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A REVIEW OF POVERTY REDUCTION PROJECTS AND PROGRAMMES IN SOUTHEASTERN NIGERIA

Submitted to

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

1. INTRODUCTION
   Objectives ........................................ 10
   Method ............................................ 10

2. REVIEW OF SELECTED POVERTY REDUCTION PROJECTS/PROGRAMMES IN SOUTHEASTERN NIGERIA
   2.1 Health Programmes/Project ...................... 12
   2.2.1 Health System Rural Project ............... 13
   2.2.2 Abia State Tuberculosis and Leprosy Control Programme .......................... 17
   2.2.3 Abia State Onchocerciasis Control Programme .................................. 19
   2.3 Employment/Poverty generation Projects/Programme .................................. 22
   2.3.1 The Abia State UNDP - Assisted Urban Informal Sector Support Programme ... 24
   2.3.2 The Abia State UNDP - Assisted Akpa Anatomy Entrepreneurship Village ..... 28
   2.3.3 The Abia State UNDP - Assisted Food Processing Project ......................... 30
   2.3.4 The Enugu State World Bank/UNDP Assisted Igbo Modern Market Project .... 32
   2.3.5 Sustainable Enterprise, Environment and Rural Development .................... 35
2.3.1 UNDP Assisted Sustainable Agricultural Environmental and Rural Development Programme, Akwa Ibom

2.3.2 UNDP Assisted Agricultural and Rural Development [Fisheries Sub Programme] Project in Anambra, Ossunla, Isoma and Enugu Ohia, Anambra State

2.3.3 [PAD-UNDP Assisted Artisanal Fisheries Development Project in Rivers, Cross River and Akwa Ibom States

2.3.4 National Agricultural Land Development Authority (NALDA) in Southeastern States

2.3.5 Niger Delta Basin and Rural Development Authority (NDBRA)

2.3.6 Ogun State UNDP Assisted Poverty Alleviation Project, Ugbo Ohogwu Settlement

2.4 Other NGOs Assisted Programmes/Projects

2.4.1 Women in Nigeria/Frauenanstiftung Programmes, Imo State

2.4.2 The Sudan United Mission Rural Development Programme in Bizi Local Government Area, Imo State

2.4.3 Imo Self Help Organization Project

2.4.4 North Area Leader of Thought United Self Help Organization (NALT - NUSTIO)

3.0 LESSONS AND FUTURE DIRECTIONS

3.1 Coordination of Interventions

3.2 Definitional Problems

3.3 Involvement of beneficiaries
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4</td>
<td>Project evaluation</td>
<td>7</td>
</tr>
<tr>
<td>3.5</td>
<td>Funding</td>
<td>8</td>
</tr>
<tr>
<td>3.6</td>
<td>Infrastructural facilities</td>
<td>9</td>
</tr>
<tr>
<td>3.7</td>
<td>Reducing Bureaucracy/Increasing Private Sector/NGO Participation</td>
<td>10</td>
</tr>
</tbody>
</table>

REFERENCES 12

ANNEX I 13

ANNEX II 14
EXECUTIVE SUMMARY

This study presents the results of a survey of agency, government and NGO-funded poverty alleviation projects/programmes in Southwestern Nigeria. The survey through interviews of implementors and beneficiaries and data from secondary sources examined the status, targeting, mechanism, administrative and funding structure, impact and sustainability issues of each project/programme.

- A total of 17 projects/programmes under health (3), employment (4), sustainable agriculture (6) and other NGO-assisted Programmes (4) were reviewed.

- Most projects/programmes tended to be directed by political considerations rather than the use of base-line surveys to target beneficiaries. For example, health institutions rehabilitation and Small Medium Enterprise (SME) projects were located based on L.G.A/ Zonal distribution in each state. In some cases, decision-makers cited more projects in their areas as a favour to their people.

- In spite of the current emphasis on community participation, it is obvious that the design and implementation of most projects/programmes were usurped by urban elite whose dominating presence could be felt in every project site. In some other cases, the rural elite hijacked the project such that beneficiaries could not
respond to any queries concerning the project or had negative attitude toward them. Some of the projects lacked technical feasibility studies before implementation. This lack of community participation and the incident of technical failures led to most beneficiaries labelling them as "government projects" and displaying utter ignorance of what is going on.

- There is strong evidence of bureaucratic control down to the community level. Where Community Based Organizations (CBOs) exist, they, in conjunction with traditional institutions stop at providing land and other resources as demanded by the implementers.

- Funding has been a constant only in state and LGA funded projects/programmes. Agency assisted ones have fared better except where counterpart funding is lacking. However, procurement procedure through contractors have been found to be fast but fraudulent in many cases. For example, there are cases of supply of obsolete and used machinery/equipment where modest and new ones were prescribed; abandonment of construction sites after collection of part of the fee, etc. Arising from this, is the opinion of most beneficiaries, that agencies such as UNDP and World Bank should deal directly with CBOs and trade groups.
The impact of the projects/programmes remains diffuse. On the credit side training programmes have produced local community artisans but in some instances these artisans, like welders cannot ply their trade because of lack of complementary services such as electricity. On the other hand health facilities after rehabilitation remain unused because staff are reluctant to work in rural areas. Similarly, using facilities are not patronized apparently because people lack cash to pay for the services. They often revert to the traditional methods. Market development although well intentioned is also beset with the inability of beneficiaries to pay the cost of purchase of shop/saddles. Again realization of this objective will call for a credit scheme to enable them buy and move into the shops.

Sustainability remains a nagging problem in most programmes/projects. Most health programmes have continued to enjoy free supply of drugs and vehicles. Infrastructural projects have been funded by agencies/NGOs and some by the World Bank. Some of the Government funded programmes/projects have remained stagnant and salaries paid to staff with little or no work to do. There are no mechanisms on the ground to sustain most projects/programmes when agencies withdraw funding. It is the opinion of most implementers that
The federal government can fund them in future if certain funds are set aside annually and reserved for the rainy day. At community level, a strengthening of existing CRGs should be given priority, as they are the only institutions who can mobilize and galvanize the people into action to sustain whatever has been put in place.

This implies that there is a need for redefinition of linkage between governments, communities and agencies/NGOs to develop more effective working relationship. In the view of beneficiaries, there is nothing structurally wrong with this relationship, rather a re-appraisal of all levels of staff involved in the implementation is desirable in order to check incidences of corruption/truel, nepotism and excessive bureaucracy which delays project implementation. One way of achieving this is to involve the beneficiaries in decision making from project identification and not providing land and labour only.
CHAPTER ONE
INTRODUCTION

Despite enormous natural resources endowment in Nigeria, millions, a vast majority of whom live in rural areas, continue to wallow in acute and chronic deprivation. This has remained so in spite of modest economic growth recorded in recent years.

To ameliorate the above sordid situation, by reducing the causes of poverty inherent in the system, the government has initiated several programmes designed to reach the poor. In view of the obvious link between poverty reduction and a wide spectrum of other variables such as health, education and skill acquisition, gender issues, environmental conditions, social services and infrastructure all of which affect poverty in many ways, a variety of projects/programmes abound which reflect the diverse needs of the poor individuals and communities.

However, recent poverty assessment and follow-up studies have indicated that in spite of these programmes, the incidence of poverty is still pervasive. It follows therefore, that a review of the existing on-going poverty reduction projects and programmes of government and non-government organizations is a sine qua non for the development of a more comprehensive framework for poverty reduction in the country.
Objectives.

The general objective of the study was to review existing on-going poverty reduction projects/programmes of government and non-governmental organizations which are worthy of in-depth review and understanding.

Specifically, the survey sought to:

- establish the rationale for the projects;
- identify the target population and targeting mechanisms adopted;
- evaluate the administrative arrangement or structure;
- determine the impact of the projects, if any, since conception and the project managers' recommendations for improvements;
- evaluate and compare cost-effectiveness of interventions using public agencies and alternative private agencies; and
- determine the sustainability of projects/programmes.

Method.

The zonal interdisciplinary research team for the Southeast visited selected on-going poverty reduction projects/programmes in Enugu, Anambra, Abia, Imo, Rivers, Akwa Ibom, and Cross River States. The survey covered specific projects/programmes in relevant sectors of agriculture, health, education, infrastructure, small scale enterprises and fisheries. Both programme/project managers and beneficiaries were interviewed where available using semi...
structured interview schedules. Additional (secondary) data were generated from project records, annual reports, newsletters and other publications.
CHAPTER TWO

REVIEW OF SELECTED POVERTY REDUCTION PROJECTS/PROGRAMMES IN SOUTH EAST NIGERIA

Following UNDP 5th Country Programme guidelines, Poverty reduction Projects/Programmes in the zone could be categorized into Health, employment/Income Generation, Sustainable Agriculture, Environment/Rural Development, and Educational Projects/Programmes.

2.1 Health Programmes/Projects

Evidence abounds to show that health is critically and intimately linked to poverty (World Bank, 1995). It has been repeatedly argued that health, as a merit good, calls for government intervention. This is particularly so because individuals left to themselves will under provide health care (Gaina, 1993). Results from a handful of developing countries suggest that the responsiveness of nutrition intakes and health outcomes to income changes is very low.

We detail below some of the intervention programmes in the health sector within the zone.
2.1.1. Health System Fund Project (HSF)

The distortions in the health delivery system in most states of the country led to the establishment of Health Systems Fund Project in 1977. Before this time it had become obvious that the referral system in health delivery to the rural populace had actually broken down. Part of this problem was the refusal of medical personnel to accept posting to the rural areas and the delapitated state of community health centres.

To redress the imbalance in the health system and revive the referral system, the HSF Project took off in 1992 in Nigeria with a loan of 70 million USD (LN 3326-UNJ). Before this time the HSF had been established as a pilot scheme in a few states namely, Kwarar, Oyo and Kaduna.

The project took off in Enugu State in 1997 with an initial Subsidized Loan Amount (SLA) of about 4.7 USD. However, when most States of the Federation did not show sufficient interest in the loan, the original loan amount was revised from 70 million USD to 54 million USD, while Enugu state’s share was reduced to 3.5 million USD.

Following the creation of Ebonyi State from Enugu State, bifurcation of the project became necessary on a 60 - 40 asset sharing basis, leaving Enugu State with 2.1 million USD.
Rationale for HSF Project.

The HSF project was basically established to rehabilitate health services, the referral system and health infrastructure. It is targeted at all citizens of the benefiting state with particular emphasis on rural health.

In selection of target communities in the State, consideration was made of demographic factors such as accessibility, attendance rate, centrality to a given area, population, maternal death rate, mortality rate, etc.

Administrative Structure.

HSF projects as presently constituted do not enjoy autonomy with respect to types of sub-projects, and size of projects. Clearance has to be obtained internally and externally from the state government and World Bank, respectively. However, the project management could influence the siting and approval of project locations irrespective of political and ethnic considerations.

After the project sites had been selected, costed and plans drawn, quantified and estimated, procurement of project items was usually by contract. The World Bank bidding method was adopted to ensure that the minimum cost was taken.
Decision-making at the project level was found to be timely. However, project implementation has been seriously constrained by cash flow problems. Specifically, in two years, the HSF project in Enugu State had made significant progress in the area of infrastructural development.

The projects are implemented by contract and supervised by both project staff and the civil works department. The role of communities and community-level institutions in project implementation was insignificant. This was attributed to the poverty level of the people and made of implementation of the project (contract) which actually marginalized the project beneficiaries. The observed contribution of the community was by way of security at project site.

The absence of mechanisms to encourage beneficiary participation has also been marred by the absence of medical personnel—doctors and nurses—in the project locations. It became clear that the intended beneficiaries cannot actually participate when the health personnel are reluctant to live in the project communities. To mitigate the effects of this, the projects had mounted workshops to sensitize the communities and policy makers.

There is no flow of physical cash at the project/community level. Projects are monitored and evaluated internally by project staff on a regular basis in order to pay contractors. As an intervening body, HSF is not concerned with recurrent
costs. However, HSF buys drugs and other commodities which are supplied to the relevant state authorities which operate a drug revolving loan fund.

HSF project is consistent with the efforts of government to extend health services to the rural communities. Although no impact study had been conducted, the project management in the region generally recommended that community participation from the early stage should be stressed if project objectives are to be achieved. It was also recommended that government should devise a means of compelling medical staff to locate to rural areas and work. Again, to encourage participation, it is recommended that communities should participate in the construction work through material contribution. This will give the intended beneficiaries a sense of ownership.

Since so much construction is involved in most cases, it is obvious that direct labour use would be less costly. The snag is with respect to bureaucratic bottlenecks in the execution. However, the HSF has a full complement of staff, eg. Architects and Quantity Surveyor (posted from the public works department) who are handy and could obviate the delays arising from total reliance on public works department. These professional staff could get work done faster to meet date lines.
HSF has embarked on extensive staff training programmes to ensure sustainability. It is expected that the projects would continue without external assistance provided the policy makers appreciate the impact made so far and plan for the rainy day.

2.1.2 Abia State Tuberculosis and Leprosy Control Programme

The current programme came into being following the signing of the memorandum of understanding in 1994 between the state government and the funding agency, the German Leprosy Relief Association (GLRA).

The programme targets all tuberculosis and leprosy patients in the state on the basis of self-reporting. The programme is subsumed under the existing ministerial structure with a State Control Officer and supervisors in all the state local government areas (L.G.As). The L.G.A. supervisor reports to the head of the L.G.A. health department.

The GLRA provides tuberculosis and leprosy drugs, laboratory kit such as slides, microscope and reagents, logistics including motor vehicles and motor cycles, and training—both short and long terms. The agency, in addition, pays some allowances to local government supervisors but this payment is tied up to the ability of the relevant staff to produce results. The Uzuakoli Leprosy Hospital which has a resident doctor is the referral centre and has benefited from the funds
in terms of rehabilitation. A major drawback to the success of the programme is the stigma culturally attached to both diseases, especially leprosy. Most patients therefore, hardly admit to being victims even when the symptoms are obvious. When they go for diagnosis and treatment, they choose to go outside their locality. There is evidence that some patients prefer to go for treatment in nearby states. For example, people from Rivers State come to Abia State for treatment. Consequently, owing to prevailing poverty level and the inability to pay for transport, treatment is discontinued by the patient. This is a major setback to the self-reporting strategy.

An attempt at using community leaders to report cases often leads to witch-hunting and communal quarrels. Similarly, attempts at integrating TB/Leprosy units into general hospitals in the state have met with failure. In most cases, nurses and attendants would not attend to patients. Presently, efforts are geared towards creating TB/Leprosy units in health centres. It is expected that health centres will be more accessible to patients than L.G.A. health offices and the staff are more amenable to order than staff in urban hospitals.

Like most health programmes in this issue, sustainability depends on availability of drugs. Mechanisms for generating funds for purchase of drugs must be put in place before the day the GLRA will withdraw its services. Secondly, the programme should move down the community level to train volunteers who
should be conversant with the process of diagnosing the diseases and how best to encourage the victims to report for treatment. This should be preceded by a media campaign emphasizing that both diseases are curable like any other disease.

Judging from the impact evaluation by the National Planning Commission, the GLRA, and evaluation reports at the supervisory level, one could safely conclude that the programme has made significant impact on the elimination of tuberculosis and leprosy in the state.

For successful implementation of the TBL programme, the government requires the political will, backed by adequate financial provision and commitment. As one project manager puts it, "It is sad that the government cannot even maintain vehicles which were supplied by the foreign NGOs for use at the community level. This has delayed programme implementation at the grassroots.'

The programme is also bedevilled by the uncooperative attitude of nurses and other medical personnel. No one wants to be infected.

Lack of befitting accommodation for the directors has made it difficult for them to reside in rural areas. This implies that many of them visit from urban centres and do not supervise subordinate staff effectively.
The stigma attached to leprosy and tuberculosis is responsible for the failure of those infected to report. Again, drugs meant for patients are known to be found in the open market. The programme managers believe that this could be minimized if drugs come in blister packs. Many expressed fears that the programme could collapse when the Grameen withdraw their support. However, it is suggested that the Petroleum Trust Fund (PTF) has enough resources to sustain the programme. What is needed is the political will on the part of the government.

2.1.3 Abia State Onchocerciasis Control Programme

The programme which aims at eliminating onchocerciasis in endemic and other areas was first sponsored by Rotary International and later by Lions Club International. Presently, it is sponsored by the African Programme on Onchocerciasis Control (APDC) of the Global 2000.

The programme, following a memorandum of understanding, consists of the distribution of drugs (Mectizan) to individuals at community level following identification and evaluation of endemic and meso-endemic areas like Isiokwato, Ohafia, Bedea, Arochukwu Umuahia and Umuahia North Local Government Areas (LGAs).

The State Programme Officer (SPO) in conjunction with the state programme committee organizes Local Government Onchocerciasis Control Teams.
(LGOCT). Each LGOCT sets up district control teams. The district control team in collaboration with community development associations and traditional institutions select community-based distributors who are trained in IOA offices.

Through community leaders, selected dates are announced during which appropriate doses are distributed to everybody in the village square except as contraindicated.

All the participating staff, as civil servants are paid their monthly wages by the state government in addition to per diem paid from the programme fund. Earlier, the community-based distributors were paid wages but this has been withdrawn as a way of building in sustainability into the programme. However, they are still paid per diem for those days they are fully engaged in programme duties.

This structure has been found to be workable in the meantime; however, there is need for official mobilization of communities to set up responsive development committees and appoint voluntary community-based distributors who will be willing to work without expectations of cash payments. This was found to be workable in Ulungwuochie where the programme started earlier and over time has evolved a very viable development institution.
A second area of concern has to do with a continued supply of drugs whenever the sponsors withdraw. It is doubtful whether the people have appreciated the benefit of medication well enough as to commit their meagre income to purchase the drug. In this regard it is recommended that the federal and state governments should set aside funds for purchasing the drugs in future. In this way, current achievements can be sustained in the future.

2.2 Employment/Income generation Projects/Programmes.

The use of small and medium scale enterprises (SMEs) as effective instruments for poverty alleviation is justified because of their labour intensive and informal nature which could create the required safety nets in targeted poverty programmes. Allied to the above is the capacity of SMEs to initiate growth in employment, through the use of relatively affordable modern and efficient technology.

A plethora of income generation projects were found within the zone surveyed which aim at reaching the poor. For example, the Small and Medium Enterprises Scheme of the UNDP aims at promoting the development of SMEs by supporting activities that improve the quality of products and services; improving the job creation potential of the country and increasing opportunities for job creation. The programmes also aimed at providing for the development and management of industrial zones, business incubators and community based initiatives, as well as
strengthen the existing Government and private sector institutions and agencies by providing project development facilities and enhance engineering infrastructures to support the development of SMIs.

At the national level, the Urban Informal Sector Support Programme of the UNDP has identified various income generation activities of the informal sector organizations, particularly in the areas of Metal Fabrication, Arts and Crafts, Leather Work, Wood Work/Carpentry, Auto Mechanica, etc. Aware of the importance of this sector and the factors militating against their development, the UNDP in collaboration with Government designed and developed intervention programmes that would address their inadequacies.

Accordingly, the UNDP decided to support three (3) distinct trades in four urban cities of Aba, Ibadan, Kano, and Lagos.

For a more in-depth review of UNDP’s employment/income generation programmes in the zone, our searchlight beamed on specific programmes/projects.
2.2.1 The Abia State UNDP – Assisted Urban Informal Sector Support (UISS) in Aba, Abia State.

UNDP selected the Aba – North Shoe Industries Association which is an umbrella organization comprising individual leather workers located in a section of the Aria market. The members are strongly united by common socioeconomic interests [Box 1].

**Box 1. Economic Activities of Members of Aba North Shoe Industries Association, Aba**

- It should be mentioned that Aba is an important industrial and commercial nerve center of the South Eastern states of Nigeria and could be ranked in the same category as Onitsha in terms of commerce. Aba has been aptly described as the "Italy of Nigeria," a nickname which reflects the myriad of leather products emanating from the private sector informal small and medium enterprises in the area.

- The leather workers who constitute the membership of the Aba North Shoe Industries Association are engaged in the production of assorted leather products.

- A striking observation during the survey was the degree of specialization demonstrated by the entrepreneurs. Some had specialized in specific aspects of leather production such as sole making, emblem design, bag lining materials, etc. Others deliver services which are relevant to leather works.
The Abia State UNDP assisted UISS programme was set up to address the inadequacies such as limited access to credit and market, rudimentary technology, total absence of social security, etc., which inhibit the development potentials of leather workers in the state. The major components of the programme include access to credit, training and provision of common facilities and equipment, development of institutions capable of providing extension services in the pilot locations, and enlargement of market potentials of informal sector organizations (ISO) through quality improvement/market linkages to formal organizations.

After the initial identification, selection and completion of questionnaires administered by UNDP officials, the programme elected and integrated apex and branch executive officers of the umbrella associations. These associations generate internal funds through membership registration and annual dues. Loans are expected to come directly from the state UNDP. Workshops were organized for awareness creation on the importance and relevance of the informal sector to the national economy.

One common facilities centre was established for members of the leather works associations. This is located in a warehouse rented by the Amalgamated Association of Leather Products Manufacturers and the machines and equipment supplied are housed there.
By the way of institutional capacity building, extension services personnel from Abia State Polytechnic, Technical Colleges, Programme staff at the Programme Management Unit (PMU) and leaders of Informal Sector Associations (ISA), were sponsored to the national workshop on extension services delivery.

The beneficiaries do not handle any cash from the programme. However, they were promised credit facilities that would enable them expand their businesses.

Beneficiaries Perception of the UISS Programme

Some of the officials of the UISS complained that the implementation of the programme had been delayed and this affected the accomplishment of various components of the programme.

More especially the intended beneficiaries berated the entire programme which they opined was well intended but improperly implemented. For example, they pointed out that the installed equipment and machinery at the common facilities centre were obsolete and therefore useless. As one of the beneficiaries put it, although the programme is laudable, its implementation has fallen below our expectation. The machines were just scraps not fit for use. Only the spraying machines are new. The others such as
the cutting machines were just scraps and out-of-date technologies.

These not-withstanding, the take-off grant which was supposed to boost economic activities among the beneficiaries was not received.

The beneficiaries gave their suggestions as to how to improve the programme.

(See Box 2)

**Box 2. Beneficiaries suggestions as to how to improve the UISS programme**

The beneficiaries were asked to give suggestions about how to improve the UISS programme. Their suggestions in order of importance include: the involvement of participants/beneficiaries at all stages of programme implementation including purchase of equipment and machinery, funding agency working directly with the beneficiaries and not government officials, retrieving the machines and replacing them with modern technologies, and ensuring that loans and take-off grants are disbursed in good time.

This ranking reflects the importance attached to beneficiary participation. They believe that transparency and accountability in programme implementation require that those for whom the programme is intended must be part of it at all levels.
Sustainability issues.

There is no doubt that the programme would be sustainable. Indications abound to show that once the relevant infrastructures are put in place, the association could survive in their enterprises without further external assistance.

2.2.2 The Akwa Ibom State UNDP-Assisted Alapa Andem Entrepreneurship Village.

The project which came on stream under the UNDP Sustainable Human Development/ SME programme consists of two sub-projects, namely: The Skill Development Centre and the Alapa Andem Market Development.

The Skill Development Centre:

The centre at Alapa Andem is expected to serve as a model and in future will be replicated in each local government in the state. It consists of nearly a hectare of land on which is a central building for skill training and about 12 uncompleted blocks of shops. Currently, programmes running in the centre are in the areas of barbing, crafts, sewing and adult literacy.

The target beneficiaries are youths and adults in the state. Each participant is expected to train and graduate in one trade. On graduation, each participant is to be given a take off loan to enable him set up shop in the entrepreneurship village.

The sub-project is managed by a Project Management Committee drawn from