

Effects of Community and Social Development Projects on Rural Communities in North Central Nigeria

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Abstract – This study was designed to evaluate the effects of CSDP projects on communities in North Central, Nigeria. A survey was conducted in selected Local Government Areas of Benue, Nassarawa, and Plateau States, Nigeria, to assess the effects of community and Social Development Projects on rural communities in North Central, Nigeria. The population of the study consisted of all beneficiaries in the study area. However, a sample size of 458 respondents was (458 retrieved) selected using simple random, sampling techniques. Data for this study were collected mainly from primary sources, through the use of a well-structured questionnaire. The data was analyzed using percentages, means and standard deviation. It was found that among the respondents in the study area, the respondents in the benefiting communities strongly agreed that the infrastructures provided by the CSDP had great effect in the various aspects on the beneficiaries. From the results obtained, the study concludes that CSDP projects had significantly affected the rural communities in north central, Nigeria. This study recommended that the project be replicated in more communities and the strategy of community driven development be adopted by local governments, states and federal government so that the people to whom the development is meant for will be at the driver's seat.

Keywords – Effects, Community, Social, Development, Projects, Rural, Communities, North Central Nigeria.

I. INTRODUCTION

A community can be described as all the people who live in a particular area [10]. It could be a group of people who have things in common because of their vocation, job, trade and even religion or sports. According to [17], a community is a group of people with socio-cultural, political or economic background who live together and do things together. [14] Defined community in the most simple and comprehensive way as a collection of definable groups of people living together in one geographical location bound by a shared set of values, expectations, aspiration, identity and destiny, pursuing common political, social, economic and related goals in a context of collaboration, cooperation and team work irrespective of observable differences. Development is a process by which the members of a society increase their personal and institutional capacities to mobilize and manage resources to produce sustainable and justly distribute improvements in their quality of life consistent with their own aspirations [24].

Majority of the world's population live in rural areas where they are engaged in agriculture [27]. Developing countries and their rural areas in particular are characterized by poverty, unemployment, unequal distribution of resources, acute shortage of social, physical institutional infrastructure and increasing rural-urban drift. Nigeria's rural population accounts for over 70 percent of poor

households (more than 98 million people, and about 17 million households). The 2003-2004 Nigeria living standard survey indicated that States in the Sahel region recorded the highest incidence of poverty, with about 80 per cent of the population described as poor ([12]. Nigeria's rural people are the most deprived of all Nigerians, having least access to services such as health, educational facilities, and access to modern agricultural input. In essence, infrastructural and institutional arrangements are deficient at the local level where most people who need them live.

Community and Social Development Project (CSDP) is a conceived development intervention that is built on two existing poverty reduction oriented programmes namely; Community-based Poverty Reduction Project (CPRP) and the Local Empowerment and Environmental Management Project (LEEMP) which came to effect in 2004 [4]. The areas of linkages between the current Nigeria's development focus and CSDP are those which address Community Driven Developments (CDD) which are socially inclined, engendering social inclusion through gender equality and people's participation, creation of job opportunities and wealth through the provision of support for various income generating activities. CSDP is to ensure improved service delivery to all rural dwellers through training in capacity and utilization as well as participatory budgeting and financial management in key development sectors [4]. The focus of CSDP and the linkages with the national development expectation is however targeted at the rural dwellers where community and social development needs are to be guided by basic underlying principles of CSDP development frameworks. The principles of CSDP are geared towards enhancing accelerated community and social development at grass root levels where developments have been limited over the years by absence of resources, lack of accountability and transparency in governance among others [4].

Improving living standards, educational levels and well-being for the entire population are major focus of CSDP [24]. It is based on the perception that no modern settlement can survive on its own without adequate provision of community infrastructural facilities such as modern markets, water facilities, adequate roads network system, health facilities, communication network facilities and many others to mention a few [9]. Community infrastructure, according to [11], consists of physical, social and institutional forms of capital which aid community residents in the production, movement, distribution and consumption activities, as well as enhances the quality of community life. According to [19], non-governmental organizations (NGOs), have been responsible positively for various forms of physical community infrastructural development in Nigeria,

through diverse developmental activities of community based organizations (CBOs) participation in infrastructural provision.

II. STATEMENT OF THE PROBLEM

Government initiated community development programmes have been criticized for their failure to properly identify the common objectives or the felt needs of beneficiaries and failure to base the planning and implementation on democratic procedures by involving the people adequately [23] [2]. This makes most governments slow to deliver basic services and are often ineffective in reaching the poor [18]. The major problem is that each government tends to have unique and varied philosophical inclination to whatever aspect of development it deems fit. [13] Remarked that lack of power at the local level, absence of effective local development oriented institutional structures, lack of funds and mismanagement of lean resources and over dependence on outside models hamper developmental programmes. [16] Reported that most government programmes fail because of administrative and structural factors. Similarly [7] reported that often developmental initiatives take top-down approach whereby planning and implementation is done at the government circle without the involvement of the target population in the decision making process of needs identification and project design.

Many poverty reduction projects in developing countries were not sustainable because of their supply-driven and top-down nature which neglected community partnership and ownership of development projects [6]. United Nations Development Programme [25] and [26] reported that programmes commanding a sense of ownership by target beneficiaries and stakeholders have clearly performed better than those that did not and unless the target beneficiaries are carried along, they will never have commitment to make such development programmes work.

In Nigeria, a lot of attention has been focused on rural transformation with a view to empowering the rural dwellers politically, socially and economically. Several government development programmes and policies have evolved over the years and were targeted at rural transformation. Despite all these developmental efforts, [3], reported that the North Central Nigeria is still generally under developed due to lack of modern infrastructural facilities such as pipe borne water, electricity, hospitals, all season roads, communication services, organized markets, among others. Therefore, rural and agricultural underdevelopment looms in North Central Nigeria. This trend is worrisome and could probably be responsible for mass exodus of young people from the rural areas to urban areas. The aim of this study is to ascertain the effects of CSDP infrastructural provision among the respondents in the benefiting communities in North Central Nigeria.

III. METHODOLOGY

The study employed public opinion method which made

use of questionnaire for data collection. This study was carried out in North Central Nigeria. The North Central or Middle Belt is a human geographical term designating the region of central Nigeria populated largely by minority ethnic groups and stretching across the country longitudinally. North Central Nigeria lies between latitude 4° 30N and 11° 20N of the equator and longitude 3°E and 14°E of the Greenwich Meridian [28]. The area occupies a land mass of about 296, 898 Km² and a population of 21, 566, 993 million people (National population commission) [29]. The population density is estimated at 76 percent per km² with the rural population constituting about 76 percent of the population in the zone.

The population of this study consisted of all beneficiaries in North Central states in Nigeria which include Niger, Benue, Nassarawa, Kogi, Plateau, Kwara and Federal Capital Territory Abuja. Fifty percent of the states were selected randomly to give three states out of the six states in the North Central. Benue, Nasarawa and Plateau states were selected randomly. Multistage sampling technique was used to select a sample size of 418 respondents.

Primary data were collected through a well-structured questionnaire. The research instrument was validated by pilot testing and passing it through erudite scholars in the Department of Agricultural Extension and Communication, Federal University of Agriculture, Makurdi to ensure that it possessed both face and content validity. Descriptive statistic was used for analysis of data.

IV. RESULTS AND DISCUSSION

Based on the perception index, the effects of infrastructural facilities provision in benefiting communities was highest in Benue state. Benue state was highest with strong agreement to the propositions that CSDP led to reduction in the time and distance to school since completion of CSDP project ($m = 5.00$). Specifically, there were increases in the number of people attending PTA meetings ($m = 5.00$), reduction in child mortality ($m = 4.94$), increases in the number of safe delivery ($m = 4.98$), access to immunization ($m = 4.98$), reduction in childhood diseases ($m = 4.92$), reduction in time and distance to health facilities ($m = 4.96$) and access to antenatal and post natal care ($m = 4.75$). Respondents further strongly agreed that there was reduction in time and distance to safe drinking water ($m = 4.96$); reduction in the incidence of waterborne diseases ($m = 4.88$); increases in the number of vehicle plying the roads per week ($m = 4.95$); reduction in average time taken to reach the communities ($m = 4.99$); reduction in average cost of transport ($m = 4.94$); increase in social events such as community meetings ($m = 4.92$); increase in economic activities such as buying and selling of farm produce ($m = 5.00$); increase in the number of people that have acquired skills for handwork such as masonry, carpentry etc ($m = 4.70$) and reduction in the number of youths migrating to the urban areas ($m = 4.69$). On the other hand, respondents agreed that there was increase in school enrolment ($m = 4.00$) and access to safe drinking water ($m = 4.42$) reduction in average cost of

potable water ($m = 4.00$). The high mean scores on the effects of the CSDP project is an indication that the project was successful and executed projects that met the socioeconomic needs of the target communities.

For Plateau state, respondents agreed that CSDP resulted in reduction in distance and time to school ($m = 3.74$), increase girl-child education ($m = 3.83$), increase in school enrolment (3.93) and increase in the number of teachers employed in the schools, ($m = 3.81$).

Further, respondents agreed that there was increases in the number of people attending PTA meetings ($m = 3.56$), reduction in child mortality ($m = 3.90$), increase in the number of save delivery ($m = 3.87$) access to immunization ($m = 4.00$), reduction in child-hood diseases ($m=4.00$), access to health facilities ($m = 3.86$), access to antenatal and postnatal care ($m = 4.19$), access to safe drinking water ($m = 3.82$), time and distance to safe drinking water ($m = 3.70$), reduction in incidence of water borne diseases ($m = 3.66$), reduction in the average cost of portable water ($m = 3.66$), increases in the number of vehicle plying the roads ($m = 3.52$), reduction in the average to reach the communities ($m = 3.56$), and reduction in the average cost of transport ($m = 3.53$), increases in social event such as community meetings ($m = 3.55$). Respondents further agreed that there were increases in economic activities such as buying and selling of farm produce, increases in the number of people that have acquired skills such masonry and carpentry ($m = 3.76$) and reduction in the number of youths migrating the urban areas ($m = 3.73$).

In Nassarawa State, respondents strongly agreed that CSDP effected outcomes in the following areas, reduction in the time and distance to school since the completion of CSDP project ($m = 4.59$), increase in girl-child education ($m = 4.46$), increase in school enrollment ($m = 4.77$), increases in the number of safe delivery, access to antenatal or post natal care ($m = 4.67$). Areas where there was agreement to the proposition of effect were: increases in girl child education ($m = 4.47$), increases in the number of teachers employed in the schools ($m = 4.27$), increases in the number of people attending PTA ($m = 4.00$), reduction of child mortality ($m = 4.24$), access to immunization ($m = 4.00$), reduction in childhood diseases ($m = 4.33$), reduction in time and distances to health facilities ($m = 4.33$), access to safe drinking water ($m = 4.00$), reduction in time and distance to get safe drinking water ($m = 4.03$). Respondents further agreed that CSDP effect outcome in the dimension of reduction in the incidence of water borne diseases ($m = 4.05$), reduction in the average cost of portable water ($m = 4.06$), increases in the number of vehicle plying the road since the intervention of CSDP project ($m = 4.09$), reduction in the average time to reach the community ($m = 4.09$), reduction in the average cost of transport ($m = 4.04$), increases in social event such as community meeting ($m = 4.17$), increases in economic activities such as buying and selling of farm produce ($m = 4.25$), increases in the number of people that have acquired skill such as masonry and carpentry ($m = 3.80$) and reduction in the number of youth -s migrating to the urban areas ($m = 4.33$).

Analysis of variance test indicate that states differ significantly on effect of CSDP projects in all dimension of the projects implemented ($4.15 \leq F \leq 93.60$; $0.01 \leq P \leq 0.05$). The north central (pooled) results in Table 4 present the effects of CSDP infrastructural provision among the respondents in the benefiting communities. The respondents agreed that CSDP had positive effect in the aspects of reduction in the time and distance to school since the completion of the CSDP project ($m = 4.15$), increase in girl-child education ($m = 4.20$), increase in school enrollment ($m = 4.43$), increase in the number of teacher employed in the school ($m = 4.08$), increase in the number of people attending P.T.A meetings ($m = 3.83$), reduction in child mortality ($m = 4.26$), access to immunization ($m = 4.33$), reduction in childhood disease ($m = 4.33$), reduction in time and distance to health facilities ($m = 4.25$), access and distance to safe drinking water ($m = 4.02$), reduction in incidence of water borne diseases ($m = 4.00$), reduction in average cost of portable water ($m = 3.84$), increase in the number of vehicle plying the road since the intervening ($m = 4.23$), increase in social event such as community meetings ($m=4.05$), increase in economic activities such as buying and selling of farm produce ($m = 3.85$), increases in the number of people that have acquired skills for handworks such as masonry, carpentry ($m = 4.10$), reduction in the number of youths migrating to the urban areas ($m = 4.09$), it is apparent that the strong positive response are as a result of high access to the infrastructure and therefore the great effects. This result agrees with the finding of [8] who reported that in the education sector there was reduction of the average time taken by students to school due to Edo State CSDP intervention in the construction and rehabilitation of schools. Similarly, [5] reported that LEEMP intervention resulted in the increase in the number of teaching staff and an increase in enrollment as a result of enabling environment for learning within the communities. The result obtained in this agrees with that of [22] who reported that provision of health centres is the most effective projects in the CSDP project that the intervention in the health sector by bringing primary health centres in the community resulted in measurable increase in the number of children immunized and increase access to Medicare by members of the community. When subjected to test of difference, the result indicated that on the average respondents significantly agreed that the ($12.49 \leq t \leq 36.24$; $p \leq 0.01$) programme has affected changes in the life of the communities in all the dimensions of the project. This result is similar to the findings of [1] who reported that the execution of the infrastructural projects within the community led to a drastic reduction in water borne diseases and other diseases. This shows that most of the projects executed have to do directly or indirectly with the focus of maintaining the public health of the communities .These authors also reported increase in school enrollment and reduction in rural urban migration which was also observed in this study. This implies thatthe CSDP project is successful and effective in the study area. This could be attributed to the adequate involvement of the beneficiaries

in the identification and selection of projects that really met their needs.

Overall results in the education sector were positive based on available indices. There was reduction of 20 minutes in the average time taken by students to get to school and 1 kilometer in average distance to school due to the intervention in the construction and rehabilitation of schools. Measureable improvement was also recorded in the number of students in science classes (Plateau state) where science laboratory and exam hall were provided. These outcomes should encourage the state and local government authorities to intensify effort in this direction. This result agrees with the finding of [8] who reported that in the education sector there was reduction of the average time taken by students to school due to Edo State CSDP intervention in the construction and rehabilitation of schools. Similarly, [5] reported that LEEMP intervention resulted in the increase in the number of teaching staff and an increase in enrollment as a result of enabling environment for learning within the communities.

In the health sector, the mean scores of Benue, Plateau and Nasarawa shows high access to health facilities because most of the communities did not have primary health centres in their communities before CSDP intervention these has resulted in increase in the number of children immunized, safe deliveries, and better treatment of HIV/AIDS patients. Even though the health talks in the health centres were still not regular, there is a direct and positive relationship between health of these rural dwellers and agricultural productivity. Since most of the respondents have been shown to be involved in agriculture. This is in agreement with [21], who established a nexus between agricultural productivity and farmer's wellbeing. [8], opined that agriculture as carried out today in a dangerous occupation as means millions of agricultural workers sustain injuries and death throughout the world. The result obtained in this study agrees with that of [22] who reported that provision of health centres is the most effective projects in the CSDP project that the intervention in the health sector by bringing primary health centres in the community resulted in measurable increase in the number of children immunized and increase access to Medicare by members of the community. There was reduction in the cost of buying water as there was increased accessed to potable water as a result of CSDP intervention in the provision of boreholes average distance to water source equally reduced by 5.82km while average time spent in fetching water reduced by 20 minutes. The result also showed reduction in reported cases of water borne diseases, indicating that there was a change in personal hygiene, after the provision of water facilities by CSDP in communities.

Some of the communities relied on open streams as their source of water supply for domestic use before CSDP intervention. The positive indices recorded in this sector further strengthen the argument for increased funding in this sector. However, experts are of the opinion that the bore hole water project largely embarked upon as a source of portable water is rather simplistic and only a temporary panacea. More sustainable rural water schemes should be

explored. This result is similar to the findings of [1] who reported that the execution of borehole water projects within the community led to a drastic reduction in water borne diseases and other diseases. This shows that most of the projects executed have to do directly or indirectly with the focus of maintaining the public health of the communities. These authors also reported increase in school enrollment and reduction in rural urban migration which was also observed in this study. This implies that the CSDP project is successful and effective in the study area. This could be attributed to the adequate involvement of the beneficiaries in the identification and selection of projects that really met their needs. This result supports the finding of a study by [20] where the involvement of target community members at all stages of projects was associated with the success of the projects. The involvement of community members in projects enkindles in them the sense of belonging and ownership, Projects could be considered effective when they meet the needs and aspirations of the beneficiaries.

V. CONCLUSION AND RECOMMENDATIONS

This study was designed to evaluate the effects of CSDP projects on communities in North Central, Nigeria. It was found that among the respondents in the study area, the respondents in the benefiting communities strongly agreed that the infrastructures provided by the CSDP had great effect in the various aspects on the beneficiaries. From the results obtained, the study concludes that CSDP projects had significantly affected the rural communities in north central, Nigeria.

This study recommended that the project be replicated in more communities and the strategy of community driven development be adopted by local governments, states and federal government so that the people to whom the development is meant for will be at the driver's seat.

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APPENDIX

Table 1. Means and Standard Deviations of Respondents on the Effects of CSDP on Communities in the North Central (N-458).

| Educational Sector Effects | Benue State | | Nassarawa State | | Plateau State | | North Central | |
|--|-------------|------|-----------------|------|---------------|------|---------------|------|
| | Mean | S.D | Mean | S.D | Mean | S.D | Mean | S.D |
| Reduction in Time and Distance to School | 5.00 | 0.00 | 3.74 | 1.20 | 4.59 | 0.49 | 4.15 | 1.02 |
| Increase in Girl Child Education | 2.00 | 0.00 | 3.83 | 1.18 | 4.47 | 0.50 | 4.20 | 0.91 |
| Increase in School enrolment | 4.00 | 0.00 | 3.93 | 1.05 | 4.77 | 0.42 | 4.43 | 0.85 |
| Increase in the number of Teachers employed- | 3.00 | 0.00 | 3.81 | 1.11 | 4.28 | 0.51 | 4.08 | 0.84 |
| Increase in the number of people attending PTA meetings. | 5.00 | 0.00 | 3.56 | 1.13 | 4.01 | 0.26 | 3.83 | 0.79 |
| Reduction in Child mortality-Increase in the number of safe delivery | 4.94 | 0.31 | 3.91 | 1.01 | 4.24 | 0.43 | 4.26 | 0.86 |
| Access to immunization | 4.98 | 0.14 | 3.87 | 1.08 | 4.67 | 0.58 | 4.26 | 0.86 |
| Reduction in Childhood disease | 4.98 | 0.14 | 4.00 | 1.14 | 4.00 | 0.00 | 4.33 | 1.03 |
| Reduction in time and distance to health facilities | 4.92 | 0.43 | 4.00 | 0.96 | 4.33 | 0.58 | 4.33 | 0.92 |
| Access to antenatal and post natal care | 4.96 | 0.19 | 3.86 | 1.14 | 4.33 | 0.58 | 4.25 | 1.05 |
| Access to safe drinking water | 4.76 | 0.61 | 4.19 | 0.88 | 4.67 | 0.58 | 4.40 | 0.83 |
| | 4.42 | 0.72 | 3.82 | 1.19 | 4.03 | 1.84 | 3.98 | 0.94 |

Means cut-off point ≥ 3.0

Table 1 continued.

| | | | | | | | | |
|---|------|------|------|------|------|------|------|------|
| Reduction in time distance taken to get safe drinking water | 4.97 | 0.17 | 4.03 | 0.18 | 3.70 | 1.26 | 4.28 | 0.99 |
| Reduction in incidences of water borne diseases | 4.88 | 0.41 | 4.05 | 0.22 | 3.66 | 1.25 | 4.02 | 1.03 |

| | | | | | | | | |
|--|------|------|------|------|------|------|------|------|
| Reduction in average cost of potable water | 4.00 | 0.66 | 4.07 | 0.26 | 3.66 | 1.18 | 3.99 | 1.02 |
| Increase in the number of vehicles plying the road per week since the intervention of CSDP in my community | 4.96 | 0.26 | 4.09 | 0.29 | 3.52 | 1.18 | 3.84 | 1.18 |
| Reduction in average time taken to reach community | 4.99 | 0.10 | 4.09 | 0.29 | 3.56 | 1.18 | 4.22 | 1.01 |
| Reduction in average cost of transport | 4.94 | 0.41 | 4.05 | 0.22 | 3.53 | 1.19 | 4.27 | .992 |
| Increase in social event such as community meeting | 4.93 | 0.54 | 4.17 | 0.41 | 3.55 | 1.23 | 4.22 | 1.03 |
| Increase in economic activities such as buying and selling | 5.00 | 0.00 | 4.25 | 0.50 | 3.75 | 1.19 | 4.05 | 1.20 |
| Increase in the number of people that have acquired skills for hand works such as masonry, carpentry, etc. | 4.71 | 0.76 | 3.80 | 1.64 | 3.76 | 1.16 | 3.85 | 1.17 |
| Reduction in the number of youths migrating to the urban areas | 4.69 | 0.74 | 4.33 | 0.52 | 3.73 | 1.11 | 4.09 | 1.07 |

Means cut-off point ≥ 3.0

Section A: Socio-economic characteristics of the respondents

1. What is your sex ? (a) Male () (b) Female ()
2. Age: what is your age? _____
3. What is your marital status (a) Single () (b) Married () (c) Divorced ()
4. How many people are eating from the same pot? (house hold size) _____
5. What is your major occupation? (a) Farming () (b) Civil servant () (c) Self employed () Teaching () petty trading () (d) Other (specify) _____
6. What is your highest level of educational qualification? (a) Non- formal education () (b) Primary () (c) Secondary () (d) Tertiary () (e) Others specify () _____
7. What is your estimated annual income? _____
8. Are you a member of any social organization? (a) yes () (b) no ()
9. If yes, indicate the type of organization _____

Section B: Effects of CSDP on infrastructural provision in the benefiting community.

Please you are required to state whether you agree or disagree with the following statements as effects of CSDP on infrastructural provision in your community by ticking as appropriate. The respondents options are strongly agree = SA, Agree = A, UD = undecided, Disagree = D and Strongly Disagree = SD (Tick the Appropriate Box).

| S/NO | Statements | SA | A | UD | D | SD |
|-----------------------------|--|----|---|----|---|----|
| Educational Sector | | | | | | |
| 1 | Reduction in the time and distance to school since the completion of CSDP project | | | | | |
| 2 | Increase in girl-child education | | | | | |
| 3 | Increase in school enrolment | | | | | |
| 4 | Increase in the number of teachers employed in the schools | | | | | |
| 5 | Increase in the number of people attending P.T.A meetings | | | | | |
| Health Sector | | | | | | |
| 6 | Reduction in child mortality. | | | | | |
| 7 | Increase in the No. of safe delivery | | | | | |
| 8 | Access to immunization | | | | | |
| 9 | Reduction in child hood diseases | | | | | |
| 10 | Reduction in time and distance to health facilities | | | | | |
| 11 | Access to antenatal and post natal care. | | | | | |
| Water Sector | | | | | | |
| 13 | Access to safe drinking water | | | | | |
| 14 | Reduction in time/ distance taken to get safe drinking water. | | | | | |
| 15 | Reduction in incidences of water borne diseases. | | | | | |
| 16 | Reduction in average cost of potable water. | | | | | |
| Transport Sector | | | | | | |
| 17 | Increase in the number of vehicles plying the road per week since the intervention of CSDP in my community | | | | | |
| 18 | Reduction in average time taken to reach community. | | | | | |
| 19 | Reduction in average cost of transport. | | | | | |
| Socioeconomic Sector | | | | | | |
| 20 | Increase in social event such as community meeting | | | | | |
| 21 | Increase in economic activities such as buying and selling, of farm produce | | | | | |
| 22 | Increase in the number of people that have acquired skills for hand works such as masonry, carpentry etc. | | | | | |
| 23 | Reduction in the number of youths migrating to the urban areas. | | | | | |