CENTRE FOR POPULATION AND ENVIRONMENTAL DEVELOPMENT (CPED)

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Implementing Adolescent Sexual and Reproductive Health and Rights in Nigeria: Challenges and Way Forward

Also in this issue

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About CPED

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

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

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

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

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

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

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

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

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

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

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

Manuscript submission: Persons interested in contributing to any edition of CRDN are welcomed to do so. Manuscripts should be original with a maximum length of five pages typewritten with double-line spacing and accompanied with biographical sketch of the author which must not be more than fifty words. Each article should be typed on A4 paper with a margin of one inch round. Manuscripts already published elsewhere shall not be accepted.

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Editor's Note

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

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

This December 2017 edition of CRDN is presenting progress and outcomes of CPED research projects and other activities.

Professor Emeritus Andrew G. Onokerhoraye
Editor,
December, 2017.

CPED RESEARCH FINDINGS AND POLICY IMPLICATIONS

Adolescent Sexual Reproductive Health and Rights in Nigeria: Implementation Challenges and Way Forward

In its common usage, adolescence means persons between the ages of 10-19 years. However, it is sometimes interchanged with young adults (15-24 years). The Federal Ministry of Health (FMOH) in the 1995 National Adolescent Health Policy in Nigeria defines adolescence as young person within the age of 10 and 24 years. National Population and Housing Census conducted in 2006 shows that young people constitute 32 percent of the total population of Nigeria (NPopC, 2009).

After the International Conference on Population and Development (ICPD) which was held in Cairo, Egypt, September 5-13, 1994, it became clear that there was the need to reposition the reproductive health care system of most countries of the world. As defined in the ICPD Programme of Action (PoA), Reproductive Health Care covers a wide range of services : family planning counselling, information, education, communication and services; education and services for pre-natal care, safe delivery and post-natal care, and infant and women's health care; prevention and treatment of infertility; prevention and treatment of infections, sexually transmitted diseases, including HIV/AIDS; breast cancer and cancers of the reproductive system, and other reproductive health conditions; and active discouragement of harmful traditional practices, such as female genital mutilation, among others.

In response to this development therefore, the Nigeria Government through the Federal Ministry of Health (FMoH) in 2001 developed the national reproductive health policy and strategy to achieve quality reproductive and sexual health for all Nigerians. As a follow up on this, the National Reproductive Health Strategic Framework and Plan of Action was developed to complement the SRH policy, with the aim of translating the policy into actionable plans (Federal Ministry 0f Health, 2006). Nigeria also signed the *Abuja Declaration* of 2001 in which African countries pledged to set the target of allocating at least 15% of their annual budget to the improvement of their countries health sector.

The ultimate aim of this policy is to serve as an effective national platform for strengthening RH activities in Nigeria and facilitating the achievement of relevant global and regional goals in the interest of improved health, well-being and overall quality of lives of all people in Nigeria. Thus, this policy is a further demonstration of Nigeria's commitment to the achievement of the International Conference on Population and Development (ICPD) goals within her national boundaries.

Despite Nigeria's visible interest in the improvement of the country's health care situation including SRHR, the outcomes remain exceptionally poor. Lack of political will and resources available hinders policies from being translated into operational plans and programmes both at the national, state and local levels. Up till now there is no record to show that any of the 36 states and 774 Local Government

Councils in the country has formulated specific policies aimed at promoting young adult and adolescent reproductive health.

The challenges facing the successful implementation of RH programmes/services in Nigeria are enormous and are in folds. In a research study conducted by the Centre for Population and Environmental Development (CPED) in 2010, 2013 and 2015, results indicate the followings to be amongst the key challenges hindering the successful implementation of the adolescent sexual reproductive health and rights framework to better the lives of young adult Nigerians.

Leadership Challenges

Nigeria's health system includes orthodox, alternative and traditional systems of health care delivery. The Government recognizes and regulates these three systems. There are three levels of health care delivery: primary, secondary and tertiary. These are managed by Local, State and Federal governments respectively. There are 774 Local Government Authorities (LGAs) and all these are supposed to provide Primary Health Care services.

According to a research survey conducted by CPED in 9 LGAs of Delta state in 2013 and 2015 (CPED field report), there is no well organize monitoring team to monitor the activities of Facility Heads, Nurses and other health staff at the PHC levels, especially those in the rural communities. Most of the LGA health staff only come to the office when they like. Also, some of the doctors and nurses attached to the primary health care centres in the local government don't even border to visit their place of work yet they collect salaries every month with other incentives.

CPED research team also observed that drugs, PHC supplies and other reproductive health commodities donated by multinationals, philanthropist, NGOs, amongst others are stocked in the various LGAs without being distributed to the intended communities. As a result some have expired and others in decayed state.

Above all, there is lack of coordination between the various health care providers. Many quack hospitals and traditional homes were seen in most rural communities and mostly patronised by young adolescent. They carry out illegal abortions and sometimes manage complications during delivery leading to increase death rates among women of reproductive age in rural communities.

Harmful Traditional Practices

Countless harmful practices are still being encountered especially in most rural communities of Nigeria. This has contributed to reproductive ill-health of many adolescents and thus constitute a violation of reproductive rights. The most common harmful practices found especially in most traditional setting include Female Genital Mutilation (FGM), forced early marriage, traumatic puberty initiation rites, and rape. Some of these practices could facilitate the spread of HIV/AIDS. These practices cut across religious and cultural boundaries and in most cases victims are unaware of the associated potential dangers. These practices have resulted in complicated health conditions for young adults such as hemorrhage, sexual dysfunction, chronic and pelvic infection, infertility, vesico-vaginal fistula, etc.

Gender Based Violence

It has been estimated worldwide that between 16% and 52% of women experience physical violence from their male partners and at least one in every five suffer rape or attempted rape in their life time. A nationwide survey indicates that wife battering occurs in 20% of Nigerian households. This action against women has both long term and short term detrimental effects on their health.

Low Uptake of Family Planning Services

The level of family planning in Nigeria is poor. This is due to ignorance, myths and conceptions, low quality of service including non-availability of contraceptive commodities, poor attitude of service providers and low status of women.

Internet Sexual Activities

Studies have shown that over 25% of young adults that use the internet have been exposed to online pornography and other internet sexual activities. Even when they are not planning to do so, about 20% do receive sexual solicitation on the internet. An adolescent online sexual activities may be gingered by emails from peers and other adults who perceived them as easy preys since their parents hardly ever explore the internet with them.

These and many other factors have pre-disposed adolescent to online sexual activities and in most cases the tendency to try it out in real life is imminent. This has contributed to high rates of young people who have had sexual intercourse before the age of 15years.

Recommendations for Improving Reproductive Health and Rights among Adolescent in Nigeria

Public Education and Enlightenment

Most African young adults especially within the West Africa sub-region often do not know how to protect themselves despite very high levels of early sexual activities. Evidence indicates that concealing information and services from young people about their reproductive health only increases the tendency that if and when sexual initiation occurs, it will be unprotected. Young people require basic information about their bodies, preventing HIV, Sexually Transmitted Infections (STIs) and pregnancy. They need to be involved in programs that address gender equality, empowerment, reproductive rights and responsibilities as well as sexual and reproductive negotiation and decision-making.

Renewed Political Will and Commitment by Various Governments

The way forward for the Nigerian weak RH services/programme is a renewed effort in terms of political support and priority at all tiers of governance, a review and wide distribution of RH services, especially to the users on the fields, better marching of policies with implementations in terms of funding and necessary leadership, periodic monitoring and evaluation of available services and legislative back-up of many SRHR issues that are begging for attention. It is in this context that local CSOs have major roles to play in advocacy to policy makers at all levels of government in Nigeria. Advocacy is critical in efforts to ensure that adolescent and sexual health programmes are enacted, funded, implemented, and maintained.

Other CPED Research Activities

CPED Concludes her Project on' Improving Maternal, Newborn and Child Healthcare in Underserved Rural Areas of Nigeria through Implementation Research'

Compiled by Job Eronmhonsele

The Maternal, Newborn and Child Health (MNCH) project was an action research project implemented by Centre for Population and Environmental Development (CPED) in partnership with Intervention Council for Women in Africa (ICWA) and Delta State Government through the Delta Ministry of Health (DMoH), Asaba and with support from Think Tank Initiative (TTI) arm of International Development Research Centre (IDRC). The project was implemented in Okpe Local Government Area of Delta State.The goal of the project is to improve MNCH care in rural areas of Nigeria through the implementation of an innovative community-based MNCH model.

After about 18 months of the implementation of this project, we can say that it has been exciting for the research team and the various stakeholders involved. The outcomes of the project can be categorised into two. (1) Knowledge generation outcomes (2) Intervention outcomes.

Knowledge Generation Outcomes

The new knowledge which is derived from the participatory surveys can be summarised as follows:

I. ***On their experiences attending the PHC,*** the men stated that 'some times, patients were treated free of charge but sometime the health workers request for money (about 100-200 naira). Also when pregnant women go to PHC for delivery, the health workers take money from them. Even when there are drugs, the staff will still refer us to other chemists. We suspect that the staff sell drugs given to them by the government to those patent stores'. The women are of the view that 'there was an expensive billing, but that the staff take good care of sick babies. The staff tells you how to take good care of the baby'.

ii. ***On the response they get when they present an emotional problem to the health worker,*** the men stated that they get negative response from the staff when they present emotional issues while some of the women stated that the staff at the PHC gives them solution to whatever problem that bring them to the health centre. "The staff attends to the problem that brings us to the PHC in a very good and understanding manner". The women also stated thus "the staff at the PHC gives me solution to whatever problem that brings me to the health centre".

iii. ***On their views regarding the effectiveness of communication between them and the health workers,*** the men pointed out that 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?", "was I there when you and your husband were busy fucking?", "did I take part in the sexual pleasure?". The delivery women get such act from the PHC staff instead of calm and gentle pampering. Some of the women noted that a few of the staff are very good at communicating with the patients that visit the PHC.

iv. ***On whether they are given an opportunity to ask questions by the health*** staff the men stated that "the PHC staff feels any person that goes to the PHC with illness is an illiterate, they

feel the person doesn't not know what is happening. PHC staff are supposed to give patients audience to ask questions but the staff don't allow it. They always say do you want to teach us our job? PHC staff don't give room for questions. Sometimes when you ask them questions, they will reply you with complex and convoluted grammar. There is no understanding at all between patients and staff". Some of the women pointed out that they are always given opportunity to ask questions at the PHC. Our question is mostly about our baby, once I ask question, the staff answers me well.

v. ***On whether they get a satisfactory explanation about their health challenges,*** the men stated that 'satisfactory explanation about the condition that brings you to health centre is the major problem that the staff and people are facing. Once you try to ask them any question after they have treated you, they wouldn't allow you because they feel that they have given you treatment and you don't need to ask them anything'.

vi. ***On whether they have ever been referred anywhere for further treatment*** the men pointed out they refer some cases to the central hospital in Warri or Oghara. That is if the case is beyond what they can handle. The women said the PHC do refer services, the staff refer us to other qualified and specialized health centres on cases the staff cannot handle.

vii. ***On the rating of the level of satisfaction which they get from visiting primary health centres,*** the men stated that 'the PHC staff are not trying generally, so there is no rating of satisfaction for the staff. The staff are very annoying and aggressive. The staff has iron ruler that looks like a whip which they use in torturing women whenever the women are crying when in labour or something else. Actually, everybody cannot be satisfied, some care why some do not. Some gave 30% while some gave 50%. Some others stated: "the men in the PHC have no problem, the problem is with the women, and so, the government should employ more men than women in the PHC".

viii. ***On whether they noticed any changes in the way they are treated at the primary health centre, the men pointed out that*** "the staff will never change; the bad attitude is in their blood. We hope they change one day from their bad attitude and ill-treatment. The facilities are outdated, they are too old. There are bed bugs on the bed, even the mosquito net is torn, and there are no good facilities and the PHC Is too small for the community."

ix. ***On the benefits they derive from the primary health centres,*** the men pointed out that the primary health centres are easily accessible and free treatment through the drugs provided by government; that is if the drugs are available.

x. ***On why do some people prefer to deliver their babies at home or in a traditional birth attendant home rather than primary health centres,*** the men stated that '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'. The women said 'this is because the nurses yell at them during

delivery. It is not every woman who likes being yelled at. In the PHC, some nurses use ruler to whip the delivery women and saying all sorts of annoying words alongside'.

(xi) ***On why some people do not patronize public sector primary health centres compared with the private or not-for-profit ones,*** the men stated that it is because of the bad behaviours of the staff. Government should change the facilities in the PHC. Also, the staff should change their character. The drugs should be made free. The women said that the reason is because the staff in the PHC are too harsh and unfriendly. The staff don't give immediate attention but private do. People prefer taking their money to where they will be given immediate attention.

xii. ***On what should be done to improve primary health care services so that people can use them,*** the men pointed out that the staff should be transferred and new staff should be employed or deployed to the PHC. The PHC system should be changed because the people working there have been there for up to 15-20 years. Government should set a monitoring team that will monitor the PHC staff. Government should repair the PHC and expand it and make it standard. The women pointed out that 'government should provide drugs in excess, give the health workers incentives and she should teach/orientate the health workers on how to relate well with patients. There should be a monitoring team setup by the government to monitor the PHCs. Government should treat the health workers well because if she treats her bad, they(workers) will transfer their anger to us(the patients)'.

Intervention Outcomes

As far as intervention activities are concerned, the outcomes include:

i. Increased ante-natal registration and delivery at the primary health care facility among pregnant women;
ii. Increased participation of mothers in immunization exercises and uptake of services;
iii. Increased awareness of child spacing among women of reproductive age;
iv. More awareness of harmful traditional practices among community members and leaders
v. Establishment of Community Health Insurance Scheme (CHIS);
vi. Re-constitution of Ward Development Committee (WDC) and Establishment of Village Health Workers (VHWs) in the target project location;
vii. Capacity building of WDC members and VHWs to be able to educate community members on: Hygiene promotion, Malaria prevention in pregnancy, pre-postnatal care, understanding childhood illness, family planning, especially child spacing, food demonstration/Nutrition through pregnancy life cycle, home visit and care and organizational management;
viii. Capacity building of PHC health staff on: MNCH current practices- diagnosis, treatment and care, and patient/user's relations skills;
ix. Provision of Direct Support Services such as: Provision of Potable Water in the PHC Facility at Okwabude, Provision of allowance for WDC members and VHWs to cover transportation and refreshment during meetings and interventions; and
xii. Establishment of Patient Record System.

Other activities that took place during the implementation of the MNCH research project are documented below.

Establishement of Community Health Insurance Scheme (CHIS), Okwabude, Okpe LGA, Delta State.

Introduction

CPED research on access to Primary Health Care which was implemented in Nine Local Government Areas of Delta state and the research results of the MNCH project in Okpe LGA, Delta state, show that lack of finance reduces women's use of maternal health services and keep millions of women away from having hospital-based deliveries or from seeking care even when complication arises. These has led many women to patronize the Traditional Birth Attendants (TBAs) in their localities, which sometimes result to more complications and even maternal and child mortality, whereas, the vast majority of maternal deaths and injuries in these areas could be avoided when women have free access to health care, before, during and after childbirth.

On the other hand, WHO has lay bare that medical fees remain a major obstacle to healthcare coverage and utilization, and has advocated that government at all levels should engaged in risk-pooling prepayment approach as a major way to reduce reliance on direct payments for medical bills. Although, the Nigeria Government has started the National Health Insurance Scheme (NHIS) in 2005 to provide health coverage for Nigerians, less than 5% of Nigeria population are currently benefiting from this scheme, mostly from the formal sector, leaving the large population from the informal sector (majority of who are poor) not protected.

It is against this backdrop that the MNCH project team yielded to the recommendation of the Project consultant, Professor BSC Uzochukwu, to include Community Based Health Insurance Scheme as a key component of the MNCH project in Okpe LGA. Establishment and implementation of Community Based Health Insurance Scheme was also one of the focal points in the communiqué that emanated from the special meeting of local policy makers held in Warri, Delta state in 2016 where CPED brought together these local policy actors from the 25 LGAs of Delta State to brainstorm and chart the part way for a free maternal and under five health care service delivery in rural PHC centres in Delta state.

In order to promote ownership among community members, the MNCH project team adopted CPED participatory approach of involving key stakeholders in project implementation especially at rural community levels. CPED recognised that participatory approaches generate political commitment, build ownership and create champions, ensuring that the issues raised are considered from multiple perspectives, and decisions are reached collectively about how to proceed in the specific local context. As part of preparation for the takeoff of the Community Health Insurance Scheme, the MNCH project team, therefore, held several meetings and dialogue with all stakeholders, including the authority of the Delta state MoH, the authority of the Okpe Local Government council, community leaders and groups including women groups and youth groups in the various participating communities, among others.

Although it took a longer time than expected to build the confidence of the community members, set up the machinery for the implementation of the scheme such as constituting the CHIS management committee, renovating the PHC facility where treatment and care will be domiciled, preparing necessary documentation materials, mobilizing community members to register for the scheme and the challenge of opening a bank account for the purpose of the scheme, the project team were glad that the initiative finally kicked-off and registered members commenced receiving services.

Official Flag-off of the CHIS Scheme

As noted before, the establishment of the Community Health Insurance Scheme (CHIS) using Okwabude Primary Health Care (PHC) facility as the treatment and care centre was among the key intervention components of the Maternal, Newborn and Child Health (MNCH) care project in Okpe Local Government Area (LGA) of Delta state. Although, registered members have long commenced receiving services, the project team saw the need to officially flagged-off the scheme so that other key stakeholders across the state can learn from the initiative and continue to reflect on possible scale up.

Photo: A cross section of participants during the flag-off ceremony of the CHIS scheme

The occasion which took place in August, 2017 at Okwabude Primary Health Care centre, was witnessed by eminent personalities across the state- including directors and permanent secretaries of key ministries and agencies in Delta state, Local Government executives across the state, community members within and outside the project location, community leaders including women leaders, local NGOs, Advocacy groups, private investors, business owners, among others. Astounded by the caliber of personalities that attended the event, one of the community members who was yet to register before the flag-off ceremony, stated: *"I thought it was a joke, but when I saw the big, big oga that came to attend this event, I now realized that CPED mean business..... After this ceremony, I must register my family"* he added.

Photo: Okpe LGA Chairman, Hon. Godwin Ejinyere making presentation during the CHIS flag-off ceremony

The CHIS scheme was officially flagged-off by the Executive Chairman of Okpe Local Government Area, **Honourable Godwin E. Ejinyere** alongside with his council executives members, including secretary to the local government (**Hon. Jackson Olokpa**), Okpe

supervisory councillor for Finance (**Hon. C. A. Royal**), Okpe LGA supervisory councilor for health (**Hon. Obire Shator Peter**), Okpe primary health care coordinator (**Dr. Isaac. Mokuro**), amongst others. The Chairman commended the project team for the initiative and pledged his support for replication in other communities in Okpe LGA following the model approach adopted by the project team. He further thanked participating community members for their understanding and willingness to care for their own health through this risk-pooling of funds to support health care service delivery at the community level. He however, lamented that, though health care provision is supposed to be government responsibility to the people, looking at the current economic crises Nigeria is facing, CHIS initiative is most likely a way out to achieve universal health coverage, he said. In his concluding remarks, the chairman appeal to those who are still skeptical about the scheme to allay their fears as the scheme has come to stay and that the more the number of people that are registered the more sustainable the scheme will be.

Photo: Presentation by Representative of the D.G. Delta State Contributory Health Commission during the flag-off ceremony of the CHIS scheme

Other representatives of key ministries and agencies in Delta state also made some remarks during the ceremony, among these is the Director General Delta state Contributory Health Commission, **Dr. Ben Nkachika** who in his concluding remarks stated: *"We believe that in the near future, the CPED initiated Community Health Insurance Scheme will be collapsed into the Delta State contributory health scheme so as to have one policy scheme that will take care of every residents of Delta State."*

Photo: Presentation by the MNCH Project Principal Investigator, Prof. Mrs. Felicia Okoro during the flag-off ceremony of the CHIS scheme

Photo: Project trained Village Health Workers in a drama play during flag-off ceremony of the CHIS scheme

The occasion also witnessed a presentation by the project trained volunteer Village Health Workers (VHWs) who in their usual style, thrilled the audience with a drama showcasing the benefit of registering for the community health insurance scheme and the need for mothers and pregnant women to visit the PHC centre and stop patronizing traditional medicine vendors, especially during pregnancy and up to delivery.

Photo: Mother and Children receiving free health care examination and treatment during the flag-off of the CHIS

The event also provided opportunity for the project team in collaboration with Okpe LGA council through the Primary Health Care Department to offer a free health care and treatment for mothers, children and the aged ones who attended the event. Immunization commodities were provided, drugs were given for free and many referrals were made for complicated cases. Doctors and nurses were on hand to examine, treat and refer patients where necessary. Many households signified interest to

register for the scheme on that day. Although coverage is still low, the willingness and acceptance by majority of community members who registered and are very interested in registering for the scheme is a welcome development.

Conclusion

The MNCH project team recognized that the success of the CHIS and its ability to achieve its goals greatly depends on the sustainability of the program and the ability to scale it up. Ownership, political will, local leadership as well as motivation and building trust in the rural community members have been identified as a key factor for successful implementation of the CHIS. To this end, the revamped ward development committee (WDC), CHIS management committee and the volunteer village health workers will continue to mobilized and increased awareness among community members to register for the scheme, ensure quality services are provided and delivered in a manner that meets the needs of the healthcare users. This is necessary to build trust and confidence in the system and encourage beneficiary to continue to pay their premium. Again, even when the project is officially closed, CPED and its programme staff will continue to work to support the activities of the various committees at the community level to encourage participation, promote ownership and mobilize resources.

Policy Workshop On The Outcome Of The MNCH Implementation Research Project In Okpe LGA, Delta State

The policy workshop which was held in Warri, Delta state, September 26, 2017 was among several policy engagement meetings held with key stakeholders in Delta state as part of the concluding activities marking the implementation of an action research project on 'Improving Maternal, Newborn and Child Health Care in Underserved Rural Areas of Nigeria in Delta State.

Photo: Group Photograph of Participants who attended the policy briefing

The Commissioner for Health Delta State Ministry of Health (DMoH), Permanent Secretaries (DMoH), key policy/decision makers in all the 25 Local Government Areas of Delta state including coordinators of Primary Health Care departments, policy makers from the Delta state house of assembly, and directors of key government parastatal were all invited to the policy workshop. Other attendees were community leaders including women leaders from the project location, youths and opinion leaders from the various participatory project communities and the project team members.

The focus of the policy meeting was to engaged these policy actors and opinion leaders, who usually decide on policies in the state, local and at community levels and implementing them, with key findings of the research on the challenges of accessing maternal, Newborn and Child Healthcare (MNCH) services in the state, and more especially to showcase what works best (innovative approach) in improving maternal and child healthcare service delivery especially in rural community settings through implementation research.

The occasion was chaired by the Delta State Permanent Secretary (PS), MoH, represented by Dr. Philomena Okeowo who in her remarks commended the project team for the laudable project, re-echoed the commitment of Delta state government through the state ministry of health in ensuring the wellbeing of Delta people. The PS DMoH, stated that the outcome of the collaborative project is evidence based since the ministry was a partner in the implementation of the project right from inception and would do all it can to implement the recommendations as documented in the project reports and briefs. The PS also stated that the ministry has commenced interaction with the Delta state government on this innovative approach to improving MNCH service delivery with special reference to health care financing for mothers and children at all levels in the state.

Also in his remark, the Chairman Local Government Service Commission represented by Mrs. Clementina Oyem thanked the CPED project team for the initiative and for focusing at rural communities instead of implementing such project in urban areas as some have the custom. The chairman, however, appealed to TTI and its partners for more support in other to cover more communities in Delta state and beyond. According to her "more deaths occur in rural communities that are not reported and if these are actually taken into consideration, the figures for maternal and child mortality rates would double the current status. Efforts are needed by all stakeholders even the community members themselves to reduce these unfortunate occurrence" she added.

The occasion also witnessed a panel session chaired by Job Imharobere Eronmhonsele, a member of the project team and head of communication division of CPED. During the three man panel discussion, experts were invited to make a short presentation on the:

1. role of community leaders in improving maternal and child health care service delivery
2. role of the private health care sector in improving maternal and child health care service delivery and
3. role of policy makers in improving maternal and child health care service delivery.

Thereafter participants had opportunity to asked questions which the panelists responded to. The panel session also provided opportunity for interrogation among key stakeholders in healthcare and health system strengthening.

Dr. N. Orofuke, a member of the panel who focused on the role of community members in improving MNCH services at community level addressed issues bordering on cultural practices that are harmful and inimical to improved health care services. Dr. Orofuke stated that family and community involvement in healthcare and health-related decision is important for maternal and newborn survival. She further charged community members on effective preventive interventions that can be delivered through hygiene promotion, use of skilled birth attendants and avoiding delays in recognition of illness.

Dr. Joseph Eregare, a private medical practitioner, who made presentation on the role of private sector in improving maternal and child healthcare service delivery, reiterate the fact that private providers can provide enormous data to feed into the national health information systems. The private providers can also help in building the capacity of auxiliary nurses and lay community health workers to cater for the shortage in health care personnel in PHC facilities across the state. He however advocated for government support to private healthcare sector to be able to play these key roles.

Dr. Mrs Okeowo who spoke on the role of policy/decision makers in improving maternal and child health care service delivery emphasized that policy makers have the duty to lobby the apex government to implement the 15% budgetary allocation to the health sector (in order to meet the Abuja declaration target), especially for services targeted at the poor and vulnerable groups. Dr. Okoewo also stressed that maternal and child healthcare service delivery can be improved if policy/decision maker strengthen their monitoring and evaluation mechanism to ensure that funds disbursed are well utilised.

Photo: A Panel Session Chaired by Job Eronmhonsele during the MNCH Policy Workshop Held in Warri, Delta State

The MNCH project Principal Investigator (PI) professor Mrs. Felicia Okoro through a power point presentation showcased some innovative approached the project team has adopted in the delivery of MNCH services during the project period. She emphasized that engaging the community groups through direct participation in each phase of the project was a key strategy for its successful implementation. This engagement entailed capacity building and community dialogues with different interest group in the various participating communities. According to her, the various community dialogue provided opportunity for community members to understand their roles in order to take ownership of the project for its sustainability. Professor Okoro also stressed the need to revitalize the activities of the Ward Development Committee (WDC) in all the local government of the state. According to the PI, the MNCH project in Okpe LGA has demonstrated that when WDC are well constituted (selection devoid of personal interest), they are able to play key roles in improving MNCH service delivery as well as other PHC services in each ward.

The PI during her presentation also recommended the training and use of volunteer village health workers (VHWs) in underserved rural communities for improved MNCH service uptake. She noted that preventable or treatable infectious diseases such as malaria, diarrhoea and pneumonia were the commonest illnesses in the project areas. And these account for over 70 per cent of the high child mortality ratio in Nigeria. She asserted that building the capacity of volunteer village health workers who in turn work with community members and the PHC facility staff in their day to day activities has worked well in promoting and improving MNCH service delivery in rural communities since the PHC facilities are characterized by lack of man power or health personnel.

In his concluding remarks, the MNCH project team leader, Professor Emeritus Andrew Godwin Onokerhoraye commended the efforts and commitments of the participating communities and stressed the need for ownership of the key interventions of the project such as the establishment of the Community Health Insurance Scheme (CHIS). He further mentioned that CPED and its team will continue to draw the attention of government to the key health challenges people face in rural communities and enjoined everyone to work together so that what is being enjoyed in the project communities through the TTI supported implementation research project is replicated in other parts of the states and the entire nation at large.

The MNCH policy workshop indeed provided opportunities for knowledge sharing and networking among key stakeholders, strengthened collaboration between governments at all levels and CPED project team as well as community leaders and groups.

Photo: MNCH Project trained VHWs in a drama presentation during policy workshop held in Warri,

Photo: Participants taking lunch during policy workshop held in Warri, Delta State

Think Thank Initiative monitoring visit to CPED and project locations, October, 2017

By Job Eronmhonsele

The annual monitoring visit to Centre for Population and Environmental Development (CPED), Nigeria, usually undertaken by **Dr. DiakaliaSanogo,** a program specialist of the Think Tank Initiative (TTI) arm of International Development Research Centre (IDRC) is one that CPED usually looks forward to. Such visit provides opportunity for CPED and its associates to learn, re-evaluates its operation and better positioned to achieve its objectives and vision as proposed in the current strategic plan. However, the uniqueness of this year's visit (**October 8-11, 2017**) warrants this brief report. This year's visit to CPED, Nigeria, is in three folds.

1. Visit to CPED Head Office, Benin City, Nigeria, October 9, 2017

Dr. Diakalia visited CPED head office October 9, 2017. Upon his arrival, the entire CPED staff, including the Executive Director, **Professor Emeritus Andrew Godwin Onokerhoraye** were very excited to welcome this great mentor to CPED, once again. The chairman board of trustees, CPED, represented by **Professor Williams Akpochafo**, also a member of the board, was present to receive Dr. Diakalia. Some CPED research associates- Professor Mrs. Felicia Okoro, Dr. Francis Onojeta, CPED mentees from neighboring academic institutions, among others, were also present to welcome this great programmer.

In the early morning of his visit on this day, Dr. Diakalia's interacted with CPED management on many areas such as organizational performance, policy linkages, capacity building and forward looking action plan for CPED, e. t. c. In the afternoon of his visit the Maternal, Newborn and Child Healthcare (MNCH) project team, used the opportunity to showcase through a power point presentation its implementation research project in Okpe Local Government Area of Delta State in preparation for the visit to community. The MNCH project which was implemented in Okpe LGA was co-sponsored by TTI, CPED, (ICWA) and Delta state government through the Ministry of Health, Asaba.

Others present during the presentation include Dr. Wilson Imongan, Executive Director Women's Health and Action Research Centre (WHARC); Saliu Aidorolo, executive director, Idea Development and Resource Centre (IDRC), Benin City, media practitioners and other key stakeholders in Edo state. **Dr. Francis Onojeta**, a policy maker in Delta state Ministry of Health, and a member of the MNCH project team made the presentation which was followed by questions, comments and discussion by all participants.

Photo: Dr. Diakalia making remarks during the presentation on MNCH project at CPED head Quarter, Benin City.

Photo: Group Photograph of Meeting Participants with Dr. Diakalia at CPED Head Quarter, Benin City.

Photo: TTI Supported MNCH Project Principal Investigator Prof. Mrs. Felicia Okoro making remarks during Dr. Diakalia Visit to CPED, Benin City.

2. Visit to CPED Project Community, October 10, 2017

The visit to one of CPED's project communities was the high point of Dr. Diakalia's visit to CPED at this time. Those who undertook this visit include, CPED Executive Director, Professor Emeritus A. G. Onokerhorare, a member of CPED board of trustees Professor W. Akpochafo, TTI supported MNCH project team members Professor (Mrs.) F. I. Okoro, Dr. F. Onojeta, Engr. Job Eronmhonsele and CPED programme staff, Osagie. J. Aitokhuehi. Dr. Diakalia together with this team visited the project location where the MNCH implementation research was carried out in Okpe Local Government Area, Delta state. Members of the Agbamuene kingdom comprising Okwabude, Okuogholo, Okufoma and Onyeke communities were on hand to receive the team with their usual traditional way of welcoming visitors. Chief Dr. Okoro on behalf of the community leaders thanked the project team for the visit and the work done so far in the community. The CPED established Community Health Insurance Scheme (CHIS) management committee chairman **Mr. Daminume Erirhomuru** applauded the team for the visit and TTI for the support to the team to implement the project on improving maternal and child health in the area. According to the chairman, community members are living healthier life now since the project started. "*Many are now aware of their health status. Community members can now go to the health centre without having to worry about cost of treatment. In fact we are better now*" he said.

The MCNH project trained volunteer Village Health Workers (VHWs) were also on grand to welcome the team. With their jingles and songs they praised the team for the MNCH project deliverables and CPED, especially for working with Okpe communities at this critical time. Dr. Diakalia thanked the community members for their support and re-iterate IDRC program objectives and goals to support developing nations like Nigeria. He further charged the community members to always support initiative of this nature and accept it as their own project for it to be sustainable. Prayers of more blessings and opportunities were said and thereafter the team visited the PHC facility at Okwabude where the MNCH project team did some renovations, including installation of borehole facility, installation of lightings, and painting of the facilities, among others.

3. Visit to Okpe Local Government Secretariat, October 10, 2017

The authority of Okpe Local Government Area (LGA) has been very supportive in the implementation of the TTI supported MNCH project. The LGA Chairman, **Hon. Godwin Ejinyere** and his council members have been actively involved in the processes that led to the establishment of the CHIS. It must be stated here, that, primary health care service delivery in practice is directly managed by the local government authority across Nigeria. It is in line with this that the MNCH project team closely worked with the management of Okpe LGA to implement the research project in selected communities and to create viable opportunities for scale up.

The same project team who visited the community with Dr. Diakalia also undertook the visit to Okpe council secretariat.

The Vice Chairman, **Hon. Donald Akpofohare**, on behalf of the Chairman received the CPED team and thanked the team for the initiative and for choosing Okpe out of the 25 LGAs in Delta state for this great MNCH project. The council boss appealed for more collaboration of this kind and said that Okpe local government is ever ready to support projects that will bring development to the people.

In a similar remarks, the Head of primary health care department, **Dr. Isaac Mokuro** and the supervisory counselor for health **Hon. Obire Peter Shator,** both thank the CPED team for the visit and further praised the project team for the way and manner the project was implemented. Hon. Obire said *"we were well informed and carried along in all the stages of implementation. In fact, we are happy with the project team and we like their approach of engaging beneficiaries in project implementation."*

CPED executive director, **Prof. Emeritus A. G. Onokerhoraye**, on behalf of the team thanked the management of Okpe LGA for their support over the years especially in the cause of implementing the research project on improving maternal, newborn and child healthcare service delivery in rural areas. He emphasized that the days are gone where a team of researchers will go into communities, conduct a research and published its results without remembering the target population. According to Prof. Onokerhoraye, the MNCH project team deemed it necessary to visit the council as the project is officially closed since the team visited the council at the commencement of the project. He further said that CPED will continue to involve Okpe LGA in subsequent projects as collaboration of this nature helps to build confidence in research results and implementation of policy recommendations.

Dr. Diakalia said he was happy with the reception and commended the LGA authority for the good job and encouraged them not to give up in implementing programme that will better the lives of the people in the LGA.

The team took a group photograph with members of Okpe LGA authority before departure to Benin City.

Diakalia's visit to CPED has again shown that working directly with grass root communities is a sure way to achieve inclusive development. Developmental challenges in rural communities are enormous. With support from TTI and IDRC along with other donors, CPED research team will continue to work with these grass root population and strengthen their capacity to demand for their rights.

Photo: Diakalia in group photo with the Community High Chief Okoro (in red) and CPED team during visit to project site

Photo: Diakalia in group photo with Village Health Workers and WDC Chairman during visit to project site

Photo: Diakalia in group photograph with community members and CPED team during visit to MNCH project location

Photo: Diakalia interacting with mothers who attend Ante-Natal Clinic

Photo: Diakalia having interaction with CPED trained Village Health Workers during visit to project site

Photo: Diakalia, CPED team and Okpe LGA executives in Group photograph after meeting with the council chairman

Photo: Diakalia and CPED team meeting with Okpe LGA executives

COMMENTARY

INDIGENOUS OPINIONS FOR ACHIEVING JUSTICE AND ENDURING PEACE IN THE NIGER DELTA, NIGERIA

By Imongan, Ernest

Nigeria is one of the major countries in Africa that is endowed with abundance of natural resources. She is a major exporter and a player in the petroleum industry. Presently, the bulk of mineral wealth of the nation is gotten from the Niger Delta area which makes it a major hub of economic activities as the Nigerian Government and other countries of the world depend on it resources for their continue existence (Omuta; 2014). Therefore, it is unarguably that the Niger Delta is the richest and most endowed region in Nigeria. The region is made up of about 70 per cent of the national wealth and about 40% of the oil wells, which are off shore the coastal area. Most on shore facilities are located within the region (Ikelegbe, 2010). Also, the oil resources and infrastructure are in about 1,500 communities in the region where it produces the majority of the oil and gas wealth of the country (Ikelegbe, 2010). Oil is very important to the economy of Nigeria. It can be best appreciated by the fact that by early 2000, oil and gas accounted for about 98% of all export earnings, 83% of federal government revenue, 95% of foreign exchange earnings and more than 14 per cent of its Gross Domestic Product (Omuta, 2014). Oil has helped and continued to be the driver of economic development in the country. The 36 states, including the Federal Capital Territory, get their monthly allocation from the Federal Government Revenue, the bulk of which is derived from oil resources in the Niger Delta.

While development is promoted by oil wealth, the indigenous people who leave in the oil bearing localities have been dealing with the consequences of the endless exploitations. The exploration is certainly of no significant benefit to the people of the Niger Delta taking into consideration the amount of wealth accruing from the region as it has rather brought about some negative and unpalatable effects to the people of Niger Delta region (Nwankwo, 2015). However, in spite of the wealth gotten from the Niger Delta the people still remain poor. This deplorable condition of the indigenous people due to the persistence oil exploration and environmental degradation, in turn, had brought the feeling of injustice and agitations such as the Adaka Boro's struggle of 1967; mass demonstration in the 1990s involving mass protest followed

by violent attacks on personal and oil installations, hostage taking amongst others (Tonwe, & Aghedo, 2013). This period marked a turning point in highlighting problems of environmental governance, economic marginalization and failing corporate social responsibility in the volatile region in the Niger Delta.

The conflict became highly volatile and militarized with emergence of several militants groups such as the Movement for the Emancipation of the Niger Delta People (MEND), the Niger Delta People Volunteer Force (NDPF) and many others. These groups from the Niger Delta most especially in the region largest ethnic group the Ijaw, initiated 'Operation Climate Change' which led violent conflicts between them and the Nigerian armed forces that eventually metamorphosed into militias (Aghedo, 2013; Atumah, 2015). The situation became deplorable and devastated as the militant forces changed the socio-economic and political tone with devastating effect not only to the region but to the nation at large, and beyond as it negatively affected oil production and the economy (Ering, Bassey & Odike, 2013; Okonta, 2013). Despite all the agitations, the situation of Niger Delta had remained unchanged. This situation has led to greater emergence of more militants. The inhabitants living in this area felt deprived and marginalized as their resources were exploited without compensation or any meaningful development for the resources within their domain.

There have been several attempts by the Federal Government to compensate the people of the Niger Delta by putting several measures in place to address observed challenges such as: Setting up several intervention program notably, the Niger Delta Developmental Board (NDDB), Niger Delta Basin Development Authority (NDBDA), Oil Mineral Producing Areas Development Commission, (OMPADEC) and the Niger Delta Development Commission (NDDC) (Ibude, 2011; Tonwe & Aghedo, 2013; Jack-Akhigbe, 2013). And recently, the Federal Government launched the Presidential Amnesty Programme (PAP) entailing among other things the pardon for militants that have been involved in the Niger Delta crisis (Agbebedia, 2014). All the above mentioned intervention programs could not bring about the much needed development, and could not yield the much desire results. The agitations in the region continued leading to the emergence of the Niger Delta Avengers (NDA). This new militant group (NDA) had been attacking and vandalism production pipeline, forcing companies such as Shell Petroleum Development Company (SPDC), Chevron Nigeria Limited (CNL), Nigerian Agip Oil Company (NAOC) and others to shut down production operations as a way to press home their demands. All the attempts by the current

government of President Mohamadu Buhari for the NDA to come to the negotiation table have fallen on deaf ears and Nigeria oil production has continued to decline leading to recession and economic down turn (Amaize et al, 2016).

In spite of the federal government attempt at pacifying the region through the various mentioned interventions, the agitations by the people of the region have continued to increase hence, if the various government interventions did not bring the needed peace; what then are the expectations of the Niger Delta people from the Federal Government of Nigeria as to guarantee justice and peace in the region? This study attempted providing answers to the aforementioned question.

Indigenous People demands for justice and peace

The expectations of the indigenous people of the Niger Delta demand justice and peace; revealed four categorizations of demands namely:

i. Institutional/ constitutional Demands
ii. Economic/Inclusiveness participation demands.
iii. Infrastructural Demands
iv. Oil Companies/Federal Government Behavioral Change Demands. Though these are itemized here, there are no clear lines between and among these demands.

Institutional/constitutional Demands

These demands bother on the constitution of the Federal Republic of Nigeria and the establishment of institutions. The constitution of the country as it is currently is so asymmetric and unfair to the people of the Niger Delta. For example, this group of persons believed that Nigeria is a Federated State that is being administered as a unitary entity. Analysts hold the view that in other advanced democracy like America and Canada which Nigeria patterned her affairs, the units (States) which make up the federation are allowed to develop in their own pace and where mineral resources by states/ communities are found such pay taxes to the federal government as the case may be in a country that practice fiscal federalism as a principle (*This day newspaper*, 2017).

It is clear that the demand for the Niger Delta people of Nigeria is a federated entity and should be so administered through the practice of true federalism; anchored on fiscal federalism and resource control. Put in other words, the people of the Niger Delta States are being robbed perpetually without an end to this exploitation that the country Nigeria on exits as a result of the presence of Niger Delta oil; hence, each successive administration at the federal level become aggressive to anybody in the Niger Delta region who want to work against the benefits.

The immediate need of the Niger Deltans is for the region to control the oil found in their region; with taxes being paid to the center government – this thus indicate that once the Niger Delta States are allowed to control their God bestowed oil wealth, peace will return to the region. These people believed in restructuring of the Nigeria federation by the National Assembly in dealing with the constitutional review; with the characteristics of a federation that will reflect the wishes of the people/nationalities as a true federal structure in a bid to achieve peace in the region (*This day newspaper*, 2017).

Economic/Inclusiveness participation demands.

A critical examination of the demands for justice and peace by the indigenous people of Niger Delta based on their demand in yearning for economic improvement through adequate participation in the management, ownerships and running of the affairs of their God-given wealth and resources. While this is supposed not to be taken for granted, this had not really been the case; since every government at the federal level have willfully tried to create poverty in the region in the means of abundance resources that are found in their territory by robbing the people of their economic interest and excluding them from managing and running the businesses that are associated with the oil industries. The calls for peace in the region will not see the light of the day until justice prevail by taking cognizant of the economic interest of the indigenous people through inclusive policies that recognize ownership of the resources to accommodate victims of the Niger Delta crisis, youths, exclusion of some repentant militants, conflicted affected communities and people amongst others (CPED policy Brief, 2015).

To enjoy peace in the region, the federal government must do the needful by inclusive participation of the people of the Niger Delta in oil industry and ownership. Thus, the indigenous people demanded that the federal government should articulate policies and actions in place that will address the lack of participation, as well as the imbalance in the ownership of oil and gas assets if she requires peace in the region. Hence, the people of the communities see this kind of scenario as a fertile receipt for anarchy and restiveness; and for peace to reign in the region such practice of injustice must be addressed.

Infrastructural Demands

The demand for infrastructure development for Niger Delta States and oil producing communities is persistent in the region. The communities hold the belief that, as the goose that lays the golden eggs with which other parts of the countries including the Federal Capital Territory (FCT) derived their beauty, the region ought to get better attention in terms of infrastructural development (Ibude, 2011). They advocated for infrastructures development master plan for the Niger Delta, which should be put in place with alacrity and

given a schedule for full implementation by the Federal Government as well as IOCs.

The type of desired infrastructure to be put in place came with such answers such as: good network of roads as seen in Abuja and other developed nations. Specifically, the East-West road was mentioned as an example of the road needed. Apart from road and railways the waterways should also be developed to open up the communities in the coastal region for effective economic activities. Other infrastructural facilities requested include, good water work, state of the art hospitals and power plants to generate electricity to the communities in the region jointly funded by the federal government and the IOCs.

Oil Companies/Federal Behavioral Government Change Demands

The people of the Niger Delta States are not happy with the federal government and IOCs. They perceived a form alliance between the federal government and the oil companies. The behavior of IOCs pollute the environment of the Niger Delta. They believed that this is a gross injustice to the people of Niger Delta and called for the relocation of IOCs the indigenes lamented the collaboration of the federal government with the companies persistently rob the people of the region of their wealth without compensation.

The change of attitude by IOCs and federal government as a matter of fact should come in the way the issues of pollution of environment gas flaring and oil spillages are handled. The IOCs and federal government should correct the mistakes as well as atrocities perpetrated against the oil-bearing communities in the region with the aid of government agencies that will bring about the needed peace (*The point newspaper*, 2016). The federal government must put policy in place to address the attitude of the IOCs and legislate on how an act of spillage or other pollution must be dealt with as a way of ensuring peace in these communities.

Conclusion

Conclusively, as a way of achieving justice and enduring peace in the region, four demands were put forward by the people of the region which are; Institutional/ constitutional, Economic/Inclusiveness participation, Infrastructural and Oil Companies/ Federal Government Behavioral Change demands as a panacea for lasting peace. The Federal Government with the IOCs should immediately put action plan in place in addressing the demands of the people of Niger Delta. Today, what we have is Niger Delta Avenger, as a writer put it, "there would be a recurring cycle of militancy in the Niger Delta region long after the fury of NDA may have been assuaged through the ongoing negotiations by Presidency". For lasting solution, there is need for rigorous stakeholders meeting and workshops to articulate the demands of the people and bullet points actions that are needed to cub the perennial agitations in the region.

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CENTRE FOR POPULATION AND ENVIRONMENTAL DEVELOPMENT (CPED)

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

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

RESEARCH

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

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

COMMUNICATIONS AND OUTREACH

Partnership development with public and private sector/civil society organisations

INTERVENTION PROGRAMMES ON SOCIO-ECONOMIC DEVELOPMENT

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

CAPACITY BUILDING OF CPED AND PARTNERS

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



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