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Health and Peacebuilding in Post-conflict Societies: The Niger Delta in Perspective

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Abstract

Post-conflict peacebuilding in the Niger Delta region of Nigeria has been widely analysed by scholars. Yet the peacebuilding potential of the health sector has remained under-researched in the mainstream peacebuilding literature on the region, which often focuses on the political and economic range of activities, such as Disarmament, Demobilisation and Reintegration (DDR). While the linkage between health and peacebuilding has been recognised by scholars and policymakers, who have claimed that health can contribute meaningfully to peacebuilding in post-conflict societies, case studies supporting these assumptions remain limited. This article, therefore, examines the nexus between health and peacebuilding and the extent to which health initiatives have successfully promoted peace in the Niger Delta region. It argues that it is difficult to create any sort of lasting peace in the region without meeting people's basic survival needs. It concludes that shoring up a post-conflict society's health system is one of the most important things the stakeholders in the region can do to bring about sustainable peace.

Keywords: Peacebuilding, Health, Nigeria, DDR, Niger Delta

Introduction

Health and Peacebuilding Nexus

Scholars have analysed the linkage between conflict and health from three major perspectives. Some view the link from deterioration of health arising from the direct causalities of conflict and indirect effects through a breakdown in service provision and health infrastructure.[1] Others argue that poor health

[1]See G. Burnham, R. Lafta, S. Doocy and L. Roberts, ' Mortality after the 2003 Invasion of Iraq: a cross sectional sample survey, *Lancet,* 368 (2006): 1421-1428; L. Roberts, *Mortality in Eastern DRC: Results from five mortality survey,* (New York: International Rescue Committee, 2000); M. Smallman-Raynor and A. Cliff, *War Epidemics: a historical geography of infectious diseases in military conflict and civil strife, 1850 - 2000*(Oxford: Oxford University Press), J.C. Jenkins et al, 'Military Famine, Human Rights and Child Hunger: A Cross National Analysis, *Journal of Conflict Resolution*, 51, 6 (2007): 823 – 847; A Bergenson, 'Afghanistan: HIV/AIDS Vulnerability and Prevention' *Journal of Health Management* (2003): 215 – 224; F. Armfield, 'Preventing Post-traumatic stress disorder resulting from military operations' *Military Medicine*, 159 (1994):739-746; M.S Denov, Wartime Sexual Violence: Assessing a Human Security Response to War-Affected Girls in Sierra Leone. *Security Dialogue*, 37, 3 (2006): 319 – 342.

has a direct and indirect impact on security and may lead to destabilisation, political unrest and civil disorder.[2] The third standpoint focuses on how health can be used to promote peace in post-conflict societies. The re-establishment of the provision of basic health services may help strengthen the basic legitimacy that a state needs to have to function effectively.[3]

Two potential health sector initiatives will suffice to illustrate its relevance to post-conflict peacebuilding. First, is Health as a Bridge for Peace", which seeks to integrate peacebuilding concerns into the provision of health assistance and to leverage health status as a goal to promote peace.[4]As the World Health Organisation aptly argued:

> Health is valued by everyone". It provides a basis for bringing people together to analyse, discuss and arrive at a consensus acceptable to all. The potential for using health as a mechanism for dialogue and even peace has been demonstrated in situations of conflict.[5]

The importance of maintaining good health of population has, on several occasions, taken priority over conflict as evidenced by the fact that humanitarian ceasefires known as "Days of Tranquillity" have been implemented in many conflict zones to allow for the immunization of children. It has been argued that the degree of trust generated by negotiating humanitarian access can be built on and used to build a process of conflict mediation and resolution.[6]

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[2]The exponents of this view include; A. Price-Smith, *The Health of Nations: Infectious Disease, Environmental Change and their effect on national security and development* (Cambridge: MIT Press, 2002); S. Elbe, 'HIV/AIDS and the Changing Landscape of War in Africa, *International Security*, 27, 2 (2002): 159 – 177; R. Ostergard, 'Politics in the Hot Zone: AIDS and the Threat to African Security, *Third World Quarterly*, 23, 2, (2002): 330-350

[3] See Simon Rushton, 'Health and Peacebuilding: Resuscitating the Failed State in Sierra Leone' *International Relations,* Vol. 19, No. 4 (2005): 441-456; Wossen Kifle, 'Health and Violent Conflicts: The Role of Health in Building Peace' *Journal of Conflict Transformation and Security*, Vol. 1, No. 2 (2011): 116-129; Lisa J. Laplante, 'Linking Peacebuilding and Health in Post Conflict Settings: The Right to Health, Empowerment and Civil Society, Working Group on Peace and Development, 2011; Graeme McQueen and Joanna Sata-Barbara, ' Peacebuilding through Health Initiatives *BMJ*, Vol, 321, (2000);

[4] WHO, Health as a Bridge for Peace Available at:
http://www.who.int/hac/techguidance/hbp/about/en/

[5] WHO Task Force on Health in Development, „Health in Social Development", WHO position paper prepared for the World Summit for Social Development, Copenhagen, Denmark, March 1995 Available at:
http://apps.who.int/iris/bitstream/10665/60622/1/WHO_DGH_95.1.pdf

[6] R. Rodriquez-Garcia,M. Schelesser and R. Bernstein, „How can Health Serve as a Bridge for Peace?" CERTI Crisis and Transition Tool Kit Policy Brief, The George Washington University School of Public Health and Health Services, February 2011. Available at:
http://pdf.usaid.gov/pdf_docs/Pnacm035.pdf

Second, health intervention in a post-conflict environment can improve government legitimacy. An important source of performance legitimacy is a government's ability to provide goods and services desired by its citizens. The reliable provision of accessible health care is a critical determinant of performance legitimacy, particularly in poor societies where health services are often minimal. As Margaret Kruk noted, "effective and equitable delivery of health care can influence citizens‟ perceptions of oppositions as well as governments."[7] Thus, addressing the health needs that lie behind some of the causes and effects of conflicts are critical to building government legitimacy and one of the most effective ways to bring lasting sustainable peace. These arguments underpin aspects of the rationale for regarding health work as capable of making a special contribution to building peace. Yet there are few case studies to support assumptions.

There is no doubt that the Niger Delta offers an intriguing case study of the linkages between conflict and health. This is because the Niger Delta region is known primarily for three things: rich oil deposits, decades of conflicts and extremes of poverty and poor health. The Niger Delta region was plagued with armed groups and insurgents for decades. Although its tremendous resource wealth is enough to make the region one of the most prosperous, it is the home to some of the poorest people in the world. The unremitting political, social and environmental marginality of the people allowed armed groups to proliferate leading to violent conflicts between militant groups and government forces. The militants had resorted to several criminal activities, such as piracy, kidnapping and oil theft or bunkering. In an attempt to combat oil bunkering, the Nigerian government increased its presence in the Delta in 2003 and also deployed a Joint Task Force (JTF) in 2008. While violence was initially directed at the Multinational Corporations (MNCs), the efforts of the JTF to curtail the militant groups led to increased fighting between the militants and the military.

It is generally believed that environmental degradation arising from oil exploration and spillage and the attendant health effects as well as the lack of health facilities to deal with the situation is one of the root causes of the conflict. The tactics used during the conflict, including terror, rape, torture, kidnapping, extrajudicial killings, and displacements have deleterious effects on human health. Medicines Sans Frontieres reported that over 25 per cent of emergencies treated in 2006 were for violent-related injuries.[8] Similarly, there were reported cases of rape perpetrated by Nigerian soldiers and militants.[9]Apart from the physical health consequences of these acts, the psychological damage suffered by many victims and witnesses was severe.

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[7] Margaret Kruk, Background paper prepared for the Human Security Report Project

[8]MSF (Medicines Sans Frontieres), MSF activity report on Nigeria 2006 Available at: http://www.doctorswithoutborders.org/news/nigeria.cfm.

[9]See Emily Lenning and Sara Brightman, 'Oil, Rape and State Crime in Nigeria, Critical Criminology, 17, (2009): 35-48; BBC NEWS, 'Nigerian Militants Rape Women' Available at:
http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/2/hi/africa/7945820.stm?ad=1

Indeed, the region faces enormous health challenges. According to the UNDP Niger Delta Human Development Report 2006, "dismal health and health care service delivery manifest in poor hygiene, little or no health information and education, a grossly inadequate capacity for service delivery, inadequate provision of hospitals, clinics and primary health centres; and a lack of effective operational plans for holistic health management".[10] Besides, there is also an acute shortage of health professionals (doctors, nurses, pharmacists among others) and critical supplies such as syringes and sterilizers. This pathetic situation has led disease to rage unchecked in the region. Some of these diseases include malaria, respiratory tract infections, measles, worm infestation, anaemia and heart diseases, gastroenteritis and malnutrition.[11]

Indeed, by mid-2009, there was a reduction of tension in the Niger Delta with the introduction of Nigeria's version of Disarmament, Demobilisation and Reintegration (DDR) by late President Umaru Yar'Adua, under the 'Amnesty Programme'. The Programme promised militants amnesty and rehabilitation in exchange for the surrender of arms and a pledge to end the fighting. Thus, the DDR was put in place to resolve the conflict, end the fighting, prevent the precipitous slide to full-scale civil war and stimulate widespread economic, social and political growth and development. While DDR is a necessary component of peacebuilding, it alone is not sufficient to ensure a stable post-conflict Niger Delta, since one of the challenges of peacebuilding is, precisely, to face those deep root causes of the original conflict in such a way that will preclude a future return to violence. These underscore the importance of health in post-conflict peacebuilding in the Niger Delta. It is worthy of note that fundamental to any definition of peace is good health. The 1986 Ottawa Charter for Health Promotion, which highlights the fundamental conditions and resources needed for health, lists peace as the first on the list of prerequisites for health. The WHO Director General's remark is instructive at this point "there cannot be health without peace, there cannot be peace without health". The Niger Delta needs a goal which all individuals are interested in obtaining. Public health can meet that need as health is important to all and transcends all known divides.

It is in this context that this paper seeks to examine the health implications of the conflict and how health can contribute to peace in the Niger Delta. To achieve its aim, the paper will utilise primary and secondary sources. The primary sources will include oral information, government records, and reports of international organisations, while the secondary sources will include journal articles, books and conference proceedings. The paper will be divided into four parts. Part one provides the introduction and explores the nexus between health and peacebuilding. The second part focuses on oil exploration and spillage and its impact on health. The fourth section gives a snapshot of how

[10]UNDP, Niger Delta Human Development Report 2006 (Abuja: UNDP, 2006)
[11]Best Ordinioha and Seiyefa Brisibe, ' The human health implications of crude oil spills in the Niger Delta, Nigeria: An interpretation of published studies, *Nigerian medical journal*, 54, 1 (2013): 10-16

health initiatives have been used as a tool for peacebuilding in the region. The last part is the conclusion.

Theoretical Framework

One theory, which looks at the roots of conflict, is the human needs theory. Implicit in human needs theory, is the proposition that aggressions and conflicts are the direct results of some institutions and social norms being incompatible with inherent human needs. The needs that are frustrated by institutions and norms require satisfaction. Human needs theory offers valuable insights into the sources of conflict and possible resolutions. The Human needs theorists opine that one of the primary causes of protracted and intractable conflict is people's underlying drive to meet their unmet needs on the individual, group and societal levels. The human needs theory offers insight into a range of peace-building processes that are involved in the reduction of both direct and structural violence.[12]

According to this theory, to live and attain wellbeing, humans need certain essentials. These are called human needs or basic needs. Human needs theorists argue that various conflicts and violent conflicts are caused by unmet needs. Violence occurs when certain individuals or groups do not see any other way to meet their needs, or when they need understanding, respect and consideration for their needs. Violence is a tragic expression of unmet human needs, implying that all actions undertaken by human beings are attempts to satisfy their needs including health needs. If we can connect with our needs and those of others, we will therefore be able to look at other ways of meeting such needs, avoiding violence and destruction.[13]

One of the major proponents of this theory is Abraham Maslow.[14] In his pyramid of human needs, he emphasizes the hierarchy of needs stating that some are more urgent than others. He says that although all needs are instinctive, some are more powerful than others. The lower the need is in the pyramid the more powerful it is. The higher the need is in the pyramid the weaker and more human it is. On the base of the pyramid, he places food, water and shelter. At a second level, he places the need for safety and security followed by belonging and love. The need for self-esteem is found on the fourth level and the fifth and final level, personal fulfillment. Maslow argues that human needs are arranged in a hierarchy in terms of their potency and each human being is trying to meet needs on a certain level at any one time. For instance, an individual who strives to meet needs for safety and security of which health is a part will not be looking forward to meeting the needs of

[12]Daniel J. Christie, "Reducing Direct and Structural Violence: The Human Needs Theory", *Peace and Conflict: Journal of Peace Psychology* vol. 3, no. 4, 1997 315-332.
[13]Marshall Rosenberg, *Nonviolent Communication. A Language of Life* (California: Puddle Dancer Press, 2003), 3-7
[14] Abraham Maslow, *The Further Reaches of Human Nature* (Hamondworth: Penguin Books, 1973), 10.

belonging love and self-esteem. Maslow avers that it is only when the needs at the lower end of the pyramids are met will humans strive to meet their need for personal fulfillment.[15]What this means is that if good health is not achieved, there is the risk that individuals will not meet their need for personal fulfillment. This situation is inimical to economic growth and sustainable development for any country as it hinders the realisation of the full potential of human resources.

In Marshall Rosenburg's approach, human needs are universal and meeting them is essential to human survival and wellbeing.[16] Manfred Max-Neef also proposes nine universal needs through which we can achieve human development and peaceful societies.[17] Max-Neef defines his proposals for Human Scale Development as 'focused and based on the satisfaction of fundamental human needs on the generation of the growing levels of self-reliance and the construction of organic articulations of people with nature and technology of global processes with local activity, of the personal with the social, of planning with autonomy, and of civil society with the state.[18] Rosenberg and Max-Neef agree that no need is superior to the other and that they are all complementary and essential to others.

Human needs theory provides an analytical framework for understanding the phenomenon of the need of meeting the basic needs (especially health) of Niger Deltans through the activities of governmental and non-governmental organisations. This can be seen as an attempt to satisfy one of the basic needs of humanity- health. The health care system in Nigeria and by extension the Niger Delta region has shown variation in terms of availability and quantity of facilities in relation to need. Hence, the Nigerian government and other stakeholders are under obligation to meet the health needs of Niger Deltans to achieve the goal of economic growth and sustainable peace in the region.

Health Implications of Oil Spillage and Gas Flaring in the Niger Delta Region

The Niger Delta region of Nigeria has been plagued by oil spills and gas flaring for decades, with devastating health implications for the local population. The various stages of oil exploration and extraction cause tremendous environmental and social change. These include seismic surveys, drillings road and pipeline construction, dredging and gas flaring. Besides, longstanding pollution also results from pipeline leaks and oil spills, waste dumping and blowouts, all aggravated by a lack of proper maintenance and management.

[15] Ibid.
[16] Marshal B. Rosenberg, Non-Violent Communication: A Language of Life (Encintas: Puddle Dancer Press, 2003), 40.
[17] Max Neef Manfred, On Human Needs and Human Scale Development, Available at http://www.rainforestinfo.org.au/background/maxneef.htm. Accessed on 10 June 2013
[18] Ibid

An oil spill, in whatever form, is a major cause of pollution and ill health. There were over 6000 oil spills between 1976 and 1996. In 2006, over 400 people died in two pipeline explosions in Lagos, where leaking pipelines were left unrepaired and crowds of impoverished residents desperately scooped up buckets of fuel to sell or for personal use.[19] In June 2001, an oil spill occurred in the rural town of Ogbodo, Cross River state. In 2020 and 2021, Nigeria's National Oil Spill Detection and Response Agency (NOSDRA) recorded 822 combined oil spills, totalling 28,003 barrels of oil spewed into the environment.[20]Oil spills can contaminate water sources, leading to the spread of waterborne diseases such as cholera and typhoid fever. In addition, many communities in the Niger Delta lack access to clean water, which exacerbates the problem.

Gas flaring is another cause of ill health and environmental destruction. Gas flaring releases a variety of harmful gases, including sulfur dioxide and nitrogen oxide, which can cause respiratory problems such as asthma and blurred vision in children, bronchitis in adults, emphysema and cancer. Gas flaring and its soot contain toxic by-products such as benzene, mercury and chromium as well as polycyclic aromatic hydrocarbons (PAHs), which contribute to the risk of developing cancer, particularly leukaemia and lymphoma. Another effect is the lowering of the immunity of community members especially children, making them susceptible to polio and measles.

In addition, pregnant women living in the Niger Delta region are at higher risk of delivering babies with birth defects, as exposure to oil and gas by-products can affect fetal development. The stress of living in a polluted environment, combined with the loss of livelihoods and cultural heritage due to oil spills and gas flaring, can lead to mental health problems such as anxiety, depression, and post-traumatic stress disorder (PTSD).The drilling of oil in the area and the resultant pollution of streams, causing the water to be stagnated had also fostered the breeding of mosquitoes causing malaria and some other tropical diseases infestations and infections.[21]

Negative health impacts have also occurred through social processes. Oil spills and gas flaring events negatively affect climate patterns and cause extreme weather conditions in the Niger Delta. The stark reality is that the Niger Delta is a rural region. As a result, more than 70 per cent of the population depends solely on the natural environment for livelihood. The adverse environmental externalities associated with oil exploration including erosion, flooding, loss of soil fertility and the depletion of soil fertility among others are critical sources

[19]More than 30 were killed in Nigeria fuel pipeline fires. International Herald Tribune, 26 December 2006. Available at http://www.iht.com/articles/ap/2007/12/26/africa/AF-GEN-NIG-Pipeline-Fire.php
[20]NOSDRA, Nigerian Oil Spill Monitor Available at: https://nosdra.oilspillmonitor.ng/data.html
[21]Samuel Aghalino, *Crude Oil Business in the Western Niger Delta Nigeria 1956 – 1996* (Enugu: Rhyee Kerex, 2009), 115.

of poverty in the Niger Delta. Oil pollution degrades sustainable rural livelihood by limiting the capacity of the land and water resources available to the Niger Deltans' rural poor to support farming, fishing and dignified livelihood.[22]

A study has revealed that crude oil pollution negatively impacts crop yield and farm income in the Niger Delta.[23]As a corollary, poverty–stricken rural farmers, including women and girls who are more than two-thirds of farmers and workers in the fishing industry, find it difficult to cope with the enormous environmental stress. They migrate from their traditional communities to semi-urban and urban areas in search of work. These impoverished women sometimes resort to high-risk sexual behaviour in hopes of bettering their financial situation. They become exposed to sexual harassment, exploitation and risk of sexually transmitted diseases including HIV/AIDS.[24] Besides, workers in the oil industry and the high concentration of military and private security have created a market for commercial sex and also account for the high incidence of violence, abuse and sexually transmitted infections including HIV/AIDS.

Snapshots of Peacebuilding Health Initiatives in the Niger Delta

Scholars have argued that implementing the health and peace approach will set new standards for health programmes by harnessing the power of health to influence the peace process positively.[25] As demonstrated during Ebola and Covid-19 outbreaks health emergencies can be a trigger of instability. However, health programmes jointly responding to common risks and shared threats can also be powerful enablers to build trust and peace. Besides, health interventions are well suited for peacebuilding because caring for those with ill health is considered both a neutral activity and a universal good. The fair and balanced delivery of health care and other social services is also crucial in conflict-affected settings as inequitable access can bring about conflict. It is in the realisation of the linkage between conflict health and peace that the various stakeholders including governmental and nongovernmental agencies have included health initiatives in their programmes to achieve sustainable peace in the region. We shall examine the role played by various governmental and non-governmental agencies in the promotion of peace in the Niger Delta through health initiatives.

[22]S. J. Scherr, "A Downward Spiral? Research Evidence on the Relationship between poverty and Natural Resource Degradation" *Food Pol*. 25,(2000):479-498.
[23]E. I. Odjuvwuederhie *et. Al*, "The Effect of oil Spillage on Crop yield and Farm Income in Delta state Nigeria. *J. Cent Europe Agric*. Vol. 7, no. 1. (2006)
[24]F. I. Omorodion, "Sexuality, Lifestyles and the Lures of Modernity: Participatory rural Appraisal of Female Adolescence in the Niger Delta of Nigeria" *Sex.Culture* vol. 10, no. 2 (2006):96-112.
[25] Nne W. Bunde-Birouste and Jan E. R Itchie, "Strengthening Peace-Building Through Health Promotion Development of a Framework" Available at: http://eknygos.lsmuni.lt/springer/672/247-258.pdf

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The Role of Government Agencies

The Niger Delta Development Commission (NDDC)

The Niger Delta Development Commission (NDDC) is a federal government agency established in 2000 with the mandate to facilitate the sustainable development of the Niger Delta region of Nigeria. It is the fifth interventionist agency in the Niger Delta aimed at implementing programmes for sustainable development and bringing peace to the region.[26]The idea of a commission for the development of the Niger Delta region dates back to the 1990s when several stakeholders, including civil society groups, the oil and gas industry, and the federal government, recognized the urgent need to address the socio-economic and environmental challenges facing the region. The Niger Delta Development Commission was finally established in 2000 under the administration of former President Olusegun Obasanjo. The NDDC's mandate is to plan, execute and coordinate projects and programs for the sustainable development of the Niger Delta region. The commission is funded by the federal government through the allocation of a percentage of the revenue generated from oil and gas production in the region. The NDDC's core activities include infrastructure development, environmental protection, human capacity development, and poverty reduction.

The Niger Delta Development Commission (NDDC) has contributed to healthcare in the Niger Delta Region in a number of ways. Some of these contributions include building and equipping health facilities. The NDDC has built and equipped various health facilities in the Niger Delta region, including hospitals, clinics, and health centres. These facilities are designed to provide basic healthcare services to the people in the region. The NDDC has also provided medical equipment to various health facilities in the region. This equipment includes laboratory equipment, diagnostic tools, and medical supplies, which help to improve the quality of healthcare services provided to people. In September 2022, the Commission renovated and fully equipped a primary health centre in the Taabaa community in the Khana Local Government Area of Rivers state. Some of the facilities provided include a power generator, air conditioner, special beds, wheelchairs, computers, solar water, and doctors' and nurses' quarters among others. The health intervention saved the people of Taabaa from the rigours of travelling about 30 kilometres to seek medical care from other communities.[27] Again, in 2019, the NDDC distributed 54 Polymerase Chain Reaction PCR machines and related medical items to health institutions across the Niger Delta region for the fight against coronavirus and also for research purposes[28]

[26]Adi Isaac Christmas, " The Niger Delta Development Commission and Peacebuilding Activities in Bayelsa State" in Governance Security and Peacebuilding in the Niger Delta, ed. Mathias Jarikre, Nsikanabasi Wilson and Abiodun Oluwadare (Ibadan, Zenith Books, 2018), 71-96.

[27]https://www.nddc.gov.ng/newsdetails.aspx?nid=133

[28]https://www.nddc.gov.ng/newsdetails.aspx?nid=30

Since its inception in 2000, the NDDC has organized various health outreach programs in the region. These programs are designed to provide free medical services to people in remote and underserved areas. The outreach programs include medical checkups, treatment of common ailments, and distribution of mosquito nets to prevent malaria. For instance, in 2010, the NDDC initiated a free medical programme in conjunction with Golspin Health Care Foundation at Asarama in the Andoni Local Government Area of River state. Indeed, about 1479 cases were treated, including 21 surgeries, 108 dental cases and 365 laboratory investigations. The community leaders appreciated the programme as it offered the villagers the opportunity to access health care. Similarly, the NDDC in tandem with Pro Health initiated a free medical mission at the Cottage hospital Ukana in Essien Udim Local Government Area of Akwa Ibom. The free medical services were also replicated in the 9 states of the Niger Delta. It was reported that about 2.5 million people in the Niger Delta region have benefitted from the free health care programme.[29]

The NDDC has also contributed to healthcare in the Niger Delta region through health education programs. These programs are designed to raise awareness about health issues and promote healthy living practices. The programs cover topics such as maternal and child health, hygiene, and disease prevention. The NDDC has funded research into healthcare issues in the Niger Delta region. This research has helped to identify the major health challenges facing the people in the region and to develop appropriate solutions.

The NDDC has made significant contributions to healthcare in the Niger Delta region by building and equipping health facilities, providing medical equipment, organizing health outreach programs, promoting health education, and funding research. However, over the years, the NDDC has faced several challenges, including corruption allegations, mismanagement of funds, and inadequate funding. Despite these challenges, the commission has implemented several projects and programs aimed at improving the lives of people in the Niger Delta region. In 2020, the NDDC was the subject of controversy following allegations of financial mismanagement and fraud. The Nigerian government launched an investigation into the commission's activities, leading to the suspension of the NDDC's Management Board. The Niger Delta Development Commission is an important institution in Nigeria's efforts to address the socio-economic and environmental challenges facing the Niger Delta region. Despite the challenges it has faced, the commission remains a critical player in the development of the Niger Delta region.

Ministry of Niger Delta Affairs (MNDA)

The Ministry of Niger Delta Affairs (MNDA) is responsible for the development and management of the Niger Delta region of Nigeria, which includes nine states: Abia, Akwa Ibom, Bayelsa, Cross River, Delta, Edo, Imo, Ondo, and Rivers. It is an interventionist Ministry. One of the critical areas of focus for the

[29]https//www.nddc.gov.ng/news_id6.html

ministry is healthcare in the region. The MNDA plays a vital role in addressing various health challenges including high rates of infectious diseases, poor healthcare infrastructure, and inadequate healthcare services. by implementing healthcare policies and initiatives aimed at improving access to healthcare services in the region.

Some of the specific roles and responsibilities of the MNDA in healthcare in the Niger Delta region include building and equipping healthcare facilities. This includes hospitals, clinics, and health centres that are designed to provide basic healthcare services to the people in the region. For instance, in 2022 the MNDA completed several health projects in Akwa Ibom state. These include a block of Health Centre, Edem Idim Ishiet, Onna L.G.A., Akwa State, In a related development, the then Minister of Niger Delta Affairs, Senator Godswill Akpabio also commissioned and handed over completed health centres, classrooms block, Primary Health Centre, Oti-Oro, Okobo LGA, Construction of Maternity Ward and Nurses Office, Inua Eyet Village, Ibeno LGA, Renovation of 12 Rooms Primary Health Care Centre and Apartment, Etebi Mbakuyo, Esit Eket LGA, all in Akwa Ibom State.[30]

The MNDA organised a medical outreach, which was tagged Integrated Medical Outreach for the indigenes of Ikot Edibon, Nsit Ubium, Local Government Area of Akwa Ibom. About 1000 people have received help for various medical conditions including surgeries and eye care since the outreach programme was introduced.[31]This includes building new healthcare facilities and recruiting and training more healthcare workers. The MNDA also provides healthcare services to people in the Niger Delta region through its healthcare facilities. These services include primary healthcare, maternal and child healthcare, and emergency healthcare services. The MNDA also advocates for healthcare policies that will improve the health status of people in the Niger Delta region. This includes policies that address the specific healthcare challenges in the region, such as malaria, cholera, and other infectious diseases.

The MNDA plays a critical role in addressing the healthcare challenges in the Niger Delta region of Nigeria. By implementing healthcare policies and initiatives aimed at improving access to healthcare services, building and equipping healthcare facilities, supporting healthcare workers, and providing healthcare services to people in the region, the MNDA is working to improve the health status of people in the Niger Delta region.

[30] https://fmic.gov.ng/fg-committed-to-tackling-health-care-challenges-in-the-ndelta-region-akpabio/
[31] We'll establish medical centres across rural communities in the Niger Delta region 21 September 2022, The Guardian

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Nongovernmental Agencies

Multinational Oil Companies

Multinational oil companies operating in Nigeria's Niger Delta region have had a significant impact on the healthcare sector in the area. These companies have been criticized for their negative impact on the environment and the health of the people living in the region, which has resulted in various health issues.[32] As a result, these companies have a responsibility to contribute to the healthcare infrastructure in the region and address the health concerns of the local communities.

One way that multinational oil companies have contributed to healthcare in the Niger Delta region is through the provision of healthcare facilities and services. Many of these companies have established hospitals, clinics, and other healthcare facilities in the region to provide medical services to local communities. These facilities are often well-equipped and staffed by qualified medical professionals, which helps to improve the quality of healthcare available to local people.In addition to the provision of healthcare facilities, multinational oil companies have also invested in health education and awareness campaigns. These companies have partnered with local organizations and government agencies to provide education and training on health-related issues such as disease prevention, sanitation, and hygiene. This has helped to improve the health knowledge and practices of local people, which can reduce the incidence of diseases and other health issues. Let us now consider specifically the role of Shell petroleum Development Company.

Shell Petroleum Development Company (SPDC)

Shell Petroleum Development Company (SPDC) has had a significant impact on the Niger Delta region of Nigeria, both positive and negative. The oil exploration activities of the company have contributed to the economic growth of the region, but at the same time, they have also had adverse effects on the environment and the health of the local population. In terms of healthcare, SPDC has implemented a range of initiatives aimed at improving access to healthcare in the region. For example, the company has constructed and equipped healthcare facilities, provided training and support to healthcare workers, and sponsored community health programs.

One notable initiative is the "Shell Health Outreach Program," which aims to provide basic healthcare services to communities in the region. This program involves the deployment of mobile clinics to remote communities, where trained medical personnel provide services such as immunizations, antenatal care, and treatment for common illnesses. For instance, in 2009 SPDC reached more than 114000 people through its health outreach programme, which

[32]Oluwatoyin Oluwaniyi, "The Role of Multinational Oil Corporations (MNOCS) in Nigeria: More Exploitation Equals Less Development of Oil Rich Niger Delta Region, *Brazilian Journal of African Studies*, vol. 3, no. 6 (2018): 143-162.

provided a range of services including health education, vaccinations, eye testing, treatment of malaria and minor ailments, the distribution of mosquito nets, HIV screening and deworming school children.[33]

Another similar health initiative of SPDC is known as Health in Motion. This initiative involves taking free medical services to remote rural communities in the Niger Delta where many people live below the poverty level. Medical teams visit different locals each month, spending almost a week on site. For those living in the most isolated places, SPDC donated ferry boats to enable patients to visit clinics and follow up on the treatment they receive in their communities. One of the benefits of the programme is that it affords the nurses the opportunity of developing new skills such as screening for cancer and counseling patients. In turn, they pass on their knowledge to others. They also train some rural dwellers to become health workers. In March 2010, SPDC and Rivers state government launched the first community-based health insurance programme in Nigeria that involves the private sector, government and community.[34]

The SPDC in collaboration with NNPC and other partners supported the Federal Ministry of Health in its efforts to contain the Ebola Virus Disease in 2014. Some of the donations by SPDC ambulances to the Ebola Emergency Operations Centres in Lagos and Port-Harcourt and two trucks with three months of fuel support to the Centre in Port-Harcourt. Medical supplies were also donated to the Health Authorities and Ebola Emergency Operations. SPDC also offered IT support to the Centre in Port Harcourt.

In the area of HIV/AIDS control, SPDC worked closely with communities, national and state agencies for control of AIDS, Federal and State Ministries of Health and an International Nongovernmental Organisation – Family Health International in the implementation of Niger Delta AIDS Response Programme (NiDAR). Initially, five states namely Abia, Delta, Edo, and Bayelsa states provided quality HIIV/AIDS services under the NiDAR project initiated by SPDC. These facilities are located in Owaza (Abia), Erhoike (Delta), Oben (Edo), Edagberi (Rivers) and Otuasega (Bayelsa). These facilities offer lifesaving opportunities for those living with HIV/AIDS through the provision of comprehensive counseling, care and treatment. The available record has shown that in 2008-2009 about 14000 individuals were treated for HIV/AIDS and received counseling.[35] In the same period, over 3700 pregnant women received care to prevent mother-to-child transmission and over 2400 people were enrolled in HIV/AIDS treatment programmes. Ninety people also began tuberculosis therapy in 2009. The SPDC and Family Health International initiated a process of handing over control of their highly successful NiDAR project to the Nigerian government.

[33]https://www.shell.com.ng/sustainability/communities/health-in-nig
[34]Ibid
[35]https://www.shell.com.ng/sustainability/communities/health-in-nig

NiDAR has been adjudged Nigeria's first comprehensive HIV/AIDS programme at the primary health care level. The programme succeeded in training more than 240 healthcare providers. It also received an international award for collective partnership from the Global Business Coalition – a group of companies that encourage private sector businesses to use their expertise to improve public health through partnerships. In August 2010, SPDC and family health international signed an agreement to extend the NiDAR to ten more hospitals. It is important to state that the success of the programme is inextricably linked to the fact that the community was in total control. Each of the hospitals is headed by a committee headed by a nominee of the community. The committee is charged with the responsibility of efficient management of the hospital and the provision of the required services. In Owaza, Abia state, the hospital is supported by a group of people living with HIV/AIDS called God's Intervention Support Group. [36]

Routine immunisation is another priority area of SPDC. Since the 1980s, SPDC has been supporting routine immunisation in the Niger Delta region through clinic-based services in the SPDC-supported health facilities and community-based outreach activities. To extirpate the challenges of access to health facilities in the Niger Delta region, SPDC provided motorcycles to extension workers for home visits, vaccine cold chain system management, and technical and logistical support to Niger Delta communities where it operates. In addition, SPDC has made frantic efforts in controlling malaria in the Niger Delta. SPDC concluded a three-year, $4.5 million partnership with Africare to reduce the impact of malaria on mothers and children in the Niger Delta through awareness programmes and the distribution of drugs and mosquito nets. SPDC has also sponsored the construction of several hospitals and clinics in the region, including the Obio Cottage Hospital and the Buguma General Hospital. These facilities have provided much-needed healthcare services to the local population, especially in rural areas.

Despite these initiatives, SPDC's oil exploration activities have had significant negative impacts on the health of the local population. The company's operations have resulted in oil spills, which have polluted the water sources and farmlands of local communities. This pollution has led to a range of health problems, including respiratory problems, skin diseases, and reproductive issues. Furthermore, the flaring of gas associated with oil production has resulted in air pollution, which has been linked to respiratory diseases and cancer. The World Health Organization estimates that air pollution is responsible for over 150,000 deaths annually in Nigeria. While SPDC has implemented several initiatives aimed at improving access to healthcare in the Niger Delta region, the negative impact of its oil exploration activities on the health of the local population cannot be ignored. The company needs to do more to address the environmental and health challenges in the region and

[36]https://www.shell.com.ng/sustainability/communities/health-in-nig

work with local communities to implement sustainable solutions that promote both economic growth and public health.

Generally speaking, multinational oil companies operating in Nigeria's Niger Delta region have a responsibility to contribute to the healthcare infrastructure in the area and address the health concerns of local communities. While they have made some efforts to improve healthcare in the region, there are still concerns about the negative impact of their activities on the health of local people. It is therefore important for these companies to continue to invest in healthcare facilities, health education, and awareness campaigns, while also taking steps to reduce their environmental impact and address the health concerns of local communities.

Médecins Sans Frontières (MSF)

Médecins Sans Frontières (MSF), also known as Doctors without Borders, is an international medical humanitarian organization that provides medical assistance to people affected by conflict, epidemics, disasters, or exclusion from healthcare. MSF has worked in Nigeria's Niger Delta region for many years, providing healthcare services to people affected by violence, displacement, and lack of access to basic healthcare services.

MSF has been working in the Niger Delta region since the 1990s, providing medical care to people affected by the region's complex social and political problems. MSF teams provide emergency medical assistance, support for maternal and child health, treatment for infectious diseases such as malaria and cholera, and mental health services for people affected by violence and displacement. It introduced a malaria project in Bayelsa state in 1999. MSF operates a surgical programme in Port Harcourt. It was reported that over 25 per cent of emergencies treated in May 2006 were for violent-related injuries.[37] Due to the prevalence of violence in the region and the lack of functioning and accessible emergency medical services in the region, MSF established a trauma centre in 2005 at the 70-bed Teme Hospital in Port Harcourt.[38] Teme Hospital Port Harcourt is known for the treatment of violence-related injuries including gunshots, stabbings, beatings and sexual violence as well as other trauma cases, such as road and domestic accidents and burns.

MSF has faced challenges in delivering healthcare services in the Niger Delta region due to insecurity and violence. For instance, in November 2005, MSF had to end the malaria project in Bayelsa because local authorities were reluctant to improve health services and staffing. It was discovered that the funds allocated to improve the provision of healthcare were usually diverted to other projects or channeled into projects that are never executed. In 2014, MSF was forced to

[37]MSF (Medicine San Frontieres) MSF activity report on Nigeria 2006. Available at:http://www.doctor-swithoutborders.org/news/nigeria.cfm
[38]MSF, Providing Emergency medical care to victims of violence in the Niger Delta Available at:https://www.msf.org

suspend its activities in parts of the region due to attacks on its staff and facilities. However, MSF has continued to work in the region, adapting its approach to ensure the safety of its staff and patients. MSF's work in the Niger Delta region highlights the importance of providing healthcare services to people affected by conflict and displacement. By providing medical assistance to vulnerable populations, MSF is helping to address the root causes of poverty and inequality in the region, and promoting access to healthcare as a fundamental human right.

Clinton Health Access Initiative

The Clinton Health Access Initiative (CHAI) is a global health organization that works to improve access to essential medicines and health services in low- and middle-income countries.[39]CHAI activities in Nigeria started in 2007. One of the areas where CHAI has been active is in Nigeria's Niger Delta region, where healthcare infrastructure and services are often inadequate. In the Niger Delta, CHAI has worked to strengthen healthcare delivery by collaborating with government officials and healthcare providers. Some of the initiatives undertaken by CHAI in this region include: strengthening health systems. CHAI has worked with the Nigerian government to improve the infrastructure and equipment of health facilities in the Niger Delta. This has included renovating and equipping hospitals and clinics, as well as training healthcare workers.

CHAI has worked to improve the availability of essential medicines in the Niger Delta. This has included supporting the government in the procurement and distribution of medicines, as well as working with pharmaceutical companies to negotiate lower prices for essential drugs. CHAI has worked to combat infectious diseases in the Niger Delta, including malaria and tuberculosis. This has included supporting the government in implementing effective prevention and treatment programs, as well as conducting research to better understand the local epidemiology of these diseases. CHAI's work in the Niger Delta has helped to improve the quality of healthcare services and access to essential medicines in the region. However, there are still many challenges to be addressed, including inadequate healthcare infrastructure, limited funding, and ongoing conflict and instability in the region.

Family Health International

Family Health International (FHI) is a non-profit organization that works to improve public health globally.[40] FHI has worked extensively in Nigeria's Niger Delta region, which is known for its challenging healthcare environment due to its remote and underdeveloped infrastructure, limited access to healthcare services, and high prevalence of infectious diseases.FHI has implemented several programs aimed at improving healthcare in the Niger Delta region, such as the Integrated Health Program (IHP), which focused on improving maternal

[39]Clinton Health Access Initiative, Available at http://www.clintonhealthaccess.org
[40]http://www.fhi360.org/count

and child health, nutrition, and the control of infectious diseases. The IHP program was implemented in six states in the Niger Delta region, including Akwa Ibom, Cross River, Delta, Edo, Bayelsa, and Rivers.

FHI also implemented the Strengthening Integrated Delivery of HIV/AIDS Services (SIDHAS) programme, which focused on improving access to HIV/AIDS services, including prevention, testing, treatment, and care. The programme provided technical assistance and support to local healthcare providers, strengthened laboratory capacity, and improved the supply chain for HIV/AIDS commodities. In addition to these programmes, FHI has also worked with local communities in the Niger Delta region to raise awareness about healthcare issues, promote healthy behaviours, and improve access to healthcare services. FHI has also worked with local government officials to strengthen healthcare systems and improve the quality of healthcare services.FHI has played an important role in improving healthcare in Nigeria's Niger Delta region. However, much work remains to be done to address the region's healthcare challenges and improve health outcomes for its population.

Conclusion

We have shown in this article that health initiatives have indeed been successfully used as a peace-building tool in the Niger Delta region. This is attested to by the various health initiatives introduced by the government and non-governmental organisations, which are intended to improve the health of Niger Deltans and simultaneously their level of peace and security. It has also shown that rehabilitation and reintegration require not only addressing the individual attitudes and behaviours in a vacuum but also addressing the risk and protective factors that exist in a given social context such as access to services (including health). However, there must be corresponding initiatives to improve the lives of those in rural areas whose livelihoods had been affected by the activities of multinational oil companies such as oil spilling and gas flaring. It is no longer news that the revenue from oil is not reinvested to promote local economic growth but repatriated by oil companies or embezzled by local elites. The fact that most of the health problems in the Nigeria Delta are inextricably linked to poverty, calls for more direct investment in poverty eradication programmes in the region. This would go a long way in providing education, skill training, employment, food and medical care among others.

In addition, efforts need to be made to hold polluters responsible so that the incidence of pollution events that depress the local economy and cause ill health can be expunged. Oil companies rarely adhere to the Industry Standard Practice which would require them to employ modern technology and thereby reduce the likelihood of a serious disaster. This requires a strong political will on the part of NDDC in carrying out its statutory responsibilities. Under section 9 of the NDDC Act, NDDC is to liaise with the various oil minerals and gas prospecting and producing companies in all matters of pollution, prevention and control. It is excruciating that the NDDC has neglected this aspect of their statutory responsibility leading to a lack of enforcement. Therefore government

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needs to reappraise its policy in tackling the problems in the region. This is imperative as a responsive and functioning public health infrastructure can solve some of the most pressing needs of the people.