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The **Journal of Geography, Environment and Planning (JOGEP)** is published twice in a year. The Journal presents to the specialised readers important new development in the areas of interest in Geography, Environmental Management and Planning.

The aim of the journal is to describe, assess and report research and new development efforts in the areas of disciplines.

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- The articles(s) should follow the formats: The Title page, Abstracts, Introduction, Materials and Methods, Results, Discussions, Conclusion, Acknowledgment, References and Appendix.
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## TABLE OF CONTENTS

<b>TOWARDS CREATING A SPATIAL FRAMEWORK FOR RURAL LIVELIHOOD DIVERSIFICATION IN GUMA LOCAL GOVERNMENT AREA OF BENUE STATE</b>	1-11
<i>D.S. ORTSEGA</i> <i>Department of Geography, Benue State University, Makurdi</i>	
<b>ENVIRONMENTAL HEALTH AND POVERTY IN MUSHIN LOCAL GOVERNMENT AREA, LAGOS</b>	12-21
<i>NWOKORO, I I C, FADARE, S O &amp; ILECHUKWU, V U.</i> <i>Department of Urban and Regional Planning, University of Lagos</i>	
<b>RELATIONSHIP BETWEEN SOCIAL CAPITAL AND QUALITY OF LIFE IN SUSTAINABLE DEVELOPMENT</b>	22-32
<i>ABD'RAZACK, NELSON T.A.</i> <i>Department of Urban and Regional Planning, School of Environmental technology, Federal University of Technology, Minna.</i>	
<b>VALUATION OF DAMAGE CAUSED BY ENVIRONMENTAL POLLUTION IN THE NIGER DELTA REGION OF NIGERIA: THE CASE OF GAS FLARE</b>	33-42
<i>N. B. UDOEKANEM,</i> <i>Department of Estate Management, Federal University of Technology, Minna, Niger State, Nigeria</i>	
<b>RESIDENTS' PERCEPTION OF DETERMINANTS OF HOUSING QUALITY OF ABAJI CITY, FEDERAL CAPITAL TERRITORY, NIGERIA</b>	43-53
<i>SULE, ABASS IYANDA.</i> <i>Department of Estate Management Federal University of Technology, Minna</i>	
<b>AN ANALYSIS OF THE ENVIRONMENTAL CORRELATES OF MALARIA RISK IN KABBA TOWN, NIGERIA.</b>	54-61
<i>IFATIMEHIN, O.O., ADEYEMI, J.O. AND AJAYI, M.E.,</i> <i>Department of Geography and Planning, Kogi State University, Anyigba, Nigeria</i>	
<b>RESIDENTS' PERCEPTION OF INFRASTRUCTURAL CONDITION IN NYIMAN RESIDENTIAL LAYOUT, MAKURDI, BENUE STATE.</b>	62-70
<i>ADZANDE, PATIENCE,</i> <i>Department of Geography, Faculty of Social Sciences, Benue State University, Makurdi, Nigeria.</i>	
<b>INSTITUTIONAL FRAMEWORK OF LAND BASED AGENCIES AND THE PRACTICE OF GOOD URBAN GOVERNANCE IN MINNA NIGER STATE</b>	71-78
<i>OHADUGHA, CHUKWUDI B.,</i> <i>Dept of Urban and Regional Planning, Federal University of Technology, Minna, Niger State</i>	
<b>THE EFFECTS OF TRANSPORT DEVELOPMENT ON THE ECONOMIC ACTIVITIES OF IKARE AKOKO, ONDO STATE.</b>	79-85
<i>FAGBOHUNKA. A</i> <i>Department of Geography and Planning Sciences, Adekunle Ajasin University, Akungba Akoko Ondo State.</i>	
<b>DAMPNESS IN RESIDENTIAL BUILDING IN NIGERIA: A CRITICAL ASSESSMENT OF SUB - URBAN AREAS.</b>	86-92
<i>ISA R. B., OGUNBODE E. B., AKANMU W. P.,</i> <i>Department of Building, Federal University of Technology, Minna.</i>	

**ASSESSING THE IMPACT OF LAFARGE CEMENT FACTORY  
ON NATURE AND CONDITION OF PROPERTY AND INFRASTRUCTURAL  
DEVELOPMENT IN EWEKORO, OGUN STATE, NIGERIA.** 93-100

*KEMIKI, OLUROTIMI ADEBOWALE,*

*Dept. of Estate Management, Federal University of Technology, Minna, Nigeria*

**ANALYSIS OF PERCEPTION OF SOCIAL FACILITIES PROVISION IN  
JOS CENTRAL AREA OF PLATEAU STATE, NIGERIA** 101-116

*ABD'RAZACK, NELSON T.A AND UMARU, EMMANUEL T*

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**A THEORETICAL OVERVIEW OF SICK BUILDING SYNDROME IN  
THE BUILT ENVIRONMENT.** 117-123

*AKANMU, W.P., OGUNBODE, E.B., ISA R.B. AND AGBO E.A.,*

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**ASSESSMENT OF THE RELATIONSHIP BETWEEN HOUSING DENSITY  
AND PROPERTY VALUE IN MINNA, NIGERIA** 124-130

*ADAMA, U.J.,*

*Department of Estate Management, Federal University of Technology, Minna, Niger State*

**NATURE OF ENVIRONMENTAL POLLUTION AND THE IMPACT ON  
THE RESIDENTS OF EWEKORO, OGUN STATE, NIGERIA** 131-139

*KEMIKI, OLUROTIMI ADEBOWALE AND . J.M.BABA,*

*Federal University of Technology, Minna, Nigeria.*

**EXPANDING OPPURTUNITIES FOR FISH FARMERS IN BORGU LOCAL  
GOVERNMENT AREA OF NIGER STATE** 140-147

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# ANALYSIS OF PERCEPTION OF SOCIAL FACILITIES PROVISION IN JOS CENTRAL AREA OF PLATEAU STATE, NIGERIA

ABD'RAZACK, Nelson T.A and UMARU, Emmanuel T

## Abstract

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*Cities in developing countries the world over exhibit a high level of urbanization; and provision of adequate infrastructure is a hindrance to quality of life especially among the urban poor. Nigeria is not left out of this trend of development. This research tend to elaborate on the provision of public facilities in the central area of Jos, it identifies two neighborhood centres for the purpose. In a bid to ensure spatial distribution of public facilities on a sustainable basis, the study investigate the principles and planning considerations guiding the provision of public facilities, measure for implementing sustainable development plans. There was the use of structured questionnaire to obtain necessary information and this was done by preparing 202 questionnaire for the respondents and obtaining relevant gazette of government and questionnaire for the responsible agency in the provision of these facilities in the study area. The analysis shows that there are disparities in the distribution of facilities in these two neighbourhoods and Community Based Organization (CBOs) has been providing necessary assistance to government in the process of provision of facilities in the study area. It is therefore important for government to integrate the community in the provision of these facilities.*

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**Keywords:** *Cities, Social Facilities, Urbanization, Community Based Organizations, Urban Poor*

## Introduction

Population growth, urbanization, urban extension and migration are often used interchangeably to explain the process of growth of cities. Urban process is closely related to urbanization. UNDP (2005) describes level of urbanization as the share of a country's total population that lives in urban areas. A process which he believes increases steadily throughout the 20<sup>th</sup> century. Robinson (2002) defines urbanization as the process by which increasing proportion of the people are drawn into cities. Urbanization is also defined by the United Nations as the movement of people from rural to urban areas with population growth equating to urban migration.

In other to really understand what urbanization means, it is necessary to examine some basic terms and their relationship with it. Such terms include town, city and urban centre. The word City may be defined in different ways as it makes different meaning to different people. A city is a political unit, a large and important town that has attained certain political power such as a nation or state capital, whereas a town is an urban settlement with a large population size (Lele, 1975). Towns and cities are synonymous as they are used interchangeably, and it is only political power that differentiates them from each other. Urban center is a place occupied by a city, while urban areas are group of coalescent cities or place occupied by them. Urbanization can therefore be seen as the physical growth of urban areas as a result of global change (Idacheba, 1985).

Urban centers worldwide are experiencing a rapid growth of population that stems from natural increase (more birth than death) rather than migration. According to the UN Human settlement program in the state of the world's cities (2008/2009), half of humanity now lives in cities and within two decades, nearly 60% of the world's people will be urban dwellers. Urban growth is most rapid in developing world, where cities gain an average of

urban humanity (UN-Habitat, 2008). As cities grow in size and population, harmony among spatial, social and environmental aspects of a city and between their inhabitants becomes of paramount importance. This harmony hinges on equity and sustainability. The bulk of urban population growth is likely to be in smaller cities and towns whose capabilities for planning and implementation can be exceedingly weak (Mabogunje, 1980).

Urbanization as experienced in most Nigerian cities over the years has been in complete state of disorder and confusion regarding the distribution of public facilities. It can therefore be said that the cities are in conflict with one another such that they no longer cope with the rapid population growth (Mba, 1992). The design of cities should be so comprehensive and thoroughly planned in order to provide maximum efficiency, convenience and safety for its inhabitants. The significance of a well-planned city is derived in the need to equitably distribute population and provide self-sustainable units with all necessary facilities that are suitable for dwelling and to cater for the socio-economic opportunities of its inhabitants (Morenikeji, 1995). The urban government is finding it difficult to provide necessary facilities due to the high rate of urbanization in Africa especially Nigerian cities.

The main concern of this project work is in the need to provide public facilities that relate to the quality and adequacy of the following public facilities; health centers, water supply and schools (Olayiwola, 1997). These facilities are for the purpose of this project work highlighted as key urban or city facilities because they are identified as playing a key role in enhancing the socio-economic and living standard of a given population. For the purpose of review, assessment and examination, Jos central area has been selected for this research work.

In a bid to equitably distribute population and spatial development of public facilities on a sustainable basis, the study area should not only be develop with the basic facility that are not adequately provided for or maintained, but should be strengthen as a mini-city that interrelate with all its neighborhoods. Facilities will be provided to each neighborhood base on the function of time, distance and economic cost.

Finally, the project seeks to investigate the trend in the study area, examined the level of provision with respect to the highlighted key facilities and also recommends well planned measure for implementing sustainable development plant for the study area and to allow for continuity and full participation of government and non-governmental organization in city development. Along this line of observation, the study seeks to examine the level of provision of public facilities within the central area of Jos.

The provision and distribution of public services in a changing economic and social environment of the urban area in a developing country such as Nigeria involves series of problems which are a common study area for planners who are charge with the task of planning and managing those services. The stability and sustainability of any human settlements (urban and rural) for economic development is strongly linked to the level of serviceability (Onorkhoraye, 1977; 1984). Serviceability in this context connotes the quality of been able to provide good services and the extent to which these services are adequately available in an urban area or settlements. The issue of settlement serviceability is infrastructure-base, access to quality learning institutions, portable drinking water, health amenity; good road network etc. helps in overcoming poverty and maintaining minimum level of environmental standard in human settlements (Ihuoma and Mbakwe, 2007). For example, water services function as a basic amenity. It is the world's most important resources and necessity of life which stands out of all infrastructures (physical and social) as critical to the attainment of the MDG's (UN, 2000).

The United Nations' estimates that 1.1 billion people lack access to safe drinking water. The implication of these is the hundreds of millions of cases of water related illness and more than 5 million deaths every year (Cunningham, and Cunningham, 2005). Also, there are about 4 Million recorded cases of diarrhea every year responsible for the death of some 2.2 million people, majority of which are children under age of 5 years (UNDESA, 2009). In

Africa, about 38% (MEA, 2003) of the populations or over 300million people have no access to safe water supply. In 2004, safe water coverage in Nigeria is about 48% (FGN, 2004).

Furthermore, in an overview of the health sector, today's government-operated public hospitals are confronted by unique challenges that threaten its very existence (Daly et al, 2004). The characteristics and the structure of the public hospitals, by their nature lack the capacity to compete in a market driven-economy. This deficiency is further found to originate in the institutions inherent government structure.

**Methodology**

There are two basic sources of data collection which include primary and secondary sources of data and they are both utilized for these research work. The primary data would be collected through questionnaire from households at the study area. It is observed that a simple random sampling technique is a sampling procedure in which each element of the population has an equal chance of been included in a designed sample.

A structured questionnaire is design to obtain relevant data needed for this study. Questionnaire method is considered useful because of its flexibility. A Questionnaire is a research instrument consisting of a series of questions or statements often used to elicit information from respondent drawn from a target population. Three set questionnaire of questionnaire was prepared for residents, government agencies and CBOs.

These are related and relevant works of other authors that were consulted. The secondary data were sourced from relevant books, research reports, journals and internet publications as well as online database of government agencies. Data collected were analyzed using descriptive statistical method through simple computation with the use of Statistical Packages for Social Sciences (SPSS). And the analysis is presented using frequency tables, percentages and pictures.

**Result Presentation and Findings:**

This chapter discusses the analysis carried out in the research. It validates the aim and objectives stated or otherwise. It discusses the findings in details and the planning implication of the findings. The analysis is presented using descriptive and pictorial representation.

**Existing Facilities in Jos Central Area**

This analysis shows the existing facilities that are available in Jos central area, its proximity to households and availability. The table 1 below indicated the various facilities found in Jos central area which are tabulated thus. The analysis of the facilities in the study area shows variation in the two communities.

**Table 1: Facilities in Jos Central Area**

Facility	Number available
Maternity home	3
Clinic	2
Hospital	2
Nursery school	4
Secondary School	2
Public Tap	Not available

Source: Author's Field Survey 2011.

The analysis shows that there are existence of home facilities in the Jos central Area which are maternity home, Clinic, hospital, nursery and primary school and secondary school. The analysis also indicated that of the two main area in the Jos central they have different peculiar problem they are facing. There is availability of public subsidized potable water in Jenta Adamu area while the Nasarawa area lacks such facility.

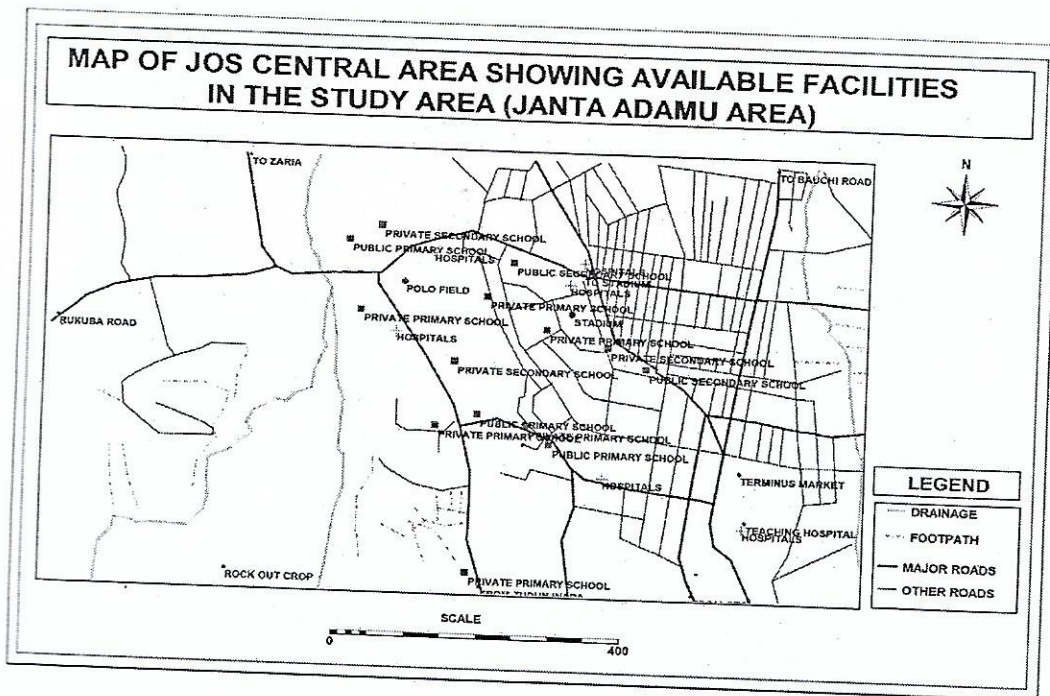


**Plateau State Policy on Health:**

The Plateau State Policy on Primary Health Care is in line with the World Health Organization standard of between 150 and 200 metres from household premises to enjoy the services. The Plateau State Policy is thus:

The Plateau state health policy is to achieve health for its entire people based on national philosophy of social justice and equity. A health system based on primary health care is adopted as a means of achieving the goal. The WHO declaration is the key to the development of the state health policy. Primary health care is essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community and through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination.

The analysis shows that the policy guideline of the state was not followed in the provision of the Health Facilities in the two areas therefore; there is need on the part of the government to meet the need and aspiration of the people of the stat in general. The available health centres have turn to consulting rooms rather than providing curative medicine and there is dearth of drugs in the available Health centres. The location and catchment area of each facility are shown in Figure 1.



Source: National Centre for Remote Sensing Jos 2010

Source: National Centre for Remote Sensing Jos 2010

**Perceptions of Inhabitants to Facilities in the Study Area**

The perception of people of Jos Central area is considered and the responses are shown below. It is generally agreed that the perception of people to the availability and functionality of infrastructure provision is a function of population and satisfaction derived from it.

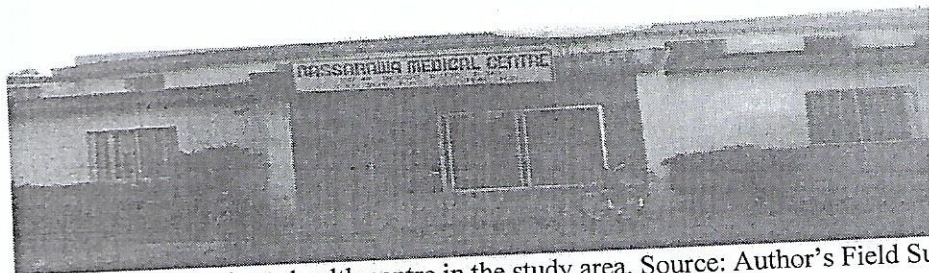
**Health Facilities**

The availability of health facilities in a given area determines the health and well-being of the people which is also a function of their livelihood. The analysis in table 2 indicated that there is availability of maternity and dispensary in the study area.

**Table 2: Availability of Maternity Homes**

Maternity	Frequency	Percentage
Yes	202	100.0
No	0	0.0
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2010



**Plate I:** Typical private health centre in the study area. Source: Author's Field Survey 2010

The analysis shows that 100% of the respondents indicated that there is availability of maternity home in the study area. The number of maternity home available shows that there is variation of the types available either public or private. This is shown in the table 3.

**Table 3: Number of Maternity Home in Jos Central Area**

Number	Frequency	Percentage
1-2	76	37.6
3-4	76	37.6
5-6	5	2.5
No Response	45	22.3
<b>Total</b>	<b>202</b>	<b>100</b>

Source: Author's Field Survey 2011

The analysis shows that people that believe there is one or two clinics in the study area is about 37.6% and also equal number of people believe it is between three and four maternity home. The study revealed that there are two public maternity and two private maternity homes totaling four.

About 23.3% did not answer the question because of their ignorance of the availability of maternity home. The implication of this is that there is place for prompt attention to the pregnant women in the study area but the adequacy cannot be ascertained using availability of

the homes. The analysis of the distances of maternity homes to the household indicated that, there is disparity in the distances to the standard of its distances. This is shown in table 4

**Table 4: Distance of Maternity Homes to Households.**

Distance	Frequency	Percentage
1-500metres	64	31.7
501metres-1kilometre	105	52.0
1-1.5kilometre	33	16.3
<b>Total</b>	<b>202</b>	<b>100</b>

Source: Author's Field Survey 2011

The analysis shows that 31.7% of respondent believe that the distance of maternity home is about 500metres to their premises; 53.0% believes that maternity homes is about 1kilometre to their houses while 16.3% indicated that the maternity home is about 1.5kilometre to their premises. This has implication on the health of the nursing mother and pregnant women who uses the maternity home.

#### Hospitals and Clinic:

The analysis of the availability of hospital and clinic shows that there is variation in the number available. This is show in table 5.

**Table 5: Availability of Hospital and Clinic in Jos Central Area**

Number	Frequency	Percentage
1-2	153	75.7
3-4	44	21.8
5-6	5	2.5
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011

The analysis indicated that 75.7% of respondents know that there are about 2 hospitals in the study area; 21.8% believe that there are about 3 or 4 hospital. This implies that there is adequate provision of hospitals in the study area base on the population. A standard of about four hospitals for population of 20,000 peoples, this is in line with the population of the study area. Though the ability of the hospital to cater for health need of the people are not consider, the availability shows that it need only to know whether they can do that or not. The analysis of the distance of each household to the hospital indicated that there is variation to the hospitals as shown in table 6.

**Table 6: Distance of Hospitals to Households.**

Distance	Frequency	Percentage
1-500m	17	8.4
501m-1Km	185	91.6
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011

The analysis show that 91.6% of the respondent indicated that the hospitals is about 1 kilometer away from their abode. This implies that the distance is far above the radius of influence for the hospitals, while 8.4% are within the radius influence for the hospitals.

**Educational Facilities:**

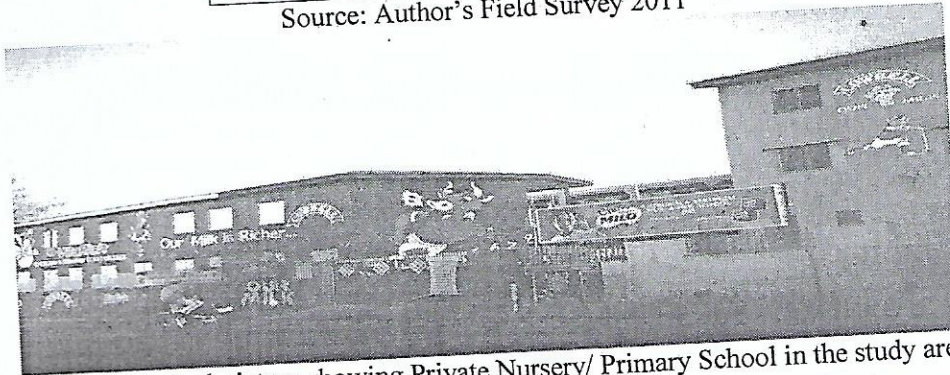
The analysis of the educational facilities available in the study area is primary schools and secondary schools. The available schools are considered in terms of it distance to the households (users) and its adequacy.

**Nursery and Primary Schools:** The analysis shows that there is availability of nursery and primary schools in the study area and the availability to the users shows thus in table 7.

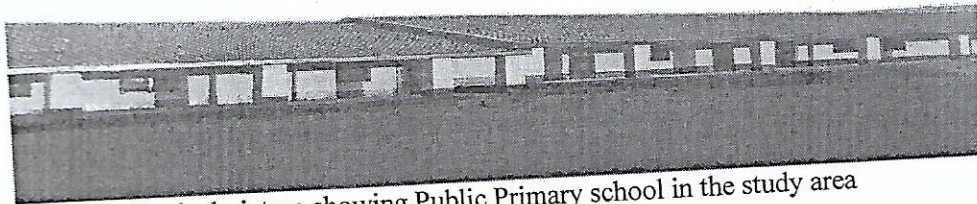
**Table 7: Number of Nursery and Primary Schools in the Area.**

Numbers	Frequency	Percentage
1-3	19	9.4
4-6	183	90.6
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011



**Plate II:** Typical picture showing Private Nursery/ Primary School in the study area.  
Source: author's Field Survey 2011



**Plate III:** Typical picture showing Public Primary school in the study area  
Source: Author's Field Survey 2011

The analysis indicated that 9.4% of the respondent believes that there between 1 and 3 nursery and primary schools. While 90.6% indicated that there are about 4 and 6 nursery and primary schools in the area. The physical observation indicated those 4 primary schools, two private and two publics' school in the area. Judging by the standard, the total availability is adequate but the quality of the pupil been trained in this schools is beyond the scope of this research. Furthermore, considering the distance of these schools to pupils, it's indicated that there are disparity between standards and location of these schools. The standard stipulate 400metre radius for nursery and primary school and the distance of those schools to the users are thus tabulated in table 8.

**Table 8: Distance of Nursery and Primary Schools**

Distance	Frequency	Percentage
1-500m	154	76.2
501m-1km	48	23.8
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011

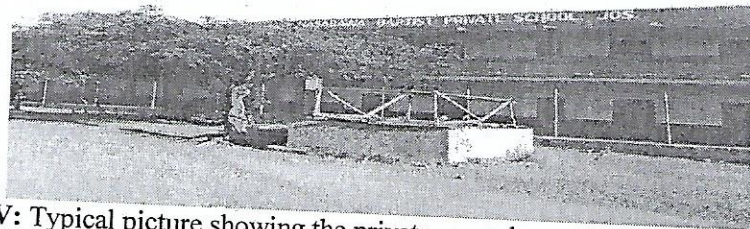
The analysis shows that 76.2% of the respondent have their children attending nursery and primary schools not more than 500meters away from their houses which is in line with the standard, but 23.8% of the respondent have their children attending nursery and primary school travel up to 1kilometer or more to enjoy primary education may be due to extra important attached to some schools as about quality of their products. This implies that there is adequacy in the primary education in the study area with normal distance to the schools.

**Secondary Schools:** The analysis of secondary schools availability and adequacy in study area is shown in table 9.

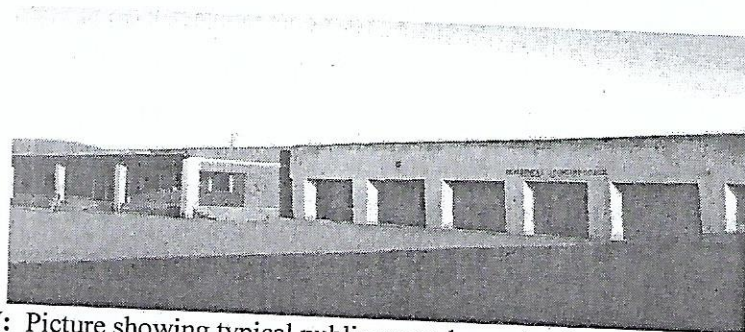
**Table 9: Number of Secondary Schools.**

Number	Frequency	Percentage
1-4	200	99.0
5-8	2	1.0
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011



**Plate IV:** Typical picture showing the private secondary school available in the study area.  
Source: Author's Field Survey, 2011



**Plate V:** Picture showing typical public secondary school available in the study area.  
Source: author's Field Surve, 2011

The analysis of the number of secondary schools in the study area shows that 99.0% of respondent believe is about 4 secondary schools in the area which physical observation also revealed. There are two private secondary schools and two public secondary schools. This is enough bases on the population of the study area. The research is centered on its availability and not on the quality of education in the schools.

Considering the distance of these schools to the households indicated that it falls within the range of standard of 800metres radius to enjoy secondary education. Table 10 below indicated the distance of households to secondary schools.

**Table 10: Distance of Secondary Schools.**

Distances	Frequency	Percentage
1-500m	19	9.4
501m-1km	126	62.4
1-1.5km	57	28.2
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2010

The analysis shows that 9.4% of respondents have their children going to school about 500metre away from their premises, 62.4% have their children going to school within 11cm radius; all these fall within the recommended standard for secondary education while 28.2% have their wards going as far as 1.5km due to matter of choice.

**Ancillary Facilities:**

The availability of ancillary in the study area was analyzed and the result indicated that there are disparities in the availability of these facilities. These facilities include water supply and road.

**Water Supply:** The analysis of water supply situation in the study area indicated that the two major areas that constitute the study have different idea about the water supply situation. The areas that constitute the study area are Jenta and Nassarawa ward. The analysis of connection of publicly subsidize potable water is tabulated thus in table 11.

**Table 11 Connection to Public Tap**

Availability	Frequency	Percentage
Yes	70	34.7
No	122	60.4
No response	10	4.9
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011



Plate VI: Typical tap water available in the study area.  
Source: Author's Field Survey, 2011

The analysis shows that 34.7% of respondents have access to portable water in the study area; basically the area that enjoyed water supply is the Nassarawa ward as people of Jenta are not connected to the public tap which therefore presents them from enjoying the service. Further analysis about the availability of the water if connected shows that water is a rare commodity in the study area as indicated in table 12.

**Table 12: Availability of the Water**

Availability	Frequency	Percentage
Once in two days	22	10.9
Once in a week	35	17.3
Not stable	13	6.4
No response	132	65.3
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011

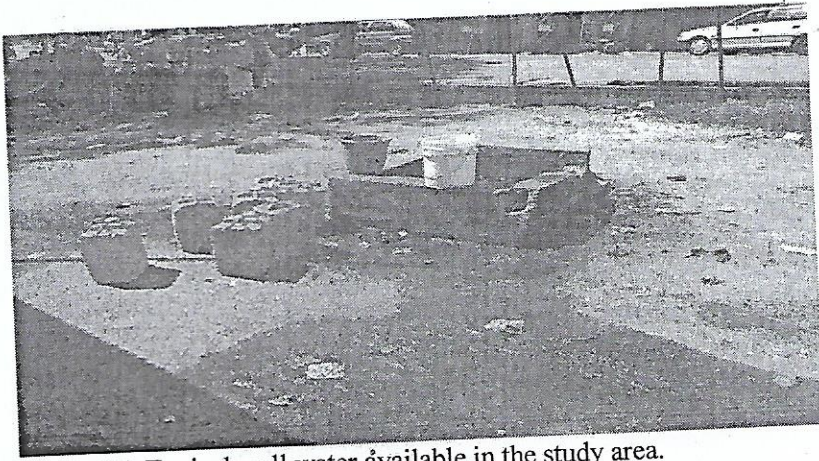
The analysis indicated that 10.9% of respondents have access to portable water once in two days; 17.3% of respondents have access at once a week; while 6.4% have access but could not ascertain its flow. It flows at any rate at any day. This left about 63.3% of the respondents not having access to portable water, but everybody have access to water in one way or the other, therefore the analysis of the access is disliked thus.

**Alternative Source of Water:** The analysis of the alternative source of water supply as earlier indicated that everybody has one form of access or the other. Alternative sources are the way out. The analysis of the alternative source is tabulated in table 13.

**Table 13: Alternative Source of Water Supply**

Alternative	Frequency	Percentage
Borehole	49	24.3
Well	50	24.8
Water vendor	80	39.6
others	23	11.3
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Fields Survey 2010

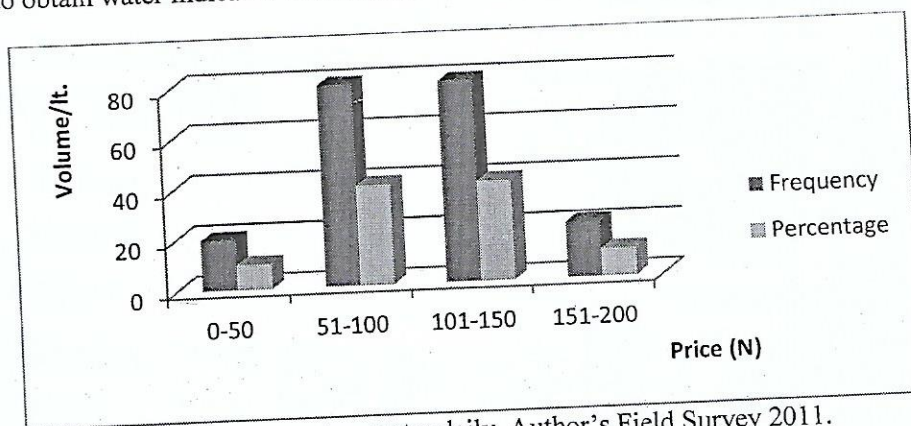


**Plate VII:** Typical well water available in the study area.  
**Source:** Author's Fields Survey, 2011

The analysis shows that even those that have access to potable water also use alternative sources to augment their water need. The analysis shows that 24.3% of region dense depend on borehole water for their daily needs; 39.65 depend on water vendors' for their daily need. This water vendor sources cannot be ascertained as they obtain water from many sources. 24.8% of respondents depend on shallow well for their daily supply of water which is doubtful for its portability; while 11.3% depend on other sources such as water from their offices, from streams and pool of water around them.

The implication of this non-availability of water is that people sources water from many means that are doubtful and can affect the well-being. It also erodes their pocket for they spend more than 0.15 per day on water as specified by UN for consumption of water on daily basis. The other effect is the problem of water created by consumption of pure water.

**Amount Spend on Water Daily:** The analysis of the cost (amount of money) spent on daily basis to obtain water indicated thus in figure 1.



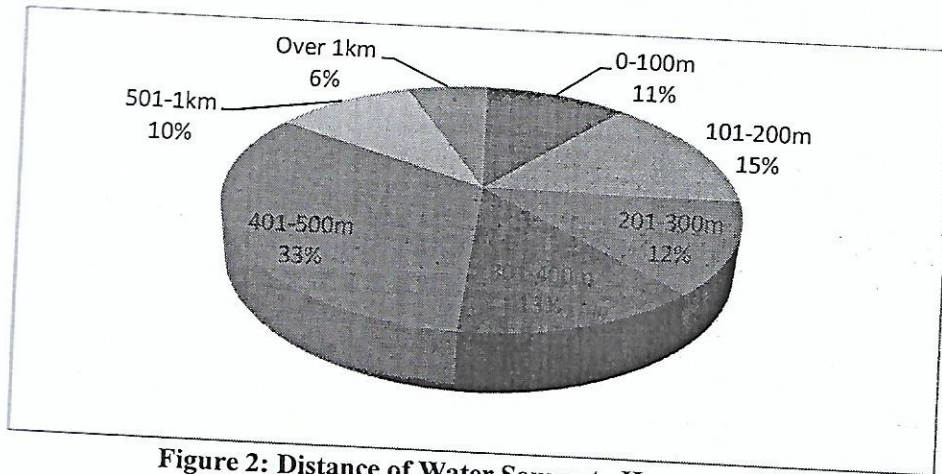
**Figure 1:** Amount spent on water daily. Author's Field Survey 2011.

The analysis indicated that 39.6% of respondents spend between N51 and N200 on daily basis on water purchase. They spend these amounts on doubtful water and risk infections (water borne disease). The translation of this implies that they spend between N1530 and N6, 000 on monthly basis on water. There are families that have low income; the amount spend depend on season and family size.



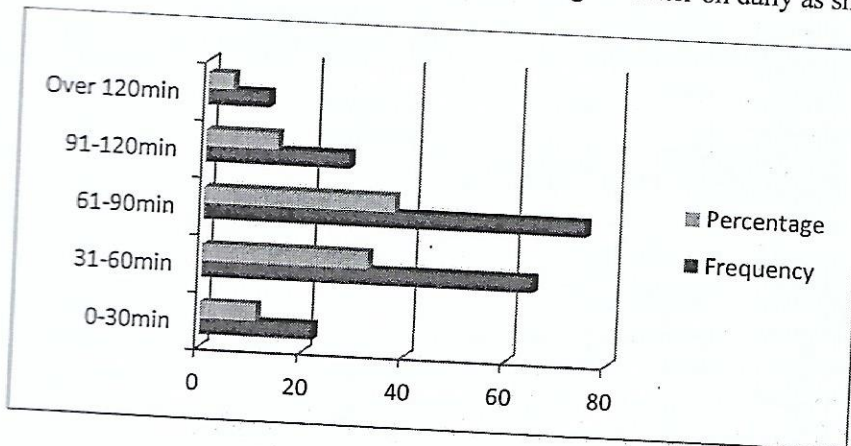
The implication of this is that families spend more money on obtaining water that expected and thus may lead to aggravation of poverty and sickness. It then calls for the concerned authority to intensify effort to make water available to people.

**Distance of Water Sources to Household:** Another problem of unavailability of portable water to people is the issue of spending a lot of time and energy looking for water. The analysis of time it takes families to obtain water for their daily need is analyzed and the result tabulated in figure 2.



**Figure 2: Distance of Water Source to Household**  
Source: Author's Field Survey 2011.

The analysis of the distance covered to obtain water shows that it is beyond the international standard of 200m to the dwellings. Bulk of the respondents move more than 200 metres to obtain water for their daily need. This place burden on women and children who are saddled with responsibility of obtaining water for their daily need. The implication of this is that a lot of time is wasted in search of water which can reduce productivity and personal hygiene. Analysis of total time spent in searching for water on daily as shown in figure 3



**Table 4.16: Time Spent Searching for Water**  
Source: Author's Field Survey 2010.

The analysis of time spent indicated that several minutes running into hours are spent in search and obtaining water. This reduce the level of productivity as much of the early hours are spent looking for water thereby reducing time for other household chores. The problem is

aggravated for school going children who need to search for water first before embarking on movement to school. The concentration in the classroom is then reduced.

The implication of this problem is that there are burden placed on the households in terms of time wastage, excess money spent and long distance covered. It also has effect on health of the people. These entire bounden can only aggravate poverty and make people poorer. This has effect on people of the study are. The analysis of the effect of not having potable water for consumption is the health status of the people. The analysis of the types of water borne diseases encountered in the last six months by people in tabulated in table 14.

**Table 14: Water Borne Diseases Encountered**

Sick	Frequency	Percentage
Yes	74	36.6
No	108	53.5
No respondent	20	9.9
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2010.

The analysis shows that 36.6% of respondents have contacted different types of diseases due to consumption of water borne diseases. The further analysis of the type of diseases contacted includes diarrhea and cholera. The analysis shows that 17.8% of respondents have diarrhea in the last six month due to consumption of unwholesome water; 18.8% have cholera while 63.4% did not respondent to the question. The implication of this is that people are risking health hazard in consumption of doubtful water and are spending hugely in obtaining such water.

#### **Community Participation in the Development of the City:**

The analysis of the community participation in the development of their area indicated that there is formation of Community Based Organization which complements government effort in the provision of infrastructure to the people in the study area. The analysis is presented thus.

**Availability of CBOs:** The analysis of the availability of CBOs in the study area to indicated thus in table 15.

**Table 15: Availability of CBOs in the study Area.**

Availability	Frequency	Percentage
Yes	111	55.0
No	35	18.8
No respondent	53	26.6
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2011.

The analysis shows that 55.5% respondents know the existences of CBOs in their neighborhood are member of such CBOs. The CBOs ranges from social, political and cultural groups. They contributed to the development of the communities in one way or the other. Furthermore, question about what types of contribution have the CBOs made in the community are asked and the analysis tabulated in table 15.

**Table 15: Type of Contribution by CBOs**

Types	Frequency	Percentage
Cash	24	11.9
Kind	6	3.0
Infrastructure	81	40.1
No respond	91	45.0
<b>Total</b>	<b>202</b>	<b>100.0</b>

Source: Author's Field Survey 2010.

The analysis shows that the CBOs contributed immensely to the infrastructure provision in their neighbourhood. About 40.1% of respondent indicated that CBOs have contributed to infrastructure development, 11.9 % and 3.0% believes that the CBOs have contributed in cash and kind to the development of the neighbourhood respectively.

Furthermore, the type of infrastructure provided by the CBOs indicated that they range from facilities to the amenities and donations to the motherless houses, prisons etc. this is shown in table 16.

**Table 16: Types Of Infrastructures Provided.**

Types	Remark
Culvert	To arrest erosion in Nassarawa area
Wells	To provide water to people in Jenta and Nassarawa
Furniture	To primary school in Nassarawa
Cash	To motherless home and prison yards
Cash	To market women affected by crises
Renovation	Primary school in Nassarawa
Cash	Football competition for youths in Jenta
Kind	Clearing of bush part along the road

Sources: Author's Field Survey, 2010.

There are many other activities of these CBOs which are too numerous to mentioned. The major thing here is that they have contributed in no small ways to the development of their neighbourhood.

### Planning Implications.

The analysis presented above shows the effect of inadequate provision and non-availability of infrastructure in neighbourhood development. It has been revealed that Jos central area have some basic facilities but are inadequate and have not been helpful towards the meaningful development of the area.

The implication of these on physical development is that there is going to be haphazard development and give room for aggravation of poverty. The extent of the provision of these facilities will facilitate development and allow people to live a meaningful livelihood. The unavailability implies that the government is not discharging their responsibility well and why social and economic problems will arise.

The function of physical planning is to have harmonious living and proper use of land. The population explosion witness in the city has not help the matter at all. The available infrastructure are inadequate and need huge investment which government alone cannot shoulder and therefore calls for partnership in the infrastructure provision , weather through privatization, commercialization or other form of partnership to enhance the quality of life of people and reduce their burden of spending huge amount of money on infrastructure provision. The proliferations of boreholes have environmental contingencies on the lives of the peoples.

### **Summary of Findings:**

The analysis presented in the proceeding chapter indicated that the people of Jos central area lacking some of the basic facilities for meaningful livelihood, thus it is summarized as:

The availability of facilities in the study areas are not as expected and evenly distributed, the total number of clinics, maternity homes, and hospitals in the area are not adequate. There are about 4 maternity homes which are between 500m and 1.5km away from the premises of the users. These therefore place burden on the pregnant women and children that uses the home. Also the clinics in the area are not evenly distributed and the distance the distance also shows disparity. The hospitals on the other hand have adequate number compared with the population, but majority of them are private and demand huge amount of money for treatment.

The educational sector has about 4 primary schools two of which are public and two been private. This could be said to be adequate in number, but considering the distance the children have to move negate the standard of 400meters radius. The same is said of secondary education, where there are about 2 4 secondary schools. The distance to households are the problem as many students have to trek a distance of about 1km and above to school. This is against the average radius catmint of school, of about 800 meters.

The areas of major concerns have to do with the ancillary infrastructure such as provision of portable water to the people. There is acute shortage of water in Jenta area of jos central. People are not connected to the publicly subsidized portable water. More than half of the population study area lack access to clean portable water. They depend on alternative source which are infectious, doubtful and far from their premises. The alternative sources include water vendor, shallow well and other forms. They spent hugely on water on monthly or weekly basis. They spent between #1500 and #6000 on water, depending on season and household size. They also spent lots of time fetching water on daily basis, thereby reducing their level of productivity.

The community base organizations (CBOs) have contributed immensely to the development of their neighborhoods. They have help repair roads, renovate and provide furniture's for schools, provide foods and other household items for prisons and motherless homes and as well cash and kind for the development of their neighborhoods.

### **Recommendations**

Judging from the foregoing, the following recommendations are proposed for the meaningful development of the study area. There should be proper alignment of population and the infrastructure provision in the areas, especially the water sector. The government should form partnership with people to be able to bring water closer to them. There should be coordination between government and the CBOs in the planning, implementation and provision of infrastructure in the neighborhood in particular and Jos city in general.

Proper location of educational facilities and adequate monitoring and supervision to help the society and to reduce dependence on government on everything. The selection of educational project should be in conjunction with the people so that the school will not have location disadvantages. There should be proper orientation of people about the need to attend health institutions during sickness and making sure that the health burden are reduce to the beeriest minimum to enhance productivity of the people. There should be proper policies to lay down foundation for better partnership between government and CBOs so as to enhance proper development of the area and to reduce friction and duplication of ideas.

## Conclusion

The availability and adequacy of infrastructure is a basis for meaningful development. This assertion indicates that for any meaningful development to take place there should be planning, coordination and implementation of people oriented activities so that the social, economic and well-being of people could be enhanced. Therefore there should be proper partnership by the government, individuals, private organization, NGOs and CBOs in the development of different surrounding due to dwindling economic fortune of the government. It has been established that Jos central possess the potential to develop well if proper and articulated policies are put in place. The death of infrastructure can be tackled by both government and the people of the area.

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