



# **ANNUAL REPORT**

## **2015 – 2016**



**CENTRE FOR POPULATION AND  
ENVIRONMENTAL DEVELOPMENT  
(CPED), BENIN CITY, NIGERIA.**



# **ANNUAL REPORT 2015 – 2016**

**CENTRE FOR POPULATION AND ENVIRONMENTAL  
DEVELOPMENT (CPED), BENIN CITY, NIGERIA**

BS-1 and SM-2, Ugbowo Shopping Centre,  
Ugbowo Housing Estate, P. O. Box 10085  
Ugbowo Post Office, Benin City, Nigeria

**Email:** [enquiries@cpedng.org](mailto:enquiries@cpedng.org)

**Tel:** 234 80 23346647

# CONTENTS

	PAGE
■ Chairman's Forward	3
■ Message from the Executive Director	4
■ CPED Activities: Research and Interventions	5
■ CPED Activities: Communications, Dissemination and Capacity building	25
■ CPED Publications	41



## CHAIRMAN'S FORWARD

During the last ten years, I took over the Chairmanship of the Board of Trustees of the *Centre for Population and Environmental Development (CPED)* following the separation of the role of the Board's Chairman from that of the Executive Director. I am delighted to say that the period of my taking over as Chairman of the Board of Trustees marked a significant development in the capacity building of CPED. The centre is one of the research and development institutions selected in 2009 in developing countries for core funding by the *Think Tank Initiative* Programme of the *International Research and Development Centre (IDRC)*, Ottawa Canada. I congratulate the Executive Director, Members of the Board, Fellows and Staff of CPED for this achievement. I also thank other donors for their support to CPED over the years.

The capacity building support from the *Think Tank Initiative* has enhanced the capability of CPED to carry out its activities as reflected in improved infrastructure for research, improved governance, the exposure of staff and fellows to various training activities. Of major importance is the fact that CPED has been able to employ senior research staff that now carry out research activities in line with its strategic plans.

We look forward to CPED's promotion of "Research for Development" through evidence based research, communication and intervention activities in the coming years.

**Professor Gideon, E.D. Omuta, Ph.D.**  
**Chairman, Board of Trustees**



## MESSAGE FROM THE EXECUTIVE DIRECTOR

This is the twelfth annual report of the *Centre for Population and Environmental Development (CPED)* since its establishment. The 2016 Annual Report covers CPED activities during the period 2015 to 2016. A major development in CPED during the three-year period has been the implementation of the capacity building support by the *Think Tank Initiative* programme of the *International Development and Research Centre (IDRC)*. This has been major breakthrough for CPED that has depended on project funding and donations for its activities over the years before CPED became a beneficiary of the Think Tank Initiative.

CPED continues to emphasise the holistic approach in providing solution to the human and environmental problems at the grassroots level in Nigeria. In effect CPED in its intervention programmes recognises the fact that social and economic problems in Nigeria are multi-dimensional and require a multi-dimensional approach in their solution. All CPED projects demonstrate this basic principle and the results have been rewarding to the marginalised groups in Nigeria. CPED's research and outreach programmes have brought considerable improvement to the socio-economic welfare of the grassroots beneficiaries in many communities in Nigeria.

I wish to thank the Chairman and Members of the Board of Trustees, Staff and Associate Fellows of CPED for their commitment to the mission of CPED during the past four years. I also thank our donors and collaborators within and outside Nigeria for their interest in the activities of CPED and the support they provided over the years. I must in particular appreciate the *Think Tank Initiative* of the IDRC for contributing to the transformation of CPED during the last eight years. I am looking forward to continued support from all in the coming years.

**Professor Emeritus**

**Andrew G. Onokerhoraye, Ph.D., OON**  
Executive Director



## CPED ACTIVITIES: RESEARCH AND INTERVENTIONS

### **CPED completes the project titled “Building Civil Society Capacity for Advocacy on Sexual and Reproductive Health and Rights in Nigeria”**

CPED successfully completed the three-year project partly funded by the European Commission. The overall objective of the project is to improve the reproductive and sexual health situation in Nigeria with a specific focus on the adolescents through interventions designed to strengthen the capacity of local CSOs and youth organizations to play key advocacy roles in policy dialogues. The main activities and achievements of the project are summarised as follows:

**Activity 1:** The inauguration and empowerment of the 46 member Project Team and other stakeholders was carried out between Monday 1<sup>st</sup> and Wednesday 3<sup>rd</sup> of February, 2010 during which team members were trained and informed on the implementation of the project as the various issues and challenges which they could face during implementation process were discussed and agreed upon. Preparation of the guidelines for the drafting of the survey instruments as well as training manuals was also carried out. Drafts of some of these instruments were presented during the workshop. The project team remained stable during the period of the implementation of the action. This has enabled all the activities assigned to individuals to be completed as planned.

**Activity 2:** The Mobilisation of target groups and key stakeholders for participation in the project was successfully carried out. The target groups/beneficiaries and other stakeholders mobilised include State Government officials, NGOs, media houses, Local Government officials including health staff, health centres, schools and community leaders and youths. The mobilisation which was designed to solicit their participation and support for the project was successfully carried out in the months of January and February, 2009. During the same period the 300 target NGOs and the 100 journalists that will participate in the Action were identified and selected. Finally, the target groups, beneficiaries and other stakeholders were successfully mobilised for the action. This activity was carried out in the respective states in February, March and April, 2010. The initial mobilisation of the stakeholders was beneficial to the implementation of the project because this encouraged the key stakeholders, target groups and beneficiaries to be committed to the project.

**Activity 3:** The constitution and training of State and Local Government Project Implementation Committees was carried out in April/May/June during which the members were trained on their responsibilities in the implementation of the project activities in their respective states and Local Government Areas (LGAs). The constitution and training of the state and local government implementation committees has been a major instrument for the



implementation of the project because the target groups and beneficiaries became key participants in the implementation of the project. A major outcome and impact of this approach on the project is that even when the project is finally completed activities will continue through the coordination of the various implementation committees.

**Activity 4:** The baseline surveys designed to provide background information on the reproductive health issues and challenges in Nigeria in general and the target states in particular as well as the NGO structure and capacity building needs were carried out during the months of March, April, May and June 2010. The surveys used both secondary and primary data sources to collect relevant data on the challenges and problems of civil society structure and their capability building needs as well as the challenges of reproductive health in the target states in particular. The information obtained from the baseline survey coupled with those from secondary sources was valuable during the implementation of the project because it was possible to identify the key reproductive challenges of different states and localities and these were fed into the implementation of activities.

**Activity 5:** Organisation of stakeholders' workshops on the implementation of the project in each of the ten target states were held during the month of May, June and July 2010. The workshops brought together target groups/beneficiaries and key stakeholders to discuss problems and challenges following the findings of the baseline and needs assessment surveys. The workshops informed and also motivated the participants to contribute to the strategies for the implementation of the project. The memories of the issues discussed in the workshop were valuable during the implementation of the various activities because the participants in the workshop were able to recollect the discussions during the workshop and cooperated with the project team when the need arises for them to intervene in some difficulties faced during implementation.

**Activity 6:** The Capacity building of relevant and target CSOs on organisational management, SRHR issues and advocacy skills was successfully carried out through the training of the participating CSOs in different states during the months of August, September, October and November 2010. This has enabled over 1,800 leaders, trained directly and through step down training, and representatives of 300 CSOs to acquire the skills to effectively manage their organizations, the knowledge of the reproductive health issues and challenges in Nigeria and advocacy activities on reproductive health. The project has considerably enhanced the capacity of the target CSOs to be able to carry out various advocacy activities on reproductive health in their respective states and the outcome and impact on the beneficiaries have been enormous in terms of the appreciation of the challenges facing reproductive health and the need for response by key policy makers and other stakeholders.



**Activity 7:** The Capacity building of youth organisations on the creation, design and implementation of SRHR peer education programmes and other reproductive health activities was carried out through the organizations of training workshops in the ten target LGAs in the months of September, October and November 2010. This has enabled over 1,000 leaders and representatives of 200 youth organisations and groups to acquire skills on peer education on reproductive health as well as the organization of youth-friendly reproductive health centres. The empowered Youth leaders played a major role in the education of their peers on reproductive health challenges and even the adults were reached by the youth to discuss certain harmful traditional practices which characterised some of the target communities.

**Activity 8:** The Capacity building of journalists on SRHR and advocacy skills and activities was successfully carried out through the training of the participating journalists and media representatives in the months of September, October and November 2010. This has enabled over 100 journalists and representatives of the 100 media houses to acquire the knowledge of the reproductive health issues and challenges in Nigeria and advocacy skills on reproductive health issues in Nigeria. A unique feature of the project is the participation of journalists which facilitated the publicity of the challenges of reproductive health in different parts of the country specifically the project states and the need for key stakeholders' response to the challenge.

**Activity 9:** Working with Civil Society Organisations (CSOs) to carry out advocacy activities on SRHR. Support was provided to the empowered CSOs in each of the target states to advocate for increased attention to SRHR by key stakeholders. Each of the trained CSOs was guided to prepare an advocacy action plan, identify target audience and articulate advocacy strategies. This was followed by the actual implementation of the advocacy activities in the target states. The activities of the CSOs in their respective states brought considerable outcomes and impacts to the beneficiaries as most of the people responded and participated in the various activities which the CSOs carried out to improve the reproductive health situation in their target states and the various communities.

**Activity 10:** Working with Journalists to carry out advocacy activities on SRHR. Support was provided to the empowered CSOs to work with the trained journalists in various media outlets to advocate for increased attention by key stakeholders. Some of the trained journalists and their media houses that responded positively without asking for payment on a commercial basis were guided to prepare advocacy plans in collaboration with the CSOs in their locality. These plans and activities reflected the key SRHR challenges facing the specific states and localities. The media houses and some of the trained journalists participated actively in advocacy on reproductive health without asking for commercial payment for the publicity. This was one of the key benefits of promoting the participation of the media in the implementation of the programme.



**Activity 11:** Working with Youth Organisations to implement peer education on SRHR. Support was provided to the empowered youth organisations in the target Local Government Areas to contribute to improving the sexual and reproductive health of adolescents between 15 and 24 years of age through the youth organisations' peer education activities. Each of the trained Youth Organisations was guided to prepare an action plan on peer education, identify target audience and articulate peer education strategies. This was followed by the implementation of the peer education and associated advocacy activities in the target local government areas and communities. During the implementation period in each target community, youth leaders were able to make major impact on their peers through peer education activities. They gained the confidence of their leaders who spoke to them on various reproductive health challenges and advised appropriately. CPED's monitoring reports indicate that the trained youth are good facilitators and peer educators in adolescent reproductive health in their communities and schools, through giving key information on adolescent health to their peers – which was not the case before the project.

**Activity 12:** Working with Youth Organisations and other CSOs to carry out youth-friendly RH activities: Support was provided to the empowered youth organizations to carry out youth-friendly SRHR activities. Each of the trained Youth Organisations was guided to prepare an action plan on the promotion of youth-friendly reproductive health activities. The emphasis was on change in attitude and respect for young people as well as the development of interpersonal skills to promote good provider-client communication with respect to SRHR provision through the participation of the youth. Youth-friendly centres became key venues for the discussion of reproductive health issues among youths as they were free to talk to themselves without worrying about adults listening to them.

**Activity 13:** Support civil society coalition building and networking activities on SRHR advocacy activities: The project facilitated the coalitions and networking of empowered CSOs and media houses in advocating for improved SRHR at the state level. A committee with representatives of the empowered CSOs and media outlets was set up and functioning in each state. The committee provided the framework for the collaboration of the CSOs and media outlets on advocacy activities on SRHR. The coalition within the target states of CSOs interested in reproductive health issues has been effective in ensuring that all the CSOs within the target states work together to promote advocacy activities. The collective action of the participating CSOs through their coalition and networking activities has had considerable impact on the implementation of the project.

**Activity 14:** Organisation of a policy workshop on SRHR in Nigeria: The policy workshop was organised under the theme "Meeting the Challenges of Implementing the National Reproductive Health Policy in Nigeria: The Role of Civil Society Organisations", in Benin City, on 4 – 5 February, 2013. The workshop was attended by 125 scholars/researchers, civil society



organizations, development practitioners and policy makers and service providers from Abia, Adamawa, Akwa Ibom, Bauchi, Cross River, Edo, Kogi, Ogun, Ondo, Rivers, Anambra, Taraba, Yobe, Osun, Kaduna and Lagos States. In all, thirty-two (32) papers were presented in eight (8) plenary sessions. Each session was chaired by a distinguished scholar or an experienced researcher. Other scholars/participants served as discussants and rapporteurs. The workshop provided a forum for examining Sexual and Reproductive Health issues in Nigeria, the challenges in the implementation of the national reproductive health-related policies, and the role of civil society organizations in this regard. The workshop participants critically x-rayed issues bordering on the challenges of Sexual and Reproductive Health as well as those of implementation and made policy recommendations in the following areas:

- (a) Key reproductive health issues and challenges in Nigeria and efforts at redressing them;
- (b) Harmful practices, reproductive rights and gender issues;
- (c) The role of advocacy in the implementation of reproductive health policies in Nigeria;
- (d) Reproductive health issues in Nigeria: religious perspectives;
- (e) Role of civil society organisations in the implementation of reproductive health policies in Nigeria;
- (f) The role of adolescent peer education and youth friendly centres/services in the implementation of reproductive health policies in Nigeria; and
- (g) Governance issues: creating necessary conditions for implementing sexual and reproductive health and rights in Nigeria.

The three-year project is funded by the European Commission, Brussels.

### **CPED completes the project titled “Climate change vulnerability, impact and adaptation in the Lowland and Wetland Areas of Delta State, Nigeria”**

CPED successfully completed the one-year project funded by the Think Tank Initiative. There are a number of challenges facing climate change and adaptation in the Niger Delta region. They include: the need for improved understanding of the key drivers of climate change; the need for the assessment of vulnerability and impacts; and the need to translate the research output into policy. It is in this context that this research project focused attention on promoting the links between researchers and policy makers by involving policy makers in the implementation of the research. The analysis of the data collected was followed by a policy workshop in which the findings were shared with policy makers identified across the country. The outcomes and results of the project reflect the research and policy linkage components of the project as follows:

- (i) Climatic data analysis of rainfall amount, rainy days and mean air temperature confirm strong signals of evidence of climate change in Delta State. Respondents perceived climate change as unpredictable rainfall patterns, heat stress, late onset of rains and high intensity rainstorms among others.
- (ii) A large percentage of Delta State population lack science-based knowledge of climate



change, although they could finger its impacts. Therefore, rigorous awareness creation using science-based information is suggested as the starting point for policy aimed at effective adaptation by all stakeholders to climate variability.

- (iii) Measures taken by communities to adapt to climate change include economic diversification, dry season farming, late crops planting, agricultural diversification, mixed cropping, planting on ridges and mounds and netting of fish ponds, and construction of gutters and flood reception pits among others.
- (iv) The two-day policy workshop attracted 80 policy/decision makers, public commentators and researchers on climate change issues in Nigeria. The workshop noted in its report that of the 36 states (including those in the Niger Delta Region), it is only the Delta State Government that has put in place a policy on climate change which has been approved by the State House of Assembly and the State Governor for implementation. It therefore called on the other states in the country to put in place their climate change policies.

The project has laid the foundation for the sustainable collection of primary data on the vulnerability of households in the wetland communities of Delta State. The experience in the collection of data at the grassroots level on climate change is of considerable value to future data collection and analysis in the Niger Delta region. The project demonstrated the importance of working with policy makers in terms of research and the presentation of results. The Delta State Government was stimulated by the project both at the research level and the dissemination of the results. The workshop which was organised at the national level was able to bring both researchers and policy makers from all parts of the country thereby drawing attention to the challenges of climate change in the country and the urgent need for appropriate policy response. The project has enhanced the capacity of CPED and CSEA as well as their partner NGOs in interacting with policy makers at the national and state levels. During the policy conference, the findings of the present research and those of other researchers in different parts of Nigeria drew the attention of policy and decision makers to the challenges of climate change, especially the vulnerability of the poor rural households in the wetland areas of the Niger Delta region. Similarly the national conference also provided the opportunities for a state like Delta, which has articulated a climate change policy to present the implementation strategies of the components of the policy which is the first in the country.

The one year project was funded by the Think Tank Initiative and Canada's *International Development Research Centre (IDRC)*, Ottawa

#### **CPED completes its project titled:**

#### **“Amnesties for Peace in the Niger Delta: A Critical Assessment”**

CPED successfully completed the two-year project funded by the International Development and Research Centre (IDRC) and the report has been accepted by IDRC and appreciated by



other stakeholders. The idea of a *political settlement* in the strategic Niger Delta region or what is locally called the *amnesty programme* can be traced to the efforts of the administration of late President Umaru Musa Yar'Adua to chart pathways of peace in the region, the series of consultations beginning in 2007 between government officials and militia leaders, the regions' political, ethnic and community leaders and oil prospecting company officials and the series of memoranda to the President and interactions with some militant leaders by the then Inspector General of Police Mike Okiro between August 2008 and February 2009. An amnesty programme was also recommended by the Ledun Mittee Technical Committee whose report was submitted in 2008. To test the waters, the amnesty idea was broached to some militant leaders like Mr Tom Ateke of the Niger Delta Vigilante. Initially, some militants were reluctant and did not trust that the federal government was sincere. The example of Asari Dokubo who was arrested, detained and was tried for various crimes, after he had embraced government reconciliatory efforts was a clear evidence of how government sincerity could be. The Amnesty was declared or proclaimed on June 25<sup>th</sup> 2009 by late President Yar'Adua. It was presented as a major effort to resolve the Niger Delta crisis and end the militancy in the region. Militants were expected to embrace the amnesty within the 60 day moratorium from August 6<sup>th</sup> to October 4<sup>th</sup>. The amnesty was largely an executive declaration. The militants by the terms of the amnesty were pardoned for all offences committed in the course of their militant agitation.

The Amnesty was based on some trust in the political will, sincerity and commitment of the late President Umaru Yar'Adua, the Vice President and Presidential Adviser on the Amnesty Programme. Although the content of the private discussions between militant leaders who embraced amnesty and the presidency were not made known, the discussions and the promises and clarifications made therein, clearly provided some basis of trust and hopes about the resolution of militancy and the region's problems. This was besides the honesty of the late president in acknowledging the grievances of the region, the mistakes of earlier administrations and the anger that transformed into armed militancy. What was officially acknowledged was that militancy and insurgency were somewhat created by the neglect of previous governments and that the present administration was bent on addressing the wrongs against the region. The amnesty programme was well received outside the Niger Delta region and by the international community. Different sections and segments of political society and civil society perceived the programme as a bold and statesmanly effort at addressing the problems of the region. When President Yar'Adua died, the amnesty programme and the peace it has seemingly brought to the region were touted as the main achievement of his administration. The international community has also supported the programme. The European Union pledged 190million towards efforts at sustainable rehabilitation and reintegration of former militants while the United States of America has also pledged support.

The research focused on the assessment of the impacts, challenges and sustainability of the *amnesty programme* as a form of political settlement in the Nigerian context and the lessons that



can be learnt from its implementation by other parts of Nigeria in particular and other sub-Saharan African countries in general. The purpose of the research is to critically interrogate the Amnesty and the political settlement leading to it, in terms of perceptions, discourses and conversations that undergird it; the nature of bargains, understanding and consensus constructed around it; the content and methods of the Amnesty; the nature of inclusiveness, equity, justness and gender sensitivity; the levels of legitimacy and sustainability of the settlement; the challenges of compliance, implementation and accountability, and the impacts on violence mitigation, conflict resolution, peace building and state building.

Overall, the amnesty project has generated new knowledge that builds on local insights which has the potential to contribute to the formulation of new policies and programs and the adaptation of existing ones with respect to peace building in Niger Delta in particular and other parts of Africa in general. The new ideas and understanding generated by the collaborative research can eventually contribute to influencing the intellectual and policy environments in which decisions regarding peace building strategies are made in Nigeria. Furthermore, the project exposed the senior team members, junior researchers and project staff to the theory and practice of action research, which has not been hitherto well understood and practiced in Nigeria. It became clear to team members, junior researchers and project staff during the course of the programme that action research is not merely research which, it is hoped, will be followed by some action. Rather it is action which is intentionally researched and modified leading to the next stage of action which is then again intentionally examined for further change as part of the search itself. Some of the specific outcomes are outlined below:

Despite the almost seven years of the implementation of the amnesty programme, there is no sustainable development plan for the region and no clear, specific and integrated documented commitment to the sustainable development of the region. The amnesty as it stands, is only concerned about the symptoms persuading the youths to surrender their arms while the cause which incorporates unemployment, poverty, infrastructural decay and general underdevelopment that affect the generality of people in the Niger Delta are unattended to. This has grave implications for the renewed violent agitations in the Niger Delta. Perhaps most tellingly, oil theft has risen in 2012 and 2013, with the gangs perpetrating it often including ex-militants. The trend in theft suggests frustrated ex-militants are tiring of waiting for jobs and payouts and engaging instead in criminality. Deploying soldiers to pursue thieves could trigger clashes between them and the ex-militants, setting the stage for cycles of reprisals. Thus the major reason for the emergence of conflict and violence in the Niger Delta region has not been addressed. This explains the persistence of violence which has increased since the new government was elected in 2015. This result is key and in some ways innovative to policy makers and was made clear to them during their engagement. Policy makers now understand that placating the militants with paying attention to the overall development challenges of the Niger Delta region will not bring sustainable peace.



A major post amnesty challenge is that of managing crime and violence. In several countries such as Guatemala, experience has shown that crime rates tend to rise sharply with the advent of peace. The surplus availability of arms, ammunitions, organized criminal syndicates and ex militants/rebels tend towards an easy explanation. Clean breaks from theft, smuggling, violence and impunity don't fall through easily in post conflict situations. Curtailing violence and crime is going to be a tall order. Already, the incidence of criminal excesses of ex-militias in rehabilitation camps indicates the huge challenge. Given the poor equipment, resources and poor intelligence capacity of the security agencies, it would be difficult to manage the ex militia involvements in crime. This finding is innovative to policy makers because they believed that all the arms in the possession of militants were surrendered. Policy makers now understand that post amnesty peace building is as important as the present amnesty programme and increased efforts must be put in place to promote sustainable peace.

A major result of the project is the fact that key actors were excluded from the amnesty programme both in the conception and the implementation. It was found that key stakeholders relevant to sustainable peace in the Niger Delta region were excluded including: some ex-militants from the reintegration process, Exclusion of Some Ex-Militant Leaders from Benefits, Exclusion of Victims of the Niger Delta Crisis, Exclusion of non-violent youth, Gender Exclusion: Exclusion of Conflict Affected Communities and Exclusion of some ethnic groups within the region. It was clear to policy makers on the basis of the findings that 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 was agreement among key stakeholders that there is need for broad consultations and dialogue with critical actors such as communal and ethnic group leaders, youth leaders, militia group leaders, leaders of active NGOs/CSOs and businesses and civil/environmental rights activists in the region. Such consultation with real leaders should produce agreements that reflect a broad spectrum of the feelings, interests and demands of the region that should constitute a basic platform for actions on accelerated development and peace building.

A major component of the outcomes of the project is the effective engagement of key stakeholders representing the various segments of the social structure of the Niger Delta region. This approach is innovative in the context of Nigeria in general and the Niger Delta region in particular. Engagements and interactions began with the mobilisation of stakeholders for their participation in the project. It was further intensified during the period of data collection in which key stakeholders participated in the research as respondents in key informant interviews and participants in focus group discussions. Furthermore the findings were presented to the respondents for their input and comments before the final report and



recommendations were made. Finally, the interactions in workshops during which key policy makers were invited took place. During the workshops the policy makers and other stakeholders participated in the discussion of the policy implications of the findings. Some of the policy recommendations of the project such as involving communities in the implementation of the amnesty programme are already being implemented by the government at the federal and state levels.

Inadequate research capacity is still one of the constraints that prevent institutions in Nigeria from engaging in effective and collaborative research. The implementation of the project contributed considerably to improving the situation among the research team members in the participating institutions. The Project Team Members were empowered through the implementation of the project on collaborative action research that will enable them in future to compete for grants from international organizations since funding from Nigerian governments for research is virtually non-existence. During the process of revising the proposal as directed by IDRC reviewers and personnel, the Research Team members met several times to respond to the issues raised by the reviewers and IDRC. This process itself kept the team members in the know of the focus and direction of the research project. There is no doubt that the capacity of the research team to implement the research project was enhanced during the period of the revision of the proposal. Secondly, the project facilitated the participation of junior researchers from the participating institutions on the implementation of the various activities of the project. Junior project team members' capacities were enhanced through their participation in the project in terms of project management, data collection and analysis and report writing including publications. Over the course of the project, senior team members conducted training sessions related to research components of the project, including training in research methods, statistical analysis using SPSS, analysis of qualitative data using N6, data collection using surveys and interviewing techniques, ethnographic research methods, and data capture using scanning software. CPED has learnt over the years that building the capacity of junior researchers through short term training, and workshops without mentoring has had very limited success. This could be explained largely by the poor facilities in Nigerian universities where they received their first degrees. The deficiencies of these junior research members require either strong mentoring following training or some form of additional formal training. In the case of additional formal training, this can only be effectively provided in the advanced countries. This poses further problems in obtaining visas. These countries are often reluctant to grant visas on the suspicion that these trainees will not return home after training. In fact, many do take up permanent residence in these countries, continuing to leave Nigeria lacking in skilled researchers. It is in this context that the project developed mechanisms for mentoring junior researchers and project staff by attaching them to senior team members for guidance throughout the period of the implementation of the project. This approach has been largely successful and will continue during the post project period when focus will shift to advocacy and dissemination of the findings of the project in terms of further peer-reviewed publications.



The two year project is funded by the Canada's *International Development Research Centre (IDRC)*, Ottawa.

### **CPED adopts an innovative approach to policy engagement in its primary health care (PHC) systems research project**

In Nigeria, there is little interest in transfer and uptake of research into policy and practice. Policy-makers in Nigeria rarely convey clear messages about the policy challenges they face in their specific context to allow for timely and appropriate research agendas. Researchers in the country, on the other hand, often produce scientific evidence which is not always tailor-made for application in different contexts and is usually characterized by complexity and grades of uncertainty. Thus, initiatives are needed to facilitate interaction between researchers and policy-makers to foster greater use of research findings and evidence in policy-making and to narrow the gap between research outputs and utilization. It is in this context that CPED adopted an innovative approach entailing promoting partnership in the ownership of its on-going primary health research project in Delta State. The project focused on health care systems strengthening in Nigeria by examining the PHC situation in Delta State. It provided a better understanding of the pattern of access to primary health care and the reasons behind the use of the PHC system. It also promoted partnership between the research team and policy makers by establishing a framework for regular interaction between researchers and policy makers on the articulation of relevant policies and programmes to improve primary health care in Delta State in particular and Nigeria in general.

CPED's role as the coordinator of knowledge transfer and knowledge brokerage in the primary health care study in Delta State can be outlined as follows:

- (i) Constitution of a health systems research team that will carry out CPED's coordinating role during the period of the implementation of the study;
- (ii) Knowledge generation and critical appraisal of the primary health situation in Delta State which is being carried out through the research team using the agenda approved by IDRC and WAHO;
- (iii) In Nigeria, healthcare is embedded in many social and political contexts; therefore, in addition to the knowledge of primary health care operations in Delta State that the research will produce, CPED is familiar with the broader health care pattern in Nigeria, in particular and other developing world, in general, its players, and controversies, as well as the political issues and public attitudes toward it. All of these factors influence decisions and CPED must be able to articulate them to policy makers;
- (iv) **Packaging of research syntheses:** CPED will develop a range of materials designed to provide user-friendly access to complex research information on primary health care in Delta State. These materials will include executive summaries, cost/benefit breakdowns, press releases, posters, and so forth;
- (v) Presentation and communication of the key and policy oriented findings to policy and



- decision makers and other stakeholders within Delta State and beyond;
- (vi) Even when research influenced policy well, there is a need for follow-up research agenda. CPED will be involved in the post-policy period of the study to monitor its performance and sustainability;
- (vii) CPED will convene meetings of other organs of the primary health care study's knowledge translation and knowledge brokerage activities;
- (viii) **Fill research and policy gaps:** CPED will inform policy makers and other stakeholders about the neglected primary health policy issues in Delta State that ought to be addressed, and about deficiencies in available research. In general CPED will call for increased support for health systems research and policy-making on the basis of the findings of the study;
- (ix) **Train policy-makers and researchers:** CPED will strengthen the capacity for knowledge translation by providing briefings and roundtable meetings that coach policy-makers to access and use primary health care information, and will also mentor junior researchers to understand the policy context of their investigations; and
- (x) **Monitor and evaluate the impact of knowledge translation and knowledge brokerage activities:** CPED will monitor awareness of and attitudes toward its own activities, especially on the part of policy-makers, and other stakeholders, with particular attention to any influence on primary health policy change or practice.

### **Project Management Committee**

The Project Management Committee is constituted to promote the participation of all key stakeholders in the implementation of the primary health care study. The Committee is chaired by the Project's Principal Investigator and is composed of members of the research team that represent researchers; policy and decision makers that represent the Delta State Ministry of Health; health practitioners including medical doctors, nurses and other health professionals; representatives of the private sector involved in primary health care delivery; and representatives of users of primary health care services and community members. The main responsibility of the Committee is to collaborate with the research team to implement the research component of the project by making necessary input into its execution from the perspective of policy and decision makers, health practitioners/professionals, and the users.

Thus, the role of the Management Committee includes the following:

- (i) Collaborating with CPED research team in knowledge generation and critical appraisal of the primary health situation in Delta State;
- (ii) Ensuring that the perspectives of policy makers, practitioners and users of primary health care services are reflected in the study and its findings;
- (iii) Collaborating with CPED research team in the communication of the policy oriented findings to policy and decision makers and other stakeholders in Delta State; and
- (iv) Participating in the monitoring and evaluation of the impact of knowledge translation and knowledge brokerage activities of the study.





*"I thanked CPED for their tireless effort towards the successful research work. I must again let you know some of the difficulties we face here. There are no good roads to access some of the PHCs in this LGA, thereby making it difficult for some users to access PHC services.....I also appeal to the government to provide good portable water for the community people to help reduce malaria and diarrhea..... I have had to on number of occasions use my personal money to fund the department"*

---

**Mrs. Odinuwe Mabel,** H.O.D. PHC,  
Ika South LGA, Delta State.



*"... the challenge of PHC and the challenge of the LGA is a constitutional matter. For PHCs in Udu for examples, we have inadequacy of staff and as a local government, we cannot recruit senior staff. The bulk of our income allocation is from the federal level passed through the state government. By the time they pay the salaries of primary schools' teachers and other staff, at the end of the day what comes to the local government is not enough to carry out programs designed by various department of the council of which the PHC department is also affected. The solution to this problem is that the local government should be given autonomy..."*

---

**Dr. Owohojedo Henry,**  
Head of PHC department, Udu LGA,  
Delta State

### **Project Steering Committee in the Delta State Ministry of Health**

The ultimate aim of knowledge translation and knowledge brokerage in the primary health care study in Delta State is to influence policy with its findings. It was, therefore, necessary to reach key policy and decision makers in the Delta State Ministry of Health right from the



commencement of its conception and implementation. This was done through the constitution of Project Steering Committee. The Committee is composed of all the policy and decision makers in the Delta State Ministry of Health including permanent secretaries and directors as well as representatives of the research team and project management committee. The chairman of the Steering Committee is the Delta State Honourable Commissioner for Health who is represented by the Permanent Secretary in charge of the administration of the Ministry. The purpose of the Steering Committee is to promote the ownership of the project by policy makers. In this way, policy makers are part of the findings and policy recommendations and are in a position to articulate and implement such policies. The research proposal and protocol were reviewed and approved by the Steering Committee before the commencement of the study. The Steering Committee is expected to meet two or three times in a year during the period of the implementation of the project so that policy makers can be kept informed of the on-going project activities. The Steering Committee initiative is expected to be a permanent, dedicated, professional mechanism operating in the Delta State Ministry of Health and serviced by CPED. It will serve health researchers by harvesting, synthesizing, re-packaging, and communicating the policy-relevant evidence of their studies – and in user-friendly terms that lay persons will understand. It will serve policy makers by expressing their policy needs in the form of questions that can be investigated scientifically.



*“Health is wealth, and every sensible government will make sure that her people are given good healthcare. One good thing is that **CPED** has identified the problems, we will make sure we look into all these papers before us and look for the constructive ones and try to tackle the problems. But tackling the problem when you do not have the finances is painful”.*

---

**Hon. S. P. Obire,**  
Supervisor for Health, Okpe LGA,  
Delta State.



### ***Reaching the Executive Governor of Delta State with the findings and policy recommendations of the Project***

The likelihood for the speedy acceptance and implementation of the findings and recommendations of the project will be greatly enhanced if the Executive Governor of Delta State, who is also a medical doctor, is put in the study's picture. While the Project Steering Committee will ultimately report to the Executive Governor, CPED through the Project Research Team and the Project Management Committee is making another direct contact with the Executive Governor so that there can be another channel of communication on the study to him. The first contact with the Executive Governor was made at the commencement of the study and more progress reports will be presented to him before the final report is made available to him at the end of the study.

### ***National Project Steering Committee in the Federal Ministry of Health***

The findings and policy recommendations of the primary health care study in Delta State are expected to influence policy at the national level. The last comprehensive study of primary health in Nigeria, which covered three states, Bauchi, Lagos and Kogi, was carried out about ten years ago. The present study in Delta State will provide contemporary information on the patterns and challenges of primary health care in the country. It is in this context that the Federal Ministry of Health is involved in the present study in terms of the utilisation of the policy recommendations for national primary health care planning and implementation strategies. The Federal Ministry of Health's involvement is promoted through the *National Project Steering Committee*, based in the National Primary Health Care Development Agency (NPHCDA) Abuja. While the National Project Steering Committee is being regularly briefed on the project activities and results, its primary role is to review the findings and recommendations of the Delta State study for their adoption at the national level.



*Group Photograph of Participants after the Opening Ceremony of the Special Meeting with Policy Makers in Warri, Delta state*

The three-year project is funded by the Canada's *International Development Research Centre (IDRC)*, Ottawa.



### **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.

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.

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.

### **CPED makes progress in its Project titled “Improving Maternal, Newborn and Child Health (MCH) in Underserved Rural Areas of Nigeria through Implementation Research”**

Although Nigeria's maternal health indicators are improving, they still remain some of the worst globally. The rate of Nigeria women dying during pregnancy and childbirth are still very high. On the other hand, Children younger than five (5) years in age in most communities around the



country are often predisposed to various illnesses that may be harmful to their development, including malaria, diarrhea, worms, and nutritional deficiencies. We have a rapidly expanded children population- most of them are growing up poor, malnourished and uneducated. Nigeria is among countries with the largest numbers of unvaccinated or under-vaccinated children in the world. Out of the six million Nigeria children born every year, more than one million fail to get vaccinated by their first birthday. Maternal and child mortality patterns in Nigeria are partly explained by social, cultural and environmental conditions.

Much of the research on MCH issues is carried out in the college domain and they have focused on a few aspects of the demand side, largely in terms of physical access without simultaneously examining the supply side. Promoting change in MCH care delivery and use in vulnerable rural communities is therefore challenging due to knowledge barriers and service delivery gaps, traditional/cultural beliefs and practices, lack of social support networks, financial constraints and inaccessibility of health care facilities. In addition, less attention has been paid to implementation research in Nigeria entailing the production of evidence on the best ways to support the adoption of, and optimize use of innovations in MCH care. This situation will likely continue to present a challenge unless some innovative strategies are put in place in rural areas. The ability to test diverse MCH implementation pathways and to identify what works in rural community settings is critical to the improvement of MCH care in Nigeria.

It is in this context that CPED in collaboration with its partners sought a grant from the Think Tank Initiative's (TTI) arm of International Development Research Centre (IDRC) to implement an action research project entitled "Improving Maternal and Child Health in Underserved Rural Areas of Nigeria through Implementation Research". The two-year study/intervention programme which is being carried out in Agbamuene community of Okpe LGA, Delta state, is to contribute to the improvement of MCH care in rural communities in Nigeria.



*Figure 1: Out-Patient Room in the PHC located at Okpe LGA, Delta State*





**Figure 2:** Open well found in Most Rural Communities of Niger Delta Region of Nigeria

The project implementation began with a baseline survey of some communities in Okpe LGA of Delta State. The study was conducted as a cross sectional survey using both quantitative and qualitative methods. The *Quantitative* surveys focused on rural health facilities with particular focus on MCH issues. Data collection tools for service delivery- facilities, staff, client exit and annual number of antenatal registrations and births and *household surveys* focusing on household members, recently pregnant women, and mothers with children 12 to 23 months were used. The *Qualitative methods* include interview with key informants, focus group discussions and participant observation which helped to explore perceptions about determinants of access to MCH, the quality of care provided, community participation in governance and possible options for improving equitable access. Ethnographic technique interview was also used to explore ways that socio-cultural traditions and customs are practiced by mothers in rural communities.

Some key findings of the maternal and child health care survey reveals that some women prefer to deliver at home than in using the PHC facility in the community. Some gave reasons as follows:

*"Some women prefer to deliver their babies at home or traditional birth attendants because of the issue of respect. The women receive more pamper and care from TBAs than the staff in the PHCs".*

*"The PHC staff are very hostile, they are not friendly in any way. The staff yell at pregnant women telling them 'am I the one that*



*got you pregnant?”,.....did I take part in the sexual pleasure?. The delivery women get such act from the PHC staff instead of calm and gentle pampering”.*

*“The facilities are outdated, they are too old. There are bed bugs on the bed, even the mosquito net is torn, there are no good facilities and the PHC is too small for the community”.*

*“Pregnant women prefer delivery their babies in traditional birth attendant or at home because of the special care they get when they visit these traditional places but at the PHC, the nurses will be yelling at the pregnant women, telling them all sorts of rubbish like, “am I the one that fuck you?” and so on. The nurses even whip the pregnant women and so on”.*

After series of such project redesigning meetings, the project team swung into action in its implementation. Some of these intervention activities are documented below.

### **Re-establishment of the Ward Development Committee (WDC)**

Nigeria, like many other developing countries, especially in sub-Saharan Africa operated the District Health System in the past. As communities become larger in size in terms of population growth, there was no clear demarcation of the “district”, as all LGAs have carved themselves into what they perceived as districts. The entire LGA was considered then as the functional unit and there was no uniformity. Following WHO recommendation of 1992 “that community mobilization would greatly be assisted if the boundaries of the health district are the same as the electoral ward (10,000 to 30,000 people) which elects a councilor to the LGA”, the Federal Government of Nigeria re-vitalized the National Primary Health Care Development Agency (NPHCDA) and introduced the Ward Health System (WHS). Thus, instead of the “LGA-District/Village” structure, the “LGA-Ward–Community/Village” structure was adopted in December, 2000. By the end of the Year 2003, a model health centre had been constructed in each of the wards to serve as the apex of all PHC services in the ward. The communities were to be actively involved right from the construction stage of the health centres. Hence, Ward Development Committees (WDC) was set up for each ward to co-manage the centre with the facility health workers and the LGA PHC department.

Unfortunately, for almost half a decade now, the activities of the WDC have been paralyzed in most of the wards in Nigeria due to lack of commitment and willingness of selected members of the committees as well as adequate support from the various government organs. If this laudable structure of years ago for promoting health system at the rural level must function as supposed, it must be revitalized and repositioned. Hence, the CPED led MNCH Project team



saw the need to mobilize its members, replace members where necessary, and build their capacity to promote primary health care service delivery with major focus on maternal and child health care in the target project locations. The capacity of its Members has been built on organizational management, resource mobilization and project monitoring.

The WDC nominated members of the Village Health Workers (VHW) for training and have since commenced monitoring their activities and supporting them to play their role as volunteer village health workers in the target project communities.

### ***Recruitment and Training of Village Health Workers (VHW)***

A major challenge facing the health care delivery system in Delta state just as we have it in other parts of Nigeria relates to acute shortage of competent and skilled healthcare providers. Village Health workers or Lay community health workers are therefore needed in this underserved communities to fill the gap that exist in the number of skilled health care attendant at the PHC facility level. They serve as the connector between the health care service users (community members) and providers. If well trained, they have been found to be very helpful in reducing maternal and child mortality in the sub-Sahara Africa region.

It is in line with this, therefore, that the MNCH project team recruited and trained community health workers to work in collaboration with the facility staff and WDC to improve maternal and child health care service delivery in the target community. The WDC nominated some women for the action based on some certain criteria set by the project team. In the end, 6 women who met the requirements were recruited and trained to carry out related activities of the VHW. Some women drawn from different associations and women groups were also invited to participate in the training. Members of the WDC also took part in the training.

To achieve the needed impact, five different training modules relating to Maternal and Child health care service delivery and VHW's roles in community outreach were developed. The training was facilitated by experienced senior health care Staff of the Okpe LGA, including Dr. I. Mukoro (PHC Coordinator, Okpe LGA), and CPED team of health experts. Role plays, drama, discussion group, breakout sections, exercises were among the many methods used to drive home key points of the training scheme. All VHWs were enthusiastic about the training as they asked very pertinent questions to fully assimilate the main points of the training. Their readiness to fully participate in the outreach activities was clearly demonstrated by their active involvement in all the stages of the training.



## CPED ACTIVITIES: COMMUNICATIONS, DISSEMINATION AND CAPACITY BUILDING WORKSHOP

### **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. 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.

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

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 Participates in Maternal, Newborn and Child Health Stakeholders Engagement Event in Abuja, October 29th, 2015**

Federal Ministry of Health in collaboration with the West Africa Health Organisation hosted a stakeholders' engagement event on Moving Maternal, Newborn and Child Health Evidence into Policy in West Africa Project (MEP) on October 29th, 2015 at the Vines Hotel, Durumi, Abuja. Those in attendance include directors at the state Ministry of Health in 17 states of Nigeria, Key officers at the Federal Ministry of Health Abuja, WAHO team including Dr. Keita, implementing partners (IPs) based in Abuja, key officers of some relevant government agencies including NACA, NGOs, CSOs, among others. The Department of Family Health, Ministry of Health championed the organizing of the event in collaboration with WAHO consultant for the MEP project in Nigeria.



The event was organized to bring together relevant stakeholders to help determine the required capacity for evidence-based policy making so as to enable the Implementation Research Team (IRT) to channel appropriate interventional strategies to enhance capacity of policy makers on the use of research evidence for policy making in the health sector. The event which started at about 9:00am was introduced by Dr. Mrs. Adeniran of the department of Family Health, FMOH and followed with self introduction by all participants present. The Director, Department of Family Health, FMOH Abuja, Dr. Wapada I. Balami, in his welcome address thanked everyone for honoring the invitation to attend the event and urged everyone to be open-minded to contributing to the success of the event. Dr. Wapada noted that a big gap still exists between policy makers and researchers and hopes that the event would be able to come up with concrete strategies to closing this gap.

The welcome address was followed by a presentation by Dr. Keita (WAHO), introducing the project “Moving Maternal, Newborn and Child Health Evidence into Policy in West Africa (MEP). According to Dr. Keita, the general objective of the project is to *“improve the demand for, the production of, and the use of research findings in decision-making in maternal, neonata and child health programs and policies within the ECOWAS region”*.

The specific objectives include:

1. Conduct a situation analysis of the background to the production and use of research findings at national and regional levels in maternal, newborn and child health (MNCH) within the ECOWAS region,
2. Strengthen WAHO's capacity to promote the use of health research within the ECOWAS region,
3. Promote the use of evidence to improve decision-making around MNCH within the ECOWAS region, and
4. Strengthen the collaboration between MNCH researchers and decision-makers within the ECOWAS region.

Dr. Keita stated that the project would span from 2014 to 2020. In addition to the MEP project in West Africa, Innovating for Maternal and Child Health in Africa will provide support to seven research projects namely: promotion of integrated approach to care in pregnancy and childbirth, promotion of community education, promotion of results-based financing and equity of access to care, sponsorship of girls by individuals, management of postpartum depression, promotion of innovative and feasible interventions to improve mother and child health, among others. He also stated that MEP project is regional and that research activities is currently taking place in BENIN, BURKINA FASO, GHANA, MALI, NIGERIA and SENEGAL. According to him, the funding for the project is supported by Ministry of foreign Affairs, Trade and Development of Canada (MAECD), The International Development Research Centre (IDRC) and The Canadian Institutes of Health Research (CIHR).



Following Dr. Keita's presentations four (4) other organisations who have been working in the areas of health research and evidence to influence policy also made presentations. The first was Professor Okonofua of WHARC who is currently a beneficiary of the MEP project in Nigeria. He made a presentation on the current state of the project which is being implemented in Edo state, Nigeria. Professor emphasized the need to do a thorough mobilization of stakeholders for the project including the permanent secretary (PS) and commissioner of the state ministries of health, the PS FMOH, Abuja, Policy/decision makers both at the federal, state and local level and all relevant agencies before implementation of the project.



*Job Eronmhonsele of CPED making a Presentation at the Stakeholders Meeting on MNCH in Abuja*

CPED presentation by Dr. Francis Onojeta, was more of knowledge sharing on evidence to influence policy and a showcase of how best to implement evidence-based research to bring about desired change. After mentioning the objectives of the research project on “strengthening health systems in Nigeria through equitable access to primary health care: the case of Delta state”, Dr. Onojeta emphasized the mechanism put in place to ensure successful implementation of the research project which began in 2013 to include setting up steering committee and management committee. He said a combination of these platforms has helped to generate robust evidence-based policy research. He added that engagement with policy makers and other relevant stakeholders is still on-going both at the state and local government level.

### **CPED Staff Participated in the Training Workshop on Strengthening Capacities for Gender Analysis in Dakar, Senegal, December 7-10, 2015**

Gender analysis is a major team in global discuss today. In order to consolidate and strengthen the capacity of Think Tank Initiative (TTI) supported researchers and institutions in sub-Saharan Africa, the Consortium pour la Recherche Economique et Sociale (CRES), in collaboration with the Economic Policy Research Centre (EPRC) and Advocates Coalition for Development and Environment (ACODE) organised a training workshop on gender analysis from 7th to 10th December 2015 at Fleur de Lys Hotel, Dakar, Senegal. The training workshop brought together researchers and policy analysts with different levels of knowledge and experiences in gender



analysis in order to foster peer learning, exchange ideas, and share experiences. CPED - one of the TTI beneficiary organisations took part in the Gender Analysis capacity strengthening training, facilitated by Professor Kiran Cunningham of Kalamazoo College Kalamazoo, Michigan Area, USA and Professor Tabitha Kiriti-Nganga of College of Humanities and Social Sciences, University of Nairobi, Kenya. CPED's Acting Director of Research, Dr. Johnson Egbemudia Dudu took part in the training.

The training workshop was designed for deeper understanding of the concepts and methods of gender analysis, enhance ability of participants to put gender analysis to use in their works, enhance stronger institutional commitments to gender analysis, and to build a network of mutually supportive IDRC-funded institutions. The workshop commenced by an introduction of participants at 9 am (10 am Nigeria time) which was followed by opening remarks by the Director of CRES (Pr Abdoulaye Diagne) and IDRC's Programme Officer – Dr. Sanogo, Diakalia. They both welcome participants to the training, while emphasizing the prime place of gender analysis in research and development. The IDRC Programme Officer drew the attention of participants to the fact that gender analysis is now key in IDRC than it has ever been. In his words, every strata of the society are affected by all activities and this must be captured from the gender lens – hence the need to strengthen the TTI in the training workshop in order to understand the tools, concepts and methods of gender analysis. This according to him will enable researchers to effectively engage rigorous analysis of research in policy with critical gender mainstreaming. He expressed hope that at the end of the training all participants and their organisations should be strengthen to put up commitment to gender analysis not only in their researches but in their organisations.

*Issues handled in the training included:* Theories, Concepts and Qualitative Research Methods in Gender Analysis with focus on the definitions of: Gender Analysis, Sex, Gender: Gender Equity, Gender Equality, Gender Mainstreaming, Men and Gender Equality, Gender and power and Gender Space. The session which was anchored by Professor Kiran Cunningham described gender analysis as the systemic attempt to identify key issues contributing to gender inequalities and examine the implications of these issues for development of sustainable and equitable programmes, policies and practices. Kiran attempted to draw attention to the fact that the analysis of gender is to make sure that gender is mainstream in developmental efforts which she said is the integration of gender equality and women's empowerment into any planned action, including legislations, policies or programmes in any area and at all levels.

The other aspect of the training was on Gender Analysis and Tools facilitated by Professor Tabitha Kiriti-Nganga. She dwelt essentially on the frameworks for gender analysis which she listed as: Harvard Analytical Framework, Longwe Framework, Moser Framework and Social Relations Framework (SRF) which are deployed to achieving gender analysis. The facilitators equally discussed and worked in group sessions with participants to achieve the application of



quantitative and qualitative research techniques to achieving gender analysis in research and development using various topics related to gender analysis. The application of qualitative technique to gender study took the participants to a remote community in a fieldwork in Ndomor Village in Senegal using Focus Group Discussions with the application of any convenient gender framework. The data from the field were later analyzed by the group while looking at the gender context in the data with the group presenting the outcomes of their works at the end.

### **CPED Staff Participated in the Annual Meeting of Members of the Regional Advisory Committee of WAHO-IDRC Project on Health Systems Dakar, Senegal, February 15-17, 2016**

The workshop brought together all partners involved in the implementation of the regional project. The objectives of the regional advisory committee meeting among other things include to (1) assess the quality of the implementation of the four research projects of the regional initiative (2) Clarify the next steps towards the production of rigorous and useful research findings (3) Draw lessons from projects implementation and research findings (4) Clarify the next steps towards research teams' and WAHO's readiness for the production of publications and participation in the Vancouver International Conference (November 2016) (5) Develop long-term implementation plans for each research team and for the regional level to harness knowledge transfer and influence policy and practices.

Those present include the Director General of WAHO, representatives of IDRC including Sue Godt and the Regional Advisory Committee members including Dr. Artur Jorge Correia, president of the National health Development Centre, Ministry of Health, Praia, Cape Verde; Professor Rose GanaFomban Leke, Board Chair, National Medical Research Institute, University of Yaounde and Irene Agyepong, University of Ghana among others. Technical experts and consultants for the project in the region were also invited to participate in the workshop. Among these were Professor Benjamin Uzochukwu, Dr. Ayo Palmer, Mohamed Kebbeh and Adama Ndiaye. Other attendees include research team members of the four regional projects along with representatives of the project steering committees. Professor Emeritus Andrew Godwin Onokerhoraye and Job Imharobere Eronmhonsele represented CPED research team while Dr. Francis Onojeta, Ministry of Health, Asaba, Delta State represented the steering committee set up by CPED research team.

After the usual welcome remarks and introduction of participants, Dr. Keita made a presentation of the progress report on the regional project i.e. "West Africa Initiative on the Capacity building through Research on Health Systems". While commending all the research teams for the work done so far, Dr. Keita also stated that more works need to be done to able to meet the set objectives of the initiative. He stated that the meeting would enable research teams to learn from each other and share experiences of what works better in their respective



countries as well as identify gaps in the implementation of the research. Dr. Keita (regional coordinator for the WAHO project) specially commended CPED for being able to produce policy briefs with actionable recommendations for communicating with policy makers and all stakeholders. He however enjoined CPED to go beyond that and engage policy actors with key recommendations to bring about the needed change in the health systems.

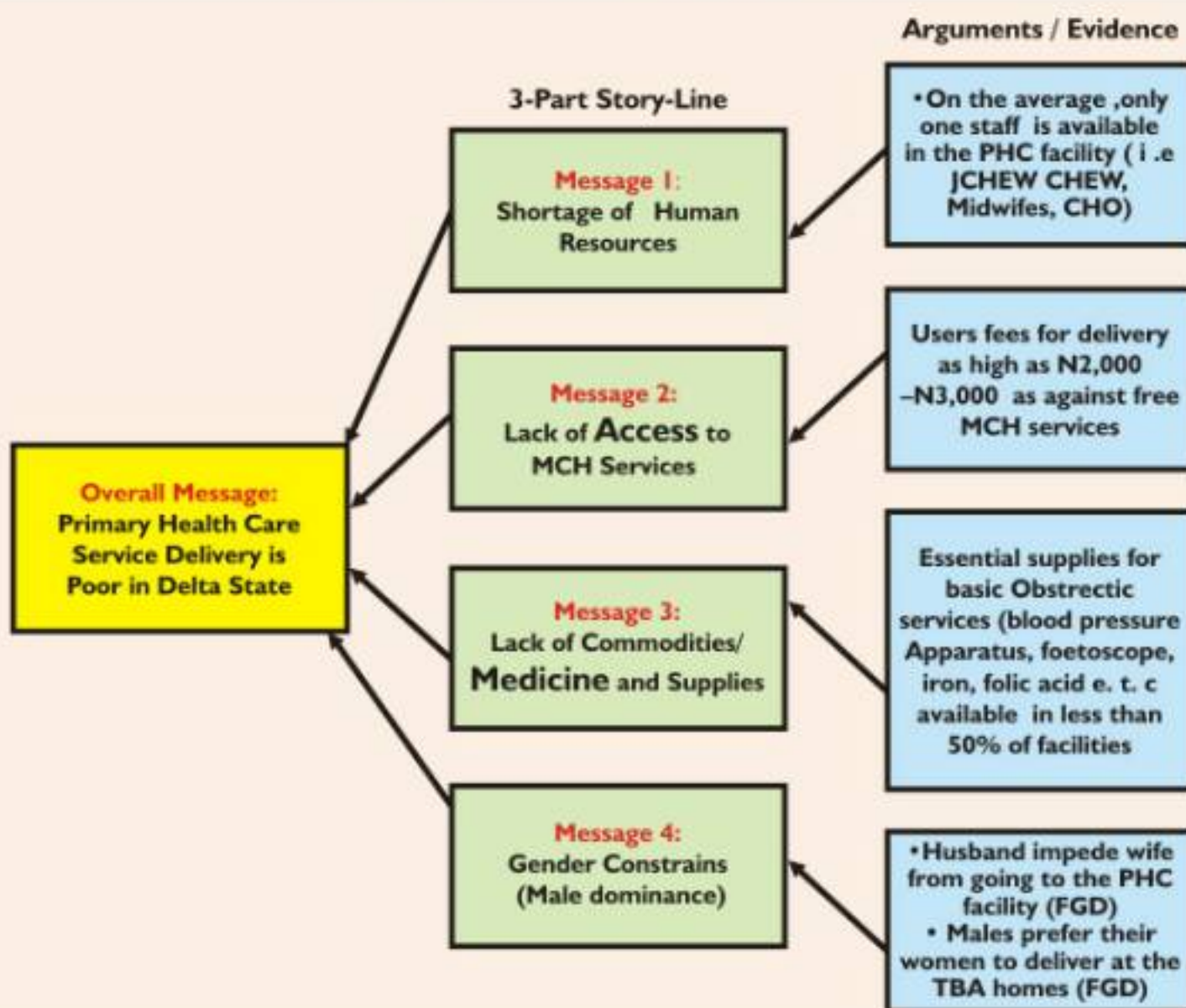
To begin the day one activities proper, each research team was asked to do a group work with the help of the technical experts and consultants to assess the quality of the teams' research project with respect to Implementation- design, quality, methodology, findings and urgent needs for the team to successfully complete the research project. After the group work, each team made a presentation based on the comments from the group discussions on the status and main results of the research project implementation. CPED Executive director and the health systems project team leader Professor Emeritus Andrew Godwin Onokerhoraye, who represented the project Principal Investigator (Professor Gideon E. D. Omuta) at the meeting, made a presentation on behalf of CPED research team. The other 3 research groups also made presentations on the status of their implementation and this was followed by comments, suggestions and recommendation for improvement by all research teams.

Each research team were encourage to do more rigorous analysis of their data in order to come up with more actionable recommendations that can influence policies both at the state, national and west Africa sub-region.

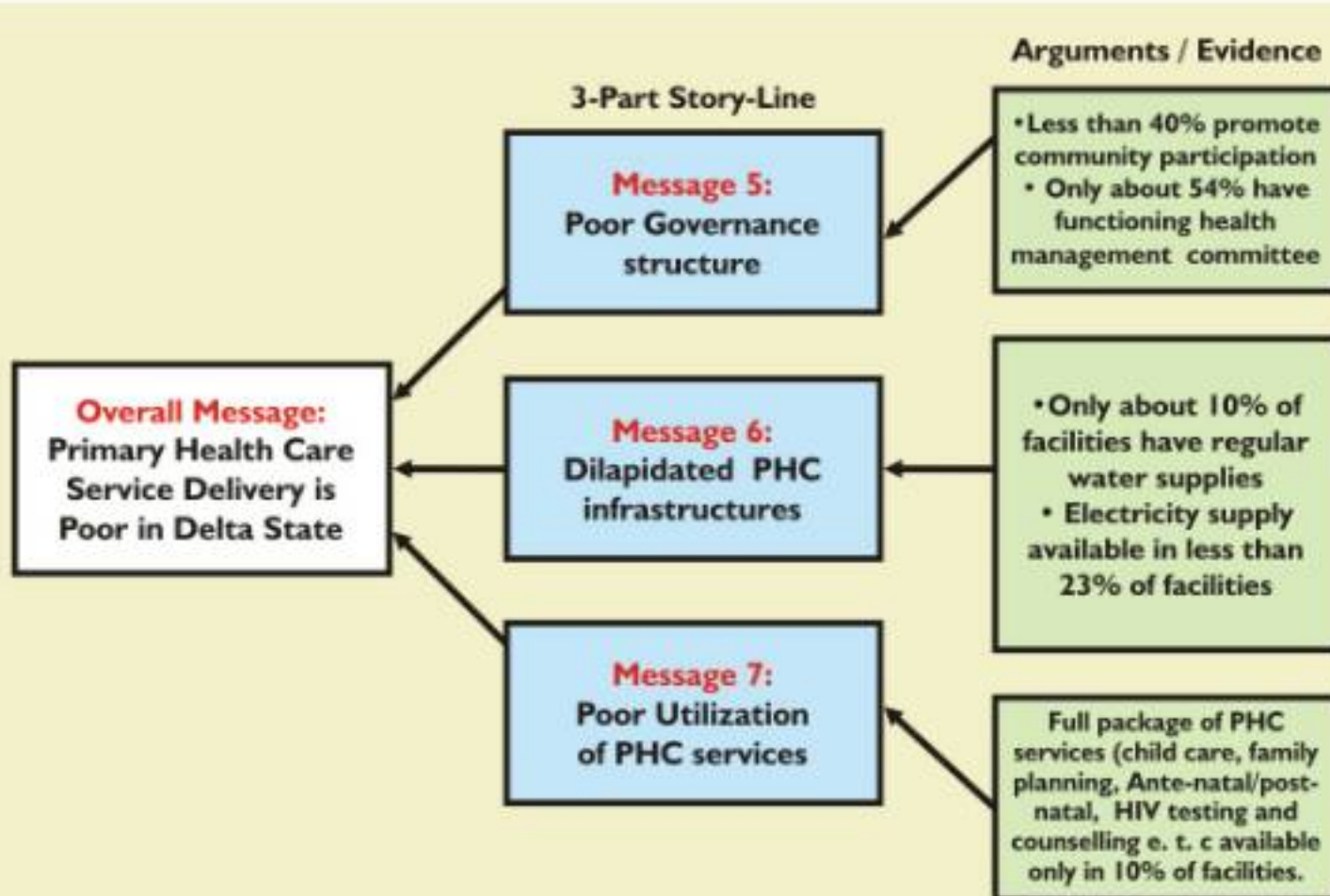
The second day of the programme witnessed a slight twist from proposed agenda for the meeting. This in my opinion was due to the presentations made the previous day. The organizing team (WAHO, IDRC and the RAC) saw the need to build the capacity of each research team to be able exhume key messages from the various research team work with respect to the findings of the research that can influence stakeholders for action. Professor BSC Ozochukwu took the research teams through the needed work to be done to achieve this. Thereafter, each research team (organization) was asked to do a group work and come up with a single message called 'building an argument tree' following the model below.



## BUILDING AN ARGUMENT TREE – I



## BUILDING AN ARGUMENT TREE – 2





CPED Research team came up with the argument tree as shown above and was later presented by Job Eronmhonsele, who represented CPED Junior research team for the health systems project in Delta State. This was followed by comments and suggestions for improvement as well.

To further strengthened the various teams on policy engagement, the two organisations from the Anglophone countries (Nigeria, Sierra Leone) and Francophone (Senegal and Burkina Faso) were asked to jointly discuss what the roles of researchers are in moving from research findings to health policy. The steering committee members present, WAHO/IDRC group as well as the RAC members individually as a group brainstormed on their role in moving research findings to health policies both at the national and regional level.



### **CPED Joins other Think Tanks in West Africa to Launch a Network- (WATTNet) March 1-2, 2016, Accra, Ghana**

Over the years especially beginning from the 1960s, most of the countries in the West Africa Sub-region have witnessed Economic mismanagement and most importantly political instability which have lead to decelerated economic growth and development in the region. Leaders of the region though are working hard towards more economic integration, would require policy options on good governance and sound economic policies to promote sustainable development in the region. Collaborative approach to research on priority areas are therefore needed to transform and accelerate inclusive development in the region, *hence the emergence of WATTNet.*



On March 1<sup>st</sup>, 2016, the *Centre for Population and Environmental Development (CPED)* based in Benin City, Nigeria, together with 9 other Think Tank organizations in the West Africa Sub-region namely: *African Heritage institution (Afriheritage)*, Enugu Nigeria, *Centre d'Etudes De Documentation, de Recherches Economiques et Sociales (CEDERES)*, Burkina Faso, *Centre Ivoirien de Recherches Economiques et Sociales (CIRES)*, Ivory Coast, *Consortium for Economic and Social Research (CRES)*, Senegal, *Centre for the Study of the Economies of Africa (CSEA)*, Abuja, Nigeria, *Institute of Democratic Governance (IDEG)*, Accra, Ghana, *Institute of Economic Affairs (IEA)*, Ghana and *Institute of Statistical, Social and Economic Research (ISSER)*, Ghana, launched a network called WATTNet.

The West African Think Tank Network (WATTNet) is a network of Think Tanks in West Africa sub-region with the objective of promoting socio-economic and political development in West Africa through evidence-based research and advocacy. Among other things WATTNet seeks to create a platform for collaboration and cross-learning among West African Think Tanks, which enables sustained cooperation among research institutions in the region and generates quality evidence and knowledge on economic, social and political issues that feed into national and regional policy design, implementation and evaluation. WATTNet is also organised to respond to the needs of national, regional and international development actors, including institutions such as Economic Community of West Africa States (ECOWAS), West Africa Economic and Monetary Union (WAEMU) and the African Development Bank (AFDB).



Professor Andrew Onokerhoraye Signing the WATTNet



The launch of the Network coincided with its inaugural conference and was attended by eminent personalities across the region including his Excellency, John Agyekun Kufuor, former president of Ghana; Mr. Kalilou Traore, ECOWAS Commissioner for Industry and Private Sector; Dr. Coulibaly Aly Diadjiry, Director of the Centre of Strategic and Programming and Research, WAEMU; Ms Marie-laurie Akin-Olugbade, AfDB Resident representative in Ghana and Dr. Simon Carter, Regional Director, IDRC regional Office for Sub Saharan Africa. Others include all the Directors of the member organisations of WATTNet, researchers from Universities and other institutions across the region, captains of industries and allied institutions, Policy/Decision makers from different ministries across the region as well as representatives of international development partners. Professor Williams Akpochafo, a member of CPED Board of Trustees representing the Chairman, Professor Andrew G. Onokerhoraye, CPED Executive Director, Dr. Johnson E. Dudu, Senior Research fellow and Acting Director of Research, CPED and Engr. Job I. Eronmhonsele, Senior Programme Officer and Head of Communications Division, CPED represented CPED team at the conference. In all, about 200 participants attended the official launch and the inaugural conference of WATTNet. The official launch of the Network also witnessed the signing of the WATTNet CHARTER. CPED Executive Director signed on behalf of CPED as a member of WATTNet.

Other activities included presentations and discussions which focused on Trade and Regional Integration, Natural Resource Management, Private Sector and Infrastructure for Inclusive Development. And in the end the conference was able to develop an action plan that will address some critical issues pertaining to the sub-region, and obtained commitment from Heads of Governments on the action plan.

### **CPED Participated in the 2016 Africa Think Tank Conference, Marrakesh, Morocco, May 2-4, 2016**

The acceptance of the Sustainable Development Goals (SDGs) in September 2015 marked the initiation of a new universal effort to eradicate poverty in all its forms. The 17 goals and 169 targets are now a global mandate for all nations to make life better for their people, and are designed to include the interrelated and interdependent actions relating to their achievement. They are also consistent with the vision spelled out in Africa Union's (AU) Agenda 2063, endorsed by African Heads of State in 2013. In order to have a smooth takeoff in the implementation of these laudable agenda, it would be of great interest for countries facing similar challenges along with their respective think tank organizations devoted to doing the deep thinking to help policy-makers make informed decisions share their challenges and successes so that all their countries can be better positioned in designing their futures. It is in line with this concept that on May 2-4, 2016, the Think Tanks and Civil Societies of the University of Pennsylvania (TTCSP) in collaboration with the United Nations Economic Commission for Africa and OCP Policy Centre brought together 85 think tanks from 45 countries to attend the



3rd Africa Think Tank Conference titled “Building a Sustainable and Secure Future for the People and Institutions of Africa” which was held in Sofitel Hotel, Marrakesh, Morocco.

The opening ceremony which began on May 2nd at 17:00, Morocco time was attended by majority of participants who arrived on or before that day. In his welcome remarks James McGann, Director, TTCSP, University of Pennsylvania, thanked everyone present for taken up the challenge of bridging the gap between research and policy implementation. He enjoined everyone to be open minded during the discussion and to focus on solutions to Africa problems. The opening session also featured a discussion panel with the theme “Africa – Recent Developments and the Role of Think Tanks, and was moderated by John Yearwood, Vice Chair, International Press Institute and Former World Editor, Miami Herald. The panelists include Abdallah Saaf, Senior Fellow, OCP Policy Centre, and Former Minister of Education, Morocco; Hamid Temmar, Former Minister responsible for Economic Transition, Algeria; Newai Gebre-ab, Chief Economic Advisor to the Prime Minister, and Executive Director, Ethiopian Development Research Institute (EDRI), Ethiopia as well as Fredrick Nikiema, Former Minister of Communication and Spokesperson of the Transitional Government, Burkina Faso.



*Job Eronmhonele Presenting in Thematic Panel 1: Implementing the SDGs/Agenda 2063- Think tanks roles*

The second day of the event witnessed a gathering of over 110 participants who listened attentively as groups in four different thematic panels discussed extensively issues relating to how Think Tanks could better help to build a sustainable and secure future for the people and institutions of Africa. The representative of *Centre for Population and Environmental Development (CPED)*, a Leading Think Tank Organisation Based in Benin City, Nigeria and the only representative from Nigeria, *Job Imharobere Eronmhonele* featured in the very first thematic panel of the conference with the theme “Implementing the SDGs/Agenda 2063-How can Think Tanks, Individually and Collectively, Support Programming, Operationalizing and Monitoring?” Other members of the panel include Bartholomew Armah of Economic Commission for Africa (ECA), Ethiopia; Said Moufti of Royal Institute for Strategic Study, Morocco and Salomon Nsabimana, Institute for Economic Development (IDEC), Burundi. The panel discussion was moderated by Euphrasia Mapulanga, of Zambia institute for Policy Analysis and Research (ZIPAR), Zambia.



### **CPED Organised National Policy Briefing Meeting with Policy Makers Hotel Benizia, Asaba, Delta state, September 29, 2016**

The Centre for Population and Environmental Development (CPED) recently completed her research project on access to primary health care in Delta State. The Project which was titled: "Strengthening the Health System in Nigeria through Improved Equitable Access to Primary Health Care (PHC): The Case of Delta State, Niger Delta Region" was conducted in nine local government Areas of Delta State (Aniocha North, Ika South, Ndokwa East, Ughelli South, Okpe, Udu, Isoko North, Bomadi and Warri North). The project came to a close on the 26th of September, 2016 after its commencement in 2013. The objectives of the research project were: knowledge development (research), knowledge translation (influencing policy) and capacity building (training of junior researchers and empowerment of key stakeholders).

In line with CPED's objective of knowledge translation in order to influence policy from research evidence, a National Policy Briefing Meeting to share and disseminate the key findings and recommendations of the research was held at Hotel Benizia on the 29<sup>th</sup> of September, 2016. The meeting has in attendance the twenty five (25) Local Government Chairmen, twelve (12) Local Government Primary Health Care Coordinators, five (5) Civil Societies Organizations (CSOs), fifteen (15) States representatives of Legislators, which included: the Hon. Commissioner for Health, Delta State, Permanent Secretary Ministry of Health, Delta State and the Permanent Secretary Delta State Primary Health Care Development Agency, among others.

The meeting commenced with the registration of participants which was followed by the introduction of participants by CPED's Acting Director of Research – Dr. Johnson E. Dudu. This was followed by a welcome address by the Executive Director of CPED, Professor Emeritus Andrew G. Onokerhoraye who introduced the objectives of the meeting to the participants. According to him, research today has become collaborative, in that, the era where researchers just publish their research findings and recommendations are over. Hence, he was of the view that today's effort is more of the joint works between researchers and policy makers as a way of giving actions to recommendations of research projects to provide evidence for development. He enjoined all the policy makers as well as other stakeholders to be attentive in order to gain optimally from the presentation of CPED's research on access to PHC care.

Also, welcome remarks were made by the Delta State Commissioner for Health, represented by the Permanent Secretary Dr. (Mrs.) Minnie Oseji. She commended CPED for the action research and promised to take the key findings and recommendations to the Hon. Commissioner for Health, Delta State. She later declared the workshop open with admonition to all the stakeholders to take hold of the opportunity provided by the presentation to update their knowledge on primary health care issues in the State.





*Group Photograph during the National Policy Briefing Meeting, Asaba, Delta state, September 29, 2016*



*Participants listened attentively as keynote speaker make presentation during the policy briefing meeting in Asaba*



The first major activity at the meeting was a keynote address by Dr. Wilson Imongan - a former Commissioner for Health in Edo State, Nigeria. Dr. Wilson Imongan presentation was titled: "Primary Health Care in the Health System in Nigeria". He defined PHC as an *essential health care made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination*". Appraising the health care system of Nigeria in view of the challenges in the system, he was of the view that the Nigeria health care system can be best described as a house that has a beautiful roof, cracked walls and no foundation. However, one of the issues he identified as a key challenge to the dwindling fortune of the systems of health is interventions by most government that did not stand on any known evidences but came about as a result political considerations; hence he was full of praise for CPED for the organizing of the National Policy Briefing Meeting to inform health stakeholders on the findings and recommendations from their research project on access to PHC.

The presentation of the keynote address was followed by a presentation of the key findings and recommendations by the Principal Investigator of the Project – Prof. G.E.D. Omuta. He spoke of how the project team was put together, the selection of project locations, the problems addressed and what informed the choice of the methods used in the project execution. Regarding key findings, he observed that PHCs in Delta State can best be described as being in mixed state in terms of equipment availability, drugs, laboratory test facilities, guideline for their operations, beds, safe drink water, electricity, personnel, cost of receiving services by clients, issue of culture/tradition and the location of the facilities. According to the report, while some centres could boast of average presence of equipments, facilities and personnel, it was not so for others. Providers and users assessment of the situation in the PHCs according to the research findings was: 60% of the users were not happy due to unclean facilities, long waiting time and long queues, Lack of trained staff. According to the findings, drugs were in short supply with some providers having poor attitudes to work. Other findings were: the shortage of staff, heavy work load to staff due to inadequacy in their number, lack of incentive for staff and generally poor conditions of service. The paper recommended that more qualified personnel be recruited, the use of retired health personnel to cover shortage, improved condition of services, increase funding, proper siting of health facilities among others.

### **Reactions of Participants to presentation**

- ◆ For the Commissioner of Health, it is expected that the findings and recommendations from the study will be taken to every local government areas for appropriate implementation by improving the quality of services in all the state's PHCs. She equally advocated for incentive for women to enhance the use of such PHCs especially on clinic attendance days. Lastly, she believed that facilities should be provided in the PHCs such as ambulances, beds, drugs amongst others while the Ward Development Committee



(WDC) should also ensure proper monitoring to reduce quacks in the centres.

- ◆ The need to increase monitoring and evaluation of the health systems including PHCs;
- ◆ All participants reaffirmed that the findings from the research are real and so advocated for increasing funding for the sector to overcome the identified challenges
- ◆ Some participants observed that the law dealing with funding and management of PHC and some health systems are outdated and need new legislations for the smooth running of PHCs in Nigeria.
- ◆ The need to undertake a comprehensive needs assessment of the PHC system in Delta State and indeed all of Nigeria to be able to understand the totality of the issues in PHCs and
- ◆ The Nation, States as well as LGAs need to work with the legislative bodies to provide new favourable legal frameworks to promote PHC services and improve on existing legislatures for improved access to PHC services.



## SOME RECENT PUBLICATIONS OF CPED

### A. BOOKS

1. Ikelegbe A. (2016) *Politics and Governance in Nigeria*, Ibadan, John Archers Publishers Ltd.
2. Omuta, Gideon E.D and Andrew G. Onokerhoraye and Francis Onojeta (2016), *Infrastructure and PHC Services in the Niger Delta Region of Nigeria: The Case of Delta State*, Bahnhofstraße, Germany: LAP LAMBERT Academic Publishing

### B. MONOGRAPHS

1. Gideon E. D. Omuta, Andrew G. Onokerhoraye, Mrs. Felicia Okoro, Mrs. Essy Isah, and Primary Health Care Research Team, (2015) *Perspectives on Primary Health Care in Nigeria: Past, Present and Future*, Benin City: CPED Monograph Series No. 10.
2. Ikelegbe A. and Onokerhoraye A. (2016) *The Amnesty for Peace in the Niger Delta: Political Settlement, Transitional Justice and Peace Building*, CPED Monograph Series No. 13, 90 pages
3. Ikelegbe A. and Umukoro N. (2016) *The Amnesty Programme and the Resolution of the Niger Delta Crisis: Progress, Challenges and Prognosis*, CPED Monograph Series No 14, 157 pages

### C. JOURNAL ARTICLES

1. Odjugo, P. A. O. Enaruvbe G; and Irabor H (2015). **Geospatial Approach to Spatio-Temporal Pattern of Urban Growth in Benin City, Nigeria.** *African Journal of Environmental Science and Technology*.9(3):166-175. Indexed and Abstracted
2. Orobator, P. O. and Odjugo, P. A. O. (2015) Influence of Parent Materials and Land Use on Exchangeable Cations in a Tropical Environment. *Journal of Geography, Environment and Earth Science International* 3(4): 1-12, 2015. Indexed and Abstracted
3. Atedhor, G.O. (2015) Strategies for Agricultural Adaptation to Climate Change in Kogi State, Nigeria. *Ghana Journal of Geography*, Vol. 7 (2): 20-37
4. Atedhor, G.O. (2015) Agricultural vulnerability to climate change in Sokoto State, Nigeria. *African Journal of Food, Agriculture, Nutrition and Development*, Vol. 15 (2): 9855-9871
5. Atedhor, G.O. (2015) Gender and Agricultural Adaptation Strategies to Climate Change in the Savanna Eco-Climatic Belts of Nigeria. *Ibadan Journal of Social Sciences*, Vol. 13 (1): 13-25.



6. Enaruvbe, G.O. and Atedhor, G.O. (2015) Spatial Analysis of agricultural land use change in Asaba, Southern Nigeria. *Ife Journal of Science*, Vol. 17 (1): 065-074
7. Dudu J.E and Onokerhoraye AG. (2016) Effects of Expected Community Stigmatisation on HIV/AIDS Counselling and Testing in Nigeria. *International Journal of Advanced Research*, 2016;4(1): 786- 798.
8. Umukoro, N. (2016). African Ethics and Post-Conflict Peacebuilding. *Conflict Studies Quarterly*, Issue 15, p17-27 (Publisher: *Conflict Studies Centre, Babes-Bolyai University, Romania*).
9. Dudu JE and Onokerhoraye AG. (2016) Determinants of Men's Involvement in Sexual and Reproductive Health in Nigeria, *Research on Humanities and Social Sciences*, 2016;6(4):6-19
10. Umukoro, N. (2016). Thermodynamics: Application of its Principles to the effects of Cross-border Migration and Boko Haram Crisis on Security Challenges in Africa. *Journal of Applied Security Research*. Vol.11, No.1, pp. 44-66 (Publisher: Routledge/Taylor and Francis).
11. Dudu JE and Danjuma MN. (2016) Awareness and Use of the National Agency for Food and Drug Administration and Control's Mobile Authentication Service for Detecting Counterfeit Drugs in Nigeria. *IOSR Journal of Humanities and Social Science*, 2016;21(2)
12. Gideon E.D. Omuta, (2016) "The Quality of Healthcare Service Delivery in Nigeria: An Assessment of the Availability of Some Basic Medical Devices/Equipment in the Primary Health Care Centres in Delta State" *Online Journal of Health and Allied Sciences*
13. Dudu J.E, Okoro FI and Otto I. (2016) Knowledge, Attitude and Practice of Exclusive Breastfeeding by Women of Reproductive Age in Nigeria. *Imperial Journal of Interdisciplinary Research*, 2016; 2(5):1350-1351.
14. Ikelegbe, A. and Umukoro, N. (2016). Exclusion and Peacebuilding in the Niger Delta: An Assessment of the Amnesty Programme. *Journal of Peacebuilding and Development*. Vol. 20, No. 10, pp. 1-12 (Publisher: Routledge/Taylor and Francis).
15. Dudu J.E and Odalonu BH. (2016) Effectiveness of Nigeria's Amnesty Programme in Peace Restoration in the Niger Delta, *IOSR Journal of Humanities and Social Science*, 2016; 21(6):20-33.
16. Balogun V. S. & Ikelegbe O. O. (2016) "Spatial Distribution and Accessibility of Primary Health Care Facilities in Rural and Urban Towns in Delta State, Nigeria" *Nigeria Journal of Education, Health and Technology Research (NJEHETR)*, Vol. 8, Pages 296-305.



17. Dudu J.E, Omuta GED and Otto I. (2016) The Invisibility of Housewives' Contributions to Families: Understanding the Role of Women in Household Upkeep in Delta State, Nigeria. *International Journal of Social Science and Humanities Research*, 2016 ;( Accepted for Publication)
18. Umukoro, N. (2016). Thermodynamics: Application of its Principles to the effects of Cross-border Migration and Boko Haram Crisis on Security Challenges in Africa. *Journal of Applied Security Research*. Vol.II, No.I, pp. 44-66 (Publisher: Routledge/Taylor and Francis).
19. Johnson E. Dudu, Felicia I. Okoro & Ireroturi Otto (2016) Knowledge, Attitude and Practice of Exclusive Breastfeeding by Women of Reproductive Age in Nigeria. *Imperial Journal of Interdisciplinary Research (IJIR)* Vol. 2 Issue 5.
20. Umukoro, N. (2016). African Ethics and Post-Conflict Peacebuilding. *Conflict Studies Quarterly*, Issue 15, p17-27 (Publisher: *Conflict Studies Centre, Babes-Bolyai University, Romania*).
21. Johnson E. Dudu and Andrew G. Onokerhoraye (2016) "The Sex of Physician and Reproductive Healthcare Uptake by Adolescents in Delta State Nigeria" *Research Journal of Public Health*, Vol. 2 No. 7.
22. Umukoro, N. (2015). International Humanitarian Law and the Plight of Civilians during Armed Conflicts in Africa. *Conflict Studies Quarterly* Issue 13, pp. 29-40. (Publisher: *Conflict Studies*).
23. Ehwareme, W. and Umukoro, N. (2015) Civil Society and Terrorism in Nigeria: A Study of the Boko Haram Crisis. *International Journal on World Peace*, Vol. 32, No. 3 pp. 25-47 (Publisher: World Peace Academy, MN, USA).
24. Odalonu, B.H. and Eronmhonsele J. (2015) "The Irony of Amnesty Programme: Incessant Oil Theft and Illegal Bunkering in the Niger Delta Region of Nigeria" *International Journal of Humanities and Social Science Invention*, Vol. 4 Issue 8, p 9-18.
25. Odalonu, B.H. (2015) "The Upsurge of Oil Theft and Illegal Bunkering in the Niger Delta Region of Nigeria: Is There a Way Out" *Mediterranean Journal of Social Sciences*, Vol. 6 No. 3 pp. 563-573.
26. Imogan, E.M. (2015) "Revisiting the Peace-Building Efforts in Post Conflict Niger Delta, Nigeria: A case Study of the Amnesty Programme," *Mediterranean Journal of Social Sciences (MJSS)* Vol. 6 November 2015, pp. 349-359.
27. Gideon E.D. Omuta "Governance challenges in Primary Health Care Delivery in Delta State, Nigeria: An Assessment of Community" *Online Journal of Health and Allied Sciences*.



28. Osagie J. Aitokuehi and Ireroturi Otto "The Level of Community Involvement in strengthening Primary Health Care in Delta State, Nigeria" *International Journal of Advanced Research*, Vol. 3 Issue 11.
29. Johnson E. Dudu and Andrew G. Onokerhoraye (2016) "Knowledge and Practice of Family Planning by Women of Childbearing Age in Delta State, Nigeria" *International Journal of Humanities and Social Science Invention*, 2016.
30. Johnson E. Dudu and Andrew G. Onokerhoraye (2016) "The Effect of Demographic and Socio-Economic Factors on Adolescents' Utilisation of Reproductive Health Services in Delta State" *Journal of Social Science*, in press.



