CAPACITY DEVELOPMENT IN A POST-CONFLICT CONTEXT: AN ANALYSIS OF TANGIBLE INFRASTRUCTURAL DEVELOPMENT IN THE NIGER DELTA OF NIGERIA

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By

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Declaration

I, Chinwe Christopher Obuaku, hereby declare that this Master Thesis on**Capacity Development in a post-conflict context**: *an analysis of tangible infrastructural development in the Niger Delta of Nigeria*is my own work, and that I have received no other assistance than the stated sources and citations.

Chinwe Christopher Obuaku

November 2012

……..

Signed

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Abstract

Within the discourse of community development, the expression ‘capacity development’ stands out. Its common usage has somehow rendered it almost insignificant given the fact that those who use it tend to think of it in ways that hardly can be considered as having singular meaning. To be precise, there is no consensus as to its meanings; yet, it has not stopped its usage. The implication is that capacity development as a concept remains complex and has the tendency to erect difficulty in the attempt to operationalize it and apply it in evaluating development initiatives. However, this study presents an operational definition of capacity development in the Niger Delta region of Nigeria; levels of capacity development as well as dimensions used to evaluate on-going development projects/ policies in the region.

The research method used to gather data was mixed. Quantitative method was more convenient due to the topography of the study area. However, qualitative method was introduced and utilized to guarantee the validity, authenticity and reliability of data collected. Mapping and an observation of government agencies/ organizations involved in capacity development in the study area (the Niger Delta region, by extension); questionnaires that spoke of practices supportive of capacity development in the region as well as resources available to Southern Ijaw LGA for capacity development; focused group discussions and in depth interviews that drew attention to factors affecting capacity development at all levels; individual, institutional and societal etc. these tools were means that efficiently helped in assessing the extent to which capacity development has been operationalized in post conflict Niger delta.

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Key words:

Capacity development, post-conflict, tangible infrastructural development, institutional capacity, rehabilitation, re-integration, disarmament, Niger Delta, Nigeria, Southern Ijaw

Abbreviations and Acronyms

GDP Gross Domestic Product

GNP Gross National Product

JTF Joint Task Force

MNDA Ministry of the Niger Delta affairs

MDGs Millennium Development Goals

NDR Niger Delta Region

NOA National Orientation Agency

NDE National Directorate of Employment

NNDC Niger Delta Development Commission

NNPC Nigerian National Petroleum Corporation

NHIS National Health Insurance Scheme

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OECD Organization for Economic Corporation and Development

OMPADEC Oil Mineral Producing Area Development Commission

ITF Industrial Training Fund

SMEDANSmall and Medium Enterprise Development Authority

UNDPUnited Nations Development Program

USAIDUnited States' Agency for International Development

UNICEFUnited Nations Children's Funds

UNESCAP UN Economic and Social Commission for Asia and the Pacific

UNHDRUnited Nations Human Development Report

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CHAPTER 1: INTRODUCTION

1.1 Introduction

The post conflict environment in most societies is often characterized by mistrust and vulnerabilities that could trigger renewed violence/ crisis if the process of transition from conflict to peace is not well negotiated or managed with strict adherence to three key phases of post conflict response; the initial phase, the transformation phase and the final phase (Curle: 1971; Azar: 1990, Brahm: 2003; Aggastam: 2005). The initial phase is the emergency phase where negotiations start as a platform for truce. The second phase which happens to be the central focus of this study goes beyond emergency measures and involves the establishment of social / economic structures, developing and strengthening capacities at all levels as a foundation for lasting peace, while the third phase is the monitoring and evaluation phase (Deutsch, 1973; Darby & Mc Ginty: 2000).

Barathi Ramasubramanian a foremost contributor to post conflict NGO interventions efforts states that "A key to post conflict reconstruction is the development and strengthening of local institutions….to enable them drive their development" ((http://beyondprofit.com/post-conflict-development-from-the-bottom-up) This implies that for post conflict peace and development interventions to be effective, there has to be an understanding of the dynamics of the region in conflict which would ensure that efforts are channelled towards building local capacities and addressing other prominent issues that contributed directly or indirectly to the conflict. Given the fact that most communities and individuals understand their problems better, developing their capacities individually, collectively and institutionally would enable them come together to restructure their communities, re build local infrastructures, create opportunities for themselves and avert potential tensions. (Burton: 1990; Lederach: 1995) Capacity development is thus critical in a post-conflict situation.

Within the development discourse, the expression 'capacity development' stands out. Its common usage has somehow rendered it almost insignificant given the fact that those who use tend to think of it in ways that hardly can be considered as having singular meaning. To be

precise, there is no consensus as to its meanings; yet, it has not stopped its usage. The implication is that capacity development as a concept remains complex and has the tendency to erect difficulty in the attempt to operationalize it and apply it in evaluating development initiatives. There are those who consider it simply as an attitude that should be stamped in development endeavours. Still, many others consider it as the facilitation of change processes and, for a significant number of those who work in the field of development, it is a step-by-step approach to development or indeed a platform for such as UNESCO views it. What one can easily discern from the enormous literature is that there is no single blueprint of Capacity Development that could be applied to all parts of the world. This is simply because capacity as UNESCO puts it is a moving target and Capacity Development cannot be imposed.

Capacity Development is subject to and can result in unforeseen events. It requires flexibility and adaptability to national and local circumstances. This explains in a way its evolution since the 1950s when the newly formed United Nations put a focus on Institution Building as part of the reconstruction efforts of the post second world war. While it was a collective effort then to boost state performance after years of conflict, it became a process doubly necessary with the independence of many colonized countries in Africa and Asia, in particular, in the 1960s. It was therefore a case of strengthening national infrastructure. The 1970s saw this focus shift to improvement of delivery systems and public programmes to reach targeted populations. It was the era of development management and administration which was later to be superseded in the 1980s by the notion of capacity building which reassessed the notion of technical cooperation and focused on participatory approaches as the way to development. Capacity building was broadened to sector level and attention was paid to shaping national economic behaviour. This was the new institutionalism.

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The 1990s saw the introduction of the term capacity development in light of the failure to bring about change in public sector capacities. The concept made inroads in this decade moving away from ‘outside’ assistance and foreign expertise to problem-solving as it viewed capacity development as a learning process in itself rooted in strong partnership with beneficiary countries. Capacity development thus is about nurturing and unleashing capacity from within. However, with the Millennium Declaration of 2000, it shifted in focus. There was greater need for democratic participation in development process alongside stronger accountability and

transparency. In so far as attention is paid, using the capacity development framework, to the development process in countries classified as developing countries, it has not prevented its application to post conflict situations. This is because post conflict, considered in the literature as a transition phase, is a key to the prevention of a recurring conflict and significantly, a step toward long term development.

Post conflict capacity development framework identifies three key areas; the initial response phase, the transformation phase and the final phase. However, this study focuses on the transformation and final phase with emphasis on the emergence of local capacities (government agencies and local communities) and how they have been supported with particular attention needed for restructuring and laying the foundations for the provision of basic social welfare such as education and health care.

Fundamentally, it is a study of capacity development in a troubled part of Nigeria, the Niger Delta. The area is currently peaceful following the amnesty granted to militants involved in conflict and infrastructural development programme. It is the latter that the study focuses upon, seeking to establish the following: At institutional level; how local governments, the various development commissions established by the federal government to manage capacity development (the NDDC, MNDA, and Amnesty commission) have fared in achieving their objectives in the Niger Delta, using Southern Ijaw LGA in Bayelsa State as a case study area.The key research question is: what is the extent of capacity development since the amnesty/ MNDA andNDDC programmes of infrastructural development? The basis of this question is better understood by providing the context which comes below.

1.2 Background and Contextualization

1.2.1 General Overview

Nigeria's economy was considered to be one of the fastest growing in the world, five years ago. Recorded figures show that in 2008, it grew at a rate of 9% and in 2009 by 8.3% (City Development Corporations Group Consortium policy paper, 2011 and IMF). According to the World Development Report (Higgins: 2009) the growth was driven by boom in oil, enabled by

the war in Iraq. “Oil which was first drilled in 1958 in Oloibiri in current Niger Delta has always fuelled the economy” (UNDP, 2006: 62)

However, despite fuelling much of Nigeria’s economic growth through contributing nearly 80% of the nation’s revenue, the Niger Delta is somewhat marginalized from Nigeria’s national development. In actual fact, there is a ‘significant disconnect between the wealth the region generates for the Nigerian Federation and the transnational oil companies extracting oil from the region, and the region’s human development progress’(UNDP 2006).

Over the years, several intervention efforts have been made by the federal government of Nigeria to address the issues of marginalization, environmental degradation, and poverty / capacity deficit in the Niger Delta region- NDR. These efforts have had significant impacts for example; the construction of community jetties, internal roads, education and individual capacity building; formal and informal trainings.

Nevertheless, there has been little improvement with regards to developing local capacities and the provision of basic amenities such as healthcare, portable water, access roads etc. that could improve the well-being and the standard of living for many people within the NDR. Analysis of poverty and human development indicators paint a rather disappointing picture of the NDR and Bayelsa State in particular; HDI for NDR is- 0.564 while that of Bayelsa State is – 0.499. likewise, the HPI for NDR is- 28.847 while that of Bayelsa state is 33.826, with 6 out of Bayelsa’s 8 LGAs having HDI of less than 0.3 due to topographic challenges and its location (NHDR occasional paper 3 & 4:2005;UNDP 2005 & 2006).

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Furthermore, Human development index for Niger Delta is 0.554 while that for Bayelsa a state within the Niger Delta region is between 0.255 and 0.422(National Bureau of Statistics, 2005 & Niger Delta Human Development Report, 2006: 53, 54). A comprehensive study by The World Bank (2006) and UNDP (2006) pointed out that ‘the Niger Delta is the least developed area of Nigeria with per capita income less than $280 per annum and high rising population estimated at 2.7% annually (National Bureau of Statistics; NDES: 1999; Okonta & Douglas: 2001). Indices of development such as education, health, sanitation, job creation, water and other physical infrastructures are limited and need to be upgraded. Environmental resources are gradually being degraded and there is an extremely poor human capacity and basic skills.’

Furthermore, the Niger Delta Human Development Report also stated that "in the NDR, there are crumbling social infrastructures and services, high unemployment, social deprivation, abject poverty, filth, squalor, and endemic conflict which are as a result of administrative neglect" (UNDP & NDHDR 2006). This implies that more is yet to be done in the NDR in terms of capacity development at all level if sustainable development is to be achieved for lasting peace (NDHDR, 2006:54).

Despite the efforts made by the federal government of Nigeria, development and industrialisation in the NDR has been slow and the efficiency of the government commissions, ministries and other stakeholders mandated to intervene by creating long-term solutions has been critically questioned (Olaniyi, B.: The Nation Newspaper,30th January, 2012; Onoyume, J.:Vanguard Newspaper,18th January,2012; Ebiri, K., & Bello, N., The Guardian Newspaper,7th December,2011). Newspaper reports about this abound but there is paucity of scholarly work on the issue. Therefore, this study investigates how the various government agencies handling capacity development in the Niger Delta region – NDR (NDDC, MNDA, and Amnesty) have been able to build the capacities / capabilities of individuals, institutions and infrastructures for sustainable development in the NDR, using the Basic Human Needs theory.

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The fact of the neglect of the Niger Delta area by the federal government of Nigeria which dates back to the late 1950s when oil was discovered led to series of agitation and eventually armed conflict between 1994 and 2006(Nigeria, 1958:88,103-104; Henry Willink Commission Report: 1958; Niger Delta Development Act: 1961; Fubara: 1999 ; Opara: 1997). The response to the conflict was the amnesty (Tuodolo 2008, pp.115-117). The condition of the truce or amnesty between the federal government of Nigeria and the NDR militant youths was that; the militants would be disarmed, rehabilitated and reintegrated into the society, after which the core issues (of underdevelopment)that led to their militancy would be addressed. Sequel to the amnesty agreement of august 2009, the militants surrendered their arms, accepted unconditional pardon, got rehabilitated through local / overseas vocational trainings and currently being reintegrated into the society (Omadjohwoefe 2011)

Having created the Amnesty for the capacity development of the militant youths as condition for massive development in the NDR, the federal government also created the Ministry of the Niger Delta Affairs –MNDA to; formulate and execute programmes, projects and policies for

development and security in the nine (9) states of the Niger Delta. Beyond that, the MNDA also has the responsibility of coordinating the activities of agencies, communities, donors and other stakeholders involved in the development of the Niger Delta region, as well as oversee the implementation of Government policies on the development and security of the region.

Despite the fact that these commissions have existed for some time (NDDC -2000, MNDA and Amnesty- 2009), there is scarcity of empirical scholarly assessment that provides instances where the NDDC, Amnesty and MNDA have addressed infrastructural underdevelopment and other capabilities failure that underpin the Niger Delta Crisis. One may ask, what then is the extent of the capacity development in the area? Given the fact that the mandate of the NDDC and MNDA in the Niger Delta Region is to develop 'skilled and healthy people…..as precondition for short and long term development… tackling socio economic problems…'these agencies were created as part of government intervention aimed at transforming the region into an industrialised place where human capital and communities are developed for sustainable development, the question now is; have these agencies broken the circle of infrastructural underdevelopment in the region, which is primarily characterised by lack of access to basic social infrastructures in rural areas such as clinics? And, to what extent have these agencies built the capacity of individuals, institutions and organizations in a way that the circle of inaccessibility to basic infrastructures / necessities is terminated since the Acts bringing them into existence was informed by the quest for infrastructure led development in the Niger Delta Region?

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Bearing in mind that socio economic exclusion, deprivations and environmental degradation which are related to health issues, were part of the causal factors that gave rise to insurgency in the NDR, therefore, the other question is; apart from rehabilitating and reintegrating the ex-militants, what specific steps has the amnesty board initiated towards creating jobs for them within their communities,liaising with other stakeholders that can employ and absorb the ex-militants as well as addressing environmental degradation and societal capacity development through deliberate development and dispersal of basic infrastructures that can improve the living conditions of rural people and tackle vulnerabilities, such as rural clinics, knowing that the location of standard clinics close to oil exploration communities will go a long way in curing and reducing the diseases / environmental pollutions caused by the activities of the oil companies?

1.2.2 Problem statement

Capacity development initiatives in the NDR have been criticised for having little impact on the target beneficiaries given the fact that there is little or no significant evidence of tangible development in the NDR, even with the creation of more agencies and intervention platforms While the critique seems to be plausible, no attempt has however been made to investigate the possibility of the agencies bringing about lasting peace and sustainable development in the NDR. Considering the fact that one or two commissions handling capacity development in the NDR might not have clearly articulated strategies nor exhibited the capacity to tackle the social and economic problems which caused insurgency in the NDR and due to the fact that they have been preoccupied with intangible dimensions of capacity development,the question remains, to what extent have these agencies addressed capacity deficit at all levels, in the NDR?

1.2.3 Research Aim

The aim of the study is to examine the extent of capacity development that has taken place in the Niger Delta region since the establishment of the NDDC in 2000, Amnesty and MNDA in 2009. To achieve this aim, the study usedSouthern Ijaw Local Government in Bayelsa state as a case study area due to its very poor Human Development Index-HDI (six out of the eight local governments in Bayelsa state have the lowest HDIs in the whole of Niger Delta region; NDHDR, 2006: 53), its contribution to the amnesty; huge contribution to Nigeria's revenue and money budgeted for its capacity development in the NDDC allocation. The development of rural clinics served as dimensions of tangible infrastructure development and was measured using accessibility.For clinics; the number of clinics per community, number of doctor and nurses per clinic/ per person, travel time in hours to base clinic' as an indicators, while for roads, the number of access roads linking communities within the LGA.

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1.2.4 Research Objective

Objective 1: to understand how Capacity Development has been applied in the Niger Delta Region by the Ministry of Niger Delta Affairs, Niger Delta Development Commission, and Amnesty Commission:

A.to identify how each organization / agency has been able to build the capacity of its target beneficiaries in the Niger Delta Region

B. to identify how capacities have been built at the individual, institutional and organizational level within the Niger Delta by these agencies

Objective 2: to analyse how capacity development has worked in practice for the Niger Delta people in Southern Ijaw LGA of Bayelsa state:

a. To examine the extent to which the number of rural clinics and link roads between communities have increased since the establishment of the Niger Delta Development Commission, Ministry of the Niger Delta Affairs and Amnesty Commission.

b. To examine how the practice of capacity development in the Niger Delta Region fits into the bigger picture of what the federal government of Nigeria is out to achieve in the region.

1.2.5 Capacity Development and its significance

The use of the term capacity development in this study is based on the definition of The United Nations Management Development and Governance Division(UNMDGD:1997 & UNDP:2006)which views Capacity development as 'the process by which individuals, organisations, institutions and societies develop individual and collective abilities to perform functions such as solving problems or setting and achieving goals /objectives'. This definition further embraces and proposes four dimensions for sustainable capacity development; individual, entity, inter-relationship between entities and enabling environment. The OECD (2006) similarly, sees capacity development as a concept that has moved from a focus on building the capacity of individuals to supporting the capacity development of their respective organisations and the society within which these individual and organisations operate in. It is 'the process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time.'

A society cannot develop or thrive peacefully if the capacity of individuals is not built to enable them join hands and participate in the development process which actually begins at the individual level. More so, individuals will hardly function effectively nor be able to contribute to the development of a society or institutions that lack the capacity to meet the needs of its people

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especially in a post conflict context like that of the organisations and communities within the NDR.

Lastly, basic social infrastructures in every society are a necessity that helps in creating a healthy working environment and also facilitates human capital formation especially with regards to the Niger Delta region. (UNESCAP 2006) The fact that the fundamental goal of capacity development is to enhance the abilities of stakeholders to assess and tackle crucial questions related to policy choices and different options for development explains its significance in the quest for lasting peace and sustainable development in a post conflict environment. Given the fact that Post conflict transformative capacity development policies and interventions are intended to move communities or societies from a situation in which they are believed to be worse off to a situation in which they are assumed to be better off (Barbanti 2004). This research focuses on rural clinics as one of the basic human needs, especially in the context of the Niger Delta, to ascertain the extent which the amnesty and other post conflict interventions have been able to move the region from a state of lack of basic socio economic infrastructure to a state of general improvement.

1.2.6 The Significance of Rural Clinics

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Rural clinics according to earlier evaluations play a foremost part in the healthcare service delivery in rural settlements given the fact that it caters for the needs of vulnerable people who are 'out of sight' and mostly found in the rural areas such as: women, widows, children, older people, the disabled and men. It is also an indispensable aspect of the 'social and economic identity of the rural people' because of the long distances between scattered villages in the rural areas, shortage of transport facilities for emergencies and poverty which makes many rural dwellers vulnerable to diseases, preventive primary healthcare in the form of rural clinics is indispensable and needs to be expanded for easy access. (De beer & Swanpoel, 1996) Yet, despite being a fundamental part of the rural settlement, they have had mixed success in their capacity to deal with 'environmental threats', and are quite susceptible to public policies as a result of their small size (Journal of Rural Health 2002,pp.197 -210).

Also, considering the fact that urbanisation has been slow in remote areas as a result of their geographical location, most health workers like doctors and nurses are not willing to practice in those locations given the financial and logistic challenges.

1.3. Case Study Area (Niger Delta; Bayelsa State; Southern Ijaw Community)

1.3.1 The Niger Delta Region

Geographically, the Niger Delta Region is located in the Southern part of Nigeria and bordered to the South by the Atlantic Ocean and to the East by Cameroun .The area is the 3rd largest wetland in the world and has a population of about 30 million, and occupies a surface area of 75,000 square kilometres.

However, according to Igbuzor (2006) there are at least four different ways that the Niger Delta has been described in Nigeria. The first is the 'natural' or 'core' Niger Delta which is made up of those areas that constitute the 'great delta' of the River Niger that arises on the north-eastern border of Sierra Leone and flows in a great arc for 4,100 km north-east through Mali and Western Niger before turning southwards to empty into the Gulf of Guinea (World Encyclopedia: 973). The States that constitute the core Niger Delta are Rivers, Bayelsa and Delta States. The second is the geopolitical Niger Delta which consists of states in the South South geopolitical zone of Nigeria namely Rivers, Bayelsa, Delta, Cross Rivers, Akwa Ibom and Edo States. The third is the oil producing Niger Delta which is made up of the nine oil producing States of Rivers, Bayelsa, Delta, Cross Rivers, Akwa Ibom, Edo, Abia, Imo and Ondo States.

For the purpose of this study, the Niger Delta will be used within the context of the nine oil producing states. The fourth is the coastal States of Rivers, Bayelsa, Delta, Ondo, Akwa Ibom, Cross Rivers and Edo which has been popularized by the setting up of the Presidential Council on Social and Economic Development of the Coastal States of the Niger Delta.

The Niger Delta Human Development Report by the United Nations Development Programme noted that 'the Niger Delta is a region suffering from administrative neglect, crumbling social infrastructures and services, high unemployment, social deprivation, abject poverty, filth, squalor, and endemic conflict'(UNDP 2006)

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1.3.2 Bayelsa State

Bayelsa State was carved out of Rivers state, within the Niger Delta region, in October 1996, with Yenagoa as the capital. To the north, it is bordered by Delta state, Rivers state on the eastern part, then the Atlantic Ocean on the south and western borders. The geographical location of the state, within latitude 4 "15" North and latitude 5'23' South, and longitude 5'22' West with 8 local Governments and a population estimated at 1,703,358, (2006 Census), the State has the Ijaw ethnic extraction as the dominant ethnic group. This state, whose economic main stay was agriculture and fishing before the discovery of oil in Oloibiri, one of its communities, in 1956, has been described as a "physically handicapped region" due to the fact that the landmass is mangrove forest while the rest are fresh water swamp, forest and lowland rainforests, which aided the guerilla activities of the insurgents and consequently hindered the growth of rural clinics

As a state that has huge deposits of mineral resources, Bayelsa state receives from the federal government's 13% oil revenue payment to oil producing states in Nigeria (Yusuf and Thovoethin 2010) and is also a stake holder in the NDDC, MNDA and amnesty policy where over N400 billion in naira was approved for the implementation of capacity development programs(N50billion as start off for the amnesty objectives of; Demobilization, Disarmament, Rehabilitation and improvement of infrastructures (Adeyemo & Olu Adeyemi 2010), N260 billion for the NDDC (NDDC 2011 Budget)and an undisclosed amount for the MNDA. However, despite being one of the highest income recipients from the Nigerian government, as well as the cradle where the agitation for socio economic and political development of the Niger Delta (which later took the form of insurgency) was born in 1966, through the Kaiama Declaration by Isaac Boro and others, Bayelsa lacks major inter-town links and access roads which has hindered Foreign Direct Investments. There is an uneven distribution of rural clinics, given the fact that clinics are not proportional to the population distribution, hence, people have to walk a distance of almost 10 kilometres to the nearest clinic (World bank 1995 and UNDP 2006). In addition, the state has been considered educationally disadvantaged as a result of the education gap which is largely as a result of lack of Access to schools, quality of the schools and the cost of the schools (Omofonmwan & Odia 2009).

With oil exploration activities going on there, Bayelsa has an average population growth rate of about 3 percent, slightly higher than the national average of 2.5 percent. According to the UN Niger Delta Human Development Report, localities within the state have low human development index which stems from the fact that the state has a few number of oil facilities. Furthermore, the entire state is within the difficult mangrove swamp zone. Lastly, there are no major urban areas to act as a growth Centre. One of the reasons for carving out the state from the old Rivers State was to bring development to the people in the area. However, several years after, development remains elusive (NDHDR 2006)

1.3.3 Southern Ijaw Community

Southern Ijaw, the case study community is located in the southern region of Bayelsa and home to almost 50 per cent of the total population in Bayelsa state. Despite the high population density of this community, it lacked standard clinics which were worsened by the conflict, as a result of its geography and environmental challenges such as lack of road transport. Given that good health results in a greater sense of wellbeing and contributes to social and economic productivity, thus, the amnesty, MNDA and NDDC policies were assessed in this community to determine the extent to which their policies has strategically aided the accessibility of rural clinics as a basic dimension of development which they are supposed to address.

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1.3.4 Literature review

Several scholars reveal that the Niger Delta Crisis and the quest for urgent capacity development in the region was informed by series of issues within the region (Abide: 2009; Omadjohwoefe: 2011; Ojakorotu: 2010; Adeyemo & Olu-Adeyemi: 2010; Oviasuyi & Uwadiae: 2010; Nisirimove: 2000; Ikejiaku: 2009). They highlighted issues like environmental degradation, poor infrastructures, loss of aquatic life/ biodiversity, underdevelopment, social exclusion, and poverty as a result of the destruction of the main source of livelihood of the local inhabitants, which was subsistence farming and fishing. They stated that the rural people are neither able to fish nor carry out farming activities due to the oil spillage that has destroyed their farmlands and aquatic life. Having protested for several years without government intervention, the Niger Deltans under different auspices resorted to insurgency as a way of getting the federal government to intervene in the region. At first, Nigerian governments' response to the

insurgency in the Niger Delta and the militarisation of the polity was in form of violent repression (Chidi 2010). However, when the kidnappings, oil bunkering and destruction of oil pipes continued despite the repression of the militancy by the Joint Task Force-JTF, the Nigerian government had to consider a non-violent repressive approach in the form of granting the insurgents or militants an Amnesty and increasing revenue allocation to other commissions for the development of the NDR.

The amnesty and other capacity development interventions in the NDR has been described by several scholars as a step in the right direction that could guarantee lasting peace in the region if all stakeholder adhered strictly to the terms of the agreement and people are integrated into main stream decision making (Dike: 2001; Nwagbara: 2010; Tawiah: 2011; Idumange: 2011). Whereas, other scholars feel the amnesty was a wrong policy and not necessary (Egwemi 2010).

Nwagbara (2010) proposes that in order to ensure transformational leadership in the Niger Delta on the heels of violent insurrection to peace and stability, as indicated by the amnesty deal and other development efforts, the intervention level has to be progressive with a stance that portrays a sense of revolution. There are several literatures on the Niger Delta crisis, NDDC and the amnesty within the conceptual framework of peace, conflict, human rights and leadership/governance. In addition, most available data revolves around the viability of the amnesty and NDDC as a conflict resolution, peace building and capacity development tool (Oviasuyi and Uwadiae: 2010; Omadjohwoefe: 2011; Abidde: 2009; Egwemi: 2010).

Even though most literatures have assessed the NDDC and amnesty policy to determine the extent of their success in terms of carrying out infrastructure development for the former and resolving the major issues that led to insurgency in the NDR by the latter, (Adaramola 2009) there is scarcity of literature on in depth empirical assessment of the MNDA. There is lack of empirical investigation of all agencies managing post conflict capacity development in the NDR to ascertain the extent to which they have been able to build local capacities at all levels for sustainable development in the NDR.

Consequently, this research analysed the NNDC, MNDA and Amnesty policy, using the capacity development and human needs theories, to determine the level and extent to which they have operationalized capacity development by improving the beings and doings of the Niger Delta

people via addressing the capabilities failure within the context of improving the accessibility of clinics in rural communities in Bayelsa State, using Southern Ijaw as a case study area.

1.4. Theoretical/Conceptual Framework

The theoretical framework of this research focuses on two important concepts; Capacity Development and the Basic Human Needs theory by John Burton.

The Basic Human needs theory by John Burton serves as the basis/framework for assessing the effects of the intervention efforts of the Ministry of the Niger Delta, Niger Delta Development Commission, and Amnesty Commission in post conflict Niger Delta while capacity development will serve as a conceptual framework for operationalizing the level/extent of the intervention of these government agencies in the study area.

1.4.1 The Basic Human Needs Theory by Burton

The basic human needs theory operates on the premise that 'in order to live and attain well-being, humans need certain essentials' and, conflicts arise when these basic human needs/essentials are denied or unmet, thus, a pre-condition for the resolution of conflict is that fundamental human needs be met…' (Burton 1990). Burton views human needs as an emergent collection of human development essentials that go beyond physical and non-physical such as food, shelter, water etc. in fact, those things that are essential for human growth and development (Burton and Sandole, 1986). He further contends that needs do not have a hierarchical order as proposed by Maslow (Maslow, 1973) .Rather, needs are sought by humans simultaneously in an intense and relentless manner.He went further to propose the following list of human essentials: The need for Safety/Security: this involves the need for structure, predictability, stability, and freedom from fear and anxiety. The need for Belongingness/Love: the need to be accepted by others and to have strong personal ties with one's family, friends, and identity groups. The need for Self-esteem: the need to be recognised by oneself and others as strong, competent, and capable.It also includes the need to know that one has some effect on her/his environment.

The need for Personal fulfilment: the need to reach one's potential in all areas of life. The need for Identity: this goes beyond a psychological "sense of self." Burton defines identity as a sense

of self in relation to the outside world. Identity becomes a problem when one's identity is not recognised as legitimate, or when it is considered inferior or is threatened by others with different identifications. In the case of the Niger Delta, being considered a minority and excluded politically. The need for Cultural security: is related to identity, the need for recognition of one's language, traditions, religion, cultural values, ideas, and concepts. The need for Freedom: is the condition of having no physical, political, or civil restraints; having the capacity to exercise choice in all aspects of one's life. The need for Distributive justice: is the need for the fair allocation of resources among all members of a community. The need for Participation: which is the need to be able to actively partake in and influence civil society. However, Burton summarised the above listed human needs into three or four with special emphasis on the needs for identity and recognition. (Burton 1979)

According to Burton, conflicts of all kinds; violent and non-violent protests arise when needs are denied and people get frustrated and chose to use their agency to register their dissatisfaction. (Burton 1990). Other proponents of the basic Human needs theories such as Abraham Maslow and Max- Neef (Max –Neef, 1991; Maslow: 1973) also argued that one of the primary causes of prolonged conflict is people's unyielding drive to meet their unmet needs on the individual, group, and societal level.Furthermore, that most interventions by government or other agencies usually have multiple effects to the extent that meeting one need either undermines or enhances another thus; the Niger Delta crisis revolves around the unmet needs of political exclusion, freedom, identity, poverty, security, distributive justice , participation and violation of rights. The Niger Deltans protested because they felt marginalised and excluded from mainstream politics and decision making, even though their region contributed more in terms of revenue generation for the federation. Most of them felt that their need for distributive justice of fair allocation of resources was not met; hence they resorted to kidnaps and other forms of militancy to express their dissatisfaction.

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Burton proposes that basic needs are universally applicable and relatively still, fixed and homogeneous and in a transformative and post conflict context, meeting such basic needs like; the needs for security, justice, rationality, and control will go a long way in promoting a secure environment and lasting peace in violent conflicts do not recur.

Burton's basic needs theory assumes that to forestall a reoccurrence or relapse of conflict, post conflict intervention has to tackle the underlying causes of conflict in addition to the surface manifestations such as the military culture and proliferation of weapons.The Niger Delta Development Commission, Ministry of the Niger Delta Affairs and the Amnesty Commission in essence has to focus on the root causes of the conflict rather than the effects.

1.4.2 Capacity Development

Capacity development as a concept in this study provides the framework for analysing data collected for descriptive insight. The use of the term capacity development in this study is based on the definition of The United Nations Management Development and Governance Division(UNMDGD:1997 & UNDP:2006)which views Capacity development as "the process by which individuals, organizations, institutions and societies develop individual and collective abilities to perform functions such as solving problems or setting and achieving goals /objectives". The OECD (2006) similarly, sees capacity development as a concept that has moved from a focus on building the capacity of individuals to supporting the capacity development of their respective organizations and the society within which these individual and organizations operate in. It is "the process whereby people, organizations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time."

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A study by the African capacity building foundation; African Capacity indicators (2011) reveals that 'Capacity development seeks to enlarge people's choices by empowering individuals, groups, organisations, and societies to fully participate and deliver on their specified mandates. It is thus a commitment to all citizens that there is room for them in their country's decision-making and economy; that there is room for them at the table as productive, self-supporting, economically self-sufficient members of society; and that they have a right to share in the universal hope of a better life for themselves and for their children'. This definition further embraces and proposes four dimensions for sustainable capacity development; individual, entity, interrelationship between entities and enabling environment.

The three levels of capacity development are inter-linked and if one of them is overlooked or omitted it will have negative implications on the other levels. At institutional level; the emphasis is on how agencies and institutions have fared in achieving their development intervention

objectives, their policies, procedures, standards, power structures, systems, the environment and culture of their target beneficiaries.

At organisational level; the practices, roles, mandates, decision-making structures, divisions of labour, sharing of responsibilities, methods of management, means of functioning, use of resources (intellectual, material, economic etc.) between the agencies and the target beneficiaries of capacity intervention.At individual level, emphasis is on the abilities, needs, performances, attitudes, skills, capabilities, note, capabilities, and values.

The implication is that capacity development would have lost its essence and failed in its quest to meet the needs of the target beneficiaries (Nylund nd). In order words, there is need for strong co-ordination between the different levels of capacity development, the various government agencies and other stakeholders if capacity development intervention efforts in the Niger Delta region must yield results and impact positively on the people of the region.

Likewise, there is a need for clearly articulated objectives and strategy at different levels in the government intervention efforts. Naturally, there is a need for a vision, mission and overall development objectives for the Niger Delta in general, but these must be supported by objectives for each state and local government, especially for those communities located within the mangrove swamp creeks and those whose topography is difficult.

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The development challenge of the Niger Delta region as portrayed by the several data is that of ‘capacity deficit or inadequate capacity which has manifested in several ways thus:

- Dependence on government / outside development interventions
- Lack of consideration and respect for the culture, knowledge systems, and institutions of the Niger delta people by government development agencies.
- Limited level of integration / participation of the Niger Deltans in mainstream decision-making which results in bad governance and a disconnect between the people and the agencies

It is thus necessary that the federal government and every agency involved in development interventions in the Niger Delta must strive not just to articulate objectives and strategies as in the case of the Niger Delta Development Commission and the Ministry of the Niger Delta

Affairs, nor enhance human capital formation in isolation, without the accompanying job advocacy/creation. Rather, to ensure that they implement these objectives by building basic infrastructure such as rural clinics, improving community and individual participation in decision making processes for accountability and good governance.

Given the fact that sustainable development; capacity building is something the Niger Delta people have agitated for since the 1950s (Willinks Commission Report, 1958), therefore, development interventions targeted at the region must integrate individuals, communities, organisations and institutions within the Niger Delta to ensure all stakeholders participate and have a sense of ownership towards development initiatives for improved capabilities.

Although the federal government of Nigeria has made significant efforts in relations to reforming capacity development oriented policies as evident by the creation of the Ministry of the Niger Delta affairs, the Niger Delta Development Commission and the Amnesty Commission. However, most of the intervention platforms seem to lack direction and clearly articulated strategies. The Amnesty commission for instance seems to lack an effective dialogue mechanism, community participation, stakeholders' partnerships, coordination units and capacity profiling/capacity needs assessments units. (UNHDR, 2006)

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The amnesty promised disarmament, rehabilitation, reintegration and development of infrastructures, while the Niger Delta Development Commission and Ministry of the Niger Delta affairs were charged with the responsibility of developing the Niger Delta. The militants have been disarmed; rehabilitation and reintegration are still in progress. Whereas, most of the agencies managing development interventions still lack strategic framework and People are still lacking basic social infrastructures that are needed to lead meaningful and fulfilled lives. Disarming the militants and building their capacity through vocational training and skills acquisition has already created a peaceful environment that would allow the core issue to be dealt with. However, if there is no significant improvement in the development of infrastructures, societies and institutions, as promised by the government through their agencies, the peace in the Niger Delta might be short lived since the underlying reasons for the conflict has not been tackled. The Nigerian government cannot expect people to get fully reintegrated into the society without meeting their basic needs and reducing poverty, especially for the ex-militants, because they might pick up arms again if those deplorable conditions are not being improved.

The Niger Delta region needs a strategic agenda that is aimed at achieving definite objectives; infrastructural development. Beyond that, the key actors must be outlined with specific financial budgetary allocation for the implementation of the strategic objective as well as how such funds will be disbursed, with the participation of all stakeholders.

To effectively examine how capacity development has been operationalized in the Niger Delta through the provision of basic infrastructures such as rural clinics, this research used the Niger Delta Regional master plan, MNDA and amnesty documents as a point of departure for its analysis by exploring the significance of the re-directed/budgeted expenditure to the development of infrastructures, using rural clinics as a dimension of the development of basic infrastructure, accessibility as an indicator, and, persons per clinic, person per nurse, person per doctor and travel distance to base clinic in minutes, as measurable variables of the indicator.

1.4.3 Hypothesis

It is expected that the armistice which has brought peace to the region would equally enable medical personnel who had fled the region as a result of the kidnappings, to return back. Furthermore, it is expected that the government and other stakeholders would work together under the platform of the NDDC, MNDA and Amnesty to address the issues of capabilities failure which gave rise to the conflict through tackling basic infrastructure challenges in the form of uneven distribution of clinics in Bayelsa State as a result of its topography and physical terrain.

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1.5. Research Methodology and Design

Due to unavailability of recently published data on the distribution of clinics and access roads in the case study area, primary data was collected through qualitative methods, but had quantitative data that gave descriptive demographic insight and also enabled the researcher quantify the study in order to achieve its objectives.

1.5.1 Quantitative Method

Linked to positivism, the quantitative method involves reaching conclusions by comparing relationships and patterns, and expressing these patterns statistically (Rudestam and Newton,

1992, pp.24). For the purpose of this research, given the fact that there is lack of recent data on the location of all rural clinics in the case study area, the researcher attempted an identification of rural clinics by gathering information from the ministry of health,the Nigerian Medical Association located within the study area and through visits(Mapping and location trace). The researcher also collected primary data through questionnaire surveys of households and interviews. 500 questionnaires were distributed to adults who are above 18 years of age, within communities located in the 8 clans that make up Southern Ijaw LGA, using a random sampling method for surveys of households situated within distances from the rural clinics in Southern Ijaw community. Eight (8) houses and households were selected in each clan for interviews.

The questionnaires were used to gain demographic information from respondents on the distance from their homes to the nearest clinic and why they might not want to seek medical treatment from the rural clinics if distance was not a challenge. It gave the researcher knowledge about the relationship between the location of clinics and utilisation, its quality and the ability of the people to afford it. This information also helped the researcher in drawing conclusions that led to the achievement of the objectives of the research.

1.5.2 The Qualitative Method

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The qualitative approach involves insider perspective on a given social phenomenon (Babbie &Mouton, 2001; Kothari 2004). As stated by these authors, it is often conducted in the natural setting of the respondents with emphasis on discussions, observations and the involvement of respondents who could be individuals or selected communities/focus groups. The respondents are often given detailed description of the phenomenon under study and are expected to discuss it from their own perspective, within the right context.

1.6 Data Collection Tools

1.6.1 Qualitative Observation

Field research was done with the assistance of an indigene of Southern Ijaw community, whose background is in social sciences and who understand and speaksIjaw. Visits to rural clinics and observation was also conducted in order to get familiar with the study area and also to win the

trust and confidence of the people for the purpose of gathering first-hand information on the availability of key /qualified personnel and their ratio to patients within a particular location.

1.6.2 Semi Structured Interviews

This involved the use of open ended conversational questions which was translated into Ijaw language to guide respondents in answering the questions within the context of the study. Interviews were conducted with 8 randomly picked doctors, the chairman and counsellor of Southern Ijaw, NDDC and Amnesty program representatives, nurses and heads of households. These interviews gave insight into household utilisation patterns of the available clinics and the challenges. It also helped in determining if there are on-going infrastructure projects as part of the amnesty policy implementation.

1.6.3 Focus Group Discussions

Focus group discussions was used in this study to back up the semi structured interviews as a way of enhancing the accuracy and reliability of the information gathered from the interviews. The focus groups was sub-divided into those for women, men and local leaders, each comprising five (5) people per group. One person waspicked from settlements, pressure and peer groups within the study area to enable the researcher gather additional information that may have been ignored in the questionnaires and during the interviews. Confidentiality of participants was maintained and each of them was provided with a consent form.

1.6.4 Data Analysis

Data gathered from specific units (settlements or clans within Southern Ijaw LGA) were studied by the researcher for the purpose of clarification. The data wereanalysed at the point of collection to ensure the initial result is in line with the research problem. The researcher also tried to link empirical findings gathered from field data to the theoretical framework in order to ascertain their relationship. Qualitative and quantitative data are herein presented using texts, quotations, and pictures.

1.6.5 Research Procedure

The study was conducted thus:

i. Literature review of primary and secondary data gathered from various sources

ii. Condition assessment of the NDDC, MNDA and amnesty commission case study area to gain comparative knowledge of the condition of link roads and rural clinics before and after the establishment of the NNDC, MNDA and amnesty.

iii. Selection of study participants: this include stakeholders in the amnesty program; NDDC, MNDA, clinic directors, staff of the Ministry of Health, doctors, nurses, and National Population Commission and households within the study area; over one hundred and eight (108) localities within theeight (8) clans that make up Southern Ijaw LGA.

iv. Consultation with relevant bodies:ten (10) community/peer group representatives from two (2) randomly selected communities within each of the eight(8) clans, local leaders, representatives from Niger Delta Development Commission-NDDC, Ministry of the Niger Delta Affairs- MNDA , Amnesty Commission, Health & National Population Commission

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v. Gathering of information from the literature review, semi structured interviews, focus group discussions and distribution of three sets of questionnaires for community people living within Southern Ijaw, traditional leaders, medical personnel, and representatives/liaison officers of the communities, MNDA, NNDC and Amnesty commission in the case study area.

vi. Data processing using STATA computer software.

vii. Data processing and interpretation to determine linkages between independent and dependent variables, using texts, figures and tables.

viii. Analysis and data presentation.

1.7 Ethics Statement

This research was conducted after the proposal was duly approved by the Institute for Social Development and the University of Western Cape Senate. The researcher while conducting the

study observed ethical principles, by ensuring that participants did not suffer physical, financial or psychological harm as a result of participating in the study. The participants were not deceived, coerced or influenced by promise of monetary rewards. Rather, the researcher sought the informed voluntary consent of the participants, which they were free to withdraw at any stage of the study. Also, the anonymity and confidentiality of the participants was top priority. The researcher sought permission from the Niger Delta Amnesty Committee, the NDDC and other stake holders, and ensured the study was conducted freely and appropriately. Accordingly, Research outcome will be submitted to the relevant authorities.

1.8. Limitations of the Study

The high cost of transportation and language was a challenge considering the fact that the case study area is predominantly Ijaw speaking. Secondly, the major mode of transportation is by water, using speed boats. These slowed down the research process since the research was conducted during the rainy season when the sea was turbulent and there was oil spill with people being evacuated. Nevertheless, the researcher continued unhindered and conducted the study to the best of her knowledge.

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1.9 Chapter Outline

Chapter One: Introduction:

This chapter introduced the study, giving contextual definitions to concepts. It also provides the problem statement, research questions, aims, objectives and rational of the study.

Chapter Two: Literature review:

This focus on the literature review and theoretical/conceptual framework

Chapter Three: Research methodology:

This chapter present the research design and methodology used in the study.

Chapter Four: Case Study Area (Bayelsa State):

It gave an overview/description of Southern Ijaw and Bayelsa state and its relevance to the study by focusing on its socio economic situation and challenges.

Chapter Five: Findings:

This chapter present research findings in relations to the stated research aims

Chapter Six: Discussion

This chapter discuss the findings in relation to the literature

Chapter Seven:

Conclusion

CHAPTER 2: LITERATURE REVIEW

This chapter explores what has been responsible for the low success rate of most intervention initiatives of the Federal Government agencies in the Niger Delta region. It further explores what capacity development and human needs are and why they are considered essential approach for development intervention in the Niger Delta region. It will further help in understanding what 'Development' means for the Niger Delta people and how it should be approached if it has to be far reaching and sustainable.

2.1. Background to the Niger Delta Crisis and Government Intervention Efforts

The Niger Delta region has been a region that has suffered from environmental degradation, poverty, political exclusion and neglect by the government. A number of factors have been given by scholars as reasons for the neglect of the region which generates a lot of revenue for Nigeria. The Federal Government of Nigeria, in response to the allegations of neglect of the region via protests and insurgency, intervened at various levels in order to improve the capacity of the people of the region and empower them in a sustainable way. However, several factors are thought to be responsible for the low success recorded by government interventions in the region and such factors include among others, low funding, and corruption/misappropriation of funds by agencies, lack of strategic framework for development, lack of needs/skills analysis, weak implementation strategies, bad governance, exclusion of key stakeholders in mainstream decision-making and lack of participation.

Nisirimove (2000) Ogege (2007) Abide (2009) Ikejiaku (2009) Adeyemo & Olu-Adeyemi (2010) Chidi (2010), Ojakorotu (2010) Oviasuyi & Uwadiae (2010) and Omadjohwoefe (2011) hypothesized that the Niger Delta Crisis and the quest for urgent capacity development in the region was informed by series of issues within the region. They highlighted issues like environmental degradation, poor infrastructures, loss of aquatic life/biodiversity, underdevelopment, social exclusion, and poverty as a result of the destruction of the main source of livelihood of the local inhabitants, which was subsistence farming and fishing. They stated further that the rural people are neither able to fish nor carry out farming activities due to the oil spillage that has destroyed their farmlands and aquatic life. Having protested for several years

without government intervention, the Niger Deltans, under different auspices, resorted to insurgency as a way of getting the Federal Government to intervene in the region. At first, Nigerian governments' response to the insurgency in the Niger Delta and the militarisation of the polity was in form of violent repression.

However, when the kidnappings, oil bunkering and destruction of oil pipes continued despite the repression of the militancy by the Joint Task Force-(JTF), the Nigerian Government had to consider a non-violent repressive approach in the form of granting the insurgents or militants an Amnesty and increasing revenue allocation to other commissions for the development of the region. They also found that even with the debate accompanying the amnesty and other intervention initiatives of the Federal Government of Nigeria in the Niger Delta, the motivation behind the creation of these commissions and policies are viable given the fact that they are designed to restore peace and stability as well as address underdevelopment in the region.

Furthermore, they posited several theories to explain why the intervention strategy of the federal government did not achieve huge success by stating that most of the Niger Delta development agencies and policies such as the Niger Delta Development Board (NDDB), Oil Mineral Producing Area Development Commission (OMPADEC), Niger Delta Development Commission (NDDC), Ministry of the Niger Delta Affairs (MNDA) and Amnesty Commission are a camouflage aimed at appeasing the Niger Delta people while the government connives with the multinational corporations to loot and degrade the Niger Delta region.

The focus of their analysis was on peace building, lack of good governance, corruption, economic penetration/integration, participation and capacity building. Thus, these concepts explain why development interventions by the federal government has yielded so little in terms of tangible development in infrastructures and closing the inequality gap between the Niger Delta and other regions in Nigeria.

Whereas, newspaper reports (Olaniyi, B. The Nation Newspaper, 30th January, 2012; Onoyume, J.: Vanguard Newspaper, 18th January, 2012; Ebiri, K., & Bello, N., The Guardian Newspaper, 7th December, 2011), revealed that the reason why development initiatives in the Niger Delta has yielded very little is due to personality clash, power play and the fact that it has been

politicised. The perceptions of these newspaper publications possibly might not match veracity due to the lack of empirical research.

Dike (2001) Nwagbara (2010) Tawiah: (2011) Idumange (2011) described the amnesty and other development interventions in the Niger Delta region as a step in the right direction. That, it could guarantee lasting peace in the region if all stakeholders adhered strictly to the terms of the agreement and people are integrated into main stream decision making. They proposed that in order to ensure transformational leadership in the Niger Delta on the heels of violent insurrection to peace and stability, as indicated by the amnesty deal and other development efforts, the intervention level has to be progressive with a stance that portrays a sense of revolution.

Other scholars (Akinola 2008, Egwemi 2010, Akinola, 2010, 2011) postulate that post amnesty development interventions has to be people centred. From their theoretical interpretations to first-hand observation, these researchers whose enquiry was based purely on Institutional Analysis and Development framework posited that; to diagnose the missing links in several efforts and programmes designed to address the Niger Delta crisis, the federal government does not have to focus on the unstructured objectives and disarmament/peace building aspect of the amnesty and other development commissions alone.Rather, there is need to adopt a post amnesty plan that would tackle those problems and challenges that triggered insurgency, insecurity, environmental degradation and economic loss in the Niger Delta.

Akpan (2007) conducted a research on how the NDDC development and infrastructure projects have impacted the lives of the average Niger Delta people with sample size of three hundred and forty-eight (348) out of six hundred (600) respondents representing the dominant oil producing areas and peripheral oil producing areas. The observation was that there were no significant changes in attitudes towards the NDDC, oil companies and other government agencies on the provision of infrastructures and development of human resources in the Niger Delta. Using survey research method and a before-and-after study evaluation design, the research concluded that due to 'systemic constraints which arise from the hegemonic interests of the dominant coalitions in the Nigerian Social formation'; NDDC and other agencies might probably not meet their mandates of developing and building capacities in the Niger Delta. This is due to the fact that these agencies are organisations built on shifting ground.

Thus, according to Akinola (2008) Egwemi (2010) Akinola, (2010, 2011), there is need to balance post conflict peace building and development interventions in the Niger delta with a practical and people-oriented poverty reduction and development plan. Their argument is that, considering the fact that political elements define the processes and actions of other sectors of the economy, the focal point for post conflict Niger Delta development ought to be the application of well-articulated policies and plans that could reform the public space in the region for the benefit of tackling socio-economic and technological problems in the Niger Delta on pilot scales.

A study conducted by George-Hill Anthony &'Tina John (2012) for a human rights watch NGO, posited that the ministry of the Niger Delta has been unable to carry out its mandate as a result of fiscal indiscipline and waste of financial resources on frivolities. The ministry has done very little in terms of developing human capital within the region. Furthermore, the ministry appears to duplicate duties given the fact that they carry out the same program just like the NDDC and Amnesty commission, however, with no tangible impacts. Their findings reveal that there is no synergy between the government agencies carrying out development in the Niger Delta considering the fact that they all get different allocations for same projects and end up duplicating efforts or wasting such allocations on unimportant projects. The limitations to these studies is the question of reliability given the fact that the there is no evidence of how these studies were conducted.

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There are several literatures on the Niger Delta crisis, NDDC and the amnesty within the conceptual framework of peace, conflict, human rights and leadership/governance. In addition, most available data revolves around the viability of the amnesty and NDDC as a conflict resolution, peace building and capacity development tool (Oviasuyi and Uwadiae: 2010; Omadjohwoefe: 2011; Abidde: 2009; Egwemi: 2010).

Caution must be advised, though; Nisirimove (2000) Ogege (2007) Abide (2009) Ikejiaku (2009) Adeyemo & Olu-Adeyemi (2010) Chidi (2010). Ojakorotu: (2010) Oviasuyi & Uwadiae: (2010) Omadjohwoefe (2011) and Dike (2001) Nwagbara (2010) studies and the study of Akinola (2008, and Egwemi (2010) were based upon paper and pencil methodologies (a review of newspaper publications and existing literature). And while Akinola's (2011) study implied that it was empirically analysed, the methodology was not clearly presented, neither was the finding.

Even though most of these literatures have assessed the NDDC and amnesty policy to determine the extent of their success in terms of carrying out infrastructure development for the former and resolving the major issues that led to insurgency in the NDR by the latter, (Adaramola 2009).There is scarcity of literature on in depth empirical assessment of the MNDA in more natural settings with different populations. There is lack of empirical investigation of all agencies managing post conflict capacity development in the NDR to ascertain the extent to which they have been able to build local capacities at all levels for sustainable development in the NDR.

Consequently, this research attempts to analyse the NNDC, MNDA and Amnesty policy, using Capacity development and the basic human needs theory by Burton, to determine the level and extent to which they have operationalized capacity development by improving the beings and doings of the Niger Delta people by way of addressing the capabilities failure within the context of improving the accessibility of clinics in rural communities in Bayelsa State, using Southern Ijaw as a case study area.

2.2. The Concept of Capacity Development: Background

In development discourse, capacity development is viewed as a relatively new concept considering the fact that its complexity has led to a constant evolution. As a concept, it dates back to the early 1950s and 1960s at a time donors and researchers paid more attention to building the public institutions by developing human resources (DAC, 2006: 15). Its foremost focus was knowledge transfer from the developed south to north via what was termed technical cooperation (DAC, 2006: 15-16; MIWA, 2008: 262). Over time, the low impacts recorded in the north in terms of sustainable development stirred up criticism against this approach and subsequently led to a review of the approach (Nair, 2003). Thus a review of the technical cooperation approach by the UNDP in 1993 revealed that although this approach has made significant achievements, the sustainability of these achievements was in doubt because of lack of commitment, participation and integration of the local people in mainstream decision making. (World Bank: 1998; UNDP 1996; Grindle & Hider brand: 1994; UNDP & Berg 1993; Morgan & Baser: 1993; Bolger: 2000:2-9; UNDP: 2009)

In the 1970s, the focus of capacity development changed to development management and administration. Here, the core aim was; reaching distinct public groups who had been neglected

or side lined through building the delivery systems of public policies and the capacity of government institutions. Lusthaus, C, Adrien, M and Perstinger M (1999: 3)

Emerging in the late 1970s and early 1980s, capacity development took a new direction; became known as new institutionalism with focus on a people centred approach to human resource development. The idea was that as development is about people, therefore, those aspects that are essential for the total growth and development of people such as education, health must be given top priority. By late 1980s, the emphasis was expanded to sectors which covered government, Non-Governmental and private organisations together with networks and external environments. There were also attempts at influencing national economic behaviour through the introduction of 'sustainability' with regards to projects.

According to Morgan (1998) towards the beginning of the 1990s, community development gradually emerged as a comprehensive term that comprises a number of development approaches such as institution building, institutional development, human resource development, development management/administration and institutional strengthening, organisational development, community development, integrated rural development and sustainable development. Capacity development in contemporary times has been re-evaluated and remodelled after the concept of technical cooperation, however, with greater emphasis on 'ownership, and participation as processes that can guarantee sustainable development (Lusthaus, C, Adrien, M & Perstinger M, 1999: 4-5; UNDP: 1996)

2.3. Definitions of Capacity Development

Capacity development is an elastic concept which explains the diverse perspectives and applications of the concept by people from various fields and schools of thought. For Cohen (1993) Capacity development is '… any system, effort or process… which includes among its major objectives strengthening the capability of elected chief executive officers, chief administrative officers, department and agency heads and programme managers in general purpose of government to plan, implement, manage or evaluate policies, strategies or programs designed to impact on social conditions in the community.'

The United Nations Management Development and Governance Division (UNMDGD:1997,1998) views Capacity development as 'the process by which individuals, organisations, institutions and societies develop individual and collective abilities to perform functions such as solving problems or setting and achieving goals/objectives'. For UNDP (1997) Capacity development is 'The process by which individuals, entities, organisations, and societies increase their abilities: to perform functions, solve problems and achieve objectives; to understand and deal with their development need in a broader context and in a sustainable manner'. The UNDP (2008) further emphasised that Capacity development is a concept which is broader than organisational development since it comprises and highlights the general perspective within which individuals, organisations and societies operate and interact (which goes beyond a particular organisation)

The OECD (2006) similarly, sees capacity development as a concept that has moved from a focus on building the capacity of individuals to supporting the capacity development of their respective organisations and the society within which these individual and organisations operate in. It is 'the process whereby people, organisations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time.'

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Capacity development as a concept in this study will provide the framework for analysing data collected for descriptive insight. The use of the term capacity development in this study is based on the definition of the United Nations Management Development and Governance Division(UNMDGD:1997,1998 & UNDP:1997) which views Capacity development as 'the process by which individuals, organisations, institutions and societies develop individual and collective abilities to perform functions such as solving problems or setting and achieving goals/objectives'

From the various definitions and perspectives, there appears to be a notable agreement as to the basic values and components of Community Development, such as the fact that:

a) it is a demand driven process that invokes change,
b) it is for the long term
c) It encompasses individuals, institutions and society in general,
d) entails people taking ownership for sustainability
e) Contributes to viable development; social and economic (Alley & Negretto: 1999).
f) It advocates a change in the direction of enhancement and strengthening of existing capacities (Morgan: 1993, Dia:1996)

2. 4. Operationalization of Capacity Development

A study by the African capacity building foundation; African Capacity indicators (2011) reveals that 'Capacity development seeks to enlarge people's choices by empowering individuals, groups, organisations, and societies to fully participate and deliver on their specified mandates. It is thus a commitment to all citizens that there is room for them in their country's decision-making and economy; that there is room for them at the table as productive, self-supporting, economically self-sufficient members of society; and that they have a right to share in the universal hope of a better life for themselves and for their children'.

This definition further embraces and proposes four approaches to sustainable capacity development which are*The Institutional, individual, Organizational or networks/Systems and the enabling environment approach otherwise known as the individual, entity, interrelationship between entities and enabling environment dimensions to community development.*(Bolger:2000: 2-9; UNDP :1998; Grindle & Hildebrand: 1994; OECD :1995) The four levels of capacity development are inter-linked and if one of them is overlooked or omitted during intervention, it will have negative implications on the other levels.

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2.4.1. At institutional level; the emphasis is on how agencies and institutions have fared in achieving their development intervention objectives, their policies, procedures, standards, power structures, systems, the environment and culture of their target beneficiaries. According to Cohen (2004) & Lusthaus et al (1999), this approach adopts a macro outlook and builds the capacity to create, transform, implement and learn from the processes and rules that govern society.

2.4.2. At **organizational or networks/Systems level** ,intervention efforts promote the practices, roles, mandates, decision-making structures, divisions of labour, sharing of responsibilities, methods of management, means of functioning, use of resources (intellectual, material, economic etc.) between government agencies, non- governmental agencies, civil society, community organisation and the target beneficiaries of capacity intervention. It looks from inside out, focuses on organisational capacities and also encourages synergies among organisations (G. Morgan, 1989; Lusthaus et al., 1999; UNICEF, 1999).

2.4.3. Bolger (2000: 4-9) opines that at **individual level**, emphasis is on harnessing and strengthening the abilities, needs, performances, attitudes, skills, capabilities, and values of individual actors such as small scale farmers and unemployed persons, so they can contribute to development. Social transformation at this level is often considered as a part of a wider agenda that affects other empowerment/capacity development processes and might not yield much benefit if those processes are ignored in the intervention plan. (Wallerstein, 1992:198)

2.4.4. The **'enabling environment'** approach embodies a comprehensive context within which development practices take place (Morgan: 1998). It has the ability to either enable or constrain intervention efforts and determines the outcome of development initiatives by influencing the direction and interaction of resources. For instance, Bolger (2000:3) cited a case in point when he argued that 'poorly conceived policies, high levels of corruption, or lack of legitimacy can make for a highly 'disabling' environment with significant consequences for development initiatives.

On the other hand, sound policies, high levels of commitment, effective coordination, and a stable economic environment can be important contributors to an enabling environment which can greatly increase prospects for success". Attempts to effect change at the enabling environment level generally take a considerable length of time given the nature of the issues being addressed - policies, structures, attitudes, values etc. While not all capacity development initiatives will seek to effect change in the enabling environment, they will need to be sensitive to factors at this level which may have an impact (positive or negative) on initiatives which are focused primarily on the organisational, institutional or individual level (CIDA:2000).

The implication of the above analysis for the Niger Delta as a study area in this research is that capacity development would have lost its essence and failed in its quest to meet the needs of the target beneficiaries if it is not operationalized to the extent that there is synergy, participation and consensus among all levels for sustainable empowerment. In order words, there is need for strong co-ordination between the different levels of capacity development, the various government agencies and other stake holders if capacity development intervention efforts in the Niger Delta region must yield results and impact positively on the people of the region.

Likewise, there is a need for clearly articulated objectives and strategy at different levels in the government intervention efforts. Naturally, there is a need for a vision, mission and overall development objectives for the Niger Delta in general, but these must be supported by objectives for each state and local government, especially for those communities located within the mangrove swamp creeks and those whose topography is difficult.

The development challenge of the Niger Delta region as portrayed by several data is that of 'capacity deficit or inadequate capacity which has manifested in several ways thus:

- Dependence on government/outside development interventions
- Lack of consideration and respect for the culture, knowledge systems, and institutions of the Niger delta people by government development agencies.
- lack of synergy/ Limited level of integration and participation of the Niger Deltans in mainstream decision- making which results in bad governance and a disconnect between the people and the agencies

It is thus necessary that the federal government and every agency involved in development interventions in the Niger Delta must strive not just to articulate objectives and strategies as in the case of the Niger Delta Development Commission and the Ministry of the Niger Delta Affairs, nor enhance human capital formation in isolation, without the accompanying job advocacy/creation. Rather, to ensure that they implement these objectives by building basic infrastructure such as rural clinics, improving community and individual participation in decision making processes for accountability and good governance. There is also need to create an enabling environment for well-articulated objectives to work, by checking corruption, lack of participation and other factors that have been a constraint to the success of development intervention in the Niger Delta

Given the fact that sustainable developmentcapacity building is something the Niger Delta people have agitated for since the 1950s(willinks Commission report, 1958), therefore, development interventions targeted at the region must integrate individuals, communities, organisations and institutions within the Niger Delta to ensure all stakeholders participate and have a sense of ownership towards development initiatives for improved capabilities.

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Although the federal government of Nigeria has made significant efforts in relations to reforming capacity development oriented policies as evident by the creation of the Ministry of the Niger Delta Affairs, the Niger Delta Development Commission and the Amnesty Commission,however, most of the intervention platforms seem to lack direction and clearly articulated strategies. The Amnesty commission for instance seems to lack an effective dialogue mechanism, community participation, stakeholders' partnerships, coordination units and capacity profiling / capacity needs assessments units (UNHDR, 2006)

The amnesty promised disarmament, rehabilitation, reintegration and development of infrastructures, while the Niger Delta Development Commission and Ministry of the Niger Delta affairs were charged with the responsibility of developing the Niger Delta. The militants have been disarmed; rehabilitation and reintegration are still in progress. Whereas, most of the agencies managing development interventions still lack strategic framework and People are still lacking basic social infrastructures that are needed to lead meaningful and fulfilled lives. Disarming the militants and building their capacity through vocational training and skills acquisition has already created a peaceful environment that would allow the core issue to be dealt with.

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However, if there is no significant improvement in the development of infrastructures, societies and institutions, as promised by the government through their agencies, the peace in the Niger Delta might be short lived since the underlying reasons for the conflict has not been tackled. The Nigerian government cannot expect people to get fully reintegrated into the society without meeting their basic needs and reducing poverty, especially for the ex-militants, because they might pick up arms again if those deplorable conditions are not being improved.

The Niger Delta region needs a strategic agenda that is aimed at achieving definite objectives; infrastructural development. Beyond that, the key actors must be in synergy and well-coordinated. There must be a network with specific financial budgetary allocation for the implementation of their strategic objective as well as how such funds will be disbursed, with the participation of all stakeholders. To effectively examine how capacity development has been operationalized in the Niger Delta through the provision of basic infrastructures such as rural clinics, this research used the Niger Delta Regional master plan, MNDA budget , and amnesty document as a point of departure for its analysis by exploring the significance of the re-

directed/budgeted expenditure to the development of infrastructures, using rural clinics as a dimension of the development of basic infrastructure, accessibility as an indicator and persons per clinic, person per nurse, person per doctor and travel distance to base clinic in minutes, as measurable variables of the indicator.

2.5 The Significance of Capacity Development

Capacity development in this study is viewed as "the process by which individuals, organisations, institutions and societies develop individual and collective abilities to perform functions such as: solving problems or setting and achieving goals/objectives". (UNMDGD: 1997, 1998 & UNDP: 1997) As a concept that has moved from a focus on building the capacity of individuals to supporting the capacity development of their respective organisations and the society within which these individual and organisations operate in, capacity development when clearly defined and objectively applied at all levels, has the ability to strengthen people, organisations and societies. It enables people at various levels to unleash, strengthen, create, adapt and maintain their ability over time for empowerment, self-reliance and sustainable development.

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A society cannot develop or thrive peacefully if the capacity of individuals is not built to enable them join hands and participate in the development process which actually begins with them (at the individual level). More so, individuals will hardly function effectively nor be able to contribute to the development of a society or institutions that lack the capacity to meet the needs of its people especially in a post conflict context like that of the organisations and communities within the NDR. Lastly, basic social infrastructures in every society are a necessity that helps in creating a healthy working environment and also facilitates human capital formation especially with regards to the Niger Delta region. (UNESCAP 2006, UNDP: 1999) The fact that the fundamental goal of capacity development is to enhance the abilities of stakeholders to assess and tackle crucial questions related to policy choices and different options for development explains its significance in the quest for lasting peace and sustainable development in a post conflict environment. The strength of capacity development approach is that it is broad, elastic, and underscores links between various actors and components in development practice. Capacity development proposes a comprehensive conceptual and theoretical framework within which

development in theory and practice could be placed and applied as a useful concept by various stakeholders at all levels of social transformation and development.

Given the fact that Post conflict transformative capacity development policies and interventions are intended to move communities or societies from a situation in which they are believed to be worse off to a situation in which they are assumed to be better off" (Barbanti 2004). This research focuses on rural clinics as one of the basic human needs, especially in the context of the Niger Delta, by ascertaining the extent which the amnesty and other post conflict interventions have been able to develop capacities in the region by moving the region from a state of lack of basic socio economic infrastructure to a state of general improvement where the people, communities and organizations within the region can rely on themselves without necessarily waiting for help from outside.

2.6. The Basic Human Needs Theory by Burton

The basic human needs theory operates on the premise that 'in order to live and attain well-being, humans need certain essentials' and, conflicts arise when these basic human needs/essentials are denied or un met, thus, a pre-condition for the resolution of conflict is that fundamental human needs be met…' (Burton 1990). Burton views human needs as an emergent collection of human development essentials that go beyond physical and non-physical such as food, shelter, water etc., however, those things that are essential for human growth and development (Burton and Sandole, 1986). He further contends that needs do not have a hierarchical order as proposed by Maslow (Maslow, 1973) .Rather, needs are sought by humans simultaneously in an intense and relentless manner; he went further to propose the following list of human essentials:The need for Safety/Security: this involves the need for structure, predictability, stability, and freedom from fear and anxiety. The need for Belongingness/Love:the need to be accepted by others and to have strong personal ties with one's family, friends, and identity groups. The need for Self-esteem: the need to be recognised by oneself and others as strong, competent, and capable.

It also includes the need to know that one has some effect on her/his environment. The need for Personal fulfilment: the need to reach one's potential in all areas of life. The need for Identity:

this goes beyond a psychological 'sense of self.' Burton defines identity as a sense of self in relation to the outside world. Identity becomes a problem when one's identity is not recognised as legitimate, or when it is considered inferior or is threatened by others with different identifications. In the case of the Niger Delta, being considered a minority and excluded politically. The need for Cultural security: is related to identity, the need for recognition of one's language, traditions, religion, cultural values, ideas, and concepts. The need for Freedom: is the condition of having no physical, political, or civil restraints; having the capacity to exercise choice in all aspects of one's life. The need for Distributive justice: is the need for the fair allocation of resources among all members of a community. The need for Participation: which is the need to be able to actively partake in and influence civil society. However, Burton summarised the above listed human needs into three or four with special emphasis on the needs for identity and recognition. (Burton 1979)

According to Burton, conflicts of all kinds; violent and non-violent protests arise when needs are denied and people get frustrated and chose to use their agency to register their dissatisfaction. (Burton 1990). Other proponents of the basic Human needs theories such as Abraham Maslow and Max- Neef (Max –Neef, 1991; Maslow: 1973) also argued that one of the primary causes of prolonged conflict is people's unyielding drive to meet their unmet needs on the individual, group, and societal level.Furthermore, that most interventions by government or other agencies usually have multiple effects to the extent that meeting one need either undermines or enhances another thus; the Niger Delta crisis revolves around the unmet needs of political exclusion, freedom, identity, poverty, security, distributive justice, participation and violation of rights. The Niger Deltans protested because they felt marginalised and excluded from mainstream politics and decision making, even though their region contributed more in terms of revenue generation for the federation. Most of them felt that their need for distributive justice of fair allocation of resources was not met; hence they resorted to kidnaps and other forms of militancy to express their dissatisfaction. Burton proposed that basic needs are universally applicable and relatively still, fixed and homogeneous and in a transformative and post conflict context, meeting such basic needs like; the needs for security, justice, rationality, and control will go a long way in promoting a secure environment and lasting peace in violent conflicts do not recur.

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Burton's basic needs theory assumes that to forestall a reoccurrence or relapse of conflict, post conflict intervention has to tackle the underlying causes of conflict in addition to the surface manifestations such as the military culture and proliferation of weapons. And in the Niger Delta, these underlying causes of conflict in the region could be termed as capacity gaps or failure in all ramifications.

The Niger Delta Development Commission, Ministry of the Niger Delta Affairs and the Amnesty Commission in essence has to focus on the root causes of the conflict rather than the effects because, the Niger Delta crisis was as result of the fact that the Niger Deltans saw no other way to meet their capacity, infrastructure development and poverty reduction needs. They took to insurgency because they needed understanding, respect and concern for their desire for social transformation, political inclusion, integration and self-determination. Thus, if the agencies managing development in the region are able to connect with them by viewing development from their perspective, then, there is bound to be lasting peace in the region.

2.6.1 Significance of the Human Needs theory

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The significance of applying the human needs theory as a major framework for analysing development in a post conflict context and in this research, the Niger Delta, is due to the fact that, according to post conflict transformation theorists, 'the process of post conflict peace building and development calls different, flexible, consultative and collaborative approaches that operate from a relative understanding of the root causes of conflict'. (Brahm: 2003, Spence in Rubeinstein: 2012)

The human needs approach is a transformative one and centred around ending conflict and the creating lasting peace by transforming relationships and creating an enabling environment for peace and development. It is a shift from the crisis and parties to the conflict, to the outlooks and socio-economic conditions of people in a post conflict context, which might likely trigger a relapse into conflict situation. It gives an understanding of procedures that are involved in the attainment of lasting peace and sustainable development.

The human needs theory has wide-ranging applicability. It could be applied to conflict, peace, and in analysing post conflict development policies. The reason for its comprehensive application is due to the fact that it focuses on the root causes of all kinds of conflicts and

proffers solutions within the context of each party to the conflict participating and having their needs met (Roger & Jerel, 1988:1-23).

From a post conflict development perspective, the human needs theory presents a grand framework for development practitioners and decision makers to identify and create a distinction between negotiable and non- negotiable human needs and find ways of meeting those needs individuals and groups. Often times, the solution involves partnering with stakeholders to 'conceptualise and implement significant structural changes'. (Rubenstein in Jeong, 2000: 173-195). The human needs theory also reveals the variances between the conflicting parties perceived interests and their underlying needs and offers solutions accordingly' (Burton, 1990:34-39, Rudestein: 2012,). The theory points out that there are needs that could never be suppressed by coercion and the force of military deterrence, as was the case when the Nigerian government employed the joint task force-JTF to suppress the militancy in the Niger Delta.

Furthermore, Fisher (1997) Mitchell & Banks (1996) observed that the human needs theory gives clarity on what methods or strategies to adopt in giving lasting solution to problems instead of applying a general strategy to the crisis. Interested stakeholders are often integrated in finding and developing acceptable ways to meet the needs of all concerned Thus, it saves time and resources by giving needs based approach which surpasses conventional approach to post conflict transformation, peace and development. (Rubenstein & Crocker, 1994)

The theory seeks ways to harmonise people's social, economic, cultural and psychological differences by creating a sense of understanding of their basic needs irrespective of their differences (Terrel, 1989:55-82). Given the fact that human needs will always exist and can never be wished away nor bought over, this theory offers a practical of solving protracted problems by going beyond peace negotiation to tackling the core issues that triggered such conflict (David, Rosalti & Coate, 1988: 257- 274, Marker: 2003)

2.6.2 Limitations of the Human Needs Theory

There has been a critique of the human needs theory by burton due to the uncertainties that surround the theory especially, as framework for analysing post conflict peace building and development processes. First, there have been questions about what constitutes needs, how one can delimit human needs and how such needs could be distinguished within the context of what

needs have been met and what has not been met? Also, when is the right time to meet these human needs and what are the processes involved in meeting these needs? In response to these critics, Burton and other post conflict transformation researchers argued that when needs are delimited to basic ones in a conflict context, it points to a situation where a large number of individuals or group of persons crave or aspire for something over time and space, to the extent that they are willing to get it at the expense of other 'desired ends'. That is, needs that if unfulfilled, has the tendency to cause conflict (Galtung in Burton 1990:301-335, Galtung: 1996)

There is also a question of the nature of human needs; whether human needs vary by culture or they are universal, same for everyone, irrespective of their culture, class, gender, race or creed? Critics have also asked if there are needs that are essentially more important than other needs, and how to figure out what needs are more essential than others and the possibility of placing those needs on a scale of preference? Burton's response to these questions has been that although human needs are basically universal, they go beyond cultural and gender variances, yet, 'their satisfiers are culturally determined' (Clark, in Burton, 1990: 34-59; Rubenstein, 2012)

A different set of critics also asserted that given the fact that often times, conflict is not usually about unmet needs, rather interests form part of the dynamics of conflict, hence, if the focus is on needs, what happens to interests? Beyond the meeting the needs for identity, political inclusion, self-determination, capacity building at all levels, what then happens to issues of resource allocation and boundary disputes? (David et al 1988: 258- 270)

All the same, researchers agree that despite the fact that the issues raised by critics are serious, still, disregarding the root causes and unmet needs and focusing on interests might never lead to lasting peace and solution. Their view is that even though basic human needs evolve over time; varies from person to person, determined universally or sometimes culturally, yet, it does not change the fact that in a conflict or post conflict context, lasting peace and social transformation can only be achieved if those essential human needs are met or given top priority during the process of negotiation, resolution or peace building. (Burton, 1990: 9-33; Marker: 2003)

2.7. Implications for all Stakeholders in the Niger Delta Crisis

The implication of applying these two concepts in the Niger Delta for the agencies and all stakeholders who are involved in developing the Niger Delta are:

For the government development agencies, they have to drive the development by clearly setting the development agenda in relations to strategies, rules and other guidelines. Furthermore, these government development agencies have to lead the process of program identification to enable them coordinate outside resources, however, through a proper needs and skills analysis (Taschereau: 1997). For other stakeholders such as NGOs, community organisations, other government organisations, oil companies and target beneficiaries, it implies that there has to be synergy and broad consensus on policies, programs and strategies; they shouldn't be left out. Rather, have to participate and become integrated into the mainstream due to their ability to make useful contributions in terms of having knowledge of local resources and capability gaps. (Qual man & Bolger: 1996)

Bolger (200:5-9) also opined that beyond the development agencies, other stakeholders must participate given the fact that they also have strategies and access to resources which they could use to address capacity failures through a process of consultation and constant learning.

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Finally, if the federal government of Nigeria and its development agencies want a lasting solution to the Niger Delta crisis, they have to adopt a needs based, collaborative and participatory approach, where all stakeholders participate, partner, identify basic needs, then cooperatively and collectively find solutions according to the nature of the identified needs.

CHAPTER 3: METHODOLOGY

3.1 Overview of the Chapter

This research was carried out in order to ascertain and present an operational definition of capacity development in the Niger Delta region of Nigeria; levels of capacity development as well as dimensions used to evaluate on-going development projects/policies in the region. For ease of data collection and to ensure relevant data was gathered, the descriptive method was utilised based on the mixed research approach of qualitative and quantitative methods. Quantitative method was more convenient due to the topography of the study area. However, qualitative method was introduced and utilised to guarantee the validity, authenticity and reliability of data collected. Participant and non-participant observation of government agencies/organisations involved in capacity development in the study area (the Niger Delta region, by extension); questionnaires that spoke of practices supportive of capacity development in the region as well as resources available to Southern Ijaw LGA for capacity development; focused group discussions and in depth interviews that drew attention to factors affecting capacity development at all levels; individual, institutional and societal etc. Generally, respondents were randomly picked from the 8 clans and over 102 communities that make up Southern Ijaw local government.

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The bio –medical healthcare practitioners, community people (who formed the bulk of users of rural clinics in Southern Ijaw) and employees of the ministry of the Niger Delta affairs, NDDC and Amnesty commission who were selected in this research, filed questionnaires for the following purposes; to appraise access to rural clinics/utilisation pattern and the level of cooperation, participation and synergy between stakeholders in the study area. The results of the questionnaires were then processed by codifying them into data sets. Collected data was computed for easy interpretation and analysis. Relevant literatures were also used to support the gathered findings.

The reliability of research outcomes and conclusions basically depend on the quality of the research method; the design, data gathering; management and analysis. That said, this chapter explains the method and process used in gathering the research data, why the method was chosen and how the data will be analysed and interpreted to avoid loss of relevant information. The

chapter also covers the respondents that were studied as well as the method of selection, samples of the data collection tools and information that was gathered. The key elements of the data collection methods are outlined below.

3.2 Research Design and Methodology

This research utilized the descriptive research approach. The descriptive research approach is neither qualitative nor quantitative but employs components of both methodologies in the same study. According to Glass and Hopkins(1984), it involves quantitative data collection which primarily describes, organises, tabulates and depicts data with the aid of graphs and charts which helps readers in understanding the distribution of data. This also helps in reducing bulky research data to a convenient and handy form.

Creswell (1994) defines the descriptive research method as a method used in gathering descriptive information about the present condition of a particular object or phenomena. The primary focus of this approach is on relating a situation the way it is rather than deducing or making inferences. The objective of descriptive research is to prove formulated assumptions that speak of the present situation in order to clarify it. Moreover, the objectives and kind of questions a research sets out to answer, often times determines the kind of research method one utilises.

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Descriptive approach seeks to investigate the "what's' and how's" of things (Gall and Borg: 1989). It is concerned with finding out the degree to which actions or decisions affect outcomes and how they are being influenced. Often times, when a research involves an in-depth method, this research approach helps in understanding the implications of a qualitative research, due to its flexible nature that allows for further investigation of new issues that might come up during the field study.

Krathwohl, (1993) proposes that given the fact that the primary aim of research is to describe, clarify and validate, the descriptive approach to research and data collection explores the conditions of the case study, organises the findings in order to match them with explanations, and finally tests or attempts to validate the hypothesis. Adopting the descriptive approach helps

in highlighting knowledge that would have been lost since we might not have noticed or even come across it.

Borg and Gall (1989) stated that the descriptive approach is distinctive to the extent that just like other research approach, this approach can take in compound variables for analysis, yet, unlike those approaches, it actually requires just one variable. A case in point is the fact that it could report summary of research data in the form of variations, average mean, percentage or correlations between variables by using methods of testing correlation between compound variables such as regression analysis or Pearson's test (signer 1991).Generally, descriptive research is a kind of that seeks to explore the causes and sometimes effects of a phenomenon by gathering reliable data on the phenomena or subject matter.

This research was conducted using the descriptive approach. The study utilised the qualitative and quantitative methods through the following means; mapping, questionnaires, Focused group discussions,observation, and in-depth interviews. The aim of the study is to examine the extent of capacity development that has taken place in the Niger Delta region since the establishment of the NDDC in 2000, Amnesty and MNDA in 2009. To achieve this aim, the study used Southern Ijaw Local Government in Bayelsa State as a case study area due to its very poor Human Development Index-HDI. The development of rural clinics served as a dimension of tangible infrastructure development and was measured using accessibility; for clinics; the number of clinics per community, number of doctor and nurses per clinic/per person, travel time in hours to base clinic' as an indicators, while for roads, the number of access roads linking communities within the LGA. Due to unavailability of recently published data on the condition and distribution of clinics and access roads in the case study area, primary data was collected through qualitative methods.However, quantitative data was collected and went a long way in giving descriptive demographic insight and also enabled the researcher quantify the study in order to achieve the objectives of this study.

Since the research was conducted to establish amongst others, the level and the extent to which the capacity of individuals and Southern Ijaw as a Local Government has been built by the government agencies to meet the needs of the members of the local government area by way of providing basic infrastructures such as clinics. Bearing in mind that the idea of capacities in this study, is; the ability of individuals, organisations or communities as a whole to do several things.

The issue to be established in the research are; since the amnesty and other capacity development agencies were established, have the members of the Southern Ijaw Local Government have been able to do several things. Are they able to access better health care? Are they able to move from point A to B with ease as a result of better roads and bridges? Have there in fact been roads and bridges since the amnesty to enable movement and consequently, social cohesion? Have they been able to manage and resolve conflict? Have they been able to acquire and mobilise resources? Have they been able to define and analyse their environment and their own place in the scheme of things in the Niger Delta? What is the level of intervention by the government agencies? Is it individual, community or organisations? Why such interventions? Are there network of organisations? These questions necessitated the use of the descriptive approach due to its ability to give different perspectives that led to generating appropriate data - the suggested alternative research focus.

Two types of data were collected for this study; primary and secondary data. The primary data was collected during the field work, through; mapping, questionnaires, focused group discussions, Participant & non-participant observation, and in-depth interviews. Whereas the secondary data was collected through a review of published and unpublished literature, government documents and journals that were significant to the study. By using a combined approach of the qualitative and quantitative methodologies, this research utilised the benefits of both methods and also overcame possible limits of each method.

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3.2.1 Quantitative Method

Linked to positivism, the quantitative method involves reaching conclusions by comparing relationships and patterns, and expressing these patterns statistically (Rudestam and newton, 1992, pp.24). Given the fact that there was lack of recent data on the location of all rural clinics in the case study area, the researcher attempted a mapping and identification of rural clinics by gathering information from the ministry of health,the Nigerian Medical Association located within the study area and through visits. The researcher also collected primary data through questionnaire surveys of households and interviews. These methods of data collection are further highlighted below in section 3.3.1&2

3.2.2 The Qualitative Method

The qualitative approach involves an insider perspective on a given social phenomenon (Babbie &Mouton, 2001; Kothari 2004). As stated by these authors, it is often conducted in the natural setting of the respondents with emphasis on discussions, observations and the involvement of respondents who could be individuals or selected communities/focus groups. The respondents are often given detailed description of the phenomenon under study and are expected to discuss it from their own perspective, within the right context. And for this research, the procedures that were used will be discussed below in section 3.3.3.

3.3 Data collection tools

3.3.1 Mapping and Identification of Rural Clinics in Southern Ijaw L.G.A:

As a data gathering instrument, mapping served the following purposes:

- Was used to identify rural clinics and their locations within the study area given the fact that statistical data was not readily available on request.
- The existence of infrastructure development projects managed by various government agencies and the physical condition of infrastructures generally in the study area.
- It gave insight on community people's view about government institutions and public services and what has been the development trend in the study area.
- Gave insight on the approximate boundaries of communities with regards to basic infrastructures such as rural clinics.

In this study, the focus was on access to rural clinics. Thus, all rural clinics which provide services to communities within the study area were identified, whether privately owned or publicly managed. Guided by information from the local government statistical records, communities were visited and settlements with rural clinics were marked.

3.3.2 Questionnaires

For this study, the questionnaires were the main data collection instruments. There were three different questionnaires; the first set was for Community Members living within Southern Ijaw

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LGA, the second was for LGA Chairman and Councillors of Southern Ijaw community, the NDDC and Amnesty representatives in Bayelsa State, while the third set was for bio medical healthcare Practitioners within Southern Ijaw such as; Doctors, Nurses, Ministry of health staff/other healthcare professionals.

Generally, for the first set of respondents, (community people within Southern Ijaw) the questionnaires were used to gain demographic information them respondents on the distance from their homes to the nearest clinic, and why they might not want to seek medical treatment from the rural clinics if distance was not a challenge. It also gave the researcher knowledge about the relationship between the location of clinics and utilisation, its quality and the ability of the people to afford it. The other goals of the questionnaire were to explore access to clinics in the rural areas by members of the Southern Ijaw Local Government area. Specifically, the study aimed to establish infrastructural development since the 2009 Federal Government of Nigeria amnesty as part of the resolution of the conflict in the Niger Delta. The focus was on tangible results of development efforts such as roads, bridges and rural clinics. The study aimed to ascertain whether basic needs such as access to rural clinics has been met by the Southern Ijaw Local Government following the amnesty policy as a way of addressing the underlying issues that gave rise to the Niger Delta crisis.

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The questionnaire was divided into six sections; general information, demographic profile of respondents, clinic utilisation data, amnesty data, NDDC data and MNDA data. The first section contained information on the name of the interviewer, the second and third were about the age, profession, residential information of respondent, while the fourth, fifth and sixth contained questions on the interaction or level of connection between the respondents and the various government agencies under analysis; the amnesty, NDDC and MNDA.

Respondents were asked number of questions concerning the interaction of the community people with local government officials and other professionals and operatives, in particular, health professionals and employees in non-Governmental Organisations involved in efforts to fulfil the needs of the community. There were no right or wrong answers. And respondents were advised to answer each question to the best of your ability by ticking the response that best reflected their opinion. The 23 questions were both open ended and close ended. Five, four, or

sometimes two choices were provided for every question or statement. The choices represented the degree of agreement each respondent had on the given question.

This information helped in drawing conclusions that led to the achievement of the objectives of the research. A total of 500 questionnaires were distributed to adults (male and female) above 18 years of age, within communities located in the eight (8) clans that make up Southern Ijaw LGA, using a random sampling method for surveys of households situated within distances from the rural clinics in Southern Ijaw community. Eight (8) houses and households were selected in each clan for interviews. The questionnaires were distributed to people living within communities in Southern Ijaw LGA as well as bio -medical healthcare practitioners and state/local government representatives of the NDDC, ministry of Niger Delta Affairs and the Amnesty. The questionnaires spoke of practices supportive of capacity development in the region; access to basic infrastructures and resources available to individuals living within Southern Ijaw and Southern Ijaw as a LGA for capacity development.

The second set of questionnaire which was designed for LGA Chairman and Councillors of Southern Ijaw community, the NDDC, MNDA and Amnesty representatives in Bayelsa State contained eight (8) sections with a total of fifty three (53) questions on; the structural organisation of the amnesty, MNDA and NDDC board, their objectives, decision-making process in relation to infrastructural projects, their monitoring and evaluation Instruments/Procedure and access to basic social infrastructures such as rural clinics. There were no right or wrong answers. Each respondent was asked to answer each question to the best of his/her ability by ticking and writing down (where necessary) the response that best reflects their opinion.

The third set of questionnaire was designed for bio medical healthcare Practitioners within Southern Ijaw: Doctors, Nurses, Ministry of health staff/other healthcare professionals. The questionnaire had five (5) sections with profiles that contained questions on name of interviewer, date of interview; demographic data,available facilities/administration and management data, Clinical Practice/waiting time, Community's access to available facilities and projects within the study area. The five (5) sections contained a total of 19 questions concerning their relationship as bio medical health practitioners with the users of the rural clinics in the study area. Here, again, there were no right or wrong answers. Respondents were asked to answer each question to the

best of their ability by ticking and writing down (where necessary) the response that best reflects their opinion.

The decision to use both closed ended and open ended questions was due to the fact that open-ended questions helps in the collection of in-depth data by broadening the scope of responses. It largely collects qualitative data and that can be easily computed using content analysis. The basic advantage is that it is often used for performance reviews and in the case of this study, when quantified, it would help in giving insight into the performance of the various government agencies in the study area, with regards to their ability to improve access to rural clinics.

Closed-ended questions were used in the study due to the fact that it is not time consuming and could be administered more easily. It has a binary advantage in the sense that the 'yes or no' response could easily be scaled down during quantification and analysis. It helps in quantitative data collection and offers strong validation of findings using other techniques. However, its inherent weakness is that it limits the scope of response during data collection by its inability to yield in-depth information.

For ease of data interpretation, all the questionnaires will be scaled down to two groups; the open ended responses and closed ended responses. The open ended responses will be interpreted using content analysis. While the closed ended responses will be interpreted using correlation and regression analysis in order to determine reliability. These techniques will be used to interpret collected data on how capacity building/development has been operationalised in post conflict Niger Delta by the various government agencies handling post conflict capacity development initiatives in the Niger Delta.

Before administering the questionnaires in the study area, they were pilot tested to 20 respondents within the University of the Western Cape for validity and reliability. The respondents were mostly students and their response did not form part of the study, rather were used to test the questionnaires prior to the actual study. After gathering their response, the respondents were asked for suggestions that would help to improve the validity of the questionnaires as data collection tools. The questionnaires were edited after suggestions and biased/confusing terms were simplified for easy understanding and extra care was taken to ensure that no leading/patronising questions were asked nor included in the final study.

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Eight (8) research assistants were sent to the eight (8) clans within Southern Ijaw for a four week period. Personal information of respondents was not collected; most of the respondents wanted their privacy respected and their information was held confidential; it was voluntary and anonymous.

Participants of the study

In order to determine whether basic needs such as access to rural clinics has been met by the Southern Ijaw Local Government following the amnesty policy as a way of addressing the underlying issues that gave rise to the Niger Delta crisis, a total of 500 questionnaires were randomly distributed to 62 respondents within communities in each of the 8 clans that make up Southern Ijaw. The inclusion criteria for participants were the following; ethnic uniformity, use of rural clinics, experience with the government development agencies in Southern Ijaw, inaccessibility or people resident within the creeks, history of activities of militants and amnesty conditions, occurrence of incidents since amnesty, spread over Southern Ijaw clans, and familiarity of the research assistants with the communities.

All participants who qualified for sample selection were adults and above eighteen (18) years of age and were living in Southern Ijaw at the time of the study. The selection criteria ensured the participants understood why they were selected and also helped in achieving the aim of the study. The study was conducted during the rainy season and transportation was mainly by boat and expensive. Due to the rain, transportation and financial constraints, we were unable to cover the one hundred and eight (108) communities that make up Southern Ijaw. There were daily reports or field dairy written and kept by all research assistants, which were later compiled into one.

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Sampling method

The Simple random sampling was used in selecting research participants. Based on the criteria, all community members who were above eighteen (18) years and lived within Southern Ijaw LGA either as indigenes or workers had equal opportunity to participate in the study. Due to ethical considerations, the following procedures guided the selection of research participants; the goals and uses of each data collection tool and the general objective of the study was defined, after which the target population were defined and members listed down within the context of

household numbering. The numbers assigned to households/individuals were jotted down on cut out papers and compiled in a master list, then drawn from boxes. This was done till the ideal sample was gotten.

3.3.3. Semi Structured Interviews

The in-depth interviews were conducted by trained research assistants who also served as focused group discussion moderators and observers at the study area. This involved the use of open ended conversational questions that were translated into Ijaw language to guide respondents in answering the questions within the context of the study. Interviews were conducted with eight (8) randomly picked doctors, the chairman and counsellor of Southern Ijaw, three (3) NDDC and Amnesty program representatives, six (6) nurses and eight (8) heads of households. These interviews gave insight into household utilisation patterns of the available clinics and the challenges they face. It gave insight into the level of intervention by the various government agencies and helped in ascertaining if there is synergy among all stakeholders.

Additionally, it helped in determining if there were on-going infrastructure projects as part of the intervention efforts of the government agencies in the study area. Apart from traditional rulers, ex-militants and students, women, representatives of the Southern Ijaw LGA, MNDA, NDDC, and Amnesty did not wish to be interviewed unaccompanied. Besides, on a few occasions where they did grant interviews, they were more concerned about confidentiality and protection of their identities which was well guaranteed and protected. Footage and video recording of most of the interviews were collected and have been kept but cannot be used without the permission of the participants. The in-depth interviews will be interpreted and analysed using content analysis procedure.

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3.3.4. Focus Group Discussions

Focus group discussions were used in this study to back up the semi structured interviews as a way of enhancing the accuracy, comparability and reliability of the information gathered from the interviews. The discussions were structured to draw attention to factors affecting capacity development at all levels; individual, institutional and societal etc. The focus groups were divided into the following clusters; those for women, men, students, ex-militants, community leaders, representatives of MNDA, Amnesty and NDDC commissions. Each group was made up

of four people except for those of the students that was subdivided into two different groups; group A and B. people were picked from settlements, pressure and peer groups.

3.3.4.0 Focused Group Discussion with Women.

Focused group discussions were held with the women of Koluama and Amassoma communities. The reason was because most of the women refused to be interviewed alone for fear of being exposed to attack by groups loyal to the government agencies and politicians. Separate focus groups sessions were held with the women living within selected communities. Each focus group session had four (4) participants. Moreover, one of the recruited female research assistant moderated the dialogues during the sessions. The interview guide used for the in-depth interviews guided the discussions.

3.3.4.1 Focused Group Discussion with Men

The focused group with men was held in Otuan clan with the men living and working there. In each selected. The group was made up of four men who had participated in community development planning and deliberations at some point, either as government workers or people nominated by the community. The purpose of this session was to talk over the difficulties they encounter while trying to access medical treatment for themselves and their families. It was also intended to discuss their opinions on what the basic needs of the communities are as well as the areas that require urgent attention by the Amnesty commission, NDDC and MNDA.

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3.3.4.2 Focused Group Discussion with Youths

The focused group discussion with students was necessary due to the fact that the youths (mostly students) are the target beneficiaries of the capacity development efforts of the government agencies. The discussion was divided into two sub groups due given that some students dominated the discussion and never gave others the chance to speak. Secondly, some students were afraid of others whom they perceived as biased beneficiaries of goodies from politicians. Each of the two groups had four participants. It was held in one of the hostels in the Niger Delta university campus in Amassoma. The aim was to discuss their views on the progress made so far by the Amnesty commission, the NDDC, and MNDA in relations to the provision of amenities. Discussions were also held on areas that needed improvement and how each government agency

can integrate all stakeholders into mainstream planning for lasting peace. Below is a picture that was taken during the focused group discussion with the students.

Source: authors' picture; Author with youths during the focused group discussion

3.3.4.3 Focused Group Discussion with Community/Traditional Leaders

Getting community leaders from various communities to sit together and discuss was a bit difficult. However, when they agreed to sit down and discuss, there were about four in each group in selected neighbouring communities. The research team had to provide transportation for most of the community leaders. Instead of using the community civic centre, they all agreed to meet in the house of one of the traditional chiefs in Angiama community in Oporoma clan. During the discussion, the oldest chief provided answers to most of the questions while others threw in a word, agreed or disagreed with him.

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3.3.4.4 Focused Group Discussion with Ex- militants

The focused group discussion with ex-militants who had accepted the amnesty and undergone training was held at the jetty in Amasoma community. This group was made up of four people who had actively participated in militancy and could be considered active stakeholders in the Niger Delta crisis. The aim was to discuss how they have fared after the amnesty capacity development and to find out their views on post amnesty development strategies of the federal government agencies and prospects of having lasting peace in the study area. It was also intended to assess their understanding of infrastructure development and how it affects issues like job creation, clinics, roads, drinking water, sewage facilities and bridges. Generally, the intention

was for them to discuss whether they been able to acquire and mobilise resources or define/analyse their environment as well as their own place in the scheme of things in the region as a result of the amnesty training.

Source: authors' picture: author moderating the Focused group discussion with ex militants at the jetty

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3.3.4.5 Focused Group Discussion with Representatives of Government Organizations

The focused group discussion with representatives of the MNDA, NDDC and Amnesty commission was made up of four people who declined to having their photos taken or having a video recording of the discussion session. The discussion was held at the lobby of a guest house and was moderated by two (2) members of the research team; a male and a female. The aim was to know their opinions on the level of development intervention by the various government agencies and why. It was also meant to ascertain the level of synergy or cooperation among the agencies.

Generally, respondents' age ranged from twenty five (25) to sixty five (65). The mean age was thirty five (35). Participants were students, ex-militants, medical health personnel, community people, other people who were either working at the NDDC, MNDA/amnesty or trading but could be considered stakeholders in the study.

3.4 Data interpretation/analysis tools

Research participants/ respondents were asked to complete the questionnaires. In order to ensure the Confidentiality of participants, they were asked to omit their names while filing the questionnaires.

Data sets obtained from the field research were interpreted and analysed using the most suitable techniques. Below is an outlined of the various techniques that was used to interpret and analyse the various data. For the interviews, focus group discussions and closed ended responses, the most suitable form of data analysis that will enhance retention of vital information as well as highlighting correlation between variables will be used. That is, making sure that valid and reliable data is secured at the end of the data analysis

3.4.1. Content analysis

Content analysis dates back to the 1950s, although time consuming, it helps in identifying the intentions, focus or communication trends of an individual, group or institutions (Berelson: 1971). According to Brubaker & Thomas (2000) and Carley (1990) the aim of content analysis is to analyse communications either in text format or oral interviews form in order to answer descriptive or interpretive questions. In answering descriptive questions, content analysis focuses on the content of the communication, whereas, for the interpretive questions, it focuses on what the content of the communication implies by looking at words or phrases that occurred constantly as well as their relationship. It works by creating a list of concepts or a list of key words that occur frequently in most of the responses (in text form or oral interviews) after which Maps are created with the aid of computer and the data analysed based on the frequency of the occurrence (Krippendorf,1980).

In this research, content analysis was used to interpret and analyse the focused group discussions, interviews and the open ended response from the questionnaires.

3.4.2. Pearson correlation test

Pearson correlation test is a procedure for examining the correlation or relationship between two quantitative, numerical and continuous variables. The correlation coefficient (r) is seen as the

degree of the strength of the relationship between the two variables. (Buda and Jarynowski, 2010)

The objective of this research is to examine the extent to which the Amnesty commission, Ministry of the Niger Delta Affairs, and NDDC have operationalised capacity development by improving the development and accessibility of rural clinics in the Niger Delta region. And Southern Ijaw community in Bayelsa State was selected to test the correlation between the Amnesty, MNDA/ NDDC and the development of rural clinics in the Niger Delta region.

The first step of the data assessment is the transcription and recording of all the documented discussions that were gathered from the case study area. This is followed by a more organised presentation of the findings in which the views, ideas and agreements reached are codified and analysed to show the correlation between the amnesty and the accessibility of rural clinics.

3.4.3 Regression Analysis

Regression analysis as a statistical tool is ideal for investigating the relationships between variables (freedman 2005). It helps in establishing causal relationship or effect of a variable on another. This test is done by gathering data on the causal variables of importance, after which regression is utilised to determine the effect of the causal variable upon the variable they influence (Cook and Weisberg, 1994). That is, the effect of independent variable on the dependent variable. Furthermore, the statistical significance of the relationships is also analysed based on the null hypothesis. This means that the measure of the true relationship to estimated relationship is analysed. (Chatterjee & Price, 1977)

Accordingly, for this study, the dependent variable is ‘accessibility’ to rural clinics. The independent variables that are measured in this research are: the Amnesty, NDDC, and MNDA. Each independent variable is measured to estimate its effect on the accessibility of rural clinics as a dependent variable. Measurable representations of accessibility as determined in this study are: (1) number of persons per clinic (2) persons per doctor (3) persons per nurse (4) travel time to base clinic in minutes. The formulated hypothesis about the relationship between the government agencies; MNDA, NDDC, Amnesty commission and development or accessibility of rural clinics suggests that the armistice which has brought peace to the region would equally enable medical personnel who had fled the region as a result of the kidnappings, to return back.

Furthermore, common experience suggests that the government and other stakeholders would work together under the platform of the NDDC, MNDA and Amnesty to address the issues of capabilities failure which gave rise to the conflict through tackling basic infrastructure challenges in the form of uneven distribution of clinics. Thus, the hypothesis being tested here is that the creation of these agencies would increase the accessibility of rural clinics in the study area, other things being equal.

3.5. Ethical Considerations in Research Procedure

Considering the fact that this research involved the participation of humans, particularly, people living and working within communities in Bayelsa, a state in the volatile Niger Delta region, there was strict adherence to social science ethical standards. While completing the questionnaires, research participants/respondents were asked to omit their names as a way of ensuring their safety and confidentiality as well as protection of their identities and privacies. Voluntary consent of all selected participants was sought and they were made to understand that they could withdraw from the research at any time. To secure their consent, vital details of the research such as the objective and purpose was communicated to them in the language they understood. After thorough clarification, the research participants understood the significance and rationale of their participation and consented willingly. Participants of the focused group discussion were made to swear and declare not to reveal whatever was discussed outside the discussion group for the safety of all concerned.

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Final year students of sociology, psychology and political science in University of Lagos and Niger Delta University who understood the rudiments of social science research and spoke Ijaw language were recruited as research assistants for the research. They were trained on the ethics and data collection methods of social science research as outlined in the design and methodology of the research.

CHAPTER 4: CASE STUDY AREA (NIGER DELTA; BAYELSA STATE; SOUTHERN IJAW COMMUNITY)

4.1. Introduction

The Federal government of Nigeria's development intervention in the Niger Delta is often expected to provide unhindered access to basic infrastructures such as good roads, housing, clinics, clean water, sewage facilities and transportation to all citizens as a precondition for social transformation and poverty reduction. Likewise, the government is also expected to create and sustain improved service delivery through effective quality control at all levels. However, this is not the reality on ground in most parts of Nigeria. To establish the socio economic characteristics and difficulties faced by most communities in the Niger Delta and in Nigeria by extension, this chapter will touch on the following: it will give some background information and sketchy description of the case study area: the Niger Delta as a region; and Bayelsa state of Nigeria will be provided. An overview of Southern Ijaw Local Government Area will be given, followed by a description of the communities that make up Southern Ijaw. Generally, this chapter will be all about the analysis of the demographics, socio-economic characteristics, development challenges and a portrayal of the condition of rural clinics in the study area.

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Source:http://language.nigerianunion.org/kalabari/index.html : Map of Nigeria, highlighting Southern Ijaw -Bayelsa State in red

4.2. Nigeria:

4.2.1 Geography and Demography

Archaeological evidence suggests that before the advent of the British colonial powers in Nigeria and the subsequent amalgamation of the area in 1914, people had been living there for over 2500 years with diverse cultures and languages (Ikime, 1977; Chapin, 1991). However, contemporary history suggests that the formal consolidation of British rule by Lord Lugard, aided by the spread of Islam in the 19th century in that geographical region gave birth to an entity called Nigeria (Nicolson, 1969). Located at the eastern border of West Africa with a surface area of 356,999 square miles, Nigeria lies beside the coast of the Gulf of Guinea with a population size of 170,123,740 people. Surrounded on the west by republic of Benin, Niger & Chad republics on the North and Cameroun on the east, Nigeria is considered one of the fastest growing economies in Africa due to its huge natural resources and population density (Ikime 1977, 1980)

With English as the official language, the country is multi ethnic, a mix that comprises nearly 250 ethnic groups with a few leading and prominent ethnic groups such as ; Hausa and Fulani who constitute 29%, Yoruba: 21%, Igbos: 18%, Ijaw: 10%, Kanuri:4%, Ibibio: 3.5%, Tiv :2.5% and other minorities. Known as a country that practices the federal system of government, Nigeria's confederation comprises a central federal government, thirty-six(36) states with governors and seven hundred and seventy-four (774) local government councils. (Forrest 1992; Bureau of statistics)

Just like its cultural diversity, Nigeria's ecological regions could be classified into three; the dry savannah, tropical forests, and coastal wetlands regions. This ecological diversity also influences the people's way of life and their vocations. First, the dry savannah region which is characterised by open grasslands is found within the Northern region of the country and also accounts for the interest of the people who are predominantly Hausa, Fulani and Kanuris, in cattle rearing and cultivation of cereals (Ikime, 1980). The second is the tropical forest which makes it easy for the yorubas and igbos to cultivate vegetables and fruits. The third is the coastal wetlands which is good for fishing and made up of most of the Niger Delta states and ethnic groups such asthe Ilajes, Ijaws, Urhobos, Kalabaris, Isokos, Ibibios, Itsekiris, Ukwanis, Ogonis etc. Beyond the environmentally determined vocation and occupation of the people, over 50% of Nigerians

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engage in small scale farming without enough incentives to engage in mechanised farming or export production (Isichei, 1976). This perhaps, explains why the rates of inflation and unemployment are quite high despite growth projections and the implementation of macroeconomic development strategies.

4.2.2. Socio Economic Characteristics

Due to its ethnic diversity, Nigeria experienced governance challenges over the years in the form of; military takeovers/dictatorship, bribery, corruption, lack of transparency and accountability in government. However, the country finally consolidated a democratic government in the early 1990s, although without the elements of participatory decision making which has been the bane of its instability and socio- economic issues (World Bank Country Brief, 2012).

Furthermore, Even with a high population density, coupled with a growth rate of 2.53% between 2011 and 2012, this potential 'giant of Africa' has not lived up to the expectations of the rest of Africa and other world leaders as a result of the indelible scars of socio economic instability left by frequent change of government and regimes (CIA world fact book: 2012; Federal office of statistics data: Nigeria& Japan International Cooperation Agency: Country WID profile: Nigeria)

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In this multi ethnic country where frequent change of government has led to inconsistent socio economic policies, the result has been poverty and underdevelopment, characterised by lack of access to basic social infrastructures and deepening inequalities. These socio economic problems have persisted despite the fact that the huge deposits of natural resources and her high population are quite substantial and enough to accelerate a rapid socio economic progress.

As an oil-producing nation with almost 80% exports of petroleum product, her foreign exchange revenue is derived mainly from petroleum product found within the Niger Delta region. this Niger Delta based oil industry generates around ninety five per cent (95%) of the nation's income and also services the importation of other products since the Nigerian economy relies heavily on importation (consumer products and patterns of the generality of the populace also rely on importation)(Nisirimovu, 2000:3; UNDP: 2006). Furthermore, the oil revenue generated from the Niger Delta is being distributed to all the States in Nigeria and has been used to develop and industrialise those states.Yet, the Delta region is still far from being industrialised. The

region still lags behind in terms of improving their living standards and this has led to internal violence and insurgency (op cit. P4)

What's more, in spite of huge revenue from petroleum products, the economic performance and human development indicators of Nigeria are quite worrying. The country is categorised as one of the 20 countries that is worst hit by poverty; her Gross Domestic Product per capita is approximately US $300 annually, literacy level (adult) is about fifty seven per cent (57%), life expectancy estimated at fifty three (53) years, average annual inflation rate is twenty per cent(20%) at 11.6 between 1990- 2010.Unemployment rate as of 2011 is 23.9%, distribution of income is 4.4 while current account balance is 8.4 %.(The World Bank Country Profile, 2010).

Furthermore, poverty is widespread because almost 64% of Nigerians (estimated) live below the international poverty line of less than US$1.25 per day, between 2000 -2009 (UNICEF 2010; United Nations World Statistics Pocketbook,2010. Nigeria's National Bureau of Statistics,2012).

For instance, with health expenditures of about 5.8% of GDP in 2009, the risk of major infectious diseases is still very high in the country. Yet, even with such high risks, 2008 demographic reports clearly stated that the ratio of Physicians to patients is 0.395 per physicians to 1,000 people, while as at 2004, the density of hospital bed versus population was estimated at about 0.53 beds per 1,000 people (CIA World Fact Book, 2012). In addition, the country has a very weak rural healthcare system with shortage of human and material resources such as trained bio medical personnel and broken-down or ill equipped infrastructures. To worsen the situation, the location of most rural communities in remote areas without good access roads increases the socio-economic challenges facing people in the country (World Bank 1995, UNDP 2006)

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4.2.3. Development difficulties

The poverty and development problems facing Nigerians, such as shortage of infrastructure especially the issue of access to basic infrastructures in rural settlements dates back to the post-independence (colonial) era. These problems led to the establishment of more agencies and policies by the colonial government and other successive governments. However, the problems seem to defy solutions given the fact that the human development reports and indicators of the country as portrayed above, clearly shows that the poverty level has increased significantly between 2004 and 2010, Nigeria's poverty rate moved from 54.4 per cent to 69 per cent

involving 112,518,507 Nigerians. Paradoxically, although the country's Gross Domestic Growth (GDP) grew between these periods, it had little impact on the poverty level. (National Bureau of Statistics, 2012, Subair; Nigerian tribune, 13th February, 2012) Similarly, the UNDP Resident Representative in Nigeria, Daouda Toure clearly observed that 'Unemployment figures similarly indicate that the number of unemployed members of the labour force continues to grow from 12.3 per cent in 2006 to 23.9 per cent in 2011…..and, on the average, youth unemployment rate in Nigeria was 46.5 per cent in 2011.' (The Editor, Guardian Newspaper, 30th august 2012)

Even though Nigeria has a lot of trained bio medical personnel, lack of access to quality and affordable healthcare has been the greatest problems faced by its people, especially those in rural areas. This lack of access has been attributed to a number of factors, chief of which is; environmental factors (World Bank, 2008) According to Adesiji et al (2012) the utmost burden of rural people in terms of access to primary healthcare services in Nigeria has been distance to clinics due to the location of most villages in remote places, transportation constraints as a result of lack of paved access roads, weak referral system and discrimination (Riddell: Health Unlimited 2006). Capacity development at individual, societal and organisational levels as an intervention mechanism has been the government's response to underdevelopment and shortage of infrastructures in the country.

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An off shoot of underdevelopment which called for urgent capacity development measures was the Niger Delta crisis which took a new dimension in 2006 involving protests, kidnaps and destruction of oil exploration facilities. Violence and insecurity emerged in the Niger Delta region in response to poverty, political exclusion and environmental degradation, characterised by lack of access to public services and basic socio-economic infrastructures. The UNDP Human Development Report (2006: 9) aptly captures the Niger Delta region thus; '….a region suffering from administrative neglect, crumbling social infrastructure and services, high unemployment, social deprivation, abject poverty, filth and squalor, and endemic conflict.

Before discussing the Niger Delta and its relevance to the study, first, the significance of rural clinics shall be clarified, with highlights of its importance to the study area.

4.3. The significance of rural Clinics

Rural clinics according to earlier evaluations play a foremost part in the healthcare service delivery in rural settlements given the fact that it caters for the needs of vulnerable people who are 'out of sight' and mostly found in the rural areas such as: women, widows, children, older people, the disabled and men. Primary health care centres as they are often called, are established to create a balance between urban and rural healthcare service delivery for the attainment of individual and community health in remote areas (WHO 2000). It is also an indispensable aspect of the 'social and economic identity of the rural people' because of the long distances between scattered villages in the rural areas, shortage of transport facilities for emergencies and poverty which makes many rural dwellers vulnerable to diseases, preventive primary healthcare in the form of rural clinics is indispensable and needs to be expanded for easy access (De beer & Swanpoel, 1996). However, despite being a fundamental part of the rural settlement, they have had mixed success in their capacity to deal with 'environmental threats', and are quite susceptible to public policies as a result of their small size (Journal of Rural Health 2002,pp.197 -210). Also, considering the fact that urbanisation has been slow in remote areas as a result of their geographical location, most health workers like doctors and nurses are not willing to practice in those locations given the financial and logistic challenges.

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4.4 The Niger Delta Region

4.4.1. Geography and Demography

Geographically, the Niger Delta Region is located in the Southern part of Nigeria and bordered to the South by the Atlantic Ocean and to the East by Cameroun. Occupying a surface area of 75,000 square kilometres, the area is the 3rd largest wetland in the world and has a population of about 30 million. The delta region comprises of approximately 7.5 per cent of Nigeria's landmass.

However, according to Igbuzor (2006) 'There are at least four different ways that the Niger Delta has been described in Nigeria. The first is the 'natural' or 'core' Niger Delta which is made up of those areas that constitute the 'great delta' of the River Niger that arises on the north-eastern border of Sierra Leone and flows in a great arc for 4,100 km north-east through Mali and

Western Niger before turning southwards to empty into the Gulf of Guinea. (World Encyclopedia: 973)The States that constitute the core Niger Delta are Rivers, Bayelsa and Delta States. The second is the geopolitical Niger Delta which consists of states in the South South geopolitical zone of Nigeria namely Rivers, Bayelsa, Delta, Cross Rivers, Akwa Ibom and Edo States. The third is the oil producing Niger Delta which is made up of the nine oil producing States of Rivers, Bayelsa, Delta, Cross Rivers, Akwa Ibom, Edo, Abia, Imo and Ondo States. For the purpose of this essay, the Niger Delta will be used within the context of the nine oil producing states. The fourth is the coastal States of Rivers, Bayelsa, Delta, Ondo, Akwa Ibom, Cross Rivers and Edo which has been popularised by the setting up of the Presidential Council on Social and Economic Development of the Coastal States of the Niger Delta.

As a region, the Niger Delta has over 13,329 settlements, with ninety four per cent (94%) of these settlements having a population of about five thousand (500) people at a time. These settlements cut across all ethnic groups that are mostly found within the region, such as the Ijaws, Urhobos, Isokos, Ibibios, Itsekiris, Ukwanis and Ogonis. Due to their topography and location within the coastal region with rivers, swamps and natural rain forests, the Niger Delta people survive on subsistence farming and fishing.

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4.4.2 Socio Economic Characteristics

Due to her rich alluvial soil and mineral deposits, the Niger Delta is home to Nigeria's thriving oil industry and the engine of Nigeria's economy. However, the oil exploration activities which is usually carried out in rural settlements within the creeks, has degraded their eco system, thereby threatening the occupation of the people (Adeniyi 1983; Asuno 1982; Knight and Alagoa, 2000) In the words of the UNDP (2006: 3) "….the conditions of rural communities where crude oil is produced are deplorable, with severe environmental degradation, and no access to safe drinking water, electricity and roads. Consequently, analyses of poverty and human development paint a dismal picture, particularly when the region is compared with other oil-producing regions in the world. At all levels of government; state and local government, revenue allocation for the Niger Delta states are quite high, yet there is little to show for the huge allocations in terms of tangible infrastructure and improving access to rural clinics which are the most important aspects of human existence and development. According to Alex Iannaccone (2007:3) in his report to the African Program Centre for Strategic and international Studies,

“Local government revenues in Nigeria are four times higher than they were in 1999. The government of Rivers State, for instance, had a 2006 budget of $1.3 billion—higher than the budgets of many West African countries and about five times the budget of most Nigerian states—yet the communities of Rivers State have seen little improvement in their standards of living. Typically, less than 10 percent of the state and local budget is set aside for healthcare and education. And even then, much of the money set aside for these purposes is lost to corruption and phantom projects…”In the Niger Delta, the results of poor development have been disillusionment, frustration among the people about their increasing deprivation and deep-rooted mistrust with nearly three quarters of its population under the age of 30 and high fertility rates of 5.9, the Niger Delta is at risk of civil conflicts (leay et al 2007:26)

The puzzle in this region has been that despite generating a larger chunk of Nigeria’s revenue, there is little to show for it in terms of infrastructure development and industrialisation. Again, the UNDP (2006: iii) has this to say about the development challenges facing the Niger Delta ‘…The region produces immense oil wealth and has become the engine of Nigeria’s economy. But it also presents a paradox, because these vast revenues have barely touched the Niger Deltas own pervasive local poverty. Today, there are formidable challenges to sustainable human development in the region. The manifestations of these challenges include the conflicts over resources among communities, and between communities and oil companies. The deltas human development dilemma raises the question of why abundant human and natural resources have had so little impact on poverty….’ Other researchers also noted that more than seventy per cent (70%) of the people living there are poor and live below the international poverty line, without access to basic infrastructure, water, housing and power (Ashton-Jones, 1998; Human Rights Watch, 1999; UNDP 2006: 63-67)

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Another brief written for the World Bank by Moffat, Singh, & Linden (1995) further established that ‘...The Niger Delta is one of the world's largest wetlands and includes by far the largest mangrove forest in Africa. Within this extremely valuable ecosystem, oil activities are widespread - Rivers State and Delta State produce 75 percent of Nigeria's petroleum, which represents over 50 percent of national government revenues. However, despite its vast oil reserves, the region remains poor. Gross National product (GNP) per capita is below the national average of US$280. Optimal resource and land use in the region is constrained by a lack of

development, stagnant agricultural productivity, very limited opportunities in urban areas, rapid population growth, the generally poor health of the expanding population and tenuous property rights. Conflicts have developed between local communities and private and public developers over resource ownership and use, particularly tied to oil activities…. Education levels are below the national average and are particularly low for women. While 76 per cent of Nigerian children attend primary school, this level drops to 30-40 per cent in some parts of the Niger Delta. The poverty level in the Niger Delta is exacerbated by the high cost of living since its living index is the highest in Nigeria.

Apart from the Niger Delta Human Development Report by the United Nations Development Programme which painted a miserable picture of the condition of the Niger Delta region in the previous section, David Smock in his USIP report on the Niger Delta crisis (2009:1-8) noted that; the most essential socio economic challenge and needs of the region are paved access roads, improved water transport (due to the population density in the creeks), electricity and telecommunication. Providing these basic amenities would go a long way in reducing their sense of deprivation and exclusion which was worsened by the poor allocation and utilisation of resources by their leaders.

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4.4.3. Development difficulties

Just like the rest of the country, the socio economic problems of the Niger Delta have manifested in several ways and defied all solutions proposed by the federal government of Nigeria. These challenge to viable development in the region cuts across various sectors of the economy such as health, education, telecommunication, transportation and agriculture. Correspondingly, due to the topography of the Niger Delta, their development needs includes those of economic growth, participatory & democratic governance, infrastructural development, meeting the peculiar needs of communities and the preservation of their environment/ecosystem.

The landscape of the Niger Delta states is dominated by the creeks and swamp, leaving only small portions of dry lands. Through mapping; transect walks and literature review of previous research carried out in the region, it was gathered that a greater part of the region is covered by water but there has been efforts towards land reclamation by various government agencies such as the NDDC. The process of oil exploration, gas flaring and the accompanying oil spills in the

region has contributed to environmental degradation. The Niger Delta people, whose primary occupation is fishing, have lost their livelihoods to oil spills which invariably kill the aquatic life and leave them without food or clean water to drink. Their eco-system and vegetation is under pressure. During the mapping process, one of the community chiefs led us to Koluama community in Bayelsa state where the fire caused by oil spills flared for weeks and eventually led to the evacuation of 40 households due to the fact that they could not access food and medical supplies. Generally, the environment of the Niger Delta states clearly indicates their vulnerability since they rely on water transportation and fishing for survival. The lack of access roads and bridges for instance affects their access to clinics and other essential amenities.

4.4.4. Rural clinics

Most of the reports cited in the previous sections already indicated that there is shortage of rural clinics in the Niger Delta and where there are human and material resources; access poses a challenge (Onokerhoraye 1998; UNHDR: 2006; Smock 2009). This applies to most of the Niger Delta states, especially those within the creeks like Bayelsa. Rivers and boats give access to most rural clinics. In most cases, the cost of transportation and distance to clinic discourages the people from using the rural clinics. Water contamination from oil spills, malaria, cholera and lack of sewage facilities remains a constant challenge, hence there is need to expand the rural clinics for easy access.

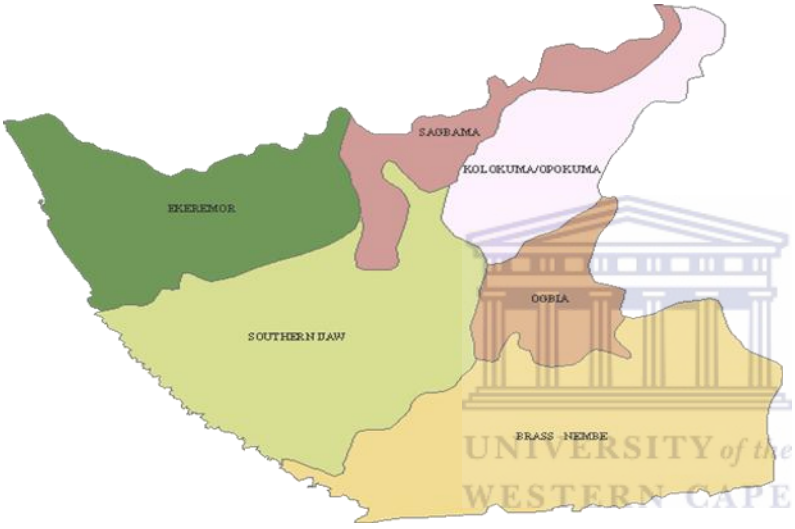
4.5. Bayelsa State

4.5.1 Geography and Demography

Bayelsa State was carved out of Rivers state, within the Niger Delta region, in October 1996, with Yenagoa as the capital. To the north, it is bordered by Delta state, Rivers state on the eastern part, then the Atlantic Ocean on the south and western borders. The geographical location of the state within latitude 4 “15” North and latitude 5 ‘23’ South, and longitude 5 ‘22’ West.

The state consists of mostly people of the Ijaw ethnic extraction and few from Ogbia, Epie-Atisa, Isoko, Urhobo and Zarama-Engenni. Most of these people are also spread across Rivers, Edo, Delta, Ondo and Akwa-Ibom states. With a population estimated at 1,703,358, the state has 8 local Government Areas: Brass, Ekeremor, Kolokuma~Opokuma, Nembe, Ogbia Sagbama,

Southern ijaw and Yenagoa Local Government Areas as the capital of the State (2006 Census, SEEDs Document 2005: 8). The notable occupations of the Bayelsa people are fishing, rafia making, palm tapping, distilling of local gin, weaving, lumbering, subsistence farming and trading. This state, whose economic main stay was agriculture and fishing before the discovery of oil in Oloibiri, one of its communities, in 1956, has been described as a 'physically handicapped region' due to the fact that the landmass is mangrove forest while the rest are fresh water swamp, forest and lowland rainforests, which aided the guerrilla activities of the insurgents and consequently hindered the growth of rural clinics and other infrastructures.



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Source: ynaija .com; Map of Bayelsa state, showing the LGAs

4.5.2. Socio Economic Characteristics

As a state that has huge deposits of mineral resources, Bayelsa state receives from the Federal Government's 13 per cent oil revenue payment to oil producing states in Nigeria (Yusuf and Thovoethin 2010) and is also a stake holder in the NDDC, MNDA and amnesty policy where over N400 billion in naira was approved for the implementation of capacity development programs(N50billion as start off for the amnesty objectives of Demobilization, Disarmament, Rehabilitation and improvement of infrastructures)(Adeyemo & Olu Adeyemi 2010), N260 billion for the NDDC (NDDC 2011 budget)and an undisclosed amount for the MNDA. However, despite being one of the highest income recipients from the Nigerian government, as well as the foundation where the agitation for socio economic and political development of the Niger Delta (which later took the form of insurgency) was born in 1966, through the Kaiama Declaration by Isaac Boro and others, Bayelsa lacks major inter-town links and access roads

which has hindered Foreign Direct Investments. There is an uneven distribution of rural clinics, given the fact that clinics are not proportional to the population distribution, hence, people have to walk a distance of almost 10 kilometres to the nearest clinic (World bank 1995 and UNDP 2006). In addition, the state has been considered educationally disadvantaged as a result of the education gap which is largely as a result of lack of Access to schools, quality of the schools and the cost of the schools (Omofonmwan & Odia 2009).

Due to the oil exploration activities going on there, Bayelsa has an average population growth rate of about 3 per cent, slightly higher than the national average of 2.5 per cent. As a result of this high population growth rate, the state is constantly confronted with high youth dependency which necessitates capacity building at all levels and the creation of employment opportunities for its population which is mostly youths. Perhaps, the worst irony is the fact that even with the high population growth rate and a youth dominated population, the state lacks skilled labour but has unskilled manpower in excess. According to the UN Niger delta human development report(2006:57) localities within the state have low human development index which stems from the fact that the state has a few number of oil facilities.

Furthermore, the entire state is within the difficult mangrove swamp zone. Lastly, there are no major urban areas to act as a growth Centre. One of the reasons for carving out the state from the old Rivers State was to bring development to the people in the area. However, several years after, development remains elusive (NDHDR, 2006:58-69) Bayelsa State localities, with one exception, have low HDI scores. The state has suffered neglect from successive administrations at the local, state and federal government levels, presumably for three main reasons. First, the number of oil facilities is low. Second, the entire state is within the difficult mangrove swamp zone. Third, there is no major urban area, such as Warri or Port Harcourt, to act as a ‘growth centre’ (Op cit p.68)

4.5.3. Characteristics of Rural Clinics in Bayelsa State

Rural clinics are often established to create a balance between urban and rural healthcare service delivery for the attainment of individual and community health (WHO 2000). However, rural clinics in Bayelsa state as compared to other parts of the Niger Delta are not just unevenly distributed, but also substandard, within the context of the World health Organization Standard.

As at 1996 when the state was newly created there were only 6 hospitals, 2 private clinics, 4 pharmacists and 35 doctors. However, research on the access and utilisation of Healthcare in Bayelsa State by Sam et al (2011) & Onokerhoraye (1999) acknowledged that between 1998 and 2003, Bayelsa state with a population of 2 to 3 million people distributed over 8 local government areas, had 39 medical doctors in the state, giving a ratio of one medical personnel per 53,977 people and spread across two tertiary, 5 secondary and 29 primary healthcare centres, all inequitably distributed in four local government areas; Yenagoa, Sagbama, Nembe and Ogbia. The research further observed that a large number of the total population (100 to 5000 persons) are spread across 1,125 riverine and rural settlements, with Brass and Nembe L.G.As, having very high population density of 433.51 and 499.61 per square kilometres. The state has a higher population density in communities that have isolated dry sites within swamps, which are located within the Northern part of Bayelsa, where access to road and water transport is better. Despite the fact that Southern Ijaw has a high population density, its difficult environmental terrain and transportation constraints has contributed to the lack of tertiary and secondary hospitals, and a few abandoned primary clinics(Onokerhoraye :1999 & UN Niger Delta HDR :2006)

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Yenagoa local government, the capital of the state with only six per cent of the total population (2006 census report) had three tertiary hospitals because of its strategic location and proximity to water and road transportation. This uneven pattern in the distribution of the clinics in Bayelsa clearly indicates that sixty percent of the total population are found within isolated swampy areas of Southern Ijaw, with high gas flaring activity and are not within reach of hospitals as a result of environmental constraints.

Primary health centres managed by nurse and midwives in these disadvantaged remote communities serve as the first point of call for the local people. Moreover, these health workers who sometimes double as administrative/clerical personnel are usually not qualified and cannot satisfy the health needs of the rural people (World Health Organization Alma Mata report on primary healthcare 2001). The ratio of the nurses per clinic is two to one clinic and one nurse per 8,418 persons, with seventy per cent of the 328 nurses unevenly located within few local governments (Onokerhoraye 1999). Reasons being that out of the 29 functioning primary health centres in Bayelsa state, most of them are concentrated in Yenagoa and Ogbia, with just a few in

Southern Ijaw in spite of its high population. Furthermore, out of the 39 doctors located within the four local government areas, 25 of them are based in Yenagoa and the rest spread across the other rural areas.

By 2004, the medical facilities improved to 1 federal medical centre, 9 general hospitals with 328 beds, 16 cottage hospitals with 84 beds, 187 health centres with 473 beds, 17 private clinics, 119 medical doctors, 25 pharmacists and 178 nurses. With these healthcare facilities in 2004, the state had the following social health indicators: Infant mortality rate-1 1511, 000; Under 5 mortality rate- 20211, 000; Maternal mortality rate- 1 10011 00,000birth; HIVIAIDS zero prevalence- 4%; National average of 5%; Routine Immunization Coverage: 14%; Polio Immunization Coverage- PVI - 13%, PV3- 80%. Under 5 stunting -37.7%; Access to safe water sources in rural areas - 20.3%; Access to sanity latrines in rural areas -20%; Exclusive breastfeeding to 6 months - 10% [source – SEEDs document,2005]

Considering the fact that road transport is almost lacking in rural areas within the state, travel time to the nearest hospital in minutes, has not been fully captured by previous literatures. However, making reference to the presence of small settlements who cannot sustain primary health centres within a minimum travel distance of 10 kilometres further leaves the calculation of distance or travel time to nearest city or base hospital at the discretion of further empirical research which is part of what this study is set to achieve.

In Bayelsa state, the need for fair planning and distribution of clinics especially in the rural areas has not been given due consideration, and this has resulted in low utilization of the available ones. Remote areas are often neglected and left to suffer the consequences of oil exploration and gas flaring activities as a result of their topography (World Bank 1995).

Beyond accessibility issues which has been made difficult by lack of road and improved water transportation, as well as lack of human resource, another major concern in the development of healthcare service delivery in Bayelsa state that has been asserted by previous studies (Iyayi 2007) has been; inadequate utilisation of technical resources and equipment which prevents health workers from staying longer than necessary in remote communities since their expertise is not effectively utilised.

The confirmation that the above mentioned issues aid the inequitable distribution of clinics, which has consequently resulted in lack of access to clinics, indicates lack of a holistic strategy specifically aimed at improving healthcare service delivery through the development and even dispersal of rural clinics.

Given the fact that the amnesty policy is aimed at developing 'skilled and healthy people…..as precondition for short and long term development…' the question now is; has the amnesty policy broken the circle of infrastructural underdevelopment in the region, which is primarily characterised by lack of access to basic social infrastructures in rural areas such as clinics? If yes, to what extent has the amnesty policy broken the circle of inaccessibility to basic necessities in fulfilment of its policy objective (as outlined in its vision statement)?

Bearing in mind that socio economic exclusion, deprivations and environmental degradation which are related to health issues, were part of the causal factors that gave rise to the conflict, therefore, the other question is; apart from rehabilitating and reintegrating the ex-militants, what specific steps has the policy initiated towards addressing environmental degradation thru deliberate development and dispersal of rural clinics, knowing that the location of standard clinics close to oil exploration communities will go a long way in curing and reducing the diseases / environmental pollutions caused by the activities of the oil companies?[1]

By and large, the development difficulties faced by Bayelsa with regards to rural clinics could be summed up as follows: the production and circulation of fake drugs, dearth of reliable and important primary health statistics needed for effective medical care and health planning, lack of housing , electricity, water and transportation in the rural communities, lack of staff motivation, low budgetary allocation for health, neglect and poor utilization of existing amenities, low communication and lack of synergy between health organizations, high cost of treatment and, in conclusion, uneven distribution of clinics.

[1]The vision statement of the amnesty policy is stated thus; " A Niger Delta region populated with modern cities with leading edge environmental management practices, economic prosperity ,skilled and healthy people and social harmony …

4.5.4. Development Challenges of Bayelsa State

Notwithstanding the determinations of government at all levels, to reduce poverty and address the socio economic difficulties faced by the people of Bayelsa, poverty, unemployment and inequalities are still pervasive in the state. Since the creation of Bayelsa state in 1996, the state has faced socio economic challenges which range from food insecurity, unemployment, poverty, inequality, high illiteracy/superstition, poor infrastructure, relatively fragile private/public sectors, harsh climate, social exclusion, discrimination, dispossession of their resources, hopelessness and the inability to control their resources or realise self-determination. Some of these challenges faced by Bayelsa state are man-made; administrative neglect, while the rest is due to its topography and environment (UNHDR, 2006). However, irrespective of what the cause of the difficulties are, the most essential and urgent needs that should be given due attention by the government at all levels are: effective and participatory governance, the provision of drinking water, electricity, roads and telecommunication services which will in turn enhance access to other amenities like rural clinics as well as improve the quality of lives in the state.

4.6. Southern Ijaw Community

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4.6.1 Demography and Geography

Southern Ijaw, the case study community is located in the southern region of Bayelsa and has an operational headquarter in Oporoma community in the north area at 4o48’17’’N64’44’’E. with a population of 321,808 based on the 2006 census projections, it is home to almost 50 per cent of the total population in Bayelsa state and covers an area of 2,682 square kilometres. Southern Ijaw has a coastline of almost 60 km on the Bright of Bonny and is made up of about 8 clans with over 108 communities. The clans are: Ogboin, Tarakiri, Oporoma, Bomo, Olodiama, Apoi, Bassan and Koluama clan. Each of the clan is made up of over 5 communities. Some clans have 10 communities while others have less or more. Southern Ijaw communities are mostly rural and ijaw speaking. Their occupation is customarily small scale farming and fishing. (Federal Republic of Nigeria, 2007)

4.6.2. Socio Economic Characteristics

Despite the high population density of this community considering the fact that its home to 50 per cent of the total population of the state, the area lacks basic infrastructures (Onokerhoraye 1999:14) Transportation, poverty, lack of sewage facilities, shortage of clean water and lack of access to infrastructure are the most pressing needs of Southern Ijaw. For instance, there is only one road connecting the state capital (Yenagoa) to Southern Ijaw local government communities, the rest of the journey is completed by water transport. And worse still, the road ends just close to the jetty, after the University of the Niger Delta gate. The rest of the communities in Southern Ijaw are located in swampy creeks without bridges to connect communities. There are very few standard primary healthcare centres which are worsened by the high cost of transportation and inadequate boats since people have to wait for hours for the few available boats. There are signs of abandoned road projects in most of the communities in Southern Ijaw, for example, in Amassoma, informants confirmed that there is a road very close to the jetty that has been there for over two years, abandoned by the NDDC contractors. Outside Koluama clan, and a few clans with shell managed infrastructures facilities, the level of the provision of basic infrastructures is quite weak. Most of the clans do not have access to electricity and clean water despite their rich mineral deposits which has contributed immensely to the development of other areas in Nigeria.

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Picture source: Authors picture: The water tank of the health centre in the Amasoma community

Picture source: Authors picture; the rusty borehole drinking water tank in Amasoma community

Southern Ijaw communities are faced with critical health challenges which, in all fairness, could be connected with the level of environmental degradation caused by oil exploration. Although previous research suggests that there is poor sewage management and inadequate water facilities in the Niger Delta generally, however, the case of Southern Ijaw seems a bit worse than the rest. The fact is, while the research team was waiting to cross over to Koluama from the jetty at Amassoma, a building made of rusty aluminium and zinc was sighted on top of the water, and on further enquiry, it was learnt that it's a public toilet which serves most of the people who live around the creek. They paddle their boats and canoes to a certain point in order to be able to gain access to the toilet. This clearly shows that poor sanitation and water borne diseases could never be avoided in these areas since the people actually drink from the same river nun where they pass their waste. Data suggests that cholera, malaria, typhoid fever and dysentery are some of the risks facing the people of Southern Ijaw as of now.

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Picture source: Authors picture: A view of the latrine room atop the water where members of this community defecate on approaching the Otuan community

4.6.3. Poverty

There is pervasive poverty in Southern Ijaw communities. According to the UNDP Niger Delta human development report of (2006:61-66) out of the eight local government areas in Bayelsa, six of them scored less than 0.3 on the Human Development Index(the two exceptions were Yenagoa and Brass, which implies that Southern Ijaw is among those with low HDI). Furthermore, the Human Poverty Index-score for six of the eight local government areas in state is'medium' which clearly indicates pervasive poverty. The low human development index and medium poverty index is attributed to 'the difficult terrain or neglect from different tiers of government' (op cit p62). Additionally, the poverty in Southern Ijaw and other neighbouring rural communities is also caused by poor planning and lack of coordination between all stakeholders such as the federal government agencies, NGOs, individuals, and oil companies (op cit p66) These indicators reflect the fact that the location of oil exploration facilities in these rural communities has not really brought the much anticipated socio-economic benefits to them. Poverty in the Southern Ijaw communities is demonstrated through cases of food insecurity, malnutrition among children, poor accommodation, waste management conditions as well as lack of access to basic human needs

4.6.4. Services and infrastructure

There has been a significant improvement of services and infrastructure in Niger Delta and Bayelsa states in line with the government policy to address the issues that gave rise to the Niger Delta insurgency. The government efforts included the creation of the Niger Delta Development Commission, Ministry of the Niger Delta affairs and the Amnesty commission which led to cessation of hostilities in the region. But, data shows there is no tangible evidence to show for the efforts made so far in Southern Ijaw local government. The efforts have not resulted in greater access to infrastructures. Southern Ijaw communities are still waiting in darkness without access to electricity, no roads linking communities within the local government. Most of the communities within the 8 clans are serviced by markets in Yenagoa or facilities belonging to the oil companies. Sometimes it takes about 3 hours by boat to get to Yenagoa from these communities. There are very few police stations, schools and clinics servicing over 108 communities that make up Southern Ijaw.

4.6.5 Rural Clinic in Southern Ijaw

There are very few and ill equipped rural clinics in the 8 clans that make up Southern Ijaw. And, as pointed out earlier, community members have to travel 2 to 3 hours by boat to clinics in Yenagoa, or 5 hours to Port Harcourt clinics. The few rural clinics are serviced by a few registered and in most cases, unregistered nurses, assistant health workers and members of the youth corps who are not resident in the communities. The ratio of doctor per person in Southern Ijaw LGA is one per 2000 persons, while that of nurses is 1300 per persons (Onokerhoraye 1999: 15-17). There is no statistical data on the total number of clinics in all communities hence data was primary and based on observation and mapping. Through discussions with community heads, it was gathered that when people are sick and unable to afford transportation to Yenagoa, or expensive treatment elsewhere, they either resort to traditional medicine or return home and wait for death closer to their family. The traditional chief of Oporoma community stated that the clinics and electricity enjoyed by his people is being provided by the oil company operating there. Most community members have a preference for traditional herbs when faced with malaria and typhoid which are quite common in those localities. Native doctors and traditional herbalists who are have never received any formal training on childbirth play significant roles in child delivery. Considering the distance to the nearest clinics in Yenagoa, travel by boat, and the

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absence of trained personnel (most of them are not resident in the communities) emergency cases are often handled by these untrained people within the community. Besides, when the babies are born, their umbilical cord is either cut with unsterilized equipment or they are bathed with herbs which might result in tetanus and in most cases death. It was also learnt that most births and deaths in these areas are seldom documented. The data presented above hints at a serious lack of access to primary health services in Southern Ijaw local government.

4.6.6. Development challenges

The most important development challenges faced by the people of Southern Ijaw local government include increasing food insecurity caused by decline in agricultural productivity and loss of their fishing occupation to oil spills, pervasive poverty, lack of infrastructure especially link roads and bridges which limits accessibility and linkages between communities or local production areas and markets in cities, risk of water borne diseases which causes morbidity, lack of human and material resources in public and private sectors, low employment opportunities and poor service delivery. These and many other challenges have continued to push the idle youth population and other unskilled labour force into crime, pipeline vandalism, militancy and unrest. A study of this local government point to the need for capacity development at all levels. First, developing the capacity of the people, organisations and communities to undertake and manage their future as well as their community development based on their most essential needs. Secondly, develop their capacity to be creative and economically independent which will help in promoting the use of available resources, while at the same time increasing the potential for utilisation of other opportunities from outside.

CHAPTER 5: RESEARCH FINDINGS

5.1 Introduction

This research was aimed at presenting an operational definition of capacity development in the Niger Delta region of Nigeria. The focus was to determine the levels of capacity development as well as dimensions used to evaluate on-going development projects/policies in the region by the following government agencies: the Niger Delta Development Commission, Ministry of the Niger Delta Affairs, and the Amnesty Commission.The research was undertaken in Southern Ijaw Local Government Area of Bayelsa state in the Niger Delta region of Nigeria. It was conducted during the rainy season and lasted six weeks.

Fundamentally, this research recognises that development in all its ramifications has been an issue in the Niger Delta region. It seeks to understand how Capacity Development has been applied in the Niger Delta Region by the Ministry of Niger Delta Affairs, Niger Delta Development Commission, and Amnesty Commission: by identifying how each organization/agency has been able to build the capacity of its target beneficiaries in the region. Also, to identify how capacities have been built at the individual, institutional and organisational level within the Niger Delta by these agencies.

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This research also seeks to analyse how capacity development has worked in practice for the Niger Delta people in Southern Ijaw LGA of Bayelsa state: by examining the extent to which the number of rural clinics and link roads between communities have increased since the establishment of the Niger Delta Development Commission, Ministry of the Niger Delta Affairs and Amnesty Commission.

The research findings presented in this chapter provides an accurate and in-depth explanation of the data from the field research. It starts with a summary of results from all stakeholders and research participants in the study area. It then looks at each organisations/participants research results in detail. The results will give an insight into the extent to which the practice of capacity development in the Niger Delta Region fits into the bigger picture of what the Federal Government of Nigeria is out to achieve in the region.

5.2 Summary of findings

The concept of capacity development could be quite confusing especially when it comes to operationalization of development initiatives. Its ambiguity was manifested in the views of the NDDC, MNDA, Amnesty commission, the Community people in Southern Ijaw and other stakeholders involved in development intervention in the Niger delta. Each stakeholder had its own opinion of the development needs of the Niger Delta and how it should be approached. And, this perception informed the level of their intervention in the study area. Consequently, evaluations of their efforts were also based on these perceptions. However, beyond their perception of what constitutes basic development needs of the Niger Delta people, the community people were able to express their views on the successes and failures of the development interventions of all government agencies currently operating in that area.

The conceptualisation of sustainable development by members of the community was principally that of providing basic infrastructure and integrating them into mainstream planning and decision making in matters that affect their destinies. The United Nations Development Programme has mentioned the need for empowering the people of the Niger Delta; economically and socially, as well as the need for developing their capacities at all levels so they can contribute to their own development without waiting for outside intervention and support. These factors were considered during the process of data collection and also used to expand the process for the purpose of making comparisons with previous research findings.

5.2.1 Methodology

The research method used to gather data was mixed. Quantitative method was more convenient due to the topography of the study area. However, qualitative method was introduced and utilised to guarantee the validity, authenticity and reliability of data collected. Data was collected was based on mapping/observation, questionnaires, interviews in communities within Southern Ijaw local government area, focused group discussions and a review of secondary data and literatures on previous studies focused on the same scheme. There was observation of on-going projects by government agencies/organisations involved in capacity development in the study area (the Niger Delta region, by extension) as well as the state of infrastructures such as roads and rural clinics; the questionnaires spoke of practices supportive of capacity development in the region as

well as resources available to Southern Ijaw LGA for capacity development. The focused group discussions and in depth interviewswere based on consultations with a group of people who actually represent various interests and could be classified as stakeholders. The consultations drew attention to factors affecting capacity development at all levels; individual, institutional and societal etc. The outlined techniques were means that efficiently helped in assessing the extent to which capacity development has been operationalized in post conflict Niger delta.

5.3 Research findings

In 2009, the Federal Government announced an amnesty which brought an end to the conflict that ravaged the Niger Delta, with an additional objective of bringing infrastructure development that would engender lasting peace in the region and ensure the youths do not pick up arms again. Previous qualitative research has established that militarisation, violence, hostage -taking, vandalism, oil bunkering and pipeline attacks, all ceased while oil production increased as a result of the introduction of the amnesty. However, whether the amnesty has led to the development of essential infrastructure such as rural clinics is still questionable. Thus, the objective of the research was to examine whether the creation of the amnesty commission and other development agencies in the Niger Delta increased the development and accessibility of rural clinics. Condition assessment and literature review of the amnesty policy, MNDA and NDDC as well as case study area was carried out to gain comparative knowledge of the number of rural clinics before and after the amnesty.

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During the field research, it was gathered that pre and post conflict development initiatives in the Niger Delta region was divided between three key organisations:

1. The Niger Delta Development Commission- NDDC; created in 2000 from the defunct OMPADEC (was created before the crisis started in the Niger Delta region and has existed before the amnesty.
2. Ministry of the Niger Delta Affairs
3. The Amnesty

Below is background information on the organisations listed above and the summary of research findings on the levels of their operation in the Niger Delta region. The information about

themwill help in understanding their goals and strategic framework for development in the Niger Delta region. It will likewise serve as a basis for reference and comparing their achievements so far.

5.3.1. The Niger Delta Development Commission- NDDC

From the non-operationalOMPADEC, the NDDC as it is now called, was created to facilitate sustainable development by carrying out infrastructure and human development projects within the 9 states that make up the Niger Delta. The agency was supposed to achieve that through partnering and working closely with state governments, local governments, civil society organisations, oil companies and communities located within the region.

For the purpose of analytical clarity, revisiting the issues within the Niger Delta region that led to the establishment of the NDDC would help in assessing how well the Commission has fared in infrastructure/human developments which were the underlying reasons for its establishment. The UNDP human development report and the Niger Delta development master plan policy document states that the Niger Delta suffers from a range of problems that include:

- Acute poverty , where over 70 of its people live below the international poverty line and a high rate of infant mortality
- Diseases and water borne infections as a result of poor sanitation and waste management
- Scarcity of clean and drinkable water supply
- Lack of foreign direct investment (outside oil and gas sector) and low level of entrepreneurship due to lack of developed access roads, bridges and telecommunication infrastructures.
- Poor/lack of electricity and power in most settlements within the creeks as a result of their topography and environmental challenges
- Inadequate social facilities such as educational and health facilities as a result of the topography of the region
- Environmental degradation from oil exploration activities as well as loss of livelihoods due to oil spillage
- Youth restiveness/ insecurity

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Therefore, the NDDC was created to tackle the above mentioned issues which could be referred to as capacity development/capabilities challenges which if addressed would enhance the wellbeing of the Niger Deltans and also enable them do things that will give them fulfilment in life as well as improve the quality of their lives.

Upon its establishment or rather change of name from OMPADEC, the NDDC adopted the goals of the federal governments' poverty alleviation program- SEEDs which is an offspring of the UN MDGS and decided to operationalize it in the Niger Delta. With a vision of improving quality of lives in the Niger Delta, the NDDC focused on developing essential areas such as:

a. Economic development
b. Community needs : welfare of individuals as well as their social / physical environment
c. Protection of bio-diversity/air/water: ensuring oil spill issues are logically concluded
d. Physical infrastructures and : which would encourage economic growth/entrepreneurship
e. Development of human and institutional resources: includes capacity building for good governance and enterprise

In a nutshell, the NDDC adopted its goals and strategic framework as well as its level of intervention (individual and societal) based on its analysis of the environment and the needs of the people. Some of the questions that informed the NDDCs intervention strategy were:

1. What are the difficulties experienced by the Niger Deltans and who is most affected?
2. Who/what are the causes of these difficulties and who/what is behind it?
3. Which interventions are needed to tackle the problems in a manner that will ensure it doesn't reoccur?
4. The feasibility of the level of intervention was analysed with regards to financial, human and material resources needed to run it effectively.

Thus, at the end of its NEEDS audit, the commission decided that its development strategy in the Niger Delta would be such that should tackle poverty in all its ramification while at the same time, encourage industrialisation , rural development and economic growth. In order to achieve that, the commission created the project departments to manage and oversee development projects within each sector. The NDDC headquarters is located in Port Harcourt, with branches in the 9 Niger Delta states.

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5.3.1.1 Research result: the Niger Delta Development Commission

Having given background information on the NDDC, the research findings based on questionnaires distributed to randomly selected respondents living in Southern Ijaw in Bayelsa state will be presented below.

The population for this particular questionnaire was NDDCpersonnel who were randomly picked from each department within the Headquarter in Port Harcourt and in Bayelsa state. The people were selected in each of the departments based on availability. The goal was to draw information on the structural organisation of the NDDC board, their objectives and decision-making process in relation to infrastructural projects and access to basic social infrastructures such as rural clinics. The questionnaire was designed in an open-ended and closed ended format. Other tools used were in-depth interview, focused group discussion and observation. The questionnaire contained 53 questions and was filled out by the respondents without assistance, since they all had some form of formal education. The objective of the study was undoubtedly specified to the respondents prior to seeking their voluntary consent. The in-depth interview was meant to find out the kind of projects they implement in the study area and what determines their choice of projects for each community per time. A copy of the questionnaire and interview guide is attached in the annexe section.

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Apart from the 15 NDDC staff, 8 people from the local government also participated in filling out the questionnaire since itwas intended for the following people:LGA Chairman and Councillors of Southern Ijaw community, the NDDC and Amnesty representatives in Bayelsa State.

Table 1: Age, Educational Background, Department and Residential Area of Respondents

Age	Percentage %	Educational background	Percentage %	Department	Percentage %	Residential area	Percentage %
21-30	2	Primary	0	Admin	2	Abuja	10
31-40	40	Secondary	4	Engineering	30	Portharcout	40
41-50	20	College	10	Health	0	Yenagoa	15
51- 60	1	University	42	Research	1	Southern ijaw	5
61-70	0	Technical	15	Project	12		
71-80	0	None	0	Planning	2		

Table 2: Number and types of Infrastructure Projects Initiated by the NDDC

Type of project	Percentage %	No. of project	Percentage %	How many exist in southern ijaw	Percentage %
Health	0	None	70	None	80
Education	1	I don't know	20	5	65
Transportation/ Roads	40	10- 20	50	2	
Bridges	5	1 -10	3	1	
Shore protection/ reclamation	60	1-15	30	10	35

Table 3: Stakeholder's Participation in Project Execution by NDDC

Do projects have participants from communities	percentage	What other formal and informal organizations collaborate with the NDDC	Percentage	Are there projects which may have potential for community development that was left out by the NDDC	Percentage
Yes	28	LGAs,oil companies & UNDP	50	Yes	0
No	50	None	23	No	80
I don't know	10	I don't know	3	I don't know	13

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Table 4: The NDDC's Organisation Structure

How is the NDDC structured in terms of development initiatives	Percentage
I don't know	0
The NDDC has the following directorates who handle development initiatives under various sectors; 1. Directorate of Legal Services, 2. Directorate of Planning Research, Statistics and MIS, 3.Directorate of Administration and Human Resources, 4.Directorate of Agriculture and Fisheries, 5.Directorate of Environmental Protection and Control, 6.Directorate of Education, Health and Social services, 7.Directorate of Community and Rural Development,	Nearly 95% ofthe participants agreed the NDDC was well structured in terms of organization.

8.Directorate of Utilities , Infrastructural Development and Waterways, 9.Directorate of Commercial and Industrial development, 10. Directorate of Youth, Women, Sports and Culture	

Accessibility to Rural Clinics:

When asked what they understood by the term 'access to rural clinics or public facility',75 per centof the respondents said it meant 'people's ability to receive treatment or use amenities within their locality or community, without having to travel to Yenagoa'. 12.85 per centsaid it was 'stocking up the few clinics within Southern Ijaw with medical supplies other than malaria drugs/nets and making sure there are resident doctors, nurses and roads in case of emergencies. While the other 10 per cent responded that it meant having clinics next to their homes.

Table 5: Infrastructure Development and Accessibility to Rural Clinics

Has any clinic been built by NDDC in the last 3 years	Percentage	Does the NDDC have a project plan for infrastructure development	Percentage	When was the NDDC infrastructural development project plan established	Percentage
No	90	Yes	79.85	2003	86
I don't know	10	I don't know	19.15	I don't know	14

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When asked if the NDDC board conducted needs assessment in southern Ijaw as a guide to what area their infrastructure development should focus on, 22.2 per cent of the respondents answered yes while the other 77.8 per cent did not quite agree that there was needs assessment.

The study also found out thatthe NDDC infrastructural development plan focused more on roads that are not adding economic value other than focusing on other essential infrastructures and link roads. Almost 73 per cent of the respondents stated that theNDDC focused mostly on roads/bridges and neglected those essential social infrastructures that can impact directly on the quality of life of the community people. They listed basic amenities such asclinics, schools, water and electricity. The 27 per cent were of the opinion that the NDDC was better than the other Niger Delta capacity development organizations, the Amnesty Commission and ministry of

the Niger Delta Affairs,'who are yet to justify their existence by carrying out tangible development projects in the region'(one of the respondents added that)

The questionnaire and interviews revealed that most NDDC staff does not participate directly in project execution, rather, they only participate if the project directly required their technical input which, often times, does not. 98 per cent of the participants said since these projects are usually handled by contractors who are not staff of the commission, while 2 per cent did not comment. Similarly, the population (community people) was not involved in any project planning and they were not well informed of meetings, activities and plans of NDDC initiated community development initiatives. 40 per cent of respondents said the population was well informed of NDDC planned projects within their communities, whereas nearly 39.12 per cent said the communities only become aware of projects whenever the contractor who was awarded the project commences work. And, the other 20.08 per cent did not comment**.**

Budgetary allocation

Most of the NDDC workers appear not to know what the budgetary allocation for the NDDC development projects per state and local government are. 94 per cent knew what the total budget for the year 2011 was but could not tell what the 2012 allocation was, 5% did not know what the budgetary allocation for the previous years was and could not tell what it was for the present year, and, 1% knew but were not willing to say what the budgetary allocation for the NDDC development projects per state and local government was at present. However, a review of the 2011 appropriation Act; Capital and Recurrent expenditure showed that budgetary allocation per state was not fixed; rather, it was determined by the following factors:

I. Oil production
II. Share per equality of states
III. Share per percentage of oil production
IV. Total per share
V. Brought forward for states
VI. Additional value of ICE programs due to states**.**

Although each state has its own financial allocation under the NDDC allocation, it was gathered that the fund is not given directly to the states. 91% of the NDDC staff says they did not know

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how the fund was disbursed, whereas 9 per centsaid the funds are not given directly to the states or local governments. Rather, the funds are being managed from the headquarters and paid directly to contractors handling development projects from there, and, sometimes, through the liaison offices. Everything is processed from the headquarters in Port Harcourt.

When asked if the NDDC projects were being funded by other international or local sources, 71 per cent of the respondents responded that they did not know. However 29 per cent answered that most of the development projects are being funded normallyby oil companies. Correspondingly, the 2011 budget for the commission, proved this to be true; over 40 per cent of the NDDC fund is being donated by oil companies: Chevron, Addax petroleum, Conoco Phillips, Eni, Shell, Total and POOC

Another interesting discovery was that when asked to quantify in terms of labour, material and financial resources mobilised by the NDDC for development initiatives in Bayelsa state/Southern Ijaw, respondents were quite sensitive and said Bayelsa state was not getting much, rather Delta and Rivers state seemed to get more. From the focused group discussions,interviews and a review of financial documents/journals on the NDDC spending, it was gathered thatfor Bayelsa state, its revenue allocation is based on its oil production percentage whichis 11.11 per cent which gave an aggregate total revenue allocation of eleven billion, five hundred and sixty three million, nine hundred and eleven thousand, one hundred and fifty four naira – (N11, 563,911,154). Out of a total sum of three billion, two hundred and seventy one million, one hundred and fourteen thousand, eighth hundred and ninety six naira (₦3, 271,114,896.00) that was budget cost for health projects in Bayelsa state, five hundred million, three hundred and sixty seven thousand, two hundred and thirty four naira was approved for projects. However, out of the approved amount, Southern Ijaw LGA did not benefit from any projects under health and same goes for Education.

It was gathered that there is no willingness to work together and contribute to the common objectives and development of the Niger Delta among all stake holders and project participants. 65 per cent respondents believed the NDDC contractors and employees were not eager to work with the community people, whilealmost 33 per cent thought the community people (chiefs and clan leaders) have a policy of demanding compensation or settlement from project contractors before commencement of projects in any locality/ community. The other 2 per cent said the

NDDC awarded contracts to their cronies; hence the community people were not willing to work with a corrupt system where contracts are not awarded based on the needs of the people, rather, based on the economic viability of the projects.

What's more, approximately 70 per cent of respondents when asked the extent to which project participants and stakeholders are autonomous to manage their programs, development projects and financial affairs, believed that project are awarded as contracts to contractors who are not NDDC employees. And, these contractors execute the projects independently without input from either the host community or the commission. Out of the other 30 per cent of respondents, majority saidthe community does not get prior notice of projects, neither are they informed of on-going negotiations for projects that are to be carried out in their community. Whilst only a handful believed the communities only get to know when the contractors arrive to start work.

When asked if there were any development projects in collaboration with the ministry of health or intentions of establishing them in Southern Ijaw, 50 per centof the respondents said they didn't know, while 30 per centsaid there are no on-going projects in Southern Ijaw at the moment. But 20 per cent responded thathopefully, it would be carried out in the near future since it's included in the NDDC Niger Delta regional Development Master plan.

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With regards to projects being successful in increasing access to public services, roughly 70 per cent believed that most of the projects such as roads and bridges are not increasing access to public services in Southern Ijaw, given the fact that the roads are being built at places where access is not a challenge nor significant (within streets in a few communities that are not strategically placed). There was a slightly different view about increasing access to public services given the fact that 23 per cent said the only project that has increased access to public service are the few jetties built in a few communities within Southern Ijaw, and these were built without the provision of boats and canoes to ease the cost of transportation and scarcity of boats7 per cent did not answer the question.

Table 6: Decision-Making Structures, Accountability and Transparency in Infrastructure Development Process

Are NDDC participants / stakeholders fully involved in discussing and deciding major direction and activities?	Percentage
No, the communities are not consulted, projects are	97

awarded at the discretion of the NDDC	
Yes , they are consulted	3

When asked if NDDC community representativesare selected or chosen approximately all respondents believed no community representatives were chosen. 60 per centheld that when the contractors get to the communities, they get to the clan head/chiefs to announce their mission, these chiefs and clan heads usually demand to be 'settled' hence, from that point the negotiation and settlement (bribery) continues. 20 per cent believed that most times, the clan heads and contractors reach a dead end. At that point, the community will not grant the contractor access to the project cite nor let them start the project. They do that by kidnapping workers or threatening to destroy working tools (since they were not consulted previously nor properly settled), it is only then that the contractor would return to the NDDC headquarters to complain that the community has rejected the project. 15 per cent confirmed that often times, the contractor is called back to another community since the project is neither re-awarded nor exchanged for one that suits the needs of the community. Accordingly, the commission diverts the project to another community.

All the respondents also added that in terms of accountability to project execution, the contractors report directly to the NDDC and are not obligated to report work progress or challenges to the community heads or chiefs since those ones were not consulted earlier and it was not part of the NDDC culture to have their contractors issue progress report to the community.

When asked what the nature of accountability is within the NDDC; between the commission and the contractors, for instance, in terms of financial, administrative accountability or monitoring of projects, 86 per cent of respondents said there was none.Whilst 14 per centsaid the NDDC sends people to inspect projects carried out by their contractors at the end of the project and do not continue afterwards. Sometimes, it is only in extreme cases that communities where the people are well informed petition the NDDC if the work is not properly done. When they write petitions to the NDDC, the commission then contacts the contractor.

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Table 7: The Leadership Structure in the NDDC Board

The leadership positions in the NDDC	Percentage %	What responsibility do they have	Percentage %	Were team leaders in community development projects already considered local leaders before their appointment	Percentage %	Do the current leaders represent the interests of the community	Percentage %
None	50	None	88	I don't know	20	Yes	12
1-10	0	I don't know	2	Not in all cases	30	No	78
The directorates	35	To oversee and monitor projects	10	Yes	50	Am not sure	10
I don't know	15						

Table 8: The NDDC's Monitoring and Evaluation Instruments/Procedure

Does the NDDC have a process of evaluating their project	Percentage %	How does the NDDC evaluate the benefit of their projects for the community	Percentage %	Has the NDDC projects improved the quality of life within the Niger delta?	Percentage %
Yes	79.5	Internal Monitoring and evaluation team	89	Yes	50
No	19.5	External monitoring team	10	No	50
I don't know	1	I don't know	1	I don't know	

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Table 9: Results of the Study Showed examples of successful Implementation of NDDC Project activities in Southern Ijaw Local Government across various sectors below

Type of projects; Jetty/Shore Protection projects	**Location**	**Approved Budget in Naira**
Amassoma shore protection	Amassoma	₦50, 000,000.00
Construction of Oporoma shore protection/reclamation	Oporoma	₦250, 000,000.00
Shore protection/ reclamation (phase 1)	Olugbobiri	₦103, 882,436.68
Construction of landing jetty	Ogobiri	N10, 500,000.00
Shore protection works (design)	Azuzuama	N30, 000,000.00
Construction of landing jetty	Lasukugbene	N30, 000, 000.00
Construction of concrete landing jetty	Igbomoturu	N30, 000, 000.00
Type of project ; water supply	**Location**	**Approved budget in Naira**
Solar powered water project	Tugogbene	N8, 165,361.74
Solar powered water project	Azuzuama	N8, 165,361.74
Solar powered water project	Ikebiri	N8, 165,361.74
Solar powered water project	Anyama	N9, 000,000.00

Type of project; roads / bridges	Location	Approved budget in Naira
Construction of 1.5km concrete access road with Drainage & Spur at korobiri lane accessing police Div Hqtr	Oporoma	N36, 750,000.00
Construction of 1.5km concrete access road with Drainage	Igeibiri	N36, 750,000.00
Construction of 1.4km Ogumeinpolo- Adegbepolo Opubiri- Agibebiri- Ogboinbiri- Koliama Lanes Concrete Rd with drainage	Oporoma	N36, 750,000.00
Internal roads	Ogbeinama	N32, 550,000.00
Construction of 1km concrete access/ link road	Koliama1	N35, 550,000.00
Construction of 1.5km concrete road with drainanges	Korokorosei	N36, 750,000.00
Construction of korokorosei – Auzuama road network	Korokosei	N20, 000,000.00
Construction of internal roads in Olugbogiri	Olugbogiri	N36, 845,622.00
Construction of internal roads in Ndoro (3km)	Ndoro	N35, 629,512.00
Construction of internal roads in Ndoro (3km)	Toru- Ndoro	N37, 358,563.00

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Construction of 1.5km concrete access rd with drainage	Ukubie	N35, 850,000.00
Construction of Otuan community walkway	Otuan	N27, 068,448.60
Construction of rigid pavement of internal road	Akambo	N18, 000,000.00
Reclamation works	Opoma	N125, 000,000.00
Construction of rigid pavement at Salo Street	Okikiama	N36, 837,388.50
Construction of rigid pavement	Olugbobiri	N36, 845,622.00
Construction of internal road	Igbamatoru	N15, 000,000.00
Construction of rigid pavement	Tugogbene	N36, 837,388.50
Construction of Hon Boyyelafa Debelem road	Azigoro	N15, 000,000.00

Construction of akamabo internal road (phase 2)	Akambo	N52, 088,250.00
Construction of rigid pavement at Amasomma phase 2	Ikokia – Ama	N36, 769, 387.50

The interesting discovery of this study was the fact that out of a total sum of ₦500, 367,234.40 that was approved for health projects in Bayelsa state, southern jiaw even with its environmental challenges and population density (biggest local government council, with communities and settlements within creeks) did not benefit from any of the projects rather; ogbia,Brass,Ekeremor , Yenagoa LGAs were the only beneficiaries**.**

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Table 10: Facilities and Medical Practitioners in Southern Ijaw LGA

Has any clinic been built in southern ijaw communities in the last three years	Percentage %	Has there been an increase in the number of medical practitioners in this community in the last one year	Percentage %
Yes	2	Yes	5
No	98	No	95

Has there been an increase in the number of clinics in this community in the last two years	Percentage **%**
Yes , through the UNDP &Shell	40
No	60

Most of the respondents who answered 'No'to the first question in table 10 said the reason was because Southern Ijaw communities are linked by rivers; hence the major form of transportation is on water by boats (no access roads). And, considering the fact that most of the communities

lack water and electricity, this discourages a lot of medical practitioners from settling there. Even when they choose to work there, they go on week days and leave by weekend.

Table 11: Organisational Structure of the NDDC Board

Are there any representatives of the NDDC in this community	Percentage %	Are they accountable	Percentage %	for what and to whom are they accountable	
Yes	86	Yes	12	I don't know	77
No	4	No	75	The NDDC	13
I don't know	10	I don't know	13	The communities	10

76 per cent of respondents believed the objectives of the NDDC program are to reduce poverty in the Niger Delta by enhancing economic growth through rural development and industrialization in partnership with local governments, states, international organizations and oil companies, 10 per cent said it was to build infrastructures, whilst the rest 4% said they did not know.

Table 12: Impact of NDDC Intervention Initiatives

Would you say the NDDC development initiative been beneficial to the community	Percentage %	Would you say the NDDC has addressed the needs of the community	Percentage %	Has the establishment of the NDDC and their interventions attracted more development to the southern Ijaw	Percentage %
Yes	50	Yes	42	Yes	50
No	48	No	51	No	50
I don't know	2	I don't know	7	I don't know	0

The other half who answered 'No' when asked if they think that the establishment of the NDDC has attracted more development to Southern Ijaw said it was because; most of their projects are not addressing the elementary needs of the community people. For instance, the roads they are building are not enhancing inter community access or trade. There are no major roads linking the riverine communities with each other and the NDDC has not built new clinics or schools since in Southern Ijaw. Findings revealed that people still travel for hours by boat to seek medical treatment in Yenagoa or Port Harcourt. No sanitation system, no latrines, toilets and clean water;

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no good houses; people still live on parches of land and sometimes on water, already polluted by petroleum products, with the stench of dead fishes. The respondents also added that the NDDC tends to spend money on trivialities such as travel. The study further revealed that out of the total sum approved for development projects in the 9 Niger Delta states for 2011, nine billion, four hundred and eighty five million, six hundred and ninety thousand (N9, 485, 690, 000) was personnel cost for 1206 workers, while the sum of two hundred and forty three billion, six hundred and thirty seven million, seven hundred thousand was expenditure for projects and development in the nine Niger delta states.

When asked to give example of some noticeable changeswithin communities that has been as a result of the introduction of the NDDC, virtuallyall the respondents answered that so far, the only tangible development projects within the Niger Delta are those initiated by the NDDC, even though they are neglecting provision of essential social services/infrastructures within environmentally challenged places and creeks.

For the purpose of clarity and in order to understand the level of the Capacity development efforts of the NDDC, their intervention efforts has been further divided into (a) tangible and (b) non tangible

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1. Non- tangiblecapacity development initiatives

Individual capacity development projects done by the NDDC such as;

- NDDC Technical Aide Corps- NTAC
- NDDC post – graduate Scholarship Scheme
- Training of 700 welders
- Special skills training on Non- destructive testing – NDT
- Under water welding
- Drilling services
- Five billion naira revolving micro – credit scheme
- Training of 2500 women and youths in various skills

2. Tangiblecapacity development initiatives

Infrastructure development projects such as physical assetslike roads, bridges etc. but one can include, as well, some relatively tangible or measurable features having to do with education and health. This is where rural clinics come in.

Type of projects: Jetty/Shore Protection projects done by NDDC

- Amassoma shore protection in Amassoma
- Construction of Oporoma shore protection/reclamation in Oporoma
- Shore protection/ reclamation (phase 1) in Olugbobiri
- Construction of landing jetty * in Ogobiri
- Shore protection works (design) * in Azuzuama
- Construction of landing jetty * in Lasukugbene
- Construction of concrete landing jetty * in Igbomoturu

Roads / bridges

- Construction of 1.5km concrete access road with Drainage & Spur at korobiri lane accessing police Div Hqtr in Oporoma
- Construction of 1.5km concrete access road with drainage Igeibiri
- Construction of 1.4km concrete road with drainage; Ogumeinpolo- Adegbepolo Opubiri-Agibebiri- Ogboinbiri- Koliama Lanes in Oporoma
- Construction Internal roads in Ogbeinama
- Construction of 1km concrete access/ link road in Koliama1
- Construction of 1.5km concrete road with drainages in Korokorosei
- Construction of korokorosei – Auzuama road network in Korokosei
- Construction of internal roads in Olugbogiri in Olugbogiri
- Construction of internal roads in Ndoro (3km) in Ndoro
- Construction of internal roads in Ndoro (3km) in Toru- Ndoro
- Construction of 1.5km concrete access rd with drainage in Ukubie
- Construction of Otuan community walkway in Otuan
- Construction of rigid pavement of internal road in Akambo

Reclamation works

- Construction of rigid pavement at Salo Street in Okikiama,opoma
- Construction of rigid pavement in Olugbobiri
- Construction of internal road in Igbamatoru
- Construction of rigid pavement in Tugogbene

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- Construction of Hon Boyyelafa Debelem road in Azigoro
- Construction of Akamabo internal road (phase 2) in Akambo
- Construction of rigid pavement at Amasomma phase 2 in Ikokia-Ama

In summary, focused group discussions, interviews and questionnaire findings established that the levels of capacity development in the Niger delta region by the NDDC are: the individual and societal level.

5.3.2 The Ministry of Niger Delta Affairs-MNDA

The Ministry of the Niger Delta Affairs- MNDA was created in September 2008 and commenced operation in February, 2009 with an objective to, formulate and execute programmes, projects and policies for development and security in the 9 states of the Niger Delta. Given the fact that the challenges in the region are quite enormous and require huge resources which the government alone cannot handle, the MNDA is also faced with the responsibility of coordinating the activities of agencies, communities, donors and other stakeholders involved in the development of the Niger Delta region, as well as oversee the implementation of Government policies on the development and security of the region.

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Beyond overseeing the implementation of Government policies on the development and security of the Niger Delta region, the ministry also has the following functions:

- To coordinate the formulation of the Development Plan for the region;
- To formulate policies and programmes for youth mobilization and empowerment in the Niger Delta region;
- Facilitation of Private Sector involvement in the region;
- Liaising with oil companies operating in the region to ensure environmental protection and pollution control;
- To organize human capacity development as well as skills acquisition programmes for the youths;
- Taking adequate measures to ensure peace, stability and security with a view to enhancing the economic potentials of the area;
- Supervise the activities of the Niger Delta Development Commission (NDDC)

5.3.2.1 Summary of Research Findings on the Ministry of Niger Delta Affairs

The same questions administered at the NDDC were also administered at the MNDA. The population for the questionnaire was MNDA personnel who were randomly picked from each department within the Headquarter in Abuja. People were selected based on availability. The goal was to draw information on the structural organisation of the MNDA, their objectives and decision-making process in relation to infrastructural projects and access to basic social infrastructures such as rural clinics. The questionnaire was designed in an open-ended and closed ended format. Other tools used were in-depth interview, focused group discussion and observation. The questionnaire contained 53 questions and was filled out by the respondents without assistance, since they all had some form of formal education. The objective of the study was undoubtedly specified to the respondents prior to seeking their voluntary consent. The in-depth interview took place in Abuja and was meant to find out the kind of projects they implement in the study area and what determines their choice of projects for each community per time. A copy of the questionnaire and interview guide is attached in the annexe section.

Interviewers: The interviewers were trained on the ethics of social science research and the need for objectivity and validity. All the respondents spoke under anonymity and the interviewers were not allowed to record any footages of the interview rather, a few photos were taken on the grounds that the pictures cannot be used without the permission of the MNDA.

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5.3.2.2 Results

Table 13: Demographic Data of Respondents: Age, Educational Background, Department and Residential Area of Respondents

Age	Percentage	Educational background	Percentage	Department	Percentage	Residential area	Percentage
21-30		Primary		Infrastructure Development	65	Abuja	
31-40		Secondary		Regional Office Admin. & Intergovernmental Affairs	12	Abuja	
41-50		College		Community Relations and Youth Dev.	13	Abuja	
51-60		University		Policy, Research & Development	2	Abuja	
61-		Technical		Finance	15	Abuja	

70				&Accounts Dept.			

Table 14: Number and Types of Infrastructure Projects Initiated by the MNDA

Type of project	Percentage	How many exist in southern ijaw	Percentage
Road construction	70	1-10	0
Housing	20	10-20	0
Environmental : land reclamation	8	20 -30	0
Agricultural projects	2	I don't know/ none	56

Table 15: Stakeholders' Participation in Project Execution by the MNDA

Do projects have participants from communities	Percentage	What other formal and informal organizations collaborate with the MNDA	Percentage	Are there projects which may have potential for community development that was left out by the MNDA	Percentage
Yes	40	UNDP, World Bank, USAID, EU, DFID &Netherlands embassy	30	Yes , development and infrastructure projects within communities	50
No	10	None	30	Yes :Vocational training	35
I don't know	50	I don't know	40	No	5
				I don't know	10

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Table 16: The MNDA's Organisation Structure: The MNDA has the following Departments

Community Relations and Youth Development	Policy, research and development	Infrastructure development	Regional Office Administration & Intergovernmental Affairs	Agriculture & Commerce	Human Resource Mgt.	Finance & Accounts	Procurement	Strategic Services	Environment Management

UNITS within the MNDA:

Legal	Internal Audit	Information & Protocol	Reform Management Unit	Stores Verification

Nearly 98 per cent of the participants agreed the MNDA was well structured in terms of organization.

Accessibility to rural clinics

When asked what they understood by the term 'access to rural clinics or public facility', 68 per cent of the respondents said it meant 'people's right to use facilities within their locality or communities'. 32 per cent said it was making sure that essential facilities are freely available for use by the public whenever they want.

Table 17: Infrastructure Development and Accessibility to Rural Clinics

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Has any clinic been built by the MNDA in the last 3 years	Percentage %	Does the MNDA have a project plan for infrastructure development	Percentage %	When was the MNDAs infrastructural development project plan established	Percentage %
Yes	0	Yes	40	2008	60
No	95	No	40	None exists	25
I don't know	5	I don't know	20	I don't know	15

When asked if the Ministry of the Niger Delta Affairs conducted needs assessment in the Niger Delta (Southern Ijaw)as a guide to what area their infrastructure development should focus on, 10 per cent of the respondents answered yes while the other 90 per cent did not quite agree that there was needs assessment. Those who disagreed added that the MNDA was meant to supervise the work of the NDDC as well as cater for the capacity development of non-militants in the Niger Delta hence; they really don't need to conduct needs assessment.

Research findings also suggested that theMNDA infrastructural development initiatives concentrated more on facilitating Private Sector involvement in the region by liaising with oil companies operating in the region to ensure environmental protection and pollution control. 50 per cent of respondents said the MNDA focused more organising skills acquisition training for

Non-militants and so far, nearly 701 non-militant youths have been trained both locally and overseas by the Ministry as follows: Oil and Gas (341 persons), Maritime (270); and Agriculture (90). 30 per cent said the Ministry's areas of focus in terms of tangible capacity development projects and programmes are road Construction and Construction of Skill Acquisition Centres. 2 per cent said the MNDA focused on security, while the other 18 per cent said their focus was on housing Schemes and environmental Protection and Remediation Projects.

Policy Implementation platforms

60 per cent of the respondents also suggested that due to the paucity of the ministry's budgetary allocation, it has become inevitable to source for alternative funding for the projects and program, hence the ministry intends to adopt the Public Private Partnership arrangement for the implementation of its Road and Rail infrastructure, Environment, Waterways and Skills Acquisition projects. The projects and programmes have already been identified and the private sector partners have indicated interest in the projects. 40 per cent said the MNDA is also working in collaboration with the Infrastructure Concession and Regulatory Commission (ICRC) and has been listed to benefit from the SURE-P; whose funds will be utilized for the completion of sections I and III of the East-West Road.

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Budgetary allocation

Another discovery was the fact that almost 94 per cent of the respondents said they didn't know how the MNDA awarded contracts neither did they know how if community people were directly involved since their job description did not involve any form of relations with the communities. Whereas 6 per cent said they only get occasional reports from the research and development department.

Most of the MNDA personnel seem not to know what the budgetary allocation for the ministry's development project is. 15 per cent knew what the total budget since 2008 till 2011 was but could not tell how it was spent and what it was being spent on.75 per centdid not know what the allocation from the federal government was since 2008 and could not tell what it was for the present year, whilst 10 per cent knew and backed it up with financial statements and documents. A review of documents indicated the following:

Table 18: MNDA 2009 Budgetary Allocation/Spending: N51, 000, 000.00-Fifty One Billion Naira

Sector / item	Allocation in Naira
Domestic trips	N122.1Million
Foreign / international trips	100million
Local Training	N98 Million
Security Services and Allied Matters	N710 Million
Refreshment and Meals	N50 Million
Security Vote (Plus Operations)	N35 Million
Niger Delta Coastal Road	N300 Million
Peace and Security Employment Corps	N500 Million
Housing Scheme and Mortgage	N500 Million
One to Four of the East West Road	N28 Billion
Internet access	N20 Million

Table 19: MNDA 2010 Federal Budgetary Allocation/Spending- Amount: N86.2 Billion

Sector / item	Allocation in naira
Travels and Training*domestic & international	N205 Million
General Maintenance	N175 Million
General Training	N162.8 Million
Security and Allied Matters	N700 Million
Sea Boat Fuel	N34 Million
Generator Fuel	N25 Million
Refreshment and Meals	N30 Million
meeting with Youths and Elders	N90 Million
New Town/Industrial Park Development	N1.9 Billion
East West Road	N30 Billion
Fund for economic empowerment	N975 Million

Table 20: MNDA 2011 Federal Budgetary Allocations/Spending Amount: N55.2 Billion

Sector / item	Allocation in naira
Over head	N2.4 Billion
General trips *overseas and domestic	N250 Million
General training; sensitization and mobilization for non-militant	N1 Billion
Security	N495 Million
Total allocation for Construction and Provision for Roads	N41.5Billion
Refreshment and Meals	N12Million
Erosion and Flood Control * no specific/ target spots	N5.2Billion
Research and Development	N100 Million
Fund for Economic Empowerment	N1 Billion

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Table 21: MNDA 2012 projected Federal Budgetary Allocations/Spending- Amount: N59.7 Billion

Travels and trainings ; international and domestic trips	N449 Million
Overhead expenditure	N1.7 Billion
Maintenance of Office Furniture	N118.5 Million
Security	N371 Million
Refreshment and Meals	N31.9 Million
ICT Networking Centres and Connectivity for MNDA offices across the nine states Niger delta states.	N547 Million
Research and Development	N4.2 Billion
Computer Software Acquisition	N700 Million

However, a review of official documents collected from the research department of the MNDA, indicated that the ministry's budgetary allocation and releases have been grossly inadequate and dwindling. In 2009, total release was N94 billion, N58.8 billion in 2010 and N36.4 billion in 2011. In 2012, total appropriation is N57 billion out of which N16 billion has already been released. Beyond these, it was discovered that out of the projected spending, there were no projects on health and education. Besides, Southern Ijaw LGA did not benefit from any of the projects.

It was also established that the major stakeholders in the Niger Delta are not willing to work together for the common good of the people. 33 per cent respondents thought the MNDA was not eager to work with the people due to their fiscal indiscipline. 55 per cent thought the community people (chiefs and clan leaders) made demands on the ministry. They said that, notwithstanding the fact that youth restiveness and insecurity in the region have declined sporadic disruption of projects by the youths and excessive demands on contractors by communities and individuals still constitute a serious problem. This situation had sometimes led to work stoppages and abandonment of infrastructure project. The other 12 per cent believed the MNDA was not popular in the Niger Delta, there is a disconnect between them and the community people.

89 per cent of respondents when asked the extent to which project participants and stakeholders are autonomous to manage their programs, development projects and financial affairs, believed that projects are managed by the various departments in the MNDA and supervised by the various units. While 11% said the MNDA does not seek the consent of the people before

deciding on what project to undertake since they have experts that could tell what area they need to focus on per time.

When asked if there were any development projects in collaboration with the ministry of health or intentions of establishing them in Southern Ijaw, 70 per cent of the respondents said no, while 20 % of them said the there are no on-going projects in Southern Ijaw at the moment. But 10 per cent said, they had a bigger plan that would encourage foreign direct investment and the development of clinics at the long run.

With regards to projects being successful in increasing access to public services, approximately 96 per cent believed that most of the projects such as roads and reclamation projects are not increasing access to public services in Bayelsa and Southern Ijaw. The reasons given was that the only roads being built by the MNDA is the East –west road which is meant to serve Delta , Edo and Bayelsa state and its not having any direct socio-economic impact on Bayelsans. The other 4 per cent said the MNDAS projects are not targeted towards increasing access to public facilities within communities.

Table 22: Decision-Making Structures, Accountability and Transparency in Infrastructure Development Process

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Are MNDA participants / stakeholders fully involved in discussing and deciding major direction and activities?	Percentage
No, the communities are not consulted	42
projects are chosen at the discretion of the MNDA	40
Yes , they are consulted but not often	18

When asked if the MNDA community representatives are selected or chosen almost all respondents believed no community representatives were chosen since most people were not aware of how the MNDA projects were being run and who the target beneficiaries were. However, 10 per cent of the respondents said the MNDA had representatives from a few communities but they never said what the selection criteria were. Respondents also added that in terms of accountability to project execution, the contractors report directly to the MNDA and are not obligated to report work progress or challenges to the community representatives.

Monitoring and Evaluation Instruments/Procedure

When asked what the nature of accountability is within the MNDA; between the ministry and the contractors, for instance, in terms of financial, administrative accountability or monitoring of projects, 66% per centof respondents said there was level of accountability was quite high given the fact that the ministry often inspected projects while work is on-going and much more after execution. Whilst 34 per cent said the MNDA only sends their personnel to inspect projects carried out by their contractors at the end of the project and do not necessarily continue monitoring and evaluation afterwards.

Table 23: The MNDA's Impact

Has the MNDA projects improved the quality of life within the Niger delta?	Percentage
Yes	50
No	50

Based on research findings, the strategic framework for the achievement of the MNDAs objective of coordinating the formulation of the development Plan for the Niger Delta is divided into 'non tangible and tangible' capacity development initiatives and summarised thus:

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PROJECTS SUCCESSFULLY EXECUTED BY THE MNDA AT THE INDIVIDUAL AND SOCIETAL LEVEL:

1. **Non –tangible capacity development initiatives**:

Aim: to formulate policies and programmes for youth mobilization and empowerment in the Niger Delta;

- Skills Acquisition Training for Non-militants where 701 non-militant youths have been trained both locally and overseas by the Ministry as follows:
    - Oil and Gas (341)
    - Maritime (270); and
    - Agriculture (90).[2]

[2] The respondents did mention that the MNDA took adequate measures to ensure peace, stability and security with a view to enhancing the economic potentials of the area. However, they did not mention what steps were taken. Respondents also said the MNDA supervised the activities of the Niger Delta Development Commission

2. **Tangible capacity development initiatives** :

The Ministry's areas of Focus in terms of tangible capacity development projects and programmes are:

- Road Construction
- Construction of Skill Acquisition Centres
- Water Supply and Electrification Schemes
- Housing Schemes
- Environmental Protection and Remediation Projects
- Agricultural and Industrial Development Programmes
- Security

TANGIBLE ONGOING AND SUCCESSFULLY EXECUTED PROJECTS BY THE MNDA AT THE SOCIETAL LEVEL

CONSTRUCTION OF ROADS:

- ❖ East-West Road. The Ministry took over the project from the Ministry of Works about two years ago at 10% level of completion. The Ministry at 2012 has attained over 50% level of completion, with effort being made to complete the project by December, 2013
- ❖ The MNDA is also constructing 11 other roads spread across the 9 States. The roads which are at various levels of completion are:
    - Re-Construction Of Elele - Owerri Road (Rivers - Imo State) - 33.12 per cent
    - Obehia - Akwete-Etinan Road (Abia and Akwa Ibom States) Sects. I & II – 21 per cent
    - Rehabilitation Of Okpuala-Iguruta Road (Imo And Rivers States:53km) Phase I – 22 per cent
    - Benin Abraka Road (Edo and Delta States: 88.58km) Phase I – 29.4 per cent
    - Orhorhor-Odorubuo Kpakama-Bomadi road (Delta/Bayelsa/Rivers States -32km) Phase I – 21 per cent

(NDDC) but did not highlight how the supervision was achieved. Moreover, respondents did not say if there were any joint projects undertaken by the two agencies.
Respondents believed the MNDA intervened significantly through routinely organized security and consultative meetings to sustain post conflict peace and security in the region which has resulted in an increase in oil production from pre- Amnesty level of 700,000 bpd to the current level of 2,500,000 bpd.

- Gbaregolor- Ogriagbene Road, Delta State – 30 per cent

HOUSING PROJECTS:

- ❖ The construction of 360 units of Housing Projects in the 9 States has reached about 55% level of completion
- ❖ The construction of skills acquisition centres in the 9 states of the Niger delta said to be at various stages of completion. The centres are intended to train youths to acquire skills to enable them work in various sectors of the national economy such as oil and gas, commerce, tourism, agriculture, ICT, construction and marine;

ENVIRONMENTAL PROJECTS

- ❖ Land Reclamation/Shoreline Protection Project in Kurutie, Gbaramatu Clan, Warri South LGA in Delta State – 71 per cent completion
- Idumuje- Unor Erosion Control Project, Delta State – 70 per cent completion
- Canalization of Odobou-Ogbobagbene Creek, Burutu LGA, Delta State – 30 per cent completion.

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2a. Niger Delta Collaborative Development Framework (NDCDF)

As part of its strategic framework for developing and building the capacity of the Niger Deltans, the MNDA has embarked on a comprehensive and rational programme of investment in the social and public sectors of the various communities of the Niger Delta. The programme is called the Niger Delta Collaborative Development Framework (NDCDF).

The Collaborative Development Framework articulates and spells out the future intervention measures for the Niger Delta in consonance with the Niger Delta Master Plan and Nigeria's Vision 20:20.

The Niger Delta Collaborative Development Framework (NDCDF) is being developed by the MNDA in collaboration with the following organizations; UNDP, World Bank, USAID, EU and DFID as well as the Embassy of The Netherlands under the coordination of the UNDP.

The NDCDF has three broad but integrated components which covertangible capacity development initiatives in all its ramifications; thus:

- *Public Sector Investment Programme*: this covers large **infrastructure development** and **reconstruction**
- *Social Sector Investment Programme*: which focuses on investment in the social sector and comprises;**Community-based development**, **Community-recovery process** and **Community-security stabilization measures** generation; and
- *Institutional capacity and Multi-stakeholder Trust Fund*: this delineates the **governance** structure and **financial mechanism** for the Programme.

Goals of the NDCDF

The essence of this initiative is to bring together all international development partners, donor agencies and stakeholders operating in the Niger Delta region to formulate a common development framework funded through a common platform of resources for the development of the region. Furthermore, the NDCDF purposes to ensure accountability and prudent management of resources through broad-based stakeholder participation in the implementation process.Finally, the NDCDF seeks to enhance the coordination mechanism in support of rationalised programme intervention.

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Note: The MNDA stated that at the time of this interview, the NDCDF policy framework was still in its embryonic stage and will be presented to the Governors of the nine states of the Niger Delta and other stakeholders.

2b. Industrial Parks:

The MNDA is also embarking on the establishment of industrial parks in the region as part of its development plans for the Niger delta region. After visiting the Ostim Organised Industrial parks in Ankara, Turkey, the MNDA decided to replicate the Turkey industrial parks model in the Niger Delta. The industrial parks comprise 5,000 Small and Medium Enterprises (SMEs) that manufacture and produce goods and services in over 100 different sectors/areas of the economy. The industrial zone will provide its own infrastructure which includes supplying an anticipated energy need of over 35 MW of electricity.

The Ostim organised industrial Parks has been duplicated in several countries; Russia, Sudan, Saudi Arabia, Egypt and many parts of Central Asia through a Public Private Partnership (PPP) arrangement. Theseachievements urged the MNDA into signing a Memorandum of Understanding (MOU) with Ostim of Turkey for the launch of industrial parks in the Niger Delta. When established, the park is expected to benefit the Niger delta thus;

- House over 5,000 SMEswho will in turn create employment for thousands of youths in the region
- Enhance foreign direct investment (FDI) and accelerate the pace of industrialization.
- Promote rural growth by creating an enabling environment that would boost production and economic growth
- Capital generation and diversification of economy as one of the ways by which jobs could be created for the youths that are currently being trained in different skills both within and outside the country.

In summary, based on interviews, focused group discussions and questionnaire findings, the levels of the capacity development in the Niger Delta region by the MNDA are: the individual and societal level.

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5.3.3 The Amnesty Commission

The amnesty program of the Niger Delta was established on 25thJune2009 by late Nigerian president, Umaru Musa Yar'adua when he declared an unconditional truce in the form of an amnesty to end the protracted insurgency that had rendered the Niger delta region unsafe, insecure and threatened the source of Nigeria's revenue.

5.3.3.1 Objectives of the Amnesty

The terms of the negotiation between the Nigerian government and the militant youths from the Niger Delta was that the youths should surrender their arms, stop all forms of criminal acts, kidnaps and vandalism and embrace an unconditional pardon. While, the Nigerian government will in turn establish a committee or commissions that will oversee process of Disarmament, Demobilisation, Rehabilitation and thereafter, tackle medium and long term capacity development challenges in the region which were the root causes of the insurgency.

The amnesty was established to stabilize the security of the Niger Delta through a process of disarmament, demobilisation, rehabilitation and reintegration of the ex-militants as pre conditions for development in the region. At the expiration of the Amnesty, it is expected that the Niger Delta would have benefited thus:

- Significant reduction in crime rates
- Economic empowerment
- Infrastructural development
- Increase in business activities / foreign direct investment.
- Income generation / rise in GNP

5.3.3.2 Summary of data collection on the Amnesty:

Due to the location of the amnesty office at the presidency in Abuja, access to the office was a challenge. However, the 5 respondents who participated in the study did so at different times, and based on their availability at the time of the study. Due to time constraints, respondents were unable to neither fill out the questionnaire nor participate in the focused group discussion, but willingly agreed to be interviewed. The goal was to draw information on the structural organisation of the amnesty commission, their objectives and decision-making process in relation to infrastructural projects and access to basic social infrastructures such as rural clinics. The second objective was to determine the level of their capacity development in the Niger Delta region.

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Management and strategic framework

Thestudy gathered that amnesty commission is being managed from the presidency by the Special Adviser to the President on the Niger Delta; Mr Kingsley Kuku. It was also discovered that the special Adviser to the President on Niger Delta; Mr Kuku, does not decide the strategic framework of the commission, rather the President manages that. Respondents also added that the President decides who gets enlisted for capacity development as well as whom benefits from the amnesty program. Respondents confirmed this statement by referring the research team to a publication on a national newspaper where Mr Kuku alluded to that.(Vanguard, 19th May, 2012)

Data also suggests that leaders of the ex-militants are involved in decision making. However, the focused group discussion and interviews with the ex-militants from Southern Ijaw contradicted

this information. The militants indicated that the Amnesty has been politicised and the ex-militants are not part of the decision making since they do not have direct representatives, rather politicians have taken over decision making and sometimes send their own sons for the training meant for ex militants.

The level of capacity development by the amnesty commission

Findings showed that the amnesty only focused on disarming the ex-militants for now and there was no strategic plan for infrastructure, institutional or societal capacity development. All the respondents said that at the pronouncement of the Amnesty, no policy framework was put in place as to the following:

- ✓ Objective of the trainings
- ✓ The kind of trainings
- ✓ Standard of the trainings
- ✓ Other institutions participation in the training, vis a viz oil companies and other government agencies who specialise in trainings and capacity building such as SMEDAN- Small and Medium Enterprise Development Agency of Nigeria, NDE- National Directorate of Employment, ITF – industrial trust fund and NOA- National orientation commission
- ✓ Employers involvement or job advocacy by getting potential employers involved in training

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The level of stakeholders' participation in the amnesty

Research findings also showed that no federal government agencies, private sector and public sector institutions are currently involved in the training of the ex-militants. Almost all the respondents believed that anyone from the private sector to individuals who was capable of conducting training and was also friends with the presidency could actually do so. One respondent said "as long as one was' connected' to the powers that be, he/she was qualified to conduct trainings… it is not a question of quality, it is all about who you know at the presidency"

Skills Audit/Needs Assessment

When asked if there was a needs / skills audit of the Niger Delta, 3 of the respondents said 'No', one said yes, while the last person said there was and went ahead to say the federal government contacted an NGO that had done a skills audit previously. However, this respondent did not say if the skills audit was being used as a guide or standard for the on-going training of the ex-militants.

When asked if the government had a record of all those they've trained, half of the respondents believed there was no accurate record , while the other said there was a record of all those that have been trained. Whereas, findings from focused group discussion and interviews with the ex-militants showed a contradiction: that the record on the amnesty website was not accurate, given the fact that 90 per cent of the ex-militants said they had gone for trainings several times. The ex-militants asked, "if the government had a proper record of those they have trained, how come most of us have been recruited for training by different trainers at different times?" Another militant added, how come the politicians are recruiting their children and sending them abroad to receive trainings that are meant for ex militants who carried arms in the past?"

Budgetary Allocation and Organisational Structure

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When it came to what the budgetary allocation was for the amnesty, all the respondents said they did not know since it was not made public. Half of the respondents said the only person that could tell was Mr Kuku, while the other half said it was hard to tell since the president never set any allocation aside for the amnesty commission, rather, training proposals were approved based on who was willing to conduct such trainings and the level of their relationship with those approving the trainings. In terms of organisational structure, research findings suggest the amnesty lacks a coherent and well organized structure. Unlike other agencies, respondents said the Amnesty is being run from the presidency and does not have regional offices within the Niger Delta region. No one seems to know how the leadership structure is organized in terms of capacity development. There is no clear definition of responsibilities. There also seems to be a lack of separation of powers as indicated by research findings.

Capacity development for what and for how long?

When asked what the capacity training was meant to achieve at the long run, half of the respondents believed that it would build the individual capacity of the ex-militants and enable them become productive without taking up arms again. The other half indicated that although most of the militants were not being trained along the areas of their strength/capabilities, training them in some sort of vocation was no bad idea and it would actually enable them earn a living after all.

When asked how long the capacity development was expected to last, all the respondents said the amnesty was an ad hoc measure, which explains why it is being run by the president, and without a strategic framework. It was not meant to last for long, however respondents never stated how long the amnesty is expected to last. One of the Respondents said the ex-militants were being paid a monthly stipend of sixty thousand naira after their vocational trainings but also added that he did not know how long that would last.

Accountability

Even though respondents believed there was a high level of accountability in the commission, a discussion with the ex-militants show that there is lack of accountability and transparency in the way the amnesty is being organized. And this can be seen from the response to the questionnaires below.

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5.4 Research findings: Community Members living within Southern Ijaw LGA

The population for this section include ex- militants and non- militants living within Southern Ijaw LGA. There were 500 participants in this study and these participants were randomly picked from each clan and communities within Southern Ijaw LGA. Their selection was based on relevance to the study (as stakeholders). The goal of the questionnaire was to draw information on access to clinics and other basic amenities in the rural areas by members of the Southern Ijaw Local Government area. Specifically, the study was aimed at establishing infrastructural development since the creation of the NDDC, MNDA and 2009 Federal Government of Nigeria Amnesty as part of the resolution of the conflict in the Niger Delta. The focus was on tangible results of development efforts such as roads, bridges and rural clinics. The

study aimed to ascertain whether basic needs such as access to rural clinics had been met by the Southern Ijaw Local Government following the amnesty policy and intervention efforts of the NDDC and MNDA as a way of addressing the underlying issues that gave rise to the Niger Delta crisis. The questionnaire contained 23 questions designed in an open-ended and closed ended format, which focused on the interaction of the community members with local government officials and other professionals and operatives, in particular, health professionals and employees in non-Governmental Organisations involved in efforts to fulfil the needs of the community. Other tools used were in-depth interview, focused group discussion and observation. Respondents were told that there were no right or wrong answers. They were implored to answer each question to the best of their ability by ticking the response that reflected their opinion. Respondents who had no formal education were assisted. Furthermore, the objective of the study was stated to the respondents prior to seeking their voluntary consent. A copy of the questionnaire and interview guide is attached in the annexure section.

5.4.1 Results

The level of response to the questionnaire was at approximately 95 per cent and the breakdown of data collected from the respondents is summarised below. It can be seen from the response that the capacity building program of the amnesty policy is quite intangible and has failed to address the basic capacity challenges of the Niger Deltans in a sustainable way which implies that the peace in the region might be a short lived one. Also, for the NDDC, research findings indicate that their impact in Bayelsa state does not reflect in improved standards of living.

Table 24: Demographic Data of Respondents: Age, educational Background, Gender, Employment Status and Residential Area of Respondents

Age	%	Educational Background	%	Gender	%	Employment status	%	Residential area	%
20-30	50	Primary	20	Male	60	Traders	18	Southern ijaw	-
31-40	40	Secondary	40	Female	40	unemployed	30	Southern ijaw	-
41-50	5	University	20			Student /Government organization	22	Southern ijaw	-
51-60	5	None	20			Fishermen / farmers	30	Southern ijaw	-

Table 25: Clinic Utilisation Pattern

Do you use the clinic in your local government area when you need medical treatment	Percentage %	If yes, how often do you use it	Percentage %	If No, Why	Percentage %
Yes	12	Whenever I am ill	23	I have not been sick	5
No	80	in Emergency cases	5	The cost is High	5
Sometimes	8	on Appointment/Referral	1	Discouraged by the attitude of bio medical healthcare providers	10
		Once in a very long while	66	lack of transportation	15
				Other reasons (lack of drugs and personnel)	65

In response to 'what their regular source of medical treatment was', 50 per cent said chemist, 5 per cent said herbalist, 3 per cent responded; church prayer and healing – 10 per cent said it was clinic within Southern Ijaw- 10 per cent, 20 per cent said it was at the General hospital outside their locality, 10 per cent said it was private clinic while 2 per cent did not answer.

Findings indicate that the main reason why most of the respondents chose a particular kind of treatment was based on the range of treatment offered and not because it was closer to where they live nor the cost; 63 respondents said it was the range of treatments offered, 15 per cent said it was they chose a particular treatment because it was closer to where they lived, 22 per cent said they would choose a particular treatment if it was cheap and closer to where they live.

Discoveries also showed that respondents are not satisfied with the care they receive from their regular source of medical treatment. When asked if they were satisfied with the care they are receiving from their regular source of medical treatment, 75 per cent said No, 23 per cent said yes. When asked to justify their answers, 41 per cent said prescribed medication not available, 15 per cent said long wait, 5 per cent said medical personnel not available, 22 per cent said staff were rude and unkind, 7 per cent said short consultation, 10 per cent said too expensive.

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Research outcome also suggests that 80 per cent of the respondents have had difficulty in getting medical treatment in the clinic. Also, on the average, they wait for 2 hours before medical personnel attend to them. When asked how long they wait before the medicalpractitioner attends to them, 12 per cent said less than 1 hour, 52 per cent said within two hours, 15 per cent said the wait for 3 hours, 10 per cent responded 4 hours, whilst 8 per cent said they wait between 6 to 8 hours.

Outcome also shows that the quality of medical personnel also determines where the respondents go for treatment. On being asked which medical practitioner examines them when they go for medical treatment, 15 per cent said medical doctor, 20 per cent said Nurse, 10 per cent answered mid wife, while 65 per cent said Youth Corp members and lab attendants.

Table 26: Distance to Clinic and Mode of Transportation

Mode of transportation to healthcare provider	%	How long does it take to travel from where you live to the clinic	%	When you are prescribed medicine how do you get it	%	How would you describe the attitude of the medical practitioner	%
Drive myself	2	1 hour	5	I get the medicine within the clinic but with some delay	20	Friendly, patient and attentive	10
Have a friend/ family member drive me	2	2 hours	30	. it is difficult to get the prescribed medicine within the clinic	70	unfriendly and Impatient	20
Take public transportation by road	10	3 hours	40	I get the medicine at once	10	yelled at people	15
Take public transportation by boat	86	4 -5hours	17			Over worked	40
Other	0	6 -8hours	8			Other	10

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Assessment of the Amnesty Commission, MNDA and NDDC

Findings reveal that most of the people in the study area are aware of the Federal Government amnesty program and the NDDC development initiatives; 70 per cent of the respondents said they got to know by word of mouth, through family and friends, while 10 per cent said they saw it on TV. 70 per cent of those who said yes stated that a few members of their family or friends were either ex militants or 'aspiring militants'. However, it appears that most of the respondents do not know much about the ministry of the Niger Delta affairs given the fact that 90 per cent of them said they've never heard about the ministry neither could they point to any development initiatives executed by the ministry in their communities. Generally, 50 per cent of the members of the community know about amnesty, 40 per cent know about the NDDC, while it is only 10 per cent that recognise the existence of the MNDA (the 10 per cent are students and community leaders).

In terms of impact and addressing the needs of the communities, results reveal that the Amnesty and MNDA have not addressed the needs of the community; 70 per cent said the No, while 30 per cent said yes. Those who said 'yes' the amnesty has addressed the needs of the community said so with regards to the fact that the policy has restored peace to the region, people can go about their business without fear of insecurity and it would serve as a foundation for further developments.. For the people who said the No, they talked about the fact that beyond training the ex-militants and paying them a monthly stipend of 60 thousand naira (N60, 000), the amnesty has not clearly articulated a development strategy for the Niger delta. As for the MNDA, all the community members maintained that they have not addressed any needs in their communities. Whereas, the same respondents said the NDDC has addressed a few needs but not the basic ones.

Findings from focused group discussions and interviews with ex-militants revealed that amnesty has not addressed the needs of the community given the fact that the ex-militants are trained in areas they are not interested in. Secondly, 70 per cent of respondents said the amnesty board/commission did not partner with organisations or companies that will easily absorb or employ the trained and rehabilitated ex-militants. For the ex-militants, it explains why most of them are idle and have chosen to return back to the creeks to continue with arms proliferation and other criminal activities (thugs at jetties).

Thirdly, the ex -militants are given a monthly stipend of ₦60, 000.00 in some cases and ₦65, 000.00 which is nothing compared to the amount they were earning from kidnapping and oil bunkering. Most of the ex -militants established that considering the fact that there are no jobs and the monthly allowance they are given cannot cater for nor sustain their lifestyle, (the cost of living is quite expensive in Southern Ijaw and other Niger Delta communities, there is high cost of goods and services due to the presence of the expatriates working in the oil companies). Consequently, they have resorted to piling up more arms, in readiness for the phase 3 of the amnesty disarmament programme, where they will surrender the new arms for bigger financial rewards.

It was also gathered from the community people and some ex –militants that most of the beneficiaries of the amnesty are not the real militants, rather, children of politicians. The militants who did not speak in anonymity said they were ready and available to mention those politicians that had hijacked the benefits of the amnesty from the target beneficiaries.

Research result also indicates that the establishment of the NDDC, Amnesty and MNDA has not resulted in more infrastructural development in the southern ijaw community. 10 per cent said the NDDC and amnesty has resulted in infrastructural development. They argued that the amnesty restored peace to the region which has made it possible for the NDDC to carry out some development projects in form of jetty reconstruction and construction of internal roads. Whereas, the 90 per cent who disagreed and said the establishment of the agencies has not yielded much infrastructural development to the community reasoned that it was because the amnesty has not fulfilled its promise of bringing about medium and long term development to the region, despite the fact that it has been 3 years since the militants surrendered their arms and accepted the amnesty. They also added that they are still living in the same deplorable conditions, years after the establishment of the NDDC, MNDA and amnesty. It was also discovered that most of the development projects undertaken by these agencies are not having direct impact on people's lives since poverty incidence has increased in the communities and they are fast losing their livelihoods as a result of oil spillage. While the research was going on, there was an oil spillage

in Koluama which led to the evacuation of forty (40) households due to their inability to access food and drinking water.[3]

Improvement in quality of life

When asked if there has been a noticeable change in the quality of life of members of the community as a result of the introduction of the Amnesty policy, NDDC and MNDA, 20 per cent said 'Yes' while 80 per cent said 'No'. when asked to justify their response, the 80 per cent who answered No said there has not been a noticeable change in the quality of life of members of communities located within Sothern Ijaw LGA because of the following; since the amnesty and other agencies were established, the members of the southern Ijaw Local Govt have not been able to access better health care nor travel from one community to the other within the same clan with ease as a result of better roads and bridges. There have in fact been roads and bridges since the establishment of the amnesty but the roads are mostly internal roads built by the NDDC within streets, and close to areas where the wealthy politicians live. Moreover, most of the roads built by the NDDC within Southern Ijaw clans are not adding economic value/encouraging foreign direct investments and do not enable inter community movement or social cohesion?

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It was also gathered that in Southern Ijaw LGA, it was only 8 communities within various clans that have essential social amenities such as clinics, electricity and internal roads provided for them by Shell. And, these benefits stem from the fact that shell oil float stations are located within as well as their pipe lines connecting petroleum products from these communities to Bonny in Rivers state for export and dispersal to other areas.

The respondents also stated that they have not been able to manage and resolve conflicts given the fact that the amnesty does not have state offices where they can lodge complaints or get information, rather, the program is being managed directly from the presidency and training is being managed by consultants who cannot be held accountable for anything and by anyone since they report directly to the special adviser to the president on the Niger Delta.

[3] The oil spillage occurred and lasted over a month before the federal government and the oil companies responded. The people of koluama were unable to continue fishing due to the fact that most of the fishes were dead due to the fire that raged on water for days, nonstop. It was aired on national tv.

The respondents also stated that they have not been able to acquire and mobilise resources since the amnesty lacks the structure for such. And they have not been able to actualise the self-determination they fought for in terms of being able to define and analyse their environment and their own place in the scheme of things in the Niger Delta.

What development means to the community people in Southern Ijaw

When asked if there were areas that require improvement, all respondents answered yes and specified thus:

That the amnesty can be improved by ensuring that a policy framework is put in place and covers the following areas

- Trainings should be tailored to meet the previous capabilities of trainees
- Specification and inclusion of other government institutions and oil companies in the training
- The standard of training (given the fact that the training consultants offer any kind of training they deem fit without observing any standard and after the training the trainees end up not being able to carry out what they learned.
- The objective of the training
- Employers involvement in the training
- The amnesty should come up with a planned framework for the development of the Niger delta ,if not, the ex-militants will take up arms again since they are already using their monthly allowance to pile up new arms

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As for the NDDC, the respondents said the commission should execute projects on health, road transportation education and the provision of social amenities such as well staffed and equipped clinics, drinking water and electricity.

Whereas, for the MNDA, the people said they were not aware of their operations and couldn't actually give any suggestions.

5.5 Research findings: Bio medical healthcare Practitioners within Southern Ijaw

The population for this section include Doctors, Nurses, Ministry of health staff/other healthcare professionals within Southern Ijaw LGA. There were 30 participants in this section, 20 men and 11 women, who were either members of the national youth service corps or fully employed in the healthcare sector. Ages of participants ranged from 25 to 40, with 32 being the mean age. The goal was to explore access to clinics in the rural areas by members of the Southern Ijaw Local Government area. Specifically, the study sought to establish infrastructural development since the 2009 Federal Government of Nigeria amnesty as part of the resolution of the conflict in the Niger Delta. The focus was on tangible results of development efforts such as roads, bridges and rural clinics. The aim of this particular questionnaire was to ascertain whether basic needs such as access to rural clinics had been met by the Southern Ijaw Local Government following the amnesty policy as a way of addressing the underlying issues that gave rise to the Niger Delta. The questionnaire contained 19 questions designed in an open-ended and closed ended format, regarding the relationship of the bio medical health practitioner with the users of the rural clinics. In-depth interview, focused group discussion and observation were also used to support the questionnaire. Respondents were told that there were no right or wrong answers. They were implored to answer each question to the best of their ability by ticking the response that reflected their opinion. Respondents who did not understand the questionnaires were assisted. Furthermore, the objective of the study was stated to the respondents prior to seeking their voluntary consent. A copy of the questionnaire and interview guide is attached in the annexe section.

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5.5.1 Results

The level of response to the questionnaire was at approximately 95 per cent and the breakdown of data collected from the respondents is summarised below. It can be seen from the response that the capacity building program of the government agencies has not led to an improvement in the quality and access to social amenities, since development efforts are not targeted at the basic needs of the people. The study discovered that despite the fact that the amnesty restored peace to the region and enabled most government agencies to carry out development initiatives, their

efforts has not resulted in tangible infrastructure development. The implication is that the peace in the region might be a short lived one given that the ex-militants might decide to protest against the lack of infrastructures again. Development initiatives have not enabled the retention of qualified medical doctors and nurses within the coastal areas of Bayelsa state. It has not resulted in a reduction of waiting hours at the few healthcare facilities within the coastal communities. Neither has it led to the provision of basic amenities that could attract and sustain most investors and service providers.

5.5.2. Demographic Data of respondents:

Residential area: respondents were located within southern ijaw LGA at the time of the study/interview

Gender: Male 60%, Female 40%

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Table 27: Qualification of Respondents and Ownership of Facilities where they Work

The highest level of education attained by respondents was:	Percentage %	Occupation of respondents	Percentage %	The facility where the respondents worked were owned and funded by:	Percentage %
Primary	20	Auxiliary midwife/	19	Community Initiative	15
Secondary	40	Youth Corp members –, and Lab attendants	70	Government	50
College	20	Nurse	10	Oil companies	30
University	20	Doctors	1	Other ; International Organization	5

Table 28: Available Facilities/Administration and management Data and Accessibility

What health care institutions are available in the community	Percentage %	How long have you been in the profession	Percentage	Would you say that rural clinics are accessible in this community	Percentage
Clinics	20	0 – 5 years	78	Yes	15
Traditional	25	6 – 10 years	20	No	85

healers					
Chemists	50	10 years and above	2		
Other	5				

Findings showed that rural clinics are not accessible in Southern Ijaw, mapping and observation revealed that out of the eight clans that make up southern ijaw LGA, there are not up to five fully staffed and well equipped clinics. Most of the communities do not have clinics, rather they use the clinics provided by oil companies for their staff. Moreover, the few available clinics are not well equipped:they only have mosquito nets and malaria drugs. Some of them do not have medical doctors, nurses and well trained lab scientists, rather, what they have are youth corps members as medical doctors.

Table 29: Clinical Practice/Waiting Time

How many years of practice have you had with rural clinics in Southern Ijaw LGA	Percentage %	How often do people use these rural clinics	Percentage %	How many patients do you attend to per day	Percentage %
6 months -1 year	70	Very often	5	5-10 patients	52.8
2 -3years	10	Fairly regular	25	12 – 20 patients	33.2
4-6 years	10	Regularly	5	25 patients	14
7-10 years	10	Only on emergencies	65	Other	0

How many minutes do you allocate per patient	Percentage %
10minutes	15
15 minutes	40
25minutes	10
30 minutes	35

Table 30: Community's Access to Available Facilities and Projects

Are there any medical care programs available to community	Percentage %	which medical care projects and programs are available	Percentage %	Who initiated these medical care projects/ programs	Percentage %

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members					
Yes	57	NHIS- National health insurance scheme under MDGs	32	UNDP & USAID in partnership with the federal government	60
No	41.5	Immunization program	42	Federal government	18
I don't know	1.4	I don't know	26	I don't know	22.2

When was the medical care project initiated	Percentage %	Who are the targets / beneficiaries of this project / program	Percentage %	Have the people been able to access these medical care services	
2009 – 2010	20	Children and pregnant women	40	Yes	26
2011	30	Local government staff	18.5	No	72
2012	35	The whole community	30	I don't know	2
I don't know	15	I don't know	11.5		

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Table 31: Obstacles to Utilisation of Clinics and Existing Medical Care Programs

Major obstacle to the utilization of the medical care program	Percentage %	Major challenge to the success of the medical care project / program	Percentage %	What would you consider the major difficulty of access to healthcare in this community	Percentage %
Lack of awareness	10	Politicization of the whole program where the target beneficiaries are left out by those running the program	60	Lack / shortage of qualified personnel/ material resources	55
Unsafe mode of transportation	18	Corruption and bad governance	20	I don't know	0
High Cost of	48.5	Lack of	10	Lack of	5

transportation		awareness/ orientation : information gap		maintenance of available resources	
Poverty ,illiteracy & Lack of purchasing power	29.5	Lack of commitment by those assigned to manage the program and interface / relate with the community people; some of them abandon their work and neglect other work related responsibilities	10	Transportation constraints	40

Findings also revealed that the reason why people have not been able to access the available healthcare programhas been because there are usually no awareness campaigns. Additionally in the cases where there is awareness, drugs and other medications are not available. For most of the people within these communities, the mode of transportation (usually by boat), travel distance and the cost of transportation from their homes to the clinics is a form of discouragement.

The other factors that pose difficulty to the access of healthcare in Southern Ijaw could be summarised thus; the lack of other amenities that can enhance access such as roads,bridges as well as housing, electricity, portable water, sanitation and waste disposal facilities. These amenities are such that will enable the retention of human resources given the fact that most of the personnel do not like staying back when they are posted to Southern Ijaw because of lack of these basic amenities.

5.6 Quantitative Analysis of Research Findings:

5.6.1 Pearson's Correlation Test

Research findings and analysis of the utilization pattern of rural clinics by the people living within Southern Ijaw LGA, has shown that the lack/shortage of qualified personnel/material

resources, transportation constraints such as mode of transportation, cost and long travel distance have been major difficulties of access to healthcare in this community. Also, it was discovered that the establishment of development agencies such as the ministry of the Niger Delta affairs, the Niger Delta Development Commission and the Amnesty Program has not led to the development of infrastructures, neither has it improved access to basic amenities such as roads and rural clinics within Southern Ijaw.

Furthermore, it was discovered that the capacity development intervention efforts of these agencies has not built the capacity of communities and organisations in such a way that these structures can contribute positively to the development of the individuals. Moreover, it was discovered that the level of participation of the communities and other stakeholders in the development efforts targeted at improving their capabilities by the government agencies is quite low. It is also evident that these agencies tend to replicate efforts due to the fact that there is no synergy between them and in the case where such exists, the level of inter-agency cooperation is quite low.

To replicate these findings that was analysed qualitatively, Pearson's correlation test was conducted.Measurable representations of accessibility as determined in the study are:

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1. Number of persons per clinic
2. Persons per doctor
3. Persons per nurse
4. Travel time to base clinic in minutes.

The formulated hypothesis about the relationship between the government agencies; MNDA, NDDC, Amnesty Commission and development or accessibility of rural clinics suggests that the armistice which has brought peace to the region would equally enable medical personnel who had fled the region as a result of the kidnappings, to return back. Furthermore, common experience suggests that the government and other stakeholders would work together under the platform of the NDDC, MNDA and Amnesty to address the issues of capabilities failure or capacity deficit which gave rise to the conflict through tackling basic infrastructure challenges in the form of uneven distribution of clinics. Thus, the tentative hypothesis being tested here is that the creation of these agencies would increase the accessibility of rural clinics in the study area, other things being equal.

The baseline for the analysis was previous research (Onokergoraye 1999:14-18) and the data selected was 250 close ended questionnaires to determine the relationship between the location of clinics and utilisation. 250 respondents were involved in the questionnaires survey from the 1999 survey. Therefore, considering the fact that this population reflected the overall population of Southern Ijaw based on the 2006 census (319,413) same sample size of respondents were equally chosen for this study, to ensure a balanced and fair comparative analysis. This test is intended to replicate findings from the qualitative analysis and investigate the correlations between the 'amnesty' which ushered peace into the Niger Delta and development of infrastructure such as; 'accessibility' to rural clinics.

Using Pearson's correlation at a significance level of 0.05, a statistical study of variables was carried out based on 250 observations which reported the correlation between the following significant variables:

Table 32: Research Result from Pearson's Test

Variables	P -value
Persons per clinic and travel time in minutes	0.2514
Persons per doctor and travel time in minutes	0.0737
Persons per nurse and travel time in minutes	0.1017

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The first p value (-0.2514) showed that there is a weak and negative correlation between both variables. The second p value showed there's a positively moderate relationship between persons per doctor and travel time in minutes. Whereas the third showed that there is a negatively weak correlation between persons per nurse and travel time in minutes.

The analysis of the key variables found that there has not been a reduction in travel time since the establishment of the amnesty, neither has there been an improvement in the ratio of persons per clinic. Hence, on comparing the data that was available before the amnesty and the one that was gathered after the policy, it is evident that accessibility remains a core challenge in the study area as a result of distance. Based on surveys, questionnaires, interviews and observations in Southern Ijaw community, this research concludes that the amnesty policy would need to come up with a clearly articulated policy plan aimed specifically at developing and increasing the accessibility of basic infrastructures in the Niger Delta if it were to fulfil its mandate of promoting peace and development within the region.

CHAPTER 6: DISCUSSION

6.1 Terms of Reference

The previous chapter presented the research findings by summarising the result from both quantitative and qualitative methods. Then, the chapter also presented and examined research findings from each of the three agencies (NNDC, MNDA and Amnesty commission) including Southern Ijaw community separately. The findings gave insight into how Capacity Development has been applied in the Niger Delta Region by the Ministry of Niger Delta Affairs, Niger Delta Development Commission, and Amnesty Commission: that is, it helped to identify how each organization/agency has been able to build the capacity of its target beneficiaries in the Niger Delta Region. It also helped in identifying how capacities have been built at the individual, institutional and organizational level within the Niger Delta by these agencies. The study results also gave understanding of how capacity development has worked in practice for the Niger Delta people in Southern Ijaw LGA of Bayelsa state. It revealed the extent to which the numbers of rural clinics and link roads between communities have increased since the establishment of the Niger Delta Development Commission, Ministry of the Niger Delta Affairs and Amnesty Commission.

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Furthermore, there was an understanding of how the practice of capacity development in the Niger Delta Region fits into the bigger picture of what the federal government of Nigeria is out to achieve in the region. Generally, it offered insight into how the efforts of these organizations have led to tangible and sustainable development in comparison to the financial resources that has been expended already. Finally, the findings also helped in ascertaining whether the establishment of various agencies and policies has led to a resolution of the underlying causes/problems that gave rise to the Niger Delta crisis. This study identified rural clinics as an aspect of basic human needs; hence, rural clinics will serve as a term of reference for analysing the provision of basic needs and also for infrastructure development. It is significant to remember that while the NDDC, Amnesty and MNDA have development initiatives addressing a wide range of capacity development issues; this research has chosen to concentrate specially on rural clinics as an evidence of tangible infrastructure development.

This chapter discusses the research findings from the quantitative and qualitative methods as presented and examined in chapter five. The data collected were interpreted and analysed using content analysis and STATA- Pearson's test. They were presented in the form of tables. In discussing the research results, the two concepts of capacity development and human needs theory that have been highlighted previously in chapter two (literature review and theoretical framework) will serve as the analytical basis and point of reference for the assessment of the development intervention efforts of government agencies in the study area; Southern Ijaw Local Government Area in Bayelsa state- Nigeria.

In addition, this chapter will further discuss how capacity has been developed at all levels by the above mentioned organisations and how their efforts fit into the bigger picture of what the Niger Deltans want as well as their perception of infrastructure development. In discussing the findings of the study, the topics will be grouped in themes.

6.2. Issues in the Niger Delta Crisis and the application of the Human needs/capacity development theories

At this point, there is need to ask what the needs of the Niger Delta people are or has been, given the fact that the crisis in the region has lingered for a while. The crisis in the Niger Delta is not a religious one neither does it have ethnic undertone; besides, it is far from a demand for recognition of identities. Rather, the issues that characterise the crisis are issues that stem from environmental degradation of the region by oil exploration activities. Secondly, issues of political exclusion, where the Niger Delta people were excluded from mainstream Nigerian politics without tangible representation.

Furthermore, despite the fact that the Niger Delta region produced crude oil and generates the bulk of Nigeria's revenue, there is absolute poverty especially in the creeks where ordinary people cannot afford the basic necessities of life such as shelter, food and access to healthcare facilities and good livelihoods. Most of them live in self-help shacks and patches of lands in isolated places without access to social infrastructures such as toilets, sewage facilities and clean water. Thus, the Niger Delta people from time long-established have demanded for increased access to social infrastructures such as paved access roads connecting communities, especially within the creeks, bridges, clinics, clean water amongst other things. They have appealed for

tangible development with evidence of industrialization; the kind of development that will lead to foreign direct investment. However, development has been elusive, despite all efforts by the federal government.

Development as perceived by the Niger Delta people is a steady progress toward an improvement of their living condition as argued by Esman (1991). Findings from this study showed that the people of the Niger Delta have not departed from their original pursuit which has been the quest for tangible and far reaching development. To them access to basic infrastructures remains a priority given the fact that access to infrastructures, especially, the essential ones, is an important indicator of development in any given community. The literature review in chapter two of this research showed that out of the eight local governments in Bayelsa state, 6 live below international poverty line and endure lack of access to infrastructure due to administrative neglect, and 50% of these people are in Southern Ijaw local government area (Niger Delta Human Development Report,2006). Communities within Southern Ijaw local government area are among those that are worst hit by water borne diseases and lack of access to infrastructures such as clinics, due to their location within swamps and the remotest places in the creeks. Consequently these communities have the lowest human development index and poverty level. These have been attributed to the neglect of the region by government at various levels and their inability to develop the capacity of the region by giving top priority to the basic needs of the people. The next section explores how capacity development has worked in terms of tangible infrastructural development for the people of Southern Ijaw

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6.2.1 Capacity Development and Provision of Basic/Tangible infrastructures: General Rating for NDDC, MNDA and Amnesty.

Based on the research results, it is evident and could be said that capacity development in post conflict Niger Delta has only been operationalized minimally at the individual level, given the fact that it has not addressed the core capacity challenges that could impact directly on the wellbeing of the people. Findings revealed that the NDDC has made minor impacts in terms of building roads and bridge; however the people of Southern Ijaw acknowledged that though the NDDC appears to be the only government agency currently carrying out infrastructure development within the region, their effect has not really been felt in Southern Ijaw LGA. There

are lots of abandoned projects and those that are not adding direct value to neither lives nor improving livelihoods. The MNDA, NNDC, and Amnesty have not operationalized capacity development at all levels. For clarity, data from each agency will be discussed separately.

6.2.2 Provision of Basic Needs

According to Morgan and Baser, (1993) capacity must be addressed at all levels. For that reason, it will require adjusting and modifying it to suit the needs of a particular people, their organisations and the society in which they live. However, the agencies working in the Niger Delta have not adjusted their development interventions nor modified it to suit the needs of the people within the various localities and areas in the Niger Delta. For the Southern Ijaw LGA, intervention efforts must take cognisance of its topography and not design the same projects for all communities. Thus far, findings reveal that development interventions have not had the desired impact due to the fact that most of the projects are not geared towards solving the immediate and primary needs of the people. For instance, instead of building a stationary rural clinic within a particular locality where transportation has been a problem (bearing in mind that transportation has been a major problem to access due to lack of roads,) the NDDC or MNDA could build a mobile clinic that travels from community to community. In table 31, respondents mentioned that long travel distance and lack of material and human resources have been a discouragement to accessing healthcare.

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This finding confirms the study carried out by Onokerhoraye (1999), which shows that over 12 years later, access still remains a basic challenge to rural clinics and other infrastructures in the region despite the establishment of the MNDA, NNDC and the Amnesty. Out of all the projects executed within Bayelsa by the NNDC in table 9, none was targeted at enhancing access to healthcare infrastructures in Southern Ijaw, despite the fact that the NDDC clearly stated they had carried out needs assessment within the area in their master plan.

As for the MNDA, their capacity development efforts have not had any effect on the Niger Deltans due to their financial mismanagement. A closer examination of the MNDA budget between 2009 when the ministry was established to 2012, shows that over two hundred and forty eight billion naira has been approved for development intervention in the Niger Delta, yet, the ministry can only boast of training seven hundred and one (701) non militants and carrying out

and a host of other intangible projects that cannot be quantified. The amount of money spent by the ministry on domestic and international travels as seen in table 18 to 21 of chapter five ,shows that between 2009 and 2012, the ministry has spent over a billion naira on domestic and international travels alone. Most of the clinics within the Niger Delta and Southern Ijaw cannot boast of first response services or access to commonly used medication. Yet, a ministry assigned to provide those wastes money on intangible things and still cries out for more funding.

The suggestion remains that, instead of carrying out projects that will not improve livelihoods or have direct impacts, these agencies should device a means of ensuring clinics and other amenities are evenly dispersed to improve access. Doing that implies they arealso building those amenities that will enable the retention of human resources given the fact that most of the personnel do not like staying back when they are posted to Southern Ijaw because of lack of these basic amenities. For clarity, findings on each ministry will be discussed separately in sections below.

6.2.3 The level of Capacity Development within Southern Ijaw

Another question that should be asked during development intervention is "whose capacity is being developed and for what reasons"? Chambers (1995: 191) clearly captures this when he asked "whose reality really counts when addressing capacity deficits or poverty? His argument implies that often times; development intervention does not really address poverty from the perspective of the poor people. And, in the case of the Niger Delta, the agencies perceive reality quite differently from the way the Niger Delta people view it. Findings allude to the fact that the Niger Delta people are being left out of tangible development even though their region services the development of other regions. In tables 6 and 22, it was revealed that the people are not consulted during project planning, neither are they informed of the implementation. Hence, they do not know who to hold accountable for projects. If development is about the Niger Delta people, they have to be carried along and integrated into the mainstream. Development has to be approached from their perspective and their realities should count. There is need for the NNDC, MNDA and Amnesty to be sensitive to the realities and needs of the people by decentralising and empowering the people so they can get involved in shaping their future. (Chambers 1995:190-192) The reason why development projects within the Niger Delta are not sustainable is as a result of lack of ownership. This implies that if the people do not have a sense of ownership over

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a particular project and if the project does not reflect their needs or add value to them, it is easy for them assume an indifferent disposition towards such projects when they are completed.

6.2.4 Organisational and Societal Capacity Development within Southern Ijaw:

6.2.4.1 Roads

In examining, the extent to which the number of rural clinics and link roads between communities have increased since the establishment of the Niger Delta Development Commission, Ministry of the Niger Delta Affairs and Amnesty Commission,the findings of this research revealed that the agencies have not built the capacity of Southern Ijaw to the extent that it can cater for the needs of individuals and also contribute to their development. In Southern Ijaw, where there are 8 clans and over 108 communities, there are no roads connecting communities, neither is the water transportation cheap or affordable for those living there. A case in point is that of Amasoma community which is located within Ogboin clan and also serves as the headquarters of Southern Ijaw. Yet, this local government headquarter has just a paved road that connects it and the rest of Southern Ijaw to Yenagoa (the state capital). Besides, Amasoma and the rest of Southern Ijaw are connected by road to Yengoa through a bridge constructed by the former Governor of Bayelsa state Chief D.S.P. Alamieyiasegha. Apart from that road, Southern Ijaw does not have any other bridge or paved roads except a few connecting streets around the Niger Delta University area. Yet, the NDDC and MNDA have spent millions of naira on road constructions in Bayelsa state. Part of the reason why Amasoma has seen some shade of construction is due to the location of the Niger Delta University within the community.

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In terms of roads and other physical infrastructures, there are lots of abandoned projects such as roads, public toilets and water supply. Otuan, a community also under the Ogboin clan has a sub-standard road constructed by the NDDC which is only accessible by motorcycles. There are no access roads that link the clan to other clans/neighbouring communities which explains why the only means of transportation is by water via boat. The fact that this mode of transportation is the only option available to the community people explains why it is very expensive and usually, takes about an hour to 3 hours of travel time through the river Nun for people to move from one clan to the other. Angiama community is an example of one of the communities that has no

paved access roads that links it to other communities. For Angiama, their only major road can only be accessed during the dry season and this can only be done by motorcycle.

Hence, the findings of this study have indicated that the MNDA, NDDC and amnesty have not implemented capacity development in a good and sustainable manner. What makes capacity development effective is when positive changes occur at different levels; individual, societal and organizational. Capacity development can only be effective if it leads to social transformation within those whose capacities are being developed. But so far, the efforts of these agencies have not resulted in tangible transformation within the society. Even at the individual level, the vocational trainings carried out by the various agencies have not reduced the unemployment in the region since there are no companies to absorb or employ them. The challenge remains that, until the government agencies provide good roads and basic amenities, companies will not be willing to set up in Bayelsa and the youths will return back to crime after their training due to the fact that they cannot apply or utilise the training since there is no societal or organisational platform for that. Since capacity development is the process by which peoples (organisation or society) abilities to solve their own problem is developed and supported, the MNDA, NNDC and Amnesty have to ensure that their intervention efforts does not leave people or societies helpless and dependent, rather, it should be able to strengthen their ability to take responsibility for their own development and future.

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Capacity development at the societal level has been neglected by the MNDA, NNDC and Amnesty commissions. And, as Lusthaus et al (1999) proposes, this level of capacity development covers the general environment that touches peoples' and organizations' ability to change. Therefore, although, it is the most tasking of all levels, intervention efforts should be geared towards strengthening the ability of societies in the Niger Delta through the provision of basic infrastructures and favourable policies.

6.2.4.2 Clinics

In terms of rural clinics, which serve as an indicator of tangible development in this study, there are no fully staffed rural clinics that can cater for the healthcare needs of people living within other Southern Ijaw communities apart from Amasoma. There is a general hospital funded by the state in Amasoma. However, in spite of the fact that the general hospital is being funded and

supported by the state government, it is under staffed; the nurses are about 5-10, with 2-3 doctors and a medical director. Apart from a general hospital, the community has a sickbay that is being run and supported by the university. The sickbay has 1 or 2 nurses at a time and just 1 medical doctor. There is also a health centre with about 4 nurses and one medical doctor. These 3 health centres are the only medical facilities available to the fast increasing population of the Southern Ijaw people. Electricity is also a problem in this area, with the exception of those who can afford generators. Most of the communities have 1 health centre, with a doctor and a nurse and often times, these health centre are not well equipped with drugs and other standard facilities that are suitable for and can keep a rural clinic functional.

For Oporoma, Koluama, Apoi and Bassan clans, most clinics within their communities have one medical doctor who is on a one year compulsory post-graduation national service known as youth corps service per clinic and sometimes, none; one lab scientist, 5 midwives, 4 senior community health workers, 1 junior community health worker, 1 community health officer, 4 nurses with one nurse on duty at a time and a pharmacist. The health workers are too few for Oporoma as a local government headquarter and for other clans too, considering the fact that most of these clans has high population densities. Most of these clinics have a few beds and no resident doctors apart from the youth corp medical doctors who are on national service for a period of one year and are not really qualified to handle the challenges and demands of these clinics.

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In the absence of the youth corper doctors the community health officers handle emergencies. Often times, the clinics lack the facility to handle emergencies; the reason is not far from the fact that the only medications available for treatment are usually anti-malaria drugs/mosquito nets and polio vaccination for babies. These medications are provided by the MDGS - Millennium Development Goal scheme and the NHIS -National Health Insurance Scheme also provide.

Angiama community is the only exception when it comes to access to basic infrastructures, the community is privileged to have electricity provided for them by Shell Oil Company. The health centre in Angiama and a few communities share one youth corps medical doctors, 1 laboratory scientist, four mid-wives which are the community health workers and no nurses. The health care centre lacks drugs and facilities to carry out emergency treatment if the case arises and this limits their ability to save lives.

Focused group discussions with peer groups and interview with the traditional rulers of the communities such as the one with the deputy royal highness of Angiama community shows that the amnesty was supposed to develop the capacity of the ex-militants and thereafter, develop the capacity of the society through 'massive infrastructure funding. Still, beyond building the capacity of the ex-militants through formal and informal trainings, post conflict intervention efforts under the amnesty in particular has barely contributed to the capacity development of institutions or societies within the study area. As for the NDDC and the MNDA, evidence from data shows that their efforts has barely built nor developed the capacities of the Niger Deltans for sustainable development.

This research findings suggest that despite the intervention efforts of the MNDA, a ministry that was established after the cessation of hostilities, to see to the development of non –militant Niger Deltans/ communities, tackle environmental degradation issues as well as the security of the region, three years later, the story is still the same, no tangible transformation. The people's source of livelihood is still being threatened by oil spillage which often leaves the fishes and other aquatic life dead, degrades the bio diversity and renders the land uncultivable. The cost of living in these communities is still very high and accounts for the dearth of human resources in the public and private sectors. This shortage of skilled labour consequently, accounts for the high poverty rate and underdevelopment. Findings from the demographics also suggested that the educational infrastructures are also suffering from neglect; about 70 per cent of the residents in the study area are illiterate and need their individual capacities developed through formal and informal education, for sustainable development. The study area also lacks portable drinking water and this lack increases the death rate of members of the community as a result of the water being polluted by oil spillage as suggested by literature. These findings support past research and the agitations of the Niger Deltans(Adeyemo, O & Olu-Adeyemi; 2010, Akinyosoye,2012; Adaramola,2009; Igbuzor, 2005; UNDP,2006; world Bank,2008; Amnesty Int'l 2009; Anya 2002; Christian 2002) the findings of this research also supports late Isaac boro's agitation and observation in 1960 when he said "… Let us examine with some latitude whether the state of development is to any extent commensurate with a tint of the bulk of the already tapped mineral and agricultural resources….we may run our eyes through the health services. From the area concerned, covering a territory of 10, 000 square miles…, there are just a few hospitals of ordinary health centre status…..Of all parts of the country, the Niger Delta is the richest in water

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and so the governments have not found it necessary to give the inhabitants pipe borne water… People drink from the most squalid wells and so dysentery and worm diseases are rife…" (Boro 1982)

These capacity development initiatives have been grossly politicized and made elitist as a result of bad governance. The youths who were granted the amnesty and trained are still roaming the streets unemployed ; the monthly stipend of N65,000 naira paid to a few of them monthly is not enough and can hardly sustain them. Sending some of these militants abroad is no guarantee of improved quality of life because after undergoing their training, they return to societies whose capacities have not been built nor developed to help integrate these ex militants into the community. A quote from one of the questionnaires sums it up thus; " it is true that the amnesty programme and other Niger Delta capacity development initiatives has been able to develop the individual capacities of the Niger Deltans by way of training some of the youths who were involved in the agitation …..However, the physical impacts of these initiatives are not felt in our communities in Bayelsa state; therefore the aim and essence of setting up these initiatives has been defeated and leaves us no choice than to pick up arms again".

6.3 Separate Rating for the NDDC, MNDA and Amnesty.

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6.3.1 The Amnesty

When asked what the objectives of the amnesty was, 95 per cent of the community people responded that the policy was meant to 'restore peace to the Niger Delta by reducing violence and insecurity in the area through a disarmament programme , then, provide the Niger Deltans with basic infrastructures as a compensation for several years of neglect. However, this research finding and data from the amnesty suggests that the amnesty lacks a policy framework for infrastructural development in the Niger Delta region; the amnesty does not have a project plan for infrastructure development. Moreover, the policy also lacks a well-articulated outline/framework for capacity development interventions at all levels. What the ex-militants and Niger Deltans by extension expect and were told at the point of disarmament is completely different from what the amnesty is presently offering. So far, no infrastructure development projects have been initiated by the Amnesty except those initiated by the NDDC.

In terms of the capacity building trainings, findings also show that apart from advertising for contractors to undertake trainings, the amnesty did not engage any formal or informal local organizations in their capacity development initiative unlike the NDDC and MNDA; no parastatal, organisations and government ministries were involved in the development of the amnesty programme. There was no formal specification/description of the role of other federal government agencies and oil companies currently involved in the training such as the Industrial Trust Fund - ITF, NIMASA, SMEDAN and NNPC.

Furthermore, there is no cooperation between the amnesty commission and other organisations carrying out development in the Niger Delta. The amnesty carries out its activities in isolation and is not quite transparent in terms of its finances and administrative structure. The level of accountability to Nigerians and other stakeholders with regards to the total cost of the amnesty disarmament program is low with just occasional public statements in the national dailies.

The research finding shows that there is no synergy between the amnesty training, the ministry of Niger Delta affairs and the NDDC. This clearly infers that capacity development efforts are being duplicated in the region without enough results to show for it. Moreover, the fact that the local governments in the Niger Delta were not given any roles to play in respect of the amnesty shows that there is disconnect between the Niger Delta communities and the agencies handling the capacity development projects.

Also, the mere fact that the communities are not aware of the kind of projects going on in their communities, how the decisions to carry out these projects were reached and who is accountable for these projects further implies that there is no accountability; and if there is, it is between the project contractors, political god fathers and the top /high ranking ex militants. This fact suggests that the various capacity development interventions at all levels have been politicised and also failed to carry the people along by getting them fully integrated in the decision making processes.

In terms of needs assessment, the amnesty board has not conducted one in the Niger Delta as a guide to what area their infrastructure development should focus on. Also, there is no record of any needs and skill audit of the Niger Delta region before the commencement of the capacity building trainings for the ex-militants. Findings also reflected that there is no job placement

advocacy by the amnesty board for the absorption or employment of trained ex militants and, as for the MNDA; they are still in the process of embarking on job placement advocacy. Thus, there are no plans on ground for the integration of trained ex-militants which prompts this question; 'How do you integrate the ex-militants if you haven't built institutional capacities?'

Out of the 95 per cent response rate, none of the respondents within and outside the amnesty could tell what the budgetary allocation for the amnesty capacity development projects per state and local government is, or how the amnesty fund is being disbursed, unlike the NDDC and MNDA where their budgetary allocation is open to the public on demand. For the training, the government does not seem to have a record or proper documentation of those they've trained within each local government; neither are there a standard / specification of cost per person, per training. The other logical conclusion is this; If the government did have a record and proper documentation of those they've trained so far as portrayed by the amnesty website, the ex-militants would not bother about using their monthly stipends of N65,000 to buy more arms in readiness for subsequent phases of the disarmament program where they will be heavily compensated again for giving up their arms.

Interviews and focused group discussions with ex-militants also revealed that in as much as the ordinary people and ex-militants are willing to cooperate with the government, there is no willingness to work together and contribute to the common objectives and development of the region by the federal government due to greed and corruption on the part of the leaders. Most of the Niger Delta leaders are out for their own personal gains and aggrandizement. They team up with the government representatives and contractors to sabotage and betray the interest of their voice less brothers. These corrupt leaders demand 'settlements' and bribes of all kinds to award vocational training contracts without necessarily finding out the quality of such trainings. Most of the leaders in the Niger Delta, side-line the target beneficiaries of vocational trainings, especially the international trainings that take place abroad, then replace those with their own relatives or children who do not qualify and perhaps, never really carried arms. These same leaders are the once who demand settlement before the commencement of any project within communities. Presently, amnesty participants/stakeholders are not fully involved in discussing and deciding major direction and activities.

Apart from the position held by Mr Kinsley Kuku as special adviser to the president on Niger Delta affairs and coordinator of the amnesty program. Findings also showed that there are no different leading positions in the amnesty board; there is no evidence of such positions, their responsibilities and whose interests they represent. There are no representatives of the amnesty in the communities that fall under the study area; hence, there was no way to assess whether they are accountable, to whom and for what they are accountable.

The amnesty does not have a process of evaluating their capacity development trainings in terms of monitoring inputs versus outputs as well as evaluating the outcomes; benefits and impacts of their capacity building efforts on individuals, communities and the region at large. An organisation that does not have a clear administrative structure where roles/responsibilities are clearly spelt out and people know their portfolio could really never boast of having a good monitoring and evaluation arrangement in place.

Generally, the policy may have attracted more development to the community on the basis that it restored peace to the region and set the pace for other agencies such as the NDDC and MNDA to carry out development initiatives. However, the Amnesty has not addressed the basic needs of the communities neither has it addressed the core capacity challenges that gave rise to the militancy. Reasons being that there have not been noticeable changes as a result of the introduction of the policy; no new infrastructures nor infrastructure development plan, neither has there been increase in the number of public service providers and professional human resources in the study area.

6.3.2 The Ministry of the Niger Delta Affairs - MNDA

The ministry of Niger Delta affairs was created to oversee capacity development issues pertaining to non-militant Niger Deltans, however from the analysis of the focused group discussions and in depth interviews, it is evident that there is a disconnect between the MNDA and the Niger Deltans given the fact that most of the Niger Deltans are not aware that the MNDA exists. Moreover, for those who are aware of the existence of the MNDA, they don't know what the objectives or responsibilities of the MNDA are.

The population is not well informed of meetings, activities and plans of joint MNDA and NNDC community development initiatives which explain why they could not quantify the level of

commitment in terms of labour, material and financial resources mobilized by the MNDA for development projects in their communities.

Findings also show that the communities are not aware of how representatives are selected or chosen as well as whom they are accountable to/ the nature of their accountability such as financial, administrative, monitoring etc. secondary data from the MNDA revealed that accountability of the MNDA community development projects are discharged through monthly and quarterly reports/meetings however, the communities are not aware of such reports.

The idea of strengthening capacities and development, as we all know is the ability of individuals, organisations or communities in general to do several things. However, study results have established that the members of the Southern Ijaw Local Govt have not been able to tap into new opportunities since the establishment of the MNDA. Even though it is obvious that their region is beleaguered with inaccessibility to primary healthcare due to remoteness and dispersed population, yet, the establishment of the MNDA has not enabled them access better health care. The fact that Southern Ijaw has only one paved access road, connecting the whole local government council to the capital city (Yenagoa) is an indication that the people have not been able to move with ease from one point to another as a result of better roads and bridges. It also suggests that there have not been roads since the establishment of the MNDA and this has consequently affected social interrelation. The amnesty may have restored peace to the Niger Delta, but the only way that peace can last is on the condition that it is consolidated with tangible infrastructure development in the Niger Delta. The amount of money spent on meals by the ministry between 2009 and 2012 is estimated at 123.9million naira (see table 18 to 22) and enough to set up and run a well-equipped rural clinic with at least two qualified personnel and quick response resources in terms of drugs and mobility. Quite frankly, if the provision of basic infrastructures is part of the price to be paid for peace to reign in the Niger Delta as understood by this study, then why spend money on insignificant things such as international trainings, meeting with youths and elders(see table 21 and 22)? Why misuse funds when thousands of people cannot access clinics in the swamps of the Niger Delta? Why spend 547 million on ICT Networking Centres and Connectivity for MNDA offices across the nine states Niger delta states (see table 21) when you can use same to provide clean water and sewage facilities? Why spend 700 million naira on the acquisition of computers when you can as well build 7 clinics in various

communities with same amount of money? Why waste the money yielded by the Niger Delta land, when you cannot utilize same money for their development and social transformation? All these questions point to the fact that up till now, the establishment of the MNDA has not enabled the Niger Deltans to define or understand their environment as well as their own place in the scheme of things in Nigeria. Findings showed that since the amnesty and the establishment of the MNDA to cater for non-militant Niger Deltans, individuals and communities have not been able to acquire and mobilize resources. The fact that people and societies in the Niger Delta cannot acquire and mobilize resources means that they cannot contribute to their own development since that ability has not been enhanced; neither can they take charge of their lives and future.

6.3.3. The NDDC- Niger Delta Development Commission

Findings suggested that NDDC projects are being funded by other international and local sources such as oil companies and the 2011 budget for the commission, ascertained this to be true; the NDDC fund is being donated by oil companies; Chevron, Addax petroleum, Conoco Phillips, Eni, Shell, Total and POOC etc. However, there is no evidence to show whether the funding is voluntary or not. A summary of the NDDC 2011 financial year budget which commences from January 1st 2011, and ends march 31st 2012, clearly stated that out of a total sum of; two hundred and sixty one billion, thirty seven million, six hundred and ninety thousand, five hundred and thirty six naira (N261,037,690,536. 00), internally generated revenue was five hundred and twenty five million, the federal government contributed fifty five billion , one hundred and eighty five million, seventeen thousand (approximately 21% of the total budget and half of what the oil companies contributed)while oil companies contribution was the highest (roughly 42 per cent of the total budget) and pegged at one hundred and nine billion naira.

In terms of labour, material and financial resources mobilized by the NDDC for development initiatives in Bayelsa state and Southern Ijaw local government area the result reflects that the revenue allocation for each oil Niger Delta state is based on its oil production percentage which for Bayelsa in 2011 , it is ; 11.11 per cent which gave an aggregate total revenue allocation of : eleven billion, five hundred and sixty three million, nine hundred and eleven thousand, one hundred and fifty four naira –(N11,563,911,154).

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Out of a total sum of three billion, two hundred and seventy one million, one hundred and fourteen thousand, eighth hundred and ninety six naira (N3, 271,114,896.00) that was budget cost for health projects in Bayelsa state, five hundred million, three hundred and sixty seven thousand, two hundred and thirty four naira was approved for projects. However, out of the approved amount, Southern Ijaw LGA did not benefit from any projects under health and same goes for Education.

Findings confirmed that the commission only focused on projects that are not easily measured in terms of assessing its direct impact on the quality of lives and livelihoods. Again, the only tarred road in Southern Ijaw LGA is the road connecting Southern Ijaw from Yenagoa, the capital city. From that point, every other community within Southern Ijaw is linked by water and people can only travel from point A to B by boat. Yet, the NDDC is constructing roads and bridges that are not adding value to lives.

Respondents at focused group discussions argued that in addition to their agitation for essential infrastructure, they also needed other capacity development projects to develop individual self-esteem, societal skills and healthcare/fitness since their location in the creeks makes them easy targets for diseases. Most of the respondents also agreed that the NDDC has to develop the capacity of their communities to enable the society play a vital role in their development. The Niger Delta people are likening tangible development with the things they can touch and feel immediately and things that can improve the quality of their lives within a short term. They are associating infrastructure development with clean water, sewage facilities, houses, clinics built within their neighbourhoods, bridges linking their local communities and other essential infrastructures that would satisfy their basic and immediate needs and further lead to the social transformation for them and their societies.

Results also showed that there is no willingness to work together and contribute to the common objectives and development of the Niger Delta among all stake holders and project participants given the fact that the NDDC complained that the community people (chiefs and clan leaders) have a policy of demanding compensation or settlement from project contractors before commencement of projects in any locality/community, while the community accused the NDDC of awarding contracts to individuals and companies without the knowledge/participation of the communities. Projects are awarded as contracts to contractors who are not NDDC employees and

they execute it independently, sometimes, without hiring labour from neither the host community nor the commission. Often times, the community is not aware of on-going negotiations for projects that are to be carried out in their community. They only get to know when the contractors arrive to start work. Carrying out development projects that does not reflect the development needs of the people is not feasible or sustainable. The NDDC and other agencies need to shape their projects and adapt it to the needs of each community if their aim is to achieve the development ideas of the people. There is no need building roads and bridges in areas that are quite isolated from the people. There is need to address the need for more essential infrastructures such as building intercommunity link roads/bridges that can connect the dispersed populations of the Niger Delta.

At present, NDDC projects in the study area have not successfully increased access to public services and this leads to the question of how the accountability of the NDDC community development projects are discharged. This research finding reveals that the NDDC has undertaken infrastructure development initiatives in form of power generation, roads, schools and skills acquisition. However, primary healthcare infrastructure projects are being neglected in the study area in spite of the health challenge posed by its topography and environment. The primary objective of capacity development at all levels is to strengthen the abilities of people/ societies and help them drive and manage their own development. This means that every intervention initiative at every level must be seen to develop confidences and social cohesion which will in turn enhance people's abilities to cooperate and participate in their own development. And, if the present efforts of the NDDC, MNDA and Amnesty cannot be said to reflect the realisations of the people, then, there is need for them to re strategise.

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In general, approximately 95 per cent of the Niger Deltans within the study area are aware of the capacity development initiatives in their communities and of all these initiatives, they attribute infrastructure development projects to the NDDC, and individual capacity building trainings to the amnesty. Only 5 per cent seem to be aware of the MNDA.

From findings, construction of jetties and internal roads seem to be focus of the NDDC in Southern ijaw and also doubles as the area where the impacts of the capacity development initiatives of the NDDC is tangible. It is evident that the three agencies handling capacity development initiatives/projects in the Niger delta have succeeded in building the individual

capacities of a few people without necessarily building the capacity of the communities/societies, in recognition of its role in uplifting the livelihoods of individuals.

Furthermore, following through project plans and implementing goals/objectives seems to be a challenge for the NDDC and MNDA. Then for the amnesty, project strategy/policy seems to be either absent or completely deficient which explains why the peace in the Niger Delta could be considered a relative one, given the fact most of the trained ex-militants are still roaming the streets without jobs and beginning to pile up arms that could be used for further criminal activities if the capacities of their communities are not built to support them. Based on this, only 10 per cent of the respondents felt that the amnesty has addressed the needs of the community, while 50 per cent credited the NDDC for its infrastructure development efforts , then, 40 per cent felt the MNDA should be scrapped or merged with the NDDC since they were rated low in terms of their infrastructure/capacity development effort. These results support and is consistent with other studies; Oluwaniyi. O (2011) maintains that "no practical development has taken place, apart from the few developments handled by the NDDC and the Ministry of the Niger Delta – basically the construction and reconstruction of roads. Major critical issues such as the roots of alienation, marginalisation, exploitation, corruption, unemployment, poverty, youth and women's issues are still not dealt with, and they jeopardise the possibility of future peace, security and development in the Niger Delta region. These problems are daunting, and if they are not promptly tackled, the post-amnesty period will become another vicious cycle, aimed at benefiting the political elite without any ounce of development for those that actually need it in the oil-rich region"

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Conclusion

Profits from oil exploration in the Niger Delta communities have not been effectively used to develop the capacity of the people if one takes into account the fact that many years after the commencement of oil exploration in the region, the bulk of the people are still living in poverty and lack whereas, the oil wealth from their area is being used to develop other regions. Every development initiative must address the essential needs of the region/people if social transformation must be achieved. Furthermore, if the sustainability of development is something to be reckoned with in the Niger Delta, then, intervention efforts must be participatory and not exclude the people in order to avoid relapse of peace. Post conflict Niger Delta can only be said

to have lasting peace, when development interventions bring tangible paybacks to the people. The people of the region will drop their arms and stop agitations the day every barrel of oil produced on their land brings social transformation at the individual, societal, and organisational levels to the extent that that they would achieve a sense of belonging and social cohesion and not consider themselves an excluded or marginalised species.

CHAPTER 7: CONCLUSION

7.1 Summary

This study has analysed the application of Basic Needs approach to Capacity Development practice in post conflict Niger Delta, through the case study of Southern Ijaw Local government area in Bayelsa state of the Niger Delta region. Theories were reviewed to gain insight into the practice and the outcomes of capacity development and human needs generally. The same theories were applied to the study area in order to gain insight about the levels of capacity development interventions of agencies such as the NNDC, MNDA and Amnesty, and how their intervention has worked in terms of improving access to basic infrastructures for the case study area. Empirical data was gathered and analysed and the findings presented. Below is a summary of key findings.

The general conclusion is that the practice of capacity development in the Niger Delta, by the MNDA, NNDC and Amnesty commission has not really resulted in tangible infrastructure development in the study area; neither has it built the ability of individuals and societies to stand on their own and manage their own development in a sustainable manner. Part of the reason for this is due to the fact that the government agencies have not come to terms with nor understood the realities of people living in the Niger Delta in a participatory manner.

The agencies view development quite differently from the way the people perceive it and they have not engaged the ordinary people who clearly understand the context, rather, they interact with corrupt leaders who are out to sabotage collective goals for their own personal gains.

For capacity development in the Niger Delta to yield sustainable and far reaching impact, intervention efforts must take cognisance of the various ways in which individuals, societies and organisations will feel their impact. That is, the capacity needs of all intended/target beneficiaries must be taken into consideration (Eade, 2000). Given the fact development is basically about strengthening the capacities and capabilities of humans to enable them choose the kind of life they want to live; their values and priorities. It then means capacity development as a means to development should ensure that intervention initiatives does not fall short of enhancing peoples' or society's capacity to the extent that they can be the authors of their own development.

One of the basic principles of capacity development according to Oxfam (1994 cited in Eade and Williams) is that intervention efforts must always be assessed based on how they have positively impacted the lives of people to the extent that they can comfortably exercise their choices and preferences. In as much as building the capacity of the ex-militants through formal and informal education is good and could be considered a worthy investment in the sense that first, it has helped in enhancing social cohesion and participation in processes that affect them within the wider society; however, in order to help them contribute fully to the process of transforming their communities for sustainable development, there has to be some form of societal capacity development aimed specifically at strengthening the capacity of the communities to enable them absorb ,integrate and meet the demands of the ex-militants in terms of employment and provision of basic social amenities. This is very important because most of the militants return back to their communities after the training and if there is nothing tangible on ground such as local companies , amenities, good clinics, link/access roads, water, waste disposal system, etc., to make life a lot easier by widening their choices, they return back to a life of crime.

When it comes to capacity development and development as a term, participation is a critical component that should be given top priority. However, data suggests that so far, participation has been neglected in the Niger Delta by the agencies handling capacity development projects in the region. According to Oxfam in Eade (1994) participation is both a right and a means of engaging people in joint analysis and development of priorities in a way that such efforts would enhance the capabilities of the local people as well as their ability to choose and live the kind of life they want to live without necessarily depending on outside interventions and government development initiatives.

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7.2 Recommendations

This research found show that Capacity development practice by the MNDA, NNDC, and Amnesty as government agencies has not clearly addressed the core socio -economic development issues facing the Niger delta region given the fact that their focus has been on less significant projects that do not have direct impacts on communities or individuals. The Capacity development intervention efforts of these agencies focused more on the development of individual capacities, without necessarily paying attention to the societal and organisational

perspective. Where the focus was on societal capacity development, the policy was not environment sensitive. That is, such policies did not take cognisance of long term sustainability of projects such as retaining/maintaining and using the acquired capacities over a long term.

Also, the Capacity development effort of these agencies have been segmented and individualistic, paying more attention to governments with little or no attention to interact, cooperate and collaborate with other local stakeholders whose contributions might be substantial for the success of development plans. This research therefore has come up with the following suggestions that would help further capacity development efforts in the Niger delta and other relevant places:

Table 33: Recommendation

Theme / key elements of capacity development / human needs (UNDP 1994)	Point of reference for the MNDA,NDDC & Amnesty	Recommendation
Participation / in integration of all stakeholders (Horton et al, 2003)	Disconnect between the communities and agencies. Decision making / planning clearly excludes community people and other NGOs that can contribute positively	Intervention should be people centred. Individuals and society rather than government agencies should be at the centre of capacity development. the perspective has to change to recognize the interdependencies amongst all stakeholders for sustainable results
Cooperation and collaboration	Duplication of efforts due to lack of cooperation and collaboration	Collaboration and collaboration of all agencies to avoid duplication of efforts/ waste of resources and for accountability
Holistic approach towards capacity development(African Capacity indicators ,2011:43-44)	Focus on individual level ; Sectoral and segmented	make stronger effort towards developing capacities at all levels since all three to four levels are inter-linked ; if one of them is neglected or omitted it will have negative implications on the other levels and will not lead to sustainable development. There has to be shift to an integrated and more holistic approach
Community specific needs assessment (African Capacity indicators ,2011:44)	Duplication of projects in communities even when such projects do not match the immediate / basic needs of that community	Draw out specific development objectives for the Niger delta in general, but these must be supported by objectives for each state and local government, especially for those communities

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		located within the mangrove swamp creeks and those whose topography is difficult
Focus on basic needs	In capacity development trainings, access roads, clinics, clean water, sewage facilities, and electrification the MNDA, NNDC and Amnesty efforts have been disorganized, and not resulted in tangible outcomes/. It has not led to societal strengthening	Introduce incentives to attract and retain trained bio medical health workers / skilled labour by providing good roads, clean water, electricity, housing and other basics.
Bottom up/two way/ empowering and enabling	Self-interest / corruption, top –down, Command, control and mismanagement	There has to be a shift from centralized , non-transparent ways that generate exclusion to new ways that will foster inclusion and common good

7.3 Conclusion

Finally, given the fact that the community is the biggest stake holder in capacity development, since the people know their needs and capabilities challenge better than anyone; government intervention must ensure that everyone is fully integrated into decision making processes and also see that there is no disconnect between the community/target beneficiaries of any development initiative and the other stakeholders such as the people who manage such policies within the public and private sector. (Swanpoel and BEER, 1996)

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BIBLIOGRAPHY

Books and Journals

Abraham H. M., 1973. *The Further Reaches of Human Nature*. Harmondworth, England: Penguin Books.

Adaramola, Z., 2009. *Amnesty May not End Niger Delta Crisis*- Dafinone. Daily Trust, 29th December, p. 10.

Adeniyi, E. O. 1983. "Environmental and Socio-Economic Impact of Oil Spillage in the Petroleum Producing Riverine Areas of Nigeria" in the Petroleum Industry and the Nigerian Environment: Proceedings of *1983 NNPC Seminar 233* (Lagos: Federal Ministry of Works and Housing/NNPC, 1983)

Agbebaku, C. A., 2003.*Law and Development in Nigeria: The Impact of the Niger Delta Development Commission (NDDC) on Development Efforts* in F. E. Iyoha, S. O. J. Ojo and P. O. Oviasuyi (eds), Women, Youth Restiveness and Development in the Niger Delta Region, Ekpoma*:* Institute for Governance and Development. p152

Aggestam, K., 2005. *Enhancing ripeness: Transition from conflict to negotiation*. In: I.W. Zartman and G.O. Faure. Eds. Escalation and Negotiation in International Conflict. Cambridge: Cambridge University Press. Pp. 271-292.

Akinola, S. R., 2008a. "Alternative Planning Models for Development in Africa." In Knowledge to Remobilise Africa. Ed. *The Development Bank of South Africa, Johannesburg*: Knowledge Management Division, pp. 169–202.

Akinola, S. R., 2008b. "Community Self-Governance as a Panacea for Environmental and Social Injustice in the Niger-Delta of Nigeria." Akin Alao and Rotimi Taiwo (eds.) New Frontiers in African Studies. *African World Press and Red Sea Press*

Akinola, S. R., 2008c. "Rethinking the Public Sphere and Social Order in the Niger Delta: The Polycentric Planning Approach." *Paper accepted for presentation at the 12th General Assembly of The Council for the Development of Social Science Research in Africa* (CODESRIA), Yaoundé, Cameroon, from 7-11 December 2008

Amnesty International. 2009. *Nigeria: Petroleum, Pollution and Poverty in the Niger Delta*. London: Amnesty International

ANEEJ. 2004. "Oil of Poverty in Niger Delta" *African Network for Environmental and Economic Justice*. Vol 2.pp34

Approved Budget of Bayelsa State of Nigeria."2011 Financial Year". Yenagoa: *Dept of Budget and Control,*Ministry of Finance and Budget.

Ashton-Jones, N., Arnott, S. and Douglas O., 1998.*The Human Eco systems of the Niger Delta*: An ERA Handbook. Ibadan: Kraft Books.

UNIVERSITY of the WESTERN CAPE

Asuno, B. A., 1982. “Impact of Oil Industry on the Environment,” in *Proceedings on Environmental Awareness Seminars for National Policy Makers 51* (Lagos: Federal Ministry of Works and Housing/NNPC, 1982)

Azar, E., 1990. *The Management of Protracted Social Conflicts*: Theory and Case. Dartmouth: Aldershot.

Babbie, E. & Mouton, J., 2001. *The practice of Social Research*. Cape Town: Oxford University Press

Becans. 2007. “Bayelsa State: 2007”*Becans Business Environment Report*, 2007. Volume 1, no 7.

Berelson, B., 1971. *Content analysis in communication research*. New York: Hafner Publishing Company.

Boro, I., 1982. *The Twelve-day Revolution*. Nigeria: Idodo Umeh Publishers.

Burton, J., 1990a. *Conflict: Resolution and Prevention*. New York: St. Martin’s Press.

- 1990 “*Human Needs Theory*” in Conflict: Resolution and Prevention (London: Macmillan, 1990a), pp. 36-48.

Burton, J., 1990b. *Conflict: Basic Human Needs*. New York: St. Martin’s Press.

Burton, J., 1979. *Deviance, Terrorism, and War: The Process of Solving Unsolved Social and Political Problems.* Oxford: Martin Robertson press

Carley, K., 1990. *Content analysis*. In R.E. Asher (Ed.), the encyclopaedia of Language and Linguistics. Edinburgh: Pergamon Press

UNIVERSITY of the
WESTERN CAPE

Chambers, R., 2004. *Ideas for Development*. IDS Working Paper 238. Sussex: IDS.

Chatterjee, S. and Price, B., 1977. *Regression Analysis by Example*. Wiley, New York

Christian, A., 2002. *Corruption in Nigeria: the Niger Delta Experience*. Nigeria: Fourth Dimension.

Clark, M., 1990. Meaningful Social Bonding as a Universal Human Need," in Burton 1990, pp.34-59Burton, John 1990. Conflict: Basic Human Needs. New York: St. Martin’s Press.

Claude, A., 1996. *Democracy and Development in Africa*. Washington: Brookings Institution

Curle, A., 1971. *Making Peace*. London: Tavistock

Darby, J. and Mcginty R., Eds. 2000. *The Management of Peace Processes*. Hound mills: Macmillan Press.

David A. F., 2005.*Statistical Models: Theory and Practice*. Cambridge: Cambridge University Press.

David J. C., Jerel A. R., and Roger A. C., 1988. *Human Needs Realism: A Critical Assessment of the Power of Human Needs in World Society*, in The Power of Human Needs in World Society, ed. Roger A. Coate and Jerel A. Rosati. Boulder, CO: Lynne Rienner Publishers 257-274.

Deutsch, M., 1973. *The Resolution of Conflict: Constructive and Destructive Processes*. New Haven, CT: Yale University Press.

Dia, M., 1996. *Africa's management in the 1990s and beyond*. Washington D.C.: World Bank.

Drèze, J. and Amartya S., 2002.*India: Development and Participation*. Oxford: Oxford University Press

Duru, C., 2007. "The Niger Delta and Hostage Taking". The Tide, Tuesday, July 10, 2007.

Eboreime, M. I., 2006. "Natural Resources, Conflicts and Resolution Options in Africa".*In Readings in Conflict Management and Peace Building in Africa, Vol. 1.* Asaba: Delta State University Printing Press.

Elizabeth Leahy et al., 2007."The Shape of Things to Come: Why Age Structure Matters to a Safer, More Equitable World". Washington, D.C.: *Population Action International*, 2007, p. 26.

Emmanuel, O., 2004. Deploying Oil Wealth to Reduce Poverty in the Niger Delta Region of Nigeria: Lessons from the Chadian Model [online]

Esman, M. J., 1991. *Management dimensions of development: Perspectives and Strategies*. Connecticut: Kumarian press

Federal Ministry of Information. 1961. *Niger Delta Development Act, 1961*. Lagos: passim.

Fisher R. J., 1997. *Interactive Conflict Resolution*. Syracuse: Syracuse University Press.

Galtung, J., 1996. *Peace by Peaceful Means: Peace, Conflict, Development and Civilization*. Thousand Oaks: Sage Publications.

Galtung, J., 1990. "International Development in Human Perspective," in Burton 1990, 301-335. Burton, J., 1990. Conflict: Basic Human Needs. New York: St. Martin's Press.

Gareth E., 1993.*Cooperating for Peace: The Global Agenda for the 1990s and Beyond*. Sydney: Allen & Unwin, p. 39.

Grindle, M. S., & Hilderbrand, M. E., 1994.*Building Sustainable Capacity: Challenges for the Public Sector*. New York: HIID/UNDP

Hadiza I. W., 2008. "Defining some of the most urgent socio-economic problems of Nigeria" A paper presentation at a conference on socio-economic problems of Nigeria. Leeds, Great Britain, August 23, 2008

Helen Chapin Metz, ed. 1991. *Nigeria: A Country Study*. Washington: GPO for the Library of Congress.

Henry W., 1958. *Report of the Commission Appointed to Enquire into the Fears of Minorities and the Means of Allaying Them*. London: H.M.S.O. 1958, p. 95.

Igbuzor, O., 2005. *Perspectives on Democracy and Development*. Lagos, Joe-Tolalu & Associates

UNIVERSITY of the WESTERN CAPE

Immaculata I. O., 1947. *The Niger Delta Men in the Independence Movement, 1920-1960*,"Abuja: MSS, 1997, p.14; Cf. Obafemi Awolowo, Path to Nigerian Freedom. Ibadan

Iyayi, F., 2006. "Creating an enabling environment for Development in the Niger Delta: The Role of Labour" being paper presented at the *Labour Seminar on Law, Order, Security and Sustainable Peace organized by SPDC* on Friday 8th December, 2008 at Wellington Hotels, Warri. p3

Iyoha, F. E. 2006, "The Role of Government in creating Sustainable Development in the NigerDelta Region" being paper presented at *the Labour Seminar on Law, Order, Security and Sustainable Peace organized by SPDC* on Friday 8th December, 2008 at Wellington Hotels, Warri p5

Knight, W. D., and Alagoa, N. C., 2000. "Akassa: A New Approach to the Problems of the Niger Delta" paper presented at *Society of Petroleum Engineers' International Conference on Health, Safety and the Environment in Oil and Gas Exploration and Production* (Stavanger, Norway, 26- 28 June, 2000)

Kothari, C., 2004, *Research methodology: methods and techniques*, New Age International.

Krippendorf, K., 1980. *Content analysis: An introduction to its methodology*. Beverly Hills, CA: Sage Publications.

Lederach, J.P., 1995. *Preparing for Peace: Conflict Transformation across Cultures*. New York: Syracuse University Press

Max-Neef, Manfred A., 1991.*Human Scale Development: Conception, Application and Further Reflections*, New York: The Apex Press.

Mitchell, C. R., and Banks, M., 1996. *Handbook of Conflict Resolution: The Analytical Problem-Solving Approach*. London: Pinter Publishers, Ltd.

Morgan, G., 1989. *Creative Organization Theory*. Newbury Park, CA: SAGE Publications.

Morgan, P., 1998. *Capacity and Capacity Development - Some Strategies.* Hull: Policy Branch, CIDA.

Morgan, P., & Baser, H., 1993a. *MakingTechnical Cooperation More Effective: New Approaches by the International Development Community*. Hull: CIDA

Morgan, P., 1993b. *Capacity Building: An Overview*. Ottawa: CIDA.

Mosely, M. J., 1979.*Accessibility: the Rural Challenge*, London: Methuen and Co.

NDES. 1999. *Niger Delta Environmental Survey*. Lagos. Macmillan

Nisirimovu, A., 2000. "Poverty in Wealth: Report on the People of the Niger Delta and the Display of Poverty in Wealth", Port Harcourt: Institute of *Human Rights and Humanitarian Law*, p3

UNIVERSITY of the
WESTERN CAPE

Ogege, S.O., 2007. “Contradictions of Democratic Governance and its Implications for Sustainable Development in the Niger Delta*” Nigerian Sociological Review* Vol.2 No.1 p 59

Okafor, S. I., 1978, *Inequalities in the Distribution of Health Care Facilities in Nigeria.*In Akhator, R.A. (ed.) Health and Disease in Tropical Africa: Geographical and Medical Viewpoints, London: Harwood

Okonta, I. and Douglas O., 2001. *Where Vultures Feast*. New York: Sierra Club Books.

Onokerhoraye A. G., 1999. “Access and Utilization of Modern Health Care facilities in the Petroleum producing Region of Nigeria: The Case of Bayelsa State.” A Research Paper No. 162 *Takemi Program in International Health,* Harvard School of Public Health Boston.

Oxford .1998, *World Encyclopaedia*. Oxford University Press. P. 973

Oyibo E. E., 1995. *Human Resources Management in the Health Industry*. Benin: Osasu Publications

Paul S. T., and Shamsudeen A. Y., 2012. *The Nigerian State and Peace Building Mechanics in the Niger Delta Region*. Lagos: oxford

Qualman, A. and Joe B., 1996. ‘*Capacity Development: a Holistic Approach to Sustainable Development’*, October, 1996. New York: Wiley

R. D. C. and Weisberg. S., 1994. *An Introduction to Regression Graphics*. New York: Wiley.

Roger A. C and Jerel A. R., 1988. "Human Needs in World Society," in the Power of Human Needs in World Society, ed. Roger et al. Boulder, CO: Lynne Rienner Publishers, 1-20.

Rubenstein, R. E., and Crocker, J., 1993. "Challenging Huntington," Foreign Policy, Spring 1994.

Rubenstein, R. E., 1999 "Conflict Resolution and the Structural Sources of Conflict," in Jeong (1999), pp.173-195.

Rudestam, K.E & Newton, R.R., 1992. *Surviving your dissertation: a comprehensive guide to content and process.* California: Sage Publications.

Sachs, W., 1992. “Introduction” in Sachs, W.(Ed), *the Development Dictionary: A Guide to Knowledge as Power*. London: Zed Books.

Singh, J., Moffatt, D and Linden, O., 1995. *The Niger Delta: A Stakeholder Approach to Environmental Development*. Washington, DC: World Bank

Srinivasan, L., 1990. *Tools for Community Participation: a manual for Training Trainers in Participatory Techniques.* Washington, D.C: Prowess/UNDP-World Bank Water and Sanitation Program.

Strasser R., 2003.”Rural health around the world: challenges and solutions”. *Family Practice 2003*; 20:457–463.

UNIVERSITY of the
WESTERN CAPE

Taschereau, S., 1997. 'Capacity Development: From Concept to Operations. An Analytical Guide', October, 1997

Terrell A. N., 1989. *The Dynamic of Identity in Personal and Social Conflict," in Intractable Conflicts and their Transformation*, ed. Louis Kriesberg, Terrell A. Northrup and Stuart J. Thorson .Syracuse, New York: Syracuse University Press.

The American Human Development Project .2008.*The American Human Development Index: Fact sheet*. USA

Thomas, A., 2004. "The study of Development". Paper prepared *for DSA Annual conference*,6thNovember, London: Church House

Tuodolo F., 2008. *Generation* .In Michael Watts (Ed): Curse of Black Gold: 50 years of oil in the Niger Delta .Brooklyn: Powerhouse books

UNDP. 1997. *Results-Oriented Monitoring and Evaluation*. New York: UNDP, OESP

UNDP. 2005a. *Conflict Prevention: Thematic Guidance Note*, NHDR Occasional Paper 3, New York: Human Development Report Office.

UNDP. 2005b. *"HIV/AIDS and Human Development Thematic Guidance Note*", NHDR Occasional Paper 4, New York: Human Development Report Office

UNDP.2006. *Niger Delta Human Development Report*: Nigeria. UNDP

UNDP, 1998. "Capacity Assessment and Development in a Systems and Strategic Management Context", Technical Advisory Paper No. 3, *Management Development and Governance Division, Bureau for Policy Development*, January, 1998

UNDP, B. F. P. A. P. S., 1996. *Building Sustainable Capacity: Challenges for the Public Sector*. New York: UNDP

UNICEF. 1999. *Draft framework to understand entry points for capacity building*. New York: UNICEF

USAID. 2008. *Nigeria Biodiversity and Tropical Forestry Assessment*. [Online] available at: www.usaid.org

Wallerstein, I., 1992. *Creating and transforming households: the constraints of the world economy*. Cambridge: Cambridge University Press.

World Bank. 1995.*Defining an Environmental Development Strategy for the Niger Delta.* Washington: West African Department.

World Bank. 1998. *Assessing Aid: What Works, What Doesn't, and Why.* Oxford: Oxford University Press

World Health Organization. 2000. *towards Unity for Health: Challenges and Opportunities for Partnership in Health Development*. A Working Paper. Geneva: WHO; 2000.

UNIVERSITY of the WESTERN CAPE

World Health Organization. 2001. The Declaration of Alma-Ata: The International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978. WHO: Copenhagen; 2000. Available from: http://www.who.dk/policy/almaata.htm

World Health Organization –WHO. 1978, Almata-Ata 1978: *Primary Health Care* .Geneva: WHO

Journals

Adesiji, G.B., Dada S.O. and Komolafe, S.E., 2012. "Problems Faced by Rural People in Accessing Health Care Facilities in Akure North and Akure South Local Government Areas of Ondo State, Nigeria". *Journal of Applied Sciences Research*, 8(4): 2260-2266,

Adeyemo, O & Olu-Adeyemi, L., 2010. "Amnesty in a Vacuum: The unending Insurgency in the Niger Delta of Nigeria". In: Ojakorotu, V., & Gilbert, L.D. Eds. *African Journal of Development*, 1:3

Akinola, S. R., 2011. "Post-Amnesty Plan, Peace-Building and People-Centred Development in the Niger Delta: A Polycentric Planning and Poverty Reduction Strategy (PPPRS)". Jul-Sep 2011. *Journal of Sustainable Development and Environmental Protection* Vol.1 No.2.

Akinola, S. R., 2010. "Restructuring the Public Sphere for Social Order in the Niger Delta through Polycentric Planning: What Lessons For Africa?" *Journal of African Asian Studies*, Vol. 9, Nos. 1-2. Cornell University, Ithaca, NY, USA, pp. 55-82.

Akpan, F.U., 2007. "Dousing the tension in the Niger Delta through administrative agency: A programme evaluation of Niger Delta development commission as an intervention regime". *Global Journal of Social Sciences* Vol. 6 (1) 2007: pp.85-92

Bolger, J., 2000. "Capacity Development: Why, What and How". *CIDA*, occasional papers Policy Branch Vol. 1, No. 1, May 2000

Burton, J. W., and Sandole, J. D., 1986. "Generic Theory: The Basis of Conflict Resolution", *Negotiation Journal*, 2(4), October 1986.

Egwemi, V., 2010. "From Militancy to Amnesty: Some Thoughts on President Yardua's Approach to the Niger Delta Crisis". *Current Research Journal of Economic Theory* 2(3):136-141

Ikejiaku, B. V., 2009. "The Relationship between Poverty, Conflict and Development" in *Journal of Sustainable Development*, Vol. 2, No. 1, March, 2009 p15

Nwagbara, U., 2010. "Towards a Paradigm Shift in the Niger Delta: Transformational Leadership Change in the Era of Post Amnesty deal". *Journal of Sustainable Development in Africa*. Clarion University, Pennsylvania, Vol. 12, No.3

Ojakorotu, V., 2006. "The causes of the crisis: Youth militancy and development efforts in African multi ethnic society". *Asteriskos*, 1(2): 229-242.

UNIVERSITY of the
WESTERN CAPE

Omofonmwan, S, I., & Odia, L.O., 2009. "Exploitation and Conflict in the Niger Delta Region of Nigeria". J *Hum Ecol,* 26(1): 25-30.

Onokerhoraye, A. G., 1976. "A Suggested Framework for the Provision of Health Facilities in Nigeria". *Social Science and Medicine journal*, Vol. 10, 1976.

The Journal of Rural Health .2002. Pp197-210, Volume 18, issue 5

Internet sourcesand Newspapers

Abide, S., 2009. Niger Delta: The Complexities of the Post Amnesty Environment (part 1). [Online] available at: www.naijadeltacongress.org accessed 30th June, 2012

Akinyosoye, M., 2010. Infrastructural Development in Nigeria: Road map to Sustainable Development. [Online] available at: www.greenhilts.com/yahoo_site_admin.Accessed 20th august, 2012

Alex I., 2007.Toward a reform agenda for the Niger Delta. A report of the Africa Program Centre for Strategic and international Studies [online] available at: http://csis.org/files/media/csis/pubs/070423_nigerdelta.pdf accessed; 4th September 2012. Published by the Centre for Strategic and International Studies publication, Washington

Baser, H., 2007. How can new knowledge help us address capacity issues? Discussion Draft Paper. UNESCO-IHE Thursday 19th August. [Online] Retrieved on 1st September 2012 from www.unescoihe.org

Brahm, E., 2003a. Conflict Stages. [Online] http://www.beyondintractability.org/essay/conflict_stages/?nid=1068 accessed March 3rd, 2012

Brahm, E., 2003b. Conflict Stages. [Online] http://www.beyondintractability.org/essay/conflict_stages/?nid=1068. Accessed 26th July 2012

Bisi Olaniyi. 2012, January 1st. "NDDC Rejects South-south Govts performance rating" the Nation Newspaper. Available at:http://www.thenationonlineng.net/2011/index.php/news/35011-nddc-rejects-southsouth-govts%E2%80%99-performance-rating.html.Accessed: 6th August, 2012.

Bharathi Ramasubramanian. April 1st, 2011 "capacity development and human needs theory"[online] available at: http://beyondprofit.com/post-conflict-development-from-the-bottom-up/

DAC .2006."The challenge of capacity development: Working towards good practice". France: OECD[Online] available at: http://www.oecd.org/development/governanceanddevelopment/36326495.pdf Accessed on 19th august 2012.

Jimitota Onoyume, 2012, January 18th. 'Niger Delta Stakeholders demand better performance from NDDC Board", Vanguard Newspaper. [Online] Available at:

UNIVERSITY of the WESTERN CAPE

http://www.vanguardngr.com/2012/01/niger-delta-stakeholders-demand-better-performance-from-new-nddc-board/Accessed on: 6th August, 2012

Kühl, S., 2009. "Capacity Development as the Model for Development Aid Organizations". *Development and Change*. Vol. 40 (3) pp.551-557. [Online] Retrieved on 12th September 2012 from Wiley Interscience database http://www3.interscience.wiley.com/journal/122538177/abstract?CRETRY=1&SRETRY=0

Lusthaus, C. Adrien, M and Perstinger M., 1999. "Capacity Development: Definitions, Issues and implications for Planning, Monitoring and Evaluation. Universalia Occasional Paper 35, September [Online] accessed 19th august 2012 from http://preval.org/documentos/2034.pdf

Marker, S., 2003. "Unmet Human Needs." Beyond Intractability. Eds. Guy Burgess and Heidi Burgess. Conflict Information Consortium, University of Colorado, Boulder. [Online]: accessed August 23, 2012. Available at: http://www.beyondintractability.org/bi-essay/human-needs

Miwa, S., 2008. "Capacity development – from concept to operation: Lessons learned from a global study on Effective technical cooperation for capacity development". Global Insitute for Asian Regional Integration [Online] Available at: www.wasedagiari.jp/sysimg/imgs/20080717_paper14_Miwa.pdf accessed 30th June, 2012

Nair, G (2003) Nurturing Capacity in Developing Countries: From Consensus to Practice. Capacity Enhancement Briefs, Number 1 November: World Bank Institute [Online] accessed on 19th August 2012. Available at: www.http://info.worldbank.org/etools/docs/library/82361/CEbrief-01_Nov03%20- %20Nurturing%20Capacity%20in%20Developing%20Countries.pdf

National Bureau of Statistics (2005) 'Poverty Profile for Nigeria', http://www.nigerianstat.gov.ng/Connections/poverty/PovertyProfile2004.pdf accessed 20th November 2007.

Niger Delta Citizens and Budget Platform. 2010. Bayelsa State: Budget Analysis. [Online] available at: www.citizensbudget.org/citizens_image/bayelsa Accessed 11th august 2012

Ojakorotu, V., 2010. "Checkmating the Resurgence of Oil Violence in the Niger Delta of Nigeria". [Online] Available at: www.nigerdeltacongres.com/darticles_oil_wealth accessed 23rd May, 2012

Ojakorotu, V., & Afinotan, L.A., 2009. "The Niger Delta Crisis: Issues, Challenges and Prospects. *African Journal of Political Science and International Relations*", vol.1.3 (5) 191-198. [Online] available at: www.academicjournals.org/AJPSIR accessed 27th may 2012

Omagbemi, R., 2010. Bayelsa Bond; A quantum Leap in Infrastructural Development. [Online] Available from: www.pointblanknews.com/articles/artopn2883.html Accessed 13th March 2012

UNIVERSITY of the WESTERN CAPE

Omadjohwoefe, O., 2011. "Amnesty Initiative and the Dilemma of Sustainable Development". *Journal of Sustainable development: Canadian Centre of Science and Education*, Vol.4, no.4. Available from: www.ccsenet.org/jsd

OPTS Research. 2009. Niger Delta Survey 2009: Unmasking a Lingering Crisis. [Online] available at: www.opts,ng/publicdocs/publications Accessed 25th july,2012

Oviasuyi, P.O & Uwadiae, J., 2010. "The Dilemma of Niger Delta Region as Oil Producing States of Nigeria". *Journal of Peace, Conflict and Development*, Issue 16. Available from: www.peacestudiesjournal.org.uk Accessed 12th April, 2012

Richard E. R., 2012. Basic Human Needs: The Next Steps in Theory Development. [Online]*The international journal of peace studies.* Available at: http://www.gmu.edu/programs/icar/ijps/vol6_1/Rubenstein.htmAccessed on; 22nd August, 2012

Riddell, 2006. Health Unlimited: 2006. Available online at: http://www.eldis.org/go/topics/resourceguides/health&id=33325&typeAccessed on: 31st august, 2012.

Subair Gbola .2012. 13th December. "Nigeria's poverty level rises, hits 71.5%; Sokoto, Niger top list of poorest states" Nigerian Tribune. Available at http://tribune.com.ng/index.php/front-page-news/35947-nigerias-poverty-level-rises-hits-715-sokoto-niger-top-list-of-poorest-statesaccessed: 5th September, 2012.

The Editor, 2012.30thAugust rising poverty level worries UNDP in Nigeria. The Guardian newspaper. [Online] Available at: http://www.ngrguardiannews.com/index.php?option=com_content&view=article&id=97171:rising-poverty-level-in-nigeria-worries-undp&catid=31:business&Itemid=562 accessed on 5th September 2012.

The United Nations Development project: Philippines, "What is Human Development. [Online] Available at: http://hdn.org.ph/what-is-human-development/ Accessed 12th July 2012

The World Bank, 2008. Health Workers Needed: Poor Left without Care in Africa's Rural Areas. [Online] Available at: http://go.worldbank.org/IUY3J2M0A0 accessed: August 31st, 2011.

Thovoethin, P., Yusuf, S., 2010. The Nigerian State and Peace building mechanics in the Niger Delta region. [Online]Available from: http://allafrica.com/stories/201111251164.html accessed 17th may 2012

Tina, J. & George-Hill A., 2012. "Ministry Of Niger Delta Affairs: An Exposition On 2009, 2010, 2011& 2012 Budgets: How the ministry pauperize the people. Available at: http://saharareporters.com/report/ministry-niger-delta-affairs-exposition-2009-2010-2011-2012-budgets-how-ministry-pauperize-peAccessed: 19th august 2012.

UNIVERSITY of the WESTERN CAPE

UNDP & Berg. 1993 Rethinking Technical Cooperation - Reforms for Capacity Building in Africa UNDP [online] accessed on 19th August 2012 from http://www.undpforum.capacity.org/about/rethinking.htm

UNDP .2009. Reforming Technical Cooperation for Capacity Development. [Online] Available from; http://www.undp-forum.capacity.org/ Accessed on 19th August 2012

What is human Development? Available at: http://hdn.org.ph/what-is-human-development/Assessed: 12th march 2012.

Wikipedia Online Encyclopedia. 2011, Bayelsa [Online] Available from: www.en.wikipedia.org/wiki/bayelsa_state Accessed 18th September 2012

Willink Commission Report; Part I-III – Chapters 1 – 7 Digitized by The ADAKA BORO CENTRE – http://www.adakaboro.org accessed 7th august 2012.

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ANNEXURES