF and staff of the Agency pulled out, construct VIP latrines/sanplant for members of the community based on the demand for household latrines. This therefore, created source of income for the trained artisans or economic development in form of employment.

Hygiene education and mobilization of community is however, an important aspects of any project. All beneficiary communities were educated on the important role personal hygiene plays in health and economic life and national development. The beneficiary communities have since embrace personal hygiene as a key to healthy life and economic productivity. Members of community especially women interviewed in Girei, Vinikilang, etc now boil their drinking water when source is questionable especially water gotten from unprotected wells during the period of effecting repairs on their UNICEF assisted boreholes. Men on the other hand, arrange for waste disposal facilities for their household. The boreholes provided are protected from misuse and dirty environment. Members of community are not allowed to wash near the borehole site.

4.4 **TABLE THREE**

UNICEF ASSISTED WATER PROJECTS IN FUFORE L.G.A 1989- 1998

S/N	Facilities	B/4 1989	Total No. of facility provided b/w 1989-1998	Total No. of functio-nal facilities as at 1999	Total No. of non-functio-nal facilities as at 1999	% of functio-nal facilities as at 1999	% of non-functional facilities as at 1999	Total Pop. of L.G.A	No. of persons per facility
1.	Boreholes with hand-Pumps	-	107	63	44	59	41	153,77 8	2,441
2.	Wells improved	-	42	32	10	76	24	153,77 8	4,806
3.	Spring developed	-	-	-	-	-	-	-	-

Sources:

1. Records from state rural water supply and sanitation agency borehole and wells.
2. Fufore L.G.A records on potable water distribution through UNICEF assisted project WES co-ordinators title.

From interviews among various beneficiary communities and visit to project site.

The data in table three above shows that UNICEF, through assisted water projects has provided a total of one hundred and seven boreholes with handpumps over a period of ten(10) years (1989-1998) in Fufore L.G.A. As at 1999 about sixty-three out of the one hundred and seven boreholes with handpumps provided are functional, representing fifty-nine percent(59%). While a total of forty-four boreholes with handpumps are not functional. Thus representing about forty-one percent(41%). Additionally about two thousand, four hundred and forty-one(2,441) persons in the L.G.A depend on a functional borehole or facility.

UNICEF assisted project on improved wells from the table above indicates that forty-two wells were improved between 1989 and 1999 in Fufore L.G.A.Out of which thirty-two are still productive representing seventy-six percent(76%). While a total of ten improved wells are not productive. Thus representing about twenty-four percent(24%).As regards the number of persons per productive UNICEF improved well in the L.G.A about four thousand, eight hundred and six (4,806) persons depend on a productive facility. However, records reveals that there is no spring developed in the L.G.A through UNICEF assisted projects.

The provision of such water projects before 1988 was mainly state and UNICEF projects without communities involvement. But since 1988 the projects assumed a new dimension in which communities became involved by contributing towards their water projects and taking the responsibility of maintaining the projects after state and UNICEF pulled out.

4.5 **TABLE FOUR**

ENVIRONMENTAL SANITATION FACILITIES, TRAINED MAINTENANCE ARTISAN, HYGIENE THROUGH UNICEF ASSISTE PROJECTS IN FUFORE L.G.A

S/N	Facilities	B/4 1989	Total no. of facility provided 1989-98	Total no. of functio-nal facilities as at 1999	Total no. of non-functio-nal facilities as at 1999	% of functio-nal facilities as at 1999	% of non-functional facilities as at 1999	Total pop. of L.G.A	No. of persons per functional facility
1.	VIP latrine or sanplant	-	107	90	17	84	16	153,778	1,709
2.	Trained Artisan	-	107	99	8	92	8	153,778	1,553
3.	Trained Village based maint-enance works	-	107	96	11	90	10	153,778	1,602

4.	Hygiene Educat-ion	-	All com-munities	-	-	-	-	-	-

Source:
1. Records from sanitation unit
2. Water supply, maintenance unit.
3. Hygiene education community mobilization development.

The provision of sanitation and trained village based workers to maintain projects, through UNICEF assisted programme. In table 4 above the information reveals that before 1989 none of such facilities were provided. However, between 1989 and 1998 about one hundred and seven ventilated improved pit latrine/ sanplat were provided among communities of Fufore L.G.A. This figure correspond with the total number of boreholes with hand pumps provided. Thus, making sanitation facilities, training of village based maintenance workers, and an artisans, a pre-condition for the provision of potable water sources.

As at 1999, a total of ninety(90) out of the hundred and seven sanitary facilities provided were functional. Representing eighty-four percent(84%). While about seventeen are not functioning, representing sixteen percent(16%). Hence, giving a total of about one thousand seven hundred and nine persons(1709) per facility provided in the L.G.A between 1989 and 1998. Also one hundred and seven village based workers were trained to maintain boreholes with hand pumps. However, as at 1999 ninety-nine of these trained workers were still active, that is about ninety-two percent(92%). With a total of eight(8) not active representing eight percent(8%).

The total number of persons depending on one maintenance worker for their potable water is about one thousand five hundred and fifty-three(1553). UNICEF assisted project also trained one hundred and seven(107) ventilated improved pit latrine/sanplat construction artisans. As at 1999 about ninety-six were still active representing ninety percent(90%) while about eleven representing ten percent(10%) are not active.

Hygiene education and mobilization were carried out in all communities to educate them on the importance of improved personal hygiene through proper waste disposal and also ways of protecting water source as part of hygiene education exercise.

In interviews conducted among various stake holders - UNICEF, State, Local Government and beneficiary communities. It was discovered that UNICEF main assistance for projects execution centres around the provision of drilling rigs, vehicles and training of village based maintenance workers and artisans. State on the other hand makes arrangements with UNICEF for the provision of the drilling rigs and other machineries. The state agency does the geophysical and hydrogeological survey of sites and cost the drilling and construction cost for boreholes to be drilled based on their

findings. The state also funds the agency's activities. Local Government contribution ranges between fifteen to twenty percent of construction cost. While communities contributes about ten percent in kind or cash. Communities also provides accommodation and feeding of agency's staff deployed for project execution.

In assessing project functional status it was discovered that some communities projects said to be functional from records obtained at the agency, were actually not productive and example of a communities faced with such problem is Daware in Fufore L.G.A. Daware community contributed her ten percent(10%) construction cost for a borehole with hand pumps in 1995. Some members and leaders of the community also assisted the agency staff physically by mixing cement for platform construction. Since 1995 to 1999 the borehole provided in Daware has not provided the community with a drop of water. In fact the whole project was abortive. However, hand pump was installed. The state agency staff however, dump the remaining materials issued them (pipes, cement, tools etc) in Daware and returned to base. Giving a report that the project was successful.

This situation indicates that there is no remarkable difference after intervention by UNICEF in the quality of water and sanitation in this community. The community still depend on a well provided under the former Gongola State in the 1980s.

4.6 **TABLE FIVE**

YOLA SOUTH L.G.A IMPROVED WATER ASSISTED PROJECTS BY UNICEF.

S/N	Facilities	B/4 1989	Total No. of facility provided b/w 1989-1998	Total No. of functio-nal facilities as at 1999	Total No. of non-functional facilities as at 1999	% of functio-nal facilities as at 1999	% of non-functio-nal facilities as at 1999	Total Pop. of L.G.A	No. of persons per facility
1.	Boreholes with hand-Pumps	-	113	76	37	67	33	12,303	161
2.	Wells improved	-	21	17	4	81	19	12,303	724
3.	Spring developed	-	-	-	-	-	-	-	-

Sources:
1. Yola South L.G.A WES records.
2. Agency file on WES activities.

The assisted water projects by UNICEF in Yola South L.G.A, from the above table shows that one hundred and thirteen boreholes with hand pumps were provided between 1989 and 1998 (ten years) as at 1999 seventy-six of these boreholes provided were still functioning representing about sixty- seven percent(67%), while thirty-seven were not productive. This represents about thirty-three percent(33%). The total number of persons per facility provided in the L.G.A is about one hundred and sixty-one. However, non was provided before 1989 as community assisted project by UNICEF.

The total number of wells improved between 1989 and 1998 is twenty-one(21). With about seventeen still productive which represents eighty-one percent(81%). While a total of four, representing nineteen percent(19%) unproductive. Total number of persons in the L.G.A per functional facility is seven hundred and twenty-four(724).

4.7 **TABLE SIX**

SANITARY FACILITIES, TRAINED MAINTENANCE, ARTISAN, HYGIENE EDUCATION THROUGH UNICEF ASSISTED PROJECTS IN YOLA SOUTH L.G.A

S/N	Facilities	B/4 1989	Total no. of facility provided 1989-98	Total no. of functional facilities as at 1999	Total no. of non-functio-nal facilities as at 1999	% of functio-nal facilities as at 1999	% of non-functio-nal facilities as at 1999	Total pop. of L.G.A	No. of person per functional facility
1.	VIP latrine or sanplant	-	113	92	21	86	I4	12,303	134
2.	Trained Artisan	-	113	98	15	87	13	12,303	126
3.	Trained Village based maintenance works	-	113	99	14	88	12	12,303	124
4.	Hygiene Education	-	All com-munities	-	-	-	-	-	-

Source: 1. Yola South L.G.A records on WES activities.

3. Agency file on WES activities.

Information on table six shows the sanitation facilities training and hygiene education provision in Yola South L.G.A between 1989 and 1998 as UNICEF assisted projects. For sanitary facilities, one hundred and thirteen ventilated improved pit latrine/ sanplat were provided however, by 1999, ninety-two of these are functioning, that is about eighty-six percent(86%), while about twenty-one representing fourteen percent(14%) are not functioning. With about one hundred and thirty-four persons depend on functional facility in the L.G.A.

Artisans trained are also one hundred and thirteen. A figure which correspond with the total number of VIP latrine/sanplat provided. Ninety-eight of them are still active, that is about eighty-seven percent(87%). However, about fifteen represent thirteen percent(13%) are inactive. The L.G.A has about one hundred and twenty-six persons per trained artisan.

The maintenance workers trained are about one hundred and thirteen that is one maintenance worker per borehole with hand pump provided. The number of functional maintenance workers as at 1999, are ninety-nine i.e eighty-eight percent(88%) while the in active workers totalling fourteen about twelve percent. One hundred and twenty-four persons depend on a maintenance worker for their source. Hygiene education and mobilization was conducted in all the communities emphasizing the importance clean water and environment for healthy development of children as well as a healthy labour force

Interviews conducted reveals that some benefiting communities in this L.G.A were not actually involved (Kofarbayi, Pole,etc). They were provided these facilities without contributing the usual ten percent construction cost. To maintain the facilities provided some officers with Adamawa State Government house arranges for it. Though the borehole in Kofarbayi was provided in 1998, it has been repaired according to some resident individuals more than three times. As at the time of interview August, 1999 pipes installed were licking and takes about five to ten minutes before water comes out. It also takes about one and half hour for a container of about twenty litres to be filled. The members of Kofarbayi have been requested to contribute towards its maintenance as the officer is said to be reluctant in the frequent maintenance of this water source.

Although members were not involved in its construction cost, they affirmed that their families have benefited from this project as their water source is now potable and regular unlike when they depended on wells and other sources. The only problem is that of maintaining the facilities. In Pole, in the other hand a

borehole was drilled but the platform constructed does not allow members to collect water from it. The location of the project is also far from the habitants of the community. Though members of the community did not contribute towards this project they neither use nor maintain it. They prefer to collect water from wells provided by state government before this project. While their domestic animals depend on rivers around them.

Also a borehole said to be functional in Sangere proves to be uncompleted even though handpump was installed . After a year of waiting, members of the community complained to the agency about the state of the project. In response, the community leaders were intimated that the pipes were not enough and more pipes need to be provided by the community for borehole to be functional. As at the time of interview members of community had started a monthly contribution for the purchase of pipes. Thus, determination by the member of this community for potable water.

For regular benefits from boreholes with handpumps provided in the three L.G.As, the beneficiary communities have to devise means of maintaining the facilities. Yoldepate, Viniklang etc. communities of these L.G.A has devised such means. A monthly contribution of twenty to thirty naira is made by each household head against future repairs, in case the need arises. A situation these communities confirmed as frequent.

Interviews conducted among community leaders and maintenance workers revealed that the sum of six thousand naira is collected monthly. They spend three to four thousand(3,000-4,000) for minor repairs, while major repairs cost three times this amount.

4.8 **TABLE SEVEN**

DISTRIBUTION OF UNICEF WATER ASSISTED PROJECTS AMONG THE THREE(3) L.G.A

S/N	NAME OF L.G.A	Facilities	B/4 1989	Total No. of facilities provided 1989-98	Total No. of functional facilities as at 1999	Total number of non-functional facilities as at 1999	% of functional facilities	% of non-functional facilities	Total Pop. Of L.G.A	No. of Persons per facility in L.G.A
1.	Girei	1. Borehole with hand-pumps	-	97	83	14	86	14	96,546	1,163
		2. Wells improved	-	15	10	5	67	23	96,546	9,654
		3. Spring developed	-	-	-	-	-	-	-	-
2.	Fufore	1Borehole with hand-pumps	-	107	63	44	59	41	153,778	2,441
		2. Wells improved	-	42	32	10	76	24	153,778	2,806

		3. Spring developed	-	-	-	-	-	-	-	
3.	Yola South	1. Borehole with hand-pumps	-	113	76	37	67	33	12,303	161
		2. Wells improved	-	21	17	4	81	19	12,303	724
		3. Spring developed	-	-	-	-	-	-	-	-

Source: Record and files at the three L.G.As on water and environmental sanitation activities.

Adamawa State Diary 1996 – 1999.

From the table seven above, a total of 97, 107, 113 boreholes with handpumps were provided through UNICEF assisted projects on improved water quality. In Girei, Fufore and Yola south L.G.As respectively, under a period of Ten years (1989-98).

Eighty-three (83) sixty-three (63) and seventy-six (76) of these boreholes were functional as at 1999 in Girei, Fufore and Yola south L.G.A. Representing eighty-six (86%) fifty-nine (59%) and sixty-seven percent (67%) respectively, while fourteen (14), forty- four (44) and thirty-seven (37) are not functional which represents fourteen (14%), forty-one (41%) and thirty-three (33%) in Girei, Fufore and Yola south Local Government Areas respectively.

The total population of Girei Local Government Area is ninety-six thousand five hundred and forty-six (96,546) that is about one thousand, one hundred and sixty- three persons in the Local Government area depend on one facility provided. Fufore has a population of one hundred and fifty-three thousand seven hundred and seventy-eight (153,778) which gives the total figure of persons per facility of two thousand four hundred and forty-one.

Yola south however has total population of twelve thousand, three hundred and three (12,303). While the number of persons per borehole in the L.G.A is one hundred and sixty-one. Yola south in terms of population has the lowest figure, Twelve thousand three hundred and three (12,303). With one hundred and thirteen number of boreholes provided between 1998 and 1998. This put figure of persons per functional borehole at one hundred and sixty-one.

Girei on the other hand has a total of ninety-six thousand five hundred and forty-six (96,546) with one thousand one hundred and sixty-one persons per functional borehole, seventy in that is eighty-three in number (83). While Fufore has the highest population of one hundred and fifty-three thousand seven hundred and seventy-eight (153,778). Total number of functional boreholes provided is sixty-three making number persons per functional borehole to be two thousand four hundred and forty one.

The disparity in population is based on the fact that Fufore is an old Local Government Area. The history of the Local Government dates back to the Gongola State period. While Girei and Yola South Local Government were Created in 1996 during the Local Government creation exercise of Late President Sani Abacha's regime. Before these period, Girei was a district under Song Local Government Area .

Yola South on the other hand was created out of the former Yola local government area.

Also Fufore local government area is one of the first local government area to benefit from UNICEF assisted projects. This explain the high number of boreholes provided and the reduction in the functional status of such facilities. Some boreholes in the local government area have been servicing the communities for seven to nine years, thereby resulting into rust and breakage of pipes and handpumps and needs complete replacement. A repair communities explain as major and needs a lot of financial commitment to effect it.

Communities of this L.G.A are however constraint to effect such repairs because it takes time to collect the amount of money needed. They have since sought local government and state intervention without positive results. Local governments are constrained because machineries and materials needed to effect repairs can only be made available though state agency's arrangement with UNICEF.

For wells improved, Fufore has the highest forty-two(42) followed by Yola South with twenty-one(21) while Girei has only fifteen(15) and about thirty-two, seventeen(17), and ten(10) are functional in Fufore, Yola South and Girei L.G.A respectively. Putting the percentage of functional wells in the L.G.A at seventy-six(76%) eighty-one(81%) and sixty-seven(67%). As regards the total number of persons per functional well in Fufore, Yola South and Girei L.G.As the figures are four thousand, eighty hundred and six(806), seven hundred and twenty-four(724) and nine thousand, six hundred and fifty-four(9,654) respectively, between 1989 and 1998. However, provision of wells before this period was a direct intervention and not community assisted project. Which UNICEF and state Government provided.

Generally borehole provision in Yola-South L.G.A was done based on the interest of influential individuals in then Yola district of which the Lamido of Amada and other government made possible unlike in the other districts such as Jimeta (now Yola North) and Namtari Manga where less was provided until after the Local Government creation exercise of 1996. Similar situation obtains in the other Girei Local Government Areas. For instance concentration of UNICEF assisted project was centred around Song district of Girei only got more of these projects when it became a local government.

4.9 **TABLE EIGHT**

Distribution of Environmental Sanitation Facilities, Trained Village based Maintenance workers, Artisans and Hygiene education through UNICEF assisted projects by Local Government Areas.

S/N	NAME OF L.G.A	Facilities	B/4 1989	Total no. of facilities provided Btw 1989-98	Total No. of funct-ional facilities as at 1999	Total No. of non-funct-ional facilities as at 1999	% of functio-nal facilities 1999	% of non-functional facilities 1999	Total Pop. of L.G.A	No. of Persons per facility in L.G.A
1.	Girei	1. Ventilated Improved Pit latrine /Sanplant	-	97	70	27	72	28	96,546	9,379
		2. Trained Village Based Maint-enance	-	97	90	7	93	7	96,546	1,072
		3. Trained								

		Artisan for Latrine Construction 4. Hygiene Education	- -	97 All Communities	94 -	3 -	97 -	3 -	96,546 -	1,027 -
2.	Fufore	1. Ventilated Improved Pit latrine /Sanplant		107	90	17	84	16	153,778	1,709
		2. Trained Artisan		107	99	8	92	8	153,778	1,553
		3. Trained Village Based								

		Maintenance M/Workers		107	96	11	90	10	**153,778**	**1,602**
		4. Hygiene Education		All Communities	-	-	-	-	-	-
3.	Yola South	1. Ventilated Improved Pit latrine /Sanplant	-	113	**92**	**21**	**86**	14	12,303	134
		2. Trained Village Based Maintenance	-	113	**98**	**15**	87	13	12,303	126

		3. Trained Artisan for Latrine	-	113	99	14	88	12	12,303	124
		Construction	-							
		4. Hygiene Education		All Communities	-	-	-	-	-	-

Source: 1. Girei L.G.A water and Sanitation file of activities

2. Fufore L.G.A water and Sanitation records.

3. Yola South L.G.A WES report

4. UNICEF assisted State agency records on WES activities.

5. Ventilated Improved Pit latrine/samplat is the recommended means of waste disposal for underdeveloped countries by international agency(UNICEF). Instead of the water system or flush toilet system.

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Table eight above shows the distribution of UNICEF assisted environmental sanitation facilities, trained maintenance, artisan for latrine construction and hygiene education. These assisted projects were provided in Girei, Fufore and Yola South L.G.As within a period of ten years(1989 - 1998).

In Girei ninety-seven VIP latrine/sanplat was provided to correspond with total number of boreholes provided. Which signifies that for each borehole with handpump provided in any community within this L.G.A, equal number of sanitary facilities are also provided. Fofore has about one hundred and seven of these facilities. While Yola South has the highest number of such facilities provided under the period of ten years - one hundred and thirteen(113). Seventy-two percent(72%), Eighty-four percent(84%) and eighty-six percent(86%) are functional in Girei, Fufore and Yola South L.G.A respectively. While the number of population per facility are one thousand three hundred and seventy-nine(1,379) for Girei; one thousand seven hundred and nine(1,709) for Fufore and one hundred and thirty-four(134) for Yola South.

Yola South therefore has the least number of persons per facility as regards population size and the highest facilities provided. A situation attributed for the fact that Yola South is of interest to most influential officials of the state.

However, in a related study conducted by Rebecca(1998) on UNICEF Water and Sanitation facilities in Paikoro Local Government Area of Niger State, her findings reveals that emphasis was more on latrine construction in that L.G.A.

The number of maintenance workers trained also corresponds with total number of water sources provided in each of the local government area. Ninety-seven in Girei(97), one hundred and seven(107) in Fufore and Yola South one hundred and thirteen(113). Thus representing ninety-three percent(93%), ninety-two percent(92%) and eighty-seven percent(87%) functional facilities respectively. With Yola South having the least functional percentage of maintenance workers facilities.

The provision of clean water and appropriate human waste disposal have been reported to improve the health status of many communities in Nigeria (Adekunle, 1990). Generally interviews conducted in the three local government areas revealed that before UNICEF intervention, the sources of water for these communities were ponds, streams, rivers wells etc. Sources which the various communities explained were not safe as both human and animal depend on such sources. Hence pollution during usage. Either through animal waste or human activities. However, with the provision of boreholes with handpumps, potable source of water in communities became a thing of pride to members of the communities. The rivers, ponds, streams, etc are left for animals to take their fill. Also, frequent ill health related to water associated diseases has reduced to a considerable level. Time spent trekking long distances for water have also been saved for economic activities.

A trained village based maintenance worker receive a high social status among members of their community, as they are regarded as government officials because, they are the only link between community and state agency for rural water supply.

The trained artisans on the other hand earn some income from their trade. And demand for household VIP/sanplat latrine construction means employment for the artisan and as such income. For hygiene education members of community are made to realise the importance of improved personal hygiene. Thus protecting of potable water source and water handling is of importance to individuals in community.

Generally some communities find it difficult to maintain projects especially boreholes with handpumps due to frequency of repairs on projects. Some have since abandoned their boreholes as a result of frequent break down and the non availability of durable local materials. The imported durable materials cost more and to purchase such materials community need to contribute at least six to eight thousand naira (N6000-N8000) monthly for repairs. With the dwindling nature of our national economy and the high cost of leaving, members find it difficult to contribute such amount every month. Major breakdown of project (borehole) even cost more to rectify. Handpumps

breakage cost more than the spare parts e.g such as rubber cup, rods, etc. A broken handpump requires about nine to ten thousand naira (N9,000 - N10,000) to purchase. While the total cost of replacing the broken handpump could cost as much as thirteen to fourteen thousand naira (N13,000 - N14,000). Cost of feeding and accommodating agency staff not included. A trained village based maintenance worker along cannot effect such a replacement.

For the state provision of such facilities to communities reduces the bulk of responsibilities. After completion of a project state agency hands over the project to community. However, how this projects are maintained is not state concern. State can only intervene when approach to arrange for major spare parts in demand, of which UNICEF zonal office arranges for its importation. Thus for economic benefits international agency(UNICEF) arranges for the supply of such needed parts from producer country or international/local companies contracting the sale of such parts. Revenue is therefore generated for countries producing handpumps pipes, rods, cylinder, rubber cups etc.

A form of dependency on imported spare parts seen as durable is therefore created.

The impact of UNICEF assisted project is seen in the acceptance of responsibilities by communities for projects after execution. Artisans trained gain employment as the VIP/Sanplat latrines demanded by individuals in community is based on negotiation and payment for it.

Water sources are however reliable if community can afford to maintain projects. Inadequate maintenance renders water source especially boreholes unreliable. Thus self-reliance in maintaining project by communities and dependence on international agency for spare parts.

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CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

This chapter summarises the major findings of the research endeavour, draw some conclusions and makes some recommendations

This work have been an attempt to analyze the role of (UNICEF) in potable water supply and environmental sanitation improvement, in selected local government areas of Amada state, spanning over a period of ten years (1989-1998).

Data generated from primary and secondary sources helped to accomplish the above mentioned task. The major findings are as follows.

That, the joint conference declaration of 1978 by United Nations special agencies World Health Organisation(WHO) and United Nations Children's Fund (UNICEF) led to the formation of a national health policy in 1988,which addressed the components identified by these special agencies, as central to the development of healthy labour force, code named health for all by the year 2000.

In line with this policy formation primary health care was introduced nation wide thereby zoning the country into four primary health care zones through which international agencies including (UNICEF) could render some assistance.

The role of UNICEF in areas of potable water supply and environmental sanitation centres around.

1 The provision of the drilling rigs
2 Hand pumps installation, well improvement
3 Vehicles
4 Training of Artisans and maintenance workers
5 Mobilization for awareness of programme.

6 Hygiene education

7. Monitoring and evaluation of projects

8 Arranging for fast moving spare parts for future maintenance of projects by beneficiary communities.

The Adamawa State rural water supply and environmental sanitation agency in collaboration with local government co-ordinators of water and sanitation projects process the plan of action proposal for international agency's assisted projects at the community level.

The agency is sponsored by the state government (Adamawa State). Local government assistance to beneficiary communities is between fifteen and twenty percent construction cost. For international agency (UNICEF) to intervene in community potable water supply and sanitation projects, beneficiary communities must contribute at least ten percent construction cost of projects in cash or kind and the subsequent responsibility of maintaining projects thereafter.

The pre-condition for the provision of potable water supply and environmental sanitation facilities for individuals and in communities is through full participation of members.

That despite international agency's intervention, some communities in the three local government areas lack potable water source.

To maintain potable water sources some beneficiary communities in the three local government areas source for materials through self financial commitment.

Materials for maintaining boreholes with handpumps are made available for purchase through international agency arrangement and other contracting agents of such materials for the producer country.

Monitoring and evaluation of projects are not done effectively by project executors. Record showed some projects as productive or functional, whereas the status reflect a non functional projects.

UNICEF assisted projects in the three local government areas reveals that ninety-seven boreholes with handpumps were provided for communities in Girei local government areas over a period of ten years only eighty three that is about eight-six percent are still functional. Fifteen wells were improved with only ten still productive.

The number of ventilated improved pit latrine or sanplant constructed is about ninety-seven, while seventy that is about seventy-two percent are still functional. Artisans and maintenance workers trained were also ninety-seven each. Hygiene education was conducted through out the local government areas or all communities.

Fufore local government area has about one hundred and seven boreholes with hand pumps were provided. While only sixty-three are functional that is about fifty-nine percent. Wells improved reveals a total of forty-two with thirty-two still productive equal number of ventilated improved pit latrine was also provided making sanitation facility a necessary condition for potable water supply. Also one hundred and seven Artisans and maintenance workers were trained.

Similarly Yola south local government area was provided with a total of one hundred and thirteen boreholes with handpumps with Seventy six functional, accounting for about Sixty seven percent. While the same number of one hundred and thirteen ventilated improved pit latrine was provided.

Artisans and maintenance workers trained totalled one hundred and thirteen each, with all communities receiving hygiene education.

The population served by these facilities provided through international agency's assisted water and sanitation products varies from one local government to another.

This ranges from one thousand, one hundred and sixty three, nine thousand three hundred and seventy nine in Girei to two thousand four hundred and forty one, and one thousand seven hundred and nine for Fufore.

Similarly, Yola south has a population of about one hundred and sixty one for boreholes with handpumps, wells about seven hundred and twenty four. Likewise, it has one hundred and thirty-four persons per ventilated improved pit latrine being serviced

5.2 CONCLUSION

In conclusion, this research has covered the period the National Health Policy on primary health care was adopted 1989 to 1998.
Based on the data obtained , the following concluding remarks are offered

International agency's intervention in potable water supply and environmental sanitation facilities, through community assisted projects has improved the health and socio-economic productive life of some beneficiary communities in the three local government areas studied. It has also reduced the burden and stress imposed on children and women as a result of long distances covered for water collection. While ill health resulting from the ingestion of contaminated water due to poor sanitary facilities and lack of it has reduced tremendously, as revealed by some community representatives during the interview conducted. Especially in Yolde pate, Vinikilang etc.

The training of Artisans and village based maintenance workers through international agency's intervention in the three local government areas, has created a source of employment for the artisans and improved the social status of the village based maintenance workers. This is therefore viewed as economic as well as social development of the area.

However, despite the success recorded in improved health as well as economic and social development in some communities of the three local government areas studied, some communities even after international agency's intervention still lack access to potable water sources, specifically records reveals that some communities like Sangirei, Daware Sangere of Girei, Fufore and Yola South local government areas respectively, contributed their 10% construction cost, yet potable water assisted projects did not extend to them.

The success of water projects , especially boreholes with handpumps installed has created a form of dependency on external sources of materials for subsequent

maintenance for the materials needed for maintaining such projects are not source locally. Specifically what is referred to as fast moving spare parts (handpumps, pipes etc) increases dependence for the International agency, makes the arrangement with producer country or contracting agents for its availability and subsequent purchase by those in need.

Intervention by international agency in potable water supply has also placed a kind of burden on members of beneficiary communities. Potable water source means constant maintenance and this in turn involves financial commitment. Based on the nature of Nigeria's economy in the recent past and the pathetic position of rural communities ravaged by poverty, this has created an additional burden on members. While communities that could not cope with this additional burden have since reverted to their old water source before international agency's community assisted projects From the above therefore the propositions, proposed for the research are retained. The role of UNICEF in potable water supply and environmental sanitation as discussed has improved the health as well as the socio-economic and productive life of some beneficiary communities in terms of boreholes with handpumps improved wells as well as training of maintenance workers and Artisans for latrine construction.

The activities of the trained artisans after international agency, state and local government staff pull out of beneficiary communities is strictly business. When members of the community desired to have ventilated improved pit latrine constructed or the upgrading of the traditional pit latrine. Hence a source of employment as well as socio-economic development. The reduction in ill health related to the ingestion of contaminated water due to poor sanitary facilities and lack of it reflect improved health condition, while children and women are saved from long distance trek for water.

Consequently the role of international agency in potable water supply and environmental sanitation facilities has created a form of dependence on external source of materials in order to maintain potable water sources. Beneficiary communities that are unable to tax themselves financially to maintain potable water sources end up without the potable water sources.

It therefore means that for such communities there is no actual development. While for those who strive to maintain are made to depend on external source of materials. Hence the proposition are retained based on these findings.

While economically international communities enjoy economic benefit as this policy and programme of implementation has created source of economic transaction for the producers of material needed to execute projects and for subsequent maintenance.
Generally therefore the goals of health for all by the year 2000 is yet to be actualised. This is reflected on the numbers of persons per functional facilities.

Finally, this work has brought to light the extent to which members of communities through determination in improving their health as well as socio-economic life through communal efforts to maintain potable water source. It has also revealed the acceptance by rural communities, generally the policy on primary health care through communities' participation.

5.2 RECOMMENDATIONS

Over the years, policies and programmes for national development especially those concerned with rural development have been designed and implemented. However, some of these programmes end up short of fulfilling their stated objectives. The failure of such programmes is not with the design but rather projects execution and the machinery such as finance and human resources.

The National Health policy of 1988, which was adopted in 1989 through primary health care programmes especially in areas of improved water and sanitation facilities has a number of short comings. To over come these problems, we wish to make the following recommendations:

1. For future rural development programmes to succeed especially projects relating to water and sanitation facilities proper monitoring team needs to be put in place with its staffing drawn from members of beneficiary communities, local government co-ordinators of water and sanitation project as well as state and international agency officials. This will enhance the drawback in records regarding the status of facilities provided.
2. Material voted out for specific local government areas or communities should be given directly to the stakeholders by international agency especially cement. This process will reduce the diversion of such materials before reaching destination.
3. Federal government, state and international agency should therefore assist local government areas to purchase their drilling rigs. This will reduce the number of communities depending on rigs and it will enhance the utilization of the rigs for desired purposes.
4. Federal and state government should endeavour to provide the fast moving spare parts at the local government level for easier accessibility by communities in need.
5. Community mobilization should also involve the education of private sponsors of water and sanitation projects regarding their maintenance and responsibility.

This will reduce the provision of projects in communities without their involvement and consequent responsibility of maintaining such projects.

6. International agency, Federal, State and local government should assist communities by providing more of these facilities or projects in the various communities that have shown interest. If more boreholes are provided, as well as improved wells, this will reduce the stress placed on just one of such facilities provided. This will lead to durability of handpumps whose major problem is breakage due to stress placed on it based on the number of people using it.
7. In addition, UNICEF should not concentrate more on boreholes with hand pumps installation alone, but should explore other sources of potable water in rural communities such as water filtration gallery, more improved wells, water filtering facilities e.t.c.

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SOME INTERVIEW SCHEDULE QUESTIONS.

SECTION A:

1. State
2. L.G.A
3. Occupation

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SECTION B: (For Zonal Office Bauchi)

4. How long have you been working with UNICEF at Zonal Office?
5. How would you rate the water and sanitation situation in this zone?
6. How has Adamawa State fared in UNICEF assisted water and sanitation programme?
7. In what ways has the agency assisted Girei, Fufore and Yola South L.G.As?
8. What are the criteria used for embarking on assisted programme in these local government areas?
9. How are the financial expenses of these projects met?
10. Has the water and sanitation problem of these L.G.As improved after agency's intervention?
11. How would you rate this L.G.As in terms of water supply and sanitation facilities availability?
12. In what ways has Adamawa State contributed to provition of potable water and sanitation facilities in these L.G.As?
13. What contribution did these L.G.As made towards water availability in their various communities?

14. What form of contribution did the various benefiting communities in these L.G.As made?
15. Are the materials used to improve water quality and sanitary situation in these areas source locally of from external source(i.e Technology, Manpower etc)?
16. Are the resource earmarked for the programme being used efficiently?
17. Given the project objectives are the appropriate people being assisted?
18. Are satisfied with the State ad Local Government efforts towards improved water quality and sanitation facilities?
19. What do you suggest States and Local Government should do to improve on projects?
20. Has there been complain of non-functional status of completed projects after UNICEF departure?
21. How are these complains handled?

SECTION C: (For state Agency and Local Government Offices)

22. what role dose your agency play in water supply and sanitation programme in the State?
23. What are the programmes UNICEF is assisting your agency with?
24. How of the communities in Girei, Fufore and Yola South L.G.As has been assisted through the agency?.
25. What are the projects being implemented in communities ?.
26. Are the communities contributing efficiently towards these projects ?.
27. How has these projects improved the health and living standard of the people ?.
28. What are the problems faced by the agency in community assisted project ?.
29. Given the objective of the agency are the appropriate people being assisted?.

30. What is your opinion on the implementation of UNICEF assisted programmes in Local Government Areas?.
31. What suggestion can you give to improve or make project of UNICEF self reliant?

SECTION D: (For Communities)

32 Are you aware of UNICEF assisted projects?.
33 What are the projects UNICEF is assisting the community with?.
34 Which among the following UNICEF project are found in your area (Boreholes, improved wells, spring development, VIP latrine etc.)?
35 How many of these projects improved the health and living standard of the community?
36 What is the role of the people in these projects?
37 What form of contribution have you and the community made?
38 What are the problems faced after projects are completed and handed over?
39 How are these problems handled?
40 How are these projects maintained?
41 What suggestion can you give to improve on these projects?