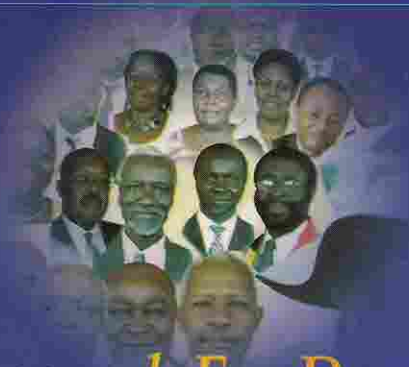
CENTRE FOR POPULATION AND ENVIRONMENTAL DEVELOPMENT (CPED)



CPED-Research For Development News

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A Bi-Annual Publication of the Centre for Population and Environmental Development

CPED Research Findings and Policy Implications

Also in this issue

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About CPED

The *Centre for Population and Environmental Development (CPED) is* an independent, non-partisan, non-profit and non-governmental organization dedicated to promoting sustainable development and reducing poverty and inequality through policy oriented research and active engagement on development issues. CPED started as an action research group based in the University of Benin, Benin City, Nigeria in 1985. The action research group was concerned with applied research on sustainable development and poverty reduction challenges facing Nigeria. The research group also believed that communication, outreach and intervention programs, which can demonstrate the relevance and effectiveness of research findings and recommendations for policy and poverty reduction, especially at the grassroots level, must be key components of its action research. In order to translate its activities more widely, the Benin Social Science Research Group was transformed into an independent research and action Centre in 1998. It was formally registered in Nigeria as such by the *Corporate Affairs Commission* in 1999.

The establishment of CPED is influenced by three major developments. In the first place, the economic crisis of the 1980s that affected African countries including Nigeria led to poor funding of higher education, the emigration of academics to advanced countries which affected negatively, the quality of research on national development issues emanating from the universities which are the main institutions with the structures and capacity to carry out research and promote discourse on socio-economic development. Secondly, the critical linkage between an independent research or think tank organisation and an outreach program that translates the findings into policy and at the same time test the applicability and effectiveness of the recommendations emanating from research findings has been lacking. Finally, an independent institution that is focusing on a holistic approach to sustainable development and poverty reduction in terms of research, communications and outreach activities is needed in Nigeria. CPED recognises that the core functions of new knowledge creation (research) and the application of knowledge for development (communication and outreach) are key challenges facing sustainable development and poverty reduction in Nigeria where little attention has been paid to the use of knowledge generated in academic institutions. Thus, CPED was created as a way of widening national and regional policy and development debate, provide learning and research opportunities and give visibility to action programmes relating to sustainable development and poverty reduction in different parts of Nigeria and beyond.

The vision is to be a key non-state actor in the promotion of grassroots development in the areas of population and environment in Africa. The overall mission is to promote action-based research programs, carry out communication to policy makers and undertake outreach/intervention programmes on population and environmental development in Africa.

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Editorial Policy of *CPED's Research for Development News (CRDN)*

CPED's Research for Development News (CRDN) is the official publication of the *Centre for Population and Environmental Development (CPED)*. Through this medium, CPED seeks to reach out to relevant policy makers and other stakeholders on key issues concerning development in Nigeria in particular and other parts of Africa in general.

Vision: *CRDN* seeks to inform, educate and report development issues and challenges as well as the progress in the research and outreach activities of the Centre for the consumption of policy makers, other stakeholders and the reading public in its quest to promote sustainable, holistic and grassroots development.

Mission Statement: To provide a medium for drawing the attention of policy makers, other key stakeholders and the general public to the issues and challenges of development and the policy response needed to promote equitable development.

Core Values: The two core values of *CRDN* are derived from those of CPED. The first relates to the fact that the universal ideals of intellectual and academic freedom is promoted and respected by CRDN. In this respect CRDN will remain an independent, professional and development news letter. Secondly, CRDN is a non-partisan newsletter which is not associated with any political party or organization. However, when the need arises, CRDN in its publication of CPED's research, advocacy and outreach activities will address key political issues that have considerable impact on development, especially at the local level.

Editorial Board: The Editorial Board of CRDN shall be made up of CPED's Executive Director, two professional staff of CPED and two other members from outside CPED comprising mainly of CPED Fellows.

Editorial Policy: While CRDN will report on any development issue and the various activities of CPED, CRDN will, as much as possible, focus on a particular development theme in one edition. The theme to be addressed in a subsequent edition shall be announced for the benefit of contributors in advance.

Adverts: There shall be created in every issue, a space for advertisement. The cost of the advert placements shall be determined by the Editorial Board.

Manuscript submission: Persons interested in contributing to any edition of CRDN are welcomed to do so. Manuscripts should be original with a maximum length of five pages typewritten with double-line spacing and accompanied with biographical sketch of the author which must not be more than fifty words. Each article should be typed on A 4 paper with a margin of one inch round. Manuscripts already published elsewhere shall not be accepted.

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Editor's Note

Professor Emeritus Andrew G. Onokerhoraye, *Ph.D., OON, JP*
Editor

The *Centre for Population and Environmental Development* (CPED) is pleased to launch its *Research for Development News,* with support from the *Think Tank Initiative* initiated and managed by the *International Development Research Centre (IDRC). CPED's Research for Development News (CRDN)* series is published twice a year in June and December. The Series will report on the research, communication and intervention activities of CPED with the major aim of informing policy makers and other key stakeholders on development issues as well as informing key stakeholders on CPED's activities on research and intervention. In this respect the editorial policy of *CPED's Research for Development News* is to focus on one major development issue in each number of CRDN.

This June 2015 edition of CRDN is presenting progress and outcomes of CPED research projects and other activities.

Professor Emeritus Andrew G. Onokerhoraye
Editor,
June, 2015

Reports on CPED Research Activities

Community-based Stakeholders' views on the Federal Government amnesty programme in the Niger Delta region, Nigeria

The on-going research project of the *Centre for Population and Environmental Development (CPED)* titled *"Amnesties for Peace in the Niger Delta: a critical assessment of whether forgiving crimes of the past contributes to lasting peace"* funded by the *International Development and Research Centre (IDRC)* under its peace and nation building program has produced key findings which can enhance the implementation of the Federal Government amnesty programme and indeed any peace building programme in the Niger Delta region. One of the findings relates to the need for the promotion of community participation in the implementation of peace programmes as reported below.

The community members that were participants in key informant and focus group discussions during the field survey pointed out that sustainable peace is only achievable if community stakeholders are involved in the process either as actors or beneficiaries. They pointed out that the Amnesty programme is largely exclusive of most of the victims of the violence in the Niger Delta, especially the inhabitants of the communities where most of the violence took place over the years. They argued that their villages were targets of attack by the militants as well as the government military response carried out mainly by the joint military force. In this respect the community members argued that the Amnesty is largely exclusive as it target mainly militants without consideration for the victims of militancy and hostage taking in the region. Mothers and Children who had lost fathers and sons and homes and have been displaced by the conflict were not included in the amnesty package. They argued that their exclusion can therefore be explained by the fact that they did not directly carry arms or engaged in violence.

One participant pointed out as follows:

> *"Amnesty granted to the militants it seems serves only as a strategy to enable the government and oil companies to continue with oil exploration in order to bring in revenue to government. This strategy the government adopted amounted to throwing money at issues affecting the Niger Delta instead of addressing them head on."*

Another participant added as follows:

Amnesty did not meet the need of the grassroots population of the Niger Delta region, especially those living in the rural communities that were major targets of violence. Amnesty is basically only an act of freeing militants and not to develop the area. Amnesty is not a development act, and it has explained itself in the sense that, despite amnesty peace has not permanently come to the region. The main aspiration of the people is for the government to come and develop the area and improve on the socio-economic lives of the people. It does not address the socio-economic needs of the people. Amnesty does not take care of the inequality that exist, the sprawling poverty, environmental degradation and the widespread unemployment that exist in the region.

Some of the respondents asked the following questions *"Are the militants the only deprived in Niger Delta?" Is the amnesty programme and the attention given to the ex-militants not reinforcing the frustration of those who did not take up arms against the Nigerian state?* They pointed out that answering these questions is essential to resolving these frustrations which is a requirement for peace – building in the Niger Delta communities.

The issue of involving the communities in the actual implementation of the Amnesty programme was raised frequently by the key informants and focus group discussants. They pointed out that the limited efforts to reach the communities by the amnesty programme have often been hijacked by people living in urban areas who have access to those in authority. The community members are not happy because they are sidelined in the implementation process. One of the key informants pointed out as follows:

"The case of peace building in the Niger Delta is often determined at the federal capital territory Abuja rather than through the initiatives of those affected. It was deduced from the qualitative data that there was more politics in peace building initiatives than in conflict initiatives, because they are frequent and involve government expenditure, so peace building processes in the Niger Delta were described as political and full of deceit: ... Imagine someone who has lived all his life in Lagos city was made the chairman of the amnesty programme in our community area- just because he is a member of the ruling party! What does he know about the origin of conflicts in this community? Does he know the number of cult groups causing trouble in this community? Does he know those sponsoring violence in this area? These are questions we should ask ourselves."

Finally, participants pointed out that sustainable peace is not going to be achieved in the region except communities whose natural resources are exploited unabated are involved in the exploitation process. One participant in the focus group discussion emphasized this when he stated as follows:

"The exclusion of Niger Delta communities in the control and management of the upstream and downstream operations of the oil industry is disastrous to their very existence as a people. For instance through various legislations by the Federal Government and some State Governments, the local communities on whose lands oil is exploited, have been divested of their entitlements to their land and the oil produced from it. Indigenes of the Niger Delta hardly ever benefit from the allocation of Oil Prospecting Licenses and are totally excluded from crude oil sales notwithstanding the fact that it is the local communities and the people that directly suffer from oil spillage, gas flaring, acid rain, and other forms of environmental degradation and pollution"

Respondents emphasized the employment challenges facing the youth in their communities and the contribution which the Amnesty programme is supposed to make to the amelioration of the situation. They argue that their communities have greater percentage of their population unemployed in the Niger Delta region because most of the employment opportunities are in the urban areas. According to them this fact originally led to some of the youth in their communities becoming militants so as to meet their basic needs. They therefore criticized the employment and training component of the Amnesty programme which appears to benefit a few militants most of which are not from their communities. The participants pointed out that youth in their communities in need of training and employment are not listed as politicians use party machinery to identify those who should benefit. In most cases the few beneficiaries from the communities are those living in urban areas.

One participant pointed out as follows:

"Training and employment in the Amnesty programme should be extended to all the local inhabitants in the community, otherwise, it could send a wrong signal to others who have been excluded from the exercise that crime pays and may serve as a driving force for others to want to take arms for recognition. The amnesty package should not be implemented as a standalone act, but must be carried out within a comprehensive peace process."

Another participant expressed the view that

"addressing the militants alone while neglecting the deplorable situation, the underdevelopment and poverty, governmental and corporate mis-governance, all of which led to the militancy and later criminality in the region will no doubt spell doom for the amnesty programme. This is because the number of militants presently being reintegrated under the programme constitutes only a small percentage of the Niger Delta population."

In the context of the need to train and employ youth in their communities, the key informant respondents and focus group discussion participants noted the neglect of women as beneficiaries of the programme. They pointed out that the Amnesty programme granted the militants is skewed towards

the male gender as if the female were not part of the communities. One of the participants pointed out that:

> *"The issue is that militancy is associated with both the male and female youth. Therefore, whatever must be done must also consider and accommodate the female gender, the children and the elderly. In order to avoid a situation where a crop of young girls or ladies could rise up to carry out another round of criminality and demand for their rights, there is need to involve the female community members as key beneficiaries of the programme. Therefore, amnesty as a strategy must involve both male and female gender and possibly the children."*

Similar sentiments were expressed by other participants with respect to how their communities are deprived despite the Amnesty programme. A typical sentiment expressed by an interviewee was:

> *"Regarding our suffering, the government has done nothing: "We have oil wells, but no benefits and no employment." This sentiment was expressed time and again across the communities interviewed, providing strong local justification for illegal oil refining being a community right."*

Another interviewee said:

> *"The government and oil companies are collecting our oil, and we don't have jobs, no money, so we have to collect the oil and refine our own. We have no fish in these creeks because of pollution; even the few farmers we have, their farm lands have been polluted with oil, so they all joined the practice of illegal oil refining."*

Recommendations by participants to inform policy on improving the implementation of the Amnesty Programme and other associated government development activities

These recommendations which they believe will impact on the wellbeing of the people in the rural communities of the Niger Delta include the following:

- The Federal Government should pay more attention to the developmental challenges of the communities of the Niger Delta;
- It has become imperative for government to review the NDDC Act to ensure the Commission's functions are limited in scope. The present Act gives the powers to do everything and that is why it does appear that nothing is being done that benefits the rural communities;
- The multinational companies are sources of conflict and the Federal Government has a moral responsibility to supervise their conduct, even though they are private businesses.
- Attention must be paid to the supervision of the Boards and Agencies set up to address the issues of: agricultural development, housing, education, health, employment, Water supply, Power and Energy and Infrastructure (roads, rail, sea and air).
- The community development strategy in the Niger Delta area should emphasize extensive grass-root participation. The management of the development of the communities should be drawn from relevant community-based groups including the youth, the traditional rulers, religious groups as well as village associations;
- The Amnesty Programme's skill acquisition packages promises a better future for both the local populations and the companies if well managed. Upon the completion of their training in oil related skills, the companies should ensure that they are recruited and engaged in the industry through the reservation of some employment quota for the local inhabitants, especially those living in the communities, thus making the local people identify with the companies of operating in their environment;
- The success of the Amnesty package depends on the collaboration of the state governments, local governments, the oil companies, NDDC, the Ministry of Niger Delta Affairs and other intervention agencies. Each of these levels of government, corporations and agencies must strive to contribute their own quota to the success of the programme, practically in the area of training and skill acquisition.

Components of exclusion in the implementation of the Federal Government amnesty programme in the Niger Delta region, Nigeria

The on-going research project of the *Centre for Population and Environmental Development (CPED)* titled *"Amnesties for Peace in the Niger Delta: a critical assessment of whether forgiving crimes of the past contributes to lasting peace"* funded by the *International Development and Research Centre (IDRC)* under its peace and nation building program has produced key findings which can enhance the implementation of the Federal Government amnesty programme and indeed any peace building programme in the Niger Delta region. Another of the findings relates to the exclusion of key stakeholders which can negatively impact on the success of the amnesty programme. The components of exclusion identified by key stakeholders include the following:

Exclusion of Some Ex-Militants

The Amnesty package has tended to use the subjective criteria of internal lists submitted by the armed groups, supported by some form of verification by military committees set up by the Defence Headquarters. The weakness of the criteria is demonstrated in the over-bloated size of ex-militants, which seemed to have crowded out the real militants who tended to have come out in later phases. The subsequent inclusion of more ex-militants into the programme between October 2009 and 2012 was a result of agitation for inclusion. There could be several reasons for this. First is that the genuineness or sincerity of programme intentions became clearer as progress was made. It has been argued that some militants were wary of amnesty programme and stayed out of it. Some may have stayed back as part of organized back up force in the event of failure of the programme. There have been numerous protests by former ex-militant groups over non inclusion in the second and third phases of the project, even though they surrendered their arms. In March 2013, ex-militants protesting non documentation of 315 militant camps in Delta State and non inclusion in the third phase by the Presidential Inter- Agency Task Force, set ablaze a gas pipeline in OML 30, in Ughelli North LGA of Delta State. Up-till October 2013, some excluded ex-militants were still allegedly planning to stage protests in Abuja, over agitation for inclusion in the programme.

Exclusion of some ex-militants from the reintegration process

There have been complaints that many ex-militants are still excluded even after submitting arms particularly in the phases 2 and 3. There are also claims that the distribution of reintegration slots among ex-militant groups and camps was inequitable. Some ex-militant leaders and ex-militants camps are alleged to be given preferential treatment in the selection of ex-militants for demobilization and reintegration as well as payments of reinsertion benefits. There were protests among ex-militant leaders that their camps were allocated very few slots for monthly stipend relative to the number of persons who surrendered and the arms they surrendered in the third phase of the Amnesty in Edo and Delta States.

Exclusion of Some Ex-Militant Leaders from Benefits

There have been complaints about the privileged access to demobilization and reintegration enlistments by some ex-militant leaders and their camps, and the privileged and inequitable treatment of some ex-militant leaders to the detriment of others. For example, surveillance contracts were awarded in 2011 by NNPC to ex-militants leaders, worth N6.36. The specific contracts ranged from Mr. Tompolo Ekpomupolo(N3.6 b), Asari Dokubo (N1.4 b),Ebikabowei Boyo of (N608 m) and Ateke Tom (960.8 m). These contracts and other possible benefits have been protested as being

discriminatory. Part of the grievances of late General Togo who went back to the creeks in 2011 until he was subdued by JTF was unfair and discriminatory treatment. Ex-militants in Akwa Ibom State protested in Uyo in September 2012 over non inclusion in surveillance contracts awarded by the NNPC and lopsided and deliberate neglect of Akwa Ibom people in the Amnesty Programme.

Exclusion of Victims of the Niger Delta Crisis

Inclusive amnesty programmes normally provide benefits and assistance packages for disabled combatants, dependent children of ex-combatants, female ex-combatants, child soldiers, women partners of ex-combatants, vulnerable persons, internally displaced persons, war affected civilians, ex-combatant communities, amnestied political prisoners, and elderly persons connected to armed groups. However, the amnesty programme exclusive as it targets only militants without consideration for the victims of militancy and hostage taking in the region. Mothers who have lost children, children who had lost fathers, families that have lost homes and persons who have been displaced by the conflict were not included in the amnesty package, presumably as a result of their lack of means of violence.

Exclusion of the Youth

Numerous youth in the Niger Delta, particularly the uneducated and unemployed see the amnesty programme as their hope for empowerment and human capital development and have organized themselves and protested in order to compel inclusion in the programme. But the amnesty programme excludes community youths and the youth of the region. However, there have been attempts in some stages of the programme to incorporate some community youth, particularly at the reintegration stage. In the second phase, some youth from several oil-impacted and polluted communities were included. Several components of the amnesty programmes such as the vocational training, economic empowerment and employment creation should not have been limited to the militants. This has sent a wrong signal to others who have been excluded from the exercise that crime pays and may serve as a driving force for others to want to take arms for recognition.

Gender Exclusion

The amnesty programme was meant for both women and men who in one way or the other, were involved in the militant activities. However, the implementation process, especially after the surrendering of arms in the context of sustainable peace and development in the region, has become lopsided whereby men dominantly were considered in the entire amnesty programme. Though some women have been trained in specialized skills centres, in general, there seems to have been no plans for the inclusion of women's needs and concerns in the programme. Yet, some of these women have served as wives, girl friends, combatants, concubines, cooks, informants and couriers in the militant formation. Some women were taken into forced slavery, while others were physically and psychologically abused. In fact, the existence and needs of female combatants have historically been overlooked, just as the neglect of the many and complex roles that women play during war and peace. These neglects lead to a less effective and less informed amnesty programme that does not fully extend to the community level and that may not lead to long-term or sustainable peace.

Exclusion of Conflict Affected Communities

The role of communities in facilitating resettlement and reintegration of ex-combatants into civilian and community life has been identified as crucial to any sustainable and effective amnesty programme. The host communities are now regarded as part of reintegration programme and thus should be empowered to participate in the design, planning

and execution of reintegration programmes. In the Niger Delta amnesty programme, poor community reintegration makes for reluctance of ex-militants to return to home communities. The "ex-combatant versus society dichotomy" is more effectively broken through community involvement and projects that are mainstreamed by the amnesty programme. The lack of community integration is also responsible for relocation of ex-combatants to urban areas with less likely potential for social stigmatization rather than return to home communities.

Exclusion of Non Ijaw Militant Groups

The narrow basis of the amnesty programme is further manifested, when it is realized that the armed resistance or militia phenomenon was largely in the creeks and waterways. More dominantly, militancy was an Ijaw and associated dialectical groups' phenomenon. Thus the reinsertion payments, human capacity and economic empowerment of 30,000 ex militants is like the settlement of Ijaw youth. However, in the later phases, this settlement has included a sprinkle of Itsekiri and Urhobo youth and other youth who were part of the Ijaw led militia movement. Consequently in the main, it can be claimed that amnesty programme by leadership and beneficiaries is dominantly Ijaw. Thus, activities and beneficiaries of the programme are concentrated among the youth of Bayelsa, and parts of Rivers, Delta and Ondo States. The non Ijaw ethnic groups and Akwa Ibom, Cross River, Abia and Edo have been agitating for more inclusion in the activities of the programme and even in the appointments and development activities of the federal government.

Policy Recommendations

Based on the findings with respect to the issues and challenges of the amnesty programme as implemented to date, the following policy recommendations are provided below.

- The amnesty programme needs to redesign its goals, content, benefit structure and breath in such ways that they are more inclusive and comprehensive. This will mean that the programme, if it is to continue, will have to include issues that are germane to post conflict transformation and peace-building. In its relationship with the federal government, it should tease out more comprehensive strategies for managing sustainable peace and development. This means that the programme should be connected or linked to or become part of a wider programme of economic recovery, transformation, transitional justice, reparation and resettlement.

- There should be a comprehensive programme for addressing the grievances of the region and transforming the conflict situation.

- There have to be a concrete programme of peace-building comprising relationship building, rebuilding of broken relations, social capital and mechanisms of peace and advocacy, peace works volunteering, early warning systems and conflict prevention.

- The issues of exclusion in the current amnesty programme must be addressed and mechanisms worked out to ensure a system that is satisfactory, acceptable and supported by all segments of the Niger Delta people. The benefits should move beyond ex-militants to youths, women, vulnerable groups, communities affected by the Niger Delta conflict, home communities of ex-militants, and social and community activists.

- There has to be inclusion within the ex-militants in the distribution of benefits. All ex-militants who passed through the eligibility process should be included. There should be provision of spaces for all disarmed militants rather than a situation where those who claimed to have disarmed are still excluded from reintegration benefits.

- The system of payment of monthly stipends should be transparent and accountable. Payment should be made directly to the ex-militants rather than the current system of payment through their commanders.

- The issues of post reintegration training in terms of employment and economic empowerment should be comprehensively addressed because training ex-militants without employment in the post 2015 period is a clear partway to another Armageddon. Therefore intergovernmental and inter stakeholders structures for synergizing efforts for employment has to be put in place for not only ex-militants but for other Niger Delta youths.

Key Findings of the Primary Health Care Study in Delta State, Nigeria

Introduction

The Primary Health Care (PHC) study in Delta State is funded by Canada's *International Development Research Centre (IDRC)*, Ottawa and the *West African Health Organization (WAHO)*. The general objective of the project is to contribute to a body of evidence on the strengthening of the health system in Nigeria that can influence the development, modification and implementation of policies on equitable access to health care with specific focus on the primary health care services. A summary of some of the key findings of the study is outlined as follows:

Primary Health Care Level Health Facilities and Equipment

- A full package of guidelines for the management of various key basic ailments — which includes management of malaria, integrated management of child illness, treatment and care of people with HIV/AIDS, PMTCT of HIV and family planning is available in about 60 per cent of the PHCs and more significantly in private owned PHCs.

- A full package of general purpose health management equipment including blood pressure machine, stethoscopes, microscopes, weighing scale for adults, weighing equipment for under-five, hand gloves, syringes and needles, and refrigerator is available in about 50 per cent of the PHCs and more significantly in private owned PHCs.

- A full package of different types of drugs and supplies including injectable antibiotics, oral antibiotics, oral contraceptive pills, IUCD, injectable contraceptives, vitamin A capsules, vaccines and first-line anti-malarial drugs is available in about 65 per cent of the PHCs and more significantly in private owned PHCs.

- A full package of different types of laboratory test facilities including urinary test, pregnancy test, ova parasite test, blood count, malaria parasite, PCV, and sugar test is available in about 20 per cent of the PHCs and more significantly in private owned PHCs.

- A large proportion of the PHCs do not have beds for the admission of patients when the need arises. In those PHCs which have admission bed facilities about 70 per cent are actually functioning.

- Less than 30 per cent of the PHC facilities have regular water supply, i.e., year-round water is supplied by a tap in the facility from a protected or unknown source, or water is supplied from a protected well or pump, and water outlet is available within 500 meters of the facility. One of every four PHC facilities has regular electricity or generator with fuel. Overall, only one of every ten facilities have regular supplies of water and electricity as well as client comfort amenities such as a functioning client latrine, a protected waiting area and a basic level of cleanliness.

- In terms of communication, it was found that the commonest means of communication is the cellular phone (GSM), but found in only 24.33 per cent of the PHC centres. This is followed by computer facilities (found in only 5.67 per cent of the centres), landline phone (2.22 per cent of the facilities) and shortwave radio facilities (1.89 per cent).

Primary Health Care Services

- The commonest illness reported in the study areas is malaria, which accounts for 42.67 per cent of all reported cases. The second most prevalent type is diarrhoea, which accounts for 17.11 per cent of all the cases reported. Since these illnesses can be handled by primary health care centres, it shows the need for them to be prepared to handle such cases in their localities. Of course most of the patients handled are women and children. The PHC staff interviewed reported that malaria constitutes about 62 per cent of the cases which people bring to their PHC centres.

- The survey shows that 30.44 per cent of sick and injured household members visited 'public' PHCs while 23.56 per cent of such persons visited 'private' PHCs. Furthermore, 14 per cent of household members visited pharmacist/ chemists, while 13.78 per cent visited traditional healers. Community-owned health centres were visited by 12.67 per cent of all sick and injured household members. The findings show that about 67 per cent of household members that were sick in the last four weeks preceding the survey visited public primary health centres with about 23 per cent using private primary health centres. It shows further that about 28 per cent still visit traditional healers or private chemists. This is a challenge to primary health care services in the study areas as there is need to encourage such household members to use public or private primary health centres.

- A full package of primary health services including immunization and mother-child care, child delivery, family planning, ante-natal/post-natal care, treatment of minor ailments, HIV Testing and Counselling, Health Education Talk, and dental care services is available in less than 10 per cent of the PHCs and most of these are private PHCs.

- Geographic proximity is a major determinant of the utilization of PHC centres. On the average, 27 per cent of the respondents live within 14 minutes of the nearest PHC centre while about 29 per cent live within 15-30 minutes and 21.78 per cent of all respondents live within 31-

45 minutes of the nearest centre. The most disadvantaged group, (living more than 60 minutes of the nearest centre), constitute 10.56 per cent of the respondents. Although some localities are indeed very far from the available PHCs, the general pattern is that PHCs are fairly accessible geographically to the people of the study areas.

Maternal and Child Health Care

- An average of about 45 per cent of the female members had live births in the twelve months preceding the survey. In terms of health care high birth rates imply increased demand for maternal and child health care in the study areas.

- The finding that about 70 per cent of the female members that were pregnant received prenatal health care shows that a considerable proportion about 30 per cent do not use prenatal health care services which is a major challenge for maternal health care in the study areas.

- ANC services are available in 70 per cent of PHC facilities and close to 60 per cent of them offer postnatal care (PNC), and tetanus toxoid (TT) vaccine. Overall, only a little over 50 per cent of ANC facilities have visual aids, ANC guidelines, and individual client cards —items considered important for provision of quality ANC counselling.

- Less than 50 per cent of ANC facilities in PHCs have all five essential supplies for basic ANC services (blood pressure apparatus, foetoscope, iron and folic acid tablets, and TT vaccine) for basic ANC. All infection control items (soap and running water or else hand disinfectant, latex gloves, disinfecting solution, and sharps box) are available in less than 40 per cent PHC ANC facilities. About 40 per cent of the facilities that offer normal delivery services have all infection control items (soap and running water or else hand disinfectant, sharps box, disinfecting solution, and clean latex gloves) at the service site.

- Less than 25 per cent of the PHC ANC facilities have all medicines for managing common complications of pregnancy (a broad spectrum antibiotic, an antihelminthic, a first-line antimalarial, an antihypertensive, and at least one medicine for treating each of the following reproductive tract infections: trichomoniasis, gonorrhoea, chlamydia, syphilis and candidiasis).

- All basic equipment and supplies for conducting normal deliveries (scissors or a blade, cord clamps or ties, a suction apparatus, antibiotic eye ointment for the newborn, and a disinfectant for cleaning the perineum) are available in the delivery area in about 30 per cent of PHC facilities offering delivery services. The availability of each of these items individually ranges from 75 percent of facilities having antibiotic eye ointment to 97 percent having scissors or a blade at the service site.

- Approximately 50 per cent of PHC facilities offer all three basic child health services— outpatient curative care for sick children,

childhood immunisations, and growth monitoring. Practically all facilities offer outpatient curative care for sick children. Out of the facilities offering outpatient curative care for sick children, about 70 per cent have treatment guidelines for sick child services.

- Complete evaluation of sick children for general danger signs (the sick child's inability to eat or drink, vomiting everything, and febrile convulsions) during sick child visits are not routinely done in most of the PHC facilities largely because of the lack of adequate staff.

Primary Health Care Personnel

- Female employees dominate the employment structure of the PHCs as over 90 per cent of the PHC staff interviewed are females, except in PHCs located near urban centres where males are quite significant. It appears women are pushed to rural PHCs in the study areas.
- About 9 per cent of the staff of the PHCs are medical doctors but most of these are in Private PHCs. Midwives and nurses are the largest category of PHC staff followed by auxiliary nurses and community health personnel.
- Less than 50 per cent of the staff in the PHCs are professionally trained in basic PHC health care delivery skills such as IMCI, Maternal and child health, life saving skills, adolescent sexual and reproductive health, HIV/AIDS opportunistic infection treatment, PMTCT of HIV, Family Planning and STI diagnosis and treatment.
- Less than 50 per cent of the PHC staff are involved in outreach PHC services such as home visitation and follow up, immunization, home service and mobilization of community people on PHC activities. Nearly all staff interviewed reported that they need assistance with transportation to better visit households and to facilitate the travel of the sick to secondary health facilities during referral.
- Only about 30 per cent of the staff reported that they received regular supervision from the Ministry of Health and its agencies.

Primary Health Care Governance

- PHC providers, especially in the public sector identified a number of constraints affecting the effective management and delivery of PHC services including inadequate equipment and personnel, poor management structure, poor housing and sanitary environmental condition and lack of drugs and laboratory services.
- Less than 40 per cent of the PHCs promote the participation of the community members in PHC activities such as planning and design, environmental sanitation, building public toilets and monitoring project implementation.
- Approximately 54 per cent of the PHCs reported that they have functioning Health Management Committees embracing community members. However over 30 per cent of the

committees did not meet in the year 2013 preceding the surveys in 2014.

- The factors identified by PHC staff as responsible for the poor performance of Health Management Committees include lack of financial motivation for their participation and lack of knowledge of the part of community members on the importance of the Health management Committees.

CPED staff conducting a focus group discussion in Ughelli South Local Government Area, Delta State

Summary of Stakeholders' Recommendations on Strategies to Improve Primary Health Care in Delta State, Nigeria

The recommendations of the stakeholders for improving Primary Health Care services are as follows:

Equitable geographical location of PHCs

Respondents and participants in the study hold the view that PHCs should be equitably located so that their activities can cover remote rural areas, especially in the wetland areas where transportation constraints prevent people in such areas from using PHCs located far away from them. It was strongly recommended that in situations where establishing new PHCs are not immediately possible, existing PHCs nearer to such localities should be empowered with more staff and facilities to extend their activities to such remote and largely inaccessible localities.

Provision of adequate drugs

The lack of appropriate drugs available at PHC facilities was a problem in two ways: one, it may mean that the appropriate treatment is not possible, and, two, it obliges the patient to seek the medication in a local chemist shop, where the drugs may be expensive. Respondents wanted to be able to obtain the medicines directly from the medical staff even if it meant some payment. They would like PHC facilities to stock the drugs needed for treatment rather

than to write a prescription to be filled in a pharmacy. The availability of medicines was one reason cited for patronizing a particular facility, just as the lack of drugs was mentioned as a reason for avoiding a facility. Consequently it was recommended that more drugs should be provided in the PHCs. Drugs should be made available and affordable in the PHCs, so that they could receive all their prescriptions at one place. Lastly, the national drugs policies and essential drugs list need to be reviewed, making them more responsive to PHC patients' needs and improving availability.

Improvements in PHC workforce

The lack of adequate staff for PHCs was viewed as unacceptable if PHC services are to reach the poor in rural communities. It is in this context that the following recommendations were made for implementation:

- Efforts must be undertaken in Delta State in particular and other parts of Nigeria in general to reduce the impact of the health worker shortage on its health system by giving considerable attention to the recruitment of staff for PHCs, especially those located in rural areas;

- Presently low health staff production, particularly of nurses, has to be substantially accelerated to catch up with growing demands and attrition;

- Improve the retention and distribution of the health workforce in rural PHCs by improving working conditions and financial (and non-financial) incentives, such as free days, study or maternity leave and better social dialogue;

- Improve the performance and productivity of existing staff by increasing opportunities for life-long training and improving career development prospects;

- Develop and strengthen rural health service coverage by equipping the semi-skilled health workforce to maintain rural health centres;

- The government needs to invest not only in its health workers but also in its facilities, by ensuring regular medical supplies, upgrading facilities and improving working conditions in rural and poorer areas;

- Provision of housing for health workers in under-served areas;

- In-service training and career development opportunities for health workers;

- Formulation of hardship pay policy for health workers in rural/underserved areas;

- Articulation of a programme on the utilization of unemployed and retired health workers through expanded hiring and contracting;

- Increased use of new cadre of health workers;

- Development of an overtime policy for their health-care workers. This would supplement the professional nurses' salaries and assist with filling the gap in available human resources.

- Some health workers were perceived as rude, unfriendly, unapproachable or

impatient, or did not respect patients. They should be trained on how to handle patients because the attitude of health staff towards patients complicates their health challenges.

Improvements in the availability of doctors in PHCs

One of the major constraints to visiting PHCs, especially public ones in the study areas is the fact that the services of doctors are not readily available. Respondents and participants in the study areas recommend strongly that efforts should be made to ensure that the services of medical doctors are available in PHCs as regularly as possible.

Improvements in Maternal and child health care

Despite the emphasis on maternal and child health in the activities of the PHCs, the rate of utilisation of those services remains low, especially in remote rural communities. Improving community awareness and perception on skilled providers and their care by targeting women who prefer non-skilled providers and those who do not have any awareness is very important. The vast proportion of the respondents and participants in the surveys appreciated the importance of using maternal and child health services provided by skilled personnel in PHCs. However, they made recommendations that could enhance the use of skilled health facilities as outlined below:

- There is need for increased attention to safe motherhood education using the available communication networks in the rural communities;
- There is urgent need for informational campaigns in the remote rural communities so as to improve the awareness and perceptions of women with regard to the importance of skilled maternal and child health services provided in PHCs;
- Ensuring the improved performance of basic essential obstetric care facilities in PHCs is also very critical, especially for improving the rate of skilled attendance at birth;
- Increasing availability and accessibility of maternal health centres to rural women in underserved communities, especially in the wetland areas of the state;
- There should be vigorous campaigns against social norms that are harmful to women's health;
- Efforts should be made to increase women's socio-economic status in society, especially in rural communities;
- Campaigns with respect to the utilisation of maternal and child health services should specifically target men so that they can support their wives in maternal and child health care provided in PHCs;
- Improve the access of rural communities to PHCs through improved roads and other means of transportation;
- Conscious efforts must be made to ensure the provision of PHCs in localities that are at present too far from the existing ones.

Other CPED Activities

CPED Research Officers participate in Technical Workshop on "Strengthening Capacities for Gender Analysis in Sub-Saharan African Countries" Kampala, Uganda: July 6-9, 2015

Technical Training Workshop

theme

Strengthening Capacities for Gender Analysis in Sub-Saharan Countries

Date: 6th – 9th July, 2015 **Venue:** Lake Victoria Serena Hotel, Lweza Kampala Uganda

While mainstreaming gender in government policies and programs has been emphasised by most governments in Sub-Saharan African, the results so far are not impressive. This is partly explained by the limited analytical capacities to inform the policy process as well as gender programming. To this end, the Economic Policy Research Centre (EPRC) in collaboration with Advocates Coalition for Development and Environment (ACODE) and, with financial support from International Development Research Centre (IDRC), organized a technical workshop to enhance the skills of researchers, academia and policy makers in gender analysis. The overall objective of this training workshop is to strengthen the capacities of researchers, practitioners, policy makers, and academia in gender analysis methods- both qualitative and quantitative- as a step towards more evidence-based policy making processes.The technical workshop took place from 6th – 9th, July, 2015 in Lake Victoria Serena Resort, Lweza - Kampala, Uganda.

The training was a combination of gender theory, methods and practical applications that entail a field visit related to the course to enhance the participants' skills in qualitative data analysis as well.

There were four facilitators and twenty participants drawn from African countries that attended the training workshop. The facilitators for the training workshop were: Dr. Michele Mbo'o-tchouawou; Development and Gender Economist, from International Livestock Research Institute (ILRI), Nairobi; Dr. Bruno Lule Yawe; Senior Lecturer , School of Economics, Makerere University, Uganda; Dr. Tabitha Mulyampiti, Senior Lecturer, School of Women and Gender Studies, Makerere University, Uganda and Dr. Margaret Kakande , Director, Ministry of Women Affairs, Uganda. The participants from CPED were Boris H. Odalonu and Ernest O. Imongan. The workshop kicked off on the 6th of July and ended on the 9th of July 2015.

CPED staff, Boris and Ernest in a practice session during a training workshop in Uganda

CPED Executive Director and one Senior Programme Officer Attended Research Conference in Istanbul, Turkey: February 18-20, 2015

On February 18-20, 2015, the Think Tank Initiative (TTI), a multi-donor program managed by the International Development Research Centre (IDRC), dedicated to strengthening independent policy research institutions in developing countries, hosted a global event for all its 43 grantees entitled ***"Think Tank Initiative Exchange 2015: Research Quality, Outreach and Impact"*** in Istanbul, Turkey. 200 think tanks, donors, and other research-to-policy stakeholders came together to explore perspectives on the theme of "Research Quality: Approaches, Outreach and Impact." CPED Executive Director ***Professor Emeritus Andrew Godwin Onokerhoraye*** and ***Job Eronmhonsele***, CPED Senior Programme Officer and Head, Communications Division represented CPED at the Event.

The objectives of the global event were: to share understanding and perspectives on what research quality means for think tanks to achieve impact; to share knowledge, practice and experience on how think tanks are ensuring rigor, and quality research while maintaining policy relevance; to create awareness and exposure to a range of different approaches, methods and tools for strengthening research quality; to identify potential areas of capacity development and related support for research quality in think tanks; and, to promote networking and collaboration between think tanks and other research to policy stakeholders.

The program featured different parallel sessions. Among these was a session on how think tanks can engage directly with citizens in order to enable their voices to feed into research and policy outcomes. Professor Emeritus Andrew G. Onokerhoraye of CPED made a presentation at this session entitled "A Case Study of Community Engagement Research to

Promote Peace among Communities in Nigeria's Niger Delta". In his presentation Professor Onokerhoraye made it clear that Community engagement is important to ensure the protection of participants, for building a trust relationship between researchers and the community and to address ethical issues arising from research. He emphasized that partners in community engagement can include organized groups, agencies, institutions, or individuals.

Professor Andrew G. Onokerhoraye in a Panel Discussion at the TTI Exchange 2015 Conference in Istanbul, Turkey

Other presenters in the session include Raghavan Suresh of Public Affairs Centre (PAC) India; Ajaya Dixit of ISET-T, Nepal; Arthur Bainomugsha of ACODE, Uganda, and Udan Fernando of CEPA, Sri Lanka. The session was coordinated by Diakalia Sanogo of TTI.

Job Eronmhonsele (CPED) with other participants doing some exercise on community engagement at the TTI Exchange 2015 Conference in Istanbul, Turkey

The research conference provided opportunities for participants to learn new approaches, tactics and tools that can be employ to strengthen the quality and effectiveness of think tanks' research uptake as well as learning new ways of identifying pitfalls and minimizing risks which may arise when applying these approaches, tactics, and tools.

CPED Receives West Africa Health Organisation (WAHO) Representatives

The Centre for Population and Environmental Development (CPED), Benin City, Nigeria, on June 8 – 9, 2015 receives representative of West Africa Health Organization from Burkina faso Dr. N. Keita and Dr. L. Virgil, and a consultant from West Africa Rural Foundation Dr. K. Mohamed in respect of the her ongoing project titled ***"Strengthening the Health System in Nigeria Through Improved and Equitable Access to Primary Health Care: A Case Study of Delta State, Niger Delta Region"*** supported by WAHO in with Collaboration IDRC.

The monitoring visit by the WAHO team among other things seeks to provide capacity building needs for project staff as well as determine the way forward for support on Monitoring Learning and Evaluation. The meeting also provided the research team the opportunity to define roles and responsibilities of each category of stakeholders and/or actor that will help to influence utilization of the research recommendations. The meeting was attended by Members of the research team amongst who were Professor Andrew. G. Onokerhoraye (Project Team Leader), Professor (Mrs) Felicia Okoro, Dr. O. Francis (Member project steering Committee), Dr. G. Obanovwe and Dr. C. Jasper. Others include Members of the Project Mentees and CPED project Staff.

Dr. Kebbeh presenting the MEL Framework during WAHO visit to CPED

After a presentation of the update on the implementation of the research project in Delta state by Professor Emeritus A. G. Onokerhoraye on behalf of the project Principal Investigator, Professor Gideon E. D. Omuta, Dr. Mohamed Kebbeh of WARF took the research team and members of the steering committee through the Monitoring, Evaluation and Learning framework of the project which provided opportunity for team members to re-defined the desired and targeted results, and changes to be derived from the application and use of research results that will emanate from the project.

Day 2 session provided opportunity for the research team to identify roles of major actors for the utilization of research results and analyzing their strengths and weaknesses. The capacity building aspect of the visit also helped the communication's team to be better equipped on various tools and strategies for policy engagement and communication.

A cross-section of participant during a Meeting of WAHO Representative with CPED Project Team

At the end of the 2-days meeting, an action plan, designed by WAHO was released. In the plan, CPED, WAHO and WARF were given a timeline to actualize some goals in the ongoing research project.

CENTRE FOR POPULATION AND ENVIRONMENTAL DEVELOPMENT (CPED)

Under the current five-year programme of work, CPED activities focus on four broad areas reflecting the objectives set for the five-year strategic plan period as follows:

(i) Research;
(ii) Communications and outreach;
(iii) Intervention programmes; and
(iv) Capacity Building of CPED and partners.

RESEARCH

Six research thematic areas will be targeted by CPED during the five-year period as follows:

1. *Climate change with particular reference to the wetland and coastal regions;*
2. *Gender and development;*
3. *Health Systems and health care delivery;*
4. *Action Research on Education and Development;*
5. *Growth, development and equity; and*
6. *Niger Delta region, peace building and development.*

COMMUNICATIONS AND OUTREACH

Partnership development with public and private sector/civil society organisations

INTERVENTION PROGRAMMES ON SOCIO-ECONOMIC DEVELOPMENT

Beyond action and policy oriented research and its communications activities, our mandate entails implementing intervention activities in our identified areas of policy research during the five-year strategic plan period. In this context intervention programmes that benefit largely deprived grassroots communities and other disadvantaged people are being carried out.

CAPACITY BUILDING OF CPED AND PARTNERS

CPED believes that the strengthening partner organisations including community based organisations must be a key mechanism for the achievement of its mandate during the next five years. This also includes the strengthening of CPED to be able to fulfil its mandate during the strategic plan period.



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