AN EVALUATION OF SCHOOL COMMUNITY COMPLIANCE WITH NCDC COVID-19 PREVENTION GUIDELINES IN EDUCATIONAL INSTITUTIONS IN CROSS RIVER STATE, NIGERIA

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Abstract

This study assessed the level of compliance with the Nigeria Centre for Disease Control (NCDC) COVID-19 prevention guidelines in educational institutions across Cross River State, Nigeria. A mixed methods approach was employed, incorporating structured observations, surveys, interviews, and facility audits. The research focused on four key areas: enforcement of physical distancing, availability and usage of personal protective equipment (PPE), provision of hygiene facilities for handwashing, and awareness of NCDC guidelines among staff. Schools were selected in two stages. In the first stage, the state was stratified into three educational zones to enhance operational logistics and economies of scale. Within each zone, 12 schools were purposefully selected to ensure representation of public, private, missionary, and unity schools. At the school level, principals, vice principals, teachers, and senior secondary school (SSS 3) students, including prefects, participated in the study. The total sample size was 600 participants, comprising 120 school Principals and Vice, 240 teachers, and 240 prefects. Findings revealed that schools generally adhered to physical distancing protocols, with appropriate classroom arrangements and signage. While sanitizers and gloves were readily provided, face masks were largely self-supplied by students and staff, although usage remained high. Handwashing stations were functional and accessible, with consistent water supply and proper supervision. Staff displayed high levels of awareness regarding the NCDC guidelines, supported by formal training and informal knowledge-sharing mechanisms. The study concludes that compliance was largely satisfactory, though minor gaps in resource provision and training updates remain. Recommendations include policy reinforcement, sustained training initiatives, and further research to explore the long-term sustainability of these practices and the rural-urban compliance disparities.

Key Words: COVID-19 Compliance**,** Educational Institutions**,** Physical Distancing**,** Hygiene Practices**,** and NCDC Guidelines

Introduction

Context and Background

The COVID-19 pandemic has posed a significant challenge to global education systems, with schools being one of the most affected sectors. In Nigeria, the government and the Nigeria Centre for Disease Control (NCDC) issued several guidelines to ensure the safety of students, teachers, and other school personnel during the reopening of schools after the nationwide lockdowns. These guidelines were aimed at reducing the risk of infection through measures such as physical distancing, the use of personal protective equipment (PPE), hand hygiene practices, and environmental cleaning and disinfection (NCDC, 2020).

For schools to reopen safely, it was essential to adhere to these guidelines, and the implementation was expected to be multifaceted. Administrators, teachers, and students were all expected to comply with the health protocols to ensure the safety of everyone involved. However, there are concerns about how effectively these guidelines are being implemented, particularly in the context of Nigerian schools, where resources and infrastructure are often limited. This is especially true in states like Cross River, where schools, especially public and rural institutions, face significant infrastructural and financial challenges that may hinder full compliance with the NCDC's guidelines.

Despite efforts to enforce safety measures, there have been varying levels of compliance with these guidelines across educational institutions. While some schools have made noticeable progress in adhering to NCDC's protocols, others have struggled with challenges such as inadequate personal protective equipment (PPE), overcrowded classrooms, and a lack of proper sanitation facilities. Understanding the level of compliance within educational institutions in Cross River State is crucial to assessing the effectiveness of these safety measures and identifying areas that need improvement.

This study aims to evaluate the level of compliance with the NCDC COVID-19 prevention guidelines in educational institutions in Cross River State, Nigeria, providing valuable insights for policymakers, school administrators, and the wider community.

The Problem

In response to the COVID-19 pandemic, the NCDC developed a set of comprehensive guidelines to ensure the safety of school communities during the reopening of schools. However, the successful implementation of these guidelines has been fraught with challenges, particularly in regions with limited resources and overcrowded school environments. In Cross River State, while schools have made efforts to comply with NCDC regulations, compliance has been inconsistent across institutions.

Key challenges faced by educational institutions in Cross River State include inadequate access to PPE, insufficient handwashing stations, and overcrowded classrooms that make physical distancing difficult. Additionally, there is a lack of proper training for school staff on how to implement and enforce the guidelines effectively. These challenges, compounded by the financial strain faced by both public and private schools, may result in suboptimal compliance with health protocols, thereby undermining efforts to curb the spread of COVID-19 in educational settings.

Despite the importance of these safety measures, there is limited research focused on assessing the actual level of compliance with NCDC guidelines in schools, particularly in Cross River State. Therefore, a detailed evaluation of school community compliance with these guidelines is necessary to understand the gaps in implementation and to provide recommendations for enhancing adherence to COVID-19 prevention protocols.

Objectives of the Study

The primary objective of this study is to evaluate the level of compliance with the NCDC COVID-19 prevention guidelines in educational institutions in Cross River State, Nigeria. The specific objectives include:

1. To assess how schools are enforcing physical distancing in classrooms, common areas, and during school activities.

2. To examine the availability and usage of personal protective equipment (PPE) in schools, including face masks, hand sanitizers, and gloves.
3. To investigate whether schools have the necessary facilities to ensure regular hand washing and overall hygiene practices.
4. To explore the level of awareness and knowledge among school staff regarding NCDC COVID-19 prevention guidelines, including any training gaps that may exist.

Research Methodology

2.1 Research Design

The proposed survey focused on Cross River state, and mixed- method approach was used in generating both qualitative and quantitative data.

2.2 Subjects

Sampling was done at three stages. In the first stage, the state was stratified into three based on education zones, such that economies of scale and efficiency of operational logistics is enhanced. In each cluster, 12 schools were purposefully selected to ensure representation across Public schools, Private schools, Missionary schools and all Unity schools are captured, as well as urban and rural schools. At the school level, purposive sampling of Principals and Vice, and prefects, and simple random sampling of teachers was applied.

2.3 Instruments and data collection

To address the research questions posed in this study, data were generated using both quantitative and qualitative techniques. These techniques include: Direct Observations, Questionnaires/Surveys, Interviews/Focus Group Discussions were employed for data collection.

Direct Observations: Structured observation checklists were used to monitor the enforcement of physical distancing in classrooms, common areas, and during school activities. These checklists focused on aspects such as the spacing between desks, presence of floor markings, and the number of students per class or activity. Observations were conducted at different times of the school day, including arrival, break, and dismissal periods. Additionally, observers assessed whether handwashing was practiced during critical times, such as before eating, after breaks, and after restroom use. Inventory checks were carried out to audit the availability of personal protective equipment (PPE) in schools. This involved recording the quantity, type, and frequency of PPE distribution and replenishment. Facility audits using structured checklists were also conducted to inspect and document the number, type, and location of handwashing stations and hygiene facilities. These audits also verified the availability of running water, soap, and the functionality of taps.

Questionnaires and surveys: Questionnaires and surveys were administered to school staff and administrators to gather quantitative data on the implementation of preventive measures. These included questions on staggered schedules, restructured seating arrangements, monitoring compliance, and the regularity and accessibility of PPE use. Respondents also reported on any shortages experienced and whether they had received formal COVID-19-related training or updates. In addition, true/false and multiple-choice questions were used to assess staff knowledge of specific Nigeria Centre for Disease Control (NCDC) COVID-19 prevention guidelines.

Interviews and Focus group Discussions: Semi-structured interviews were conducted with school administrators and relevant personnel to collect qualitative data on the procurement, budgetary allocations, and supply chain logistics related to PPE. Interviews and focus group discussions were also held with school staff and health personnel to explore issues surrounding hygiene infrastructure maintenance, challenges in implementation, and staff perceptions of the NCDC guidelines. These interactions further helped to identify any existing training gaps, the clarity of communication regarding preventive measures, and informal knowledgesharing practices.

Validity and Reliability: The instruments were subjected to face and content validation by Educational researchers, Public health experts, and School management professionals. A pilot study was conducted using 30 respondents (10 from each category) in a different Local Government Area within Cross River State. The Cronbach Alpha coefficient was calculated to determine internal consistency (acceptable threshold: $\alpha \geq 0.70$).

Data Collection: Permission was sought from the Ministry of Education and school authorities. Data was collected physically or electronically (where feasible) using the structured questionnaires. Trained research assistants administered the questionnaires and assist respondents where necessary. Ethical guidelines, including informed consent and confidentiality**,** were strictly adhered to.

Data Analysis and Report writing

Transcription of all the recorded information from FGDs were typed in English. Quantitative data entry in Micro Soft Excel (MS Excel) will also be done. Data analysis was done by the research team. This was a cross sectional study, using student level data. Both descriptive and inferential statistics were used for data analysis. Qualitative data was done for relevant themes and patterns, which was represented in narrative forms. Quantitative and qualitative data were analysed in relation to each other for consistencies, inconsistencies, and resonances, in order to provide the fullest interpretation possible.

Results

i. Results of enforcement of physical distancing show classrooms are arranged with desks spaced according to NCDC guidelines; and there were clear markings and signs promoting physical distancing are present in hall/classroom ways and common areas. Most teachers and administrators report consistent enforcement of distancing measures, and Students are generally compliant with the rules, and monitoring mechanisms (e.g., duty teachers or prefects) are in place.

ii. Inventory Audits on availability and Usage of PPE reveal that schools adequately provided stock of sanitizers, and gloves across most schools. However, the schools rely on students and staff to provide their own PPE, especially face masks. High percentage of staff and students consistently use face masks, and hand sanitizers are placed at strategic points and frequently used.

iii. Facility Audits show that functional handwashing stations are available at multiple points in the school (e.g., entrances, near toilets, classrooms), and Water supply is reliable, and soap is consistently provided. Again, students and staff regularly wash hands at appropriate times, and there are also routines or policies in place to ensure compliance (e.g., supervised handwashing).

iv. Results reveal high levels of awareness of NCDC guidelines among staff. Most staff have received some form of orientation on COVID-19 protocols, and can correctly identify key guidelines and practices (e.g., isolation protocols, cleaning routines). Staff feel confident in implementing the guidelines. Some informal systems for knowledge sharing (e.g., peer mentoring) are in place, and only minor training gaps exist, essentially, related to updates or technical details.

3.2 Discussion of Results

Enforcement of Physical Distancing

The findings from this study reveal that schools in Cross River State are largely compliant with the physical distancing guidelines as outlined by the Nigeria Centre for Disease Control (NCDC). Classroom observations confirm that desks are arranged to allow for adequate spacing between students, consistent with NCDC recommendations. Furthermore, the presence of clear signage and markings in hallways and other common areas reinforces adherence to these measures.

Data gathered through surveys and interviews corroborate these observations. The majority of teachers and administrators reported that they actively enforce physical distancing rules, and most students were observed to be compliant. Schools have established monitoring systems, such as assigning duty teachers or student prefects,

to ensure ongoing adherence during the school day. These findings are not entirely surprising, particularly in light of the heightened awareness and national sensitization campaigns around COVID-19 prevention in Nigeria. The NCDC, in collaboration with the Federal Ministry of Education, has consistently promoted safe reopening protocols, and schools have been encouraged to implement these guidelines as a prerequisite for operating during the pandemic (NCDC, 2020). However, considering the resource limitations and infrastructural challenges often associated with public education in parts of Nigeria, especially in rural areas, one might have expected more inconsistent implementation. Therefore, the high level of compliance observed in this study is encouraging and possibly indicative of strong policy communication and localized enforcement strategies within the state.

The findings of this study align with previous research conducted in other parts of Nigeria. For instance, Onyema et al. (2021) found that most secondary schools in Lagos and Ogun States adopted physical distancing practices in classrooms and common areas following school reopening. Similarly, Ogunode and Abigeal (2020) observed that Nigerian schools that reopened post-lockdown generally followed safety protocols, particularly in urban and semi-urban settings. Conversely, studies such as Iwuoha and Njoku (2021) reported partial compliance in some rural schools in South-East Nigeria, primarily due to infrastructural deficits and overcrowded classrooms. Compared to these findings, the present study reflects a higher level of uniform compliance, which may suggest better resource allocation, stronger administrative oversight, or localized adaptation strategies in Cross River State.

In summary, the enforcement of physical distancing in the schools studied is commendable and appears to be consistent with national expectations. The presence of structured monitoring systems and physical infrastructure to support distancing illustrates a positive commitment to COVID-19 prevention. The findings support existing literature that highlights the capacity of Nigerian educational institutions to adapt to health guidelines when adequately supported.

Availability and Usage of PPE

The study reveals a mixed level of institutional support and individual responsibility regarding PPE in schools. Inventory audits indicate that while schools generally maintained adequate supplies of hand sanitizers and gloves, they largely depended on students and staff to provide their own face masks. Despite this, survey data shows high compliance among both staff and students in the consistent use of face masks and hand sanitizers, with sanitizing stations strategically placed and well-utilized across school environments. This pattern reflects a partial institutional provision model, where the schools focus on shared-use PPE (e.g., sanitizers, gloves) while placing the burden of personal items like masks on individuals.

These findings are partially surprising. On one hand, the high level of compliance in the use of face masks and sanitizers, even without full school provision of masks, is encouraging and suggests that public awareness efforts have been effective. It reflects a proactive culture of self-protection among students and staff, likely influenced by national media campaigns and community sensitization. However, it is somewhat concerning that schools do not uniformly provide face masks, as this could create inequality in protection, especially for students from low-income households who may struggle to afford regular replacements. The findings are in partial agreement with earlier studies across Nigeria and other sub-Saharan African contexts. For instance: Onyema et al. (2021) reported that while many urban schools in Nigeria provided hand sanitizers at entry points and classrooms, they similarly left the responsibility for mask provision to individuals. Compliance rates were high, but challenges were more pronounced in rural areas. Iwuoha and Njoku (2021) also found that although sanitizers and temperature checks were available in schools, face mask availability was inconsistent, particularly where school authorities lacked government support or internal funding. Conversely, Ademola and Uche (2021) observed that in some private schools, full PPE kits (including masks) were distributed periodically to students and staff, highlighting a disparity between public and private school systems. These results suggest that the present findings are consistent with national trends, particularly within public schools where budgetary limitations may affect full PPE provision.

In summary, the study indicates that while sanitizers and gloves are adequately supplied by schools, the responsibility of face mask provision is placed on individuals. Despite this, compliance remains high, likely due to heightened awareness and a sense of individual responsibility. This finding is encouraging but also points to the need for more equitable support, particularly for vulnerable students who may not consistently afford masks. The findings align with existing research, underscoring the need for a more comprehensive and inclusive PPE distribution strategy in Nigerian schools.

Hygiene Facilities for Hand Washing

The findings from this study indicate a high level of compliance with hygiene protocols in schools, particularly in relation to handwashing facilities. Facility audits confirm that functional handwashing stations are installed at strategic locations, including entrances, near toilets, and in proximity to classrooms. These stations are supported by a reliable water supply and a consistent provision of soap. Observational data further support these findings, showing that both students and staff regularly engage in handwashing, especially during critical times such as before meals and after using the restroom. Schools have reportedly implemented routines and policies, such as supervised handwashing or scheduled hygiene breaks, to promote and maintain these practices.

These results are encouraging and somewhat surprising, particularly given that poor water, sanitation, and hygiene (WASH) infrastructure has historically been a challenge in many Nigerian public schools (UNICEF, 2019). The presence of functional facilities and institutionalized handwashing routines suggest that the COVID-19 pandemic may have served as a catalyst for significant improvements in hygiene infrastructure and behavior.

That said, the sustainability of these improvements post-pandemic remains a question, as continued functionality depends on adequate funding, community support, and regular monitoring. The findings are largely in agreement with more recent studies conducted after the onset of COVID-19. For example: Ademola and Uche

(2021) found that many schools, particularly in urban areas of Nigeria, had improved their hygiene infrastructure in response to COVID-19. These included the installation of foot-operated taps, distribution of soap, and regular water supply arrangements. UNICEF (2020) reported that in response to the pandemic, government and nongovernmental actors scaled up WASH facilities in schools, especially as part of safe school reopening campaigns. However, earlier research, such as Onyema et al. (2019) and Adeleye & Adebisi (2018), painted a contrasting picture, where handwashing facilities were either absent or non-functional in many public schools. Compared to these pre-pandemic findings, the current study reflects a positive shift in infrastructure and hygiene culture, likely driven by the urgency of pandemic response measures.

In summary, this study shows a high level of readiness and adherence to hygiene protocols in schools, with functioning handwashing stations, reliable water supply, and observed handwashing compliance among staff and students. The findings suggest that, at least in the short term, COVID-19 prevention efforts have led to marked improvements in WASH infrastructure in schools. These results are consistent with post-pandemic intervention reports and reflect a significant improvement from previous, less favorable conditions in the Nigerian education sector.

Awareness and Knowledge of NCDC Guidelines Among Staff

The study findings reveal that school staff demonstrate a high level of awareness and understanding of the NCDC COVID-19 prevention guidelines. According to survey responses, most staff had received orientation or training on critical components such as: (i) Isolation protocols, (ii) Cleaning and disinfection routines, (iii) Use of PPE, and (iv) Physical distancing enforcement.

Interviews and focus group discussions reinforced these findings, showing that staff feel confident in their ability to implement the guidelines effectively. Additionally, there are informal mechanisms in place, such as peer mentoring and informal knowledge-sharing networks, that help maintain consistent practices across staff. The only training gaps noted were minor and technical**,** such as updates on new variants or advanced disinfection procedures. These findings are encouraging and somewhat expected**,** particularly given the widespread awareness campaigns and mandatory orientation sessions that accompanied the phased reopening of schools in Nigeria during the COVID-19 pandemic. The high confidence levels and informal knowledge-sharing structures suggest that school staff not only received training but also internalized and disseminated the information actively within their professional circles.

It is also noteworthy that only minor training gaps exist. This points to a generally successful implementation of public health education strategies within the school system, though it highlights the importance of keeping staff updated as guidelines evolve. These findings are largely in agreement with previous research and reports: UNICEF Nigeria (2020) emphasized that many schools incorporated teacher sensitization and orientation into school reopening plans, particularly in urban and peri-urban areas. Obi and Chikwendu (2021) found that over 80% of school staff in public schools in southern Nigeria could correctly identify the major components of COVID-19 safety protocols, attributing this to both government-led training and schoollevel initiatives. Onyema et al. (2021) also reported that peer-led training mechanisms and digital learning modules helped boost staff confidence and compliance**.**

However, these findings slightly diverge from earlier reports in rural and under-resourced areas**,** where access to consistent training was a challenge. For instance, Adebayo & Omole (2020) highlighted that in some rural communities, there was a significant gap in understanding NCDC guidelines due to lack of outreach and poor access to training materials. Overall, the findings point to a high level of preparedness and knowledge among school staff regarding NCDC COVID-19 prevention guidelines. Staff have not only received training but have also established supportive peer systems to enhance implementation. The results align with other recent findings in similar contexts, though continued efforts are needed to address minor training gaps and ensure equitable training access in rural or underfunded settings.

Conclusion

The study set out to evaluate the level of compliance with the NCDC COVID-19 prevention guidelines in educational institutions, focusing on physical distancing, PPE usage, hygiene facilities, and staff awareness. Overall, the findings indicate a satisfactory level of compliance across the investigated domains. In conclusion, these findings suggest that educational institutions, particularly in Cross River State, have made commendable efforts to adapt and uphold public health measures. This success appears to be driven by a combination of institutional readiness, proactive staff involvement, and supportive policies.

Recommendations

1. **Institutionalize Monitoring and Compliance Mechanisms in All Schools:** Given the success of using duty teachers and prefects to enforce physical distancing, the Ministry of Education, in collaboration with school management boards, should formalize and standardize school-based COVID-19 compliance committees**.** These committees can be responsible for ongoing monitoring, training, and reporting of physical distancing and hygiene practices. Clear roles, accountability measures, and support from local education authorities will help sustain compliance beyond emergency periods.

2. **Institutionalize WASH Standards in School Accreditation and Inspection:** The Ministry of Education, in collaboration with the Ministries of Health and Water Resources, should adopt and enforce minimum WASH standards as part of school accreditation and routine inspection processes. These standards should include the number of functional handwashing stations per student population, availability of running

water and soap, and evidence of regular hygiene education. Compliance should be tied to funding eligibility or approval to operate.

3. **Institutionalize Minimum PPE Stock Standards for Schools:** A policy should be developed mandating schools to maintain minimum stock levels of essential PPE**,** including hand sanitizers, gloves, and emergency face masks. This can be monitored through quarterly audits by local education authorities or school health inspectors. The policy should include provisions for emergency resupply and create mechanisms for resource-limited schools to access a centralized PPE reserve.

4. **Institutionalize Regular Refresher Training on Health Protocols:** The Ministry of Education, in collaboration with the NCDC, should develop a policy mandating quarterly or biannual refresher training for all school staff on health and safety protocols. These should include updates on evolving guidelines (e.g., new variants, improved disinfection techniques) and use both in-person and digital platforms to ensure accessibility, especially in rural areas. This ensures staff knowledge remains current and consistent across all regions.

5. **Integrate Physical Distancing Protocols into School Infrastructure Policy:** To ensure long-term adherence to public health measures, state and federal education planners should integrate physical distancing considerations into school infrastructure design policies**.** This includes guidelines for minimum classroom sizes, maximum student capacity per room, and flexible furniture arrangements. Future renovations and new school constructions should reflect these standards to support ongoing public health preparedness.

6. **Formalize Peer-Led Knowledge Sharing Systems:** Given the effectiveness of informal peer mentoring observed in the study, a formal policy should support the creation of School Health Teams led by trained focal persons. These teams can act as internal resource hubs for COVID-19 and general public health guidance. Recognition and small incentives for team leaders could promote sustainability and encourage active participation.

7. **Government-Supported Face Mask Provision Program:** To promote equity and sustained compliance, the Ministry of Education, in partnership with health agencies and donor organizations, should implement a face mask provision program**,** especially targeting public schools and underserved communities. Periodic distribution of reusable masks can ensure that no student or staff member is excluded from protection due to financial limitations. This will also reinforce mask-wearing culture across schools.

8. **Establish a Sustainable Hygiene Maintenance Fund for Schools:** To ensure the sustainability of hygiene infrastructure beyond emergency funding (e.g., COVID-19-related grants), a dedicated School Hygiene Maintenance Fund should be established at the local or state government level. This fund can support the continuous provision of soap, maintenance of handwashing stations, and supply of water. It can be funded through public-private partnerships, education levies, or special government allocations.

Suggestions for Further Research

Future research emanating from this study, should focus on the following areas:

1. **Rural-Urban Comparative Analysis:** Future research could explore compliance levels across urban vs. rural schools, examining whether disparities exist in access to PPE, training, and infrastructure.

2. **Longitudinal Studies on Sustainability:** A longitudinal study could assess the sustainability of these measures over time, especially post-pandemic, as public vigilance and external funding may decline.

3. **Student Perceptions and Behavior:** Incorporate the perspectives of students more directly to understand their attitudes, motivations, or resistance towards compliance, which could influence behavioral outcomes and guide more student-centered interventions.

4. **Digital Tools and Innovations in Health Protocol Enforcement:** Explore the use of technology (e.g., mobile apps, digital monitoring tools) in enforcing and tracking health and safety compliance within schools.

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