

Performance Evaluation of MDGs Conditional Grants Scheme in Rivers State, Nigeria

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ABSTRACT

The paper highlights the report of the process and impact evaluation of the Conditional Grant Scheme (CGS) of the federal government of Nigeria, in Rivers State primary health care (PHCS) in the years 2008 and 2009. The process assessment reveal that to a large the MDG office in Port Harcourt conform to the guidelines on contract award, composition of tender board, procurement process and inter agency collaboration. Investigation however reveals that the communities are not fully involved at the point of project implementation. This has created capacity under utilization of facilities in the primary health care centers, the paper recommended active collaboration between the state and the communities, as well as involvement of the private sector to enhance the sustainability of the project.

Key Words: Conditional Grants Scheme (CGS), Millennium Development Goal (MDG), Procurement Process, inter agency collaboration.

1. INTRODUCTION

In September 2005, Nigeria successfully negotiated a Debt Relief Deal with the Paris Club of creditors. This resulted in saving amount of money that would otherwise have been channeled to debt servicing. Nigeria pledged to the world bank and the international community to channel the Debt Relief Gains to pro-poor programmes, and the Millennium Development Goals Programme was identified for support and worthy of investment of the Debt Relief Gains.

The federal government thought of ways of tracking the Debt Relief Fund and was based on three components; accurate receipts of expenditure detailing what the debt relief has been spent on, monitoring of the outcome of the expenditures to ensure that the requisite quantity and quality has been supplied, and evaluation of the out comes relating to these outputs to identify what the Debt Relief has achieved.

To achieve effective tracking, certain budgetary and policy measures were introduced the virtual poverty fund and the overview of public Expenditure in Needs (OPEN).

While the decision of using the Debt Relief Fund on the MDGS programme to alleviate poverty and ensure welfare of citizens is lofty, the method of implementation and fund tracking, which was left in the hands of the federal government, was seen ineffective, especially in a federated nation like Nigeria. The reasons are; the federal government is seen as too far from the local people who are suppose to benefit from the project, the need to incorporate the states and the local governments in the development of their localities. The governors also insisted that some of the projects fall under their constitutional jurisdiction, and so there may be duplication of projects, if the states do not have knowledge of the projects coming to the state through the MDGS office.

Based on these concerns, it was agreed that while the federal government is well positioned to co-ordinate national programmes and ensure that domestic resources spent on reducing poverty achieves optimum results, the states and the local governments have better knowledge of their environment and needs, and therefore better equipped to implement the MDG projects.

To this end, a proportion of the federal share of the Debt Relief Fund is appropriated in the federal budget as Conditional Grants to states to provide additional resources and stimulate policy reforms at the state and local government levels.

The Conditional Grants Scheme (CGS) was therefore designed to provide a window of opportunity through which states and local governments can access fund annually from the federal government share of the Debt Relief Gains. The scheme works by creating a conditional partnership agreement between the federal government (the fund providers) and the other levels of government (the grant receivers`).

To drawing from the CGS funds, the state or local government must contribute a counterpart fund equivalent of 50 percent of the federal government grant and the project executed must be MDG related. The objectives of the scheme include the empowering of states and local governments to carry out their constitutional responsibilities, leveraging public sector reform, public expenditure reform, and national planning for service delivery.

This paper is an evaluation of the impact of the Conditional Grant Scheme (CGS) project in specific local health centers in Rivers State, Nigeria.

The paper is sub-divided into five sections, introduction, the methodology of evaluation is the second section, data analysis is the fourth, while the last section is the conclusion and recommendation.

2. EVALUATION METHODOLOGY

To achieve the aim of the assessment, the following evaluation strategies were adopted, desk review of relevant documents that concern the projects. Discussions with senior management and relevant staffs of the CGS state office, regular in-depth consultation with project staffs, interview with partners and stakeholders, visits to project sites, discussions with project team/project beneficiaries, use of key evaluation questionnaires for the final beneficiary and partners.

The research design adopted to enhance data collection and analyses are, the direct observation, unstructured interviewing, and the focus group discussion.

3. PROCESS AND IMPACT ASSESSMENT OF THE CGS SCHEME

i. Process of Award of Contract and Contribution to Improved Governance

Contracts for CGS projects in Rivers State for 2008 and 2009 substantially conform to due process as stated in the CGS implementation guidelines. Document related to advertisement of contract, pre-quantification meetings, bid committee meetings, composition of tender board and due Process are found to be in order.

Sample of Due Process Document

	Documents	2008	2009
•	Meeting dates	√	√
•	Minutes of meeting	√	√
•	Advertisement requirements	√	√
•	Copies of selection rubric used	*	*
•	Minutes of bid committee meetings	√	√
•	Bid committee metrics for selection	*	*
•	Minutes of subsequent ministering	√	√
•	Copies of letters of acceptance to serve on the board	*	*
•	Copies of document for identifying needs	√	√

Source: compiled by the researcher

Note: √ - Document Available
 * - Document not Available

From the table, it is evident that the MDG office in Port Harcourt complied to a large extent with the CGS guideline in contract award process, however, the selection rubric used in ranking contractors was not available, casting doubt on the procedure used to select the successful contractors. Inspection of the documents also revealed that the number of contractors that responded to pre-qualification advertisement is encouraging (66 contractors), that shows the competitive nature of the bidding process.

ii Composition of Tender Board

Documents made available to the researchers by the state MDG office attested to the existence of tender board for award of contract, and the list/composition of the tender board, in terms of status position, ranking, were made available for 2008 and 2009 seasons.

The criteria for the selection of the quantified contractors also conform largely to the CGS implementation guidelines. It was discovered however, that the board did not seek the services of relevant and expert consultant in their deliberations. This calls to question the technical depth of the tender board, especially on highly technical issues as procurement of medical facilities.

It was also discovered, that membership of the tender board are picked from the relevant ministries and agencies and they serve without beginning or end dates; tender board have no member from the NGOs, and individual nomination letters were not issued. Our interview with the staffs of the MDG department reveal that external consultants were not engaged to resolve the challenges; rather, experts in the ministry were engaged in an adhoc manner.

iii Procurement Process

The procurement process and guidelines in Rivers State in 2008 and 2009, was largely the original version of the Due Process Office in Abuja. Due Process is one approach to government business that can be attributed to the inception of CGS implementation in River State. According to a staff interviewed, the state assembly domesticated the Act and established the office in Port Harcourt. For instance, some aspects of CGS procurement guidelines are being used in the ministries of health, finance. A senior officer of the ministry admitted that outside consultants, members of NGOs and observers have not been part of the ministry's procurement process; however, further procurements of the ministry will integrate some of the elements as contained in the CGS implementation guidelines.

iv Inter-Agency Collaboration

The CGS has enhanced inter-agency collaboration, for instance, the core-ministry of health collaborates with MGD office in terms of providing experts, quality control and guideline on items needed in a PHC. While the MDG office and the ministry of finance also collaborates. The ministry ascertains claims of job completion, or supply before payment.

A staff of the MDG office was of the view that inter-agency collaboration was limited, since the 2008 and 2009 projects have centered on supplies and equipment. In an interview, the S.A to the Governor on MDG stated that Inter-Agency Collaboration in the state are outstanding, especially, where big projects are involved. According him, the legislature will normally appropriate money for projects, the executive arm implements the projects, based on the MDA concerned. So that

the communication between agencies in terms of mails, workshops, conferences, websites are applied to ensure knowledge and experience sharing.

iv. Facilities/Capacity Building at PHCS

From the researcher's observation, a lot of the PHCs are sited far from the community, some PHCs are close to existing PHCs, and so there is capacity under utilization of equipment and project. However, the PHCs under the CGS are outstanding, in terms of equipment, staffing and infrastructure.

There are no training programmes for staffs, and more importantly the staffs are strange bed fellows in the sense that some are from the state civil service, while some are from the local government council.

vi. Fund Release Model-Disbursement and Conditions

Our interview with the staffs of the MDG office, reveal that the conditions of release of contract sum, follow Due process guideline in the state. Thirty percent of the total contract sum is release as mobilization, while seventy percent is paid at the completion of the project. For evidence of initial payment and payment of contractors on job completion.

Beneficiary participation, ownership and sustainability

In our interview with the traditional rulers, men and women and the youth groups, no group admitted to have had contribution in the implementation of the CGS project. Our interview also revealed that the legislators in their oversight function never incorporated CGS projects in the state.

The host communities are involved only at the point of donating the land for the project. Aside that, communities are not given any preference in terms of employment, supervision, board membership or equity participation. The implication is that the communities have no sense of belonging. A Senior Council Official explained that the councils are not involved at the initial stage of the implementation. This may have informed councils' unchallant attitude in assisting the project. Apart from the statutory payment of local government staffs in PHCs, the project is seen as state projects. Throughout the assessment, no community based committee or NGO showed up as part of the project.

vii. State Capacity Development

The CGS projects visited are perceived as state owned project. Although, community member make use of the PHCs, the traditional idea of government hospital is largely invoke. The communities no have any sense of partnership, in terms of employment, meetings or consultations.

Records inspected and interview with the Doctors in charge of PHCs in Rivers State do not show any outline for maintenance of infrastructure in the PHCs. A Doctors in one of the PHC, explained that since the formal inauguration of the PHC, no government subvention have been remitted to the authorities for maintenance, purchases of diesel etc. According to the Doctor, it is monies from cards, bed, and the marginal gains from the drugs that is used to buy diesel, maintenance and pay security and cleaners.

The Doctor added, that with government declaration of free medical care, the PHCs is likely to run into serious financial and maintenance challenges if something urgent is not done by the government.

3. Impact of the MDG Facilities

Out door and indoor patients interviewed in the PHCs visited reveal that they are of different ages and sex, meaning that the clinics cater for everybody without discriminations. They also disclosed that patients are promptly attended to during clinic hours, however in the rural areas researcher observed patients come to clinic late in the afternoon, the waiting rooms, chairs, television, air conditions and fans are working effectively.

On the supply of drugs, the medical directors described a process called "the drugs revolving scheme", by the scheme, each PHC gets given quantity of drugs that will last for a specific period, however the Doctors added the quantity of drugs dispensed can hardly run half of the period designated.

Statutorily, the staffs are paid by both the state and local government, the staffs interviewed admitted that their salary have been regular. The staff quarters in the PHCs cannot accommodate every staff, this has posed some challenge to service delivery, especially those staffs that come from the local governments.

Public relations in the PHCs, medical Directors interviewed agreed is a major challenge. First, the work force come from two tiers of government (the state and the LGAs), a Medical Doctor disclosed that staffs from the council, recognize the midwife as the chief medical Director, while the staffs from the state, recognize the medical Doctor. The implication is that the chain of command in most of the PHCs is not properly defined, posing problems to public relations, accountability, proper supervision and administrative protocols.

The performance metrics of the PHCs in terms of patients treated, inventory of equipments, disaggregation of patients by sex and age, staff strength are attached in the appendix.

4. RECOMMENDATIONS

There is need to establish independent structures for the MDG/CGS Department in government. These structures will include; procurement, finance, and general administration. Running the MDG/CGS office as small appendage of government house may affect output and objectives of the CGS project.

- The MDG/CGS project should not be seen as an adhoc arrangement in the state, all project procedure of the state, should apply to CGS projects as articulated in the implementation manual.
- It is also important to engage outside consultants in MDG/CGS projects in Rivers State, especially when it involves technical issues.

- None governmental organizations NGOs should be in corporate in the activities of the CGS office, this will earn the office public confidence in their activities.
- The legislature should be intimated of the activities of the CGS office, so that it can set-up a committee in the house that can oversight the CGS projects.
- There should be deliberate plan to sustain the CGS projects in the state, while communities and the local government be assigned specific roles in the project.

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