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Improving the Contributions of Niger Delta Development Commission (NDDC) to Health Care Programmes in South-South, Nigeria

By
Bessong Columbus Deku

Bessong Napoleon Osang
&
Olofu, Paul Agbade
Department of Continuing Education and Development Studies,
University of Calabar,
Calabar
Email:bessongcolumbus@gmail.com

Abstract
The study investigated the contributions of Niger Delta Development Commission (NDDC) to health care programmes in South-South, Nigeria. One research question and one guided the study. The sequential explanatory mixed method (Quantitative and Qualitative) design was adopted for this study. The population of this study comprised 10,123 respondents (3,356 youth associations executives; 6,310 registered Community Development (CD) associations/committee executives; and 457 NDDC staff) in South-South, Nigeria. The sample for this study was 478 respondents which comprised 129 Youth Associations' Executives;133 Registered CD Associations/Committee Executives; and 222 NDDC staff across the four selected States in South-South Nigeria (Akwa Ibom, Cross River, Delta and Rivers). The instrument for data collection was self-questionnaire titled; "Improving Health Care Programmes Questionnaire (HCPQ). Three experts validated the instruments, two from the Department of Adult Education and Extra-Mural Studies and one from the Department of Science Education (Measurement and Evaluation Unit), all in the Faculty of Education, University of Nigeria, Nsukka. A reliability coefficient of 0.85 was established as a measure of internal consistency using Cronbach Alpha statistic. Data collected were analysed using mean and standard deviation in testing research question while ANOVA was used in testing hypothesis at 0.05 level of significance. The findings from the study revealed among others that Niger Delta Development Commission (NDDC) has contributed to health care programmes to a low extent in South-South, Nigeria. Following the findings of this study, it was recommended among others that NDDC should establish and give maximum support to the various health care programmes in South-South, Nigeria.

Keywords: NDDC, Health, Care, Programmes

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Introduction

Since the discovery of oil in the Niger Delta region, activities of oil companies in the area have become a threat to the well-being of the people. Decades of oil exploration have had severe environmental and social impacts, including widespread pollution, deforestation, and the destruction of marine life. Oil spills, gas flaring, and unchecked industrial activities have destroyed the livelihoods of communities that depend on agriculture and fishing, clearly sinking more into poverty. Health care programmes/ facilities have lagged the very attention it deserves in the region, with poor road networks, unreliable electricity, among others severely limiting economic opportunities and the quality of life for the inhabitants of the area (Abdullahi, 2023.

In recognition of these developmental challenges, the "Niger Delta Development Commission (NDDC) was established in 2000 as a Federal Government Agency tasked with addressing the region's infrastructural and developmental needs. The Commission vested with function and power to: formulate policies and guidelines for the development of the Niger- Delta, area; conceive, plan and implement, in accordance with set rules and regulations, projects and programmes for the sustainable development of the Niger-Delta area in the field of transportation including roads, jetties and waterways (Oroka et al., 2024). More so, health, education, employment, industrialization, agriculture and fisheries, housing and urban development are functions of the commission. NDDC is also charged with water supply, electricity and telecommunications, prepare master plans and schemes designed to promote the physical development of the Niger-Delta area among others (Bessong et al., 2025). The NDDC is basically an initiative aimed at tackling the developmental setbacks faced by the region. The NDDC development programmes have a master plan for implementation process rooted in infrastructural development.

However, the performance of the NDDC in achieving its set objectives remains a recurrent debate. While the Commission has undertaken numerous projects in the Niger Delta, including in Cross River and Akwa Ibom, the results have often been mixed, with many projects suffering from delays, poor execution, and allegations of corruption. One of the most critical infrastructure issues in the Niger Delta is the state of its health care delivery.

Health care programme is a platform for maintaining people's health through the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people (Amakom, 2022; Bessong, et al., 2024). Health care programme refers to all the services designed to meet the health needs of a people. The programme involves delivery of health care services such as primary care, secondary care,

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and tertiary care, as well as in public health. Somoye (2025) defined health care programme as a plan of action for restoring and maintaining healthy wellbeing of people through the prevention and treatment of diseases by health professional such as doctors, nurses and other medical personnel trained and authorized to attend to people's health needs. Itari, Bessong and Andong, (2016) defined health care programme as a course of action for ensuring good health among people. Health care programme is a well-designed plan for promoting healthy living of people. Bessong et al. (2025) categorized health care programmes into three; primary, secondary and tertiary health care.

The primary care programme is designed to render health care services to people of all ages, socioeconomic background and location seeking to maintain optimal health (Porter, 2024). Common chronic illnesses such as hypertension, diabetes, asthma, depression and anxiety, back pain, arthritis or thyroid dysfunction are treated through primary health care. Primary health care also handles basic maternal and child health care services such as family planning services and vaccinations. The secondary health care programme on one hand deals with acute care and treatment of serious illness, injury, or other health condition (Anyadike et al., 2024).). It is often found at the intensive care or emergency department in a hospital. Thus, the secondary health care programme is also known as hospital care (Oboqua et al. 2018).

The tertiary health care programme on the other hand is a specialized consultative health care, usually for patients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment, such as a tertiary referral hospital. Some of the tertiary health care services include cancer management, neurosurgery, cardiac surgery, plastic surgery, treatment for severe burns, advanced neonatology services, palliative, and other complex medical and surgical interventions. Generally, according to World Health Organization (WHO) (2021), a good health care programme ought to maintain effective delivery of quality health care for good health and well-being of the people. Health care programme is understood to determine the holistic physical and mental welfare of the people since an efficient health care delivery has the potential to significantly contribute to healthy well-being (Bessong et al., 2021).

The commission also sponsors free health care programmes. Programmes such as maternal and infant health care, and other medical issues are largely sponsored by NDDC. The commission donated 30,000 lassa fever protective kits to the 9 states; the commission also donated 2000 lassa fever sanitizer kits to the 9 states (Ibiang et al., (2014). The commission donated a dedicated ambulance and 1 (one) hilux van to the specialist hospital, Irua (Niger Delta lassa fever centre). In order to access the nooks and crannies of the Niger Delta region

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and bearing in mind the challenging terrain of the area, NDDC facilitated the acquisition of mobile surgical units for its free healthcare partners. These mobile theaters enable surgical procedures to be carried out in remote locations without hospitals and health centers (Bessong et al., 2024). NDDC plans acquired more of them in order to expand the reach of the programme. Furthermore, an estimated number of one hundred and forty-one thousand, five hundred (141,500) mosquito treated nets have so far been distributed through the free rural healthcare programme to children, nursing mothers and pregnant women in all the nine (9) states of the region and also supplied of medical equipment to health centres (Oboqua et al., 2017). As part of its contribution towards health care, the NDDC also vaccinated primary school pupils under the age of 12 throughout the nine states of the Niger delta region against hepatitis b and typhoid fever. This gesture was also extended to all prison inmates throughout the region (NDDC, 2016).

Despite this, the living conditions in various communities of the region are still poor, leading to high level of hardship, insecurity and underdevelopment. This is compounded by oil exploration activities by various oil companies, which have caused oil spillage, gas flaring and generating environmental pollution, leading to massive destruction of farmlands, environmental degradation, and contamination of sources of drinking water among others. For instance, people of the Niger Delta region always expect certain community development programmes or projects in the region. Agbiboa (2023) asserted that the destruction of farmlands and water bodies such as streams and rivers due to oil exploration has adversely affected the medical life of the people who depend on these resources for livelihood. Anipi et al. (2023) argued that with the attendant problems of desertification, oil spillages, environmental degradation and water pollution due to oil exploration, health life has become precarious for the people of Niger Delta. This is because before the era of oil exploration, the major sources of livelihood or economic activities of the people were fishing and farming. These are not possible in many parts of the region anymore.

Purpose of the Study

1. The main purpose of this study was to ascertain extent Niger Delta Development Commission (NDDC) has contributed to health care programmes in South-South, Nigeria.

Research Question

One research question guided the study.

1. To what extent has NDDC contributed to health care programmes in South-South, Nigeria?

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Hypothesis

One hypothesis was formulated to guide the study and was tested at 0.05 level of significance.

HO_1:

There is no significant difference in the mean ratings of registered youth associations' executives, CD associations/committee executives and NDDC staff on extent NDDC has contributed to health care programmes in South-South, Nigeria.

Methodology

The sequential explanatory mixed method (Quantitative and Qualitative) design was adopted for this study. The population of this study comprised 10,123 respondents (3,356 youth associations executives; 6,310 registered Community Development (CD) associations/committee executives; and 457 NDDC staff) in South-South, Nigeria. The sample for this study was 478 respondents which comprised 129 Youth Associations' Executives;133 Registered CD Associations/Committee Executives; and 222 NDDC staff across the four selected States in South-South Nigeria (Akwa Ibom, Cross River, Delta and Rivers). The multi-stage sampling procedure was used for this study. Simple random sampling technique was used to draw four states from the study area. Proportionate stratified random sampling technique was used to draw 3 Local Government Areas (LGAs) from each of the four selected sampled States. Cluster sampling technique was used to draw from each LGA, making a total of six associations/committee (3 youth associations and 3 community development associations/committees) from each State and overall total of 24 associations/committees from the four states sampled. Consequently, all the executives of the 24 youth and community development associations/committee were sampled (129 youth associations' executives and 133 CD associations/committee executives) formed part of the sample for the study. Proportionate sampling was used to draw 72% of the population of NDDC staff in each of the four States sampled thereby giving a sample size of 484 respondents. For the Focus Group Discussion Schedule (FGDS), six respondents in each state (3 Youth Associations' executives and 3 Community Development Associations/Committee executives) giving a total of 24 respondents in the 4 selected states were purposively sampled; (Akwa Ibom, Cross River, Delta and River State). A self-developed questionnaire was as an instrument for data collection titled; "Improving Health Care Programme*" (*HCPQ*)*). The HCPQ consisted of two sections, A and B. Section A elicited responses on the demographic data of the respondents while B consisted of ten (10) items on research questions. The instruments were validated by three experts, two from the Department of Adult Education and Extra-mural Studies and one from the Department of Science Education (Measurement and Evaluation Unit), all in the Faculty of Education, University of Nigeria, Nsukka. A

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reliability coefficient of 0.87 was established as measure of internal consistency using Crombach Alpha procedure. The instruments were personally administered by the researchers with three research assistants trained for the purpose. The data collected were analyzed using mean, standard deviation and descriptive statistics to test the null hypotheses at 0.05 level of significance.

Results

Research Question One: To what extent has NDDC contributed to health care programmes in South-South, Nigeria?

Table 1: Mean and standard deviation of the extent to which NDDC has contributed to health care programmes in South-South, Nigeria (N=478)

		Youth Association Executives (n=129)		**Community Development Association/ Committee Executives (n=133)**		**NDDC Staff (n=216)**		**Overall (N=478)**		
S/N	**Item Statements**	$\overline{X}$	**SD**	$\overline{X}$	**SD**	$\overline{X}$	**SD**	$\overline{X}$	**SD**	**D**
1	Construction of primary health centres in the community	2.20	0.79	2.21	0.89	2.81	0.87	2.48	0.91	LE
2	Provision of health facilities in health centres	2.16	0.91	2.32	0.89	2.86	0.89	2.45	0.95	LE
3	Provision of vaccines for children	2.09	0.82	2.32	1.01	2.62	0.82	2.39	0.90	LE
4	Construction of general hospitals in the States	2.00	0.87	1.84	0.84	2.31	0.87	2.09	0.93	LE
5	Provision of health facilities in the hospitals	1.95	0.89	1.89	0.91	2.44	0.89	2.15	0.93	LE
6	Provision of equipment/drugs in the hospitals	1.98	0.82	1.67	0.67	2.46	1.00	2.11	0.93	LE
7	Provision of storage facilities for health care	2.04	0.87	1.62	0.63	2.55	0.87	2.15	0.90	LE

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8	Support for timely immunization of children	1.96	0.85	1.56	0.59	2.52	0.89	2.10	0.90	LE
9	Encouraging health promotion campaigns in the States	1.90	0.91	1.55	0.55	2.75	0.84	2.21	0.95	LE
10	Support for antenatal/maternal health care	1.82	0.73	1.53	0.55	2.50	0.92	2.05	0.89	LE
	Grand mean	**2.03**	**0.18**	**1.96**	**0.17**	**2.59**	**0.34**	**2.26**	**0.40**	**LE**

Key: $\bar{X}$ = Mean, SD = Standard Deviation, Dec.=Decision, Very High Extent (VHE) equals 3.50 - 4.00, High Extent (HE) equals 2.50 - 3.49, Low Extent (LE) equals 1.50 - 2.49 while Very Low Extent (VLE) equals 1.00 - 1.49

Results in Table 1 showed the mean ratings and standard deviation of respondents on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria. From the overall mean, the result indicates that NDDC has engaged in construction of primary health centres in the community ($\bar{x}$ = 2.48, SD = 0.91), provision of health facilities in health centres ($\bar{x}$ = 2.45, SD = 0.95), provision of vaccines for children ($\bar{x}$ = 2.39, SD = 0.90), and construction of general hospitals in the States ($\bar{x}$ = 2.09, SD = 0.93) among others (items 40-45) to a low extent. This is because the mean ratings for the items are within the range of 1.50-2.49 set as criterion for low extent. Besides, the overall grand mean of 2.26 with a standard deviation of 0.40 is also within the same range which implies that NDDC has contributed to health care programmes to a low extent in South-South, Nigeria.

This result is buttressed by the findings from the Focused Group Discussion held in Cross River State on the 24th, of January, Akwa Ibom on the 31st of January, River State on the 6th of February and Delta State on the 13th of February 2020 with 24 discussants (12 members from youth association executives and 12 executive members from community development associations/committee) across the States sampled for the study. On "the extent they think NDDC has contributed to health care programme in South-South, Nigeria", discussants from the four States (Cross River, Akwa Ibom, Delta and River State) asserted that: "NDDC has constructed "some health centres", and has sponsored free health care programmes such as "maternal and infant health care", "donated lassa fever protective and sanitizer kits" across the States in South-South, Nigeria. The discussants also mentioned that *"NDDC* has funded the procurement and distribution of mosquito treated nets to children, nursing mothers and

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pregnant women in all the States in the region" and also "supplied medical equipment to health centres in the region". Furthermore, majority of the discussants noted that as part of contribution to health care programme, "NDDC has also vaccinated primary school pupils under the age of 12 throughout the States of the Niger Delta region against hepatitis B and typhoid fever". Nonetheless, the discussants were still of the opinion that "NDDC's contribution to health care programme has not created meaningful impact in the South-South region as "many hospitals and health centres in the regions still lack basic facilities and health personnel". Therefore, the overall finding shows that NDDC contributed to health care programmes to a low extent in South-South, Nigeria.

HO_1:
There is no significant difference in the mean ratings of registered youth associations' executives, CD associations/committee executives and NDDC staff on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria.

Table 2: ANOVA analysis of the significant difference in the mean ratings of registered youth associations' executives, CD associations/committee executives and NDDC staff on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria

	Sum of Squares	**Df**	**Mean Square**	**F**	**Sig.**	**Dec.**
Between Groups	42.580	2	21.290	292.896	.000	S
Within Groups	34.526	475	.073			
Total	77.106	477				

Key: df = degree of freedom, F = ANOVA test statistic, Sig. = Significant level/Exact probability value, Dec. = Decision, S = Significant

Results in Table 2 showed that an F-ratio of 292.896 with associated or exact probability value of 0.000 was obtained with respect to the difference in the mean ratings of registered youth associations' executives, CD associations/committee executives and NDDC staff on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria. Given the fact that the associated or exact probability value of 0.000 when compared with 0.05 (a priori value), was found significant because it was less, the null hypothesis four (H_{04}) was therefore rejected. Consequently, the conclusion drawn was that there was a significant difference in the mean ratings of registered youth associations' executives, CD associations/committee executives and NDDC staff on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria. This was further confirmed by the result from a post-Hoc test presented in table 3.

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Table 3: Scheffe Post-Hoc test for the significant difference in the mean ratings of registered youth associations' executives, CD associations/committee executives and NDDC staff on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria

(I) Designation	(J) Designation	Mean Difference (I-J)	Std. Error	Sig.	Dec.
Youth Association Excos	Community Dev. Ass/Com. Exco	.07330	.03332	.090	NS
	NDDC Staff	-.56001*	.03000	.000	S
Community Dev. Ass/Com. Exco	Youth Association Excos	-.07330	.03332	.090	NS
	NDDC Staff	-.63331*	.02972	.000	S
NDDC Staff	Youth Association Excos	.56001*	.03000	.000	S
	Community Dev. Ass/Com. Exco	.63331*	.02972	.000	S

*. The mean difference is significant at the 0.05 level, Dec.= Decision,
S=Significant, NS=Not significant

Table 3 shows a Post-Hoc test results for the significant difference ($p<.05$) in the mean ratings of registered youth associations' executives, CD associations/committee executives and NDDC staff on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria. The result reveals that there was a significant mean difference between the youth association executives and NDDC staff. Similarly, there was a significant mean difference between community development associations/committee executives and NDDC staff. Thus, inference drawn was that youth associations' executives and community development associations/committee executives differed significantly from NDDC staff in their opinions on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria.

Discussion of the Findings

The findings of the study showed that NDDC has contributed to health care programmes in South-South, Nigeria to a low extent. This finding is in consonance with the findings of some previous studies. For instance, the finding is consistent with the finding by Ibok, et al. (2025) which showed that the projects implemented by the Niger Delta Development Commission were not strongly felt by the inhabitants of Rivers State especially in the area of health among others. The finding is also in line with the finding by Okolo (2024) which showed that NDDC

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projects in the Niger Delta are yet to cover all the benefiting communities in the region. This implies that many communities in the area have not benefited much from NDDC projects generally, and health care programmes in particular.

Furthermore, it was confirmed in this present study that youth associations' executives and community development associations/committee executives differed significantly from NDDC staff in their opinions on the extent to which NDDC has contributed to health care programmes in South-South, Nigeria. In essence, youth associations' executives and community development associations/committee executives are of the notion that NDDC has contributed to health care programmes in terms of construction of primary health centres in various communities, provision of health facilities in some health centres and provision of vaccines for children among others to a low extent whereas NDDC staff have a contrary opinion. However, since youth associations' executives and community development associations/committee executives are among the users of health care programmes, their opinion on low contribution of NDDC to such programmes in the region could be true. This may help in guiding the commission on their achievement so far.

Conclusion

Based on the discussion of the findings, it was concluded that Niger Delta Development Commission (NDDC) has contributed to health care programmes to a low extent in South-South, Nigeria. However, these contributions made so far in the above area by NDDC were insignificant. It was also concluded that youth associations' executives and community development associations/committee executives differed significantly from NDDC staff in their views on extent NDDC has contributed to health care programmes in South-South, Nigeria. The differences in opinion are believed to stem from different reasons given by these categories of people. The youth association's executive and community development associations/executives believe that significant things have not been done with regards to improving health care programme in South-South by the NDDC. This view does not correspond with that of the NDDC staff who hold contrary view. From the researcher's opinion NDDC needs to do more to meet the yearning and expectation of the people of the region in order to bring about sustainable community development.

Recommendation

Following the findings of this study, it was recommended among others that NDDC should establish and give maximum support to the various health care programmes in South-South, Nigeria.

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References

Abdulla, N. (2023). Stakeholder perspectives on tourism development in waterloo region. A thesis report presented to the University of Waterloo, Ontario, Canada. Available Online at: http://www.uwspace.uwaterloo.ca.

Agbiboa, D. E. (2023). Have we heard the last? Oil, environmental insecurity, and the impact of the amnesty programme on the Niger Delta resistance movement. *Review of African Political Economy*, 40 (137), 447-465.

Amakom, U. (2022). Public expenditure on education and healthcare in Nigeria: Who Benefits and Why? *International Journal of Business and Management, 7* (12), 48-59.

Anipi, G.E, Ojong, A.R, Bessong, C.D. Jenny, G.M. (2023). Community conservation communication strategies and environmental protection in Central Senatorial District of Cross River State. *Unilorin Journal of Lifelong Education*, 7 (2), 219-230.

Anyadike, N., Ogiri, H.K., Agbo, S.U., Bessong, N.O., Bessong, C.D., Godwin, O.I., Nkmjike, O., Onyinye, E., Onyeodiri, I.C., Okengwu, M., Nwabuko, L.O., Otu, M.S., Victoria-Aigbodion,V., and Ndile, R. (2024). Cognitive and behavioural approaches to occupational stress management: The case of adult education administrative workers in Nigeria. *Medicine,* 103 (4), 1-7.

Ayuba, K. A. (2012). Environmental impacts of oil exploration and exploitation in the Niger Delta of Nigeria. *Global Journal of Science Frontier Research Environment & Earth Sciences,12* (3), 113-121.

Bessong, N.O., Bessong, C.D. and Oboqua, E.D. (2021). Assessment of the implementation of adult basic literacy programme in Cross River State, Nigeria. *Prestige Journal of Counselling Psychology,* 4 (2), 84-96.

Bessong, C.D., Ewuru, A.A., Bessong, N.O., Omang, T.N., Olori, G.I., and Patrick, E.O. (2024). Digital literacy and its effect on learner's civic engagement in adult and vocational education in Nigeria. *Masyarakat, kebudayaan dan politik,* 37 (4), 418-431.

Bessong, N.O, Bessong, C.D. and Patrick, E.O. (2024). Training of facilitators of adult basic literacy programme in Southern Cross River State, Nigeria. *Journal of Continuing and Development Education.* 4 (2), 47-53.

Bessong, C.D.; Bessong, N.O. and Ntui, O.E. (2025). Promoting community development through environmental tourism in the 21st Century in Cross River State, Nigeria. *Interdisciplinary Journal of Science Education (IJ-SED),* 6 (2) 61-69.

Bessong, C.D.; Bessong, N.O. and Usua, O.B. (2025). The role of cultural tourism to community development in Cross River State, Nigeria. *Interdisciplinary Journal of Science Education (IJ-SED),* 6 (2) 79-86.

DOI: https://doi.org/10.60787/tjesds.vol2no1.109

Bleich, S. N., Özaltin, E., & Murray, C. J. (2009). How does satisfaction with the healthcare come? Retrieved online from https://www.healthcareservices.ui on 23/04/2019.

Hogan, M.C. (2013). *Niger River in McGinley.* Washington, Dc: National Council for Science and Environment.

Ibiang, I.E., Tawo, C.O., and Bessong, N.O. (2014). Awareness creation by community-based organizations and sustainable community development projects in Southern Senatorial District of Cross River State, Nigeria. *International Journal of Continuing Education and Development Studies,* 2 (3), 111-114.

Ibok, E.E. Ogar, R.O. Akpa, S.U. Olofu, P.A., Obeten, O.O., Ewa, J.A., Obeten, A, W., Unamba, C.P., Edeh, S.O., Patrick, E.O., Bessong, C.D., Bessong, N.O., Obi, J.J., Omini, U.U., and Anam, B.B. (2025). Improving mathematics achievement and self-efficacy in students with mild intellectual disabilities using the 7Es learning strategy in inclusive classrooms in Calabar Education Zone of Cross River State, Nigeria. *Journal of Intellectual Disability-Diagnosis and Treatment,* 13 (4), 402-414.

Itari, P.E., Bessong, C.D., and Andong, H.A. (2016). Mass communication (media) as determinants of utilization of development information in rural communities of South-South, Nigeria. *International Journal of Continuing Education and Development Studies,* 3 (1), 69-79.

Niger Delta Development Commission (NDDC) (2016). *First quarterly report.* Abuja: NDDC.

Okolo, O. P. (2024). NDDC, Conflict, peacebuilding and Community Development, in the Niger Delta region. *Global Journal of Political Science and Administration, 2* (1), 36-54.

Oboqua, E.D., Bessong, C.D., and Bessong, N.O. (2018). Attainment of the millennium development goals in the provision of improved sanitation in Cross River State, Nigeria. *International Journal of Contemporary Social Science Education,* 1 (1), 129-134.

Oboqua, E.D., Bessong, C.D., and Bessong, N.O. (2017). Corporate social responsibilities of granite companies in educational facilities and portable water and implementation of community development projects in selected areas of Cross River State, Nigeria. Special Needs Education, *Journal of the Department of Special Education,* 3, 75-88.

Onokerhoraye, A. G. (2022). Achieving Universal Access to health care in Africa: the role of primary health care. *African Journal of Reproductive Health, 20* (3), 29-31.

DOI: https://doi.org/10.60787/tjesds.vol2no1.109

ISSN: 1595-8051 EISSN: 3092-9571

Oroka, O.V., Bessong, C.D., Bessong, N.O., Ewuru, A.A., and Olori, G.I. (2024). Effect of media literacy on entrepreneurial development of learners in adult and vocational education. *Journal of Media Literacy Education,* 16 (2), 61-70.

Porter, E. (2024). *Home health care: Shouldn't it be work worth doing.* New York: The Times

Somoye, K. G. (2025). Critical review of the management of healthcare system in Nigeria: emphasis on health workforce. Unpublished PhD thesis. Girnt American University.

World Health Organization (2021). *International classification of primary care (2nd ed.).* Geneva. WHO.

DOI: https://doi.org/10.60787/tjesds.vol2no1.109