

THE CHALLENGES OF ACCESS TO INFRASTRUCTURE AND SOCIAL SERVICES IN SELECTED RURAL COMMUNITIES IN ETCHE LOCAL GOVERNMENT AREA OF RIVERS STATE

ABSTRACT: This paper examined the challenges of access to infrastructure and social services in selected rural communities of Etche Local Government Area. The objective of this research was to ascertain the level of infrastructural provision and how rural dwellers are accessible to them. However, the research adopted the simple random sampling technique. Three communities and thirteen settlements were sampled they included Chokocho - Umuchoko, Umundu, Umunabenram, and Umuokorogbadim,

Igbo –Umuoke Ikwerre-Ngwo, Umuasukpo, Edegelem, Chokota and Umuodogo and Nihi - Umuaworo, Owuozo, umuama and Umuoji. The study revealed that facilities like schools, electricity, water supply and roads were inadequately provided while facilities like banks, recreation centres were not provided at all. The study also revealed that the study area being an agricultural hub; lacked agro allied industries which would have involved in the large scale processing of agricultural produce. However, the study recommended that facilities should be equitably distributed within the various communities. Also, the community should be involved in decisions making process. Also more roads should be, constructed and broken down roads maintained for easy transportation of their farm produce

Keywords: Access, Challenges, infrastructure, Institutional, Rural life, Social Services.

INTRODUCTION

The significance of developing infrastructure has long been acknowledged as central in encouraging economic growth. The effect of inadequate provision of social and institutional facilities in the rural areas has negative impact on both individual households and communities with respect to income and the quality of life. There are both direct and indirect benefits from infrastructure development of a region and it is imperative to consider the indirect benefits in decision-making.

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Education for instance, can affect income and health which can at the long run affect the quality of life of those living in rural areas. There are also economic and social benefits that

can be derived from the provision of infrastructure. Economic benefits include increased income, employment, productivity gain, enhanced income distribution and opportunities for diversification. Also, Social benefits may include increased school enrollment, access to health services, sustainable environment, improvement skills development, capacity building, and improved information system. However, in the long run all of these may lead to sustained improvement in the quality of life.

The development and preservation of physical infrastructure tantamount to the improvement of every community and forms the basis of each community's development plans. Amongst the dominant concern of public activities and services are electricity and water supply, good roads networks, communication and postal services, health, banking system, educational and adequate housing supply.

However, Catanese and Snyder (1988) argued that roads, highways, bridges, utilities, building, packs and other physical features of the public built environment if not adequately built, maintained and improved, constitutes a problem in rural areas, as the degree of usage of the infrastructure by the fast growing population will be

extremely high. They also argued that public infrastructure has major impacts on a community's quality of life, pattern of growth and prospects for economic development.

Public transportation facilities, for example, transport both people and commercial products. If the system is obsolete or in despair, it can increase company operating costs through greater vehicle wear and tear and slower travel time. Therefore, adequate planning needs to be effectively put in place in a local government like Etche to ensure the provision of amenities, facilities and essential services to enhance their economic growth and the quality of life,

STATEMENT OF THE PROBLEM

The level of infrastructure development has shown without doubt that there is lack or a total absence of so many infrastructures in Etche which are meant to improve the lives of these rural dwellers.

As far as rural infrastructure problems are concerned, George (2002) has stated distinctively that about two-third of Nigerians populations have had a raw deal in terms of enjoying basic utilities like potable water, access to good roads, electricity, storage and market facilities, educational facilities, health services, processing facilities, etc. She further explained that lack of development of rural areas has alienated the rural people from the aspiration of government and these have resulted to tax evasion. Also, the issue of rural-urban migration is on the increase with the negative social consequences and overuse of amenities at the urban areas.

GOAL

The goal of this study is to examine and ascertain the level availability of social and institutional infrastructure in Etche rural communities.

OBJECTIVES OF THE STUDY

The objectives of the research are:

1. To ascertain the level of infrastructural provision in Etche local government area.
2. To examine factors influencing the provision of infrastructure in Etche Local Government Area.
3. To examine the pattern of distribution of infrastructure in Etche Local Government Area.
4. To highlight the importance of infrastructure and social services to standard of living of the people of the community in terms of electricity supply, water supply, provision of good roads network, provision of effective water transportation and other services like telecommunication, banking, health services, police, fire protection and education.

SCOPE OF THE STUDY

This study examined and ascertained the level of provision and availability of social services and infrastructures in three rural communities (Nihi, Chokocho and igbo communities) in Etche. According to Idachaba (2009) there are three broad classes of infrastructure which this study will also examine, they include:

a) Rural Physical Infrastructures

The main components are;

- Transportation facilities (federal, state and LGA roads, railways, bridges, ferry services, canal, port and port paths
- Storage facilities (silos, warehouses, cribs, open air facilities etc).
- Irrigation, flood control and water resources development facilities (dams, irrigation and watering facilities, drainage system etc) and
- Soil construction facilities.

b) Rural Social Infrastructure

The main components are;

- Health facilities (hospitals, dispensaries, maternity and health centres etc).
- Education facilities (primary schools, secondary schools, teacher training colleges, technical schools, vocational schools, adult education facilities etc) and
- Rural utilities (electricity, water supplies)

c) Rural Institutional Infrastructure

The main components are;

- Cooperative societies, farmer's union/groups
- Community development projects made possible through rural self-help institution.
- Financial institutions (credit societies and institutions, banks, post office, saving banks etc).
- Agricultural research facilities (research sub-stations and experimented farms, demonstration plots etc).
- Agricultural extension and training facilities;
- Marketing and crop and animal protection services; and
- Post and telecommunication facilities (post offices, postal agencies, telephone etc).

LITERATURE REVIEW

CONCEPT OF RURAL INFRASTRUCTURE

According to George (2002), rural infrastructure can be referred to as the basic requirements for functioning of rural industries; they include transportation facilities, (roads, water ways, motor parks, jetties, ferries etc), potable water etcetera.

Reardon et al (2001) called it the process of rural urbanization and stressed that the process can only gain momentum through the development of these vital elements referred to as infrastructure.

ACCESSIBILITY TO PUBLIC INFRASTRUCTURE

Accessibility is one of the most frequently used terms and yet little defined in urban and regional studies Ayeni (1979). Also, viewed from the same perspective, Lasker (1981) says accessibility has a number of dimensions, thereby making it to face both definitional and measurement characteristic or advantage of a place with respect to overcoming some forms of friction.

He further classified accessibility into two;

- Relative accessibility
- Integral accessibility

Relative accessibility measures the degree to which two places or things are connected while integral accessibility measures the degree of interconnection of points or things in the systems.

Furthermore, Akinola (1997), explained accessibility as the ability of rural residents to get to or be reached by the activities or services/facilities. Okafor (1984) in the study of accessibility to general hospitals in rural Bendel, Nigeria regarded accessibility simply as the ease of getting to a place.

Hägerstrand (1974) made a distinction between social and physical accessibility. Social accessibility he says connotes the ability to pay (as determined by age and income) to pass the carrier around the supply point, the consumer wants to reach and physical accessibility is the ability to get the transportation facilities which are needed for reaching the supply points at suitable time. There is a relationship between mobility and accessibility; mobility is the ability of an individual to move about in terms of the amount of travel which is actually made (the tangible aspect) and the ease of movement. Movement is rarely considered an end itself, but rather as a cost, which is normally borne in order to achieve other objectives. The 1994 World Development Report defined infrastructure in a narrowly way as “long lived energized structures, equipment and facilities and the services they provide that are used in economic production and by household” (World Bank, 1994).

The aggregate linkage between poverty and rural infrastructure have been extensively discussed in the literature e.g. World Bank (1994), Lipton and Razilion (1995), Jimenez (1995), Van De Walle (1996) among many others. Most of these studies recognize that infrastructural investment has indeed a powerful impact in rural income and life. The problem with the lack of understanding of casual relationship between public infrastructure investment and income generating opportunities and welfare improvement is that there is little room for recommendation other than suggesting an overall increase in public infrastructural investment.

RURAL INFORMATION PROVISION FOR DEVELOPMENT

For the production of food and fiber, they are also the major sources of capital formation for the country, and a principal market for domestic manufactures Olatubosung, (1975). In general forms, the rural areas engaged in primary activities that form the foundation for any economic development. Despite the importance attached to the rural areas, they are not attractive to live in. this is as a result of the absence of infrastructures, which are meant to improve the quality of life of the rural people.

Table 1 below shows the different categories and service facilities needed by the rural dwellers.

Category		Service Facilities
1.	Education	Elementary schools, secondary schools, public libraries
2.	Health	Hospital, nursing homes, ambulatory (out patients) care facilities, ambulatory mental health facilities, residential facilities orphanage and dependent children, the emotionally disturbed, alcoholic and drug abusers, the physically handicapped, the mentally retarded, the blind and the deaf, emergency vehicle services.
3.	Transportation	Inter/intra community transit, streets and highways (including bridges), rail road’s facilities.
4.	Justice	Law enforcement facilities, jails
5.	Energy	Direct power supply
6.	Fire safety	Fire stations, vehicles, communication system, water supply and storage
7.	Solid waste	Collection facilities and equipment disposal sites
8.	Telecommunication	Cable television, over the air, TV, disaster preparedness
9.	Waste water	Sewer mains and collection system treatment and disposal systems.
10.	Water supply	Community systems, storage, treatment and delivery facilities on site wall and cisterns.

INFRASTRUCTURAL DEVELOPMENT AND THE RURAL AREAS

Infrastructural facilities refer to those basic services which primary, secondary and tertiary productive activities cannot function in its wider sense. Infrastructural facilities embrace all public services from law and order though education and public health to transportation, communication and water supply (Mabogunje, 1974 and Kahn, 1979).

In other words, infrastructural facilities are element in the package of basic needs, which a community would like to procure for better living.

Kahn (1979) asserts that rural infrastructure can be classified into 3 main types namely;

- Physical infrastructure- such as roads, water, rural electrification, storage and processing facilities.
- Social infrastructure-namely; health and educational facilities, community centres, fire and security services.
- Institutional infrastructure; includes credit and financial institutions, agricultural research facilities and social infrastructure.

RURAL ELECTRIFICATION

Rural electrification remains a major policy objective in the LDCs. All governments realize that rural quality of life will be dramatically enhanced through the introduction of power, with special reference to the use of domestic appliances, rural industry and agriculture. The scattered nature of rural settlements, inaccessibility, small populations, and finance are among the factors that militate against rural power supply. In the foreseeable future, electricity will continue to be introduced into rural areas in three ways:

- Auto-generators serving single consumers;
- Auto-generators serving several consumers on a local network;
- Public supplies from the main grid system, which is fed by one or more power stations.

TRANSPORT AND COMMUNICATION

The UN (1979) recommends that a hierarchy of roads should be defined in rural areas:

- A national network serving international, intercity and interregional demands;
- A regional network providing continuous access to designated centres, comprising all-weather roads; and
- A local network connecting minor centres and farms to market and service centres.

In Nigeria, roads belonging to the first two categories (practically Trunk A and B roads) are provided and maintained by the Federal and State Governments, respectively. Successive post-independence development plans at both levels of Government has accordingly invested massively in road development. For the third category-feeder and residential access roads provision is by both governmental and non-governmental agencies including local governments; the now defunct Directorate of Food, Road and Rural Infrastructure (DFRRI) and the Oil Mineral Producing Area Development Commission (OMIPADEC); the Niger Delta Development Commission (NDDC); Agricultural

Development Programme (ADP), Multinational Corporations, especially oil companies and communities.

Furthermore, in the deltaic south of the country, which is criss-crossed by a maze of waterways, affected state governments (especially Rivers, Bayelsa and Delta) invest huge funds in waterways development (notably on dredging and canalization). Nevertheless, much remains to be done like establishing new roads, waterways and other communication linkages at remotest rural areas and to improve residential access roads in individual rural settlements.

Health

Although health status has been improving world-wide since the Second World War within the LDCs, though as at the late 1970s, there were still a relatively low average life expectancy of 49 (as against 70 for the MDCs); and other health issues ranging from malnourishment to a legion of diseases, including bilharziasis, filariasis, malaria, sleeping sickness, leprosy, polio, yellow fever, tuberculosis and cholera (UN, 1979).

Health care delivery in the rural areas is hampered by inadequate personnel and facilities. The UN (1979) suggests the following hierarchical provision of personnel and facilities for rural centres:

- **Village Services Centre** (population: about 2,000): one auxiliary health worker, serving one or more villages, with a radius of approximately 5 km.
- **Locality town (population: 5,000 -20,000)**
One dispensary at least, one or two community health workers; plus maternity unit run by an auxiliary midwife for larger locality towns.
- **District town** (population: 50,000 200,000)
One health centre, with 5 19 beds staffed by:
 - A medical doctor;
 - A medical assistant
 - One or two nurses/midwives and
 - One or two public health technicians.

In Nigeria as elsewhere in the LDCs, government is battling within the limits of their resources to improve health care delivery, especially in rural areas; with moral and material support with appropriate United Nations agencies.

EDUCATION

Our experience in Nigeria is that since independence from British colonial rule in 1960, there has been a remarkable

improvement in the provision of educational facilities in both rural and urban areas. This is attributable to the concerted efforts of government, communities, individuals and other nongovernmental organizations, motivated by the perception that education holds the key to socio-economic development. However, in the remotest rural areas, educational personnel and facilities are still inadequate; a situation that is currently attracting government attention and action.

Table 2: Selected Health Status Indicators in Nigeria

S/N	Health Status Indicator	Nigeria
1	Mortality rate (deaths per 1,000 live births) for ages 0-4 years	183
2	Death rate (per 1,000 people)	13.8
3	Population per nurse	1,450
4	Population per doctor	5, 205
5	Infant mortality rate	71.3
6	Birth rate (births per 1,000 people)	38.8
7	Population per hospital bed	599
8	Life expectancy at birth	51
9	Population below poverty line (rural)	36.4
10	Percentage of population surviving on under US \$ 1.00 per day (percent)	70.0
11	Population (million) undernourished	8.3
12	Maternal mortality rate (deaths per 100,000 live births)	1,000
13	Access to safe water (percentage of population)	62
14	Fertility rate (children born per is woman)	5.40
15	Food supply, per capita total calorie supply (animal and vegetable product)	2,850

Source: Microsoft Encarta Premium Suite, 2004

STANDARDS FOR PLACEMENT OF SOCIAL AND INSTITUTIONAL FACILITIES

Table 3: Social facilities for Small-Towns/Regional Service Centres (Catchment Size: 60,000-10,000 persons)

Facilities	Average	Acceptable travel distance (km)
Community health centre	60,000-100,000	90% of population served within 5km
Primary health clinic	24, 000-70,000	90% of population served within 5km
Fire station	60,000-100,000	8-23 minute (response time)
Police station	60,000-100,000	8km per urban 24km rural population

Source: CSIR Guidelines for the Provision of Social Facilities in South African settlements; 2012.

Table 4: Social Services

Facilities	Average	Acceptable Travel Distance (km)
Community hall -large	60,000	10km
Community hall –medium	10,000-15,000	15km
Post office/agency with boxes	10,000-20,000	5km-10km

Source: CSIR Guidelines for the Provision of Social Facilities in South African settlements; 2012.

Table 5: Education (Catchment size: 2,500 – 60,000 persons)

Facilities	Average threshold population	Acceptable Travel Distance (km)
Secondary school	12,500	5km
Small crèche/early childhood development centre	2,400-3,000	2km

Source: CSIR Guidelines for the Provision of Social Facilities in South African settlements; 2012.

Table 6: Social facilities required for small town/isolated regional service centre

Facilities	Average threshold population	Acceptable Travel Distance (km)
Community health centre	60,000	90% of population served within 5km
Primary health clinic fire station	24,000-70,000	90% of population served within 5km
Local library	20,000-70,000	8-10km urban, 25km rural

Source: CSIR Guidelines for the Provision of Social Facilities in South African settlements; 2012.

Table 7: Social facilities required for dense dispersed settlement (catchment size: 10,000 – 100,000 persons).

Facilities	Average threshold population	Acceptable Travel Distance (km)
Community health centre	100,000-140,000	90% of population served within 5km
Primary health clinic	5,000-7,000	90% of population served within 5km
Education		
Secondary school	12,500	5km
Primary schools	7,000	5km

Source: CSIR Guidelines for the Provision of Social Facilities in South African settlements; 2012.

Table 8: Social facilities required for remote villages (catchment size: 500-15,000 persons)

Education Facilities	Average threshold population	Acceptable Travel Distance (km)
Secondary school	2,500	10km
Primary school	1,000	10km

Source: CSIR Guidelines for the Provision of Social Facilities in South African settlements; 2012.

HEALTH AND EMERGENCY

- a) **District hospital**
 -Population threshold range: 300,000-900,000 people
 -Access Distance: 30km
- b) **Community Health Centre**
 -Populations threshold range: 60,000-140,000 people
 -Distance: 90% of population served within 5km
- c) **Primary Health Clinic**
 -Populations threshold range: Optional 40, 000 people (range 5, 000-7,000 people)
 Distance: 90% of populated served within 5km
- d) **Local Market**
 -Populations threshold: 50,000 people
 -Distance: Variable
- e) **Workshop Centre**
 -Population: 3,000 – 6,000 people
 -Distance: 2km typical maximum

METHODOLOGY

The explorative research design and simple random techniques were adopted. Also in research information, survey research method that involved interviews, questionnaires and direct inspection were used where necessary. However, seventeen (17) settlements in four (4) communities were randomly selected out of the 164 settlements in Etche LGA to administer questionnaires. Data collected included

- Personal characteristics of the respondents.
- Characteristics of the settlements
- Household characteristics of respondents
- Environmental conditions and services
- Perception of the community etc..

The information derived from the research questionnaires were critically analyzed using descriptive (statistical) method of analysis.

Table 9 Nihi Community

Settlements	Church	School	Hall	Court
Umuaworo	2	9	-	-
Owuozo	4	-	1	1
Umuama	3			
Umuoji	12			

Source: Authors' field trip, 2015.

Table 10: Chokocho Community

Settlements	Church	School	Hall	Court
Umuchoko	3	2	1	-
Umundu	2	1	1	-
Umunabenram	1	1	-	-
Umuokorogbadim	1	1	-	-

Source: Authors' field trip, 2015.

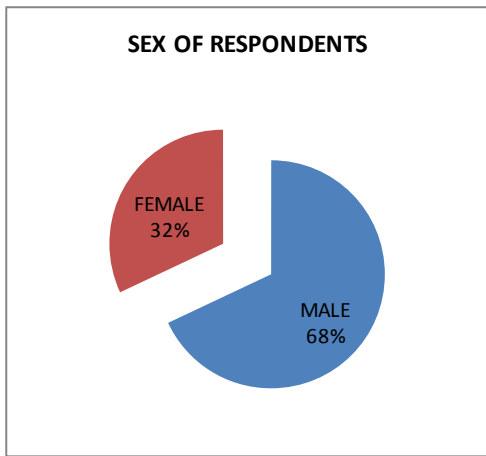
Table 11: Igbo Community

Settlement	Hospital	Church	School	Hall	Filling station
Umuoke Ikwerre-Ngwo		11	6	3	2
Umuasukpo	8	45	24	3	-
Edegelem	-	8	-	1	-
Chokota	-	10	6	4	-
Umuodogo	3	5	4	-	1

Source: Authors' field trip, 2015

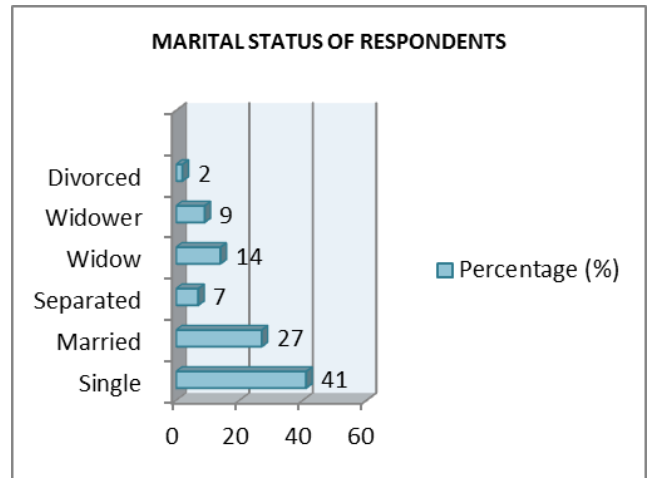
DISCUSSION OF FINDINGS

Fig. 1: Sex of Respondents



Source: Authors' field trip, 2015

Figure 1 above showed the sex of the respondents in the study area and it revealed that 68% of the respondents were the male folk while 32% were women.



Source: Authors' field trip, 2015

The data representation figure 2 above showed that 41% are single which also represented the highest percentage, 2% are divorced and 27% are married. While 7% were separated and 23% are widowed.

Table 12: Age-Sex Distribution Table

AGE GROUP	MALE	FEMALE	SUM TOTAL	PERCENTAGE (%)
0-5				
6-10				
11-15	7	5	12	7.0
16-20	14	12	26	15.2
21-25	9	13	22	14.9
26-30	10	9	19	11.2
31-35	5	13	18	9.5
36-40	3	9	12	7.0
41-45	6	5	11	6.4
46-50	14	11	25	14.7
51-55	4	4	8	4.7
56-60	4	3	7	4.1
60+	6	4	10	5.8
total	82	88	170	100%

Source: Authors' field trip, 2015

From the data represented above, it is shown that 3.5% of male and 2.3% of female fell under age group 60+, while 14.9% of both male and female represented age group 21-25 yrs.

Table 13: Occupation of respondents

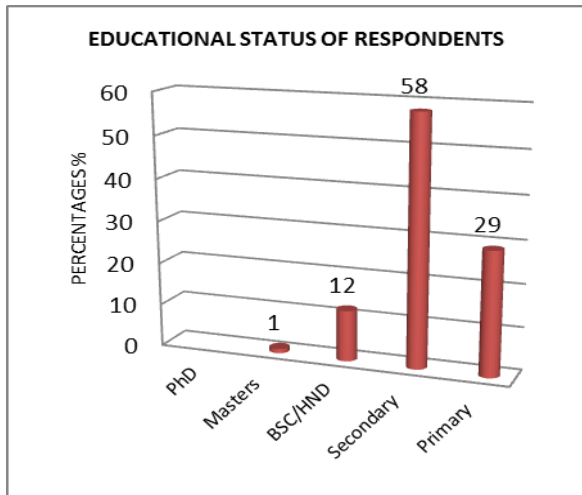
Occupation	Number	Percentage (%)
Labourer/ Sand mining	21	12.3
Farming/fishing	26	15.29
Retail trading	16	9.41
Business/contractor/ Consultant	49	28.8
Mechanic/Tech/Vocational /electricians	15	8.82
Engineering, mechanical, technical, legal, religion, management	9	5.29
Civil servants	34	20.00
Total	170	100

Source: Authors' field trip, 2015

Table 13 above showed that 20% of the respondents which represented the highest percentage are civil servants.

Fig 3: Educational Status of Respondents

Fig. 2: Marital Status of Respondents



Source: Authors' field trip, 2015

From the information obtained in the field as shown in figure 3, it was observed that 58% of the respondents had completed secondary school education, 29% of the respondents had only primary school completed while 12% completed tertiary education and only 1% had Master degree.

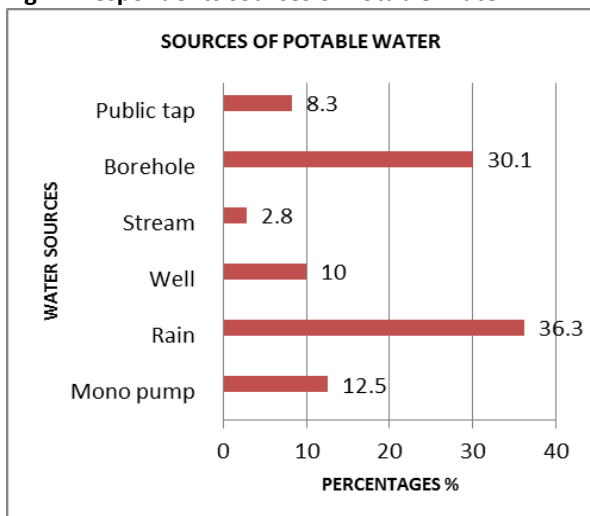
Table 14: Distance to Facilities

S/N	Facilities	Less Than 1km	1-2km	3-4km
1.	Portable Water	14		
2.	Hospital/Health Centre/Clinic	9	4	
3.	Nursery/Primary School	27		
4.	Secondary School	15	9	
5.	Market	5	9	7

Source: Authors' field trip, 2015

Table 14 above showed the average distances covered to access each of the following facilities.

Fig. 4: Respondents sources of Potable Water



Source: Authors' field trip, 2015

The major source of potable water supply in the study area is from the rain water which represented 36.3% while submersible borehole represented 30.1%. This is evident in fig 4 above.

RATING OF FACILITY AND INFRASTRUCTURE

Table 15: Respondents Rating Of Facilities And Infrastructure

Type of Facility/infrastructures	Very Poor	Poor	Fair	Good	Very Good	(%)
Primary school			33	25		34.1
Secondary school			12	26		22.4
Health centre/Hospital			37	16		31.2
Electricity		23				13.5
Road		47				27.6
Market		12	29			24.1
Portable Water			30			17.6

Source: Authors' field trip, 2015

Table 15 showed the individuals rating and perception of available facilities and services. However, the study revealed that none of the facilities were rated neither very good nor very poor. Also, 25 %, 26%, and 16% respectively, rated schools and health centre good while 33%, 12%, and 37% rated schools and health centres fair. Finally, 23%, 47%, and 12% respectively rated electricity, road and market poor.

SUMMARY OF FINDINGS

The accessibility of social and institutional infrastructure in Etche cannot be said to be sufficient because even the access roads to communities such as Chokocho, Igbo, Umuebulu, and Nihi are in poor deplorable conditions. Also, there is gross and insufficient electricity supply which could result to increase in the price of goods and service making the lives of the rural dwellers more miserable.

Communities like Chokocho, Igbo, Umuebulu, and Nihi still lack most of these facilities like roads, steady power supply, potable water, good schools etc. Most schools present in Etche are privately owned by individuals who do not meet the educational standard in establishing an educational institution.

Some of the infrastructures present are not functional, and their buildings are deteriorated. Regrettably, infrastructures such as bank, post office, recreational centres are not in existence in the entire Etche LGA.



Plate1: Showing the presence of a dilapidated Police Post
In the study area
Source: Authors' field trip, 2015



Plate 2: Abandoned Delta Rubber Company Ltd in Etche LGA.
Source: Authors' field trip, 2015



Plate 3: Road leading to Igbo-Etche through Chokocho community in Etche
Local Government Area
Source: Authors' field trip, 2015

SOURCES OF POWER SUPPLY

The major source of power supply is the Power Holding Company of Nigeria (PHCN) which is provided by the Federal government. Another source is generator owned by private individuals in the Local Government Areas.

WATER SUPPLY

Despite the presence of river (Otamiri and Ogoche) in Etche Local Government Area most individuals now own boreholes in their houses; public taps in some communities are provided by highly placed individuals. Mono pumps are other sources of water supply in Etche Local Government Area.

AGRICULTURAL ACTIVITIES AND FACILITIES

Etche Local Government Area which is basically pastoral is regarded as the food basket of Rivers State because of their involvement in agricultural activities. Unfortunately, there are agro allied industries fully functional and operated by the Local Government Area. For instance cassava processing industry, are operated by individuals in very small scale. The only big palm oil industry located around the study area is at Umuebulu 1 owned by private individual. Industries such as Delta Rubber and Risom palm owned by the State Government are no longer functional due to lack of maintenance and availability of fund in running the industries.

CONCLUSION

The importance of rural infrastructure provision cannot be overemphasized. It is cardinal to the sustenance of daily activities, quality of life and economic base of the rural areas Madu, (2007).

However, the study revealed that facilities, especially institutional, electricity, agro allied industries, banks, recreation centres are inadequately provided in the study area.

RECOMMENDATIONS

if the living standard of the people must be improved, the following suggestions must be put into consideration.

1. Good roads should be constructed in various areas of the LGA to ensure an increase and easy transportation of their farm produced.
2. The banks of the river should be beautified and turned to tourist attraction areas.
3. Adequate planning strategies should be used in providing infrastructure in the area.
4. State Government should be fully involved in the provision and maintenance of these infrastructures instead of leaving them solely in the hands of the Local Government Authority.
5. Government should encourage public participation in decision making on the exact infrastructure they need rather than impose decisions on them.

6. The people should be educated with the sense of ownership and the importance of safe guarding these facilities.

7. There should be equal distribution of these infrastructures within the various communities.

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