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Journal of African Studies and Development

Review

EU, China, Africa towards a trilateral cooperation: Prospects and challenges for Africa's development

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The trilateral Africa-China-EU cooperation represents a unique opportunity for Africa's development without ignoring the interests of each of the parties including the European Union (EU) and China. This paper aims at advancing the debate around trilateral development cooperation between the European Union (EU), China and Africa. The trilateral approach includes common interests for all parties and it can be an effective mechanism for achieving common goals on Africa. The paper examines the development of trilateralism as a cooperative strategy by the European Union (EU), China and Africa and as a policy tool to existing bilateral and multilateral cooperation efforts between the EU and China in the direction towards fostering Africa's development. The paper focuses on Africa's role through its regional organizations in the trilateral cooperation. Africa has the responsibility to be more active and coherent by providing the platform for dialogue to gain benefits from both the European traditional presence and from the Chinese emerging presence. The main question of the paper is how does the trilateral cooperation among European Union (EU), China and Africa work by taking into consideration the differences in EU and Chinese foreign aid models towards Africa's development and the role of Africa in the trilateral cooperation. The paper provides policy recommendations for the effectiveness of the trilateral cooperation. On the one hand, Africa should have an advanced role in the trilateral cooperation and domestically African governments should take responsibility for achieving greater transparency in the receiving foreign aid spending. On the other hand, European Union (EU) and China should deal with their challenges and their common interests on Africa. China needs to consider the political aspects of development. European Union (EU) needs to revise its trade relations with Africa. The trilateral cooperation should be progressive, but it is essential to deal with global developmental challenges in a more effective multilateral manner.

Key words: European Union (EU), traditional actor, China, emerging actor, Africa's role, trilateral cooperation, Africa's development.

INTRODUCTION

In the 21st century, Africa is emerging, more democratic and more vibrant making efforts to benefit from the opportunities of globalization. Africa has created a

network of partnerships which imply taking more responsibility for its own development, looking for solutions to continent's problems. European Union (EU) and

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China are long-standing partners of African countries, respectively the first and the third commercial partners and investors in the continent.

More practically, the European Union (EU)-China-Africa trilateral cooperation initiative (Policy note: 2009) has been driven largely by the European Union (EU), especially the European Commission, with Chinese and Africans beginning to be engaged with the issue of trilateral partnership (Veronika, 2007). In the 2007s communiqué, the two sides agreed to continue their dialogue on African issues, and actively explore effective channels of cooperation among China, European Union (EU) and Africa in appropriate area i. The trilateral cooperation has been introduced officially by the publication of a communication by the European Commission in October 2008, entitled: "The European Union (EU). Africa and China: Towards trilateral Dialogue and Cooperation". The communication proposed that the three parties work together in a "flexible and pragmatic way, linking their cooperation with existing commitment in multilateral forums".

Though China's influence in African continent was increasingly evident by 2000, the EU begun to recognize the changes occurring in Africa. The criticism over China's Africa policy damaging in a way the EU-China partnership, so, the need for dialogue on Africa, on global governance and development issues was evident. In the frame of concerns for China's involvement in Africa from the European Union (EU) and its member states, the European Union (EU) took the initiative to set the dialogue through a series of conferences, workshops and shared discussions on how the two partners will cooperate with Africa.

European Union's engagement with China, on the one hand, based on the assumption that through formal agreements with China could ensure an achievement for the developmental aims and at the same time to bring benefits to member states. On the other hand, in fact China has the same level of enthusiasm for a trilateral dialogue with European Union (EU) and Africa. China demonstrates willingness to assess the potential of such a dialogue especially for Africa's development prospects. Although, the expectation that China will adapt its behavior according to European norms in Africa is not that realistic. In this sense, the main purpose of the trilateral dialogue is the three parties to cooperate in the direction towards Africa's prosperous development with mutual benefits.

The paper examines in particular the contribution of the two parties, the European Union (EU) and China in Africa's development in the framework of trilateral cooperation as it will focus on the role of Africa via the regional institutions in the continent in the trilateral cooperation. The paper reviews trilateralism in the context of multilateralism and it concludes with estimations for the future prospects of a successful trilateral cooperation in

favor of Africa's development. The main question of the paper is to demonstrate how does trilateral cooperation among European Union (EU), China and Africa work by taking into consideration the differences in EU and Chinese foreign aid models towards Africa and taking into account the role of Africa in the trilateral cooperation.

AN HISTORICAL OVERVIEW OF CHINA'S INVOLVEMENT IN AFRICA: EUROPEAN PERSPECTIVES AND REACTIONS

In mid 90s, China has stressed the importance of the development of Sino-African relations and of Africa's economic development. More specifically, China introduced the so called "Beijing Consensus" in Africa for strengthening its ties with individual African countries ranging from political (Anirudh Sethi Report: 2012; Ellen, 2007), economical cooperation on multilateral issues and as an alternative to "Washington Consensus" originated from the post-cold war international order. In particular, the "Beijing Consensus" based on the principles of Chinese Taoist tradition and it emphasizes on non-hegemony, non-interference and no alliances as the main axis of the Chinese foreign policy. "

During the China-Africa Cooperation Forum in 2002, Wen Jiabao has initiated a new Chinese strategy for Africa. He emphasized that world peace and development cannot be sustained in the frame of division between the North and the South. In 2006, China has announced the "Year of Africa" and published its first African policy emphasizing that China and Africa relationship is based on mutual trust, win-win cooperation, cultural exchange, equality and friendship. The Fifth Ministerial Conference of the FOCAC in 2012 which held in Beijing opened up new a prospect for a new type of China-Africa strategic partnership and it provides an opportunity for both parties to review their engagement and their mutually beneficial strategies. ^{iv}

In the context of China's engagement with Africa, it is obvious that a number of motivations are driven by Chinese national interests. Firstly, the access to African raw materials, especially oil and natural gas, is certainly one of the most important reasons for the recent Chinese interests in Africa as with continuous high economic growth, China is increasingly facing the problem of energy shortage. Secondly, as a developing country itself China shares a host of common interests with African countries. China in particular is a developing country experiencing economic growth and a successful integration in the global economy so, China's development could be an example for the African states; although China has the intention to give its own experience of domestic development and poverty reduction and in fact lacks of experience with African situations. However, this experience is not completely relevant in the African context given the huge differences between China and Africa in terms of

population numbers and density, ethnic diversity, geography, strength of administration and strategic capacity, market size, skills levels etc. China and Africa share common interests, but they also share challenges such as market access, industrialization and diversification of the economy, different culture of labour relations, and interest in commodities versus interest to escape the commodities curse and finally African values in terms of human rights, democracy. Thirdly, China needs assistance and support from Africa in a number of international institutions, such as the United Nations and the World Trade Organization (WTO), especially when considering the large number of countries on the African continent. Moreover, Africa is also significant for the Chinese efforts on limiting the "international space" of Taiwan. Last but not the least, the Chinese engagement with Africa gives a new type of assistance to African countries, which provides an alternative to Western aid. Africa has benefited from the dramatic rise in prices for its natural resource exports, not only oil, but copper, zinc, platinum and other minerals are at record or near record high, largely due to the heavy demand from China and other fast growing Asian countries.

In short, China has introduced a new dynamic within Africa's political-economic architecture. It is obvious that Africa is seen as a region where China's interests have systematically undermined EU's positions in key economic and normative areas. China's "business is business" type of aid to Africa concerns the European Union (EU) and other traditional donors, whose own African aid programmes have not met development goals. In particular, the EU has recognized the need to work with China in order to harmonize efforts to promote African development. It is true that geopolitically, economically and developmentally, China has different parameters with the European parameters. Furthermore, it is evident that the European Union (EU) feels the pressure from China's involvement in Africa. China is looking more and more to the South and the EU private sector has to deal with competition on the African continent. Therefore, the EU strategy towards China is aiming at a cooperation that narrows down the substantive differences with Chinese development cooperation programmes with African countries, especially in the areas of good governance, democratization and human rights.

Regarding the European viewpoints over China's involvement in Africa, the literature gives us examples of some European members' states and individuals that have raised their concerns about Chinese non-interference policy and its implications on EU Aid to promotion of human rights, democracy and the rule of law. More specifically, Philippe Maystadt, the president of European Investment Bank emphasized on Chinese lending with easier conditions and he urges the European Union (EU) to open a dialogue with the Chinese development bank to discuss the problems of unconditional lending. However,

some European views in favor Chinese involvement to Africa have been raised, such as for example, Louis Michel argued that Europeans should stop being against China for providing interest-free loans to African countries and that European Union (EU) should make China partner in promoting effective development aid.

Europe's concerns about China's involvement in Africa based on the fact that China has replaced the traditional donors and it could possibly replace the need for European aid. However, this idea is not so pragmatic due to the fact that both actors-donors European Union (EU) and China have different approaches towards the African continent; however, it is important to distinguish the official development assistance and these other statesponsored loans, which include export buyers' credits, official loans at commercial rates, and strategic lines of credit to Chinese companies. For instance, on the one hand, China follows the non-interference policy that focuses on business activities and trade while European Union (EU) focuses on conditional policy and normative issues such as human rights, democracy with involvement in Africa's internal affairs. European Union's (EU) aid to Africa is mainly directed towards the support of public health programs, the democratization efforts, counterterrorism cooperation, the development of health infrastructure, and the improvement of regulatory institutions.

In the context of foreign aid to African countries, China's non-interference policy has not any ideological agenda and it is a tool for China's fast aid delivery. China's fast aid delivery makes the difference in providing foreign aid and it makes China an attractive donor among African countries compared to other donors such as for example the European Union. In parallel, China belongs to the developed and developing world and its donation policy differs from the western methods of good governance, democracy and human rights and privileges trade and investments in the place of aid.

In this frame, EU's ambition is to stabilize the political situation on the African continent and to reinforce peace and security by contributing to conflicts resolutions as peace in Africa is a precondition for its development; so, In the last few years, the EU's involvement in conducting civilian and military crisis management operations in Africa has been increased and is a sign of the EU's growing interest in the situation of the African continent. Another area of EU's activity in Africa is its aid in terms of good government, the reinforcement of institutions, the struggle against corruption and the promotion of human rights. EU is also striving to achieve the Millennium Development Goals (MDG), defined by the UN in 2000 as the struggle against poverty, hunger, disease, environmental degradation and discrimination against women in developing countries. In this background, in July 2005, the EU agreed to reach the target of 0.7% of GNP to official development assistance by 2015.

As far as we can observe within European Union (EU), there are two dimensions of facing China's involvement in Africa, the first sees China as a competitor and the second sees China as partner in promoting Africa's development. However, the fact is that European Union (EU) and China can find common ground for partnership and dialogue to eliminate the challenges and to agree in a common framework of providing development aid to the continent. In this frame the trilateral cooperation among the three actors European Union (EU), China and Africa is essential in a globalised world for the stability in the region of Africa as well as for regional and international governance. However, the role of Africa in the trilateral cooperation should be dynamic as Africa has much to gain on the one hand from China's growing presence on the continent, though it is not without some negative impacts and on the other hand from the European presence and its traditional assistance.

In brief, China has a new development approach that changes the future of African development and the future of western development practice and most likely of the EU. On the one hand, regarding China's foreign aid model to African countries, China's approach to Africa could be characterized as "hard -no-string approach" managed mainly by the public sector (government, public agencies etc) and it focuses on trade and infrastructure as a path for economic development. On the other hand, regarding EU's foreign aid model, EU's approach to Africa can be characterized as "soft –normative approach" derived by the private sector (multinational companies, NGO's etc), and it focuses on political stability, human rights protection, and ecologic stability.

Although the European and Chinese models have many differences, they both can contribute to Africa's development. The two partners can find a common ground in the context of trilateral cooperation to share their experiences of development with the African partners, to exchange views on peacekeeping operations and political stability of African continent, to deal with global challenges and finally to achieve transparency and effectiveness of the foreign aid together with the African states. In this sense, African countries and their leaders have the responsibility for fighting against corruption and to preserve the effectiveness of economic development.

EU-China-Africa trilateral partnership in practice: Context and observations

The paper examines the implementation of "trilateralism" as an initiative within the context of the new regionalism. Regarding the strategic partners in the trilateral coope ration, the three partners which are involved in the trilateral initiative have different rationales based on their history, economic standing, domestic politics and regional ambitions. These rationales provide both the materialist

and ideological basis within the frame of the developing and developed world and at the same time they impose limits on the successful outcome of the objectives of trilateralism.

However, the paper focused on the role of Africa in the trilateral relationship and on Africa's central position as the receiver of foreign aid from the EU and China. This paper examines EU-China-Africa trilateral cooperation by defining Africa as a region in the context of African regional institutions. The EU's strategy towards the region of Africa is undoubtedly one of many responses to China's growing presence in the African continent. The Africa-China-EU as a case of trilateral cooperation initiative has been driven largely by the EU, especially the Commission. The idea of trilateral EU-Chinese- African cooperation will be viewed in terms of the role of Africa. However, in the contemporary international relations which are based on interdependencies, the problems of individual regions become global ones, and resolution requires multilateral efforts based on co-ordinated action. The absence of coordination between those partners could influence the economic and political situation of the region; it can contribute to the slowing down the statebuilding processes in the African con-tinent and lead to a worsening of the economic and political situation. So within this context, coordination between the European Union (EU) and China in con-ducting developmental policies in Africa is a necessary precondition for initiating trilateral cooperation with the active participation of the African countries. However, because of the discrepancies in the principles of the European Union (EU) and China policies with regard to Africa, it could be difficult to reach a common understanding.

This paper provides an observation on EU-China-Africa relations and it examines possible areas of engagement between the European Union and China for Africa's development. The European Union (EU) is described as a "traditional" actor and China as an "emerging" actor in the African continent. Although European and Chinese efforts to promote development in Africa are common, the means through which the developmental agenda is promoted are different. In this context, it is observed that Europe's engagement is driven by aid; but China's engagement focuses on the pursuit of commerce. vi

In these terms, according to the official policy papers on the trilateral cooperation, the priority objectives of the partnership concentrate on reinforcing security and support for peace-keeping operations, to develop sustainable infrastructures, reinforce regional integration, the protection of the environment and management of natural resources within a context of economic and com mercial growth, and finally to increase the agricultural production, the quality of production and food security and in particular with a view to meet the objectives of the Comprehensive Africa Agriculture Development Programme.

In the context of trilateralism, the European Union (EU)

and China have both held high-level meetings with Africa over the past few years. These talks have been followed with policy papers assuming the EU's and China's principles of engagement with Africa, including the Cotonou Agreement, the Joint Africa-EU strategy, China's white paper and the FOCAC action plans. EU is seen as a "traditional" actor based on a "donor-recipient" relationship through the history, while China is presented as an "emerging" actor in Africa with engagement based on a "win-win" relationship. European Union (EU) which is Africa's biggest trade and aid partner has centered its activities on delivering aid, while China has followed a more commercial approach. In short, both actors, European Union (EU) and China have assumed that their activities are based on the improvement of development processes in Africa, Like the European Union (EU), China has provided financial support for African institutions such as the African Union (AU) and NEPAD, as well as support for Regional Economic Communities, African regional institutions which promote Africa's sustainable development based on African solutions and achievements to African problems. In this frame, firstly, EU has recognized China's goal of supporting the princi-ples of Africa's regional organizations, such as African Union (AU). Secondly, both European Union (EU) and China have recognized the commitment to capacity building and effectiveness of regional organizations such as African Union (AU) which allow African initiatives to gain influence among Africans themselves. Thirdly, both China and the European Union (EU) acknowledge that African regional initiatives are crucial for maintaining and creating peace and stability in Africa, which in turn creates an environment conducive for sustainable development.

However, although European Union's (EU) and China's approaches towards Africa's development have many differences, in the frame of the trilateral partnership all the partners could work together for building a common ground of cooperation. Firstly, a trilateral partnership of EU, China and Africa can provide an effective mechanism in moving towards common goals on Africa, including regional governance and sustainable development. More specifically, under the Joint Statement resulting from the 2007 China-EU Summit is noted that further discussions among all sides would be crucial to develop "political mutual trust and expand strategic common ground" (Chinese Foreign Ministry, 2007). Secondly, both China and the European Union (EU) have highlighted the need to promote and encourage policies that foster sustainable development in

Africa. In this frame, an EU-China dialogue on engagement with Africa could lead to an effective trilateral dialogue for common achievements on the continent, including effective governance and sustainable development

Furthermore, European Union (EU) and China both have expressed the desire to support conflict resolution

and peace processes in Africa and they both focus on mutually agreed areas such as environmental protection, human resource development, and technology transfer and food security cooperation in order to achieve the MDGs. In this frame, the European Union (EU) policy paper on China's activities in Africa calls on the European Union (EU) and China to discuss, develop and formulate, whenever possible, their African strategies with a view to a responsible commitment, aimed at fostering sustainable development and the pursuit of the MDGs' (Gomes, 2007: 11). Such as for example, food security, health services and people-centered development will foster sustainable development among Africans and will assist in creating peaceful and secure societies which can build democratic principles. China expects African countries to create and direct their own development. European Union (EU) has emphasized that any international partnership for development must be people-focused, since sustainable development is only possible with the empowerment of civil society (Gomes, 2007:11). All the three actors of the trilateral partnership can benefit from increased production capacity and improved infrastructure in Africa, so, EU's responsibility is to engage China and work together for the development of Africa and in parallel Africa should have an active role and to provide a platform for trilateral partnership.

Africa might get the most benefit from both partners by continuing to engage with China and the EU. Indeed, while China and European Union (EU) have a leading and proactive role by preserving comparative advantages, the concept up to now seems more centralized in the two partners, EU and China. In this sense, if Africa selects to take the path of a trilateral partnership, it should then play a significant and a more proactive role by providing the platform for a partnership for all three actors. If the European Union (EU) and China want to stress the importance of African ownership and development, it is time for both to leave space to Africa to be an active part of this trilateral relationship in a more proactive and leading way.

Africa's regionalism as response to the development of the trilateral partnership

Regarding Africa's role in the trilateral partnership, African countries should exercise their bargaining power more effectively to ensure that they benefit from the growing trilateral relationship, including areas such as modern technology transfer and trade. It is also Africa's responsibility and commitment in order to take advantage of Chinese and European investments, in the frame that competition is preserved and encouraged by increasing transparency and accountability of contracts. In addition, large flows of Chinese investment and aid should not be allowed to delay necessary domestic reforms, such as

strengthening economic management and improving the business environment. It is Africa's responsibility to counterbalance between European and Chinese foreign aid in order to avoid overdependence on China's investment.

In this sense, regionalism has the potential to bring better results to the African problems and it is beneficial for the trilateral partnership as well. More specifically, China and the European Union (EU) have acknowledged the African Union (AU) and NEPAD as important institutions that guide peace and development on the continent. This is the reason why the role of the African Union (AU) as a regional power should be increased to foster Africa's development and in extension in the development of European Union (EU) and China's approach towards Africa and their trilateral partnership. The trilateral approach can successfully work as a response to bilateral and multilateral approach for fostering Africa's development, only if Africa's role in the trilateral partnership through the regional institutions, such as the African Union is more active. Regional institutions could contribute for seeking solutions to African problems. Through these institutions, African leaders have asserted a collective desire to take the lead in forging a new development approach for the continent.

In this frame, the European Union (EU) and China should increase support to regional organizations as the driving forces for a sustainable development strategy to Africa. (Gomes, 2007:11). African organizations should be encouraged within the trilateral dialogue in order to voice the opinions of Africans. Both China and the European Union (EU) have declared that their relationship with Africa is based on equality, with both stakeholders on an equal basis. The European Union's (EU) stated intention to change from its traditional donor-recipient relationship – to better encourage an equal partnership – illustrates an important step and redirection of its perception of Africa.

EU, China, Africa trilateral partnership in practice: Dealing with the Challenges

The challenges in the trilateral approach attract the attention from all the actors. More empirically, with regard to Africa's role to European and Chinese foreign aid and more specifically with regard to the trilateral partnership there are some challenges.

Firstly, the European approach to development cooperation with Africa is characterized by slow aid delivery, conditionalities and slow aid effectiveness.

Secondly, regarding the Chinese aid, various African countries have expressed their concerns. Such as for example, China set pre-condition for the non-recognition of Taiwan for financial support and future investment. China's foreign policy includes the one-China policy, non-

interference in other nations' internal affairs, and respect of sovereignty of a country in its quest to follow its own development path. Another challenge is that some Chinese companies which have invested in Africa have not always had been adopted with the local people and governments. vii So, in some cases in various African countries the anti-Chinese feelings have found expression and these facts are problematic for the Chinese aid. Such as for example, during the run up for Zambia's elections in 2006, the opposition candidate, Michel Sata urged China to comply with international working standards, and otherwise he would renew its ties with Taiwan if elected. Sata has also reacted because of the bad conditions in Zambian mines that are owned by Chinese companies. Another example of Chinese anti-feelings in African countries was the reaction of the former South African president, Mbeki about the Chinese development methods, the bad working conditions, low salaries and the preference to Chinese employees instead of the local ones. He warned China to be a second colonizer and he claimed that China can not only just come to Africa, dig for raw materials and then go away. However, despite some negative feelings, China's foreign aid to African countries is characterized by effectiveness without conditionalities in domestic issues of the countries. And finally a challenge which concerns China as a member of the trilateral partnership is a good cooperation with the European Union (EU) and African countries that could offer to China an insurance policy.

Given the challenges of the trilateralism, it is true that the trilateral cooperation is a concept which exists at the level of bilateral, sectorial dialogue between the European Union (EU) and China and which has not gone beyond the EU-Chinese declaration on the subject of common action for Africa's peace, stability and sustainable development.

More empirically, on the one hand, the main challenge for EU and China is to what extent the European Union (EU) and China can cooperate with Africa as part of a strategic partnership (The EU and Africa, 2005) given their contradictory positions on continent's development. On the other hand, the main challenge for Africa is whether, Africa can manage its multiple partnerships in such a way that it becomes an active in trilateral partnership and generally in international relations which can realize its objectives, rather than remaining an object of great power agenda.

Towards an EU-China-Africa trilateral partnership: future prospects

The result of this trilateral cooperation should be the contribution to share responsibility for regional and global governance. However, the challenges in the trilateral partnership among European Union (EU), China, and

Africa can be resolved by taking into consideration some options as being assumed. The first option is to bring China into OECD/DAC framework as it is advocated by a number of development officials and experts. China has a strategic interest in being considered as a South-South partner and wants to be perceived as a developing country that is helping other developing countries (Chris and Marco, 2005). The second option is pragmatic trilateral cooperation and progressive rapprochement in order to bring forward a common African agenda. The third option is a modernization of either side's development-approach towards Africa and to build around an African agenda and aimed at making globalization more equal and sustainable, including the building blocks of security, trade, investment, regional and continental integration and aid. v

Regarding some policy recommendations for trilateral cooperation, firstly, in the frame of OECD/DAC, China could adapt its programs to the OECD's procedures. Secondly, it is essential for EU-China-Africa cooperation to be reinforced at ad hoc basis. Finally, European Union (EU) and China should be integrated in an African model of cooperation with emphasis on using existing African position from the African Union (AU), as a collective expression of African states.

In order to facilitate collaboration and partnerships between China, the European Union (EU) and Africa, the trilateral dialogue should focus on a direction to foster the development in Africa. However, the main characteristics of the trilateral partnership should identify the benefits for each partner of the dialogue; to continue to include interactions with regional organizations of Africa; to facilitate cooperation in themes related to the achievement of the MDGs and related to the capacity-building initiatives; to establish effective mechanisms in order to evaluate the follow-up actions of the trilateral cooperation of the three actors; and finally to focus on the support from the European Union (EU) and China to Africa for peace and security in the region.

European Union (EU) as well as China can deal with their challenges and common interests on Africa. Both sides have common interest in Africa's stability and security. On the one hand, China needs to consider the political dimensions of development. On the other hand, European Union (EU) needs to revise its commercial relations with Africa. The trilateral cooperation should be progressive, but it is essential to be improved in addressing the global developmental challenges in a more effective multilateral manner. The three partners can develop common interests and discuss crucial global challenges while pursuing their bilateral relations. The process of trilaterarism will strengthen their bilateral relationship and will increase their role of Africa's regional institutions as key players in Africa's development and on international stage. However, the challenge for European Union (EU) and China is to harmonize policy-goals and implementation-strategies in aid and investment and ways to mainstream initiatives at a regional level. In this context, the success or failure of China and the EU to cooperate on African development could be a challenge for the EU–China strategic partnership.

In parallel, African countries should realize the need for all the three parties to cooperate. However, Africa should have an advanced role here; should ensure that they do not lose the support of the European Union (EU) by looking forward to short-term benefits from China. Africa should develop an effective negotiation relationship with China that will benefit Africa's development. It is evident that Africa is becoming a playing area for superpower confrontations. The trilateral cooperation could be a tool for strengthening EU-China partnership and at the same time could be a valuable tool for increasing Africa's institutional role in multilateral fora. In this frame, African countries need to ensure that steep competition allows them to build their own diversified economies and that they do not remain suppliers of raw material. African countries need to ensure that markets are regulated; trade agreements are in favor of African interests and the rule of law applies. However, an understanding between the European Union (EU) and China and the active participation of African states is crucial for the development of this trilateral cooperation. Africa, theoretically the most important link in the trilateral relation, should work out its own concept of relations with the European Union (EU) and China in such a way as would allow it to emerge from the present situation of political and economic dependence and for its development. In terms of the trilateral cooperation and dealing with tensions between the different approaches, Africa needs to put political and economic heavyweights to work for its own interest in dealing with the European Union (EU) and China.

Conclusion

The paper assumes that the trilateral cooperation is an effective mechanism for fostering Africa's development although in the frame of trilateral cooperation the paper focuses on the substantial differences between the Chinese and European approaches to Africa which they are nonetheless not irresolvable. The European approach emphasizes on good governance in Africa and it seeks to build a better framework for governance on the continent, while the Chinese approach stresses on effective governance and tries to build an improved economic basis for political governance in Africa. However, dialogues between China and Europe are needed on various levels, and policy coordination is necessary. China still does not have enough experience with its new engagement in Africa. Learning from Europe of its success and failure in engaging Africa would be a great benefit for China. China

needs to have a balance between its issue-related national interests, such as energy needs, and relational national interests like its important relations with African and Western countries.

The key to the future of EU-China engagement with Africa will be firstly, how the European Union (EU) and China reconcile aspects of their development paradigms to support Africa's development. Secondly, in the maintaining trade and economic relations with Africa, China will have to avoid outright confrontation or conflicts of interest. Finally, a major challenge for Africa through its regional institutions is the management of the effects of multiple external interests and partnerships such that it becomes more of an independent actor in international relations and stops of being an object of great power agendas.

China's impact in Africa is still needed to be empirically tested and trust can be built up in the meantime. It is therefore important to increase the research basis to improve the evidence as a basis for policy-makers for making informed decisions. The European Union (EU) has the experience of modernization of development approach to Africa but China is in learning process. So, all the three actors can learn from one other and Africa has an opportunity to steer this process in the desired direction. A consideration that should be highlighted is how African countries intend to define their international positions use their enhanced bargaining power and manage their domestic development. Therefore, the African side should intent to reinforce its partnerships with both the European Union (EU) and China. Africans need to put the two political and economic heavyweights to work for their own interests and become pro-active risk managers themselves in their political and economic relations with the EU and China. The role of the African Union (AU) as a regional organization which can represent Africa is crucial for the further win-win benefits from the trilateral relations as well as for the development of Africa. It is a main task for the African Union (AU) whether Africa's asymmetrical position in the world economy will change Africa. However, the question which still remains for future research is whether the trilateral partnership can be more effective than the bilateral and the multilateral approach.

In short, Africa needs trade and commercial activities for its development. A trilateral partnership with the European Union (EU) and China which focuses on Africa's development could be a solution to Africa's development. A trilateral dialogue could be a chance for Africa via its regional organizations, such as the African Union (AU) on one the hand to provide the platform for dialogue and on the other hand, to promote Africa's development by accepting the "traditional" way of donation by the European Union (EU) and by welcoming China's "emerging" approach with business to business aid. In this sense a trilateral partnership, with Africa's role via

regional organizations such as African Union (AU) more active, is the best strategy for Africa. In this context, the main result of this research paper is to indicate that Africa should demonstrate a coherent united strategy through its regional institutions and to make efforts to maintain its relationship with both the European Union (EU) and China. In this framework Africa's challenges are firstly, to be represented itself in a dynamic way and with "one voice" in the trilateral dialogue as well as in the international arena and secondly domestically the African government to take responsibility on preserving transparency in receiving foreign aid processes and fight against corruption. In this sense regarding the issue of transparency a question for future research could be how the EU and China could preserve the transparency in foreign aid to Africa in order to be sure that foreign aid is effective for Africa's development and to work together with African governments in fighting against corruption in the common ground of trilateral cooperation.

Conflict of Interest

The author have not declared any conflict of interests.

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Full Length Research Paper

The causes of abandoned projects: Niger Delta Development Commission (NDDC) hostel project in Nigerian universities

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The Federal Government Committee on National Economic Empowerment and Development Strategy (NEEDS) assessment on Nigerian public universities submitted its report revealing the sorry state of infrastructure in the nation's tertiary institutions (Alechenu 2013). Cases of projects abandoned for many years now liter the universities landscape. Amongst these projects are several abandoned hostel projects. The research investigated the possible causes of the Niger Delta Development Commission (NDDC) hostel project abandonment. Data was collated through a questionnaire administered to the stakeholders. The data showed that the commission engaged in some cases incompetent contractors, gave approvals and executed projects outside its statutory operational scope, and corruptions.

Key words: NDDC, Hostel projects, Nigerian universities, abandoned projects.

INTRODUCTION

One of our greatest challenges as a nation is sustainable development and the difficulty in deploying resource endowment for the benefit of the people. Nigerian land-scapes are littered by many abandoned projects. Projects initiated by successive governments are abandoned. Corruptions, lack of political will, projects that have no recipient involvement are challenges facing the country. This abandonment is done without taking into cognizance the huge amount of public funds involved in initiating such projects. These abandoned projects are found in all sectors including Education, Health and Roads.

Since the attainment of independence, Nigeria has witnessed both military and civilian governments. Each

government comes up with projects that are for the betterment of the people. Many of these projects are often abandoned by successive governments both at the Federal and State levels. They do so because they don't want to associate themselves with projects embarked upon by their predecessors (Okonkon U, 2011). It is estimated that Nigeria has over 11,886 abandoned projects in the past 40 years. Out of this figure 701 are physically abandoned development projects in the Nigerian universities. This represent 163 (23.3%) are abandoned projects; 538 (76.7%) are ongoing projects which are over 15 years old (Alechenu 2013). These abandoned capital projects will require 7.78 trilion naira to

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complete (Eze 2013). The NEEDS assessment report on the Nigerian Public Universities made starkly revelations. The state of disrepair of the facilities is only but pitiable. The condition under which most students study is not conducive for proper teaching and learning to take place. Apart from being unhygienic, a substantial number of classroom blocks and hostels lack basic amenities (Alechenu, 2013). The NDDC hostel projects were abandoned at different stages of completion. These projects include;

- 1. Student's hostel, Federal University of Technology, Akure, which reached 20% completion before it was abandoned.
- 2. Students Hostel, Federal University of Petroleum Resources, Effurun- Nil, Delta State.
- 3. 500-room students hostel, Federal University of Technology Owerri, 35%.
- 4. Niger Delta University. Work stopped at the 500-bed NDDC Hostel "A and B" after just 10% of work was done.
- 5. Students' hostel in the University of Port-Harcourt reached 25% completion before it was abandoned.
- 6. The students' hostel in the Ambrose Alli University, Ekpoma, Edo State was abandoned after it reached 20% completion
- 7. 500-bed students' hostel at the Adekunle Ajasin University, Akungba, Ondo State.
- 8. 500-bed student hostel at University of Agriculture, Umudike was abandoned at 35 per cent completion. Among others

All these projects were awarded at N427, 000, 000 each, under the then NDDC Managing Director, Mr. Timi Alaibe Star projects 2004 (Thenigerianvoice.com, 2011). The long delay in completing these projects has led to cost overrun. The nine year abandonment has increased the original cost of the contract due to inflations and other factors. It is estimated now that over one billion naira will be needed to complete each project (Aborisade 2013). These projects have since being reviewed upwards to N727m in 2007 and will now need N1.4billion to complete in 2013 (Damilola 2013).

NDDC and its mandate

NDDC was established in 2000 by an act of the National Assembly with the mission of facilitating the rapid, even and sustainable development in the Niger Delta. This was as a result of the militancy in the region. This was a way for the government to assuage the aggrieved feeling of youths on development and other issues in the region. The NDDC was given the mandate to implement projects and programs for sustainable development of the Niger Delta area, to tackle ecology and environmental problems arising from oil explorations among others.

Objectives of the study

This research work intends to investigate the factors that led to the projects being abandoned through the stated objectives:

- 1. To highlight the causes of the abandoned hostel projects.
- 2. To identify the roles of NDDC, consultants, contractors, and anti-corruption agencies on the abandoned hostel projects
- 3. To recommend possible solutions to forestall the problems of abandoned hostel projects.

Literature review

A greater level of sustainable projects can be achieved if suitable projects are well formulated, prepared and implemented through the instrumentality of government machinery. Hence, projects chosen should be of high priority and widespread acceptability in the national development plan (Oladipo, 2008). There are many schools of thought as to the definition of projects. If there is a single word that describes a project is integration. It is the integration of efforts of varied human resources, the variety of equipment, supplies, materials and technologies to produce the product of the project in conformance with the requirements/specifications, on schedule, and on budget (Project Management Network, 1994).

A project can be said to be an investment activity on which resources are expended in expectation of a stream of benefits over an extended period of time in the realization of specific objectives. This activity has a specific starting point and a specific ending point intended to accomplish a specific objective. Normally, a project will have some geographical location or a rather clearly understood area of geographical concentration as well as a clientele group it intends to reach (Oladipo, 2008). We are reminded of the very complex array of activities entailed in putting in place a successful project. To put this mildly, the process involves effective planning and implementation.

Project planning begins with knowing the goals and objectives which represent the tangible and measurable parameters for success or failure. This leads to the resources required in project implementation. These resources may be tangible, intangible, human, material or financial. It is equally important to point out that a project has a planned cost and planned revenue (Joy Ghosh, 2000). This helps to monitor actual costs and revenues all through the life cycle of the project. To create a project, the hierarchy of tasks or work breakdown structure (WBS) needs to be identified. These WBS maintains an overview of the project. Projects are often

driven and defined by the customers who set the milestones and schedules.

Causes of abandoned projects

Abandoned projects can be described as the project that has started at an earlier date, but which the work for one reason or the other has stopped and such are not limited to buildings alone; roads, industrial structures, bridges, factories, dams, electricity, communication projects and so on are equally on the list (Olapade, 2012). Studies have shown that a good number of projects initiated with good intentions are abandoned at different stages of the design and implementation process. Some reasons advan-ced for failed projects are: incorrect estimation; lack of available skilled personnel; inadequate planning; poor risk management; misunderstanding of the work requirement; poor quality control by regulatory agencies; corruption and communication gap among the personnel (Makalah, 2008 and Oyelola, 2010). Other causes are cost; the developer and the contractors; inability of clients to engage contractors or designers capability to do the work; failure on the part of contractors to obtain vital inputs such as materials, manpower and machines.

Theoretical framework

Hostels all over are accommodation provided by universities as a residential halls, dormitories, or apartments for use of their students. These students come to pursue degrees in various fields of endeavor and sometimes from different parts of the world; hence the need for accommodation. (Jinadu, 2001) identifies the psychological, physiological, facility and security requirements as four important qualitative needs that measure the adequacy and habitability of the students housing. It makes the pursuit of learning in a healthy, safe and sanitary shelter necessary to meet students educational, cultural and recreational needs (Bach, 2001).

In many cases, hostel accommodations should comprise as a minimum facilities such as; bed/mattress, writing/reading table and chair, closet, wardrobe or cupboard or chest of drawers, blinds and curtains on windows, laundry rooms, spaces for spread of wet wears, mails boxes, fitness rooms, TV lodges, recreation room, shared or outdoor recreational spaces, individual or shared kitchens, individual or shared toilets and bathrooms, water supply, electricity and gas supply, internet services, outdoor recreational spaces like convenience store, recycling or waste disposal room, baseball/basketball/volleyball court (Egwuom, 2010). But, this has not been the case in many of our universities. Most times the spaces available are not sufficient to meet the demand.

It is apparent that Hostel accommodations are not

given adequate attention in the Nigerian universities system in spite of the enormity of the problems. (Ubong, 2001) had observed that hostel accommodation has not been receiving adequate attention in Nigeria. Hence, the rapidly deteriorating condition of the existing hostel facilities and the inability of the institutions to keep them in the minimum residential standard is usually due to lack of funds. (Akpan, 1998) opined that the student population is rapidly increasing; while the infrastructural amenities are declining in supply... hostel facilities are in deplorable states and overcrowded. The overcrowding of these universities hostels has led to the interventionist programs of the Federal Government, one of which is the Niger Delta Development Commission (NDDC).

Students who have lived in hostels provided by the schools will attest to the usefulness of the facility. They include among others; reading/learning, co-curriculum activities, security, improves moral conduct and integration.

METHODOLOGY

The research was carried out in three universities, namely; Imo State University (IMSU), Niger Delta University (NDU), and University of Port Harcourt (UNIPORT). The researcher instrument was an 18 item research instructed questionnaire which was directly distributed to about 150 respondents randomly selected with the intention of eliciting a response(s) out of the 230 questionnaires administered. These respondents include contracting firms, clients, and students who are the beneficiary of projects on completion. Table 1 shows the questionnaire administered to three universities.

The data collated were presented in tabular form and percentage statistical tool was used. This availed the researcher opportunity to identify causes responsible for the abandonment of NDDC Hostel projects in some Nigerian universities.

RESULTS OF THE ANALYSES

The research work was based on five main possible factors whose roles were examined and scored within identified source of project abandonment. The result of each source was scored by percentage to show their influence on abandoned hostel project. Table 2 paints a gloomy picture of bureaucratic bottleneck between the Bureau for Public Procurement (BPP) and the NDDC management in payment delay and release of funds. Corruption and political consideration are the challenges on abandoned hostel project. Table 3, shows that diversion of project resources have significant role to play on the abandoned hostel project. While inadequate manpower scored the least indicating that the consultant did not consider the need for the appropriate skill hence project abandonment. Table 4 showed that poor quality work was performed by the contractor. Regular variations of the project cost were allowed. The contractors require engaging a professional team in their project delivery. Table 5 shows that anticorruption agencies are not

Table 1. Questionnaire administered on the three universities.

| University | No. of Questionnaires Administered | No. of Questionnaires Returned | Percentage (%) Level of Responses |
|------------|--|--------------------------------------|---|
| IMSU | 94 | 68 | 72 |
| NDU | 59 | 35 | 59 |
| UNIPORT | 77 | 47 | 61 |

Table 2. Roles of NDDC on abandoned hostel project.

| | Responses | Percentage (%) |
|--------------------|-----------|----------------|
| Delayed payment | 57 | 38 |
| Corrupt officials | 46 | 31 |
| Politics | 34 | 23 |
| Procurement method | 13 | 8.7 |

Table 3. Roles of consultants on abandoned hostel project.

| | Responses | Percentage (%) |
|------------------------------------|-----------|----------------|
| Diversion of Project Resources | 61 | 41 |
| Inadequate Machines and Equipment | 39 | 26 |
| Poor Consultants Pre-qualification | 28 | 19 |
| Inadequate Manpower | 22 | 15 |

Table 4. Roles of contractors on abandoned hostel project.

| | Responses | Percentage (%) |
|-------------------------------|-----------|----------------|
| Poor quality of work | 55 | 37 |
| Upward review of project cost | 34 | 23 |
| Unnecessary delay | 31 | 21 |
| Prequalification procedure | 30 | 20 |

proactive in bringing these errant contractors to justice. Table 6 affirms that abandoned hostel projects affects the study habits of students. Because of the high cost of hostel accommodation, the available spaces are limited leading to overcrowding. Students are under a lot of pressure.

DISCUSSION OF THE RESULTS

A project is considered to have been abandoned when it does not meet the schedule, and is not on budget. Some of the reasons and effects are mentioned. However, due to the shady and oftentimes secret manner contracts are

awarded, strange companies emerge as preferred bidder. Merits in most cases are relegated to accommodate vested interest. Political expediencies are allowed to dictate project delivery by NDDC management. Again, the process that engages these consultant/contractors are responsible for non performance at project sites hence abandonment of these hostel projects. These leads to inadequate preparations before pre-qualification where not usually carried out or poorly complied with. Mismanagement of the available funds makes it difficult for the early disbursement. Thereby creating delays in project completion dates and ultimately abandoning the project. The inaction of anti-graft agencies to act appropriately ensured that these projects were not completed

Table 5. Roles of anti corruption agencies on abandoned hostel project.

| | Responses | Percentage (%) |
|---|-----------|----------------|
| Funds misappropriated not recovered | 80 | 53 |
| NDDC Defaulters are not punished | 42 | 28 |
| Failure to confiscate ill-gotten assets | 28 | 19 |

Table 6. Effect of abandoned hostel projects on students

| | Responses | Percentage (%) |
|-----------------------------------|-----------|----------------|
| High cost of Hostel Accommodation | 73 | 47 |
| Overcrowding in available space | 57 | 40 |
| Poor study habits | 20 | 13 |

on scheduled. Students who are the ultimate beneficiaries suffer.

eliminated.

CONCLUSION

The NDDC seems to be losing focus on its mandate. Successive management has treated the agency as a drain pipe. Many projects were abandoned at different stages as a result of a number of factors; the weak supervisory process of the agency contributed to non-performance of the contractors, failure to recover funds by using appropriate government agencies such as the Independent Corrupt Practices and other related offenses Commission or Economic and Financial Crime Commission, the politicization of NDDC budgets, late presentation NDDC budget estimates, bureaucratic delay at Bureau of Public Procurement (BPP) in granting approvals for contracts, issues of unnecessary variations of contracts are some of the bane of the agency.

RECOMMENDATION

The following recommendations were suggested to reduce these cases of abandoned projects;

- Prioritizations of projects should be carried out by NDDC management.
- 2. The use of project management tools such as Software Application Products (SAP). This will enable the agency to plan and track progress against set objectives and outcomes and for effective performance Monitoring and Evaluation (PM&E).
- 3. Bureaucratic delay occasioned by Bureau for Public Procurement (BPP) should be reduced.
- 4. Continuity of projects by successive management should be encouraged.
- 5. Unnecessary variations of existing contract should be

Conflict of Interests

The author have not declared any conflict of interests.

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Appendix

 Table 1. Author's compilation from the Punch, 12 February, 2013& 28 March, 2013

| S/N | Descriptio n of project (Hostel) | Capacity | Budgeted cost of work scheduled (N)million | 1 st variation (N)million (2007) | % variation | Final variation (N)billion (2012) | % Variation | Project status(com pleted) % (2007) | Project status(com pleted) % 2013) |
|-----|--|----------|---|---|----------------|--|----------------|--|---|
| 1 | FUTO | 500 | 427 | 727 | 70.26 | 1.4 | 227.87 | 35 | |
| 2 | NDU A | 500 | 427 | 727 | 70.26 | 1.4 | 227.87 | 10 | |
| 3 | NDU B | 500 | 427 | 727 | 70.26 | 1.4 | 227.87 | 10 | |
| 4 | ABSU | 300 | 427 | 727 | 70.26 | 1.4 | 227.87 | 20 | |
| 5 | IMSU | 300 | 427 | 727 | 70.26 | 1.4 | 227.87 | 20 | |
| 6 | AAU (1) | 500 | 427 | 727 | 70.26 | 1.4 | 227.87 | 20 | |
| 7 | UNIPORT | 500 | 427 | 727 | 70.26 | 1.4 | 227.87 | 25 | 70 |
| 8 | AAU | 500 | 427 | 727 | 70.26 | 1.4 | 227.87 | 20 | |
| 9 | FUTA | 500 | 427 | 727 | 70.26 | 1.4 | 227.87 | 20 | |
| 10 | UAU | 500 | 427 | 727 | 70.6 | 1.4 | 227.87 | 30 | 70 |

Table 2. Shows the actual cost of work performed as at 2007 and as at 2013.

| S/N | N Description of project Ca (Hostel) | | Actual cost of work performed as at 2007 (N) | Actual cost of work performed as at 2013 |
|-----|--------------------------------------|-----|--|--|
| 1 | FUTO | 500 | 149,450,000 | |
| 2 | NDU A | 500 | 42,700,000 | |
| 3 | NDU B | 500 | 42,700,000 | |
| 4 | ABSU | 300 | 85,400,000 | |
| 5 | IMSU | 300 | 85,400,000 | |
| 6 | AAU (1) | 500 | 85,400,000 | |
| 7 | UNIPORT | 500 | 106,750,000 | 980,000,000 |
| 8 | AAU | 500 | 85,400,000 | |
| 9 | FUTA | 500 | 85,400,000 | |
| 10 | UAU | 500 | 128,100,000 | 980,000,000 |

Source: Author's compilation

Specimen

HOSTEL PROJECTS ABADONMENT FACTORS SURVEY QUESTIONNAIRE (HPAFSQ)

| ROLE OF NDDC IN THE HOSTEL PROJECT ABANDONMENT | SA | Α | D | SD |
|--|----|---|---|----|
| 1. Delayed payment | | | | |
| 2. Corrupt officials | | | | |
| 3. Political considerations | | | | |
| 4. Procurement method | | | | |
| ROLES OF CONSULTANTS ON HOSTEL PROJECT ABANDONMENT | | | | |
| 5. Diversion of project resources | | | | |
| 6. Inadequate machines & equipment | | | | |
| 7. Poor consultants prequalification | | | | |
| 8. Inadequate manpower | | | | |
| ROLES OF CONTRACTORS ON HOSTEL PROJECT ABANDONMENT | | | | |
| 9. Poor quality of work | | | | |
| 10. Upward review of project cost | | | | |
| 11. Unnecessary delay | | | | |
| 12. Prequalification procedure | | | | |
| ROLES OF ANTI-CORUPTION AGENCIES ON HOSTEL PROJECT ABANDONMENT | | | | |
| 13. Funds misappropriated not recovered | | | | |
| 14. NDDC defaulters are not punished | | | | |
| 15. Failure to confiscate ill-gotten assets | | | | |
| EFFECTS OF HOSTEL PROJECT ABANDONMENT ON STUDENTS | | | | |
| 16. High cost of hostel accommodation | | | | |
| 17. Overcrowding in available space | | | | |
| 18. Poor study habits | | | | |
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Full Length Research Paper

A Spatio-Temporal Analysis of Migration of Highly-Skilled Professionals from Health Institutions in Nigeria

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Emigration and immigration/returning (simply put as migration) of highly-skilled professionals are of increasing concern in developing countries of the world. Emigration of core health professionals from Nigeria have been claimed to be increasing towards the developed North, while immigration/returning of health professionals into the country was believed to be increasing as well, over time. Ironically, virtually no empirical study has been carried out to prove these assertions. The study therefore examined the directions and destinations of health professionals from and into selected institutions in the southwestern Nigeria between 1986 and 2010. On this premise, two tertiary (UCH, Ibadan and OAUTHC, Ile-Ife) and one secondary (AMTH, Ibadan) health institutions were purposively selected, while a systematic random sampling was employed in selecting 348 respondents out of 3,089. The trajectories were mapped over space and time and other data analysed. The findings showed emigration was increasing while immigration/returning of health professionals declined over time. Also, the direction was majorly towards developed North and the destination being the United Kingdom (33.0%), followed by the United States of America (27.6%), Canada (12.0%). Immigrants were majorly from Europe (69.0%), while returnees were from the United Kingdom and United States (33.3% each). The study concludes that the rate of emigration of health professionals is alarming, particularly of the doctors, which if not checked, could affect the health system of the country.

Key words: Spatio-temporal, Emigration, Immigration/returning, Health Professionals, Health Institutions, Nigeria.

INTRODUCTION

Emigration and immigration/returning (shortly put as migration) of highly-skilled professionals are of increasing concern in developing countries of the world. This is because they are the flows of human resources from countries of dire need to countries where in the case of the former, it is perceived to be plenteous and for the latter, it comes in trickles into countries of dire need; all

things being equal (Batista, 2007). However, the perceived gain in both cases is not always adequately gauged, due to certain factors, such as inadequate data and knowledge of the occurrences.

Emigration of highly skilled professionals from origin to destination is the main stream, with the higher volume, as against reverse stream, of lower volume. The former is

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often referred to as a loss, or a drain; hence, labeled brain drain, while the latter, the reverse flow, though often less known or publicized and comes in trickles, is known as the gain, or brain gain (Adepoju, 2004; Batista et al, 2007). However, a comprehensive study of the brain drain and brain gain in Africa, in particular Nigeria is yet to emerge. This is because no single data source has been able to adequately capture the exact figures of the main stream and reverse flows (de Hass, 2008). Even the available ones are mostly in aggregate forms and the data provided do not tally. Docquier and Marfouk (2006) and Clemens (2007) for instance, gave the estimates of emigrant physicians that were trained in Africa and in particular Nigeria, but, practicing in developed countries. The numbers of Nigerian medical personnel working in the United States and United Kingdom were 8,954 and 3,415 respectively in 2000. For nurses, the US and UK are said to have attracted most of the Nigerian trained nurses. Clemens (2007) also estimated the number of emigrated nurses to be 12,579, or 12 per cent of the total number of nurses in Nigeria as of 2000. Yet, other sources estimated the figure of doctors and nurses trained in Nigeria and working in developed countries of the US, UK, Canada and Ireland in 2005 as 8,805.

The concerns of the study, therefore, is to examine the volumes and direction of migration of highly-skilled health professionals into and out of Nigeria and into and out of the selected tertiary and secondary health institutions in South-western Nigeria over a defined period. However, the study is premised on the assumption that the volumes of migration of health professionals have not been increasing over the defined period among selected tertiary and secondary health institutions.

THEORETICAL EXPLANATIONS OF SPATIO-TEMPORAL MIGRATION OF HEALTH PROFESSIONALS

The Gravity Model

The gravity model is not only used in explaining human interaction from one place to another, based on physical distance alone; but, it also considers the product of two masses, the population sizes of both the origin and destination of the movements in the explanation of level of interaction of two places. The model derives from the Newtonian theories of gravitational attraction between any two celestial masses and was adopted by Geographers to estimate the spatial interaction or movement between any two places (Carey, 1850). Carey (1850) explained that the essentiality of human existence is pivoted on the attractive force that exists between two areas, which is akin to the force of gravity. In other words, there is a force of attraction of people (migration) from a low-populated small city to a high-populated big city. On

that note, migration of health professionals are on the contrary to this model, for instance, the attraction of health personnel from developing countries with higher population size to developed countries with lesser population does not obey the gravity model. Also, a potential migrant moving from poor origin and to better destination does not think of the distance separating the two locations but the opportunities. Therefore, the push-pull model could to some extent explain migration behavior of health professionals.

Push-Pull Model

Distance and population alone were adjudged not sufficient in explaining migration behaviour; therefore, Lee (1966) hypothesized the push-pull model. He posited that both the destination and the origin have characteristics that attract or repel migrants; represented by positive and negative symbols, as in Appendix 1. Individuals perceive these characteristics differently; hence, subjectivity plays an important role in their reaction to the stimuli they receive from the outside environ. But, basically, the push-pull model gives an idea of movement of people away from an area emitting 'push' factors/ stimuli to an area with positive stimuli or to an area that 'pull' them towards itself. Without a consideration of people's differences in perceiving the stimuli and reacting accordingly, the criticism levied against the mechanistic nature of the model holds, as it does not allow for individuals' perception and evaluation of the stimuli/factors.

Behavioural Theory of Migration

In the light of the above, Shaw (1975) modified the pushpull theory, as he presented the behavioural theory that introduces perception and evaluation of humans to pushpull factors. The behavioural theory considers potential migrants' subjective thought, their weighing of the situation of the prospective destination in the light of their limited level of knowledge and information available to them and their personal needs (Shaw, 1975; Afolayan, 2004). Also, the theory depicts human responses to external stimuli or forces that emanate from the environment, as intervening (endogenous) factors or variables that predispose an individual's reaction to external stimuli (exogenous) factors, both at the source and destination.

System Modeling of Spatio-temporal Migration of Health Professionals

The spatio-temporal system of migration of health professionals is perceived the donor/sending country

produces the skilled health personnel, who responded to push (endogenous) forces and were unable to be held back by the stick factors; therefore, emigrate. Consequently, their movement results into series of negative and positive effects/impacts, both at the sending and receiving countries. Furthermore, non-migratory forces are in operation in the sending country, such forces are the influence of the natural attrition of health workers, such as the turnout of graduates from different health training institutions.

On the other hand, the recipient/receiving country attracts migrating health personnel because of its pull factors, due to the strong push factors emanated from the donor country. However, counter migration, because of the strong push factors emanated in the recipient country that override the stay factors, hence, immigration/returning occurs.

METHODOLOGY AND METHODS OF DATA COLLECTION

The Sampling Framework

The sampling framework was at two stages. The first stage involved multi-stage random sampling design in selecting two tertiary teaching hospitals each from Oyo and Osun States and one secondary teaching hospital from Oyo State. The second entailed a purposive random sampling technique in selecting the tertiary and secondary health institutions. These are the University College Hospital (UCH), Ibadan in Oyo State and Obafemi Awolowo University Teaching Hospital Complex (OAUTHC), Ile Ife in Osun State, as the two tertiary health institutions and Adeoyo Maternity Teaching Hospital (AMTH), Ibadan in Oyo State, as the only secondary health institution in the sample (Map 1).

The Study Population

The population for the study consisted of medical professionals that are reckoned with internationally as highly skilled professionals. These were classified into four groups. The first comprise doctors (medical and dental), the second nurses, the third pharmacists, and the fourth medical laboratory scientists (MLS).

Sampling Techniques and Sample Size

The sampling techniques were three in number, comprising the administration of a questionnaire, sessions of focus group discussions (FGDs) and in-depth interviews (IDIs). The first entailed the selection of a total number of 348 respondents that were systematically randomly selected from complied lists of the four categories of health personnel in the three institutions for the questionnaire administration. The second technique comprised the organization of sessions of focus group discussions (FGDs) in each of the institutions for each of group of health professionals and indepth interviews (IDIs) that were conducted among members of management in the three institutions.

The total sample size for the study was the representation of the total population of the core health professionals on the lists acquired from the Establishment/ Personnel Unit of the three institutions. The sampling of respondents was approximately 10 per cent of the total population of each category of the core health

professionals in both UCH and OAUTHC; but, 20 per cent of sampled respondents in AMTH was selected, due to small population size of the health personnel in the institution. The lists of staff available for sampling was in form of stock; therefore, 10 per cent each of doctors in UCH and OAUTHC was selected; the same for nurses, pharmacist and MLS. But in AMTH, 20 per cent each of these categories of health personnel was selected.

Variables/Measures of Interest

The selected respondents gave information known to them on emigrants. This included number of colleagues emigrated and their destinations. The defined periods were further classified into four phases: 1986-1999, 2000-2003, 2004-2007 and 2008-2010.

Analytical Techniques

The trajectories were mapped over space and time and other data analysed. Also, data were analysed using statistical techniques, of measures of central tendency and cross tabulation. Analysis of Variance (ANOVA) technique was adopted to validate the assumption.

FINDINGS

Temporal Trends of Emigration, Immigration and Returning Health Professionals

Table 1 shows emigration of health professionals was generally on the increase, that is, from 435 to 457 and on to 512 respectively between 1986 and 1999, 2000 and 2003 and 2004 and 2007; but with a deep to 414 between 2008 and 2010.

In particular, Appendix 2 shows increase in the volumes of emigrated doctors and pharmacists; but, a decrease of emigrated nurses and fluctuating condition for MLS. Also, ANOVA test buttressed the fact of an increase of emigrated health professionals between 1986 and 1999 (F=0.95; P=0.391), 2000 and 2003 (F=1.51; P=0.226) and 2008 and 2010 (F=2.09; P=0.129), and the decline between 2004 and 2007 (F=4.07; P=0.02) at 0.05 level of significance (Appendix 3).

Table 2 shows 33 immigrants moved in from other countries between 1986 and 2010; compared to larger volumes of emigrated professionals from the institutions. In particular, immigrated doctors and nurses though very few, increased, from 1 to 7 doctors and from 3 to 9 nurses between 2004 and 2010.

Also, Appendix 4 shows increase in the volume of immigrated doctors over time in the selected institutions. However, the volume of immigrated nurses between 1986 and 2003 was steady, but declined two times the volume between 2003 and 2007, however, increased with geometric rate between 2007 and 2010. Furthermore, ANOVA test showed the increase was significant, with F=10.111 and P=0.00 at 0.05 level of significance (Appendix 5).

Table 1. Emigrated Health Professionals, 1986-2010.

| Period | Doctors | Nurses | Pharmacists | MLS | Total |
|-------------|---------|--------|-------------|-----|-------|
| 1986 – 1999 | 19 | 404 | 2 | 10 | 435 |
| 2000 - 2003 | 73 | 373 | 6 | 5 | 457 |
| 2004 – 2007 | 135 | 358 | 10 | 9 | 512 |
| 2008 - 2010 | 194 | 200 | 13 | 7 | 414 |
| Total | 421 | 1335 | 31 | 31 | 1818 |

Table 2. Immigrated Health Professionals, 1986-2010.

| Period | Doctors | Nurses | Pharmacists | MLS | Total |
|-------------|---------|--------|-------------|-----|-------|
| 1986 - 1999 | 0 | 6 | 0 | 0 | 6 |
| 2000 - 2003 | 1 | 6 | 0 | 0 | 7 |
| 2004 - 2007 | 1 | 3 | 0 | 0 | 4 |
| 2008 - 2010 | 7 | 9 | 0 | 0 | 16 |
| Total | 9 | 24 | 0 | 0 | 33 |

Source: Fieldwork, 2012

Table 3. Returnee Health Professionals, 1986-2010.

| | Migration | Class of Professionals | | | | | | | | | | | |
|-------------|---------------|------------------------|------|--------|------|--------------------|-----|-------|-----|-------|------|--|--|
| l (it(i | | Doctors | | Nurses | | Pharmacists | | MLS | | Total | | | |
| Institution | Status | Count | % | Count | % | Count | % | Count | % | Count | % | | |
| | Returned | 7 | 20.6 | 18 | 35.3 | 0 | 0 | 1 | 25 | 26 | 28.0 | | |
| UCH | Not -returned | 27 | 79.4 | 33 | 64.7 | 4 | 100 | 3 | 75 | 67 | 72.0 | | |
| | Total | 34 | 100 | 51 | 100 | 4 | 100 | 4 | 100 | 93 | 100 | | |
| | Returned | 0 | 0 | 5 | 21.7 | 0 | 0 | 0 | 0 | 5 | 17.9 | | |
| AMTH | Not -returned | 4 | 100 | 18 | 78.3 | 0 | 0 | 1 | 100 | 23 | 82.1 | | |
| | Total | 4 | 100 | 23 | 100 | 0 | 0 | 1 | 100 | 28 | 100 | | |
| | Returned | 0 | 0 | 3 | 7.0 | 0 | 0 | 3 | 60 | 6 | 7.7 | | |
| OAUTHC | Not -returned | 22 | 100 | 40 | 93.0 | 8 | 100 | 2 | 40 | 72 | 92.3 | | |
| | Total | 22 | 100 | 43 | 100 | 8 | 100 | 5 | 100 | 78 | 100 | | |

Source: Fieldwork, 2012

Returnee health professionals in the institutions were very few between 1986 and 2010. Table 3 shows majority (72.0%, 82.1%, and 92.3%) of the professionals in UCH, AMTH and OAUTHC reported none of their colleagues had returned.

Also, nurses were in the majority, with 70.3 per cent among reported returnees in the three institutions (69.2% - UCH; 19.2% – AMTH; 3, 11.5% - OAUTHC). Moreover, UCH was the only institution that recorded there were returnee doctors (7 - 100%) and the four professionals that reported returnee MLS were in UCH (1; 25%), OAUTHC (3; 75%) and none in AMTH. Equally, none of

the professionals reported returnee pharmacist in any of the institutions. In summary, though, the numbers of returnee health professionals were low; still, they indicate brain circulation.

Spatial Pattern of Emigration

Figure 1 and Appendix 6 depict the United Kingdom (UK) as the major destination country, with 190 (33.3%) emigrants; followed by the United States (US) – (159;27.0%) and Canada (69;12.0%), Saudi Arabia (30;

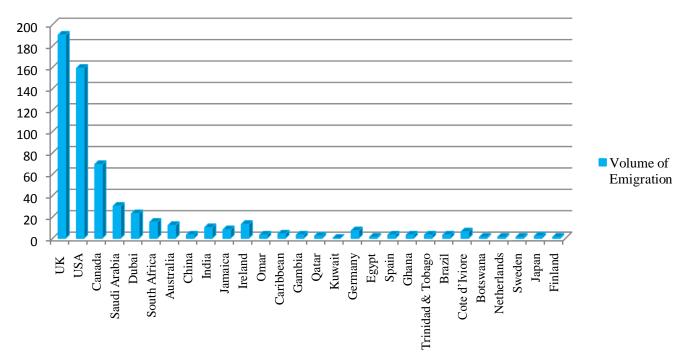


Figure 1. Destination of Emigrated Health Professionals

.5.2%), Dubai (23; 4.0%), South Africa (15; 2.6.%), Ireland (13; 2.3%), Australia (12; 2.1.%) and India (10; 1.7%).

Appendices 7, 8 and 9 show doctors and pharmacists in UCH (38.0%) and OAUTHC (31.0%) moved to the US, while emigrated nurses in UCH- 40.0%, AMTH- 39.8% and OAUTHC- 31.9% moved to the UK. The Gulf States were prominent destination for MLS in UCH, with Saudi Arabia, Omar and Dubai recorded 18.2% each, while the Kingdom of Saudi Arabia was the predominant destination for MLS (44.4%) in OAUTHC (Maps 2-5).

Spatial Pattern of Immigration

The immigration of health professionals into the country, in particular to the South-west geo-political zone of the country was majorly North-South, that is, nationals from Europe (20, 69.0%) dominated the flows, as shown on Figure 2 and Appendix 10. Other sources of less importance were the US and South Africa, with 2 (6.9%) nationals each, and one (1; 3.4%) national each from the UK, Australia, the Caribbean, Egypt, and The Gambia.

Again, nurses (17; 85.0%) were in the majority; followed by doctors (3; 15.0%) and one (1) pharmacist that moved into the selected institutions from countries in Europe. Other source countries of less significance for the nurses were African countries, of South Africa (2; 100%), The Gambia (1; 100%) and Egypt (1; 100%), and

from Australia (1; 100%) and the Caribbean (1; 100%). Two (2; 66.6%) of the doctors were from the US, while the remaining immigrant doctor was from the UK (Maps 6).

Spatial Pattern of Returnees

Figure 3 and Map 7 show majority of the returnee health professionals (6; 33.3%) were from the UK and the US (6, 33.3%); followed by Canada (3; .16.7%), Sierra Leone (1; .5.6%), Ghana (1; .5.6%) and Botswana (1; 5.6%). Appendix 11 shows majority of the returnee doctors (5; 83.3%) had been in the US; followed by the UK (2; 33.3%), Canada (1; 33.3%), Sierra Leone (1; 100%) and Botswana (1; 100%). In the case of nurses, UK had hosted majority (4; .66.7%) of them; followed by Canada (2; 66.7%), the US (1; 16.7%) and Ghana (1; 100%). Again, the very few numbers of reported cases of returnee health professionals indicate an imbalance between brain drain and brain gain in the selected institutions.

DISCUSSIONS OF FINDINGS

Spatio-Temporal Trends in Volumes of Emigrated Health Professionals

The reasons for the variations in the volumes of the three categories of emigrant health professionals and

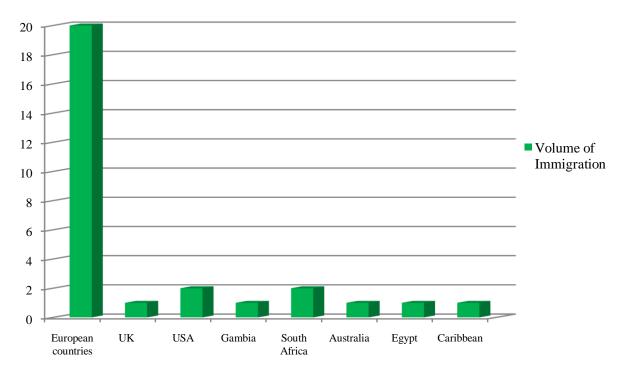


Figure 2. Source Countries of Immigrant Health Professionals.

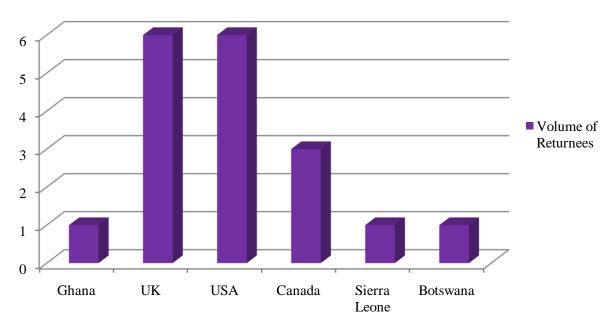


Figure 3. Volume of Returnee Health Professionals from Destination Countries.

among the selected institutions from 1986 to 2010 are multi-faceted. First, the populations of nurses and doctors at any level of health institution; be it primary, secondary or tertiary are always higher than that of pharmacists and MLS. Therefore, the variations in the numbers of the

different categories signify, among others the relative proportions of each of the professions in the delivery of health care and services. For instance, the number of nurses employed in any public and private health institutions either doubles or triples that of the doctors and that of the doctors double that of pharmacists, under normal circumstances.

Secondly, the variations are premised on the level of demand abroad for different categories of health professionals and the foreign currency/income they would earn. Doctors are needed for timely clinical diagnoses and surgical operations of patients. Nurses are to administer drugs and carry out other therapeutic plans of treatment to patients in the hospitals/clinical wards; in short, they are in charge of hospitals/clinical wards. Apart from doctors and nurses, whose skills are specialized, the skills of pharmacists and MLS cannot be easily brushed aside, as they are specialists in their own right. In addition, foreign currency/income of health professionals abroad is 'a lot of money'. One of the in-depth interviews with the Chairman of National Association of Nigerian Nurses and Midwives (NANNM) portrays the situation as well:

...You see, the motivating factor and reason why nurses move en-mass abroad is because of the financial reward. An average African nurse works 84 hours in a week, while his/her foreign counterpart works for just 40 hours per week. So, when you work there for about six months or one year, you would have made a lot of money in foreign currency. And since the society recognizes/associates one, based on financial standing, people are forced to travel out (IDI, OAUTHC 2012).

The third possible reason for the decline in the volume of emigrated nurses, but, an increase in the volume of emigrated doctors is the socio-economic and political factor prevailing in Nigeria. Between 1986 and 1999, the military was in charge of the governance of the country; therefore, there were series of harsh economic policies, which led to continuing devaluation of Nigeria currency and incessant strikes (Mbanefoh, 2007). Also, there was an embargo placed/laid on employment during the period; thus, many medical professionals were forced to seek greener pasture elsewhere. In addition, the political environment during the military rule was life-threatening; only few that were ready to go to jail or be assassinated are to confront the junta. These and other factors prompted the massive flight of health professionals from the country, in particular the studied institutions.

In essence, the seeming decline in emigration of nurses became obvious/was noticed during the period of democratic rule in the country, that is, since 1999. This could be as a result of apparent return to decorum in the political cum socio-economic environment; courtesy the civilian government.

In addition, many nurses believed curiosity or the vogue to migrate is a thing of the past. In one of the Focus Group Discussions (FGDs) in UCH, the nurses unanimously agreed that traveling abroad appears as a passing fad in comparison to the situation prior to the 1999 transition to democratic dispensation of the country,

as they stated in their own words:

... Many of us had wanted to travel during the military government era, but during the government of Abdulsalam Abubakar, that is, between 1998 and 1999, things changed. Our salary scales were adjusted upwards/changed; our take-home income increased and all pending promotions were attended to. Above all, when Obasanjo became the President, things changed for the better. There is nothing those that travelled abroad did that we have not done. They built houses; we have built ours; they are riding exotic cars; we also ride good cars. Even, some of them envy our position whenever they come around or are visiting. They comment that we look fresher than them. It is common knowledge that they work extra hard over there: running two, three jobs at a time in order to prove their capability and make up for the higher cost of living there compared to that at home. All this has caused most of them to look older than their age (FGDs, UCH 2012).

Notwithstanding, many of the health professionals, particularly doctors were emigrating in larger numbers than before. The increase could have been the result of information/encouraging words that they received from their colleagues abroad. However, the trend is not a new phenomenon, as earlier research listed some of these factors. Mbanefoh (2007), for example, itemized series of socio-economic and political reasons that motivated large numbers of doctors emigrating in the early 1970s and mid 1980s, zeroing specifically on higher pay and foreign currency exchange. At present, the reasons are beyond these, to include lack of modern and sophisticated medical equipment to work with at home compared to the situation abroad, increasing level of specialization in tackling diseases and of new challenges in the field of medicine. Again, an In-depth Interview (IDI) with the Chairman, Association of Resident Doctors (ARD), UCH branch corroborates the above, as:

.... Our colleagues are moving out; there is no doubt about that; but, they are doing this because of the challenges we have in the field of medicine. Most of the infections and diseases we diagnose presently have surpassed the use of ordinary 2-D radiological examinations. which can be better diagnosed using 3-D radiological examinations. These were not available in the 1980s and even up to the early 1990s. Besides, the present medical and laboratory equipment are not the same as those we were trained on in the early 1990s. Things are changing very fast in medicine, and we have to catch up with the tide of the events. Why do you think rich people are going abroad? It is because over there, they have many modern medical facilities for their health care and this is exactly what we are proposing for UCH. Note, I want to say loud and clear that all our products here in UCH are good; but, they will come out better, when they have

modern facilities to work with and whenever they travel abroad, they are able to put their skills to use. I'm assuring you, UCH is not left behind in striving towards excellence; we are moving. The private suite of the hospital is a testimony of what I am saying, when I said, we are moving forward (IDI, UCH 2012).

In sum, migration of health professionals, particularly, doctors from the country has been on the increase over time and the major destinations for the doctors, nurses and pharmacists have been the UK and USA, while the MLS have been moving to the Middle-East, specifically, Saudi Arabia (Docquier and Marfouk, 2006 and Clemens, 2007). Again, there has been a significant decline in the rate at which the nurses emigrate as the country embraced again democratic form of government in 1999, as against what used to be the case during the military regime between 1983 and 1999.

Spatio-Temporal Trends in Volumes of Immigrated Health Professionals

The section presents findings and explanations on the trends of the volumes and directions of immigrated health professionals from source countries into the country and particularly the three selected institutions. The analysis in the section revealed the imbalance of migratory flows between the source country (Nigeria), particularly the studied institutions and the recipient countries. Furthermore, explanations for the low in-flows of the professionals from other countries are deduced from socioeconomic crisis and political instability engulfed the country during the military and civilian government. Perhaps more importantly is the fact that the very low volumes of immigrants in the selected institutions, (and by inference the entire country) showed an imbalance between brain drain and brain gain.

CONCLUSION

In conclusion, between 1986 and 2010, the volumes of emigration of health personnel have been on the increase, while their immigration/returning had recorded very low rate into the country and the studied institutions, in particular. The findings show majority of the core health professionals from the selected health institutions moved out in large volumes within the defined period. Also, it was shown that emigration of core medical professionals, such as doctors and nurses was more pronounced, while few paramedics such as pharmacists and MLS were seldom affected. However, there was decline in the move of nurses between 2003 and 2010, but saw increase in the volume of doctors migrating. The reason for the decline among nurses was as a result of change in government from military to democratic rule, which neutralizes to some level, the push forces. The upsurge

in the migration of doctors out of the country was because of obsolete medical equipment and facilities in the institutions under study. Therefore, efforts should be made by government and stakeholders concerned with health issues to provide health professionals with up-dated equipment to work with, hence, reduce their mas-sive outflow.

In addition, within the defined period of the study, the prominent destination was the United Kingdom, followed by the United States and Canada. However, new direction cum destinations emerged in the findings; the Middle East, other countries in Europe, South America and Asia en routes were becoming new course of emigration of health professionals from Nigeria. On the one hand, both the predominant and emerging destina-tions could positively benefit the country, in terms of remittances, if bilateral and or multilateral agreements could be negotiated between Nigeria and the recipient countries. On the other hand, the return of the professionals, though scanty would become a blessing to the health sector, particularly the selected health institutions, if emigrated health professionals domesticate the skills and training they have acquired over time in the host countries.

Finally, the spatio-temporal analysis of migration of health professionals from and into the country has shown the imbalance between the sending (brain drain) and receiving (brain gain) countries. Therefore, the sustainable development of health sector and well-being of the populace in the country would become a nightmare, if the rate of emigration of health professionals, particularly the doctors from Nigeria is not checked.

Conflict of Interests

The author have not declared any conflict of interests.

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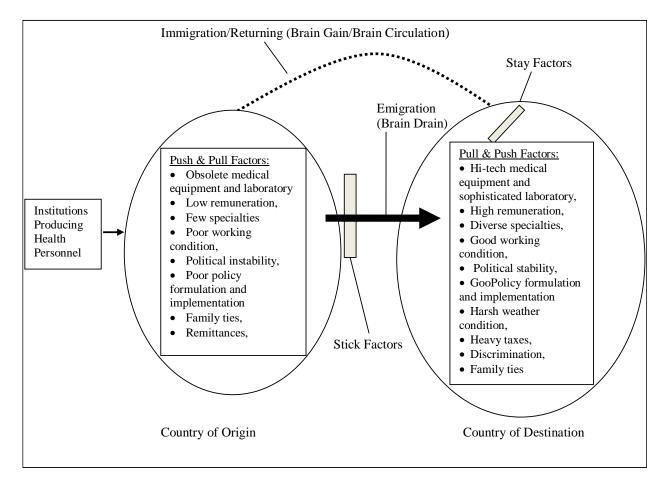
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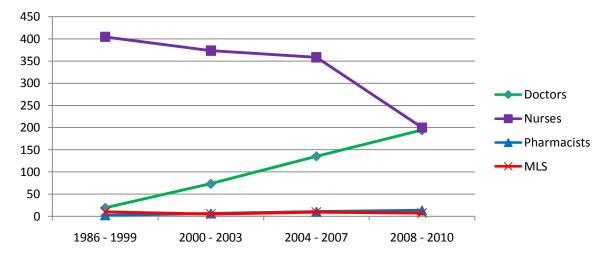
APPENDICES

Appendix 1. Conceptual Framework of Push-Pull Theory



Source: Present Author (2012)

Appendix 2. Trends in Volumes of Emigration of Health Professionals, 1986-2010

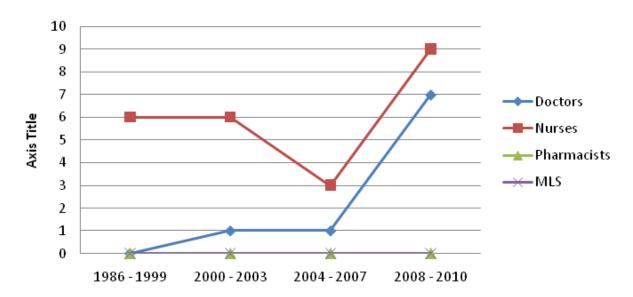


Appendix 3. ANOVA Test of Volumes of Emigrated Health Professionals, 1986 and 2010

| Volume of Emigrated Health Professionals | | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---------------|-----------------------------|-------------------|----|----------------|-------|-------|
| | | (Combined) | 202.442 | 2 | 101.221 | 0.956 | 0.391 |
| | Between | Linearity | 97.828 | 1 | 97.828 | 0.924 | 0.341 |
| 1986 - 1999 | Groups | Deviation from Linearity | 104.615 | 1 | 104.615 | 0.988 | 0.325 |
| | Within Groups | | 5611.54 | 53 | 105.878 | | |
| | Total | | 5813.982 | 55 | | | |
| | | (Combined) | 138.819 | 2 | 69.409 | 1.516 | 0.226 |
| 2000 – 2003 | Between | Linearity | 137.23 | 1 | 137.23 | 2.997 | 0.087 |
| | Groups | Deviation from Linearity | 1.589 | 1 | 1.589 | 0.035 | 0.853 |
| | Within Groups | | 3571.798 | 78 | 45.792 | | |
| | Total | | 3710.617 | 80 | | | |
| | | (Combined) | 238.381 | 2 | 119.191 | 4.071 | 0.02 |
| | Between | Linearity | 145.048 | 1 | 145.048 | 4.954 | 0.028 |
| 2004 - 2007 | Groups | Deviation from Linearity | 93.333 | 1 | 93.333 | 3.188 | 0.077 |
| | Within Groups | | 2840.179 | 97 | 29.28 | | |
| | Total | | 3078.56 | 99 | | | |
| | | (Combined) | 459.02 | 2 | 229.51 | 2.096 | 0.129 |
| | Between | Linearity | 194.239 | 1 | 194.239 | 1.774 | 0.186 |
| 2008 – 2010 | Groups | Deviation from Linearity | 264.781 | 1 | 264.781 | 2.418 | 0.123 |
| | Within Groups | | 10073.569 | 92 | 109.495 | | |
| | Total | | 10532.589 | 94 | | | |

Level of Significance = 0.05.

Appendix 4. Trends in Volumes of Immigration of Health Professionals, 1986-2010.



Appendix 5. ANOVA Test on Volume of Immigrated Health Professionals, 1986-2010.

| | | | Sum of Squares | df | Mean Square | F | Sig. |
|-------------------------|----------------|------------|-------------------|----|----------------|--------|------|
| Total No. of Immigrated | Between Groups | (Combined) | 245.021 | 2 | 122.511 | 10.111 | 0.00 |
| Health Professionals, | Within Groups | | 387.721 | 32 | 12.116 | | |
| 1986-2010 | Total | | 632.743 | 34 | | | |

Level of Significance = 0.05

Appendix 6. Volumes and Destinations of Health Professionals from South-west, Nigeria.

| Destination | Doctors | Nurses | Pharmacists | MLS | Total | % |
|-------------------|---------|--------|-------------|-----|-------|-------|
| UK | 61 | 122 | 5 | 2 | 190 | 33.0 |
| USA | 44 | 103 | 7 | 5 | 159 | 27.6 |
| Canada | 15 | 51 | 3 | 0 | 69 | 12.0 |
| Saudi Arabia | 2 | 22 | 0 | 6 | 30 | 5.2 |
| Dubai | 8 | 12 | 1 | 2 | 23 | 4.0 |
| South Africa | 9 | 5 | 1 | 0 | 15 | 2.6 |
| Australia | 11 | 1 | 0 | 0 | 12 | 2.1 |
| China | 1 | 2 | | | 3 | 0.5 |
| India | 7 | 2 | 1 | | 10 | 1.7 |
| Jamaica | 0 | 8 | | | 8 | 1.4 |
| Ireland | 3 | 10 | | | 13 | 2.3 |
| Omar | 0 | 3 | | | 3 | 0.5 |
| Caribbean | 0 | 4 | | | 4 | 0.7 |
| Gambia | 2 | 1 | | | 3 | 0.5 |
| Qatar | 0 | 2 | | | 2 | 0.3 |
| Kuwait | | | | | 0 | 0.0 |
| Germany | 4 | 1 | 1 | 1 | 7 | 1.2 |
| Egypt | 1 | | | | 1 | 0.2 |
| Spain | 2 | 1 | | | 3 | 0.5 |
| Ghana | 1 | 1 | | 1 | 3 | 0.5 |
| Trinidad & Tobago | 3 | | | | 3 | 0.5 |
| Brazil | 1 | 2 | | | 3 | 0.5 |
| Cote d'Iviore | 5 | | 1 | | 6 | 1.0 |
| Botswana | 1 | | | | 1 | 0.2 |
| Netherlands | 0 | 1 | | | 1 | 0.2 |
| Sweden | 0 | 1 | | | 1 | 0.2 |
| Japan | 2 | | | | 2 | 0.3 |
| Finland | 0 | 1 | 0 | 0 | 1 | 0.2 |
| Total | 183 | 356 | 20 | 17 | 576 | 100.0 |

Appendix 7. Destinations of Health Professionals, UCH.

| | Class of Profession | Doct | or | Nurs | es | Pharma | cists | ML | S | Tota | al |
|--------------------|-------------------------------|-------|-----|-------|-----|--------|-------|-------|-------|-------|-----|
| Health Institution | Country of Destination | Count | % | Count | % | Count | % | Count | % | Count | % |
| | UK (Dublin, London, etc) | 23 | 28 | 54 | 40 | 4 | 44 | 1 | 9.1 | 82 | 34 |
| | USA | 32 | 38 | 31 | 23 | 3 | 33 | 2 | 18.2 | 68 | 29 |
| | Canada | 2 | 2.4 | 13 | 9.6 | 2 | 22 | | | 17 | 7.1 |
| | Saudi Arabia | | | 13 | 9.6 | | | 2 | 18.2 | 15 | 6.3 |
| | Australia | 9 | 11 | 1 | 0.7 | | | | | 10 | 4.2 |
| | South Africa | 4 | 4.9 | 4 | 3 | | | | | 8 | 3.4 |
| | India | 5 | 6.1 | 2 | 1.5 | | | | | 7 | 2.9 |
| | Ireland | | | 6 | 4.4 | | | | | 6 | 2.5 |
| | Omar | | | 3 | 2.2 | | | 2 | 18.2 | 5 | 2.1 |
| | Caribbean | | | 4 | 3 | | | | | 4 | 1.7 |
| UCH | Gambia | 2 | 2.4 | 1 | 0.7 | | | | | 3 | 1.3 |
| | Qatar | | | 2 | 1.5 | | | | | 2 | 0.9 |
| | Kuwait | | | | | | | | | | |
| | Germany | 2 | 2.4 | | | | | 1 | 9.1 | 3 | 1.2 |
| | Egypt | 1 | 1.2 | | | | | | | 1 | 0.4 |
| | Jamaica | | | 1 | 0.7 | | | | | 1 | 0.4 |
| | Dubai | | | | | | | 2 | 18.2 | 2 | 0.9 |
| | Ghana | 1 | 1.2 | | | | | 1 | 9.1 | 2 | 0.9 |
| | Trinidad & Tobago | 1 | 1.2 | | | | | | 100.1 | 1 | 0.4 |
| | South America | 1 | 1.2 | | | | | | | 1 | 0.4 |
| | Total | 83 | 100 | 135 | 100 | 9 | 100 | 11 | 100 | 238 | 100 |

Appendix 8. Destinations of Health Professionals, AMTH.

| Health | Class of Profession | Doct | ors | Nurs | ses | Tot | al |
|-------------|-------------------------------|-------|------|-------|------|-------|------|
| Institution | Country of Destination | Count | % | Count | % | Count | % |
| | UK (Dublin, London, etc) | 5 | 31.3 | 29 | 39.8 | 34 | 38.2 |
| | USA | 3 | 18.8 | 20 | 27.4 | 23 | 25.8 |
| | Canada | 1 | 6.3 | 13 | 17.8 | 14 | 15.7 |
| | Saudi Arabia | 1 | 6.3 | 3 | 4.1 | 4 | 4.5 |
| | Jamaica | | | 3 | 4.1 | 3 | 3.4 |
| | Trinidad & Tobago | 2 | 12.6 | | | 2 | 2.2 |
| AMTH | South Africa | 1 | 6.3 | 1 | 1.4 | 2 | 2.2 |
| AWIT | Ireland | 2 | 12.5 | | | 2 | 2.2 |
| | Finland | | | 1 | 1.4 | 1 | 1.1 |
| | Dubai | | | 1 | 1.4 | 1 | 1.1 |
| | Malaysia | | | 1 | 1.4 | 1 | 1.1 |
| | Germany | | | 1 | 1.4 | 1 | 1.1 |
| | China | 1 | 6.3 | | | 1 | 1.1 |
| | Total | 16 | 100 | 73 | 100 | 89 | 100 |

Appendix 9. Destinations of Health Professionals, OAUTHC.

| Health Institution | Class of Profession | Doct | ors | Nurs | ses | Pharmacists | | MLS | | Total | |
|-----------------------|--------------------------|-------|------|-------|------|-------------|------|-------|------|-------|------|
| | Destination Country | Count | % | Count | % | Count | % | Count | % | Count | % |
| | USA | 26 | 31 | 39 | 23.9 | 4 | 33.3 | 3 | 33.3 | 72 | 26.9 |
| | UK (Dublin, London, etc) | 16 | 19 | 52 | 31.9 | 1 | 8.3 | 1 | 11.1 | 70 | 26.1 |
| | Canada | 12 | 14.3 | 25 | 15.3 | 1 | 8.3 | | | 38 | 14.2 |
| | Dubai | 8 | 9.5 | 11 | 6.7 | 1 | 8.3 | | | 20 | 7.5 |
| | South Africa | 4 | 4.8 | 10 | 6.1 | | | 1 | 11.1 | 15 | 5.6 |
| | Saudi Arabia | 1 | 1.2 | 6 | 3.7 | | | 4 | 44.4 | 11 | 4.1 |
| | China | | | 2 | 1.2 | | | | | 9 | 3.4 |
| | Jamaica | | | 7 | 4.3 | | | | | 7 | 2.6 |
| | Ireland | 1 | 1.2 | 4 | 2.5 | | | | | 5 | 1.9 |
| | India | 2 | 2.4 | | | 1 | 8.3 | | | 3 | 1.1 |
| OAUTHC | Spain | 2 | 2.4 | 1 | 0.6 | | | | | 3 | 1.1 |
| OAUTHC | Germany | 2 | 2.4 | | | 1 | 8.3 | | | 3 | 1.1 |
| | Japan | 2 | 2.4 | | | | | | | 2 | 0.7 |
| | Australia | 2 | 2.4 | | | | | | | 2 | 0.7 |
| | Ghana | | | 1 | 0.6 | | | | | 1 | 0.4 |
| | Finland | | | 1 | 0.6 | | | | | 1 | 0.4 |
| | Côte d'Ivoire | 5 | 6 | | | 1 | 8.3 | | | 1 | 0.4 |
| | Sweden | | | 1 | 0.6 | 2 | 16.7 | | | 1 | 0.4 |
| | South America | | | 1 | 0.6 | | | | | 1 | 0.4 |
| | Botswana | 1 | 1.2 | | | | | | | 1 | 0.4 |
| | Brazil | | | 1 | 0.6 | | | | | 1 | 0.4 |
| | Netherlands | | | 1 | 0.6 | | | | | 1 | 0.4 |
| | Total | 84 | 100 | 163 | 100 | 12 | 100 | 9 | 100 | 268 | 100 |

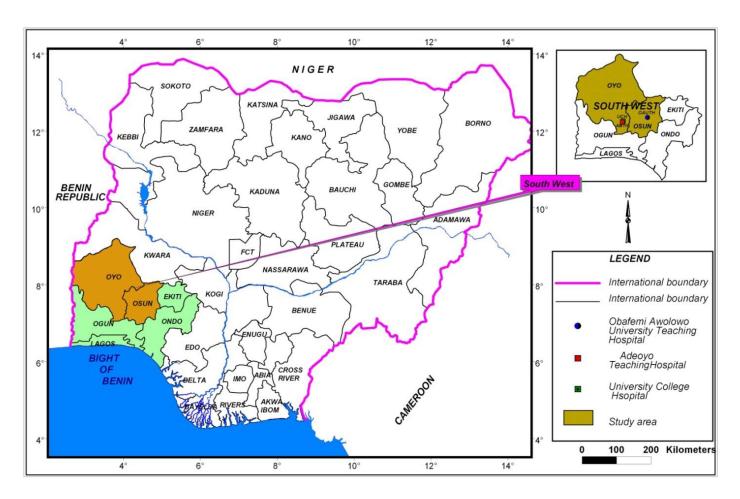
Appendix 10. Source Countries of Immigrant Health Professionals into the Selected Institutions.

| | | | | Clas | s of Prof | essior | nals | | | |
|--------------------------|-------|---------|-------|--------|-----------|--------------------|-------|-----|-------|-------|
| | Doct | Doctors | | Nurses | | Pharmacists | | MLS | | tal |
| Country of Origin | Count | % | Count | % | Count | % | Count | % | Count | % |
| European countries | 3 | 15 | 17 | 85 | 1 | 5 | 0 | 0 | 20 | 69.0 |
| UK (Dublin, London, etc) | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3.4 |
| USA | 2 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 6.9 |
| Gambia | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 1 | 3.4 |
| South Africa | 0 | 0 | 2 | 100 | 0 | 0 | 0 | 0 | 2 | 6.9 |
| Australia | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 1 | 3.4 |
| Egypt | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 1 | 3.4 |
| Caribbean | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 1 | 3.4 |
| Total | 6 | 20.7 | 23 | 79.3 | 1 | 3.4 | 0 | 0 | 29 | 100.0 |

Appendix 11. Volume of Returnee Health Professionals from Destination Countries.

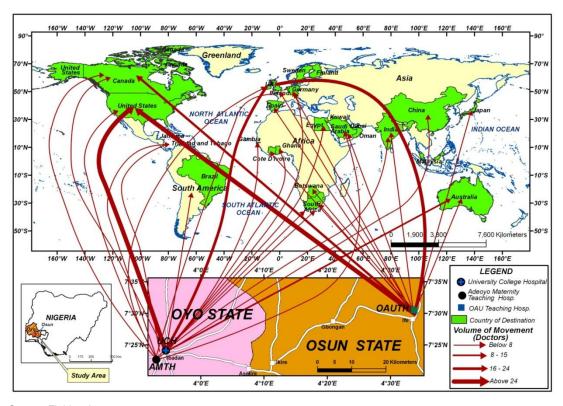
| | Class of Professionals | | | | | | | | | | | |
|------------------------------------|------------------------|-------|--------|-------|--------------------|---|-------|---|-------|-------|--|--|
| | Doctors | | Nurses | | Pharmacists | | MLS | | Total | | | |
| Destination outside Nigeria | Count | % | Count | % | Count | % | Count | % | Count | % | | |
| Ghana | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 1 | 5.6 | | |
| UK (Dublin, London, etc) | 2 | 33.3 | 4 | 66.7 | 0 | 0 | 0 | 0 | 6 | 33.3 | | |
| USA | 5 | 83.3 | 1 | 16.7 | 0 | 0 | 0 | 0 | 6 | 33.3 | | |
| Canada | 1 | 33.3 | 2 | 66.7 | 0 | 0 | 0 | 0 | 3 | 16.7 | | |
| Sierra Leone | 1 | 100.0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5.6 | | |
| Botswana | 1 | 100.0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5.6 | | |
| Total | 10 | 55.6 | 8 | 44.44 | 0 | 0 | 0 | 0 | 18 | 100.0 | | |

Map 1. Sampled States within South-west Geo-political Zone, Nigeria.

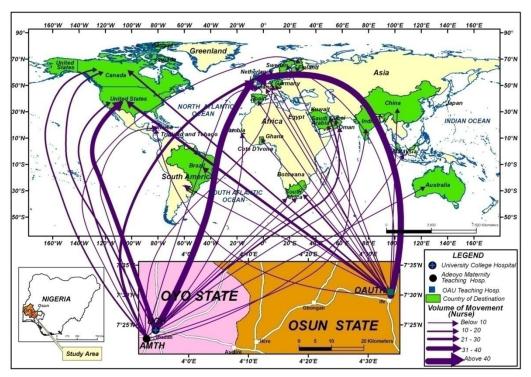


Source: Cartography Unit, Dept of Geography, University of Ibadan

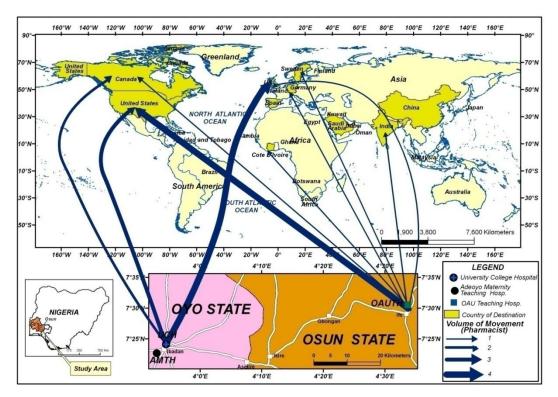
Map 2. Destinations of Emigrated Doctors, UCH, AMTH and OAUTHC.



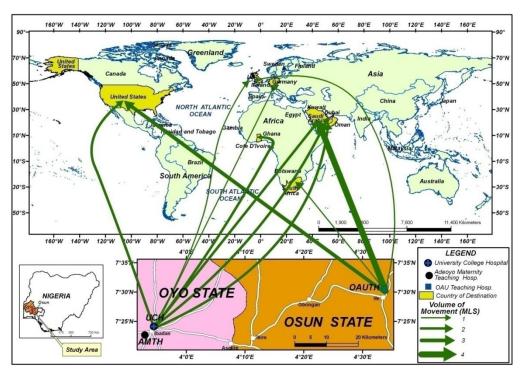
Map 3. Destinations of Emigrated Nurses, UCH, AMTH and OAUTHC.



Map 4: Destinations of Emigrated Pharmacists, UCH and OAUTHC.



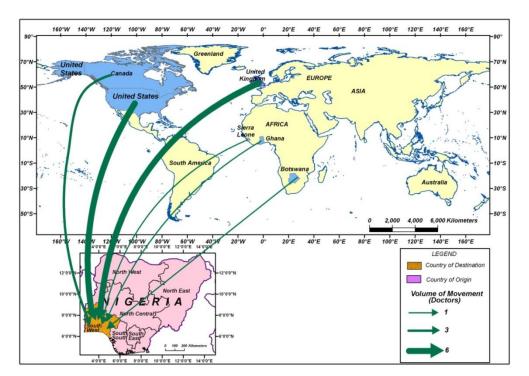
Map 5. Destinations of Emigrated MLS, UCH, AMTH and OAUTHC.



Source: Fieldwork, 2012.

Map 6. Direction of Immigration flows of Health professionals.





Source: Fieldwork, 2012.

UPCOMING CONFERENCES

6th International Conference on Image and Signal Processing (ICISP 2014), Cherbourg, France. June 30-July 2, 2014, Cherbourg, Normandy, France.



Conferences and Advert

June 2014

75th Annual Convention of the Canadian Psychological Association, Vancouver, Canada

Corporate Communication International (CCI) 12th Annual International Conference, Hong Kong, China

16th Annual Conference of The English Department, Bucharest, Romania

Interdisciplinary Conference on Music studies, Vienna, Austria

9th International Conference on the Arts in Society, Rome, Italy

14th International Conference on Application of Concurrency to System Design, Tunis, Tunisia

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