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**CIVIL SOCIETY ORGANISATIONS (CSOS) ENGAGEMENT IN  
RURAL DEVELOPMENT THROUGH POVERTY REDUCTION IN  
ODUKPANI LOCAL GOVERNMENT AREA OF CROSS RIVER  
STATE, NIGERIA.**

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Kenneth, Dr Odike E Levi., Dr Ekaette Udoh, Utulu, Paul Benedict, Civil Society  
Organisations (Csos) Engagement In Rural Development Through Poverty  
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**Key words: CSOs, rural development, poverty reduction.**

**ABSTRACT:**

Civil Society Organization engagement in rural development is seen as a strategy for reducing poverty through the major domain of advocacy. It provides solution to social, political and economic dilemmas in rural communities where governmental presence is less significantly felt. Civil Society Organizations are supporters/facilitators of rural poverty reduction through providing rural dwellers relevant training and skills to broaden possibilities of self-production, social advocacy for participation in rural cooperative organization and

engagement in rural health care delivery services especially during immunization. Both qualitative and quantitative approaches of survey research design were adopted to obtain data from 600 subjects in Odukpani Local Government Area in Cross River State, Nigeria. Findings indicated that Civil Society Organizations have played an active role in rural development to achieve a better/more affluent rural community. Through advocacy and policy reforms, CSOs can help address the deteriorating rural infrastructure and establish safety nets for vulnerable rural dwellers.

## **INTRODUCTION:**

Rural development is the outcome of improved social and economic conditions at individual and community levels. These manifest in forms of ability to read and write; knowledge, skills and better attitude towards change and innovation; better family planning and management ;improved agriculture; improvement in living conditions of people; provision of right infrastructure; individual development and national progress. It is the consequence of qualitative and quantitative alterations among people dwelling in local communities leading ultimately to a better standard of living and positive changes in the people's quality of life. Rural development implies the comprehensive transformation of rural life as distinct from isolated programmes of development. This manifest in the fulfilment of the necessary conditions for the realization of human dignity, minimum income, reduction of rural unemployment and inequality. It implies that programmes aim to develop rural communities are considered effective based on the proportion of beneficiaries. Therefore, the outcomes are not only jobs, income and infrastructure but also strong functioning communities better able to manage social and economic changes(Cavaye,2001, Ekong 2003).

In rural areas, the major goal of development assistance is to enhance the livelihoods of the inhabitants, particularly the impoverished. Poverty reduction, is thus a necessary and sufficient condition for sustainable sustenance in rural areas. A major component of rural poverty reduction is rural development. The rationale for rural poverty reduction can be understood from the context that a significant proportion of the impoverished population is domiciled in rural areas. Also, a huge proportion of the poor people in urban environments are migrant workers and farmers from rural communities. The implication for this is that enhancing the socio economic wellbeing of rural dwellers has the propensity to curtail migrants and farmers to cities. This reduction in population translates to reduction in urban poverty. Moreover, if rural areas are improved, it will provide a safety net for the unemployed individuals in the urban areas because of the depressed economic conditions (Nkpanyen and Bassey 2012, Cleary 1996).

In Sub Saharan Africa, there has been a significant population transition from the rural to the urban environment. The people migrating are in the low income category who try to subsist in the low wage informal economy of the cities because of the under-developed rural economy. Therefore, if the local people are ultimate beneficiaries of development interventions, then the goal of rural development is simply the ‘‘improvement of sustainable livelihoods (particularly impoverished groups) with the careful attention paid to local characteristics’’. Based on this conceptualization, rural development efforts of governments in developing countries have not achieved its objectives. This has given impetus to the change in the main actors of rural development from government to Civil Society Organizations(CSOs). It implies that people centered approach is being introduced which has the dual merit of facilitating local participation and utilization of local resources (Veltmeyer 2008).

The manner in which rural development has been conceived by government and the type of policies implemented have contributed to the poor state of the rural economy (Nkpoyen 2008). It is against the foregoing that the paper considers it necessary to draw attention to Civil Society Organizations' role in the development process. The vacuum created by the failure of the state regarding rural development is sometimes filled by Civil Society Organizations. They are deeply rooted in the traditional and religious culture of the people and are in a better position to address the issues related to prevailing rural poverty and inequality in the marginalized areas. Moreover, over 80 percent of the rural population who reside in this rural communities are victims of neglect, deprivation, exploitation, marginalization, poverty, decay. Impoverishment exists despite governmental rural development measures (Nkpoyen, Mbat and Bassey 2013).

CSOs have the strengths of flexibility and tailored operational activities based on local conditions. Grassroots civil society organizations, being indigenous associations, have the capacity to be involved in poverty reduction. They have been involved in combating rural poverty as one of the emerging issues in rural development by penetrating the hard-to-reach communities for advocacy and sensitization on the importance of increasing community demand for health services such as immunization. Also, carrying out advocacy for formation and membership in cooperative societies and community resource mobilization for income generation. CSOs have been able to address income poverty by providing the poor with relevant vocational skills through broadening their potentials for self-reliance (Anheier 2004).

Reconsideration of the limits of government intervention in economic affairs of communities has resulted to an increased awareness of the potential roles of Civil Society Organizations in providing public goods and services. CSOs' operational impact are more dominant in localities and communities of the poor in Sub Saharan Africa. Their implicit mandate is to help turn the rural poor away from confrontational politics against government rural policy, to seek change and improvement in their lives by empowering the inhabitants; also, improvements and alteration in the local spaces of the community power structure (Blunt and Warren 1996).

Civil Society Organisations, as the new paradigm, have the capacity to tackle rural poverty because they visualize rural development as community-based and/or localized, reaching beyond the state into localities and communities of the rural poor. The CSOs advance development that is human in form and scale, sustainable in terms of environment and livelihoods, socially inclusive and participatory, initiated from the communities themselves and from the civil society too as opposed to government and the outside (Pearce 2000). Therefore, this paradigm shift gives rural development a distinct social dimension. Thus, these indigenous organizations have fostered innovations in communities, maintain enthusiasm and turn passion into action which governmental rural development policies have not successfully done. Moreover, the nature of rural communities themselves constitutes serious constraint to the achievement of rural development objectives. For example, Odukpani local government area of Cross River State, Nigeria is characterized by hard-to-reach areas either because of geographical remoteness due to the riverine nature or because of the breakdown of roads. As a result there is poor social mobilization for governmental programmes such as poverty alleviation. There is a general low knowledge by these communities regarding poverty reduction measures such as access to health services especially childhood immunization, entrepreneurship skill acquisition, formation/membership in farmers' cooperatives and community resource mobilization for income generation.

## **STATEMENT OF THE PROBLEM:**

The issue of tackling rural poverty through governmental rural development measures have raised serious academic concerns and interests. This is because rural development efforts which should result to rural poverty reduction has not yielded the expected outcomes. Very curious and worrisome is that rural development has not improved livelihoods although comprehensive development programmes are often initiated by government for rural areas where a majority of people live in poverty. Government efforts among others have included the institutionalization of the local governments to serve as agents for enhancing grassroots development, the establishment of the Directorate of Food, Roads and Rural Infrastructure (DFRRI) to enhance infrastructural development in rural areas. Also, the establishment of National Poverty Eradication Programme, the establishment of National Directorate of Employment(NDE), the establishment of Millennium Development Project through Rural Infrastructure, Micro Finance Banking to enhance the availability of financial services to the rural poor, low income earners rural dwellers(Ajadi 2010). These policies tended to further under develop the rural areas.

The presence of excessive population influx in urban areas means that rural development implemented from the center has not contributed to rural poverty reduction. The poor communities themselves and the poor within communities have not been identified. There has been no community involvement at targeting poor households within rural communities. Today, rural poverty persists in Nigeria despite the prosperity created by the country's wealth. This is evident in the difficulty experienced by rural dwellers in satisfying their basic needs of food, clothing and shelter( Abonyi and Nnamani 2011).

Evidence indicate that the targeting of anti-poverty programme component of rural development in Odukpani local government area has been less successful in empowering poor people and making development more inclusive. The failure to satisfy the people's basic needs tantamount to failure to improve living standards. Rural development is the improvement in livelihoods of people in rural areas, which means poverty reduction.

Agricultural farmers are not sensitized on improved modern techniques of farming and benefits of cooperative societies; failure of the LG Councils to mobilize resources to take health care services especially immunization to the remote villages. Communities are not mobilized for skills acquisition. Therefore, communities in Odukpani are poor owing to the underdevelopment of both available resources in their environment and their own individual potentials. Their absence of initiatives for improved community life may be responsible for their impoverishment. Moreover, inter-communal clashes and insecurity make external assistance from development agents impossible.

Grassroots civil society organizations, being indigenous associations, and part of the community have the capacity to penetrate the extremely remote hard-to-reach communities. The CSOs can point to impoverished populations and given their presence there, help to focus support to foster community confidence, provide motivation for self-help development. These helpless conditions have given impetus for the CSOs in Odukpani such as community youth organization, market men association, male farmers association, village association, male and female church associations etc. CSOs have been found useful in implementing rural development anti-poverty measures in other local communities in countries such as Vietnam, Uganda, Jamaica and Ethiopia. Therefore, the question that this paper answered was: to what extent are CSOs involved in rural development for poverty reduction in Odukpani local government area of Cross River State?

### **RESEARCH HYPOTHESES:**

1. Social advocacy for participation in rural cooperative organizations has no significant association with rural development through poverty reduction.
2. Social mobilization for vocational skill acquisition for self-employment has no significant association with rural development through poverty reduction.
3. Engagement in health care services has no significant relationship with rural development through poverty reduction.

### **LITERATURE REVIEW:**

#### **CIVIL SOCIETY ORGANIZATION, RURAL DEVELOPMENT AND POVERTY REDUCTION:**

Civil Society Organizations (CSOs) are non-state, not-for-profit, voluntary organizations formed by people within the sphere of civil society (Anheier, 2002). CSOs can be engaged to facilitate rural development for poverty reduction through facilitation of services in hard to reach areas, mobilizing people to participate in community development, raising awareness regarding community modern agricultural development activities, mobilization of funds, developing innovative to mobilize communities for self-help projects (Gavi 2018).

Civil Society Organizations constitute an essential building block of rural development. These village level organizations exist to fill up the space untouched by government and the private sector. CSOs play crucial roles in providing services normally the responsibility of the state and in the process have contributed to rural poverty reduction. Their involvement in development activities has helped to enhance the living standard of rural dwellers especially in areas where government presence is lacking (World Bank 1995). Their focusing of attention on rural issues have significantly informed and alerted citizens, thus, improving the quality of their lives, which is the goal of rural development (Edwards 2001).

Rural development is often equated with poverty reduction. The World Bank (1990) defined poverty as having less than US\$370 of annual income per capita and absolute poverty as less than US\$250. The human being requires approximately US\$1 a day to obtain a minimum nutrition needs. In the case that three quarters of impoverished groups live in rural areas, this indicates a condition resulting from income poverty. The improvement of livelihoods is thus a central component of rural development. Additionally, the satisfaction of Basic Human Needs is necessary to improve the living standards. Poverty assumes a multi-dimensionality level and includes factors such as education, health, politics, society, vulnerability etc. (Mitlin and Satterthwaite 2004)

The final beneficiaries of rural development assistance as provided by CSOs are the local people. As argued by Kaleeba (2017), the livelihoods of these rural dwellers are based on different social, economic and natural environments. Most rural residents in Sub-Saharan Africa are engaged in and depend on local agriculture, forestry and fishery resources to make a living. According to WHO (2002), if local people are ultimate beneficiaries of development assistance from CSOs, the aim of rural development is the improvement of sustainable livelihoods, especially impoverished categories. The observation of Niki (2002) is that many assistance organizations emphasize poverty reduction as an important development assistance goal. Based on this, the number of CSOs which focus on rural development as a way to reduce poverty has grown with the realization that the most impoverished groups live in rural areas. So rural development contributes to poverty reduction and CSOs are significantly promoting this interaction.

### **ADVOCATING FOR MEMBERSHIP IN COOPERATIVE SOCIETY AND RURAL POVERTY REDUCTION FOR RURAL DEVELOPMENT:**

Cooperatives movement have been acknowledge of its economic and social functions especially in Sub Saharan African societies thereby creating the necessary capacity for fighting rural poverty. The creation of awareness role of Civil Society Organisations(CSOs), which is the advocacy value concerning the importance of productive and consumers' cooperatives and other agricultural cooperatives has been significantly associated with rural poverty reduction( Allahdadi 2011). Cooperatives have been at fore front in mobilizing savings and investments through the advocacy for the provision of affordable loans to members. Non- members have often been encouraged to join and share in the numerous poverty alleviation benefits especially availability and accessibility to constant financial resource. Rural cooperatives have been identified by Civil Society Organizations as one of the best models in enhancing agricultural and non-agricultural productivity thereby contributing to poverty reduction through improving rural livelihoods. This ultimately contributes towards rural development(Gertler 2001; Kumar,Wankhede and Gena 2015).

Civil Society Organizations (CSOs) advocacy activities to attract rural dwellers to be members of cooperatives is due to their need to do business together and benefit from economic of scale. Importantly, as posited by Otieno(2019), cooperative members are able to optimize their economic, social and cultural needs, thereby enhancing their quality of rural life. In doing this, cooperatives strengthen and build the capacity of rural communities in which they operate thereby contributing to rural development. Rural farmers, fisheries and livestock cooperatives are vital poverty reduction strategy since they have the capacity to tap the economy of scale that reduces the cost of production; also, creating the enabling environment for saving and investment (Birchau 2003; CICOPA 2014).

Antai (2007) strongly supported the advocacy role of CSOs about the crucial social and economic purposes of cooperatives. Cooperatives have the potentials to address rural poverty through provision of food, creation of financial inclusion among rural dwellers etc. The same position is adopted by Gertler (2001) that cooperatives are advocated by CSOs because of the capacity of realizing industrialization in rural areas through the value addition of agricultural products and marketing. Cooperatives have also played a vital role in employment in the rural economy thus engendering rural development (Otieno 2019).

### **SOCIAL ADVOCACY FOR VOCATIONAL SKILL ACQUISITION FOR SELF- EMPLOYMENT AND POVERTY REDUCTION FOR RURAL DEVELOPMENT:**

The growing international interest in poverty reduction results mainly from the efforts of aid and donor agencies and the energies of thousands of Civil Society Organizations(CSOs). The role of CSOs in rural development becomes vital in advocating for, participating in and promoting sustainable poverty reduction thus contributing to rural development(Coates and David 2002). CSOs are involved in active advocacy campaigns for rural dwellers especially the youth to be involved in vocational skill acquisition training for self-reliance. These advocacy campaigns have strong positive impact on reducing poverty by creating enormous opportunities for income generation activities. Coates and David(2002) emphasized that advocacy and influencing initiatives in rural areas are cost effective and are contributing to the fulfillment of the mission of CSOs which is principally improving the lives of rural dwellers.

Hintjens (2006) explained that CSO advocacy for vocational skill acquisition in rural communities is an effective means of promoting poverty reduction by inspiring the

marginalized and the poor inhabitants to organize themselves and advocate for their own rights. Advocacy movements by CSOs can promote poverty reduction by bringing the poor people's economic struggles to public attention, spreading the politics of hope; inspiring the poor and disenfranchised by showing that economic change is possible( Frazer2005).

The CSOs operating in this advocacy domain for vocational skill acquisition view their role mainly as supporters and facilitators of rural development through poverty reduction. These CSOs assist the poor rural dwellers not by speaking on their behalf but rather by helping them express their views, articulate their needs, propose the necessary functional skills to acquire and defend their rights effectively (Eberllei 2007, Frazer 2005).

### **ENGAGEMENT IN HEALTH SERVICES DELIVERY AND POVERTY REDUCTION FOR RURAL DEVELOPMENT:**

Globally, CSOs, especially Faith Based Organizations (FBOs) have played a very significant role in shaping the health agenda and creating a global spotlight on diseases such as malaria, HIV/AIDS, maternal/child health. Access to health care via direct service delivery and in collaboration with the state and other partners is a crucial evident of involvement. The establishment of Civil Society Initiative (CSI) BY World Health Organization(WHO) in 2001 attested to the relevance of civil society in the public health sector (Loewenson 2003). Civil Society Organizations such as Faith Based Organizations are key players in the provision of health services to the marginalized peoples. At the grassroots level, their activities in health service delivery has produced positive results by reducing child mortality especially through immunization(UNICEF 2006). As asserted by Kaleeba (2017) the health delivery services of Faith Based Organizations in raising awareness on immunization for the prevention of diseases have generated positive outcomes. This has justified the need for the government to network with them in health care planning and delivery.

FBOs ability to reach marginalized communities is very crucial in the provision of health services. For instance, the Christian Health Association of Malawi provides over 60 percent of health care in rural areas. The FBOs grassroots approach is very important in providing preventive measures such as sensitization of benefits of child immunization to people. FBOs are able to perform this role because they are indigenous associations; socialized and are integrated into the community networks( Adams and Leverland 2008). FBOs and other community-based organizations operate as the voice of the community. In view of their contributions in the health sector, governments and their citizens have so much to gain from strong and dynamic civil society organizations. They act as enabler and catalyst for community health improvement.

Effective and equitable health is possible through reliable supply of medical services. In this direction, the participation of FBOs in the health sector is invaluable (Shuaib, Kimbrogh, Roofoe and McGwin 2010). FBOs work closely with local communities to tackle the spread of infectious diseases. They are committed to addressing the continuing high level of mortality among mothers and children from preventable diseases. Their key targets services are immunization, nutrition, new born care, access to skilled delivery, management of childhood illnesses especially at community level (Katusiimeh 2006).

Studies by Burchett(2009) found out that FBOs provide quality health care services at low cost, delivered by committed practitioners with better client satisfaction whose services are motivated by social justice values and satisfaction of the poor. Kankya, Akandinda and Rwabukwali (2003) carried out a study on child immunization in Kabarole district of Uganda, East Africa. The study aimed at exploring the role of Faith Based Organizations in health care

delivery system particularly childhood immunization. It was a qualitative survey involving 282 households. From the study, 97 percent confirmed that FBOs/ NGOs play a major role in health care service intervention. The study concluded that the importance of FBOs in health care delivery services cannot be under-rated especially in Sub Saharan African communities.

## **THEORETICAL FRAMEWORK:**

### **LOCALITY DEVELOPMENT MODEL:**

The study is theoretically embedded in the Locality Development Model of Social Work Practice in Social Sciences. The Model is associated with Rothman and Tropman (1995). It conforms most closely to the consensus theory of society and is associated with traditional social service provisions. The model assumes that the community comprises people with shared values and orientation with democratic decision making processes and control. People are encouraged through community organization to initiate activities towards the solution of their problems.

Locality development model focuses on actions and results through activities of social organizations. The aim is to equip the inhabitants with the ability to act in various ways to improve the society. It adopts the perspective of local organization to help design a community ready for any positive change through exposure to certain stimuli. Community organization is a cooperative process that involves community members through the existing community association or organization. The model encourages community members to identify their own resources, understand their own strengths, weaknesses, opportunities and threats.

The implication of this model is that civil society organizations which are local associations can often engage in series of activities with the potential to qualitatively improve the living standard of the rural dwellers. Based on the model, CSOs are indigenous associations with the aim of positively changing rural lives. It adopts three approaches to poverty reduction for rural development through advocacy, policy change and service delivery. Specifically, CSOs adopt the strategies of advocating for membership in cooperative societies, social advocacy for vocational skill acquisition for self-employment and engagement in health care services delivery in rural communities. The model admits that CSOs play these critical and diverse set of roles in the community to foster poverty reduction and promote rural development. CSOs utilize locality development as the theoretical perspective to engage in advocacy and service delivery in rural and hard to reach areas being the voice of the people in articulating the wellbeing of community dwellers in Odukpani local government area of Cross River State.

## **MATERIALS AND METHODS:**

### **STUDY DESIGN:**

The research utilized mixed qualitative and quantitative approaches of survey design. This facilitated the investigation of Civil Society Organizations(CSOs) variables of advocacy for membership in cooperative society, social advocacy for vocational skill acquisition for self-employment and engagement in health care delivery services and poverty reduction for rural development.

The study area was Odukpani Local Government in Southern Senatorial District of Cross River State, Nigeria. It is one of the most populous LGA with 13 political wards, namely: Adiabo Efut, Creek Town, Ekori/Anaku, Eki, Obomitiat, Mbiabo, Odot, Odukpani Central, Onim Ankiong among others. The LGA is largely populated by the Efik people. According to



NPC (2006), Odukpani had a population of 192,888 but projected to 257,800( NPC,2016). The LGA is characterized by hard-to-reach areas either because of geographical remoteness because they are riverine or because of the breakdown of rural roads. As a result there is low level off government presence, poor social mobilization for advantages of rural cooperatives, vocational skill acquisition and low knowledge regarding health care services.

#### **SAMPLING:**

In the first stage, eight (8) CSOs were purposively selected from the LGA. These are: Market Women Association, Market Men Association, Male Farmers Association, Female Market Association, Fishers Association, Brick Industry Association, Community Youth Organization, Male Church Association, Female Church Association (FBOs). These constituted the 8 clusters of the study. From each (cluster) organization, 10-12 members were selected for inclusion. This gave a total of 96 CSO members.

In the second stage, 10 wards where CSOs are located were purposively selected out of the 13 wards (strata). Two communities were selected from each stratum giving a total of 20 communities (clusters). From each cluster, 30 community members were systematically selected. This gave a total of 600 respondents from these communities. These respondents participated in the quantitative study.

#### **DATA COLLECTION:**

Qualitative data were obtained using focus group discussion (FGD) and key informant interviews (KII) while the questionnaire was used for the quantitative study. Appropriate guides(FGD, KII and questionnaire) were developed and used to facilitate data collection.

**ANALYSIS:**

**Table 1: Socio-demographic data analysis (N = 600)**

<b>Variables</b>	<b>No of Respondents</b>	<b>Percentages (%)</b>
<b>Age</b>		
35 – 40 years	238	39.67
41 – 45 years	184	30.67
46 – 50 years	102	17.0
51 – 55 years	54	9.0
56 years and above	22	3.66
<b>Marital Status</b>		
Single	160	26.67
Married	380	63.33
Divorced	45	7.5
Widow	15	2.5
<b>Religion</b>		
Christianity	575	95.84
Islam	5	0.83
African Tradition	20	3.33
<b>Occupation</b>		
Farming	286	47.66
Fishing	92	15.33
Trading	101	16.83
Civil servant	63	10.5
Unemployed	42	7
Others (Specify)	16	2.66
<b>Educational Level</b>		
Primary education	186	31.0
Secondary education	308	51.33
Informal education	106	17.67
<b>Income Level Per Month</b>		
Less than ₦50, 000	164	27.33
Less than ₦100, 000	240	40.0
Less than ₦200, 000	182	30.33
Above ₦300, 000	14	2.33
<b>Source of Income Per Month</b>		
Profit from fishing	92	15.33
Salary	63	10.5
Profit of enterprise	101	16.83
Profit of agriculture	286	47.66
None	58	9.66

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<b>Membership in cooperative society</b>		
No	146	23.33
Yes	454	75.66

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**Source: Field Data (2019).**

Table 1 shows the personal characteristics of respondents. In the age category, 238 (39.67 percent) respondents were between the age bracket of 35- 40 years. Thus the highest number of respondents who participated in the study were between the age brackets of 35-40 years. Secondly, the age of respondents was limited to 35 years because in the pre-proposal survey of these communities, majority of the rural inhabitants had migrated to Calabar town and other cities in Nigeria for employment and to attend tertiary institutions. But the proportion of those from 35 years and above appeared to be the common age bracket present in the communities. This was common to almost all the communities. In terms of marital status, 380 (63.33 percent) respondents were married. It shows that majority of women participants in the study were married.

Majority of respondents, 575(95.84percent) are christians. Farming is the predominant source of livelihoods. As indicated on the table, majority of respondents, 454(51.33) had completed secondary school. A greater proportion of the respondents, 354(75.66) belong to cooperative societies.

**HYPOTHESIS 1:**

Advocacy for membership in cooperative societies has no significant association with poverty reduction for rural development.

**Table 2: Chi-square (X<sup>2</sup>) contingency analysis of the association between advocacy for membership in cooperative organization and poverty reduction for rural development (N= 600)**

Variables	Household consumption		Total
	Increased	Decreased	
CSO advocacy for cooperative org.			
Financial support of members	220	100	320
Financial self- sufficiency	125	155	280
Total	345	255	600

Source: Field Data (2019).

**Table 3: Contingency table showing the association between advocacy for membership in cooperative society and poverty reduction for rural development.**

Cell	O	E	O - E	(O - E) <sup>2</sup>	(O - E) <sup>2</sup> /E
1	220	184	36	1296	7.04
2	100	136	-36	1296	9.53
3	125	161	-36	1296	8.05
4	155	119	36	1296	10.89
Total	600				35.51

Source: Field Data (2019).

Calculated (X<sup>2</sup>) value = 35.51

Critical (X<sup>2</sup>) value = 3.84

Level of significance =0.05

Degree of freedom = 1

**CONCLUSION:**

Results of analysis in table 2 show that the calculated (X<sup>2</sup>) value of 35.51 is greater than the critical (X<sup>2</sup>) value of 3.84, at 0.05 level of significance with 1 degree of freedom. This means that there is a significant association between CSOs advocacy for membership in cooperative organization and poverty reduction for rural development in Odukpani LGA of Cross River State. CSO involvement in cooperative organization promote financial support for members and financial self-sufficiency. This helps in increasing their consumption of goods and services in the study area thus reducing rural poverty.

Hypothesis 2.

Social advocacy for vocational skill acquisition for self-employment has no significant association with poverty reduction for rural development.

**Table 4: Chi-square ( $\chi^2$ ) contingency analysis of the association between social advocacy for vocational skill acquisition for self-employment and poverty reduction for rural dev (N =600)**

Variables	Household income		Total
	High	Low	
Social adv. Voc. Skill acq.			
CSO campaign awareness.	55	25	80
Youth encour. in skill acq.	50	45	95
Income gene. opp.created.	120	30	150
Public attn.on econ struggle.	60	40	100
Entrepren. Services avail.	32	53	85
People's lives improved.	48	42	90
Total	365	235	600

Source: Field Data (2019).

**Table 5: Contingency table showing the association between social advocacy in vocational skill acquisition and poverty reduction for rural development.**

Cell	O	E	O - E	(O - E) <sup>2</sup>	(O - E) <sup>2</sup> /E
1	55	48.67	6.33	40.0689	0.82
2	25	31.33	-6.33	40.0689	1.28
3	50	57.79	-7.79	60.6841	1.05
4	45	37.21	7.79	60.6841	1.63
5	120	91.25	28.75	826.5625	9.06
6	30	58.75	-28.75	826.5625	14.07
7	60	60.83	-0.83	0.6889	0.01
8	40	39.17	0.83	0.6889	0.02
9	32	51.71	-19.71	388.4841	7.51
10	53	33.29	19.71	388.4841	11.67
11	48	54.75	-6.75	45.5625	0.83
12	42	35.25	6.75	45.5625	1.29
Total	600				49.24

Source: Field Data (2019).

Calculated ( $\chi^2$ ) value = 49.24

Critical ( $\chi^2$ ) value = 11.1

Level of significance = 0.05

Degree of freedom = 5

### CONCLUSION:

Result of analysis in Table 5 show that the calculated ( $\chi^2$ ) value of 49.24 is greater than the critical ( $\chi^2$ ) of 11.1 at 0.05 level of significance, with 5 degrees of freedom. This means that social advocacy in vocational skill acquisition has a significant association with poverty reduction for rural development.

**HYPOTHESIS 3.**

Engagement in health services delivery and poverty reduction for rural development.

**Table 6: Pearson product-moment correlation analysis of the relationship between engagement in health care delivery service and poverty reduction for rural development (N=600)**

Variables	$\sum x$ $\sum y$	$\sum x^2$ $\sum y^2$	$\sum xy$	r-cal
Engagement in health care delivery serv.				
a. Involvement in immunization (X <sub>1</sub> )				
b. Involvement of rel. leaders (X <sub>2</sub> )	1050	1950	1775	0.878
c. Involvement in training health workers (X <sub>3</sub> )	1055	1970	1750	0.614
d. Involvement in chur.healthedu. (X <sub>4</sub> )	1040	1945	1780	0.925
Poverty reduction (y)	1046	1952	1774	0.860
	950	1650		

Significant at 0.05, critical- r= 0.195, df= 598

**Source: Field Data (2018).**

Results of analysis in Table 6 show that the calculated r-values of 0.878, 0.614, 0.925, 0.86 are greater than the critical r-value of 0.195 at 0.05 level of significance, with 598 degrees of freedom. This means that CSOs engagement in health care delivery services has significant relationship with poverty reduction.

**DISCUSSION:**

The analyses indicate existence of a significant association between CSOs’ social advocacy on membership in cooperative organization and poverty reduction, social advocacy on vocational skill acquisition is significantly associated with poverty reduction for rural development; engagement in health care delivery services significantly relates with poverty reduction for rural development. A significant domain through which civil society organizations seek to reduce poverty is advocacy. CSOs view their advocacy role chiefly as supporters and facilitators and do not ‘ ‘ take on what individuals and community organizations can do on their own’ (Mitlin and Satterthwaite,2004:283).

The social advocacy by CSOs on social and economic benefits from cooperative organization has been confirmed by scholars. These findings support Umoh (2011) that the promotion of membership in cooperative societies by CSOs has helped to transform the lives of rural dwellers. Cooperatives are meant to build community and individuals social and economic capacities. Rural cooperatives aim to alleviate poverty by enhancing socio-economic wellbeing. These cooperative societies have created opportunities and avenues for rural dwellers to participate in rural development thereby improving their quality of life.

The findings agree with Ogundele (2007) that CSOs social advocacy in cooperative organization is important as a strategy in improving the status of impoverished rural dwellers.. It is possible to empower rural inhabitants by focusing on ways to increase their productivity at home, market production and the cash derived from economic engagement. Adewale (2012) observed that increasing rural dwellers access to land, assets and deriving security of tenure are potentialities of cooperative organization. All these, as confirmed by the findings of this study, have the potential to reduce poverty and facilitate rural development.

In a Focus Group Discussion, it was reported that: The availability of cooperative societies in our community is due to the encouragement of two indigenous organizations here. These community associations here have helped to change our living condition for good by the encouragement given to us to join cooperatives. We are able to take care of children school fees, most of us doing businesses today borrowed money from these cooperative. We are aware that through these cooperatives our women have been able to provide for their homes; health conditions requiring money can now be handled. Besides these, we have extra money to feed well at home (FGD, 2019).

The findings of this study also support Aculai, Rodionova and Vinogradova (2006) that CSO advocacy in vocational skill acquisition has helped to create entrepreneurs who are able to identify business opportunities and mobilize resources to create new businesses or enterprises. CSOs mobilized resource which makes skill development for entrepreneurial ventures possible. This adds value to the enterprise. Shane and Collins (2003) admitted that vocational skill development is linked to entrepreneurship and poverty reduction. The findings are consistent with Naude (2010) whose study reported a strong correlation between CSOs' job creation campaign and the level of rural entrepreneurial activity in an economy; also, a positive statistically significant association exists between vocational skill acquisition and poverty reduction.

In the same vein, Bornestein (2003) observed that CSOs social advocacy in rural entrepreneurship plays a vital role in the survival and growth of the rural economy. This social advocacy has made rural youth grow their business thus enhancing their standard of living. CSOs activities have actively been responsible for growth and job creation in the economy. The proliferation of small scale enterprises in the rural environment is associated with socio-economic wellbeing in terms of job creation, opening of employment opportunity, reduction of unemployment rate and contribution towards poverty reduction.

In the Focus Group discussion carried out, it was reported that: Our poor men and women have received enough sensitization from our community organizations about vocational skill acquisition and are involved in very many small businesses to earn income to take care of their homes. In the process of doing these businesses, they have been able to enhance their personal capabilities, they have a voice. As we are able to make money, we are living well (FGD 2019). In another FGD, the people reported that: The church association has raised awareness among the women on ways of making money. We are now independent in terms of money to buy goods and pay for services. Most of us have hairdressing saloons, we can bake cake, we are seamstresses, soap makers, dye cloths which some of us who have stayed in Northern Nigeria before can do. We are the owners of the fast food firms at the junction (FGD2019).

In the Key Informant Interview, the women leader of the Women Organization, aged 51 years emphasized that: The activities of our association have made our women have high respect and better social image. Most of us have established savings group to enable us make savings and be more self-reliant. Importantly, self-reliance means self-employment. Self-employment means that you can take care of the basic necessities of your family to a certain extent. We are our employers. Government is not giving jobs (KII 2019).

The findings regards CSOs involvement in health services delivery are also in harmony with De Haven et al (2004) that to effectively reach target population, public health promotion efforts have tried to engage faith based organizations over the past few years. The findings also support Toni-Uebari and Inusa (2009) that the involvement of religious leaders in health related interventions has generally been found to improve the participation of their congregation in these interventions and this promotes positive health outcomes. These findings support UNICEF (2016) that whether immunizing children house-to-house or

providing services at fixed sites, the support of the community is essential to achieving this. One way of eliciting such support is to gain the trust and confidence of religious leaders who often wield tremendous authority at the grassroots.

The Key Informants confessed that in most of the hard-to-reach areas, religious organizations have been helpful. According to the informants: Most communities are not easily reached or located due to bad, inaccessible roads and riverine nature. So our health workers find it difficult to penetrate for immunization purposes. We are comfortable with utilizing the services of church groups because they are with the people there(KII).

### **CONCLUSION:**

Civil Society is the third sector vis-à-vis the state and the market with overlapping borders between them. The subject of development has shifted from government to private and rural development has become locality focused. Civil society has two dominant roles: building a democracy and improving development. The former addresses the politics of poverty reduction, while the latter seeks to address poverty reduction directly. A significant correlation has been empirically found to exist between Civil Society Organizations(CSOs) and rural development through poverty reduction. This study specifically documents that CSOs variables of social advocacy for participation in rural cooperative organizations, social advocacy for vocational skill acquisition for self-employment and engagement in health care services delivery as significant predictors of rural development through poverty reduction. CSOs are able to achieve this in the domains of advocacy, policy change and service delivery. Their overall goal is to improve the livelihoods of rural dwellers. The ultimate aim of rural development itself is sustainable improvement of livelihoods of rural people, which in itself is poverty reduction. Rural development issues are often equated with poverty reduction.

### **RECOMMENDATION:**

Civil society should play an active role in reducing poverty to achieve a better, more affluent and equal society. It poses as a solution to social, economic and political dilemmas by politicians and development thinkers. Poverty is multi-dimensional, thus, any CSO strategy must be multi-faceted. For instance, to address the insufficient income aspect, CSOs can assist rural dwellers by providing them with essential training and skills to access better paid jobs, broadening their possibilities for self –production, extending a safety net through public works programme.

More communities and individuals must be sensitized to participate in cooperative organizations as an easy strategy to access funds for production purposes. Similarly, the deteriorating infrastructure and social services can be addressed by increasing the capacity of local governments to improve the infrastructure and provide the poor with sufficient income and credit to help them pay the connection and user charges. CSOs need to lobby for the establishment of safety nets especially for the vulnerable groups in the rural area. Health care services delivery programmes managed by CSOs should not replace government services, but rather complement and strengthen them.

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