# EXECUTIVE SUMMARY

From August through December 2010, NIDPRODEV programme officers with local language skills and cultural affiliations led 478 semi-structured focus group discussions in 120 communities in the three geopolitical zones of Nigeria's Niger Delta.[1] The discussion topic posed to the 9,018 adults was government performance in the areas of public services, transparency and accountability, and infrastructure development. Findings from those discussions, as well as key informant interviews, are presented in this *Citizen Report Card from 120 Niger Delta Communities*.

The Citizen Report Card or "CRC" serves multiple purposes:

* The focus group discussions stimulate community discourse that may continue long after the data collectors leave.
* CRC findings may stimulate national discourse about development or governance issues.
* The socially inclusive process captures the voices of those who previously might have been excluded from full participation in conveying community concerns.
* CRC findings, once compiled, organized and distributed, place community-level information in the public domain. It can serve as a focal point for further discussions, research, or action by a diverse array of stakeholders, including elected government officials and public servants, international donors and non-governmental organizations, civil society actors, media, and community members.
* CRC findings can serve as a benchmark by which to measure progress in government performance, including the completion of abandoned infrastructure projects, increased interaction between community members and local elected officials, and better administrative planning and coordination to ensure functionality of development projects.

Essentially, the CRC is an uncensored information channel for communities that are geographically or politically isolated or where fear, distrust, or personal interests interfere with community information being passed along to those who can help create positive change. The majority of the 120 surveyed communities match this characterization. A glimpse at the demographic composition and CRC key findings highlight in detail the living conditions and daily challenges of those in the Niger Delta.

Although most media accounts portray the Niger Delta as immersed in oil production, only 42% of the communities identify themselves as oil-producing. In terms of terrain, 55 are rural, 40 are riverine/rural, and 25 are peri-urban or urban communities. Ten different tribal or clan identities are represented in the CRC. Among the 4,794 men and 4,224 women who participated in focus group discussions, 58% farm, 36% fish, 54% can read well, 80% are aware of the causes of HIV/AIDS, and, in

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[1] In each community, participants were divided into four groups: Younger Men, Older Men, Younger Women, and Older Women. Age forty was the generational dividing line.

this region where everyone expects to have bouts of malaria several times a year, only 3% use a mosquito net.
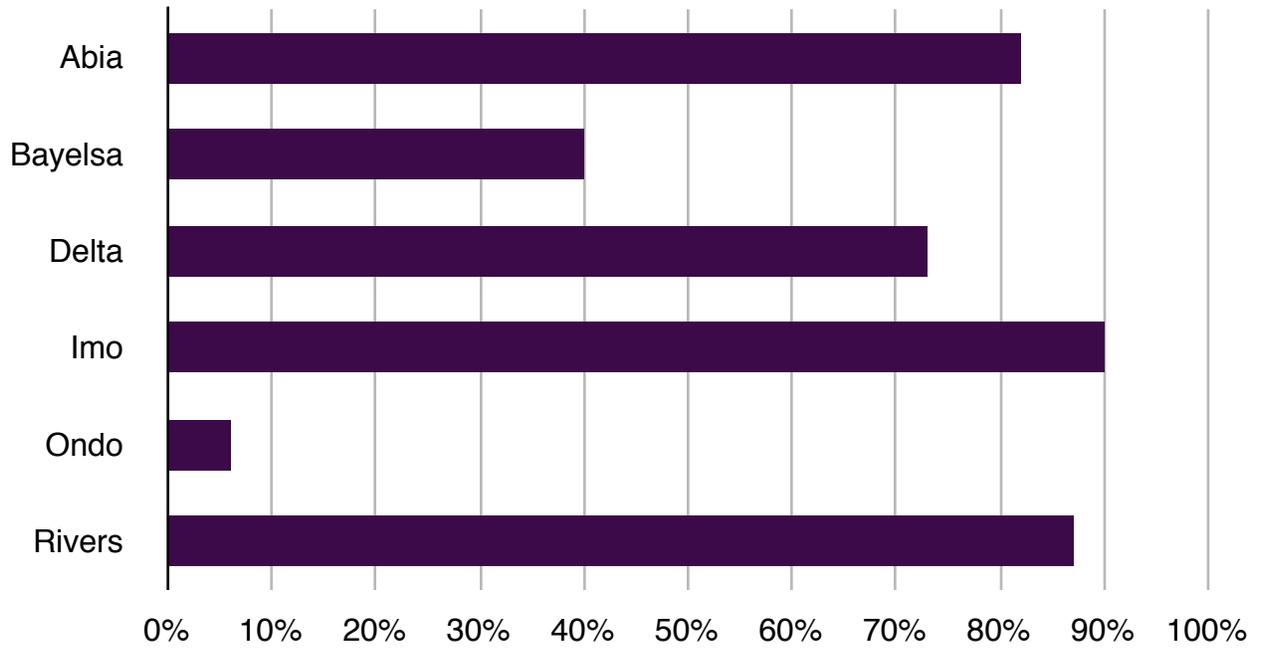
Regardless of terrain, scores of cinder-block public buildings are scattered across the Niger Delta in various stages of completion and functionality.   CRC findings revealed 287 abandoned or substandard projects in the 120 surveyed communities.  Of those, 42% were sponsored by state government, 34% by federal government, 11% by local government, 8% by oil companies, and 6% were funded through international organizations.  Where possible, the CRC identifies the contractors of abandoned projects, some of whom are former or current community leaders or public officials.  Of the six states involved in the CRC, Bayelsa State is home to 31% of the federal-sponsored abandoned projects and 28% of the state-sponsored abandoned projects.  Variation also exists at local government level.  Ukwa West LGA in Abia State accounts for 50% of the oil-company sponsored abandoned projects, while Ukwa East LGA reported only one.  Ese Odo LGA in Ondo State reported 20 abandoned state-sponsored projects while Ilaje LGA in Ondo State cited only 9.

Regarding functionality of infrastructure, findings suggest that there is little planning or coordination involved between those who build and those who man and equip buildings.  For example:

* A fish pond project in Imo State was never connected to a water source.
* Seventy-six percent of communities surveyed in Abia State have some form of health facility; however, of those, less than one-third have drugs or medical equipment.  Only eight percent have a doctor who works at least one day a week. In some communities, there is modern medical equipment but no one who knows how to run it.  In others, there are doctors but no drugs or equipment.
* In Delta State, 83% of the surveyed communities have a government-run primary school; however, none of the schools has a functioning library, only 13% have enough desks and chairs for the students, 73% require parents to pay for textbooks, and 80% report that teachers are not qualified or make little effort.  Even parents who are severely struggling financially will do whatever they can to place their children in a private school.  According to a January 2011 interview with the Warri (Delta State) Chamber Chamber of Commerce president, private schools are now one of the top revenue-generating businesses.
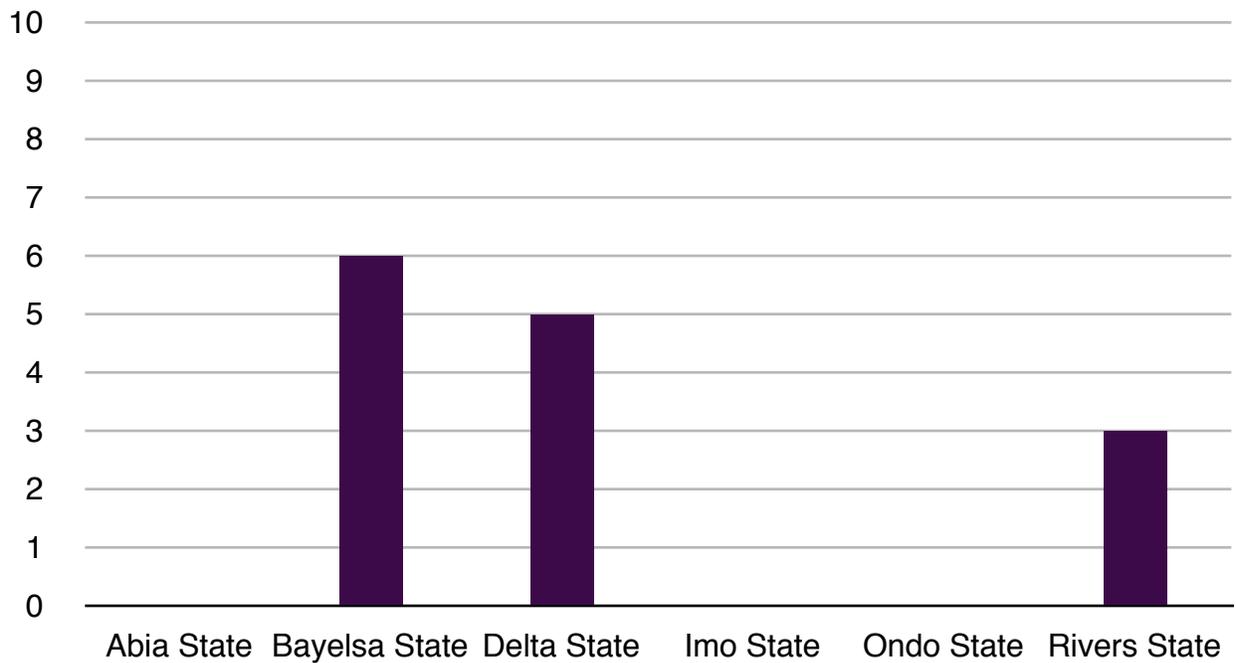
This gap between the presence of infrastructure or equipment in a community and the absence of functionality of that building or equipment is well illustrated in the two graphs below relating to public electricity.  The first graph shows the presence of materials needed to distribute public electricity throughout a community, such as poles, wires, and transformers; the second graph shows the number of hours of public electricity that community members say they receive.

## % of Surveyed Communities with Public Electricity Equipment

| State | % |
|-------|---|
| Abia | ~82% |
| Bayelsa | ~40% |
| Delta | ~73% |
| Imo | ~90% |
| Ondo | ~6% |
| Rivers | ~87% |

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## Average Number of Hours Per Day of "Light"

| State | Hours |
|-------|-------|
| Abia State | 0 |
| Bayelsa State | 6 |
| Delta State | 5 |
| Imo State | 0 |
| Ondo State | 0 |
| Rivers State | 3 |

**NOTE**:  Those communities with public electricity equipment in Abia, Imo, and Ondo State experienced less than one hour of public current or "light" per day.  In the majority of communities, there was no light at all or it was negligible.

The disparity between infrastructure and functionality is equally illustrative in the health sector, as mentioned above with respect to Abia State.  The following two graphs show a state-to-state comparison of the percentage of surveyed communities that have some form of health facility and, of those with a health facility, the percentage that have drugs and medical equipment, respectively.



■ % of Communities Surveyed That Have a Health Facility

- % of Health Facilities with Drugs
- % of Health Facilities with Medical Equipment
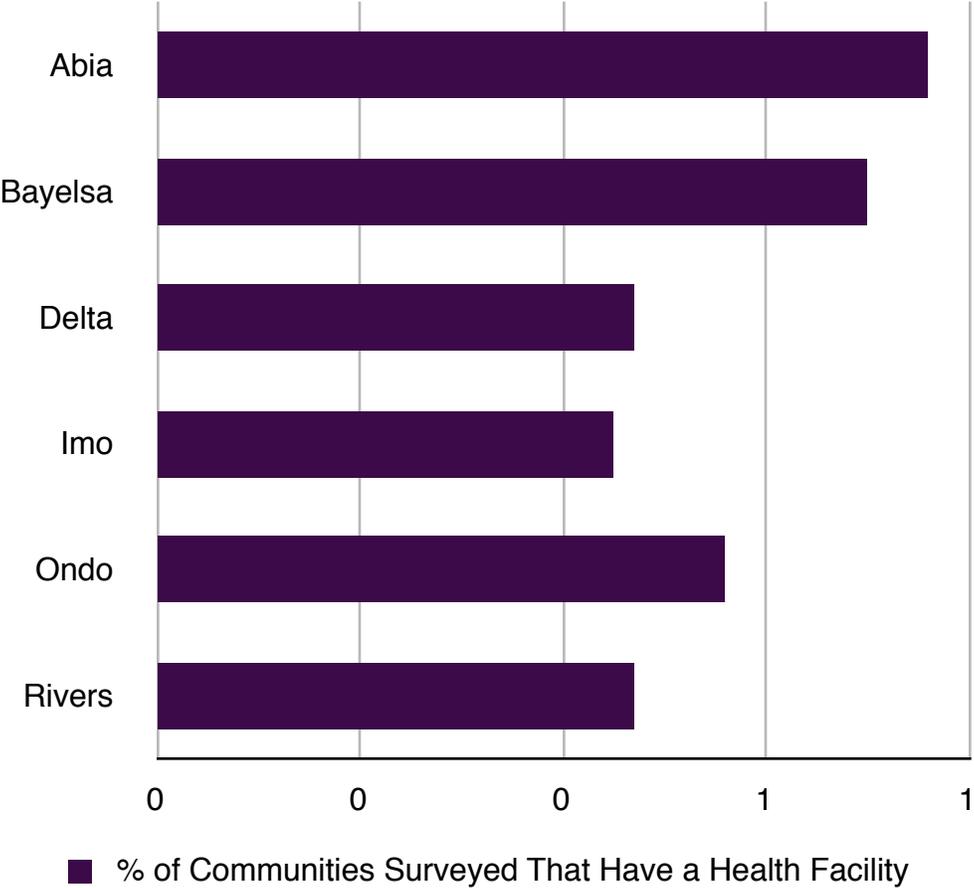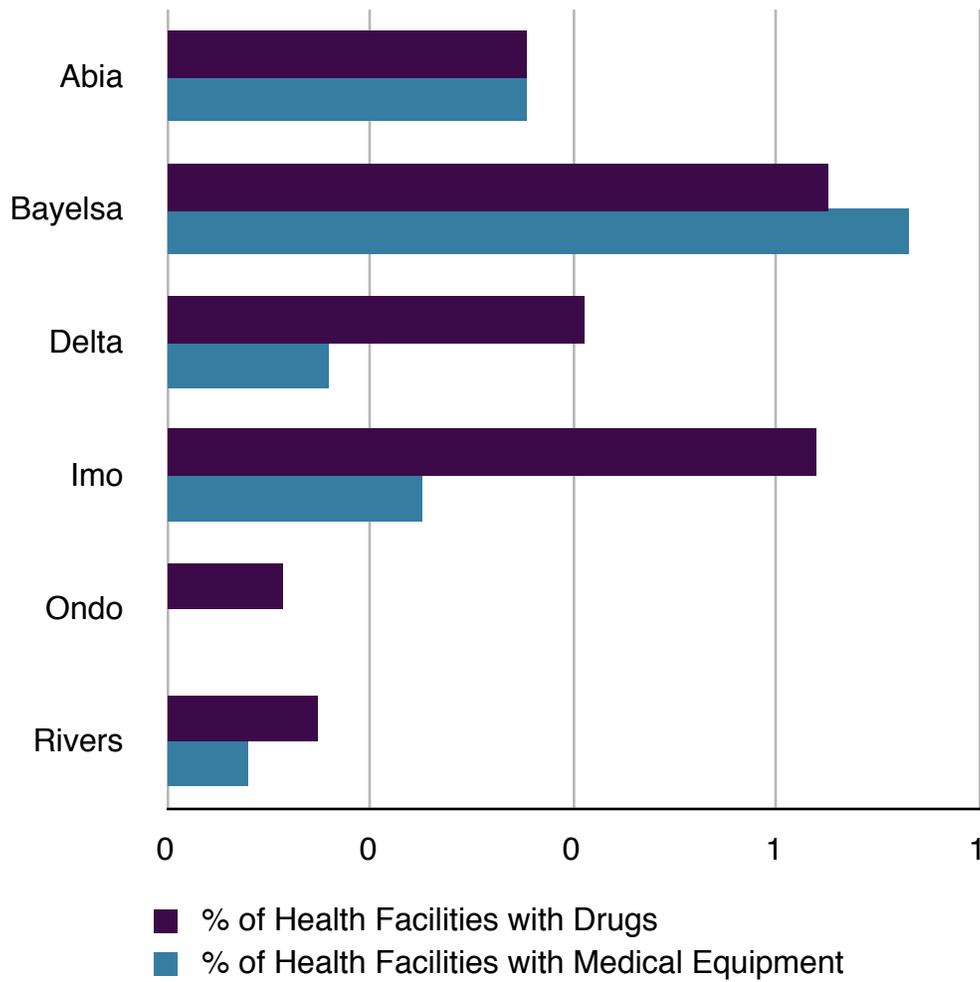
The seemingly lack of planning and coordination between infrastructure construction and the human and material resources needed to make buildings functional lies in stark contrast to the almost perfect success of immunization efforts throughout the Niger Delta--a process that does not really require a building.  In 119 of the 120 surveyed communities, some of which are in remote, riverine areas, children received immunizations within the last year.  Clearly, the system for vaccine supply and immunization delivery is well-organized and effective.

The cost of unorganized and ineffective public services and development efforts appears to be borne by an already impoverished population.  In nearly all the focus groups, community members lamented about the money they must personally pay for (a) fuel for generators in the absence of public electricity; (b) sachet water or buckets of water from someone with a private borehole in the absence of a community borehole with treated water; (c) desks, chairs, textbooks, and community-funded teachers in the absence of those that should be government-provided; and (d) transportation to reach a distant clinic, school or drug vendor.  Particular concern was given to orphans and widows who cannot afford these personal costs.

The cost of unorganized and ineffective public services also is reflected in data that suggest a generational regression in reading ability.  In 37% of the 120 surveyed communities, the younger men are less able than older men to read a book out loud to another person.  In 11% of the communities, younger women are less able than older women to do so.

In their frustration, to whom do community members turn to address these issues about public services and abandoned projects?  How do they get the information they need to identify and then monitor projects that are approved for their communities through federal, state and local budgets?  The communication channels between community and government are weak.  Only 10% of the 478 focus groups stated that they had been visited over the past year by their Ward Councilor--the closest elected public official to a community, whose responsibility it is to convey community concerns to the Local Government.  Eighty-four percent of the focus groups rated as "poor" their community's relationship with Local Government, whose responsibility it is to respond to community concerns through Local Government budgets as well as work with State Government on a variety of public services.  Only 6% of the 478 focus groups knew that there is a state constituency office, whose responsibility it is to listen to citizens' issues. Although the majority of communities report that they have little contact with, and responsiveness from, public officials and agencies, they overwhelmingly believe that government is responsible for fixing community development problems related to public services.[2]

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[2] Only male focus groups from Abia State and Imo State believe that government and oil companies are equally responsible for fixing problems with public services.

Each section of the complete *Citizen Report Card from 120 Niger Delta Communities* presents summaries showing state-to-state and local government-to-local government comparisons and provides specific detail at the community level.   From February through April 2011, NIDPRODEV programme officers returned to the 120 communities to present a copy of the CRC to the Community Leader, Youth Leader and Woman Leader, along with an advocacy training and HIV/AIDS awareness effort.

The complete *Citizen Report Card from 120 Niger Delta Communities* also is available at NIDPRODEV's website, www.nidprodev.org.