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PERCEIVED EFFECTIVENESS OF EDO STATE GOVERNMENT IN ENSURING HEALTHY LIFE AND QUALITY EDUCATION IN THE STATE

Uche Josephine Obidiegwu (PhD)
Email: uj.obidiegwu@unizik.edu.ng
&
Oronsaye Rita Osayemwenre
Email: rita.oronsaye@uniben.edu
Department of Adult and Continuing Education, Faculty of Education, Nnamdi Azikiwe University, Awka

ABSTRACT

This study examined perceived effectiveness of Edo State Government in ensuring healthy life and providing quality education in the state. Two research questions guided the study, while two null hypotheses were tested. A descriptive survey research design was adopted. The population comprised 1,896 stakeholders drawn from the Edo State Ministries of Education, Health, Budget and Economic Planning, and Employment, and the Lift Above Poverty Organisation (LAPO). A sample of 949 respondents was selected using proportionate stratified random sampling. Data were collected using the Perceived Effectiveness of Edo State Government in Implementing Socio-Economic Related Sustainable Development Goals Scale (PEESGASSDGS). The instrument was validated by experts, while its reliability was established using Cronbach's alpha. Mean and standard deviation were used to answer the research questions, and one-way analysis of variance was used to test the hypotheses at the .05 level of significance. The findings showed that stakeholders perceived the Edo State Government as effective in ensuring good health and well-being and providing quality education. There were no significant differences among the five stakeholder institutions in their ratings of good health and well-being, or quality education. The study concluded that health and education are mutually reinforcing dimensions of human development and recommended increased investment, equitable access, qualified personnel, improved infrastructure and stronger monitoring of outcomes. Based on the findings, it was recommended that the Edo State Government should increase investment in healthcare and education, ensure equitable access to quality services, employ qualified health and educational personnel, improve healthcare and school infrastructure, strengthen inter-agency collaboration, and establish outcome-based monitoring systems for assessing improvements in citizens' health, well-being and educational outcomes.

Keywords: perceived effectiveness, good health and well-being, quality education, stakeholders, Sustainable Development Goals, Edo State

Introduction

Sustainable Development Goals (SDGs) are 17 interconnected global goals adopted by all United Nations Member States in 2015 under the 2030 Agenda for Sustainable Development. They provide a framework for addressing social, economic and environmental challenges and promoting peace, prosperity and human well-being by 2030. Sustainable development requires people to possess the health and knowledge needed to live productive and fulfilling lives. Within the 2030 Agenda, Sustainable Development Goal 3 seeks to ensure healthy lives and promote well-being for people of all ages, while Sustainable Development Goal 4 seeks to ensure inclusive and equitable quality education and promote lifelong learning opportunities. These goals are closely connected because healthy learners are more likely to attend school, participate actively and achieve meaningful learning outcomes, while educated individuals are better able to understand health information, adopt preventive behaviours and use healthcare services appropriately (United Nations, 2023; World Health Organization [WHO], 2023).

Good health and well-being refer to the physical, mental and social conditions that enable individuals to function productively and enjoy an acceptable quality of life. Attaining Goal 3 requires accessible healthcare facilities, qualified health personnel, essential medicines, safe vaccines, maternal and child healthcare, reproductive health services, disease prevention and protection from environmental and behavioural health risks. Abdulmalik et al. (2019) observed that inadequate and unsustainable health financing limits access to mental-health services and constrains Nigeria's movement towards universal health coverage. Consequently, the effectiveness of government health programmes depends not merely on their existence but on their accessibility, affordability, quality and capacity to improve population health. Nigeria continues to experience health-system challenges involving inadequate funding, shortages of skilled personnel, unequal distribution of facilities and high out-of-pocket expenditure. These constraints affect maternal and child health, vaccination, access to medicines, reproductive healthcare and the management of communicable and non-communicable diseases. The WHO (2022) maintained that progress towards universal health coverage requires strong primary healthcare systems that provide essential services without exposing households to financial hardship. At the state level, government effectiveness should therefore be assessed through the extent to which health interventions reach intended beneficiaries and respond to their needs.

Quality education involves more than enrolment in school. It requires inclusive access, qualified teachers, relevant curricula, appropriate learning materials, safe and learner-friendly environments, adequate infrastructure and opportunities for learners to acquire useful knowledge and skills. Goal 4 emphasises free and equitable primary and secondary education, improved learning outcomes, equal access for vulnerable groups and lifelong learning opportunities (United Nations Educational,

Scientific and Cultural Organization [UNESCO], 2023). Idowu et al. (2020) noted that education occupies a strategic position in Nigeria's sustainable-development efforts because it develops the knowledge and competencies required for achieving other development goals.

Despite policy commitments, the Nigerian education system continues to experience inadequate funding, teacher shortages, poor infrastructure, limited learning materials, unequal access and weak learning outcomes. These challenges are particularly serious for children in disadvantaged communities and learners with disabilities. UNICEF (2022) observed that barriers relating to household circumstances, school facilities, insecurity and service quality continue to restrict educational participation in Nigeria. Government effectiveness in providing quality education must therefore be evaluated in terms of access, equity, teacher quality, infrastructure, affordability and actual learning conditions.

Health and education are mutually reinforcing. Poor health can reduce school attendance, concentration and academic performance, while limited education can restrict health literacy and the capacity to make informed decisions about nutrition, sanitation, disease prevention and healthcare utilisation. Raghupathi and Raghupathi (2020) found that higher educational attainment was associated with better health outcomes across countries. This relationship suggests that the effectiveness of government interventions in one sector can influence outcomes in the other. State-level planning should therefore promote coordinated investment in school health, health education, safe learning environments, nutrition, sanitation and accessible community health services.

In Edo State, the government is expected to translate Goals 3 and 4 into programmes that respond to local health and educational needs. Relevant health interventions include access to vaccines and medicines, maternal and child healthcare, reproductive health services, substance-abuse prevention and measures addressing air and water pollution. Educational interventions include free and affordable education, qualified teachers, electricity and computers in schools, learning support for students with disabilities, community learning centres and learner-friendly environments. These programme activities constitute the dimensions being assessed in this study.

Effectiveness concerns the extent to which implemented programmes achieve their intended objectives and produce meaningful benefits. In the present study, perceived effectiveness refers to stakeholders' assessment of how successfully the Edo State Government implements programmes for ensuring good health and well-being and providing quality education. Government implementation activities constitute the phenomenon being assessed, perceived effectiveness is the principal outcome variable, and stakeholder institution is the grouping variable used to determine whether assessments differ among the participating organisations.

The selected stakeholders comprise staff of the Ministries of Education, Health, Budget and Economic Planning, and Employment,

and LAPO. Staff of the Health and Education Ministries possess sector-specific implementation knowledge, while Budget and Economic Planning personnel are concerned with financing, coordination and development priorities. Employment personnel encounter the human-capital implications of health and education, while LAPO has community-level experience involving vulnerable populations. Their combined assessments can reveal the visibility of programmes, areas of institutional agreement and implementation gaps.

Stakeholders' perceptions can complement administrative reports because official data may emphasise expenditure, facilities or programme activities without fully reflecting service quality and implementation experiences. However, perceived effectiveness does not constitute direct proof that all residents enjoy good health or quality education. Perception evidence should be complemented by objective indicators such as maternal and child mortality, vaccination coverage, access to essential healthcare, school enrolment, attendance, completion, teacher availability and learning outcomes (WHO, 2023; UNESCO, 2023).

Although studies have examined health and education in Nigeria separately, limited empirical attention has been given to stakeholders' combined assessment of the Edo State Government's implementation of Goals 3 and 4. It remains uncertain whether stakeholders perceive the government's interventions as effective and whether their assessments differ according to institutional affiliation. The study therefore determined perceived effectiveness of the Edo State Government in ensuring good health and well-being and providing quality education.

Purpose of the Study

The purpose of the study was to determine perceived effectiveness of the Edo State Government in ensuring good health and well-being and providing quality education. Specifically, the study determined stakeholders' perceptions of the effectiveness of the Edo State Government in:

1. ensuring good health and well-being in the state; and
2. providing inclusive and equitable quality education in the state.

Research Questions

The following research questions guided the study:

1. How effective is the Edo State Government in ensuring good health and well-being as perceived by stakeholders?
2. How effective is the Edo State Government in providing inclusive and equitable quality education as perceived by stakeholders?

Hypotheses

The following null hypotheses were tested at the .05 level of significance:

1. There is no significant difference among staff of the selected ministries and LAPO in their mean ratings of the Edo State Government's effectiveness in ensuring good health and well-being.

2. There is no significant difference among staff of the selected ministries and LAPO in their mean ratings of the Edo State Government's effectiveness in providing quality education.

Methodology

A descriptive survey research design was adopted for the study. The study was carried out in Edo State, Nigeria. The population comprised 1,896 stakeholders drawn from the Ministry of Education, Ministry of Health, Ministry of Budget and Economic Planning, Ministry of Employment, and the Lift Above Poverty Organisation (LAPO). A sample of 949 respondents was selected using proportionate stratified random sampling. The instrument for data collection was the structured Perceived Effectiveness of Edo State Government in Implementing Socio-Economic Related Sustainable Development Goals Scale (PEESGASSDGS). For this article, only the clusters measuring good health and well-being and quality education were analysed. The instrument was subjected to expert validation, while its internal consistency was established using Cronbach's alpha which yielded a reliability coefficient of 0.89. Data were collected through direct administration with the assistance of five research assistants. Mean and standard deviation were used to answer the two research questions, while one-way analysis of variance was used to test the two hypotheses at the .05 level of significance.

Table 1: *Mean Ratings and Standard Deviations of Respondents on the Perceived Effectiveness of Edo State Government in Ensuring Healthy Lives and Well-being (N = 949)*

S/N	Perceived Effectiveness of Edo State Government in Ensuring Healthy Lives and Well-being	Mean	SD	Decision
1	Providing access to safe vaccines	3.18	0.79	Effective
2	Providing access to affordable medicines	3.02	0.87	Effective
3	Reducing neonatal and child mortality	2.94	0.91	Effective
4	Reducing mortality rate attributed to air pollution	2.73	0.98	Effective
5	Promoting public health by facilitating access to vaccines	3.10	0.82	Effective
6	Reducing mortality rate attributed to water pollution	2.81	0.95	Effective
7	Improving reproductive health-care services	2.97	0.88	Effective
8	Providing access to quality health-care services	2.89	0.92	Effective
9	Reducing substance abuse	2.75	0.97	Effective
10	Providing maternal healthcare services	3.06	0.84	Effective
	Cluster Mean	**2.95**	**0.89**	**Effective**

Table 1 presents the mean ratings and standard deviations of the respondents on the perceived effectiveness of Edo State Government in ensuring healthy lives and well-being. The mean ratings ranged from 2.73 to 3.18, indicating that respondents

perceived all the ten health-related interventions as effective, since all the mean ratings were above the criterion mean of 2.50. Specifically, respondents rated providing access to safe vaccines highest (Mean = 3.18, SD = 0.79), followed by promoting public health by facilitating access to vaccines (Mean = 3.10, SD = 0.82) and providing maternal healthcare services (Mean = 3.06, SD = 0.84). The least rated item was reducing mortality rate attributed to air pollution (Mean = 2.73, SD = 0.98), although it was still considered effective. The cluster mean of 2.95 with a corresponding standard deviation of 0.89 indicates that respondents generally perceived Edo State Government as effective in implementing Sustainable Development Goal 3 relating to ensuring healthy lives and promoting well-being in Edo State.

Table 2: *Mean Ratings and Standard Deviations of Respondents on the Perceived Effectiveness of Edo State Government in Ensuring Quality Education (N = 949)*

S/N	Perceived Effectiveness of Edo State Government in Ensuring Quality Education	Mean	SD	Decision
1	Providing free primary education	3.21	0.78	Effective
2	Providing quality secondary education	3.05	0.84	Effective
3	Providing access to electricity in schools	2.81	0.95	Effective
4	Providing access to computers	2.76	0.97	Effective
5	Providing materials such as sign language interpreters and audiobooks for students with disabilities	2.68	1.00	Effective
6	Providing access to affordable education	3.08	0.83	Effective
7	Providing community learning centres in all communities	2.73	0.96	Effective
8	Promoting access to basic education	3.15	0.80	Effective
9	Reducing gender disparities in education	2.97	0.88	Effective
10	Providing learner-friendly environment	2.92	0.90	Effective
11	Employing qualified teachers in schools	3.11	0.82	Effective
	Cluster Mean	**2.95**	**0.88**	**Effective**

Table 2 presents the mean ratings and standard deviations of the respondents on the perceived effectiveness of Edo State Government in ensuring quality education. The mean ratings ranged from 2.68 to 3.21, indicating that respondents perceived all the eleven education-related indicators as effective, since all their mean ratings were above the criterion mean of 2.50.

The respondents rated providing free primary education highest (Mean = 3.21, SD = 0.78), followed by promoting access to basic education (Mean = 3.15, SD = 0.80) and employing qualified teachers in schools (Mean = 3.11, SD = 0.82). The least rated item was providing materials such as sign language interpreters and audiobooks for students with disabilities (Mean = 2.68, SD

= 1.00), although it was still perceived as effective. The overall cluster mean of 2.95 with a corresponding standard deviation of 0.88 indicates that respondents generally perceived Edo State Government as effective in implementing Sustainable Development Goal 4 relating to ensuring inclusive and quality education for all.

Table 3: *One-way Analysis of Variance (ANOVA) on Respondents' Mean Ratings Regarding the Effectiveness of Edo State Government in Ensuring Healthy Lives and Well-being (N = 949)*

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4.957	4	1.239	1.461	.213
Within Groups	800.812	944	0.848		
Total	805.769	948			

Table 3 indicates that there was no statistically significant difference among staff of the Ministry of Education, Ministry of Health, Ministry of Budget and Economic Planning, Ministry of Employment, and the Lift Above Poverty Organisation (LAPO) in their mean ratings on the effectiveness of Edo State Government in ensuring healthy lives and well-being, F(4, 944) = 1.461, p = .213. Since the probability value (0.213) is greater than the stipulated 0.05 level of significance, the null hypothesis was retained. Since the probability value of 0.213 is greater than the 0.05 level of significance, the null hypothesis was not rejected.

Table 4: *One-way Analysis of Variance (ANOVA) on respondents' mean ratings regarding the effectiveness of Edo State Government in ensuring quality education (N = 949)*

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	6.382	4	1.596	1.874	.114
Within Groups	803.869	944	0.851		
Total	810.251	948			

Table 4 reveals that there was no statistically significant difference among staff of the Ministry of Education, Ministry of Health, Ministry of Budget and Economic Planning, Ministry of Employment, and the Lift Above Poverty Organisation (LAPO) in their mean ratings on the effectiveness of Edo State Government in ensuring quality education, F(4, 944) = 1.874, p = .114. Since the probability value (0.114) is greater than the alpha level of 0.05, the null hypothesis was retained. Since the probability value of 0.114 is greater than the 0.05 level of significance, the null hypothesis was not rejected.

Discussion of Findings

The findings revealed that the stakeholders perceived the Edo State Government as effective in implementing

Sustainable Development Goal 3 by ensuring healthy lives and promoting well-being. The positive assessment reflects government interventions relating to the provision of safe vaccines and affordable medicines, maternal and reproductive healthcare services, public-health education, substance-abuse prevention, access to quality healthcare and measures aimed at reducing neonatal, child and adult mortality. These interventions are essential because the attainment of SDG 3 depends on the availability, accessibility, affordability and quality of healthcare services provided to citizens. The finding agrees with Abdulmalik et al. (2019), who maintained that accessible healthcare, sustainable financing and protection from the financial burden of medical treatment are essential for attaining universal health coverage in Nigeria. It also supports Folorunso et al. (2024), who established that institutional capacity, adequate resources, preparedness and inter-agency coordination are necessary for effective healthcare delivery and the attainment of SDG 3. The positive assessment obtained in the present study suggests that government investments in preventive, maternal, reproductive and general healthcare services were recognised by stakeholders across the selected institutions.

The null hypothesis revealed no significant difference among staff of the Ministries of Education, Health, Budget and Economic Planning, and Employment, and LAPO in their mean ratings of the Edo State Government's effectiveness in ensuring good health and well-being. Since the probability value of .213 was greater than the .05 level of significance, the null hypothesis was retained. This means that respondents' institutional affiliations did not significantly influence their assessment of government health programmes. Although the institutions have different responsibilities, their ratings were statistically comparable. The non-significant difference indicates cross-institutional agreement regarding the visibility and perceived effectiveness of the government's health interventions. Staff of the Ministry of Health may possess direct knowledge of healthcare implementation, while staff of the Ministries of Education, Employment, Budget and Economic Planning, and LAPO encounter the effects of health policies through education, employment, budgeting, development planning and community-based activities. Their similar assessments strengthen the conclusion that the government's health interventions were generally perceived as effective rather than favourably rated by only one institution. The finding receives contextual support from Abdulmalik et al. (2019), who maintained that the attainment of good health and well-being requires sustainable financing, accessible healthcare services and effective institutional coordination. Similarly, the World Health Organization (WHO, 2022) emphasised that successful implementation of primary healthcare depends on coordinated contributions from health institutions, planning agencies and community-based organisations. These positions suggest that healthcare implementation is a cross-sectoral responsibility whose effects may be recognised similarly by stakeholders

working in different institutions. The finding is also consistent with Folorunso et al. (2024), who reported that institutional capacity, adequate resources, preparedness and inter-agency collaboration are important for effective healthcare delivery. The shared recognition of these institutional requirements may explain why staff of the selected ministries and LAPO expressed comparable perceptions of the Edo State Government's health programmes. The non-significant difference therefore suggests a broad institutional consensus that the government's interventions in vaccination, maternal healthcare, affordable medicines, reproductive health and disease prevention were visible and generally effective.

The findings further revealed that the respondents perceived the Edo State Government as effective in implementing Sustainable Development Goal 4 on quality education. Government efforts were reflected in the provision of free and affordable education, qualified teachers, electricity, computers, inclusive learning materials, community learning centres, learner-friendly school environments and educational support for learners with disabilities. These interventions are important because quality education requires more than school enrolment. It also demands equitable access, competent teachers, adequate infrastructure, relevant learning resources and environments that promote meaningful learning. The finding supports Idowu et al. (2020), who identified education as a strategic instrument for achieving sustainable development because it equips individuals with the knowledge, values and competencies required for active participation in society. It also agrees with UNESCO (2023), who maintained that inclusive and equitable education promotes human-capital development, social inclusion and national progress. The finding therefore suggests that stakeholders recognised the efforts made by the Edo State Government to expand educational access and improve the conditions under which teaching and learning occur.

The null hypothesis showed no significant difference among staff of the four ministries and LAPO in their mean ratings of the Edo State Government's effectiveness in providing quality education. Since the probability value of .114 exceeded the .05 level of significance, the null hypothesis was retained. The result indicates that institutional affiliation did not significantly determine how respondents assessed the government's educational interventions. The respondents expressed statistically similar opinions about the provision of educational access, qualified teachers, infrastructure, digital facilities and inclusive learning services. This agreement may be explained by the broad social and institutional importance of education. Although the Ministry of Education has direct responsibility for educational implementation, the Ministry of Budget and Economic Planning contributes to financing and development planning, the Ministry of Employment encounters the relationship between education and employability, the Ministry of Health recognises the importance of education to health awareness, and LAPO works with individuals and communities whose development opportunities are influenced by

educational access. The similarity in their ratings therefore provides a multi-institutional assessment of the government's educational interventions. The finding receives contextual support from Idowu et al. (2020), who maintained that education occupies a strategic position in sustainable development because it provides the knowledge, competencies and values required for achieving broader development objectives. UNESCO (2023) similarly explained that the achievement of SDG 4 requires coordinated contributions from government agencies, educational institutions, communities and development partners. Because education affects employment, health awareness, economic planning and community development, stakeholders from different institutions may recognise its implementation needs and outcomes in similar ways. The finding also supports UNESCO's (2023) position that inclusive and equitable education requires institutional collaboration, adequate funding, qualified personnel and the removal of barriers affecting disadvantaged learners. The common importance attached to these implementation factors may account for the statistically similar ratings of the five stakeholder groups. The result suggests that the government's educational interventions were sufficiently visible across the participating institutions and that the positive assessment was not limited to staff of the Ministry of Education.

Conclusion

The study concluded that stakeholders perceived the Edo State Government as effective in ensuring good health and well-being and providing inclusive and equitable quality education. Government interventions relating to vaccines, affordable medicines, maternal and reproductive healthcare, disease prevention and access to quality health services were positively assessed. Similarly, efforts involving free and affordable education, qualified teachers, school infrastructure, digital facilities, inclusive learning resources and learner-friendly environments were perceived as effective. The absence of significant differences among staff of the selected ministries and LAPO indicates broad institutional agreement regarding the perceived effectiveness of the government's health and educational interventions. Institutional affiliation did not significantly influence respondents' assessments of either SDG 3 or SDG 4. Health and education are mutually reinforcing because healthy individuals are better positioned to participate in education, while educated individuals are more capable of making informed health decisions. However, perceived effectiveness does not imply that all health and education targets have been fully achieved in Edo State. Sustained funding, qualified personnel, equitable access, improved infrastructure, inter-agency collaboration and continuous outcome-based monitoring are required to consolidate progress. Stakeholders' perceptions should also be complemented with objective evidence such as health-service coverage, mortality rates, school participation, teacher availability and students' learning outcomes.

Recommendations

Based on the findings, the following recommendations were made:

1. The Edo State Government should increase budgetary allocations to the health and education sectors to ensure the sustained implementation of SDGs 3 and 4.
2. The government should improve primary healthcare facilities and ensure the availability of essential medicines, safe vaccines, modern medical equipment and qualified health personnel, particularly in rural communities.
3. The government should recruit and continuously train qualified teachers to improve teaching quality and students' learning outcomes.
4. School infrastructure should be upgraded through the provision of safe classrooms, electricity, water, sanitation facilities, computers, internet connectivity, libraries and laboratories.

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